STRATEGIC PLAN 2018-2022
El Paso County Public Health

Strategic Public Health Integration Team
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Introduction
El Paso County Public Health (EPCPH) was established in 1872 as a City Health Department, and then became an organized County Health Department in 1939. EPCPH was the first public health agency in Colorado to receive accreditation by the Public Health Accreditation Board (PHAB) in 2013. EPCPH serves all residents and visitors of El Paso County, which includes the cities and towns of Colorado Springs, Manitou Springs, Calhan, Fountain, Green Mountain Falls, Monument, Palmer Lake, and Ramah. EPCPH provides a broad spectrum of services to address ongoing and critical public health and safety issues through its three major divisions: Health Promotion and Disease Prevention and Control, Health Services, and Environmental Health.

Mission, vision, values
EPCPH’s vision is for all El Paso County residents to live in thriving communities where every person has the opportunity to achieve optimal health. EPCPH will achieve this vision by purposefully allowing our everyday work to be guided by the mission to promote and protect public health and environmental quality across El Paso County through people, prevention and partnerships. Our values express how EPCPH works internally and externally to meet our mission and vision:

- **Integrity.** We approach our work and communicate with our partners in an honest, consistent and reliable manner.

- **Service Excellence.** We provide high quality customer service for all external and internal partners in order to meet and manage partner expectations.

- **Collaboration.** We work together with our partners at the local, state and national level to achieve our mission and vision, as well as to expand the reach and impact of our efforts. We seek to engage our partners through respectful dialogue that results in consensus and collective effort to achieve goals.

- **Innovation.** We strive to find new processes or programs that provide value to our partners. We pursue innovative ideas that improve system efficiencies or demonstrably improve health outcomes in the community.

- **Data Driven.** We use data rather than intuition or anecdote alone to make decisions that move our programs and activities forward. We collect, analyze, and disseminate appropriate data for our internal and external partners to better understand the health of our community.

- **Respect.** We treat all partners, especially those to whom we provide direct services, as valuable and important. We listen and respond to issues appropriately and professionally.
Creating the strategic plan

EPCPH created a strategic plan for 2012-2017 as a guiding document to increase efficiency and effectiveness for meeting Colorado’s core public health services as defined by Senate Bill 08-194 and for addressing key public health issues. The 2012-2017 strategic plan helped set the foundation for program planning, program monitoring, data collection, and quality improvement (QI) activities across the agency. The plan also articulated EPCPH’s role in addressing the obesity prevention goal for the 2012-2017 community health improvement plan (CHIP).

To create the 2018-2022 strategic plan, EPCPH’s leadership team requested the Strategic Public Health Integration Team (SPHIT) lead the effort because program managers and other cross-agency management staff play a vital role in meeting the mission and vision of EPCPH. Managers are critical links between the leadership team, county departments, partner agencies, other community-based stakeholders, staff, and clients, and are problem solvers and conveyers of important information across the agency. Managers are subject matter experts in their own programs and are often on the leading edge of program development and identifying emerging issues or trends in public health.

In creating the 2018-2022 strategic plan, a sub-committee of the SPHIT came together to review progress made on the earlier strategic plan, discuss challenges and opportunities for public health, and determine a framework for the strategic plan that would position EPCPH to best serve the community, live its values, and meet programmatic, workforce development, CHIP, and QI goals over the next five years. The SPHIT sub-committee met four times in 2017 to create this strategic plan.

Assessment of the public health landscape

The sub-committee also met to discuss the changing public health landscape and any opportunities and challenges for EPCPH. The committee reviewed information regarding funding and financing from the Colorado Department of Public Health and Environment, and threats to federal funding that could impact public health funding, including pass-through funds from the Centers for Disease Control and Prevention, the United States Department of Agriculture, and the Department of Health and Human Services.

The sub-committee also discussed information from the National Association of County and City Health Officials (NACCHO) and PHAB about the growing expectation that local public health agencies address quality of life issues, social determinants of health, and health equity through policy, systems, and environmental work rather than solely through direct services. Also, public health now relies on local data collection and analysis, and the ability to share data across systems, in order to make decisions about emerging health issues, health needs, health services, and policies. These changes in the public health landscape will require EPCPH to develop additional skills and competencies for its workforce in order to deliver its mission, vision, and values. Based on its discussions, the sub-committee identified the following strengths, weaknesses, opportunities, and challenges:
| Strengths | Funding opportunities  
Partnerships and collaborations  
Innovative staff and programs  
Inclusive leadership  
Trust from leadership; trust of leadership  
Strong customer service  
Skilled staff and continuity of service  
Healthy policies in building  
Increased security in public health area |
| Weaknesses | County integration  
Outreach and community engagement  
Political climate, “do more with less”  
Space limitations  
Lack of QI culture  
Insurance status of clients uncertain  
Lack of flexible funding  
Workforce development |
| Opportunities | County integration  
Outreach to community to understand public health  
Earmarked funding from state/marijuana tax cash funds  
Electronic health record/data connection across programs  
Data analysis capabilities  
Workforce development  
Focus groups for staff  
Health equity training for staff  
Ability to influence policy and create policy |
| Challenges | Funding and politics  
Staff turnover/no career ladder  
Turnover of Board of Health  
Doing more with less funding, less staff  
Changing state of community priorities  
Lack of community understanding of the role of public health  
Lack of understanding of health equity among political leaders  
Community partner capacity to respond to issues of concern |

**Aligning priorities**

In creating this strategic plan, the sub-committee reviewed existing EPCPH plans and priorities to assure alignment and inclusion of other plan goals. The sub-committee believes that this integrated approach will support better understanding of the strategic plan by all staff, create efficiencies in pursuing activities that address goals and objectives in all plans, and create a better understanding of how all plans in the
performance management system work together to help EPCPH achieve its mission and vision. In creating the goals and strategies for each section in the strategic plan framework, the sub-committee included key goals from these plans or initiatives:

**EPCPH Leadership Initiatives 2017-2022**
- Establish and maintain EPCPH as subject matter experts with key stakeholders
- Assure a competent, efficient, qualified, and diverse public health workforce
- Work with community stakeholders to remove barriers that create health inequity

**CHIP 2018-2022**
The vision for the Healthy Community Collaborative, the 60-member coalition that supports implementation of EPCPH’s CHIP, is to increase healthy life expectancy for all in El Paso County by offering opportunities and removing barriers that prevent people from achieving optimal health by…
  - Reversing the upward trend of obesity by addressing its root causes.
  - Decreasing the incidence of poor mental health and substance use and misuse.

**Workforce Development Plan 2018-2022**
- Create and support a prepared and knowledgeable public health workforce
- Promote a culture of learning and staff development across the agency
- Enhance staff capacities in core public health competencies and in quality improvement

**QI Plan 2017**
EPCPH’s QI Plan was updated in 2017 and provides guidance for staff regarding identifying, planning, executing, and evaluating QI projects. QI projects will be identified primarily through the strategic plan and subsequent annual work plans. Goal areas from this plan are included in training goals for plan monitoring, QI processes, and project evaluation. The QI Plan also creates the mechanism for monitoring and evaluating progress of the strategic plan, which is discussed in a later section.

**Choosing a framework**
The work of local public health agencies is evolving in response to a changing landscape. First, the Great Recession significantly reduced funding for local public health efforts in El Paso County and across the nation, causing a reduction in workforce and the termination or transfer to partner agencies of several public health programs. As a result, EPCPH is more reliant on program-restricted grant funding and has fewer unrestricted funds to provide services. Second, the Affordable Care Act (ACA) provided health care coverage for uninsured people, improved health coverage through a requirement of essential health benefits, and emphasized evidence-based clinical practices to improve population health. As a result, the uninsured rate in El Paso County fell from a high of 15 percent to a 2017 level of 7 percent, and more people have access to preventive care and recommended health screenings. As a result, EPCPH shifted some of its work away from direct health care services to community and
organizational-level activities to improve health outcomes at a population level. Finally, an increased understanding of the interplay between socio-economic conditions and health outcomes allowed EPCPH to engage partners in collaborative activities and strategic partnerships to improve not just certain health conditions, but also to improve economic, education, transportation, and health equity opportunities.

The changes EPCPH has made in the delivery and focus of its services are well aligned with the ways in which state and federal public health agencies are indicating is the future of public health, or Public Health 3.0. Recommendations from the U.S. Department of Health and Human Services for Public Health 3.0 encourage local public health agencies to build capacity in these key areas:

1. Strong leadership and workforce
2. Strategic partnerships
3. Flexible and sustainable funding
4. Timely and locally relevant data, metrics, and analytics
5. Foundational infrastructure

The SPHIT sub-committee selected a strategic plan framework that reflects the future of public health and prepares EPCPH to meet the demands of Public Health 3.0. The new strategic plan framework describes the capacity-building activities EPCPH would need to undertake in order to have a prepared, proactive, highly skilled, and culturally competent staff to meet the public health needs of the community.

Committee members reviewed several strategic plans recommended by NACCHO, our peer agencies in Colorado, and other local public health agencies across the country. The committee selected a framework that integrates the goals of the performance management plans required by PHAB, determined to be most necessary for the forward advancement of EPCPH and Public Health 3.0. The strategic plan framework includes these goal areas:

- Workforce development
- Technology, informatics, data analysis
- Communication
- Community partnerships
- Funding for agency and community partners
- CHIP 2018-2022
- Health equity

These areas allow for each division and program within EPCPH to create annual objectives that help EPCPH advance in each goal area and allow for cross-representation of goals articulated in the workforce development plan, the QI plan, the CHIP, the community health assessment, and continuity of operations plans.
Goals and strategies 2018-2022

The goals selected for each strategic plan topic area represent broad achievements EPCPH plans to reach by the end of 2022. The goals are expressed at a high-level in order to capture all possible forward movement across the agency and within specific programs. The strategies selected represent the most important ways in which EPCPH can focus its agency and programmatic objectives to meet each goal. Specific objectives will be articulated each year and set forth in an annual work plan. The annual work plan guides the daily work of programs and staff to assure that work is aligned with the strategic plan, there is process for measuring progress, and that QI opportunities are identified. Annual work plans for 2018 -2022 will be based on these goals and strategies.

<table>
<thead>
<tr>
<th>Workforce development</th>
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<tbody>
<tr>
<td><strong>Goal 1:</strong> Strengthen EPCPH’s workforce to improve public health and environmental quality</td>
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<tr>
<td><strong>Strategy 1:</strong> Provide trainings that develop and strengthen public health core competencies</td>
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<td><strong>Strategy 2:</strong> Develop career pathways for existing staff to move into leadership positions</td>
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<tr>
<td><strong>Strategy 3:</strong> Improve organizational capacity to support our workforce</td>
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<td><strong>Strategy 4:</strong> Provide technology tools and trainings to improve skills and create organizational efficiencies</td>
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<table>
<thead>
<tr>
<th>Technology, informatics, data analysis</th>
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<td><strong>Goal 1:</strong> Strengthen EPCPH’s capabilities to collect, analyze, share, and use data to make timely and information-driven decisions</td>
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<tr>
<td><strong>Strategy 1:</strong> Develop and maintain collaborative relationships with key stakeholders to share relevant data</td>
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<tr>
<td><strong>Strategy 2:</strong> Improve internal capabilities to collect and provide data for community health assessments</td>
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<td><strong>Strategy 3:</strong> Expand internal resources for data collection, storage, and analysis</td>
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<td><strong>Strategy 4:</strong> Regularly disseminate important and emerging health information to community partners</td>
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<th>Communication</th>
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<tr>
<td><strong>Goal 1:</strong> Strengthen EPCPH’s capabilities to provide information on public health issues and public health functions to external partners</td>
</tr>
<tr>
<td><strong>Strategy 1:</strong> Provide opportunities for media relations training, maintain relationships with media partners, and seek new partnerships with diverse media outlets</td>
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<tr>
<td><strong>Strategy 2:</strong> Increase use of digital media to promote public health messages and enhance health marketing materials</td>
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<tr>
<td><strong>Strategy 3:</strong> Expand the agency’s participation in an annual health marketing schedule for a planned approach to develop and implement health promotion activities</td>
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</table>
**Strategy 4**: Identify opportunities to promote key agency accomplishments within the community

**Goal 2: Strengthen EPCPH’s internal communication capabilities**

**Strategy 1**: Increase cross-program collaboration and communication to improve internal and external customer service

**Strategy 2**: Increase knowledge and understanding of EPCPH’s brand guidelines to raise brand awareness of public health in the community

**Strategy 3**: Increase staff use and awareness of internal staff website for information sharing, operational updates, staff accomplishments, and awareness of agency activities

**Community partnerships**

**Goal 1**: Develop and maintain strong relationships with key community partners to support public health or assure the provision of health care services

**Strategy 1**: Develop and strengthen relationships with elected officials and other policymakers

**Strategy 2**: Expand EPCPH staff participation on key community collaborations, coalitions, committees, or other work groups that can influence health outcomes and policy, including those that address the social determinants of health

**Strategy 3**: Expand participation from non-traditional partners on EPCPH-led coalitions, collaborations, or committees to create bi-directional relationships

**Funding for the agency and community partners**

**Goal 1**: Increase funding for EPCPH from diverse sources to support core public health services, programmatic services, and innovative strategies

**Strategy 1**: Increase EPCPH’s ability to bill insurances for direct services

**Strategy 2**: Build relationships with state agencies that provide funding for public health activities and funding

**Strategy 3**: Build relationships with state and local elected officials to support public health activities and funding

**Strategy 4**: Build relationships with key foundation partners, academic institutions, and business leaders to support public health activities and funding

**Goal 2**: Provide technical support for funding to key community partners

**Strategy 1**: Increase grant training opportunities for partner agencies

**Strategy 2**: Maintain support for partner agencies that need fundraising or grant writing assistance

**CHIP 2018-2022**

**Goal 1**: Decrease incidence of poor mental health and substance use and misuse

**Strategy 1**: Reduce stigma for behavioral health conditions

**Strategy 2**: Increase evidence-based mental health school programs

**Strategy 3**: Increase mental health screening & treatment for depression and anxiety

**Strategy 4**: Increase social connectedness
Goal 2: Reverse the upward trend of population living at an unhealthy body weight

**Strategy 1:** Reduce household food insecurity

**Strategy 2:** Increase access to a variety of healthy foods encouraged by the dietary guidelines

**Strategy 3:** Increase access to safe places for physical activity

**Strategy 4:** Increase the number of youth that get 150 minutes of vigorous physical activity per week

### Health equity

Goal 1: Increase public awareness of health equity issues, its systemic causes, and opportunities to foster health equity

**Strategy 1:** Increase community awareness of root causes of health equity and evidence-based solutions that address health equity

**Strategy 2:** Increase community awareness of health indicator data as stratified to highlight health equity issues by population

Goal 2: Remove barriers to healthcare and community resources to improve health outcomes among health disparate populations

**Strategy 1:** Increase EPCPH service locations in geographic areas with high need for service

**Strategy 2:** Increase EPCPH’s use of remote access, online, and telehealth services to reduce transportation and time barriers

Plan implementation, evaluation, and quality improvement

EPCPH uses a program assessment tool (PAT) created in 2015 to standardize information gathering from each EPCPH program and service area. The information gathered in the PAT is used to create the annual agency work plan, which is an appendix to the strategic plan. The PAT asks programs to provide information about its goals and objectives, population served, intended outcomes, evaluation processes, funding sources, communications needs or plans, community partners, workforce development needs or plans, and quality improvement ideas. The PAT seeks to gather information from existing work plans that programs have created in response to grants and contracts, or in the case of programs’ funding by fees or general funds, from existing logic models and internal plans.

The PAT was revised to align with the 2018-2022 strategic plan goals and strategies (Appendix B). PAT information is gathered every December and programmatic and agency-wide objectives are added to the goals and strategies framework to create the annual work plan. Objectives are specific, measurable, actionable, realistic, and time-bound, or SMART. The work plan is reviewed and approved by SPHIT and the Leadership Team. The work plan is posted to EPCPH’s intranet so that all staff can easily access the plan and understand how daily work helps EPCPH meet its short and long-term goals.
Evaluation
The work plan is updated quarterly to determine progress and notes are reflected for each objective. At the close of each year, the fully updated work plan is reviewed and a percentage of completed objectives is calculated to determine how the agency is meeting its objectives. EPCPH seeks to meet 90 percent of annual work plan objectives. Where objectives are not met, the work plan describes the barriers to achievement and if future work will continue in the objective area.

Quality improvement opportunities
EPCPH’s QI team quarterly reviews progress on the annual work plan to look for potential QI projects or identify places where programs are at risk for not meeting their objectives. QI team members are assigned as liaisons to each program. QI liaisons contact their assigned programs quarterly to request updates on work plan objectives. The liaison works with program manager to identify opportunities for QI projects that can help achieve objectives, or QI projects that can assist with improvements in other program areas.

Once potential projects are identified, EPCPH’s QI liaison will provide technical assistance for the QI project. Technical assistance refers to building human and organizational capacity using the principles of collaboration and adaptability in order to create accountability and targeted, outcome-oriented results. All members of the QI team receive thorough training in QI, Plan-Do-Study-Act, lean processes, and A3 Practical Problem Solving. Completed projects are then communicated with all EPCPH staff through storyboards and other reports to stakeholders, and reflected in the annual work plan.
# Appendix A—Plan Revision Table

<table>
<thead>
<tr>
<th>Revision #</th>
<th>Revisions</th>
<th>Date approved</th>
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<tbody>
<tr>
<td>Initial plan adoption</td>
<td>None</td>
<td>November 14, 2017</td>
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</table>
Program Assessment Tool Instructions
The program assessment tool is designed to gather relevant information on an annual basis from each program in order to inform agency-wide strategic plans, workforce development plans, public health accreditation reports, funding requests, communication needs, and other activities. Nearly every program completed a program assessment tool in 2015 or 2016. **If you did not complete this tool in 2015 or 2016, please complete every question on each worksheet.** If you did complete one in 2015 or 2016, please review your previous submittal, update any significant changes, and provide updated answers to the following questions: 10, 13, 14, 17, 18, 19, and 20. In general, please complete questions about your program with information from 2017. If the question asks about future work, such as workforce development plans, quality improvement activities, communication needs, or goals and objectives, please answer for 2018.

Please complete the Assessment Tool by December 29, 2017 and return to: minaliebert@elpasoco.com with a carbon copy to your division director. If you need assistance or a copy of your submittal from a previous year, please call Mina at 578-3206.

| Program Name: |  |
|--------------|  |
| Completed by: | Date: |

1. Program Description

| A. Need |  |
|---------|  |

1. Briefly describe the PH need/issue in our community addressed by the program.

2. What is your program’s mission?
3. When did the program begin? Is this program relatively new or is it well established? Identify the stage of the program.

<table>
<thead>
<tr>
<th>Program start date or number of years in existence.</th>
<th>Program stage (choose one): planning, implementation, or established stage (see instructions).</th>
</tr>
</thead>
</table>

4. Are portions of your program mandated?

<table>
<thead>
<tr>
<th>If yes, what mandates it? How do you follow those mandates?</th>
<th>What portions of your program are at your discretion? How do you plan for these elements?</th>
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</table>

B. Target Population and Program Reach

5. Describe the eligible target population of the program.

6. Estimate the percentage of eligible target population served by your program on a calendar year basis.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>7. Who/where else can residents receive your services in the county?</td>
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<tr>
<td>If the service is available through other providers, list the top 3.</td>
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<tr>
<td>8. In what ways does your target population experience health disparity or health inequities? How does your program seek to address these issues?</td>
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<td>9. How do you share information about your program with the community?</td>
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<td>10. How would your program like to improve its communication activities?</td>
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<tr>
<td>Strategic Plan Goal</td>
<td>SMART Objectives</td>
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<tr>
<td>-----------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>1. Workforce development: Strengthen EPCPH’s workforce to improve public health and environmental quality</td>
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<tr>
<td>2. Technology, informatics, data analysis: Strengthen EPCPH’s capabilities to collect, analyze, share, and use data to make timely and information-driven decisions</td>
<td></td>
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<tr>
<td>3. Communications: Strengthen EPCPH’s capabilities to provide information on public health issues and public health functions to external partners</td>
<td></td>
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<tr>
<td>4. Communications: Strengthen EPCPH’s internal communication capabilities</td>
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<tr>
<td>5. Community Partnerships: Develop and maintain strong relationships with key community partners to support public health or assure the provision of health care services.</td>
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<tr>
<td>6. Funding for EPCPH and community partners: Increase funding for EPCPH from diverse sources to support core public health services, programmatic services, and innovative strategies.</td>
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<tr>
<td>7.</td>
<td>Funding for EPCPH and community partners: Provide technical support for funding to key community partners.</td>
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<tr>
<td>8.</td>
<td>CHIP 2018-2022: Decrease incidence of poor mental health and substance use and misuse</td>
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<td>9.</td>
<td>CHIP 2018-2022: Reverse the upward trend of population living at an unhealthy body weight</td>
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<tr>
<td>10.</td>
<td>Health equity: Increase public awareness of health equity issues, its systemic causes, and opportunities to foster health equity</td>
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<tr>
<td>11.</td>
<td>Health equity: Remove barriers to healthcare and community resources to improve health outcomes among health disparate populations</td>
</tr>
<tr>
<td>14.</td>
<td>Does your program have a logic model and an annual work plan? If yes, please provide as attachment.</td>
</tr>
<tr>
<td>15.</td>
<td>How has your program demonstrated effectiveness in achieving its mission?</td>
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</table>

**E. Quality and Outcomes**

Logic Model:  
Annual Work Plan:
<table>
<thead>
<tr>
<th>Question</th>
<th>Program Measures</th>
<th>Where reported (internally and externally)</th>
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<tbody>
<tr>
<td>16. What do you measure and to whom do you report your outcomes?</td>
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<td>17. Describe a quality improvement activity that your program will complete in the following year.</td>
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<td>18. What need does this quality improvement activity address?</td>
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<td>19. What are your program's most important accomplishments this year?</td>
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<td>20. Share a story of your program in action. In a few paragraphs tell a story of how your program recently affected someone or the community at large.</td>
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<tr>
<td>Question</td>
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<tr>
<td>21. What are your program's top 5 strengths?</td>
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<td>22. What are your program's top 5 weaknesses?</td>
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<tr>
<td>23. What are the top 5 opportunities for your program?</td>
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<tr>
<td>24. What are the top 5 threats to your program?</td>
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## Workforce development

**Goal 1:** Strengthen EPCPH’s workforce to improve public health and environmental quality

**Strategy 1:** Provide trainings that develop and strengthen public health core competencies

<table>
<thead>
<tr>
<th>SMART Objectives</th>
<th>Office of Primary Responsibility</th>
<th>Completion Date</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Objective 1:</strong></td>
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**Strategy 2:** Develop career pathways for existing staff to move into leadership positions

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**Strategy 3:** Improve organizational capacity to support our workforce

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<th>Comments</th>
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**Strategy 4:** Provide technology tools and trainings to improve skills and create organizational efficiencies

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## Technology, informatics, data analysis

**Goal 1:** Strengthen EPCPH’s capabilities to collect, analyze, share, and use data to make timely and information-driven decisions
| **Strategy 1:** Develop and maintain collaborative relationships with key stakeholders to share relevant data |
| SMART Objectives | Office of Primary Responsibility | Completion Date | Comments |
| **Objective 1:** | |

| **Strategy 2:** Improve internal capabilities to collect and provide data for community health assessments |
| SMART Objectives | Office of Primary Responsibility | Completion Date | Comments |
| **Objective 1:** | |

| **Strategy 3:** Expand internal resources for data collection, storage, and analysis |
| SMART Objectives | Office of Primary Responsibility | Completion Date | Comments |
| **Objective 1:** | |

| **Strategy 4:** Regularly disseminate important and emerging health information to community partners |
| SMART Objectives | Office of Primary Responsibility | Completion Date | Comments |
| **Objective 1:** | |

**Communication**

**Goal 1:** Strengthen EPCPH’s capabilities to provide information on public health issues and public health functions to external partners

| **Strategy 1:** Provide opportunities for media relations training, maintain relationships with media partners, and seek new partnerships with diverse media outlets |
| SMART Objectives | Office of Primary Responsibility | Completion Date | Comments |
| **Objective 1:** | |
### Strategy 2: Increase use of digital media to promote public health messages and enhance health marketing materials

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### Strategy 3: Expand the agency’s participation in an annual health marketing schedule for a planned approach to develop and implement health promotion activities

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### Strategy 4: Identify opportunities to promote key agency accomplishments within the community

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### Goal 2: Strengthen EPCPH’s internal communication capabilities

#### Strategy 1: Increase cross-program collaboration and communication to improve internal and external customer service

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#### Strategy 2: Increase knowledge and understanding of EPCPH’s brand guidelines to raise brand awareness of public health in the community

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**Strategy 3:** Increase staff use and awareness of internal staff website for information sharing, operational updates, staff accomplishments, and awareness of agency activities

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**Community partnerships**

**Goal 1:** Develop and maintain strong relationships with key community partners to support public health or assure the provision of health care services

**Strategy 1:** Develop and strengthen relationships with elected officials and other policymakers

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**Strategy 2:** Expand EPCPH staff participation on key community collaborations, coalitions, committees, or other work groups that can influence health outcomes and policy, including those that address the social determinants of health

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**Strategy 3:** Expand participation from non-traditional partners on EPCPH-led coalitions, collaborations, or committees to create bi-directional relationships

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### Funding for agency and community partners

**Goal 1: Increase funding for EPCPH from diverse sources to support core public health services, programmatic services, and innovative strategies**

**Strategy 1:** Increase EPCPH’s ability to bill insurances for direct services

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**Strategy 2:** Build relationships with state agencies that provide funding for public health activities and funding

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**Strategy 3:** Build relationships with state and local elected officials to support public health activities and funding

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**Strategy 4:** Build relationships with key foundation partners, academic institutions, and business leaders to support public health activities and funding

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**Goal 2: Provide technical support for funding to key community partners**

**Strategy 1:** Increase grant training opportunities for partner agencies

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<td>Objective 1:</td>
<td>Strategy 2:</td>
<td>Maintain support for partner agencies that need fundraising or grant writing assistance</td>
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<td>Objective 1:</td>
<td>CHIP 2018-2022</td>
<td>Goal 1: Decrease incidence of poor mental health and substance use and misuse</td>
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<td>Objective 1:</td>
<td>Strategy 1:</td>
<td>Reduce stigma for behavioral health conditions</td>
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<td>Strategy 2:</td>
<td>Increase evidence-based mental health school programs</td>
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<td>Strategy 3:</td>
<td>Increase mental health screening &amp; treatment for depression and anxiety</td>
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<td>Strategy 4:</td>
<td>Increase social connectedness</td>
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### Objective 1:

**Goal 2: Reverse the upward trend of population living at an unhealthy body weight**

**Strategy 1:** Reduce household food insecurity

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**Objective 1:**

**Strategy 2:** Increase access to a variety of healthy foods encouraged by the dietary guidelines

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**Objective 1:**

**Strategy 3:** Increase access to safe places for physical activity

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**Objective 1:**

**Strategy 4:** Increase the number of youth that get 150 minutes of vigorous physical activity per week

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**Objective 1:**
## Health equity

**Goal 1:** Increase public awareness of health equity issues, its systemic causes, and opportunities to foster health equity

**Strategy 1:** Increase community awareness of root causes of health equity and evidence-based solutions that address health equity

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**Strategy 2:** Increase community awareness of health indicator data as stratified to highlight health equity issues by population

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**Goal 2:** Remove barriers to healthcare and community resources to improve health outcomes among health disparate populations

**Strategy 1:** Increase EPCPH service locations in geographic areas with high need for service

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**Strategy 2:** Increase EPCPH’s use of remote access, online, and telehealth services to reduce transportation and time barriers

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