



DEPARTMENT

Strategic Plan

2016-2019

Scope of Plan	All Employees
Developed:	July 2011
Legal Review:	N/A
Approved BOH:	7/12/2011, 11/12/2013, 11/24/2014; 11/08/2016
Reviewed Management Team:	12/16/2013, 11/21/2014; 9/29/2016
Revised:	11/1/2013, 9/19/2014, 9/5/2016
Health Director Signature	<i>Lana Whigg</i>

Elkhorn Logan Valley Public Health Department Strategic Plan 2016-2019

Part 1: Introduction

Background

Elkhorn Logan Valley Public Health Department (ELVPHD) was formed as a result of the passage of a legislative bill in 2001 that encouraged county commissioners and supervisors to organize themselves in a qualifying arrangement of counties in order to form formal local public health and bring the advantages that public health could bring to their constituents. ELVPHD opened its doors in the spring of 2002 and has made great strides in advancement since its inception.

Since then, the department has gone from a department of one staff to a total of fourteen in-house staff today. The department relocated to its current main office (and permanent location) in 2005. In 2013, the department opened a satellite office in Norfolk, and in 2016, the department opened a satellite office in Tekamah. These satellite offices have been instrumental in filling the gaps in geographical coverage and allow the public to more conveniently access the services, activities and programs being implemented by ELVPHD without having to travel a substantial distance

There are currently 25 programs being implemented out of the ELVPHD offices. In addition to these daily programs, time and attention must be dedicated to remaining vigilant for new public health issues and threats and must easily adapt their plans and schedules to allow for rapid response to new issues, when necessary. Over the past three years, new public health issues handled by ELVPHD included: planning for Ebola virus, Zika virus surveillance, tornado response in 2014, and assisting our neighboring health districts with mutual aid. Because of the fast-paced and ever-changing nature of public health work, ELVPHD periodically engages in the Mobilizing for Action through Planning and Partnerships (MAPP) process.

In the spring of 2016, ELVPHD conducted its community focus groups in order to gain input from stakeholders into the ELVPHD Strategic Plan and ELVPHD Community Health Improvement Plan. Reworking both plans in tandem was an intentional way to satisfy the critical community input element of both plans.

The purpose of this plan is to continue to strengthen and enhance the local public health system so that ELVPHD can better serve the public health needs of our communities, constituents and professional partners. As a department, we see it to be imperative to continue satisfying future public health needs in our service area by participating in forecasting, planning and goal-setting to drive us to an area of further success.

**Elkhorn Logan Valley Public Health Department
Vision, Mission and Values**

<p><u>Vision:</u> <i>Healthy people living in healthy communities.</i></p>	<p><u>Values:</u> <i>Inclusive and expanding partnerships and collaborations that represent a wide range of interests and ideas including community organizations, service agencies, employers, education institutions, faith-based organizations, and the media.</i></p> <p>≈</p> <p><i>Leaders who demonstrate a visible commitment to a healthy community.</i></p> <p>≈</p> <p><i>Equal access under existing laws and guidelines to health information and services regardless of race, ethnicity, income, literacy, disabilities, and/or age.</i></p> <p>≈</p> <p><i>Physical, social, and workplace environments that are healthy and safe.</i></p> <p>≈</p> <p><i>Active, health-conscious citizens who care about themselves, their families, and their neighbors.</i></p>
<p><u>Mission:</u> <i>To promote and improve health for all residents of our four-county area.</i></p>	

Governance: The Board of Health consists of ten members that geographically represent all four counties of the service area. Those members consist of an elected official from each county (4), a public-spirited individual from each county (4), a physician (1), and a dentist (1). The Health Director, who possesses full time management responsibility over the activities of the department, reports solely to the Board of Health.

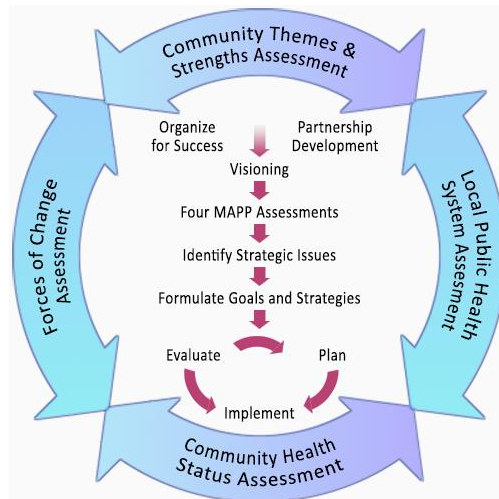
Current Operations: In addition to administrative functions, programs and activities fall into five divisions of the department, including:

- Emergency Preparedness – disaster response and emergency planning;
- Environmental Health – focus on health issues that result from environmental factors;
- Health Disparities – activities that focus to alleviate gaps in health and health programs that disproportionately affect members of certain groups, i.e. those of minority descent, veterans, agricultural laborers, those that are economically disadvantaged, etc.;
- Public Health Nursing – using the nursing process to serve individuals and groups in need of education and nursing services; and
- Wellness – focusing on health and safety issues that threaten the health status and/or safety of the communities and the population at large.

Part 1: Overview of the Strategic Planning Process

The multi-step process began with the Mobilizing for Action through Planning and Partnership (MAPP) process at Elkhorn Logan Valley Public Health Department. The MAPP process was developed by, and is recommended for community assessment by, the National Association of City and County Health Officials (NACCHO) and Centers for Disease Control (CDC).

MAPP involves gathering together multiple community stakeholders for a shared assessment, strategic planning, and implementation process. The MAPP action cycle has well defined steps and processes to capture community input and move a community or organization to make positive changes. An image of the action cycle is included below:



The most current MAPP processes were conducted by ELVPHD in 2014, and again in 2016. That process involved a number of individuals and organizations (with a common interest in public health) that contributed to identifying the trends, factors and events that influence the health and quality of life in our communities and/or the work of the public health system. Contributors represented a variety of arenas, sectors and backgrounds. Extreme effort was placed on having equal and fair representation across all counties and sector focus areas. Participants from the following sector groups were involved:

- Elected officials
- Hospital administration
- Behavioral health practitioners
- Community-based organizations
- Community college administrators
- Public Health students
- Health education directors
- Minority community leaders
- Business leaders
- Community Action Agency leaders
- Youth-serving organizations
- Long-term care facilities
- Organizations for persons with disabilities
- University representatives
- Hospice centers
- Educational Service Units
- Ponca Tribe representatives
- Federally-qualified health center leaders
- Organizations representing the elderly
- Housing officials
- Domestic violence organizations
- Chamber of Commerce leaders
- Veterans organizations
- City health officials

Information gleaned from participants was utilized throughout the planning process. These groups served as networking opportunities and helped ELVPHD to gain insight from the unique perspectives and viewpoints of other public health stakeholders. In addition, outcomes and conclusions from these groups were used and considered a valuable part of this planning as they helped to allow ELVPHD to form their plan, consciously knowing the directions and goals of community partners, with cognizant effort to not duplicate services, but instead to fill gaps and

further enhance existing or emerging programs, and offered a light as to where expansions were needed.

To achieve input regarding day-by-day operations and programmatic implementation, an afternoon of planning was scheduled for staff members to discuss in detail the trends, events and factors currently impacting the effectiveness of the local public health system. Included in this discussion was an analysis of the department's current strengths, weaknesses, opportunities and threats. This process helped us to identify the "forces" that are affecting the community and to gain an understanding of other major issues and gaps in the current system, as well as an opportunity to learn about already successful and effective areas of service and programming.

Those in attendance included:

- Gina Uhing, Health Director
- Beth Buss, Fiscal Manager
- Tracy Benjes, Office Manager
- Ashley Petersen, Administrative Assistant
- Nikki Mullanix, Public Health Nurse
- Myrian Jackson, Health Educator
- Laura Holtz, Public Health Nurse
- Mason McCain, Data/Insurance Billing Coordinator
- Melanie Thompson, Emergency Response Coordinator
- McKayla Hammond, Health Educator
- Tayler Hinrichs, Health Educator
- Kathy Becker, Substance Abuse Prevention Coordinator

The process steps included:

- A discussion of mission, vision, values and purpose
- Review of budget trends and staffing
- Environmental scan—identification of internal and external strengths, weaknesses, opportunities and threats that may impact community health or the health department
- Discussion on the alignment with DHHS Strategic Priorities/Goals
- Identification of ELVPHD major accomplishments
- Review of Public Health Accreditation Board (PHAB) process and PHAB-noted strengths and opportunities for improvement, as well as overall impressions of the department
- Discussion regarding emerging issues from history and how we adapted to address those issues
- Review of current reality
 - What are the current strategic issues of the 2014 Strategic Plan?
 - What progress have we made in the past two years?
- Review Forces of Change Assessment
- Invitation to edit, add to, or delete any items to the list of strategic priorities.
- Small group discussions and identification of action steps.

Last, the Strategic Plan was written, presented to the ELVPHD staff, and later presented to the Board of Health for formal adoption. Annually, the Strategic Plan Annual Report is prepared and shared with staff, Board of Health members, and the public (via the ELVPHD website—www.elvphd.org).

Part 2: Assessments

The results of the four MAPP model assessments—1). Community Themes and Strengths Assessment, 2). Local Public Health System Assessment, 3). Community Health Status

Assessment and 4). Forces of Change Assessment—were considered in the development of strategic issues and subsequent priorities.

Community Themes and Strengths Assessment: Several conversations among community partners were led to gather perspectives about Elkhorn Logan Valley Public Health Department service area from community leaders and public health business partners. Points of discussion included: 1). key social issues that are impacting the ELVPHD service area; 2). thoughts on the current health status of the community and what is going well and; 3). barriers/opportunities for staying healthy.

Results of Community Themes and Strengths Assessment:

Community Strengths:

- Willingness and desire to work together
- State and national recognition in some areas
- Sustained and thriving partnerships across the board
- People and communities recently pulled together following weather-related disasters proving that volunteerism is a priority for many
- Recent community focus on military cultural competency
- Recent community focus of development of built environments (trails/parks) as physical activity option
- Recent addition of Bountiful Baskets and other fresh produce cooperatives to increase fruit/vegetable consumption
- Schools, childcare centers and business places becoming more supportive in adopting policies to protect health
- Many community partners recently received prestigious awards for quality and excellence—these are great community resources for constituents

Concerns affecting the community:

- Local budget shortfalls and funding cuts
- Overload of already exhausted community leaders
- There is much room for improvement and expansion in policy development efforts
- Lack of behavioral health care access
- Lack of Medicaid expansion in Nebraska
- National Climate Assessment indicates that climate change is creating extreme weather events
- Low tobacco tax (when compared to other states) makes tobacco more accessible to youth (cheaper price) and growing use of e-cigarettes/vaping
- The medical community may feel threatened by an increase in direct services by ELVPHD
- Aging and retiring healthcare workforce contributing to healthcare shortage
- Increase of societal promotion and usage of non-scientific healthcare practices
- Internet being used in place of screenings and primary care
- No imminent public health crises may cause public to lose vision of the importance of public health
- Reluctance of community to accept HPV vaccine

Local Public Health System Assessment: As a part of public health accreditation, the management team at ELVPHD and the ELVPHD Board of Health each completed the Nebraska Local Public Health Agency Self-Assessment. This information was used in the identification of Strategic Priorities, Goals and Activities. Some information was also obtained from public input on survey questions that pertained specifically to their perceptions of public health strengths, needs and shortfalls. An Environmental Scan was presented via PowerPoint by Gina Uhing, Health Director.

Following the Environmental Scan presentation, those in attendance were invited to give personal input as to what they perceived to be as opportunities and threats. Insights from the environmental scanning conversation are highlighted below:

Opportunities	Threats
<ul style="list-style-type: none"> • Maintain collaboration with existing community partners, and opportunities to add additional community partners • Continued generation of revenue • Maintenance of performance management system • Continued capitalization on staff interest and skills • Board of Health and staff could become more active in advocacy work (resolutions) • Pursuit of grant opportunities • Use Tekamah office more for program expansion in Burt County • Further development of operational and programmatic formalities • Expansion of health literacy efforts • Pursue funding to address CHIP strategies and activities • More focus on marketing • Development of ELVPHD Foundation • Expanded environmental health programming • Care coordination programs (economies of scale) for ELVPHD to conduct for medical clinics • Increase community opportunities for input into program design 	<ul style="list-style-type: none"> • Competition for scarce resources • Lack of public understanding of public health among general public • Concentrated marketing intentions get diluted by other ELVPHD priorities • Election could have impact on future focus and funding of public health <ul style="list-style-type: none"> ○ Changing political environment/political gridlock • Too many community and statutory expectations, not enough funding or manpower to deliver • Internet information isn't always accurate and ELVPHD needs think of strategies to persistently and consistently get public health message out, even on controversial issues • Funding sources may not exist to address CHIP priorities, strategies, and activities

Community Health Status Assessment: Data collected through community-level health surveys administered online and through regular mail. (The most recent assessment findings are available online for public review at www.elvphd.org). Patrons were invited to take the survey by means of several routes—including public press releases and radio public service announcements; Chamber of Commerce newsletters; through employers, senior citizen centers; social media posts; and flyers that were posted or flyers that were distributed to school students via mass distribution efforts.

Those interested in taking the survey were encouraged to do so online, or were invited to request a hard-copy survey. Surveys were also available in Spanish (in hard copy form) by calling the toll-free number listed, or by requesting a Spanish copy via any ELVPHD bilingual employee. Included in these mailings were postage-paid return envelopes. In an effort to ensure broad participation throughout the health district, ELVPHD focused special attention from gathering assessments from minorities, the elderly and veterans.

Some of the methods to ensure that these special population's input was gained included:

- The community health assessment was translated into Spanish;
- Two bilingual ELVPHD staff engaged the Hispanic community directly and through various partners to ensure broad participation;
- ELVPHD worked with Midtown Health Center (MHC), the local Federally-Qualified Health Center, to engage their patients to complete the assessment (approximately 36.95% of MHC patients are minorities);
- ELVPHD engaged the Ponca Tribe of Nebraska to encourage tribal members to complete the assessment;
- ELVPHD placed a staff member at various WIC and immunization clinics in the area to reach lower-income consumers;
- ELVPHD has staff visit local senior centers to complete assessments on site; and
- The ELVPHD Veterans Services Programming Coordinator worked with veterans to complete assessments.

A variety of secondary data sources were used in the development of the Community Health Assessment report. A detailed listing of those sources is available within the body of the report. The report is currently available on the ELVPHD website (www.elvphd.org).

Forces of Change Assessment: Community members gave input into the trends, factors and events that are (or will be) influencing the health and quality of life in our communities and/or the work of our public health system. Forces of change included:

- **Trends:** patterns over time, such as migration in and out of a community or a growing disillusionment with government;
- **Factors:** discrete elements, such as a state or community's large ethnic population, an urban or rural setting, or a jurisdiction's proximity to a major waterway;
- **Events:** one-time occurrences, such as a hospital system closure, a natural disaster, or the passage of new legislation.

Burt and Cuming County Stakeholders

1. Obesity
2. Household economics—increased cost of living, lack of housing, increasing single-parent family homes
3. Aging population/Smaller families—‘Baby Boomers’ and their aging needs that oversaturate current resources and programs; retiring professionals leaving vacancies that outnumber potential replacements; rural school districts are restructuring due to declining enrollment
4. Continued gap in Nebraska Affordable Care Act implementation—rural hospital finances are compromised, increasing health care costs, number of people remaining uninsured, no Medicaid expansion, low reimbursement rates for providers
5. Shortages and costs limiting access to healthcare—healthcare professional shortages and recruitment challenges, pharmacy closures, UNL Cooperative Extension discontinuing Medicare education, lack of translators, providers out of compliance with Section 1577 Rule, lack of public transportation a barrier to access
6. Mental/Behavioral Health Issues—increasing substance use and abuse, human trafficking, rural mortality rates
7. Political Gridlock Impact—government regulations, impact of election on health and public health
8. Positive and Negative Impacts of Technology—social media inaccuracies believed by others, children using technology and risk of predators/cyberbullying, self-diagnosing in lieu of health care provider
9. Large Farming Community—exposure to chemicals, farmers generally are not avid consumers of healthcare

Stanton and Madison County Stakeholders

1. Complacency Toward Risky Behaviors—value shift (drugs), increased access to drug use among youth, high-risk behaviors (drinking and seatbelts)
 2. Workforce Shortages—increased aging population
 3. Lack of Parenting Supports—child abuse and neglect on the rise, daycare shortages, increasing number of single-parent families
 4. Increased Mental Health Need (lack of providers)—stigma, lack of providers (all ages), recent study shows that rural white women are disadvantaged in life expectancy
 5. Cultural Shifts
 6. Barriers to Healthy Behaviors—cost of healthy foods, increase in obesity
 7. Doing More With Less (due to regulations)—reimbursement of third party payers, lack of Medicaid expansion, recent focus on integrating mental health with primary care
 8. Instant Access to Data (right or wrong)—mobile technology, virtual healthcare, misinformation and self-diagnosing
 9. Rural Challenges—funding (urban vs. rural), need for recognizing reliance on agriculture
 10. Access and Availability of Safe and Affordable Housing—affordable and quality living environments, housing shortage
 11. Emerging Pathogens—Zika, disease outbreaks
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Part 3: Development of Action Plan

Identification of Strategic Priorities, Goals and Activities				
Strategic Priorities	Goals	Activities	Time Frame	Person Responsible
<p><i>1: How can the ELVPHD provide more sustainable programs and activities that promote and improve health, increase community safety and decrease the potential for injuries?</i></p>	<p>Guiding Principle: ELVPHD will offer opportunities for community organizations to participate in activities that promote healthy and safe living. This will be done by setting up programs for enhanced success, assuring adequate new-staff training, evaluating programs for effectiveness, and enhanced service outreach into new populations. Creating more self-sustaining programs would be a priority.</p> <p>Goal: By September 2019, increase ELVPHD’s community engagement from ‘Limited Community Input/Consultation’ level to ‘Comprehensive Community Engagement’ in at least five occurrences.</p> <p>Goal Reference Document: http://cchealth.org/public-health/pdf/community_engagement_in_ph.pdf</p> <p>Performance Measure: By September of 2019, ELVPHD will set a benchmark of at least 5 occurrences of community engagement beginning in September of 2016.</p>	<ul style="list-style-type: none"> As budgets allow, stay active in professional organizations with public health and political involvement. 	<ul style="list-style-type: none"> ongoing 	<ul style="list-style-type: none"> All Employees
		<ul style="list-style-type: none"> Pursue public health funding opportunities that align with the Community Health Improvement Plan (CHIP) priorities. Continue to expand ELVPHD offerings as reflected in the strategies and activities of the CHIP * 	<ul style="list-style-type: none"> 2016 and ongoing 	<ul style="list-style-type: none"> All Employees
		<ul style="list-style-type: none"> Continue to build programming on CDC pyramid model and to the highest extent possible, adjust programs so that the largest impact may be achieved. 	<ul style="list-style-type: none"> ongoing 	<ul style="list-style-type: none"> Managers
		<ul style="list-style-type: none"> Continue to build programming based on evidence and proven research results and/or programs that support policy or systems change.* 	<ul style="list-style-type: none"> ongoing 	<ul style="list-style-type: none"> Managers
		<ul style="list-style-type: none"> Apply for NACCHO recognition whenever possible on programs that ELVPHD creates. 	<ul style="list-style-type: none"> 2016 and ongoing 	<ul style="list-style-type: none"> All Employees
		<ul style="list-style-type: none"> Continue to diversify programs and services by expanding into vulnerable populations—including minorities, veterans, elderly, disabled, etc. 	<ul style="list-style-type: none"> 2016 and ongoing 	<ul style="list-style-type: none"> All Employees
		<ul style="list-style-type: none"> Expand programs and services in the agricultural community by pursuing innovative venues in which to reach agricultural workers and agricultural families.* 	<ul style="list-style-type: none"> 2016 and ongoing 	<ul style="list-style-type: none"> All Employees
		<ul style="list-style-type: none"> Explore new and creative ways to involve community members in program design. 	<ul style="list-style-type: none"> 2016 and ongoing 	<ul style="list-style-type: none"> All Employees
		<ul style="list-style-type: none"> Utilize new and evolving technology for outreach and program expansion. 	<ul style="list-style-type: none"> 2016 and ongoing 	<ul style="list-style-type: none"> All Employees
		<ul style="list-style-type: none"> Maintain insurance billing and third party payments (fee-for-service) as a method of generating revenue and becoming less reliant on grant funds. 	<ul style="list-style-type: none"> ongoing 	<ul style="list-style-type: none"> All Employees

*Linkages with CHIP and QI/Performance Management Plans

<p>3: How can ELVPHD create and enhance collaboration and partnerships among public health stakeholders?</p>	<p>Guiding Principle: Maintaining existing collaborations and establishing new collaborative partners will help ELVPHD to better achieve its mission, goals, Strategic Plan, Community Health Improvement Plan, etc. Increasing efficiency and economies of scale is of interest to ELVPHD.</p> <p>Goal: By September 2019, ELVPHD will maintain existing formal partnerships (96) and gain five new partnerships as evidenced by an MOU or written agreement of some sort.</p> <p>Performance Measure: Involve at least 5 new partnerships each fiscal year as evidenced by an MOU or a written agreement of some sort by September 2019.</p> <p>From September 2016 to September 2019, ELVPHD will maintain the current level of formal partnerships (96) as evidenced by an MOU or written agreement of some sort.</p>	<ul style="list-style-type: none"> • Continue partnership with hospitals on Community Health Assessments and other pertinent activities. • Expand partnerships and collaborations that represent a wide range of interests and ideas including community organizations, service agencies, education institutions, faith-based organizations, law enforcement, healthcare providers/facilities, senior centers, childcare providers, schools, worksites, media, and others.* • To the highest extent possible, and an alternative to travel and as a means of cost savings, utilize new and evolving technology to maintain existing partners and to pursue and maintain collaborations with new partners. 	<ul style="list-style-type: none"> • ongoing • ongoing • 2016 and ongoing 	<ul style="list-style-type: none"> • Managers and Accreditation Team • All Employees • All Employees
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*Linkages with CHIP and QI/Performance Management Plans

<p>4: How can ELVPHD continue to strengthen successes?</p>	<p>Guiding Principle: Maintaining a formal QI process throughout ELVPHD will increase quality, effectiveness and efficiency for ELVPHD and will thus make the best use of ELVPHD time and resources.</p> <p>Goal: ELVPHD will achieve PHAB Accreditation by June 30, 2017.</p>	<ul style="list-style-type: none"> • Maintain written policies and documentation protocol for the work done at ELVPHD according to current PHAB Standards. • Maintain program-specific new-employee orientation through creation of procedure manuals. • Maintain redundancy training for each position for continuity of operations purposes. • Incorporate customer satisfaction surveys throughout programs. • Staff training on topics as identified in the Workforce Development Plan to ensure a competent workforce. • Share data, research reports and program accomplishments with general public and community partners. • Utilize Performance Management and QI to improve skills related to program evaluation, health impact assessments and focus groups.* 	<ul style="list-style-type: none"> • ongoing • ongoing • ongoing • ongoing • ongoing • ongoing • ongoing 	<ul style="list-style-type: none"> • Board of Health and ELVPHD Employees • All Employees • Training Committee and Managers • All Employees • Training Committee • All Employees • All Employees and QI/Performance Management Committee
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*Linkages with CHIP and QI/Performance Management Plans

