



Public Health
Prevent. Promote. Protect.



Cattaraugus County
Health Department

Strategic Plan
2022-2027

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INTRODUCTION AND STRATEGIC PLANNING PROCESS

The Cattaraugus County Health Department's (CCHD) Strategic Planning Process began in April 2022 using the resources of the New York State Department of Health NYS Public Health Corp Fellows. Pauline Hoffmann, Ph.D., senior fellow, Julie Hall, graduate fellow, and Alyssa Dean, fellow, worked with the Executive Committee of Kevin D. Watkins, MD, MPH, public health director, James Lawrence, emergency preparedness director, and Matthew Tyssee, public health educator.

As a part of this process, the fellows reviewed the 2018-2021 strategic plan for past successes and failures and discussed what was needed for future success. Both an external assessment, in which county demographic data, economic factors, health outcomes, and community health assessment findings that have the potential to affect the agency and strategies, were examined, and an internal assessment of a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis were completed.

The division leaders completed a SWOT analysis of their specific divisions and the department as a whole. Division leaders were also asked to name either themselves or a division designee to serve on the Strategic Planning Committee. Results from the recent and previous division SWOT analyses were aggregated and then reviewed by the Executive Committee. Once the Committee completed and refined the SWOT analysis, the fellows developed the Strategic Goals and Strategic Objectives for review and formed draft measurable objectives. The Committee then considered the department's current mission, vision, core values during this process in which no changes were made.

AGENCY DESCRIPTION

The Cattaraugus County Health Department (CCHD) is an accredited Health Department that operates under the provisions of the Public Health Law and Sanitary Codes of New York State and Cattaraugus County. Multiple service sites are located throughout the county to facilitate easy access to services. There are six public health core services provided by CCHD which include: family health, communicable disease control, chronic disease prevention, health promotion, environmental health, and public health emergency preparedness. The department also has a Certified Home Health Agency (CHHA), County Laboratory, Early Intervention Program, and a Women Infant and Children's program that along with the core programs comprise all programmatic services within the department. CCHD is governed by a Board of Health (BOH), which is responsible for reviewing agency efforts and setting policy. The BOH is comprised of nine members.

VISION

Vision – A community that embraces excellence and collaboration, capable of improving the population health through data-driven decision-making and policy development.

The vision should reflect the agency's intentions, describe the way the organization will look in the future, and help to position the Department to achieve its goals. The strategic plan is then developed to move the organization from its current position toward this vision. The CCHD's current vision was reviewed as part of the strategic planning process. No changes or modifications were made to the vision.

MISSION

Mission – To engage and empower the public of all ages to live healthier lifestyles through efforts of education, prevention, promotion, monitoring, accessibility, affordability, technology, testing, diagnosing, and treating.

The mission of an organization defines its purpose and communicates the goals of all the programs, services, and activities undertaken by it. The CCHD's current mission was reviewed as part of the strategic planning process. No changes or modifications were made to the mission.

VALUES

- Excellence
- Collaboration
- Compassion
- Innovation
- Professionalism
- Integrity
- Accountability

Core values go beyond what an organization does, and describe the core beliefs and attitudes that influence the way the organization conducts business. The CCHD's core values were reviewed as part of the strategic planning process as it reflects the agency's future intentions. No changes or modifications were made to the core values.

EXTERNAL ASSESSMENT

An external assessment was completed to gather data and input on factors that may affect the health department's direction and strategies moving forward. The factors considered are listed and summarized below.

SOCIO-CULTURAL FACTORS

- **Population Estimates**

As of July 1, 2021, the estimated population of Cattaraugus County was down to 76,462 from the 2010 population count of 80,317. This is a decline of 4.8%. Since 2000, the population of Cattaraugus County has declined from 83,955, representing an 8.9% decrease.

- **Age Distribution**

The 2020 Census reported the median age in Cattaraugus County as 42.5 years, whereas the median age in New York State (NYS) is 39 years. The majority of the population in Cattaraugus County is between the ages of 18-64 (58.6%). Approximately, 22.2% of the population is under the age of 18. Furthermore, 19.2% of the population in Cattaraugus County are senior citizens (65 and older).

- **Race Distribution**

The majority of Cattaraugus County citizens are Caucasian (92.0%), with American Indian (4%), and African Americans (1.5%). Since 2000, the Hispanic population in Cattaraugus County has the largest growth from 0.9% to 2.4%. Alaska Native, Asian, Pacific Islander or persons reporting two or more races represent the remaining population. Overall, the race distribution is very different from that of NYS. In NYS, 55.0% of the population is Caucasian, 19.5% is Hispanic and 17.6% is African American.

- **Community Health Improvement Plan Priorities**

The Cattaraugus County Health Department partnered with Olean General to write a combined Community Service Plan – Community Health Assessment/Community Health Improvement Plan (CSP-CHA/CHIP). The following priorities were selected for the current CSP-CHA/CHIP cycle:

1. Prevent Chronic Disease
2. Promote Mental Health and Prevent Substance Abuse

- **Health Rankings**

Based on 2021 data from the nationwide comprehensive county health rankings and roadmaps study which measures health outcomes and health factors ratings per county, of the 62 counties in New York State, Cattaraugus County ranks 58th in health outcomes and 60th in health factors.

Health outcomes measure the length (premature death - death before age 75) and quality of life (self-reported health status). Health factors include health behaviors, clinical care, social and economic factors and physical environment. The table below describes the following outcomes and factors sub-rankings for Cattaraugus County.

Health Outcomes and Health Factors County Rankings for Cattaraugus County in New York State.

| Health Outcomes/Factors | Length of Life | Quality of Life | Health Behaviors | Clinical Care | Social and Economic Factors | Environmental Factors |
|--------------------------------|-----------------------|------------------------|-------------------------|----------------------|------------------------------------|------------------------------|
| Cattaraugus County | 55 | 61 | 60 | 59 | 51 | 24 |

To summarize health behaviors data, Cattaraugus County has a higher adult smoking rate than New York State 22% vs 13%, increased adult obesity 33% vs 27%, lower access to exercise opportunities 50% vs 80%, higher teen births 20 vs 13, more children living in poverty 22% vs 17%, and higher injury death 73 vs 53 and suicide deaths, to name a few. Additionally, comparing clinical care providers indicates a stark disparity from county to state. New York State has about one primary care physician to 1,220 patients while Cattaraugus County has one physician to every 2,150 patients. The number of mental health providers to patients is 1:350 statewide and 1:800 in the Cattaraugus County. Recall, also that the number of people per square mile in the county is considerably fewer given its rural environment which leads to potentially increased isolation, decreased access to services and fewer possible interventional or therapeutic contacts with community, friends, family and professionals leading to greater incidents of poor health outcomes and premature death.

Based on NYSDOH leading causes of death data for 2019, the five most common leading cause of death for Cattaraugus County included: Heart disease, Cancer, Chronic Lower Respiratory Disease, Unintentional Injury and Diabetes. A plan to address these leading causes of death will be outlined in the community health improvement plan where community partners will develop population-wide interventions in order to create measurable outcomes.

ECONOMIC FACTORS

- The average median annual household income in Cattaraugus County according to the 2020 U.S. Census was \$50,700, compared to \$71,117 in NYS. In 2020, the Census reports that 16.3% of Cattaraugus County residents are living in poverty compared with 13.6% in New York State. Of those under 18, 24.3% live in poverty, higher than the 18.7% in New York State. From 2016-2020 the average per capita income in Cattaraugus County was \$26,797 compared to \$40,898 in NYS. As of 2020, 16.3% of Cattaraugus County residents reported living in poverty, whereas 13.6% reported living in poverty in NYS. The 2016 - 2021 American Community Survey, reported that 89.7% of the population attained a high school diploma or higher, which is higher than the NYS percentage of 87.3%. The percentage of Cattaraugus County residents who have attained a Bachelor's Degree was reported at 10.0%, which is much lower than the NYS percentage of 20.9%.

INTERNAL ASSESSMENT

As part of the internal assessment process, a SWOT analysis was completed to look at the internal strengths and weaknesses and external opportunities and threats of the agency. As part of the strategic planning process, data from the SWOT analysis were evaluated in the development of the final plan. Listed below are the top Strengths, Weakness, Opportunities and Threats facing the agency as determined by planning participants combining responses from the previous and current plans.

STRENGTHS

- **Staff** (experience, education, varied backgrounds, commitment, enthusiasm, collaborative, passionate, dedicated, ethical)
- **National accreditation**
- **Strong communication systems** in place within divisions
- **Strong fiscal management** including grants and taxes allowing us to have a stable revenue base with our in-house billing unit
- **Proactive Board of Health**
- Full service health department active in the **community** and respected by our partners

WEAKNESSES

- **Under-resourced** (heavy workload, limited space, budget constraints, unfunded mandates, anything that decreases revenue and increases expenses)
- **Communication** (communication between divisions, health promotion and advertising)
- **Succession planning** (ensure cross training and dissemination of information to employees)
- **IT support** (hardware/software management, dedicated person to support website/EMR)

OPPORTUNITIES

- **Communication and promotion** (promote county services to public and partners, change perceptions, incorporate more digital tools to enhance/ease communication)
- **Relationship building** (continue to expand/strengthen partnerships, develop intermunicipal agreements)
- **Increase revenues/grants** (continue to pursue grants)
- **Training/education** (internal and external including emergency preparedness, culturally relevant material)
- **IT/Tech** (continue to improve electronic recordkeeping)
- Resume leadership in the **opioid taskforce** to create long-term support to help addicts transition into stable and manageable living.

THREATS

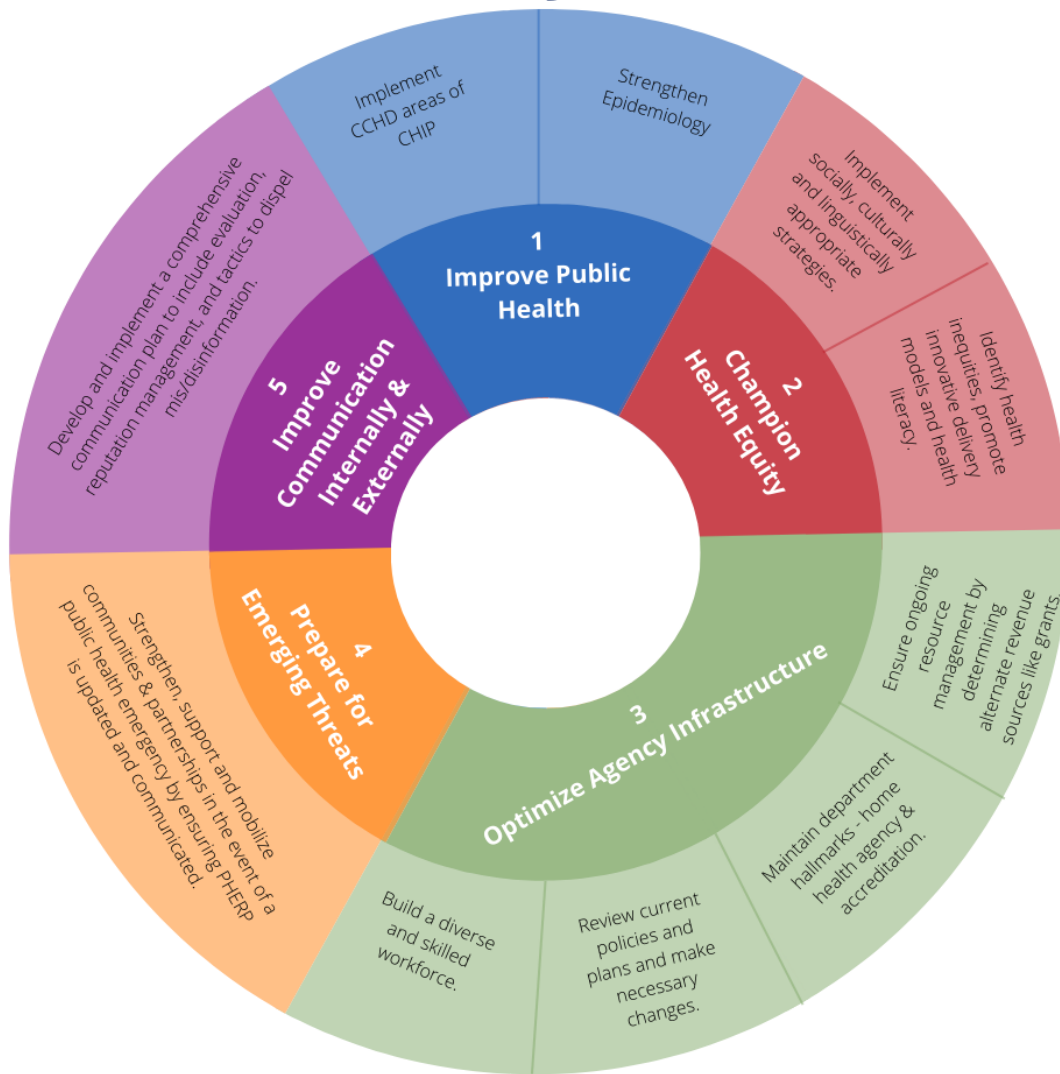
- **Competition for services and employees** (difficult to attract and retain employees in competitive market, competing services (home health and rural health care agencies))
- **Reputation management and mis/disinformation** (false and/or lack of information, weakened DOH reputation after COVID)
- **Transportation**
- **Funding** (potential grant funding cutbacks, mandated programs lacking reimbursement)
- **Poor health rankings**
- **Public health crisis** (vaccine shortages, baby formula shortages, legalization of marijuana)

THE STRATEGIC PLAN

The strategic plan will serve as a working document for the agency as it strives to achieve its vision and mission. From the mission and vision, specific priority areas, objectives, and strategies were developed. Annual review and revisions to the plan will be made and communicated to staff, the community and partners, and the BOH to illustrate how the CCHD is achieving what it has committed to do. Unless otherwise noted, it is expected that each measurable strategy will be evaluated quarterly by the NYS Public Health Corps Fellows assigned to the strategic plan. Findings will be shared with the Executive Committee to determine appropriate actions, if necessary.

The following graphic provides a visual representation of the strategic plan which may be displayed internally and externally as a quick reference guide.

Cattaraugus County Health Department Strategic Plan



GOAL ONE: IMPROVE PUBLIC HEALTH

Objective 1.1: Implement CCHD priority areas of the Community Health Improvement Plan (CHIP) with ongoing quarterly assessment and an annual progress report [1. Prevent chronic disease; 2. Promote well-being and prevent mental health and substance abuse disorders].

Performance Measures:

- Provide awareness campaigns on chronic diseases that commonly afflict residents of Cattaraugus County.
- Provide internal training for program staff to promote mental and physical wellness (examples: Safe Talk suicide prevention education, depression education.)

Strategies:

1.1a: Develop quarterly reports for acute and chronic illnesses and display it on the CCHD website.

1.1a: Investigate mental health training opportunities and provide mental health education and training for staff.

Objective 1.2: Strengthen Epidemiological efforts by developing an epidemiology team within the department and evaluating epidemiological data to investigate diagnoses and identify potential public health hazards.

Performance Measures:

- Establish epidemiology division and team.
- Collect, analyze, interpret and share data internally and externally.
- Develop quarterly reports for acute and chronic illnesses.
- Support health promotion efforts with data for program emphasis and grant development.

Strategies:

1.2a: Identify specific health and disease conditions and risk factors to prevent chronic disease.

1.2b: Work with nursing to expand epidemiology programming.

1.2c: Provide data to identify and drive communication and promotional activities.

Description

The focus of **Strategic Plan Goal One** is to improve public health by implementing the CHIP and strengthening epidemiology within the department. **Strategic Objective 1.1** is to *Implement CCHD areas of the Community Health Improvement Plan with ongoing quarterly assessment and an annual progress report. [1. Prevent chronic disease; 2. Promote well-being and prevent mental health and substance abuse disorders.]* This will be done by providing awareness campaigns on chronic diseases that commonly afflict residents of Cattaraugus County looking at the five leading causes of death and promoting interventions to reduce the poor health outcomes. This objective also includes providing mental health training to promote mental and physical wellness to staff. **Strategic Objective 1.2** is to *Strengthen Epidemiological efforts by developing an epidemiology team within the department and evaluating epidemiological data to investigate diagnoses and identify potential public health hazards.* Claire Watson, Ph.D., senior fellow, is charged with strengthening and developing an epidemiology division and created the Performance Measures noted in this objective. Data are available and need to be evaluated regularly in order to develop health campaigns and promotions as well as drive future strategic planning initiatives.

GOAL TWO: CHAMPION HEALTH EQUITY

Objective 2.1: Implement socially, culturally and linguistically appropriate health promotion strategies to further protect population from preventable health conditions.

Performance Measure:

- Implement socially, culturally and linguistically appropriate health promotion strategies to protect population from preventable health conditions.

Strategy:

2.1a: Ensure that all documents created by the CCHD are ADA compliant and available in alternate formats.

Objective 2.2: Identify health inequities, promote innovative healthcare delivery models and promote health literacy in the community.

Performance Measures:

- Investigate exercise, food availability and other wellness opportunities for the community to participate in/have access to including GIS mapping of local parks and trails and healthy food options.
- Develop partnerships with local gyms and schools to provide access to workout facilities.
- Investigate and communicate transportation options including OATS and RTS.
- Develop mobile/tele-medicine options.

Strategies:

2.2a: Ensure information about exercise and wellness opportunities and food availability are accessible through appropriate communication channels.

2.2b: Cross-promote access to local gyms and schools through appropriate communication channels.

2.2c: Communicate transportation options to community through appropriate communication channels.

2.2d: Through grant opportunities and partner development, provide mobile/tele medicine to home care patients without access to transportation or medical care.

Description

Strategic Objective 2.1 is a performance measure to *Implement socially, culturally and linguistically appropriate health promotion strategies to protect populations from preventable health conditions.* It also works with **Strategic Objective 1.2** and **Strategic Plan Goal 5**. **Strategic Objective 2.2** is to *Identify health inequities, promote innovative health care delivery models and promote health literacy in the community.* This Strategic Objective is a continuation of the work proposed in the 2018-2021 Strategic Plan by emphasizing exercise, food availability and other wellness opportunities both within and without the CCHD. It does so by ensuring the community is aware of opportunities within the community including easy accessibility. Transportation is cited as an enormous problem in our rural community. The 2020 U.S. Census data note that our county population is 61.4 per square mile compared with 421 per square mile in New York State. Our population is spread out and without adequate transportation to get to medical appointments, grocery stores and exercise/wellness facilities. Those data coupled with the low poverty rates and challenging employment rates and opportunities makes access difficult. It is also important to develop mobile/telemedicine options, particularly for our home care patients.

GOAL THREE: OPTIMIZE AGENCY INFRASTRUCTURE

Objective 3.1: Build a diverse and skilled workforce by ensuring cross-training of staff, developing a succession plan, and ongoing training and education.

Performance Measures:

- Provide educational opportunities and ensure cross-training of positions.
- Develop a succession plan for each division.

Strategies:

3.1a: Investigate and expand training and education within the division.

3.1b: Ensure program managers have a succession plan in place including a job manual for each position.

Objective 3.2: Review current ways of doing things (policies) and plans to ensure they are still appropriate and make necessary changes.

Performance Measure:

- Perform a policy/procedure audit and ensure all materials are easily assessible (example, reorganization of the v: drive).

Strategies:

3.2a: Review and standardize current policies and procedures to ensure they are still appropriate and suggest modifications/changes.

3.2b: Create a site map and reorganize v: drive for greater accessibility.

Objective 3.3: Maintain department hallmarks such as Home Health Agency and national accreditation.

Performance Measures:

- Maintain national accreditation.
- Maintain home health agency.

Strategies:

3.3a: Apply for and secure re-accreditation.

3.3b: Work to support Home Health Agency through communication and promotion.

Objective 3.4: Ensure ongoing resource management by determining alternate revenue sources like grants.

Performance Measures:

- Meet with divisions to develop a needs assessment analysis and investigate grant opportunities to support divisions and CHIP initiatives.
- Work with community partners to establish grant opportunities based on CHIP and strategic plan.

Strategies:

3.4a: Meet with division leaders to develop a needs assessment analysis.

3.4b: Investigate funding opportunities and apply for appropriate grants.

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Description

The SWOT specifically indicated that cross-training and succession planning were necessary to ensure the smooth running of the CCHD so **Strategic Objective 3.1** addresses that by noting we need to *Build a diverse and skilled workforce by ensuring cross-training of staff, developing a succession plan, and ongoing training and education*. This Strategic Objective may also link with **Strategic Objective 1.1** in offering training opportunities. There are challenges to this Strategic Objective because of civil service constraints but opportunities exist to explore options. At present, employees are encouraged (and in some cases, mandated) to participate in outside education. This Strategic Objective and Performance Measures seeks to codify this. **Strategic Objective 3.2** will *Review current ways of doing things (policies) and plans to ensure they are still appropriate and make necessary changes*. This is an ongoing initiative that is done each year with review by the Public Health Director and BOH. CCHD is one of the few accredited public health departments. It is also one of the few county-run, accredited home health agencies. **Strategic Objective 3.3** will *Maintain department hallmarks such as home health agency and national accreditation*. An accreditation team has been assembled and work on re-accreditation is underway. The successful operation of the CCHD also hinges on additional funding opportunities. **Strategic Objective 3.4** will *Ensure ongoing resource management by determining alternate revenue sources like grants*. Julie Hall, graduate fellow, is working with divisions and community partners to develop a needs assessment analysis and will investigate and work with granting agencies to increase revenues and community partnerships.

GOAL FOUR: PREPARE FOR EMERGING THREATS

Objective 4.1: Strengthen, support, and mobilize communities and partnerships in the event of a public health emergency by ensuring the Public Health Emergency Response Plan (PHERP) is updated and communicated.

Performance Measure:

- Strengthen, support, and mobilize communities and partnerships in the event of a public health emergency by ensuring the Public Health Emergency Response Plan (PHERP) is updated and communicated.

Strategies:

4.1a: Identify emerging threats.

4.1b: Work with partners to ensure PHERP is updated annually to reflect emerging threats and is communicated internally and externally as appropriate.

Description

If COVID-19 taught us anything it is that being prepared in case of an emergency is critical. **Strategic Objective 4.1** will *Strengthen, support, and mobilize communities and partnerships in the event of a public health emergency by ensuring the Public Health Emergency Response Plan (PHERP) is updated and communicated.* Efforts are already underway to identify the next emergency and respond to it. Additionally, an evaluation of the emergency response to COVID is underway.

GOAL FIVE: IMPROVE INTERNAL AND EXTRENAL COMMUNICATION

Objective 5.1: Develop and implement a comprehensive communication plan to include evaluating current communication strategies, standardizing collateral materials, reviewing IT resources, ensuring reputation management, and dispelling mis/disinformation.

Performance Measures:

- Work with divisions to develop specific external communication and establish/review policies/brand guide.
- Standardize all CCHD collateral materials and work with divisions on any new/needed materials.
- Perform a communication audit (review of website, social media, articles, media reports, internal communication, partnership development).
- Develop a two-way internal communication mechanism like a newsletter.
- Develop/sustain media relations.
- Develop, implement and evaluate promotional campaigns.

Strategies:

5.1a: Establish brand guidelines and communication procedures for divisions to use in developing communication.

5.1b: Meet regularly with divisions to determine upcoming events and programs to communicate internally and externally.

5.1c: Determine appropriate communication outlets and messaging for programs and events to include social and traditional media.

5.1d: Review all communication materials and standardize meeting brand guidelines.

5.1e: Review and modify social media and existing website to ensure user friendliness.

5.1f: Standardize external communication.

5.1g: Develop and implement internal communication system including internal newsletter.

5.1h: Ensure contact information is up-to-date. Communicate regularly with media outlets including a monthly article in print media and an article in specific health sections of the newspaper.

5.1i: Develop and implement promotional campaigns based on input from divisions and community partners.

Description

As with epidemiology, the CCHD does not have a dedicated communication director or division. The introduction of the NYS Public Health Corp allows for a fellow with expertise in this area. Pauline Hoffmann, Ph.D., senior fellow, is to *Develop and implement a comprehensive communication plan to include evaluating current communication strategies, standardizing collateral materials, reviewing IT resources, ensuring reputation management, and dispelling mis/disinformation, Strategic Objective 5.1.* This will be done with performance measures to work with divisions to determine communication needs, improve internal communication, standardize collateral materials, sustain media relations and develop promotional campaigns.

ACTION PLAN | 2022-2027

The following table outlines the action plan of strategic initiatives by goal. All performance measures and strategies will be reviewed quarterly throughout the five-year duration of the plan.

GOAL 01: IMPROVE PUBLIC HEALTH

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|--|---|
| Objective 1.1: Implement CCHD priority areas of the Community Health Improvement Plan (CHIP) with ongoing quarterly assessment and an annual progress report [1. Prevent chronic disease; 2. Promote well-being and prevent mental health and substance abuse disorders]. | |
| Performance Measure | Provide awareness campaigns on chronic diseases that commonly afflict residents of Cattaraugus County. |
| Strategy | 1.1a: Develop quarterly reports for acute and chronic illnesses and display it the CCHD website. |
| Responsible Party | Matt Tyssee |
| Performance Measure | Provide internal training for program staff to promote mental and physical wellness (examples: Safe Talk suicide prevention education, depression education.) |
| Strategy | 1.1b: Investigate mental health training opportunities and provide mental health education and training for staff. |
| Responsible Party | Matt Tyssee |
| Objective 1.2: Strengthen Epidemiological efforts by developing an epidemiology team within the department and evaluating epidemiological data to investigate diagnoses and identify potential public health hazards. | |
| Performance Measure | Establish epidemiology division. |
| Strategies | 1.2a: Identify specific health and disease conditions and risk factors to prevent chronic disease. |
| | 1.2b: Work with nursing to expand epidemiology programming. |
| Responsible Party | Dr. Claire Watson |
| Performance Measure | Support health promotion efforts with data for program emphasis and grant development. |
| Strategy | 1.2c: Provide data to identify and drive communication and promotional activities. |
| Responsible Party | Dr. Claire Watson |

GOAL 02: CHAMPION HEALTH EQUITY

Objective 2.1: Implement socially, culturally and linguistically appropriate health promotion strategies to protect population from preventable health conditions.

| | |
|----------------------------|---|
| Performance Measure | Implement socially, culturally and linguistically appropriate health promotion strategies to protect population from preventable health conditions. |
| Strategy | 2.1a: Ensure that all documents created by the CCHD are ADA compliant and available in alternate formats. |
| Responsible Party | Matt Tyssee |

Objective 2.2: Identify health inequities, promote innovative healthcare delivery models and promote health literacy in the community.

| | |
|----------------------------|---|
| Performance Measure | Investigate exercise, food availability and other wellness opportunities for the community to participate in/have access to including GIS mapping of local parks and trails and healthy food options. |
| Strategy | 2.2a: Ensure information about exercise and wellness opportunities and food availability are accessible through appropriate communication channels. |
| Responsible Party | Matt Tyssee |
| Performance Measure | Develop partnerships with local gyms and schools to provide access to workout facilities. |
| Strategy | 2.2b: Cross-promote access to local gyms and schools through appropriate communication channels. |
| Responsible Party | Matt Tyssee |
| Performance Measure | Investigate and communicate transportation options including OATS and RTS. |
| Strategy | 2.2c: Communicate transportation options to community through appropriate communication channels. |
| Responsible Party | Matt Tyssee |
| Performance Measure | Develop mobile/tele-medicine options. |
| Strategy | 2.2d: Through grant opportunities and partner development, provide mobile/tele medicine to home care patients without access to transportation or medical care. |
| Responsible Party | Lynne Moore |

GOAL 03: OPTIMIZE AGENCY INFRASTRUCTURE

Objective 3.1: Build a diverse and skilled workforce by ensuring cross-training of staff, developing a succession plan, and ongoing training and education.

| | |
|----------------------------|---|
| Performance Measure | Provide educational opportunities and ensure cross-training of positions. |
| Strategy | 3.1a: Investigate and expand training and education within the division. |
| Responsible Parties | Division Managers |
| Performance Measure | Develop a succession plan for each division. |
| Strategy | 3.1b: Ensure program managers have a succession plan in place including a job manual for each position. |
| Responsible Parties | Division Managers |

Objective 3.2: Review current ways of doing things (policies) and plans to ensure they are still appropriate and make necessary changes.

| | |
|----------------------------|--|
| Performance Measure | Perform a policy/procedure audit and ensure all materials are easily assessable (example, reorganization of the v: drive). |
| Strategies | 3.2a: Review and standardize current policies and procedures to ensure they are still appropriate and suggest modifications/changes. |
| | 3.2b: Create a site map and reorganize v: drive for greater accessibility. |
| Responsible Party | Alyssa Dean |

Objective 3.3: Maintain department hallmarks such as Home Health Agency and national accreditation.

| | |
|----------------------------|---|
| Performance Measure | Maintain national accreditation. |
| Strategy | 3.3a: Apply for and secure re-accreditation. |
| Responsible Parties | Matthew Tyssee; Fellows , Program Managers |
| Performance Measure | Maintain Home Health Agency. |
| Strategy | 3.3b: Work to support Home Health Agency through communication and promotion. |
| Responsible Parties | Matt Tyssee; Lynne Moore, Dr. Pauline Hoffmann |

Objective 3.4: Ensure ongoing resource management by determining alternate revenue sources like grants.

| | |
|----------------------------|---|
| Performance Measure | Meet with divisions to develop a needs assessment analysis and investigate grant opportunities to support divisions and CHIP initiatives. |
| Strategy | 3.4a: Meet with division leaders to develop a needs assessment analysis. |
| Responsible Party | Julie Hall |

| | |
|----------------------------|---|
| Performance Measure | Work with community partners to establish grant opportunities based on CHIP and strategic plan. |
| Strategy | 3.4b: Investigate funding opportunities and apply for appropriate grants. |
| Responsible Party | Julie Hall |

GOAL 04: PREPARE FOR EMERGING THREATS

| | |
|---|---|
| Objective 4.1: Strengthen, support, and mobilize communities and partnerships in the event of a public health emergency by ensuring the Public Health Emergency Response Plan (PHERP) is updated and communicated. | |
| Performance Measure | Strengthen, support, and mobilize communities and partnerships in the event of a public health emergency by ensuring the Public Health Emergency Response Plan (PHERP) is updated and communicated. |
| Strategy | 4.1a: Identify emerging threats. |
| | 4.1b: Work with partners to ensure PHERP is updated annually to reflect emerging threats and is communicated internally and externally as appropriate. |
| Responsible Parties | James Lawrence; Dr. Chris Crawford |

GOAL 05: IMPROVE INTERNAL AND EXTERNAL COMMUNICATION

Objective 5.1: Develop and implement a comprehensive communication plan to include evaluating current communication strategies, standardizing collateral materials, reviewing IT resources, ensuring reputation management, and dispelling mis/disinformation.

| | |
|----------------------------|---|
| Performance Measure | Work with divisions to develop specific external communication and establish/review policies/brand guide. |
| Strategies | 5.1a: Establish brand guidelines and communication procedures for divisions to use in developing communications. |
| | 5.1b: Meet regularly with divisions to determine upcoming events and programs to communicate internally and externally. |
| | 5.1c: Determine appropriate communication outlets and messaging for programs and events to include social and traditional media. |
| Responsible Party | Dr. Pauline Hoffmann |
| Performance Measure | Standardize all CCHD collateral materials and work with divisions on any new/needed materials |
| Strategy | 5.1d: Review all communication materials to standardize meeting brand guidelines. |
| Responsible Party | Dr. Pauline Hoffmann |
| Performance Measure | Perform a communication audit (review of website, social media, articles, media reports, internal communication, partnership development). |
| Strategies | 5.1e: Review and modify social media and existing website to ensure user friendliness. |
| | 5.1f: Standardize external communication. |
| Responsible Party | Dr. Pauline Hoffmann |
| Performance Measure | Develop a two-way internal communications mechanism like a newsletter. |
| Strategy | 5.1g: Develop and implement internal communication system including internal newsletter. |
| Responsible Party | Dr. Pauline Hoffmann |
| Performance Measure | Develop/sustain media relations. |
| Strategy | 5.1h: Ensure contact information is up-to-date. Communicate regularly with media outlets including a monthly article in print media and an article in specific health sections of the newspaper |
| Responsible Party | Dr. Pauline Hoffmann |
| Performance Measure | Develop promotional campaigns. |
| Strategy | 5.1i: Develop and implement promotional campaigns based on input from divisions and community partners. |
| Responsible Party | Dr. Pauline Hoffmann |

2022 – 2027 STRATEGIC PLANNING COMMITTEE MEETING LOG

| DATE | ACTIVITY | PARTICIPANTS |
|----------------|--|---|
| 4/27/2022 | Email was sent to division managers requesting that they complete a SWOT analysis worksheet with their division staff. Worksheet is due May 4. | Dr. Kevin D. Watkins, Bob Ring, Barb Parish, Lynne Moore, Michele Phelps, Colette Lulay-Pound, James Lawrence, Matt Tyssee, Julie Hall, Dr. Pauline Hoffmann, Alyssa Dean, Dr. Chris Crawford |
| 5/11/2022 | SWOT analysis results were reviewed by Executive Committee and Public Health Fellows. New goals were outlined. | Dr. Kevin D. Watkins, James Lawrence, Matt Tyssee, Julie Hall, Dr. Pauline Hoffmann, Alyssa Dean, Dr. Chris Crawford |
| 5/23-5/27/2022 | Executive Committee and Public Health Fellows met to discuss the draft strategic plan. | Dr. Kevin D. Watkins, James Lawrence, Matt Tyssee, Julie Hall, Dr. Pauline Hoffmann, Alyssa Dean, Dr. Chris Crawford |
| 6/9/2022 | Email sent to strategic planning sub-committee asking for feedback regarding draft strategic plan goals. | Dr. Kevin D. Watkins, Bob Ring, Barb Parish, Lynne Moore, Christian Bowser, Kandra Yeager, Colette Lulay-Pound, James Lawrence, Matt Tyssee, Julie Hall, Dr. Pauline Hoffmann, Alyssa Dean, Dr. Chris Crawford, Dr. Claire Watson |
| 7/5/2022 | Strategic Plan reviewed by Public Health Director and Senior Public Health Fellow. Revisions needed. | Dr. Kevin Watkins, Dr. Pauline Hoffmann |
| 7/18-7/22/2022 | Health Fellows finalize draft of plan. | Dr. Pauline Hoffmann, Julie Hall, Alyssa Dean |
| 7/22/2022 | Strategic Plan reviewed by Public Health Director and Senior Public Health Fellow. | Dr. Kevin Watkins, Dr. Pauline Hoffmann, Alyssa Dean |
| 7/25/2022 | Finalized Strategic Plan emailed to Executive Committee and Sub Committee for review and comment. Feedback due July 29, 2022. | Dr. Kevin D. Watkins, Bob Ring, Barb Parish, Lynne Moore, Christian Bowser, Kandra Yeager, Colette Lulay-Pound, James Lawrence, Matt Tyssee, Julie Hall, Dr. Claire Watson, Dr. Pauline Hoffmann, Alyssa Dean, Dr. Chris Crawford |
| 7/29/2022 | Finalized Strategic Plan was reviewed and approved by Executive Committee, Sub Committee and Public Health Fellows. | Dr. Kevin D. Watkins, Bob Ring, Barb Parish, Lynne Moore, Christian Bowser, Kandra Yeager, Colette Lulay-Pound, James Lawrence, Matt Tyssee, Julie Hall, Dr. Claire Watson, Dr. Pauline Hoffmann, Alyssa Dean, Dr. Chris Crawford |
| 8/3/2022 | Strategic Plan was reviewed and approved by the Board of Health. | Board of Health |

Created: 7/29/2022



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**The value of a strong public
health system is all around us.**

**It's in the air we breathe; the
water we drink; the food we eat;
and the places where we live,
learn, work, and play.**