



BOARD OF HEALTH AGENDA -WORKSESSION
November 9, 2022, 5:15 PM
Eau Claire County Courthouse Ground Level Room 302

Board of Health 2020-2024 Goals:

*Maintain Health Department's fiscal stability
Support and advocate for public health priorities
Review new and changing community/Health Dept priorities
Ongoing Board of Health improvements*

Health Department Mission:

Promoting health and safety for all Eau Claire communities

Health Department Vision:

ECCCHD will be a leader in assuring healthy people in healthy communities

Public access link if unable to attend in person:

<https://eauclairecounty.webex.com/eauclairecounty/onstage/g.php?MTID=e203f2bfdcb4c1655e6e7fa8fe0ce4f67>

Dial In: +1-415-655-0001

Event Number: 2595 077 8678

Event Password: 1234

*Mute personal devices upon entry

For those wishing to make verbal or written public comment regarding an agenda item, you must e-mail Gina Holt at gina.holt@eauclairecounty.gov at least 90 minutes prior to the start of the meeting. Your written comment will be shared with the Board of Health.

1. Call to Order. Welcome Guests
2. Public Comment-*The Board of Health and Eau Claire City-County Health Department welcome you. Statements pertinent to agenda items may be made by attendees during the public comment section. We do ask that statements are limited to three minutes per person. Written comments may also be provided. (5 minutes)*
3. Intro and overview of Work Session (5 minutes)
4. Facilitated discussion (90 minutes)
 - Health Department Scope of Work and Priorities
 - Health Department 2023 Strategic Plan Draft
5. Requests from Board members for future agenda items to be given consideration-(5 minutes)
6. Next business meeting – December 14, 2022, 5:15 p.m.
7. Adjourn

PLEASE NOTE: Due to requirements contained in the Wisconsin Open Meetings Law, only those matters placed on this agenda may be considered by the Board of Health at this meeting. If any member of the public desires that the Board of Health consider a matter not included on this agenda, he or she should contact a Board of Health Member or the Health Department Director to have the matter considered for placement on a future Board of Health agenda. Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request the service, contact the County ADA Coordinator at 839-4710, (FAX) 839-4854, (TDD) 839-4735 or by writing to the ADA Coordinator, Personnel Department, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.

Health Department Scope of Work - 2022

Below is a frame for the work that the health department continues to focus on.

Strategic Plan Priorities – Will be revised starting in 2023:

- Goal 1: Increase utilization of program and population data
- Goal 2: Invest in a strong workforce and infrastructure
- Goal 3: Engage the community in collaborative efforts to improve health and safety
- Goal 4: Develop long-term fiscal and operational strategies supporting innovation and sustainability

Basic Statutory, Administrative Rule, Ordinance requirements

Priorities and Core Services in the each of the Divisions:

- Communicable Disease
- Healthy Beginnings
- Community Health Promotion
- Policy and Systems
- Environmental Sciences
- Regulation and Licensing
- Clinical Services
- Operations

Community Health Assessment Priorities:

- Drug Use
- Mental Health
- Alcohol Misuse
- Healthy Nutrition
- Obesity

Foundational Public Health Services/Essential Services (see attached)

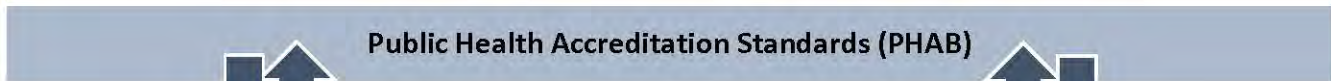
COVID-19

- Response
- Recovery

Wisconsin Public Health Forward

2025 Overarching Outcome

All Wisconsin local and tribal health departments use foundational capabilities to support the health of their communities with the goal to improve health outcomes and close the gap in disparities between all populations in Wisconsin.



Addressing social, economic, and educational factors that influence health to achieve health equity, whereby “everyone living their best life”. [Healthiest Wisconsin 2020 Focus Area Profile](#)

Overview

Health departments provide public health protections in a number of areas, including: preventing the spread of communicable disease, ensuring food, air, and water quality are safe, supporting maternal and child health, improving access to clinical care services, and preventing chronic disease and injury. In addition, public health departments provide local protections and services unique to their community's needs.

The infrastructure needed to provide these protections strives to provide fair opportunities for all to be healthy and includes seven capabilities: 1) Assessment/Surveillance, 2) Emergency Preparedness and Response, 3) Policy Development and Support, 4) Communications, 5) Community Partnership Development, 6) Organizational Administrative Competencies and 7) Accountability/Performance Management. Practically put, health departments have to be ready 24/7 to serve their communities. That requires access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, and expert staff to leverage them in support of public health protections.

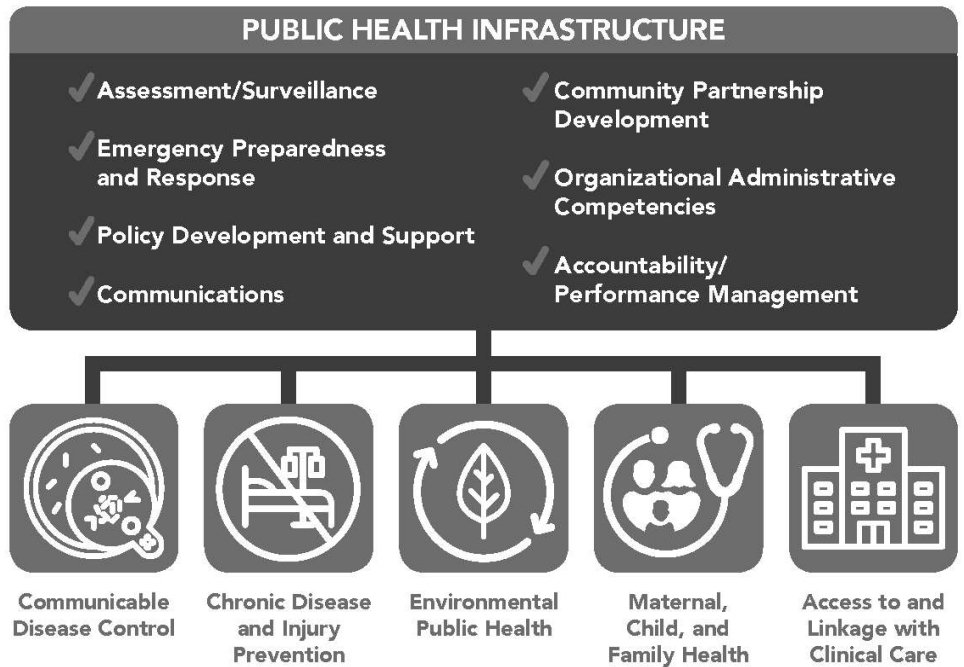
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Public health infrastructure consists of the foundational capabilities, which are the cross-cutting skills and capacities needed to support basic public health protections and other programs and activities that are key to ensuring the community's health and achieving equitable health outcomes.

Public health programs, or foundational areas, are those basic public health, topic-specific programs that are aimed at improving the health of the community affected by certain diseases or public health threats. Examples of these include, but are not limited to, chronic disease prevention, community disease control, environmental public health, and maternal, child, and family health.

Local protections and services unique to a community's needs are those determined to be of additional critical significance to a specific community's health and are supported by the public health infrastructure and programs. This work is essential to a given community and cannot be visually depicted because it varies by jurisdiction.

Public Health Infrastructure (Foundational Capabilities)

Assessment/Surveillance

- ❖ Ability to collect sufficient foundational data to develop and maintain electronic information systems to guide public health planning and decision making at the state and local level. Foundational data include Behavioral Risk Factor Surveillance Survey (BRFSS), a youth survey (such as YRBS), and vital records, including the personnel and software and hardware development that enable the collection of foundational data.
- ❖ Ability to access, analyze, and use data from (at least) seven specific information sources, including (1) U.S. Census data, (2) vital statistics, (3) notifiable conditions data, (4) certain health care clinical and administrative data sets including available hospital discharge, insurance claims data, and Electronic Health Records (EHRs), (5) BRFSS, (6) nontraditional community and environmental health indicators, such as housing, transportation, walkability/green space, agriculture, labor, and education, and (7) local and state chart of accounts.

- ❖ Ability to prioritize and respond to data requests, including vital records, and to translate data into information and reports that are valid, statistically accurate, and accessible to the intended audiences.
- ❖ Ability to conduct a community and statewide health assessment and identify health priorities arising from that assessment, including analysis of health disparities.
- ❖ Ability to access 24/7 laboratory resources capable of providing rapid detection.

Emergency Preparedness and Response

- ❖ Ability and capacity to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, to address natural or other disasters and emergencies, including special protection of vulnerable populations.
- ❖ Ability and capacity to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.
- ❖ Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders; and operate within, and as necessary lead, the incident management system.
- ❖ Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- ❖ Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster.
- ❖ Ability to issue and enforce emergency health orders.
- ❖ Ability to be notified of and respond to events on a 24/7 basis.
- ❖ Ability to function as a Laboratory Response Network (LRN) Reference laboratory for biological agents and as an LRN chemical laboratory at a level designated by CDC.

Policy Development and Support

- ❖ Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based, grounded in law, and legally defensible. This ability includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- ❖ Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies within your jurisdiction that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.

Communications

- ❖ Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- ❖ Ability to write and implement a routine communication plan that articulates the health department's mission, value, role, and responsibilities in its community, and support department and community leadership in communicating these messages.
- ❖ Ability to develop and implement a risk communication strategy, in accordance with Public Health Accreditation Board Standards, to increase visibility of a specific public health issue and communicate risk. This includes the ability to provide information on health risks and associated behaviors.
- ❖ Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- ❖ Ability to develop and implement a proactive health education/health prevention strategy (distinct from other risk communications) that disseminates timely and accurate information to the public in culturally and linguistically appropriate (i.e., 508 compliant) formats for the various communities served, including through the use of electronic communication tools.

Community Partnership Development

- ❖ Ability to create, convene, and sustain strategic, non-program specific relationships with key health-related organizations; community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; and relevant federal, tribal, state, and local government agencies and non-elected officials.
- ❖ Ability to create, convene, and support strategic partnerships.
- ❖ Ability to maintain trust with and engage community residents at the grassroots level.
- ❖ Ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners.

- ❖ Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect residents of the health department's geopolitical jurisdiction.
- ❖ Ability to engage members of the community in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for partnership development and coordination of effort and resources.

Organizational Administrative Competencies

- ❖ Leadership and Governance: Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the public face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction of public health initiatives. Ability to engage with the appropriate governing entity about the department's public health legal authorities and what new laws and policies might be needed.
- ❖ Health Equity: Ability to strategically coordinate health equity programming through a high level, strategic vision and/or subject matter expertise which can lead and act as a resource to support such work across the department.
- ❖ Information Technology Services, including Privacy and Security: Ability to maintain and procure the hardware and software needed to access electronic health information and to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies needed to interact with community residents. Ability to have the proper systems in place to keep health and human resources data confidential.
- ❖ Human Resources Services: Ability to develop and maintain a competent workforce, including recruitment, retention, and succession planning; training; and performance review and accountability.
- ❖ Financial Management, Contract, and Procurement Services, including Facilities and Operations: Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations.
- ❖ Legal Services and Analysis: Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process.

Accountability/Performance Management

- ❖ Quality Improvement: Ability to perform according to accepted business standards and to be accountable in accordance with applicable relevant federal, state, and local laws and policies and to assure compliance with national and Public Health Accreditation Board Standards. Ability to maintain a performance management system to monitor achievement of organizational objectives. Ability to identify and use evidence-based and/or promising practices when implementing new or revised processes, programs and/or interventions at the organizational level. Ability to maintain an organization-wide culture of quality improvement using nationally recognized framework quality improvement tools and methods.

Public Health Programs (Foundational Areas)

Communicable Disease Control

- ❖ Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- ❖ Identify statewide and local communicable disease control community partners and their capacities, develop and implement a prioritized communicable disease control plan, and seek funding for high priority initiatives.
- ❖ Receive laboratory reports and other relevant data, conduct disease investigations, including contact tracing and notification, and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national and state mandates and guidelines.
- ❖ Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV according to CDC guidelines.
- ❖ Assure the appropriate treatment of individuals who have active tuberculosis, including the provision of directly-observed therapy in accordance with local and state laws and Centers for Disease Control and Prevention (CDC) guidelines.
- ❖ Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual, at the appropriate level.
- ❖ Coordinate and integrate categorically-funded communicable disease programs and services.

Chronic Disease and Injury Prevention

- ❖ Provide timely, statewide, and locally relevant and accurate information to the health care system and community on chronic disease and injury prevention and control.
- ❖ Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop and implement a prioritized prevention plan, and seek funding for high priority initiatives.
- ❖ Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand smoke exposure, as well as exposure to harmful substances.
- ❖ Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and emerging practices aligned with national, state, and local guidelines for healthy eating and active living.
- ❖ Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- ❖ Provide timely, statewide, and locally relevant and accurate information to the state, health care system, and community on environmental public health issues and health impacts from common environmental or toxic exposures.
- ❖ Identify statewide and local community environmental public health partners and their capacities, develop and implement a prioritized plan, and seek action funding for high priority initiatives.
- ❖ Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and, identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- ❖ Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations
- ❖ Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes (e.g. housing and urban development, recreational facilities, and transportation systems) and resilient communities.
- ❖ Coordinate and integrate categorically-funded environmental public health programs and services.

Maternal, Child, and Family Health

- ❖ Provide timely, statewide, and locally relevant and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- ❖ Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and seek funding for high priority initiatives.
- ❖ Identify, disseminate, and promote emerging and evidence-based information about early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- ❖ Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- ❖ Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to and Linkage with Clinical Care

- ❖ Provide timely, statewide, and locally relevant and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- ❖ Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- ❖ In concert with national and statewide groups and local providers of health care, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.
- ❖ Coordinate and integrate categorically-funded clinical health care.

Public Health National Center for Innovations
1600 Duke Street, Suite 200 | Alexandria, VA 22314
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Public Health Forward: Modernizing the U.S. Public Health System

Bipartisan Policy Center, December 2021

Recommended Actions for State, Territorial and Local Policymakers*

Financing

1. Provide flexible funding and maximize existing assets to support public health services and capabilities, including those needed to address health inequities.
2. Evaluate the social and economic impact of public health programs and strategies.

Data and Information Technology

1. Strengthen the collection of timely and actionable public health data to guide programs, respond to emergencies and address health inequities.
2. Invest in data sharing between public health departments and health care entities.

Workforce

1. Invest in the recruitment and retention of a diverse and inclusive governmental public health workforce.
2. Improve hiring and promotion policies and processes to ensure high-quality public health services.

Public Health Laws and Governance

1. Review, evaluate and modernize public health governance structures and statutory responsibilities.
2. Support and clearly communicate the roles of public health departments to the public.

Partnerships

1. Incentivize partnerships between public health departments and other sectors (e.g., housing, food, transportation) and stakeholders (e.g., business, faith-based organizations, health care).
2. Establish a dedicated body charged with routinely monitoring, assessing and influencing the implications for health in all government sector policy discussions.

Community Engagement

1. Invest in long-term relationship-building and partnership development with residents and community-based organizations (particularly those serving communities experiencing health inequities) and in Tribal consultation.
2. Invest in increasing the capacity of community-based organizations (CBOs) and provide resources to support collaboration with public health departments.

*Refer to document for complete details: https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/12/BPC_Public-Health-Forward_R01_WEB.pdf

	Actions	Next Steps	Timing	Notes:
Priority 1: Maintain Health Department's fiscal stability	Annual update/review of BOH's fiscal policies and related responsibilities	Fund balance policy, HD fee setting and BOH budget approval process	July and August	Fund balance details and policy reviewed annually at July meeting. HD fee setting done annually at August meeting.
	Quarterly review of fiscal reporting (Significant financial changes discussed at any monthly meeting)		Jan/April/July/Oct	Quarterly review done at designated BOH meetings. Includes preliminary financial summary, revenue and expense statement and balance sheet. HD's audit done as part of City's annual fiscal audit, reported on at monthly BOH meetings when info becomes available from auditors. COVID funding typically discussed at each meeting during COVID updates.
Priority 2: Support and advocate for public health	Provide skill development training for BOH	Advocacy training to provide framework and process for engagement	4/22/2020	Searching for presenter on public health advocacy. Also reviewing online webinars and resource materials from public health organizations. Forwarded US Surgeon General Murthy's interview regarding communication and priorities. 2/16/2022 Potential presenter identified for advocacy training, details need to be confirmed.
	Provide talking points for key priorities			Health officer plus WALHDAB, NAHBOH and WI Public Health Association have provided talking points regarding public health funding and proposed state COVID legislation.
	Support WPHA/WALHDAB legislative priorities	Legislative update documents provided in monthly meeting packets		Ongoing when updated documents become available. 2/16/2022 Also will be tracking and supporting recently announced WALHDAB/WPA top priorities for this year.
		BOH copied on emails the Health Dept. has sent to legislative officials		Ongoing.



priorities	Engage with community partners/leaders to support community action on health priorities			Communicable Disease Ordinance Task Force. Healthy Communities action committees. JONAH. Plus...
	Raise community and governmental policy maker's awareness of need to support "health lens" in decision-making	Identify BOH members' current participation in community organizations. Determine if additional resources/training required.		BOH 8/25/21 agenda item for discussion. 2/16/2022 Subject matter discussed as part of advocacy training. Also will need to coordinate with similar work done by Health Dept.
	Raise awareness of upstream factors impacting health	Determine if additional resources/training required.		2/16/2022 Will coordinate with Health Dept and Healthy Communities as strategies and plans are developed.
	Identify and share influencing tools available for BOH	Determine info/resources available for BOH		All BOH members are provided with WALHDAB and NALBOH memberships; receive electronic newsletters, public health legislative alerts, and have access to web resources.
		Public health resources		
	Case Studies			
Priority 3: Review new or changing community / Health Department priorities	Include quarterly BOH agenda item to update/review a running list of potential issues in community	Examples of success in other communities	Jan/April/July/Oct	Planning more detailed info from current CHA and CHIP Spring 2021. Plan for review at Sept or Oct BOH meeting. 2/16/2022 Review done quarterly as well as during any CHA/CHIP updates.
	Discuss populations impacted and data gaps			2/16/2022 Included with ongoing discussions about COVID, Strategic Plan updates and community assessment activities.
	Discuss staffing and fiscal implications for health department			2/16/2022 Frequent BOH discussions throughout COVID pandemic.
Priority 4: Ongoing BOH Improvements	Strive for diversity in BOH membership and decision-making			BOH membership has expanded to include representation from the rural community, <40 years of age and Hmong ethnic group.
	Identify and prioritize BOH training opportunities and needs	Consider diversity in broadest terms possible.		

Eau Claire City-County Board of Health (2020-2024)

PRIORITIES

- 1. Maintain Health Department's fiscal stability**
- 2. Support and advocate for public health priorities**
- 3. Review new and changing community/Health Dept priorities**
- 4. Ongoing BOH improvements**

ACTIONS

Maintain Health Department's fiscal stability

1. Annual update/review of BOH's fiscal policies and related responsibilities
 - a. Fund balance policy, HD fee setting and BOH budget approval process
2. Quarterly review of fiscal reporting (Jan/April/July/Oct)
3. Significant financial changes or decisions discussed at any monthly meeting

Support and advocate for public health priorities

1. Provide skill development training for BOH
 - a. Advocacy training to provide framework and process for engagement (April 22,2020)
2. Provide talking points for key priorities
3. Support WPHA/WALHDAB legislative priorities
 - a. Legislative update documents provided in monthly meeting packets
 - b. BOH copied on emails the Health Dept has sent to legislative officials
4. Engage with community partners/leaders to support community action on health priorities
5. Raise community and governmental policy makers' awareness of need to support "health lens" in decision-making
 - a. Confirm BOH role in Community Health Assessment
6. Raise awareness of upstream factors impacting health
7. Identify and share influencing tools available for BOH
 - a. Public health resources
 - b. Case studies
 - c. Examples of success in other communities

Review new or changing community/Health Dept priorities

1. Include quarterly BOH agenda item to update/review a running list of potential issues in community
2. Discuss populations impacted and data gaps
3. Discuss staffing and fiscal implications for Health Dept

Ongoing BOH improvements

1. Strive for diversity of BOH membership
2. Identify and prioritize BOH training opportunities and needs
 - a) Annual review of state statutes applicable to BOH

**November 10, 2021, Board of Health Meeting
Virtual Meeting Held Via WebEx**

The Board of Health convened in open session at 5:18 pm
The meeting was called to order by Merrey Price

**Board Members Present
Quorum is reached**

Merrey Price
Martha Nieman
Don Bodeau
Jennifer Eddy
Mark Kaeding
Terry Miskulin
Emily Berge

Board Members Absent:
True Vue

Staff Members Present:
Lieske Giese
Gina Holt (recorder)

Public Comment:

- None made

Intro and overview of Work Session:

The goal of the meeting is to determine what as a Board of Health we would like to focus on related to advocacy including group discussion and actionable direction regarding advocacy and next steps. We will talk about the who, what, where, and when.

We will also discuss what type of advocacy training would be helpful. Merrey Price provided an overview of meeting packet documents.

WHY do we need to advocate as a Board of Health?

- Statutory responsibility (State Statute 251.04)
- Professional responsibility (National Association of Local Boards of Health, Public Health Accreditation Board)
- Personal responsibility

WHO is our target/priority group when advocating for shared BOH topics?

- Local groups would be top priority: City Council, County Board, Village and Town Boards, Chamber of Commerce, Schools (Boards and Administration?), Media. Additional to consider are local organizations, churches, any groups, or Boards that BOH members are aware of. Governor.
- State and federal levels: important for funding sources and public health legislation but no consensus on how much time or method of communication to devote to advocating at these levels.

HOW/when to advocate:

- Hold an event to and have a letter writing session. It helps to have group participation.
- Media-writing letters to the editor.
- Candidate forums on public health-2022 will be a big election year on a lot of different levels. It could be done at the Local, state, or federal level.
- Speaking at public hearings
- Eggs and Issues event through the Chamber

- Connect with representatives when they are in town and at their offices. Perhaps a small group of board members could do this.
- One on One with legislatures through Healthy Communities at the State Level.
- Reaching out to the Governor may be an option.
- A general proclamation on equity to really use our voice to promote prevention dollars in health and equity in Wisconsin. -State level

WHAT topics/issues:

- Statutory authority, what is happening at a state and federal level.
- Mental Health
- Influencing dollars that are coming in locally to focus on prevention
- Opportunity to do something in early childhood and prevention policy
- Determinants of health issues-housing, poverty, racism...how do we move those forward
- Public health being in a tough spot with misinformation etc. and what may happen moving forward in the world of public health. How do we advocate for public health intervention programs?
- Health in all policy/Health equity

Communication/Training requests (random order):

- How to get my point across whether in letter, meeting or 1:1 discussion
- Clarify the line between lobbying and advocating, provide detail and examples
- Using general principles so we are not alienating people
- Anticipate priorities that will appeal to a broad range of perspectives
- How to use listening so the discussion is more of a dialogue
- How do we talk with people to find common ground when there are differences
- Need good evidence-based information and data to share when advocating
- More info on value-based discussions
- More info on public health authority

Possible Prioritizing on what we could do over the next year:

- Influencing childhood health outcomes
- Mental health
- PH funding

Wrap up work session:

A summary of the evening's discussion will be compiled and shared with board members and a future Board of Health meeting to discuss next steps.

Requests from Board members for future agenda items to be given consideration

- None made

Next scheduled BOH meeting is December 8, 2021, at 5:15 p.m.

Merrey Price adjourned the meeting at 6:55 p.m.

2021-2022 LEGISLATIVE PRIORITIES

Together, WPHA and WALHDAB represent over 1,200 public health professionals in communities across Wisconsin, striving to prevent, promote, and protect the residents of the state.

About Public Health

Over the last century, public health advancements have dramatically increased life expectancy through vaccination, infectious disease control, and chronic disease prevention. Health outcomes are primarily driven by the social and economic conditions in which we live, work, play, pray, grow up, and grow old. That's why public health is increasing its emphasis on education, income and employment, housing, and other "social determinants of health."

Legislative Priorities

Preserve public health statutory authority for control of communicable diseases and other public health threats.



Build and retain public health infrastructure through increased and more flexible public health funding.

Dedicate funding for core public health services.

Allocate \$36 million per year, over and above what is currently budgeted for public health.

Direct at least half the new allocation (\$18 million) to local health departments.

Address Racism as a Public Health Crisis.

Support legislation that promotes and fosters diversity, equity, and inclusion, so that all people are treated fairly and respectfully and can attain their full health potential.



Policy Priorities

Criminal Justice Reform

- Increase treatment alternatives and diversion program (TAD) funding for mental health and substance abuse issues.
- Increase funding allocated to counties for juvenile justice services.

Income Stability and Employment

- Support and expand Paid Family Leave.
- Increase Earned Income Tax Credit and move from one-time to monthly payments.
- Establish tax credit for family caregivers.
- Increase workforce training/transitional jobs.

Early Childhood

- Fully fund School Breakfast Program.

Housing

- Expand low-income housing tax credits for developers and rental assistance vouchers for renters.
- Fund abatement for lead paint, soil and pipes.

Support Best Practice Public Health Policy and Effective Programming

Each local health department in Wisconsin is charged to identify its community's health priorities. Planning processes include representatives from healthcare, for-profit businesses, community-based non-profit organizations, other community groups, and intergovernmental departments. Specific priorities vary across the state (e.g. soil contaminants, alcohol, tobacco or other drug prevention, preventable injury, mental health, etc.), but there is also much common ground across the state. Support public health to effectively address these priorities accomplish these goals.



About WPHA

The Wisconsin Public Health Association is the largest statewide association of public health professionals in Wisconsin. Established in 1948, WPHA exists to improve, promote and protect health in Wisconsin. WPHA strives to be diverse in its constituency, rich in partnerships and valued for its policy recommendations and best practices. WPHA is the collective voice for public health in Wisconsin.

About WALHDAB

The Wisconsin Association of Local Health Departments and Boards is the statewide leader and voice for local governmental public health. WALHDAB was founded in 1991 to serve local health departments and boards of health.

Strengthening Public Health Advocacy: The Next Year and Decade

Opportunity	First Year Actions	First Decade Actions
1. <i>Develop and advocate for pro-public and community health policies</i>	<ul style="list-style-type: none"> Continue / expand Act for Public Health, the public health law collaborative that supports public health officials Monitor, evaluate, and track pro and anti-health laws to learn more about what works, where to focus 	<ul style="list-style-type: none"> Develop, disseminate, and promote adoption of model laws to friends of public health and 501(c)3s and (c)4s, as well as PACs
2. <i>Cultivate friends of public health</i>	<ul style="list-style-type: none"> Strengthen the advocacy skills and capacity of state public health associations and state/local associations of health officials to reach elected officials 	<ul style="list-style-type: none"> State public health associations and SACCHOs train public health officials in outreach and advocacy (current workforce) Connect to advocacy components of other non-public health sectors and disciplines Use findings from messaging/ communications research to engage the public in advocacy Share lessons learned
3. <i>Build and strengthen state-level advocacy organizations</i>	<ul style="list-style-type: none"> Conduct a state-by-state scan of existing public health advocacy talent and capacity to identify opportunities Educate and strengthen 501(c)3s to do more advocacy within their full legal and financial authority Encourage current public health (c)4s and (c)6s conducting advocacy and lobbying to share their lessons learned Devise structural backbone(s) to support and reinforce state-level efforts 	<ul style="list-style-type: none"> Build state-level public health advocacy efforts, including building (c)4s and PACs Support state-level efforts from a national hub by sharing ongoing guidance re: messaging, model laws, and trending regional issues, and creating peer support and learning networks
4. <i>Develop and disseminate messages</i>	<ul style="list-style-type: none"> Conduct consumer research on how to engage the public in public health Develop tailored messages for different audiences 	<ul style="list-style-type: none"> Provide training on messaging for different groups Develop a variety of messengers and platforms to reach different audiences Evaluate and adapt messages based on ongoing consumer research Share successful campaigns, advertisements, etc. for broader reach
5. <i>Train the workforce</i>	<ul style="list-style-type: none"> Disseminate advocacy curricula for undergraduate / graduate MPH programs (e.g., Johns Hopkins School of Public Health, USF COPH Public Health Activist Lab, etc.) Plan for scan of advocacy curricula of SPHs and professional development within State Health Departments Add advocacy components to continuing education mandates 	<ul style="list-style-type: none"> Develop, implement phases of advocacy training for all levels and sectors of the public health workforce, including messaging, relationship-building Work with Public Health Accreditation Board and Council on Education for Public Health to develop minimum advocacy training standards in public health education and core competencies and in accreditation standards
6. <i>Unlock funding</i>	<ul style="list-style-type: none"> Educate funders / develop fundraising strategies for working with foundations, corporations, and individuals 	<ul style="list-style-type: none"> Implement fundraising strategies to support local, state and national advocacy for public health Re-assess annually and for subsequent decade

Timeline

June '22: Strategic planning team selection

July '22: Introduction of strategic plan to all staff

July '22: First cross divisional team meeting

Aug. '22: Feedback requested on Mission, Vision, and Guiding Principles

Sept. '22: SOAR sessions with all staff

Nov. '22: Strategic goals drafted

Dec. '22: Submitted completed plan to Board of Health for approval

Eau Claire City-County Health Department
2023 – 2025 Strategic Plan – DRAFT 11/03/2022

Mission

Building a healthier community for all through prevention-focused programs and partnerships

Vision

A community where everyone can live a healthier life

Guiding Principles

Collaboration: We seek and value the diversity and contributions of our partners and community to improve health.

Equity: We strive to ensure that access, resources, and opportunities are provided for all to succeed and grow.¹

Integrity: We act with the highest standards of public health practice in our work.

Prevention: We work proactively to build resilience against negative health outcomes.

Quality: We use data and evidence to provide programs and services that meet the needs of our community.

Strategic Goals

Themes: Data, workforce development, finances, partnerships/collaboration

Goal #1: Engage the community and expand relationships in collaborative efforts to improve health.

Goal #2: Strengthen our workforce and operations strategies to support quality programs and partnerships.

¹Adapted from the definition of equity from the Office of Research Central and the University of Washington. [Diversity, Equity, and Inclusion Definitions - UW Research \(washington.edu\)](https://www.washington.edu/research/central/2018/04/24/diversity-equity-and-inclusion-definitions/)

**EAU CLAIRE CITY-COUNTY HEALTH DEPARTMENT
2017-2021
STRATEGIC PLAN**



Eau Claire City-County Health Department

Table of Contents

Letter from the Director/Health Officer	3
Strategic Planning Process	4
Strengths, Weaknesses, Opportunities & Threats	6
Mission, Vision and Guiding Principles	8
Goals and Strategies	9
Goal 1	9
Goal 2	10
Goal 3	11
Goal 4	12
Strategic Planning Committee Members	13
Strategic Planning Resources	13
Strategic Planning Design Schedule	14

Dear Health Department Colleagues, Board of Health members and Community Partners,

I am pleased to present our Eau Claire City-County Health Department strategic plan for 2017-2021. This plan is the result of considerable staff and Board of Health work to determine the direction for our department for the next 5 years. Our commitment to collaborative and evidence-based action to improve priority health issues, as a local health department, is reflected in the strategies identified throughout our goals. Equally shown is our focus on health equity and the work we need to do to make health a possibility for everyone in our community.



The development of this plan has reinforced our belief in the strength each employee brings to the Eau Claire City-County Health Department and the importance of partnership and collaboration. We could not do the work of public health without the staff, the Board of Health and the community ALL being committed to improving health. Strong and productive relationships – both internal and external - are critical. I feel fortunate to live in a community, and work in a department, that has the passion and commitment to make this plan actionable.

This strategic plan provides a broad roadmap for the health department and is intended to be a dynamic plan. The four overarching goals provide a framework for what needs to be accomplished to reach our vision and carry out our mission. Each health department employee plays a role in the success of this plan. Over the next 5 years we will engage all staff in developing and implementing actions on these goals which will additionally help accomplish identified goals in our quality improvement plan, performance measures, workforce development plan and our community health assessment and plan.

We believe we are up to the challenge of carrying out this ambitious Strategic Plan and look forward to the hard but rewarding work on our path to achievement!

Warm Regards,

A handwritten signature in black ink, appearing to read 'Elizabeth Giese'. The signature is fluid and cursive.

Elizabeth (Lieske) Giese, RN, MSPH
Director/Health Officer
Eau Claire City-County Health Department

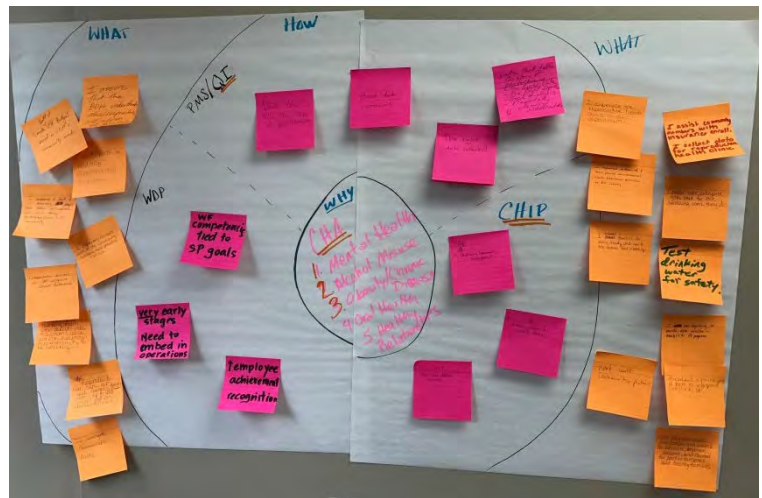
Strategic Planning Process

The Health Department engaged in a six-month process to develop the 2017-2021 Eau Claire City-County Health Department Strategic Plan. The Public Health Foundation was contracted to provide guidance and facilitation during the process. The Strategic Plan was approved at the December 2016 Board of Health meeting. The process included the following steps.

Laying the Groundwork:

The Strategic Planning process began with extensive background work to assure that a strong foundation was laid and that all requirements for national accreditation were met. This stage involved reviewing the existing Strategic Plan and gathering core documents such as the Quality Improvement (QI) plan, the Performance Management Plan, the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), and national and state reference documents.

During July and August 2016, planning and coordination phone meetings were held with the Health Department Director, Health Education Supervisor, Manager of Internal Operations and the Public Health Foundation facilitator.



Strategic Planning Core Team review of connections between Strategic Plan, CHA, CHIP, PM/QI Plan and Workforce Development Plan.

On August 11, 2016 at an All-Staff Meeting, Division of Public Health Regional Office representatives reviewed the Strategic Planning process and facilitated a work session with all health department employees to gather their thoughts and ideas on the future direction of the health department. At this same time the Strategic Planning Core Team was developed. This team included the Health Department Director, Supervisors and Staff from each division, and Board of Health members. This representative group was charged with reviewing core internal and external core documents (see list on 12) and drafting the goals for the plan.

Assessment and Analyzing Results:

A broad assessment was done in order to gather information that was used to develop the strategic plan priorities. In September 2016, surveys were sent to all health department staff, Board of Health members and community stakeholders to provide feedback on health department strengths and opportunities and give feedback on existing priorities. This data was compiled and shared with the Strategic Planning Core Team.

On September 9, 2016, the Public Health Foundation hosted a one-hour webinar for all Core Team members and began preparing materials for an in-person workshop.

On September 23, 2016 a full day workshop was facilitated by the Public Health Foundation for all Core Team members to complete a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis, review mission, vision and guiding principles and to draft strategic plan goals and strategies. This full day workshop incorporated data from the staff and community survey, quality improvement plan, Eau Claire Community Health Assessment/Plan and Performance Management Plan. The Core Team also examined the links between our new Strategic Plan and information management, health department communication/branding and financial sustainability. During this process, five strategic priority areas were identified.

Strategic Priority Areas

- Data/Information management
- Infrastructure
- Fiscal sustainability
- Community collaboration
- Health equity

Developing the Strategic Plan

The five key priorities areas identified were used by the Core Team and health department leadership to develop draft goals and strategies. On October 24, 2016, a survey requesting feedback on the draft goals, strategies and proposed revisions to the mission, vision, and guiding principles was sent to all health department staff and Board of Health members. A final draft of the strategic plan goals was developed using the results of the survey and was reviewed by the Board of Health for feedback at their November 2016 work session. A complete review of the PHAB Standards and Measures 1.5 related to Strategic Planning was also completed to ensure compliance for accreditation.

The key strategic priority of Health Equity was determined to be an overarching goal and so was built into each of the four final developed goals rather than standing alone.

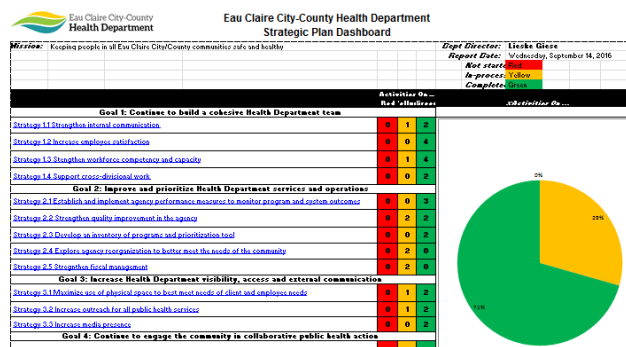


Staff at September 23rd Work Day

In December 2016 the complete 2017-2021 Strategic Plan was drafted and reviewed by management, WI Division of Public Health Regional Office, all staff, and the Board of Health. On December 14, 2016 the 2017-2021 Strategic Plan was approved by the Board of Health.

Ongoing Implementation, Monitoring and Revisions

The goals and strategies of the 2017-2021 will be operationalized by staff at all levels of the department through workgroups assigned to each strategy. These goals, strategies and activities will be monitored quarterly by staff and reported to the Board of Health for progress through a tracking dashboard. Internal processes and templates will reflect the strategic plan goals as well as the organization’s mission; this includes building our meeting agendas and minutes using the goals as a guideline. Revisions will be made to strategic plan strategies and activities as necessary.

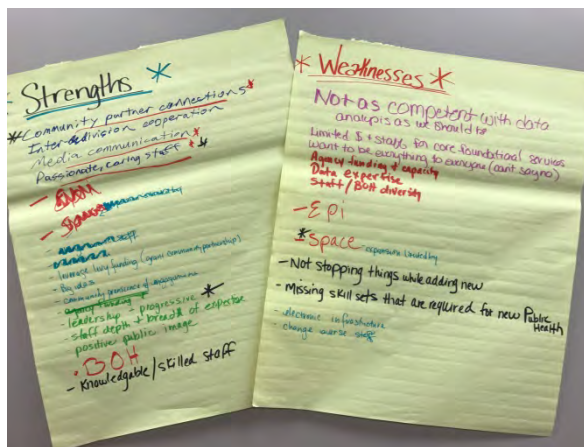


Health department Strategic Plan dashboard template

Strengths, Weaknesses, Opportunities and Threats

We conducted our Strengths, Weakness, Opportunities and Threats (SWOT) analysis using survey feedback from staff and community partners and during our Core Team workshop to ensure our plan included strategies and objectives addressing both internal and external factors that may affect the future of the department.

Activities addressing internal factors (strengths and weaknesses) direct us in improving operations and using resources efficiently. Focused efforts in these areas will allow us to reduce waste, increase revenue and improve delivery of programs and services. Activities addressing external factors (opportunities and threats) direct us toward growth opportunities and risk management. Focused efforts in these areas assist us in reaching a broader population, developing new interventions and identifying changes to avoid negative impact from outside forces.



Strengths identified include:

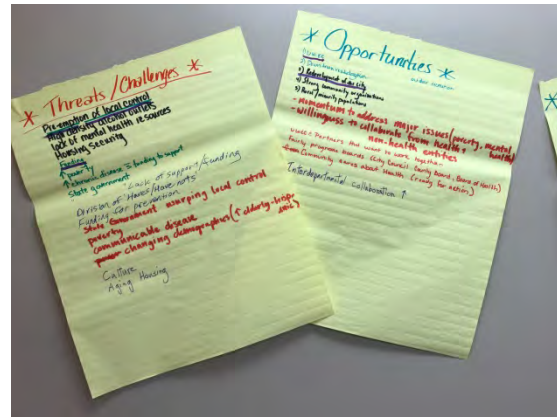
- Employees – scope of expertise, service-orientation and high quality service
- Community Collaboration – continuing leadership in developing partnerships
- Leadership/Government Connections – strong working relationships with leadership and County and City partners providing flexibility to meet the needs of the community
- Flexibility – an engaged staff willing to take risks, make changes and try new ideas

Weaknesses identified include:

- Space/Capacity – continued growth means our department must meet increased needs for physical space and skill sets
- Data – identifying and accessing appropriate data to make informed decisions and managing information
- Marketing – the general public and policy-makers need to be kept informed about the value of prevention programs, including health department branding
- Turnover/Retention – competition from the private market

Opportunities identified include:

- Alcohol and Other Drug Abuse Outreach – also identified as a priority area for the community
- Disparate Populations – importance of creating opportunities for minorities, low-income and rural populations
- New Technologies – capitalizing on emerging systems to save time and improve service
- Social Determinants – addressing poverty, housing, nutrition and mental health impacts on public health



Threats identified include:

- Access to Care – both current and related to future policy changes
- Changing Public Health Environment – public health is a rapidly changing field; we need to keep up-to-date and prepared for those changes
- Funding – a significant amount of time and energy is spent seeking out sources of funding to continue the levels of service we provide
- Local Demographics – increases in poverty, aging population, increase and rapid transmission of communicable disease

Mission, Vision and Guiding Principles

Mission

Promoting health and safety for all Eau Claire communities

Vision

Eau Claire City-County Health Department will be a leader in assuring healthy people in healthy communities

Guiding Principles

The Health Department's work is guided by seven overarching principles:

- Prevention** - Promotion of health and prevention of disease, injury and disability is critical in saving lives and money
- Health Equity** - Everyone should have equal opportunity to be healthy
- Collaboration** - People working together provide the best solutions
- Quality** - Efficiency and effectiveness is critical in programs and services
- Data Informed** - Collection and analysis of data guides decisions
- Evidence Based** - Building and utilizing evidence and promising practices in programs and services
- Ethical Practice** - Acting with the highest standards of professional practice

Goals and Strategies

The 2017-2021 Strategic Plan identifies four goals with actionable strategies that will be used to support the agency in moving toward the vision. Action in these four goals will be undertaken across the department. Specific measurable objectives and work plans are identified for each strategy in a separate dashboard.

Goal 1:
Increase utilization of program and population data

Rationale – Accurate, timely and relevant data has been consistently identified as crucial to planning, decision-making and effective communication. Considerable work has been done to identify areas to improve information management and identify data to support our performance management system, our community partners and coalitions, and future priorities and planning.

Strategy 1.1 Clearly define the appropriate data for population health surveillance and community health improvement

(External focus) Public Health is changing and we need to be looking for and tracking relevant data to make informed decisions to influence our program activities and community needs identified in our CHA and CHIP. Duplication of collection/surveillance efforts should be eliminated where possible.

Strategy 1.2 Improve population health data access and sharing among community partners

(External focus) All partner health organizations should have access to the information needed to make evidence-based decisions on health practice.

Strategy 1.3 Improve systems for data management

(Internal focus) We need to ensure that our data is in usable, compatible and distributable formats. All employees should be able to efficiently access and report from our data banks.

Strategy 1.4 Strengthen process for data analysis and evaluation

(Internal focus) This strategy may be addressed by building evaluation of data into all programs and grants, developing our GIS capabilities and staffing decisions.

Strategy 1.5 Assess barriers to health equity and address gaps affecting disparate populations

(Health Equity) Using data to identify barriers and gaps will be critical to informing programs and practices that can lead to building of health equity by the health department and community partners. This includes getting a real perspective from those most impacted.

Strategy 1.6 Turn health data into meaningful messages for policy makers and the public

Educating Eau Claire communities, policy makers and media in a timely manner on public health related issues is vital to mobilizing the community around health action items.

Goal 2:

Invest in a strong workforce and infrastructure

Rationale – Our workforce is our greatest asset. We are committed to retaining and recruiting an expert team and providing them with the necessary tools and environment to provide service and program excellence. We will strategically prioritize resources to meet our current and future needs for training, professional development and working conditions.

Strategy 2.1 Develop recruitment strategies to promote a diverse workforce

A qualified, diverse workforce can drive innovation and performance in the workplace. We will be fostering relationships with universities and community groups to find and recruit qualified candidates to fill department gaps.

Strategy 2.2 Create professional development opportunities for individual and organizational growth

A solid training plan connects the strategic plan priorities and workforce development plan. We use annual workforce assessments, identified departmental core competency gaps and individual growth opportunities to support all employees in their professional growth. There will be a specific focus on building competency in data, financing, health equity and CHA priorities.

Strategy 2.3 Build cultural humility into department practice and programs

(Health Equity) Building cultural competency and an organizational focus on cultural humility and health equity is essential for health department staff and programs.

Strategy 2.4 Create an organizational environment promoting employee and department success

Personnel policies, technology, space and structure are critical to efficient and effective operations.

Strategy 2.5 Promote strong working relationships

Employees are the most important resource at the health department. Strong teams will build a stronger department.

Goal 3:

Engage the community in collaborative efforts to improve health and safety

Rationale – In order to address challenging community health issues we need to provide a community leadership role in mobilizing community action, particularly in priorities identified by Eau Claire Community Health Assessment. These community partnerships are critical in identifying and addressing complex health issues and building shared priorities. We will continue our existing work, along with exploring new and innovative ways, to engage with the community and policy makers to address health priorities and social determinants of health. We will specifically focus on the need to strategically address health equity concerns in our community.

Strategy 3.1 Work with policy makers to build health in all policies

Engagement with policy makers and partners at all levels is vital for promoting the consideration of health in policy decisions. We will continue our work building relationships and pursuing opportunities for health input in policy.

Strategy 3.2 Strengthen linkages between clinical care and public health

(Health Equity) Opportunities to strengthen the understanding of population health priorities and social determinants of health in primary care settings for clinical decision making are critical. Access to health care, particularly for those populations that have unequal health outcomes, is also a priority health equity issue.

Strategy 3.3 Engage impacted populations in decision making through authentic connections

(Health Equity) Developing connections and encouraging active participation by those with direct experience is critical to setting the right goals and finding the best solutions. We need to assure that programs and services provided by the department and community partners are reaching diverse and disparately impacted populations.

Strategy 3.4 Utilize broad media formats to inform community on priority health issues

Media presence and brand recognition is important for reporting on health issues, providing updates on programs and services, highlighting best practice, soliciting public input, and supporting emergency response. We have developed strong partnerships and will continue seeking out new and emerging media outlets while continuing to maximize traditional sources, enhancing our website and streamlining media alerts/contacts.

Goal 4:

Develop long-term fiscal and operational strategies supporting innovation and sustainability

Rationale – In order to reach our vision and to be mission-focused in our work, we need a department that has a strong operational infrastructure. Both short and long-range fiscal and organizational planning are vital to maintaining the necessary levels of programs and services. Innovation and improvement in our internal operations (Department policies and practices) and external operations (how we provide our programs and services) will assure a strategic and strong foundation for the future. We will strive to create an environment where staff at all levels are encouraged to find creative opportunities for the department to grow.

Strategy 4.1 Explore and implement innovative solutions and best-practices

(Health Equity) Evaluating new technologies, creative financial opportunities and programmatic best practices is necessary to improve and sustain our programs and services. We will build a culture in which new ideas and collaborative thinking are encouraged among all employees to improve all aspects of operations, including health equity considerations.

Strategy 4.2 Prioritize and improve our work utilizing our performance management system

Continuous improvement is made by regularly measuring success toward goals. Our performance management system provides us measures to which we are accountable and assists us in prioritizing our operations. Our quality improvement plan provides tools to evaluate, prioritize and implement changes in areas where we are not meeting performance expectations.

Strategy 4.3 Strengthen the grant process to ensure success

Grant funding is increasingly important for department program growth and sustainability, particularly related to the need for addressing community health priorities. Additional improvement is needed to build efficiency and effectiveness in grant writing processes, reporting and sustainability.

2017-2021 Strategic Planning Committee Members

Cortney Draxler, Health Education Supervisor
ElizaBeth Draeger, Public Health Nutrition Supervisor
Jennifer Eddy, Board of Health Member
Kelli Engen, Public Health Emergency Preparedness Specialist
KT Gallagher, Environmental Health Supervisor
Elizabeth Giese, Director/Health Officer
Allison Gosbin, Public Health Nurse
Gina Holt, Office Associate
Theodore Johnson, Chemist
Ruth Kilness, Public Health Dietician
Andrea Kubarek, Public Health Nurse
Paulette Magur, Public Health Nursing Supervisor
Rachael Manning, Community Health Educator
Merey Price, Board of Health President
Valerie Reiter, Environmental Health Specialist
Tegan Ruland, Manager of Internal Operations
Shane Sanderson, Director of Environmental Health
Denise Wirth, Public Health Nursing Supervisor
Nicholas Zupan, UW-Population Health Fellow

Facilitation Assistance Provided By

Sonja Armbruster, Public Health Foundation
Sara Baars, Public Health Nurse, DPH Western Regional Office
Christa Cupp, Public Health Educator, DPH Western Regional Office

Strategic Planning Resources

Resources Reviewed by Core Team

- DeSalvo et al. "Public Health 3.0: Time for an Upgrade." *American Journal of Public Health* April 2016 Volume 106 Number 4 (2016): 621-622. Print
- Public Health national Center for Innovations Factsheet
- The High Achieving Governmental Health Department in 2020
<http://www.resolv.org/site-healthleadershipforum/files/2014/05/The-High-Achieving-Governmental-Health-Department-as-the-Chief-Health-Strategist-by-2020-Final1.pdf>
- [Eau Claire County Community Health Assessment](#)
- [Eau Claire County Community Health Improvement Plan](#)
- Eau Claire City-County Health Department Quality Improvement Plan
- Eau Claire City-County Health Department Workforce Development Plan
- Eau Claire City-County Health Department Performance Measures
- Eau Claire City-County Health Department 2012-2016 Strategic Plan
- Eau Claire City-County Health Department 2012-2016 Strategic Plan Dashboard

Eau Claire City-County Health Department STRATEGIC PLAN DESIGN SCHEDULE

