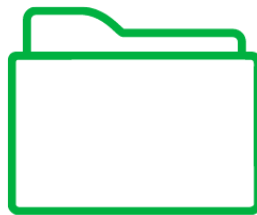


2022-2025 STRATEGIC PLAN

Priority Areas



**Workforce
Development**



**Knowledge and
Resource
Management**



**Outreach,
Engagement and
Presence**

**REPORT DEVELOPED
NOVEMBER 2022**

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Section 1: Mission, Vision, and Core Values

Mission

To promote, protect and improve the lifelong health of individuals and communities in Pierce County through the effective use of data and evidence, community-driven prevention strategies, leadership, advocacy, partnerships, and the promotion of health equity.

Vision

Healthy People in Healthy Communities

Core Values

- **Prevention:** We proactively identify and develop strategies to prevent disease and injury and ensure an environment where the healthy choice is the easy choice.
- **Respect:** We treat all our community members, team members, clients, and partners with mutual respect and sensitivity, recognizing the importance of diversity. We are committed to approaching diversity with cultural humility.
- **Collaboration:** We engage the public to address needs and foster involvement in public health. We work with partners and stakeholders to provide the community with the best service possible.
- **Innovation:** We seek and encourage emerging or evidence-informed approaches to address public health issues, reach diverse communities, and improve agency operations. We use quality improvement principles to explore new ideas and approaches.

Commitment to Diversity, Equity, Inclusion, and Belonging

PCPH is committed to creating and maintaining a culture of diversity, equity, inclusion and belonging among people of all lived experiences and identities.

PCPH acknowledges limitations and embraces that this commitment is a journey of continuous improvement, listening, and reflection.

PCPH strives to create a culture of belonging through staff training, policies grounded in equity and humility, authentic community engagement and a commitment to co-creation of culturally-responsive strategies.

Section 2: Purpose

The COVID-19 pandemic has been an incredibly trying time for local health departments. Despite the difficulty, working together on the COVID-19 response brought Pierce County Public Health (PCPH) staff closer together. Relationships, skills, and partnerships were all strengthened internally during the pandemic. Now that

COVID-19 vaccines are readily available and cases have been sustained at low level in Pierce County for months, staff are able to turn their attention to the future. The overall purpose of this plan is to strengthen the ability of our department to maintain our position as a community leader during the COVID-19 pandemic recovery phase and beyond.

The purpose of the Pierce County Public Health Department Strategic Plan is to:

1. Unite department staff around priority areas we all agree are important to improving our ability to serve the public through pandemic recovery.
2. In a defined timeframe and within the organization's capacity for implementation, clearly establish realistic goals, measures, and strategies consistent with our mission.
3. Effectively communicate our priorities to the Board of Health, the Pierce County Board of Supervisors, Pierce County Administration, partners, funders, the Wisconsin Department of Health Services (DHS), and the community.
4. Ensure the most effective use of organizational assets by focusing resources on key priorities.
5. Provide framework for evaluating progress and making informed changes during plan implementation.

Section 3: Background

Pierce County Public Health Department's last Strategic Plan was finalized in 2019. The priorities outlined in that plan were as follows:

1. Supporting the Workforce to Meet the Future of Public Health
2. Branding Public Health to Build Trust
3. Strengthening Linkages Internally and Externally

Although Pierce County Public Health only enjoyed a year of implementation before the pandemic began, work conducted in 2019 and early 2020 before Pierce County had our first COVID-19 case in March 2020 was essential in supporting a strong emergency response effort. Under the 2019-2022 Strategic Plan, the department:

- Formalized an internal group responsible for branding and public communications. This group continued to grow in their roles and skills as our Public Information Working Group during the COVID-19 response.
- Overhauled our branding and outreach materials. This included a new logo and branding strategy guidance document, updating our departmental webpage, and purchasing and learning to use Canva for graphic design.
- Conducted a handwashing outreach campaign to grow our brand recognition while educating the public about the importance of hand hygiene.

- Grew our relationship with United Way 211, which was vital during the COVID-19 pandemic as 211 staff distributed public information and assisted public health by acting as a vaccination appointment hotline in the early days of COVID-19 vaccine distribution.
- Revised administrative staff's job descriptions to include expectations around program involvement. Administrative staff were a vital part of the COVID-19 response, and their job description revisions helped support their involvement in the response.
- Successfully completed our voluntary reaccreditation process, becoming only the fifth local health department in Wisconsin to achieve this honor.

Although the 2019-2021 plan was certainly not implemented as we envisioned before the pandemic, the activities we had the opportunity to implement had a significant impact on our capacity to respond to the challenges brought about by COVID-19.

Section 4: Strategic Planning Process

The 2023-2025 strategic plan development process involved engagement from all department staff, as well as support from the Board of Health and guidance from regional strategists at the Wisconsin Division of Public Health. Below is a timeline of the agency planning activities. Additionally, standards and measures from PHAB Domain 10,¹ *Build and maintain a strong organizational infrastructure for public health*, are listed when applicable with specific activities.

Strategic Planning Timeline

January 2022

Key partners, including staff from other county departments, faith leaders, hospital leaders, school nurses, library directors, WI DHS leadership, University of Wisconsin River Falls staff, United Way 211 leadership and others were surveyed to gather input. The survey asked partners to anonymously provide input on PCPH's strengths and opportunities for improvement. The survey also asked about external factors and desired accomplishments.

March 2022

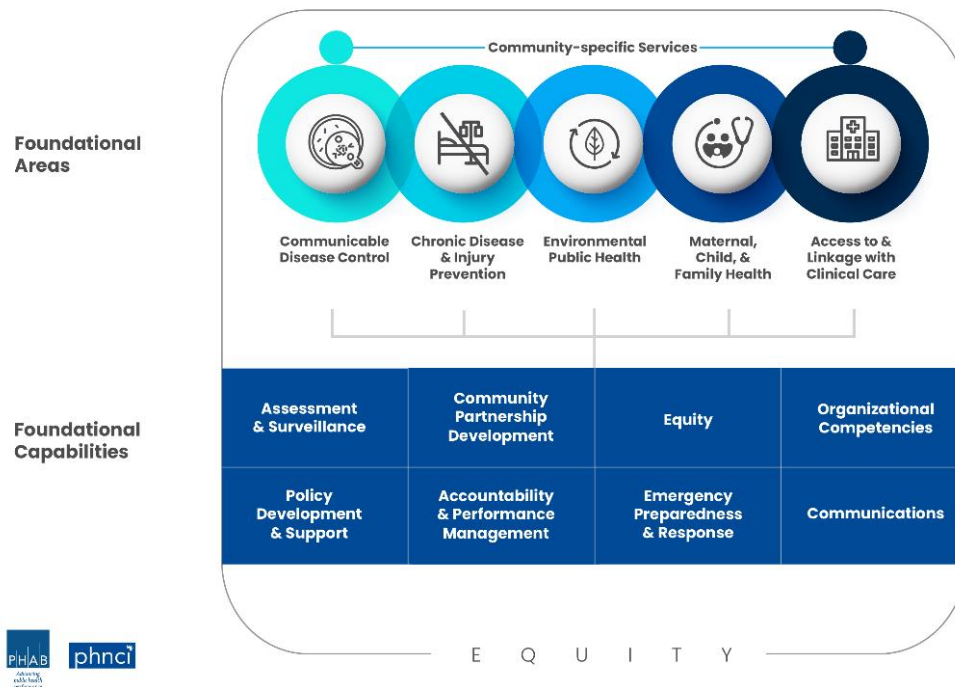
Strategists from the Wisconsin Department of Health's Office of Policy and Practice Alignment analyzed partner survey results, feedback received from PHAB during our reaccreditation process, our community health needs assessment, and results of our 140 review conducted in 2020 to develop a draft of the Environmental Scan.

¹ Public Health Accreditation Board (PHAB). (February 2022). *Domain 10*. PHAB standards and measures for reaccreditation. Retrieved from <https://phaboard.org/wp-content/uploads/Standard-Measures-Version-2022-Reaccreditation.pdf>

April-May 2022

Presentations explaining strategic planning and process were given to staff and the Board of Health. Staff collaborated to review and revise our vision, mission and core values. Our mission was significantly revised to reflect the newly-revised Foundational Public Health Services and Capabilities. A few of our core values were re-worded to emphasize the importance of community engagement, and *Innovation* took the place of *Excellence* as a core value. (10.1.1, RD1, a)

Foundational Public Health Services



June 2022

Staff participated in a series of workshops facilitated by Strategists from the Wisconsin Department of Health's Office of Policy and Practice Alignment. In these workshops, staff reviewed data included in the Environmental Scan compiled by WI DHS staff, conducted a Strengths, Weaknesses, Opportunities and Challenges (SWOC) activity, selected priority areas based on the SWOC and Environmental Scan, considered connections between this plan and the previous plan, conducted a Start, Stop, Continue activity for each selected priority area, and began goal setting. (10.1.1, RD2, a and 10.1.1, RD2, b)

July-September 2022

Staff formed work teams for each priority area. Teams determined goals and objectives

for their chosen priority area. Each team brainstormed and selected strategies, deadlines, assignments and resources needed. (10.1.1, RD2, c)

November 2022

The strategic plan draft was presented to the Board of Health for review, input and approval.

December 2022

The final strategic plan was shared with key partners, including the Pierce County Board of Supervisors, Pierce County Administration, WI DHS staff, partners including those affiliated with Healthier Together, and the leaders of other county departments.

Section 5: Organizing to Support Strategic Plan

Implementation Steps

An internal structure has been created to allocate required resources towards supporting strategic plan implementation. The Health Officer appointed staff members to three priority area teams based on their preferences, interests and strengths. The teams are responsible for the implementation, tracking and evaluation of strategies implemented under each priority area. (10.1.1, RD2, d)

Strategic Plan Oversight

Implementation of the plan and progress towards measures will be monitored by the Health Officer and reported to the Board of Health and staff utilizing the established performance management plan and quarterly reporting dashboard. (10.1.1, RD2, e)

Connection to the Community Health Improvement Plan (CHIP)

Although the priority areas in this plan are not the same as our CHIP, the department's ability to implement the CHIP was a major consideration during this process. Equipping our department with highly skilled individuals from diverse backgrounds will support the entire CHIP process. Knowledge management & resource sharing will elevate our department by providing us the ability to work more effectively and efficiently across work environments. Lastly, community outreach and engagement are essential for rebuilding relationships with the community after the pandemic and supporting public health needs moving forward. (10.1.1, RD2, f)

Links to Key Department Plans

This plan is linked to both our Performance Management & Quality Improvement Plan and Workforce Development Plan. The department prioritizes quality improvement projects that align with our strategic priorities. Improving and sustaining workforce development is a priority of this plan. (10.1.1, RD2, g)

Regular Reassessing and Revision

The priority teams are responsible for updating strategies annually. When making revisions, teams will consider the levels of resources (both staffing and financial), emerging threats or opportunities, and CHIP priorities. The Health Officer will approve these changes and present them to the Board of Health annually. Challenges and successes will be evaluated quarterly utilizing the department's performance management system. (10.1.2, RD1)

Keeping Governance and Staff Informed

Throughout the duration of the 2023-2025 Strategic Plan, staff will engage in monthly check-ins with their priority team captain and participate in quarterly all staff check-ins. The Board of Health will be kept informed quarterly during board meetings, using the performance management dashboard. (10.1.2, RD2)

Section 6: Action Plan Framework

The Pierce County Public Health Department Strategic Plan is organized using the following framework:

Priority Area: The topic chosen for department-wide focus based on SWOC analysis and environmental scan.

Goal: A broad statement about what we are hoping to accomplish over the next 3 years.

Objective: A specific aim written in the SMART format (specific, measurable, attainable, realistic, and time-bound).

Activity: Specific tasks that are required in order to achieve the objective. Each task includes a target date, a list of required resources, and a person responsible.

Section 7: Action Plans

This section outlines the specific goals, objectives and tasks that will be completed as part of our 2023-2025 strategic plan. This section will be reviewed and updated on an annual basis.

Workforce Development

Workforce development was a previous priority under Pierce County Public Health’s 2019-2022 strategic plan; however, due to the pandemic, much of that plan was not implemented. Pierce County Public Health staff are passionate, committed experts in their diverse fields. Our internal culture of teamwork is considered one of our greatest strengths. However, Pierce County Public Health continues to experience retirements and turnover in key positions, which results in the orientation of new staff frequently. As the public health workforce ages and younger generations remain underrepresented in the governmental public health workforce, we can expect both the need to engage in succession planning, as well as the need to develop creative and effective recruitment strategies. As Pierce County Public Health also continues to improve the alignment of workforce knowledge and skills with Public Health 3.0 and health equity, there will be a need to improve how to assess staff’s confidence and competence related to implementing the Public Health Foundational Capabilities.

GOAL 1: Develop a recruitment and new hire orientation process that is inclusive and user-friendly.

OBJECTIVE #1: By August 2023, develop one recruitment template to include benefits of the Pierce County area in order to recruit talented and diverse candidates.

| ACTION PLAN | | | | |
|---|--------------------|-----------------------------|---------------------------|-----------------------|
| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
| Contract with a photographer to take pictures of PCPH employees “in action” to enhance recruitment materials | June 2023 | Workforce development funds | Brittany Mora | |
| Partner with Chambers and Pierce County Economic Development Corp to identify benefits of the area to enhance recruitment materials | June 2023 | Staff time | PIO team | |

| | | | | |
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| (include educational strengths of the area) | | | | |
| Collaborate with HR to highlight Pierce County employee benefits | June 2023 | Staff time | Managers | |
| Draft recruiting flyer template with pictures and local content | August 2023 | Staff time, Canva | PIO team | |

OBJECTIVE #2: By June 2023, develop a recruitment checklist with at least ten marketing options to ensure broad and inclusive recruitment efforts.

ACTION PLAN

| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
|---|-------------|--------------------|--------------------|----------------|
| Develop a checklist and confirm with HR and other health departments that it is inclusive | June 2023 | Staff time | AZ Snyder | |
| Send checklist to staff for feedback | June 2023 | Staff time | AZ Snyder | |

OBJECTIVE #3: By December 2023, develop key curriculums based on qualifications and experience of new hires to include core public health capabilities and functions, program resources, and summaries of programs and responsibilities.

ACTION PLAN

| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
|---|-------------|--------------------|--------------------|----------------|
| Reach out to Eau Claire, La Crosse, Chippewa, Dunn, Goodhue, Ramsey, and others for orientation processes | Dec 2022 | Staff time | Workforce team | |

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|--|----------------|------------|----------------|--|
| Team reviews processes and identifies strengths and beneficial aspects to incorporate into our own | March 2023 | Staff time | Workforce team | |
| Identify at least one training for each of the core capabilities appropriate for new hires not well-versed in that area(s) | April 2023 | Staff time | Workforce team | |
| Identify checklist to assist supervisors in determining which core capabilities training(s) new hires should receive | May 2023 | Staff time | Workforce team | |
| Draft internal process | June 2023 | Staff time | Workforce team | |
| Solicit feedback from staff on draft orientation process | September 2023 | Staff time | Workforce team | |
| Receive Board of Health approval for process | October 2023 | Staff time | AZ Snyder | |

OBJECTIVE #4: By March 2024, develop a procedure on new hire orientation to ensure new hires are oriented effectively and efficiently.

ACTION PLAN

| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
|--|---------------|--------------------|--------------------------------|----------------|
| Develop operational checklists for new employee orientation for standard tasks such as IT set up, electronic account set | December 2022 | Staff time | Madigan Peterson, Kelsi Winter | |

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| up (ForwardHealth, PCA, etc.), timesheets, and working from home. | | | | |
| Develop summary of “Five things you need to know” about each program within the department focused on improving internal referrals | December 2022 | Staff time | Program Leads, Madigan Peterson | |
| Develop a template to be filled out for types of positions (Environmental Health Specialist, PHN/RN, Service Coordinator, Program Associates, Managers, Nutritionists, PHEP Coordinator) to include contracts, annual objectives, funding and budget, eligibility, electronic accounts necessity, program-specific trainings, state contacts, location of policies and procedures, and applicable state and local laws | December 2022 | Staff time | Madigan Peterson | |
| Send template to program leads for completion | Send out in January 2023, ask for input by March 2023 | Staff time | Team leads | |

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|---|----------------|------------|----------------------------|--|
| Review templates completed by program leads and finalize | June 2023 | Staff time | Workforce development team | |
| Write procedure to incorporate these elements - operational checklist, basic program knowledge, specific assigned program knowledge | September 2023 | Staff time | AZ Snyder | |
| Send out to staff for feedback | October 2023 | Staff time | AZ Snyder | |
| Board of Health approval | December 2023 | Staff time | AZ Snyder | |

GOAL 2: Maintain and promote employee satisfaction and continuous growth in the workplace.

OBJECTIVE #1: At minimum, depending on employee preference, each staff member will have a quarterly one-on-one to discuss challenges, successes and progress towards goals with their supervisor starting January 2023.

ACTION PLAN

| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
|---|---------------|--------------------|--------------------|----------------|
| Develop a guidance checklist for supervisors to use when meeting with employees focused on supporting staff and celebrating accomplishments | December 2022 | Staff time | AZ Snyder | |
| Meet with supervisors to review objectives and set up calendar invitations for 2023, | December 2022 | Staff time | AZ Snyder | |

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| considering timing of annual reviews | | | | |
| Managers to evaluate success of staff check-ins | June 2023 | Staff time | Managers | |

OBJECTIVE #2: By December 2025, conduct at least three emotional intelligence and strengths-based training for all staff.

ACTION PLAN

| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
|---|---------------|--|--------------------|----------------|
| Host Strengths Finders training for all staff | December 2022 | Workforce development funds, UW-Extension staff | Managers | |
| Solicit feedback from staff on benefits of initial trainings and obtain staff input regarding EI or teambuilding training preferences in the future | January 2023 | Staff time | Workforce team | |
| Identify at least two additional trainings for staff to take place in future years | June 2023 | Staff time, survey inputs, ideas from other health departments | Workforce team | |

OBJECTIVE #3: By December 2023, 100% of annual evaluations will include an annex that includes strengths-based assessment and techniques to capitalize on strengths.

ACTION PLAN

| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
|----------|-------------|--------------------|--------------------|----------------|
|----------|-------------|--------------------|--------------------|----------------|

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|--|-------------------|-------------------------|----------------------|--|
| Develop draft template based on examples from other local departments (include Eau Claire). Template should be created to encourage reflection on accomplishments and opportunities to use strengths over the next year. | December 2022 | Staff time | AZ Snyder | |
| Seek HR and staff feedback on template | January 2023 | Staff time | AZ Snyder | |
| Finalize template and send to staff | January 2023 | Staff time | AZ Snyder | |
| Implement template | January- Dec 2023 | Staff time | Managers | |
| Survey staff to assess template's use | January 2024 | Staff time, staff input | AZ Snyder, all staff | |

OBJECTIVE #4: By June 2025, develop meaningful training needs assessment for staff based on new public health core functions and revise workforce development plans based on results.

ACTION PLAN

| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
|---|---------------|--|--------------------|----------------|
| Write scope of work for consultant | Sept 2023 | Staff time | Workforce team | |
| Select consultant | December 2023 | Staff time | Workforce team | |
| Implement assessment tool to identify training needs and barriers | June 2024 | Consultant time, Workforce development funds | Consultant | |
| Revise workforce development plan based on the results | December 2024 | Consultant time, workforce | Consultant | |

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|--|--------------|---------------------------|------------|--|
| | | development funds | | |
| Include annual training list in revised plan | January 2025 | Consultant and staff time | Consultant | |
| Seek Board of Health approval of the plan | June 2025 | Staff time | AZ Snyder | |

Knowledge & Resource Management

Knowledge management refers to the creating, sharing, using, and organization of knowledge and information within an organization. Effective sharing of knowledge within an organization can increase organizational efficiency, improve staff satisfaction, improve service delivery and strengthen succession planning. Although the department has strong policies and procedures in most programmatic areas, the organization of these documents and accountability for reviewing them and updating them is an area of opportunity. Currently, electronic files are located in multiple separate drives (separated by two physical office locations), and there are limited organizational practices and naming conventions, which makes documents difficult to locate, especially for new staff. In addition, many processes still involve inefficient paper files, such as procurement and in-service training requests. Intentional knowledge management tools and processes are needed to ensure efficient workflows, promote staff learning, and ensure knowledge is retained across the organization and beyond individual staff members.

GOAL 1: Utilize a systematic, organized documentation platform that houses public health policies and procedures, orientation and training materials, and resource documents

OBJECTIVE #1: Secure one resource management system that aligns with the department’s needs by December 31st, 2023

| ACTION PLAN | | | | |
|---|--------------------|---------------------------|---------------------------|-----------------------|
| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
| Identify the department’s knowledge and resource management | 12/31/22 | Google Forms Survey | Becky Tomasek | Survey complete |

| | | | | |
|---|---------|-------------------------------------|---------------|--|
| needs through a staff survey and define "must haves" | | | | |
| Research resource management system platforms that will align with the department's needs and identify platforms to implement and/or maintain | 3/31/23 | Staff time | KRM team | Complete |
| Gather three competitive bids for AZ, Finance & IT Approval | 4/30/23 | Staff time | Becky Tomasek | |
| Submit a proposal to BOH/County Board for approval of the use of a new platform (if necessary) | 5/31/23 | Staff time, Board of Health support | AZ Snyder | Approval not needed. Becky Tomasek presented information to the BOH in February. |
| Sign contracts (if necessary) and begin implementation of a new management system platform | 8/31/23 | Staff time, Board of Health support | AZ Snyder | |

GOAL 2: Develop a policy and procedure for all programs to utilize for the purpose of reviewing, revising, storing, and archiving documents.

OBJECTIVE #1: Develop an internal process for all program staff to utilize for the purpose of reviewing, revising, and/or archiving documents by June 30, 2023.

ACTION PLAN

| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
|---|-------------|--------------------|--------------------|---|
| Knowledge and resource management workgroup will combine folders on the shared drives to leave only high-level categories | 12/31/22 | Staff time | KRM team | Complete Process used in Kaizen will be updated to a Job Aid as stated below |

| | | | | |
|--|---------|-------------------------|-----------------------|---|
| and develop an internal process for all programs to utilize for the purpose of reviewing, revising, and/or archiving documents on the shared drive | | | | |
| Conduct a Kaizen event to clean up and organize the P drive. | 3/31/23 | Unified finance support | All staff as assigned | Event complete excluding Preparedness and Finance to be completed later due to staffing |
| Develop a Job Aid for maintaining folders on the P drive | 5/30/23 | Staff time | Becky Tomasek | |

Outreach, Engagement and Presence

One of Pierce County Public Health’s strategic priorities during our 2019-2022 strategic plan was branding and visual identity. Now that we have a strong brand, the department aims to strengthen our ability to convene and mobilize community partnerships to promote community resilience and advance the improvement of the public’s health. We acknowledge that we can broaden the impact of our work by using community engagement strategies to identify public health problems, design and evaluate solutions, and advocate for effective policies. In the wake of the pandemic, it is necessary to strengthen the public’s trust in public health, as well as reinforce the positive and inclusive role of PCPH in our communities by ensuring public health topics and services are communicated to the public and partners. Staff will leverage existing and new relationships to align efforts to improve population health. Work may include reinvigorating or establishing partnerships, increasing our voice at community tables, and increasing engagement with populations at higher risk for negative health outcomes.

GOAL 1: Improve outreach to partners and community members to build community confidence in Pierce County Public Health.

OBJECTIVE #1: By January 1 2024, begin implementation of a newly revised communications policy that include updates to the public communications teams' roles & responsibilities and social media guidelines that will provide intentional and organized outreach methods to populations not presently reached by PCPHD current social media practices.

ACTION PLAN

| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
|--|-------------|-----------------------------------|----------------------------------|----------------|
| Review and revise PCPH's current communication policy specifically targeting social media guidelines and incorporating PIO team roles and responsibilities | 6/30/23 | Communications Policy | OPE Team | |
| Present newly updated PCPH communications policy to the Board of Health for approval | 7/31/23 | Board of Health support | AZ Snyder or designee | |
| Create yearly reference calendar for key days or weeks relevant to Public Health | 12/31/22 | Staff time | Amy Richter and Madigan Peterson | |
| Each program will develop 3-5 program-specific content ideas for social media postings | 6/30/23 | Staff time, Canva | Program Leads | |
| Compile and organize a PCPH program-specific calendar for social media posts | 12/31/23 | Staff time | Amy Richter and Madigan Peterson | |
| Obtain an Instagram account utilizing the Pierce County social media policy | 12/31/23 | IS Department support, Staff time | PIO Team (social media lead) | |

OBJECTIVE #2: By December 31 2023, revisions will be made to the PCPH county webpage including program-specific updates to foster both internal and external confidence and to disseminate accurate public health information.

ACTION PLAN

| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
|--|-------------------------------|--|----------------------------|-----------------------|
| Program Leads will review website content and send updates to PIO Team | 4/30/23, & annually/as needed | Staff time, County Clerk staff time to update site | Program Leads and PIO Team | |
| PIO Team will organize and send all updates to Cyndi Kern for revisions to the county web page | 5/31/23 | Staff time | PIO Team and County Admin | |
| PIO Team will review county web page to ensure requested changes are accurate and complete | 8/1/23 | Staff time | PIO Team | |

OBJECTIVE #3: By December 31 2024, annually engage in at least six face-to-face opportunities with partners, organizations, and the public to increase knowledge and understanding of all Public Health programs.

ACTION PLAN

| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
|--|-----------------------|---------------------------|---------------------------|-----------------------|
| Connect with program leads and create a list of all partners with contact information for each program | 12/31/22, and ongoing | Staff time | Madigan and Program Leads | |
| Each program will identify and plan to meet with at least two program-specific | 12/31/23 | Staff time | Program Leads and Staff | |

| | | | | |
|--|-------------------------------|------------|------------|--|
| partners to discuss PH programs | | | | |
| Identify and create a calendar of Pierce County community events that occur on an annual basis | 12/31/23 | Staff time | PIO Team | |
| PCPH staff will attend at least 1-2 community-specific educational events per quarter that address topics aligned with our CHIP or emerging public health issues | 1/1/24 (Begin and ongoing) | Staff time | PCPH Staff | |

GOAL 2: Build and strengthen relationships with traditional and non-traditional partners and impacted communities to highlight the value of public health and to address health inequities in our community.

OBJECTIVE #1: By December 31 2025, each staff member will participate in at least one community coalition or partnership that expands and strengthens their job performance.

| ACTION PLAN | | | | |
|---|--------------------|---------------------------|---------------------------|-----------------------|
| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
| Create a comprehensive list of coalitions identifying: the purpose/goal of the coalition, meeting frequency and time, and staff currently assigned to participate | 12/31/22 | Staff time | Program Leads | |

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|---|----------|------------|---|--|
| Identify PH staff roles as a participant in said coalitions (based off of comprehensive list) to determine applicability to that individual's job description and assigned tasks | 3/31/23 | Staff time | Program Leads and PH Managers | |
| Reassign PH staff to coalitions as needed based on job description and assigned tasks | 06/30/23 | Staff time | AZ Snyder/Managers | |
| Research and reach out to a minimum of two community groups within the county that Public Health has not regularly been affiliated with to create new and innovative partnerships | 12/31/23 | Staff time | OPE Team, initiating conversation would be with staff member that the new coalition is most applicable to | |
| PCPH staff will meet with 1-2 coalitions to discuss and align objectives with community need to provide greater impact | 12/31/23 | Staff time | Program Leads/PCPH staff attending coalitions | |

OBJECTIVE #2: By December 31 2023, develop and facilitate at least three initiatives of engaging community members to provide input, foster open and trusting communication, and provide constructive feedback regarding public health initiatives and decision making that directly impacts their health.

ACTION PLAN

| Activity | Target Date | Resources Required | Person Responsible | Progress Notes |
|---|-------------|--------------------------------|--|----------------|
| Conduct art therapy sessions with a minimum participation | 7/31/23 | Qualitative data grant funding | Brittany Mora and Art Therapy Consultant | |

| | | | | |
|---|----------|--------------------------------|--|--|
| of fifteen community members | | | | |
| Conduct a youth photography contest seeking a minimum of ten contestants | 7/31/23 | Qualitative data grant funding | Brittany Mora | |
| Revise current maternal child health policy/procedure to accurately represent proposed new PHN follow-up process for state and hospital birth referrals | 10/31/22 | MCH block grant funding | Becky Tomasek and Melissa Spielman | |
| Submit newly revised MCH policy/procedure to BOH for approval | 12/31/22 | MCH block grant funding | AZ Snyder, Becky Tomasek, and Melissa Spielman | |
| Implement new process identified in MCH policy revision of connecting new/first time parents with Pierce County resources | 01/01/23 | MCH block grant funding | MCH Lead, PHNs | |
| Review developmental screening with licensed child care providers in Pierce County | 12/31/24 | MCH block grant funding | B-3 Team | |