

2023-2025 STRATEGIC PLAN

Wauwatosa Health Department

healthy
equity
inclusive
community
partnership
well-being
services
teamwork
quality
go-to
advocate

TABLE OF CONTENTS

<u>Section</u>	<u>Page</u>
Background	2
Process	4
Stakeholders Interviewed	5
Summary of Key Trends	6
Goals and Objectives	8
Appendices	12

Background

The Wauwatosa Health Department has a strong commitment to meet the health and wellness needs of the City of Wauwatosa, and regularly develops a Strategic Plan to guide its actions. The 2018-2022 plan focused on continuous quality improvement, workforce development, communication, environmental health, and advocacy. Many portions of the plan were completed, but in March of 2020 the Covid-19 Pandemic became a major force in the daily work of the Department. The public health emergency created by the pandemic required an “all hands on deck” approach, putting aside some of the activities laid out in the strategic plan. More importantly, the Department was credited with helping Wauwatosa navigate a difficult period of the pandemic as it pivoted to provide vital services and education.

In preparation for its next strategic plan, the Department reviewed its progress and challenges in implementing the 2018-2022 Strategic Plan. It examined the recently completed City of Wauwatosa Statement on Equity and Inclusion, as well as the City’s Strategic Plan. The Department also made revisions to its Mission, Vision and Core Values Statements, resulting in the following.

Mission

Protecting and improving the health, safety, and well-being of the community through advocacy, education, quality services, innovation and partnership.

Vision

A healthy, safe, equitable Wauwatosa

Core Values

Advocacy: We use evidence-based science, research, and best-practices, to provide reliable community education to promote the health and well-being of all community members. We provide a trusted voice around matters of systemic injustice, and around the need for the creation of an equitable community in which all may achieve their best health.

Collaboration: We are committed to creating and sustaining strategic and intentional partnerships with residents, government entities, other city departments, non-profits, local businesses, and more. We provide leadership to connect individuals and groups towards working together for a healthier community.

Equity: We acknowledge historic and current injustices, conduct ourselves with compassion, and recognize the dignity and worth of all members of the community. We work in partnership to advance an inclusive and forward-thinking community.

Integrity: We are open and honest in our practices, committed to transparency, and share current and up to date information in an accurate and timely manner. We adapt to dynamic and evolving situations with openness and transparency.

Service: We provide high quality, personalized customer service in an accessible manner. We display compassion and understanding to all individuals, partners and members of the community.

After this preliminary work, Consultants Sue Kelley, MSW and Tom Hlavacek, MS were retained to help prepare the next three-year plan. With the near completion of Wauwatosa's Community Health Improvement Plan, the 2023-2025 strategic plan focuses on increasing the organizational capacity of the Wauwatosa Health Department. The planning process was developed in consultation with a Steering Committee composed of Chief Health Officer Laura Stephens, MPH; Public Health Strategist Carmen Pangilinan, MSW; Public Health Strategist Kari Allison; and Board of Health Member Jenni Cicero, MSW.

One of the issues discussed by the Steering Committee was how to address health equity, defined by the federal Centers for Disease Control and Prevention as "the state in which everyone has a fair and just opportunity to attain their highest level of health." The question was whether to treat health equity as a separate component of the plan, or whether to view each component of the plan through an equity lens. The Consultants worked to integrate equity into their interviews, information-gathering tasks, and staff planning meetings, and it has become a central and integrated part of the plan.

Process

The Wauwatosa Health Department has committed to adopting the CDC’s “Public Health 3.0” as its fundamental framework (refer to Appendix A for more information). The former framework, Public Health 2.0 was focused on access to health care. Public Health 3.0 is focused on the opportunity (or lack of) to live a healthy life. This requires a shift from the more traditional set of clinical services provided by health departments in the past to a focus on community wide prevention and health disparities. Under this framework, public health departments take on the role of “Chief Health Strategist” in a community, working in structured cross-sector partnerships to provide a more holistic approach to health.

With this framework in mind, the Consultants conducted a number of key stakeholder interviews. A core set of questions was developed to obtain feedback about the Department and its transition to Public Health 3.0 (Appendix B).

The Consultants identified additional sources of survey questions and programmatic areas related to health equity. Two sources that were particularly helpful:

1. *Local Health Department Organizational Self-Assessment for Addressing Health Inequities*
-Bay Area Regional Health Inequities WWW.BARHII.ORG
2. *Health Equity Toolkit*
-Created in 2020 by Public Health Interns with the Joseph J. Zilber School of Public Health, University of Wisconsin-Milwaukee on behalf of the Greenfield and Wauwatosa Health Departments, this toolkit serves as a resource to advance health equity within organizations and communities.

The Consultants also examined other local resources such as the *Kenosha County Health Equity 2022* report published by Kenosha County Public Health and national guides such as *Developing a Local Health Department Strategic Plan: A How-To Guide* by the National Association of County and City Health Officials (NACCHO).

Stakeholder Interviews

With the help of the Steering Committee, the following interviews were conducted between October of 2022 and January of 2023.

Wauwatosa Health Department Organizational Capacity Plan Stakeholder Input		
<i>Category</i>	<i>Individuals/Groups</i>	<i>Method/Tool</i>
Staff	18 people	Survey
Board of Health	6 people	Focus group
City of Wauwatosa Staff	1. Jim Archambo - City Administrator 2. Luke Vetter - Police Captain 3. Jim Case - Fire Chief 4. Beth Mbow - Human Relations	Individual interviews
Tosa Partner Groups	School District Wauwatosa Senior Commission Commission for Persons with Disabilities Neighborhood Association Council Tosa Together Accessibility Coalition Age-Friendly Steering Committee Equity & Inclusion Commission	Focus group
External Partner Groups	MKE County Substance Use Coalition (RISE) WI Coalition to End Isolation & Loneliness *MKE County Falls Prevention Coalition	Focus group

Summary of Key Trends

The following Summary was developed as a result of feedback obtained from the interviews and the staff survey.

SIGNIFICANT CHANGES

Note significant changes for the agency and community since the last round of data collection and assessment.

- Covid-19
- Growth in staff to include social workers
- ARPA funding
- Citywide focus on equity and inclusion
- Turnover in elected officials
- Significant increase in issues related to mental health and substance abuse
- Social polarization
- New administrative leadership
- Loss of historical knowledge via retirements

ACCOMPLISHMENTS

Identify the agency's accomplishments in the last assessment and planning cycle; consider the community health improvement plan, QI plan, and previous strategic plan.

- Delivery of quality education and services during the height of the Covid-19 pandemic
- Completing the CHA and near completion of the CHIP
- Increase in communication via social media platforms
- AARP Age-Friendly Community designation
- Additional work being done in Environmental Health
- Started new Community Health division

STRENGTHS

List three to five major organizational strengths.

Note: overall, there was a high level of regard for the Department by key leaders and partners in Wauwatosa across the board

- Collaborative
- Open to new ideas/new ways of doing things
- Proactive
- A go-to resource
- "They try to engage lots of different people in the conversation about what they should be doing."
- Focus on quality programming

WEAKNESSES

List three to five major organizational weaknesses.

- Could be better self-advocates, especially with the Common Council
- Could involve more WHD staff in partnerships that address the social determinants of health
- Low level of community awareness about what the WHD does
- Some Board of Health members feeling “out of the loop”

OPPORTUNITIES

Identify the organization’s opportunities.

- Demonstrating effective partnerships with Fire Department, Police Department, School District with data
- Working with people experiencing health inequity to navigate systems
- Making an impact on mental health
- Continuing to participate and form partnerships as part of a move toward Public Health 3.0, developing more “in common coalitions” to address problems
- Making better use of the Board of Health
- Working with the School District to call attention to the needs of non-resident students, especially in gaining access to care, looking at mental health issues of girls per the YRBS data
- Working with the Fire Department to address falls among seniors
- Further developing awareness of issues through the Age-Friendly initiative
- “For us to be seen more” (need communication strategy)

THREATS

Identify external trends, events, or factors that might affect the agency.

- A general mistrust of public entities
- Covid information fatigue
- Decline in childhood immunization rates
- End of ARPA funding
- Future pandemics
- Lack of mental health service providers
- Lack of access to/ability to navigate affordable healthcare
- Covid-19 Public Health Emergency ending in May
- Sustainability of/uncertainty about State and Federal funding

The entire staff of the Wauwatosa Health Department met with the Consultants over three sessions to review and add to the data, discuss priorities, and draft Goals & Objectives. An Organizational Capacity Building framework was used to guide the discussion, focusing on four areas: financial management; community connections; data, programming and services; board and administration. (The Framework can be found in Appendix C)

WAUWATOSA HEALTH DEPARTMENT
ORGANIZATIONAL CAPACITY PLAN 2023-2025

Goals & Objectives

Financial Management

Goal 1: Maintain and expand existing budget capacity

Objectives:

1. Maintain current City-funded staff positions and seek additional City funding for staff positions funded through the American Rescue Plan Act, *by 12/31/24.*
2. Explore feasibility of changes to City policy that would allow WHD to collect additional revenue from new sources (including licensing fees for businesses such as tattoo parlors, vacation rentals, etc.), and prepare a policy brief *by 9/1/23.*
3. Develop advocacy strategies to secure continued funding from the State, *by 12/31/24.*
4. Seek new opportunities for State funding. *Ongoing*
5. Identify at least two new potential sources of private sector funding for which WHD or a partner organization would be eligible, *by 12/31/23.*
6. Submit at least one application for private sector funding, *by 12/31/24.*

Community Connections

Goal 2.1: Strengthen and expand upon existing partnerships

Objectives:

1. Create an inventory of current partnerships and their value to WHD *by 12/31/23.*
2. Conduct regular “check ins” with designated contacts for governmental partners. *Ongoing*
 - Ensure contact list is current
 - Determine best platforms to send updates
 - Seek/create informal opportunities to develop relationships, e.g., potato bar event
3. Create opportunities to strengthen partnerships with current non-governmental organizations, (e.g., recognition events, legislative breakfasts, Open House, etc.), *by 12/31/2025.*

Goal 2.2: Take operational steps to internally address our ability to do the work of community connections

Objectives:

1. Using an external trainer, hold at least 1 training session for identifying staff biases *by 12/31/23*.
2. Identify and implement the use of a tool to help determine progress in addressing staff biases *by 12/31/23*.
3. Seek additional opportunities for external training opportunities regarding biases, equity, and related topics. Develop opportunities to share knowledge with staff and with existing partners. *Ongoing*

Data, Programming, and Services

Goal 3.1: Increase our understanding of health disparities in Wauwatosa to prioritize and provide focus to our efforts

Objectives:

1. Select two issues for which to examine data re: existing capacity in the City and the need for WHD to develop additional capacity and/or form new partnerships, *by 12/31/24*.
2. Create a map (consider using GIS) or another graphic to depict health incident reports re: one specific problem, (e.g., STIs, opioid overdoses, suicides, etc.), *by 12/31/24*.
3. Develop a system for Electronic Health Record data management for implementation, *by 12/31/24*.
4. Develop and maintain a dashboard with data related to specific health issues in the community, *by 12/31/25*.

Goal 3.2: Increase the community's understanding of all that WHD does

Objectives:

1. Develop a strategic communications plan, *by 12/31/23*, incorporating
 - Qualitative (real people stories) as well as quantitative data
 - Information dissemination strategies for both non-Internet and social media users
 - Training for staff in the use of social media for marketing purposes
 - A graphic description of what WHD does for a community audience
 - A mechanism for providing updates to the Board of Health
 - A mechanism for providing updates to partners such as the Fire and Police Departments
2. Ensure that all current and future WHD communications avoid public health jargon, are culturally appropriate and are accessible to people with disabilities, non-English speakers, and people who do not use the internet. *Ongoing*

Goal 3.3: Evaluate the effectiveness of our programs and services

Objectives:

1. Choose 1-2 programs and services that rely on time-limited funding for evaluation, and determine the scope of the evaluation *by 6/30/23*.
2. Consult with other Health Departments re: program evaluation best practices *by 9/30/23*.
3. Select measures, outcomes to be evaluated *by 9/30/23*.
4. Conduct evaluation and determine whether to revise and/or expand the process to evaluate additional programs *by 12/31/23*.
5. Use evaluation results to guide program decisions, *by 6/30/24*.

Board of Health and Administration

Goal 4.1: Strengthen the relationship with our Board of Health

Objectives:

1. Provide regular WHD updates via communications plan strategies. Include opportunities for advocacy activities and volunteer activities, *beginning 1/1/24*.
2. Seek Board input on meeting structure *by 5/31/23*.
3. Invite a staff member to each meeting to share program information *by 5/31/23*.
4. Invite Board members to join staff in the training(s) to address biases. *Date tbd*.
5. Create an orientation packet/process for new Board members, with an invitation to spend a “day at the Health Department”, *by 12/31/24*.

Goal 4.2: Develop a plan for WHD advocacy

Objectives:

1. Provide orientation to staff re: advocacy, *by 12/31/23*.
2. Develop list of potential advocacy priority issues based upon internal capacity, *by 3/31/24*.
3. Continue to attend City Commission meetings to provide WHD updates and to explore common issues. *Ongoing*
4. Keep abreast of possible advocacy issues by following WPHA website and platform. *Ongoing*

Goal 4.3: Explore alternative ways to address staff capacity gaps

Objectives:

1. Create additional opportunities for staff to share information with each other about their work, (e.g., shadowing, attending meetings of other departments, seeking opportunities for collaboration, etc.), *Ongoing*
2. Identify potential projects that could be performed by supplemental staff and explore possible mechanisms to add staff via
 - Paid internships;

- Academic interns (non-paid);
- Fellowships, e.g., CDC, FDA;
- Shared positions with other City departments;
- Shared positions with other Health Departments, *by 12/31/25*.

APPENDIX A

Public Health 3.0 Overview

Public Health 2.0: universal access to healthcare.

Public Health 3.0: universal access to health

Main Components:

1. Chief Health Strategist

- *Driver of local health transformation*
- *Illuminator of health disparities*
- *Advocate for social justice*
- *Partner with non-health sectors working for a culture of health*
- *Agent of policy change with electeds*
- *Identifier of evidence-based strategies for local priorities*
- *Assessor of health services access*

2. Structured, cross-sector partnerships

- *Community organizations and other HDs*
- *Shared “roadmap” for creating health, equity, and resilience*
- *Shared and coordinated duties*
- *Possible shared or “braided” funding sources*

3. Accreditation

4. Data and Metrics

- *Be the source for local, accessible, actionable data on health issues*
- *including social determinants of health*
- *Be the source for clear metrics to guide, focus and assess*
- *prevention initiatives undertaken by the community*

5. Funding

- *Programmatic funding with strings vs. flexible funding*
- *Highlights the need for strong relationships with other HDs and the*
- *State HD*
- *Non-governmental funding sources*

Working Definitions

- *Health Equity: Everyone has the same opportunity to live a healthy life.*
- *Social Determinants of Health: the conditions in which people are born, live, work and age. Include factors such as education, transportation, safe environments, housing, access to healthy food, and economic development, among others.*
- *Health Inequity: When social determinants negatively influence the opportunity to live a healthy life.*
- *Health disparity: The outcome of health inequity, such as higher rates of disease in certain groups.*
- *Outcomes vs. Causes of Inequity: Outcomes are health disparities that can be targeted for improvements in care, access, treatment, and organizing of resources. Causes are large-scale societal issues of racism, sexism, and other forms of oppression.*

APPENDIX B

Core Questions for *Stakeholders

- What do you think of when you hear “Wauwatosa Health Department”?
- How would you describe the main activities of the Health Department? Are there other activities they should be doing?
- How would you describe the Health Department in terms of being a supportive partner to you on community health initiatives? a leader?
- What has been positive about the collaboration between the Wauwatosa Health Department and your organization? What’s been challenging?
- What do you think should change about the way the Health Department collaborates with organizations like yours?
- Do you see opportunities for the health Department to collaborate or partner on additional community initiatives?
- From your perspective, what are the top 3 health issues in Wauwatosa? Are there specific health issues affecting some residents more than others?
- What would you describe as the leading environmental, social, and economic conditions that impact these health issues?
- Do you see the Health Department as an active player in removing/alleviating social barriers that contribute to negative health outcomes?

**a lengthier survey was completed by staff*

APPENDIX C

ORGANIZATIONAL CAPACITY BUILDING: A FRAMEWORK

(adapted from Effective Communities LLC, August 19, 2019 and Public Health 3.0, Centers for Disease Control)

AREA 1: FINANCIAL MANAGEMENT (WHD Core Value: Integrity)

- 1) *Annual budgets that sufficiently support current operations*
- 2) *Longer term financial projections that anticipate and plan for potential funding issues*
- 3) *Financial growth and management strategy aimed at expanding current funding sources and identifying new sources while adding flexibility in funding use*

AREA 2: COMMUNITY CONNECTIONS (WHD Core Values: Collaborations, Advocacy, Equity)

- 4) *Community linkages: Strengthened relationships between the organization and significant segments of the community, including non-health sectors.*
- 5) *Leadership skills: Expertise in the variety of roles that the organization can play, especially with allies, in advancing the causes suggested by its mission. Serving as an advocate for social justice, an agent of policy change with electeds.*
- 6) *Contribution to progress: Serving as the driver for local health transformation and illuminator of health disparities in the community, with a reputation for making progress, i.e., serving as the Chief Health Strategist.*
- 7) *Communications: Develop and disseminate communications that tell the organization's story and highlight strengths, while encouraging further support.*

AREA 3: DATA, PROGRAMMING AND SERVICES (WHD Core Values: Service, Integrity, Equity, Advocacy)

- 8) *Strategic activities: Having a portfolio of projects, grants, or support activities conducive to achieving significant progress in an issue area(s).*
- 9) *Learning from practice: A practice of organizational learning from doing; monitoring and evaluation outcomes.*
- 10) *Data Source: Serving as the source for local, accessible data on health issues including the social determinants of health.*

AREA 4: EXTERNAL OVERSIGHT and ADMINISTRATION (WHD Core Values: Integrity, Equity)

- 11) *Board: Board functioning as an ally in carrying out the organization's mission.*
- 12) *Administration: Policies, procedures, and practices that enable the organization to make meaningful progress.*
- 13) *Staff: Staff is sufficient to carry out objectives and have the necessary skills and support to undertake the work addressed by the mission.*