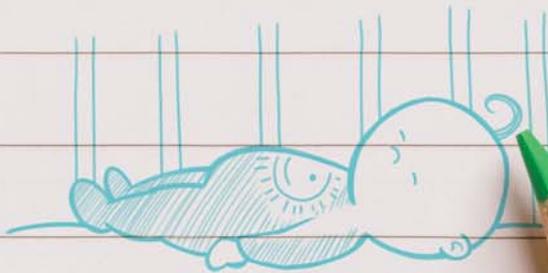
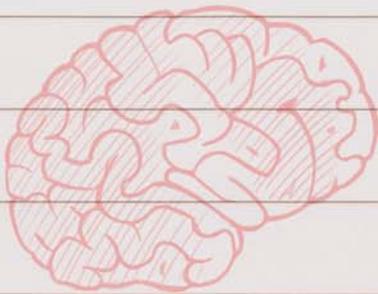
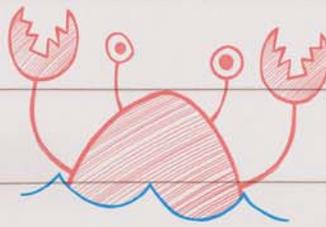


Strategic Plan

Fiscal Years
2017 - 2019



ANNE
ARUNDEL
COUNTY

MARYLAND
DEPARTMENT OF HEALTH

January 2017

Letter from the Health Officer

I am pleased to present the Anne Arundel County Department of Health's three-year strategic plan for fiscal years 2017-2019. This was an effort that combined health data from the 2015 Anne Arundel County Community Health Needs Assessment as well as input from key stakeholders in the County Executive's Office, the County Board of Health, the Healthy Anne Arundel Coalition, community and faith-based organizations and the invaluable Department of Health staff.

The landscape of health care continues to evolve and the Department of Health must evolve with it. With the implementation of the Affordable Care Act in Maryland, more of our residents have access to health insurance. However, challenges remain as cancer, heart disease and diabetes still have a tremendous impact on the health and quality of life for many residents. This is in part driven by the high rates of obesity and the overweight in our community. In addition, behavioral health conditions, including mental illness and substance use, affect an inordinate number of families. These disorders and the people who suffer from them still face undeserved and unconscionable stigma by our society, yet they have no less of an impact than physical ailments. The rate of deaths related to overdose has escalated in the last two years, straining a behavioral health care system that was already stretched thin.

However, achieving health is more than just health care. It has long been known that there are many social factors that can impact a person's health, longevity and quality of life. I am encouraged by the multiple, coordinated efforts across our county and state to address these social determinants of health that too often result in inequities related to access to resources and health outcomes.

The challenges to achieving our vision of a healthy Anne Arundel County with healthy people in healthy communities are many, but the Department of Health is strongly committed to fulfilling our vision and mission. The goals of this strategic plan are ambitious and cannot be addressed by the Department of Health alone. This plan will be implemented in collaboration with the Healthy Anne Arundel Coalition, county and state agencies, health care providers, educational institutions, faith-based partners, community organizations and, importantly, the residents whom we serve. As Mahatma Gandhi said, "It is health that is the real wealth, and not pieces of gold and silver." We must continue to work together and invest in the programs, services and supports that help our community achieve the greatest health and wellness possible.

Warm regards,

Jinlene Chan, MD, MPH

Introduction to the Strategic Planning Process

The Anne Arundel County Department of Health is pleased to present our three-year strategic plan for fiscal years 2017-2019. Our strategic plan includes four priority areas to guide the department's focus over the next three years: Behavioral Health, Chronic Disease Prevention and Management, Access to Care and Organizational Effectiveness. These priority areas do not encompass all of the important work of the department. Rather, these four areas have been determined to require extra attention over the next three years in order to achieve our mission to preserve, promote and protect the health of all people who live, work and play in Anne Arundel County.

Our Planning Process

The priority areas, goals and objectives included in this strategic plan were developed as part of a collaborative planning process. The process included focus groups; surveys of department staff and key partners; interviews with Board of Health members, the County Executive and the Chief Administrative Officer; a roundtable discussion with faith-based leaders; and a review of health data and essential county documents. A strategic planning committee of staff from across the department met to review information and develop the plan. Following the completion of this plan, staff met to begin implementation planning, which includes developing activities to achieve each objective.

Importance of Partnerships

The goals and objectives selected through this planning process are ambitious and cannot be addressed by the department alone. The department is committed to implementing this plan in collaboration with the Healthy Anne Arundel Coalition, county and state agencies, health care providers, educational institutions, faith-based partners, community organizations and residents. Through these strong and trusting partnerships, the department will continue toward our vision of a vibrant Anne Arundel County with healthy people in healthy communities.

Health Equity as a Theme

Healthy People 2020 defines health equity as the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."¹ The department is committed to creating conditions that support health equity among Anne Arundel County residents. Health equity is interwoven as a theme throughout our strategic plan because it is a goal of all of our programs rather than a distinct initiative.

Health inequities are created when barriers prevent people or communities from reaching their full health potential. These barriers can take many different forms, such as inability to pay for care, poor environmental conditions in homes or neighborhoods, unavailability of transportation, lack of culturally appropriate services and providers, or lack of access to information related to health care. These inequities in turn create health disparities, which are the differences in health status between people related to social or demographic factors such as race, gender, income, education or geographic area.

¹ <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>.

Health equity can be viewed in two ways: horizontal health equity and vertical health equity.² Horizontal health equity is the equal treatment of equals. The department strives to ensure that people of equal need are given equal resources through department programs, regardless of gender, race, ethnicity and other factors. Vertical health equity occurs when those with greater needs are given greater access to resources. The department focuses certain efforts on geographic areas or populations that have higher burdens of disease, such as obesity or chronic conditions, in order to bring health outcomes in these areas or populations in line with others in the county. In this strategic plan, objectives 3a (increasing farmers markets accepting federal benefits), 3b (increasing total federal benefit sales at farmers markets), 4a (increasing proportion of minority women screened for cancer), 5c (increasing early prenatal care among Healthy Start clients), 6a (developing a department-wide health equity assessment and policy) and 7b (providing culturally-competent services) are specifically focused on promoting the health of disadvantaged populations suffering poorer health outcomes.

Health disparities exist in Anne Arundel County. We consistently find poorer health outcomes for some minority groups and people living in certain geographic areas of the county when compared to county averages or other groups. The department strives to achieve both horizontal and vertical health equity by breaking down these barriers and reducing disparities. We are committed to achieving this by ensuring all employees provide culturally competent services. We also work with partners in other sectors to address factors that influence health, including access to food, employment, education, housing and transportation. The department acknowledges that racism has created structures limiting opportunities for people based on their appearance. The department is committed to putting structural racism on the agenda and thinking critically about the ways in which our local health department can promote and facilitate conversations and interventions to address institutional racism and its negative health impacts.

² Culyer, A. Equity - some theory and its policy implications. *J Med Ethics* 2001;27:275-283 doi:10.1136/jme.27.4.275.

Department of Health’s Vision, Mission and Core Values

Our Vision: A vibrant Anne Arundel County with healthy people in healthy communities.

Our Mission: To preserve, promote and protect the health of all people who live, work and play in Anne Arundel County.

This will be accomplished through our commitment to fulfilling these 10 Essential Public Health Services:

1. Monitor the health status and environment of the county to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the county.
3. Inform, educate and empower the public regarding health-related issues.
4. Partner with other organizations to improve the health and wellbeing of county residents.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws, regulations and standards to protect public health and safety.
7. Link people to needed health services and assure the provision of health care services when otherwise unavailable.
8. Assure a competent public health workforce.
9. Evaluate the effectiveness, accessibility and quality of personal and population-based health services.
10. Research new insights and innovative solutions to health problems.

Core values reflect principles that our department strives to uphold as we work toward improving public health in Anne Arundel County.

Respect	We are committed to treating each other and the people we serve with dignity and sensitivity, ensuring that all are treated fairly and equitably.
Integrity	We adhere to strict ethical standards in performing our duties, with a high level of professionalism, while treating constituents and colleagues with fairness and respect.
Excellent	We provide high-quality and efficient programs and services and hold ourselves accountable to our stakeholders and the people we serve.
Collaboration	We work jointly across the Department of Health and with other agencies and public organizations to deliver effective programs and empower communities to improve their health.
Innovation	We will be creative, resourceful and evidence-based as we respond to the changes in the public health system and the larger environment in which we operate.

Anne Arundel County Government and Human Services Core Group's Vision and Mission

As a county government agency, the Department of Health is part of a wider local government system. As an integral part of Anne Arundel County Government, the Department of Health supports the vision and mission of the county government and the vision of its Human Services Core Group. The Human Services Core Group includes the Department of Aging and Disabilities; Department of Health; Office of Human Relations and Minority Affairs; Housing Commission; Mental Health Agency; Partnership for Children, Youth and Families; Department of Social Services; Workforce Development Corporation and the Arundel Community Development Services, Inc.

Vision of Anne Arundel County Government: Our vision is that Anne Arundel County will be the best place to live, work and start a business in the State of Maryland.

Mission of Anne Arundel County Government: Our mission is to

- reduce taxes and fees to encourage economic growth and job creation and to reduce the cost of living and conducting business in the county,
- improve public education by supporting the Anne Arundel County Board of Education, Community College and County Library System and by accelerating construction of smaller, neighborhood schools,
- strengthen public safety by increasing the number of public-safety personnel, improving our law-enforcement and emergency-response infrastructure, and improving levels of compensation,
- reform county government to make it more efficient, cost effective and customer friendly,
- enhance our natural environment by cleaning up our waterways and protecting our open spaces,
- improve the quality of life of our citizens by expanding and enhancing our portfolio of recreational, educational and human-services assets and programs,
- assure that all county services are delivered efficiently, promptly and courteously, and
- conduct ourselves to the highest standard of ethical conduct.

Vision of Anne Arundel County Human Services Core Group: Our vision is that every citizen of Anne Arundel County will live in a safe community in a quality home that he or she can afford, be financially secure and properly nourished, have the job skills needed to succeed in the workplace, be part of a well-functioning family unit, have equal opportunity, have access to comprehensive physical and behavioral health services, and live a long, healthy and fulfilled life.

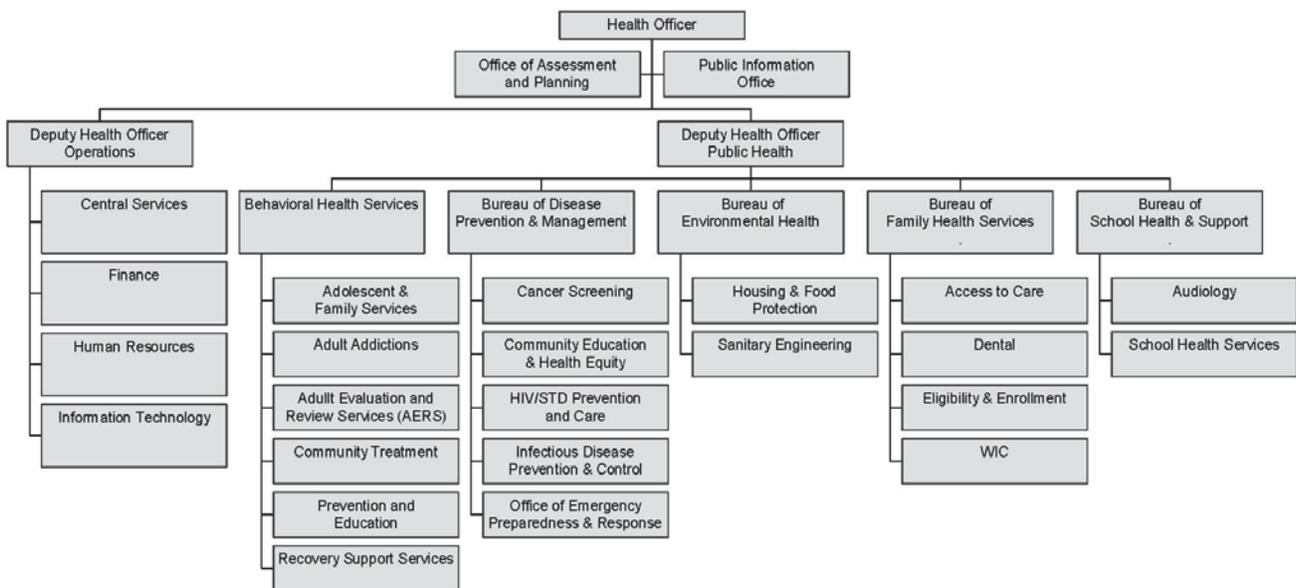
Department of Health's Organizational Overview

The Department of Health is the government agency responsible for improving the health of people that live, work and play in Anne Arundel County. The department is organized into five programmatic bureaus: Behavioral Health, Disease Prevention and Management, Environmental Health, Family Health Services, and School Health and Support. The department also has administrative and support programs, including Central Services, Finance, Human Resources, Information Technology, Assessment and Planning, and Public Information.

By state and county authority, the department is charged with enforcement of certain federal, state and county laws and regulations. In addition to regulatory and enforcement work, the department directly provides mandated, delegated and locally-initiated public health services. The Anne Arundel County Council, which also serves as the County Board of Health; the Conquer Cancer Advisory Council; and several other advisory councils help advise the department in its work.

Nearly 700 Department of Health employees — physicians, nurses, sanitarians, counselors, therapists and other allied health and support personnel — bring compassion and commitment to their work and a concern for continually improving the quality of the department's services.

**Anne Arundel County Department of Health
Organization Chart**



Health Status of Anne Arundel County

In February 2016, the Department of Health completed a Community Health Needs Assessment in partnership with the Healthy Anne Arundel Coalition partners. Below is a summary, but the complete needs assessment report about the health of county residents can be found at www.aahealth.org/chna.

Leading Causes of Death: In 2013, life expectancy in the county rose to an average of 79.8 years. Cancer was the leading cause of death, followed by heart disease. There was a 6% decline in age-adjusted death rates for all cancer deaths among African Americans, an 11% decline among Whites and a 22% decline among Hispanics of any race.

Mental Health: The demand for mental health services has increased for every age group. 11,321 residents were served by the County Mental Health Agency in 2014, an increase of 11% from FY13. There has been a 14.5% increase in mental health services for children ages 6 to 12 and a 9.6% increase for children between 13 and 17 years of age.

Opioids: In 2014, the county had the third highest number of prescription opioid-related deaths in Maryland (after Baltimore City and Baltimore County). The increase in controls on prescription drugs has made the trade in prescription opioids more expensive. Partly because of this, heroin (a derivative of opium and an illegal opiate drug) has made a profound reappearance on the streets of Anne Arundel County, often combined with fentanyl, a synthetic opioid that is highly potent. Out of 101 intoxication deaths that occurred in Anne Arundel County in 2014, 53 were heroin-related. There was almost a three-fold increase in the number of heroin-related deaths (from 18 to 53) between 2010 and 2014.

Obesity: Overweight and obesity are still significant health issues in Anne Arundel County leading to secondary issues such as diabetes. The obesity rates for those with a Body Mass Index (BMI) of 30 or more increased almost four percentage points. Approximately 69,000 (12%) of Anne Arundel County residents live in an area categorized as a food desert, which is an urban neighborhood or rural town without ready access to fresh, healthy and affordable food.

Access to Health Care: The Affordable Care Act (ACA) has increased access and expectations for health care. The number of Anne Arundel County Medicaid enrollments increased from 68,166 in January 2013 to 84,616 in December 2014. Nonetheless, access to primary care is a growing issue in the county. Compared to Maryland, Anne Arundel County has 21.6% fewer primary care physicians and 8.5% less dentists per 100 population.

Emergency Departments (ED): The two hospital EDs have become the “catch-all” for somatic and behavioral health treatment. The ED is a trusted venue and one of the main “front doors” for primary care, especially among lower income residents. There were 335 visits to the ED for every 1,000 individuals in the county. The ED visit rate for African Americans was the highest among the racial and ethnic groups examined. For those residents with critical substance use and mental health issues, the ED is often their only choice.

Goals and Objectives

During Fiscal Years 2017-2019, the Department of Health will implement the bulleted strategies that follow to support each objective.

Behavioral Health

Goal 1: Decrease the morbidity and mortality associated with behavioral health conditions.

Rationale: The rise in mental health and substance use issues and the lack of appropriate services and service providers were the major concerns for almost every participant in the 2015 Community Health Needs Assessment. The demand for mental health services has increased for every age group. Drug and alcohol poisoning (also known as “overdose” or “intoxication”) is one of the leading causes of unintentional injury or death in Anne Arundel County and Maryland, a statistic on the rise over the past five years. Individuals with co-occurring psychiatric and substance use disorders in Anne Arundel County are recognized as a population with poorer outcomes and higher costs in multiple clinical domains. Due to their complex needs, they often do not fit neatly into many traditional service systems, resulting in over-utilization of emergency departments and the criminal justice, homeless shelter and child protective systems. Adults with co-occurring disorders are also more likely to experience significant chronic somatic illness, such as obesity, high blood pressure and heart disease.

- a) By December 2017, increase the number of individuals receiving school and community-based opportunities for mental health and substance use screening by 5% from 2,477 to 2,600 and early intervention by 10% from 1,409 to 1,550.^{3,4}
 - Collaborate with County Executive’s “Not My Child” Planning Initiative.
 - Increase mental health and substance use screenings among those involved with the Department of Social Services and adolescents involved with the criminal justice system.
- b) By June 2019, ensure 75% of patients remain in either methadone treatment for at least 18 months or Suboxone® treatment for at least three months.³
 - Increase client engagement with adult addictions staff.
 - Implement support groups at Langley Road and South County adult addictions clinics.
 - Develop a working relationship with State Behavioral Health and with Beacon Health to access outcome data for Medicaid and self-pay clients.
 - Decrease counselor caseloads to increase client engagement.
- c) By June 2019, reduce underage alcohol use among high school students from 30.2% to 26.1%.⁵
 - Enhance underage and binge drinking prevention media campaign.
 - Consider county legislation that requires someone at each alcohol-licensed establishment to complete alcohol server training.
 - Increase the number of police compliance checks.

³ Target chosen by program leadership.

⁴ Baseline for screenings based on total assessments and screenings conducted under Community Case Management, Maryland Department of Juvenile Services, Temporary Cash Assistance and Addiction Recovery Program. Baseline for early intervention based on Temporary Cash Assistance screenings.

⁵ Target is based on current Maryland average.

- d) By June 2019, maintain an annual average of 98% of youth discharged from the department's mental health clinic to the community, meaning they will not require a higher level of care.³
- Provide case management services such as making referrals for additional support services.
 - Increase communication with other providers treating clients.
 - Remain engaged with the client and family through follow up calls and flexible scheduling.

Goal 2: Increase the number of individuals in long term recovery by establishing a care coordination system for treatment and recovery from substance use or co-occurring disorders.

Rationale: Substance use disorders are a chronic condition requiring a strong care coordination system which meets people at each stage of their disease. We cannot allow people in fragile health states to fall through the cracks that are sometimes present between stages of substance use care. The department is focused on following up with people after an overdose episode in the hopes of enrolling them in treatment. Each time a person is saved from overdose is another chance they get to enroll in a treatment program. Care coordination for co-occurring disorders and strengthening the systems are areas of focus of the Healthy Anne Arundel Coalition as well.

- a) By June 2018, 100% of people will be followed up after an emergency department visit for opioid overdose.³
- Strengthen relationships with the Anne Arundel Medical Center and University of Maryland Baltimore Washington Medical Center providers.
 - Query opioid admissions and track those referred.
 - Increase the number of patients seen in the emergency departments.
 - Increase access to patients who present with overdose and/or moderate to severe opioid use.
- b) By June 2019, increase the percentage of individuals transferred from a substance use disorder residential level of care to a lower level of care from 41.3% to 60%.³
- Develop a working relationship with State Behavioral Health and with Beacon Health to access outcome data.
 - Better understand the care coordination needs of clients.

Chronic Disease Prevention and Management

Goal 3: Support people who live, work and play in Anne Arundel County to achieve a healthy weight.

Rationale: Many factors play a role in weight, including lifestyle, access to healthy foods, surrounding environment, genetics and certain diseases. Being overweight or obese increases the risk of diabetes, heart disease, cancer, stroke, high cholesterol, high blood pressure, sleep disorders, respiratory problems and other health issues. Obesity is a major health issue in the county; only 30 percent of county residents were considered a healthy weight in 2014. Anne Arundel County residents are more likely to be obese or overweight than the average population of Maryland. Both overweight and obesity increased in Anne Arundel County from 2012 to 2014. Approximately 12% of county residents live in an area categorized as a food desert, meaning residents do not have ready access to fresh, healthy and affordable food. Obesity prevention is also a priority for the Healthy Anne Arundel Coalition.

- a) By December 2018, increase the number of farmers and farmers markets accepting federal benefits from two to three.⁶
 - Identify challenges and solutions of electronic benefit transfer (EBT) implementation.
 - Build collaborative relationships with stakeholders.
 - Increase knowledge of the benefits of markets accepting EBT.
- b) By June 2019, increase the farmers markets' total federal nutrition benefit⁷ sales from \$850 to \$2,235.⁶
 - Assess the farmers market environment in the county.
 - Promote county farmers markets, EBT and the Maryland Market Money Program.
 - Increase knowledge of federal nutrition benefits at a farmers market.
- c) By June 2019, propose at least three policy recommendations related to obesity prevention to local policymakers.³

Goal 4: Reduce chronic disease morbidity and mortality in Anne Arundel County.

Rationale: Chronic conditions such as heart disease, cancer, hypertension, chronic lower respiratory diseases and diabetes are all in the top ten leading causes of death for county residents. With all of these conditions, there are notable differences in diagnosis and outcomes between different minority groups. The cancer mortality rate among African Americans in the county is 174.5 per 100,000 population versus 167.3 per 100,000 population in the county overall. Similarly, the emergency department visit rate for hypertension is 511.2 per 100,000 population for African Americans versus 183.6 per 100,000 population for the county overall. Inequities in health outcomes also have geographic patterns. Emergency department visit rates for diabetes or asthma are six times higher in Brooklyn Park and five times higher in Curtis Bay compared to the county average. The geographic distribution of higher rates of poor health outcomes mirrors other economic and quality of life indicators like income levels, education levels and access to food. In order to promote health equity, the department plans to specifically target chronic disease in groups that experience a greater burden or worse outcomes.

- a) By June 2019, increase the proportion of minority women screened for breast and cervical cancer through Department of Health programs from 45% to 50%.³
 - Build awareness in minority communities of the importance of breast and cervical cancer screening through partnerships with and funding to community groups and faith-based organizations.
- b) By December 2017, increase the number of people being case managed for hypertension by Department of Health programs to 40 through a pilot project with HIV and TB clients.³
 - Plan, implement and evaluate a pilot project for HIV and TB clients.
- c) By June 2019, reduce the percentage of adult smokers from 15.5% to 12% through the continuation of tobacco prevention and cessation activities.⁸
 - Expand tobacco cessation access in public housing.
 - Increase promotion of tobacco-use prevention and cessation activities.
- d) By June 2019, reduce the percentage of high school students who use tobacco products from 19.1% to 16.4%.⁵
 - Educate youth and parents on the dangers of tobacco products and secondhand smoke.
 - Decrease youth access to tobacco products and electronic nicotine delivery systems.

⁶ Target chosen based on advice from Maryland Farmers Market Association.

⁷ Includes Supplementation Nutrition Assistance Program (SNAP), Farmers Market Nutrition Program (FMNP) and Women, Infants and Children (WIC) Supplemental Nutrition Program.

⁸ Target based on Healthy People 2020 goal.

Access to Care

Goal 5: Increase timely access to appropriate health care services for people who live in Anne Arundel County.

Rationale: Health insurance coverage is an important determinant of access to health care. Without health insurance coverage, many people find health care unaffordable and do not seek health care when they need it. In 2013, an estimated 22.2% of Hispanics, 9% of Asians, 7.7% of African Americans, and 4.7% of Caucasians in the county did not have health insurance. Although the number of uninsured decreased as a result of the Affordable Care Act, minority communities still have lower enrollment rates and the undocumented face serious barriers in accessing care. The Affordable Care Act does not include dental benefits for adults as an essential health benefit, so dental insurance plans offered through Medicaid are extremely limited in coverage. Dental coverage through private plans can be cost prohibitive. Additionally, health insurance does not necessarily equate to health care access. There needs to be an adequate number of providers in the area accepting patients and providing affordable care. Compared to Maryland, the county has 21.6% fewer primary care physicians and 8.5% fewer dentists per 100 population.

- a) By June 2019, decrease the percentage of people uninsured from 6.6% to 5.6%.³
 - Initiate enrollment program for people being released from jail.
 - Expand the Health Care Access Center.
 - Increase partnerships with community organizations, faith-based partners and other agencies to educate the community about insurance resources.
- b) By June 2019, decrease the rate of emergency department visits related to dental conditions from 617 per 100,000 population to 574 per 100,000 population.³
 - Continue the dental emergency department diversion program.
 - Convene the Adult Oral Health Task Force.
- c) By January 2019, increase the percentage of Healthy Start's uninsured clients receiving prenatal care in the first trimester of pregnancy from 25% to 30%.³
 - Ensure referrals are followed up within 10 days and link to prenatal care.
 - Explore funding options to increase timely prenatal care access for the uninsured.

Goal 6: Decrease barriers to accessing public health services at the Anne Arundel County Department of Health for underserved populations.

Rationale: The department's programs continue to prepare to support the county's increasingly diverse population. The Hispanic population in the county has tripled since 2000, leading to an increased need for county agencies to provide bilingual services. The Community Health Needs Assessment found that major barriers to health care included lack of financial resources, irregular sources of care, language barriers, lack of adequate transportation options and legal obstacles, especially for people who are undocumented.

- a) By December 2018, complete the health equity initiative, which will include an organizational health equity and department-wide cultural competency assessment, development and implementation of a health equity policy or procedure.⁹
 - Conduct a health equity and cultural competency assessment across the department.
 - Develop policies and procedures to assess and support bilingual staff.

⁹ Based on Public Health Accreditation Board Standards.

- b) By June 2017, ensure 75% of the department’s community health education workforce is able to connect people to all Department of Health programs and services.³
 - Convene department’s Health Education Workgroup to coordinate programs.

Organizational Effectiveness

Goal 7: Develop and maintain a competent public health workforce.

Rationale: A competent workforce is at the center of any successful organization. The department is committed to investing in training and development of our staff. Benefits to workforce development are varied, but can include: improved quality of services, enhanced individual and organizational performance, increased employee engagement, improved retention rates, expanded ability for the organization to adapt to change and deepened bench strength to support succession. As part of the department’s internal accreditation readiness assessment, workforce development has been identified as an area for improvement.

- a) By January 2019, increase percentage of staff who can apply customer service principles gained during training from 56% to 85% of total workforce.^{3,10}
 - Rework the customer service curriculum to reflect state-level strategies and initiatives.
 - Expand participation of current employees.
 - Revise and expand new employee orientation to include customer service.
- b) By June 2019, increase percentage of staff who can apply cultural competency principles gained during training to 60%.^{3,10}
 - Finalize curriculum and launch training.
 - Expand participation of current employees.
 - Revise and expand new employee orientation to include cultural competency.

Goal 8: Increase the effectiveness and efficiency of internal operational services.

Rationale: Internal operations, such as information technology, finance, facilities and human resources, are essential to supporting the successful implementation of the department’s external client facing programs. Improving the department’s internal services was the second highest priority in a survey of departmental staff.

- a) By March 2018, increase the percentage of employees who strongly agree or agree that they feel supported, valued and appreciated at work from 55% to 80%.³
 - Increase staff recognition opportunities, in addition to Public Health Heroes, and provide non-monetary awards for both management and non-management staff.
 - Develop and implement more standardized and effective face-to-face methods for conducting performance evaluations to ensure equity and promote professional development opportunities.
- b) By June 2019, complete 18 infrastructure improvement projects aimed at improving workspaces, ensuring safety and security for customers and staff and increasing overall department efficiency.³
 - Increase staff and visitor safety by forming an Employee Safety Committee and enhancing security cameras.
 - Increase productivity and communication by upgrading the phone and network systems.
 - Improve staff morale, e.g. improve employee lounge environment.

¹⁰ Percentages represent the proportion of staff (including those who did not attend training) who self-report agreeing or strongly agreeing that they can apply the principles learned in training. This ensures that measurements are showing reach and quality of training.

- c) By March 2018, complete 100% of monthly financial reports within 15 days of the following month.³
 - Gather data on internal customer needs and develop reports to fit needs.
 - Train staff to run reports and maintain electronic inventory of monthly reports.
- d) By December 2018, 80% of all job offers will occur within 90 days of position vacancy.³
 - Develop a more efficient electronic tracking and follow-up system for filling position vacancies.
 - Standardize and improve the current document flow from the point of vacancy to posting, resume selection and interview to hire.
- e) By July 2017, obtain, maintain and upgrade IT physical and operating system network infrastructure to ensure a 99% operational uptime.³
 - Continue upgrades of IT system network and integration with county infrastructure.
- f) By June 2019, improve our staff members' and partners' perceptions of how well the department performs the 10 essential public health services from good to very good.³
 - Increase staff and partner awareness of the 10 essential public health services via internal and external publicity efforts, such as visual representations and staff engagement activities.

Goal 9: Create and maintain a culture of quality improvement.

Rationale: When a culture of quality is achieved, all employees, from senior leadership to frontline staff, have infused quality improvement into the way they do business daily. Employees are empowered to continuously improve processes that impact both internal and external customers. As part of the department's internal accreditation readiness assessment, performance management and quality improvement have been designated areas for improvement. The Office of Assessment and Planning also conducted a performance management and quality improvement needs assessment to determine next steps.

- a) By January 2019, obtain National Public Health Accreditation.³
 - Complete workforce development and quality improvement plans and pilot a performance management system.
 - Schedule and plan mock site visit to prepare for the accreditation site visit.
- b) By June 2019, achieve and maintain a rate of 90% very satisfied or satisfied response to the organizational customer service survey.³
 - Develop methods to gather, analyze and disseminate customer service feedback data.
 - Disseminate customer service initiative key messages to staff.
- c) By June 2019, increase engagement and participation of staff in quality improvement initiatives by 20%.³
 - Provide quality improvement training for staff.
 - Select and implement pilot quality improvement projects.
 - Develop methods for staff members to provide suggestions for potential quality improvement projects.
 - Host storyboard showcase to demonstrate projects and engage staff.
- d) By June 2019, complete at least six successful quality improvement projects.⁹
 - Maintain relationships with JHU expert trainer and experts at other health departments for technical assistance.

Acknowledgments

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Jinlene Chan, MD, MPH, Health Officer
David C. Rose, MD, MBA, Deputy Health Officer of Public Health
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- Faith-based Leaders

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Appendix A. Essential Public Health Services and Public Health Accreditation Domains

Essential Public Health Services describe these public health activities all communities should undertake:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

For information on the 10 Essential Public Health Services go to www.cdc.gov/nphpsp/essentialservices.html.

The Public Health Accreditation Board organized standards for all health departments into these 12 domains:

1. Conduct assessments focused on population health status and health issues facing the community.
2. Investigate health problems and environmental public health hazards to protect the community.
3. Inform and educate about public health issues and functions.
4. Engage with the community to identify and solve health problems.
5. Develop public health policies and plans.
6. Enforce public health laws and regulations.
7. Promote strategies to improve access to health care services.
8. Maintain a competent public health workforce.
9. Evaluation and continuously improve processes, programs and interventions.
10. Contribute to and apply the evidence base of public health.
11. Maintain administrative and management capacity.
12. Built a strong and effective relationship with the governing entity.¹¹

More information on the 12 Public Health Accreditation Domains can be found at www.phaboard.org.

¹¹ The Anne Arundel County Department of Health has a matrixed governance structure including the County Executive, Board of Health and Maryland Department of Health and Mental Hygiene (DHMH).

Appendix B. Strategic Planning Objectives Crosswalk

Strategic Plan Objective	Essential Public Health Service	Public Health Accreditation Domain
Objective 1a: By December 2017, increase the number of individuals receiving school and community-based opportunities for mental health and substance use screening by 5% from 2,477 to 2,600 and early intervention by 10% from 1,409 to 1,550.	3, 7	3, 7
Objective 1b: By June 2019, ensure 75% of patients remain in either methadone treatment for at least 18 months or Suboxone® treatment for at least three months.	7	7
Objective 1c: By June 2019, reduce underage alcohol use among high school students from 30.2% to 26.1%.	3, 6	3, 6
Objective 1d: By June 2019, maintain an annual average of 98% of youth discharged from the department's mental health clinic to the community, meaning they won't require a higher level of care.	7	7
Objective 2a: By June 2018, 100% of people will be followed up after an emergency department visit for opioid overdose.	3, 7	3, 7
Objective 2b: By June 2019, increase the percentage of individuals transferred from an SUD residential level of care to a lower level of care from 41.3% to 60%.	7	7
Objective 3a: By December 2018, increase the number of farmers and farmers markets accepting federal benefits from two to three.	3, 5	3, 5
Objective 3b: By June 2019, increase the farmers markets' total federal nutrition benefit sales from \$850 to \$2,235.	3, 5	3, 5
Objective 3c: By June 2019, propose at least three policy recommendations related to obesity prevention to local policymakers.	3, 4, 5	3, 4, 5
Objective 4a: By June 2019, increase the proportion of minority women screened for breast and cervical cancer through Department of Health programs from 45% to 50%.	3, 7	3, 7
Objective 4b: By December 2017, increase the number of people being case managed for hypertension by Department of Health programs to 40 through a pilot project with HIV and TB clients.	3, 7	3, 7
Objective 4c: By June 2019, reduce the percentage of adult smokers from 15.5% to 12% through the continuation of tobacco prevention and cessation activities.	3, 7	3, 7
Objective 4d: By June 2019, reduce the percentage of high school students who use tobacco products from 19.1% to 16.4%.	3, 6, 7	3, 6, 7
Objective 5a: By June 2019, decrease the percentage of people uninsured from 6.6% to 5.6%.	3, 7	3, 7
Objective 5b: By June 2019, decrease the rate of ED visits related to dental conditions from 617 per 100,000 population to 574 per 100,000 population.	3, 7	3, 7

Objective 5c: By January 2019, increase the percentage of Healthy Start's uninsured clients receiving prenatal care in the first trimester of pregnancy from 25% to 30%.	3, 7	3, 7
Objective 6a: By December 2018, complete the health equity initiative, which will include an organizational health equity and cultural competency assessment, development and implementation of a health equity policy or procedure.	7, 8	7, 8, 11
Objective 6b: By June 2017, ensure 100% of the department's community health education workforce is able to connect people to all Department of Health programs and services.	7, 8	7, 8, 11
Objective 7a: By January 2019, increase percentage of staff who can apply customer service principles gained during training from 56% to 85% of total workforce.	7, 8, 9	7, 8, 9, 11
Objective 7b: By June 2019, increase percentage of staff who can apply cultural competency principles gained during training to 60%.	7, 8	7, 8, 11
Objective 8a: By March 2018, increase the percentage of employees who strongly agree or agree that they feel supported, valued and appreciated at work from 55% to 80%.	8	8
Objective 8b: By June 2019, complete 18 infrastructure improvement projects aimed at improving workspaces, ensuring safety and security for customers and staff, and increasing overall department efficiency.	Not applicable	11
Objective 8c: By March 2017, complete 100% of monthly financial reports within 15 days of the following month.	Not applicable	11
Objective 8d: By December 2018, 80% of all job offers will occur within 90 days of position vacancy.	Not applicable	11
Objective 8e: By July 2017, obtain, maintain and upgrade IT physical and operating system network infrastructure to ensure a 99% operational uptime.	Not applicable	11
Objective 8f: By June 2019, improve our staff members' and partners' perceptions of how well the department performs the 10 essential public health services from good to very good.	3	3
Objective 9a: By January 2019, obtain National Public Health Accreditation.	9	9
Objective 9b: By June 2019, achieve and maintain a rate of 90% very satisfied or satisfied response to the organizational customer service survey.	9	9
Objective 9c: By June 2019, increase engagement and participation of staff in QI initiatives by 20%.	9	9
Objective 9d: By June 2019, complete at least two successful QI projects.	9	9