



Public Health
Prevent. Promote. Protect.

Frederick County Health Department

Strategic Plan (2009 – 2014)

January 2009

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Overview of FCHD's Strategic Planning Process

In July 2008, Frederick County Health Department (FCHD) embarked upon an agency-wide strategic planning process which resulted in a 5-year strategic plan for January 1, 2009 – December 31, 2014. The core focus of the resultant plan is to:

Determine effective and efficient ways to help FCHD work to prioritize the agency's activities given our limited resources.

At the outset of the strategic planning process, FCHD contracted with strategic planning consultants. The role of the consultants was to:

- Conceptualize the strategic planning process
- Design and facilitate a 2-day strategic planning session with FCHD employees
- Produce a draft and final strategic plan document based on information generated during the 2-day session
- Provide advice and support to the Health Officer and Division Directors of FCHD during the planning process.

In addition, FCHD established a Strategic Planning Core Team (SPCT). Comprised of the Health Officer and Division Directors, the role of the SPCT was to:

- Actively guide and work with the strategic planning consultants throughout the process
- Enlist cross-agency participation for the planning process from FCHD employees
- Review relevant agency documents in support of the planning process
- Review the draft strategic plan and assist with finalizing the content of the plan.

As a member of the local public health system, FCHD recognizes the importance of the contribution our agency makes to the community. Therefore, as part of our strategic planning process, Division Directors completed the CDC's Local Public Health System Assessment Instrument (LPHSA) which focuses on the "local public health system" or all entities that contribute to public health services within a community. The standards that comprise the LPHSA reflect the minimal expectations that any community should have from the entire local public health system, which include multiple entities such as the local health department, local health care providers, community service organizations, non-profit entities, and others.

Approximately 75 employees participated in the 2-day large group strategic planning session. Employees consisted of a cross-representation of management and staff from each division (including non-traditional public health divisions). During this session, staff had opportunities to work in small and large groups to provide multiple perspectives regarding FCHD's current state and plan where the agency should be going in the near future, and in the next five years.

The resulting strategic plan includes:

- Mission and vision
- 5 strategic priorities (10 Essential Public Health Services)
- 5 strategic priorities (influences affecting FCHD mission and vision)
- Strategic goals and objectives
- Implementation plan.

{signature}

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Health Officer
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Mission and Vision

Mission

The mission of the Frederick County Health Department is to improve the health and well being of the residents of Frederick County through programs that prevent disease and illness, promote wellness and safety, and protect public health.

Vision

Frederick County leads as a community of health and wellness.



Public Health
Prevent. Promote. Protect.

10 Essential Public Health Services

What are the 10 Essential Public Health Services?

The **10 Essential Public Health Services** describe the public health activities that should be undertaken in all communities. The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.

- | | |
|--|---|
| <ol style="list-style-type: none">1. Monitor health status to identify and solve community health problems.2. Diagnose and investigate health problems and health hazards in the community.3. Inform, educate, and empower people about health issues.4. Mobilize community partnerships and action to identify and solve health problems.5. Develop policies and plans that support individual and community health efforts. | <ol style="list-style-type: none">6. Enforce laws and regulations that protect health and ensure safety.7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.8. Assure competent public and personal health care workforce.9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.10. Research for new insights and innovative solutions to health problems. |
|--|---|

Source: Centers for Disease Control, National Public Health Performance Standards Program; www.cdc.gov/od/ocphp/nphpsp/.

What instrument and process are used to measure an agency's performance for the 10 Essential Public Health Services?

The National Public Health Performance Standards Program (NPHPSP) is a collaborative effort to enhance the Nation's public health systems by utilizing national performance standards for State and local public health systems.

The stated mission and goals of the NPHPSP are to improve the quality of public health practice and the performance of public health systems by:

1. Providing performance standards for public health systems,
2. Improving quality and accountability of public health practice,
3. Conducting systematic collection and analysis of performance data, and
4. Developing a science-base for public health practice improvement.

The Local Public Health System Assessment Instrument focuses on the "local public health system" or all entities that contribute to public health services within a community.

Why is it important for FCHD to perform well against the standards that have been set by the CDC?

The standards that comprise the Local Public Health Assessment reflect the minimal expectations that any community should have from the entire local public health system. The local public health system includes multiple entities including the local health department, local health care providers, community service organizations, non-profit entities, and others.

The assessment answers questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The FCHD Division Directors utilized the "Local Public Health Performance Assessment", Version 2.0 to assess performance recognizing that given the available time there would not be an opportunity to engage the larger community in contributing to the assessment.

Without the input from the other local public health system entities, the assessment should only be used as a guide. A full system assessment is planned to occur prior to the development of the next strategic plan.

FCHD's Contribution to the Local Public Health System

Compared to the optimal benchmarks, FCHD's contribution alone to the local public health system scored the following points out of 100:

| 10 Essential Public Health Services | | Score |
|--|---|--------------|
| 1 | Monitor Health Status to Identify Community Health Problems | 67 |
| 2 | Diagnose and Investigate Health Problems and Health Hazards | 93 |
| 3 | Inform, Educate, and Empower People about Health Issues | 86 |
| 4 | Mobilize Community Partnerships to Identify and Solve Health Problems | 43 |
| 5 | Develop Policies and Plans that Support Individual and Community Health Efforts | 57 |
| 6 | Enforce Laws and Regulations that Protect Health and Ensure Safety | 92 |
| 7 | Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable | 80 |
| 8 | Assure a Competent Public and Personal Health Care Workforce | 60 |
| 9 | Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services | 25 |
| 10 | Research for New Insights and Innovative Solutions to Health Problems | 42 |
| Overall Performance Score | | 65 |

Summary of Essential Public Health System performance scores and overall score (with range):

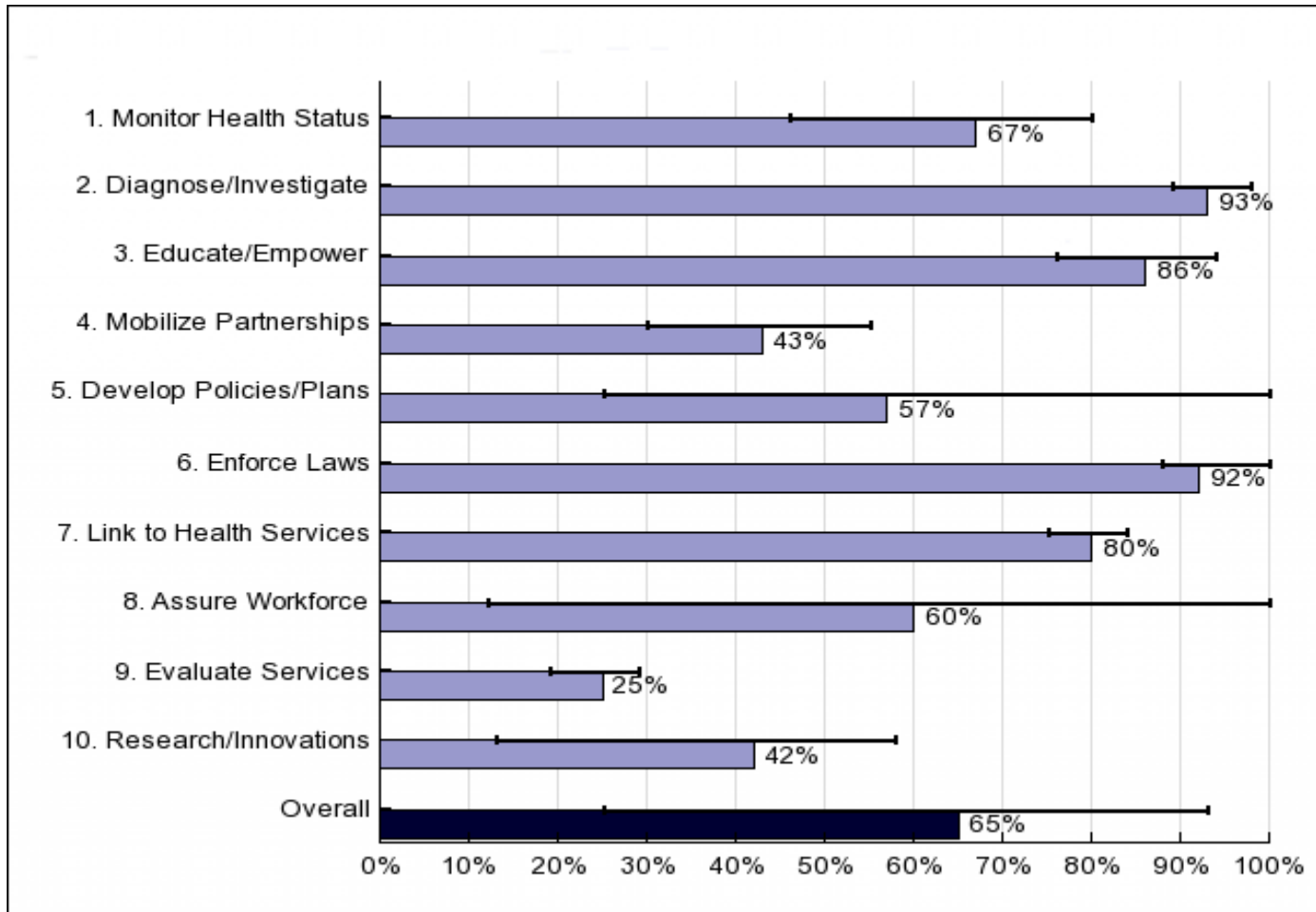
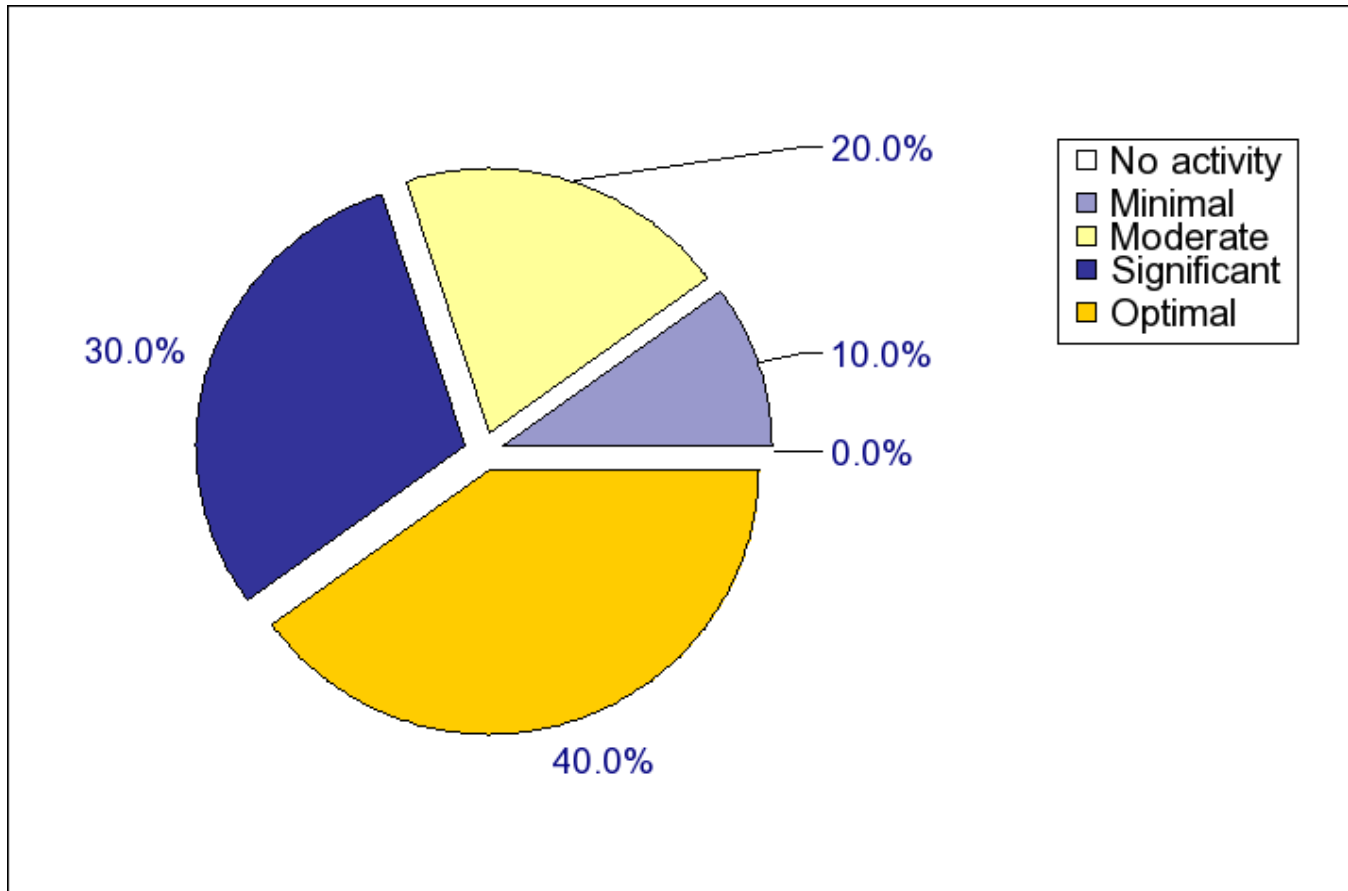


Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (absolutely no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Overall, 70% of Frederick County's local public health system services qualified as either optimally or significantly meeting expectations.

Percentage of Essential Services FCHD scored in each level of activity:



Consensus Statement on Quality in the Public Health

Recently, a Consensus Statement on Quality in the Public Health was released by the U.S. Department of Health and Human Services. It defined quality in public health as “the degree to which policies, programs, services, and research for the population increase desired health outcomes and conditions in which the population can be healthy”. While ensuring quality for increasing positive population health outcomes, characteristics to guide FCHD’s public health practices should be:

Population-centered

protecting and promoting healthy conditions and the health for the entire population

Equitable

working to achieve health equity

Proactive

*formulating policies and sustainable practices in a timely manner,
while mobilizing rapidly to address new and emerging threats and vulnerabilities*

Health promoting

*ensuring policies and strategies that advance safe practices by providers and the population
and increase the probability of positive health behaviors and outcomes*

Risk-reducing

*diminishing adverse environmental and social events by implementing policies and strategies
to reduce the probability of preventable injuries and illness or other negative outcomes*

Vigilant

*intensifying practices and enacting policies to support enhancements to surveillance activities
(e.g., technology, standardization, systems thinking/modeling)*

Transparent

*ensuring openness in the delivery of services and practices with particular emphasis on valid, reliable, accessible, timely
and meaningful data that is readily available to stakeholders, including the public*

Effective

justifying investments by utilizing evidence, science, and best practices to achieve optimal results in areas of greatest need

Efficient

*understanding costs and benefits of public health interventions
and to facilitate the optimal utilization of resources to achieve desired outcomes*

(Source: U.S. Department of Health and Human Services, Office of Public Health and Science, Office of the Assistant Secretary for Health, August 2008; <http://www.hhs.gov/ophs/programs/initiatives/phqf-consensus-statement.html>)

TOP 5 STRATEGIC PRIORITIES:

10 Essential Public Health Services



5

Priority #1: Inform, educate, and empower people about health issues

Priority #2: Link people to needed personal health services and assure the provision of health care when otherwise unavailable

Priority #3: Mobilize community partnerships to identify and solve health problems

Priority #4: Diagnose and investigate health problems and health hazards in the community

Priority #5: Assure a competent public health and personal health care workforce

TOP 5 STRATEGIC PRIORITIES: Influences Affecting FCHD Mission and Vision

A large, stylized number '5' in a gold color with a grey drop shadow, positioned on the left side of the slide. It is partially enclosed by a white rectangular box with a gold border.

Priority #1: Uncertainties and instabilities with existing human resources and the potential workforce pool

Priority #2: Health care trends

Priority #3: Multiple issues associated with diversity of the population

Priority #4: Multifaceted economic impact

Priority #5: Lack of current technology and limited use of technology

Relationship Between the 10 Essential Public Health Services and the Influences Affecting FCHD Vision and Mission (listed by Priority of Influences Affecting FCHD Vision and Mission)

Priority #1: Uncertainties and instabilities with existing human resources and the potential workforce pool

- Assure a competent public health and personal health care workforce (EPHS Priority #5)

Priority #2: Health care trends

- Diagnose and investigate health problems and health hazards in the community (EPHS Priority #4)
- Inform, educate, and empower people about health issues (EPHS Priority #1)
- Mobilize community partnerships to identify and solve health problems (EPHS Priority #3)
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable (EPHS Priority #2)

Priority #3: Multiple issues associated with diversity of the population

- Inform, educate, and empower people about health issues (EPHS Priority #1)
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable (EPHS Priority #2)
- Assure a competent public health and personal health care workforce (EPHS Priority #5)

Priority #4: Multifaceted economic impact

- Mobilize community partnerships to identify and solve health problems (EPHS Priority #3)
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable (EPHS Priority #2)
- Assure a competent public health and personal health care workforce (EPHS Priority #5)

Priority #5: Lack of current technology and limited use of technology

- Diagnose and investigate health problems and health hazards in the community (EPHS Priority #4)
- Inform, educate, and empower people about health issues (EPHS Priority #1)

EPHS = Essential Public Health Services

FCHD's STRATEGIC PRIORITIES, GOALS AND OBJECTIVES

Based on Influences Affecting FCHD Mission and Vision

| Strategic Priorities | Strategic Goals | Objectives |
|---|--|--|
| <p>Priority #1:</p> <p>Uncertainties and instabilities with existing human resources and the potential workforce pool</p> | <p>Goal:</p> <p>FCHD has and sustains a stable, competent, and diverse workforce consisting of satisfied and motivated staff functioning in a positive and healthy environment to effectively support the FCHD mission and vision.</p> | <p>SPACE</p> <p>Objective 1.1: By January 2010, FCHD has completed a comprehensive assessment of space needs, prepared a space plan, and developed a schedule for implementation.</p> <p>EMPLOYEE ORIENTATION</p> <p>Objective 1.2: By January 2010, FCHD has conducted comprehensive employee orientations with 100% of new hires within 30 days of their individual employment.</p> <p>FLEXIBLE SCHEDULING</p> <p>Objective 1.3: By January 2011, FCHD has clearly written and approved policy regarding flexible scheduling options based on the outcome of a pilot program.</p> <p>RECRUITMENT AND RETENTION</p> <p>Objective 1.4: By December 2009, FCHD has targeted recruitment efforts to increase the number and diversity of qualified applicants for State and County position.</p> <p>Objective 1.5: By June 2010, FCHD has targeted efforts to improve retention in key position classifications.</p> <p>JOB SATISFACTION</p> <p>Objective 1.6: By June 2012, FCHD has achieved an employee job satisfaction rating of $\geq 80\%$ as reflected in the results of an annual agency satisfaction survey.</p> |

| Strategic Priorities | Strategic Goals | Objectives |
|---|---|--|
| <p>Priority #2: Health care trends</p> | <p>Goal: FCHD has an awareness and flexibility in addressing potential and emerging health care trends.</p> | <p>Objective 2.1: By January 1, 2010, FCHD has established a group of key internal and external stakeholders to discuss and report potential and emerging local, state, national and global health care trends.</p> <p>Objective 2.2: By September 1, 2011, FCHD has a report of key findings of current, potential and emerging local, state, national and global health care trends.</p> <p>Objective 2.3: By July 1, 2012, FCHD has a plan that documents specific ways agency resources will be aligned annually to address identified health care trends.</p> <p>Objective 2.4: By July 1, 2013, FCHD has evaluated existing programs to determine how they address the identified health care trends.</p> |
| <p>Priority #3: Multiple issues associated with diversity of the population</p> | <p>Goal: Diverse populations have equal access to Public Health Services.</p> | <p>Objective 3.1: By June 2009, FCHD has identified and compiled demographic information identifying all diverse populations and their areas of concentration within Frederick County.</p> <p>Objective 3.2: By June 2013, FCHD has contributed to at least one culturally specific Health Fair within at least 4 diverse demographic population groups.</p> <p>Objective 3.3: By October 31, 2010 all paper and web-based public information is available in Spanish.</p> <p>Objective 3.4: By July 2012, FCHD has the results of an updated county-wide public health needs assessment that includes statistically significant data about all diverse demographic groups in Frederick County.</p> <p>Objective 3.5: By July 2013, FCHD offers services to address demographic health disparities based on results of needs assessment.</p> |

| Strategic Priorities | Strategic Goals | Objectives |
|---|---|--|
| <p>Priority #4:</p> <p>Multifaceted economic impact</p> | <p>Goal:</p> <p>FCHD has prioritized, maximized and reorganized resources to effectively and creatively meet public health needs.</p> | <p>IMPROVED OPERATIONS</p> <p>Objective 4.1: By November 2010, FCHD has a detailed report of findings about the agency’s operations (overall and by division) and recommendations for ways to make the operations more effective and efficient to include a reduction in non-salary overhead.</p> <p>Objective 4.2: By June 2010, FCHD has developed a practical implementation plan for making operations more effective and efficient.</p> <p>Objective 4.3: By July 2010, FCHD has begun to implement the plan for making operations more effective and efficient.</p> <p>INCREASED AGENCY FUNDING</p> <p>Objective 4.4: By June 2012, the Health Department has established a Grants Operation Chief who will be responsible for assisting divisions procure new grants.</p> <p>Objective 4.5: By January 2011, FCHD has an established process for coordinating the review of grants and application for grant funding.</p> <p>Objective 4.6: By January 2012, FCHD has created a public health non-profit foundation to increase FCHD funding.</p> |

| Strategic Priorities | Strategic Goals | Objectives |
|---|--|--|
| <p>Priority #5:</p> <p>Lack of current technology and limited use of technology</p> | <p>Goal:</p> <p>Up-to-date integrated technology is being used effectively and efficiently by all Health Department employees.</p> | <p>Objective 5.1: By May 2009, FCHD has conducted a technology needs assessment.</p> <p>Objective 5.2: By July 2010, FCHD has developed a comprehensive training plan that addresses technology needs and training gaps.</p> <p>Objective 5.3: By July 2012, FCHD has implemented the comprehensive technology training plan and has integrated it into employees' work practices.</p> |

Implementation Plan

Strategic Priority #1

| Strategic Priority #1: Uncertainties and instabilities with existing human resources and the potential workforce pool. | | | |
|---|---|--|---------------------------|
| Goal Statement: FCHD has and sustains a stable, competent, and diverse workforce consisting of satisfied and motivated staff functioning in a positive and healthy environment to effectively support the FCHD mission and vision. | | | |
| Objectives | Key Actions | Recommended Person(s) Responsible | Completed by When? |
| SPACE | | | |
| Objective 1.1: By January 2013, FCHD has updated the existing space needs assessment. | 1.1.1: Review current space needs assessment. | Division Directors | July 2011 |
| | 1.1.2: Gather input from employees regarding space needs. | Division Directors | September 2011 |
| | 1.1.3: Determine changes needed and develop new plan, as necessary. | Division Directors Health Officer | January 2012 |
| | 1.1.4: Communicate the information about the space needs assessment plan to employees. | Division Directors | December 2011 |
| | 1.1.5: Communicate current needs to County officials. | Health Officer | March 2012 |
| EMPLOYEE ORIENTATION | | | |
| Objective 1.2: By January 2010, FCHD has conducted comprehensive employee orientations with 100% of new hires within 30 days of their individual employment. | 1.2.1: Review current employee orientation program in place. | Health Administrator | May 2009 |
| | 1.2.2: Investigate other HR orientation models. | Health Administrator | July 2009 |
| | 1.2.3: Formulate comprehensively written program. | Health Administrator | October 2009 |
| | 1.2.4: Create a clearly documented set of processes for conducting employee orientations. | Health Administrator | October 2009 |
| | 1.2.5: Implement program. | Health Administrator | January 2010 |

| Strategic Priority #1: Uncertainties and instabilities with existing human resources and the potential workforce pool. | | | |
|---|---|--|---------------------------|
| Goal Statement: FCHD has and sustains a stable, competent, and diverse workforce consisting of satisfied and motivated staff functioning in a positive and healthy environment to effectively support the FCHD mission and vision. | | | |
| Objective | Key Actions | Recommended Person(s) Responsible | Completed by When? |
| FLEXIBLE SCHEDULING | | | |
| Objective 1.3: By January 2011, FCHD has clearly written and approved policy regarding flexible scheduling options based on the outcome of a pilot program. | 1.3.1: County divisions adhere to County policy and procedures for County employee flexible scheduling. | County Division Directors | October 2008 |
| | 1.3.2: Write clearly defined and approved procedures for State employees to make application for flexible scheduling consistent with DHMH policy. | Health Administrator | November 2008 |
| RECRUITMENT | | | |
| Objective 1.4: By December 2009, FCHD has targeted recruitment efforts to increase the number and diversity of qualified applicants for State and County positions. | 1.4.1: Develop a plan for monitoring recruitment success by classification and division. | Health Administrator Health Officer | June 2009 |
| | 1.4.2: Monitor recruitment by the number of qualified candidates for each position recruited by classification. | Health Administrator Health Officer | June 2009 |
| | 1.4.3: Provide report to Division Directors. | Health Administrator Health Officer | September 2009 |
| | 1.4.4: Modify recruitment strategies to increase number and/or diversity of qualified candidates. | Division Directors | December 2009 |
| | 1.4.5: Implement identified strategies. | Division Directors | Ongoing |
| | 1.4.6: Evaluate effectiveness of strategies to improve recruitment and employment of qualified applicants. | Division Directors | Ongoing |

| Strategic Priority #1: Uncertainties and instabilities with existing human resources and the potential workforce pool. | | | |
|---|---|--|---------------------------|
| Goal Statement: FCHD has and sustains a stable, competent, and diverse workforce consisting of satisfied and motivated staff functioning in a positive and healthy environment to effectively support the FCHD mission and vision. | | | |
| Objectives | Key Actions | Recommended Person(s) Responsible | Completed by When? |
| RETENTION | | | |
| Objective 1.5: By June 2010, FCHD has targeted efforts to improve retention in key position classifications. | 1.5.1: Develop a plan for monitoring turnover and reasons for employee separation by classification and division. | Health Administrator Health Officer | January 2010 |
| | 1.5.2: Monitor turnover rates and reasons for employee separation by classification and division. | Health Administrator Health Officer | January 2010 |
| | 1.5.3: Provide report to Division Directors. | Health Administrator Health Officer | March 2010 |
| | 1.5.4: Identify strategies to improve retention rates for key position classifications. | Division Directors | June 2010 |
| | 1.5.5: Implement identified strategies. | Division Directors | Ongoing |
| | 1.5.6: Evaluate effectiveness of strategies to improve retention rates. | Division Directors | Ongoing |
| EMPLOYEE JOB SATISFACTION | | | |
| Objective 1.6: By June 2012, FCHD has achieved an employee job satisfaction rating of \geq 80% as reflected in the results of an annual agency satisfaction survey. | 1.6.1: Develop a job satisfaction survey. | Health Administrator | April 2009 |
| | 1.6.2: Administer survey. | Health Administrator | June 2009 |
| | 1.6.3: Analyze and interpret the data. | Division Directors | September 2009 |
| | 1.6.4: Develop a plan to increase the job satisfaction based upon the survey results. | Division Directors; Health Officer | November 2009 |
| | 1.6.5: Implement plan including employee notification. | Division Directors | January 2010 |
| | 1.6.6: Perform annual June surveys. | Health Administrator | Ongoing |
| | 1.6.7: Implement additional changes, if appropriate, based on prior survey by January 1 st each year. | Division Directors | Ongoing |

Strategic Priority #2

| Strategic Priority #2: Health care trends. | | | |
|---|---|--|---------------------------|
| Goal Statement: FCHD has an awareness and flexibility in addressing potential and emerging health care trends. | | | |
| Objectives | Key Actions | Recommended Person(s) Responsible | Completed by When? |
| Objective 2.1: By January 1, 2010, FCHD has established a group of key internal and external stakeholders to discuss and report potential and emerging local, state, national and global health care trends. | 2.1.1: Report regularly to the Health Officer on emerging trends. | Division Directors | November 2009 |
| | 2.1.2: Share information about trends at Directors Meetings as a standing agenda item. | Division Directors | July 2010 |
| | 2.1.3: Share information about trends with other sources, i.e. FCHD newsletter, Focus on Health TV show, FCHD website, etc. | Division Directors; Public Information Officer | January 2010 |
| Objective 2.2: By September 1, 2011, FCHD has a report of key findings of current, potential and emerging local, state, national and global health care trends. | 2.2.1: Include information about trends as part of the FCHD Annual Report. | Health Officer | Annually |
| | 2.2.2: Share information about trends with other sources, i.e. FCHD newsletter, Focus on Health TV show, FCHD website, etc. | Division Directors; Public Information Officer | September 2011 |
| Objective 2.3: By July 1, 2012, FCHD has a plan that documents specific ways agency resources will be aligned annually to address identified health care trends. | 2.3.1: Assess existing programs addressing identified health care trends. | Division Directors | June 2012 |
| | 2.3.2: Prioritize health care trends identified by Division Directors. | Health Officer | June 2012 |
| | 2.3.3: Report how programs address identified health care trends. | Division Directors | July 2012 |
| | 2.3.4: Align staffing and resources to address targeted trends. | Health Officer | July 2013 |
| Objective 2.4: By July 1, 2013, FCHD has evaluated existing programs to determine how they addressed the identified health care trends. | 2.4.1 Include in programmatic evaluations how well programs addressed health care trends. | Division Directors | October 2012 |
| | 2.4.2: Report findings of evaluation. | Division Directors | July 2013 |

Strategic Priority #3

| Strategic Priority #3: Multiple issues associated with the diversity of the population. | | | |
|--|---|--|---------------------------|
| Goal Statement: Diverse populations have equal access to Public Health Services. | | | |
| Objective(s) | Key Actions | Recommended Person(s) Responsible | Completed by When? |
| Objective 3.1: By June 2009, FCHD has identified and compiled demographic information identifying all diverse populations and their areas of concentration within Frederick County. | 3.1.1: Ask for volunteers to participate on an ad hoc research team. | Health Officer | January 2009 |
| | 3.1.2: Research data sources to compile demographics. | Ad Hoc Research Team | May 2009 |
| | 3.1.3: Report demographics to Health Officer and Division Directors. | Ad Hoc Research Team | June 2009 |
| Objective 3.2: By June 2013, FCHD has contributed to at least one culturally specific outreach or educational opportunity within at least 4 diverse demographic population groups. | 3.2.1: Identify community leaders within the demographically diverse groups. (See Objective 3.1.) | HEAP Division Director | October 2009 |
| | 3.2.2: Inform community leaders of FCHD's interest in providing population specific information to their communities. | HEAP Division Director | March 2010 |
| | 3.2.3: Research opportunities for outreach to identified diverse demographic population groups. | HEAP Division Director | Ongoing |
| | 3.2.4: Notify division directors of outreach and educational opportunities in the population groups identified. | HEAP Division Director | Ongoing |

| Strategic Priority #3: Multiple issues associated with diversity of the population. | | | |
|--|--|--|---------------------------|
| Goal Statement: Diverse populations have equal access to Public Health Services. | | | |
| Objectives | Key Actions | Recommended Person(s) Responsible | Completed by When? |
| Objective 3.3: By October 31, 2010 all paper and web-based public information is available in Spanish. | 3.3.1: FCHD documents comply with federal and state limited English proficiency requirements. | Health Officer | October 2008 |
| | 3.3.2: Each Division of FCHD assesses need for documents to be translated into languages other than English. | Division Directors | March 2009 |
| | 3.3.3: FCHD website documents are translated into languages other than English by credible translator based upon identified need. | Divisions Directors | July 2009 |
| | 3.3.4: Documents in languages other than English are printed on an as-needed basis, as funding allows. | Division Directors | July 2010 |
| | 3.3.5: FCHD website documents are updated with languages other than English, as appropriate. | Division Directors | October 2010 |
| Objective 3.4: By July 2012, FCHD has the results of an updated county-wide public health needs assessment that includes statistically significant data about all diverse demographic groups in Frederick County. | 3.4.1: Identify funding. | Health Officer, Health Administrator | July 2011 |
| | 3.4.2: Develop requirements for Request for Proposal to include methods to obtain statistically significant data for all diverse demographic groups. | Health Officer, Health Administrator | October 2011 |
| | 3.4.3: Select vendor. | Health Officer, Health Administrator | November 2011 |
| | 3.4.4: Conduct survey. | Health Officer | February 2012 |
| | 3.4.5: Collect information and analyze data. | Health Officer | March 2012 |
| | 3.4.6: Identify unmet needs. | Health Officer | June 2012 |
| | 3.4.7: Make findings publicly available. | Health Officer | October 2012 |

| | | | |
|--|--|--------------------|-------------------|
| Strategic Priority #3: Multiple issues associated with diversity of the population. | | | |
| Goal Statement: Diverse populations have equal access to Public Health Services. | | | |
| Objectives | Objectives | Objectives | Objectives |
| Objective 3.5: By July 2013, FCHD offers services to address demographic health disparities based on results of needs assessment. | 3.5.1: Implement services to target the health disparities identified in the needs assessment. | Division Directors | July 2013 |

Strategic Priority #4

| Strategic Priority #4: Multifaceted economic impact. | | | |
|--|--|--|---------------------------|
| Goal Statement: FCHD has prioritized, maximized and reorganized resources to effectively and creatively meet public health needs. | | | |
| Objectives | Key Actions | Recommended Person(s) Responsible | Completed by When? |
| IMPROVED OPERATIONS | | | |
| Objective 4.1: By November 2010, FCHD has a detailed report of findings about the agency's operations (overall and by division) and recommendations for ways to make the operations more effective and efficient to include a reduction in non-salary overhead. | 4.1.1: Establish Operations Review Committee to lead the study. | Division Directors | January 2009 |
| | 4.1.2: Solicit input from FCHD staff regarding effectiveness and efficiency issues, and create survey. | Committee | May 2009 |
| | 4.1.3: Meet with Division representatives to review survey procedure and distribute survey. | Committee | June 2009 |
| | 4.1.4: Committee analyzes data. | Committee | August 2009 |
| | 4.1.5: Produce final report regarding effectiveness and efficiency of operations. | Committee | January 2010 |
| Objective 4.2: By June 2010, FCHD has developed a practical implementation plan for making operations more effective and efficient. | 4.2.1: Review recommendations from Operations Review Committee. | Division Directors | February 2010 |
| | 4.2.2: Draft an implementation plan for overall FCHD and each Division. | Division Directors; Health Officer | June 2010 |
| Objective 4.3: By June 2011, FCHD has implemented the plan and evaluated the effectiveness and efficiencies of operations. | 4.3.1: Implement action plan for more effective and efficient operations. | Division Director; Health Officer | July 2010 |
| | 4.3.2: Evaluate outcomes. | Division Directors; Health Officer | June 2011 |

| Strategic Priority #4: Multifaceted economic impact. | | | |
|--|--|--|--|
| Goal Statement: FCHD has prioritized, maximized and reorganized resources to effectively and creatively meet public health needs. | | | |
| Objectives | Key Actions | Recommended Person(s) Responsible | Completed by When? |
| INCREASED AGENCY FUNDING | | | |
| Objective 4.4: By June 2012, the Health Department has established a Grants Operation Chief who will be responsible for assisting divisions procure new grants. | 4.4.1: Establish qualifications and job description for the position. | Deputy Health Officer | January 2012 |
| | 4.4.2: Identify the specific support needed for this position. | Deputy Health Officer | January 2012 |
| | 4.4.3: Fill the Grants Operation Chief position. | Health Officer | July 2012 |
| Objective 4.5: By January 2011, FCHD has an established process for coordinating the review of grants and application for grant funding. | 4.5.1: Establish a grant exploration committee to review grant opportunities (prior to establishment of Grants Operation Chief). | Division Directors | October 2010 |
| | 4.5.2: Identify and review the grants for feasibility, need, community benefit and duplication. | Chair of Grant Exploration Committee | Ongoing (Until establishment of Grants Operation Chief) |
| | 4.5.3: Apply for grants that are feasible, meet priority needs, benefit the community and avoid duplication of services or programs. | Division Directors | Ongoing (Until establishment of Grants Operation Chief) |
| Objective 4.6: By January 2012, FCHD has created a public health non-profit foundation to increase FCHD funding. | 4.6.1: Obtain legal counsel for legality and process. | Health Administrator | December 2010 |
| | 4.6.2: Form a governing board. | Health Administrator | June 2011 |
| | 4.6.3: Develop by-laws and apply for legal/tax status. | Foundation Board | August 2011 |
| | 4.6.4: Identify and pursue funds. | Foundation Board | January 2012 |

Strategic Priority #5

| Strategic Priority #5: Lack of current technology and limited use of technology. | | | |
|---|---|--|---------------------------|
| Goal Statement: Up-to-date integrated technology is being used effectively and efficiently by all Health Department employees. | | | |
| Objectives | Key Actions | Recommended Person(s) Responsible | Completed by When? |
| Objective 5.1: By May 2009, FCHD has conducted a technology needs assessment. | 5.1.1: Determine the most appropriate method for conducting the assessment. | Health Administrator | January 2009 |
| | 5.1.2: Identify the parameters and objectives of the assessment. | Health Administrator | February 2009 |
| | 5.1.3: Distribute the assessment tool and conduct the survey. | Health Administrator | March-April 2009 |
| | 5.1.4: Compile and report findings from assessment to Division Directors. | Health Administrator | May 2009 |
| Objective 5.2: By July 2010, FCHD has developed a comprehensive training plan that addresses technology needs and training gaps. | 5.2.1: Analyze data to determine what needs are FCHD-wide and which are division-specific. | Division Directors | October 2009 |
| | 5.2.2: Develop division-specific training plans. | Division Directors | May 2010 |
| | 5.2.3: Develop FCHD-wide training plans. | Health Administrator | June 2010 |
| | 5.2.4: Combine FCHD-wide and division-specific training plans into one consistent format and document to create the FCHD training plan. | Health Administrator | June 2010 |
| Objective 5.3: By July 2012, FCHD has implemented the comprehensive technology training plan and has integrated it into employees' work practices. | 5.3.1: Assign positions that are responsible for implementation of approved training plan. | Division Directors | July 2010 |
| | 5.3.2: Implement technology training plan. | Health Administrator | September 2010 |
| | 5.3.3: Provide an assessment tool for the effectiveness and implementation of the training as outlined in the training plan. | Health Administrator | September 2011 |

{END OF STRATEGIC PLAN}