



# Livingston County Department of Health Strategic Plan 2024-2027

Adopted on: November 21, 2023

## Introduction and Background

Livingston County Department of Health (LCDOH), assisted by the Pivotal Public Health Partnership, convened leadership and staff in two strategic planning sessions to develop a strategic plan for 2024-2027. In preparation for the sessions, six surveys were conducted:

1. Governing Entity Engagement
2. Employee Engagement
3. Technology and Communications
4. Quality Improvement Culture/Performance Management
5. Core Competencies
6. External Communications

A summary of all survey feedback was prepared by a consultant (executive summary in Appendix 1). This was followed by two consultant-facilitated work sessions to create the strategic plan and a wrap-up meeting to review and finalize. The strategic planning team for the discussions included leaders, staff, and a governing entity representative:

Jennifer Rodriguez	Public Health Director, LCDOH
Jill Burley	Center Director, LCDOH
Lisa Kenney	Senior Public Health Educator, LCDOH
Sue Ladley	Principal Typist, LCDOH
Andrea Mott	Public Health Specialist, LCDOH
Heath Clester	Public Health Sanitarian, LCDOH
Margaret Betette	Center Director, LCDOH
Jessie Hand	Public Health Specialist, LCDOH
Stacey Bennett	Principal Typist, LCDOH
Chelsea Pankratz	Public Health Educator, LCDOH
Dr. Joan Flender	Medical Director, Board of Health
Merilee Walker	Town Supervisor

The Community Health Assessment, Community Health Improvement Plan, and prior Strategic Plan were reviewed before the sessions and used as references in the sessions. In session one, an environmental assessment of external factors impacting the Department of Health was developed (Appendix 2) through a brainstorming discussion. The factors were then prioritized based on their impact on the work of the Department of Health, followed by a consensus discussion to confirm the priorities. Using that assessment as a basis, a SWOT analysis was created through a brainstorming discussion. Similar to the environmental assessment, each category of the SWOT was then prioritized through voting by all present, followed by discussion and consensus on the prioritized list. Voting occurred by listing the items on flip charts and

allowing participants to select priorities they anticipate would be most significant to the Department of Health's work over the next three years.

In session two, the environmental assessment and SWOT were reviewed and refined. Themes from the assessment outputs were reviewed, and three strategic priorities were identified through discussion and consensus. Objectives, actions, and timelines were created for each priority, and owners for each action item were identified. The strategic plan was then reviewed against vision, mission, and values to determine if revisions were needed. No changes were deemed necessary.

After the full plan was drafted, the Director and Management Team met with the consultant via Zoom to review and finalize the plan.

### **Strategic Priority Themes:**

The following list includes themes for potential strategic priorities that emerged through discussion of the survey data, environmental assessment, and SWOT:

- Strengthen community capacity
- Strengthen organizational capacity and streamline internal processes
- Develop policies and plans that support individual and community health effort
- Improve the use of technology
- Rebuild credibility in public health
- Facilitating community connectedness/engagement
- Mobilize community partnerships to identify and solve health problems
- Improve employee expertise (computer training/orientation)
- Healthcare access/workforce shortage
- Fiscal sustainability

The areas selected for focus in the strategic plan were strengthening organizational capacity to address community healthcare needs and strengthening community engagement through collective impact on community health.

### **Review and Monitoring**

Livingston County Department of Health Leadership will monitor the plan through the Performance Management/Quality Improvement (PMQI) team. Performance measures and time framed targets for each priority area are documented and monitored through the department's performance management software. In addition, quarterly performance reports will be completed to monitor the effectiveness of the plan. Reports will be shared with LCDOH staff and the Board of Health.

## **Vision, Mission, and Values**

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### **Vision**

Commitment to leading the community for a healthier and safer tomorrow.

### **Mission**

The Livingston County Department of Health works with the community to assure the availability and accessibility of health services, to promote healthy living and to ensure a safe environment for today and tomorrow.

### **Values**

Respect, Commitment, Accountability, Compassion, Collaboration, Innovation, Responsiveness and Integrity

## **Strategic Priorities**

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**STRATEGIC PRIORITY 1:** STRENGTHEN ORGANIZATIONAL CAPACITY TO ADDRESS COMMUNITY HEALTHCARE NEEDS

**STRATEGIC PRIORITY 2:** STRENGTHEN COMMUNITY ENGAGEMENT THROUGH COLLECTIVE IMPACT ON COMMUNITY HEALTH

## SWOT Analysis: Review of Strengths, Weaknesses, Opportunities, and Threats

Livingston County Department of Health leadership and staff completed the SWOT analysis and prioritized the items in bold as having the most significant impact on their work.

<b>Strengths</b>	<b>Weaknesses</b>
<b>Strong Leadership/Teamwork</b>	<b>Antiquated software</b>
<b>Full-Service Department of Health (one-stop shopping)</b>	<b>Processes create complexity and impede efficiency</b>
<b>Work/life balance</b>	<b>Sustainable funding</b>
Collaboration between offices	Transition planning/retirements/knowledge drain
Reasonable relationships with county legislature and offices (DSS, Nursing Homes, etc.)	Lack of bilingual staff
SHAPE program (worksites wellness)	Newness of the IT staff
Services for all age ranges	Secure email system complexity (Barracuda)
Good rapport with doctor offices	People working in silos
Wide variety of expertise	Volume of grants for a full service HD
Age diversity	Response time to community issues
Wide array of programming	Lack of policy to enforce paid maternity leave
Receptive to suggestions and input	In-person coverage due to remote work
Community partners use us as a resource	Support for frontline staff during crises like COVID
Central location	Staff feeling like they are not involved in decisions
Onboarding	Lack of family paid leave
Benefits (higher pay, health insurance)	
<b>Opportunities</b>	<b>Threats</b>
<b>Improve perception of public health in the community (e.g., advertising, marketing)</b>	<b>Healthcare Workforce shortage</b>
<b>Strengthening food security and transportation</b>	<b>Stress on healthcare for emerging issues (cannabis, asylum, caregiving, climate change)</b>
<b>Community engagement with underserved populations (elderling, Amish)</b>	<b>Uncertain/changing funding</b>
<b>Better leverage technology</b>	<b>Misinformation/disinformation/political climate impact on messaging/servicing</b>
Public health policy advocacy – engaging the community	Community perception of the Department of Health
Promote 211	Another pandemic/health crisis; increased likelihood of emerging/severity of crisis

Leverage tools like telehealth to meet clients where they are (offer virtual and in-person options)	Unfunded mandates
Translation of documents into different languages	Cyber threats
Mental health/substance abuse interventions	Competing agencies stepping in to cover closed program
Strengthening partnerships with migrant communities/service office	Safety in the workplace
Clarify roles and functions of the Department of Health to the community	
Expanded opportunities to work remotely	
Finding grant opportunities	
Utilizing artificial intelligence (AI)_ opportunities for programming	
Improving technology literacy	

**Livingston County Department of Health  
Strategy Map 2024-2027**

<b>STRATEGIC PRIORITY 1: STRENGTHEN ORGANIZATIONAL CAPACITY TO ADDRESS COMMUNITY HEALTHCARE NEEDS</b>			
<b>PRIORITY OBJECTIVES</b>	<b>ACTIONS</b>	<b>RESPONSIBLE LEAD</b>	<b>TIMELINE</b>
<b>A. Streamline internal processes to improve efficiency (QI Processes)</b>  <b>Measure:</b> % Capacity of staff shifted from administrative time to programmatic capacity (baseline = TBD by program, using a staff survey to demonstrate change in baseline)	I. Inventory and analyze the effectiveness of internal processes and identify opportunities to improve efficiency to strengthen the public health pipeline	Management Team	June 2024
	II. Develop and implement an action plan based on the assessment	Management Team, QI Coordinator	December 2024
	III. Identify and implement opportunities to increase working capital for programs	Deputy Director of Public Health (DDPH)	September 2024
<b>B. Improve population health analysis by developing staff capacity to use data to make decisions and enhance data performance and quality</b>	I. Utilize the results from the most recent assessments, including Workforce Development (WFD)/Core Competency, Culture of Quality, and Performance Management Self-Assessment Tool to develop a plan based on gaps identified within these assessments	DDPH	March 2024

<p><b>Measure:</b> % core public health programs with established scorecards (baseline = TBD)</p> <p>% core public health programs collecting and reporting data per established schedule/frequency (baseline = TBD)</p> <p>80% of LCDOH initiatives (other than core public health programs) utilizing Clear Impact to monitor progress</p> <p>By 2027, the percentage of staff who use QI tools and techniques to improve processes in which they are involved will be 46% (baseline = 41%)</p>	<p>II. Ensure staff have the appropriate technology, education, and tools to optimize population health outcomes through Clear Impact and Compyle quality improvement systems</p>	<p>Data Systems Specialist, QI Coordinator, and Training Coordinator</p>	<p>December 2024</p>
	<p>III. Implement Clear Impact to improve and increase capacity for systems integration</p>	<p>QI Coordinator</p>	<p>June 2025 and ongoing</p>
	<p>IV. Conduct a follow-up survey (Culture of Quality/QI) among LCDOH staff to compare with baseline data</p>	<p>QI Coordinator</p>	<p>June 2026</p>

<b>STRATEGIC PRIORITY 2: STRENGTHEN COMMUNITY ENGAGEMENT THROUGH COLLECTIVE IMPACT ON COMMUNITY HEALTH</b>			
<b>PRIORITY OBJECTIVES</b>	<b>ACTIONS</b>	<b>RESPONSIBLE LEAD</b>	<b>TIMELINE</b>
<p><b>A. Improve the credibility of public health within the community</b></p> <p><b>Measure:</b> By 2027, increase the percentage of community members who agree/strongly agree that the LCDOH and its communications are trustworthy and credible by 2% (baseline to be set 2024)</p> <p>Achieve a positive net promoter score (Baseline = target to be set. Question to be added to LCDOH surveys)</p>	I. Assess current perceptions and attitudes of the community towards public health efforts	Department Leads	January 2024 and ongoing
	II. Identify and implement opportunities to share accomplishments/successes of the health department and the importance of public health within program presentations	Community Health Center Director	June 2024 and ongoing
	III. Participate in non-traditional PR efforts such as the employee highlight (county website and social media) and through partners/community agencies (e.g., Rotary, other groups that influence health outcomes, CHIP partners) by featuring staff and programs	Health Ed Team	June 2024 and ongoing
	IV. Research evidence-based, promising practices and/or utilize credible sources (i.e., NYSDOH, CDC, Public Health Collaborative) for public health messaging	Health Ed Team	August 2024
	V. Conduct an annual focus group with community members to gain their input on services and gaps and understand their perceptions of health	Health Ed Team	January 2025 and annually after that
	VI. Conduct a pre (baseline) and post survey using various methods, including 1:1, online, and email Reference: <a href="https://www.hsph.harvard.edu/wp-content/uploads/sites/94/2021/05/RWJF-Harvard-Report_FINAL-051321.pdf">https://www.hsph.harvard.edu/wp-content/uploads/sites/94/2021/05/RWJF-Harvard-Report_FINAL-051321.pdf</a>	Health Ed Team	January 2025
<p><b>B. Improve community communication by reducing internal silos to increase cross-departmental partnerships</b></p>	I. Build department infrastructure to facilitate effective community engagement and reduce redundancies	Management Team	August 2024
	II. Develop a cross-department workgroup to assess and enhance coordination of communication/outreach efforts	Community Health Center Director	March 2024

<b>Measure:</b> By 2027, increase the percentage of community members who find communications useful/very useful by 2% (baseline = 69%)	III. Create a cross-department communication touchpoint map to identify communication redundancies and opportunities for coordination of messages and outreach	Data Systems Specialist/QI Coordinator	October 2024
	IV. Review and revise the LCDOH marketing and media plan based on focus group findings	Health Ed Team	February 2025 and annually June 2027
	V. Conduct follow-up External Communications Assessment	Health Ed Team	November 2027
<b>C. Enhance strategic collaboration with community agencies to improve public health outcomes</b>  <b>Measure:</b> # of programs (2) moved from Department of Health to other partners by 2026 (utilize Collective Impact – Progress Assessment)  % of collaboration time (utilize Collective Impact – Progress Assessment)	I. Partner with CHIP stakeholders to identify and address gaps in the current CHIP focus areas to develop new programs and assign responsibilities	Health Ed Team	January 2025
	II. Identify program leads to address the food insecurity needs of vulnerable populations within the county	Management Team	March 2025
	III. Utilize Collective Insights on Collective Impact Approach Reference: <a href="https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/collective-impact/main">https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/collective-impact/main</a>	Health Ed Team	September 2025
	IV. Provide an overview of Collective Impact for LCDOH staff at training day	Domain 8 /WFD team	October 2025
	V. Provide comprehensive training on Collective Impact for appropriate LCDOH staff and community partners (Genesee Valley Health Partnership- rural health network)	Domain 8/ WFD team	December 2025

## Appendix 1 - Survey Assessment Executive Summary

Themes that emerged from a more detailed summary of the surveys included:

### Technology

Several technology themes emerged from the employee and technology surveys.

- **Efficiency:** Equipment is outdated, slow, and makes it difficult to be efficient and effective at job duties. Programs and operating systems are outdated and incompatible with newer versions of online and other applications. There were also concerns about the lack of mobility with the existing equipment.
- **Training:** More training is needed on existing programs and systems to maximize functionality, “just in time” training for new technologies or processes, and ongoing training as updated and new programs and systems are released.
- **Ease of communicating with customers/clients:** Communication is hindered by the email security system, email slowness, lack of online functionality for customers, and lack of back-end systems or functionality to track and store information.

### Employee Workload and Resources

The employee survey indicated opportunities exist in balancing workload and providing resources, tools, and technology for employees to do their jobs. There are also opportunities to improve communication as employees feel, to some degree, that they are not involved in decisions that impact their work, that they are not getting enough information from leadership on the activities of the Health Department, and that the survey results will not be used to better the department.

### External Communication

Although the sample size was limited, the results of the external communication survey were largely positive, indicating that this is an area of strength that the Health Department can continue to build.

### Public Health Competencies

The overall public health competencies score was 2.4, between “aware” and “knowledgeable.” The individual domains scored between 2.3 at the low end and 2.7 at the high end. Based on survey scores, areas of opportunity include Public Health Sciences (2.2) and Leadership and Systems Thinking (2.3). In 2022, the Livingston County Department of Health identified Leadership and Systems Thinking and Data Analytics and Assessment skills as areas of staff development for their goal of advancing health equity.

### Quality Improvement Capacity and Processes

QI opportunities exist in two areas, based on the results of both the QI/Culture survey and the Performance Management Survey:

- Processes to support QI, including processes to sustain measurable improvements achieved through QI and using formal improvement models to make process improvements.
- QI capacity and skillset, including leaders allowing for employees to dedicate time to QI, leaders encouraging QI participation, involvement, and creativity, and opportunities to participate in learning communities to build knowledge and skill.

## **Governing Entity**

The governing entity had three areas emerge as opportunities. The first category is increasing knowledge and support in evidence-based policies. This presents the most potential for the Board of Health and Board of Supervisors to better support the work of the Health Department. The second category is professional development, specifically in reviewing job classifications and ensuring that they are based on core competencies. Lastly is the regulatory component, which includes budgeting for enforcement activities and utilizing legal counsel.

## Appendix 2 – Environmental Assessment

The environmental assessment reviews and prioritizes environmental factors that may impact the work of the Livingston County Department of Health over the next three years. Items in bold were identified as priorities.

<b>Market Factors (demographic, economic, etc.)</b>
<b>Food insecurity</b>
<b>Youth mental health/lack of treatment</b>
<b>Lack of transportation/public transportation options, timeliness, and navigation</b>
<b>Aging population</b>
Effect of legalized marijuana on the community (drug use etc.)
Lack of available housing options
Inflation/prices
Growing Hispanic population
High Mennonite population
Access to childcare
Lack of people willing to work at local businesses/workforce availability
Demise of nonprofits due to COVID
Private sector vs. public sector ability to pay, etc.
New businesses opening – Tim Hortons
Small businesses struggle to stay open
<b>Industry Factors</b>
<b>Local birthing center shut down – loss of services</b>
<b>Healthcare professional shortage/workforce shortage</b> (including MH/SU/Dental Providers who accept Medicaid)
<b>Loss of funding</b>
Switch to telehealth/expectation of virtual offerings by some, resistance by others
Department of Health retirements/aging PH workforce
Lack of provider access (related to workforce shortage)
Strong hospital systems
Rx shortages
<b>Political and Regulatory Factors</b>
<b>Cannabis regulations and potential impacts</b>
<b>Lack of respect for public health science</b>
<b>Unfunded mandates</b>
Asylum seekers, if moved to the area
Resistance to vaccine mandates
New public water regulations
Increased number of mandates
Changes in elected officials/upcoming elections
China/Russia warfare threat
State vs. County public perception
Competing interests – political vs. public health

<b>Other (e.g., technology, social media)</b>
<b>Misinformation/disinformation</b>
<b>Community Polarization</b>
<b>Technology Literacy – populations who do not know how to navigate technology</b>
Workplace violence
Technology exhaustion (pace of new technology/learning)
Information overload (online, social media, news)
AI displacing the workforce
Climate changes
County-wide water infrastructure improvements
Lack of social connections due to technology/automation/AI