

2022-2025






# Strategic Plan



# Strategic Plan Ashtabula County Health Department

## Signature Page

This plan has been approved and adopted by the following individuals:

 _____ Harlan Waid, M.D. President, Board of Health	<u>8-23-2023</u> Date
 _____ Jay Becker, Commissioner	<u>8-23-2023</u> Date
 _____ Randall Barnes, Director, Environmental Health	<u>8-23-2023</u> Date
 _____ Allie Maraffi, Administrator	<u>8-23-2023</u> Date
 _____ David Shumate, Director of Nursing	<u>8-23-2023</u> Date

For questions about this plan, contact:  
Jennifer Cleveland, Director of Quality & Performance  
[jcleveland@ashtabulacountyhealth.com](mailto:jcleveland@ashtabulacountyhealth.com)

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## Message from the Health Commissioner

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Dear Colleagues and Associates,

On behalf of the Ashtabula County Health Department, I am pleased to present to you our agency's updated strategic plan. Our strategic plan sets agency priorities and focuses our resources into implementing actions needed to carry out goals and objectives of the Ashtabula County Health Department that seek to promote health and prevent disease.

The Strategic Plan of the Ashtabula County Health Department also provides program direction to our agency in addressing health needs found in our Community Health Needs Assessment, as well as formulating solutions to address priority health problems identified in our Community Health Improvement Plan.

The Strategic Plan of the Ashtabula County Health Department will act as a vehicle in providing a pathway that will provide all employees and the Ashtabula County Board of Health with a common vision of the mission of the Ashtabula County Health Department. Moreover, the Strategic Plan of the Ashtabula County Health Department also strives to clarify the role and responsibilities of the Ashtabula County Health Department in protecting, promoting and improving the health of Ashtabula County residents.

Sincerely,

Jay Becker, M.P.H.  
Health Commissioner

## Acknowledgements

Ashtabula County Health Department would like to thank the entire health department staff for their commitment and dedication to improving Ashtabula County's Public Health through the participation in the agency's strategic planning process. In particular, the following individuals were integral to the development of this new and updated strategic plan:

### The Ashtabula County Board of Health

Harlan Waid, M.D., Board President  
Rebecca Robinson, R.N., Board Vice-President  
Bryce Heinbaugh, Board Member  
Duane Marcy, Board Member  
Paul E. Thompson, F.N.P., Board Member

### Health Department Management Team

Jay Becker, M.P.H., Health Commissioner  
Wayne Kawalek, M.D., Medical Director  
Randall Barnes, B.A., R.E.H.S., Director of Environmental Health  
Jennifer Cleveland, M.S.H.S., Director of Quality & Performance  
Allie Maraffi B.P.H., Administrator  
Dave Shumate, B.S.N., R.N., Director of Nursing

## Executive Summary

The Ashtabula County Health Department (ACHD) Strategic Plan describes the agency's operational framework and key priority areas as it is described in our Community Health Improvement Plan. This is the first updated version of the health department's initial strategic plan and is evidence of an ever-evolving product of the collaboration of our Board of Health, ACHD staff, and other interested parties. This strategic plan is designed to focus on improving the health of the residents of Ashtabula County, and to meet the vision of the ACHD.

Throughout the strategic planning process, ACHD engaged staff at all levels, as well as partners and Board of Health members, in order to gain a broad understanding of the future direction of the health department. During strategic planning sessions, the teams considered national health priorities (Healthy People 2030), state health improvement priorities, and community specific health priorities outlined in the Ashtabula County Community Health Improvement Plan (CHIP) and via the newly formed *Healthy Ashtabula County* initiative. The team considered the role of the ACHD to address community health concerns and contributions within the entire local public health system.

Consideration of external factors (identified through the Community Health Assessment and other local data), as well as internal factors (identified through a Strengths, Weaknesses, Opportunities and Threats (SWOT) Assessment), informed the identification of 4 Strategic Priorities. Each strategic priority is organized by goals and objectives, along with staff responsibilities and timelines for implementation.

The plan, which spans a time frame from 2022 through 2025, focuses on these priorities:

- Strengthening and Sustaining *Healthy Ashtabula County*
- Prevention and Treatment of Anxiety and Depression
- Reduce Obesity
- Increase and improve Access to Care

## Mission, Vision and Cultural Sensitivity

### Mission & Vision

Dedicated to the physical, social, and mental well-being of all who live, work, learn and play in Ashtabula County, we are committed to building a trusting relationship with our community, reducing health disparities, providing high-quality services, making those services accessible and imparting the value of public health on those we serve each day.

### Cultural Sensitivity

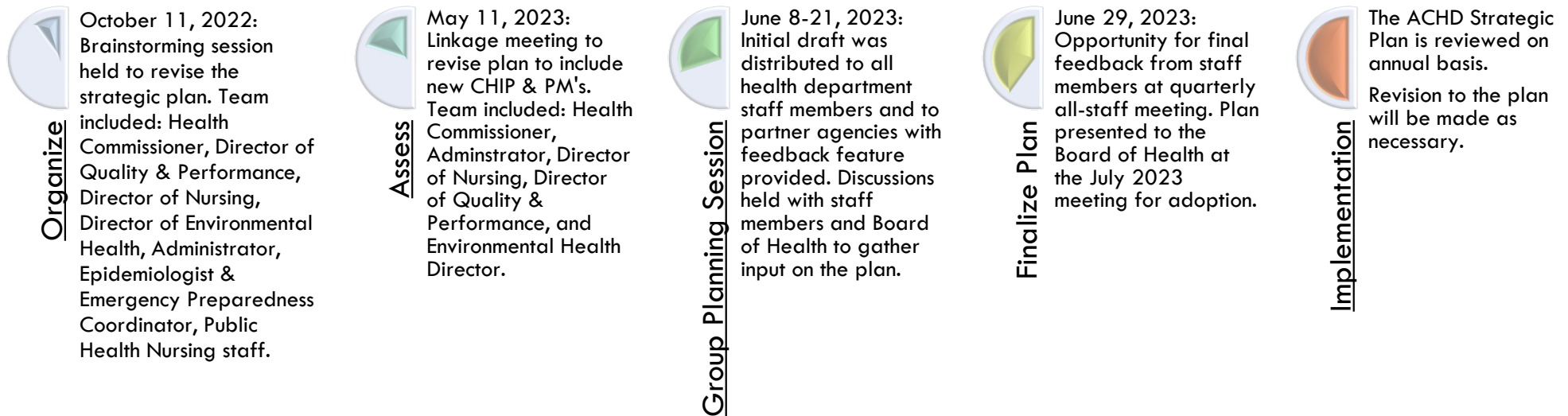
The ACHD will provide services that are culturally and linguistically appropriate. The ACHD will implement actions to deliver services that are culturally and linguistically appropriate by:

- Ensuring employees receive cultural competence training upon hire and on an annual basis.
- Assessing the language need of clients is assessed at each client visit. Efforts are made to provide information to the clients in their language of choice.
- Providing literature, brochures, and pamphlets are made available in other languages (e.g., Spanish) to clients as needed.
- Ensuring that policies and procedures pertaining to services are culturally and linguistically appropriate and are reviewed at least annually.
- Employ translation devices or technology to ensure appropriate services can be provided to any member of the public seeking services.

## Planning Process

From October 2022-June 2023, a series of strategic planning sessions were held with ACHD Leadership Team members and staff, partners, and the Board of Health. The purpose of this broad engagement was to gather additional input on the future priorities and direction of the health department. The process, including the number of meetings, participants, and key progress notes, are summarized in the timeline graphic, below.

### Strategic Planning Process Timeline



The following pages describe the steps completed as part of the revision of the strategic plan in more detail, along with how input was collected and integrated into this plan.



## Environmental Scan

### External Factors

ACHD is using the Mobilizing for Action through Planning and Partnerships (MAPP) Process including the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. Through those in depth of analysis, the team was able to engage in an ongoing community health improvement process. Due to ongoing and emerging health issues confronting the ACHD, leadership within the ACHD unit have a vision on how to address emerging health issues within the Community Health Improvement Plan (CHIP) process.

The Ashtabula County CHIP process is inextricably linked to the Strategic Plan of the ACHD. Discussion and updating of the strategic plan will take place at the monthly Board of Health Meeting as needed.

In consideration of the development of the ACHD Strategic Plan, the Quality Improvement (QI) Team focused on several questions as follows:

- What health priorities should be specified for Ashtabula County?
- Does the ACHD have the resources and funding to effectively improve the health of the residents in Ashtabula County?
- How will the planned goals be met within in the timeline that was given for the mission in the CHIP of the Ashtabula County MAPP and SWOT Analysis?

### Internal Factors

In order to review and analyze our ability to adequately serve the community and deliver appropriate Public Health services, the QI Team used the Mobilizing for Action through Planning and Partnerships (MAPP) Process including the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. The SWOT analysis serves as a tool to review and identify the updated strengths and weaknesses that impact ACHD's ability to deliver efficient and useful services to the community. We believe that developing a full awareness of our situation can help with both strategic planning and decision-making.

Strengths	Opportunities
<ul style="list-style-type: none"> <li>• Knowledgeable, experienced continuously learning staff</li> <li>• Working relationship with local agencies and neighboring health departments</li> <li>• Variety of essential services</li> <li>• Dedicated and caring staff</li> <li>• Improved IT/digital capacity</li> <li>• Office space and equipment is modern</li> <li>• Board of Health is knowledgeable and involved</li> </ul>	<ul style="list-style-type: none"> <li>• Signature Health Mobile Clinic Partnership Healing Communities (Narcans)/HIV</li> <li>• Public engagement via low-cost options (website, Facebook, newspaper, etc.)</li> <li>• Expanded electronic medical records for nursing</li> <li>• Chance for employees to gain experience in wider areas of Public Health</li> <li>• Availability of strong community involvement</li> </ul>
Weaknesses	Threats
<ul style="list-style-type: none"> <li>• Inconsistent State Funding</li> <li>• Anti-PH/politics</li> <li>• Economy in general</li> <li>• Lack of qualified applicants</li> <li>• Pay/Salaries</li> <li>• Limited number of staff</li> <li>• Access to care</li> <li>• Unfunded mandates from the state</li> <li>• Consistent/Unified message</li> <li>• Outgrowing office space</li> </ul>	<ul style="list-style-type: none"> <li>• Lower income</li> <li>• Migration to urban areas/cities</li> <li>• State mandates and agendas</li> <li>• Opiate crisis</li> <li>• Access to care</li> <li>• Retention of employees</li> <li>• Economy</li> </ul>

## Strategic Plan Priorities

Upon completion of the strategic planning process, the collaborative group formally adopted the new and updated strategic plan at the July 2023 Board of Health Meeting.

The plan, which spans a timeframe from 2022 through 2025, outlines the following five strategic priorities and fourteen corresponding goals (full details can be found on pages 13-17):

Strategic Priority	Goals
Strategic Priority 1: Assure Core Public Health Functions at the Ashtabula County Health Department	Goal 1.1: All Ashtabula County Health Department (ACHD) staff will participate in a variety of continuing education programs annually, with a minimum of one program. Licensed employees will participate in the required amount.
	Goal 1.2: ACHD will remain in compliance with all state regulatory agencies such as Ohio Department of Health (ODH), Ohio Department of Agriculture (ODA), Ohio Environmental Protection Agency (OEPA) that conduct site visits and evaluations.
	Goal 1.3: Monitor implementation of ACHD's Workforce Development Plan
Strategic Priority 2: Achieve and Maintain PHAB Accreditation	Goal 2.1: Submit Annual Progress Report to PHAB.
	Goal 2.2: Maintain PHAB Accreditation every 5 years as required.
Strategic Priority 3: Increase and improve public trust in Public Health in Ashtabula County	Goal 3.1: Further develop and maintain ACHD website, social media, and digital sign on a weekly basis to ensure that information presented to the community is up-to-date.
	Goal 3.2: Foster increased working relationships with local newspapers/media outlets.
	Goal 3.3: Work with county and partners to promote evidence-based public health policy and advancements.
	Goal 3.4: Present on the value of public health and ACHD successes during local and state conferences and other speaking opportunities.
	Goal 3.5: Participate in two events that promote BIPOC health initiatives.
Strategic Priority 4: Maintain and build fiscal well being	Goal 4.1: Work with local, state and federal agencies, including the Ohio Legislature to advocate for Public Health Funding and importance.
	Goal 4.2: Foster working relationships with neighboring health departments to explore shared services in order to reduce expenses and provide more effective services.
Strategic Priority 5: Address known and emerging health disparities within Ashtabula County	Goal 5.1: Refresh CHA data considering Ashtabula County's areas of need for Public Health intervention in the areas of child and adult obesity, chronic diseases, suicide and opiate overdose
	Goal 5.2: Provide opportunities and education for residents in Ashtabula County to ensure access to health care services and to gain knowledge about reaching and maintaining good health.
	Goal 5.3: Coordinate services with partner agencies to address current and emerging public health issues facing Ashtabula residents.

## Implementation and Evaluation

The next and perhaps most important step in the strategic planning process is the implementation of the plan. The key components of this phase are communication, implementation, and evaluation of the strategic plan. In Spring 2023, the strategic plan will be distributed to staff and stake holders. The final plan will be made available to the community on the ACHD's website.

In addition to this initial dissemination, there will be ongoing communication with internal and external stakeholders. Communication with staff will occur throughout implementation via staff meetings, presentations, and discussions. Discussions will continue with the community advisory groups and partner organizations that were engaged during the plan development phase, to inform them of the health department's strategic direction and identify opportunities for collaboration. The ACHD Health Commissioner and the Quality Improvement Team will share the strategic plan with county leadership and other stakeholder groups to apprise them of ACHD priorities and objectives.

Moreover, the ACHD will strive to provide services to Ashtabula County residents in a culturally and linguistically appropriate manner (see Appendix A of ACHD Strategic Plan)

The ACHD Quality Improvement Team will continue to meet to prioritize which areas must be addressed immediately, and which areas will be addressed in the near future. Part of this prioritization process involves considering resources needed for implementation. Meeting those resource needs and implementing the strategies in the plan will be an evolving process.

Evaluating progress on the goals and objectives in the strategic plan builds accountability and flexibility in implementation. Evaluation of progress will be done through periodic status reviews as needed, but at a minimum on an annual basis.

### **Plan Availability and the Future**

This updated strategic plan is ambitious and will only be successful with the collaborative help from the local community, regional and state partners. While there are many competing public health issues ACHD can focus on, we chose five main areas that we believe we can provide the highest quality and most effective public health interventions and practices to the people we serve in Ashtabula County.

We hope that through the distribution of this plan in Ashtabula County we will be able to further establish a collective movement better poised to improve public health in our district. Discussion and updating of the strategic plan will take place at the monthly Board of Health Meeting as needed.

ACHD's Strategic Plan is publicly available on the ACHD webpage located at [www.ashtabulacountyhealth.com](http://www.ashtabulacountyhealth.com). Print copies of this plan are available upon request. This information will be communicated in various forms through the local media outreach.

## Record of Revisions

This document is reviewed annually unless additional updates are required. The reviewer will add the review date and any changes in the table below. An updated electronic copy will be kept in the EMPLOYEE CENTER folder in Health Department Shared Files & (S:).

Date	Description of Change	Pages Affected	Reviewed or Changed by
11/09/2018	A full sentence added to "Implementation and Evaluation" (second paragraph) to link the plan to Culturally and Linguistically Appropriate Services (CLAS) Annual Strategic Plan Strategic Priorities revised into a table and made "time specific".	10-17	M. Walker
11/29/18	Appendix A added to the plan, Added 2018 & 2019 columns to Strategic Priorities	10-19 & 26	M. Walker
8/15/2022	Begin new cycle revisions. Mission & Vision. Summary. Planning.	1-12	J. Cleveland
10/11/2022	Early work session/discussion on Linkages and Priorities.	9; 12-16	HC & Directors
5/11/2023	Work session on Linkages: Strategic Priorities based on new CHIP & Performance Measures (from ACAR)	13-17	HC & Directors
6/8/2023	Final 2022-2025 cycle revisions.	All	J. Cleveland

## References

Rowitz, L. *Public Health Leadership, 3rd Ed.* Jones and Bartlett, 2014. Retrieved from: Public Health Accreditation Board. *Guide to National Public Health Department Accreditation Version 1.5.* Alexandria, VA, December 2013

[CDC - Benefits and Impacts of Accreditation - Health Department Accreditation - STLT Gateway](#). Retrieved from: Public Health Accreditation Board. *Guide to National Public Health Department Accreditation Version 1.5.* Alexandria, VA, December 2013

Public Health Accreditation Board. *Guide to National Public Health Department Accreditation Version 1.0.* Alexandria, VA, May 2011. Retrieved from: Public Health Accreditation Board. *Guide to National Public Health Department Accreditation Version 1.5.* Alexandria, VA, December 2013

Public Health Accreditation Board. *Guide to National Public Health Department Accreditation Version 1.5.* Alexandria, VA, December 2013

**\*Leadership Team: Health Commissioner; Director of Quality & Performance (DQP); Administrator; Director of Nursing (DON); Environmental Health Director (EHD)**

## Appendix A - Strategic Priorities, Goals, and Objectives

<b>Strategic Priority 1: Assure Core Public Health Functions at the Ashtabula County Health Department</b>		
<b>Goal 1.1:</b> All Ashtabula County Health Department staff and Board of Health members will participate in a variety of continuing education programs annually, with a minimum of one program. Licensed employees will participate in the required amount.		
<b>Staff Responsible</b>	<b>Activities</b>	<b>Date To Be Accomplished By</b>
Board of Health; All-staff	Objective 1.1.1: All staff complete at least one Continuing Education Program (CEU) annually.	December 31, 2023 and annually. Activities to be assessed by the end of each year and revision to the plan will be made at that time.
	Objective 1.1.2: All licensed certified and registered professionals have attended CEU programs needed to retain their professional credentials as documented by CEU approval by the Ashtabula County Board of Health	
	Objective 1.1.3: All staff will receive trainings according to the Workforce Development training schedule.	
<b>Goal 1.2:</b> Ashtabula County Health Department will remain in compliance with all state regulatory agencies such as Ohio Department of Health (ODH), Ohio Department of Agriculture (ODA), Ohio Environmental Protection Agency (OEPA) that conduct site visits and evaluations.		
<b>Staff Responsible</b>	<b>Activities</b>	<b>Date To Be Accomplished By</b>
*Leadership Team	Objective 1.2.1: ODH, OEPA and ODA survey program criteria have been met by the Ashtabula County Health Department. All grant programs are in compliance as well. Written survey reports on file.	Surveys are completed by the due date given by ODH, OEPA and ODA. All grant programs are accomplished by the end of each fiscal year.
<b>Goal 1.3:</b> Monitor implementation of ACHD's Workforce Development Plan		
<b>Staff Responsible</b>	<b>Activities</b>	<b>Date To Be Accomplished By</b>
Director of Quality & Performance & Leadership Team	Conduct annual review of the implementation of goals and objectives in Workforce Development Plan.	January 31 <sup>st</sup> each year.
<b>Strategic Priority 2: Achieve and Sustain Accreditation through the Public Health Accreditation Board</b>		

<b>Goal 2.1:</b> Achieve national Accreditation status by the Public Health Accreditation Board (PHAB) by 2020		
<b>Staff Responsible</b>	<b>Activities</b>	<b>Date To Be Accomplished By</b>
Director of Quality & Performance	Objective 2.2.1: Submit annual PHAB progress reports according to schedule (due the quarter during which ACHD is accredited)	Annually by end of quarter of Accreditation date. August 31 <sup>st</sup> , 2023.
<b>Goal 2.1:</b> Maintain PHAB Accreditation every 5 years as required.		
<b>Staff Responsible</b>	<b>Activities</b>	<b>Date To Be Accomplished By</b>
Health Commissioner & Director of Quality & Performance	Objective 2.2.1: Submit final documentation for Reaccreditation,	By November 4 <sup>th</sup> , 2027
<b>Strategic Priority 3: Increase and improve Public Health Awareness in Ashtabula County</b>		
<b>Goal 3.1:</b> Further develop and maintain our website on a monthly basis to ensure that information that the community receives through the website is up-to-date.		
<b>Staff Responsible</b>	<b>Activities</b>	<b>Date To Be Accomplished By</b>
Leadership Team	Objective 3.1.1: Upgrade website capacity by: switching from current web host to one that is under ACHD control.	By June 1 <sup>st</sup> , 2023
Director of Nursing; Nursing Clerk; Health Educator	Objective 3.1.2: Update website, social media, and digital sign with health promotion materials on a daily to weekly basis.	By Friday of every week.
<b>Goal 3.2:</b> Foster increased working relationships with local newspapers/media outlets.		

Staff Responsible	Activities	Date To Be Accomplished By
Health Educator	Objective 3.2.1: Produce at least one monthly article or PSA on Public Health topics and send to local newspapers/media outlets.	The 30 <sup>th</sup> day of every month.
<b>Goal 3.3:</b> Work with county and partners to promote evidence-based public health policy and advancements.		
Staff Responsible	Activities	Date To Be Accomplished By
Leadership Team	Objective 3.3.1: Implement evidence-based practices within Get Vaccinated Ohio (GVO), Moms Quit for Two, Child & Family Health and Public Health Emergency Planning (PHEP) Programs, per funding requirements	The end of each cycle as required by the program/grant.
<b>Goal 3.4:</b> Present on the value of public health and ACHD successes during local and state conferences and other speaking opportunities.		
Staff Responsible	Activities	Date To Be Accomplished By
Leadership Team	Objective 3.4.1: Present at least three times annually on the value of public health services and ACHD accomplishments at local/state/other conferences.	December 31 <sup>st</sup> each year.
<b>Strategic Priority 4: Maintain and build fiscal well being</b>		
<b>Goal 4.1:</b> Work with local, state and federal agencies, including the Ohio Legislature to advocate for Public Health Funding and importance.		
Staff Responsible	Activities	Date To Be Accomplished By
Leadership Team	Objective 4.1.1 (local): Provide education to local elected officials by presenting at least three times each year on the impact of funding cuts and needs to District Advisory Council Members, County Commissioners (all villages, townships and Geneva City).	The end of each fiscal year.
	Objective 4.1.2 (state): Provide education/awareness presentations (at least 3 times per year) to State Legislature Representatives on funding needs following ODH concerns on issues pertaining to opiate abuse prevention, tobacco prevention and maintaining laboratory capacity.	
	Objective 4.1.3: Work in partnership with state and national associations to raise awareness of public health's impact, current issues, and funding needs.	

<b>Goal 4.2:</b> Foster working relationships with neighboring health departments to explore shared services in order to reduce expenses, reduce the spread of communicable diseases, and provide more effective services.		
<b>Staff Responsible</b>	<b>Activities</b>	<b>Date To Be Accomplished By</b>
Director of Nursing; Epidemiologist	Objective 4.2.1: Meet with Geauga/Lake County Health Departments to discuss shared service possibilities in epidemiology or Pertussis and Amish vaccination clinics.	Once per year; by December 31, 2023
<b>Strategic Priority 5: Address known and emerging health disparities within Ashtabula County</b>		
<b>Goal 5.1:</b> Refresh CHA data considering Ashtabula County's areas of need for Public Health intervention in the areas of Adult Depression; Obesity, and Access to Care		
<b>Staff Responsible</b>	<b>Completed Activities</b>	<b>Date To Be Accomplished By</b>
Director of Quality & Performance	Objective 5.1.1: Perform survey and create CHIP Annual Reports; make AR available to the public on website and social media; distribute copies to Healthy Ashtabula County.	April 2023
<b>Goal 5.2:</b> Provide opportunities and education for residents in Ashtabula County to ensure access to health care services and to gain knowledge about reaching and maintaining good health.		
<b>Staff Responsible</b>	<b>Activities</b>	<b>Date To Be Accomplished By</b>
Director of Nursing, Health Educator, Epidemiology	Objective 5.2.3: Conduct 2 Narcan Education Program Workshops which will be available to the public on Overdose Awareness Day by October 2018.	October 2022 and annually
	Objective 5.2.4: Conduct at least 3 other trainings/workshops on public health issues to targeted audiences on health promotion topics (e.g., tobacco prevention, communicable diseases; and ongoing hygiene, etc.).	December 2022 and annually
<b>Goal 5.3:</b> Coordinate services with partner agencies in a culturally competent manner to address current and emerging public health issues facing Ashtabula residents.		
<b>Staff Responsible</b>	<b>Activities</b>	<b>Date To Be Accomplished By</b>



Health Commissioner, Director of Nursing, Health Educator, Director of Quality & Performance	Objective 5.3.1: Implement action plan to address opiate epidemic (e.g., establish agreements with partnering agencies, expand distribution of Narcan, establish policies and procedures for distribution of Narcan to the general public).	2023; in accordance with terms of Integrative Naloxone/Integrated Harm Reduction grants
	Objective 5.3.2: Establish Health Equity Coalition that elicits new member organizations that serve marginalized populations, through either Health Educator/Narcan or Healthy Ashtabula County or both.	By December 31 <sup>st</sup> , 2024
	Objective 5.3.4: Implement Cultural Sensitivity Strategic Plan	June 2023 and ongoing

## Appendix B: FY2019 Culturally and Linguistically Appropriate Services (CLAS) Annual Strategic Plan

Objective	Activities	Person(s) Responsible	Begin/End Date	Evaluation
Standard #1: Understandable and Respectful Care	Language needs are assessed at each visit. Consent/release forms, privacy policies and education materials available in English and Spanish. These materials will be reviewed annually and updated as needed. ACHD policies address respectful care to all clients. Culture training will be completed with all new employees and with all employees annually.	Director of Quality & Performance, Director of Nursing, Administrator, Nursing Unit Supervisor	10/1/22-9/30/23	<ul style="list-style-type: none"> <li>100% of all new employees receive training.</li> <li>95% of all employees receive annual training.</li> <li>Interpretation services are provided when needed 100% of the time.</li> </ul>
Standard #2: Promote CLAS and health equity	Policies in place for non-discrimination and equal opportunity. Individuals from diverse cultural backgrounds are encouraged to apply for employment.	Health Commissioner, Director of Quality & Performance, Director of Nursing, Administrator	10/1/22-9/30/23	<ul style="list-style-type: none"> <li>Documentation will demonstrate that 95% of staff have reviewed policies.</li> </ul>
Standard #3: Diverse Staff and Leadership	Policies in place for non-discrimination and equal opportunity. Individuals from diverse cultural backgrounds are encouraged to apply for employment.	Health Commissioner, Director of Quality & Performance, Director of Nursing, Administrator	10/1/22-9/30/23	<ul style="list-style-type: none"> <li>90% of staff will participate in culture competence training. The percentage of staff who participate in ongoing training will be monitored to assess compliance.</li> <li>100% of new staff members will be oriented to cultural competency.</li> </ul>
Standard #4: Ongoing Education and Training	Orient new staff members to cultural competence training Training materials related to cultural competency are reviewed and revised as needed. Encourage all staff to participate in cultural competence	Director of Quality & Performance	10/1/22-9/30/23	<ul style="list-style-type: none"> <li>Staff participation in ongoing training and education will be assessed quarterly and documented.</li> <li>90% of staff will participate in culture competence training. The</li> </ul>

				<p>percentage of staff who participate in ongoing training will be monitored to assess compliance.</p> <ul style="list-style-type: none"> <li>• 100% of new staff members will be oriented to cultural competency.</li> </ul>
Standard #5: Language Assistance Services	ACHD purchased A MARTTI device, that makes a virtual interpreter available in any language at any time to assist with interpretation that can be used in any department and can be installed in mobile devices to be used in outside clinics. Staff have been trained to use the MARTTI system.	Director of Nursing, Director of Quality & Performance, Administrator	10/1/22-9/30/23	<ul style="list-style-type: none"> <li>• Client satisfaction surveys will be rated at a good or higher level 95% of the time.</li> <li>• Client evaluations are printed in Spanish and English and questions regarding language services will be evaluated and documented on an ongoing basis.</li> <li>• Staff ability to communicate with clients will be assured at 100%.</li> </ul>
Standard #6: Right to Receive Language Assistance Services	Computerized program is utilized as needed. An interpreter can be contacted as necessary to be available for Hispanic speaking clients. Appropriate written educational materials are available in Spanish.	Director of Nursing, Director of Quality & Performance, Administrator	10/1/22-9/30/23	<ul style="list-style-type: none"> <li>• All clients will receive interpreter services when needed and written material provided in appropriate language.</li> </ul>
Standard #7: Competence of Language Assistance	ACHD will assure that individuals utilized for interpreter services have had formal training & will attend any required trainings by ODH. ACHD provides educational materials from reputable sources in Spanish and English.	Director of Nursing, Director of Quality & Performance	10/1/22-9/30/23	<ul style="list-style-type: none"> <li>• All clients will receive interpreter services provided by a qualified interpreter when services are needed.</li> </ul>
Standard #8: Patient-Related Materials	All literature, brochures, and pamphlets are available in English and Spanish.	Director of Nursing, Director of Quality & Performance	10/1/22-9/30/23	<ul style="list-style-type: none"> <li>• 95% of all brochures, pamphlets are available in Spanish. 100% of consent forms and specific immunization information is available client's language of choice. Posters and educational</li> </ul>

				materials are on display in the clinic area.
Standard #9: Written Strategic Plan	ACHD Strategic plan addresses cultural and linguistic services and reviewed on an annual basis and revised as needed.	Director of Nursing, Director of Quality & Performance	2023	<ul style="list-style-type: none"> <li>Plan is reviewed annually.</li> </ul>
Standard #10: Organizational Self-Assessment	Program is evaluated annually utilizing CLAS standards.	Director of Quality & Performance,	7/1/22 – 9/30/23	<ul style="list-style-type: none"> <li>Staff members discuss evaluation and changes will be made as necessary.</li> </ul>
Standard #11: Patient / Consumer Data	Patient satisfaction surveys have been developed in English and Spanish.	Director of Quality & Performance	2022	<ul style="list-style-type: none"> <li>Policies and procedures revised or updated as necessary based on input from client satisfaction surveys and input from the MCH consortium.</li> </ul>
Standard #12: Community Profile	MCH consortium and the Community Health Needs Assessment Committee have diverse composition of community members.	Director of Nursing, Nursing Unit Supervisor	10/1/22 – 9/30/23	<ul style="list-style-type: none"> <li>Continue to encourage diverse composition of the MCH Consortium and Community Health Needs Assessment Committee.</li> </ul>
Standard #13: Community Partnerships	MCH Consortium will assist in self-assessment process. ACHD leadership staff will conduct a self-assessment. ACHD staff will continue to participate in community partnerships.	Director of Nursing, Director of Quality & Performance, Nursing Unit Supervisor	6/2023	<ul style="list-style-type: none"> <li>Annual review of consortium membership and community health needs assessment committee membership. Self-Assessments are completed.</li> </ul>
Standard #14: Conflict/Grievance Processes	Policies for grievances and conflict resolution are in place.	Health Commissioner, Director of Quality & Performance, Director of Nursing, Administrator	6/2023	<ul style="list-style-type: none"> <li>Policies are reviewed annually and updated as necessary.</li> </ul>
Standard #15: Implementation	Policies and procedures are reviewed at least annually and when needed. 100% of	Health Commissioner,	10/1/22 – 9/30/23	<ul style="list-style-type: none"> <li>100% of all completed customer satisfaction surveys are reviewed</li> </ul>

	all satisfaction surveys are reviewed and changes implemented as necessary.	Director of Quality & Performance, Administrator, Director of Nursing,		and changes implemented as necessary.
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Use this template to create a plan to increase Culturally and Linguistically Appropriate Services (CLAS).

Based on what your agency learned from the CLAS self-assessment ([Culturally and Linguistically Appropriate Services](#)), activities should be identified to improve Culturally Competency of services in FY2022. At the end of the grant cycle, you will submit this form to show what you have accomplished toward each objective.

## Appendix C - Acronyms and Glossary of Terms

**Community Health Assessment (CHA):** Community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. (Turnock, B. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009).

**Community Health Improvement Plan (CHIP):** A community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years. (<http://www.cdc.gov/stltpublichealth/cha/plan.html>)

**Mobilizing for Action through Planning and Partnership (MAPP):** A community-wide strategic planning process for improving public health.

**Public Health Accreditation Board (PHAB):** The Public Health Accreditation Board is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation. (Public Health Accreditation Board. *Guide to National Public Health Department Accreditation Version 1.0*. Alexandria, VA, May 2011)

### **Public Health Workforce Development Plan (WFD Plan)**

A public health workforce development plan sets forth objectives and strategies that are aimed at training or educational programs to bring public health employees up to the date on the skills necessary to do their jobs better or to train the next generation of public health workers and leaders (Rowitz, L. *Public Health Leadership, 3rd Ed*. Jones and Bartlett, 2014)

**Strengths, Weaknesses, Opportunities, and Threats (SWOT):** The SWOT analysis serves as a tool to review and identify the updated strengths and weaknesses that impact health department's ability to deliver efficient and useful services to the community.