FY2020-2022 STRATEGIC BUSINESS PLAN
Public Health

Mecklenburg County, North Carolina

Goal HLT.1 - Protect the health of our community by reducing preventable disease.

Objective HLT.1.1 - Address existing and emerging infectious diseases

<table>
<tr><td colspan="2">Strategy HLT.1.1.A - Limit vaccine-preventable disease outbreaks in the community.</td></tr>
<tr><td>Actions</td><td>FY20:
1. Implement media campaign around Hepatitis A awareness and prevention, as well as other vaccine preventable diseases. ($50,000)
2. Build advocacy and support around Hepatitis A vaccine requirements for children to enter school.
3. Continue to promote and follow best practices for immunizations as per Centers for Disease Control and Prevention (CDC) guidelines.

FY21:
1. Increase community outreach and communication efforts around outbreaks and existing and emerging diseases. (Goal 3.1)
2. Continue advocacy efforts for interventions aimed at reducing vaccine preventable disease.
3. Respond appropriately to infectious diseases through enhanced preparedness activities. (Goal 1.4)
4. Implement media campaign around existing and emerging infectious diseases. ($50,000)

FY22:
1. Increase community outreach and communication efforts around outbreaks and existing and emerging diseases. (Goal 3.1)
2. Continue advocacy efforts for interventions aimed at reducing vaccine preventable disease.
3. Respond appropriately to infectious diseases through enhanced preparedness activities (Goal 1.4).
4. Implement media campaign around existing and emerging infectious diseases. ($50,000)</td></tr>
<tr><td>Performance Measure(s)</td><td>HLT2040 # of Hep A Vaccines administered</td></tr>
<tr><td colspan="2">Strategy HLT.1.1.B - Implement best practices for addressing infectious diseases.</td></tr>
<tr><td>Actions</td><td>FY20:
1. Implement an evidence-based best practice screening method for Tuberculosis (TB) by replacing the Tuberculin Skin Test (TST) with the Interferon Gamma Release Assay (IGRA) as the first-line TB screening test for most MCPH patients. ($150,000)
2. Through education, training and organization, provide opportunities for clients to receive vaccines in all Mecklenburg County Public Health (MCPH) clinics.
3. Hire 1 FTE Medical Assistant to assist with vaccine administration across all MCPH clinical areas (not just the immunization clinic) in accordance with clinical best practice. ($32,850)
4. Hire 1 FTE Communicable Disease Control Nurse to keep up with Mecklenburg County growth and emerging infectious diseases. ($64,441)
5. Ensure staff are operating at the top of their license.
6. Cross train nurses in the department to be able to administer vaccines to patients of all ages.
7. Cross train administrative staff in North Carolina Immunization Registry (NCIR) and Cerner data entry.
8. Build capacity of the MCPH Tuberculosis Control (TB) program to provide innovative, evidence-based care by hiring 1 FTE Mid-Level Provider to provide oversight over Video Directly Observed Therapy (VDOT), case management, and latent tuberculosis infection (LTBI) screening and exams, and converting 1 Medical Assistant to full-time. ($110,084)</td></tr>
</table>

	9. Implement interface between NCIR and electronic health record (EHR) system (see Strategy 4.1.A). 10. Fully implement VDOT for a significant number of TB cases in Mecklenburg County. FY21: 1. Continue to participate in planning for future Community Resource Center (CRC) developments. 2. Ensure staff are operating at the top of their license. 3. Cross train nurses in the department to be able to administer vaccines for all ages. 4. Cross train administrative staff in NCIR and Cerner data entry. 5. Assess feasibility of a paperless system for Communicable Disease program. FY22: 1. Hire 1 Registered Nurse (RN) and 1 Administrative Assistant for immunization clinic at new CRC. ($105,799) 2. Ensure staff are operating at the top of their license. 3. Cross train nurses in the department to be able to administer vaccines for all ages. 4. Cross train administrative staff in NCIR and Cerner data entry. Comments/Justification: Best practice strategies for addressing infectious diseases include using evidence-based testing and treatment methods (e.g. IGRAs and VDOT for TB), increasing access to care (including recommended screenings and vaccines) and optimizing clinic efficiency through cross-training and maximizing the skillset of our licensed healthcare professionals. Specifically, for the Tuberculosis and Refugee clinics, the addition of a dedicated mid-level provider and increased Medical Assistant support would be instrumental in allowing MCPH to be a state-wide and national leader in clinical care strategies and practices. Likewise, to provide enhanced surveillance, investigation and control of communicable diseases in a County with over 1 million residents, as well as to respond to disease outbreaks, such as the current Hepatitis A outbreak, an additional Communicable Disease (CD) nurse is needed.
Performance Measure(s)	HLT3002 — % of general communicable disease and animal bites investigated HLT3045 — % of children served by the Health Department who are up-to-date by 24 months of age with the recommended vaccination HLT3084 — % of Latent Tuberculosis Infected (LTBI) clients that completed treatment

Goal HLT.1 - Protect the health of our community by reducing preventable disease.

Objective HLT.1.2 - Continue to reduce new cases of HIV and Sexually Transmitted Infections (STIs) in Mecklenburg County

Strategy HLT.1.2.A - Provide targeted testing and education to high-risk individuals for HIV and STIs.

Actions	FY20: 1. Expand HIV rapid testing and STI testing on college campuses, substance abuse treatment centers and homeless shelters. 3. Sustain HIV/STI testing in nontraditional locations and in substance abuse treatment centers. ($195,000) 4. Conduct needs/resource assessment around HIV/STI messaging and marketing. ($50,000) 5. Contract with vendor to design and implement media campaign; collaborate with faith leaders to expand messaging to affected population. ($500,000) 6. Participate in the Fast Track Cities initiative, a global partnership committed to accelerating and scaling up local AIDS responses. 7. Build HIV/STI prevention capacity in other MCPH programs. 8. Provide current, evidence-based information and tools to target populations. 9. Explore ways to improve youth-friendly services through awareness and access. FY21: 1. Increase testing at substance abuse centers by expanding substance abuse center (SAC) program. ($100,000) 2. Implement comprehensive HIV/STI media campaign. ($100,000) 3. Encourage both healthcare systems and community providers of care to implement routine "opt-out HIV testing" as a standard of care, according to CDC recommendations. FY22: 1. Continue implementation of comprehensive HIV/STI media campaign. ($100,000) 2. Provide current, accurate information and tools around HIV/STI prevention through schools and colleges. (See Strategy1.1.A). Comments/Justification: Education and testing is a comprehensive approach for disseminating information on HIV/STIs, as well as the means and resources for prevention and treatment. This strategy will address priority populations, in addition to the county's population as a whole. Effective health-promoting educational approaches are necessary to help people learn to avoid infection and to effectively seek care. Persons whose HIV positive status is unknown account for a substantial proportion of new HIV infections. Studies show that earlier detection of HIV infection and connection to sustained treatment results in more beneficial health outcomes and prevention of the spread of new infections. HIV testing, including outreach into priority populations, is key to early identification and treatment, and will serve as a platform for reaching those who are at risk. Currently, the SAC program funds two FTE (one phlebotomist and one test counselor) and routinely provides education and testing at 11 different substance abuse treatment centers. At each of these centers, the SAC program is the only resource for screening for HIV, syphilis, and Hepatitis C infections. Without the SAC program, hundreds of individuals residing in Mecklenburg County would be unaware of their positive Hepatitis C status and would most

	likely not discover this illness until severe liver damage occurs. The SAC program plays a key role in linking these clients to the care that they need and reducing the spread of Hepatitis C (as well as syphilis and HIV) in our community.
Performance Measure(s)	HLT2065 % HIV positivity rate at non-clinical testing sites HLT3006 % of targeted HIV testing reaching at-risk population
Strategy HLT.1.2.B - Increase usage and awareness of Pre-exposure Prophylaxis (PrEP).	
Actions	FY20: 1. Increase access to PrEP for the uninsured by sustaining MCPH's PrEP community initiative. ($250,000/annually) FY20-FY22: 1. Utilize state resources to enhance PrEP navigation services. 2. Provide leadership and logistical support for PrEP providers collaborative to educate medical providers, strengthen links between providers and services supporting PrEP users, and enhance the referral network to provide seamless continuity of care. 3. Conduct community education efforts to increase understanding of PrEP and awareness of PrEP provider locations. 4. Increase the availability of support services to those accessing PrEP to increase compliance and acceptance. Comments/Justification: Pre-exposure prophylaxis (PrEP) is one of the most effective methods of HIV infection prevention. Although the use of PrEP was approved by the Food and Drug Administration (FDA) in 2012, PrEP is vastly under-utilized and remains inconsistent in Mecklenburg County among populations that could benefit from it the most. Black and Latino MSM (BLMSM) continue to be over-represented in the HIV epidemic, yet access PrEP services the least among all MSM [Pulsipher et al., 2016]. In Mecklenburg County, Black men are five times more likely to be diagnosed with HIV than White men [MCPH Epidemiology, 2016]. According to the CDC, 1 in 2 BMSM and 1 in 4 Latino MSM (LMSM) will be diagnosed with HIV at some point in their lifetime if current HIV infection rates continue [CDC, 2016]. In a recent study from the University of California, BLMSM reported a higher willingness to take PrEP if it were available to them than White MSM (WMSM), yet BLMSM are far less likely to be on PrEP than their White counterparts [Pulsipher et al., 2016]. It is critical that PrEP programs focus on BLMSM who are disproportionately burdened by HIV. The same disparity can be seen among women and young adults. In Mecklenburg County, Black women are 12 times more likely to be diagnosed with HIV than White women [MCPH Epidemiology, 2016]. In 2016, women accounted for 19% of new HIV infections but only seven percent of all PrEP users in the U.S. [AIDSVU, 2018]. In Mecklenburg County, nearly 1 in 5 new HIV diagnoses occur among young adults age 20 to 24 [MCPH Epidemiology, 2016]. Women of color and people under the age of 24 are disproportionately affected by HIV, yet they make up less than 20% of total PrEP users in the U.S. [Highleyman, 2016]. Trans women are also at a higher risk of HIV infection, and while actual data for trans women of color who are on PrEP is unknown, that number is also probably low. If Mecklenburg County is to continue with increasing access to PrEP, support must continue with the PrEP pilot and must also include support to help patients not only access PrEP but continue a PrEP regimen.
Performance Measure(s)	HLT2066 # of new clients receiving Pre-exposure Propyhlaxis (PrEP) services through the community PrEP initiative
Strategy HLT.1.2.C - Assure awareness of HIV/STI prevention/treatment services, as well as access to treatment for low-income, uninsured individuals.	

Actions	FY20: 1. Explore ways to improve client communication using technology. 2. The Ryan White Program will continue using federal dollars to maintain a Planning Body consisting of People Living with HIV and providers of HIV services who are reflective of the HIV epidemic in the Charlotte Transitional Grant Area (TGA). 2a. The Ryan White Program will continue using federal dollars to fund Planning Body-identified health and support services necessary to support the HIV Care Continuum, with attention to the service needs of People of Color. 2b. The Ryan White Planning Body will be actively involved in Getting to Zero Mecklenburg, designating at least one Planning Body member as "Liaison to Getting to Zero Mecklenburg;" the Planning Body Administrator will also be actively involved in this group's work. (In kind) 2c. The Ryan White Planning Body will continue using their needs assessment results and other applicable data to set service priorities and resource allocations for Ryan White health and support services, including special attention to Minority AIDS Initiative funding (federal money) for People of Color. 3. Design an evaluation plan with the Academy for Population Health Innovation (APHI) to assess the Mecklenburg County HIV Prevention Plan. ($138,490) 4. Hire 1 FTE Nurse to conduct HIV/STI treatment in the community. ($61,426) 5. Implement Expedited Partner Therapy in MCPH STI clinics. FY21: 1. Hire 1 FTE Health Investigator to assist with partner investigations, harm reduction and referral support for safe needle exchange due to increased population growth resulting in an increased caseload. ($51,829) 2. Implement interim evaluation with APHI. ($142,645) 3. Enhance notification process of clinical test results. 4. Hire 1 FTE Administrative Support Coordinator to support HIV/STI surveillance. ($49,386) FY22: 1. Hire 1 additional Health Investigator to assist with partner investigations, harm reduction and referral support for safe needle exchange due to increased population growth resulting increased caseload. ($51,829) 2. Complete HIV Plan outcome evaluation with APHI. ($146,924) Comments/Justification: STIs are a substantial public health challenge. There are over 20 million annual new infections in the United States with treatment costs of over $16 billion since 2010. Mecklenburg County continues to have the highest rate of HIV and syphilis in North Carolina. Year-to-date our primary and secondary syphilis cases have increased by 134%. This growth in STIs combined with a 15% population increase and no new disease intervention staff since 2006 supports the request for an additional health investigator for HIV Surveillance. An additional health investigator will expand our efforts within the community to locate, notify and educate individuals reported as positive for HIV or syphilis and their contacts, increase support for the Hepatitis A outbreak, provide additional support in implementing the County's HIV plan, including referral for PrEP.
Performance Measure(s)	HLT1012 % at-risk HIV contacts notified and counseled HLT3050 % of patients seen by STD services one day of request HLT3075 HIV Viral Load Suppression (Ryan White)
Strategy HLT.1.2.D - Decrease time to treatment of HIV and STIs through enhanced efficiency of laboratory testing and patient notification	

Actions	FY20: 1. Optimize bidirectional interface between LabCorp and EHR systems, allowing for electronic ordering and resulting of lab tests. 2. Develop and optimize Medicaid, Medicare and commercial insurance billing and claims procedures in conjunction with LabCorp. FY21: 1. Continue quality assurance monitoring with emphasis on timeliness of results, accuracy of results, and test notification. 2. Explore quality improvement (PDSA) projects to streamline processes, explore cost savings. FY22: 1. Continue quality assurance monitoring with emphasis on timeliness of results, accuracy of results, and test notification. 2. Implement any quality improvement and/or cost savings recommendations.
Performance Measure(s)	HLT1035 % of STI (gonorrhea & chlamydia) patients treated appropriately within 14 days HLT2071 “% of patients with +HIV tests ordered by MCPH who are linked to HIV treatment services within 7 business days of test order date

Goal HLT.1 - Protect the health of our community by reducing preventable disease.

Objective HLT.1.3 - Improve food and water safety

Strategy HLT.1.3.A - Actively work toward 100% of mandated regulatory food and lodging facility inspections, while maintaining 100% of mandated public pool inspections.

Actions	
Actions	FY20: 1. Hire 1 Environmental Health (EH) Supervisor for Food & Facility Services (FFS). ($88,800) 2. Hire 5 Environmental Health Specialist (EHS) positions for FFS and Planning & Support. ($419,000) 3. Hire and train 1 Environmental Health Specialist (EHS) for Pools and Environmental Health Services (PEHS) to accommodate pool growth. ($83,800) FY21: 1. Hire 1 EH Supervisor for Food & Facility Services (FFS). ($70,954) 2. Add 2 Sr. EHS positions for Planning & Support to support permit writing, training and inspections. ($122,852) 3. Add 4 EHS positions for FFS to accommodate growth in food and lodging facilities. ($228,796) FY22: 1. Hire 3 EHS positions for FFS or Planning & Support Services based on business need for balance of front-line staff across the Environmental Health Subdivision. ($171,597) 2. Hire 1 Sr. EHS for FFS and Planning & Support. ($61,426) Comments/Justification: Compared to 10 years ago, Mecklenburg County has increased the amount of confirmed foodborne illnesses we investigate each year by 82%, and unconfirmed illness investigations have increased by 16%. The Food and Drug Administration estimates that nationally: • Foodborne illnesses are annually costing the economy more than $15.6 billion, or about one-half of the $32 billion the World Health Organization says the last major Ebola outbreak cost the world economy. • Each year, more than 8.9 million Americans will be sickened by one of the 15 pathogens, with more than 5.4 million of those illnesses due to Norovirus. • Foodborne illness sends 53,245 Americans to hospitals annually, which is where the majority are when infections take the lives of 2,377 (Food Safety News, 10/2014). Public health needs additional resources and to protect our customers, we must ensure inspectors have a reasonable workload that allows them the time to determine if food service establishments are free of factors that may cause foodborne illnesses. For example, our recent foodborne illness risk factor study determined our food service establishments are not in compliance with our new cold holding requirement (41 F), which came into effect on January 1, 2019. This data indicates, inspectors will increase their time with each establishment to ensure they are in compliance, but this will result in a decrease in mandated inspections. The past two fiscal years Environmental Health completed 90% (FY17) and 85% (FY18) of its required Food and Lodging Inspections. In FY18, 100% of all swimming pool inspections were completed. However, Environmental Health has continued to see an increase in food and lodging inspection workload each fiscal year, FY16: +921, FY17: +1,266, FY18: +1,200, FY19: +158.

	Presently, Environmental Health staff are required to complete 20,691 food, lodging, institution and pool inspections as well as other inspection-related activities per year. According to FDA Standards, one inspector should average approximately 320 inspection activities annually. There are currently 44 staff (Environmental Health Specialists (EHS) and Sr. EHS) dedicated to completing this work, which averages 470 inspections per inspector. To bring staff caseload to 350 inspections per inspector (moderately above the FDA standard), a total of 15 additional field staff (EHS and Sr EHS) are needed to meet the demand. The requests for Sr. EHS and EHS are strategically spaced out over the three-year plan to allow time for training and hiring of new staff, it takes at least 6 months to prepare them for field work due to required training and certification. Internal Audit recommends from a quality assurance perspective a 1:6 supervisor to staff ratio for programs with field staff. Additional supervisor positions will assist in achieving this recommendation. Currently, supervisors in the Food & Facilities program are working at a 1:9 field staff ratio.
Performance Measure(s)	HLT1014 % food, lodging and institutional inspections completed HLT3077 % of priority inspections completed (Food & Facilities)
Strategy HLT.1.3.B - Align resources to ensure adequate training, staffing, and preparation for the Republican National Convention (RNC).	
Actions	FY20: 1. Allocate for staff overtime pay to meet inspection rate goals prior to RNC preparation. ($118,215) 2. Attend and participate in all FDA-led trainings, informational meetings, and preparation conferences. 3. Participate in food defense preparation activities. 4. Allocate funding for 5 temporary Sr. EHS postions to support preparation for RNC. ($26,415) FY21: 1. Allocate for staff overtime pay to meet food safety and business needs. ($118,215) 2. Allocate funding for 5 temporary Sr. EHS positions to support RNC inspections and to assist with routine inspections missed during RNC. (Temporary inspectors will be retirees or outside County inspectors that are already licensed and trained). ($52,830) Comments/Justification: For the RNC, EH must conduct training for all caterers, attend preparation meetings in community, observe and inspect food service (100% monitoring). From the last time study, for Democratic National Convention, staff averaged 90 hours worked per week to meet FDA standards. Without additional staff and efforts focused on the convention, we anticipate being unable to conduct roughly 1,000 inspections in August 2020 to support all RNC efforts.
Performance Measure(s)	HLT2067 % of department food inspectors trained in relevant Incident Command System (300 and 400)
Strategy HLT.1.3.C - Increase community outreach and compliance with Federal Drug Administration (FDA) Program Standards for Retail Food Service to achieve a proactive approach to Environmental Health practice.	
Actions	FY20: 1. Allocate funding for annual food service symposium covering priority educational topics for food industry ($30,000). FY21:

	1. Hire 1 Health Program Coordinator/Supervisor to create and maintain compliance of FDA Program Standards, including providing food safety education to struggling food service establishments in the community, as well as providing guidance and expertise to all food establishments. ($67,318) FY20-FY22: 1. Hold annual food service symposium covering priority educational topics for food industry. 2. Continue implementing evidence-based practices for food service workers. Comments/Justification: Community outreach reduces the number of re-inspections necessary and emergent public health threats by proactively providing education to facilities to reduce foodborne outbreaks and illnesses. Currently, community outreach efforts decrease the Subdivision's compliance with inspection rate goal, since inspection staff also fulfill the educational functions.
Performance Measure(s)	HLT3010 % Customer satisfaction rating (Food & Facilities) HLT3077 % of priority inspections completed (Food & Facilities)
Strategy HLT.1.3.D - Optimize operational outcomes through process and technology improvement initiatives.	
Actions	FY20: 1. Evaluate business processes across all EH programs to ensure optimal efficiency and innovation. (Will use EH Quality Improvement team to assist with best practice quality improvement strategies). 1a. Ensure FFS inspectors follow a standardized, streamlined workflow to maximize inspections completed. 1b. Ensure EH training team methods adequately prepare new staff for field work according to standardized workflows. 1c. Ensure Pools & Environmental Health Services (PEHS) staff are using evidence-based practices to conduct job duties. 1d. Improve summons process for complaints received by Groundwater and Wastewater Services (GWS). 2. Align program documentation (e.g. policies and procedures) to reflect changes in business processes. 3. Assess technology needs to improve online payment and service scheduling for FFS, Groundwater and Wastewater Services (GWS), Pools and Environmental Health Services, and Planning and Permitting. FY21: 1. Evaluate business processes across all EH programs to ensure optimal efficiency and innovation. (Will use EH Quality Improvement team to assist with best practice quality improvement strategies). 2. Align program documentation (e.g. policies and procedures) to reflect changes in business processes. 3. Implement technology needs to improve online payment and service scheduling for GWS, Pools and Environmental Health Services, and Planning and Permitting. ($TBD) 4. Explore new electronic system for GWS as their current software becomes obsolete. Software will not be available after 2023. FY22: 1. Evaluate business processes across all EH programs to ensure optimal efficiency and innovation. (Will use EH Quality Improvement team to assist with best practice quality improvement strategies). 2. Align program documentation (e.g. policies and procedures) to reflect changes in business

	processes. 3. Continue to implement technology needs to improve online payment and service scheduling for Groundwater and Wastewater Services (GWS), Pools and Environmental Health Services, and Planning and Permitting. 4. Begin initial implementation of new electronic system for GWS as their current software becomes obsolete. ($30,825) Comments/Justification: The Environmental Health Subdivision has a new leadership team motivated to optimize efficiency and innovation through best practice strategies. Managers are spending the next several fiscal years reviewing all program processes and updating associated documentation within their policies and procedures. Managers will continue to rely on data-driven decision making and using technology to automate as many processes as possible.
Performance Measure(s)	HLT2070 % Customer satisfaction rating (Environmental Health) HLT3010 % Customer satisfaction rating (Food & Facilities)

Goal HLT.1 - Protect the health of our community by reducing preventable disease.

Objective HLT.1.4 - Enhance preparedness activities to assure appropriate response

Strategy HLT.1.4.A - Ensure emergency preparedness plans reflect current best practices	
Actions	FY20-FY22: 1. Regularly review and update preparedness plans, including Continuity of Operations, Pandemic Influenza Plan, and the Multiyear Training and Exercise Plan. 2. Complete quarterly call down drills, Government Emergency Telecommunications Services Card checks, and redundant communications platform and system checks. 3. Complete an annual Operational Readiness Review (ORR) self-assessment. 4. Collaborate with community partners to update and maintain community-based plans, to define jurisdictional public health agency recovery lead and support roles, to support the National Disaster Recovery Framework (NDRF) and to support community recovery and restoration.
Performance Measure(s)	HLT2060 % of required emergency plans updated annually by EpiPreparedness Team HLT2061 % emergency plans reviewed by Public Health staff
Strategy HLT.1.4.B - Build quick response teams to provide surge capacity for planned events and unplanned incidents.	
Actions	FY20: 1. Budget overtime for nurses and Environmental Health Specialists who will be involved in preparedness events. 2. Create, maintain, and update mobilization strategy. 3. Ensure response teams have required preparedness training, including incident command system training. FY21: 1. Conduct annual response team drill to test resource mobilization. FY22: 1. Conduct annual response team drill to test resource mobilization.
Performance Measure(s)	HLT2058 % staff trained as required by Incident Command System role
Strategy HLT.1.4.C - Assure a prepared and responsive Public Health workforce.	
Actions	FY20-22: 1. Incorporate public health emergency response expectations into all public health staff work plans. 2. Conduct readiness exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP) annually. 3. Create redundancy in roles through cross-training around shelter nursing, injections, venipuncture, incident command, North Carolina Immunization Registry (NCIR) access, and EHR utilization. 4. Work with federal, state, and local partners to assure preparedness response around 2020 RNC, including preparation for an increase in food facility inspections and Cities Readiness Initiative planning, training and exercising (mass prophylaxis planning in the event of a public

	health catastrophe or bioterrorism). 5. Conduct readiness exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP). 6. Utilize after-action reports (AARs), participant feedback from previous incidents and readiness exercises, as well as research on best practices to begin quality improvement initiative to increase staff readiness. 7. Train all MCPH customer-facing staff in Mental Health First Aid to be better prepared to respond to signs of mental illness and substance abuse.
Performance Measure(s)	HLT1037 % of required staff participating in exercises

Goal HLT.2 - Promote long and healthy lives for all by decreasing premature death and disability with attention to underserved populations and health equity.

Objective HLT.2.1 - Assure individuals and families are linked with needed services to promote physical, developmental and behavioral health from infancy to adulthood

Strategy HLT.2.1.A - Build capacity of MCPH staff to appropriately refer to public health and community services.	
Actions	FY20: 1. Explore outlets to share and access information about available services and supports (i.e. Aunt Bertha, 211, One Charlotte Health Alliance, etc.). 2. Participate fully in the County Health and Human Services (HHS) integration processes. 3. Collaborate with community agencies to ensure understanding of public health services and referral processes. 4. Institutionalize the Public Health Ambassador Program. (See also HLT.4.2.A) FY21: 1. Develop internal electronic referral and follow-up process. Determine need for purchasing referral information technology or possibility of building on existing HHS integration efforts. 2. Train staff on concepts related to building resilience (e.g. adverse childhood experiences (ACES), toxic stress) and on the use of trauma-informed best practices. FY22: 1. Implement electronic referral system. ($TBD)
Performance Measure(s)	HLT2057 % applicable programs using electronic referral system

Strategy HLT.2.1.B - Screen and link individuals and families to needed services to address social determinants of health and behavioral health concerns.	
Actions	FY20: 1. Hire 2 FTE Social Workers to conduct screening and linkages to services. ($117,896) 2. Hire 1 FTE Health Therapist I (Speech Therapist) to support the Children's Developmental Services Agency (CDSA) due to a shortage of community-based speech therapists and a NC state mandate to begin services within 30 days. ($61,426) Because this service is Medicaid reimbursable, it is anticipated that the County can recover between 50-66% of the cost of this position through additional Medicaid revenues. 3. Explore the option of working with community partners to embed a behavioral health provider in our clinics to assess for trauma and refer for services/care if needed. 4. Identify appropriate services to address social determinants of health and behavioral health needs. FY21: 1. Assess and evaluate the need for additional Social Workers as well as a Social Work supervisor to supervise a Social Work team of clinicians. ($TBD) Comments/Justification: A seminal 1998 study from the CDC and Kaiser Permanente of more than 17,000 Americans documented quite clearly that adverse childhood experiences contribute significantly to negative adult physical and mental health outcomes and affect more than 60% of adults. Such

	outcomes are even more pronounced in low-income communities. Mecklenburg County is not immune to this impact. For example, in a study conducted by UNC Charlotte (APHI) here at the Health Department, 302 WIC mothers were screened for post-partum depression, 24.3% had depression symptoms and 15.2% were considered to have clinical depression. As a result, the Department proposes a focus on prevention of Adverse Childhood Experiences (ACES) by screening all children and families for at-risk circumstances and social determinants of health and connecting them to appropriate services. Screens will include risk factors, such as ACEs, trauma, poverty, and homelessness, and protective factors, such as capacity to recover from difficulties (resilience), social connections and supports, knowledge of parenting and child development, and children's social and emotional health. The Mecklenburg Community Health Assessment (CHA) is conducted once every four years to provide an overview of selected health indicators across the county includes community prioritization to identify the health issues needing the greatest attention. In 2017, the top issue identified was Mental Health. www.meckhealth.org/CHA
Performance Measure(s)	HLT1033 % of clients referred to social worker who are appropriately linked to follow-up care
Strategy HLT.2.1.C - Support children in school so that they can learn.	
Actions	FY20-FY22: 1. Re-evaluate school nurse staffing needs at each school. 2. Develop a recruitment and retention plan to maintain a competent school health workforce. 2a. Establish new positions to more equitably meet needs, based on the number of children and complexity of health conditions at each school. 2b. Hire additional Nurse Supervisors to improve orientation and mentoring of School Nurses. 2c. Work with Human Resources to create a career ladder for school nurses. 2d. Explore additional pay options for School Nurses assigned additional duties (orienting staff, teaching classes). 2e. Support pay increases for required school nurse certification, as well as covering cost of initial certification and re-certification. 3. Collaborate with the Charlotte Mecklenburg School System (CMS) Office of Student Wellness & Academic Support and the School Health Advisory Council (SHAC) to promote policies and activities that support optimal health and wellness. FY20: 1. Hire 2 FTE School Nurse Supervisors to improve supervisory span of control. Currently, supervisors have a span of control of 12 in geographically disperse locations. The Department's goal is to reduce the span of control to 8. ($157,650) 2. Support pay increases for required school nurse certification, as well as, covering cost of initial certification and re-certification. ($125,111) 3. Enhance the current collaboration between MCPH School Health and Levine Children's Hospital for CMS students who are admitted with asthma exacerbations. 4. Revitalize MCPH's partnership with the Mecklenburg County Asthma Coalition. FY21: 1. Hire 1 FTE 10-month School Nurse for new Science, Technology, Engineering, Arts, and Math (STEAM) K8 School. ($65,182) 2. Hire 3 FTE School Nurse Supervisors to improve supervisory span of control. ($236,476) 3. Research video vendor options and legal requirements, assess feasibility and develop implementation plan if warranted. 4. Support pay increases for required school nurse certification, as well as, covering cost of initial certification and re-certification. ($121,281) 5. Assess the need for stock Albuterol for Asthma and provision of spacers in CMS Schools.

	6. Continue to work with the Mecklenburg County Asthma Coalition to explore additional partnership opportunities aimed at decreasing asthma-related absences, ER visits, and hospital admissions for school-aged children. 7. Partner with CMS in utilizing YRBS data to explore innovative programs and best-practice initiatives in schools to address prevalent public health issues facing students, including trauma, behavioral health, STIs, and substance use. FY22: 1. Hire 2 FTE 10-month School Nurses for K-8 School North and K-8 School South. ($130,365) 2. Hire 2 FTE School Nurse Supervisors to improve supervisory span of control. ($157,651) 3. Support pay increases for required school nurse certification, as well as, covering cost of initial certification and re-certification. ($122,016) 4. Assess the need for stock Albuterol and provision of spacers in CMS Schools. 5. Build on work with the Mecklenburg County Asthma Coalition to explore additional partnership opportunities aimed at decreasing asthma-related absences, ER visits, and hospital admissions for school-aged children. Justification/Comments: In order to assure safe and effective health services for CMS students through optimal supervision and support, the School Health program must continue efforts to address recruitment and retention challenges, as well as hire additional supervisors. Development of a career ladder and improving the competitiveness of School Nurse pay is essential to reducing turnover. Literature suggests that assuring a comprehensive orientation and mentoring improves nurse retention. Reduction of supervisor span of control will allow for more individualized orientation and mentoring. With regard to reducing supervisor span of control, the majority of literature reviewed suggests a span of 5 to 10, or "it depends". Given the following factors we believe 8 is prudent. School Health Supervisors proactively and reactively interface with school nurses, the students and families we serve, students' health care providers, CMS staff, and other MCPH staff to assure effective operations. School nursing practice is a specialty that is not a major focus in general nursing education making orienting and mentoring new school nurses a longer and more intense process (laws and standards are sometimes different from conventional health care settings). Added to this, employees are off-site working as the sole health services provider in environments where health is a secondary priority; each school has its own culture and even the aptness of physical facilities vary. The services provided to our vulnerable population of students required decision and cannot be reduced to a checklist or policy; consultation with Nurse Supervisors is often necessary. School Nurses and clinical support service providers depend on connection with a Supervisor for on-the-job guidance. We also considered the administrative duties of Nurse Supervisors (Mid-year/Annual reviews, audits, committee work, etc.). Over the next three years, the School Health program would also like to place greater focus on working with CMS and the community on strategies to more effectively manage asthma in the schools. Nationwide, childhood asthma is the leading cause of chronic disease-related school absenteeism in the U.S. and Asthma-related school absenteeism affects more than half (59%) of all children with asthma and is linked to lower academic performance, especially among urban minority youth. In Charlotte-Mecklenburg Schools over 14,000 students have been identified as suffering from asthma.
Performance Measure(s)	HLT2068 % of students identified with asthma who have an active Asthma Action Plan
Comment	

Strategy HLT.2.1.D - Coordinate with healthcare providers in the community to assure targeted populations receive necessary primary care.	
Actions	FY20-FY22: 1. Manage contracts with Bethesda Health Center, Care Ring, Charlotte Community Health Clinic, NC Medassist and Shelter Health Services. 2. Evaluate contract performance and identify refinement needs. 3. In collaboration with vendors, refine contracts based on identified needs.
Performance Measure(s)	HLT2044 % of provider contracts meeting or exceeding performance outcomes

Goal HLT.2 - Promote long and healthy lives for all by decreasing premature death and disability with attention to underserved populations and health equity.	
Objective HLT.2.2 - Foster the development of a resilient community with a focus on children and youth	
Strategy HLT.2.2.A - Through the "Resilience in Communities After Stress and Trauma" (ReCAST) grant, use the collective impact approach to promote resiliency and healing for youth and families of color in the Public Health Priority Areas.	
Actions	FY20: 1. Implement ReCAST Strategic Plan in accordance with SAMSHA guidelines and as developed by community in FY19. 2. Support governance structure with community partners including Mecklenburg County Health and Human Services Agency, City of Charlotte, Charlotte Mecklenburg Schools, Community Resilience Project, Atrium, Novant, Cardinal Innovations, local philanthropic organizations, faith community, Charlotte-Mecklenburg Policy Department, Criminal Justice System, courts, youth service agencies and community members. 3. Implement ReCAST work teams to maintain focus and provide opportunities for practice-based participation. Work teams will be organized in the following areas: training, youth engagement, community engagement, behavioral health services, faith-based efforts, communication, planning and evaluation. 4. Increase community capacity to promote resiliency and healing through a phased trauma informed training plan offering multiple session utilizing the resources of the National Council for Behavioral Health in coordination with Charlotte Area Health Education Center. 5. Establish Memoranda of Understanding (MOUs)/Contracts with partners. 6. Develop and implement an evaluation plan. 7. Implement a plan to engage the community at all levels. FY21: 1. Ongoing implementation of ReCAST Strategic Plan. 2. Support governance structure with community partners including Mecklenburg County Health and Human Services Agency, City of Charlotte, Charlotte Mecklenburg Schools, Community Resilience Project, Atrium, Novant, Cardinal Innovations, local philanthropic organizations, faith community, Charlotte-Mecklenburg Policy Department, Criminal Justice System, courts, youth service agencies and community members. 3. Implement ReCAST work teams to maintain focus and provide opportunities for practice-based participation. Work teams will be organized in the following areas: training, youth engagement, community engagement, behavioral health services, faith-based efforts, communication, planning and evaluation. 4. Implement an evaluation plan. 5. Implement a plan to engage the community at all levels. FY22: 1. Ongoing implementation of ReCAST Strategic Plan. 2. Support governance structure with community partners including Mecklenburg County Health and Human Services Agency, City of Charlotte, Charlotte Mecklenburg Schools, Community Resilience Project, Atrium, Novant, Cardinal Innovations, local philanthropic organizations, faith community, Charlotte-Mecklenburg Policy Department, Criminal Justice System, courts, and youth service agencies and community members. 3. Implement ReCAST work teams to maintain focus and provide opportunities for practice-based participation. Work teams will be organized in the following areas: training, youth

	engagement, community engagement, behavioral health services, faith-based efforts, communication, planning and evaluation. 4. Implement an evaluation plan. 5. Implement a plan to engage the community at all levels.
Performance Measure(s)	HLT2045 # of people trained through the Resilience in Communities After Stress and Trauma (ReCAST) grant
Strategy HLT.2.2.B - Support parents and other caregivers as a child's first teacher in promoting positive early brain development, social and emotional health, and early literacy beginning at birth.	
Actions	FY20: 1. Complete a gap analysis/needs assessment with families and community partners to determine appropriateness of services being provided. ($15,000) 2. Convene partners to explore the possible implementation of "The First 1,000 Days," an evidence-based approach to improve nutrition during this critical 1,000-day window to promote growth, development, and overall lifetime health. 2a. With community partners, develop a public awareness campaign on early brain development and its critical importance in later health and success. 2b. Develop a strategic plan to address early childhood development within an emphasis on "The First 1,000 Days." 2c. Build capacity among partners. 3. Assess MCPH's role in universal Pre-K, focusing on immunization status and facilitating access to needed public health programs and services. 4. Explore ways to increase the number of pediatric offices, childcare centers and Pre-K programs utilizing or referring to evidence-based parenting support programs (e.g. Triple P) to improve overall health of children, promote positive parent-child interactions and eliminate stigma around parenting help. FY21: 1. Strengthen partnerships with providers in community to continue to further work around children 0 to 5 efforts. 2. Explore funding options for "The First 1,000 Days" campaign. ($25,000) 3. Continue partner capacity building. FY22: 1. Strengthen partnerships with providers in community to continue to further work around children 0 to 5 efforts. Justification/Comments The Robert Wood Johnson Foundation outlines the rational for early childhood intervention(s) and its effect on health. "A growing body of evidence ties experiences in early childhood to health and well-being throughout life. Family and neighborhood resources and other social and economic factors shape infants' and toddlers' physiological, emotional, and behavioral development, creating either a favorable foundation for lifelong health, or adversity from the start. The effects are often most powerful among the most disadvantaged children. Children in impoverished families are prone to chronic stress that can contribute to mental and physical problems later in life, such as depression, anxiety, diabetes, and cardiovascular disease. Fortunately, the evidence from the past 40 years also suggests that early intervention can disrupt this cycle that leads from social disadvantage to health disadvantage. One such intervention is high-quality early childhood programs, which provide comprehensive and accessible resources for maternal and infant health, education, and parent-child relationship

	support. Children from low-income families who participate in these programs experience a range of long-term health-related benefits: Individuals from one program, the Carolina Abecedarian Project, who were followed from early childhood to age 35, showed lower prevalence for major risk factors for cardiovascular and metabolic disease, notably diabetes."
Performance Measure(s)	HLT1015 % of Meck children in the NC Infant-Toddler Prog, birth - 3 HLT1034 % of children who have gains in social and emotional skills while enrolled in Child Development Service Agency (CDSA) program for at least 6 months

Goal HLT.2 - Promote long and healthy lives for all by decreasing premature death and disability with attention to underserved populations and health equity.

Objective HLT.2.3 - Facilitate access to lifetime reproductive and sexual health

Strategy HLT.2.3.A - Empower individuals of all ages to actively engage in reproductive life planning.		
Actions	FY20: 1. Develop a communication strategy, with an emphasis on social media, around reproductive life planning and sexual health that reaches adolescents, men, and women. ($15,000) 2. Work with stakeholders in the community to design and implement a systems model to address gaps in reproductive healthcare in the community. 3. Public Health Administration, Clinical Services, School Health and Maternal and Child Health staff will convene partners as needed to plan and implement reproductive life planning initiatives related to schools, colleges and universities. FY21: 1. Expand the number and sites of presentations on sexual health and reproductive life planning on college and university campuses. 2. Partner with schools, colleges and universities on initiatives related to sexual health and reproductive life planning. FY22: 1. Sponsor a reproductive life planning summit, with a particular focus on adolescents and young adults. ($25,000) 2. Partner with schools, colleges and universities on initiatives related to reproductive life planning. Justification/Comments: A reproductive life plan helps individuals set and achieve personal goals related to reproductive and sexual health. The Centers for Disease Control and Prevention (CDC) lists reproductive life planning as the first important step in preconception health, which plays a key role in ensuring a healthy pregnancy. The Title X Family Planning Program also identifies reproductive life planning as a program priority. Utilizing innovative communication strategies, MCPH can help empower individuals to develop and attain reproductive life plans based on the individual's own goals and values.	
Performance Measure(s)	HLT2041	# Social media hits in association with reproductive life planning awareness campaign period

Strategy HLT.2.3.B - Increase internal capacity to provide patient-centered reproductive and sexual health services.	
Actions	FY20: 1. Improve patient experience of care through enhanced clinic flow and decreased wait times in our sexual and reproductive health clinics. 2. Implement the use of shared decision-making modules using existing MCPH iPads on topics related to reproductive and sexual health in Clinic A waiting rooms. ($10,000)

	FY21: 1. Expand the use of shared decision-making modules, including at the CRC and Women, Infants and Children (WIC) program waiting rooms. ($10,000) FY22: 1. Explore opportunities for sharing best practices around reproductive and sexual health with community providers. FY20-FY22: 1. Implement "One Key Question" across health department programs to enhance referral processes to appropriate services. 2. Ensure staff are trained in best practices around same day access for desired services. 3. Ensure staff are trained in best practices around patient centered contraceptive counseling. 4. Ensure MCPH services are adolescent and LGBTQ+-friendly. 4a. Physical improvements to clinic spaces to enhance adolescent-friendliness. 4b. Explore creating adolescent-specific spaces in the Health Neighborhoods of new CRCs. Justification/Comments: Reproductive and sexual health services play a critical role in helping individuals achieve their personal reproductive life plans. And, as noted in the Quality Family Planning Services: Recommendations of CDC and the U.S. Office for Population Affairs (QFP), "For clients whose initial reason for coming to the service site was not related to preventing or achieving pregnancy, asking questions about his or her reproductive life plan might help identify unmet reproductive health-care needs." The "One Key Question" initiative and the use of shared-decision making modules in waiting rooms are important strategies to facilitate conversations around both reproductive and sexual health. In addition, training clinic staff on the most up-to-date evidence-based strategies around patient-centered contraceptive counseling will help further empower those patients who are seeking contraceptive services to choose the method that works best for them.
Performance Measure(s)	HLT2042 % of Clinic A staff trained on patient centered contraceptive counseling through partnership with Upstream
Strategy HLT.2.3.C - Increase access to reproductive and sexual health services in the community setting.	
Actions	FY20-FY22: 1. Facilitate awareness of and conversations around important sexual health topics, including consent and healthy relationships (i.e. "Yes Means Yes"). 2. Partner with Community Support Services (CSS) and community organizations on initiatives related to sexual health. 3. Enhance current partnerships with community providers and organizations to increase access to needed services. 3a. Engage with community partners to actively participate in youth advisory boards. 3b. Create a system of warm hand-offs with community providers (planning FY20, implementation FY21, optimization FY22). 4. Develop plan to provide reproductive and sexual health services in the future CRCs.
Performance Measure(s)	HLT2069 Infant Mortality Disparity Ratio (compares mortality for black infants vs white infants)

Goal HLT.2 - Promote long and healthy lives for all by decreasing premature death and disability with attention to underserved populations and health equity.

Objective HLT.2.4 - Prevent the leading causes of death: chronic disease and injury

<table>
<tr><td colspan="2">Strategy HLT.2.4.A - Reduce use of tobacco and exposure to secondhand smoke.</td></tr>
<tr><td>Actions</td><td>FY20-FY22:
1. Promote and advance Smoke-Free Multiunit Housing Certification through active partnership with Greater Charlotte Apartment Association, providing technical assistance to the housing community for adoption of smoke-free polices. Through the partnership, increase the number of smoke-free polices in public, affordable and market rate apartment communities by 15 apartment communities by the end of FY22.
2. Continue to advance and improve county’s Tobacco-Free Parks Ordinance. ($15,000)
3. Promote and support Tobacco-Free Policies in faith communities.
4. Integrate evidence-based tobacco treatment and tobacco-free policies within behavioral health and other health systems.
4a. Provide training and support to MCPH staff to address tobacco use in programs/clinics.
4b. Promote QuitLineNC to professionals and to the community at large.
5. Prevent youth initiation of tobacco use.
5a. Train youth influencers on emerging tobacco products and strategies for reducing tobacco use among youth.
5b. Working with community partners, assist in development of youth engagement projects to prevent initiation of tobacco use.
5c. Continue oversight and development of the This is Art This Is Public Health initiative. ($10,000)
5d. Bolster statewide youth tobacco prevention messages with local media/marketing.
5e. In FY20, host a regional youth tobacco prevention summit (grant-funded).

Justification/Comments:
Cigarette smoking is the leading preventable cause of death in the United States. The rate of smoking in Mecklenburg County is declining, but as of 2017, 14% of adults still smoked. In addition, the rise of e-cigarettes, which also contain nicotine, in the youth population is concerning. The 2018 Charlotte-Mecklenburg Youth Drug Survey, with 10,000 youth participating, shows high school youth smoking cigarettes at an all-time low of 5.1 percent, however one in five (19.6 percent) high school youth are currently using e-cigs with white teens using at the highest rates (34 percent). The 2017 North Carolina Youth Tobacco Survey shows that 39.6 percent of our 12th graders statewide are vaping.</td></tr>
<tr><td>Performance Measure(s)</td><td>HLT2062 % of High School students reporting current e-cig use
HLT3032 Smoking prevalence in individuals age 18 and older</td></tr>
<tr><td colspan="2">Strategy HLT.2.4.B - Enhance food security.</td></tr>
<tr><td>Actions</td><td>FY20-FY22:
1. Work with the City of Charlotte to implement the food system recommendations outlined in the July 2018 report, "Unlocking the Potential of Charlotte's Food System and Farmers' Markets," including promoting the acceptance of Supplemental Nutrition Assistance Program (SNAP) Electronic Benefit Transfer (EBT) at farmers markets, as well as exploring opportunities for new public markets.
2. Collaborate with Tree Charlotte, Mecklenburg County Parks and Recreation, Village HeartBEAT to establish urban orchards and edible landscapes.</td></tr>
</table>

	2a. Establish a minimum for three new urban orchards per year. 2b. Track orchard produce distributed to food-insecure clients. 2c. Work with Park and Recreation to have urban orchards included in their master plan. 2d. Create sign design for urban orchards. ($5,000) 3. Establish, maintain, and track initiatives to increase the availability of healthy foods in retail venues. 3a. Establish Rosa Parks Farmers market as an independent sustainable initiative by the 2020 market season. ($10,000) 3b. Work with Charlotte Areas Transit System (CATS) and Charlotte Department of Transportation (CDOT) on active transportation initiatives that make healthy food venues more accessible. 3c. Work with organizations like The Bulb to bring mobile markets to more food insecure sites. 3d. Increase the number of stores in the Healthy Corner Store project that meet the NC Healthy Retail designation from 4 to 10. 3e. Work with County and City Economic Development, Historic West End, West Charlotte neighborhood partners, etc. on a strategy to bring a full service grocery store to the Public Health Priority Area. 3f. Explore potential for food pharmacies at County CRCs. 3g. Implement feasibility study of a farmers market/produce stands/Loaves and Fishes site at all County CRCs. 4. Partner with Healthy Charlotte on chronic disease prevention initiatives. 5. Partner with Food Policy Council and Loaves and Fishes to enhance distribution of fresh produce in addressing hunger for at-risk populations. 6. Increase access to SNAP/EBT by increasing SNAP venues. 6a. Develop inventory of farmers markets and other venues that accept SNAP/EBT. 6b. Increase the number of farmers markets that accept SNAP from 3 to 6. 6c. Partner with Cooperative Extension to conduct SNAP vendor education to increase the number of vendors. 6d. Develop inventory of corner stores, produce stands, and other non-traditional venues that accept SNAP. 6e. Develop an action plan for increasing the number of non-traditional venues that accept SNAP. 6f. Develop partnership with DSS, City of Charlotte, Cooperative Extension, CMS, WIC and other appropriate partners to develop an action plan to access and educate SNAP recipients. 6g. Explore potential to work with hospitals and clinics to identify and target SNAP recipients with messaging about the program. 6h. Increase the number of SNAP recipients who redeem benefits for fresh produce.
Performance Measure(s)	HLT2059 # of farmers markets accepting Supplemental Nutrition Assistance Program (SNAP)/Electronic Benefit Transfer (EBT) benefits
Strategy HLT.2.4.C - Improve the quality of the built environment to increase active living.	
Actions	FY20-FY22: 1. Partner with Charlotte Department of Transportation (CDOT), NC Department of Transportation (NCDOT), Charlotte-Mecklenburg Schools (CMS) and Park and Recreation's Meck Bikes Program to increase Safe Routes to Schools program, particularly in the high injury network. 2. Increase school participation in walk to school and bike to school day, with 50 schools participating at the end of FY22.

	3. Establish 3 bike playgrounds (bicycle/pedestrian streetscape course) in partnership with Park and Recreation by FY22. FY21: 1. Implement a School Safety Study that falls within the high injury network. FY22: 1. Conduct a Health Impact Assessment (HIA) with the Silver Line Light Rail Extension. ($8,000)
Performance Measure(s)	HLT2063 # of Safe Routes to Schools partnership schools located within a 1-mile radius of the High Injury Network map
Strategy HLT.2.4.D - Equip MCPH, faith-based organizations, community groups, small minority businesses and individuals to become effective partners in efforts to reduce risk factors for chronic disease and to improve hypertension control in high-risk populations.	
Actions	FY20: 1. Use the existing Village HeartB.E.A.T. (Building Education Accountabilities Together) infrastructure to increase the capacity of faith-based organizations (FBOs) to engage in evidence-based health education and promotion activities. Includes: 1a. Project Planning and Development: strengthen governance structure based on social justice and health equity mission drivers; utilize establishing agreements and Memoranda of Understanding to enhance partner role clarification in shared decision-making processes for project planning and health promotion priorities. 1b. VHB Health Improvement Public Awareness Campaigns: establish radio/print collaborations; enhance social media and VHB website. 1c. Office of Community Engagement: provide professional development opportunities for VHB staff; develop and/or purchase effective educational resources; develop VHB Toolkit. 1d. VHB Health Leadership Training Academy/16 Weeks Challenge: Academy will provide and coordinate training opportunities for FBO leaders in support of health ministry development, programming and capacity building. 1e. VHB Development Initiative: expand impact of VHB though inclusion of programs targeting pre-schools; piloting of diabetes self-management; men's health; establishment of fitness zones at FBOs and student internships. 1f. Community-Focused Policy, Systems and Environmental Change (PSE) Projects: VHB led installation of culturally appropriate sustainable designs for farmers markets, urban gardens, community exercise and healthy eating initiatives; partnership with Park and Rec to improve neighborhood parks. 1g. Technology, Participatory Research and Evaluation Activities: establish VHB archive to support dissemination; utilize technology to improve health monitoring, track referrals, assist in evaluation and enhance gamification of 16-week challenge. 1h. Work with faith-based community and partners to develop strategic plan focusing on program governance and model. 1i. Initiate mini-grants to FBO Hub Hypertension Sites to increase awareness and knowledge of prevention, detection, and management of hypertension (See Strategy 2.4.F). ($25,000) 2. Expand facility joint use agreements to enhance and engage to community-based health and wellness opportunities through cross-sector partnerships. ($10,000) 3. Advance VHB challenge by implementing technology application that can evaluate the VHB program, as well as track and dashboard participant data and public health stories for individual and organizational use. ($75,000) 4. Recruit and train Community Health Navigators from faith-based organizations in a health ministry certificate program to provide training on congregational health assessment/health promotion. ($20,000) (note: 2 navigators at $20/hour ~500 hours a year) 5. Coordinate opportunities with a multi-disciplinary team to connect PHPA populations to care (i.e. medical home, WIC, BCCCP, HIV/STI).

	6. Explore feasibility of implementing an onsite Faith-Based Chronic Disease (Diabetes) Self-Management Program within the PHPA (i.e. CDC or Stanford Model). 7. Plan and implement a pilot Senior Wellness Institute focusing on major issues facing seniors (i.e. injury prevention). ($2,500) 8. Establish pilot partnerships and trainings to help small minority businesses develop or expand a workplace health promotion programs in chronic disease to modify risky health behaviors and to access resources for prevention and management of chronic diseases. 9. Enhance the Thereasea Clark (TC) Elder Community Health Leadership Training Academy by expanding training offerings. 10. Enhance and expand Health Awareness Events in the Public Health Priority Areas (PHPA). ($5,000) FY21: 1. Use the existing Village HeartB.E.A.T. (Building Education Accountabilities Together) infrastructure to increase the capacity of faith-based organizations (FBOs) to engage in evidence-based health education and promotion activities. Includes: 1a. Work with faith-based community and partners to implement strategic plan focusing on program governance and model. 1b. Hire 1 FTE Health Program Coordinator/Supervisor to support program scalability and refinement. ($71,418) 1c. Based on strategic planning process, initiate asset mapping to gain an understanding of the strengths and resources at the community level within the PHPA. ($25,000) 1e. Enhance roles of the Community Health Navigators based on the strategic planning process. 2. Continue to expand facility joint use agreements to enhance and engage to community-based health and wellness opportunities through cross-sector partnerships. ($5,000) 3. Enhance the TC Elder Community Health Leadership Training Academy by expanding training offerings. 3a. Provide training and development for faith-based organization stakeholders on the process of joint use agreements and memorandums of understanding. 4. Evaluate and expand Senior Wellness Institute based on information and data gathered from pilot. 5. Based on the chronic disease self-management program exploration process, pilot evidence-based model in one faith-based organization. ($TBD) 6. Evaluate outcomes of connecting PHPA populations to care (i.e. medical home, WIC, BCCCP, HIV/STI). FY22: 1. Use the existing Village HeartB.E.A.T. (Building Education Accountabilities Together) infrastructure to increase the capacity of faith-based organizations (FBOs) to engage in evidence-based health education and promotion activities. Includes: 1a. Work with faith-based community and partners to implement strategic plan focusing on program governance and model. 1b. Evaluate resources and components of asset mapping process. 1c. Utilize findings from asset mapping process in carrying out strategic plan and communication to impacted populations to increase knowledge and awareness of community level resources. 2. Enhance the TC Elder Community Health Leadership Training Academy by expanding training offerings. 2a. Through a “train-the-trainer" model, build on training and development for faith-based organization stakeholders on the process of joint use agreements and memorandums of understanding. 3. Continue to evaluate outcomes of connecting PHPA populations to care (i.e. medical home, WIC, BCCCP, HIV/STI).

	Comments/Justification: Technology Application: Currently, the VHB program relies heavily on paper-based data collection which is neither convenient for participants nor efficient for program staff. Development of VHB mobile application/dashboards will equip program managers with the ability to track, analyze and create customizable reports while allowing program participants to actively monitor their health status and biometric results. The new VHB dashboard will not only improve VHB program outcomes but encourage the use of information and communication technology among some of the county's most vulnerable populations to bridge the digital divide. Asset Mapping: Sharing findings from the asset mapping process can empower community leaders/members to better advocate for needed programs/services to improve chronic disease outcomes and support healthier behavior practices within the area.	
Performance Measure(s)	HLT3062	% of Village HeartBEAT (Building Education Accountabilities Together) participants that have an improvement in at least 1 outcome
Strategy HLT.2.4.E - Support and participate in evidence-based injury prevention initiatives.		
Actions	FY20: 1. Collaborate with the Vision Zero Task Force to develop a community ambassador program to promote traffic safety. 2. Work with Vision Zero to conduct a School Safety Study. 3. Develop injury prevention education and training sessions around substance use, opioids, falls, etc. FY21: 1. In collaboration with Vision Zero, implement School Safety Study. 2. Implement evidenced-based communication strategies around injury prevention. FY22: 1. Develop a Safe Routes to School District Policy with the Charlotte-Mecklenburg School Board (see Strategy 2.4.C). 2. Implement evidenced-based communication strategies around injury prevention. FY20-FY22: 1. Conduct 15 walk-ability audits in partnership with the City of Charlotte and AARP by FY22. 2. Explore feasibility of harm reduction policies in clinics. 3. Participate on the Substance Use Task Force and collaborate in supporting goals. Justification/Comments: Injury is the leading cause of death for persons ages 1-44 in Mecklenburg County. It is the 3rd leading cause of death overall. Opioid deaths are technically considered injury deaths, but the previous statement has been true for ages (that is, that statistic in not conflated by the current opioid epidemic). Pedestrian fatalities are increasing in Charlotte with 2018 seeing a record high at 28. Of the 272 injury deaths in 2016, 156 were due to accidental poisoning, 99 were due to motor vehicle injuries, 51 were due to falls, 20 were due to suffocation and 14 were due to "other" causes.	
Performance Measure(s)	HLT2064	# of walkability audits conducted along High Injury Network in partnership with Vision Zero Charlotte

<table>
<tr><th colspan="2">Strategy HLT.2.4.F - Prevent chronic disease through effective screening services in MCPH programs.</th></tr>
<tr><td>Actions</td><td>FY20:
1. Continue the implementation of screening for diabetes as per Title X and the NC Family Planning Agreement Addendum requirements. The Department will assess the impact of the increased workload resulting from staff time spent on prevention education and linkage to care for those identified at risk or with disease.
2. Assure capacity to meet increasing demand for the Breast and Cervical Cancer Control Program (BCCCP) services including exploring all funding options with the state and the Komen Foundation. ($125,000)
3. Explore implementing the American Heart Association hypertension control program “Check, Change, Control” by providing education and placing blood pressure checking stations in the seven Village HeartB.E.A.T. hub churches for use by congregants and community members.

FY21:
1. Continue screening for diabetes in Family Planning Clinics and providing needed education and linkages to care.
2. Continue meeting demand for BCCCP services to low-income, uninsured and underinsured women, ages 40-64 (breast cancer screening) and ages 21-64 (cervical cancer screening).
3. Implement “Check, Change, Control."
4. Hire 1 FTE Senior Nurse to manage enhanced screening requirements. ($66,635)
5. Hire 1 FTE Medical Assistant to assist with increased clinical screening requirements (i.e. cardiovascular and diabetes). ($32,850)

FY22:
1. Continue screening for diabetes in Family Planning Clinics and providing needed education and linkages to care.
2. If assessment shows continued demand, expand the BCCCP program by adding one senior nurse to manage increased workload.
3. Assess “Check, Change, Control” and dependent on findings, expand number of checking stations.

Justification/Comments:
By the end of Dec 2018, all FY19 state supported slots for BCCCP clients will have been used, clearly demonstrating an unmet need. As noted above, Title X has instituted a requirement to screen patients for diabetes. An estimated 8% of Mecklenburg County residents have been diagnosed with diabetes; another 4% are estimated to have this condition but have not been diagnosed. Adults who make less than $50,000 year are two times more likely to report diabetes than those who make $50,000 or more per year.</td></tr>
<tr><td>Performance Measure(s)</td><td>HLT2043 % of Title X clients with an A1C of 5.7 referred to a primary care provider</td></tr>
</table>

Goal HLT.2 - Promote long and healthy lives for all by decreasing premature death and disability with attention to underserved populations and health equity.	
Objective HLT.2.5 - Ensure culturally competent services are available and accessible	
Strategy HLT.2.5.A - Implement best practices around cultural competence for all services.	
Actions	FY20-FY22: 1. Assess training needs on an ongoing basis, including training for Race Matters for Juvenile Justice, County Racial Equity Training, Implicit Bias Training, LGBTQ+ Sensitivity Training, Cross-cultural Training in order to work effectively with our growing, diverse communities. 2. Create a department team that works to assure cultural competence and sensitivity by all MCPH staff. 3. Work with County to ensure all staff receive Racial Equity Training. 4. Continue to offer Race Matters for Juvenile Justice Training opportunities. ($13,750) 5. Provide international cultural competency training to staff who work with diverse populations. 6. Ensure services are LGBTQ+ friendly, including by continuing to implement up-to-date clinical guidelines. 7. Evaluate interpreter services across the department and implement technology solutions (e.g. Stratus) to replace language call line. 8. Engage Middle Managers around department cultural competence expectations. FY21: 1. Continue to include cultural competence in every staff member's work plan. 2. Assess training needs on an ongoing basis and implement as needed.
Performance Measure(s)	HLT2046 Department score on validated cultural competence assessment
Strategy HLT.2.5.B - Provide convenient locations and accessible hours of operation.	
Actions	FY20-FY22: 1. Ongoing assessment of data and community needs. 2. Explore expanded hours and locations to improve access to services, e.g. Clinics, WIC, Community HIV/STI Testing. FY21: 1. Implement non-traditional hours for HIV/STI testing (Goal 1.2.A). 2. Continue to participate in planning for future CRC development.
Performance Measure(s)	HLT2047 % of clients receiving services at non-traditional or offsite locations and/or during extended hours
Strategy HLT.2.5.C - Build a bridge between MCPH and communities to reflect Mecklenburg County's changing population.	
Actions	FY20: 1. Create innovative and synergistic partnerships with emerging groups and leaders. (See HLT4.3.1)

	FY21: 1. Hire 1 FTE Community Liaison for outreach to non-English speaking communities to increase receptivity to public health messages and initiatives. FY22: 1. Research best practices and conduct focus groups on how MCPH can improve access and services for non-English speaking communities. Justification/Comments: In 1990, Mecklenburg County had a foreign-born population of 16,000 or 4% of the County population. In 2017, Mecklenburg County had 154,828 foreign-born residents (15% of the population). Of these immigrants, 42% live below 200% of the poverty level, and access to healthcare remains a challenge. In a recent 2014 survey of Mecklenburg County foreign-born adults conducted by the UNC Charlotte Urban Institute on behalf of the Charlotte Immigration Integration Task Force, 40% of Charlotte immigrants disagreed with the statement, "I have affordable, quality healthcare available to me." Only 18% of respondents in this survey indicated that they received regular preventive care.
Performance Measure(s)	HLT2048 Develop at least one Memorandum of Understanding (MOU) a year establishing a partnership with organizations/entities representing non-English speaking or immigrant communities

Goal HLT.3 - Partner to build a culture of health and wellness in Mecklenburg County through innovative community collaborations.

Objective HLT.3.1 - Create a vision for the future of public health in Mecklenburg County

Strategy HLT.3.1.A - Develop awareness and understanding of Public Health 3.0 (Public Health 3.0 involves the engagement of multiple sectors and community partners to generate collective impact; the goal is to improve social determinants of health.).	
Actions	FY20-22: 1. Utilize local, state and national resources to develop broad understanding of Public Health role in 21st Century as Community Health Strategist, leading, facilitating, or contributing to community efforts to address social determinants of health. 2. Strengthen cross-sector collaborations with public and private sectors to focus on leading causes of illness and death. 3. Enhance capacity to collect and compile timely, granular level data to guide, focus and assess the impact of prevention initiatives. 4. Train staff on Public Health 3.0. 5. Create and implement a communication plan for the community around Public Health 3.0. FY20: 1. Research and implement (as feasible) Public Health 3.0 best practices developed by the CDC, Association of State and Territorial Health Directors (ASTHO), National Association of County and City Health Officials (NACCHO) and others. 2. Establish and continue information-sharing relationships with communities who are successfully implementing Public Health 3.0 (e.g. Big Cities Health Coalition). 3. Implement blended learning (MeckEDU, Lunch & Learn) approaches to raise staff awareness of key elements of Public Health 3.0, changing roles and new opportunities. 4. Utilize CDC, ASTHO, NACCHO and other resources to identify core competencies needed for successful implementation of Public Health 3.0 and successful strategies for staff development. FY21: 1. Continue to research and implement (as feasible) Public Health 3.0 best practices developed by the CDC, Association of State and Territorial Health Directors (ASTHO), National Association of County and City Health Officials (NACCHO) and others. 2. Establish and continue information-sharing relationships with communities who are successfully implementing Public Health 3.0 (e.g. Big Cities Health Coalition). 3. Make available development opportunities for Public Health leaders and staff to deepen understanding of Public Health 3.0. 4. Develop and implement communication plan to inform stakeholders, cross-sector partners and community about Public Health 3.0 goals, objectives and strategies. 5. Identify cross-sector strategies for partners to effectively and efficiently collaborate with Public Health in addressing social determinants of health. 6. Hire 1 FTE Senior Q&T Specialist to provide additional staff training around Public Health 3.0, Service Essentials and best practices (Goal 4.2). ($61,426) FY22: 1. Initiate implementation of innovative structures – founded in best practices, cross-sector input and community feedback – to sustain a long-term roadmap for creating health equity and resilience in Mecklenburg County. 2. Enhance capacity to collect and compile timely, granular level data to guide, focus and assess the impact of prevention initiatives. (Hire 1 FTE Epidemiology Specialist $62,439) 3. Ongoing training of staff in Public Health 3.0.

	4. Continued implementation of communication plan to deepen community understanding of principles of Public Health 3.0. 5. Pilot implementation of cross-sector strategy to implement Public Health 3.0 approach to social determinant of health.
Performance Measure(s)	HLT1003 Employee Development Index HLT2049 Begin Implementation of Public Health 3.0 demonstration project
Strategy HLT.3.1.B - Engage in a public health visioning process with the community and MCPH staff.	
Actions	FY20-FY22: 1. Identify evidence-based, effective strategy for community engagement in Public Health visioning process. 2. Implement visioning process with robust participation that is inclusive of diversity of community. 3. Utilize community input in developing and optimizing strategies for achieving Public Health 3.0. FY20: 1. Utilize CDC, ASTHO, NACCHO and other resources to identify effective strategies for community engagement in visioning process. 2. Inventory results of other visioning processes linked to community initiatives. 3. Conduct series of community meetings to develop 5-10-year vision for Public Health in Mecklenburg County. 4. In partnership with County Leadership, develop a vision statement and common values based on results of sessions. FY21-22: 1. Using existing data, community input, County leadership input, and results from the Community Health Assessment, develop strategies for alignment of Public Health services, structure and partnerships to address identified needs with Public Health 3.0 approaches.
Performance Measure(s)	HLT2050 PH Vision Statement and White Paper by FY21
Strategy HLT.3.1.C - Create a consistent approach for working with traditional and non-traditional partners to address social determinants of health and other relevant public health issues	
Actions	FY20-FY22: 1. Utilize CDC's principles of community engagement (e.g. collective self-determination, recognizing and respecting diversity, mobilizing community resources, developing capacity, releasing control as appropriate) to develop a community engagement plan and prioritize initiatives (See HLT.4.2.B). FY20: 1. Utilize evidence-based best practices to define community engagement for the Department as a first step in assuring consistent interaction with community and community partners. 2. Create guidelines for creation of community engagement opportunities. 3. Identify skills needed to implement. 4. Create training plan for those engaged in the community. 5. Develop plan for FY 2021 that addresses Department and County priorities requiring community engagement.

	FY21: 1. Determine staffing needs to address the plan and assign appropriate resources. 2. Implement training. 3. Develop and implement evaluation plan and incorporate adjustments as needed. 4. Implement plan. 5. Develop plan for FY22 that addresses Department and County priorities requiring community engagement. FY22: 1. Determine staffing needs to address the plan and assign appropriate resources. 2. Continue training of staff as needed. 3. Implement evaluation and incorporate adjustments as needed. 4. Implement plan. 5. Develop plan for FY 2022 that addresses Department and County priorities requiring community engagement.
Performance Measure(s)	HLT2051 Develop Community Engagement Plan
Comment	(traditional partners include healthcare providers, Departments of Social Services and Community Support Services; Federally Qualified Health Centers, etc. Non-traditional partners include providers of housing, food, transportation, interpersonal safety and others addressing social determinants of health)

Goal HLT.4 - Provide exceptional services through highly engaged employees.

Objective HLT.4.1 - Engage staff to build a culture of quality

Strategy HLT.4.1.A - Provide the technology and staffing necessary to cultivate a culture of quality according to best practices for local health departments.	
Actions	FY20: 1. Assess technology capacity of each program to automate program outcomes measurements. 2. Link programs to the technology resources needed to automate all outcome measurements. 3. Establish a mechanism in which programs have access to real time outcome dashboards to monitor and evaluate performance. 3a. Establish business intelligence system (Tableau or Power BI) for dynamic reporting, data visualization dashboards, and quality improvement projects. ($24,720) 3b. Establish TrackVia system as a platform to store public health data, automate key workflows, and serve as linkage to business intelligence software (Tableau). ($30,000) 3c. Obtain data warehouse/interface upgrades for current system through Azure SQL subscription to ensure public health can leverage data to improve operational outcomes. (Assumes MCPH can utilize the existing platform for HHS integration. If MCPH purchase our own subscription, the cost is $281,000 annually.) 3d. Initiate process to obtain a new electronic health record system. 3e. Purchase time study equipment to measure process times for organization workflows and mass clinic events. ($2,000 (one-time cost)) 4. Hire 2 Management Analysts to the Public Health Informatics Team to ensure targeted programs have access to an analyst position to maintain performance management efforts and report program performance to leadership as an effort to employ a data-driven decision-making approach. 5. Hire 1 Quality Assurance Nurse to equip Clinical Services to maintain quality assurance infrastructure. FY21: 1. Hire 1 Management Analyst to the Public Health Informatics Team to prepare MCPH programs for transition to managed care. 2. Hire 1 Quality Assurance Nurse to equip Clinical Services with quality-focused nursing positions to maintain quality assurance infrastructure. 3. Hire 1 Administrative Assistant III to support occupational health compliance. FY22: 1. Evaluate interoperability of public health systems. 2. Advocate for standardization and continuous improvement of state-mandated health information systems. Comments/Justification: According to the Public Health Foundation and the NC Local Health Department Accreditation body, data-driven decision making is a core competency for public health organizations. Gaps have been identified in our organization in which a) data is fragmented in different systems and cannot be analyzed in a holistic manner and b) we do not possess enough analyst positions to provide all supervisors, managers, and other executive leaders with the data needed to make sound strategic decisions. In an effort to model our department after other Mecklenburg County Departments like Social Services, MCPH must create analyst positions to bridge this gap. The investments in technological capabilities and data analytics staff noted above will allow MCPH to improve outcomes.
Performance Measure(s)	HLT2052 # of Public Health data dashboards published

Strategy HLT.4.1.B - Provide opportunities for comprehensive training in quality improvement and assurance.	
Actions	FY20: 1. Implement a quality governance structure. 2. Allocate funding for targeted programs to obtain quality-related training within their program's expertise with priority given to programs affected by Medicaid reform. 3. Construct internal training opportunities and awareness campaign. ($20,000) FY21: 1. Allocate funding for quality-related training within their program's expertise. 2. Hold a Quality Fair to provide all programs with the opportunity to showcase quality improvement projects and activities. ($7,000) FY22: 1. Allocate funding for quality-related training within their program's expertise. 2. Expand Quality Fair event. Comments/Justification: MCPH uses the National Association of County & City Health Officials' (NACCHO) "Roadmap to a Culture of Quality Improvement" (Roadmap) as a best practice model for implementing a quality culture. One of the Roadmap's core recommendations is establishing a Quality Improvement (QI) infrastructure governed by a committee with organization-wide representation. This group is responsible for overseeing implementation of the agency's Quality Improvement Plan, as well as monitoring program performance. Another core requirement for implementation of NACCHO's Roadmap is ensuring staff at all levels are empowered with the knowledge, skills, and abilities needed to pursue quality work and activities. Training is intended to cultivate QI champions across the organization.
Performance Measure(s)	HLT2053 % of employees with increased knowledge of Quality Improvement/Quality Assurance (QI/QA) Methods
Strategy HLT.4.1.C - Enhance existing customer-centered approach.	
Actions	FY20: 1. Provide opportunity for real-time feedback from all customers on office-based services via touchscreen kiosks to measure satisfaction and experience (budget needed for iPads, kiosks, and survey software). ($8,400 for 6 iPads and kiosks, $7,500 for HIPAA-compliant survey software) 2. Automate customer satisfaction survey process for field-based programs. FY21: 1. Create opportunities for clients to become involved in focus groups and/or ad hoc advisory groups as programs pursue processes changes using the PDSA model. ($10,000) FY22: 1. Maintain opportunities for client involvement in operational changes. Justification/Comments: Current literature on organizational quality, as well as all major quality associations across the globe, assert customer satisfaction is the primary driver of success. MCPH exists to meet the community's need for public health services, thereby we must ensure their input is incorporated into our quality efforts. Creating a culture and system in which customer feedback helps drive decision-making on all levels will require investment into ways to

	obtain meaningful feedback from those we serve.
Performance Measure(s)	HLT1001 Customer Satisfaction Rating

Goal HLT.4 - Provide exceptional services through highly engaged employees.	
Objective HLT.4.2 - Enable staff to become the voice of Public Health in the community.	
Strategy HLT.4.2.A - Create a clear voice of public health in the community through consistent messaging.	
Actions	FY20: 1. Develop messaging platform for public health priorities, “who we are” and “what we do," to be used by all MCPH staff. 2. Reassess and redefine Public Health Ambassador program, including eligibility criteria to participate. 3. Assign leadership/management for the Program. 4. Develop training program for Ambassadors. 5. Create and/or collect materials for events. 6. Recruit staff from across the Department who are interested and meet eligibility criteria. FY21: 1. Identify opportunities for supporting efforts in the community with public health and Department services messaging (e.g. health fairs, community events, Pride Parade, etc.). 2. Assign Ambassadors as staffing allows. 3. Evaluate effectiveness and appropriateness of participation in the community. FY22: 1. Identify opportunities for supporting efforts in the community with public health and Department services messaging (e.g. health fairs, community events, Pride Parade, etc.). 2. Assign Ambassadors as staffing allows. 3. Evaluate effectiveness and appropriateness of participation in the community.
Performance Measure(s)	HLT1002 Employee Motivation & Satisfaction Index HLT2054 % responses to question on Annual Survey reflecting messaging from public health media campaigns

Goal HLT.4 - Provide exceptional services through highly engaged employees.

Objective HLT.4.3 - Operationalize "When we serve each other well, we will better serve our community"

Strategy HLT.4.3.A - Create a staff recognition program.	
Actions	FY20: 1. Research best practices in employee engagement and employee recognition. 2. Promote use of a staff recognition feedback system that staff can use to highlight the good work of a colleague. Highlight staff achievements and examples of outstanding customer service in Health Buzz and encourage departments to display recognition awards/achievements. FY21-FY22: 1. Implement an employee reward program involving a formal process where staff who display our Universal Service Standards can be nominated and receive a tangible award. 2. Share the names of all employees who received recognition in Health Buzz and at MCPH employee end of year event. Justification/Comments Employee recognition is important to promote positive behaviors that support MCPH achieving its mission, vision and values. An employee recognition program assists in creating a culture of mutual respect and patient/customer centered service. Longer term, a well-designed employee recognition programs improves productivity and quality.
Strategy HLT.4.3.B - Implement accountability and sustainability of service essentials.	
Actions	FY20: 1. Incorporate the service essentials into New Hire Orientation sessions. FY21: 1. Add service essentials to employee work plans/merge with existing language on work plans. FY22: 1. Offer training/coaching/mentoring for staff who have been identified by their manager as needing improvement in a domain of service essentials. Comments/Justification: “Service Essentials” captures some of Public Health’s ongoing efforts at creating an internal culture rooted in our adopted Universal Standards of Service (Trust, Accountability, Respect, Communication, Teamwork, Professionalism) that will enhance customer service for all our clients.
Strategy HLT.4.3.C - Create and implement departmental internal communication plan and external public health marketing plan.	
Actions	FY20: 1. Hire a communication specialist who will be the point of contact to disseminate all relevant internal department information, as well as assist in developing media campaigns. ($67,318) 2. Equip main sites with videoconferencing capability/use available technology to offer videoconferencing options. ($45,000)

	FY20-FY22: 1. Develop a MeckEdu module reviewing the organizational chart and highlighting the work of each program, so that employees have a broad understanding of all MCPH services. Justification/Comments: External consultants (the Moran Group), employee feedback in internal surveys and focus groups in 2018 have highlighted that MCPH needs to improve internal communication. Effective communication is necessary to build trust, engage employees and improve productivity. Employees have also highlighted a desire to know more about other programs within MCPH. As is true with many organizations, employees know their own programs and/or functions well but may not be sufficiently aware of other programs/services. Such awareness is also necessary for employees to effectively act as the "voice of public health," and to participate in referrals. Video-conferencing technology is desired because supervisors, managers, and leadership have identified that they experience a significant loss of productivity driving between various MCPH locations for meetings. While desktop video-conferencing (Skype for Business) is a solution for meetings with small numbers, it does not work as well for meetings with larger numbers of attendees. MCPH proposes linking the multipurpose rooms between MCPH on Billingsley Rd. and MCHD on Beatties Ford to facilitate communication and collaboration between the two main locations.
Performance Measure(s)	HLT1036 % staff responding favorably to “My Department Director clearly communicates what is going on in my Department” question on Employee Climate Survey

Goal HLT.4 - Provide exceptional services through highly engaged employees.	
Objective HLT.4.4 - Build capacity to develop and maintain a high-performing culture supporting best practices and service integration	
Strategy HLT.4.4.A - Create redundancy in leadership and plan for leadership succession	
Actions	FY20-22: 1. Hire a Deputy Health Director to be the second-in-command. (FY20) 2. Delegate to the Deputy Health Director the following: management of the Office of Innovation and Strategy, as well as oversight of communications/marketing, the service essentials initiative, service integration efforts, outcome-driven decision-making, and other ongoing transformation efforts.