

2020-2022 WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT STRATEGIC PLAN



Acknowledgements

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Thank you to our staff for their hard work and dedication to serving Williamson County, Texas!



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Letter from the Executive Director

January 15, 2020



I am proud and excited to share the WCCHD 2020-2022 Strategic Plan with all Williamson County residents, governments, and community partners. Commonly known as the "StratPlan", this living document describes how WCCHD, *your* local public health department, will achieve our vision to make Williamson County (Wilco) the healthiest of Texas' 254 counties. For the past several years, Wilco has ranked among the top five healthiest counties in Texas. In 2018, Wilco was among the fastest-growing counties in Texas, with 3.8% population growth. Since 2010, our county has grown by 29.6%, compared to 13.5% for the state of Texas. In the last eight years alone, Wilco has added 125,000 new friends and neighbors. This influx of people not only increases property values and tax revenue, it attracts more diversity, talent, and business to Wilco. With phenomenal growth comes more service and resource provision, which includes housing, jobs, churches, schools, institutions of higher education, roads and highways, parks, and last, but certainly not least, more access to public health services (disease and injury prevention) and healthcare services (treating disease and injury after it occurs). Community stakeholders, which include school districts, county government, city governments, healthcare systems, nonprofits,

businesses and the Health District, will need to partner and collaborate to "grow with Wilco," and provide enough services to maintain and expand upon the progress we've made as one of Texas' healthiest counties.

Many individuals have worked hard over the course of a year to plan and create our StratPlan. These include WCCHD's Board of Health and the 96 employees of our awardwinning local health department. From a practical perspective, this flexible document represents the "to-do list" of actions WCCHD must perform to attain the major goals of the 2020-2022 Community Health Improvement Plan (CHIP). The remainder of the work necessary for our county to achieve the goals of the CHIP will be expertly and passionately performed by our partners in the Healthy Williamson County Coalition, the authors of the CHIP. Our StratPlan is comprised of three themes: employee satisfaction, retention, and professional development; community outreach; and health equity. These themes were prioritized by WCCHD staff and the Board of Health through handson, facilitated activities that encouraged group discussion and collaboration. Moreover, external stakeholders, through the development of the Community Health Assessment and CHIP, informed the conversation during the facilitated activities. The pages that follow describe goals, objectives, and strategies for each of the three themes, essentially providing a blueprint for *what* our goals are and *how* we are going to achieve them.

It can be a monumental task to track progress and success in performing all the work outlined in our StratPlan, which is why we utilize a state-of-the-industry performance management system called Achievelt. This tool allows Health District directors and executives to track, in real time, each individual effort required by the plan. It will not only allow our WCCHD team to review our weekly progress but will enhance our transparency and accountability. Any of our 545,000 residents will be able to track StratPlan progress through a dashboard on the Health District's website: www.wcchd.org.

Your nationally accredited and recognized local health department has proudly served the WilCo community since 1943. The next three years will be challenging, but by successfully completing each of the goals in this plan by December 31st, 2022, WCCHD will be better prepared to serve the needs of Wilco's residents for decades to come.

Yours in health,

Dietich L. Mal

Derrick L. Neal, MPA

2020-2022 WCCHD Strategic Plan | iv

Vision, Mission, and Guiding Principles

Our Vision:

Our shared vision is for WCCHD to lead Williamson County to be the healthiest county in Texas.

We are:

- The recognized authority for unified health initiatives,
- Fully integrated and aligned with the communities we serve,
- The trusted countywide public health resource,
- A coalition builder, and
- A strategic and data-driven agency.

Our Mission:

In partnership with communities, WCCHD will promote and protect the health of the people of Williamson County.

Our Guiding Principles:

- 1. The highest standards of honesty and integrity will never be compromised for any reason.
- 2. All employees will be treated with respect and dignity.
- 3. High levels of competency and performance will be expected from all employees.
- 4. We will provide "World Class" customer service. We will make every effort to communicate what we *can* do for a citizen-customer, as opposed to what we *cannot* do.
- 5. We will work to continuously evaluate and improve the services that we provide to our clients.
- 6. We will enforce laws in a fair and equitable manner, always using as a standard "Does this action pass the test of common sense?"
- 7. The concept of teamwork, throughout the Health District, will be encouraged and expected.
- 8. We will solicit and encourage new ideas from all levels of the organization with the understanding that input from every employee is valuable.
- 9. We will cultivate partnerships and collaborate with individuals, groups, and agencies in the interest of improving public health services in Williamson County.
- 10. We will establish goals and routinely measure our performance.
- 11. We will be a flexible organization that can adapt to change as needed.
- 12. We will learn from our failures and celebrate our successes.



Purpose and Process

Together with the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), the Strategic Plan (StratPlan) completes the set of foundational documents that guide the actions of Williamson County and Cities Health District (WCCHD). This plan outlines the goals, objectives, and strategies that WCCHD will achieve by the end of 2022 to realize our shared vision for Williamson County to be the healthiest county in Texas.



Together, Health District staff, the District Leadership Team (DLT), the Executive Leadership Team (ELT) and the Board of Health (BOH) participated in the strategic planning process (shown above). WCCHD kicked off the process at an all-staff meeting in August 2019 by conducting a SOAR (Strengths Opportunities Aspirations Results) activity to understand the current state of the agency and what an ideal state looks like from the staff's perspective. Based on results from the SOAR analysis, the Quality and Strategic Management (QSM) division identified ten areas of focus (Appendix C: SOAR Top Ten Areas of Focus). At the all-staff activity in September 2019, WCCHD staff prioritized three areas of focus to guide the development of goals, objectives, and strategies. Between September and October 2019, ELT conducted a PESTLE activity with each WCCHD division and the BOH to identify potential external threats and opportunities (Appendix D: PESTLE) centered around the top three areas of focus. In October 2019, QSM led three working groups (one for each area of focus), comprised of staff, DLT, and ELT members, to formulate goals, objectives, strategies, action steps, and key performance indicators (KPIs). To maximize staff participation for these activities, QSM provided additional opportunities for staff feedback via online surveys. To ensure alignment, QSM compared the StratPlan draft with the CHA, CHIP, and Public Health Accreditation Board (PHAB)'s Population Health Outcomes (PHOs) to identify and solidify linkages. DLT, ELT, and BOH reviewed the StratPlan before it was finalized.

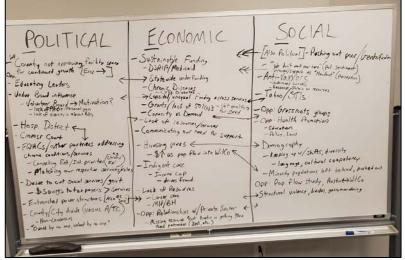
From 2020 to 2022, the execution of the StratPlan will be monitored by QSM and ELT through two interrelated processes – change management and performance management (PM). Change management addresses questions of how to prepare, equip, and support WCCHD's staff to successfully adopt change in order to drive organizational success and outcomes. Performance management is the process by which managers and employees work together to plan, monitor, and review an employee's (and Division's) work objectives and overall contribution to the organization. PM will be monitored through WCCHD's PM system, Achievelt. DLT will begin action planning in January of each year.



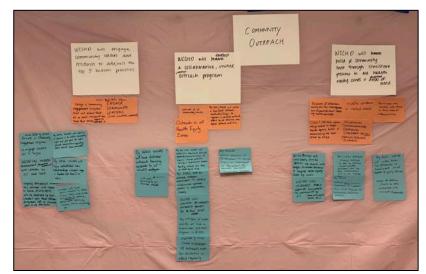
All Staff SOAR Activity



Prioritization of Top Three Areas of Focus



Division PESTLE Activity



Areas of Focus Working Group

Overview

The Strategic Plan is built from areas of focus, goals, objectives, strategies, and action steps with different layers of accountability and performance management.

- Area of Focus: An area of focus is a grouping of ideas by topic.
- Goal: A goal is a statement of what good looks like.
- Objective: An objective defines how we will measure success. Objectives are specific, measurable, achievable, realistic, and time-bound statements (SMART) about what is to be accomplished.
- Strategy: Strategy are actions taken to move the objective forward.
- Action Steps: Action steps are tactics taken to complete the strategy.

Top Areas of Focus

The three areas of focus are as follows:



A. Community Outreach



B. Health Equity



Areas of Focus



C. Employee Satisfaction, Retention, and Professional Development

Strategic Plan Linkages

Portions of the 2020-2022 Strategic Plan are linked to the Williamson County 2019 CHA, the 2020-2022 CHIP, and the PHAB's Population Health Outcomes (PHOs).









A. Community Outreach Action Plan

A.1. Goal	WCCHD engages community leaders and residents to address the Top Five Health Priorities.	
A.1.1 Objective	By 2022, WCCHD will increase community input and capture voices of underserved communities regarding Public Health Services provided and the Top Five Health Priorities.	Lead: DLT
A.1.1.1. Strategy	By Q4 2020, WCCHD will provide training for WCCHD staff on identifying and engaging with key partners.	Lead: DLT
A.1.1.2. Strategy	By Q3 2021, WCCHD will establish a process to routinely capture community voice for agency decision- making (e.g. forums, events at other clinic sites, focus groups, English and Spanish surveys at WCCHD events) and invite residents and organizations to co-create solutions to improve their health and wellness (e.g. city leaders, businesses, faith-based organizations).	Lead: QSM
A.1.1.3. Strategy	By Q4 2022, WCCHD will strengthen partnerships with key partners (e.g. Chambers of Commerce, physician groups, grass root organizations, businesses, faith-based organizations, Commissioner's Court, city council, city managers, universities, transportation providers, food pantries, school districts, low-income apartment facilities, senior centers/meals on wheels, and hospital networks) relevant to health priority topics.	Lead: ELT/DLT/ MCE
A.1.1.4. Strategy	By 2022, WCCHD will expand network of partners for prevention and treatment related services in Health Equity Zones and identified areas of need (e.g. investigate opportunities to participate in a collaborative referral network, pursue opportunities to hire and train community health workers, incorporate behavioral health counselor into WCCHD services, promote and market Aunt Bertha and the Community Calendar).	Lead: DLT/ MCE/ CS/PESS
Key Performance Indicators (KPIs)	 A.1.1.2. Partnerships (# of new MOUs and # of new partnered grant applications) Baseline: 0 Goal: 5 Data Source: WCCHD A.1.1.3. Opportunities for Community Voice (# of total proactive opportunities by WCCHD (e.g. # of focus grou individuals engaged (e.g. # of focus group participants)) Baseline: 0 Goal: 5 opportunities, XXX individuals Data Source: WCCHD A.1.1.4. Aunt Bertha Sessions and Searches Baseline: 6,024 sessions; 17,641 searches Baseline: 6,024 sessions; 17,641 searches Goal: 9,036 sessions; 26,462 searches Data Source: Aunt Bertha, October 1, 2018-September 30, 2019 A.1.1.4. Healthy Williamson County Community Calendar 	

	Baseline: 694 page views Goal: 1,388 page views
	Data Source: Google Analytics, October 1, 2018 to September 30, 2019
CS: Clinical Services, PESS: Program Eligibility and Social Services, QSM: Quality and Strategic Managem	
Notes	Marketing and Community Engagement, ELT: Executive Leadership Team, DLT: District Leadership Team

A.2. Goal	WCCHD is the trusted health authority within the community.	
A.2.1 Objective	By 2022, WCCHD will establish a collaborative, unified outreach program that ensures a comprehensive	Lead:
A.Z.1 Objective	response, with a focus on Health Equity Zones and identified areas of need.	MCE
	By Q4 2020, WCCHD will establish clear organizational and divisional outreach goals and establish consistent	Lead:
A.2.1.1. Strategy	organizational and public health messaging.	MCE
	By Q4 2020, WCCHD will develop a brand strategy that positions WCCHD as a valued, effective, trusted	Lead:
A.2.1.2. Strategy	leader in the community.	MCE
	By Q4 2021, MCE will develop an outreach training curriculum (e.g. presentation development, public	Laad
A.2.1.3. Strategy	speaking, health promoting/marketing, digital marketing) that will be annually delivered to all WCCHD	Lead:
	employees.	MCE/HR
	By Q2 2022, MCE will establish a sustainable outreach program (e.g. training Division Directors on outreach	Lead:
A.2.1.4. Strategy	calendar, developing Standard Operating Procedures).	MCE
	A.2.1.2. Trust levels in targeted Health Equity Zones and identified areas of need Williamson County	
	Baseline: TBD Goal: TBD Data Source: TBD	
KPIs	A.2.1.3. Percent WCCHD Employees Trained via Curriculum	
	Baseline: 0% Goal: 100% Data Source: WCCHD	
	A.2.1.4. Percent Outreach Process Revamped	
	Baseline: 0% Goal: 100% Data Source: WCCHD	

A.2.2. Objective	By 2022, WCCHD will consistently provide services (e.g. Clinical Services, PESS, WIC, health promotion and education) via mobile units, permanent structures, and/or in shared spaces within targeted Health Equity Zones and identified areas of need.	Lead: CS/ DLT
A.2.2.1. Strategy	By 2020, WCCHD will evaluate trust levels in targeted Health Equity Zones and identified areas of need.	Lead: QSM
A.2.2.2. Strategy	A.2.2.2. By Q4 2021, WCCHD will explore assigning staff to provide outreach in the areas they reside or work in Williamson County.	Lead: ELT/ DLT
A.2.2.3. Strategy	By Q4 2022, WCCHD will propose appropriate service delivery avenues/vehicles to address identified areas of need.	Lead: ELT/ DLT
A.2.2.4. Strategy	By Q4 2022, WCCHD will expand services into existing shared spaces (e.g. libraries, churches, food banks, community resource centers) and community events (e.g. Poppy Festival, Christmas Stroll).	Lead: ELT/ DLT
A.2.2.5. Strategy	By Q4 2022, WCCHD will track referrals to primary care physicians through Aunt Bertha and eClinicalWorks.	Lead: CS/ MCE
KPIs	A.2.2.1. Trust levels in targeted Health Equity Zones and identified areas of need Williamson CountyBaseline: TBDGoal: TBDData Source: TBDA.2.2.5. Access to primary care physicians (Primary Care Provider Rate)Baseline: 1,510:1Goal: 1,030:1 (Top US Performer)Data Source: County Health Rankings, 2018A.2.2. Partnerships (# of MOUs, # of events participated in, and # of partnered grant applications)Baseline:Goal:Data Source: WCCHDA.2.2.5. Aunt Bertha and eClinicalWorks ReferralsBaseline: TBDGoal: TBDData Source: Aunt Bertha, eClinicalWorks	

*Updates will be made quarterly by Division Directors or Team Leads in Achievelt, WCCHD's performance management system.



B. Health Equity Action Plan

B.1. Goal	WCCHD encourages equitable and inclusive opportunities for healthy lifestyles.	
B.1.1. Objective	By 2022, WCCHD will improve upon health indicators for each of the Top Five Health Priorities in each Health Equity Zone.	Lead: MCE
B.1.1.1. Strategy	Beginning in Q1 2020, WCCHD will consistently participate in TACCHO's Legislative Committee to support health equity legislation.	Lead: ELT/ PESS/QSM
B.1.1.2. Strategy	By Q4 2020, at least one WCCHD employee from every division will regularly attend a working group in the Healthy Williamson County coalition.	Lead: MCE
B.1.1.3. Strategy	 By Q4 2022, WCCHD will implement strategies assigned to WCCHD in the CHIP. Building a Resilient Williamson County Action Plan – EEP Social Determinants of Health Action Plan (Housing, transportation, workforce development) – MCE and QSM Access to and Affordability of Health Care Action Plan (Dental Care) – CS and PESS 	Lead: MCE
B.1.1.4. Strategy	In Q4 2022, WCCHD will review WCCHD's vision, mission, and values to incorporate health equity.	Lead: ELT
Key Performance Indicators (KPIs)	Behavioral Health, Stress, and Well-being Access to mental health providers Baseline: 1,110:1Goal: 1,010:1 (Texas Value)Data Source: County Health Rankings (CHR), 2018Chronic Disease Risk Factors Access to healthy food (Low-Income and Low Access to a Grocery Store) Baseline: 8%Goal: 7%Data Source: U.S. Department of Agriculture, 2015Adults 20+ who are Sedentary Baseline: 19.8%Goal: 17.3% (Prior Value) Data Source: Centers for Disease Control and Prevention (CDC), 2016Food Insecurity Rate Baseline: 12.5%Data Source: Feeding America, 2017Obesity (Adults 20+ Who are Obese) Baseline: 12.5%Data Source: CDC, 2016	

	Diabetes (Adults 20+ with diabetes)
	Baseline: 8.8%Goal: 7.8% (Prior value in 2015)Data Source: CDC, 2016
	Social Determinants of Health
	Housing affordability (Renters spending 30% or more of household income on rent)
	Baseline: 44.9% Goal: 40% Data Source: <u>American Community Survey (ACS), 2013-2017</u>
	Access to public transportation (Workers using Public Transportation)
	Baseline: 0.8%Goal: 5.5% (Healthy People 2020 Target)Data Source: ACS, 2013-2017
	Households that are Asset Limited, Income Constrained, Employed (ALICE)
	Baseline: 26.7% Goal: 20% Data Source: United for ALICE, 2016
	Access to and Affordability of Healthcare Dentist Rate
	Baseline: 1,850:1 Goal: 1,790:1 (Texas Value) Data Source: <u>CHR, 2018</u>
	Adults with Health Insurance (5-year)
	Baseline: 85.5% Goal: 100% (HP2020 Target) Data Source: <u>ACS, 2012-2016</u>
	CHIP: Community Health Improvement Plan, EEP: Epidemiology and Emergency Preparedness, HR: Human Resources,
Notes	QSM: Quality and Strategic Management, MCE: Marketing and Community Engagement, ELT: Executive Leadership
	Team, DLT: District Leadership Team

B.2. Goal	WCCHD staff use cultural competency to address health inequities in the county.	
B.2.1. Objective	By 2021, all WCCHD staff will complete comprehensive training in health equity and cultural competence	Lead:
B.Z.I. Objective	and understand the factors that contribute to health inequities among residents.	QSM/HR
B.2.1.1. Strategy	By Q2 2020, WCCHD will identify a health equity curriculum that is focused on Williamson County and is appropriate to WCCHD.	Lead: QSM
B.2.1.2. Strategy	By Q2 2020, WCCHD will identify a cultural competency curriculum that is focused on Williamson County and is appropriate to WCCHD.	Lead: HR
B.2.1.3. Strategy	By Q3 2020, WCCHD will develop and/or implement health equity curriculum that is focused on Williamson County and is appropriate to WCCHD.	Lead: QSM

B.2.1.4. Strategy	By Q3 2020, WCCHD will develop and/or implement cultural competency curriculum that is focused on Williamson County and is appropriate to WCCHD.	Lead: HR
B.2.1.5. Strategy	By Q4 2020, WCCHD employees will attend an in-person cultural competency training/workshop annually.	Lead: HR
B.2.1.6. Strategy	By Q4 2020, WCCHD employees will attend an in-person health equity training/workshop annually.	Lead: QSM
B.2.1.7. Strategy	By Q2 2021, HR will incorporate health equity and cultural competency training into the workforce development plan.	Lead: HR
B.2.1.8. Strategy	By Q4 2021, all WCCHD employees will identify their role in health equity as part of their professional development plan upon first year of hire.	Lead: DLT
KPIs	 B.2.1. Staff Knowledge of Health Equity (Staff could explain the conditions that impact health to co-workers; familiar with the major health inequities affecting residents in the community we serve.) Baseline: 60% of WCCHD staff agree or strongly agree Goal: 75% Data Source: WCCHD BARHII Organizational Assessment, August 2019 	Staff are

B.2.2. Objective	By 2022, WCCHD will have a three-year plan of action to address health equity and cultural	Lead: QSM	
	competency in their programs and services.		
B.2.2.1. Strategy	By Q4 2020, WCCHD's QM Committee will identify a comprehensive, evidence-based evaluation tool	Lead: QSM/	
D.Z.Z.I. Suldlegy	to assess all major projects and division operations for equity impact, using a standard set of criteria.	QM Committee	
	By Q1 2021, WCCHD divisions will use evaluation tool to evaluate all major projects and division	Lead: QSM/	
B.2.2.2. Strategy	operations for equity impact, using a standard set of criteria.	QM Committee	
DDDD Stratagy	By Q2 2021, WCCHD divisions will develop action plan using feedback from the evaluation tool and	Lead: QSM/	
B.2.2.3. Strategy	upload action plan into AchieveIt.	QM Committee	
DDD4 Stratagy	By Q4 2022, WCCHD divisions will implement action plan to address health equity in their programs	Lead: QSM/	
B.2.2.4. Strategy	and services and track progress in Achievelt.	QM Committee	
	B.2.2.4. Percent of divisions that have a three-year plan of action		
	Baseline: 0% of DivisionsGoal: 100% of DivisionsData Source: Achievelt		
KPIs	B.2.2. Cross-divisional Collaboration (Staff collaborate with other WCCHD programs to address condition	ns that impact	
	health; Management supports cross-divisional collaborations to address health inequities)		
	Baseline: 50% of WCCHD staff agree or strongly agree Goal: 75%		
	Data Source: WCCHD BARHII Organizational Assessment, August 2019		

*Updates will be made quarterly by Division Directors or Team Leads in Achievelt, WCCHD's performance management system.



C. Employee Satisfaction, Retention, and Professional Development Action Plan

C.1. Goal	All WCCHD employees are valued and treated equally.	
C.1.1 Objective	By 2022, WCCHD will increase employee satisfaction and recognition by 15%.	Lead: HR
C.1.1.1. Strategy	By Q4 2020, employee performance evaluations will include established competencies.	Lead: DLT/HR
C.1.1.2. Strategy	By Q4 2020, ELT will publish revised universal agency values and leadership's commitment to upholding them.	Lead: ELT
C.1.1.3. Strategy	By Q4 2021, WCCHD will implement an employee recognition plan (e.g. Employee of the Month), in collaboration with HR, that allows for all services and position eligibility.	Lead: HR/ELT
C.1.1.4. Strategy	By Q4 2022, WCCHD will administer an anonymous and objective employee satisfaction survey bi- annually.	Lead: EERT/HR
Key Performance Indicators (KPIs)	C.1.1. Employee Satisfaction Baseline: Employee Engagement Preliminary Survey Results (questions #1- 15) Goal: Improve mean survey scores by 15% for survey questions #1- 15 Data Source: Employee Satisfaction Survey, bi-annually administered starting in July 2019 C.1.1. Employee Retention Rate Baseline: 75% Goal: 5% increase over baseline Data Source: WCCHD Human Resources, Jan 1, 2017 to Dec 31, 2019	
Notes	HR: Human Resources, ELT: Executive Leadership Team, DLT: District Leadership Team, EERT: Employee E Retention Team	ngagement

C.2. Goal	All WCCHD employees are compensated competitively and equitably.	
C.2.1. Objective	By 2022, WCCHD will increase retention rate through compensating employees competitively and equitably.	Lead: HR
C.2.1.1. Strategy	By Q4 2020, WCCHD will develop a salary audit every year to ensure consistency across classifications.	Lead: HR
C.2.1.2. Strategy	By Q2 2021, WCCHD will develop a standard set of criteria to ensure equitable salary/classification adjustments.	Lead: HR
C.2.1.3. Strategy	By Q3 2021, WCCHD will investigate potential alternative incentives and present to BOH for approval.	Lead: ELT
C.2.1.4. Strategy	By Q3 2022, WCCHD will develop an external salary study schedule.	

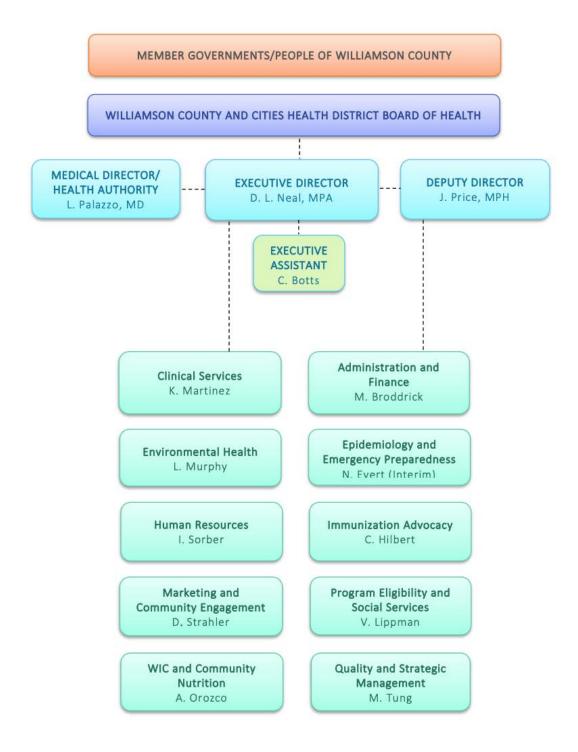
C.2.1.5. Strategy	By Q4 2022, WCCHD will begin conducting an external market salary study (with at least three employers			
C.Z.I.J. Strategy	with similar positions and economic climates) for all WCCHD positions.			
	C.2.1. Internal and External Salary Studies Completed			
	Baseline: 0% Goal: 100% Completed Data Source: WCCHD HR			
KPIs	C.2.1. Employee Retention Rate			
	Baseline: 75% Goal: 5% increase over baseline			
	Data Source: WCCHD Human Resources, Jan 1, 2017 to Dec 31, 2019			

C.3. Goal	Professional development opportunities are offered equitably across WCCHD		
C.3.1. Objective	By 2022, WCCHD will offer all employees with a personalized, mission-driven, and budget-supported professional development plan upon first year of hire to advance the public health workforce.		
C.3.1.1. Strategy	By Q4 2020, HR will identify components of the professional development plan (e.g. 1. participate on at least one cross-divisional project, committee, and/or task force, 2. opportunities for professional certifications, 3. role in promoting health equity, 4. leadership training, and 5. conflict resolution).		
C.3.1.2. Strategy	By Q4 2021, DLT will work with HR to develop professional development plans with defined opportunities for employees.		
C.3.1.3. Strategy	By Q4 2022, DLT will annually evaluate objectives from each employee's individualized professional development plan.	Lead: DLT	
KPIs	C.3.1. Professional Development Plan Created and Offered Annually Baseline: 0% Goal: 100% of staff offered Professional Development Plan Data Source: Perform C.3.1. Professional Development Plan Staff Completed Baseline: 0% Goal: 100% of staff completed Professional Development Plan Data Source: Perform C.3.1. Employee Retention Rate Baseline: 75% Goal: 5% increase over baseline Data Source: WCCHD Human Resources, Jan 1, 2017 to Dec 31, 2019		

*Updates will be made quarterly by Division Directors or Team Leads in Achievelt, WCCHD's performance management system

Appendix A: WCCHD Organizational Chart

Williamson County and Cities Health District Organizational Chart



Appendix B: One Pagers



COMMUNITY OUTREACH

A.1. Goal: WCCHD engages community leaders and residents to address the Top Five Health Priorities.

• A.1.1 Objective: By 2022, WCCHD will increase community input and capture voices of underserved communities regarding Public Health Services provided and the Top Five Health Priorities.

A.2. Goal: WCCHD is the trusted health authority within the community.

- A.2.1 Objective: By 2022, WCCHD will establish a collaborative, unified outreach program that ensures a comprehensive response, with a focus on Health Equity Zones and identified areas of need.
- A.2.2 Objective: By 2022, WCCHD will consistently provide services (e.g. Clinical Services, PESS, WIC, health promotion and education) via mobile units, permanent structures, and/or in shared spaces within targeted Health Equity Zones and identified areas of need.







B.1. Goal: WCCHD encourages equitable and inclusive opportunities for healthy lifestyles.

• H.1.1. Objective: By 2022, WCCHD will improve upon health indicators for each of the Top Five Health Priorities in each Health Equity Zone.

B.2. Goal: WCCHD staff use cultural competency to address health inequities in the county.

- B.2.1. Objective: By 2021, all WCCHD staff will complete comprehensive training in health equity and cultural competence and understand the factors that contribute to health inequities among residents.
- B.2.2. Objective: By 2022, WCCHD will have a three-year plan of action to address health equity and cultural competency in their programs and services.







EMPLOYEE SATISFACTION, RETENTION, AND PROFESSIONAL DEVELOPMENT

C.1. Goal: All WCCHD employees are valued and treated equally.

• C.1.1 Objective: By 2022, WCCHD will increase employee satisfaction and recognition by 15%.

C.2. Goal: All WCCHD employees are compensated competitively and equitably.

• C.2.1. Objective: By 2022, WCCHD will increase retention rate through compensating employees competitively and equitably.

C.3. Goal: Professional development opportunities are offered equitably across WCCHD.

• C.3.1. Objective: By 2022, WCCHD will offer all employees with a personalized, mission-driven, and budget-supported professional development plan upon first year of hire to advance the public health workforce.





Appendix C: SOAR Top Ten Areas of Focus



External Collaboration

Increase partnerships with school districts, member governments, and through the Healthy Williamson County Coalition



Employee Satisfaction and Retention

Provide competitive salaries, exceptional benefits, and tuition reimbursement for employees



Community Outreach Increase outreach and mobile outreach efforts which includes having dedicated vehicles



Professional Development

Provide development and training opportunities for employees



Marketing Increase marketing efforts, community visibility, and

online/media presence



Healthiest County in Texas

Improve health outcomes through health education, prevention, and promotion



Grow With County

Grow through expansion of programs and services (i.e. dental care, women's health), Public Health Centers, and staff



Health Equity

Improve health equity by increasing cultural competency training and addressing language barriers



Sustainable Funding

Implement a sustainable funding model and replace DSRIP funding



Increase agency-wide collaboration, communication, and transparency

Appendix D: PESTLE Analysis

	Threats	Opportunities
	Bureaucracy, bogged down process, archaic environment	WCCHD as trusted health authority, updated and branded materials, being timely and progressive
	Shifting and competing political priorities	Data-driven decision-making
	One county, but 12 cities (versus Austin-Travis County)	City involvement, attending city council meetings
Political	Anti-immigration sentiment, clients are distrustful, fear of reprisals	Vaccine outreach, educating leaders
	Funding cuts make it difficult to provide competitive salaries and provide professional development, lack of transparency on how to receive raises/reclassification	Alternative benefits, maternity/paternity leave, standardized protocol for raises/reclassification
	Statewide underfunding, lopsided funding, difficulty in securing funding due to lack of 501(c)3 status	Communicating our need for support
Economic	Reduced funding and increasing population, inability to leverage prevention, lack of resources for cancer care and mental health	Increase outreach to providers, specialist care, relationships with private sector
	Demographic changes, population growth, gentrification, disconnect between community needs and our agency's mission	Outreach, education, messaging, partnerships with faith-based organizations, grass-root groups, primary care, population flow- study between Austin and Williamson county
	Perception of government, perception of Health District only providing indigent care, lack of trust and credibility, enforcement confused with cultural insensitivity	Increase awareness, messaging, and outreach; improved branding and customer service
Social	Cultural taboo, anti-vaxxers, perceptions of Sexually Transmitted Infections (STI)	Increased Immunization Advocacy efforts via Healthy Williamson County Coalition increased awareness of WCCHD services
	Intimidating to talk to leadership, lack of recognition of internal support staff, focus on some services more than others	
	Media/news stories delayed, lack of control over narrative, success stories not highlighted	More proactive, positive marketing strategy

	Threats	Opportunities
Technological	No support for current platforms (NEDSS, OMS, ACCESS), lack of database admin	IT support, systems like RedCap, set-up and maintenance
	Internal systems (Accela, eCW, EWS, CureMD):hasty roll- outs, poor evaluation, lack of training, not good fit, internet- only limits areas of use, Wi-Fi issues, lack of clear process/forms	See platforms in action (not just test environment), comprehensive evaluation, selecting platforms better, provide input before implementation
	External systems: duplication of work, dealing with old tech, partners' tech capacity/ability to share data	
	Website: too wordy, dated, aesthetics, proof-reading	Revamping website, 'contact us' form, media-trusted source, mobile app, better ads
	Keeping up with new tech, vaping, scooters	
Legal	Fear of government (citizenship status), client fear of ICE, reprisals, undocumented patients are afraid to seek services, legal status a threat to hiring/retention at WCCHD	WCCHD is informed about laws and concerns, reach immigrant population, hire and sponsor immigrants at WCCHD
	Limits of co-op agreement, 'red tape' concerns	Increase involvement of Board of Health (BOH)
	No teeth for enforcement, notifiable reporting, inconsistent enforcement procedures between WCCHD and cities/county agencies	Monitor changes at state level, keep up with new bills/law changes, increase involvement in policy/laws, smoking bans- strengthening city-wide ordinances, policies
	Neutrality, inability to directly lobby, conflicts of interest	
Environmental	Lack of transportation, buses not used, stops not useful/ideal, Taylor/rural gap	PESS van, teleservices, mobile visits, ridesharing/ reimbursement, better bus routes, partnering with universities, A&M rideshare app, improved sidewalks
	Climate change, natural disasters, emerging diseases, allergies, secondary effects	Increase capacity for response, flex schedules and increased service hours, increased surveillance
	EH cars, only one gas pump in Georgetown, inconvenient to get gas, small tanks/inefficient vehicles	



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