

A vibrant community
where all are valued
and thrive.

Saint Paul - Ramsey County Public Health

STRATEGIC PLAN

2019 - 2022



LETTER FROM THE DIRECTOR

Greetings!

I'm excited to present the Saint Paul – Ramsey County Public Health Strategic Plan for 2019-2022. Our commitment to community is crucial and hopefully shines throughout this strategic plan. I am grateful for your partnership and expertise that allows Saint Paul – Ramsey County Public Health to provide the best public health programs and services possible.

As a part of a large county system, we are pushed by our leaders to create and implement programming and services that are inclusive of our diverse community and effectively engage community in ways that share power and decision making. I'm proud that this strategic plan continuously evolved with community voice, including listening to individuals and families who are most impacted by the services provided by public health. Part of the development of this process is to work across departments to better understand how public health can better partner with other systems like social services, workforce solutions, libraries, parks, public works, information services and more. After hearing what both community and departments want for better health outcomes, a draft strategic plan was brought back to them to make sure the Public Health department was heading in the direction they suggested.

The scope of public health covers the entire community, including all ages and all concerns that impact the health of our population. As a public health department, it is important that an approach is taken to promote racial and health equity in all decision making. We will continue to do this as directed and funded by federal and state statute and as locally determined by the Ramsey County Board of Commissioners. The plan is, by design, high level and strategic and we hope you hold us accountable as we partner to work through it in the next four years.

Part of the work in public health is to influence systems to change policies and practices that increase access to better health. This means we work hard across sectors like housing, employment, mental health care, education, and transportation, among others to bring a public health prevention viewpoint that allows these sectors to think about how decisions impact the health of our community.

This plan will be used to guide decisions, allocate resources, monitor our progress and engage employees, other county departments and community members. As diligent and respectful stewards of the public's trust and funding, we will wisely manage resources and continue to respond to diverse community needs; we will do so in a transparent, cost-effective manner based on science, epidemiology and best/promising practices.

All Ramsey County departments and programs are guided by five core values: people, integrity, community, equity, and leadership. These core values not only guide the work, they influence our beliefs, behaviors and actions. Our commitment to you is to take action to advance racial and health equity, partner with you to be a champion for prevention from pre-birth to end of life, align and leverage resources to support public health priorities, and to create and sustain change in the way we work that is intentional and responsive to the needs of community.

Thank you for your partnership with the development of this strategic plan. I look forward to joining you as we work through this plan together and continue to invest in a community where all are valued and can thrive.

Sincerely,



Kathy Hedin, Interim Director

TABLE OF CONTENTS

Purpose	4
Introduction	4
Strategic Directions	4
County Organizational Context	5
County Organizational Structure	5
Ramsey County Mission, Vision and Values	5
Advancing Racial Equity and Intentional Community Engagement	6
Saint Paul - Ramsey County Public Health	6
Practical Vision for 2020	7
Process for Monitoring and Revision	7
Strategic Directions, Goals and Objectives	8
Description of Process	10
Environmental Scan and SWOT Analysis	10
Facilitated Sessions	11
Visioning	11
Underlying Contradictions	11
Strategic Directions	12
Community and Board Re-engagement	12
Initial Stakeholder Engagement	13
Community Re-engagement	13
Board Engagement	13
Staff and Supervisors Engagement	13
Public Health Staff Survey	13
Connections: Strategic Plan and Community Health Improvement Plan	14
Next Steps and Implementation	14
Appendices	15
Appendix A - Saint Paul - Ramsey County Public Health Organizational Chart	17
Appendix B - Strategic Planning Team Members and Implementation Workgroups	21
Appendix C - Implementation Ownership, Measures and Timeline	27
Appendix D - Environmental Scan	31
Appendix E - Community Engagement	45

PURPOSE

This Strategic Plan was prepared as a record of Saint Paul – Ramsey County Public Health’s 2019 strategic planning process, completed every four to five years. This document fulfills in part requirements listed in Minnesota’s Local Public Health Act statute (MN 145A.131, subd 3.b.) and the Public Health Accreditation Board v1.0 Domain 5: [....]; and Domain 9: Use a process to determine and report on achievement of goals, objectives, and measures set by the performance management system.

INTRODUCTION

Saint Paul- Ramsey County Public Health (SPRCPH) provides a range of services as it works to protect and improve the health of people and the environment in Ramsey County. Established in 1849, Ramsey County is home to 522,232 residents and is the most densely populated and racially diverse county in Minnesota. The city of Saint Paul, the county seat and capital of Minnesota, is one of 19 cities located within the county.

SPRCPH is one of the largest local public health departments in the state. The department traces its origins to the appointment of the first public health officer by the city of Saint Paul in 1854. Today, Saint Paul and Ramsey County’s previously separate public health agencies operate as a single merged public health department, a change that occurred in 1997 through a joint powers agreement. The department is nationally accredited by the Public Health Accreditation Board. See Appendix A for Saint Paul- Ramsey County Department of Public Health organizational chart.

The Ramsey County Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) and Strategic Plan are required by state law (MN Stat. §145A) with oversight from the Minnesota Department of Health, as well as the national Public Health Accreditation Board (PHAB). The Ramsey County Board serves as the Community Health Board for Ramsey County in fulfillment of these requirements.

Strategic Directions

Saint Paul – Ramsey County Public Health has completed a department strategic planning process, which was informed by input from the community, stakeholder interviews with leadership across the county system, numerous environmental scans, and staff engagement.

This plan defines [Public Health]’s four priorities, “Strategic Directions,” for the next four years:

- Take Action to Advance Racial and Health Equity
- Partner to Champion Prevention Across the Lifespan
- Align and Leverage Resources to Support Priorities
- Create Responsive and Intentional Change

County Organizational Context

The context of this work has evolved since the last department Strategic Plan was developed in 2014. Since that time, Ramsey County Government developed its 2019 Strategic Plan, which establishes the county's vision for a vibrant community where all are valued and thrive along with priorities to achieve that vision. Over the past five years, changes have taken place to county organizational structure, department and county leadership, and activities related to racial equity and community engagement.

County organizational structure

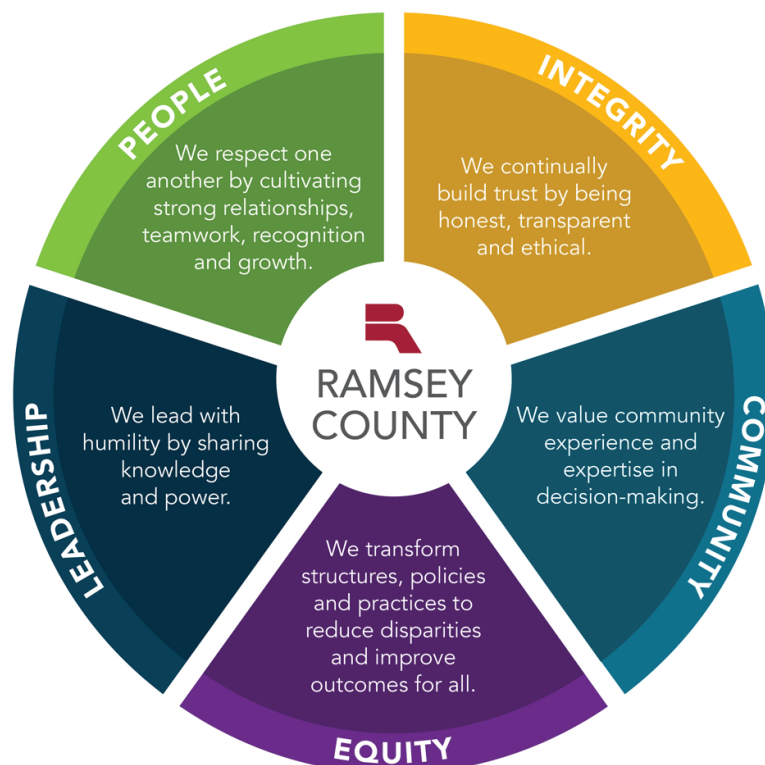
The county organizational structure was realigned with departments forming service teams in 2015, which has created several new promising relationships across departments and communities within Ramsey County. Though the changes occurred in 2015, the effects of increased communication and coordination continue to evolve on an ongoing basis. Within the county structure, Public Health is part of the Health and Wellness Service Team, along with Community Corrections, Health and Wellness Administration, Financial Assistance Services, Social Services and Veterans Services. This alignment gives Public Health further reach into communities that other departments are also serving and helps further the department's role as prevention strategist. Read more about Ramsey County's service team model at: www.ramseycounty.us/serviceteams.

Ramsey County vision, mission, values

Vision | A vibrant community where all are valued and thrive.

Mission | A county of excellence working with you to enhance our quality of life.

Values | Ramsey County is a welcoming, accessible and inclusive organization. Our core values define our culture. They guide who we are as a county, our individual behaviors and operational decision-making.



Advancing racial equity and intentional community engagement

Changes enacted at the department and county levels are beginning to show tangible effects across county business and relationships. The department's 2014-2018 Strategic Plan established *advancing health equity* as a department goal around the same time Ramsey County elected and staff leadership incorporated the priority in the county-level strategic plan. Since that time, the public health department has served as an important policy and program leader within the county system, elevating the importance of including racial equity and health in all policies and programs. Public Health and countywide leadership now regularly refer to "equity" as Racial and Health Equity, and every County Board item is required to describe the impacts of this action to racial equity, reflecting the most recent Ramsey County strategic priority: Advancing Racial and Health Equity in All Decision-making.

A Health Equity Administrator position, now called Racial and Health Equity Administrator, was created and hired in 2017 by Public Health to lead initiatives that advance equity across the county. In 2018, this priority evolved to place racial equity alongside health equity at the center of decision-making. This approach lifts racial and health equity as countywide principles and drives how the county operates. The Health and Wellness Service Team launched a Racial Equity Action Team, which includes cross-service team staff as well as county residents and community members. Public Health also established a departmental Racial and Health Equity Leadership Team (RHELT).

Saint Paul - Ramsey County Public Health

Saint Paul – Ramsey County Public Health works in partnership with residents, community partners, and other units of government to promote, protect and improve the health of the community. Through federal and state mandates, the department works with community partners to:

- Provide leadership as a prevention strategist- working to promote health and racial equity.
- Assure an adequate public health infrastructure.
- Promote healthy communities and healthy behaviors.
- Prevent the spread of infectious diseases.
- Protect against environmental hazards.
- Prepare for and respond to disasters.
- Assure the quality and accessibility of health services.

Practical vision for 2022

Strategic Planning team members developed the following vision elements to guide development of this plan, answering the question: What do we want to see in place in 2022 as a result of our actions?

- Accountable for advancing racial and health equity
- Communities are the experts
- Coordinated planning and action across county systems
- Shared organizational culture
- Consistent strategic communication
- Clear identity and role
- People-centered public service
- Broadening our definition of data (use, collection, sharing)
- Leveraging financial resources

Process for Monitoring and Revision

The department Strategic Planning Team, including staff representatives from across the department at a variety of levels serve as the steering group for this plan. Monitoring and revision of the plan occurs twice annually at Strategic Planning Team meetings. Responsibility for monitoring progress toward goals and objectives is assigned to existing staff teams or workgroups, referred to here as Implementation Workgroups. Implementation Workgroups monitor activities and progress within their respective meeting schedules; typical meeting schedules vary between monthly and quarterly frequencies. Each workgroup reviews and updates goals, objectives and strategies at least twice each year and brings these changes to the Strategic Planning Team's biennial meetings. See Appendix B for a list of all Implementation Workgroups and their respective meeting schedules.

STRATEGIC DIRECTIONS, GOALS AND OBJECTIVES

The Public Health Strategic Planning Team established four Strategic Directions with related goals and objectives. See Appendix C for implementation ownership, plan objectives, timelines and responsibilities.

STRATEGIC DIRECTION 1:

Take Action to Advance Racial and Health Equity

Invest in a workforce that reflects the communities we serve.

- Increase diversity of staff and managers.

Increase staff capacity to apply a racial and health equity lens in their work.

- Increase number of divisions with plans for using IDI results.
- Increase knowledge among public health employees about how to apply a racial and health equity lens to their work.

Eliminate racial bias from policies and procedures.

- Create a work environment where staff feel safe, supported and free from discrimination.
- Increase the use of a racial and health equity component in employee performance appraisals.
- Increase the use of racial and health equity analysis in department policies.
- Increase the use of racial and health equity analysis in public health division budgets.

STRATEGIC DIRECTION 2:

Partner to Champion Prevention Across the Lifespan

Public health staff establish identity as a prevention strategists.

- Increase staff knowledge of how to share prevention focus (“prevention strategist”)

Increase community engagement through shared leadership, power and decision-making.

- Implement shared framework for community engagement across all public health divisions.
- All new public health programs and initiatives that collect information and feedback engage the community before final approval.
- Increase Saint Paul - Ramsey County Public Health visibility as a trusted partner within Ramsey County communities.

STRATEGIC DIRECTION 3: Align and Leverage Resources to Support Priorities

Allocate financial and staff resources to support priorities.

- Determine department priorities annually by November prior to the county's budget and performance measure process.
- Align budget resources to support priorities.
- Increase efficiencies through flexible and coordinated use of staff.

Streamline and coordinate grant process.

- Establish a public health grant resource committee.

STRATEGIC DIRECTION 4: Create Responsive and Intentional Change

Continuously improve services and results.

- Implement a department-wide performance improvement system.
- Increase staff skills in change management.

Intentional use of qualitative and quantitative data.

- Qualitative data resulting from community engagement is used for performance improvement.
- Quantitative and qualitative data is organized and available for use.

DESCRIPTION OF PROCESS

As an important component of planning for the future, Saint Paul - Ramsey County Public Health strives to engage community in authentic, meaningful and inclusive ways. As part of the 2018-2019 Community Health Assessment (CHA) process, public health staff engaged more than 2,100 residents to learn about their personal experiences. Information gathered from these engagements helped to steer priority areas of focus for the next four-year department strategic plan and the Community Health Improvement Plan (CHIP).

Environmental Scan and SWOT Analysis | December 2018

The Department Leadership Team met to review existing data, current conditions and plans, October through December 2018. The Environmental Scan also included engagement with staff, county leadership, and community partners. A full list of information the team reviewed is in Appendix D, including links to the original documents and reports.

The Environmental Scan concluded on December 19, 2018 with the team identifying Strengths, Weaknesses, Opportunities, Threats (SWOT):

STRENGTHS

- Passionate staff
- Lots of staff expertise
- Community partnership
- Committed leadership
- Access to data
- Data collection
- Support from elected officials
- Relationship with MDH, MPCA
- Cross-dept partnership / relationship
- Geography (travel, cover grounds)
- Community diversity
- Good reputation
- Flexibility in innovation
- Stable funding

OPPORTUNITIES

- Leadership understanding and support
- Partner and coordinate with service team
- Enhance relationship with labor management
- Department pilot projects with state agencies
- Letting community drive decision-making
- Letting go control
- Continue to be innovative in how we invest in community
- Measured risk opportunities
- Willingness to acknowledge & address disparities
- Advocacy opportunities to shape policy
- Livelier conversations
- Shift strategically
- Talent, Attraction, Retention & Promotion (TARP)

WEAKNESSES

- Data management and coordination
- Leveraging and managing passionate staff
- Finding unity amidst change/growth
- Still operate in silos
- Multiple locations for staff
- Information sharing
- Communication
- Collaboration
- Challenge to effectively manage change
- Behind in use of technology
- Suffer from constraints from other depts.
- Rigidity around job classification and mobility
- Limited budget flexibility
- Overprocess/think
- Not being strategic – all things to all people

THREATS

- Inconsistent succession planning
- Institutional knowledge, retirements
- Documenting (electronically) history of decision-making and procedures
- Healthcare orgs work that overlaps with PH scope
- Prevention: Lack of strategy to respond
- Institutional inertia
- Losing sight of our mission
- Limited resources
- Databases used by partners
- Political shift to funding
- Frontline staff not understanding system as a whole (RBA, budget, etc)
- Fear of change
- Ineffective communication

Facilitated Sessions

The Strategic Planning Team participated in three 4 to 6 hour sessions in January 2019. During these facilitated sessions, the team developed consensus-based Vision, Underlying Contradictions, Strategic Directions, and discussed initial implementation and roles.

Visioning | January 2, 2019

The Strategic Planning Team participated in a facilitated session to answer the question, “What do we want to see in place in 2022 as a result of our actions?” The answers to these questions together shape a vision for our department’s future.

- Accountable for advancing racial and health equity
- Communities are the experts
- Coordinated planning and action across county systems
- Shared organizational culture
- Consistent strategic communication
- Clear identity and role
- People-centered public service
- Broadening our definition of data (use, collection, sharing)
- Leveraging financial resources

Underlying contradictions | January 4, 2019

The Strategic Planning Team participated in a facilitated session to answer the question, “What is blocking us from moving toward our vision?”

- Organizational inconsistencies inhibit direction on communication and collaboration
- Denial of white supremacy is rooted in fear and blocks us from achieving racial equity, treating communities as expert, and being truly people-centered
- Multiple and fragmented identities inhibit our internal and external relationships and our public health work
- Fear and deeply established practices prevent us from pursuing change
- ‘Silo’ed and undervalued data inhibits effective continuous improvement and accountability
- Uncoordinated funding processes limit our flexibility to expand services

Strategic directions | January 4 and 15, 2019

This session was distributed across two meeting days. The team answered the question, “What innovative, substantial actions will deal with the underlying contradictions and move us toward our vision?” Strategic directions and draft objective language were initially developed here, then shared and revised through a series of community and county board engagement:

- Take Action to Advance Racial and Health Equity
 - Hire and invest in diverse workforce
 - Support staff to develop and apply racial equity skills
- Partner to Champion Prevention Across the Lifespan
 - Align our work with community (community engagement, cross-functional teams, community-based plans and initiatives)
 - Define who we are (strengthening a shared understanding, internally and externally, of public health’s role)
- Align and Leverage Resources to Support Priorities
 - Allocate financial resources to align with functional priorities (levy/grant dollars, prioritize funding that reduces racial and health disparities)
 - Prioritize and coordinating grants (ensure grant applications align with strategic priorities; commit to coordinated grant management)
- Create Responsive and Intentional Change
 - Coordinate our work through change management and continuous improvement
 - Value and share data (broaden use of community engagement insights into “data” practices; utilize sharing tools such as data portal)

COMMUNITY AND BOARD RE-ENGAGEMENT

Public health staff engaged community residents, elected officials, staff leaders across the county system, and colleagues within the department throughout the entire strategic planning process. Initial community engagement occurred October through December 2018, followed by re-engagement to validate the strategic planning framework the following Spring. Several elements of the strategic plan were updated as a result of the community and board re-engagement.

February through April 2019, public health staff met with community leaders and county board members to receive feedback on the draft strategic directions and objectives. During May and June, public health supervisors and staff gave input to strategic framework via listening session, all staff discussion, and online input. These engagement meetings asked participants, “What do you feel are the top one or two most critical health-related issues facing the people of Ramsey County?” as well as asking them to respond to the draft strategic framework. Detailed summaries of the following community engagement activities are included in Appendix E.

Initial Stakeholder Engagement | October - November 2018

More than 20 of Ramsey County's Executive and Senior leadership staff took time to speak with members of Public Health's Department Leadership Team during October and November 2018. These meetings asked them to reflect on their respective department or program's relationship with Public Health and how to continue or start collaborative work together. These leaders were also asked to name the top one or two most critical public health issues in Ramsey County from the perspective of their programs and the residents they serve. Mental health, homelessness, opioids were the topics most frequently mentioned by this group.

Community Re-engagement | March - April 2019

Public health staff facilitated or attended 19 meetings with 78 community leaders to engage their input on the draft strategic framework. Meetings included: Hmong Health Care Community Partnership; Frog Town Reconciliation; Saint Paul Indians in Action; American Indian Family Center (staff); CLUES; District 1 community staff and Executive Director; Fairview-HealthEast culture brokers; and individuals sharing their lived experience. Meetings focused on asking community residents and partner organizations to react to the draft framework and share whether they support the strategic directions and statements.

Board Engagement | April 2019

Strategic Planning Team members engaged county board members about priority health concerns facing county residents and to provide input to the draft strategic framework. Board members provided feedback praising the public health department's work in local communities. Discussions also resulted in a few minor wording changes for clarity and refinement of strategic directions. As a result of community and board engagement, *Partner with Others to Lead Prevention* became *Partner to Champion Prevention Across the Lifespan*.

A Board Workshop was also held on July 23, 2019 at which the Board engaged in discussion regarding the department's strategic themes and goal areas.

Staff and Supervisors Engagement | May - June 2019

Department staff were engaged in an all-staff meeting discussion on May 29, 2019, followed by an opportunity to comment on the draft strategic framework via webform. Supervisors met separately to provide input, answering the same discussion questions.

Public Health Staff Survey | November - December 2019

About one half of all public health staff participated with the staff survey, 138 individuals. Respondents gave opinions about which health topics should be top priority in Public Health's work. The open-ended portion of the survey asked staff to provide insight about what work Public Health is currently doing, as well as suggestions for future work and community collaboration.

Connections: Strategic Plan and Community Health Improvement Plan

This Strategic Plan represents How Saint Paul – Ramsey County Public Health is committed to conducting its business over the next four years, and the Community Health Improvement Plan (CHIP) represents *what* priority work has emerged through community resident, partner, and board insights. During this strategic planning cycle, community engagement focused dually on the How and What, emerging with both Strategic and CHIP priorities as a result.

STRATEGIC DIRECTIONS

- Take Action to Advance Racial and Health Equity
- Partner to Champion Prevention Across the Lifespan
- Align and Leverage Resources to Support Priorities
- Create Responsive and Intentional Change

CHIP PRIORITIES

- Healthy Eating, Active Living, and Tobacco-Free Living
- Access to Health Care Services
- Mental Health and Wellbeing
- Violence Prevention
- Climate Change
- Homelessness and Housing Instability
- Opioid misuse and overdose

These new strategic directions are reflected across all areas of Public Health’s work. Strategic Directions one and two – Take Action to Advance Racial and Health Equity and Partner to Champion Prevention Across the Lifespan – each appear in the seven CHIP Priorities. Strategic Directions three and four – Align and Leverage Resources to Support Priorities and Create Responsive and Intentional Change – each focus on operational changes that will improve the connection between priorities and budgeting; coordination of grant funding applications and processes; more comprehensive and meaningful performance evaluation; and coordinated data creation, sharing.

NEXT STEPS AND IMPLEMENTATION PLAN

Much of the work outlined in this plan aligned with existing workgroups, which then took ownership of their respective areas of the Strategic Plan. Implementation of the Strategic Plan began with workgroup meetings in 2019, where each group refined and integrated strategic plan objectives, measures, and strategies into their existing workplans. Program activities and implementation will continue 2020 through 2022. Implementation workgroups are listed in Appendix B, by assigned goal or objective. A list of measurable objectives, owners, and target completion is included in Appendix C.

Strategic Planning Team will host a combined meeting with all implementation workgroups twice annually, during Spring and Fall seasons, beginning Spring 2020.

APPENDICES

APPENDIX A

Saint Paul - Ramsey County Public Health Organizational Chart

APPENDIX B

Strategic Planning Team Members and Implementation Workgroups

APPENDIX C

Implementation Ownership, Plan Objectives, Timelines and Responsibilities

APPENDIX D

Environmental Scan

APPENDIX E

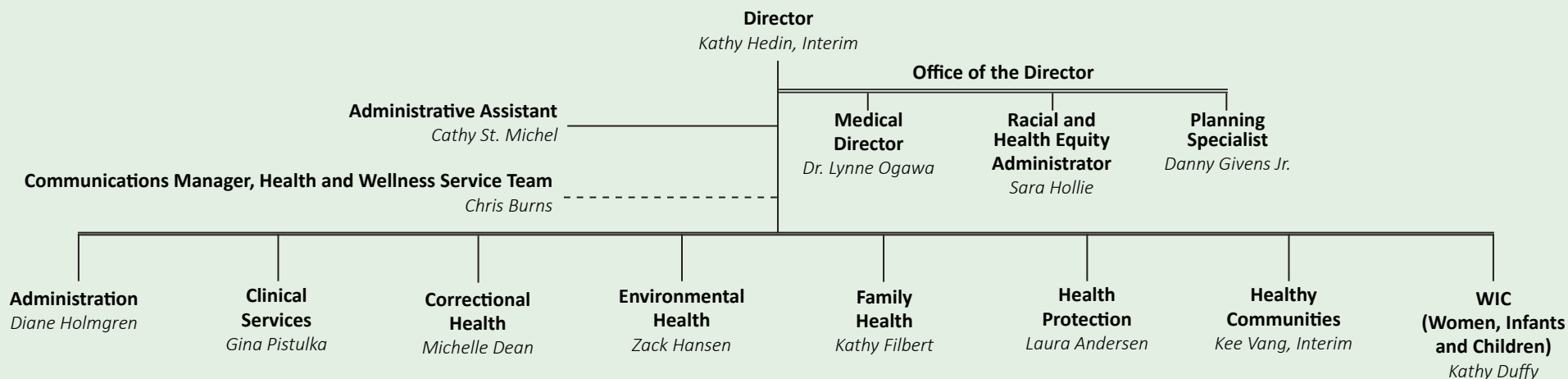
Community Engagement

APPENDIX A

Saint Paul - Ramsey County Public Health Organizational Chart

Saint Paul - Ramsey County Public Health

H E A L T H A N D W E L L N E S S S E R V I C E T E A M



Administration

Birth, Death and other Vital Records; Human Resources; Budgeting, Accounting, Procurement, and Payroll Services; Facilities Management; Information Services Technical Support & Coordination; Health Information Systems and Privacy Compliance; Employee Health and Safety; Health Laboratory; HouseCalls; Community Health Assessment, Data Analysis, Planning and Evaluation.

Clinical Services

Sexual Health, Tuberculosis, and Immunization Services; Perinatal Hepatitis B Prevention; Refugee Screening.

Correctional Health

Services provided to incarcerated individuals at the Ramsey County Correctional Facility (RCCF), Juvenile Detention Center (JDC), Boys Totem Town (BTT) and the Adult Detention Center (ADC).

Environmental Health

Resource Recovery Project management; Policy development, evaluation, and planning of Waste Reduction, Recycling, and Solid and Hazardous Waste issues; Education, promotion and assistance to households and businesses on environmental health issues; Delegated MDH licensing and inspections of Food and Lodging, Manufactured Home Parks, Public Swimming Pools, Radon Detection, Public Health Nuisance Control; Solid and Hazardous Waste Compliance: Solid Waste Haulers and Hazardous Waste Generators.

Family Health

Targeted Home Visiting Services for Pregnant and Parenting Families At-Risk, including Refugees and Immigrants, Teen Parents, and Children with Special Health Care Needs; Assessment and Case Management for Teen Parents on Minnesota Family Investment Program (MFIP); Childhood Asthma Management; Childhood Lead Poisoning Prevention; Early Intervention for children birth to five. The Community Outreach team collaborates with Ramsey County residents and stakeholders in activities aimed at reducing health disparities including improving birth outcomes through the Birth Equity Community Council (BECC), Club Mom and Club Dad.

Health Protection

Public Health Emergency Response Planning, Training and Recovery Capabilities; Medical Reserve Corps Management; Communicable Disease Surveillance, Investigation and Control.

Healthy Communities

Chronic Disease Prevention (Statewide Health Improvement Partnership – SHIP); Child and Teen Checkups Outreach; Family and Community Violence Prevention; Adolescent Health Promotion/Teen Pregnancy Prevention; Hmong Community Health Promotion; Healthy Aging; Mental Wellbeing and Health Equity; SOS Sexual Violence Services.

WIC (Women, Infants and Children)

Nutrition Assessment and Education; Basic Health Screenings; Referrals and Vouchers for supplemental nutritious foods for pregnant and breastfeeding women, women who have recently given birth, infants and children up to age five.

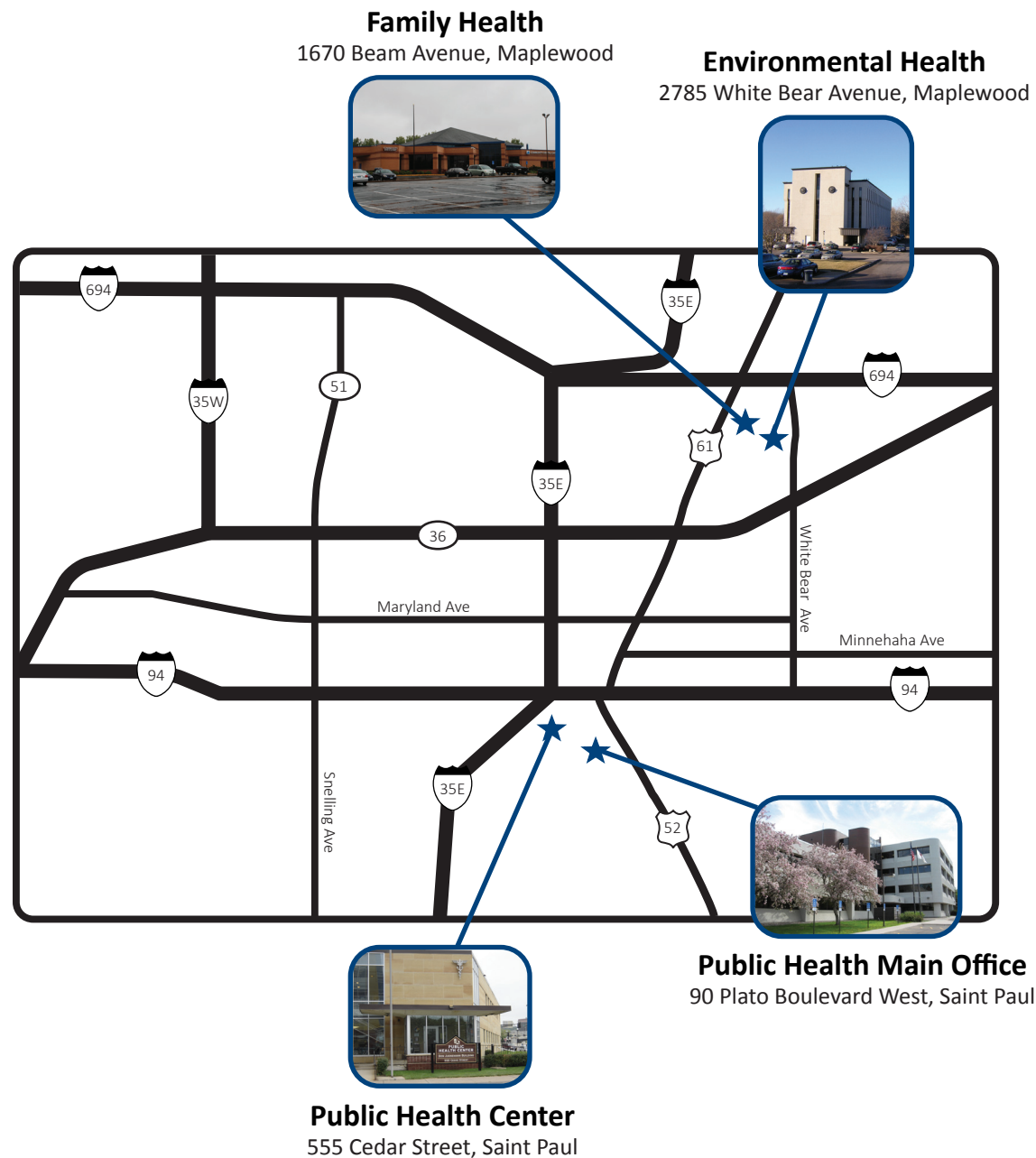
January 2020

Public Health Offices

- **Public Health Main Office**
90 Plato Boulevard West, Suite 200, Saint Paul
- **Public Health Center**
555 Cedar Street, Saint Paul
- **Environmental Health**
2785 White Bear Avenue, Maplewood
- **Family Health**
1670 Beam Avenue, Suite 101, Maplewood

Community Services Sites

- 6 WIC Clinics
- 8 Yard Waste & Household Hazardous Waste Collection Sites
- 4 Correctional Health Sites
- Our staff work in a variety of other settings out in the community:
 - with individuals in their homes,
 - at businesses,
 - at schools,
 - community health clinics,
 - social service agencies, and other government agency sites.



APPENDIX B

Strategic Planning Team Members and Implementation Workgroups

Implementation of this strategic plan requires collaboration across community relationships and public health staff divisions. Below is a summary of the teams and workgroups with assigned responsibilities to put the plan into action. Internal and external websites are listed when available.

Strategic Planning Team

Purpose: *Create and implement the department's strategic plan*

Meetings: Bi-annually, Spring and Fall

Information Page: <https://ramseynet.us/phstrategicplanning>

Members:

Laura Andersen – Health Protection, DLT
Cheryl Armstrong - Administration
Christopher Burns – Communications, DLT
Michelle Dean – Correctional Health, DLT
Kathy Duffy – Women, Infants and Children, DLT
Kathy Filbert – Family Health, DLT
Rachel Frank – Environmental Health
Danny Givens Jr. – Office of the Director, DLT
Carissa Glatt – Healthy Communities
Tommi Godwin (coordinator) – Administration
MaryBeth Grimm – Health Protection
Zack Hansen – Environmental Health, DLT
Kathy Hedin – Public Health Director (Interim), DLT
Sara Hollie – Office of the Director, DLT
Diane Holmgren – Administration, DLT
Pamela Mangine – Correctional Health
Marsha Nelson – Correctional Health
Dr. Lynne Ogawa – Office of the Director, DLT
Gina Pistulka – Clinical Services, DLT
Tamiko Ralston – Family Health
Kee Vang – Healthy Communities, DLT
Jessie Saavedra – Clinical Services
SuzAnn Stenso-Velo – Administration
Adrienne Thayer – Clinical Services
Rolando Vera – Healthy Communities

Department Leadership Team (DLT)

Purpose: *Coordinate leadership decisions and steering across public health divisions*

Goals Assigned: 2.1, 2.2, 3.1, 3.2

Meetings: Bi-Monthly, 1st and 3rd Wednesdays; 8:30-10:30 a.m.

Members:

Laura Andersen – Health Protection
Christopher Burns – Communications
Michelle Dean – Correctional Health
Kathy Duffy – Women, Infants and Children
Kathy Filbert – Family Health

Zack Hansen – Environmental Health
Kathy Hedin – Public Health Director (Interim)
Sara Hollie – Racial Equity Administrator
Diane Holmgren – Administration
Dr. Lynne Ogawa – Medical Director
Gina Pistulka – Clinical Services
Kee Vang – Healthy Communities (Interim)

Racial and Health Equity Leadership Team (RHELT)

Purpose: Advance racial and health equity in the department by providing guidance in the planning, implementation, and integration of racial and health equity work with the goal of decreasing racial and health disparities in Ramsey County.

Goals Assigned: 1.2, 1.3, 2.2

Meetings: Monthly, 3rd Thursdays; 10:00 a.m. – 12:00 p.m.

Information Page: <https://ramseynet.us/service-teams-departments/health-and-wellness/public-health/department-info/health-equity>

Members:

Anna Brauch, Women Infants and Children (WIC)
Bisi Burks, Correctional Health
Jennifer Carpenter, Family Health
Michelle Dean, Correctional Health
Kathy Duffy, Women Infants and Children (WIC)
Alla Hassan, SOS Sexual Violence Services
Mary Hernandez, Family Health
Sara Hollie, Racial Equity Administrator
Maita Lee, Women Infants and Children (WIC)
Sue Mitchell, Planning and Performance Improvement Team
Nora Moore, Health Protection
Marsha Nelson, Correctional Health
Lynne Ogawa, Medical Director
Jessie Saavedra, Clinical Services
Daniel Schmidt, Environmental Health
Hibat Sharif, Child and Teen Check-ups
Mao Thao, Healthy Communities
Kari Umanzor (coordinator), Healthy Communities

Workforce Development Team (WDT)

Purpose: Increase efforts to attract, recruit and retain a prepared, diverse and sustainable Saint Paul - Ramsey County Public Health Workforce; coordinate staff training and core competencies

Goals Assigned: 1.1, 1.2, 1.3, 2.2, 3.1, 4.1

Meetings: Monthly, 2nd Wednesdays; 2-4:00 p.m.

Information Page: <https://ramseynet.us/service-teams-departments/health-and-wellness/public-health/department-info/workforce-development>

Members:

Joseph Adamji, Kitty Anderson Youth Science Center/ Community Representative
Laura Andersen, Health Protection
Cheryl Armstrong, Planning and Performance Improvement Team

Kathy Duffy, Women Infants and Children (WIC)
Kathy Filbert, Family Health
Carissa Glatt (coordinator), Healthy Communities
Sara Hollie, Racial Equity Administrator
Diane Holmgren, Administration
Filsan Ibrahim, Environmental Health
Ashley Storm, Correctional Health
Kari Umanzor, Healthy Communities
Kurt Zilley, Child and Teen Check-ups

Performance Improvement Leadership Team (PILT)

Purpose: Create and sustain a dynamic infrastructure that drives organizational performance, ensures intentional and data-driven decision making, and builds a culture of accountability, inclusiveness and improvement

Goal Assigned: 4.1

Meetings: Monthly, 3rd Mondays; 10:30 a.m. – 12:30 p.m.

Members:

Laura Andersen, Health Protection
Cheryl Armstrong (coordinator), Planning and Performance Improvement Team
Julie Arndt, Women Infants and Children (WIC)
Franny Clary-Leiferman, Healthy Communities
Diane Holmgren, Administration
Amy Lytton, Family Health
Pamela Mangine, Correctional Health
Leo Moreno, Environmental Health
Gina Pistulka, Clinical Services
Carolina Ramirez, Health Protection

Planning and Performance Improvement Team (PPIT)

Purpose: Staff unit within the Public Health Administration division, serving as internal technical assistance for data analysis, assessment, planning and evaluation. Lead/coordinator for: PHAB Accreditation, Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), Department Strategic Plan, Workforce Development Plan, Quality Improvement/Performance Improvement Plan

Goals Assigned: 4.1, 4.2

Meetings: Monthly, 2nd Thursdays; 1:30 – 3:00 p.m.

Members:

Cheryl Armstrong
Tommi Godwin (supervisor)
Sue Mitchell
SuzAnn Stenso-Velo

Community Compensation Steering Committee (CCST)

Purpose: Develop a structure to support consistent compensation for community members who join us as partners to move our Public Health work forward.

Goal Assigned: 2.2

Meetings: Quarterly

Members:

Cheryl Armstrong – Administration
Kathy Filbert – Family Health
Carissa Glatt – Healthy Communities
Tommi Godwin – Administration
Danny Givens – Healthy Communities
Kathy Hedin – Interim Director
Sara Hollie – Racial & Health Equity Administrator
Diane Holmgren – Administration
Rachel Frank – Environmental Health
Kim Klose – Healthy Communities
Marea Perry – Community Member
Gina Pistulka – Clinical Services
Dan Rahkola – Administration
Tamiko Ralston – Family Health
Darlene Simmons – Healthy Communities
Eugene Nichols – Community Member
Kari Umanzor – Healthy Communities
Kee Vang – Healthy Communities
Grit Youngquist – Healthy Communities

Community Compensation Core Team (CCCT)

Purpose: *Working group to develop recommendations for policy and procedures that support consistent community compensation.*

Goal Assigned: 2.2

Meetings: Monthly

Members:

Cheryl Armstrong – Administration
Lisa Behr – Clinical Services
Mary Elizabeth Berglund – Environmental Health
Carissa Glatt – Healthy Communities
Sara Hollie – Racial & Health Equity Administrator
Diane Holmgren – Administration
Kim Klose – Healthy Communities
Pa Houa Lee – Administration
Marsha Milgrom – Family Health
Eugene Nichols – Community Member
Marea Perry – Community Member
Dan Rahkola – Administration
Bavong Thao – Administration
Renee Vought – Ramsey County Finance

APPENDIX C

Implementation Ownership, Measures and Timeline

Appendix C				
Saint Paul - Ramsey County Public Health 2019 - 2022 Strategic Plan Objectives, Timelines and Responsibilities				
Goal	Objective	Measure	Complete by	Lead
Strategic Direction 1 - Take Action to Advance Racial and Health Equity				
1.1 Invest in a workforce that reflects the communities we serve	1.1.1 Increase diversity of staff and managers	32 percent of full-time public health staff and managers who identify as American Indian, African American, or people of color ≥ percent of community in their respective cultural groups	6/30/2022	WDT
1.2 Increase staff capacity to apply a racial and health equity lens in their work	1.2.1 Increase number of divisions with plans for using IDI results	≥ 95% of SPRCPH permanent employees will complete the IDI training including the post-test individual conference	6/30/2020	RHELT, WDT
1.2 Increase staff capacity to apply a racial and health equity lens in their work	1.2.2 Increase knowledge among public health employees about how to apply a racial and health equity lens to their work	Increase public health employee knowledge by 25% about how to use a racial and health equity approach in their job	4/1/2023	RHELT, WDT
1.3 Eliminate racial bias from policies and procedures	1.3.1 Create a work environment where staff feel safe, supported and free from discrimination	100 % of public health divisions have identified and trained at least one racial and health equity ambassador to host safe space for racial and health equity topics.	12/31/2021	RHELT
1.3 Eliminate racial bias from policies and procedures	1.3.1 Create a work environment where staff feel safe, supported and free from discrimination	Assess staff for job satisfaction, morale, and supportive workplace factors	6/30/2020	WDT
1.3 Eliminate racial bias from policies and procedures	1.3.1 Create a work environment where staff feel safe, supported and free from discrimination	Explore options around the creation of staff support programs (e.g., affinity groups, "Employee Resource Groups," professional coaching / mentorships) per the needs of staff	12/31/2020	WDT
1.3 Eliminate racial bias from policies and procedures	1.3.1 Create a work environment where staff feel safe, supported and free from discrimination	Create plan for enhancing the supportive workplace culture at SPRCPH, including an acknowledgement of trauma and recognition of resiliency among staff and community members	9/30/2020	WDT
1.3 Eliminate racial bias from policies and procedures	1.3.2 Increase the use of a racial and health equity component in employee performance appraisals	Include language around racial equity and metrics within performance appraisals of public health staff.	9/30/2020	WDT
1.3 Eliminate racial bias from policies and procedures	1.3.3 Increase the use of racial and health equity analysis in department policies	Create/identify training module on deconstructing policies and procedures (i.e., how to review and examine existing and proposed new policies/procedures in order to expose any bias, inconsistent application, or unintended harm they may cause) with a racial equity lens	6/30/2020	WDT, RHELT
1.3 Eliminate racial bias from policies and procedures	1.3.3 Increase the use of racial and health equity analysis in department policies	Conduct pilot training for staff in deconstructing policies and procedures with a racial equity lens.	6/30/2020	WDT
1.3 Eliminate racial bias from policies and procedures	1.3.4 Increase the use of racial and health equity analysis in public health division budgets	100% of public health division budgets include a racial & health equity analysis	6/30/2022	RHELT
Strategic Direction 2 - Partner to Champion Prevention Across the Lifespan				
2.1 Public health staff establish identity as prevention strategists	2.1.1 Increase staff knowledge of shared identity in prevention focus ("prevention strategist")	≥ 75% staff can answer the question, "What is Public Health?"	3/31/2021	DLT

2.2 Increase community engagement through shared leadership, power and decision-making	2.2.1 Implement shared framework for community engagement across all public health divisions	≥ 50% of public health staff trained on what “authentic community engagement” is and is not, what it means to “share power,” and how to gather and analyze qualitative data	9/30/2021	WDT, RHELT
2.2 Increase community engagement through shared leadership, power and decision-making	2.2.2 Develop and implement a policy for fairly compensating community members who contribute time, expertise, talent to support county business	A community compensation policy has been developed and piloted with at least two projects	12/31/2021	DLT; CCST & CCCT
Strategic Direction 3 - Align and Leverage Resources to Support Priorities				
3.1 Allocate financial and staff resources to support priorities	3.1.1 Determine department priorities every two years by November	Establish criteria for prioritization, create priority list of high to low, high/med/low groupings	11/1/2020	DLT
3.1 Allocate financial and staff resources to support priorities	3.1.1 Determine department priorities every two years by November	Apply budget resources to reflect priorities, including lower priority services getting reduced resources	Annually, Q1	DLT
3.1 Allocate financial and staff resources to support priorities	3.1.2 Align resources to support updated priorities as a component of budget process	100% of public health division budgets include a racial & health equity analysis	6/30/2022	DLT
3.1 Allocate financial and staff resources to support priorities	3.1.3 Identify resources to support new/emerging priorities on annual basis	Discuss and assign budget modifications needed to fund emerging priorities (including additional funding sources, grants, collaborations)	Quarterly	DLT
3.1 Allocate financial and staff resources to support priorities	3.1.4 Remove barriers to flexibly utilizing staff	Identify barriers to flexibly utilizing staff resources across divisions	9/30/2020	DLT; WDT
3.2 Streamline and coordinate grant process	3.2.1 Establish public health grant resource committee	Establish and develop charter for grant resource committee	9/30/2020	DLT
3.2 Streamline and coordinate grant process	3.2.2 Develop system to streamline grant applications and ongoing grant management	≥ 2 public health divisions have piloted tools developed by the grant resource committee for developing grant applications	3/31/2021	DLT
Strategic Direction 4 - Create Responsive and Intentional Change				
4.1 Continuously improve services and results	4.1.1 Create and implement performance improvement system	The performance management system is piloted with 3-5 measures using the Results Based Accountability framework	9/30/2020	PILT, PPIT
4.1 Continuously improve services and results	4.1.2 Increase staff skills in change management	≥ 90% of change management training participants report increased skills to navigate organizational change	6/30/2021	WDT, PPIT
4.2 Intentional use of qualitative and quantitative data	4.2.1 Each program area has at least one measurable outcome	≥ 75% of public health programs develop evaluation plan and start measuring data using Results-Based Accountability	12/31/2021	PPIT
4.2 Intentional use of qualitative and quantitative data	4.2.2 Qualitative data resulting from community engagement is used for performance improvement	% Division Managers report using community engagement results to inform decisions during the past 12 months	9/30/2021	PPIT
4.2 Intentional use of qualitative and quantitative data	4.2.3 Quantitative data is efficiently and effectively organized and accessible	≥ 30% of staff at all levels are trained on the 2019 Community Health Assessment and how the data (especially racial equity data) and process relate to their daily work.	12/31/2020	PPIT

APPENDIX D

Environmental Scan

The following represent reports and progress updates as discussed at the time of this process, October through December 2018. Some of the listed information has since been updated.

Existing Data, Plans and Progress

Mandated and Discretionary Budget Document

Required Local Public Health Activities Summary

Summary of Reportable Communicable Disease (2017)

Health Equity Plan – Progress Report 2016-2018

Ramsey County Comprehensive Plan 2040 – Public Health updates

Workforce Development Plan – Status Update, October 1, 2018

Existing Data, Plans and Progress

County Vision, Mission, and Goals

<https://www.ramseycounty.us/your-government/leadership/board-commissioners/vision-mission-and-goals>

Last Department Strategic Plan (through 2018)

Vision, Mission, Values

<https://ramseynet.us/sites/default/files/Health%20and%20Wellness/Public%20Health/Public%20Health%20Info/Mission%2C%20Vision%2C%20Values.pdf>

Plan overview

https://ramseynet.us/sites/default/files/Health%20and%20Wellness/Public%20Health/Public%20Health%20Info/strategic_plan_overview.pdf

County Budget and Performance Indicators

<https://www.ramseycounty.us/sites/default/files/Budget%20and%20Finance/2019%20PERFORMANCE%20MEASURES%20%20SUPPLEMENTAL%20BUDGET%20-%207.18.18%20-%20FOR%20INTERNET.pdf>

Community Health Assessment

<https://www.ramseycounty.us/CHA>

Community Health Improvement Plan

https://www.ramseycounty.us/sites/default/files/Departments/Public%20Health/CHIP_report_rev2_dec2018.pdf

Health Equity Data Analysis

https://www.ramseycounty.us/sites/default/files/Departments/Public%20Health/HEDA_10.12.17.pdf

Health Equity Plan

https://www.ramseycounty.us/sites/default/files/Departments/Public%20Health/2016_2018_health_equity_plan_final.pdf

Quality Improvement Plan

https://www.ramseycounty.us/sites/default/files/Departments/Public%20Health/QI_plan%202014.pdf

Ramsey County Strategic Energy Plan

<https://ramseynet.us/sites/default/files/County%20Governance/County%20Committees/Strategic%20Energy%20Plan.pdf>

Ramsey County Solid Waste Management Plan

<https://www.ramseycounty.us/sites/default/files/Recycling%20and%20Waste/Solid%20Waste%20Management%20Master%20Plan%20Final%202018-2038.pdf>

Ramsey County Comprehensive Plan

<https://www.ramseycounty.us/your-government/projects-initiatives/comprehensive-plan>

Workforce Development Plan

https://www.ramseycounty.us/sites/default/files/Departments/Public%20Health/workforce_development_plan_overview.pdf

Ramsey County Climate Change Vulnerability Assessment

https://www.ramseycounty.us/sites/default/files/Government/Leadership/Advisory%20Groups/Community%20Health%20Services%20Advisory%20Committee/CCVA_Official_Z23.pdf

Talent, Attraction, Retention, Promotion (TARP)

<https://www.ramseycounty.us/your-government/projects-initiatives/strategic-priorities/talent-attraction-retention-and-promotion>

PROGRAM / SERVICE ALLOCATION DATA

Program/Service	Mand./ Discr.	
Administration		
Departmental Administration	M/D	
HouseCalls	D	
Laboratory	D/M	
Birth, Death & Vital Records	M	
Environmental Health		
Solid & Hazardous Waste Regulation	M	
Lead Based Paint Inspection	M	
Solid & Hazardous Waste Regulation	M/D	
Resource Recovery Project	M/D	
Community Sanitation	D/M	
Solid & Hazardous Waste Regulation	D/M	
Lead/Healthy Homes	D	
Contribution to Fund Balance	D	
Health Protection		
Epi	M/D	
PHEP Grant	M/D	
Healthy Communities		
SHIP	D/M	
C&TC	D/M	
Adolescent Health	D	
Aging Initiative	D	
Healthy Teen Initiative Grant	D/M	
Violence Prevention, Mental Health	D	
Community Engagement	D	
Hmong Health	D	
Healthy Families		
Maternal Child Health Grant	M/D	
Child & Teen Check-up	D/M	
Home Visiting/Comm Outreach/Family Wellnes:	D	
Nurse Family Partnership Grant	D/M	
MIECHV Grant	D/M	
MFIP Teen Parent	D/M	
HFA	D/M	
Preventive Health Services		
Sexual Health	D/M	
Disease Investigation & Control	M/D	
Sexual Offense Services	D/M	
TB Control	M/D	
Immunization Clinics	D/M	
Immuniz Practices Improvement	M/D	
Hepatitis B	M/D	
Refugee Health	M/D	
Correctional Health	M/D	
Uncompensated Care		
Regions Subsidy	D	
Community Clinics/Block Nurse	D	
Supplemental Food (WIC)		
WIC Grant	D/M	
Peer Grant	D/M	

MDH – Required Local Public Health Activities

1. Assure an Adequate Local Public Health Infrastructure

- Maintain a local governance structure for PH with community health board ...
- At least every 5 years conduct a comprehensive assessment of the health of the jurisdiction's population and the broad range of factors that impact health
- At least every five years, develop a community health improvement plan
- Implement, monitor and revise as needed the strategies in the CHIP
- Seek resources for community health issues based on data and/or community priorities
- Maintain a performance mgmt. system
- Develop and maintain a competent workforce

2. Promote Health Communities and Healthy Behaviors

- Maintain an awareness of emerging issues and data trends
- At least annually inform policy makers and other stakeholders of emerging issues and data trends in the jurisdiction (including health inequities), and potential policies or strategies
- Identify and Address factions that contribute to health inequities
- Implement population-based health promotion strategies
- Contribute to local discussions concerning public policy and its impact on health

3. Protect Against Environmental Health Hazards

- Include environmental health in the community health board's comprehensive community health assessment
- Monitor significant and emerging environmental threats to human health; minimally: blood lead surveillance; food, water and vector-borne illness; safety of food, pools and lodging; safety of drinking water sources and systems; air quality alerts; and extreme heat or cold events
- Identify and implement strategies to address environmental threats to human health as needed
- At least annually, inform policy makers of the environmental threats to human health
- Coordinate with others to provide the public with information on how to protect their health from or reduce exposure to enviro threats
- Comply with state statues for removal and abatement of public health nuisances
- Follow the childhood Blood Lead Case Mgmt Guidelines for MN
- Maintain relationships and regular communication with federal, state, tribal and local agencies with regulatory authority and/or provide EH services in the jurisdiction

4. Prepare and Respond to Emergencies

- Conduct or participate in assessments
- Develop, exercise and maintain preparedness and response strategies and plans
- Respond and support recovery efforts
- Develop and maintain a system of public health workforce readiness, deployment and response
- Provide timely, accurate and appropriate information to elected officials, the public, the media, and community partners in the event of a PH emergency
- Enforce emergency health orders
- Establish and maintain relationships and regular communication

5. Assure Health Services

- Lead or participate in a collaborative process to assess the availability of healthcare services at least once every five years
- Inform policy makers and other stakeholders about gaps and potential strategies to address
- Lead or participate in collaborative efforts to identify and implement strategies to increase access to healthcare services

6. Prevent the Spread of Communicable Diseases

- Disease Surveillance / Data Collection
 - Promote provider compliance with ID reporting
 - Share surveillance data with providers annually
 - Assess immunization coverage levels and share with schools, policy makers, providers...
 - Assess adherence to immuniz practice standards
 - Assess health need to population living in the LPH/CHB jurisdiction related to ID
 - Review current DP&C literature
 - Collaborate on special studies
 - Review the EH program activities related to food and waterborne and other ID with environmental etiology, communicate surveillance to MDH.
- Disease Prevention
 - Maintain MDH and CDC ID recommendations and protocols
 - Develop and implement screening and referral strategies for high-risk groups when indicated and clinically appropriate
 - Assure vaccines for immunizations are available, viable and properly administered
 - Establish and manage public immunization clinics, as needed, based on population-based assessment data
 - Maintain and provide consumer education information - local community ed programs, resources for people infected with STI/HIV, ID, receive and forward health alert info
 - Collaborate regional on ID prevention – ID staff that need training, LPH in a region will exchange info; maintain contact with immuniz registry, assure immuniz responsibilities are maintained
 - Follow the Health Alert Network operational guidelines from MDH
- Disease Control
 - Assist or conduct ID investigations
 - In outbreak situation conduct mass or targeted immuniz clinics
 - Proactively implement local disease control programs as indicated from local surveillance
 - Work with local emerg mgmt. agencies to develop local Emerg Mgmt Plan
 - Maintain provisions for 24/7 emerg access to epi and EH PH resources for rapid detection, investigation and containment/mitigation of PH problems and EH hazards.
- Tuberculosis
 - Designate staff to perform TB control responsibilities
 - Assess health needs of populations in LPH/CHB jurisdiction to assure immigrants and refugees have appropriate TB eval and follow-up
 - Assure 100% of persons with TB complete TB treatment by providing nurse case mgmt. and DOT, etc.
 - Conduct investigations on infectious TB clients in LPH/CHB jurisdiction and report results to MDH, notify others, evaluate and follow-up
- Designate Staff Roles for all Disease Prevention& Control Activities
 - Assign a staff person responsibility of assuring all ID surveillance, prevention and control activities in the DP&C Common Framework are being performed.
 - Assure local staff is responsible for disease surveillance activities, reporting, response to inquiries and reporting of cases to MDH
 - Designate staff within LPH/CHB to assure ID responsibilities for TB, STI/HIV, vaccine-preventable surveillance, refugee health, flu, Immunization Practices Improvement (IPI), foodborne/vector borne disease, perinatal hepatitis B, other disease as necessary

Reportable disease data, vaccine preventable

DISEASE/CONDITION	Min # of case reports in 1 yr (2012-2016)	Max # of case reports in 1 yr (2012-2016)	Ramsey MN (2017)	Metro MN ** (2017)	State (2017)
HEPATITIS A	-	5	5	24	30
HEPATITIS B	1	4	8	18	23
MEASLES	-	-	3	69	75
MUMPS	-	3	4	56	72
PERTUSSIS	32	234	38	381	731
TETANUS	-	5	1	1	1
VARICELLA	1	52	33	297	432

Reportable disease data: sexually transmitted

DISEASE/CONDITION	Min # of case reports in 1 yr (2012-2016)	Max # of case reports in 1 yr (2012-2016)	Ramsey MN (2017)	Metro MN ** (2017)	State (2017)
AIDS	17	31	24	116	144
HIV (non-AIDS)	26	41	38	176	217
CHLAMYDIA	2,696	3,097	3,356	15,647	23,528
GONORRHEA	582	902	1,184	5,102	6,519
SYPHILIS (Total)	67	119	129	726	934
Syphilis, Congenital	-	2	-	2	2
Syphilis, Early Latent	17	39	41	256	313
Syphilis, Late Latent	22	44	56	240	327
Syphilis, Primary	4	21	12	109	137

Reportable disease data: vector-borne (mosquito and tick*)

DISEASE/CONDITION	Min # of case reports in 1 yr (2012-2016)	Max # of case reports in 1 yr (2012-2016)	Ramsey MN (2017)	Metro MN ** (2017)	State (2017)
HUMAN ANAPLASMOSIS	21	39	21	116	638
BABESIOSIS	1	6	3	10	59
LYME DISEASE	75	111	132	672	1,408
ROCKY MOUNTAIN SPOTTED FEVER*	-	3	2	7	13
TULAREMIA	-	-	-	4	6
MALARIA*	4	12	6	52	67
CHIKUNGUNYA*	1	7	1	4	4
DENGUE*	-	4	3	10	11
WEST NILE VIRUS	-	4	2	10	30
ZIKA VIRUS*	4	4	-	8	11

*often associated with travel

3

Reportable disease data: food and water borne*

DISEASE/CONDITION	Min # of case reports in 1 yr (2012-2016)	Max # of case reports in 1 yr (2012-2016)	Ramsey MN (2017)	Metro MN ** (2017)	State (2017)
CAMPYLOBACTER	66	83	82	465	1,049
CRYPTOSPORIDIUM	9	19	11	99	481
CYCLOSPORA	-	2	1	8	23
ESCHERICHIA COLI ("e coli")	15	24	18	138	330
GIARDIA	120	155	58	286	643
LEGIONELLOSIS	4	12	18	64	98
LISTERIA	-	2	4	7	14
SALMONELLA (INCLUDING TYPHI)	83	110	100	482	916
SHIGELLA	15	122	19	68	86

*often associated with fecal contamination

4

Reportable disease data: airborne, no vaccine available

DISEASE/CONDITION	Min # of case reports in 1 yr (2012-2016)	Max # of case reports in 1 yr (2012-2016)	Ramsey MN (2017)	Metro MN ** (2017)	State (2017)
TUBERCULOSIS	26	40	38	130	178

Health Equity Plan 2016 – 2018 Progress Report Summary

SAINT PAUL – RAMSEY COUNTY PUBLIC HEALTH

Purpose

The vision “A vibrant community where all are valued and thrive,” and mission, “A county of excellence working with you to enhance our quality of life,” sets the foundation for equitable progress and opportunity.

The Saint Paul – Ramsey County Public Health (SPRCPH) Strategic Plan includes a goal of “Advancing health equity, the attainment of the highest level of health possible, for people of all ages and backgrounds in Ramsey County.” The purpose of the Health Equity Plan is to provide a framework including context, guidance, and resources for SPRCPH to advance health equity.

Using an equity lens in applying SPRCPH policies, services and programs will advance health equity in Ramsey County. According to the Equity and Inclusion Lens Handbook (2015), it is important to ask several questions when using an equity lens to evaluate the Department’s work:

Who is not included in the work you do?
What could contribute to this exclusion?
What are you already doing to promote inclusion?
What can you do differently to ensure inclusion?

Key Findings - Goals and Outcomes

- Health Plan 2016 – 2018 /Staff Roles and Responsibilities Checklist is process orientated approach. This is a continuum process of changing the culture environment.
- Identify staff training opportunities and staff development needs by providing the Intercultural Development Inventory (IDI) phase one to WIC and Family Health Staff provided by BlueCross BlueShield in April, May, July of 2017. In 2018, phase two of providing all Public Health staff with the IDI.
- The All Staff Meeting has had a focus on advancing health equity for staff to understand how health equity fits within social determinants of health; with pre- and post-survey staff knowledge, speakers on historical trauma, and performers from Pillsbury Theater and Blackout.
- Communicate HE progress/updates between HELT and each division by the launch of the Health Equity Webpage on Ramsey Net and moving the Health Equity Toolkit to the webpage out of SharePoint.
- Promoted staff engagement by creating a Health Equity Timeline to relate to the health equity work the department has done over the years.
- HELT implemented a HELT membership form, developed clear roles and expectations for the team with 3 focus areas. Requested and approved from DLT to allocate a budget for HELT process and activities.

Next Steps

In the process of refining our Health Equity Plan 2019- 2022 Staff Roles and Responsibilities Checklist; which will include qualitative and quantitative measurements to measure the goals and objectives.

We will be working with the Health Equity Officer, Workforce Development Team, and The Racial Equity Action Team to make sure our strategies support each other’s work and the strategic goal of Saint Paul – Ramsey County Public Health Department.

Ramsey County Comprehensive Plan 2040

All cities, counties, and townships within the seven-county metropolitan region must prepare a comprehensive plan and update that plan as needed every 10 years. Comprehensive plan updates are required to be submitted to the Met Council for review by December 31, 2018.

Ramsey County's draft 2040 Comprehensive Plan describes the county's unique role in addressing regional prosperity, equity, livability, stewardship and sustainability over the next 20 years. Ramsey County 2040 is an official document and will be adopted by the county board following the public feedback period, through November.

Several chapters including land use, parks & trails, economic competitiveness, water resources, resilience, transportation, housing and implementation. Currently public comment is occurring on a draft that was finalized in May.

Several people from Public Health were contributors for either the resilience section (which focuses on topics of public health) or have added components with a health equity, aging, healthy living lens. This group consists of: Julia Wolfe, Carissa Glatt, Rae Frank, Cheryl Armstrong, Mary T'Kach, Davita Perry, Laura Anderson

PH influenced several sections:

- Foundation section – Social determinants of health
- Resilience Chapter key themes
 - Increase understanding and recognition of social capital in communities often considered vulnerable.
 - Complete vulnerability assessments, as well as develop and implement mitigation tools to protect the county's infrastructure and environment.
 - Consider mitigating disruptions to energy infrastructure through renewable energy, energy storage, and micro-grids.
 - Reduce greenhouse gas emissions by 80% by 2050 from 2008 levels. Reduce greenhouse gas emissions by 30% by 2025 from 2008 levels.
 - Transition the county vehicle fleet to electric vehicles when appropriate.
 - Develop and implement a countywide Solar Energy Plan.
 - Prevent disruption in health coverage for individuals on public insurance.
 - Invest in non-traditional communications network to greater community connections.
 - Enhance partnerships to address lack of access to nutritious food.
 - Enhance workforce and education programs to build career pathways for residents

Next steps:

Currently, some staff are reviewing all Ramsey County municipalities for gaps and opportunities to align RC priorities and goals.

Workforce Development Plan- Status Update, 10-1-18

Purpose:

Workforce development in public health tries to improve health outcomes by

- enhancing the training, skills, and performance of public health workers
- building a workforce that reflects the community it serves.

The Workforce Development Plan (WDP) was developed to provide a roadmap for workforce development from 2015-2018. The Workforce Development Team (WDT) was formed to provide leadership to meet the goals and objectives of the Workforce Development Plan.

Some accomplishments of the Workforce Development Team:

- Managers and supervisors completed a Core Competency assessment. MDH reviewed the results and conducted a forced-choice exercise with managers to identify the Core Competencies which most needed to be strengthened.
- Later, after another consultation with MDH, WDT decided that rather than focusing on developing Core Competency skills, our health department would be better served by having all staff members complete the IDI, be debriefed, and receive training based on the IDI results. This change was approved by the Department Leadership Team. Maria Sarabia, County Health Equity Officer, is making solid progress on this new objective.
- Two trainings were produced by WDT:
 - DeAnna Conover, 7-25-17, "Effectively Engaging Employees"
 - DeAnna Conover, Mary Elizabeth Berglund, Sandi Blaeser, 5-23-18 "Creating a Welcoming Environment for New Employees" This last training identified a desire on the part of supervisors for tools to help them work more effectively as supervisors. (See "Important work in progress" below.)
- WDT also recognized a need to *organize* some of the information needed by PH to develop the workforce; a grid was developed to document our department's current efforts to build a diverse workforce. This grid includes YCCET, ULead, SCRUBS, Right Track, and other efforts.
- A representative from the Health Equity Leadership Team (HELT) serves as a member of WDT; this helps keep both groups connected. There is much intersection in the work of the two groups.

Important work in progress:

- WDT is creating a Manager/Supervisor SharePoint page with many tools and resources. When this page "goes live," WDT will promote its use by managers and supervisors.

What has not been done yet:

- The forced choice process we completed with MDH staff identified certain Core Competencies we need to work on. We specifically identified a need for a training on ethical decision-making in the budgeting process, which has not yet been planned and offered.

Next Steps:

- On December 12, 2018, WDT will have a half day retreat, led by Elizabeth Tolzman, to focus on broad goals and objectives for the 2019-2023 WDP. The next WDP will surely incorporate many Talent Attraction, Retention, and Promotion recommendations.

APPENDIX E

Community Engagement

The following represent initial community and stakeholder engagement, followed by re-engagement to validate the strategic planning framework. Initial staff and county leadership engagement occurred Fall 2018. Re-engagement with County Board and community representatives occurred April 2019. Select elements of the strategic plan were updated as a result of the community and board re-engagement. Content included in this section is preserved in the form it was presented to community, board and staff.

Initial Stakeholder Engagement – October through December 2018

Stakeholder Interviews for 2019 Strategic Plan – Summary
Staff Input Survey, December 2018 – Summary

Community Engagement – April through June 2018

Community Responses
Board Responses
Community Engagement handout for Strategic Planning
Public Health Supervisors Input
Public Health Staff Input

SPRCPH 2018 Stakeholder Interviews for 2019-2022 Strategic Plan

Stakeholder Interview Questions

1. What first comes to mind when you think about the work of Saint Paul - Ramsey County Public Health?
2. Describe the link between your work and the public health department. What has your experience been, collaborating with us?
3. Thinking about programs or services that intersect your department with Saint Paul - Ramsey County Public Health. What would you like to change, improve, enhance, or review?
4. What do you feel are the top one or two most critical health-related issues facing the people of Ramsey County, and why are these issues important?
5. Is there anything else you'd like to add to our conversation?

Q1: What first comes to mind when you think about the work of SPRCPH

- Helping communities, direct services
- Fills a critical niche in a wide range of svcs not filled by others
- Early intervention
- Preventive measures to reduce illness, environmental harms and premature death
- Communicable diseases, public health emergency planning around anthrax and Ebola.
- Educating the public and knowing what recourses we have
- EH strongest part of PH that has collaborated across County (water conservation as example of partnership)
- Collaborative partner
- Community outreach, interacting with residents and supporting the safety net for the most valuable individuals
- Services to those who cannot receive them elsewhere
- Caring for people
- Well intended
- Opportunity; healthy people, health community; from babies to elderly
- Spectrum of programming to serve the public that goes to the core of what RC should do.
- Prevention and awareness of PH concerns
- Broad spectrum/gamut of services – waivers to inspections
- RC does a good job at informing residents
- Regular user of EH services
- Environmental Health
- Environmental Health – meth testing for tax forfeited land; 4R program
- Interest from Sheriff and Co Atty to do more work around mental health issues, connect with PH and SS
- PH provides services in the correctional side – health services, mental health services
- Correctional health
- Planning & Preparedness
- Outbreaks, mass clinics/PH Emergency Preparedness
- PH leadership at the HWST
- Aware of overlapping work with clients in law enforcement and PHN home visiting
- Home visiting nurses
- 0-3 work between PH and SS – early childhood services
- Foster parents 0-5 years coordinating PH home visiting

- Kresge grant collaborative effort betw PH home visiting and SS
- WIC
- WIC
- Work of Healthy Communities
- Community Health work
- Work of SS working with PH staff on issues like TB, exchange of info for people on CADI waivers
- Immunizations
- The PH needs of library patrons and community at large. Library patrons' health needs mirror those of the community.
- User of Vital Records
- Facility surveying at 555 Cedar
- Little leadership interaction/work on the ground is excellent
- Ongoing name of SPRCPH too much in the past and not enough future
- PH seems to be behind from technology standpoint (svc team orientation has helped that, and EHRS will help)
- Need to build trust in the department
- Need to be a reflection of the community on the service side
- Health equity
- Public Health services like inspections of businesses, community health, health outcomes, health disparities, environmental health, recycling, waste management, corrections health services, SHIP, healthy eating
- Strong force for potential partnerships regarding health and wellness in parks.

Q2: Describe the link between your work and the public health department. What has your experience been, collaborating with us?

- PH to enhance communication to create space and support for the community
- Medical Examiner considers themselves a core response agency within RC and can partner more in the future – sharing info around infection control procedures, use of PPE, assessing employee exposure and assuring unified messages
- Valued partner – good balance & collaboration
- Not a lot of problems or drama related to budget or finance
- Involvement w/ EH around resource recovery facility in a positive way
- Only collaboration has been w/ EH as chair of governance team
- EH good about thinking of big picture
- Collaborate particularly with EH around recycling, energy mgmt. and sustainability
- Recycling with EH
- Good, challenging mutual discussions with EH
- Good media and strategic alignment with EH
- Communications has integral connections;
- Health policy & similar matters more difficult to drive to completion both with media issues and products (CHA)
- Planners who work collaboratively – Youth Continuum of Care
- Have a venue for planners across the Co to connect and learn
- Racial equity work which is strongly supported by PH
- Correctional health, services to people in crisis with comorbidities as well as drug use and mental health issues

- Nursing care and collaboration at correctional facilities
- Corr Health – PH working with MH provider to see a decrease in criminal behavior and increasing in living a healthy lifestyle.
- Correctional health clinics
- Outbreaks, mass clinics/PH Emergency Preparedness
- Infrequent collaboration with emergency preparedness – cooling centers
- Formal partnership with PHN (MOU) for services to teen parents, helping them to graduate while supporting health development; serving 55 teens invest \$165,000.
- PH Nursing is part of the Two Generation work focus on culturally appropriate preventive services.
- Possibly partnership with C&TC in drop-in programs
- Refer children under 5 to PHN for home visits if adult client is interested in service. PHN has a lot of TANF hv funds
- Teen Parent Program – vested interest because participants have good outcomes
- Mothers First is a nice collaborative
- Collaborate with HouseCalls, but often need services beyond what HC can provide
- Serving same populations – families, individuals, elderly, people going through crises; thrilled with partnerships
- Partnership/co-location between New Brighton WIC and NW Library is great; bring library resources to WIC families
- Waukenheza training has been provided to Libraries and now staff train new staff
- Previous experience with waivers was very positive
- All the work we have done is positive as Anne and WJ “go about work as all families are ours together”.
- Communications, IS, PMO
- Challenge that some PH managers oversee so many different programs in different areas it’s hard for them to have knowledge to do oversight, a challenge not unique to PH.
- Link of PH and PM work around facilities at Cedar and Plato, and leases at other facilities
- Lobby of FAS space for a captive audience for PH to use this space has been used by C&TC
- Difficulty getting info out of Rondo /Healthy Communities
- Not sure where PH is collaborating with community – not a criticism, but more about how RC is represented.
- Speak with one RC voice
- Active Living Ramsey Communities work and coalition participation, funding support, healthy eating vending options, connected communities, Environmental Health and recycling programs – Be Active! Be Green! Bench initiative.

Q3: Thinking about programs or services that intersect your department with SPRCPH. What would you like to change, improve, enhance, or review?

- Continuing to evolve the practice
- Move intervention “further upstream” - Social determinants of health
- Share and give power when working with the community
- Change the model of PH delivery – develop trust
- Structurally within Public Health – working within H&W partners; holistic care/experience – social services in partnership with PH, address needs of the whole family through multiple generations

- Partner with the Medical Examiner around reporting communicable disease information and consultation (such as tuberculosis and meningitis), and mortality data; partner on some projects around opioid-related deaths in the future.
- Continue to improve provision of services to our most vulnerable residents
- Share data across service teams as possible
- Think about ways we can use the tax data to better inform health, predictive analytics related to preventive measures for health issues
- Connect 3 analysts in PR with PH
- PH to continue to participate fully in accounting capability work
- Opportunities to improve communication betw depts in svc team leading to better communication and cooperation
- Communicating better which becomes tough when need to share resources
- Some barriers around job classifications; promotional opportunities across depts. and the County – build trust and support staff in their development.
- Communication between depts/svc teams is very important
- Supervisors and managers get to know each other and figure out what to do together. Need face time and meet in person and have professional interaction
- RCCF has had issues figuring out good, consistent medical care; orientation of new staff; teamwork.
- Corr facilities need healthcare beyond MH for ongoing services try to figure out additional med mgmt, follow-up psychologist and barriers to keeping jobs in the community
- The needs of the community show up in the libraries – patrons with mental health and substance abuse issues.
- Libraries working on a trauma-centered approach to patrons
- Coordinate PH and RC Libraries staff working on aging
- Options to connect around drug-using patrons?
- Libraries as a venue for health topics of interests
- Partner around child growth & development and school readiness
- PH and other county departments encourage to refer clients to libraries informal pre-literacy, early literacy and school support resources (homework help)
- Teen Parent Program numbers trending down for teen births and how to continue to support this program
- Trying to connect with community differently and meet clients where they are at – possible WIC screener with FS
- HouseCalls, Family Health, Violence, engagement with community, understanding cultures better; historically worked with waiver services and those PHNs.
- Connecting HouseCalls to PR related to mental health & hoarding
- Support for individuals in homes, vulnerable adults with mental health & physical issues
- Lots of positive movement with elderly to work across service team.
- Families/children at risk in homes – cross svc team crisis team would be helpful
- Compassionate regulation to offer services to prevent forfeiture
- Planning, community engagement/coordination around homelessness – well intended but need more connections
- RC Drug Free Coalition could use PH presence
- Vital records would be better aligned & leveraged with similar customer-facing records fulfillment systems in Infor & Public Records

- Possible future partnership of voting center for 2020 election to increase voting accessibility at a PH location
- Wish Property Mgmt could do more around residents first but have limited resources and staff. Working on a culture shift in PM to resident's first approach
- Partner with Parks & Rec on health and fitness within our parks, or cross-promote services
- Help P&R with community engagement, collaborate on performance measurements and provide health data

Q4: What do you feel are the top one or two most critical health-related issues facing the people of Ramsey County, and why are these issues important?

- Mental Health x 6
- Behavioral Health vacuum; hard to access svcs; has a consequence of homelessness
- Mental illness in incarcerated population
- Mental health and access to healthcare for probation clients who don't have insurance
- Suicide among veterans
- Homelessness x 5
- Homelessness access to healthcare
- Homeless seniors
- Opioid use/abuse x 5
- Substance abuse (opioid issue but also other substances incl. alcohol)
- Seniors & Aging x 4 – Alzheimer's, Dementia, support for aging in place, affordable senior housing, caring for end of life
- Structural racism in: housing, geography, employment, wages
- Duty of public health to "call out" racism
- Overall well-being holistic approach in the system including MN Choice Assessment, Disability service and elderly case management
- Providing culturally appropriate services to residents
- Staff to reflect the communities we serve, connect with other partners and services across the Co; stay better connected
- Health disparities based on the community one lives in or is born into
- The toll that poverty and race have on health
- Trauma
- Child welfare a PH issue
- Preventing pandemics
- TB
- Educating staff (such as SS staff) on TB
- Influenza
- Childhood vaccinations
- Obesity
- Childhood and adult obesity and overweight
- Physical inactivity
- Chronic diseases
- Diabetes
- 2020-21 budget process – many new people involved, educate them and determine what else will work
- Future of the R&E Center – want to review plans with Washington Co

Q5: Is there anything else you'd like to add to our conversation?

- Changes in diversity should equal changes in practice over time.
- Some anxiety over the proliferation of PH services and expanded scope (TB as an example: do we have to do this?), concern re: sustainability of effort with grant-funded efforts and long term effect on levy.
- Suggestion that strategic plan address financial stability of programs
- PH could lead an effort to recognize how citizens are affected by an economic downturn, and that PH programs may have a greater role in that circumstance, and planning county resource allocation/response planning to ensure resources are allocated appropriately
- Correctional health & nursing staff has been an issue – aware of movement to add staff and training
- Pulse Point Technology - an app related to CPR trained people to be ready to provide assistance (MRC potential involvement?)
- Hoping inmates continue to get basic care and care for chronic conditions when they go back into the community
- Kathy is great. Working with her on TARP
- Look forward to continued relationships and new opportunities
- Enterprise cashing and receipting project
- PH does a great job; hopeful to intersect and collaborate and leverage existing relationship

Stakeholders participating in interviews:

Department/ Service Team	Stakeholder Contact Name	Title	Service Team
County Manager	Ryan O'Connor	County Manager	County Governance
Community Corrections	John Klavins	Director of Community Corrections	Health and Wellness
Financial Assistance Svcs	Tina Curry	Department Director	Health and Wellness
Healthcare Services	Leon Boeckermann	Director of Healthcare Services	Health and Wellness
Health & Wellness Admin	Karen Saltis	Director of Administration	Health and Wellness
Social Services	Womazetta Jones	Director of Social Services	Health and Wellness
Veteran Services	Maria Wetherall	Director of Veteran Services	Health and Wellness
Safety and Justice	Scott Williams	DCM - Safety and Justice	Safety and Justice
Emergency Communications	Nancie Pass	Emergency Communications Manager	Safety and Justice
Medical Examiner	Lori Hedican, Tiffany Krob	Medical Examiner	Safety and Justice
County Sheriff	Jack Serier	Sheriff or Chief Deputy	Safety and Justice
Information and Public Records	Karen Francois	DCM - Information and Public Records	Information and Public Records
County Assessor	Luis Rosario	Director	Information and Public Records
Communications	John Siqveland	Public Communications Director, PI	Information and Public Records
Property Tax, Records & Election Services	Chris Samuel	Director	Information and Public Records
Economic Growth and Community Development	Johanna Berg	DCM - Economic Growth and Community Development	Economic Growth & Community Development
Library	Jill Boldenow	Library Director	Economic Growth & Community Development
Property Management	Jean Krueger	Department Director	Economic Growth & Community Development
Public Works	Ted Schoenecker	Director/County Engineer	Economic Growth & Community Development
Regional Rail Authority	Johanna Berg	Acting Director	Economic Growth & Community Development
Workforce Solutions	Leon Boeckermann	Interim Director	Economic Growth & Community Development
Finance	Lee Mehrkens	Department Director, CFO	Strategic Team
Saint Paul Public Libraries	Catherine Penkert	SPPL	City
Parks & Rec	Mark McCabe	Director	ECGI

STRATEGIC PLANNING - STAFF SURVEY SUMMARY RESULTS 12/19/2018

SAINT PAUL – RAMSEY COUNTY PUBLIC HEALTH (SPRCPH)

138 RESPONDENTS

Survey question: In order to improve the health of Ramsey County residents, how much of a focus should the following health-related issues be for the work of SPRCPH in the next five years?

The list below rank orders the responses with #1 receiving the highest weighted average for being an important focus of agency work.

1. Healthy Mothers & Babies (score = 3.64)
2. Health Equity
3. Access to Health/ Medical Care
4. Mental Health/ Mental Illness
5. Air, Water & Climate Health (tie with #6)
6. Healthy Youth Development (tie)
7. Access to Healthy Food
8. Housing/ Homelessness
9. Chronic Disease (tie with #10)
10. Sexual Health (tie)
11. Infectious Disease
12. Healthy Eating
13. Violence
14. Emerging Disease
15. Economic Conditions (tie with #16)
16. Physical Activity (tie)
17. Healthy Aging
18. Obesity
19. Illicit Drug Use
20. Emergency Preparedness
21. Tobacco and Alcohol Misuse
22. Waste Management
23. Oral Health
24. Injury (score = 2.54)

Survey question: In order to impact the health of Ramsey County residents, how much attention should SPRCPH dedicate to the following potential trends in order to be effective in our work?

The list below rank orders the responses with #1 receiving the highest weighted average for needing attention.

1. Increasing collaboration across boundaries (tie with #2) (score = 3.54)
2. Community-driven health initiatives (tie)
3. Mental health system transformation
4. Increasing impact of environmental factors on health
5. Cultural outreach/ healing (tie with #6)
6. Increasing diversity of co-workers and community (tie)
7. Provision of basic resources to live
8. Community-defined health
9. Data driven decision-making
10. Community school model
11. Multi-generational health interventions
12. Social media influence on health (score = 3.02)

The following pages list summarized comments grouped by topic area in response to the question:

Are there other things that SPRCPH should be doing in this area?

ACCESS TO HEALTH/ MEDICAL CARE

Advocacy work: support health care reform, universal health care legislation, transportation to appointments, APHA legislative positions alignment, get more providers to take multiple insurance plans, politicians should have same health care options as the public, easier access to mental health services

Partner with: health systems, hospitals, clinics

Focus on: uninsured/ underinsured groups, preventive care

Avoid duplication with other agencies

Focus on PHAB requirements

Increase staff diversity

Improve client access to MA caseworker

Staff training: info on both internal and external resources for referral

Home Visiting services: hire more staff to decrease wait time, increase accessibility for clients

Clinic: More staff, Increase availability of financial counseling/ health care navigators/ interpreters, implement electronic records, check messages left on language line, partner with providers related to Hep C, prioritize access to PrEP for HIV risk populations, stronger leadership,

ACCESS TO HEALTHY FOOD

Advocacy work: support sugar tax, maintain provider tax, changes to Farm Bill legislation, healthy vending options, food deserts, harness restaurant food waste, increase food shelves with healthier food

Partner with: restaurants, food trucks, farmers markets, local food shelves

Focus on: lower income groups

Education: healthy food (e.g., locating food shelves and farmers markets, cooking on a budget)

Create an advisory board (public, non-profit, private reps), connection to obesity prevention

Provide vouchers to healthy local food sources (e.g., farmers markets)

Increase awareness of WIC, Healthy Families programs, and Food & Nutrition Commission work

Staff training: hunger screening, PHNs working with dietitian

Address barriers – no one entity “owns” this issue

AIR WATER AND CLIMATE HEALTH

Advocacy work: small engine emissions, water conservation, sustainable energy incentives, water quality, road maintenance chlorides, wood burning disincentives, substandard housing, research on growing impact of climate change and potential adaptations

Partner with: city, state, federal agencies, Clean Air MN, RC Water Conservation, city councils, grass roots groups

Education: reduce climate impact and save money, rain gardens, personal responsibilities, vegetarianism, counter climate change deniers, social justice issue

Link issue to well-being, resiliency, social connection, mental health

Authentically engage with community to address issue

Coordinate work across Department and Service Teams (e.g., story mapping)

Continue energy plan work and implementation

Reduce household environmental health problems (EH & PH home visitors)

Examine racial diversity in leadership and management

Support employee use of alternative transportation and expand use of electric fleet vehicles

Assess air quality in buildings and share results with staff

CHRONIC DISEASE

Advocacy work: ensure SHIP funding, active living infrastructure, safe routes for cyclists and pedestrians

Partner with: communities, systems, planners

Focus on: prevention, family centered, children, culturally appropriate, communities most impacted, root causes of major chronic disease (e.g., cancer, cardiovascular disease, obesity)
Education: ACES, sources of disease, TV advertising
Address from multiple angles (environmental, policies, systems, social, behavioral).
Increase funding for community action planning
If state SHIP funding stops, continue to fund locally
Continue SHIP work: systems approach, built environment, welcoming environments
Increase chronic disease prevention messages in PH work
Collaborate community engagement folks with Epi folks to address
Clinic should incorporate more prevention messages, e.g., diabetes screening, hypertension
Incorporate messages into PH outreach and contact with clients/public
Increase community care staff

ECONOMIC CONDITIONS

Advocacy work: support efforts to strengthen economy, strong salaries (median income should meet median rent), childcare assistance, homelessness affordable housing, landlord retaliation, workforce development, free/low cost access to healthy foods and recreation resources, access to English learning classes
Partner with: Social Services, Financial Services, RC economic development department, chambers of commerce, community agencies
Focus on: housing, providing low income families/communities with programs and services
Continue providing data and producing reports for community and county departments
Increase availability of MNsure navigators at PH venues
Continue TARP work and apply more broadly
More frequent housing inspections – hold landlords accountable
Fix the RC public assistance program – set up to fail.
Increase service staff and racial diversity
Staff training: continue equity awareness, offer language training, maximize skills and licensures,

EMERGENCY PREPAREDNESS

Advocacy work: homeless encampments, climate change adaptation
Partner with: key responders, community
Focus on: vulnerable populations, culturally appropriate approach
Education: Incorporate messages into PH outreach and contact with clients/public
Staff training: Increase education and public health emergency exercises with staff on specific roles
Communicate clear official positions with staff on these issues
More leadership, support and routine preparation
Find way to avoid wasting supplies (ordering, storing, expiring, tossing)

EMERGING DISEASE

Advocacy work: research on vector-borne diseases (e.g. ticks diseases – vaccine development)
Partner with: CDC, MDH, health systems, community
Focus on: stay current, prevent spread
Education: regular updates to staff and community, multiple languages
Evidence based proactive decision-making important
Continue sharing CDC/MDH updates regarding incidence reports
Fund clinical programs better so activities can be proactive versus reactive
Provide staff access to testing as needed (e.g., TB)

HEALTH EQUITY

Advocacy work: racial equity, structural changes, health care for all, spreading concepts more widely in system (e.g., academics, medicine)
Participate in learning collaboration with community (avoid pre-deciding content and approach)

Less talk, more action – focus energy on best practice strategies for reducing disparities and take action
Support refugee/immigrant access to care
Address disparities around cardiovascular disease, SIDS reduction, breastfeeding
Use words public will understand
Address reputation that RC is the most racist county to work for
Incorporate solid rules and framework related to employment system and hiring
Staff training: include ALL levels of staff: IDI, GARE, county efforts, historical foundations of racism, social determinants of health, define concepts, provide supervisor support for follow up on IDI training
Incorporate into all aspects of work, don't treat as separate topic
Promote Health Equity Officer's goals and progress toward them
Define leadership development opportunities for staff who want to champion issue
Focus HELT goals on positively impacting community as well as making strides among staff

HEALTHY AGING

Advocacy: dementia research
Focus on: demographic changes, aging in place, social connection, community engagement, transportation resources
Education: how nutritional needs and med dosages change with aging, osteoporosis prevention, fall prevention, community resources available
Continue to integrate health in all policies with healthy aging
Establish an information network
Promote goals of Aging Coordinator position and progress achieved
More staff time on this issue

HEALTHY MOTHERS AND BABIES

Advocacy: universal home visiting, health care access, increased reimbursement for services, access to Headstart, addressing social determinants of health
Partner/ Coordinate with: Social Services, Mothers First, health care providers
Focus on: birth outcomes, infant mortality among African Americans
Education: breastfeeding, parent-child attachment, engaging fathers
Apply an equity lens to work: address health disparities, social determinants of health, culturally specific screening tools, need more diverse staff, provide staff language training
Provide more services and make it easier to access – program selection criteria weeds needy people out
Shift more effort to population-based focus
Incorporate messages into PH outreach and contact with public.
Continue support for Family Health, nursing programs, WIC– programs contribute to health care for all, enhancing next generation, evidence-based services
Evaluate our programs so we understand impact of services

HEALTHY EATING

Advocacy: Farm Bill issues, healthy food access, food deserts, SHIP funding
Partner with: local food providers, farmers markets
Focus on: relationship to income/opportunity, obesity
Education: address fast food culture, what healthy eating means - concept varies with cultures, cooking classes, worksite healthy eating guidelines, benefits of locally grown, farmers markets, promote breastfeeding and reduce formula use
Community exchange of fresh produce
Support WIC
Incorporate more messages into PH outreach and contact with clients/public

HEALTHY YOUTH DEVELOPMENT

Advocacy: tobacco industry advertising, availability of CD treatment, resources for youth struggles (financial, emotional, physical), more free recreational and artistic opportunities

Education: Improve community awareness/connection to department's resources

Evaluate programs – use evidence-based approaches.

Apply for grants

Support integrated work between Health Communities and SOS

Incorporate messages into PH outreach and contact with clients/public

Enhance efforts to promote PH careers among diverse backgrounds

Staff training: need common understanding of sexual health, common framework, shared language

HOUSING / HOMELESSNESS

Advocacy: more affordable housing (e.g., sales fees into support fund), housing vouchers, budget for shelters, pest infested buildings, rent control, landlord accountability, living wage, pair with income/poverty issues, more mental programs

Partner with: homeless/shelter providers and services, social services, financial services

Education: social determinant of health, disease prevention outreach at shelters

Improve systems: easier referral system, Coordinated Access service

HouseCalls doing a good job with small staff (find space in Cedar)

Staff training: clarify SPRCPH role in this for staff

Continue PH support role

ILLICIT DRUG USE

Advocacy: marijuana legalization, support alternative medicine for health, lessen legal consequences for illicit drug use, more treatment facilities

Partner with: Social Services, Law Enforcement, Chemical Health services, Clinical partners

Avoid duplication of efforts

Focus on: prevention, ACES, early trauma, youth

Support syringe exchange, community Narcan distribution events

Work with PMAPs who treat clients misusing drugs

INFECTIOUS DISEASE

Advocacy: TB legislation, Tick borne disease vaccine development

Be alert to new trends and proactively address

Track and share data on diseases of concern in Ramsey County

Properly fund clinical services for more staffing and outreach.

Continue great clinic work

Develop a TB program that will serve as a model to others: Best practices, sound policies and procedures, routinely trained staff, outreach staff, etc.

Need to broaden focus from TB

Assure refugees have done medical screening before attending WIC clinic

Education: Public messages need to be clear, uncomplicated and culturally appropriate

INJURY

Advocacy: gun violence, distracted driving

Partner with: public safety, law enforcement, domestic abuse shelters

Focus on: intimate partner violence, fall-related injuries (seniors), safe sleep practices for babies

Education: provide more injury prevention ed within employee wellness opportunities

Property management should make sure parking lot and sidewalks are safe and ice-free

Needs more resources

MENTAL HEALTH / MENTAL ILLNESS

Advocacy work: suicide prevention resources, more research to understand it and treat effectively, mental health services availability, better pharmacological options

Partner with: human services, social services, mental health services, corrections, cultural healers

Focus on: relationship to income, education, opportunity and stress

Education: ACES, trauma, decreasing stigma, understand brain chemical imbalance, understand continuum of well-being, parent-child attachment, social support for teens
Staff training: resource availability for referral, provide to all staff to impact community needs and care, clarify PH role, responding to mental health emergencies
Co-locate mental health services at clinic/public health services
Incorporate messages into PH outreach and contact with clients/public
Increase number of PH nurses assigned to cases with severe mental illness
Need more resources

OBESITY

Advocacy work: SHIP funding, make healthy choices easy choices, free indoor exercise options with childcare, worksite incentives (on-site workout areas, rewards for exercise and healthy weight), Partner with: health plans, schools, universities, cities, parks, grocery stores, food establishments
Focus on: families and children, evidence-based culturally appropriate programs, worksite offerings, incorporate obesity prevention with all nutrition and physical activity initiatives
Education: provide nutritionist consults, healthy living concepts, address root issues and this will be addressed (e.g., healthy food access, early trauma)
Use staff who reflect community culture
Incorporate messages into PH outreach and contact with clients/public

ORAL HEALTH

Advocacy work: not enough providers who accept MA, provision of oral varnish to children in home by nurses
Partner with: schools, dental care providers
Education: impact of oral health on general health
Continue good cross-division work on this

PHYSICAL ACTIVITY

Advocacy work: SHIP funding, more winter physical activity opportunities, free indoor exercise options with childcare, worksite incentives (work walking stations, on-site workout areas, rewards for exercise), green/walkable/safe neighborhoods, more walking/biking trails, after-school programs for children
Partner with: communities, city councils, parks & recreation, worksites
Focus on: community engagement action planning, out-of-the-box approaches
Staff training: on-site classes and activity clubs at RC offices
Incorporate messages into PH outreach and contact with clients/public

SEXUAL HEALTH

Advocacy work: comprehensive sex education in schools, coverage of co-pays for clinic clients, free and easy access to family planning services, availability of "Plan B", combat sex trafficking
Partner with: schools, community agencies
Education: prevention of unintended pregnancy (also helps prevent poverty), community classes, promote PrEP and other resources, decrease stigma of talking about it
Staff training: understanding healthy sexuality
Establish clear messages and expectations for staff to represent these positions with clients/public
Increase staffing (e.g. planning/evaluation support)
Continue outreach work of Clinic 555 and C&TC
Don't compete for federal funding with community agencies unless there is an unmet need (e.g., Planned Parenthood already addresses women's health preventive services)

TOBACCO AND ALCOHOL USE

Advocacy work: Vaping restrictions, tobacco companies targeting youth, nicotine levels in products, T-21 legislation, menthol tobacco, marijuana legalization, support alternative medicine for health
Partner with: community coalitions, city councils, health systems

Education: vaping, focus on teens, ethics of tobacco companies targeting youth, relationship of tobacco and alcohol use to morbidity and mortality

Provide staff time, training and resources to address chemical health issues with clients

Create policy to protect staff from secondhand smoke during home visits.

TRANSPORTATION

Advocacy work: improve access to health programs/services/appointments, more convenient transport for suburban communities to decrease urban congestion, focus on equitable public transit, support walking/biking trails, support availability of public-use bikes/scooters/car rental systems

Partner with: met council, federal and state transportation agencies, east metro agencies

Share health perspectives with community-based initiatives (e.g. Rondo bridge)

Staff training: applicable staff should understand transportation options enough to assist clients to find resources

Improve signage at 555 Cedar clinic

VIOLENCE

Advocacy work: support research on root causes and mechanisms, gun violence, gun control laws, economic development, mentoring programs, more police de-escalation training

Partner with: legal system, law enforcement, public safety, corrections, clinics/hospitals, mental health initiatives, Bridges to Safety

Focus on: evidence-based work, authentic connections, creating welcoming inclusive experiences

Staff training: violence prevention and intervention, how to talk with clients in violent relationships

Allow SOS to manage domestic violence as well as sexual assault

Needs more resources

WASTE MANAGEMENT

Advocacy work: illegal dumping of trash/chemicals, private sector efforts to reduce reuse toxics in products, curbside organics recycling, ban disposable water bottles, address food waste

Partner with: cities, communities, schools, restaurants

Education: recycling opportunities, composting in residential areas, help public understand health and climate impacts of over-consumption, sustainability issues

Provide more locations for organic recycling

Staff training: on organics recycling

Develop environmental drop-off center similar to Washington County facility to improve convenience for residents to dispose of hazardous items

Provide compost recycling bins at RC offices

OTHER COMMENTS REGARDING FOCUSING WORK

Advocacy work: prevention, make healthy choice the easy choice, mental health outreach, resources for disabled parents, funding for alternative medicine (e.g. meditation, self-healing), opioid addiction, walkable communities, healthy equity re healthy food access, medical personnel addressing healthy behaviors with clients

Partner with: community coalitions, RC agencies

Education: benefits of vaccine, health equity around maternal/infant mortality, culture of wellness, environmental sustainability, food system, risks to adolescent health, drug addiction/overdosing, importance of sleep to good physical/mental/social health

Set measurable attainable goals

Increase population health data analysis

Upload data sets to data portal and provide resources for maintenance

Expand skills among staff on data-based decision making

Increase PH program evaluation

Meet PHAB requirements related to performance improvement

Increase awareness of work by divisions and increase collaboration across divisions

Recognize excellent work
 Connect PH issues with spiritual beliefs and values
 Provide functional, healthy leadership that is compassionate and enthusiastic
 Use DATA to make decisions and set priorities - do a few things well versus everything superficially
 Track evolving trends and share with stakeholders/community
 Respect expertise of frontline staff who have a lot of practical experience and knowledge of their area
 Shift perspective from community engagement to “servants of our communities” – from project design through process.
 Utilize expertise of staff – be more conscientious and deliberate about choosing who should go to certain conferences, or be involved in specific initiatives
 Devote resources to statutorily-mandated PH services and PHAB requirements
 Focus energy on existing community coalitions already addressing social determinants of health issues
 Focus on most vulnerable populations in our communities
 Increase resources to improve client accessibility to county services
 Increase communication and collaboration across divisions and service teams
 Consider community input and collaboratively plan when writing grants
 Hire diverse staff who are skilled and competent
 Invest in professional development (state and national conferences, software and data skills, effective writing)
 If Department priorities change, resources should shift (including staff)
 Talk less, implement and evaluate more - best practices across department
 Share our best practices
 When looking for department input, don’t rely solely on supervisors.
 Connect strategic plan priorities to funding and resources (inside or outside County)
 Increase communication to staff about programs, services, policy work taking place in the County, so we are more aware about what is happening
 Provide more information to staff about strategic plan progress, accreditation, and survey results
 Increase transparency and innovative ways to communicate
 Staff training: advocacy skills, data skills, utilizing social media for health messages, standards for quality community engagement work, resources available for referral, personal health equity growth

DEMOGRAPHICS

Survey question: What division do you work in?

Division	Number (Percent)
Administration:	10 (8%)
Clinical Services:	11 (9%)
Environmental Health:	23 (19%)
Family Health:	36 (30%)
Health Protection:	3 (3%)
Healthy Communities:	17 (14%)
WIC:	21 (17%)

Survey question: How many years have you worked for SPRCPH?

Years	Number (Percent)
0-2 Years:	38 (29%)
3-5 Years:	25 (29%)
6-10 Years:	14 (11%)
11-15 Years:	11 (8%)
16-20 Years:	16 (12%)
21+ Years:	26 (20%)

2019-2022 Strategic Plan: Community Engagement


Community Responses

78 people: 61 in group settings, 17 as individuals/pairs. Meetings included: Hmong Health Care Community Partnership; Frog Town Reconciliation; Saint Paul Indians in Action; American Indian Family Center (staff); CLUES; District 1 community staff and ED; Culture brokers and individuals sharing their lived experience

Taking Action to Advance Racial and Health Equity

- Are we going to address the historical policies and practices that have created inequities? (x2)
- Certain communities are thriving, what resources might need to change?
- Ramsey County needs to learn about the organizations who are serving the communities of color, but how is Ramsey County building relationships with those of local organizations? (x2)
- Who are the community leaders who are involved in the conversations continuously?
- If we want to connect and engage- use people from the community and please compensate (x2)
- Hire staff who represents the community (x2)
- Stop seeing communities of color as only needing to save us. If that's the only time we are coming to us, that's a problem
- Who are others? It shouldn't be just leaders, directors in *, they don't have true understanding of the communities.
- Community should be helping to define racial and health equity
- Ramsey county staff need to be more culturally sensitive to the communities they serve
 - We need to understand the historical trauma of different communities (x2). For example, Hmong trauma being in the war
 - My community can become stressed when they don't understand language barriers, paper work, documents.
 - Health outcomes are too narrowly defined and only looked at through a white lens. How does the county create culturally specific curriculum?
 - Help minimize the fear of immigrants experience when trying to come to a new country and integrate into the community?
- We are asked for data and information all the time and are not seeing much actions. This doesn't build trust with us.

Partnering with others to lead prevention

- Partnering with others and informing the community to be aware
- Partnering with others to lead prevention (others-communities)
-  Communities (x3)? Grassroots?
- Needs rewording; who is other? Non county employee, non-public health employee? "prevention" in what?
- Emphasize collaborative nature of our work and address the internal silo of our department
- Focus on partnering with others is very important- "others seem to be more inclusive"
- What happens next? We would like to know the next steps and what action steps may come from the feedback gathered (x3)

Creating Responsive and Intentional Change

- Policy + system change (?), this creates inequities and it's not a priority
- How does the county hold ourselves accountable?
- How is the county showing up in the community?

Aligning Resources to Support priorities

- How much time is given to engage community?
- How can this be built into the process?

Insights: Suggested focus for public health's work

- Health insurance, health access- support communities to get more resource access (x6)
- Distrust with communities- If we are not providing education, they will get it someplace else
- Autism is a growing concern in my community, which creates fear of vaccinations
- We are very respectful, so we often respond with yes, but even with interpreters, there is lack of communication and understanding from doctors and other health professionals.
- Health is not just addressing food or wealthy eating, needs a more holistic approach
- Transportation is barrier, we cannot get to our appointments like medical or WIC. (x2)
- We should all have access to the same types of services no matter our race or background. For example, why can't we use WIC vouchers to purchase organics if that is what's supposed to be healthy.
- Community policing (x2)- different communities experience this differently-impacts racial equity
- The barriers my community faces is the language barriers (x3). For example, when we come to the human services building of the county, there are not enough staff who look or speak my language. I feel overwhelmed and stress. Due to this, I end up leaving and not getting the service I need. There is the language line but does is not enough for me.
- Homelessness (x3) What role does Ramsey County Public Health have? I wish public health understands the stress we experience daily that causes us trauma and mental health related problems.

2019-2022 Strategic Plan: County Board Engagement

Board Responses

Interviews with: Commissioners Carter, McGuire, McDonough, Reinhardt, MatasCastillo

What first comes to mind when you think about the work of SPRCPH?

- Knows that health is part of every aspect of the county's work. The Commissioner is glad she can count on PH to tease out the necessary changes within our organization and call out inconsistencies and barriers that we as a system are creating.
- Prevention. No other group does prevention like Public Health. It's such an important role.

Thinking of the draft strategic directions:

Do you agree these areas of work should be a priority?

- Yes, likes where we are going with this work and really appreciates the community engagement aspect of this processes. REALLY likes that the strategic direction is being taken to community prior to finalizing.
- Loves the emphasis on community, they know how to fix issues, just need the resources.
- Partnering with others to Champion Prevention (Commissioner read Lead as lead, the metal.)
- Partnering with others...throughout the Lifespan (Commissioner wanted to be explicit about the stages of life)
- Really likes the idea of changing the 2nd theme to Partnering with Others to Champion Prevention Across the Lifespan
- Yes, and How are we reimagining how we bring resources together in different ways? (Thinking about Aligning resources to Support Priorities)
- Within the practical expertise piece: Communities are the experts in how they experience us.

How do you see this strategic direction reflected in our current work?

- Absolutely sees connection of the strategic goals to the strategic priorities of the county.
- Really reflects one mission, one vision and one goal.

How can we do better?

- Always engage community at multiple phases in this process. Continue to be a model for other areas of the county.
- Noticed that we hit on prevention well, but where does sustainment come in? Where does thriving come in? The whole life system
- Communities are the experts of their experiences. This needs to be elevated. Community brings an expertise that brings solutions. We are in equal partnership. Commissioner wanted to reiterate that we find a balance between employee/professional expertise and community expertise.
- How do we bring resources together to address the needs of the whole family. How do we mobilize funding sources and providers to model this in Ramsey County? Wants to break down barriers in government for 3yearold preK type resources/early intervention. Wants to use state resources that are available to us (example out of home placement using levy vs available state/federal \$\$).

Saint Paul – Ramsey County Public Health 2019-2022 Strategic Planning

DRAFT

Ramsey County Government Vision and Mission

Vision: A vibrant community where all are valued and thrive. **Mission:** A county of excellence working with you to enhance our quality of life.

Department Strategic Framework

Purpose: Saint Paul – Ramsey County Public Health works in partnership with residents, community partners, and other units of government to promote, protect and improve the health of the community.

Practical Vision for 2022

What do we want to see in place in 2022 (four years) as a result of our actions?

- Accountable for advancing racial and health equity
- Communities are the experts
- Coordinated planning and action across county systems
- Shared organizational culture
- Consistent strategic communication
- Clear identify and role
- People-centered public service
- Broadening our definition of data (use, collection, sharing)
- Leveraging financial resources

Strategic Directions (Draft)

What innovative, substantial actions will deal with the underlying contradictions and move us toward our vision?

- **Taking Action to Advance Racial and Health Equity**
 - Hiring and investing in diverse workforce
 - Supporting staff to develop and apply racial equity skills
- **Partnering with Others to Lead Prevention**
 - Aligning our work with community across divisions (community engagement, cross-functional teams, community-based plans and initiatives)
 - Defining who we are (strengthening a shared understanding, internally and externally, of public health's role)
- **Aligning Resources to Support Priorities**
 - Allocating financial resources to align with functional priorities (levy/grant dollars, prioritize funding that reduces racial and health disparities)
 - Prioritizing and coordinating grants (ensure grant applications align with strategic priorities; commit to coordinated grant management)
- **Creating Responsive and Intentional Change**
 - Coordinating our work through change management and continuous improvement
 - Valuing and sharing data (broaden use of community engagement insights into "data" practices; utilize sharing tools such as data portal)

Intro: Public health aims to be an engaged partner working to advance racial and health equity and overall wellbeing in the communities we serve. We're currently conducting strategic planning as a public health department to help us steer how we work over the next several years. A team of twenty staff representing all divisions within public health and various levels of leadership and tenure came together in January and February to **draft strategic directions for the next 4 years** (see reverse).

Discussion questions

- What first comes to mind when you think about the work of Saint Paul -Ramsey County Public Health?
- What do you feel are the top one or two most critical health-related issues facing the people of Ramsey County (and why)?
- Thinking about these draft strategic directions
 - a. Do you agree these areas of work should be a priority for public health?
 - b. [As time allows, walk through each of the strategic directions with this set of questions or allow the board member to respond to all four topics as one grouping.]
 - i. How do you see this strategic direction [these strategic directions] reflected in public health's current work?
 - ii. How can we do better?
 - iii. What would it take to make this a reality?
- What should the public health department change, improve, enhance, or review about our work?
- Is there anything else you'd like to add to our conversation?

2019-2022 Strategic Plan: Staff Engagement

Public Health Supervisor input – May 21, 2019

Attendees: Caleb Johnson, Carissa Glatt, Colleen Huberty, Emily Huemann, Jim Yannarely, John Springman, Lauren Lightner, Lisa Behr, Page Delong, Rae Frank, Rolando Vera, Sara Hollie, Tamiko Ralston, Tommi Godwin, Valeesha Halmon

SD1: current – workforce development work; do better – need more Emilys, need more HR support; different ideas across divisions regarding accountability; without these in place. Examples about policies and procedures – only accepting check/cash for licensing fees reinforces barriers about transportation, administrative time, foregoing wages to do county business, etc. what part does community engagement play within this strategic direction? Do all of our divisions have adequate money to provide transportation, child care, food support when we're engaging folks? Using technology to close the gaps about how we engage communities. Lack of communication within/among programs. As public servants – more opportunity to engage those we directly serve about what their experience has been working with us.

Side note: connecting with community... division by division... what's happening? Who's/how coordinated?

SD2: take off the "across the lifespan" ...for all ages? With all the talk about "upstream" – are we defining 'prevention'? primary prevention? Far upstream initiatives? Really focusing on identity – would it serve us to hone in on the definition of what we consider prevention to be? Important to include social determinants of health here – state clearly that we're working on housing, physical and social environments, etc. state it clearly. Example: clinical services providing primary prevention to specific clients; providing outreach/engagement regarding secondary prevention. Silos... economic development separate from public health – big opportunity for partnership. Current conditions – silos; so many divisions working with social determinants of health but not coordinated across services. Dealing with/ serving the whole person and not just a piece. Can we do department speed dating?

SD3: leveraging is really important – we can use what we already have to get more; current reality – a little program-by-program about whether we chase grant dollars. We don't typically know what else is going on across PH divisions and departments within the county. Grant manager/coordinator person? Funding development person? No consistency with boilerplate descriptions of county, department, etc. this charge – can this go to leadership within the department? Office of the director ... funding solution? Operational ...

SD4: what does this phrase mean? Change and change management is important. Using outcomes and evaluation to make changes. Currently very siloed about how/whether we do that. What will it take: evaluation.

2019-2022 Strategic Plan: Staff Engagement

Public Health Staff input – June 2019

Total of 30 respondents

Strategic Direction 1

90% of respondents agreed that this area of work should be a priority for Public Health. Respondents opined that SD 1 has been reflected in the PH current work through having a Health Equity Leadership team, staff trainings and hiring of diverse staff.

“We currently have diverse front line staff. Trainings have been helpful and eye opening”.

Respondents suggest that PH can be better in promoting SD 1 through training staff to acquire skills to apply the racial equity lens. In addition, respondents say it is important to promote community engagement and conduct needs assessment for communities before developing a program to help communities. Respondents noted that the leadership of the organization should be more diverse and that emphasis should be on implementing advancing racial and health equities rather than trainings.

“Start with deeper community engagement with representative diverse communities during project design phases”.

Comments that will make SD 1 a reality include learning from other departments of PH that has implemented the SD 1, ensuring that SD 1 becomes the standard of practice and funding plus making SD 1 a priority at the leadership level.

“Make racial equity skills part of people's performance review.”

Strategic Direction 2

90% of respondents considered SD 2 as a priority for RCPH. Respondents observe that SD 2 is reflected in the current PH work through preventive programs including health education and counseling. Further, community engagement in the form of CHA, fix it clinic, nurse home visits etc. and collaboration across departments and other counties PH also reflects SD 2.

“I am seeing many PH programs embrace partnerships. This is excellent”.

Respondents believe that continuing partnerships and fostering collaboration between staff members from different departments and also ensuring collaboration among communities served, is the way PH can do better.

“Start getting people out of their siloed divisions and seeing that we are all working towards shared goals. There are so many divisions based on funding and also who has whose ear. It should be based on the data and what we hear from residents. Need to be more accountable to health outcomes”.

Respondents propose that management should promote opportunities that will enable staff members to partnership on projects as a way to make SD 2 a reality. If PH staffs collaborate well, it will be easier to extend that into the community.

“Leadership! Management needs to step up, go beyond just saying they support community engagement, and actually get to the doing part. I feel like we plan a lot. We plan. And then we plan. And we plan some more. We're good at that. Now, we need to implement”

Strategic Direction 3

77% of respondents said SD 3 should be a priority for PH. Respondents submit that SD 3 is reflected in PH current work as it relates to PH programs allocating grants to improve equity e.g. Eliminating Health Disparity Initiative grant. Also, PH has started sharing information about grants to staff members. However, some respondents feel that they don't know much about SD 3.

"I could list many PH programs allocating grants to advance prevention and equity. This is wonderful to see".

Funding for projects that promotes prevention, applying for different resources and prioritizing which grants are most important are ways to through which PH can make SD 3 better. In addition, having staff who have expertise with writing grants will help in applying for grants.

"Have someone who can write grants on staff. We need more \$ to do our work, but don't always have capacity to write the grants up to the standards that are needed to gain large quantities of money".

Respondents think the way to make SD 3 a reality is by applying for several grants, employing the services of a project manager to ensure that financial resources are used maximally to fund preventive programs.

"Apply for several grants & coordinate"

Strategic Direction 4

80% of respondents said SD 4 should be a priority to PH. Continuous staff trainings and quality improvement programs across departments are ways through which SD 4 is being reflected in the PH's current work.

"Continuous improvement - QI team, the CHA, the solid waste management master plan Data - Open data portal, good support from Communications department"

The way to make things better as regards SD 4 according to the respondents includes, making data visual and easily understandable, train staff on how to understand and use data, and promoting a conducive workplace environment where staff can easily ask their colleagues for help.

"Maybe we already do this, but I think one aspect is to be mindful of what data we're collecting and why we're collecting it. Being able to constantly reevaluate data-gathering practices and end uses for data is very important when trying to stay on track".

Respondents claim making SD 4 a reality will involve more training on research methodologies and staffs such as epidemiologists, data analysts etc. who deal with data directly. Also, encouraging people to be innovative by giving incentives to innovative staff at the annual all staff meetings.

" A lot of people will need to let go to the idea that "this is how we always have done it".

Respondents recommends that RC PH should embrace innovations, educate all staff on how to align their work to the overall objectives of PH, and involve all staffs not just leadership in the big picture of the organization. Also, the SD should be aligned in such a way that they can be measured for easy monitoring.

27 people in total specified their division

Health Protection-4%

Clinical Services-7%

Family Health-22%

Environmental Health-26%

Administration-7%

Healthy communities-7%

WIC-26%

