

**GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES**

HEALTH & HUMAN SERVICES

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Post Date: 7/13/16

The following documents were distributed at the Health Advisory Committee meeting held on Wednesday, July 13, 2016

- Agenda for July 13, 2016 meeting
- Draft Health Advisory Minutes – April 13, 2016
- Responsibilities of Board Members
- Communication Policy
- Strategic Plan 2017-2020



GREEN LAKE COUNTY
DEPARTMENT OF HEALTH & HUMAN SERVICES

Office: 920-294-4070 FAX: 920-294-4139 Email: glcdhhs@co.green-lake.wi.us

Health & Human Services Health Advisory Committee Meeting Notice

Date: July 13, 2016 Time: 8:00 AM
Green Lake County Government Center
571 County Road A, Room #1106, Green Lake, WI

AGENDA

**Committee
Members**

Tammy Bending
Pat Brandstetter
Jean Kessler
Jeanne M. Lyke, MD
Harley Reabe
Kathryn Munsey
Vacant
Katherine Vergos,
RN

1. Call to Order
2. Certification of Open Meeting Law
3. Pledge of Allegiance
4. Agenda
5. Minutes: (4/13/16)
6. Introductions – New Committee member
7. Appearances: Summer Interns, Makiko Thomas Omori and Alison Haase
8. Public Comment (3 minutes):
9. Board of Health Job Description and Responsibilities Review
10. Quarterly Report on Health Unit Activities
 - Meeting with Theda Care Berlin Physicians & Rx Fitness
 - CHAT (Community Health Action Team)
 - Wellness Coalition Activities
 - Staff Update
11. Community Health Assessment
12. Environmental Health/Agent Status Report
13. Public Health Preparedness
14. Accreditation Update
 - Communication Policy Review
 - Strategic Plan Review
15. Committee Discussion
 - Future Meeting Date – July 13, 2016
 - Future Agenda items for action & discussion
16. Adjourn

Kindly arrange to be present, if unable to do so, please notify our office.
Sincerely Kathy Munsey, Health Unit Manager

Please note: Meeting area is accessible to the physically disabled. Anyone planning to attend who needs visual or audio assistance, should contact the County Clerk's Office, 294-4005, not later than 3 days before date of the meeting.

THE FOLLOWING ARE THE OPEN MINUTES OF THE HEALTH & HUMAN SERVICES HEALTH ADVISORY COMMITTEE HELD AT THE GREEN LAKE COUNTY GOVERNMENT CENTER, 571 COUNTY ROAD A, GREEN LAKE, WI ON WEDNESDAY, APRIL 13, 2016 AT 8:00 A.M.

MEMBERS PRESENT: Kathy Munsey, Jeanne Lyke, Pat Brandstetter, Jack Meyers

ALSO PRESENT: Karen Davis, Linda Van Ness

EXCUSED: Katherine Vergos, Tammy Bending, Tammy Bending, Jean Kessler

Certification of Open Meeting Law: The requirements of the Open Meeting Law have been met.

The Pledge of Allegiance was recited.

Call to Order: Munsey called the meeting to order at 8:01 a.m.

Approval of Agenda: Motion/Second (Meyers/Brandstetter) to approve the agenda. All ayes. Motion carried.

Approval of Minutes: Motion/second (Lyke/Brandstetter) made a motion to approve the minutes of the January 13, 2016 meeting. All ayes. Motion carried.

Introductions - New Committee Member: This will be done at the next meeting.

Election of Chairperson Position: Munsey questioned opened the nominations for Chairperson of the Health & Human Services Board. Motion/second (Brandstetter/Munsey) to nominate Jeannie Lyke for Chairperson. All ayes. Motion carried. Munsey questioned three times if there were any other nominations. Hearing none, motion/second (Brandstetter/Munsey) to close the nominations. All ayes. Motion carried. Motion/second (Brandstetter/Munsey) to cast a unanimous ballot for Lyke for Chairperson. All ayes. Motion carried.

Appearances: Munsey introduced Jay Dampier, UW Extension, who is helping to facilitate the strategic plan that the Health Unit is implementing.

Public Comment (3 minutes): None.

Quarterly Report on Health Unit Activities: Munsey reported regarding quarterly Health Unit Activities.

Munsey reported that Green Lake County has moved up to 25th in the County Health rankings (up from 52nd) for health outcomes. (See attached.) Discussion followed.

Environmental Health/Agent Status Report: Munsey updated Committee members regarding staff changes within Environmental Health and trainings that are taking place.

Public Health Preparedness: Munsey reported Green Lake County staff are attending the regional exercise regarding Ebola.

Munsey reported regarding scholarships that were applied and approved for Kathy Munsey and Jeri Loewe to attend the National Preparedness Summit in Dallas in April. Discussion followed.

Accreditation Update: Munsey updated Committee members regarding accreditation with the goal of all counties being accredited by 2020. Munsey explained the domains and the process in achieving the accreditation. (See attached Strategic Plan 2011 - 2016.)

Munsey directed Committee members to the Evaluation. (See attached.)

Dampier explained what was done regarding the collection of information through surveys. Dampier reviewed strengths, weaknesses, opportunities and challenges (SWOC). Committee members were then instructed to choose priority areas using dots for their top choices in each of the 4 areas. Dampier explained that the next phase is to add up the most important issues that you feel should be dealt with. Discussion followed. Committee members will be updated at future meetings on the SWOC Analysis results.

Committee Discussion: Munsey updated Committee members regarding the Communication Policy. Munsey reported that it is still being updated and will be presented at a future date as we want to address literacy and numeracy as we communicate with our constituents.

Future Meeting Date: The next Health Advisory Committee meeting will be held on July 13, 2016 at 8:00 a.m. at the Human Services Center.

Future Agenda Items After Action and Discussion: Health Officer Abatement issues, quarterly update. Approve the Communications policy

Adjournment: Motion/second (Brandstetter/Munsey) to adjourn the meeting. All ayes. Motion carried.

The meeting adjourned at 9:20 a.m.

Responsibilities of Board Members

These expectations may be adapted to reflect your board's actual expectations of its members. Your board can adopt any of these and add others as needed. What is important is that all board members know what is expected of them.

Specific expectations of board of health members:

Assess

- Educate yourself on your community and its public health status. As a county resident, you are in an excellent position to know your community's problems and needs.
- Educate yourself on your board and local department's history, goals, achievements, and current situation.

Develop Policy

- Review statutes, administrative rules and local policies.
- Attend board meetings regularly and promptly.
- Review all meeting materials in advance of meeting.
- Do assigned work between meetings.
- Participate fully in open, constructive dialogue regarding local public health both in and out of meetings.
- Ask critical questions; seek clarity and implications of decisions before voting.
- Function as a policy-maker not as an administrator.
- Link the community and the local health department.
- Represent a broad cross-section of the community to the board.
- Represent public health to the community.
- Speak for the board only when delegated to do so.
- Actively participate in political activities at local, state, and national level concerning local public health.

Assure

- Keep decision-making at the primary and secondary policy levels.
- Stand behind decisions of the board and its director/health officer.
- Inform the community of public health financial backing.
- Anticipate trends likely to affect the local health department.

ANNUAL BOARD PERFORMANCE EVALUATION

How Satisfied Are You That:	Not Satisfied		Satisfied		Not Sure
1. Board Meetings:					
begin on time.	1	2	3	4	NS
are completed in a reasonable amount of time.	1	2	3	4	NS
have a positive tone.	1	2	3	4	NS
allow adequate participation by all members.	1	2	3	4	NS
focus on policy rather than management issues.	1	2	3	4	NS
are focused by, and stick to, an agenda.	1	2	3	4	NS
result in a feeling of accomplishment.	1	2	3	4	NS
are held in adequate facilities.	1	2	3	4	NS
Are cordial and personal attacks are avoided.	1	2	3	4	NS
2. Board Members:					
understand and support the agency mission.	1	2	3	4	NS
understand their statutory responsibilities.	1	2	3	4	NS
understand that official communications with staff should go through the administrator.	1	2	3	4	NS
work with the administrator to secure and maintain sufficient staff.	1	2	3	4	NS
come prepared to meetings.	1	2	3	4	NS
represent the organization in public.	1	2	3	4	NS
communicate community needs to the administrator	1	2	3	4	NS
3. The Board:					
reviews important documents, e.g., monthly financial reports, annual statistical reports, etc.	1	2	3	4	NS
deliberates on, approves and supports the annual budget.	1	2	3	4	NS
works to improve the effectiveness and efficiency of the agency.	1	2	3	4	NS
works with allied interests to achieve agency goals.	1	2	3	4	NS
is provided adequate information to make decisions about agenda items.	1	2	3	4	NS
4. New board members are provided orientation.					
	1	2	3	4	NS



Green Lake County
Department of
Health and Human Services—
Health Unit
Strategic Plan
2017-2020



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Health Officers Message



Providing high quality services, ensuring a competent workforce, being fiscally responsible and strengthening communication are the key internal systems that we are focusing on as we implement the Green Lake County Department of Health and Human Services—Health Unit Strategic Plan. By successfully implementing the plan’s objectives, we will be more effective in improving the health of Green Lake County residents.

The plan reflects the commitment of the Health Advisory Board and staff to advance towards a population-based organization that effectively engages the entire community to become one of the healthiest counties in the state.

As our health department works towards becoming accredited, we have looked at Quality Improvement and doing comprehensive performance management---letting the evidence from the data drive us towards better outcomes. We have learned the importance of including health literacy and health numeracy into our communications policy to assure that our messages are clear and understandable.

Our previous Strategic Plan established the need for a Workforce Development Plan. Using this plan, we are working with staff to assure that they are equipped with the knowledge and skills to perform their jobs at the highest level.

The Strategic Plan states that we will prioritize programs while providing high-quality public health services and we will use not only our Community Health Assessment, but our Community Health Improvement Plan as guidance tools for our organization to successfully implement the plan.

The commitment of our staff and the Health Advisory Board in providing input for the plan show their dedication and enthusiasm for assuring a healthy community for our residents. I cannot thank them enough for all of their hard work. I would also like to thank Jay Dampier, Assistant Professor and UW-Extension Educator for facilitating the process of developing this plan. Your expertise and guidance kept us on track and we are very appreciative.

We are a small agency, which means we have limited resources and many challenges; however, we continuously work to be more efficient and effective in order to have the most positive outcomes for our community. We realize that along the way, we may encounter emerging issues that we didn’t plan for, and we may have to recalibrate our plan. Regardless, we will strive to attain our mission of promoting and protecting health and preventing disease. We want our community to live better, longer.

A handwritten signature in black ink that reads "Kathryn S. Munsey".

Kathryn S. Munsey, RN
Green Lake County Health Officer

Mission:

The mission of the Green Lake County Health Department is to promote and protect health and prevent disease.

Vision:

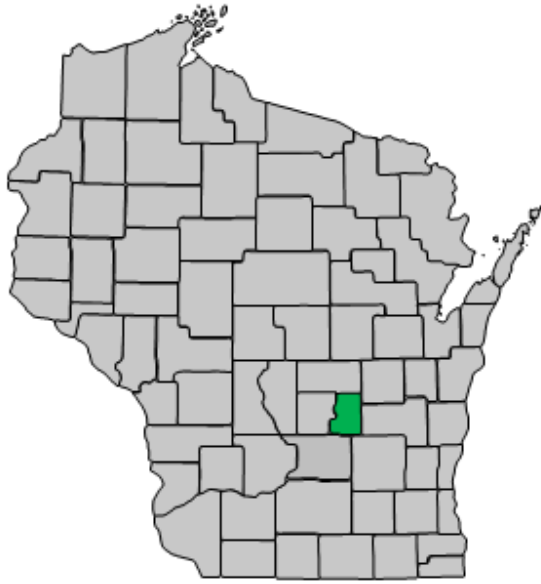
We will become the leader in Public Health in Green Lake County promoting healthy people, thriving communities and safe environments.

Core Values:

- **Prevention**
We take a pro-active approach to community and individual health.
- **Professionalism**
We are accountable for providing quality service in a timely, caring manner, adhering to high medical standards.
- **Evidence-based Practices**
We research and utilize evidence-based practices that have proven to be effective.
- **Collaboration**
We build community alliances both within and beyond county jurisdiction, foster long-term working relationships, mobilize local resources, and promote teamwork and shared ownership for common goals.
- **Good Stewardship of All Resources**
We value fiscal and programmatic integrity.
- **Responsive**
Using population-based data, we provide a leadership role in responding to issues and concerns of our community.
- **Performance Improvement**
We strive to provide optimum services. We use continuing education and the quality improvement process as tools for performance improvement.
- **Health Equity**
We respect and advocate for vulnerable populations and work to assure access to health and empower families to have optimal quality of life.

Green Lake County

Demographics



Green Lake County is comprised of rural communities surrounded by farms, streams, lakes, forests, wetlands and a wide variety of recreational opportunities including golfing, biking, swimming, boating, bird watching, snowmobiling, skiing, hiking and more. The county has a variety of ethnic descendants who contribute to the unique mixture of cultures and customs. The county has a large Amish population as well and a higher than state average of people over age 65 who play an important role in the county.

Green Lake County Statistics (Source: U.S. Census Quick Facts)

- **Population---18,856**
- **Area---380 square miles**
- **Per Capita Income (in 2014 dollars)---\$25, 486**

A Brief Health Report Card

Green Lake County Health Rankings

Each year the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute compile the County Health Rankings, which reports on the overall health of each county in the state. The report ranks Wisconsin's 72 counties, with places receiving the lowest number (e.g., 1 or 2) as the healthiest. The table below presents Green Lake County's ranking numbers for 2014, 2015 and 2016. Green Lake County has seen an overall improvement in health. For example, in 2016, Green Lake County jumped to the 25th spot; from 63rd in 2014 in the "Health Outcomes" category.

	2014	2015	2016
Health Outcomes	63	52	25
Health Factors	38	41	35
Health Behaviors	27	16	25
Clinical Care	23	53	40
Social & Economic Factors	50	49	41
Physical Environment	62	61	24

What does this all mean?

- **Health Outcomes** represent the health of a county and is based on an equal weighting of length and quality of life.
- **Health Factors** are based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.
- **Health Behaviors** include habits such as smoking, physical inactivity, excessive drinking etc.
- **Clinical Care** is access to care and quality of care.
- **Social and Economic Factors** are a measure of education, income, family and social support and community safety.
- **Physical Environment** refers to environmental quality such as air, water and housing issues as well as the built environment. Are there parks, green spaces and how long are commutes to work?

So as we look at the above rankings, we feel our efforts are making a difference. An evaluation of our previous Strategic Plan 2011-2016 is included in the following 2017-2020 Strategic Plan Process. It is followed by the steps in our process, and our new plan for the next 5 years. The Strategic Priorities, Goals and Objectives which were developed, address the "Essential Public Health Services" and will become a guiding document for staff and board members as we work together to enhance the quality of life in Green Lake County.

The 2017-2020 Strategic Plan Process--

Revising and updating the current Strategic Plan started in February 2016. Kathy Munsey, the Health Officer and Melanie Simpkins, Health Educator determined that a facilitator would help move the process forward in a more timely fashion. We enlisted the help of Jay Dampier, Assistant Professor and UW-Extension Educator. With Dampier's oversight, we reviewed the current Strategic Plan and did an evaluation of successes of that plan. We looked at areas that needed ongoing attention and came up with a strategy to move forward. A full list of participants is included at the end of this document.

A Review of Our Strategic Plan 2011-2016 Goals, Objectives and Progress

Goal 1—Provide High-Quality Public Health Services.

Objective 1: To facilitate meetings with community partners. This was accomplished by contacting our local hospital, Theda Care—Berlin, formerly Community Health Network to meet with clinic staff annually to discuss local concerns and provide contact information to the providers. We established a tracking system to evaluate our community commitment and found that our staff is part of 23 different coalitions or committees. Attendance at these meetings is tracked. This has improved our visibility in the community, and provided opportunities to listen and share information throughout our county. We have seen improvement in our county health rankings for the first time in several years.

Objective 2: To update the five-year strategic plan by June of 2016. We have utilized the expertise of Jay Dampier of our county UW-Extension office to facilitate this process. The new planning session was started in February of 2016 and we anticipate the completion of the updated plan by the end of June of 2016. Our current performance management system will help assure that we have measurable programming outcomes.

Objective 3: To develop a written Quality Improvement (QI) Plan by December of 2012. Our QI plan was completed and has been used to guide us as we work on quality improvement projects. Two staff attended two of the National Network of Public Health Institutes seminars on QI and wrote for a grant to have mentors for our first QI project which evaluated immunization rates. All staff assisted with this project and were involved in the online mentoring sessions for the project. Regionally, we have participated in Communities of Practice trainings related to QI over the past several years and staff has been involved in QI projects annually.

Objective 4: To assess the feasibility of applying for national accreditation. All staff completed the Accreditation Planning Checklist and determined that many of the domains mirror the "140 Review" process, the state accreditation process, so we will work towards national accreditation. Many of the conferences and webinars staff have attended in 2015 and 2016 have helped to support the process.

Goal 2—Maximize Public Health Resources

Objective 1: To maintain a high level of workforce competency and capacity. A Workforce Development Plan was developed. The plan defines roles, states competencies that are required and provides templates for identifying annual training plans. Staff use the Public Health Core Competencies as well as other program requirements to determine level of competence and then schedule trainings based on gaps identified. This process has been successful. We are currently in the process of using a new performance-based management tool for staff development called NeoGov. This will be implemented in July of 2016 and we will revise our plan

accordingly. Employee satisfaction surveys have been completed, and we had our first staff retreat for training and team building activities to increase morale.

Objective 2: To utilize the most efficient delivery systems available. We continue to attend trainings for ongoing education for the WI Immunization Registry (WIR), the WI Electronic Disease Surveillance System (WEDSS), the Secure Public Health Electronic Record Environment (SPHERE) and more. These electronic records assist in early identification of disease trends and facilitate data collection. We also use technology for webinars or “Go to Meeting” to be more cost effective.

Goal 3—Strengthen Communication and Promote Public Health Services

Objective 1: To improve communication and expand public awareness. We are using the county website as well as the Green Lake County Wellness Coalition website to provide current information to the public about health topics and events. The Community Health Needs Assessment as well as the Community Health Improvement Plan (CHIP) are distributed widely to our community partners. Every six months, a CHIP progress report is shared on our websites. Our internal communication has been enhanced by using formal agendas at all weekly staff meetings so everyone is aware of new projects or developments.

Objective 2: To enhance Board of Health understanding of public health programs and services. Many of the meeting agendas include in-services or trainings on topics to educate board members. The board members have been kept abreast of accreditation progress and support the effort. The board is currently being surveyed along with staff for the new strategic plan. Although we have new board members, we will be working to orient them to the duties of a board member and provide them with training as indicated.

Overall, we believe the Strategic Plan 2011 -2016 was a good document that has guided us towards excellence in our public health service in Green Lake County. The core values remain very important to our practice today. As we update the plan, we will determine if additional values need to be added to help us reach the overarching goal of eliminating health disparities in our community as we strive to make our county the healthiest in the state.

Our Next Step: The SWOC Analysis

A key component in almost every strategic planning process is known as the SWOC (Strengths, Weaknesses, Opportunities, and Challenges) Analysis. Dampier developed an online (SWOC) survey which was sent to Staff and Health Advisory Board Members. Results are included below and were used to codify the Health Department’s Strengths, Weaknesses, Opportunities and Challenges. Thirteen people responded; 9 staff and 4 advisory board members. Participants were asked to generate a complete list of the Health Department's Strengths, Weaknesses, Opportunities, and Challenges. They were asked to place an asterisk (*) next to the items they felt were most important.

After the online survey was closed, Munsey, Dampier and Simpkins met on April 7, 2016 to consolidate the responses. Items were assigned priority if, i) participants indicated a particular response was a priority as marked by an asterisk (*), and ii) responses or themes were repeated by two or more participants.

Sessions by Dampier were held with all staff and again with the Health Advisory Board on two separate occasions. Dampier read aloud each of the responses below and ask if any clarification is needed by participants. Participants were given a few minutes to add any missing items under Strengths, Weaknesses,

Opportunities and Challenges. Then participants were given the opportunity to vote by placing stickers next to the issues they felt were most important. Seven votes were permitted, per participants for each category i.e. 7 for strength, 7 for weaknesses, 7 for opportunities, 7 for challenges. Participants were permitted to apply multiple stickers to those they were most passionate about.

STRENGTHS (Internal to the Health Department)

(Actionable steps the Health Department could continue)

- The Health Department has good community relationships, partnerships and collaboration with county, regional and state coalitions, agencies and other groups.
- The State provides resources, guidance and expertise to local programming.
- The Health Department provides good local response to emergency situations and emerging diseases.
- The Health Department staff is experienced, caring and professional with good motivation.
- The Health Department has a current CHIP, CHA, strategic plan and performance management plan that help lead actions to foster desired outcomes.
- The Health Officer is organized, well-connected and a strong and competent leader.

WEAKNESSES (Internal to the Health Department)

(Actionable steps the Health Department could take in order to address the issues)

- The Health Department has limited technology, equipment and training.
- The Health Department is inexperienced in performance management.
- The Health Department has inconsistent performance management systems and some non-data driven decision making takes place.
- The Health Department has limited funding which may jeopardize program quality.
- There has been a lack of leadership in Health and Human Services (i.e. vacant Director and Deputy Director).

OPPORTUNITIES (External to the Health Department)

(Actionable steps the Health Department could take in order to address the issues)

- The Health Department can better market what it does in order to promote access to care and increase involvement.
- The Health Department can continue to foster relationships, partnerships and collaboration with county, regional and state coalitions, agencies and other groups.
- The Health Department can continue to work with various counties to reduce expenses and to increase collaboration and synergy.

CHALLENGES (External to the Health Department)

(Actionable steps the Health Department could take in order to address the issues)

- Requirements from the State and Federal governments frequently change, and it is challenging to ensure compliance.
- Collaboration with other counties and coalitions sometimes presents challenges to the Health Department staff.
- As the new county board members and county administrator begin, they may challenge current practices and programs of the Health Department.
- Many of the Health Department's programs are mandated, yet funding has remained the same for several years while costs of providing services continue to rise.

- There's a bad public perception of HHS leadership, and the public perceives these issues at the health department level as well.
- The public possesses a lack of understanding of what the health department's role is in the county.

EXTERNAL TRENDS (That May Affect Health Status)—

- Theda Care merging with Community Health Network hospital and clinics throughout our county
- Central WI Healthcare Partnership which includes: Green Lake, Adams, Marquette, Waushara, Waupaca and Juneau counties working together on CHA, CHIP and other projects
- November presidential elections may have huge impact on healthcare in the U.S.

Establishing Strategic Priorities

The SWOC and priority setting exercises were critical steps. The results were used in the next phase to establish strategic priorities. Based on the Public Health Accreditation Board, these priorities were defined as, *“a pattern of purposes, policies, programs, actions, decisions or resource allocations that define what the Health Department is, what it does and why it does it. Strategies can vary by level, function and time frame. Strategies are developed to address the identified strengths, weaknesses, opportunities and challenges”* (www.phaboard.org). These priorities became the basis for the strategic plan.

Once the priorities were determined, Dampier sent participants the results and asked them to suggest actionable steps to address the previously prioritized issues (strengths, weaknesses, opportunities, challenges). A staff meeting was held and staff were asked to look at implementing cost-effective **SMART** (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**ime-bound) criteria. Four Strategic Priorities were identified. The majority of the identified issues were placed under one of the 4 priorities and arranged by goals and objectives assuring that the 10 Essential Services of Public Health were addressed.

Following approval of the staff, and the Health Advisory Board, the Green Lake County Public Health Unit will work to meet the established priorities, goals and objectives over the next 5 years. The Strategic Plan will help with decision making throughout the unit. It will be reviewed at least annually and recorded in the Health Unit Performance Management Tracking Tool. Amendments made to the plan will be recorded on the Strategic Plan Record of Changes, following approval by the Health Officer. A copy of the form is included at the end of this document. Our new Strategic Plan is included below.

We look forward to working together to become the leaders in Public health in Green Lake County promoting healthy people, thriving communities and safe environments.



The 2017-2020 Strategic Plan Priorities, Goals and Objectives

STRATEGIC PRIORITY 1: Prioritize Programs While Providing High-Quality Public Health Services

Goal 1.1: Use Evidence-Based Practices

- **Objective 1.1.1:** By January 2017 provide training to health department staff and Green Lake County Wellness Coalition on determining if a program or service meets evidence-based criteria.
- **Objective 1.1.2:** By July 2017, determine which services provided are evidence-based.
- **Objective 1.1.3:** By December 2017, evaluate 100% of services that are not evidence-based and conduct research to determine if services are supported by the Community Health Assessment or Wisconsin Statutes.
- **Objective 1.1.4:** Use the completed evaluation to bring one non-evidence-based service into compliance by July 2018.

Goal 1.2: Continuously Engage Partners for Planning, Implementation and Evaluation

- **Objective 1.2.1:** By January 2017, complete an updated Community Health Assessment (CHA).
- **Objective 1.2.2:** By January 2017, evaluate current partnerships and collect feedback on effectiveness of current services/practices.
- **Objective 1.2.3:** Annually provide services that address at least one identified need from each of the three GLCWC Action Teams.
- **Objective 1.2.4:** Biannually update Community Health Improvement Plan and evaluate the effectiveness of initiatives.

Goal 1.3: Maintain Department-Wide Performance Management (PM) System

- **Objective 1.3.1:** Annually update PM plan and report progress of each program area including progress of Strategic Plan Objectives.
- **Objective 1.3.2:** Bi-monthly training on PM and Quality Improvement to work towards becoming an accredited health department.

Goal 1.4: Be Responsive to Urgent and Emerging Health Issues

- **Objective 1.4.1:** All staff will participate in an annual review of the Public Health Emergency Plan (PHEP).
- **Objective 1.4.2:** The Health Unit will participate in the Regional Health Care Coalition meetings as well as any planned exercises and trainings.

STRATEGIC PRIORITY 2: Ensure a Professional, Committed, Motivated Workforce

Goal 2.1: Evaluate the Health Unit Workforce Development Plan Annually

- **Objective 2.1.1:** Annually complete training plans to meet educational gaps identified during performance evaluations.

Goal 2.2: Strengthen Workforce Competency and Capacity

- **Objective 2.2.1:** Develop succession plan for key leadership positions by 2018.
- **Objective 2.2.2:** Annually host students and interns from higher institutions of learning.

Goal 2.3: Strengthen Workforce Satisfaction

- **Objective 2.3.1:** Manager will annually advocate for a continuing education budget for all employees.
- **Objective 2.3.2:** Manager will maintain policies that support workforce retention on an ongoing basis including wellness policy, flex schedules, annual retreats.
- **Objective 2.3.3:** Annually conduct climate survey to determine workforce satisfaction.

STRATEGIC PRIORITY 3: Maximize Public Health Resources Using Fiscal Responsibility and Innovative Funding

Goal 3.1: Be accountable, effective, and efficient with annual budget

- **Objective 3.1.1:** Annually meet with staff to complete a program prioritization tool for each budget cycle.
- **Objective 3.1.2:** Maximize funding opportunities by exploring alternate funding.

Goal 3.2: Assure Sustainable Programs

- **Objective 3.2.1:** Annually assess fees in budget to assist in program sustainability.
- **Objective 3.2.2:** Continue to seek grant funds when available.

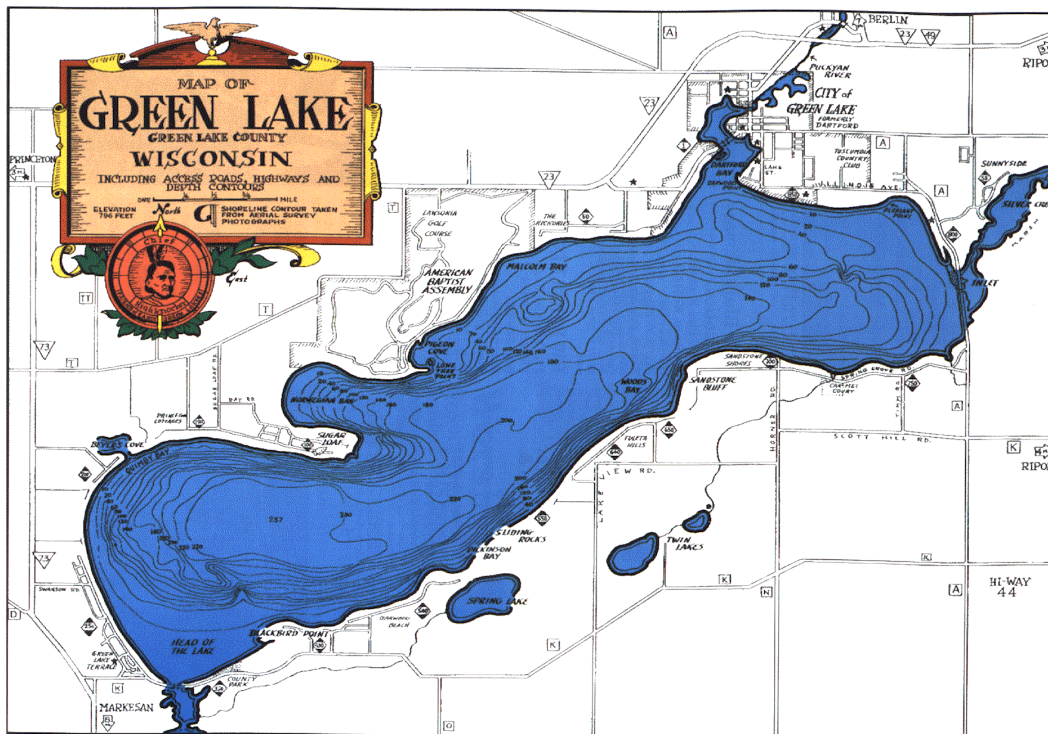
STRATEGIC PRIORITY 4: Strengthen Communication and Promote Public Health Services

Goal 4.1: Improve Communication and Expand Public Awareness

- **Objective 4.1.1:** Annually present programming information/initiatives to the community.
- **Objective 4.1.2:** Annually evaluate list of community coalitions and partnerships that participates in Health Unit activities. Determine if all areas are represented.
- **Objective 4.1.3:** By December 2017, develop a marketing committee to increase visibility of Health Unit and GLCWC.

Goal 4.2: Sustain and build relationships with policy makers and elected officials

- **Objective 4.2.1:** Work with local, state or federal legislators to promote one Public Health policy by December 2018.
- **Objective 4.2.2:** Provide annual training to Health Advisory Board regarding best practices for board members.
- **Objective 4.2.3:** Annually present programming information/initiatives to Health Advisory Board and County Board.



List of Participants

Kathy Munsey, Health Officer

Dr. Jeanne Lyke, Health Advisory Board Chairperson

Dr. Jay Dampier, UW-Extension Facilitator

Melanie Simpkins, RN, MPH, Accreditation Coordinator

Tracy Soda, Public Health Nurse

Jeri Loewe, Public Health Nurse

Kari Schneider, Public Health Nurse

Renee Peters, Birth to 3 Coordinator

Shari Krause, Public Health Program Specialist

Ashley Rondorf, Environmental Health Specialist

Linda Van Ness, Director, Department of Health & Human Services

Patricia Brandstetter, Health Advisory Board Member

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Tammy Bending, Theda Care Berlin, Health Advisory Board Member

Katherine Vergos, Agnesian/Ripon Medical Center, Health Advisory Board Member

Jack Meyers, former County Board Chairman, and Health Advisory Board Member

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Strategic Plan Record of Changes

The Green Lake County Strategic Plan is a fluid document that contains elements that are meant to be updated and evaluated on a regular basis. The Record of Change provides a means to document changes as the plan evolves. All changes to the plan should be approved by the Health Officer.

Date	Description of Change	Page #	Made By:	Rationale

Policy and Procedure Title:	<i>Communications Policy</i>
Effective Date:	<i>7/13/2016</i>
Date Reviewed/Revised:	<i>7/13/2016</i>
Authorized By:	<i>Kathryn Munsey, RN Health Officer</i>

PURPOSE STATEMENT:

To assure accurate appropriate and timely information is communicated to appropriate audiences and to facilitate consistent messaging among public health system partners and the community.

POLICY:

Green Lake County Health Department is committed to providing accurate and timely information to the public, policy makers, partner agencies, and other appropriate audiences. At the same time, it is important to coordinate messaging with public health system partners who may be communicating with others on a public health related topic. This policy and procedure is intended to guide health department staff in making decisions about communications that will be released outside the agency. All forms of communication should consider the following:

1. Identify the intended audience and define the key health problem(s) or interest(s).
2. Determine needs of the audience, cultural beliefs/values, interests and level of knowledge.
3. Message should be understandable. Health literacy and health numeracy should be considered for the level of the intended audience. (Consider using CDC Simply Put guide for creating easy-to-understand materials).

PROCEDURE:

Emergency Communications:

The Green Lake County Health and Human Services Director is responsible for coordinating communication efforts during an emergency and will work in tandem with the Health Officer in developing statements for release. Final approval for releases during a public health emergency will come from the Health Officer. Because the media often work on tight deadlines, it is important that any Health Department staff member who is contacted by the media get the request to the Health Officer as soon as possible. See the Public Health Emergency Plan (PHEP) for more details on Risk Communications.

General Day-to-Day Inquiries:

During non-emergency situations, the Health Officer will serve as Public Information Officer.

1. Requests for interviews in response to a submitted press release should go to the primary contact on the press release.
2. Cold calls from the media should be directed to the Health Officer or if it is determined that a member of the staff has a particular expertise in an area of the inquiry, he/she should direct the call to that staff member and properly notify the staff member of the request to speak to the press.
3. Follow-up calls on a story recently reported may go to the staff member who was interviewed for the story.
4. If at any time a staff member feels unprepared or uncomfortable with the nature of the reporter's questions, he/she should stop the interview and direct the reporter to a member of the management team.
5. A staff member shall notify his/her supervisor immediately (via voicemail, e-mail, or personal contact) when a media interview has been done.
6. Whenever an interview is done, the staff member shall document with whom he/she spoke and what media outlet the reporter represents as well as the topic area.
7. If the media inquiry affects other public health system partners, notify them as soon as possible about the nature of the inquiry and the information provided to the media to help assure a

consistent message among partner organizations. If time permits, it is preferable to get input from affected partners as to the content of the message relayed to the media.

8. If a member of the public, health care provider or a member of the governing body requests a written statement or information regarding a specific health department program or service, the inquiry will be sent directly to the Health Officer.

Press Releases:

1. A written press release is a good method to share information about emerging and/or urgent health topics, new programs, follow-up to recently covered issue, or to get a message out in general.
2. Prior to distribution, all written press releases will be reviewed by the Health Officer.
3. All press releases should be on county logo and must include the primary staff person's contact information, including a telephone number, as well as a date.
4. A current media contact list can be found in the Public Health Emergency Plan (PHEP).
5. If the press release is related to the work of other public health system partners, develop the release collaboratively to assure a consistent message is being delivered by partner organization/agencies and share the final release with all appropriate partners.

Media Interview Tips:

1. Educate the reporter. Don't assume he/she has all the facts. Prepare a written fact sheet to reduce the likelihood of reporting errors.
2. Consider who the audience for the information will be and what your main message is. Stay on message and try to connect it to the overall mission of the health department.
3. Plan your "sound bite". This is the one sentence that is most important for you to communicate (7-9 seconds).
4. Use common, easy to understand language that is passionate and paints a clear picture.
5. Remember that the best messages tell us why the issue/program/policy/case is important. What is the point you want everyone to remember? What do you want to get across the audience no matter what?
6. Don't wait to be asked your message. Volunteer it, repeat it several times, and always come back to it.
7. Anticipate questions and prepare answers to those questions.
8. Use proper grammar and speak in an easy to understand language with no jargon or acronyms.
9. Remember that the camera/microphone is always on and nothing is "off the record".
10. Never lie, speculate, or guess
11. If you don't know, say so
12. Don't get defensive or angry

Media Release Tips:

1. Identify that the article is a News Release at the very top of the printed document
2. Provide a caption (or headline) to identify the subject of the announcement
3. Use county letterhead and provide contact information for the primary staff person who can answer follow-up media inquiries
4. Indicate the date of the release
5. Number all pages
6. Put (MORE) at the bottom of a page when the content of a news release will extend onto an additional page
7. Mark the end of the release with a symbol noting the end of the document – usually ### or XXX or -30- or END
8. Double check all facts and be sure to use good grammar. Do not use any acronyms or jargon.

REFERENCE:

The Green Lake County Public Health Emergency Plan (PHEP)