



Public Health
MADISON & DANE COUNTY

Healthy people. Healthy places.

Strategic Plan 2016-2020

Letter from the Director

It is with great enthusiasm that I present the Public Health Madison & Dane County Strategic Plan for 2016-2020.

The public health field has transformed rapidly in the last thirty years and we're entering the era of [Public Health 3.0](#). While the core mission is the same—reducing or eliminating the leading causes of death and disease— how we achieve this is evolving.

Why evolve? Though access to care has improved greatly as the result of the Affordable Care Act, we continue to see great disparities in health outcomes linked to race and income. In order to reduce rates of chronic disease, which is the leading cause of illness and death, we need to build sustainable, healthy communities, and attention must be focused on root causes of poor health outcomes.

In Public Health 3.0, public health plays the role of [Chief Health Strategist](#). We leverage local data and partnerships to facilitate discussions and collaboration across sectors to support environmental, policy, and systems-level efforts that tackle root causes and address the social determinants of health.

Our social, economic, and physical environments, and the behaviors they support, play significant roles in determining our health outcomes. Health requires communities that are clean and safe. Health requires opportunities for local residents to be paid a living wage. Health depends on community members having strong social connections and working together to build and maintain sustainable solutions to local problems. Finally, achieving good health requires confronting the legacy of overt discrimination and present-day practices and policies that perpetuate a system of diminished opportunity and inequity.

Our strategic plan reflects this understanding and is intended to provide a broad roadmap for PHMDC that is a dynamic and integrated effort with partners in our community. I am grateful for the energy, leadership, creativity and passion our staff, our Board of Health, and other partners have demonstrated in the development of this plan. Working to accomplish a common mission of enhancing, protecting, and promoting the health of the environment and the wellbeing of all people moves us forward together, beyond the impact that any one of us can accomplish alone.

We look forward to working together to implement our plan, and achieve a vision of *Healthy People. Healthy Places.*

Be Well,
Janel Heinrich, MPH, MA
Director, Public Health Madison & Dane County

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Introduction

Public Health Madison & Dane County (PHMDC) works with the community to enhance, protect, and promote the health of the environment and the well being of all people. Our Strategic Plan for 2016-2020 further guides the direction of our Department over the coming four years.

Four community goals capture factors that influence the well-being of Dane County residents, ranging from longstanding public health threats, such as communicable disease, to more recent challenges like chronic disease. A fifth goal focuses on the effectiveness of the organization so we are better able to achieve community needs.

Our portfolio of services and initiatives has been, and will remain broad. This plan isn't a comprehensive listing of all of the essential activities that PHMDC conducts. Rather, the plan highlights focus areas that address current community health needs where we plan to effect significant change in the coming years.

To accomplish the full potential of the plan, PHMDC, in partnership with others in the community, will implement evidence-based tactics to achieve objectives. These actions, in conjunction with quarterly checkpoints, will help PHMDC measure strategic progress towards achieving goals.

Creating & Supporting the Plan

Planning Process

The strategic planning process began in the Spring of 2015. To develop goals, PHMDC incorporated:

- An organizational strengths, weaknesses, opportunities, and challenges assessment
- Community population and health data
- Consideration of alignment with state and national prevention strategies
- Leadership, staff, and stakeholder feedback

Four of the final goals are community-focused and one is focused internally.

Workgroups containing both staff and management then generated strategies and objectives for each goal. Staff who were not members of workgroups had opportunities to formally participate through staff input meetings and informally by providing feedback to workgroup members and facilitators.

Prioritization of plan objectives was determined through the use of a decision matrix and took into account the extent to which the objective was feasible, mandated, continued existing priorities in the department, had the potential to impact population health, and in particular, improve health and racial equity, could be achieved using available resources, offered opportunities for collaboration, and aligned with community health profile data and existing evidence.

The PHMDC Strategic Plan uses the following framework:

Goal: Broad, primary outcome

—**Strategy:** The approach taken to achieve the goal

—**Objective:** A measurable step taken to achieve a strategy

In addition, strategies and objectives were reviewed through an equity lens to examine how communities of color and low-income populations would be affected by a strategy or objective. Over 80 PHMDC staff, Board of Health members, and members of the City of Madison Racial Equity and Social Justice Initiative were involved in a series of equity review meetings that focused on four core questions:

- In this area, what is already working?
- Can you foresee any disproportionate impact on marginalized groups or unintended consequences?
- How can we avoid or mitigate negative impacts or unintended consequences?
- Who should be participating in the planning, implementation, and evaluation of this objective?

Input from these sessions was considered by workgroups when finalizing the strategies and objectives.

Supporting the Strategic Plan

In order to support the five strategic plan goals and their accompanying strategies and objectives, PHMDC leadership has made a commitment to ongoing review and progress monitoring. Staff leads have been identified for each objective and a performance management plan will monitor progress at quarterly checkpoints.

As a result of this ongoing monitoring, the plan will be reviewed annually and adapted throughout the next four years as objectives are met and new objectives are identified.

The success of the implementation of the Strategic Plan is linked to work already underway in PHMDC. It supports the implementation of the Health and Racial Equity Strategic Plan and plans currently under development, including the Performance Management, Quality Improvement, Communications, and Workforce Development Plans.

Planning Context

The population distribution and composition of Dane County residents, health data and trends, and community partner interviews, all provided planning context to workgroup members and informed goal development.

For complex reasons, the burden of disease in Dane County falls most heavily on people of color and those with limited economic and educational assets. Many strategies identified reflect steps to identify the root causes of these health disparities and ensure ongoing prevention across the population.

About Madison & Dane County

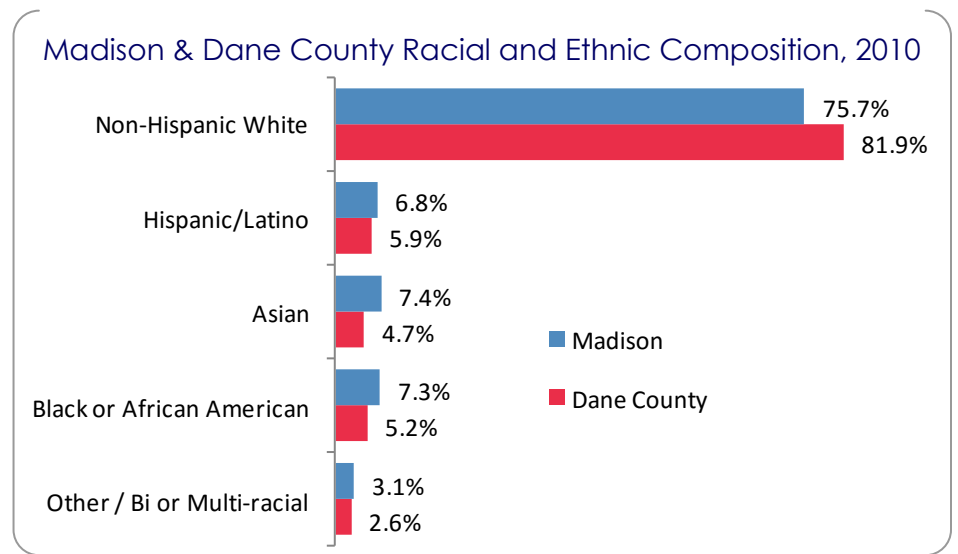
Population Distribution

- The majority of Dane County’s 502,984 residents live in the City of Madison or a municipality adjoining Madison.
- Dane County’s population is expected to increase to 600,000 by 2040.

	Population	Population %
City of Madison	239,848	48%
7 Cities	106,875	21%
19 Villages	76,163	15%
34 Towns	80,098	16%

Population Composition

- About 8% of people living in Dane County were born abroad. Of these 40,000 people, the largest groups are Asian (42%), Hispanic (31%), and non-Hispanic Whites (20%).
- Dane County racial and ethnic composition reflects slightly larger percentages of people of color than statewide percentages, but much lower than Wisconsin's other metropolitan county, Milwaukee.



Population Health

- Nearly 60% of Dane County adults are overweight or obese.
- More than half of all adults in Dane County have one or more chronic health condition, and our residents are getting diagnosed with chronic diseases at younger ages.
- Large health inequities exist when studying specific populations, for instance the prevalence of diabetes in African-Americans is approximately 70 percent higher than whites and the prevalence in Hispanics is nearly double that of whites.

Much of what affects our health happens beyond medical care. Many of the plan strategies show the importance of building a culture of health where all residents are able to get healthy, stay healthy, and create an environment to make sure kids grow up healthy.

Tackling Health Disparities

When looking at overall health metric data, Dane county ranks as a healthy place to live, but digging deeper into specific measures reveals substantial pockets of poor health conditions and outcomes. For instance, Dane County and the City of Madison enjoy low unemployment rates, 5.1 and 4.5 percent, respectively, reflecting positively on the social and economic factor of health rankings. However, unemployment is not randomly distributed across the population; for whites, the unemployment is even lower than national and state averages while unemployment among blacks is higher than average. Racial disparities in health-related factors exist in many areas, including measures of poverty, health insurance, low-birth weight, and educational attainment.

Overall, it appears that Dane County is doing well. Probing deeper into the specific measure of health, asking “*who is doing well,*” challenges this cursory evaluation. The strategic planning process allowed PHMDC to use data and evidence to focus on gaps in health factors and outcomes for the county. This context also reiterated the importance of including the equity review meetings to assure that our plan is grounded in health and racial equity and focuses on reducing health disparities in the community.

Applying an Upstream Lens

The field of public health is experiencing an increased focus on looking *upstream* in efforts to identify the factors that precipitate damaging immediate and long-term health outcomes that public health departments encounter on a daily basis. These factors include: education, economic stability, health and healthcare, neighborhood and build environment, and social and community context.

The prevailing notion is that tackling these determinants of health—the root causes—reduces the cascade of associated health problems, illness, and disease.

The strategic planning process capitalized on staff’s knowledge and experience doing public health to apply this upstream analysis to the health problems facing Madison and Dane County. By looking both at the existing work done by PHMDC and anticipating future needs, we have found similar root causes across public health issues that have allowed us to identify efficiencies in organizational operations and address prioritized health problems at their origin.

Identifying Root Causes Example

There are many risk factors for cardiovascular disease (CVD), including overweight or obesity, tobacco use, unhealthy diet, physical inactivity, and diabetes, among others.¹ Taken individually these risk factors also contribute to other maladies: evidence links tobacco use with lung cancer, unhealthy diet to metabolic syndrome, and physical inactivity to poor mental health. Consequently, reducing tobacco use would reduce both lung cancer *and* CVD; increasing physical activity would improve mental *and* cardiovascular health.

Even these risk factors may be subjected to the same upstream analysis, allowing for an even closer approach to the root causes of poor health. Unhealthy diets may themselves be the outcome of insufficient healthy food availability, limited transportation to and from retail food stores, high food costs and low household food budgets, cultural practices and awareness, or household schedules and time constraints. Intrepid health explorers may even take some of these and continue to look upstream at such questions as —are low household food budgets the consequence of high childcare costs? Is life-related stress a function of earnings? Similar analyses could be applied to every health-related problem PHMDC encounters in its daily work, from food-borne illness outbreaks to STI infections to drug misuse and harm.

Vision, Mission, Values & Strategic Priorities

Vision

Healthy people. Healthy places.

Mission

Working with the community to enhance, protect, and promote the health of the environment and the well being of all people.

Values

The principles that guide us as individuals

- Collaboration
- Public Accountability
- Equity & Inclusion
- Excellence
- Integrity
- Creativity
- Innovation
- Bring our best selves to work

Strategic Priorities

The principles that guide us as an organization

- Equity | PHMDC programs, policies, practices and operations will align to achieve racial and health equity.
- Communications | PHMDC internal and external communications drive performance and change.
- Culture | PHMDC culture embodies service, accountability, trust and open communications.
- Infrastructure | PHMDC infrastructure will be organized to achieve our mission, aligning with current public health best practice and research.
- Leadership | PHMDC will invest in improving leadership capacity throughout all levels of the organization.
- Effectiveness | PHMDC will invest in models and collaborative approaches that foster lasting impact.
- Sustainability | PHMDC will leverage resources dedicated to improving public health in our community.

Goals Overview

Community Goals

Healthy Beginnings

So children born in our community get off to a healthy and safe start

A mother's health before and during pregnancy, infancy, and early childhood are critical points in a child's development. Early childhood experiences impact later development and health outcomes in adulthood.

Strategies center on these critical time periods that contribute to a child's well-being: the mothers' health before, during, and in between pregnancy, and the environments encountered during infancy and early childhood.

Healthy Eating and Active Living

So the people of our community are more physically able to enjoy long, fulfilling lives

Eating healthy and being physical active is widely recognized as protective against disease and premature death. There are also health benefits that include improved mental health and ability to complete physical and mental daily activities.

Strategies are focused on the general components of the goal, and youth and early childhood, in which improvements in, and access to, healthy eating and active living have the highest returns for long-term health benefits.

Healthy Minds, Healthy Bodies

So the people in our community are free from injury, trauma, and disease

Physical and mental health should be addressed in tandem for the greatest impact on overall health.

Strategies in this goal aim to prevent and reduce the severity of injury, trauma, and disease and provide mechanisms to improve access to comprehensive health care.

Healthy Places to Live, Learn, Work, and Play

So the physical environments in our community are healthy and safe

Our environment has distinct impacts on health; either as a cause of poor health or as a contributor to positive health-related behaviors.

Two strategies take aim at the places in which we live and work; a third reflects the importance of working together to plan for healthy places; and the fourth addresses the essential molecule of life, water, and its effect on the physical environments we encounter.

Internal Goal: **Highly Effective Organization**

Strengthening PHMDC to improve the health of our community by committing to equity, inclusion, and antiracism in our work

Strategies focus on building accountability in program management and budgeting, effective communication, workforce development, and workplace culture, recognizing that our success in impacting the health of the community depends on our success as an organization.

Goals, Strategies & Objectives

Goal 1

Healthy Beginnings

So children born in our community get off to a healthy and safe start

Strategy 1.1: Ensure everyone has the ability to choose if and when to get pregnant

- Obj. 1.1.a Develop a coalition by the end of 2017 that develops an action plan to improve sexual and reproductive health by December 31, 2018.
- Obj.1.1.b Define role and structure of an internal Sexual and Reproductive Health (SRH) Team and develop and begin implementation on an action plan based on SRH Team recommendations by December 31, 2016.

Strategy 1.2: Support evidence-based programs and policies for infants, children, and their caregivers

- Obj. 1.2.a Develop and begin implementation of a plan for Prenatal Care Coordination Program evaluation recommendations by December 31, 2016.
- Obj. 1.2.b Increase Nurse Family Partnership Program enrollment to 55% of eligible referrals by December 31, 2016
- Obj. 1.2.c Increase the number of participants enrolled in the Nurse Family Partnership Program before the 16th week of pregnancy to 50% of total enrollment by December 31, 2016.
- Obj. 1.2.d Develop a plan for a Community Advisory Board to support maternal and child health activities within PHMDC and Dane County by the December 31, 2016, with implementation to begin by June 30, 2017.

Strategy 1.3: Ensure women have optimal health before and in between pregnancy to improve birth outcomes

- Income, racism, access to health care, disease status, stress, nutrition, and weight status are some of the key factors that affect a woman's overall and reproductive health and birth outcomes.
- Improving the overall health and well-being of women from childhood throughout adulthood requires using strategies from other Strategic Plan goals. Examples include:
 - Community design that supports physical activity
 - Access to healthy housing and nutritious foods
 - Supporting mental well being
 - Reduced harm caused by alcohol and drug use

Goal 2

Healthy Eating and Active Living

So the people of our community are more physically able to enjoy long, fulfilling lives

Strategy 2.1: Support and encourage healthy eating and active living in youth and early childhood

- Obj. 2.1.a Conduct an assessment of HEAL needs and opportunities to identify priority geographic areas and/or populations by June 30, 2017.
- Obj.2.1.b Conduct assessment of existing Dane County school district policies and practices focused on healthy eating and active living by December 31, 2017.
- Obj. 2.1.c Identify opportunities to improve coordination of support and services related to increasing breastfeeding initiation, duration, and exclusivity in at-risk populations by June 30, 2017.

Strategy 2.2: Encourage access to safe, nutritious, and affordable food options

- Obj. 2.2.a Conduct an assessment of food resources, including retail, non-traditional and emergency food sources to inform future planning by December 31, 2016.
- Obj.2.2.b Identify barriers and develop strategies to improve participation across the different federal nutrition programs by June 30, 2017.
- Obj. 2.2.c Implement FDA Voluntary National Retail Food Regulatory Program Standards to achieve food inspection uniformity and reduce foodborne illness risk factors in restaurants and food stores by December 31, 2019.

Strategy 2.3: Encourage community design and development that supports physical activity

- Obj. 2.3.a Establish best practices and principles for PHMDC to support and encourage safe and accessible transportation options that promote physical activity for all users by December 31, 2017.
- Obj.2.3.b Incorporate considerations of health into selected city, town, and village planning processes to support active living by the December 31, 2019.

Goal 3

Healthy Minds, Healthy Bodies

So the people in our community are free from injury, trauma, and disease

Strategy 3.1: Minimize the impact and incidence of infectious disease

- Obj. 3.1.a Increase the percentage of 13 year olds who have received the full HPV series (3HPV) from 26% to 50% by December 31, 2019.
- Obj. 3.1.b Decrease rates of sexually transmitted infections by 3% by December 31, 2019.
- Obj. 3.1.c Develop a plan to address diseases spread by mosquitoes and ticks by December 31, 2016.

Strategy 3.2: Promote mental and emotional well-being

- Obj. 3.2.a Conduct an internal assessment of mental and emotional well-being professional development needs within PHMDC and create a plan to address them by December 31, 2016. Implementation of the plan begins by December 31, 2017.
- Obj. 3.2.b Conduct an assessment of community mental and emotional well-being by December 31, 2017 and create a plan to address priority issues with partners by December 31, 2018.

Strategy 3.3: Prevent drug abuse and excessive alcohol use

- Obj. 3.3.a Decrease the percentage of tobacco use among high school youth from 9.3% to 4.65% by December 31, 2020.
- Obj. 3.3.b Increase the number of schools that have adopted e-cigarette policy language by December 31, 2020.
- Obj. 3.3.c Build community capacity to reduce harm caused by drug abuse and excessive alcohol use by December 31, 2018.

Strategy 3.4: Improve access to comprehensive health care that is available, affordable, accessible, accommodating, and acceptable

- Obj. 3.4.a Establish and implement a plan to assure public access to insurance assistance and health care navigation assistance by December 31, 2018.
- Obj. 3.4.b Identify best practice and strategies for primary care alternative service delivery models to support improved access to care. (e.g., community health workers and community paramedicine) by December 31, 2020.
- Obj. 3.4.c Adopt and promote policies and practices that create accessible, accommodating, acceptable and welcoming health care services at PHMDC by December 31, 2018.

Goal 4

Healthy Places to Live, Learn, Work, and Play

So the physical environments in our community are healthy and safe

Strategy 4.1: Ensure healthy housing is available to everyone

- Obj. 4.1.a Increase the number of smoke and aerosol (electronic smoking device) free multi-unit housing buildings implemented with the Clear Gains program from 25 to 35 by December 31, 2020.
- Obj. 4.1.b Increase the number of municipal policies that include electronic smoking devices from two to five by December 31, 2020.
- Obj. 4.1.c Identify a clear role for PHMDC related to healthy housing by December 31, 2017.
- Obj. 4.1.d Eliminate all steel tanks as components of private onsite wastewater treatment systems (POWTS) to protect water quality by December 31, 2019.
- Obj. 4.1.e Establish and implement monitoring procedures for private onsite wastewater treatment systems (POWTS) requiring maintenance more frequently than once every three years by December 31, 2019.

Strategy 4.2: Ensure safe and healthy drinking water

- Obj. 4.2.a Create a healthy drinking water Population Health Profile and develop an action plan defining PHMDC's role in safe and healthy drinking water by December 31, 2016.
- Obj. 4.2.b Create a climate change Population Health Profile and develop an action plan defining PHMDC's role by December 31, 2017.

Strategy 4.3: Support community infrastructure and land use policy to promote health

- Obj. 4.3.a Solidify partnerships with agencies that govern land use policies, practices, and infrastructure development such as parks, planning, schools, and others by December 31, 2016.

Strategy 4.4: Support and encourage quality jobs and working conditions that promote health

- Obj. 4.4.a Identify a clear role for PHMDC related to sick and parental leave policies by December 31, 2020.

Goal 5

Highly Effective Organization

Strengthening PHMDC to improve the health of our community by committing to equity, inclusion, and antiracism in our work

Strategy 5.1: Performance Management: Develop internal systems to improve quality, standards, measures and reporting

- Obj. 5.1.a Create Performance Management/Quality Improvement Plan(s) to achieve the highest level of public health outcomes and standards by December 31, 2017.
- Obj. 5.1.b Implement Performance Management Plan by June 30, 2018.
- Obj. 5.1.c Implement Quality Improvement Plan by December 31, 2018.
- Obj. 5.1.d Create and implement a plan for regular internal and external communication of performance management and quality improvement activities by April 30, 2018.
- Obj. 5.1.e Create and implement a system to review, update, and increase accessibility of PHMDC internal policies and procedures by June 30, 2018.

Strategy 5.2: Budget: Develop systems that ensure fiscal responsibility, effective resource management, and strategic funding decisions

- Obj. 5.2.a Develop program budgets by June 30, 2017.
- Obj. 5.2.b Develop a plan to align funding and budget allocation to support health and racial equity and other strategic priorities by June 30, 2017.
- Obj. 5.2.c Assess department technology needs to create recommendations for next steps by March 31, 2017.
- Obj. 5.2.d Create a system to identify funding opportunities and processes to apply for funding by December 31, 2017.
- Obj. 5.2.e Develop a plan to increase transparency, understanding, and communication of PHMDC budgets for all staff by March 31, 2017.

Strategy 5.3: Communication: Assure effective communications with staff, stakeholders, and the community

- Obj. 5.3.a Create a Communications Plan to support a culture of: clear and inclusive internal communications, public relations, and community engagement by December 31, 2016.
- Obj. 5.3.b Implement Communications Plan by December 31, 2017.
- Obj. 5.3.c Initiate evaluation of Communications Plan by March 31, 2018.
- Obj. 5.3.d Initiate annual review and revision of Communications Plan by December 31, 2018.

Strategy 5.4: Workforce Development: Build and maintain an innovative, competent, and diverse workforce

- Obj. 5.4.a Implement a systematic process for recruitment, hiring, promotion, and retention through an equity framework by June 30, 2018.
- Obj. 5.4.b Create, implement, and monitor agency-wide employee performance evaluation process, which includes staff evaluation of leadership by March 31, 2019.
- Obj. 5.4.c Create a Workforce Development Plan to include opportunities for leadership experiences for staff, especially employees of color and other underrepresented groups, by June 30, 2018.
- Obj. 5.4.d Develop a plan to build supervisory, program management, and leadership skills for supervisors by December 31, 2017.
- Obj. 5.4.e Develop and implement system for standardized annual competency assessment of public health proficiency by September 30, 2017.

Strategy 5.5: Workplace Culture: Cultivate an inclusive, respectful, and productive work environment where all feel valued and empowered

- Obj. 5.5.a Conduct a Workplace Culture Assessment by December 31, 2016.
- Obj. 5.5.b Create a Workplace Culture Plan integrating the health and racial equity and workplace culture assessments by June 30, 2017.
- Obj. 5.5.c Create a plan to increase staff recognition and program success to cultivate improved workplace culture by March 31, 2017.
- Obj. 5.5.d Increase opportunities for staff, especially employees of color and other underrepresented groups, to offer input as part of the decision-making process by March 31, 2017.