



Public Health

Prevent. Promote. Protect.

St Clair County Health Department

together for your health

Strategic Plan 2022-2026



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The St. Clair County Health Department 2022-2026 Strategic Plan was adopted by the St. Clair County Board of Health on January __, 2022.

**William Kreeb,
President, St. Clair County Board of Health**

**Myla Blandford,
Executive Director, St. Clair County Health Department**

Reviewed and evaluated:

Reviewed and evaluated:

Reviewed and evaluated:

Executive Summary

The St. Clair County Health Department organizational strategic plan and the St. Clair Community Health Improvement Plan provide a roadmap for the priorities and focus of the work done by St. Clair County Health Department over the next four to five years to better serve their community. Organizationally SCCHD will focus on the following goals:

- **Develop a work environment that supports positive staff morale.**
- **Increase the public’s understanding of the role SCCHD plays in preventing disease, promoting healthy lifestyles and protecting the health of the community.**
- **Enhance and diversify funding for public health services.**
- **Enhance staff recruitment and retention.**

Working with Healthier Together, the St. Clair County Health Care Commission and other community partners SCCHD will improve health outcomes for county residents by focusing on the following priority health issues:

- **Infant Mortality**
- **Suicide**
- **Substance Use**
- **Sexually Transmitted Infections including HIV**
- **Chronic Disease by Reducing Obesity Levels**

Overview

Strategic Planning Process

The previous Strategic Plan was completed in April of 2019. Due to the start of the COVID 19 pandemic only months after its completion little progress had been made on implementation. An abbreviated process was conducted drawing on some of the work that had been completed in 2019 but including a new SWOT analysis and updated strategic issues. This strategic planning process occurred during the fall of 2021 and winter of 2022.

- Consultant hired
- Review of mandate assessment, vision, mission, and values from previous plan
- SWOT survey sent to all SCCHD staff, Board of Health members and Commission on Healthcare Members
- SWOT survey results were compiled and strategic issues identified
- The previous Strategic Plan was reviewed for interventions that are still relevant
- Brainstorming session was held with management staff to collect ideas for addressing strategic issues
- Draft plan was shared for comment and further input
- Strategic plan was approved by the Board of Health in February of 2022
- Strategic plan was mentioned in the letter accompanying the IPLAN submission to IDPH by February 22, 2022.

Mandates Analysis

The previous mandate analysis was reviewed and revised as needed. In this analysis mandates were identified as coming from the following sources:

- State Statutes
- State Standards for certified Local Health Departments
- State and Federal Mandated Duties Related to Grant Funds
- County Defined Mandates
- Board of Health Defined Mandates

Mandated and essential public health services and programs must be maintained to the maximum extent possible with available resources. Programs that are financially self-supporting will also be maintained to provide service continuity and to generate revenue to cover fixed costs such as occupancy. Accordingly, operational costs for these programs will be met first and then priority health programs will be provided.

All SCCHD's programs fall into one of three tiers based on the mandates and following are the categories for the current programs.

TIER ONE Mandated Programs-- Includes programs specifically required by state statutes, county ordinance, or county Board policy_(Not rank ordered within a classification).

Food Sanitation

Private Sewage Disposal

Potable Water

Nuisance Abatement

Emergency Preparedness and Response

Infectious Disease Control

Tuberculosis Control Services (DOT/VOT)
Childhood and Adolescent Immunizations
Lead Screening & Follow Up

Sexual Transmitted Disease Control
Smoke Free Illinois Enforcement
Perinatal Depression Screening &
Follow Up

Solid Waste Program (*landfills, random dumping, recycling*)
Community Health Assessment and Planning (*IPLAN*)

TIER TWO Essential Programs--*Includes programs for infectious disease prevention, high risk maternal and child health, public safety, as well as those that address critical community health problems as identified in the IPLAN.*

Sexual Transmitted Disease Awareness Campaign
WIC/Farmers Market
Health Works of IL/High Risk Infant Follow-up
Breastfeeding Support
Public Health Emergency Preparedness Grant

Vector Surveillance and Control
Better Birth Outcomes
Direct Observed TB Therapy
Tobacco Prevention Programs
City Readiness Initiative Grant
(MRC Unit)

HIV Prevention Services

TIER THREE Priority Programs--*Includes programs to assure needed health services, health screening services, health promotion programs, and disease prevention programs for various community health problems identified in the IPLAN.*

Ryan White HIV Care Connect
Healthy Kids/Well Child Screening
Body Art Inspection Program
Genetics Education & Follow up
Adult Immunizations (Limited)
Permanent Housing Program
NACCHO – MRC Support

Breast and Cervical Cancer Program
Tanning Inspection Program
ESSENCE Surveillance System
Next Step Up Housing Program
MAI/ADAP Enrollment
New Horizons Housing Program

Vision, Mission, Values

The previous vision, mission, and values were reviewed by the management staff and determined to still be relevant.

VISION

The St. Clair County public health system achieves health improvements through interventions that work.

MISSION

Our mission is to prevent disease, promote healthy lifestyles and protect the health of the people we serve.

VALUES

Collaboration: We value our partners and recognize both our independence and interconnectedness. As a governmental public health agency, we know our success depends on a strong, comprehensive public health system.

Competence: We strive for excellence in all that we do. We are committed to maintaining the highest standards of performance and adhere to the principles of continuous quality improvement.

Integrity: We adhere to high ethical and professional standards in our work and relationships. We are honest in our daily interactions and value honesty in others.

Respect: We treat everyone with dignity and respect.

Responsibility: We follow through on our commitments. We hold ourselves accountable and encourage the same of our partners. We are conscientious stewards of our resources.

Equity: We advocate for public health policies and programs that promote fairness, social justice, and cultural awareness.

SWOT Analysis

A Strengths, Weaknesses, Opportunities and Threats survey was distributed to staff, Board of Health members and the Health Care Commission in October of 2021. Responses were received from 25 staff, 5 board members and 4 members of the Health Care Commission. The goal of strategic planning is to better position the agency for the future by maintaining and leveraging strengths while addressing weaknesses. The agency also needs to take advantage of new opportunities while recognizing and addressing potential threats. There was significant consistency of responses from all three groups and below is a summary of those responses. The full responses can be found in the appendices.

Strengths

Employees—The staff are dedicated, knowledgeable and competent. Staff works as a team to accomplish goals and make a difference in the community. There is a diverse staff and staff who have longevity with the agency.

Leadership/Management—There is supportive administration with strong management in certain divisions. The management is dedicated and knowledgeable. Leadership supports collaborative efforts.

Work Environment—The agency provides good benefits and family friendly hours of operation.

Services—Provides a variety of programs, referrals to resources and caring services to those in need. The agency has a good reputation with great communication with the community and good relationships with providers. SCCHD has strong partnerships and collaborations with hospitals and other community organizations—in county and regionally. SCCHD has a strong Board committed to assuring goals/objectives of department are met. The agency is PHAB accredited.

Weaknesses

Issues with staff turnover and compensation—The majority of employees, Board, and community members identified poor pay as an issue and indicated the pay is lower than other organizations with same programs, other county employees and other local health departments. There was also a concern regarding fairness of compensation for non-union staff, staff with longevity, and non-contractual staff. There is a perception that compensation is leading to an issue with staff turnover, vacant positions and a resulting loss of staff knowledge. It was also noted that there is a need for more IT staff for installing and maintaining network, a grant writer and epidemiologist. A Board member shared a need for new talent since there are many internal promotions.

Issues with staff morale—A number of staff respondents reported low staff morale, a lack of appreciation of staff and a lack of value placed on staff input. Related to this, there were reports of inadequate training for new staff, uneven workloads and a sense that staff are not treated equally across all divisions. There was also reported an unfairness in how call-ins and other unprofessional behavior were dealt with. Some staff feel overwhelmed. There were also reports of lack of career growth, job security and reduced loyalty.

Issues with communication—Respondents shared that there was a lack of communication with employees and between divisions. Also reported was a lack of transparency on future goals, plans, changes, restructuring and inconsistent communication from management.

Leadership/management issues—There were some issues shared about management including new management still learning processes, reactive decision-making and some shared an unwillingness to change.

Issues with services—The issues shared regarding services included a lack of funding to provide all needed services. Two respondents shared that there is a sense of disconnection with clients and community. Lack of parking for clinics and the outdated look and feel of the building were shared. There is a need to upgrade the website to allow for online payments.

Partnerships—There is a need to gather more disability related statistics in our county including age groups with disability, how many county residents are blind or deaf, have physical disability or mental illness.

Opportunities

Share value of public health and SCCHD—There is an identified opportunity to increase visibility, to better inform public on value of HD and to expand community outreach regarding services offered, who we serve and what we do here.

Increase partnerships—There is an opportunity to further expand partnerships and collaborative efforts with Southern Illinois Healthcare Foundation, Eastside Health District and other LHDs, non-profits and community partners. This collaboration could include more data sharing and possible cost sharing. There is the potential to partnering with community organizations to provide STD testing and education. SCCHD has excellent community relations and a history of strong community partnerships. These could be enhanced by expanding partnerships developed during the pandemic and improving business relations. Partnerships would be enhanced through cross training with partners and staff in-services to learn more about the fabric of our community and share the work we do.

Enhance services—There are a number of opportunities related to services including the use of mass vaccination clinics as a model for future endeavors, restarting services that were

discontinued under COVID, providing community education to focus on prevention, expanding services to include adult vaccines and other clinical services and conduct better, broader outreach to community.

Explore Enhanced Funding—Funding opportunities include applying for outside resources, maximizing use of state and federal funding, increasing 3rd party billing and developing cost sharing agreements with other agencies.

Threats

Funding--Low grant-based program funding is a threat along with difficult to meet grant requirements. There is also an ever-changing set of standards, regulations, and procedures at state level which impact local services

Lack of understanding of value of public health and SCCHD—has long been a concern and threat but this has been made worse by misinformation, uncertainty about the role of the health department, and unrealistic expectations during the pandemic. Many in the public are unaware of what SCCHD does for them and there is a need for more visibility.

Current services-- are threatened when duplicated by other agencies and there is a perceived inability to address social determinants of health.

Staffing Issues—Several factors threaten to make staffing issues worse including: the rising minimum wage and salaries not keeping up with cost of living, loss of qualified staff to other entities due to low pay and stress and impact of COVID on health care workers.

Lack of support—Local health department services lack support from the larger political and economic system which includes a lack of state and federal vision on providing adequate ongoing funding. There are also state and national policies that are not in SSC best interest. There has been a disintegration of higher-level political collaboration which means working together for the best outcome and a give and take. There is also potential for cyber-attacks and hacking.

Strategic Issues

Four major issues emerged when reviewing the SWOT and these are:

- **Poor staff morale**—need to value staff contributions and input, improve communication, be more transparent and consistent
- **Lack of understanding of value and role of Public Health.** Make improvements to website and social media. Tell the story of the impact public health has on resident lives.
- **Inadequate stable funding** to meet needs of community.
- **Issues with compensation and staff retention**—level of compensation, merit increases, COLA, fairness from top to bottom and between contractual employees and permanent employees and union and non-union employees, and the need to address changing minimum wage

On January 3rd the leadership of SCCHD met to discuss the strategic issues, finalize goals and provide input on the activities and interventions to address each issue. The plan below was drafted and reviewed by SCCHD leadership and the Board of Health.

Organizational Strategic Goals

Priority: Staff morale			
Goal: Develop a work environment that supports positive staff morale.			
Activities/Interventions	Who responsible	Timeline	Indicator
1. Provide supervisory skills training with an emphasis on building trust and staff morale.	Myla for scheduling MLM for training	Spring 2022	# staff who complete changes made as result
2. Reinstate monthly All Staff Meetings	Administration	Early 2022	# meetings held
3. Reactivate Employee Appreciation Committee	Admin/Committee members	Spring 2022	# events sponsored by committee
4. Facilitate staff participating in IDPH Wellness seminars.	Administration	January/February 2022	# staff attending
5. Hold Employee Listening Sessions to further identify steps for building a supportive work environment.	Administration	Annually	# staff attending and follow-up on ideas shared
6. Encourage managers to increase their communication and support of employees.	All managers	Spring 2022	Sharing by managers of steps they are taking
7. Explore ways to make the performance evaluation process more meaningful.	Administration	2023	Improved process
Priority—Public perception of SCCHD			
Goal: Increase the public’s understanding of the role SCCHD plays in preventing disease, promoting healthy lifestyles and protecting the health of the community.			
Activities/Interventions	Who responsible	Timeline	Indicator
1. Develop a marketing campaign that promotes services offered, focuses on prevention and impact SCCHD has on lives.	Administration	Fall 2022	# people reached
2. Establish a system within SCCHD for collecting success stories about the impact programs have on lives. Start with an in-	Administration	Summer 2022	Use of the stories collected

service on the importance of sharing stories.			
3. Develop an FAQ on the services not offered at SCCHD and what community partner offers.	All Divisions	Winter 2023	Distribution of FAQ
4. Update website and social media platforms with a focus on adding interest through pictures, sharing of success stories and using language that is open and engaging.	Communication Manager	Fall 2023	Increased # hits and followers
5. Expand social media platforms	Communication Manager	2024	Increase # platforms and followers

Priority: Adequate and stable funding

Goal: Enhance and diversify funding for public health services.

Activities/Interventions	Who responsible	Timeline	Indicator
1. Identify and expand clinical services which are needed in the community such as immunizations, or screenings.	Clinical service staff	Winter 2023	List of available services
2. Expand system to bill for clinical services.	Administration	Winter 2023	Income from billed services
3. Pursue competitive grant opportunities focusing on identified issues in CHIP or Strategic Plan.	Administration	Spring 2023	# of grants and amount of funding received
4. Enhance capacity to seek more grants through designating staff, hiring staff at least part-time, or collaborating with grant writer of a community partner.	Administration	Winter 2024	# of grants and amount of funding received

Priority—compensation & staff retention

Goal: Enhance staff recruitment and retention.

Activities/Interventions	Who responsible	Timeline	Indicator
1. Support professional development by reimbursing costs related to required trainings for licensed staff.	Administration	Summer 2022	Amount of support provided for training

2. Incorporate discussion of professional development needs into performance evaluation process.	Administration	Fall 2023	Revised form
3. Establish a Health Equity Committee with a focus on recruiting a diverse workforce and improving access to services for all residents	Administration & Appointed committee	Winter 2023	Accomplishments of Committee
4. Continue to advocate for improved incremental compensation for all staff and pay equity for licensed staff.	Administration	Annually	Documented pay increases
5. Strengthen relationships with different training programs/educational institutions promoting internships and employment opportunities.	Management staff	2024	# of internships offered annually
6. Conduct workforce competency assessment and develop a workforce development plan to support professional development across the agency.	Administration	2025	Plan document

Community Health Improvement Goals

SCCHD worked with local hospitals, Healthier Together and the Health Care Commission to conduct a community health needs assessment to identify priorities. Plans to address these priorities were developed by the various community workgroups that SCCHD collaborates with and approved by the Health Care Commission. Following is a summary of SCCHD’s role in implementing this plan.

#1 Infant Mortality			
Goal: Reduce the infant mortality rate from 9.0 (2016-2018) to 7.5 over the next 5 years by decreasing racial disparities and addressing contributing risk factors associated with infant mortality and other adverse outcomes.			
SCCHD Strategies	Responsible Program	Timeline	Measure
1. Provide on-going racial bias and health equity training.	Administration	Annually	# of staff training

2. Provide breastfeeding education to develop positive attitudes toward breastfeeding	HPW	Years 1-5	# of participants
3. Offer professional development and community education on safe sleep.	HPW	Years 1-5	Increase % of parents who engage in safe sleep practices
4. Continue implementation of the Community Safe Sleep Action Plan	HPW	Years 1-5	Increase % of parents who engage in safe sleep practices
5. Routinely screen prenatal and postpartum women for depression.	HPW	Years 1-5	% of clients screened
6. Routinely screen prenatal and postpartum women for Intimate Partner Violence.	HPW	Years 1-5	% of clients screened
7. Provide training on trauma informed care.	HPW	Annually	# of staff trained
8. Expand farmer's markets and food programs to provide affordable nutritious food.	HPW	Years 1-5	% of coupons redeemed
9. Provide preconception and interconception health education.	HPW	Years 1-5	# of clients completing a RLP
10. Provide comprehensive reproductive health and contraception information to women of childbearing age, including adolescents.	HPW	Years 1-5	# of clients completing a RLP

#2 Suicide

Goal: By the year 2025, the percentage of suicide deaths among ages 15-66+ will decrease by 20 percent.

SCCHD Strategies	Responsible Program	Timeline	Measure
1. Create-distribute marketing-publicity information	Workgroup	Years 1-5	# of social media posts
2. Conduct Community-Public Awareness Events-Campaigns Annually (I.e. Candlelight Vigil, Talk Tuesday Campaign)	Workgroup	Years 1-5	# of events
3. Conduct QPR universal suicide prevention trainings educating public on risk factors, warning signs, with additional outreach efforts to identified high risk populations ("Men In the Middle)	Workgroup	Years 1-5	# of events

Years”, construction trade, students, military Veterans, police, and gay, bisexual and transgender individuals)			
4. Assist with marketing-referring to Youth Mental Health First Aid	Workgroup	Years 1-5	# of social media posts
5. Advocate for gun safety-storage and Firearm Retraining Orders.	Workgroup	Years 1-5	# of social media posts
6. Research potential suicide interventions	Workgroup	Years 1-5	Types of interventions identified
7. Strengthen collaboration efforts with AFSF for local initiatives	Workgroup	Years 1-5	# of new partnerships

#3 HIV/STIs

Goal: By the year 2025 St. Clair County will see 25% reduction in the transmission of Sexually Transmitted Infections

SCCHD Strategies	Responsible Program	Timeline	Measure
1. Increase STI testing and treatment availability in St. Clair County	Infectious Disease	Ongoing	Increase # of STI testing and Tx facilities in SCCHD
2. Develop and implement an STI social media marketing campaign to target populations most at risk	Infectious Disease/Workgroup	Year 2-5	# of followers
3. Provide or support comprehensive sexual health education in schools, which includes: <ul style="list-style-type: none"> - Education on abstinence, delayed initiation of sex, and tools to engage in safer sex - How to use safer sex items correctly - STI/HIV education - Resources for peer pressure, domestic violence, rape - Resources for free and confidential STI testing 	Workgroup	Year 1-5	# of schools providing comprehensive sexual health education
4. Promote free safer sex item availability	IDP/Workgroup	Year 1-5	Increase # of individuals/agencies obtaining safer sex items

5. Promote clean needle sites	Workgroup	Year 1-5	Increase # of social media posts, emails, flyers etc distributed
6. Identify, provide, and educate the public on transportation services available to obtain STI testing and treatment	Workgroup	Year 1-5	Increase # of social media posts, e-mails, flyers, etc. distributed
7. Identify, provide and educate the public on free medications available to treat STIs	Workgroup	Year 1-5	Increase # of social media posts, e-mails, flyers, etc. distributed
8. Promote and provide Hepatitis B and HPV Vaccinations	IDP/Workgroup	Year 1-5	Provide Hep B and HPV Vaccinations and Increase # of social media posts, e-mails, flyers, etc. distributed
9. Target populations at highest risk, i.e., sex workers, and provide education, testing, and safer sex items.	IDP/Workgroup	Year 1-5	Increase # of “at risk” individuals receiving education, testing, and safer sex items
10. Implementation of a Pre-Exposure Prophylaxis (PrEP) to reduce HIV transmission	Infectious Disease	Year 2-5	Implementation of a PrEP clinic at SCCHD

#4 Substance Use

Goals:

- Decrease the use of alcohol, marijuana, and prescription drugs by St. Clair County youth by 5% over the next five years.
- Decrease the number of overdoses and deaths by 25% over the next five years.

SCCHD Strategies	Responsible Program	Timeline	Measure
Youth Substance Abuse: 1. Educational and support materials to address parent provision of alcohol 2. Compliance checks to address retail access to alcohol & legalized marijuana 3. Educational and support materials to address easy access to prescription drugs	Workgroup Workgroup Workgroup	Year 1-5 Year 1-5 Year 1-5	Development and distribution of materials Review compliance checks completed by law enforcement Development and distribution of materials

4. Youth Prevention Education curriculum	Environmental	Year 1-5	# of inservices on vaping/smoking
5. Communication/Media campaigns	Environmental	Year 1-5	# of social media posts
6. Educate the general public on taking medications as prescribed, secure storage, and proper disposal.	Workgroup	Year 1-5	Increase # of social media posts, e-mails, flyers, etc. distributed
7. Increase number of drop box locations throughout SCC	Workgroup	Year 2-5	# of drop off locations
Decrease overdose deaths:			
1. Educate those working with youth (faith-based, teachers, DCFS providers, and case workers) on trauma-informed care, signs/symptoms of use, and secure storage/proper disposal	Workgroup	Year 1-5	Develop training, secure trainer & # of trainings
2. Educate first responders and public on naloxone and the Good Samaritan Law	Workgroup	Year 2-5	# of trainings
3. Increase communication among treatment providers to ensure greater access to care	Workgroup	Year 1-5	Increase # of individuals who attend workgrp and provide information on services available
4. Educate individuals and families regarding recovery supports	Workgroup	Year 1-5	Develop and distribute recovery support information via social media posts, emails, flyers etc.

#5 Chronic Disease

Goal: Reduce the Obesity rate for people with Chronic Diseases by 15 percent in the next 5 years.

SCCHD Strategies	Responsible Program	Timeline	Measure
1. Increase the participation of communities and schools in the Healthier Together movement	Workgroup	Year 1-5	# of partners

2. Enhance screening, counseling and referral among healthcare providers	Workgroup	Year 1-5	# of partners that offer screenings
3. Increase participation in outdoor recreation, hiking, bike trails, parks, pedestrian trails	Workgroup	Year 1-5	# of related programs and expansion of existing services
4. Nutrition education and physical activity education programs in schools and community to educate participants on skills for long term behavior change	Workgroup	Year 1-5	# of schools offering nutrition ed. & PE
5. Overall wellness education	Workgroup	Year 1-5	# of inservices
6. Social connectiveness education	Workgroup	Year 1-5	# of inservices
7. Consolidate resources from partners for easy access to community	Workgroup	Year 2-5	Distribution of document of resources

Plan Implementation and Monitoring

The value of strategic plans comes with the implementation. Effective plans are put into action, visible to staff, community partners and are reviewed regularly for progress. The St. Clair County Health Department Strategic Plan for 2022-2026 was adopted by the Board of Health and mentioned in the certification letter sent to the Illinois Department of Public Health.

Distribution—The plan will be presented to staff and will be a part of staff orientation materials. Vision and mission statements will be posted in the SCCHD offices, on the website and shared in appropriate documents such as the service brochure and annual report.

Implementation—Goals and objectives will be used to drive decisions regarding department activities. New opportunities will be evaluated in relationship to both the Organizational Strategic Plan and the Community Health Improvement Plan and how this opportunity furthers the mission of SCCHD.

The community linked objectives will be carried out by health department staff directly involved in related programs and services. Health Department staff are assigned to community alliances and workgroups addressing the health issues in the CHIP.

Monitor--The Administrator will report on strategic plan progress at Board of Health meetings regularly. Progress on the CHIP will also be monitored by the Health Care Commission and Healthier Together. Progress will be shared with staff on an annual basis.

Reassess— The Strategic plan will be reviewed at least annually with both management staff and Board of Health to reflect on progress and to determine the focus and timeline of activities for the next year. Plans will be adjusted as needed. Additionally, health department staff will monitor emerging health threats and health conditions in the community.

Appendices

St.Clair County Health Department Strategic Planning Survey—Staff

SCCHD needs to update its current strategic plan. As important stakeholders we would like your input on how the health department can more effectively meet current and future challenges. Please complete the following questions and return to ____by November _____. Thank you for your time.

1. The previous strategic plan included the following objectives:
 - Continue mandated programming including aligning funds and raising fees
 - Coordinated collaboration with community partners for data sharing including electronic medical records at SCCHD
 - Expanded use of social media and enhanced website
 - Cultivate responsive, competitive workforce including teamwork and CQI

What have been the major accomplishments toward addressing these objectives?

2. Over the last year, what strengths/accomplishments has SCCHD demonstrated, in what ways has the department been effective?
3. Over the last year, what have been areas for improvement or ways SCCHD could have been more effective?
4. What challenges are looming in the future for the health department and for protecting the health of the community?
5. What opportunities exist in the community that the health department should explore?
6. Please share any additional comments or suggestions?

I am part of the which of the following groups:
_____ SCCHD staff _____SCCHD management

SCCHD--Compiled SWOT

Staff =25 ; Board = 5; Health Care Commission =4

Strengths

Staff—

Employees

- Dedicated employees-7
- Knowledgeable staff-6
- Team efforts to accomplish goals-6
- Competent staff-5
- Staff making a difference in community-3
- Employees pitch in where needed-2
- Sense of community among staff-2
- Diverse staff-2
- Staff longevity
- Staff longevity
- Employees willing to stay despite low wages

Leadership/Management

- Leadership-3
- Supportive administrative staff
- Strong management in certain divisions

Work environment

- Good benefits-4
- hours of operation-3
- Good location
- Positive environment
- Had resources needed to do work

Services

- Referrals to resources-2
- Caring services to those in need-2
- Good reputation
- Great communication with community
- Variety of programs
- County Care Here Clinic
- 10 Essential Services
- Recent Social Media/Marketing Strategies

Partnerships

- Sometimes support from county
- Good relationships with providers

PHAB accreditation

Board--

Employees

- Flexible, knowledgeable staff-3
- Dedicated, knowledgeable management-2
- Good teamwork

Services

- Provides high quality needed services
- Dedicated to serving people of SCC

Partnerships

Strong partnerships and collaborations with hospitals and other community organizations—in county and regionally

Strong Board committed to assuring goals/objectives of department are met

Health Care Commission--

Employees

Well qualified staff-2

Staff longevity

Leadership that promotes collaborative efforts

Professional operations

Partnerships

Committed Board

Focused on community

Community trust

Weaknesses

Staff—

Issues with compensation

Poor pay (lower than other organizations with same programs, low starting and lack of pay increases for non-union staff—merit and COLA)“pay is miserable” low pay compared to other county employees and other LHDs, new employees starting at higher rates-17

Monetary incentives only geared toward management—pay gap between highest and lowest paid-2

Unfair compensation and benefits that went to contracted workers and nothing to other staff-2

Issues with communication

Lack of communication with employees and between depts.-6

Lack of transparency on future goals, plans, changes, restructuring-2

Inconsistent communication from management

Lack of interaction between divisions

Lack of understanding of other nursing duties across divisions

Issues with staff morale

Lack of appreciation of staff-5

Low staff Morale-4

Inadequate new employee training across agency—3

Uneven workloads-3

Need to address call-ins and other unprofessional behavior-3

Staff overwhelmed and not always able to get the job done-2

Staff not treated equally across all divisions-2

Lack of value placed on input

Other staffing issues

Positions left vacant-2

Staff turnover-2

- Lack of career growth-2
- Too many directors
- Lack of IT staff for installing and maintaining network
- Need grant writer and epidemiologist
- Loss of staff knowledge due to retired or turnover
- Lack of job security
- Reduced loyalty

Leadership/management issues

- New management still learning processes, reactive decision making
- Status quo without moving forward
- Unwillingness to change
- Push and pull with courthouse employees on policies

Issues with services

- Not enough funding to provide all needed services-2
- Lack of parking for clinics
- Disconnected from clients served and community changes
- Outdated look and feel of building
- Dissolution of Community Health Division—cut off from community
- Need to upgrade website and allow online payments
- Lack of concern for quality of care
- New World Systems difficult to use
- CDC difficult to use, costs too much and limited reporting

Board--

Issues with compensation

- Inability to offer adequate compensation-4

Issues with staffing

- Staffing shortages
- Unfilled positions
- Staff turnover costs
- Need more staff
- Need new talent, many internal promotions

Inadequate funding-2

Health Care Commission--

Issues with compensation

- Inability to fully compensate staff

Lack of clarity from IDPH

Partnerships

- Need to gather more disability related statistics in our county: age groups w/disability; how many blind, physical disability, mental illness, deaf.

Opportunities

Share value of public health and SCCHD

- To better inform public on value of HD-3

- Expand community outreach regarding services offered--3

Be more visible to public

Educate people on the services that we provide, who we serve and what we do here

Increase partnerships

Work with others—SIHF or ESHD or community partners-4

More cooperation with other LHDs-2

More collaborations and partnerships-2

Data sharing

Partnering with community organizations to provide STD testing and education

Services

More potential funding which would enhance services to offer-2

Use of mass vaccination as model for future endeavors

To restart services that were discontinued under COVID

Community education to focus on prevention

More outreach to those in need

Adult vaccines to public

Connect where clients are coming from

Funding

Build outside resources

State and federal funding

3rd party billing

Collaboration and cost sharing with other agencies

Board--

Staffing

Recruit from outside department

Partnerships

COVID partnerships and collaborations--2

Community and organization partnerships

Improve business relations

Services

Expand clinical services

Grow services offered

Better/broader outreach to community

Health Care Commission—

Staffing

Cross training and staff in-services to learn more about the fabric of our community and the work we do

Partnerships

Excellent community relations and history with area hospitals and other community partners

Collaborative opportunities with the nonprofits in St Clair County

Threats

Funding

Low program funding -6

Grant requirement difficult to meet

Changing regulations/procedures at state level which impact local services

Lack of understanding of value of public health and SCCHD

Unrealistic concept or uncertainty of role of HD-5

Misinformed public—3

Public opinion that HD jobs are easy and not necessary

Threats from public

Inaccurate information on social media

Media, Kern/Simmons Show

Lack of cooperation with COVID mandates

Services

Services provided that are duplicated by other agencies

Staffing Issues

Rising minimum wage and salaries not keeping up with cost of living—3

Loss of qualified staff to other entities due to low pay and stress-2

Impact of COVID on health care workers

Hacking/cyber

Board--

Larger system lack of support

Economic

Political

State and national policies that are not in SSC best interest

Lack of state and federal vision on providing adequate ongoing funding

Services

Need to provide more services and access to clients

Lack of understanding of value of public health and SCCHD

Public unaware of what HD does for them, need more visibility

Health Care Commission--

Larger system lack of support

Unfunded state mandates

Lack of clear policy direction from State

Disintegration of higher level political collaboration...working together for the best outcome means give and take

Funding....isn't funding always an issue? :)

Services

Inability of impact SDOH

Comments/Suggestions—

Staff—

- Offer employee reviews, peer reviews and supervisor review
- Need to show more appreciation for employees and make employees feel valued
Employees put a lot of value into feeling appreciated. Nonfinancial benefits such as flexible work schedules, longer lunch breaks and more job independence, can help

employees feel better about workplace conditions and leave them feeling appreciated for the work they do.

- Nothing is going to change
- Proud to work for SCCHD
- Training for employees on misinformation such as COVID deaths vs Flu deaths
- Expand IT staff

Board--

- Does a great job and just needs more state and federal funding
- SCCHD one of best in state
- Proud of what SCCHD has accomplished
- Great job
- Able to do a lot with a little
- Need to evolve to meet client needs

Health Care Commission--

- Excellent reputation as leader in community
- Look forward to continued growth and expanded roles
- We appreciate all that you do