

# Partnership4Health Community Health Board

## Strategic Plan

2020-2024



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# Message from the Directors

We are pleased to present the 2019-2024 Partnership4Health Community Health Board strategic plan. This plan is the result of much brainstorming, discussing, and involvement of public health staff from the four-county public health departments as well as representatives from the Community Health Board.

We are excited about the opportunity to look ahead to where we want the Partnership4Health Community Health Board and its staff to be in the future. We understand the need to have a strong public health infrastructure to support our work and the public we serve, and this strategic plan brings us closer to that reality.

During the strategic planning process, it was evident that *health equity for all* was an overarching goal of our community health board. Moving forward, the Partnership4Health Community Health Board will intentionally pursue health equity with staff and community partners.

*Kris Bausman, Director Becker County*

*Jody Lien, Director Otter Tail County*

*Kathy McKay, Director Clay County*

*Deb Jacobs, Director Wilkin County*



## Why strategic planning?

The strategic plan guides and strengthens a community health board's ability to carry out its public health functions. It provides community health boards with a guide for making decisions; allocating human and financial resources; and pursuing time-bound, measurable strategies and priorities.

Minnesota Department of Health

<https://www.health.state.mn.us/communities/practice/assessplan/lph/org/strategicplan.html>

## About this Plan

This strategic plan was developed to guide our work over the next five years. It outlines what we can do internally to improve our work, strengthen our partnerships, and maximize our efforts. In addition to the strategic plan, we also collaborate with community partners to develop and implement a Community Health Improvement Plan (CHIP) every five years. The CHIP focuses on our external work with community partners to address identified health needs. We will work to connect these two plans as we work throughout the Partnership4Health Community Health Board region.

In addition to these two plans, each public health department within the community health board works on county-level quality improvement and performance management goals. Efforts will be made to align goals and measures to the strategic plan at the local level as each county has its own unique opportunities and challenges. The Partnership4Health Community Health Board also convenes a Quality Improvement Committee (QIC) that will work to align and monitor the strategic plan.

## Our Vision

All the people of Becker, Clay, Otter Tail and Wilkin counties are provided essential public health services through a strong and sustainable public health partnership.

## Our Mission

To Protect, Promote, and Preserve the Health of the Public.

## Our Values

Relationships are Key, Accountability, Fiscal Stewardship, and High Public Health Standards.

## Vision Elements

- Effective & Responsive Community Health Board
- A Focus on the Social Determinants of Health
- Fiscal Stewardship
- Authentic Community Engagement in Promoting Health
- Innovative Approach to Public Health
- Engaged, Knowledgeable Leadership
- Cross Jurisdictional Sharing/ Work Smart



# Partnership4Health Community Health Board Region

## Demographics

The Partnership4Health Community Health Board (P4H CHB) is made up of Becker, Clay, Otter Tail, and Wilkin counties.

The population in Becker, Clay, and Otter Tail counties has increased since 2000, but has declined in Wilkin County. The estimated population in the four counties is 161,052. The geographic area has a high percentage of population over the age of 65 compared to Minnesota overall. While the region is becoming more racially and ethnically diverse, most residents identify their race as white. Poverty is increasing, especially for children. In 2018, 13.3% of the P4H CHB population were enrolled in the medical assistance program.

More information about the P4H CHB and county demographics can be found online in the community health assessment:  
<https://ottertailcountymn.us/board/community-health-board/>

## Strategic Planning Process

A strategic planning facilitated session was held on August 23, 2018. This meeting was guided by MDH Center for Public Health Practice Public Health Nurse Consultants: Linda Bauck-Todd and Kristin Erickson. The participants included staff from all four counties as well as members of the Community Health Board. In attendance were Jessica Metzger, Jody Lien, Diane Thorson, Tony Georgeson, Linda Frendin, Ashley Wiertzema, Kristi Wentworth, Kristin Bausman, Annie Vigen, Jamie Hennen, Kathy McKay, Bill Adams, Maryann Allen, Don Skarie, Joshua Ebert, Deb Jacobs, and Jason Bergstrand.

### **Social Determinants of Health**

Healthy People 2020 Approach to Social Determinants of Health

A “place-based” organizing framework, reflecting five (5) key areas of social determinants of health (SDOH), was developed by Healthy People 2020.

These five key areas (determinants) include:

*Economic Stability*

*Education*

*Social and Community Context*

*Health and Health Care*

*Neighborhood and Built Environment*

[www.healthypeople.gov/2020](http://www.healthypeople.gov/2020)

## Engaging all public health staff in the planning process

The planning process engaged public health staff from each county-level public health department. The planning session began with a brief overview of the strategic plan, CHIP, the essential Public Health activities, and the current community health assessment data.

In addition, time was spent reviewing the “Summary of Report and Key Trends” (Appendix A) (<http://www.health.state.mn.us/divs/opi/pm/lphap/agency/stratplan.html>) via a PowerPoint developed by the directors summarizing the results of a survey sent to 110 staff and completed by 29 staff. Key support functions such as financial sustainability, information management, communication, and workforce development were discussed. Attendees were asked to note any missing elements to each question of the summary.

A visioning session, following by small group brainstorming, resulted in the identification of the following vision elements (Appendix B):

- Overarching vision element of health equity for all
- Strong Stable Diverse Workforce
- Healthy Upstream Communities
- Leveraged Technology
- Strong Stable Funding
- Consistent Communications across CHB
- Public Health Visible
- Healthy Happy Workforce
- Engaged Community
- Strong Public Health Leadership

Each of the initial vision elements were reviewed in small groups to come up with strategies to move vision elements to reality. To prioritize the strategies each staff member was given three dots to prioritize. From this dot exercise two themes were identified as the top two strategies: a healthy valued workforce and working with the public to engage them in who and what Public Health is/does (Appendix C).

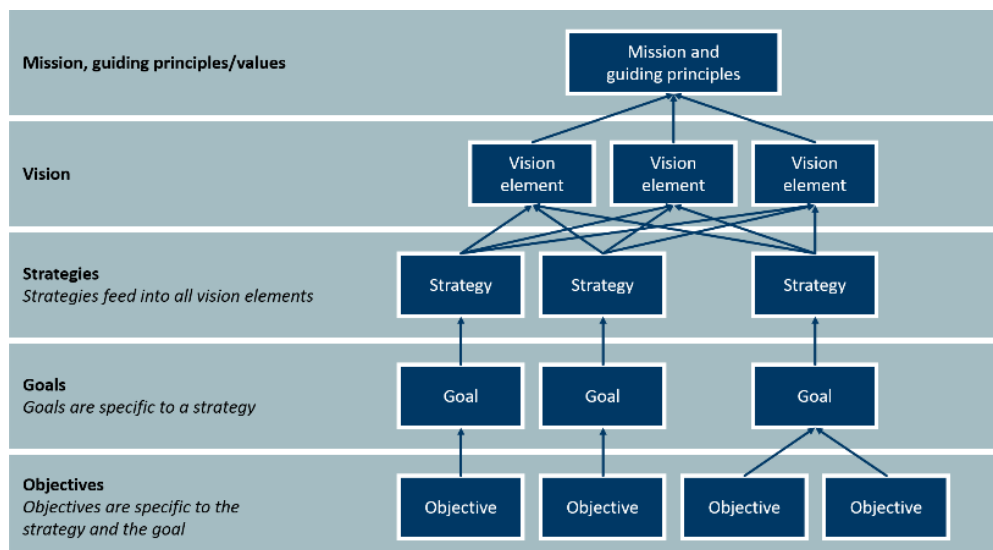


Figure 1: Minnesota Department of Health webpage

# 2019-2024 Community Health Board Strategic Plan

## Priority Area 1: Workplace Innovation and Excellence

**Goal 1: P4H CHB employees are valued members of the team and are supported by technology, continuing education opportunities, and leadership opportunities.**

**Objective 1:** From December 31, 2019 to December 31, 2024 the P4H CHB employee satisfaction level will increase by 5%.

**Benchmark and Method of Measuring Success:** Increase in employee satisfaction measurement. # of well-being strategies implemented in the workplace.

**Objective 2:** By December 31, 2020 and annually thereafter, 100% of P4H CHB staff complete minimum training on PHDoc, eHealth, and health equity.

**Benchmark and Method of Measuring Success:** % of P4H CHB staff that complete minimum training for PHDoc and eHealth and health equity.

**Objective 3:** By December 31, 2020 and annually thereafter, at least 1-2 P4H CHB staff members participate in the annual MDH Orientation and at least 1-2 P4H CHB staff members participate in the annual “Day on the Hill.”

**Benchmark and Method of Measuring Success:** # of P4H CHB staff annually completing leadership training opportunities. # of staff from diverse\* populations annually completing leadership training opportunities.

\*Among the many dimensions that can describe diversity in communities and within organizations, some common examples include:

- Age
- Educational background
- Ethnicity
- Family status
- Gender
- Income



- Military experience
- National, regional, or other geographical areas of origin
- Rural, urban, semi-urban area of residence
- Physical and mental ability
- Race
- Sexual orientation
- Social class
- Faith, religion, and spiritual practices
- Employment and work experience

## Priority Area 2: Increase Community Awareness and Engagement

**Goal 1: The Partnership4Health Community Health Board will engage all members of the public to participate in public health to improve community well-being and health.**

**Objective 1:** From December 31, 2019 to December 31, 2024, P4H CHB will increase the number of community members participating in committees, coalitions, boards, and workgroups by 10%.

**Benchmark and Method of Measuring Success:** # of community members participating in committees, coalitions, boards, and workgroups. # and type of diverse populations represented in program committees, coalitions, boards, and workgroups. # of community members from diverse populations participating in program committees, coalitions, boards, and workgroups.

**Objective 2:** 75% of P4H CHB written communications utilize standard branding by December 31, 2022.

**Benchmark and Method of Measuring Success:** % of P4H CHB written communications using standard branding.

**Objective 3:** From December 31, 2019 to December 31, 2022, P4H CHB will increase annual participation in community events by 15%.

**Benchmark and Method of Measuring Success:** # of annual community events, social media outreach events, and educational events in which P4H CHB participated. # of community events, social media outreach events, and educational events for at-risk/vulnerable/diverse populations in which P4H CHB participated.

## Monitoring

The implementation of each goal and objective will be carried out by Public Health staff working in each county department. Leadership by each of the Public Health directors will ensure that locally objectives are being placed into performance management plans for regular review. Each county will show action steps they plan to take to accomplish their objective(s) and will meet or communicate this to the P4H Quality Improvement (QIC) team quarterly. The P4H QIC will meet to share updates on progress or barriers encountered.

## Updates to the plan

The Strategic Plan will be updated annually and as needed by the P4H CHB Directors. P4H CHB QIC members from each county will share accomplishments, barriers, or setbacks with leadership at Directors meetings. This document, appendix D, will be updated accordingly. Progress and updates on the plan will be shared with all department staff each year and with the Community Health Board each fall.

## Acknowledgements

Thank you to the following individuals for their contributions to Strategic Plan:

### Partnership4Health Community Health Board members

Don Skarie, Becker County Commissioner

Bill Adams, consumer representative

### Strategic Planning Participants

#### *Otter Tail County*

Jessica Metzger, Jody Lien, Diane Thorson, Tony Georgeson, Kristi Wentworth

#### *Wilkin County*

Linda Frendin, Ashley Wiertzema, Deb Jacobs

#### *Becker County*

Kristin Bausman, Annie Vigen

#### *Clay County*

Jamie Hennen, Kathy McKay, Maryann Allen, Joshua Ebert, Jason Bergstrand

### MDH Center for Public Health Practice Public Health Nurse Consultants

Linda Bauck-Todd and Kristin Erickson

# Appendix A

## Summary of Report and Key Trends of Staff Survey

Q1: What changes have occurred in the department/CHB and community since 2014?

- ACCEPTANCE OF Harm Reduction concept/practices - ACES
- Changing staffing at Program, Lead Workers, Supervisors, Directors
- Added Programs since 2007- NFP, SHIP, HFA, Environmental, CHW
- Program changes - MN Choices Rollout
- Technology - DIRECT Messaging, texting, E-WIC in 2019
- Population changes - Increasing diversity and elderly
- *Eliminating Health Disparities Initiative (EHDI) – 2016*

Q2: WHAT accomplishments OCCURRED in the department/CHB related to programming, quality improvements, and strategic plan?

- Some policy integration across counties in the chb
- Better understanding of qi and performance management
- Program audits with minimal if any corrections needed
- CT&C rates for 18-20 y.o. increased
- Increased MCH clients in Family Health and WIC
- Ability to share experience, gain knowledge and interchange ideas/goals across the four counties
- PHEP drill Completed, and corrective actions identified
- Attained delegation agreement for Environmental Health
- HFA program accredited
- *Integrated Health Equity Principles into WIC and CHB Mission, Vision, and Values Document – 2017*
- *Embedded Community Health Workers into OTCPH workforce – 2017*

Q3: List 3-5 strengths of the department/CHB regarding meeting program standards.

- Forward thinking programming, County board support, local partnerships
- Staff are proud of their accomplishments to meet program regulations
- Better understanding of why we became one chb
- Focus on promotion of healthy behaviors within all program areas
- Dedicated staff, competent workforce

- *HFA: Becker County transitioned to PHDoc (other 3 counties already use PHDoc for HFA)*
- *HFA programs combined as of July 1, 2018 which results in decreased fee to national organization*
- *P4H-CHB using Clay County Extranet/SharePoint to share and update documents in a timely manner – 2017*
- *Environmental Health Program initiated team concept model to increase competency and collaboration*

Q4: List 3-5 weaknesses of the department/CHB regarding meeting program standards.

- Communication gap across agencies for work managed by other Counties
- Lack of dental access
- *MDH Resources are not in the languages we see in Clay County (Arabic and Somali)*
- *Weakness with PHDoc due to differing databases among the four counties resulting in difficulty in pulling aggregate data and comparing data*

Q5: List needs or risks the department/CHB may face in the next 3-5 years.

- Lots of staff turnover
- Changes in funding sources
- Need to market services differently
- Topics of the moment drive work plans
- Opioid epidemic
- Need for additional mental health training to plan for higher risk clients
- *Meth is the growing problem, not opioids. Meth use is higher among the low- income population while opioid use is higher among the higher-income population. A health equity issue.*
- *Public Health is becoming invisible and/or becoming absorbed by Health and Human Services.*
- *Sustainability/Funding: SHIP funding sunseting in 2020, MCV funding decreasing, and unknown legislative future; a lack of funding impacts work. The unknown makes long-term planning difficult.*

Q6: List opportunities for the department/CHB may face in the next 3-5 years.

- New ideas from staff joining the teams and leadership
- More interaction with community partners

- People are more technology savvy
- How to address higher risk client needs
- *Technology – how to use to our advantage?*
- *Opportunities for stable funding*
- *Opportunities for new leadership at top levels*

Q7: What external trends, events, or factors might impact the public health department or the community health board (CHB)? Consider the impact of health reform and other national issues and how that might impact public health.

- Funding
- Public perspectives
- Flavor of the month for health topics
- Health insurance costs
- Health care reform - Accountable care Organizations and integrated health partnerships
- *Increased Vaccine Hesitancy will impact locally and nationally*
- *Changes in Political Leadership*
- *Change in population by age and/or diversity*

Q8: What factors might impact financial status or program sustainability?

- How different counties fund programs - grants vs local support
- Counties covering costs for other counties in gap areas
- Sustainability of a program before starting it
- Challenge to prioritize prevention over crisis management
- Need to support healthy aging
- Funding changes at federal, state, and local levels
- *Sunset of MNCare Tax/Provider Tax which funds SHIP*
- *Local priorities*
- *Competition for prevention dollars*
- *ACO and/or IHP and Payment for value not volume*
- *Leadership changes at local, state, and federal levels*

Q9: How would you describe the department capacity related to information management and use of technology?

- Can be inconsistent at times
- What is needed in PH-Doc vs state only systems
- WIC moving towards EBT cards rather than vouchers - clients love it!
- Ability to see data across counties - WIC
- CATCH 3 - old and outdated
- Would be helpful to have access to regional EHR's for primary care info
- Access to the trainings needed to use systems effectively

- *Lacking Interoperability*

Q10: What is the department/CHB capacity regarding communication, including branding?

- Use of logos on documents
- Logos can vary by program
- Need more marketing of what we do
- *Becker County Public Health: Our name is Community Health and we are under Human Services. Consumers cannot find "Public Health" and also confuse us with the "Community Coordinators" hired by hospitals to complete their Community Health Needs Assessment (CHNA)*
- *Confusing identity. PartnerSHIP 4 Health (SHIP) versus Partnership4Health-CHB. Neither one is readily recognized as public health.*

Q11: What issues might we face with workforce related to recruitment, retention, or workforce development?

- Feeling of unit segregation - don't see what others are doing
- Salaries need to be competitive with recruitment area and market
- Generational gaps with different communication styles
- Not enough diversity to meet community needs
- *Headed toward a broadening of our workforce*
- *Interdisciplinary roles and skills (Public Health Nurse – Social Worker – Community Health Worker – Planner – Health Educator, etc.)*
- *Academic Level: Confusion of Public Health with Home Health Skilled Nursing.*

# Appendix B

Attendees brainstormed in groups of 2-3: “Keeping in mind the Reports and Key Trends, what does P4H-CHB envision within the community and/or organization because of the work in the next 3 – 5 years? “Ideas were shared and grouped into categories with a vision element heading.

## Small-Group Brainstorms for Vision Elements

OVERARCHING VISION ELEMENT: HEALTH EQUITY FOR ALL								
Public Health Visible	Consistent Communications across CHB	Strong Stable Funding	Leveraged Technology	Healthy Upstream Communities	Strong Stable Diverse Workforce	Healthy Happy Workforce	Engaged Community	Strong Public Health Leadership
Public Health Visibility	Standardized operating procedures	Strong funding	Effective use of technology	Leader in SDOH	Diverse racially and professionally	Team Cohesion	Sustained partnerships in our communities	Strong PH Infrastructure for program and service sustainability
Community knows what PH does	Consistency in interpretation and actions	Stable funding	Client Portal for personal health and EH	Healthy Water and Air Quality	PH Workforce knows PU work	Fun to work in PH	Community values PH	Knowledgeable governing boards
Public Perception – rebranding PH	Shared data	Secure and stable funding	PH in social media	Healthy Mental Health	PH Nuisance Interdisciplinary Team (nurse and sanitarian)		Public knowledgeable on health issues	Shared decision-making (staff and management)
Visibility known	Communication on the same page			Prevention Funded	Diverse staffing		Citizen involvement	Seamless staff transitions
				Adequate dental care for all	Shared workforce across counties			
				Prevention focus				

\*PH = Public Health

\*EH = Environmental Health

## OVERARCHING VISION ELEMENT: HEALTH EQUITY FOR ALL

### A. Vision Element 1: Public Health Visible

**Summary phrases:** Engage purposeful conversations with a community using a multi-strategy/avenue framework for engagement that is both age and culturally appropriate. On-going promotion that addresses emerging needs using multi-media approaches (ex. Social media, TV, radio, print). Goal is to educate internally and externally using effective communication strategies.

### B. Vision Element 2: Consistent Communications across the CHB

**Summary phrases:** Trusted partners with open transparent communication across the CHB. Operating procedures will be standardized when appropriate. Data will be shared across the CHB and all voices will be heard and respected.

### C. Vision Element 3: Strong Stable Funding

**Summary phrases:** Budget development reflects the needs of the community, standardized, and streamline financial management across the CHB when appropriate, leveraging funding and to be intentional to seek funds for community needs, transparent and accountable

### D. Vision Element 4: Leveraged Technology

**Summary phrases:** Increase the use of technology resources for staff and public. Seek adequate avenues for the public to access information from individual, community and establishment records. Seek funding opportunities to support the CHB to meet health technology requirements. Expand use of SharePoint and other databases for shared programming across the CHB.

### E. Vision Element 5: Healthy Communities

**Summary phrases:** Will be leaders in creating healthy communities through addressing the social determinants of health. Including personal and environmental health needs, and adequate health services for all. Will seek prevention focused funding.

### F. Vision Element 6: Strong Stable Diverse Workforce

**Summary phrases:** Collaboration and support across the CHB. Intentional in building multi-disciplinary and culturally diverse teams that will work across the CHB.

### G. Vision Element 7: Healthy Valued Workforce

**Summary phrases:** Staff are valued and appreciated as part of the team. They are recognized for their work and have opportunity for professional development. Opportunities for reflective listening and staff input to actionable program and CHB response.

### H. Vision Element 8: Engaged Communities

**Summary phrases:** Increase community involvement in programs and service delivery. Empowering communities to address health needs. Engage in purposeful conversations and establish authentic partnerships with all communities, including those facing health inequities. Sustained community partnerships.

### I. Vision Element 9: Strong Public Health Leadership

**Summary phrases:** Knowledgeable, engaged leaders providing transparent guidance across program areas to advance the health and wellness of all. Leaders engage decision makers at all levels. Elected officials are informed and knowledgeable about public health.

# Appendix C

## Priority Areas

Attendees were each given three red dots to prioritize the strategy headings. Results:

# of Dots	Strategy
	Develop Healthy Valued Workforce
	Advocate for Sustainable Funding
	Integrate Health Equity into all aspects of Work
	Leverage Technology
	Implement Consistent Practices
	Increase Community Engagement
	Develop a PH Marketing Campaign
	Assess and Plan for PH Opportunities and Challenges
	Provide Leadership Development



# Appendix D

## Implementation of Strategic Plan

<b>Strategic Priority: Workplace Innovation &amp; Excellence</b>		<b>Goal: P4H CHB employees are valued members of the team and are supported by technology, continuing education opportunities, and leadership opportunities.</b>		
<b>#1 Objective: From December 31, 2019 to December 31, 2024 the P4H CHB the employee satisfaction level will increase by 5%.</b>				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status w/ dates
<ol style="list-style-type: none"> <li>All P4H directors will review well-being initiatives in their respective departments/counties</li> <li>Identify and implement at least 2 well-being initiatives per department/county</li> <li>Each county will implement a measurement of employee satisfaction.</li> </ol>	12/31/2024	P4H director review of local initiatives  Tool or resource listing  Current employee satisfactions measures and baseline.	P4H Directors	
<b>#2 Objective: By December 31, 2020 and annually thereafter, 100% of P4H CHB staff complete minimum training on PHDoc, eHealth, and health equity.</b>				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status w/ dates
<ol style="list-style-type: none"> <li>Basic training &amp; orientation needs are reviewed and implemented for PhDoc</li> <li>Key staff from each county are selected for PhDoc workgroup participation ongoing</li> </ol>	12/31/2020	Needs identified  List of workgroups and purpose  Connection with HIO, MDH ehealth contact  Current employee training tracking/measurement tool	P4H Directors	

<p>3. P4H CHB invests in ongoing HIE connections and technology to support e-health</p> <p>4. Each county to provide, at minimum, annual opportunity to learn about topics on health equity, culture, etc</p>				
<p>#3 Objective: By December 31, 2020 and annually thereafter, at least 1-2 P4H CHB staff members participate in the annual MDH Orientation and at least 1-2 P4H CHB staff members participate in the annual “Day on the Hill.”</p>				
<p>Action Steps (Deliverables) w/ timeline</p>	<p>By When</p>	<p>Resources Needed</p>	<p>Lead Person</p>	<p>Status w/ dates</p>
<p>1. Identify 1-2 staff across CHB to attend MDH orientation annually</p> <p>2. Host a training(s) for all P4H staff on interacting with elected officials re: Public Health</p> <p>3. Identify interested staff from diverse* populations for participation in the annual “Day on the Hill.”</p>	<p>12/31/2020</p>	<p>MDH training calendar/dates</p> <p>LPHA calendar for “Day on the Hill”</p> <p>Identify training for interaction with public officials</p>	<p>P4H Directors and Supervisors</p>	

Strategic Priority: Increase Community Awareness and Engagement		Goal: Partnership4Health will engage all members of the public to participate in public health to improve community well-being and health.		
#1 Objective: From December 31, 2019 to December 31, 2024, P4H CHB will increase the number of community members participating in committees, coalitions, boards, and workgroups by 10%.				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status of action steps w/dates
<ol style="list-style-type: none"> <li>1. Assess the number of current Public Health committees, coalitions, boards, and workgroups for community representation.</li> <li>2. Connect with MDH TA regarding increasing Community Engagement in the CHA/CHIP</li> <li>3. P4H Directors will complete the MDH assessment for community engagement</li> <li>4. Partner with MDH TA to offer at least one training or coaching event</li> <li>5. Recruit community members to coalitions that are underrepresented</li> </ol>	12/31/2024	List of current program board and committees by county  Self-assessment tool  MDH TA - Jeannette Raymond <a href="mailto:jeannette.raymond@state.mn.us">jeannette.raymond@state.mn.us</a>	P4H Directors  P4H QIC	
#2 Objective: 75% of P4H CHB written communications utilize standard branding by December 31, 2022.				
Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status w/ dates
<ol style="list-style-type: none"> <li>1. Assess the branding used within P4H.</li> <li>2. Review the NACCHO logo and how it raises awareness of the value of governmental public health <a href="https://www.naccho.org/communications/health-department-communications/public-health-logo">https://www.naccho.org/communications/health-department-communications/public-health-logo</a></li> </ol>	12/31/2022	Samples of branding from each county for CHB shared programs.  Policy (on SharePoint)  Input from marketing, communications staff, consumers	P4H Directors	

<ol style="list-style-type: none"> <li>3. Review the P4H-CHB Branding Strategy Policy.</li> <li>4. Develop branding strategy that includes standardized branding for CHB shared programs and communications.</li> <li>5. Utilize branding in all CHB shared programs and communications.</li> <li>6. Connect with Concordia Marketing class students to offer feedback/strategy.</li> <li>7. Develop a standardized email signature for all CHB shared program emails.</li> </ol>		<p>Samples of standardized branding.</p> <p>Samples of current email signature lines</p>		
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#3 Objective: From December 31, 2019 to December 31, 2022, P4H CHB will increase annual participation in community events by 15%.

Action Steps (Deliverables) w/ timeline	By When	Resources Needed	Lead Person	Status w/ dates
<ol style="list-style-type: none"> <li>1. P4H will review # of current outreach opportunities for baseline.</li> <li>2. P4H will assess current use of social media and implement strategies to increase reach.</li> <li>3. P4H will identify new community outreach opportunities, especially with at-risk, vulnerable, and/or diverse populations.</li> </ol>	12/31/2022	<p>Inventory of outreach events</p> <p>Current County social media access points, social media calendar for information sharing</p> <p>Communities and events that currently do not have public health presence</p>	<p>P4H Directors</p> <p>P4H QIC</p>	