



2016 - 2020
STRATEGIC PLAN

CUYAHOGA COUNTY
BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

www.ccbh.net

Table Of Contents

Message from the Cuyahoga County Board of Health.....	3
Who We Are & What We Do.....	4
Vision, Mission & Values	5
About Cuyahoga County.....	6
Summary of Goals	9
Connections to the Community Health Improvement Plan	11
Five Guiding Documents.....	12
The Planning Process.....	13
Summary of Strengths, Weaknesses, Opportunities & Challenges.....	14
The Plan: Priorities & Strategies.....	16
Infant Mortality.....	16
Healthy Eating/Active Living.....	19
Accreditation	21
Technology	22
Workforce Development	25
Community Engagement	27
Communication & Marketing.....	29
Evaluation & Monitoring	30
Acknowledgements	31
Sources	32

A Message from the Cuyahoga County Board of Health

We are excited about the opportunity to present our 2016-2020 strategic plan to Cuyahoga County. Our planning process reflects the demands of a rapidly changing health and healthcare landscape. The Affordable Care Act is moving clinical medicine toward a more sustainable approach that rewards quality of care and positive health outcomes. These changes will affect the ways in which public health works with the medical community.

Along with our partners in the community development, education, planning, and transportation fields, we want to help create the conditions that allow everyone to have an equal opportunity to be healthy. These efforts are supported by the guiding principles of health equity, where all people have the opportunity to attain their full health potential regardless of their social position or other socially-determined circumstances.

Our new strategic plan will position us to:

- Lead with our talented workforce
- Capitalize on advanced technology
- Build essential communication and community engagement capacity
- Address priority health problems
- Attain national public health accreditation

Over the next five years, we will make the necessary investments to sustain our plan while also keeping the community informed about our progress. We look forward to the important work ahead and embrace our responsibility to the cities, villages and townships of Cuyahoga County and the Northeast Ohio region.



STANDING LEFT TO RIGHT: TERRY ALLAN, HEALTH COMMISSIONER & BOARD SECRETARY, GREGORY L. HALL, M.D., DOUG WANG
SITTING LEFT TO RIGHT: JAMES T. GATT, DEBBIE L. MOSS, ESQ., JONATHAN GREENBERG, ESQ.



Who We Are and What We Do

A dedicated staff of 150 professionals delivers over 40 programs and services across Cuyahoga County. We do this work through four service areas:

Administration Led by the Health Commissioner, this area provides many essential services in support of the entire agency including communications, fiscal, legal, and organizational development.

Environmental Public Health is focused on our natural and manmade surroundings, looking at how it affects our health and also the ways in which we impact the environment. We take part in the monitoring and regulation of our county's beaches and pools, food safety, institutions and schools, lead poisoning prevention, sewage treatment systems, solid waste, vector control, water quality and more.

Our staff collaborates closely with local, county, regional, state, and national officials to address the needs and concerns of our residents and community partners. We work every day to prevent environmental health hazards and to protect and promote public health.

Epidemiology, Surveillance, and Informatics Services (ESI) leads the Cuyahoga County Board of Health's efforts to collect and monitor the amount of infectious and chronic diseases in the community. ESI also leads the agency's emergency preparedness planning efforts as well as providing technical support for agency programs such as data analysis and public health informatics.

Prevention & Wellness provides population and community-based services in Cuyahoga County and Northeastern Ohio. Our programs and services aim to improve health status and eliminate differences in health outcomes of people who live, work and play in our communities. Staff includes nurses, social workers, dietitians, community health educators, case managers and administrative support.

Please visit our website at www.ccbh.net.

Our Mission

To work in partnership with the community to protect and improve the health and well-being of everyone in Cuyahoga County.

Our Vision

To create the conditions in which all people who live, learn, work and play in Cuyahoga County have the opportunity to be healthy.

Our Core Values

Health equity, integrity, partnership and innovation.

About Cuyahoga County

Cuyahoga County, situated on the southern shores of Lake Erie, is the most populous county in Ohio. The city of Cleveland serves as the county seat. CCBH has jurisdiction over 57 of the county's 59 municipalities, the exceptions being the cities of Cleveland and Shaker Heights.

*The data below includes all 59 municipalities and is sourced from the 2010 U.S. Census Report.



Estimated 2014 population

1.2 million



Percentage living below the poverty level

18%



Median household income: for 2009-2013

\$43,804



Demographics

61.4% White

29.3% African American

4.8% Hispanic

7% foreign born



Statewide health ranking

65th out of 88 total counties

*2015 Robert Wood Johnson County Health Rankings



Leading causes of death and disability

Heart disease

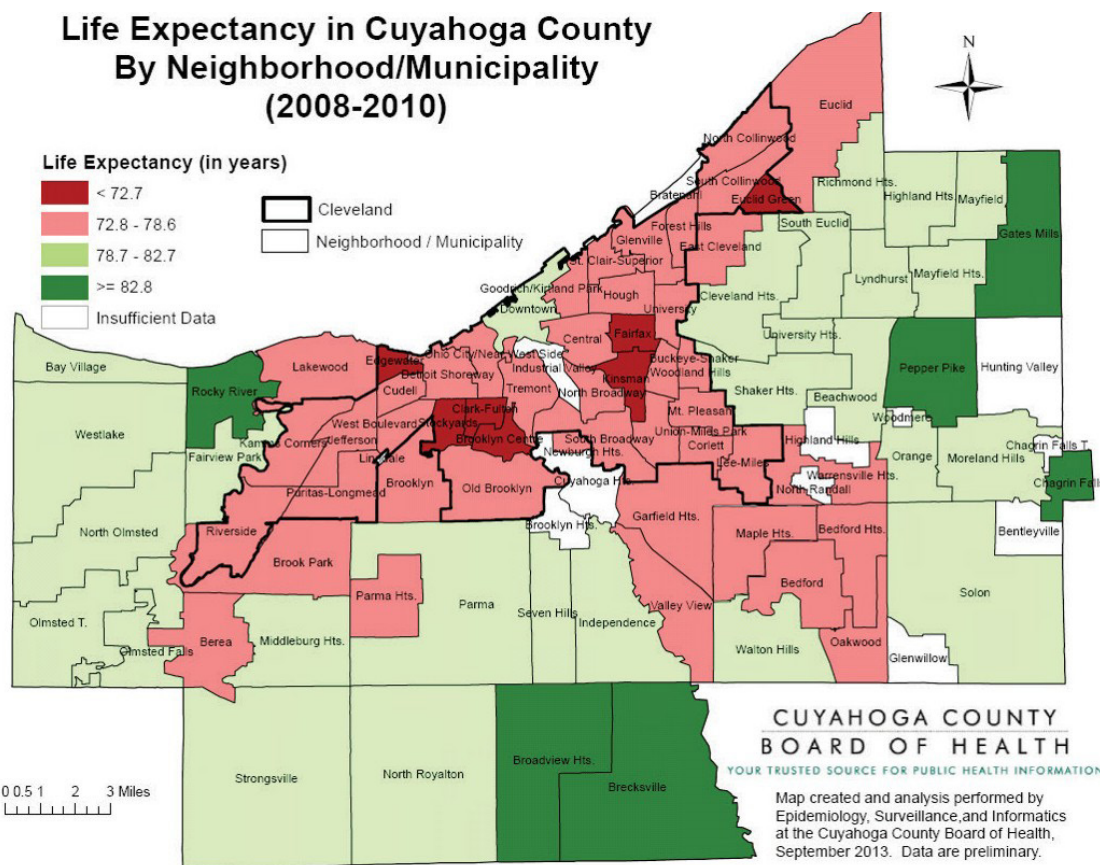
Cancer

Obesity

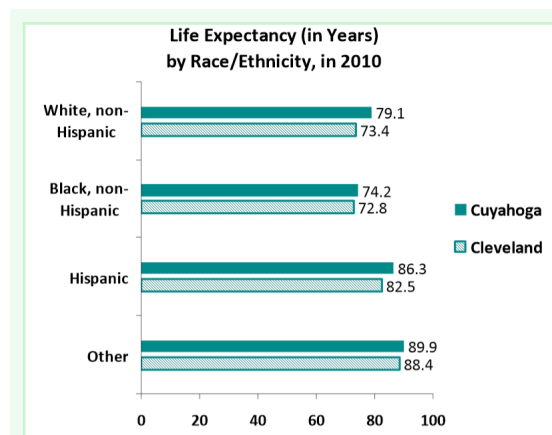
Diabetes

Life Expectancy Map



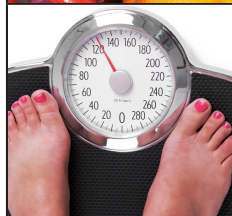
Even though Cuyahoga County ranks consistently in the top ten statewide for clinical care (measured by access to and quality of care), our residents are not becoming healthier. The conditions that shape health are not spread equitably across the county and that causes significant differences in life expectancy, depending on where you live.





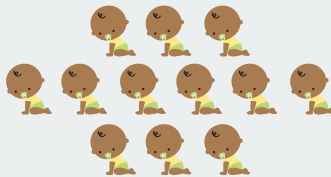


The largest health inequities occur in the urban core and inner-ring suburbs where many people of color live, including African Americans, Asian & Pacific Islanders, and Hispanics. While genetics and health care access play a role in health outcomes, where people are born, grow up, live, work, and grow old (the social determinants of health) will have a more significant impact on their health. This is why our plan's external priorities address health equity, racial disparity and the promotion of healthy choices.



Local Data About 7th and 8th Grade Youth

	51.2%	Percent participating in 60 or more minutes of physical activity on 5 or more days
	59.9%	White
	41.1%	Black
	31.8%	Hispanic
	25.1%	Percent Consuming 5 or More Fruits and Vegetables per Day (2014)
	30.2%	White
	17.7%	Black
	17.6%	Hispanic
	29.1%	Percent affected by overweight or obesity
	23%	White
	38.3%	Black
	27.3%	Hispanic

Infant Mortality and Teen Births

		2013 Top Causes of Infant Death in Cuyahoga County
	62%	Prematurity
	17%	Birth Defects
	12%	Sleep Related
	9%	All other causes
		Ratio of Infant Deaths by Race in Our Jurisdiction
		<div>Black</div> 
	2011	<div>White</div> 
	2012	
	2013	
		2013 Teen Birth Rates per 1,000 Females Ages 15-19
	26.5%	US
	27.2%	OH
	27.5%	Cuyahoga
	48.5%	Cuyahoga Black
	11.6%	Cuyahoga White

Summary of Goals

- **Five priorities:** Infant Mortality, Healthy Eating /Active Living, Technology, Accreditation, and Workforce Development
- **Two strategies:** Community Engagement and Communication and Marketing
- **Eleven goals**

Priorities:

Infant Mortality



Goal(s)

By December 31, 2020, we intend to:

1. Reduce the infant mortality rate by at least 10% and reduce the associated rate of racial disparity by at least 25%.

Healthy Eating Active Living (HEAL)



Goal(s)

By December 31, 2020, we intend to:

1. Position CCBH to be a leader in implementing HEAL initiatives that support fair and equal opportunity for improved nutrition and physical activity.

Technology



Goal(s)

By December 31, 2020, we intend to:

1. Establish an agencywide, location-based (i.e. geocentric) approach to data collection and reporting.
2. Increase the agency's capabilities to share data both internally and externally.
3. Update the agency's financial management and human resources systems.
4. Expand the agency's information technology (IT) capacity to allow for broader use and support of current and future technologies.

Priorities:

Accreditation	Goal(s)
	<p>By December 31, 2017, we intend to:</p> <ol style="list-style-type: none"> 1. Become a nationally-accredited health department.
Workforce Development	Goal(s)
	<p>By December 31, 2020, we intend to:</p> <ol style="list-style-type: none"> 1. Achieve an empowered and engaged workforce by fostering employee satisfaction, employee wellness and career development.

Strategies:

Community Engagement	Goal(s)
	<p>By December 31, 2020, we intend to:</p> <ol style="list-style-type: none"> 1. Engage the community in opportunities to inform, define, and apply a collective vision for optimizing the health of residents in Cuyahoga County.
Communication and Marketing	Goal(s)
	<p>By December 31, 2020, we intend to:</p> <ol style="list-style-type: none"> 1. Improve internal and external connectivity with clients, stakeholders, and the public through the use of effective communication and marketing strategies.

Connections to the Community Health Improvement Plan (CHIP)

We serve as the backbone organization for HIP-Cuyahoga, the consortium that created our Community Health Improvement Plan (CHIP). Its four priority areas are chronic disease self-management, improved coordination between clinical and public health, healthy eating and active living, and eliminating structural racism.

A community health improvement plan (or CHIP) is a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years.

Like the CHIP, our strategic plan focuses on equity.



Equity

Our goal is to contribute to an environment in which everyone has the access, resources, and ability to live their healthiest lives.

Health should not be viewed as something scarce that must be rationed or fought over. Instead, health is a resource that multiplies the more it is shared.

The inequities that lead to poor health are bad for everyone. Our region suffers economically due to the effects of disability and the resulting years of lost productivity.

By improving opportunities to be healthy for those in need, we will improve the health of all of Cuyahoga County.



Structural Racism

Many racial and ethnic groups face steep obstacles and barriers to living healthy and prosperous lives. Societal decisions can intentionally or unintentionally limit their opportunities and create extreme health disadvantages. As a result, many people in our county are not as healthy as they should be and are living shorter lives.

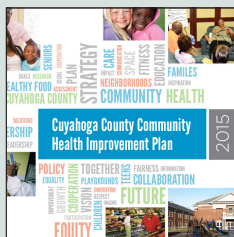
The CHIP focuses on:

- Teaching organizations how to recognize and address structural racism
- Encouraging organizations to work closely with community members
- Developing policies to create social and economic opportunities for all people in Cuyahoga County

The HEAL and infant mortality priorities contained in our plan both intend to reduce the effects of racial disparities and promote healthy choices for those in need, regardless of race, ethnicity or socioeconomic status.

Guiding Documents

We used five existing plans to help us properly align our goals and strategies with local, state and national initiatives. In turn, our strategic plan will guide the development of both our Quality Improvement Plan and Workforce Development Plan to assure continuity and measurability of performance.



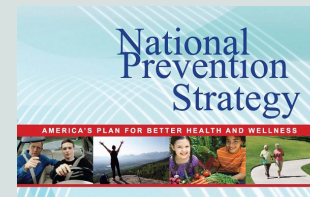
LOCAL

We initiated the development of our new strategic plan based upon two data sources: a recent community health status assessment (CHSA) and a countywide community health improvement plan (CHIP). The CHIP informed our strategic planning process to ensure that the plans were interconnected. These plans serve as the backbone for the Health Improvement Partnership Cuyahoga (HIP Cuyahoga) initiative, comprised of over 60 agencies and 100 consortium members.



STATE

As Ohio's largest health department in terms of population served, it is important that our plan supports the efforts of our state health department. This is clearly reflected in our selection of infant mortality as a strategic priority.



NATIONAL

The National Prevention Strategy (NPS), released by the US Surgeon General in 2011, aims to guide our nation in the most effective and achievable means for improving health and well-being. The Strategy prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives. The approach to development of the HIP-Cuyahoga health improvement plan was informed by the goals, priorities and strategic direction of the NPS.



PHAB

The Public Health Accreditation Board (PHAB) was established as the national accreditation body for state and local public health departments. Supported by core funding from the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation, PHAB is charged with administering standards and measures across 12 domains. The domains are used by health departments to measure their performance against the standards.

The Planning Process

The plan was developed over 18 months, facilitated by a Strategic Planning Committee. Staff from all levels of the agency, as well as our governing entity, the Cuyahoga County Board of Health, worked together in a shared approach.

We began with a visioning process which identified strategic issues using a Strengths, Weaknesses, Opportunities and Challenges (SWOC) process. Baseline health equity training was conducted for all staff and a comprehensive staff engagement survey was administered using a standardized model from the Society for Human Resource Management (SHRM). Common Health Action, a nationally-recognized public health organization, facilitated several onsite trainings and planning sessions.

After identifying key strategic issues and building consensus around high-priority community health issues, subcommittees were formed to develop work plans, goals, measurable objectives and essential activities for each of the priorities and strategies. Finally, we made sure that the necessary resources were available to operationalize the plan and meet our goals.

Timeline of Planning Activities:

Planning Activity	Date
Board and Staff Leadership Visioning Process	June 2014
Health Equity Training for Staff and Board	August 2014
Staff Engagement Survey	September 2014
Staff Strategic Issues Survey	January 2015
All Staff Priority Development Process	March-May 2015
Formation Strategy and Priority Subcommittees	June 2015
Strategy and Priority Workplan Development	June-August 2015
Completion of the 2016-2020 Strategic Plan	November 2015

Summary of Strengths, Weaknesses, Opportunities and Challenges (SWOC)

We conducted a SWOC analysis in June 2014 using the 12 PHAB domains as a basis for assessment. The 12 domains also guided the selection of the goals, objectives and strategies contained in this strategic plan. Here is a synopsis of our analysis related to each of the 12 Domains:



Domain 1: Conduct assessments about population health status and local public health issues and share the results.

Our ability to collect, process, analyze, and evaluate information has recently expanded. We need to support that growth by using technological skill and systems to become more efficient as an organization. Finding effective ways to exchange information can help us to improve population health and reduce health disparities and inequities.



Domain 2: Investigate health problems and environmental public health hazards with the purpose of protecting the community.

Our epidemiology staff is highly-skilled in the areas of disease detection, monitoring and mitigation. We are also able to respond effectively to emergencies, outbreaks and unexpected situations. By expanding our partnerships with the medical community and also improving the flow of information to and from independent clinicians, our staff will be able to better serve our communities.



Domain 3: Inform and educate about public health issues and functions.

We will prepare our staff to share their knowledge and experience with our clients and stakeholders using a productive, two-way dialogue. Providing connections to resources, which include sustainable methods of funding, is one of the most important functions we can perform.



Domain 4: Engage with the community to identify and address health problems.

Effectively engaging the wide range of communities we serve is dependent upon our staff's ability to develop relationships that are beneficial to all involved. The HIP-Cuyahoga health improvement plan is an organizational asset as it allows us to engage the community and serve as a neutral convener. It is critical that we work together with other local initiatives to decrease duplication of effort and maximize community impact.



Domain 5: Develop public health policies and plans.

Our strengths include growing partnerships with the community development, planning and transportation sectors related to the common goal of improved community health, as well as a shared commitment to building a diverse workforce to serve our diverse constituents. Needs include expanded internal policy development capacity, and sustained connectivity with agencies that have a demonstrated ability and interest in health policy advancement.

It is critical that we balance and connect the elements of our programmatic work that are associated with health problems after they surface (downstream efforts) with the emerging community work of HIP-Cuyahoga that focuses on promoting health equity and addressing the social determinants of health (upstream efforts).



Domain 6: Enforce public health laws.

We have existing legal capacity complemented by an experienced workforce that is actively involved in legislative activities at all levels, assuring compliance with applicable laws among our regulated communities. It is important that we find ways to exert greater influence over policies that affect the health of our region.



Domain 7: Promote strategies to improve access to health care.

Our role is to act as a safety net provider to fill community gaps in service, to coordinate with the range of public and private community clinical providers, and link people to services. We need to continue to expand the scope of billable service arrangements with public and private insurers in the context of the Affordable Care Act (ACA) to improve health outcomes.



Domain 8: Maintain a competent public health workforce.

Multiple opportunities exist for staff to be involved in personal development including local, state and national conferences, tuition assistance toward undergraduate and advanced degrees, and ongoing training in quality improvement principles. While our agencywide human resource capabilities have grown, we can expand individual leadership development opportunities at all levels.



Domains 9/10: Evaluate and continuously improve health department processes, programs, and interventions; contribute to and apply the evidence base of public health.

The establishment of a Quality Improvement Council (QIC) and active quality improvement projects has contributed to improved delivery and coordination of service. We will be linking our internal databases to provide timely, comprehensive local data for program development and resource targeting.



Domains 11/12: Maintain administrative and management capacity; maintain capacity to engage the public health governing entity.

Our Board members are actively involved in the leadership of our agency and our staff is well-respected by those we serve. We have identified four areas for improvement as we work to become more consistent and efficient:

- Maintain flexibility with internal policies
- Standardize practices
- Upgrade decentralized and antiquated information systems
- Use data to focus on root causes of disease and track impact

The Plan

Priority Areas and Strategies, Health Equity Focus, Goals and Activities



Infant Mortality

Background

Infant mortality is the death of a baby under one year of age. In Cuyahoga County, our rate of infant mortality has not changed substantially in the last 20 years. It is one of the highest rates in the United States, especially for our black infants. In our health district, black infants are three times more likely to die before their first birthday than white infants.

Infant deaths due to babies being put in an unsafe sleep place is the most preventable type of death for all children under the age of 18 in Cuyahoga County. In fact, over 140 babies died in the last seven years in Cuyahoga County in an unsafe sleep place. In our health district, black babies were almost three times more likely to die than a white baby due to unsafe sleep.

Examples of unsafe sleep for an infant include:

- being placed on their stomach or side
- sleeping on a bed, couch, or chair
- sleeping with someone else on the same sleep surface
- using a blanket, comforter, or pillow (including a nursing pillow)

Cuyahoga County's teen birth rate of 27.5 per 1,000 females ages 15-19 is higher than the national average. The highest teen birth rates are found in the City of Cleveland and eastern suburbs. Teens involved with the juvenile justice system and Lesbian, Gay, Bisexual and Transgender and Queer (LGBTQ) youth are also priority areas for our teen pregnancy prevention efforts. Girls in foster care are 2.5 times more likely to get pregnant than girls in general.

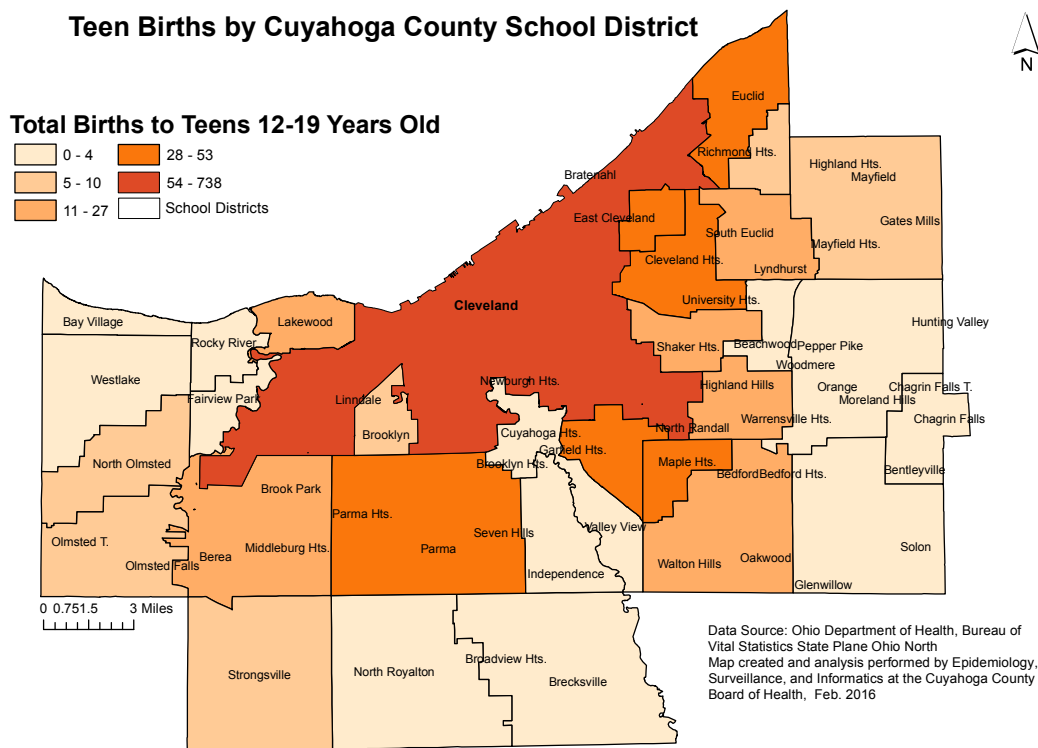
Teens are less likely to use Long Acting Reversible Contraception (LARC) even though it is a very effective method to reduce unplanned pregnancies. Females using LARCs are 40 times less likely to have an unplanned pregnancy than females not using any method to prevent a pregnancy.

Teens who become parents are:

- Less likely to graduate from high school
- More likely to have poor birth outcomes such as premature births
- At greater risk to have more unplanned births and live in poverty
- More likely to experience sexual abuse than women who have babies later in life



In Cuyahoga County, black teen females ages 15 to 19 years old are four times more likely to have a baby than white teen females. Women who live in poverty are seven times more likely to have an unplanned pregnancy than women who live in the middle class (more than 200% of the federal poverty guideline).



Health Equity Focus

Racial disparity ratio for infant mortality in our health district by cause of death:

- Prematurity - black babies almost 6 times more likely to die for every 1 white baby
- Sleep related - black babies almost 3 times more likely to die for every 1 white baby
- Overall infant mortality - black babies 3 times more likely die for every to 1 white baby



Goal 1

Reduce the infant mortality rate by at least 10% and reduce the infant mortality racial disparity by at least 25%.



Objective 1

Increase the use of first-tier contraceptives, such as intrauterine devices (IUDs) & contraceptive implants, by 5% among CCBH family planning clinic clients by December 31, 2020.

Activities

- Increase availability of IUDs, implants and screenings for CCBH Family Planning Clinic clients
- Participate in a regional social media marketing campaign
- Identify opportunities to expand outreach of CCBH Family Planning Clinic services in targeted areas



Objective 2

Reduce the countywide overall teen pregnancy rate by at least 10% and reduce the countywide African-American teen birth rate disparity ratio by at least 25% by December 31, 2020.

Activities

- Conduct school & community-based programming about prevention of teen pregnancy in seven east side suburbs
- Offer life-skill training for teens living in foster care or in the juvenile justice system
- Provide premature fatherhood prevention programming for teen males between the ages of 12-19 years old



Objective 3

Reduce sleep-related deaths by at least 10% in our jurisdiction by December 31, 2018.

Activities

- Expand EMS Direct On-Scene Education (DOSE) that identifies unsafe sleep practices in targeted first-ring suburbs
- Incorporate safe sleep policies at CCBH and among partner agencies
- Collaborate with medical providers to educate their staff about safe sleep risks factors



Objective 4

Conduct an assessment of community providers in order to determine the availability, barriers and usage of first-tier contraceptives, group prenatal care, and progesterone by local partners including hospital systems, Federally Qualified Health Centers (FQHC), and Medicaid Health Maintenance Organizations (HMO) by December 31, 2020.

Activities

- Develop assessment tool
- Engage local partners to participate
- Collect and analyze the data
- Report findings and recommendations to local partners and our Board of Health



Objective 5

Increase agency and community awareness about infant mortality through agency trainings and strategic communication and marketing efforts by December 31, 2020.

Activities

- Develop and deliver infant mortality messaging in target communities and among community providers.
- Build staff capacity to educate families and people of childbearing age about infant mortality risk factors and prevention.



Healthy Eating/Active Living (HEAL)

Background

A healthy diet and regular physical activity are important for good health. Eating right and being physically active can help to reduce risk of chronic disease, improve general health status, and increase life expectancy. However, in Cuyahoga County, not every neighborhood has places to get healthy food and be physically active.

One in four county residents and one of every two Cleveland residents live in a “**food desert**.”

Definition: Urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food. Instead of supermarkets and grocery stores, these communities may have no food access or access only to fast food restaurants and convenience stores that offer few healthy, affordable food options.

Only ten places for recreation exist for every 100,000 people compared to the national benchmark of 16.

Higher rates of poverty and unemployment place an unfair burden of poor health on many residents, specifically youth, older adults, and those living in communities of color.

Health Equity Focus

A history of **structural racism** and ongoing lack of investment in our urban center and inner-ring suburbs has created unhealthy conditions in many local neighborhoods.

Definition: Racial unfairness across and within society. It's the collective effects of factors like public policies, institutional practices, cultural representations, and other norms that work in various, often supporting, ways to continue racial inequity.



Lack of resources limits the ability of residents to engage in healthy eating and active living.

Identifying and increasing healthy food options and available locations for physical activity (schools, facilities belonging to faith-based organizations or businesses, open space) in our urban core and surrounding neighborhoods can help to improve access to healthy lifestyles for all those who live, work, and play in Cuyahoga County.

All of our county's residents deserve the opportunity to eat healthy food and to have access to safe places where they can be physically active. Our lower income, under-resourced neighborhoods have less access to healthy food options and safe spaces for physical activity. Focusing on these two issues is likely to have the greatest impact on the health of our community.



Goal 1

Position CCBH to be a leader in implementing HEAL initiatives that support fair and equal opportunity for improved nutrition and physical activity.



Objective 1

Establish and pilot a local “Eat Right Ohio” program to recognize and promote food service operations that offer healthy and safe food by December 31, 2017.

Activities

- **Develop program** nutrition guidelines and food safety requirements informed by community members, food service operators, and agency staff.
- **Increase access to healthy and safe food** in select target neighborhoods by piloting the program.
- **Publicize the program** through branding and marketing.
- Create a **web resource** promoting participating food service operations.



Objective 2

Establish a framework for CCBH to support shared use agreements in Cuyahoga County.

Activities

- **Define shared use** for the agency.
- Develop and disseminate an implementation guide to **build community capacity** to establish shared use agreements.
- **Facilitate community partnerships** by a process of linking physical activity programming to those with available space through shared use of agreements.
- Launch a **web resource** promoting and supporting shared use agreements in Cuyahoga County.



Objective 3

Increase by 10% the number of agency staff working to support local HEAL initiatives.

Activities

- **Increase the number of agency staff** supporting HEAL coalitions.
- **Assess** current involvement of agency staff in HEAL coalitions.
- Expand involvement through more active **engagement** in coalition initiatives.
- Create an internal system to **communicate and track** agency HEAL coalition participation and activities.



National Accreditation

Background

According to the Public Health Accreditation Board (PHAB), the national accrediting organization for governmental health departments, accreditation provides the opportunity for a public health department to:

- Identify performance improvement opportunities.
- Develop and enhance management and leadership skills.
- Strengthen relationships with members of the community.

Accreditation standards address a range of core public health programs and activities including access to clinical services, community health, emergency preparedness, environmental public health, health education and promotion, infectious disease, injury prevention, and management and administration.

According to a PHAB survey of accredited health departments, PHAB Accreditation identifies strengths and areas for improvement, strengthens internal and external partnerships, encourages health departments to prioritize and address long-standing concerns and acts as a stimulus continuous quality improvement and performance management in our daily practice.

CCBH has an accreditation team and domain teams in place to collect and assess the evidence necessary to meet the standards and measures. Achieving national public health accreditation is the next chapter in CCBH's commitment to provide quality-driven public health programs, services, and leadership to our communities.

Health Equity Focus

The PHAB Public Health Standards and Measures emphasize the ability of health departments to adapt their services, programs and interventions

in order to effectively address the root causes of inequities in the distribution of disease and illness.

To become accredited, we must show our ability to assess, identify and address factors that lead to a disproportionate burden of disease and mortality in specific populations which are at risk for poor health outcomes.

We will need to demonstrate the appropriate documentation, evaluation and application of data in order to effectively support the reduction or elimination of health inequities.



Goal

CCBH will be a nationally-accredited health department by December 31, 2017.



Objective 1

CCBH will apply for public health accreditation by May 31, 2016.



Objective 2

CCBH will submit all required documentation to the Public Health Accreditation Board by May 31, 2017.



Objective 3

CCBH will successfully complete its PHAB site visit by December 31, 2017.

Activities

- Identifying and addressing gaps.
- Completing prerequisites.
- Submitting required application and materials.
- Uploading all required documentation to the e-PHAB system.



Information Technology

Background

Data and information have always been critical to the public health mission; they are vital to every aspect of our agency's operations. However, it has proven difficult to maintain the funding, equipment, and expertise to keep up with the advancements in information technology. Through thoughtful investment and planning, we can begin to expand our capacity and become better equipped to contribute to improved health outcomes. Success is incumbent upon our ability to share accurate, timely, and relevant information with our employees as well as our partners, stakeholders and clients.

Health Equity Focus

With increased capabilities to identify health equity issues and root causes of poor health, we can provide opportunities to help everyone reach their fullest health potential and reduce health disparities. Improving our ability to share data and tools will enhance our capacity to communicate with residents and policymakers. Our staff will become more proficient in identifying place-based health disparities through improved data collection, sharing and mapping technologies.



Goal 1

Establish an agency-wide, location based (i.e. geocentric) approach to data collection and reporting.



Objective 1

Create a Geographical Information System (GIS) Workgroup by January 31, 2016.



Objective 2

Assess existing GIS software and make necessary improvements by February 29, 2016.



Objective 3

Create an electronic library for all CCBH-produced maps by October 31, 2016.

Activities

- Establish GIS working group.
- Identify all programs which currently collect or could collect location-based data.
- Assess adequacy of current GIS software and upgrade as needed.
- Identify existing maps.
- Generate a standard template for map creation.
- Train staff

What is GIS? A geographic information system (GIS) lets us visualize, question, analyze, and interpret data to understand relationships, patterns, and trends.

Objective 4

Create and implement the use of data standards for all agency programs, where applicable, by December 31, 2017.

Activities

- Standardize GIS data collection by creating a Standard Operating Procedure (SOP).
- Train staff on the SOP.
- Formulate work plans to incorporate GIS data standards.



Goal 2

Increase the agency's capabilities to share data both internally and externally.

Objective 1

Consolidate all agency administered websites under one vendor by June 30, 2016.

Activities

- Identify a vendor through a Request for Proposals (RFP) process.
- Create and activate a new version of our agency website.

Objective 2

Employ an enterprise-level data warehouse and report server to enable agencywide information sharing by December 31, 2020.

Activities

- Assess agency programs to determine data infrastructure.
- Secure a vendor through Request for Quote process (RFQ).
- Research, acquire, and setup hardware to run the report server.
- Develop, test, and deploy data warehouse for pilot program.
- Implement for other agency programs based on the agency data infrastructure report.

Objective 3

Increase public access to CCBH data by participating in at least one "open-data" initiative by December 31, 2016.

Activities

- Identify at least one existing "open-data" initiative in Cuyahoga County.
- Assess interest in having CCBH provide data.
- Determine which data sources can be shared and provide the data.

What is Open Data? Open data is the new movement for public data to be freely available to everyone to use and republish as they wish, without restrictions from copyright, patents or other mechanisms of control.



Goal 3

Update the agency financial management and human resources systems.



Objective 1

Formalize a plan to accept electronic payments by December 31, 2016.



Objective 2

Develop a plan for the installation of updated financial and human resource systems by December 31, 2017.

Activities

- Collaborate with other relevant county departments to develop a business process for posting of transactions.
- Contract with third-party merchant to accept credit cards.
- Implement process and train staff.
- Secure vendor through an RFP process and train staff.



Goal 4

Expand the agency's information technology (IT) capacity to allow for broader use and support of current and future technologies.



Objective 1

Ensure that employees meet minimum IT competency standards by December 31, 2020.

Activities

- Develop list of required minimum IT skills needed for all CCBH all staffs.
- Work with CCBH HR to assure all new postings contain and applicants demonstrate the required minimum IT skills.
- Determine skills needed and used by staff through an assessment tool.
- Analyze data to determine top five essential skills.
- Develop training plan and conduct trainings.



Objective 2

Examine the relationship between IT-related costs and program budgets by December 31, 2017.

Activities

- Identify programs that routinely utilize IT services and assess how costs are addressed.
- Summarize findings and develop guidance for fiscally supporting the role of IT in agencywide programming.



Workforce Development

Background

Workforce Development in public health is focused on improving health outcomes in our community by enhancing the job satisfaction, training, skills, and performance of public health workers. An engaged and well-prepared public health workforce is one of the foundations of a healthy community.

In communities across the nation, public health and healthcare systems are changing. Healthcare reform has spurred innovation in payment and service delivery. Accreditation and community

benefit requirements have encouraged collaborative assessment and improvement planning.

In order for our agency to evolve and properly meet the needs of our communities, we must strike an appropriate balance between work and home life to promote job satisfaction and expand employee wellness opportunities. We want to be sure that we are well-positioned to meet these challenges.



Goal

Achieve an empowered and engaged workforce by fostering employee satisfaction, employee wellness and career development.



Objective 1

Achieve and promote work-life balance and promote staff wellness by fully implementing alternative work arrangement policies by December 31, 2016.

Activities

- Implement alternate work schedules, compressed workweeks, and remote worksite policies.
- Train staff about the policies and procedures.
- Assist with the implementation and promotion of wellness initiatives and programs through the Work site Wellness Committee.



Objective 2

Expand training and engagement opportunities in order to encourage positive interaction among staff and managers by December 31, 2017.

Activities

- Assess working relationships and identify areas for opportunity.
- Offer employee, supervisor and senior management training.
- Explore additional avenues to communicate policies, procedures and pertinent issues.
- Ensure consistent agency wide application of existing and new policies and procedures.

🔧 Objective 3

Create an agency wide employee recognition and incentive program by December 31, 2018.

Activities

- Establish a system that tracks job-related degrees, certifications, skills, accomplishments, promotions, etc.
- Maintain an inventory of staff credentials, certifications, degrees, etc.
- Define and implement incentives for employees that engage in collaborations, meet or surpass required competencies, and demonstrate professional skills and leadership capabilities.

🔧 Objective 4

Promote specific staff skills and talents and provide career growth opportunities that support the Workforce Development Plan by December 31, 2020.

Activities

- Assess staff and agency needs to identify potential training and professional development topics.
- Implement training programs and mentoring opportunities for career-specific maintenance and professional development which support the agency wide Workforce Development Plan.
- Promote tuition reimbursement and organizational support for specialized educational opportunities





Community Engagement

Background

We define our **community** as all who live, work, learn, and play in Cuyahoga County. This definition includes populations described by location, race, ethnicity, age, occupation, and common interests.

We define **community engagement** as building trusting relationships for the mutual exchange of ideas and resources to improve the health and well-being for all of Cuyahoga County.

Public health has a core responsibility to serve those most in need across the community while promoting the health and well-being of the entire community.

While the racial and ethnic diversity found in our county is a major cultural asset, it also poses challenges. In order to achieve effective communication, we must maintain a strong

knowledge of community health needs and available resources. We must also enhance our network of partnerships to effectively engage the community and build a culture of engagement among our staff members.

Health Equity Focus

Community engagement must become a valued and fundamental practice that encourages participation from all community members, especially those impacted by inequities. planning, implementation, and evaluation of our programs, services and policy efforts. Building and expanding on trusting relationships and gaining community buy-in, particularly among low income communities of color, is critical to improving the health status for all of our residents.





Goal

CCBH will engage the community in opportunities to inform, define, and apply a collective vision for optimizing the health of residents in Cuyahoga County.

Objective 1

Produce a framework for developing comprehensive evidence based community engagement plan by December 31, 2016.

Activities

- Determine costs, impact, and value of community engagement activities.
- Assess current agency capacity for community engagement activities.
- Identify intersections with the Communications and Marketing Plan and the Community Health Improvement Plan.
- Establish a framework and summarize findings and implementation strategies.

Objective 2

Develop and implement a Community Engagement plan based upon the established framework, by December 31, 2020.

Activities

- Establish a process for implementation, evaluation and identification of resource needs.
- Develop internal/external communication strategies to promote community engagement activities.



Communication & Marketing

Background

Through a series of staff assessments, CCBH has identified benefits that would be derived from targeted communication training. Specific needs include verbal and written skill development, enhanced interaction with colleagues, external partners, stakeholders and clients, and assistance with the development of marketing and educational materials.

By addressing these self-identified barriers, we can improve our ability to engage both internally and externally, expand our sphere of influence, and

facilitate the delivery of messages considered vital to the sustained health and well-being of our constituents.

Health Equity Focus

All county residents are entitled to the provision of public health information and services in a manner that can be easily understood and acted upon. In order to do that, we must construct materials and utilize evidence-based methods for reaching specific populations which are distinctive based upon culture, language, education and physical ability.

Goal

Build capacity to improve internal and external message delivery with clients, stakeholders and the public through the use of effective communication and marketing strategies.

Objective 1

Develop an agency Communication Plan by June 30, 2016.

Activities

- Identify best practices among peer agencies.
- Prioritize internal and external communication needs.
- Develop strategies to address the needs.
- Develop a timeline for implementation.
- Identify the necessary resources to implement the plan.

Objective 2

Provide general training to all staff regarding the use of effective internal and external communication strategies by December 31, 2017.

Activities

- Construct a training schedule with measurable benchmarks.
- Develop training modules.
- Create evaluation tools.
- Deliver training to staff.
- Report post-test measurable outcomes.
- Revise modules to incorporate analysis.
- Create agency speakers bureau.

Objective 3

Use the agency communication plan as a tool to coordinate strategies and messaging used by our staff, the Culturally and Linguistically Appropriate Services (CLAS) committee, and the HIP-Cuyahoga consortium by December 31, 2018.

Connections to the Community Health Improvement Plan



The plan will be monitored quarterly by our Quality Improvement Committee (QIC) with semi-annual progress reports to the Board of Health plus regular progress updates to the community. The strategic plan subcommittees will be working with the QIC team to create process measures, outcome measures and post-evaluative monitoring tools.

Strategic Plan Measurement Evaluation and Reporting

Progress posted on website (www.ccbh.net) and reported to Board members semi-annually.



Acknowledgements

To these current and former members of the Board of Health for their involvement in the strategic visioning process and related activities:

James Gatt
Debbie Moss

Ye-Fan Glavin
Charles Riehl

Jonathan Greenberg
Doug Wang

Dr. Gregory Hall

To the members of these internal committees for their contributions in turning our visions into work plans:



Infant Mortality Subcommittee

Lorrie Considine, Co-chair
Richard Stacklin, Co-chair
Gloria Agosto-Davis
Romona Brazile
Vince Caraffi
Brandy Eaton
Elle Heeg
Angela Newman-White
Michelle Rodgers
Katie Stadler



Healthy Eating/Active Living Subcommittee

Michele Benko, Co-chair
Alison Patrick, Co-chair
Clair Boettler
Megan Conklin
Paul Desario
Ayana Jones
Lavone Lee
Cynthia Miller
Roger Sikes
Samantha Smith



Information Technology Subcommittee

Domenica McClintock, Co-chair
Carl Preusser, Co-Chair
Chris Kippes
Rick Melendez
Annie Stahlheber
Marciea Stewart
Ken Uhlik
Judy Wirsching



Accreditation Subcommittee

Romona Brazile, Chair
Monica Baker
Kevin Brennan
Becki Burke
Vince Caraffi
Paul Desario
Becky Gawelek
Rebecca Hysing
Deanne Samosky
Samantha Smith



Workforce Development Subcommittee

Rick Novickis, Co-chair
Najeebah Shine, Co-chair
Brian Athey
Becki Burke
Priscilla Clark
Kirsten Gatt
Nate McConoughey
Tom O'Donnell
Carl Preusser
Jan Schweter
Marlene Skovenski



Community Engagement Subcommittee

Terry Allan, Co-chair
Monica Baker, Co-chair
Wallace Chambers
Maurice Cole
Martha Halko
Nichelle Shaw



Communications and Marketing Subcommittee

Kevin Brennan, Co-chair
Suzanne Krippel, Co-Chair
Becky Gawelek
Tim Hitchcock
Stephanie McConoughey
April Vince
Amy Wanchisn

To our entire staff for their participation in the surveys and discussions that became the foundation for our planning process.

Sources

Page 6: 2010 U.S. Census Report.

Page 7: Map created and analysis performed by Epidemiology, Surveillance, and Informatics at the Cuyahoga County Board of Health, September 2013. Data are preliminary.

Page 8: 2014 - Cuyahoga County Middle School Youth Risk Behavior Survey. This work was funded either in whole or in part by a grant awarded by the Ohio Department of Health, Bureau of Child & Family Health Services, Child & Family Health Services Program as a sub-award of a grant issued by the Health Resources and Services Administration (HRSA) under the Maternal and Child Health Block Grant, grant award number B04MC26688, and CFDA number 93.994 and Am. Sub. H.B. 5. This work was also funded by Cooperative Agreement #1-U48-DP-001930 from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the PRCHN and do not necessarily represent the official views of the CDC. This work was approved by the Institutional Review Board at Case Western Reserve University, Protocol #2012-274.

The Cuyahoga County Child Fatality Review Committee (2014). Protecting our future: Child fatalities for 2013 (17th ed.).

The Cuyahoga County Child Fatality Review Committee (2014). Protecting our future: Child fatalities for 2013 (17th ed.).

The Cuyahoga County Child Fatality Review Committee (2013). Protecting our future: Child fatalities for 2012 (16th ed.).

The Cuyahoga County Child Fatality Review Committee (2012). Protecting our future: Child fatalities for 2011 (15th ed.).

Center for Public Health Statistics and Informatics, Ohio Department of Health (ODH). 2011-2013 Birth Data by County. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

Martin J.A., Hamilton B.E., Osterman M.J.K., et al. Births: Final data for 2013. National vital statistics reports; vol 64 no 1. Hyattsville, MD: National Center for Health Statistics. 2015.

Center for Public Health Statistics and Informatics, Ohio Department of Health (ODH). 2013 Birth Data by County. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

US Census Bureau. 2010 Census of population and housing; Summary file 1. Available online at <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>.

Page 20: The Cuyahoga County Child Fatality Review Committee (2014). Protecting our future: Child fatalities for 2013 (17th ed.).

The Cuyahoga County Child Fatality Review Committee (2014). Protecting our future: Child fatalities for 2013 (17th ed.).

The Cuyahoga County Child Fatality Review Committee (2013). Protecting our future: Child fatalities for 2012 (16th ed.).

The Cuyahoga County Child Fatality Review Committee (2012). Protecting our future: Child fatalities for 2011 (15th ed.).

Center for Public Health Statistics and Informatics, Ohio Department of Health (ODH). 2011-2013 Birth Data by County. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

Martin J.A., Hamilton B.E., Osterman M.J.K., et al. Births: Final data for 2013. National vital statistics reports; vol 64 no 1. Hyattsville, MD: National Center for Health Statistics. 2015.

Center for Public Health Statistics and Informatics, Ohio Department of Health (ODH). 2013 Birth Data by County. The Department specifically disclaims responsibility for any analyses, interpretations or conclusions.

US Census Bureau. 2010 Census of population and housing; Summary file 1. Available online at <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>.

MAP: Ohio Department of Health, Bureau of Vital Statistics State Plane Ohio North Map created and analysis performed by Epidemiology, Surveillance, and Informatics at the Cuyahoga County Board of Health, Feb. 2016.

CUYAHOGA COUNTY
BOARD OF HEALTH
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

5550 Venture Drive Parma, Ohio 44130
216-201-2000 www.ccbh.net



Leadership Team

Health Commissioner – Terry Allan
Chief Financial Officer – Judy Wirsching
Environmental Public Health – Rick Novickis, Wallace Chambers
Epidemiology, Surveillance & Informatics – Chris Kippes
Legal Counsel – Thomas P. O'Donnell, Esq.
Organizational Development – Najeebah Shine
Prevention & Wellness – Claire Boettler, Romona Brazile, Martha Halko

For access to the completed set of work plans used to create our strategic plan,
please visit www.ccbh.net/strategic-plan2016

For more information about the plan, please contact:

Kevin Brennan, Communications Officer
216-201-2001 x1108
kbrennan@ccbh.net

To learn more about CCBH, please visit www.ccbh.net