



# Lewis & Clark Public Health

## Strategic Plan

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**Lewis and Clark Public Health Strategic Plan**

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<b>Approved By:</b> <b>Drenda Niemann</b>	<b>Title:</b> <b>Health Officer,</b> <b>Lewis and Clark Public Health</b>	<b>Date:</b> <b>July 26, 2018</b>
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## Record of Changes

Changes Made	Changed By	Date of Change

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## 1.0 How This Plan Was Developed

Members of the Lewis and Clark City-County Board of Health and staff of Lewis and Clark Public Health (LCPH) worked together over eight months to develop this strategic plan, which covers the five-year period from July 2018 to July 2023. Staff of the Local Government Center, Montana State University Extension in Bozeman, facilitated the process. For a full list of participants, see Section 6.0.

The Board of Health and health department used information from the 2015 Community Health Report, the 2016 Community Health Improvement Plan, and a targeted survey of community and department strengths and challenges to determine strategic direction. Regular progress checks and semi-annual reviews will ensure that the plan reflects effective methods for addressing community public health needs.

In a half-day meeting on April 26, 2018, the Board of Health met with the department's Strategic Planning Steering Committee to set high-level strategic direction for LCPH through mission and vision statements, values, and overarching goals.

On May 17, at a regular all-staff meeting, health department employees reviewed the board's high-level strategic direction and discussed more detailed strategies and activities with which to implement it.

Throughout parts of May, June, and July, the steering committee used these criteria to finalize the strategies and develop action items that:

- Captured the intent of the guidance provided by the Board of Health and department staff.
- Pushed the department to progress above and beyond its regular daily work.
- Were considered "doable."
- Were viewed as important steps to improving the health department infrastructure, the programs and services we offer, and the health of county residents.

Once a final draft was completed, department staff were asked to review it and take a short survey specifically addressing these questions:

1. How well do the strategies and actions reflect the work done at the May all-staff meeting?
2. How realistic are the strategies, actions steps, and timelines?
3. Are there any missing resources that would help the department accomplish its goals, strategies, and action steps?
4. Provide any suggested edits.

The steering committee reviewed staff feedback and incorporated suggestions where appropriate. The Board of Health adopted this strategic plan at its July 26, 2018, regular meeting.

## 2.0 Mission, Vision, Values

### 2.1 Mission Statement

The Board of Health reviewed, discussed, and made no changes to the department's long-time mission statement:

*Our mission is to improve and protect the health of all residents  
of Lewis and Clark County.*

### 2.2 Vision Statement

The Board of Health adopted the following vision statement for the health department:

*Healthy people in a safe and healthy environment.*

### 2.3 Values

These are the chief values the health department and its staff will strive to demonstrate in their work with clients, partners, patients, community members, and each other:

***Leadership:*** Cultivating a proactive and forward-thinking approach to public health.

***Collaboration:*** Working together for health improvement.

***Inclusiveness:*** Ensuring equitable opportunities to lead safe and healthy lives.

***Effectiveness:*** Using best practices effectively to achieve health improvement.

***Integrity:*** Serving the community professionally, honestly, and dependably.

## 3.0 Goals

These are the overarching goals the Board of Health established for the health department for the next five years:

<b>Goal 1</b>	Consider <b>health equity</b> and social determinants of health in all aspects of public health work.
<b>Goal 2</b>	Expand the role of public health in improving <b>mental health</b> , with a focus on wellness and resilience, mental illness, and substance abuse.
<b>Goal 3</b>	Improve <b>health across the lifespan</b> , with a focus on people over age 65 and under age 5.
<b>Goal 4</b>	Promote a <b>safe and healthy environment</b> , with a focus on environmental health, built environment, and public health preparedness.
<b>Goal 5</b>	Explore <b>new frameworks</b> for delivering public health services, with a focus on organizational framework, funding, data analytics, and Public Health 3.0.

### 3.1 Goal 1: Health Equity

Goal 1: Consider health equity and social determinants of health in all aspects of public health work.					
Strategy	Action Steps	Resources	Responsibility	Timeframe	Linkages
1.1 Improve awareness and understanding of how social determinants affect population health.	1.1.1 Include comparative health data related to social determinants in Community Health Assessment.	Healthy Together partners State health department	Systems Improvement Manager	Summer/Fall 2018	See PHAB Measure 1.1.2
	1.1.2 Assess internal training needs and develop training plan for staff on health equity and social determinants, their public health implications, and how to address them in public health work.	National and state public health improvement resources	Systems Improvement Manager	Winter 2018 and ongoing	See PHAB Measure 1.1.4
	1.1.3 Provide training to community partners and public on health equity and social determinants of health and their impact in Lewis and Clark County.	Healthy Together National and state public health improvement resources Healthy Communities Coalition	Systems Improvement Manager	Fall 2018 and ongoing	



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<b>Goal 1: Consider health equity and social determinants of health in all aspects of public health work.</b>					
<b>Strategy</b>	<b>Action Steps</b>	<b>Resources</b>	<b>Responsibility</b>	<b>Timeframe</b>	<b>Linkages</b>
<b>1.2</b> Enhance access to public health services by addressing barriers to health equity.	<b>1.2.1</b> Assess current practices and policies related to: <ul style="list-style-type: none"> <li>• customer service,</li> <li>• communications,</li> <li>• program delivery, and</li> <li>• built environment</li> </ul> to determine how well we serve people of diverse abilities.	MT Independent Living Project  UM Disability and Health Program  National Center on Health, Physical Activity, and Disability (NCHPAD)	Inclusiveness Work Group  Health Officer  Division Administrators	Assessment complete by Fall 2018  Re-assess annually	See PHAB Standard 7.1
	<b>1.2.2</b> Draft and adopt an LCPH health equity policy.	National Association of County and City Health Officers (NACCHO)		Spring 2019	
	<b>1.2.3</b> Train staff on inclusiveness and assessment findings and recommendations.	Other local health departments	Inclusiveness Work Group	Fall 2018 and annually	
	<b>1.2.4</b> Prioritize and begin to implement assessment recommendations.		Inclusiveness Work Group  Health Officer  Division Administrators	Spring 2019	
<b>1.3</b> Ensure that all LCPH educational/outreach materials are inclusive of target populations in the county that experience health inequities and disparities.	<b>1.3.1</b> Assess program-specific needs for educational/outreach materials that are inclusive of all target populations.		Program supervisors	Winter 2018 and re-assess annually	See PHAB Standard 3.1
	<b>1.3.2</b> Update, revise, and create inclusive, program-specific educational/outreach materials for target populations.	MT State agencies	Communications Manager  Program supervisors & staff	Spring 2019 and ongoing	

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### 3.2 Goal 2: Mental Health

<b>Goal 2: Expand the role of public health in improving mental health.</b> <i>(with a focus on wellness and resilience, mental illness, and substance abuse)</i>					
Strategy	Action Steps	Resources	Responsibility	Timeframe	Linkages
2.1 Increase staff knowledge, awareness of mental health and substance abuse issues.	2.1.1 Assess staff need for training in suicide prevention, mental illness, substance abuse, and adverse childhood experiences (ACEs) and develop training plan.	MT Suicide Prevention Program NAMI Local Advisory Council on Mental Illness (LAC)	LCPH member(s) of County Suicide Prevention Work Group and LAC	Fall 2018	See 2016 CHIP Priority: Mental Health
	2.1.2 Implement and evaluate effectiveness of training plan.	Youth Connections		Spring 2019 and ongoing	
2.2 Strengthen and expand partnerships and collaborative activities to improve mental health and substance abuse outcomes.	2.2.1 Seek funding to address mental health, wellness, and substance abuse prevention.	Suicide Prevention Work Group United Way State health department Family Resources Shodair Intermountain MT HealthCare Foundation Youth Connections Coalition Other granting agencies	Community Health Promotion Division Administrator Health Officer	Fall 2018 and ongoing	See 2016 CHIP Priority: Mental Health
	2.2.2 Expand CONNECT Referral System to include more mental health and substance abuse resources.	Grants		CONNECT Coordinator	

3.3 Goal 3: Health across the Lifespan

<b>Goal 3: Improve health across the lifespan.</b> <i>(with a focus on people over age 65 and under age 5)</i>					
Strategy	Action Steps	Resources	Responsibility	Timeframe	Linkages
<b>3.1</b> Identify and implement strategies for addressing Alzheimer’s Disease and dementia.	<b>3.1.1</b> Working with community partners, explore becoming a Dementia-Friendly Community/County ( <i>a place or culture in which people with dementia and their caregivers are empowered, supported and included in society, understand their rights and recognize their full potential</i> )	Dementia Friendly America ( <a href="http://www.dfamerica.org">www.dfamerica.org</a> ) LCPH Inclusiveness Workgroup Area Agency on Aging Riverstone Health/City of Billings (Dementia Friendly Billings) Missoula CCHD/City of Missoula (Dementia Friendly Missoula) City and county officials	Disease Control and Prevention Administrator (Lead)	Summer 2019 and ongoing	
	<b>3.1.2</b> Enhance use of the CONNECT Referral System for aging services.	Area Agency on Aging	CONNECT Coordinator	Summer 2019 and ongoing	
<b>3.2</b> Incorporate evidence-based practices that help reduce Adverse Childhood Experiences (ACEs).	<b>3.2.1</b> Assess family and child health programs for trauma-responsiveness using Elevate MT checklist.	Elevate Montana	Community Health Promotion Division Administrator	Fall 2018 and annual re-assessment	See 2016 CHIP Strategy: Expand access to training and professional development related to ACEs
	<b>3.2.2</b> Adopt trauma-informed and responsive practices within all division programs and services.				
	<b>3.2.3</b> Plan, implement, and evaluate an ACEs and trauma-responsive training plan.				
	<b>3.2.4</b> Expand services to support children with special health-care needs.	United Way YWCA Rocky Mountain Development Council Pediatric clinics Primary-care providers	Community Health Promotion Division Administrator	Spring 2019 and ongoing	

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<b>Goal 3: Improve health across the lifespan.</b> <i>(with a focus on people over age 65 and under age 5)</i>					
Strategy	Action Steps	Resources	Responsibility	Timeframe	Linkages
	<b>3.2.5</b> Expand number of family and child resources included in CONNECT Referral System.		CONNECT Coordinator	Spring 2019 and ongoing	
<b>3.3</b> Adopt evidence-based practices that reduce obesity in children and adults.	<b>3.3.1</b> Increase participation in WIC services.	State health department National WIC Association	WIC Team	Fall 2018 and ongoing	
	<b>3.3.2</b> Advocate for improved access to physical activity and healthy foods.	Kids Hunger Coalition Healthy Communities Coalition Early Childhood Coalition Food Share	Chronic Disease Prevention Team	Fall 2018 and ongoing	See 2016 CHIP strategies related to physical activity and nutrition
	<b>3.3.3</b> Expand CONNECT Referral System to be more inclusive of services for health & wellness.		CONNECT Coordinator	Fall 2019 and ongoing	
<b>3.4</b> Improve management of chronic disease.	<b>3.4.1</b> Conduct a quarterly workplace wellness activity for LCPH.	State health department	Chronic Disease Prevention Team	Spring 2019 and ongoing	See PHAB Measure 8.2.4
	<b>3.4.2</b> Promote “Living Life Well” program among individuals and their caregivers living with chronic disease.	State health department	Chronic Disease Prevention Team	Fall 2018 and ongoing	
	<b>3.4.3</b> Research and select one action step from Chronic Disease Self-Management Education (CDSME) programs.	Healthy Communities Coalition Administration for Community Living	Chronic Disease Prevention Team	Spring 2020	

3.4 Goal 4: Safe, Healthy Environment

**Goal 4: Promote a safe and healthy environment.**

*(with a focus on environmental health, built environment, and public-health preparedness)*

Strategy	Action Steps	Resources	Responsibility	Timeframe	Linkages
4.1 Improve the built environment by enhancing collaboration and identifying gaps in partnerships across programs.	4.1.1 Build and train a health department team to advocate for improved built environment.	City and County Planning, Public Works, Park & Rec	Healthy Communities Coalition	Fall 2019 and ongoing	
	4.1.2 Participate in efforts and advocate to improve the built environment. Share public health data.	Prickly Pear Land Trust MT Dept. of Transportation Healthy Communities Coalition	Chronic Disease Prevention Team	Fall 2018 and ongoing	
	4.1.3 Lead a public health visioning charrette to align stakeholders and highlight the importance of the built environment.	Health-care providers Hospitals Private-sector builders State and local agencies Bike Walk Helena Downtown Business Improvement District		Spring 2020	
	4.1.4 Mobilize partners to develop a home-safety inspection program.	Housing First City and county governments	Health Officer Division administrators	Fall 2020	
4.2 Enhance capacity to respond to public health emergencies.	4.2.1 Inform, educate, and empower the public on personal preparedness using a variety of media.	State and County Disaster and Emergency Services State health department MCPHEP FEMA (Ready.gov)	Communications Manager Public Health Emergency Preparedness Coordinator	July 2018 ongoing	
	4.2.3 Train incident command staff in roles and responsibilities of assigned ICS positions.	State and County Disaster and Emergency Services FEMA	Public Health Emergency Preparedness Coordinator	Fall 2018 and ongoing	

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**Goal 4: Promote a safe and healthy environment.**

*(with a focus on environmental health, built environment, and public-health preparedness)*

Strategy	Action Steps	Resources	Responsibility	Timeframe	Linkages
<b>4.3</b> Expand collaboration with multiple partners to implement effective environmental health programs.	<b>4.3.1</b> Influence environmental health policy through advocacy with the Montana Legislature.	MT Environmental Health Association	Licensed Establishment Program Supervisor  Environmental Health Division Administrator	Fall 2018 and ongoing	
	<b>4.3.2</b> Identify and engage new partners for collaboration on existing environmental health programs and their improvement.	City and County Planning	Environmental Health Division Administrator	Spring 2019 and ongoing	
	<b>4.3.3</b> Collect and distribute information on air-quality health impacts within the Air Quality Protection District.	St. Peter's Health State health department Health-care providers Healthy Communities Coalition: Air Quality Workgroup School Districts	Air Quality Program Supervisor  Asthma Home Visiting RN  Communications Manager	Fall 2018 and ongoing	See 2016 CHIP strategies related to reducing particulate pollution

3.5 Goal 5: New Frameworks

**Goal 5: Explore new frameworks for delivering public health services.**

*(with a focus on organizational framework, funding, data analytics, and Public Health 3.0)*

Strategy	Action Steps	Resources	Responsibility	Timeframe	Linkages
5.1 Lead community conversations and collaborative efforts regarding current public health challenges, trends, and solutions.	5.1.1 Identify and train staff in effective group facilitation.	NACCHO State health department State Professional Development Center Other health departments	Health Officer Division Administrators Systems Improvement Manager	Summer 2019 and annually	
	5.1.2 Share resources (e.g. people, space, funding) with community partners.	United Way State health department St. Peter's Health Rocky Mountain Development Council Montana Health Care Foundation Local businesses Local school districts Healthy Communities Coalition	Health Officer Division Administrators Systems Improvement Manager	Fall 2018 and ongoing  2019, 2022 CHIPs	
5.2 Increase use of data and data systems to drive public health advocacy and service delivery.	5.2.1 Collect meaningful local data and incorporate into the community health assessment.	State Epidemiologists State Office of Systems Improvement MT Dept. of Environmental Quality Healthy Together	Systems Improvement Manager	2018, 2021 CHAs	See PHAB Measure 1.2.3
	5.2.2 Identify and implement effective and efficient data collection methods at a county level.	State Epidemiologists State Office of Systems Improvement Healthy Together Other health departments	Systems Improvement Manager Health Officer Division Administrators	Fall 2018 and ongoing	

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**Goal 5: Explore new frameworks for delivering public health services.**

*(with a focus on organizational framework, funding, data analytics, and Public Health 3.0)*

Strategy	Action Steps	Resources	Responsibility	Timeframe	Linkages
	<b>5.2.3</b> Create a public portal for county public health data.	County IT department State Epidemiologists State Office of Systems Improvement Healthy Together Other health departments	Systems Improvement Manager	Spring 2020	
<b>5.3</b> Make technology work for us in public health.	<b>5.3.1</b> Identify and invest in strategic technology solutions.	County IT Department County GIS Office IT consultants Other health departments	Systems Improvement Manager Health Officer Division administrators Program supervisors	Fall 2018 and ongoing	See Quality Improvement Work Plan: Goal 2  See PHAB Measure 11.1.6
	<b>5.3.2</b> Conduct a quality-improvement project to improve the health department website.	County IT Department GIS Office IT consultants Other health departments	Communications Manager Quality Council	Spring 2019	
	<b>5.3.3</b> Implement VMSG performance management dashboard fully within the health department.	Knowledge Capital Alliance	Systems Improvement Manager Health Officer Division Administrators Program supervisors	Fall 2018	
	<b>5.3.4</b> Implement e-Clinical Works in appropriate programs.	PureView Health Center Cascade County Health Department RiverStone Health	Disease Control and Prevention Division Administrator Community Health Promotion Division Administrator	Spring 2019	
	<b>5.3.4</b> Develop a technology plan that includes staff training.	County IT IT consultants	LCPH Management Team	Spring 2019	



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**Goal 5: Explore new frameworks for delivering public health services.**

*(with a focus on organizational framework, funding, data analytics, and Public Health 3.0)*

Strategy	Action Steps	Resources	Responsibility	Timeframe	Linkages
5.4 Seek public health innovation.	5.4.1 Send staff to national and state conferences and/or participate in webinars to learn about public-health innovations and best-practice interventions.	American Public Health Association MT Public Health Association National Network of Public Health Institutes NACCHO Other health departments	Systems Improvement Manager Health Officer Division administrators Program supervisors All staff should be included	Fall 2018 and annually	
	5.4.2 Develop and implement a formalized process for staff to share and integrate public-health innovations and best-practice interventions they learn about at conferences and through webinars.		LCPH Management Team	Spring 2019	

## 4.0 Public Health Strengths and Challenges

### 4.1 SWOT Survey

Lewis and Clark Public Health conducted a survey in April 2018 to identify internal and external strengths and challenges of the health department. The survey was distributed by email to about 140 individuals, including all health department staff, members of the Board of Health, local government officials, health-care professionals, and community partners. Seventy-five people responded to the survey, just under half of them employees of LCPH.

### 4.2 Internal Environment

Strengths	Challenges
PHAB accreditation	Limited resources (staff, time, funding)
Collaboration internally and externally	Inadequate information technology
Knowledgeable, dedicated, and proactive staff	Divisive office space
Supportive leadership	Internal communication

### 4.3 External Environment

Opportunities	Threats
Reliance on community partnerships	Funding (not enough, too restrictive)
Expanded view of public health (i.e. social determinants)	Misunderstanding of role of public health
Expanding public health role in addressing mental illness	Current political climate

## 5.0 Implementing This Plan

### 5.1 Implementation Responsibilities

The Board of Health and LCPH management team are responsible jointly for ensuring that this strategic plan is implemented.

Within six months of adoption of this plan, each division of LCPH is expected to develop an annual work plan that includes measurable and time-framed targets for completing the action steps outlined here.

### 5.2 Review and Revision

Strategic planning is an ongoing process, not a product. This document reflects the best understanding of needs and the decisions to address those needs at the time it was written. But if the plan is to remain useful and effective, it must evolve along with community and department needs, emerging issues, and growing understanding of what interventions are feasible and effective.

A process to review and revise this plan on a regular basis will allow the department to adapt to new circumstances and incorporate new knowledge.

The LCPH management team will be responsible for reviewing the plan on a semi-annual basis and revising if deemed necessary. The team will report on the status of the plan, along with any revisions, to the Board of Health twice a year during regular board meetings.

Substantive changes to this plan will be recorded in the Record of Changes on page ii.

### 5.3 Maintenance and Availability

This plan will be maintained as part of the LCPH official documents management system. It will be available to all staff on the public health intranet at <https://intranet.lccountymt.gov/public-health/official-documents/>

## 6.0 Participants in the Process

### 6.1 Board of Health

Jim Benish, Chair  
Anne Weber, Vice Chair  
Wilmot Collins, Helena Mayor  
Jack Copps, Helena School Superintendent  
Jenny Eck, Helena Legislator  
Andy Hunthausen, County Commissioner  
Kammy Johnson  
Dr. Adron Medley  
Scott St. Clair

### 6.2 Strategic Planning Steering Committee

Melanie Reynolds, Health Officer and Department Director  
Eric Merchant, Disease Control and Prevention Administrator  
Kathy Moore, Environmental Services Administrator  
Drenda Niemann, Community Health Promotion Administrator  
Gayle Shirley, Systems Improvement Manager

### 6.3 Facilitator

Dan Clark, Local Government Center, MSU Extension

### 6.4 Public Health Staff

Melissa Baker	Health Educator, Cancer Control Program
Heather Baker-Parmer	Accounting Technician
Katie Bevan	Asthma Home Visiting Nurse
Rae Brown	Case Manager, Family and Child Health
Marissa Cover	Case Manager, Home and Community Based Services
Sarah Crowley	Home Visiting Program Supervisor
Greg Daly	Case Manager, Family and Child Health
Sharon Davis	Administrative Assistant, Environmental Services
Nicole Foster	Case Manager, Home and Community Based Services
Linda Gleason	Public Health Nurse
Megan Grotzke	CONNECT Referral Coordinator
Jolene Helgerson	Senior Administrative Assistant
Laura Hendley	Registered Sanitarian/Environmental Health Specialist
Eric Henrich	Environmental Health Specialist
Sarah Howe-Cobb	Public Health Nurse, Augusta
Karen Lane	Prevention Programs Manager
Amanda Lias	Case Manager, Home & Community-Based Services
Brett Lloyd	Emergency Preparedness Coordinator
Shelly Maag	Public Health Nurse Supervisor
Robie Marcoux	Home & Community-Based Services Supervisor

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Jennifer McBroom	Water Quality Community Outreach/Watershed Coordinator
Beth Norberg	Environmental Health Specialist
Maggie Petaja	Receptionist, WIC
Jay Plant	Environmental Health Specialist
Frank Preskar	Program Manager, Environmental Services
Laurel Riek	Program Manager, Licensed Establishments
Theresa Rivers	Aide, WIC
Peter Schade	Water Quality Specialist
Sarah Shapiro	Health Educator, Tobacco Use Prevention
Gayle Sheldon	Administrative Assistant
Linda Simmons	Case Manager, Home & Community Based Services
Maria Stolle	Certified Professional Authority, WIC
Ardis Sullivan	Billing Clerk
James Swierc	Hydrogeologist, Water Quality Protection District
Mary Weiler	Front Desk Clerk
Karen White	Licensed Practical Nurse
Jan Williams	Environmental Health Specialist
Sherry Winchell	Registered Dietitian, WIC



Lewis & Clark

**Public Health**

**Helena, Montana**