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Adopted by TCHD Board of Health
6/10/2014
Message from the Executive Director

The Tri-County Health Department (TCHD) has been an important part of the landscape of public health in Colorado since 1948, and we now proudly serve over 1.3 million people in Adams, Arapahoe, and Douglas Counties. Building on our 65+ year tradition of excellence, TCHD now comprehensively provides high-quality and cost-effective core public health services through over 60 programs operated from 11 offices across our three-county area.

While our past successes and current programmatic offerings are understandable sources of pride for us and nationally recognized in many cases, we at TCHD think we have the opportunity to have an even greater impact on population health. The residents of our counties, like those of Colorado, face an increasing range of health challenges such as obesity and chronic diseases, aging, mental health and violence, tobacco and substance abuse, widening income inequality and persistent poverty, and environmental issues, such as those presented by climate change. At the same time, new opportunities for improving health are also growing, including increasing access to essential health services, better health information technology, new communication channels through the internet and social media, and a greater awareness of steps that individuals and communities can take to promote wellness.

In the spirit of capitalizing on these new opportunities to address the many health challenges that continue to face our communities, we have developed an updated Strategic Plan to guide our department over the next five years. In defining our priorities we were fortunate to have extensive input from both a diverse group of external partners as well as our own committed staff. Their observations were strikingly convergent and encouraged us both to consider how we could strengthen several key foundational capacities as well as address a focused array of population health priorities of broad importance across our communities. These two areas of focus are highly related. We believe that improving foundational capacities will strengthen our ability to deliver core public health services as well as equip us to make progress on the population health priorities that are having the greatest impact on the health of our communities.

Our Plan includes a new vision for TCHD: Optimal health across the lifespan for the populations we serve. As we strive to achieve this vision, we are excited about the potential of the Plan to guide our leadership, coordinate the activities of our talented workforce, and better align us with the efforts of a growing array of key community partners.

John M. Douglas, Jr., MD
Executive Director
Executive Summary

In early 2014, TCHD staff in coordination with the TCHD Board of Health (BOH) initiated a strategic planning process. This plan is intended to help TCHD maintain excellence in carrying out core public health functions and to address emerging health priorities over the next 3-5 years. This effort builds on an existing Community Health Profile completed in 2011 that is selectively updated annually via individual Adams, Arapahoe and Douglas County Profiles. It was also informed by a community health assessment conducted to inform the selection of the focus for the TCHD-led Public Health Improvement Plan (PHIP) completed in December 2013.

Updated Vision, Mission and Values statements have been adopted to guide TCHD’s work.

**Vision** - Optimal health across the lifespan for the populations we serve

**Mission** - Promote, protect and improve the lifelong health of individuals and communities in Adams, Arapahoe and Douglas Counties through the effective use of data, evidence-based prevention strategies, leadership, advocacy, and partnerships.

The Committee’s work in selecting priorities was based on the principle that the Strategic Plan should support TCHD in continuing its longstanding trajectory of excellence by combining continued high performance in current programs that support core public health functions with efforts to address new strategic priorities relevant to the changing landscape of public health. The priorities themselves are of two types: enhancement of key foundational capacities and increased focus on emerging population health issues.

**Foundational Capacities** are considered to be cross-cutting domains of activity that will involve all TCHD divisions and offices and support both the effectiveness of current programs, as well as new efforts to address emerging health issues.

- **Goal 1:** Improve and Expand *Informatics and Technology Capacity*
- **Goal 2:** Improve and Expand *Strategic Communication Capacity*
- **Goal 3:** Improve and Expand *Policy and Partnerships Capacity*
- **Goal 4:** Improve and Expand *Sustainability of Key Organizational Resources*

**Population Health Priorities** are ones considered to be broadly important for TCHD’s communities, and while not new areas of activity for TCHD, a specific focus on them is intended to improve and expand TCHD’s response to these population health priorities. When developing public health responses to address population health issues, it is important to identify opportunities to impact community health at every stage of life across the lifespan.

- **Goal 5:** Reduce the Health Burden of *Obesity/Chronic Disease*
- **Goal 6:** Reduce the Health Burden of *Tobacco/Substance Abuse*
- **Goal 7:** Improve and Expand *Public Health Interactions with Health Care Delivery System*
- **Goal 8:** Improve and Expand Efforts to Promote *Healthy Human Environments*
- **Goal 9:** Reduce the Health Burden of *Mental Health issues*

Maximizing impact of the Plan will require careful attention to implementation, monitoring, and evaluation by TCHD leadership over the next 5 years.
1. **Tri-County Health Department History, Governance and Background**

As a direct result of Colorado’s Sabin Health Laws, Tri-County District Health Department opened on January 1, 1948. Tri-County initially served the 160,000 residents of Adams, Arapahoe and Jefferson Counties. In 1958 Jefferson County separated from Tri-County to form its own local health department and on January 1, 1966, after the South Platte River Floods of 1965, Douglas County officially joined Tri-County District Health Department, creating the current jurisdictional structure.

Today Tri-County Health Department (TCHD) serves over 1.3 million people in Adams, Arapahoe and Douglas Counties, and offers over 60 programs/services ranging from birth certificates, immunizations and health care referrals to restaurant inspections and infectious disease investigations, from 11 offices in this 3,000 square mile area. The agency’s jurisdiction includes 26 municipalities and 3 unincorporated counties, 15 school districts with more than 360 public schools, 12 acute care hospitals, 3 Federally Qualified Healthcare Centers with multiple facilities, 3 community mental health service providers and one Regional Collaborative Care Organization (Colorado Access). TCHD also provides limited nutrition, nursing, disease control and emergency preparedness and response services to Elbert County under contract with the Colorado Department of Public Health and Environment (CDPHE).

TCHD currently provides a full range of traditional public health services as well as a variety of innovative services to the diverse communities it serves. Public health efforts target those preventable conditions yielding the greatest public health benefits using the available resources. Much of the work of public health agencies is population based—that is, it focuses on improving the health of the entire community. TCHD aims to help make the healthy choice the easy choice for everyone in the community.

TCHD is governed by a Board of Health (BOH) consisting of 3 members from each of the 3 counties the agency serves who are appointed by each of the 3 Boards of County Commissioners. The key functions of the BOH include the following:

- Makes the final decision on policies concerning personnel, finance, public relations and programs
- Provides guidance and support on agency strategic planning, general policies for enforcing public health laws, orders, rules and regulations
- Serves in an advisory capacity to the public health director on all matters pertaining to public health
- Approves the Department budget and programs

The [Colorado Public Health Act 2008](http://www.colorado.gov/content/dam/cdphe/docs/public-health/legislation/PH_act/2008/2008_statutes.pdf) specifically designated public health functions for health departments in Colorado, and subsequent resolutions from each of the 3 Boards of County Commissioners designated TCHD as their local public health agency (LPHA) and re-authorized the Department as it is today. In addition, on Oct. 19, 2011, the Colorado State Board of Health passed the [Core Public Health Services – New Rule](http://www.colorado.gov/content/dam/cdphe/docs/public-health/legislation/PH_act/2008/2008_statutes.pdf). This rule requires each LPHA to deliver or assure that core

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Tri-County Health Department
public health services are provided to the community, and it also requires the agency to complete a Public Health Improvement Planning process every 5 years. This rule contains some key definitions that guide TCHD activities.

- **Core Public Health definition - BOH Rule;** “… shall include but need not be limited to, the assessment of health status and health risks, the development of policies to protect and promote health, and the assurance of provision of the essential public health services.”

- **Core Public Health Services as defined in the BOH Rule**
  - Assessment, Planning and Communication
  - Vital Records and Statistics
  - Communicable Disease Prevention, Investigation and Control
  - Prevention and Population Health Promotion
  - Emergency Preparedness and Response
  - Environmental Health
  - Administration and Governance

Additionally, TCHD is guided by [10 Essential Public Health Services](http://www.cdc.gov/nphpsp/images/phs-figure2.gif) (1994) that provides a working definition of public health and a directorial framework for the responsibilities of local public health systems. (The Core Public Health Functions Steering Committee, led by CDC, developed the framework for the Essential Services in 1994. The committee included representatives from US Public Health Service agencies and other major public health organizations)
The organizational structure of TCHD is outlined below. TCHD has four programmatic divisions (Nutrition; Nursing; Epidemiology, Planning, and Communication; and Environmental Health) and one programmatic office (Emergency Preparedness and Response), with administrative support provided by an Administration and Finance Division and Office of Human Resources.

The Nutrition Division promotes wellness across the lifespan through nutrition policy and programs to improve the nutritional health status of clients and the community. The Nursing Division programs focus on promoting good health for children and adults through linkages to health insurance and health care services, nurse case management, disease prevention and clinical, preventive and health education programs. The Environmental Health Division programs focus on preventing communicable disease and environmental conditions that could be harmful to health through education/consultation, response and investigation and enforcement of regulations. The Epidemiology, Planning and Communication Division programs protect and improve the public’s health by monitoring health status, preventing disease and injury and promoting healthy behaviors through population-based approaches such as policy, systems and environmental change, planning, coordination and integration. The Emergency Preparedness and Response Office leads agency efforts to promote coordination, collaboration and communication among all divisions in TCHD to ensure that public health is an effective partner in preparedness and emergency response to all other disciplines in the TCHD jurisdiction.
2. **Strategic Planning Process**

**Overview**

In early 2014, TCHD staff in coordination with the TCHD Board of Health (BOH) initiated a strategic planning process. The process was undertaken for several reasons: to align the organization around a shared vision of an approach to operating a local public health agency in a rapidly changing local, state and national environment; to align TCHD staff, leadership and Board of Health efforts around priorities and strategies to accomplish that vision; to better understand and respond to changes driven by the Affordable Care Act; and to prepare the organization for possible Public Health Accreditation efforts. The Plan is intended to help TCHD maintain excellence in carrying out core public health functions and to address emerging health priorities over the next 3-5 years.

This effort builds on an existing Community Health Profile completed in 2011 that is selectively updated annually via individual Adams, Arapahoe and Douglas County Profiles. It was also informed by a community health assessment conducted to inform the selection of the focus for the TCHD-led Public Health Improvement Plan (PHIP) completed in December 2013. The PHIP focuses on improving Mental Health Promotion in Adams, Arapahoe and Douglas Counties over 5 years. Because of the collaborative nature of the envisioned effort, the PHIP will be guided by a Leadership Team of key external stakeholders and TCHD staff. Of note, the two other health issues that were identified as potential priorities and were the subject of significant analysis during the PHIP process were Obesity (Chronic Disease/Healthy Eating/Active Living) and Access to Care.

In addition to the Colorado Board of Health Rules, the Community Health Profile, and the PHIP, there are a number of other factors that influence the plans and activities of local health agencies in Colorado. They include statutory Mandates, [Colorado Health and Environmental Assessment](https://www.colorado.gov/pacific/healthprofiles), other Local Public Health Agency plans, Centers for Disease Control and Prevention (CDC) Winnable Battles, CDPHE Winnable Battles, Public Health Accreditation Board accreditation requirements, and state and federal funding organizations guidance and regulations.

**Process**

A Strategic Planning (SP) Committee was designated to guide the TCHD strategic planning process. It was comprised of agency leadership (Executive Director, Deputy Director, 7 Division and Office Directors) and 4 Board of Health members (one per county and the Board President). A facilitator was also hired to facilitate Committee meetings, conduct external stakeholder/key informant interviews and to assist and guide internal efforts. Committee members were:

**Board of Health**

Thomas Fawell, MD, Board President  
Kaia Gallagher, PhD, Arapahoe County  
Carole Adducci, RN, BS, Board Secretary, Adams County  
Donald Parrot, Douglas County

Tri-County Health Department
Staff
John M. Douglas Jr., MD, Executive Director
Tom Butts, MSc, REHS, Deputy Director
Nancy Allen, MA, SPHR, CAM Director of Human Resources
Michele Askenazi, MPH, CHES, Director of Emergency Preparedness and Response
Jill Bonczynski, MS, RD, Director of Nutrition Services
Brian Hlavacek, MAS, REHS, Acting Director of Environmental Health
Mark Harkleroad, MSc, Director of Administration and Finance / Michael Belieu, Acting Director Administration & Finance
Jeanne North, RN, MS, Director of Nursing
Stacy Weinberg, MA, Director of Epidemiology, Planning and Communication

Strategic Planning Consultant/Facilitator
Gurudev Khalsa

The process was divided into 4 sequential phases summarized below:

Gathering Input
• Establish Strategic Planning Team and hire Facilitator
• Retreat with Board of Health and Leadership Staff
• Conduct All Staff Survey
• Conduct Key External Stakeholder Interviews
• February/March 2014

Assessing / Refining Priorities
• Review gathered input to identify Common Threads / Priorities
• Update Mission, Vision and Values Statements
• Identify Potential Goals based on SWOT and Identified Priorities
• April 2014

Developing Plan
• Assemble Strategic Plan Documentation
• For each Priority Area, Decide on Goals
• Seek BOH approval on June 10, 2014

Implementation
• Communicate our Strategic Plan to staff
• Communicate our Strategic Plan to Partners
• Operationalize the Strategic Plan
• Conduct Annual Progress Assessments and Update as needed

This plan is the result of the first 3 phases of this effort, and its impact will be guided by the fourth phase of implementation.
**Process Schedule**

2/15/14  Strategic Planning Committee kickoff meeting
2/28/14  BOH Retreat to discuss strengths, weaknesses, opportunities, threats, and potential priorities (included in Appendix A)
3/5/14   SP Committee meeting to complete list of external stakeholders (Appendix B) and interview questions (Appendix C) and gather input about internal staff survey and focus group efforts
4/1/14   Staff Survey completed (summary included in Appendix D)
4/2/14   SP Committee meeting to review preliminary highlights from staff survey and stakeholder interviews; seek input on Vision, Mission and Values; and refine SP timeline and process
4/7/14   External Stakeholder Interviews completed
4/8/14   BOH meeting to present internal and external findings
4/21/14  Complete staff focus group meetings (one or more by each division and office)
April/May Small group discussions with facilitator to cross walk common threads from external and internal input and identify possible priority areas
5/7/14   Complete process to revise Mission, Vision and Values Update Process
5/7/14   SP Committee meeting to review summary of external stakeholder input and additional input from focus group meetings, identify conceptual priorities, and brainstorm about strategies
5/12/14  SP Committee meeting to review draft final Vision, Mission and Values, refine priority areas and gather further input about strategies
5/30/14  Complete development of the Strategic Plan document
6/10/14  BOH meeting to present final Strategic Plan for review and adoption

**Staff Participation**

All staff members of TCHD were requested to participate in an electronic survey developed to capture agency strengths and areas of improvement as well as to weigh in on prioritizations of health issues and TCHD systems/functions. Responses were received from 271 of the approximately 360 full and part-time staff employed by TCHD. This information was summarized, shared with the Board of Health and used by the SP Committee in developing priority areas and goals. Additionally the complete survey results were shared with all agency leadership for review and action as appropriate, independently of the strategic planning process.

To enhance the opportunity for more in depth staff input a series of focus group meetings were held with as many staff as possible within each division/office. The intent of these meeting was to discuss initial survey findings and encourage discussion around challenges and opportunities faced by staff at all levels in the agency. These questions are included in Appendix E.

**External Stakeholders/Key Informants**

The SP Committee identified over 30 key stakeholders representing a broad array of state and local government organizations and key partners (e.g. foundations) with knowledge and/or involvement in public health to be invited for an interview regarding their insights and suggestions as to what TCHD...
should focus on during the next 3-5 years. All 30 of the invited external stakeholders made themselves available and in some cases included additional key staff to extend the value of the input provided.

3. **Agency Vision, Mission and Values**

A workgroup was convened by the SP Committee to review and update the TCHD Vision, Mission and Values statements. The workgroup contained one or two representatives from various levels of all divisions/offices. The final draft was presented to the SP Committee for review and approval. The following vision, mission and values articulated are the final adopted statements.

**Vision**

Optimal health across the lifespan for the populations we serve.

**Mission**

Promote, protect and improve the lifelong health of individuals and communities in Adams, Arapahoe and Douglas Counties through the effective use of data, evidence-based prevention strategies, leadership, advocacy, and partnerships.

**Values and Guiding Principles**

Values for the agency are demonstrated in the behavior and decisions of all our employees and in how we conduct our efforts in the communities we serve. Tri-County Health Department, its Board and its employees have adopted these eight core values that guide behavior, organizational policy, and decision-making. These values not only apply to how we interact with each other internally, but how we treat our partners and clients externally.

- **Respect** We treat others with the same dignity as we wish to be treated. We honor the whole person and recognize the importance of work-life balance and diverse perspectives. We recognize the power of teamwork and appreciate the unique contributions that each member of a team can make.

- **Integrity** We maintain consistency in what we say and what we do. We uphold high ethical standards and maintain accountability to each other and the communities that we serve.

- **Courage** We stand up for what is right in the face of adversity. We communicate openly and welcome honest feedback. We advocate for those who cannot do it for themselves.

- **Excellence** We strive for the highest quality in everything that we do. We pursue opportunities and seek creative and innovative solutions to the challenges that face us.

- **Leadership** We believe that everyone can be a leader. We empower others to act; we encourage everyone to reach their fullest potential; and we model our core values.

- **Collaboration** We seek to sustain and enhance the reach and impact of our efforts through the respectful engagement with community partners (local, regional and state).

Tri-County Health Department
• **Stewardship** We maintain good stewardship of public monies and facilities through active management and will always strive to provide high quality, targeted, and cost-effective services for the community.

• **Innovation** We seek and encourage innovative approaches to address public health issues, reach diverse communities and improve agency operation.

4. **Analysis of Strengths, Weaknesses, Opportunities, Threats, and Potential Priorities**

Input into the strengths, weaknesses, opportunities, and threats for TCHD came from three sources: 1) A retreat of the BOH and TCHD leadership; 2) An internal survey, to which 271 staff responded; and 3) External interviews of 30 stakeholders, including top officials from other area public health agencies, CDPHE, Health Care Policy and Finance (HCPF), school districts, University of Colorado, private foundations, county commissions, private health care systems/providers, and business associations. The results summarized in the following tables reflect themes that showed up most frequently across the sources, and further details of respondent input are included in Appendices A, D, F and G.

### Strengths

<table>
<thead>
<tr>
<th>Quality of Services</th>
<th>Direct services that fill gaps; depth of expertise in population health, environmental health, disease/emergency response, epidemiology; cutting-edge on aging, nurse-family partnerships, urban planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedicated &amp; Competent Staff</td>
<td>Committed, customer-oriented, knowledgeable, take mission seriously, strong management, new leadership, culture of caring and cooperation</td>
</tr>
<tr>
<td>Size &amp; Scope of the Agency</td>
<td>Serves 25% of State population, covers three diverse counties, has more breadth and depth of expertise than possible for a single county agency</td>
</tr>
<tr>
<td>Leadership in Public Health</td>
<td>Collaborative, true partner, engaged at community &amp; state level, responsive, resource to other agencies, respected, strong reputation</td>
</tr>
</tbody>
</table>

### Ways to Improve (Weaknesses/Challenges)

<table>
<thead>
<tr>
<th>More Proactive Collaboration</th>
<th>Convene vs. respond to partners, have greater involvement in policy development, develop proactive population health programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stronger Outreach/Marketing</td>
<td>Increase visibility, use social media/texting to outreach, inform public what we do, advocate, create &amp; coordinate PH campaigns with partners</td>
</tr>
<tr>
<td>Better Internal Communication</td>
<td>Increase interdivisional communication/knowledge of programs, bridge gap between administrative office and satellite offices, promote internal collaboration.</td>
</tr>
<tr>
<td>Updated Technology</td>
<td>Improve website, leverage social media, provide for computers/tablets in the field, make data more accessible, consider more virtual meetings</td>
</tr>
</tbody>
</table>

Tri-County Health Department
Opportunities & Threats
TCHD has chosen to present these together, because opportunities are often embedded within threats, and many of these items came up in both categories.

<table>
<thead>
<tr>
<th>Funding</th>
<th>Decline of Federal funding; assess sustainability of programs; need for policy maker support; possible funding from DHS, HCPF, business partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnerships &amp; Convening</td>
<td>Proactive convening of stakeholders toward common goals; regional cooperation of PH; engagement of health systems and care providers; work with policy makers; partner with education and business</td>
</tr>
<tr>
<td>Direct Services</td>
<td>Assess the needs for gap services and adjust; consider focus on special un/reached populations; either do less or expand, as needed.</td>
</tr>
<tr>
<td>Community Health Assessments</td>
<td>Need for more granular community data; opportunity to partner with health systems who need to do community assessments; collaborate in data collection to avoid duplication, enhance quality</td>
</tr>
<tr>
<td>Population Health Education</td>
<td>Educate on how to use insurance and access care; help ensure success with ACA implementation through awareness building; optimize preventive health function through innovation and partnership</td>
</tr>
</tbody>
</table>

In addition, these sources of information provided input on relative importance of priority health issues and priority functions/capacities. A summary of possible priorities from internal and external stakeholders is summarized in Appendix H. Although methodologies varied for internal respondents (close-ended questionnaire by Survey Monkey) and external stakeholders (open-ended questions by interview), there was a high degree of concordance in the ranking of both health issues and functions/capacities.

More specifically, when the percentages of internal respondents and external stakeholders were combined for each priority health issue, the top 6 health issues are as follows, in order:

1. Obesity
2. Access to Healthcare
3. Infectious Disease
4. Substance Abuse
5. Mental Health
6. Environmental Health

As indicated in the next section, all of these, except for infectious disease, were ultimately included among the priority issues to tackle strategically. Infectious disease is considered vitally important, but is a mature core public health service that does not require strategic attention. Also, the top issues identified by stakeholders includes two that are life stages, rather than health issues and were not selected for that reason, but highlighted in the new vision that emphasizes attention to “optimal health across the lifespan.”

Similarly, the following priority functions were identified as ones to emphasize strategically by both internal and external stakeholders in their Top 5:

1. Partnership Development
2. Strategic Communications

Tri-County Health Department
As indicated in the next section, both of these are included in the strategic plan, with Partnership Development being combined with another Top 10 ranked item—Policy Development. In addition, *Data Systems* was rated the #2 issue by the staff (and #8 by external stakeholders) and included among the priority goals, as was *Resource Sustainability*, which is an overarching reflection of the changing fiscal environment for public health.

5. **Overview of Priority Selection**

The SP Committee considered the above assessment of strengths and weaknesses of TCHD as well as opportunities and threats presented by the evolving external context in formulating priorities for the Strategic Plan. When contemplating the selection of priority areas, the Committee had considerable discussion about priority areas identified by staff and external stakeholders. The Committee’s work in selecting priorities was based on the principle that the Strategic Plan should support TCHD in continuing its longstanding trajectory of excellence by combining continued high performance in current programs that support core public health functions with efforts to address new strategic priorities relevant to the changing landscape of public health. The priorities themselves are of two types: enhancement of key foundational capacities and increased focus on emerging population health issues. *Foundational capacities* are considered to be cross-cutting domains of activity that will involve all TCHD divisions and offices and support both the effectiveness of current programs, as well as new efforts to address emerging health issues. *Emerging population health issues* are ones considered to be broadly important for the communities, and while not new areas of activity for TCHD, a specific focus on them is intended to identify new opportunities for progress across TCHD and with external partners.

The following section formulates a goal to address each priority as well as the primary strategies to address the goal. More detailed and time-framed activities will be developed as part of a departmental implementation plan following completion of the Strategic Plan.

**Foundational Capacities**

*In order to support core public health functions and emerging population health issues, there will be a focus on improving and expanding the following foundational capacities:*

**Goal 1: Improve and Expand Informatics and Technology Capacity**

*Strategies*

- a. Improve internal functionality and systems capacity (infrastructure) to support agency operations and initiatives.
- b. Work with partners to identify and implement a core set of health indicators to monitor population health priorities at levels relevant for collaborating organizations.
- c. Align informatics with emerging technological options regarding electronic medical records systems.
- d. Increase the capacity (staffing and skill sets) of the informatics workforce (includes technology and data).
- e. Develop mechanisms to make data easily accessible to staff and the public.
f. Collaborate with external organizations (e.g., healthcare, schools, environmental, universities, CDPHE, other local health departments) to share data and resources to improve health outcomes.

**Goal 2: Improve and Expand Strategic Communication Capacity**

**Strategies**

a. Develop an agency-wide Strategic Communication Plan that identifies audiences, messages, communication channels, and evaluation of approaches to address TCHD strategic communication priorities.

b. Coordinate strategic communication efforts, methods, and messages with key partners.

c. Ensure staff are informed of agency priorities, policies, and programs across the agency to enhance the effectiveness and efficiency of TCHD’s work.

d. Implement an agency-wide social media strategy to effectively promote TCHD, its programs and services and inform/educate communities about existing and emerging public health priorities.

**Goal 3: Improve and Expand Policy and Partnerships Capacity**

**Strategies**

a. Develop cross-divisional staff resources and systems to develop proactive approaches to policy analysis, promotion, and dissemination (e.g., TCHD Policy workgroup, TCHD Policy/Partnerships leader(s)).

b. Develop TCHD Policy Plan to identify action steps for identification and promotion of policy priorities (e.g., Health in All Policies).

c. Identify key existing and potential future TCHD partnerships across both the public and private sectors and develop a Partnership Plan to strengthen partnership interactions to support and advance public health priorities.

d. Identify high priority topics for which to convene community stakeholders to support and advance public health activities including emerging health system changes resulting from the Affordable Care Act.

e. Develop a process to explore possible shared services among Local Public Health Agencies in the region.

**Goal 4: Improve and Expand Sustainability of Key Organizational Resources**

**Strategies**

a. Identify opportunities for new sources of revenue (e.g., government grants, Medicaid and/or private insurance billing, foundation support) that are aligned with programmatic and/or strategic priorities.

b. Enhance organizational infrastructure to apply for and manage grants, contracts, or fee for service efforts, (e.g., contract management system, project management capacity).

c. Enhance workforce development via succession planning and targeted competency based trainings.

d. Develop and maintain a sustainable information technology (IT) master plan to support program and population health efforts. (e.g., assess need for IT system update, enhanced security audits, improved HIPAA compliance efforts, electronic document management system.)

Tri-County Health Department
e. Update and maintain an agency facilities plan that considers market conditions, operational needs and location of client populations.
f. Pursue becoming an accredited public health agency via the Public Health Accreditation Board (PHAB) process and develop and implement an organizational Quality Improvement program.

Population Health Priorities
In order to improve health for the greater population across the community, there will be an agency focus on improving and expanding TCHD’s response to the following population health priorities. When developing public health responses to address population health issues it is important to identify opportunities to impact community health at every stage of life across the lifespan.

Goal 5: Reduce the Health Burden of Obesity/Chronic Disease
Strategies
a. Work across divisions to develop a strategic framework to guide chronic disease and obesity prevention efforts and operate in a coordinated manner as an agency (e.g., coordinated communication, partnerships and policies).
b. Work with communities to enhance the built and social environments to maximize residents’ access to healthy foods and opportunities for physical activity for all ages and abilities in their communities.
c. Work with partners to develop or advocate policies and programs to increase access to healthy foods/beverages, support breastfeeding families and breastfeeding-friendly environments and decrease consumption of unhealthy foods/beverages in TCHD’s communities and workplaces.
d. Work with partners to develop or support policies and programs that protect, promote and support evidence-based chronic disease self-management in communities.

Goal 6: Reduce the Health Burden of Tobacco/Substance Abuse
Strategies
a. Work with partners to develop or advocate policies and programs to decrease youth access to all types of tobacco and nicotine, increase tobacco-free environments and promote cessation across the lifespan.
b. Work with local and state public health partners to create unified messaging and prevention strategies to measure and address marijuana-related issues including: health effects, youth prevention and responsible adult usage.
c. Work with local and state partners to create unified messaging and prevention strategies to address other substance abuse issues (e.g. prescription drug misuse and alcohol abuse issues).

Goal 7: Improve and Expand Public Health Interactions with Health Care Delivery System
Strategies
a. Identify opportunities to work with key partners to measure and optimize access and linkage to health care and navigation for appropriate use of health services.

Tri-County Health Department
b. Work with key sources of data from the health care system (e.g., Colorado Hospital Association, All Payer Claims Database) to obtain data for meaningful public health use and enhanced measurement of population health.

c. Partner with non-profit hospital community benefit efforts to support community health assessments and development and measurement of their community health improvement plan impacts.

d. Work with key sectors of the health care system (e.g., hospitals, primary care) to promote recommended prevention services (e.g., nutrition, clinical preventive services).

**Goal 8: Improve and Expand Efforts to Promote Healthy Human Environments**

**Strategies**

a. Identify and collaborate with key stakeholder groups addressing water quality/quantity issues.

b. Evaluate opportunities to improve community air quality by identifying relevant air quality pollutant data, data gaps and air pollution control systems that would reduce the impact to public health through policy and/or programmatic change.

c. Improve food safety by implementing FDA’s voluntary program standards, enhancing internal data capacity to inform program decisions, and collaborating with state and local partners in food program data standardization efforts.

d. Identify and convene partners to encourage community use of Health Impact Assessment (HIA) approaches and consider locally appropriate HIA use guidelines.

e. Seek opportunities to promote and utilize a Health in All Policies approach to land use and transportation planning.

**Goal 9: Reduce the Health Burden of Mental Health issues**

**Strategies**

a. Convene and collaborate with partners for the implementation of the Public Health Improvement Plan for Adams, Arapahoe and Douglas Counties to address its stated goals:

    i.) Reduce stigma associated with mental health issues
    ii.) Increase prevention of and early intervention for mental health issues
    iii.) Enhance access to mental health services in the community
    iv.) Enhance existing population-level data collection efforts for mental health promotion and mental illness

b. Identify and implement TCHD-specific strategies and roles to contribute to achievement of the plan’s goals.

6. **Plan Implementation**

The TCHD Executive Management Team (EMT) will have overall responsibility for implementation of the Strategic Plan and monitoring its progress based on the following approach:

- Implementation will begin with development of meaningful objectives in support of one or more of the strategies articulated under each goal, the identification of activities to help accomplish the objective and a timeline for completion.
• Multiple divisions and offices will be involved in strategies for every goal given their intentional cross-departmental focus, however to enhance implementation efforts, a lead division will be selected to direct each goal based on closest alignment with current organizational structure (e.g., Obesity/Chronic Disease within Nutrition, Healthy Human Environments within Environmental Health).

• SP related efforts will be summarized in an Annual TCHD Workplan and, where appropriate, in Divisional annual work plans addressing relevant priorities as well as core public health functions.

• The Workplan will be monitored by an annual review of the progress on strategies and objectives each summer to coincide with the agency budget planning process for the next fiscal year.

The goals and strategies of the plan represent an expansive vision and exciting opportunity for TCHD to focus its efforts in areas likely to improve core public health services and to address important population health priorities. Given the scope and breadth of plan, the EMT will need to thoughtfully consider how to balance the new priorities with existing operational efforts. It is plausible that significant progress on some strategies can be achieved with better alignment of existing organizational and programmatic efforts. Progress in other areas will require additional resources identified through new sources of revenue (e.g., billing, fees, grants, governmental support) or re-alignment of existing resources when possible. Given this reality, while the plan’s goals and strategies provide an aspirational strategic roadmap for agency direction, it is not a precise implementation blueprint. In addition the timeframe for strategy implementation will depend not only on resources but also on schedule of other efforts. For example, it is likely that some of the Foundational Capacities and infrastructure elements will need to be addressed before some of the other data/technology and communication priorities are able to be implemented.

While these two issues are encountered by many organizations identifying strategic priorities for the future, the annual review process at TCHD will strategically address them. The review will need to consider which strategies are most promising for continued progress, which should be deferred, and which may need to be reconsidered in light of fiscal circumstances and external developments. Tools that will be useful to inform the monitoring and evaluation process include operational plans and divisional annual reports, the Public Health Improvement Plan updates, Quality Improvement program plans, changes driven by the evolution of the Affordable Care Act implementation and external trends (e.g., funding loss, emergencies, etc.).
Appendices
A. Retreat SWOT Summary
B. External Stakeholder List
C. External Stakeholder Interview Template
D. Staff Survey Questions and Summary
E. TCHD Staff Strategic Planning Discussion Questions
F. Stakeholder Qualitative Feedback (highlights)
G. Strength/Weakness Internal and External Summary
H. Possible Priorities: Internal and External Summary
### Strength Weakness Opportunity Threat Summary

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conveners</td>
<td>Lack of self-promotion</td>
</tr>
<tr>
<td>Leadership/workforce</td>
<td>Resources spread over too many programs/services</td>
</tr>
<tr>
<td>• Multi-disciplinary</td>
<td>• Take on things that are insufficiently funded</td>
</tr>
<tr>
<td>• In-house Admin/HR</td>
<td>• Need to focus</td>
</tr>
<tr>
<td>Teamwork/cross-divisional</td>
<td>Lack of coordination/partnership w/ private sector</td>
</tr>
<tr>
<td>Collaboration/partnerships/</td>
<td>Overly cautious</td>
</tr>
<tr>
<td>relationships</td>
<td></td>
</tr>
<tr>
<td>Reputation</td>
<td>Lack of competitive salaries (CDPHE &amp; private)</td>
</tr>
<tr>
<td>Surge capacity</td>
<td>Lack of informatics capacity and infrastructure</td>
</tr>
<tr>
<td>Management/organization</td>
<td>Lack of (community initiative) leadership training</td>
</tr>
<tr>
<td>Innovation</td>
<td>Lack of shared vision across the agency</td>
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<tr>
<td>Adaptability/responsiveness</td>
<td>Lack of strategic decision-making</td>
</tr>
<tr>
<td></td>
<td>Restrictions of categorical funding limits our abilities to use funds in the most optimal way</td>
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<tr>
<td></td>
<td>We chronically don’t expend all of our annual budget – just gets added to the fund balance</td>
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<tr>
<td></td>
<td>Lack of capacity to serve our increasingly diverse population</td>
</tr>
<tr>
<td></td>
<td>Billing and collection capacity – need to assess programmatic need and agency capacity, Return on Investment (ROI)</td>
</tr>
<tr>
<td>Opportunities</td>
<td>Threats</td>
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<tr>
<td>------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
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<tr>
<td>Aging – increasing recognition of aging population increases opportunities to</td>
<td>Disconnect between federal vs. local program and community needs</td>
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<tr>
<td>galvanize the situation</td>
<td></td>
</tr>
<tr>
<td>Affordable Care Act</td>
<td>• Creates uncertainty</td>
</tr>
<tr>
<td>Greater recognition of health in all policies</td>
<td>• Last minute requirements</td>
</tr>
<tr>
<td>Emerging opportunities in health information technology</td>
<td>• Unknown/instability in funding levels</td>
</tr>
<tr>
<td>More messaging about who we are</td>
<td>Political direction to shrink government</td>
</tr>
<tr>
<td>• Social media</td>
<td>Need to be “visible”</td>
</tr>
<tr>
<td>• Marketing</td>
<td>• Limits public/political support</td>
</tr>
<tr>
<td>• Communication</td>
<td>Responding well to diverse populations</td>
</tr>
<tr>
<td>Form a regional “think tank” with Centura, Health One, Kaiser and University</td>
<td>• Complicated by program restrictions</td>
</tr>
<tr>
<td>Regional health director collaboration</td>
<td>Competitiveness vis-à-vis other sectors</td>
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<tr>
<td>Paradoxical opportunity with marijuana</td>
<td>Unknown threat of marijuana to public health-Lack of research</td>
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<tr>
<td>Increase consciousness of health – creates opportunities for us to message</td>
<td>Prioritization of public health services</td>
</tr>
<tr>
<td>Technology = better data (health and environmental)</td>
<td>Unknown risks of environmental hazards</td>
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<tr>
<td>Partnerships in the community</td>
<td>Unknown risks of communicable diseases</td>
</tr>
<tr>
<td>• Colorado School of Public Health</td>
<td>Unknown risks of vaccine-preventable diseases</td>
</tr>
<tr>
<td>• 15 school districts</td>
<td>Unknown risks of terrorism</td>
</tr>
<tr>
<td>• Mental health providers</td>
<td>Unknown risks of global climate change</td>
</tr>
<tr>
<td>• State organizations (e.g., HCPF)</td>
<td>New nicotine delivery systems</td>
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<tr>
<td>• Business community</td>
<td>Unregulated health foods/nutritional products</td>
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<tr>
<td>• Elected officials</td>
<td>Lack of a unified public health voice</td>
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<tr>
<td>• Limited linkages with health care providers and systems</td>
<td>Need for coordinated public health/health care messaging</td>
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<tr>
<td>Population growth</td>
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<tr>
<td>• Impact on water quality and water supply</td>
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<tr>
<td>• Impact on wildlife</td>
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<tr>
<td>Name</td>
<td>Organization</td>
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<td>-----------------------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>Dr. Mark Johnson</td>
<td>Jefferson County Public Health / Executive Director (ED)</td>
</tr>
<tr>
<td>Chris Wiant, PhD</td>
<td>Caring for Colorado / CEO</td>
</tr>
<tr>
<td>Sue Birch</td>
<td>HCPF / Executive Director</td>
</tr>
<tr>
<td>Joni Reynolds</td>
<td>CDPHE / Public Health Director</td>
</tr>
<tr>
<td>Jeff Lawrence</td>
<td>CDPHE / Director of Environmental Health &amp; Sustainability Division</td>
</tr>
<tr>
<td>Dr. Bill Burman</td>
<td>Denver Public Health / Director</td>
</tr>
<tr>
<td>Dave Myers</td>
<td>MCPN / President &amp; CEO</td>
</tr>
<tr>
<td>Bebe Kleinman</td>
<td>Doctors Care / Executive Director</td>
</tr>
<tr>
<td>Jack Hilbert</td>
<td>Douglas BOCC / Commissioner</td>
</tr>
<tr>
<td>Dr. Ned Colange</td>
<td>The Colorado Trust / President and CEO</td>
</tr>
<tr>
<td>Joan DiMaria</td>
<td>Arapahoe-Douglas Mental Health / CEO</td>
</tr>
<tr>
<td>David C. Goff, Jr., MD, PhD</td>
<td>Colorado School of Public Health / Dean</td>
</tr>
<tr>
<td>Lisa Jansen Thompson</td>
<td>Early Childhood Partnerships of Adams County</td>
</tr>
<tr>
<td>Dr. Sarah Winbourn</td>
<td>Kids First Health Care / Medical Director</td>
</tr>
<tr>
<td>Jake Rishavy</td>
<td>Denver South Economic Development Partnership /</td>
</tr>
<tr>
<td></td>
<td>Director, Innovation &amp; Entrepreneurship</td>
</tr>
<tr>
<td>Eva Henry</td>
<td>Adams County BOCC / Commissioner</td>
</tr>
<tr>
<td>Deb Federspiel</td>
<td>Children's Hospital Colorado / Director, Children's Health Advocacy Institute</td>
</tr>
<tr>
<td>Jeff Zayack</td>
<td>Boulder County Public Health / ED</td>
</tr>
<tr>
<td>Dan Qualman+1</td>
<td>South Metro Fire Department / Chief</td>
</tr>
<tr>
<td>Dr. Chris Stanley</td>
<td>Catholic Health Initiatives / VP, Care Management</td>
</tr>
<tr>
<td></td>
<td>&amp; State Board of Health</td>
</tr>
<tr>
<td>Michael Clough</td>
<td>Sheridan School District No. 2 / Superintendent</td>
</tr>
<tr>
<td>Kathleen Matthews</td>
<td>CDPHE / Director, Office of Planning &amp; Partnerships</td>
</tr>
<tr>
<td>Jandell Allen Davis, MD</td>
<td>Kaiser / VP of Government &amp; External Relations</td>
</tr>
<tr>
<td>Katherine A. Blair, JD MPS</td>
<td>Governor's Health Policy Advisor</td>
</tr>
<tr>
<td>Dr. Tista Ghosh</td>
<td>CDPHE / Interim CMO and Director, Disease Control &amp; Environmental Epidemiology</td>
</tr>
<tr>
<td>Nancy Jackson</td>
<td>Arapahoe BOCC / Commissioner &amp; TCHD Liaison</td>
</tr>
<tr>
<td>Patty Fontneau +3</td>
<td>Connect for Health CO / ED &amp; CEO</td>
</tr>
<tr>
<td>Martha Rudolph</td>
<td>CDPHE / Environmental Programs Director</td>
</tr>
<tr>
<td>Maureen Tarrant +3</td>
<td>Skyridge Hospital CEO, CMO, Director of Marketing, Infection Control RN</td>
</tr>
</tbody>
</table>
Appendix C

Tri-County Health Department - Stakeholder Interview Template
March 2014

1. What are some of the most important trends and factors that Tri-County needs to consider in determining its public health focus over the next 3-5 years?
   a. What do you see as the greatest public health issues facing our community?
   b. If CO population doubles by 2050, as projected, what impact will that have on public health issues?
   c. With the Affordable Care Act, what are your priorities/concerns, and how prepping?
   d. What do you/your organization expect from a health department?
   e. Do you see the role of public health increasing? Why or why not?

2. Based on what you know about Tri-County’s current work (reference brochure), what do you feel:
   a. it is best known for? (What do you think of when you hear Tri-County?)
   b. are its greatest strengths?
   c. it does that is not well known?
   d. are its weaknesses? (What would make it stronger?)
   e. [If more familiar with particular division(s), explore further]

3. What health or environmental issues should Tri-County be sure to address to enhance public health in our region? (e.g., preventative health, obesity, inequity)

4. Given your answers to the first two questions, what do you feel should be Tri-County’s priorities going forward?
   a. What should Tri-County be doing to enhance health in our region?
   b. What (essential services) should Tri-County continue to do or expand?
   c. What should Tri-County consider doing less of or not do?
   d. What new priorities should Tri-County undertake?
   e. [Explore further with more detail on strategies/services where appropriate]

5. Who are important partners for Tri-County to work with in pursuing the priorities you recommend for advancing public health?
   a. What kinds of resources (outside of Tri-County) are needed to address the most important public health issues?
   b. What other partners should Tri-County be collaborating with?
      i. In what areas?
      ii. In what roles?
   c. To what extent has Tri-County partnered with your organization in the past?
      i. What has worked best about that partnering?
      ii. How could Tri-County be a better partner with you?
   d. Do you see a need to convene partners to obtain consensus about public health issues in the Denver area?
      i. What would be the value of doing so?
      ii. Who could convene such a gathering?
      iii. Who should be involved?
Appendix D

Staff Survey Questions and Summary

271 Total Completed Surveys

1. What are some of TCHD's Strengths as an agency?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Strength</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1. <strong>Dedicated and Knowledgeable Staff who are compassionate and supportive of one another</strong>&lt;br&gt;Professional, dedicated staff; corporate culture focused on working as a team to achieve results&lt;br&gt;Friendly, informed, and responsive staff&lt;br&gt;Genuine feeling of caring staff who want to support the community</td>
<td>152</td>
</tr>
<tr>
<td>2</td>
<td>2. <strong>Services that the agency provides, feeling like what we do is making a difference in people's lives</strong>&lt;br&gt;Providing quality care to our clients&lt;br&gt;Focus on the customer - excellent customer service&lt;br&gt;Helping the community as best as possible using the resources available to the department&lt;br&gt;The direct services we provide are of high caliber and fill much needed gaps within our communities</td>
<td>128</td>
</tr>
<tr>
<td>3</td>
<td>3. <strong>Strong and Competent Leadership and is supportive of its employees</strong>&lt;br&gt;Well qualified people in supervisory positions&lt;br&gt;Management provides excellent support to its staff&lt;br&gt;New leadership that shows interest and is respectful and approachable to staff&lt;br&gt;Great Supervisors who work well with Community Leaders</td>
<td>41</td>
</tr>
<tr>
<td>4</td>
<td>4. <strong>Size of agency, multiple locations, ability to offer diverse types of services</strong>&lt;br&gt;Multi-county jurisdiction allows for increased efficiency and pooling of administrative resources&lt;br&gt;TCHD Locations - spread across counties; enhanced visibility and availability to people we serve&lt;br&gt;So many different locations to access so many communities&lt;br&gt;The size of the agency gives us a unique ability to serve and provide positive health impacts to a vast amount of residents.&lt;br&gt;Our size and the variety of services we offer</td>
<td>38</td>
</tr>
<tr>
<td>5</td>
<td>5. <strong>Viewed as a Public Health Leader in the Community</strong>&lt;br&gt;Leaders in public health for the region&lt;br&gt;When it comes to innovative programs, we tend to be a leader statewide&lt;br&gt;Respected authority on public and environmental health of the community&lt;br&gt;Good reputation/rapport with community members&lt;br&gt;Strong reputation (within the community and across the field of public health in Colorado)</td>
<td>37</td>
</tr>
</tbody>
</table>
## 2. What are some areas TCHD could improve upon as an agency?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Areas for Improvement</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Improve Technology such as updating Website, Social Media, Teleconferencing</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Investment in equipment and technology for staff to be on the forefront of industries with proven science, while having the ability to show professionalism with industry with non-inferior equipment, technology, and education.</td>
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<td></td>
<td>Behind from a social media and marketing standpoint</td>
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<td></td>
<td>Computer system is slow, unable to use computers in field, IT behind the times, other companies have had computers, tablets in the field for years</td>
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<td></td>
<td>Thoughtful use of technology to decrease the amount of driving by staff to meetings</td>
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<tr>
<td>2</td>
<td>Internal Communication between leadership and staff, between divisions, between offices</td>
<td>48</td>
</tr>
<tr>
<td></td>
<td>Disconnect between admin and everyone else</td>
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<td></td>
<td>Staff lack of knowledge about many of the programs and services provided within the agency</td>
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<td></td>
<td>Communication among different programs, updates on who is doing what (e.g., Nutrition &amp; Nursing)</td>
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<td></td>
<td>Management team is an island - not linked to rest of organization</td>
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<tr>
<td>3</td>
<td>Outreach, market our services, what we do, who we are to the community</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>I believe our marketing efforts should be expanded so more of our residents know what public health is and what we can do for them.</td>
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<td></td>
<td>Expand visibility/name recognition in our counties</td>
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<tr>
<td></td>
<td>Marketing of our services, what we do, who we are - self-promotion of all our great things we do for our communities</td>
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<tr>
<td>4</td>
<td>Increase Services, widen scope of practices, including mental health</td>
<td>28</td>
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<tr>
<td></td>
<td>Look at serving the male population for their health issues - not just women and children</td>
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<td></td>
<td>Longer service hours for clients or weekend hours</td>
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<td></td>
<td>Gap filling clinic services in the community. There are not enough providers offering basic services, (diabetes screening, basic CBC's, STI treatment, Immunizations for people with insurance) and PH should be filling those gaps.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>More clinics and services for citizens. Colorado is conservative and we offer services that other States would normally rely on private providers to provide</td>
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</tr>
<tr>
<td>5</td>
<td>Lack of competitive Salary/Wages</td>
<td>23</td>
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<td></td>
<td>Give merit raises for exceptional work in addition to the standard pay increase (if there is one).</td>
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<td></td>
<td>While we'll never compete with CDPHE in terms of salaries, it seems like our goal is to be in line with other locals. To be the best we need to attract and RETAIN the best talent. Our goal should be to pay our great staff more than other locals.</td>
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<td></td>
<td>Compensation for positions that are more dangerous and in high acuity populations</td>
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<tr>
<td></td>
<td>That the salary offered is in competition with other counties</td>
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Appendix E

Division Strategic Planning Discussion Questions (April 2014)

Approach this conversation thinking about identification of overarching agency priority areas/systems improvements.

We are a very good organization doing very good work but how do we get even better?

Review Key findings from staff Survey:

Strengths; Areas for Improvement; Top Health Issues; Key Systems/Functions summary: Provided separately.

- **Health Issues** are pretty self-explanatory
- **Key System/Functions** are those tools, behind the scene systems (a good computer system to gather information that allows for analysis and identification of a health condition of concern), procedures or practices (strategic communication or health policy development) or an organized scheme or method of approaching one or multiple health issues.

1. What do you need to work more successfully in our existing public health programs and also to address new public health issues?
   List the resources you believe would enhance our capacity to address public health issues (be specific about the issue addressed if you can be)

2. What are the systems/functions that TCHD currently lacks or that are underdeveloped that we should develop/expand to more successfully address the public health issues facing our communities?
   Identify and prioritize a list of system/functions would benefit PH programs

3. What do you think about this list of possible important health priorities for us to address? Are there important priorities that are missing? Are there lower priorities that should be ranked higher?

Optional Questions if time allows:

4. Are there internal or external systems that act as barriers to what TCHD is trying to accomplish?
   List the barriers and proposed methods to reduce or eliminate these barriers.

5. How can we build on our successful history of public health service delivery to achieve even better results?
   a. Externally, what issues should we be communicating more about and whom should we be focusing our communication on and/or developing partnerships with?
      Identify Issue and Audience

   b. Internally, what could we do to improve communications and partnering across divisions?
      Gather a list of possible tools/concepts.

Tri-County Health Department
Appendix F

Tri-County Health Department

Stakeholder Qualitative Feedback (Highlights)

Strengths

<table>
<thead>
<tr>
<th>Illustrative Notes/Quotes</th>
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<tbody>
<tr>
<td><strong>Services</strong></td>
</tr>
</tbody>
</table>
| "TCHD is on the cutting edge with Aging and Nurse Family Partnership."
| Predominance of nursing leadership |
| Predominance of nursing leadership |
| Epidemiology well known at the state level. [though concern for recent loss of capacity] |
| Communicable disease--equivalent to State in terms of ability to manage outbreak response. |
| Land use and urban planning activities that are cutting edge and impressive. |
| Environmental leadership--go-to expertise |
| **Size & Scope of Agency** |
| Large well-run organization that covers varied counties; serves 25% of State population, and meets jurisdictions' needs. |
| Big enough to have more breadth and expertise than a single county |
| **Public Health Leader** |
| "TCHD is not just a vendor or subcontractor, but a true partner." |
| "TCHD is ahead of the curve [in partnering]; potential to be a leader and a guide for other PH agencies."
| TCHD known for "being a leader." "Be the Seattle/King County of Colorado."
| CDPHE partners as equals with TCHD on spills, environmental issues. Strong communication. |
| Big participant in statewide dialogues; e.g., CO Environmental Health Directors, input to state on reg decisions |
| **Staff** |
| Great people working for TCHD who take their mission seriously and work hard |
| Culture-people committed to the work, not just a job for paycheck. |
| Longevity of staff |
| **Accessible/Engaged** |
| "Better than State Health Dep't"; always ready, responsive, efficient |
| Very engaged in community and state level; present wherever I go. |
| Openness to honest, thoughtful, critical dialogue--both directions. "If we're not improving, we're stagnating." |
| **Resource for Other Agencies** |
| Serves as a resource for other local gov'ts (and the state)--e.g., salmonella, West Nile; very responsive |
| Capacity in multi-county outbreaks; take a lead role. Also able to give State feedback in a constructive way. |
| **Efficient & Cost Effective** |
| Economy of scale to keep costs down. Lower per capita cost than we do. |
| Efficient model--$5-6/capita vs. $80 for some counties |
| **Collaboration Among Divisions** |
| EH programs that collaborate well with infectious side |

Tri-County Health Department
**Illustrative Notes/Quotes**

<table>
<thead>
<tr>
<th>Weaknesses/Challenges/Ways to Be Stronger</th>
<th>Notes/Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Be More Proactive/</strong> (e.g. Convene vs. Respond)</td>
<td>Get out of the office and into the field; difference between coming to invited meetings and convening or being proactive. Traditionally, TCHD has been more responsive (and good at it). Should do more proactive Population Health programs.</td>
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<td><strong>Outreach &amp; Marketing &amp; PR</strong></td>
<td>Need more visible presence. Ironically, &quot;PH/EH work best when people don't know it's there, b/c then no problem.&quot; What is TCHD doing in Behavioral Health and Geriatric? How involved in ER? Don't know. Marketing! Has been too little communication with counties-&quot;it's been my role to open this tiny straw.&quot; Even in EH, I was shocked to learn of their 19 programs; breadth and depth of EH not well known; Marketing. Would be good to know who to call for what; website? Who is on-call after hours. After hours is major issue. Challenge of dealing with the immediacy of communication and rumors. Balancing accuracy and speed.</td>
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<tr>
<td><strong>More Involvement in Policy</strong></td>
<td>Need involvement in policy development; &quot;At the end of the day, population health makes or breaks the health of people.&quot; Have to be advocates with politicians; find a way to garner better political support. Could exert more political influence, including BOH.</td>
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<tr>
<td><strong>Internal Communication &amp; Coordination</strong></td>
<td>Could be better alignment across divisions/activities; e.g. chronic disease not cohesive, with activities in 4 divisions. Communication across the organization</td>
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<tr>
<td><strong>Leverage Resources for Inefficiencies</strong></td>
<td>Inefficiencies between state and local—need to try to avoid redundancies of service. Diminishing marginal returns.</td>
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<tr>
<td><strong>More Cost Effectiveness</strong></td>
<td>Leverage resources better to be more cost effective; lack of alignment across divisions is part of that.</td>
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Appendix F (continued)

Tri-County Health Department
Opportunities & Threats
Per External Interviews Conducted by Gurudev Khalsa

“Elephant in the room is what is the role of public health in a transformed health system”

❖ Funding

➢ New funding paradigm
  ▪ As Federal $ decline, need to redefine function for PH and integrate with clinical delivery systems.
  ▪ Sustainability of resources should be number one priority. Have a clear view of revenue sources available to TCHD and the vagaries of each. Match sustainability of programs with resources (Feds, State, Counties, CDC, Grants, etc.)
  ▪ Big change in how PH is funded. Block grants will be down substantially. Expectation that PH will bill and get paid. Transition to revenue, not just from direct service.
  ▪ Policy makers (and public) don’t fully appreciate value of PH
    ▪ Need more political and policy support and appropriate funding for evolving mission. Have to get out and let people know that they do and how important their mission is.
    ▪ Policy makers may not ever appreciate the full value of PH; think in too short time frames. Hard to fund PH. Need to figure out how to tell PH story; Through tragedy comes community understanding.
➢ Funding from DHS/Medicaid
  ▪ Forge partnerships with Human Services (doubled funding from $30-60 million). Health literacy & social determinants.
➢ Commercial insurance arrangements
  ▪ Public health can get funding from commercial insurance arrangements.
➢ Inflationary adjustments
  ▪ Big resource issue--per capita cost isn’t adjusted for inflation by the counties/state

❖ Partnerships

➢ Be proactive. Nearly everyone!
➢ Start with RCCO—Colorado Access
  ▪ Leverage Fed funding via RCCOs and agencies actively engaged with them.
  ▪ Direct partnership with CO Access (1 RCCO for same Tri-county region). RCCOs will become multi-payers over time.
➢ Engage major health systems
  ▪ “Convene major health players to better align with HC delivery systems.
  ▪ Kaiser wants to partner with TCHD on focused projects--e.g., underserved communities; MH & Substance Abuse.
  ▪ Priority to develop good relations/partnership with major health care systems.
➢ Primary care providers
  ▪ Make clear what TCHD can offer us and what we can do to help them. Collaborate around issues to avoid duplication (e.g., early childhood). Include primary care providers. See PH moving from regulation to facilitation and from direct services to leadership on prevention and community health.
Appendix F (continued)

- Behavioral health providers
  - Focus should be on outcomes. How to increase access to BH care. Chronic MH issues drive up cost. If improve, will drive down physical health care costs also.

- Other metro Denver public health departments
  - In metro area, have all the right people in place to work collaboratively, to work together across county lines, while appropriately respecting boundaries.

- Business
  - Prime Health Collaborative has 30-40 companies developing digital HC solutions, e.g., HeartSmart Kids mobile app. TCHD could engage with them to do pilot projects and be seen as thought leaders. Maybe a third party seal of approval.
  - Engage area businesses—they are the end user of the products of a healthy system and have a huge stake in healthy people. [For past 2-3 years, Colorado has been the #1 relocation destination for people 24-34 years old. 1 million more expected on the Front Range in 20 years].

- Colorado State—CDPHE, HCPF and DHS
  - Opportunity for even "closer consultation, cooperation, collaboration and communication."

- Policymakers
  - Partnering with policy folk and delivery sys on reducing health disparity (e.g., CDC's exhibit Health is Human Right.)
  - Be present at the State table, and develop alignment with CDPHE, HCPF & DHS around issues.
  - Have to be involved proactively in policy work to be effective. What if 20% were denied access to schools? Yet we have 20% of people who don’t have health care—affects fabric of society.

- School of Public Health
  - Two-way street with Center for Public Health practice. They could provide professional development resources for TCHD, and they could place MPH students in TCHD to learn about a sophisticated health department. A lot of good people over there.
  - Need even more regional perspective (TCHD is a leader). All PH agencies will have a need for more data and analysis. Partner with each other and School of Public Health, CDPHE, to develop and not duplicate.
  - Partner with schools to help change culture; bridging gap to care (vs. coverage).

- Convening
  - Neutral facilitator important
  - Proactive
    - More involvement in communities, be proactive, convene and partner. Start conversations vs. just joining them.
    - Need to be even more in leadership role, not just a sirens and lights position. They [Caring for Colorado] would fund a piece of bringing together Health Alliances to set priorities; help create community buy-in.
    - Work with all direct providers in area; form collaborative; set up system so prevention services funding utilized.
Appendix F (continued)

- Develop community dialogue with medical providers, business community, residents--assess & educate.
- TCHD could be a convener to better align HC delivery system
- Be proactive in educating and consulting with providers. Be a convener to leverage their PH expertise.
- Convene groups to collaborate on community health need assessments. TCHD could be a lynch pin convener; more focused approach.

**Direct Services**

- **Do Less?**
  - Less need for clinical services in Denver metro area; look at data, if data supports, cut back direct services.
  - Will still be a need for safety net, but don't see TCHD doing. Facilitate, educate and advocate for preventive health.
  - Should do less clinical programs; MCPN, et al, will take over more primary care. Transfer PH nursing to broader health and health education areas to support ACA changes.
  - Less funding/involvement in immunizations and communicable disease.

- **Do More?**
  - Serving special pops--young women who want services away from medical home; undocumented; churning.
  - Need for a specialty safety net and work force planning.
  - Still some who won't have health care; still need for maternal & family planning & STDs--how work within ACA.
  - Culturally competent medical care needed; ensuring health of those that are invisible to the system.

- **Wait and See; Target emerging gaps**
  - Are there other providers that can meet need for immunization and family planning? Either PH shouldn't be involved in direct services or should do more! Go slow, base decisions on data.
  - Look at footprint. Either don’t do or expand. Look for safety net clinics that could do or do more comprehensively.

**Community Health Assessments**

- **More granular (neighborhood level and disease) data**
  - Trend tracking. Tracking illnesses and deaths by cause and prognosticating; seeing what we're overlooking.
  - Need more granular population level data to help in planning. Need abnormal surveillance.
  - Think regionally and have very local data—look in great detail. Increased emphasis on population level assessments, intervention and collaboration. Real change!
  - Need micro-targeting, just as is done in the political world. Could leverage tech business innovators to gather more granular data and aggregate in interoperable way.

- **Offer as a fee for service product**
  - Health Assessments. Willingness to pay by health systems.
  - Leadership in community assessments; cast net widely on getting input; ask what data we don’t have.
Appendix F (continued)

- Health care systems could help defray costs of PH staffing to do assessments (there are consulting groups sprouting to do assessments and PHIPs.) Worst scenario is fragmented assessments vs. coordinated, neutral convening’s by PH.

- Partnership with health care systems/providers; avoid duplication
  - Collaboration in data collection, analysis and support; Aurora Health Access, CU, etc.
  - 6 major hospital systems; don’t need 6 different health assessments.
  - Partner with hospitals in doing community health assessments

Population level health education

- How to use insurance and access care
  - Working within community to ensure ACA implementation--awareness, assessment, access.
  - Need a bridge between coverage and care, and help people understand insurance and how to use it. Need to create PH messages that support that, just as did with lead paint and asbestos. [“Mental health is the asbestos of today.”]

- How to optimize preventive health
  - Need to be outreach component of health system, including prevention; Unique ability to be convener/facilitator.
  - Regionalize and align media campaigns (e.g., second-hand smoke campaign) because media market is much bigger than a county.
  - More population health activities (things doc's office doesn't do). Leverage pilots--HEAL, land use, etc.
  - Think about outreach--Have an issue of the month and brainstorm how it affects; build relationships. Wants to brainstorm sample policies for marijuana; it’s out ahead of us.
  - "Physicians don't have focus to do the screenings and education that PH is trained to do."
  - Medical model treats disease; now need to treat populations to prevent disease—need TCHD’s expertise in that.

Evaluation

- Upstream progress on obesity
  - Evidence-based population based approach to obesity prevention--BMI is lag indicator; what is a lead indicator? Help Kaiser (etc.) measure success (process measures?) in bending the obesity curve, upstream from HC delivery.

Targeted Demographics

- Aging populations
  - Involvement with aging; other PH (not TCHD) have been late to the game. PH ownership of self-directed care model.
  - Expand regulatory compliance education to aging service providers.

- Undocumented populations, immigrants/refugees, and others not served by medical homes
  - Serving special pops--young women who want services away from medical home; undocumented; churning.
  - "Need to address immigrants and refugees to be sure not underserved for the sake of population health." Let’s say there's a pandemic outbreak in the resort industry; undocumented workers may avoid the medical system until they have to. Will infect many others."
### Tri-County Health Department Strengths and Weaknesses: Internal and External Summary

#### Strengths

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<th>Strength</th>
<th>External</th>
<th>Internal</th>
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<td>Services*</td>
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<td>Size &amp; Scope of Agency</td>
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<td>Public Health Leader</td>
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<td>Dedicated &amp; Competent Staff</td>
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<td>Strong &amp; Competent Leadership</td>
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<td>Accessible/Open to Dialogue &amp; Meetings/Engaged</td>
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<td>Resource for Other Agencies</td>
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<td>Autonomous Board of Health; County Relations</td>
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<td>Data-Driven</td>
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<td>Efficient &amp; Cost Effective</td>
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<td>Collaboration Among Divisions</td>
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<td>Cultural Competence</td>
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<td>*S-Population Health/HEAL Activities</td>
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<td>*S-Environmental Health</td>
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<td>*S-Disease &amp; Emergency Response</td>
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<td>*S-Epidemiology</td>
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<td>*S-Nursing/ Women &amp; Children's Services</td>
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<td>*S-Vaccinations</td>
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<td>*S-Land Use &amp; Urban Planning</td>
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External Interviews and Compilation by Gurudev Khalsa
Appendix G (continued)

Tri-County Health Department Strengths and Weaknesses: Internal and External Summary

External Interviews and Compilation by Gurudev Khalsa
Appendix H
Tri-County Health Department Possible Priorities: Internal and External Summary

External Interviews and Compilation by Gurudev Khalsa

Tri-County Health Department