

Cecil County Health Department



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Strategic Plan

2014-2019

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FOREWORD

The mission of the Cecil County Health Department is to improve the health of Cecil County residents, in partnership with the community, by providing leadership to find solutions to our health problems through assessment, policy development, and assurance of quality health services and education. The Health Department works closely with the Cecil County Community Health Advisory Committee, its task forces, and other community partners to help achieve this mission.

The Health Department has strong partnerships with many community-based agencies, including but not limited to, Union Hospital of Cecil County, primary care providers, West Cecil Health Center (Cecil County's federally-qualified health center – FQHC), Cecil County Department of Social Services, Cecil County Public Schools, Cecil County Department of Emergency Services, and Maryland Department of Juvenile Services. Through these partnerships, the Health Department continues to cultivate a health improvement environment tailored to address the County's health needs. These partnerships provide the foundation for the Community Health Advisory Committee and its six task forces that were developed to tackle health issues. Following is a description of each task force.

- **The Drug and Alcohol Abuse Council** focuses on substance abuse prevention, treatment, recovery, and law enforcement and looks at legislation, policies, and data to improve outcomes.
- **The Cancer Task Force** focuses on increasing cancer screening rates and reducing the number of cancer-related deaths in the County.
- **The Tobacco Task Force** focuses on improving the health of Cecil County residents by promoting tobacco cessation and reducing tobacco-related deaths.
- **The Healthy Lifestyles Task Force** strives to reduce obesity by promoting healthy nutrition and physical activity.
- **The Mental Health Core Service Agency Advisory Board** works to increase access to mental health and other behavioral health services in Cecil County.
- **The Child Maltreatment Task Force** focuses on efforts to decrease the rate of child abuse in Cecil County.

Based on the research and work that has been compiled through these task forces, the leadership team from the Health Department convened to complete a comprehensive analysis and develop the 2014-2019 Cecil County Health Department Strategic Plan. The plan includes measurable outcomes that can be compared to historical trends and national benchmarks. Further, the plan is responsive to new state guidelines for planning, grant requirements, and most important, the healthcare needs of the residents of Cecil County.

VISION

“Healthy People, Healthy Community, Healthy Future”

MISSION

To improve the health of Cecil County and its residents, in partnership with the community, by providing leadership to find solutions to our health problems through assessment, policy development and assurance of quality health services and education.

VALUES

Mutual respect for all people
Individual and community focus
Teamwork and partnership
Education and prevention
Excellence, accountability and integrity
Effective and efficient quality service

OVERVIEW OF CECIL COUNTY HEALTH DEPARTMENT

Organizational Structure

The Health Officer is the executive of Cecil County Health Department and reports to both the Secretary of the Maryland Department of Health and Mental Hygiene and to the Cecil County Executive and County Council (Md. HEALTH-GENERAL Code Ann. § 3-302). The Health Department has 150 employees in six divisions:

Administrative Services - provides agency support services such as budget, fiscal, human resources, building, fleet, and information technology. Services provided to the public include issuing birth and death certificates, health insurance eligibility determinations, and transportation to non-emergency medical appointments for qualified Medical Assistance recipients.

Addiction Services - provides substance abuse-related education, assessment, intervention, treatment, and recovery services to adult and adolescent patients and their families.

Community Health Services - offers a variety of health services for children and adults including communicable disease control, family planning, maternal and child health services, and WIC.

Environmental Health Services – protects the public from environmental hazards by enforcing state regulations, conducting inspections, and issuing licenses and permits.

Health Promotion - provides health education and outreach programs to encourage healthy behaviors.

Special Populations Services - coordinates mental health services, offers personal care for the chronically ill, and assists those with developmental disabilities.

In addition, the Emergency Preparedness program provides public health emergency planning and support and the Health Planning program provides epidemiological support and coordinates accreditation efforts. Each division director reports to the Deputy Health Officer- Operations. The Deputy Health Officer- Operations, the Deputy Health Officer- Clinical and the Public Information Officer report directly to the Health Officer. An organizational chart is provided in Appendix A.

Key Support Functions

Information Management

The Health Department manages information systems through an agency-wide local area network which is part of the larger Maryland Department of Health and Mental Hygiene (DHMH) wide area network. Connectivity is achieved through Network Maryland resources. Currently, three T-1 lines connect the Health Department to DHMH. Fiber optic cabling is also being installed to provide increased connection speeds at a fraction of the T-1 costs. The Information Technology staff at the Health Department work proactively to support and maintain smooth and secure operation of network resources which can sometimes be limited by the restrictions imposed by DHMH network guidelines.

Efforts are underway to implement an integrated database system to serve all programs within the agency. This system, “PatTrac” was developed specifically for local health departments within the State of Maryland, and is capable of supporting clinical services, billing operations, and financial management. This system is currently being testing for certification under Meaningful Use guidelines to be used as an electronic health record.

As the face of public health changes under the Affordable Care Act, business process reviews will be conducted to ascertain the information technology needs of the agency. If clinical services continue to be provided, then an electronic health record will be implemented. Implementation of a document imaging system is in progress to both minimize paper use and storage, and reduce staff time required to research files and locate documents.

Health Department Information Technology staff will continue to keep our infrastructure up to date and work proactively to improve efficiencies in operations.

Workforce Development

Workforce development is a major area of concern for the Health Department. The proximity of Cecil County to larger metropolitan areas results in workforce challenges. It often proves difficult to recruit and retain highly qualified staff, due to limited financial resources and the rural nature of the area. In addition, approximately 35% of the Health Department's current workforce is eligible for retirement within the next five years. It has become evident that the Health Department must engage in promoting public health careers, and enhance efforts to develop and sustain a competent workforce. Staff must be engaged to hone existing skills and develop new competencies to keep the agency moving forward.

A formal Workforce Development Plan is being created to address these challenges. Goals are to attract and engage high quality staff, ensure professional excellence by concentrating on ongoing professional development and training, provide training funds and document staff participation in training activities, develop leadership competencies, and develop a succession plan and mentorship program.

Communication and Branding

The Public Affairs Officer positions the Health Department as the local public health leader using a well-executed brand management strategy that is firmly rooted in the mission of the organization. The position assists in all aspects of the Health Department's communication efforts including public information, public relations, and media relations, helping to build a consistent presence in the community. The position works cross-functionally across each division to help develop a fully integrated, ongoing communications strategy targeting the public and other stakeholders. The position also develops strong relationships throughout the organization to monitor and help manage potential communication issues.

By managing the organizational brand, the Public Affairs Officer helps the Health Department to effectively address emerging trends, advocates for a strong public health infrastructure, responds to man-made and natural disasters, and promotes healthy living and healthy life choices. The position helps the Health Department communicate strategically by devising responsive, proactive and targeted communications using data-based research to obtain a clear understanding of audience needs and interests. The position contributes to the creation of integrated strategic communications and collateral that involves a variety of media and technologies, including print, video, web, and social media.

Led by the Public Affairs Officer, the Health Department is developing a department brand strategy and a standardized set of communication procedures that will be implemented in FY 2015.

Financial Sustainability

The Health Department's Fiscal Year 2014 budget totals \$11,862,789. The Health Department has traditionally been financially dependent upon funding from Federal (3%), State

(49%), and Local (24%) grants; revenue from services provided (14%); and non-government source grants (10%).

As the Affordable Care Act moves public health in a new direction, it will be imperative to re-assess current operations in light of a new business model. In regard to clinical services, it will be necessary to credential clinicians and maximize billing for all third party payers. Improving efficiencies in service delivery, contracting with insurance companies, and providing value added services will enable the Health Department to be a provider of choice within the community.

Ongoing financial sustainability will involve educating political representatives on the value of public health services and exploring new funding opportunities. Research will be conducted to assess the viability of employing a full time grant writer to focus on locating funding sources applicable to the strategic goals of the Health Department.

CECIL COUNTY DEMOGRAPHICS AND HEALTH INDICATORS

Cecil County sits in the northeast corner of Maryland on the I-95 corridor and is bordered by Delaware and Pennsylvania. Cecil County's current population is 101,108 (US Census 2010). Twenty-four percent of the population is under age 18, and 90% are white. Per capita personal income from 2007-2011 for Cecil County was \$29,079, which is below the 2007-2011 per capita personal income for Maryland at \$35,751. The unemployment rate for Cecil County is 8.4%, in comparison to Maryland's unemployment rate of 6.5% (MD Department of Business & Economic Development; Cecil County, Brief Economic Facts 2013).

Approximately 70% of Cecil County is rural with major industrial centers in close proximity to I-95. Cecil County's 1,880 businesses employ 22,000 workers; an estimated 40 of these businesses have 100 or more workers. Major employers include companies such as Alliant Techsystems, DuPont, General Electric, W.L. Gore & Associates, Restoration Hardware, Hollywood Casino, and Terumo Medical (MD Department of Business & Economic Development; Cecil County, Brief Economic Facts 2013). Hollywood Casino in Perryville was Maryland's first slots facility, opening in 2010. About 34% of Cecil County is farmland. The equine industry and wineries are an additional source of agricultural business (2012 Cecil County Office of Economic Development).

The Health Department is located in the Town of Elkton, the County seat. Fifteen percent of the County's population resides within Elkton town limits. The majority of the County's population lives outside the town limits in the more rural areas of the County. Limited public transportation has traditionally been a major barrier to accessing services in the County.

The local health improvement process is being conducted in conjunction with Union Hospital and its Community Benefits Program. The Health Department partnered with Union

Hospital during CY 2012 to complete a Community Health Assessment. The Health Officer and the hospital's Community Benefits Coordinator also co-chair the County's Community Health Advisory Committee. This committee serves as Cecil County's Local Health Improvement Planning (LHIP) Coalition and meets twice a year with additional meetings as needed.

In response to national, state and local health planning initiatives, a Community Health Advisory Committee meeting was held in November 2011 to re-evaluate health priorities for Cecil County. Data on the health status of Cecil County was presented and workgroups were created to identify areas of improvement. A survey was then sent out to all members asking them to identify 3-5 health priorities for the County. In January 2012, the committee selected five health priorities and set objectives for each of the priorities. Strategies and action steps were then developed to achieve these objectives. The five health priorities chosen and currently being addressed by the task forces mentioned on Page 3 of this document are: Substance Abuse-Prescription Drugs, Mental/Behavioral Health-Access to Treatment, Substance Abuse-Prevention, Child Maltreatment, and Childhood Obesity- Physical Activity.

Integrating the Health Department's behavioral health programs and, within those programs, addressing access to care and drug abuse/overdose will be a challenge. In Cecil County, illicit drug use ranks among the highest in the state of Maryland. The percentage of people reporting current illicit drug abuse or dependence in Cecil County (4.4%) exceeds the state average (2.88%) (Maryland Epidemiological Profile: Consequences of Illicit Drug Use, Alcohol Abuse, and Smoking. The Alcohol and Drug Abuse Administration and the Center for Substance Abuse Research, University of Maryland, College Park, March 14, 2008); 29.1% of young adults aged 18 to 24 report a history of illegal drug use (The Cecil County Community Health Survey 2009 Report, Cecil County Health Department, Elkton, Maryland, May 2010). Between 2007 and 2011, Cecil County had the second highest drug-induced death rate in Maryland. Drug-induced deaths include those deaths resulting from recent ingestion of or exposure to alcohol or another type of drug, including heroin, cocaine, phencyclidine, prescription opioids, benzodiazepines, methamphetamines and other prescribed and un-prescribed medication. During FY 2011, the drug-induced death rate in Cecil County was 28.59 per 100,000 population. The only jurisdiction in Maryland with a higher per-capita number of deaths attributed to illicit drug use was Baltimore City; the drug-induced death rate in Baltimore was 35.14 per 100,000 population.

Mental health services remain very difficult to access in Cecil County. A 2010 survey from the Maryland Department of Health and Mental Hygiene's Office of Genetics and Children with Special Health Care Needs documents that 40.8% of parents on the Eastern Shore reported unmet needs for child psychiatry. Often children and youth must wait months for an appointment because there are limited providers to see children. Appointment wait times of up to six months with the local Maryland Medical Assistance provider for children have been documented in the past.

Cecil County has nine pediatricians in seven pediatric offices. There are also 32 family practice physicians in 18 offices who serve children. The largest concentration of offices is in Elkton. All clinicians are in private practice and most will accept Maryland Medical Assistance or private insurance. Union Hospital, the only hospital in the County, has a Level 1 nursery and is located in Elkton. Currently, there are five OB providers in one practice. There were 1,183 births to Cecil County residents in 2010 (Vital Statistics Reports 2010, Maryland Vital Statistics Administration). Maryland Vital Statistics documents that in 2010, 1.4 % of the Cecil County babies were born weighing less than 1500 grams, while another 7.8 % were born weighing less than 2500 grams. Cecil County Department of Social Services reported that 13 cases of drug exposed infants were investigated in 2004. In 2010, 28 cases were investigated. Thirty- six cases of drug exposed infants were referred for Health Department services during calendar year 2013. For calendar year 2014, 53 newborns with newborn abstinence syndrome have been referred to the Health Department as of June 19, 2014.

Cecil County: Population Highlights

Sources: Cecil County Comprehensive Plan 2010 – and Cecil County Census Data (2010)

- As of 2010, Cecil County's population, including municipalities, is 101,108, an increase of 15 percent from the County's population of 86,448 in 2000. This number is projected to increase to 138,200 by 2030.
- The population in County-designated growth areas will increase by 63 percent between 2010 and 2030.
- By 2030, the County's share of the statewide population is projected to rise from 1.7 percent to 2.4 percent. The Maryland Department of Planning suggests that Cecil County's population growth and percentage of household growth will be more rapid than any of Maryland's other 24 jurisdictions.
- Cecil County's senior and youth populations are both increasing rapidly. Between 2005 and 2025, the County population age 65+ will more than double, increasing from slightly over 10,000 to over 21,000. Paradoxically, Cecil County will also be getting younger. Between 2005 and 2025, Cecil will add population below the age of 19 more quickly than any jurisdiction in Maryland.

Local Health Improvement Priorities 2011-2014

(Source: <http://dhmh.maryland.gov/ship/SitePages/Home.aspx>)

The Maryland Department of Health and Mental Hygiene provided the Health Department with the State Health Improvement Process (SHIP) health measures that reflect the health status of Cecil County. When the Cecil County Community Health Advisory Committee

met to identify health priorities through the Local Health Improvement Process (LHIP), the SHIP measures were used as supportive data.

In terms of the 39 SHIP measures, Cecil County performs best relative to the State baseline on new HIV infections, Chlamydia infections and infant mortality. The top five SHIP measures where Cecil County performs worse than the State baseline are child maltreatment, drug-induced deaths, adult smoking, suicide, and cancer deaths. The Community Health Advisory Committee has analyzed the SHIP measures, and other objective and subjective data to determine the top five health priorities in Cecil County. They are: Substance Abuse-Prescription Drugs, Mental/Behavioral Health-Access to Treatment, Substance Abuse-Prevention, Child Maltreatment, and Childhood Obesity-Physical Activity.

It was intended that the Health Department's Strategic Plan should complement the health priorities identified through the Local Health Improvement Process and contained in the Local Health Improvement Plan. Priorities and objectives that were adopted from Local Health Improvement Plan priorities, goals, objectives and action steps are indicated in the Strategic Priorities section of the Strategic Plan. Not all strategic priorities and objectives link directly to the Local Health Improvement Plan, as many are internal to the Health Department. These strategic priorities and objectives do however enhance the agency's ability to meet the goals, objectives and action steps outlined in the Local Health Improvement Plan and address the health needs of the community.

Local Health Status

(Source: Cecil County Community Health Survey Report, 2009)

The Cecil County Community Health Survey was administered in spring 2009 to collect health data that is used to develop programs that address the priority health problems identified by the county's community task forces. Periodic assessments of the health needs and problems of the community are necessary in order to effectively target educational programs and community interventions. The data collected through the survey is specific to Cecil County and represents a large enough sample size to allow for generalization of the results. The entire survey can be found at -

<http://www.cecilcountyhealth.org/ccdhxx/pdf/2009%20Community%20Health%20Survey%20Final%20Report.pdf>. Highlights of the survey are below.

Adult Health

- The self-reported general physical and mental health status of Cecil County adult residents is good overall. Most of the respondents (83.1%) considered their general health as "good or better" and 16.6% considered their general health as fair or poor.
- 65.9% of all respondents were considered overweight (BMI > 25; including participants that are considered obese). Out of all the respondents that participated in the survey, 33.3%

were considered obese (BMI \geq 30). This is an increase of 6.1% in overweight respondents and 7.6% in obese respondents from the 2004 survey.

- The prevalence of high blood pressure, high blood cholesterol and diabetes among Cecil County residents is 42.6%, 42.7% and 12.8% respectively. The prevalence of high blood pressure and high blood cholesterol are significantly higher for men than women. Also, the prevalence of diabetes is significantly higher for Non-White respondents. The gender difference was not significant for diabetes. Of the respondents who reported they have been told they have high blood pressure, 81.1% are taking medicine. A majority of respondents (91.4%) had their blood pressure checked within the past year. About 3.7% of the respondents either never had their blood pressure checked or had it last checked more than two years ago, and are considered at risk. About 14.5% of respondents either never had their blood cholesterol checked or had it last checked more than five years ago, and are considered at risk.
- Of those who reported having a blood stool test, or a sigmoidoscopy or colonoscopy, almost 22% of respondents age 50 and over reported having their last fecal occult blood test within the past year, and 78.6% reported having their colonoscopy or sigmoidoscopy within the past five years.
- More than 67% of men age 50 and over reported having a digital rectal exam and 56.6% of them had the exam within the past two years. A higher proportion of respondents age 50 and over (72.8%) had the exam. Of all the male respondents, 6.9% reported having had prostate cancer.
- More than 93% of women age 40 and over had had a mammogram. Of these, 8.1% reported having only one mammogram. Women with higher educational levels and higher incomes were more likely to have a mammogram. The proportion of women who had a mammogram increased from age group 40 to 49 until the age group 60 to 64, and then dropped for women age 65 and over. There were only slight variations of the proportions by racial group and they were not significantly different.
- A high proportion of women of all demographic groups reported having a Pap test, which is a test to identify pre-cancerous or cancerous lesions of the uterine cervix (cervical cancer). Women age 18-24 and those 65+ were significantly less likely to have received a Pap test. Women with less than a 12th grade education were significantly less likely to get a Pap test. Women with less than \$25,000 annual income were significantly less likely to get a Pap test.
- About 75% of adults age 65 and over had received a flu shot in the past year, and 68.1% had ever received pneumonia vaccine. A national Healthy People 2010 objective is to have 90% of non-institutionalized persons age 65 years and over immunized against influenza every year.

Children's Health

- The majority of women who were the birth mother of their children (83.5%) had received prenatal care for each of their children.
- Most women reported that their children had health insurance, dental insurance and were up to date on their immunizations.
- A significant number of respondents with children age 6 years old or younger did not know whether their children had been screened (18.0%) or tested (28.6%) for lead poisoning.
- Most parents who have children in their household (70.1%) had serious discussions with them about at least one of the following consequences: drinking alcohol; using drugs/tobacco; getting STDs; riding in the car with someone who's been drinking; and sexual abuse. Almost 37% of parents discussed all of the consequences with their children. However, 29.9% did not have a serious discussion about any of these subjects with their children.
- About 53% of parents with teenage children (age 13 to 17) had discussed pregnancy prevention with their child; 83.3% of parents with teenage girls talked with them about pregnancy prevention, whereas only 13.7% of parents with teenage boys talked to them about pregnancy prevention.
- About 16% of parents had discussed abstinence, 3.1% had discussed birth control, and 35.9% had discussed both. Almost 71% of respondents reported that if they had a teenager who was sexually active, they would encourage him or her to use a condom.

Health/Dental Access

- About 63% of respondents had visited their dentist within the past year. Race, age, education and income were significant factors for having visited the dentist in the past year.
- Almost 63% of respondents had dental insurance, which significantly varied by race, age, education, and income. Non-White respondents were more likely to have dental insurance and the highest proportion of respondents that had dental insurance were in the 35-44 age group. Those with higher education and income were more likely to have insurance coverage for dental care.
- Persons age 65 and over have health insurance through Medicare; 24.5% of all respondents stated that they had Medicare. About 87% of respondents age 18 to 64 had health insurance. The percentages increased with income. The percentages were also significantly different for race, gender, age and education level. Most respondents, other than those who reported having Medicare, had health insurance through their employer (39.8%),

someone else's employer (17.9%), Medicaid (3.9%), the military (3.7%), or had their own health insurance (7.7%). The majority (68.5%) had their health coverage for more than five years.

- On a scale of 1 to 7 (1 being not at all adequate and 7 being very adequate), almost three-fourths of respondents (73.7%) ranked the adequacy of healthcare resources in the community at 4 or higher, and 20.1% ranked the resources as being very adequate.

Tobacco, Alcohol, and Drugs

- Almost 22% of survey respondents are considered current smokers. Even though the percentages varied by racial group, they are not significantly different. However, smoking percentages are higher for males, for those with lower education levels, and for those with lower incomes.
- Almost 2% are current users of cigars and 11.5% have smoked cigars in the past. For smokeless tobacco, 1.0% are current users and 5.2% reported ever using it. Males have significantly higher percentages than women for both cigars and smokeless tobacco.
- In this survey, the percentage of binge drinking (13.5%) tends to be higher for males than females and for those with an education level of 1 to 3 years of college. The percentage of binge drinking did not significantly vary by age or income level.
- More than 4% of respondents had used street drugs in the past six months and 20.2% had used in the past. There was significant variation of usage percentages by gender and age group.

STRATEGIC PLANNING PROCESS

In May 2012, the Health Department initiated a strategic planning process (Appendix B) to develop the agency's first strategic plan with the purpose of setting forth department-level goals and objectives and unifying the department's direction over the next five years. To facilitate the process, the Health Department contacted Diane Lane, Vice President of Student Services and Institutional Effectiveness at Cecil College, who was also facilitating the County's strategic planning process. A series of meetings were held between Stephanie Garrity (Health Officer), Robin Waddell (Deputy Health Officer) and Diane Lane to identify relevant data and materials and organize a strategic planning workshop for Health Department senior and mid-level managers.

A strategic planning workshop (Appendix C) was held in September, 2012. Participants from the Health Department included the Health Officer, Deputy Health Officer, Division Directors, program managers and program supervisors (Appendix D). Diane Lane served as facilitator. During the strategic planning workshop participants were oriented to the strategic

planning process and provided with environmental scanning materials including relevant health data, information on the forces affecting the Health Department, regulatory mandates, and budgetary information. A Gap Analysis looking at local health improvement plan priorities and operational objectives was conducted to identify priorities for the Health Department over the next five years (Appendix E). Following the strategic planning workshop, participants were asked to rank priorities that were identified to identify 3 or 4 areas of focus (Appendix F). Subsequent meetings between Health Department leadership outlined a set of draft objectives.

Beginning in March, 2014 the strategic priorities and draft objectives were reexamined. In May, 2014 strategic priorities and draft objectives were reintroduced to senior staff at the Health Department and a SWOT analysis was conducted to help inform the creation of objectives and targeted outcomes (Appendix G). Following the SWOT analysis, two objective setting sessions were conducted in May and June of 2014. From these meetings, the objectives, targeted outcomes and timelines in the following section were developed.

STRATEGIC PRIORITIES

Priority 1: ***Expand the number of behavioral health provider options*** in an effort to increase the number of County citizens served.

Priority 2: ***Offer preventive health services*** to the County relative to current and emerging community health demands.

Priority 3: Adapt the role of the Health Department to changes in federal and state healthcare reform to ***ensure optimal access to and utilization of government services and funding***.

Priority 4: ***Address the top health issues in Cecil County*** such as obesity, cancer and heart disease as identified through the Local Health Improvement Plan.

STRATEGIC PRIORITIES & OBJECTIVES

Priority 1: ***Expand the number of behavioral health provider options*** in an effort to increase the number of County citizens served.

Current Conditions

Public health issues related to mental health and substance abuse have been a persistent challenge in Cecil County. This is substantiated by data collected in 2011 by the Office of the Chief Medical Examiner and the Maryland Automated Record Tracking System that reported, among Maryland jurisdictions, Cecil County had the second highest rate of intoxication deaths in FY 2011 at 28.59 deaths per 100,000 population over age 14 (Source: OCME FY 2011 Map prepared for DHMH/Alcohol and Drug Abuse Administration January 24,

2011) and ranked above the state average in alcohol and drug related admissions in 2011 (Treatment data--State of Maryland Automated Record Tracking (SMART) system, Fiscal Year 2011). Further, the number of drug induced deaths and rate of suicide in Cecil County exceeds both state and national averages as reported in the State Health Improvement Plan (SHIP). Yet, the rate of visits to a behavioral health provider among Cecil County citizens is below the state average based on SHIP measures (http://eh.dhmmh.md.gov/ship/SHIP_Profile_Cecil.pdf). Prioritizing the need for accessible behavioral health treatment options is critical to address these chronic issues facing the County.

OBJECTIVES

Objective	Targeted Outcomes (Measures)	Timeline
1. Explore new funding sources for behavioral health programs, services, and providers. Increase funding for behavioral health programs, services and providers.*	<ol style="list-style-type: none"> 1. Research funding sources and apply for grants. 2. Explore funding options to hire a grant writer. 3. Develop job description, job classification, & skill sets. 	<ol style="list-style-type: none"> 1. Complete by January, 2015. 2. Complete by January, 2015. 3. Complete by January, 2015.
2. Monitor and adapt to Behavioral Health integration, including funding streams.	<ol style="list-style-type: none"> 1. Participate in local stakeholder meetings. 2. Create a plan to prepare for the impact of a potential decrease in funding for direct addiction services. 	<ol style="list-style-type: none"> 1. Ongoing, annually. 2. Complete by September, 2014.
3. Promote use of B-HIPP and SBIRT among staff and clinicians.*	<ol style="list-style-type: none"> 1. Conduct 2 awareness activities for B-HIPP. 2. Complete 5 B-HIPP consultations. 3. Conduct 5 awareness activities for SBIRT. 4. Train 5 providers on the use of SBIRT. 5. Get 3 providers to utilize SBIRT. 	<ol style="list-style-type: none"> 1. Ongoing, annually. 2. Ongoing, annually. 3. Ongoing, annually. 4. Ongoing, annually. 5. Ongoing, annually.

*Indicates a priority or objective that is derived from 2012 Cecil County Local Health Improvement Plan.

Priority 2: ***Offer preventive health services*** to the County relative to current and emerging community health demands.

Current Conditions

The need to build a healthier community is apparent. SHIP data indicate that Cecil County experiences high rates of heart disease and cancer mortality as well as behavioral health-related conditions. In part, these health demands can be addressed through preventive health services. Cecil County exceeds the state rate for heart disease deaths, cancer deaths and the proportion of obesity among our children and youth. Additionally, wellness indicators such as weight, tobacco use, and annual flu shots are below state and national rates for healthy lifestyles (http://eh.dhmd.gov/ship/SHIP_Profile_Cecil.pdf). Arguably, preventive health services not only provide access to a healthier life, but can also extend life expectancy at a lifetime cost savings for curative care. It is imperative that the Health Department prioritize the need to promote existing resources and expand services to insure that more citizens receive health services that address healthy lifestyles and preventive care.

OBJECTIVES

Objective	Targeted Outcomes (Measures)	Timeline
1. With partners, increase youth access to physical activities and nutritious foods in each community in Cecil County.*	1. Establish inventory of community resources for physical activities and nutritious foods with planned yearly updates.* 2. Post inventory on Union Hospital’s website.* 3. Have eight community partners link to Union Hospital’s website.* 4. Conduct two activities to promote awareness of physical activity and/or nutritious foods.*	1. Complete by June, 2015. 2. Complete by June, 2015. 3. Ongoing, annually. 4. Ongoing, annually.
2. With partners, implement evidenced-based programs that increase cancer screening rates for adults.	1. Through the Cancer Task Force, review and select one evidenced- based cancer screening program to implement.	1. Ongoing, annually.
3. With partners, implement evidenced-based prevention programs that teach personal responsibility for one’s health.	1. Support ten Living Well programs. 2. Increase referrals to programs by creating a strategic communications plan.	1. Ongoing, annually. 2. Complete by June, 2015.

	3. Continue to support 50% employee funding.	3. Ongoing, annually.
4. With partners, implement evidenced-based prevention programs that target the reduction of heart disease in adults.	1. Implement Million Hearts blood pressure screenings.	1. Complete by June, 2015.

*Indicates a priority or objective that is derived from 2012 Cecil County Local Health Improvement Plan.

Priority 3: Adapt the role of the Cecil County Health Department to changes in federal and state healthcare reform to *ensure that Cecil County citizens have optimal access to and utilization of government services and funding.*

Current Conditions

The Affordable Care Act provides insurance coverage options for many individuals who, in the past, were unable to pay for health care. This is having a significant impact on the health services that are now available. It is incumbent upon the Health Department to be a leader in the County to make citizens aware of and informed about the changes that will impact them. This role will require that citizens understand regulatory changes and have an understanding of options related to insurance coverage. This has also created an opportunity for the Health Department to provide leadership to increase public participation in preventive health practices, health screenings, and community wellness programs. In addition, the Health Department is positioning itself to “fill the gaps” for those vulnerable citizens who are not eligible for, or do not utilize additional health coverage as it becomes available.

OBJECTIVES

Objective	Targeted Outcomes (Measures)	Timeline
1. Take advantage of opportunities to provide education to the community on health care reform options.	1. Participate in 20 outreach events. 2. Support two assisters to educate and assist citizens in enrollment.	1. Ongoing, annually. 2. Ongoing, annually.
2. Maximize the use of social media to educate the public, particularly those under the age of 18.	1. Increase use of YouTube and Google+. 2. Have two podcasts on Health Department website.	1. Ongoing, annually. 2. Ongoing, annually.

3. Improve the internal culture at the Health Department by attracting and engaging high quality staff; ensuring professional excellence by concentrating on ongoing professional development and training, providing training funds and tracking all training; developing leadership competencies; and developing a succession plan and mentorship program.	1. Establish a set of core competencies. 2. Establish a workforce development plan. 3. Establish a training database. 4. Establish a mentorship program.	1. Complete by July, 2015. 2. Complete by July, 2015. 3. Complete by July, 2015. 4. Complete by July, 2016.
4. Leverage technology/ infrastructure by implementing an electronic health record (EHR) system; and using social media to its fullest public health potential.	1. Conduct research on the feasibility of employing an electronic health record (EHR) system. 2. Employ 3 new types of social media. 3. Complete research and analysis of audience and external environment.	1. Complete by January, 2015. 2. Complete by June, 2016. 3. Ongoing, annually.

*Indicates a priority or objective that is derived from 2012 Cecil County Local Health Improvement Plan.

Priority 4: *Address the top health issues in Cecil County* such as obesity, cancer and heart disease as identified through the Local Health Improvement Plan.

Current Conditions

Data from the State and Local Health Improvement Plans show that obesity, cancer related treatments and deaths, and rates of heart disease are persistent health problems for Cecil County. Health indicators related to these issues show that Cecil County rates exceed those of the state and, in many cases, national trends. To address these health problems a multi- tiered, preventative health approach must be implemented.

OBJECTIVES

Objective	Targeted Outcomes (Measures)	Timeline
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1: With partners, increase youth access to physical activities and nutritious foods in each community in Cecil County.*	See Priority 2.	See Priority 2.
2: With partners, implement evidenced-based programs that increase cancer screening rates for adults.	See Priority 2.	See Priority 2.
3: With partners, implement evidenced-based prevention programs that teach personal responsibility for one's health.	See Priority 2.	See Priority 2.
4: With partners, implement evidenced-based prevention programs that target reduction of heart disease in County adults.	See Priority 2.	See Priority 2.
5: Work with Cecil County schools to address healthy eating choices. *	1. Implement one strategy to promote healthy eating.	1. Ongoing, annually.

*Indicates a priority or objective that is derived from 2012 Cecil County Local Health Improvement Plan.

SWOT ANALYSIS

As part of the strategic planning process, senior staff at CCHD completed a SWOT analysis on May 20, 2014 (Appendix G). Results from the SWOT analysis were analyzed and grouped into key themes. Cecil County Health Department Strengths include CCHD staff, relationships with the community, programs, finances, and location in the County. Weaknesses include the structure, culture and lack of resources at CCHD. Opportunities include building upon community relationships and the availability of services. Threats include the political and social environment, public perception of CCHD and competition in staff recruitment. Changes to public health and healthcare delivery were identified as both threats and opportunities for CCHD. This information was used in developing CCHD objectives in the Strategic Plan and will help when determining quality improvement activities moving forward.

QUALITY IMPROVEMENT

Cecil County Health Department's Quality Improvement Plan outlines goals for training all staff in quality improvement principles and techniques. The agency's goal is to imbed quality improvement into every business process and function within the agency. Quality

improvement projects will be both short term and long term in nature. Long term projects will be selected from CCHD's Strategic Plan priorities and objectives. Short term projects will be more operational in nature, focusing on improving business processes, efficiencies, and service delivery to customers. As staff become familiar and comfortable with quality improvement principles and techniques, CCHD will become a customer-centric agency that is continually improving.

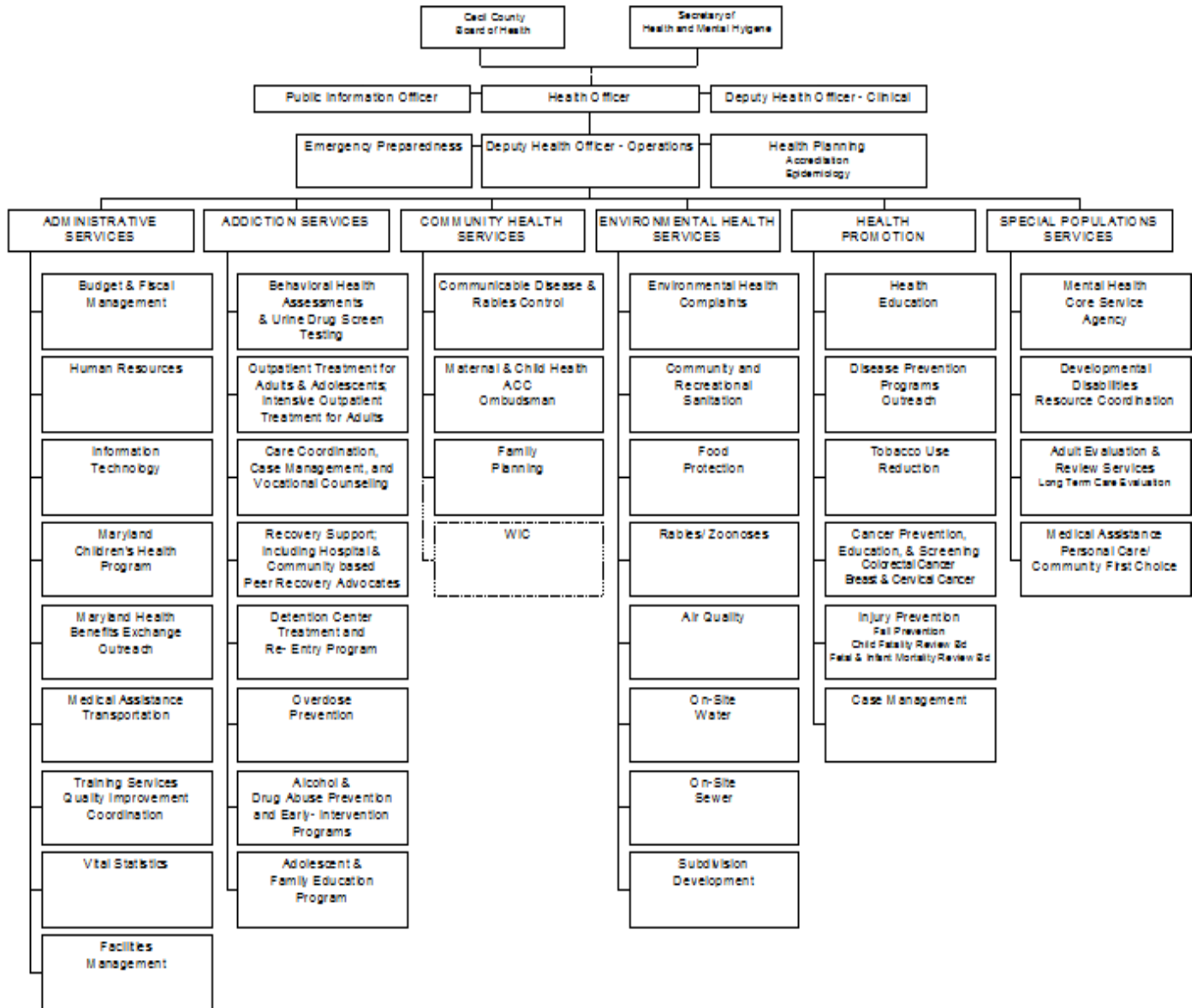
ACCOUNTABILITY

Monitoring progress and requiring accountability are important in meeting our strategic priorities and delivering results. The Health Officer and senior staff members will develop and monitor certain metrics to measure achievement of goals and objectives. Review of the Strategic plan including priorities and objectives and reports monitoring progress towards meeting objectives will occur no less than annually. Revisions to the plan may be made based on the results of the review and reports.

Each division and each team/team member within a division also have a responsibility to own their part of the process and document progress toward our goals. Over the next five years divisions will construct a model to move forward with, to be included in the overall Department Strategic Plan. Cecil County Health Department staff will be held accountable for priorities and measures outlined in this document.

Appendix A
Organizational Chart

CECIL COUNTY HEALTH DEPARTMENT



07-2014

Appendix B
Health Department Strategic Planning Timeline

5/29/12 Meeting with Diane Lane- Vice President of Student Services and Institutional Effectiveness @ Cecil College.

Attending meeting were Robin Waddell-DHO and Stephanie Garrity- HO

Discussion centered on CCHD needs, what a strategic plan represents and the best process to accomplish our goal.

6/15/12 Meeting to discuss CCHD needs and plans and begin to discuss data needs that will support the process. Working to pin down some priority areas we are currently working on and also discuss Health Dept. mandates and how they must be included in the process. Attending were Stephanie Garrity and Robin Waddell.

7/10/12 Meeting to plan workshop for senior staff- Looking further at mandates related to all PH areas, our COOP plan is a good place to start. Discussion of possible agenda. What data sets will be given to staff at the meeting that will help frame their responses. Include narratives for State data, possibly narrative from core budget submission and annual reports. Internal and external LHD data such as SHIP, high impact SHIP data, employee satisfaction survey, and National healthcare trends should be included along with Cecil County data from Economic Development website. We want to discuss Healthcare reform etc. Need to consider external forces.

Where do we want to impact and what are the indicators? Where do we want to impact the most?

Future plans- schedule training toward end of September and identify documents to include in training notebooks.

7/24/12 Conference call with Diane Lane, Stephanie Garrity and Robin Waddell- Answer question-“what do we expect to accomplish” Construct objectives for the organization and for each department. Plan should be owned through all employee levels.

Next steps- put together notebook, communicate to staff and send out materials. Date for workshop will be 9/21/12-Set up final agenda. 9-12 presentation and discussion, 1-4 group discussion, HD priorities, values and mission. Prioritize goals for your area.

After staff workshop, Stephanie and I will work on strategic planning results and share planning document with managers and then staff. Next step will be to share with key informants. Need to decide who needs to be included as take out to community. Next meeting 8/10/12 at 9 am.

8/10/12 Conference call with Diane Lane, Stephanie Garrity and Robin Waddell- Discussion of all data sets and informational documents we have gathered. Need to decide what and how much to share with Directors. Need to decide which data sets are we going to put emphasis on. Will also include staff satisfaction survey results.

Include Power point slide on Charter Government, Decide how to organize the notebook.

Workshop will be 9/21/12 8-4:30.

8/21/12 Meeting at Cecil College with Diane, Stephanie and Robin present. Reviewed what will be in notebook and in what order. Will include 5 years of budget trending. Should we include Assist. Directors in the workshop?

Finalized agenda and who will present each part.

See draft and final agenda.

After the planning document is completed, Stephanie will shop this around the County, possibly with focus groups.

9/21/12 Strategic Planning Workshop- held at Cecil College. Participants included Senior Staff (Health Officer, Deputy Health Officer, Division Directors) and program managers. Diane Lane served as facilitator. Participants were introduced to the strategic planning process and provided with data and materials relevant to CCHD. To develop a strategic framework two exercises were conducted; a Gap Analysis and Operational Objectives. Workshop participants then ranked planning priorities.

9/26/12 Diane sent results of issues that were identified at the meeting. – see email 9/26/12 from Diane.

9/28/12 Email from Stephanie- sending out issues that were identified for staff to review for completeness.

10/16/12 Email from Stephanie to attendees with feedback results and asking for them to rank their top 7 strategic priorities.

12/17/12 Email from Stephanie to Robin with results from planning committee voting. Discussion on how to share results.

1/11/13 Email from Robin to staff that attended the training and copied to Diane Lane at Cecil College with the results of the final prioritization. Planned discussion at Directors meeting 1/15/13

1/15/13 CCHD Senior Staff Meeting

Deputy Health Officer /Robin	–Any questions about strategic plan priority rankings and how we are moving forward? As we work to formalize, we can further refine wording and descriptions. – Public Health Foundation QI consultant Harry Lenderman has provided a resource encyclopedia with specific public health QI projects that can help CCHD with development. –Continuing to work with CQuIC to help further develop their QI role. Developing a committee to come to senior staff.
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	<p>– QI PROJECT: Internal (employee) satisfaction. May look at external satisfaction too. Ideas include training projects and supporting staff with professional development.</p>
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1/25/13-Email to Diane from Stephanie requesting next steps.

2/4/13- Conference call with Diane to discuss next steps.- Stephanie and Robin on call. We will select data sets most relevant to our top 3 priorities. Need to begin discussing those priorities with community leaders and County Council. There is some disconnect between the top 3 chosen for strategic planning and the top 5 chosen for LHIP. This is where program mandates come into the picture along with community priorities and their perception of problems at the time of the LHIP.

Healthcare Reform should help to explain mandates and capitalize on federal opportunities and mandates. This helps to push forward Cancer, Heart Disease and Obesity which need to be addressed.

Next step will then be Goals and Objectives or this could be done simultaneously.

Review data and begin to organize.

Next meeting –Conference call on 2/25/13

2/25/13 Conference Call with: Diane Lane, Stephanie Garrity and Robin Waddell- Discussed 1st draft of the strategic plan. Stephanie and I will review and add related data sets and work with Diane on wording. Need to flush out action steps for the strategies and do the internal analysis. Diane will work on the narrative from the planning meeting. Next meeting to be determined.

5/21/13 Meeting between Diane Lane, Stephanie Garrity, Robin Waddell-Worked on details of the strategic priorities and also objectives. Worked on structure of the document. Discussed expanding explanations of current conditions related to the community and our priorities. Additional information that could enhance our strategic planning was discussed.

October 2013-Interview process for Health Planner began- Identified monies that could be used to bring on additional staff to assist in the accreditation and strategic planning process. Developed job description and began interview process

12/4/13 Hired Health Planner II/ Accreditation Coordinator (Dan Coulter).

3/24/14 Meeting between Diane Lane, Robin Waddell, Dan Coulter- Met to discuss updates to the Strategic Plan, including how to develop time framed and measurable objectives. Also discussed how to present the Strategic Plan to the community and governance.

5/6/14 CCHD Senior Staff Meeting- Re-introduced Strategic Plan goals and objectives to Senior Staff. Discussion of creating time-framed and measurable goals and objectives and how to implement Strategic Plan.

5/20/14 CCHD Senior Staff Meeting- Completion of a SWOT analysis exercise. Review of Strategic Plan priorities and objectives. Exercise to revise and/or develop new objectives with targeted outcomes and timelines for completion.

6/3/14 CCHD Senior Staff Meeting- Completion of the objective setting exercise.

Appendix C
Health Department Strategic Planning Workshop

**Health Department
Strategic Planning Workshop
September 21, 2012**

Tentative Agenda

8:30 – 9:00	Coffee	Group
9:00 – 9:15	Welcome & Workshop Overview	Stephanie Garrity
9:15 – 10:00	Strategic Planning Overview	Diane Lane
10:00 – 10:15	B R E A K	
10:15 – 10:45	Summary of Documents & Resources	Robin Waddell
10:45 – 12:15	Developing a Planning Framework <ul style="list-style-type: none">• Gap Analysis• Operational Objectives	Diane Lane Group Exercise Group Exercise
12:15 – 1:00	L U N C H	
1:00 – 2:30	Setting Planning Priorities	Diane Lane Group Discussion
2:30 – 2:45	B R E A K	
2:45 – 3:15	Plans to Action	Diane Lane
3:15 – 4:30	Plan Development	Group Exercise

Appendix D
Health Department Strategic Planning Team

Cecil County Health Department Strategic Planning Team

Name	Title at time of Strategic Planning Workshop	Current Title (if different)
Stephanie Garrity*	Health Officer	
Robin Waddell*	Deputy Health Officer- Operations	
Gwen Parrack*	Director, Division of Special Populations Services	
Rob Chirnside	Program Manager, CSP IV, Developmental Disabilities, Division of Special Population Services	
Cindy Brown	Program Supervisor, AERS, Division of Special Population Services	
Shelly Gulledege	Director of Core Service Agency (CSA), Division of Special Population Services	
Judi Rodemich*	Director, Division of Community Health Services*	
Bonnie Ryan	Program Manager, Communicable Diseases, Division of Community Health Services	
Donna Kirby	Program Supervisor, Family Planning, Division of Community Health Services	
Sara Smith	Program Manager Maternal Child Health, Division of Community Health Services	
Ken Collins*	Director, Alcohol and Drug Recovery Center	Special Assistant to the County Executive
Mike Massuli*	Assistant Director, Alcohol and Drug Recovery Center	Acting Director, Alcohol and Drug Recovery Center
Mary Ellen Rapposelli*	Director, Division of Health Promotion	
Chris Barclay	Program Supervisor, Division of Health Promotion	
Brenda Henson	Director of Administration	No longer at CCHD
Laurie Humphries*	Computer Information Services Supervisor, Division of Administrative Services	Director, Division of Administrative Services
Fred Von Staden*	Deputy Director, Division of Environmental Health Services	Director, Division of Environmental Health Services
Angela Scramlin	Environmental Sanitarian Program Supervisor, Division of Environmental Health Services	
Ed Arellano	Environmental Sanitarian Program Supervisor, Division of Environmental Health Services	Deputy Director, Division of Environmental Health Services
Jenny Shields*	Public Affairs Officer	
Daniel Coulter**	N/A	Health Planner, Division of Administrative Services
Diane Lane (facilitator)	Vice President of Student Services and Institutional Effectiveness, Cecil College	

*Current Senior Staff Members

** Not part of original strategic planning team

Appendix E Gap Analysis

September 21, 2012 Gap Analysis—broad topics for discussion

1st exercise: Related to LHIP priorities that have been identified

- Reduce Child Maltreatment by 25% in 5 years
- Expand behavioral health provider options and # served from X to X (within ? timeframe)
 - Or decrease wait times for appointments to X
- Develop alternate funding sources to continue to provide case management for a growing behavioral health population
- Increase the % of adults at a healthy body weight
 - Compare Cecil data to State and Nation
 - Look at programming, # served and funding

2nd exercise- related to operational objectives

- Preventing Epidemics and the spread of disease
 - Improve immunization rates for children
 - Survey daycare businesses and monitor immunization compliance
 - Increase guidance to doctors in community about the current approved vaccine schedule
 - Explore \$ from private foundations
- Assuring the quality and accessibility of health services
 - Create programming available and responsive to community needs
 - Build in quality improvement measurements
 - QI within public health programming offered to the public
 - Develop a Health Department - wide QI program
 - Evaluate retention
 - Retention of program participants and
 - Retention of Health Department staff
 - Need to sustain a competent public health workforce
 - Succession planning, mentoring and training
- Protecting against environmental hazards
 - Need more data
 - Develop educational materials
 - Sponsor two Environmental Health activities a year

- Promote and encourage healthy behaviors
 - Decrease obesity
 - Increase grant funding by identifying strategies and looking for partners
- Support and sustain infrastructure of the organization
 - Improve the internal culture
 - Leverage technology/ infrastructure
 - Optimize our financial position
 - Achieve accreditation

Appendix F
Strategic Priorities Selection

Strategic Plan Priorities											
Priorities Identified:											
A.	Expand the number of behavioral health (mental health and substance abuse) provider options in an effort to increase the number of county citizens served.										
B.	Develop alternative funding sources to continue to provide case management for a growing population.										
C.	Increase the percentage of adults at a healthy body weight.										
D.	Offer preventive health services to the county relative to current and emerging community health demands.										
E.	Adapt the role of CCHD to changes in federal and state health care reform to ensure optimal access to and utilization of government services and funding.										
F.	Enrich services to be able to serve a larger population.										
G.	Expand agency partnerships so more citizens have access to a greater number of health providers as a mechanism to improve the health of more citizens in Cecil County.										
H.	Advance Cecil County's standing in the LHIP/SHIP.										
I.	Enhance the professional development opportunities that are made available to the staff of CCHD.										
J.	Address the top health issues in Cecil County such as obesity, cancer and heart disease as identified through LHIP.										
K.	Reduce child maltreatment by 25% in 5 years.										
<i>Priorities assigned in order of importance 1 (most important) through 7; no rating = not in top 7</i>											
Summary of Results:											
	A	B	C	D	E	F	G	H	I	J	K
Importance 1	1	1	0	1	4	1	1	2	2	7	0
Importance 2	8	2	0	3	3	0	2	1	0	1	0
Importance 3	2	1	1	2	1	2	0	2	2	5	2
Importance 4	2	3	2	2	2	0	2	2	2	1	2
Importance 5	1	1	1	3	4	0	4	2	0	1	2
Importance 6	2	4	1	2	3	0	3	1	2	0	1
Importance 7	1	1	0	2	0	3	0	4	4	2	2
Importance 8	0	0	1	0	0	0	0	0	0		
Total # of	17	13	6	15	17	6	12	14	12	17	9
Total 1 - 3	11	4	1	6	8	3	3	5	4	13	2

Appendix G
SWOT Analysis

Cecil County Health Department SWOT Analysis	
Strengths	
Key Themes	Actual Statements
Staff	<ul style="list-style-type: none"> Dedicated Staff Experienced staff Educated Staff Varied background of staff Accessible leadership Supportive senior staff and middle management Staff willing to put in effort Good understanding of technology Good recognition of Mission and Vision Branding Commitment from the top to build Brand Identity Consistent messaging with a dedicated Public Information Officer
Community Relationships	<ul style="list-style-type: none"> Good reputation in the community Relationships internal + external Good relationship with print media Participation in the Community Health Advisory Committee and Task Forces Receptiveness to both internal and external customers
Programs, Finances and Location	<ul style="list-style-type: none"> Broad definition of public health Address issues that are not being addressed by others Programs to fill service gaps Good at securing funding Location of Health Department in Elkton, MD (County seat)
Weaknesses	
Key Themes	Actual Statements
Structure and Culture	<ul style="list-style-type: none"> Bureaucratic hiring practices Lack of flexibility Lack of staff understanding of what other divisions do Limited in initiatives due to rules and regulations Too structured A lot of entry level positions High turnover Waste of training funds/ staff time due to turnover Lack of recognition for staff Aging senior management Lack of succession planning

	<p>Communicate reactively</p> <p>Inaccessible to rural community due to location</p> <p>Do not pilot new technology</p>
Resources	<p>Often stretched too thin</p> <p>Hard to pursue grant opportunities</p> <p>Limited financial and staff resources to perform outreach activities</p> <p>Lack of office space</p> <p>Behind in technology field, specifically in EMR and billing</p>
Opportunities	
Key Themes	Actual Statements
Community Relationships	<p>Expand upon relationships with community partners</p> <p>Forge new relationships with non-traditional partners (businesses, etc...)</p> <p>Total Patient Revenue System at Union Hospital provides a good opportunity to explore partnering on more services</p>
Availability of Services	<p>Need for Health Department services in community</p> <p>Use of technology to tell our story</p> <p>Lack of existing media presents us with the opportunity to provide news stories/ messages</p> <p>Allows us to tell “real time” stories</p> <p>Staff training opportunities more readily available</p> <p>More funding for training</p>
Changes to Public Health and Healthcare Delivery	<p>Affordable Care Act (new/ expanded services)</p> <p>Transition to Fee- for- service model</p> <p>Maryland moving towards Community Integrated Medical Home (CIMH)</p> <p>Opportunity for pilot programs under CIMH to “move the arrow”</p> <p>Accreditation/ QI forcing us to improve</p> <p>PHAB process helps us to think strategically</p>
Threats	
Key Themes	Actual Statements
Political and Social Environment	<p>Local political personalities and agendas</p> <p>Political environment</p> <p>Politicians nationally making Science/ health decisions</p> <p>Underserved have no voice</p> <p>Lack of understanding of health issues</p> <p>Misinformation</p>

<p>Changes to Public Health and Healthcare Delivery</p>	<p>Funding stability (Federal/ State) Transition to Fee- for- Service Threat of privatization of services Public health’s role in healthcare reform Affordable Care Act</p>
<p>Public Perception</p>	<p>Stigma surrounding services at Health Department Perception in community that Health Department is an unstable work environment</p>
<p>Competitiveness</p>	<p>Hard to compete for quality candidates Non-competitive pay scale</p>