

City of Milwaukee
Health Department

Strategic Plan 2013-2017



Letter from the Commissioner



On behalf of Mayor Tom Barrett and the City of Milwaukee Health Department, I am pleased to present our 2013-2017 Strategic Plan.

The following plan is the product of an inclusive process between staff and stakeholders. The result is an approach to the challenges and opportunities in front of us that will not only aid our efforts in achieving our vision, but will allow us to continue fulfilling our mission in the community.

Strategic planning is a "living process" that requires regular review and updates to keep initiatives focused and relevant. This plan defines important departmental changes, and understands that these changes will require new energy, teamwork, and collaboration both inside and outside of the department.

The long-term success of the City of Milwaukee Health Department and the long-term health of all city of Milwaukee residents depends on our commitment to working closely with the community. We will continue our collaborative efforts to ensure that our organization moves in a positive direction while continually providing a high level of service to our constituents.

Respectfully submitted,

A handwritten signature in black ink that reads "Bevan K. Baker". The signature is stylized and cursive.

Bevan K. Baker, FACHE
Commissioner of Health
City of Milwaukee Health Department

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Executive Summary

Over many years, with the help and participation of community partners and a great staff, the City of Milwaukee Health Department (MHD) has earned a reputation for providing diverse and high-quality public health services to the residents of the city of Milwaukee. Through careful and regular community interaction, feedback, and engagement, the Department continually strives to maintain its reputation for excellence. This level of excellence is met despite facing ever-evolving economic, health, and environmental challenges. A declining economy has impacted budgets, staffing, and resources, and, at the same time, has increased health-related needs in our community – requiring all of us at MHD to be, and do, even more.

The MHD has taken an unconventional approach to the challenges and opportunities in front of us. A working group of MHD staff came together and carefully assessed our internal and external environments. We have challenged ourselves to look at challenges not as obstacles, but as additional opportunities. While we remain conscious of areas for improvement, we have chosen to proactively change the things we can control, keeping in mind that the ultimate goal is to improve and protect the health of individuals, families, and the community of Milwaukee. To this end, it is clear that our vision and strategic approach centers on positive change.

The document before you represents the culmination of two years of planning, and includes our vision, mission, values, strategic process focus areas and strategic program areas. This plan represents two distinct approaches to our work as identified by the planning and leadership teams of the department. The first phase of planning focused on the strategic processes by which we do our job, including how we communicate internally and how we address issues like quality and research. The second phase of this process examined the work we do, our programs and services, by developing specific, measurable, achievable, realistic, and timely (SMART) objectives associated with those programs and the goals and objectives that drive us.

This final strategic plan is built upon the following key attributes:

1. Build upon past strategic plans
2. Help the Department assess current and emerging public health threats and opportunities
3. Align with the upcoming national accreditation standards for local health departments

Part I of this plan includes the Department's vision, mission, and values, but fundamentally centers around six strategic process focus areas that lay the foundation for the Department's future successes: They are:

1. **PARTNERSHIPS:** Develop and promote creative, sustainable partnerships to meet the health needs of those we serve.
2. **QUALITY:** Integrate continuous quality improvement across all processes and systems in the Department.
3. **COMMUNICATIONS:** Establish progressive and effective internal and external communication for employees, partners, policymakers and the public.
4. **EMPLOYEE DEVELOPMENT:** Develop and maintain a sufficient, highly skilled, motivated, and diverse workforce.
5. **POLICY:** Create, influence, and enforce policies at all levels that improve and protect health.
6. **RESEARCH:** Conduct research and program evaluations and identify innovative and evidence-based practices in partnership with academic institutions.

Part 2 of this plan reflects the key programmatic work done as charged to us by policymakers, city ordinance, State statute and identified needs of the community. They are:

1. **DISEASE CONTROL AND ENVIRONMENTAL HEALTH:** Promote, initiate and lead innovation in public health emergency preparedness along with the prevention and control of reportable and emerging infectious diseases and environmental health threats within the city of Milwaukee and in partnership with the community.
2. **CONSUMER ENVIRONMENTAL HEALTH:** Employ regulatory, education and outreach, and surveillance and investigation activities as intervention strategies to improve the safety of the food being served and sold in Milwaukee as well as protect consumers from fraudulent business practices related to products or services sold by weight, by volume, or by time.
3. **FAMILY AND COMMUNITY HEALTH:** Promote, initiate, and lead programs that seek to reduce racial and ethnic disparities and address health issues faced by individuals throughout their life cycles by supporting healthy birth outcomes and healthy child development, improving sexual and reproductive health, and encouraging healthy behaviors and health care access for all.
4. **BUSINESS ADMINISTRATION:** Set and monitor the strategic priorities of the Department while ensuring proper operations of all administrative functions including finance, human resources, communications, and business operations.
5. **MEDICAL AND ACADEMIC AFFAIRS:** Support the work of the Department through the provision of medical guidance and oversight, integration of graduate medical and public health education, and consultation, via the Wisconsin Center for Health Equity, on effective approaches to addressing health equity.
6. **RESEARCH:** Coordinate research projects within the Department and in collaboration with community and university partners.
7. **POLICY:** Monitor new and existing policies at the local, state, and federal levels, as well as work to develop new policies aimed at improving the community's health and well-being.
8. **LABORATORY SERVICES:** Provide real-time response to public health investigations to support public health disease and environmental hazard interventions and proactively detect and prevent disease outbreaks.
9. **THE OFFICE OF VIOLENCE PREVENTION:** Work in conjunction with community partners and stakeholders to identify and implement strategies to reduce and prevent injuries, disabilities, and death across the lifespan and to assure that those affected by violence have access to justice and social service systems.

At the MHD, we believe that through the implementation of strategic processes tied to program services and quality improvement, the MHD will see more coordination, better operations, and increased opportunities for improved health and reduced health disparities in Milwaukee.

This plan will remain dynamic and require ongoing review and planning over time. Given the nationwide movement for health departments to achieve national accreditation, this plan must be seen as evolutionary in nature. It will require consistent updates to realign with community health needs and public health priorities.

Ultimately, this plan defines important new departmental changes, and understands that these changes will require new energy, teamwork, and collaboration inside and outside of the department. We are committed to this change, and to furthering the mission of public health in the city of Milwaukee.

Mission, Vision & Values

MISSION

The Mission of the City of Milwaukee Health Department is to improve and protect the health of individuals, families, and the community.

VISION

The Vision of the City of Milwaukee Health Department is that Milwaukee becomes the healthiest city in the nation through bold leadership, effective partnerships, and innovation in thinking and practice.

VALUES

Excellence — Our activities will be primarily evidenced-based and will be delivered with the highest quality.

Equity — Our activities will address root causes of poor health outcomes and health disparities.

Integrity — We will be honest, respectful, and ethical in all of our activities and interactions.

Impact — We will measure our success by achieving significant, sustainable improvements in health outcomes for all.

Purpose and Practices of Public Health*

What Public Health Does (The Purpose of Public Health)

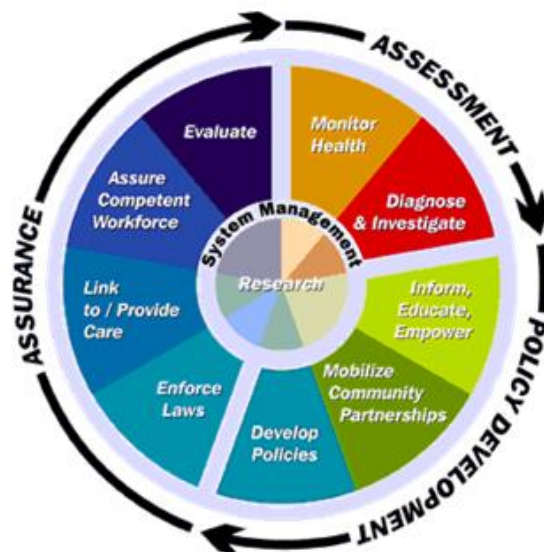
The fundamental obligations of agencies responsible for public health include:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors and mental health
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of health services

These responsibilities describe and define the function of public health in assuring the availability of quality health services. Public health's role is to assure the conditions necessary for people to live healthy lives, not only through clinical service provision but also through community-wide prevention and protection programs, as well as public policy.

How Public Health Serves (The Practice of Public Health)

Public health serves communities and individuals within them by providing an array of essential services. Many of these services are invisible to the public. Typically, the public only becomes aware of the need for public health services when a problem develops (e.g., an epidemic occurs). There are 10 "essential public health services" (next page), which fall into three primary functional areas: assessment, policy development, and assurance:



* References:

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- *Blueprint for a Healthy Community* (1994). Washington, DC: National Association of County Health Officials.
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The 10 Essential Public Health Services

1. Monitor health status to identify and solve community health problems:

Accurately and regularly assess the community's health status, health risks, and health disparities, as well as assets and resources, via methods and technologies such as epidemiology, geographic information systems (GIS), and population health registries.

2. Diagnose and investigate health problems and hazards in the community:

Identify and investigate health threats, via surveillance, laboratory, and other methods, and develop response plans to address major health threats.

3. Inform, educate, and empower people about health issues:

Implement health education and communication initiatives, including media advocacy and social marketing, to build knowledge and shape attitudes, inform decision-making, and develop skills and behaviors for healthy living.

4. Mobilize community partnerships to identify and solve health problems:

Promote community health via development and support of formal and informal partnerships and coalitions across multiple stakeholders.

5. Develop policies and plans that support individual and community health:

Develop and implement policies and community health improvement plans to protect health and guide public health practice, and align resources to support those policies and plans.

6. Enforce laws and regulations that protect and ensure safety:

Review, evaluate, revise, and advocate for laws and regulations that support health, educate about laws and regulations, and support compliance efforts and enforcement.

7. Link people to – and assure availability of – health care services:

Identify populations with barriers to care, and facilitate effective entry into a coordinated system of clinical care, especially for at-risk population groups.

8. Assure a competent public health and personal health care workforce:

Assess and maintain public health and personal health workforce standards, including quality improvement, leadership development, and cultural competence.

9. Evaluate personal and population-based health services:

Evaluate effectiveness, accessibility, and quality of personal and population-based health services, and provide information needed for resource allocation and program refinement.

10. Research for new insights and innovative solutions to health problems:

Create new knowledge via epidemiological studies, health policy analyses, health systems research, and links between public health practice and academic/research settings.

Part 1: Strategic Process Focus Areas

The first part of this strategic plan addresses the processes that facilitate the work being done across various programs of the department. The strategic processes identified are designed to be encompassing in that they are not specific to any one program, but critical to the implementation across all programs. This focus on the way we work as opposed to the work we do allows the Department to better coordinate and work toward outcomes that serve the residents of the city of Milwaukee.

PARTNERSHIPS

Develop and promote creative, sustainable partnerships to meet the health needs of those we serve. The objectives and strategies for this goal include:

- Inventory current partners.
 - Finalize draft community partnership form
 - Inventory current partnerships using form developed above
 - Create ACCESS database of inventory
- Enhance and strengthen current and new partnerships.
 - Identify new partners that could enhance MHD services and outcomes
 - Strengthen partnerships via ongoing assessment and analysis
- Strengthen intradepartmental partnerships, collaboration, and communication.
 - Understand and share Divisions' needs, capabilities and operations

QUALITY

Embed quality improvement into the culture of the MHD. The objective and strategies for this goal include:

- Establish and implement a Quality Improvement (QI) Plan based on organizational policies and direction.
 - Develop an annual QI plan that seeks to improve services and health outcomes and addresses the requirements of accreditation as determined by the Public Health Accreditation Board
 - Provide QI training and application opportunities for all employees
 - Document all QI training and implementation activities
 - Identify an approval process for project proposals and assignments (forms and procedures)
 - Identify a reporting standard and method of communication about all QI Projects
- Develop a plan for tracking, evaluating and sustaining all QI initiatives in the MHD.
 - Identify expectations for involvement in QI initiatives
 - Identify a point-of-contact for policy and procedures tracking/ documentation in program areas
 - Develop a mechanism to evaluate the effectiveness of the departments QI initiatives.

COMMUNICATIONS

Establish effective internal and external communication policies for employees, partners, policymakers, and the public. The objective and strategies for this goal include:

- Standardize, document, and communicate internally all policies and procedures at the MHD.
 - Identify a location for (e.g. SharePoint) and develop a system for updating and maintaining a repository for forms, policies and templates.
 - Form a Policy and Procedure Workgroup to identify all current written policies and procedures and conduct a gap analysis
 - Create a standard template for MHD policies and procedures
 - Identify an approval process for any staff who seek to develop/implement a new policy and procedure for their program area
 - Ensure staff are adequately trained and prepared to use this system to its full potential
- Develop an internal directory of programs and people.
 - Develop electronic registry/organizational chart of programs and staff, with contact details
- Develop a standardized system of formal communication among MHD employees.
 - Communicate information about new initiatives, significant program updates, press releases, and community events in a consistent manner to all staff
 - Utilize the Health E-Times newsletter as a communication tool for staff and stakeholders
 - Develop a process for collecting staff feedback on a consistent basis
- Utilize and embrace electronic and social media to promote MHD and public health messages.
 - Develop specific social media policy for online messages (Facebook, Twitter, etc.)
 - Update website to be technologically current and user-friendly

EMPLOYEE DEVELOPMENT

Create a Workforce Development Plan. The objective and strategies for this goal include:

- Strengthen core competencies amongst employees.
 - Establish core competencies for all MHD staff based on the *Core Competencies for Public Health Professionals (Public Health Foundation and CDC)*
 - Update all job descriptions to incorporate core competencies as part of a Workforce Development Plan
 - Integrate questions related to core competencies in MHD interview process, probationary review, and annual performance reviews
 - Develop an accreditation-compliant Workforce Development plan
- Develop and implement an annual Performance Review Program for MHD employees.
 - Develop criteria and policies for providing formalized employee feedback on performance
 - Train managers, supervisors, and coordinators on new performance review policy
 - Distribute MHD performance review policy to all MHD employee
- Create a culture that encourages and supports continuing education, training, and professional development for all MHD staff.
 - Create a Workforce Development Committee

- Conduct an internal assessment of staff training needs and identify priority areas for training
- Create electronic inventory of training opportunities, including annual conferences and meetings, for all MHD employees
- Review and refine current conference and meeting attendance policy and distribute to all staff. Update to include funding availability, eligibility, web-based course work, webinars, certifications, and attendance for continuing education
- Create a framework for a Department mentoring program
- Develop an employee recognition program.
 - Develop an employee recognition program
 - Explore and recommend other models of position classifications that encourage staff development and have potential for pay increases based on merit

POLICY

Create, influence, and enforce policies at all levels that improve and protect health. The objective and strategies for this goal include:

- Develop criteria for proposing, evaluating, or advocating for/against policies that assure these actions/policies meet the values of MHD and support the improvement of public health in the city of Milwaukee (*ideally based on evidence and data*).
 - Clarify MHD procedures for influencing federal, state, or local policies
 - Advocate for policy that betters the public health
 - Develop a set of criteria for development and advocacy around policy
 - A. Based on those criteria, develop and maintain a set of policy priorities
 - B. Assure development/maintenance of content expertise regarding those policies
 - C. Develop a system for assuring policy consistency/congruency and addressing potential conflicting policy priorities
 - Effectively leverage partners (e.g., intergovernmental, City of Milwaukee Legislative Reference Bureau, community-based organizations, Wisconsin Public Health Association/Wisconsin Association of Local Health Departments and Boards, academe) in advocating for policy change
- Establish a process for the development of policies based on evidence-based practices to improve the public's health at the local, state, and federal level
 - Assure all staff are aware of the Department's role and procedures in developing policy
 - Develop a system by which MHD staff can propose or comment on policy as an internal method of influencing MHD's Policy process
 - Strengthen general ability to impact policy (e.g. develop health impact assessment capacity)
 - Actively engage the community in getting feedback on policy
- Create and implement an employee development program and policy.
 - Conduct advocacy training for all Department employees
 - Conduct policy development training (basics for all, advanced for select employees)
 - Provide policy assessment and evaluation training for select employees

- Develop MHD criteria for proposing, evaluating, or advocating for/against policies for all staff
- Create Department-wide procedure for developing or evaluating policy as well as influencing federal, state or local policies

RESEARCH

Conduct research and program evaluations and identify innovative and evidence-based practices in partnership with research and academic institutions. The objective and strategies for this goal include:

- The MHD will create and maintain an infrastructure that supports research.
 - Develop a standardized process that clearly identifies how to initiate, conduct, and conclude a research project
 - Create a Data Committee to ensure appropriate data accessibility, systems, and resources are available for MHD staff conducting research.
 - Create a repository for all research projects
 - Create and implement a staff development program around research
 - Incorporate an evaluation component into all program planning at MHD
 - Incorporate learners (e.g. Fellows, MPH Students, PhD students) into MHD research efforts
- The MHD will develop a research agenda that identifies priority areas for public health in Milwaukee
 - Identify research agenda that:
 - A. Prioritizes and links research to MHD Strategic Plan and to our Community Health Assessment priorities
 - B. Attracts funding to support the research agenda
 - Provide support to community partners who wish to conduct research that is consistent with public health needs
 - Create a culture of flexibility by responsiveness to funding opportunities and to community partners who wish to collaborate on research projects and proposals
- The MHD will create an evaluation program to evaluate the benefits of research for public health in Milwaukee
 - Create an evaluation plan for all research projects which includes cost benefit or cost-effectiveness or ROI analysis, measures data support and advancement of scientific knowledge
 - Ensure that research efforts inform and/or validate programmatic decisions and programmatic effectiveness at the MHD
 - Ensure that research efforts include policy-related work that advances public health policy and/or makes it more understandable to the lay public and to policymakers
 - Assure integrity of data use and ethical conduct of all research at MHD
 - Link research to MHD's QI efforts

Part 2: Strategic Program Areas

The second part of this strategic plan addresses nine specific program areas that form the foundation of the overall work of the MHD. This work across the nine program areas captures the essential services charged to the Department by ordinance, statute, or grant responsibility. Unlike the strategic processes in part one, part two speaks to the actual product delivered by the staff with action plans and timelines defined.

DISEASE CONTROL AND ENVIRONMENTAL HEALTH

Implement focused strategies to prevent and control reportable communicable diseases. The objective and strategies for this goal include:

- Educate community partners, local providers, and surrounding local health departments (LHDs) of current disease incidence and disseminate any relevant outbreak or emerging infection information; conduct disease investigations and follow up.
 - By January 2014, develop monthly disease incident reports for Milwaukee County and distribute via SurvNet
 - By December 2014, process communicable disease reports received by MHD and direct to the appropriate LHD for follow up within one business day of receipt
 - By January 2014, conduct disease investigation and follow up of cases per MHD case management guidelines
 - Educate the public about any health concerns and provide consultation to community partners in outbreak investigation and disease follow-up within two days of outbreak

Identify disparities within the city of Milwaukee in preventable communicable diseases. The objective and strategies for this goal include:

- Collect better data to identify disparities within the city and support local initiatives to eliminate disparities.
 - By January 2014, collect accurate address data in Wisconsin Electronic Disease Surveillance System and Wisconsin Immunization Registry for quality data analysis by zip code
 - By January 2014, collaborate with community partners and support initiatives to reduce immunization and communicable disease disparities

Increase immunization compliance rates in city of Milwaukee K-12 public and private schools to 90% by December 31, 2015. The objective and strategies for this goal include:

- MHD will provide immunization opportunities at onsite and offsite immunization clinics for students and provide outreach to Milwaukee Public Schools (MPS) and private schools in the city of Milwaukee to educate and provide guidance in increasing compliance rates.
 - Starting January 2014, the MHD will provide 10-20 offsite immunization opportunities each year for school-aged children

- By December 2014, meet annually with MPS to educate about immunization compliance and provide consultation to increase immunization rates
- January 2014, collect annual immunization compliance numbers from public and private schools
- By December 2015, complete 10,000 record reconciliations for schools each year
- Beginning January 2014, conduct 10-20 site visits annually with child care providers to increase parental awareness of immunizations

Increase the percentage of children younger than 35 months of age who receive Advisory Committee on Immunization Practices (ACIP) recommended vaccinations to 60% by December 31, 2015. The objective and strategies for this goal include:

- Educate parents about recommended vaccines and benefits of immunization.
 - By December 2014, complete quarterly reminder/recall mailings and calls for 24 month olds
 - By December 2014, conduct 10-20 site visits annually with child care providers to increase parental awareness of recommended immunizations
 - By December 2014, sponsor one event annually to increase provider knowledge of immunizations
 - By December 2014, participate in 20-25 community health fairs to increase knowledge of immunizations

Optimize Sexually Transmitted Disease (STD) clinic operations; maintaining low turn-away rates and high level of service. The objective and strategy for this goal include:

- Review STD clinic nursing services operations utilizing a QI process.
 - Establish a QI team to review nursing service operations in the STD clinic

Reduce incidence of reportable Sexually Transmitted Infections (STIs) and HIV/AIDS in the city of Milwaukee 10% by 2020 compared to rates from the baseline reference year 2012 (Chlamydia=1,537 per 100,000; Gonorrhea=501 per 100,000; HIV (New Diagnoses)=18.7 per 100,000). The objective and strategies for this goal include:

- Identify and implement evidence-based interventions that address STIs and HIV/AIDS transmission and prevention activities in the community.
 - Leverage community partners (e.g. Community Partnership Team-STI) to identify and reach high-risk populations
 - Conduct new and/or refresher training for all community partners providing screening and testing
 - Collect and analyze morbidity data to identify emerging trends

Increase awareness and preparedness for staff, citizens, and stakeholders. The objective and strategies for this goal include:

- Risk-reduction and emergency preparedness based on an “All-Hazard/Whole-Health” concept.
 - Beginning November 2013, develop, maintain, and continuously improve emergency operations plans to guide departmental response activities for all-hazards emergencies

- By January 2014, develop and support sustainable education programs for a skilled and trained preparedness and response workforce
- By August 2014, convene a group of stakeholders who represent multiple community sectors to develop a list of emergency preparedness needs and a plan to meet the needs

Increase the number of lead-safe housing units in Milwaukee. The objective and strategies for this goal include:

- Create awareness of the hazards of lead exposure and how to remediate safely.
 - By June 2014, ensure lead-safe housing, application, and screening information is available on the Lead Program web page and is current and monitored monthly
 - By June 2014, Home Environmental Health (HEH) program data will be analyzed and available on a monthly basis and available for reports
 - By December 2014, HEH will outreach/conduct 50 educational events in a calendar year to various community groups; day cares, churches, health fairs, student groups and community-based organizations
 - HEH will continuously work to assure funding availability to create lead-safe housing by submitting grants and/or proposals for all applicable lead abatement funding

Decrease the number of lead-poisoned children in Milwaukee. The objective and strategies for this goal include:

- Increase awareness of the importance for screening children and the importance of safe and habitable housing.
 - By December 31, 2014, HEH will increase the number of lead-safe housing units in the city of Milwaukee by minimally 300 a year, to decrease child exposure to lead hazards
 - By August 2014, HEH will provide lead testing at both MHD Annual Health Fairs for early identification of lead-hazard exposure
 - Continuing in 2014, HEH will send all blood lead level results of 5 and above to parents/guardians with explanation and recommendations for additional testing

Secure the necessary resources to provide an appropriate level of safety, health, and environmental surveillance to the MHD and manage them effectively. The objective and strategy for this goal include:

- Leverage capabilities of the University of Wisconsin-Milwaukee Joseph J. Zilber School of Public Health (ZSPH), public information and outreach.
 - By May 2014, Environmental staff will plan and activate 2014 Beach Health Plan and include ZSPH partners

CONSUMER ENVIRONMENTAL HEALTH

The goal is to protect consumers in Milwaukee by working to 1) improve the safety of the food being served or sold; 2) increase the accuracy of measuring devices used in selling products or services; and 3) reduce unfair or fraudulent business practices. The objectives and strategies for this goal include:

- Regulatory Foundation - Assure there is an adequate regulatory foundation to support food safety and consumer protection activities in Milwaukee.

- By October 1, 2016, review and update city ordinances to simplify code, adopt relevant sections of the state code and adopt best practices
- By January 1, 2015, consolidate Food Licensing Board with Environmental Health Board, address inconsistencies in the code and provide adequate structure and purpose
- By January 1, 2015, update and maintain relevant agent agreements (Department of Health Services/Department of Agriculture, Trade, and Consumer Protection) and MOUs (City of Milwaukee Department of Neighborhood Services and City Clerk's Office)
- By July 1, 2017, review and update program policies and procedures supported by code
- Trained Regulatory Staff - Assure all Division staff have the knowledge, skills, and ability to adequately perform their required duties.
 - By March 1, 2015, develop and implement a revised Environmental Health Supervisor (EHS) Food Inspection and Weights and Measures Curriculums
 - By March 1, 2015, develop and implement policy/procedures for new inspector orientation
 - By March 1, 2015, assure all staff have completed the required core curriculum based on title and job requirements
 - By March 1, 2015, establish a system to track employee development, including continuing education, standardization and other performance assessments
 - By March 1, 2015, establish a career ladder system for EHS, Coordinators and Supervisors
 - By March 1, 2015, every three years administer a training needs assessment and develop a three-year training plan
 - By March 2015, develop and implement policy/procedures for performance management for all CEH staff
- Inspection Program Based on Scientific Principles and Evidence Based Practices - Develop and implement an inspection program that is based on scientific principles and evidence-based practices.
 - By June 1, 2015, develop and implement a written risk-based food inspection policy
 - By June 1, 2015, develop and implement a written device inspection policy based on National Institute of Standards and Technology/ Department of Agriculture, Trade, and Consumer Protection best practices
 - By June 1, 2015, develop district rotation policy procedures
 - By June 1, 2015, develop and implement a Hazards Analysis and Critical Control Points (HACCP) and variance policy utilizing FDA best practices
 - By June 1, 2015, develop and implement an integrated electronic inspection, investigation, and licensing system (e.g. Land Management)
 - By June 1, 2015, develop and implement a food establishment grading system
- Uniform Inspection Program - Establish a quality assurance program to ensure uniformity among regulatory staff in the interpretation and application of laws, regulations, policies, and procedures.
 - By January 1, 2015, assure all CEH Coordinators and Supervisors are and maintain state standardization for food inspection
 - By January 1, 2015, assure all EHS are standardized within 18 months of appointment to the program

- By January 1, 2015, assure all EHS successfully complete two maintenance standardizations per year
- By June 1, 2015, develop and implement quality assurance review program for EHS
- By June 1, 2015, develop standardization policies and procedures
- By June 1, 2015, develop quality assurance assessment policy and procedures
- By June 1, 2015, obtain/maintain food inspection quality assurance rating of at least 75% (based on 10 FDA factors)
- By June 1, 2015, develop and implement a system to track/measure EHS quality assurance and standardization and overall program quality
- Foodborne Illness and Food Defense Preparedness and Response - Establish a system to detect, collect, investigate, and respond to complaints and emergencies that involve foodborne illness, injury, and intentional and unintentional food contamination.
 - By March 1, 2016, develop and implement an annual food safety/risk factor audit
 - By March 1, 2016, review, update, finalize foodborne illness response protocols
 - By March 1, 2016, integrate foodborne illness response activities into the overall MHD emergency response plan
 - By March 1, 2016, develop and implement foodborne illness training and exercising policy and procedures
 - By March 1, 2016, educate food operators and public on foodborne illness, including prevention strategies, and where/when to report as well as food defense preparedness and response strategies
 - By March 1, 2016, promote the use of Council to Improve Foodborne Outbreak Response (CIFOR) Industry Guidelines by food operators
- Compliance and Enforcement - Establish a system to assure adequate and timely follow-up action for any code violations identified during inspection or investigation.
 - By January 1, 2015, develop and implement compliance and enforcement policy/procedures for all inspections including mandatory training, administrative hearings, citations, license suspensions and revocations, and inspection fees
 - By January 1, 2015, establish a compliance and enforcement audit program to monitor program effectiveness
 - By June 1, 2015, develop and implement an electronic inspection system that tracks compliance and enforcement actions
 - By June 1, 2015, develop and implement standardized reports to track individual and program compliance and enforcement activities
 - By June 1, 2015, assure compliance and enforcement policy and procedures are followed on at least 80% of all orders issued
- Industry and Community Relations - Utilize industry and community outreach activities to solicit a broad spectrum of input into food safety and consumer protection activities, as well as to communicate sound public health principles. Develop and recognize community initiatives focused on the food safety and consumer protection.
 - By January 1, 2015, conduct a community capacity and needs assessment

- By June 1, 2014, establish a food safety and policy advisory committee
- By January 1, 2017, develop and/or update CEH fact sheets and guidelines and audience-specific food safety toolkits
- By January 1, 2017, conduct at least 20 community meetings on important food topics (food peddlers, food rating system, etc.)
- By May 1, 2015, develop and implement a system of keeping City of Milwaukee Common Council and Mayor's Office informed of inspection activities
- By June 1, 2017 conduct at least two community and operator health education campaigns related to the implementation of health establishment grading system
- Program Support and Resources - Obtain the resources (budget, staff, equipment, etc.) necessary to support a robust inspection program.
 - By January 1, 2016, develop and implement CEH re-organization, evaluate re-organization impact on division operations
 - By January 1, 2016, establish inspector equipment tracking system
 - By January 1, 2017, quantify program costs in order to determine if inspection fees align with actual costs
 - By January 1, 2015, evaluate program capacity using CFP tool
 - By January 1, 2017, obtain additional program resources (staff, equipment, training budget) to support needed infrastructure
- Program Assessment and Continuous Quality Improvement - Establish an effective evaluation mechanism in order to assess the impact of the Food and Weights and Measures program activities. Utilize quality improvement to achieve division outcomes and enhance efficiency and productivity.
 - By January 1, 2017, meet all nine FDA Voluntary National Retail Program Standards
 - By January 1, 2017, satisfactorily meet all DATCP and DHS agent requirements
 - By January 1, 2017, utilize quality improvement to enhance division operations, policies and procedures, through the completion of at least five QI projects
 - By January 1, 2017, develop and implement consistent reports to track program outcomes, objectives and program standard requirements
 - By January 1, 2017, develop and implement program dashboard to track key projects and outcomes

FAMILY AND COMMUNITY HEALTH

Promote healthy pregnancies, birth outcomes and child development. The objective and strategies for this goal include:

- Utilize Family and Community Health (FCH) programs to promote healthy pregnancies, birth outcomes and child development.
 - By December 31, 2014, WIC will increase the initiation rate of breastfeeding to 65% of WIC families
 - By December 31, 2014, WIC will increase the duration of breastfeeding at six months to 20% of WIC families

- By December 31, 2014, 80% of focus children in Empowering Families of Milwaukee (EFM) and Nurse-Family Partnership (NFP) will have received two ASQ screenings before their first birthday
- By December 31, 2014, Men's Health and the DAD Project will educate 100 fathers about childhood developmental screening
- By December 31, 2014, 200 children in the targeted LAUNCH zip codes will receive at least one developmental screening through LAUNCH-related efforts
- By December 31, 2015, 60% of home visiting clients will enroll by the end of their second trimester
- By December 31, 2015, 1,000 families will be served in a home visiting program
- By December 31, 2015, 35% of clients will remain in their home visiting program for the duration of the program
- By December 31, 2015, 92% of babies born to a mother enrolled in a home visiting program will be born after 37 weeks gestation
- By December 31, 2015, 92% of babies born to a mother enrolled in a home visiting program will be born weighing more than 2,500 grams
- By December 31, 2015, 95% of infants referred to the NBS-Hearing Program, who are diagnosed with a hearing loss, will be referred to Birth to 3

Promote the health and wellbeing of families. The objective and strategies for this goal include:

- Utilize FCH programming to educate clients about healthy behaviors and how to access health care.
 - By December 31, 2014, Milwaukee Breast and Cervical Cancer Awareness Program (MBCCAP) will provide 1,060 breast and cervical cancer screenings
 - By December 31, 2014, MBCCAP and Men's Health will provide 500 cardiovascular risk reduction screenings
 - By December 31, 2014, 50 fathers will be enrolled into the DAD Project
 - By December 31, 2014, WIC will serve 92,964 participants annually (i.e. 97% of contracted caseload)
 - By September 30, 2014, WIC will maintain a caseload of 100 families enrolled in the Fit Families program
 - By October 31, 2014, the WIC Farmers' Market Nutrition Program (FMNP) will ensure 50% redemption rate
 - By December 31, 2015, the Community Healthcare Access Program (CHAP) and MBCCAP will assist 10,000 people to enroll in Medicaid
 - By December 31, 2015, CHAP will assist 500 people enrolling in ACA Marketplace
 - By December 31, 2015, 80% of parent participants enrolled in home visiting programs will receive a mental health screening
 - By December 31, 2015, 25% of parent participants enrolled in home visiting programs will receive one mental health consult visit

Promote health through collaboration. The objective and strategies for this goal include:

- Create and maintain meaningful collaborations.

- By December 31, 2014, the Young Child Wellness Council will create a sustainability plan
- By December 31, 2014, develop policy and procedure for MHD home visiting programs central intake for distribution and communication with referring agencies
- By December 31, 2014, the Young Child Wellness Council will meet six times
- By December 31, 2015, 20 community agencies will be active members of the Young Childhood Wellness Council
- By December 31, 2015, Home Visiting Community of Practice will meet six times
- By December 31, 2015, FCH programs will establish 10 MOUs with partner organizations
- By December 31, 2015, Plain Talk will involve 40 education participants in planning Plain Talk educational programming
- By December 31, 2015, Milwaukee Cribs for Kids program will increase its community partners by 10%

Support the sexual and reproductive health of men, women, teens, and young adults across the lifespan. The objective and strategies for this goal include:

- Utilize FCH programming.
 - By December 31, 2013, PlainTalk/PrepTalk will reach 15,000 individuals with information about Family Planning Only Services and reproductive health clinic locations
 - By December 31, 2014, home visiting programs will implement the use of a reproductive life plan
 - By December 31, 2014, FCH will have an evaluation plan for the Dual Protection Partnership Initiative
 - By December 31, 2014, FCH will distribute 15,000 condoms

Decrease racial and ethnic disparities in the community that impact health. The objective and strategies for this goal include:

- Targeted outreach and service delivery by FCH programs.
 - By December 31, 2014, WIC will increase initiation rate of breastfeeding African American women to 58%
 - By December 31, 2014, WIC will increase duration rate of breastfeeding African American women at six months to 12.5%
 - By December 31, 2015, 80% of clients served by FCH programming will be people of color
 - By December 31, 2015, for NFP clients 18 years and older at enrollment, 80% will be working at least part-time when their child is 6 months old
 - By December 31, 2015, 200 men will receive a health assessment and linked to needed services

BUSINESS ADMINISTRATION

Ensure the organizational structure of MHD is delivering programming in the most efficient and cost effective manner. The objective and strategies for this goal include:

- Conduct a thorough review of all MHD programming and its organizational structure.

- By December 31, 2014, conduct a review of the current MHD organizational chart and programmatic areas within each division
- At the conclusion of the review, if necessary, by March 1, 2015, implement a realignment of MHD programmatic areas within the correct divisional structure

Establish a system of program evaluation and review that will help to inform the strategic direction of MHD. The objective and strategies for this goal include:

- Research and implement the best program evaluation system for MHD.
 - By June 31, 2014, review various performance management models and select a model for implementation at MHD
 - By July 31, 2014, form a performance management committee that will be responsible for reviewing and evaluation of MHD programs
 - By September 2014, determine specific measures that each program will be evaluated upon
 - Beginning October 2014, convene the committee on a regular schedule

Ensure staffing and services offered at each MHD location are strategically located in the proper and ideal location for optimal service delivery and operational efficiency. The objective and strategies for this goal include:

- Conduct a thorough review of staffing levels and programs at each Health Center location, then match services to demographics, space constraints, and community needs.
 - By June 2014, map out programming and level of staffing at each MHD location
 - During 2014, conduct a review of demographic and other relevant data to see what services the population surrounding each MHD location needs
 - By June 31, 2015, develop plan for future realignment of MHD programs and services at each MHD location to match community needs and physical space

Ensure the Strategic Plan is engrained in the culture of MHD. The objective and strategies for this goal include:

- Create a schedule for review and updating of the strategic plan.
 - Review Strategic Planning goals and progress towards those goals on a quarterly basis.
 - In 2015, determine necessary updates for existing Strategic Plan

Standardize processes and procedures for MHD Human Resources (HR) functions. The objective and strategies for this goal include:

- Conduct a thorough review of City of Milwaukee Department of Employee Relations and MHD HR policies and procedures.
 - By December 31, 2014, conduct a thorough review of MHD HR policies and procedures
 - By December 31, 2014, work with DER to ensure consistency in interpretation and application of HR procedures
 - By December 31, 2014, update and streamline necessary HR policies and procedures

- By December 31, 2014, communicate and educate MHD managers and staff on HR processes and procedures

Standardize processes and procedures for Business Operations functions. The objective and strategies for this goal include:

- Equip MHD managers with the tools needed to better administer their programs.
 - By December 31, 2014, review, update, and disseminate Purchasing Process and Procedures to all MHD Managers
 - By December 31, 2014, develop and disseminate Grant Account Set-up and Monitoring Process and Procedures to all MHD Managers
 - By October 1, 2014, develop and disseminate quarterly reporting process for revenues collected to MHD Managers

Develop a medium to allow for timely health updates to staff, policymakers, and the public on various health issues and topics. The objective and strategies for this goal include:

- Create communications plans that allow MHD to disseminate information to staff, policymakers, the general public on a regular and timely basis.
 - By December 2014, produce regular and timely updates regarding MHD programs and news for internal MHD staff in compliance with MHD Strategic Process Focus Area #3 (Objective 3)
 - Beginning in January 2014, provide regular updates to the Common Council concerning programs, goals, and outcomes of MHD
 - By December 2014, develop a written communications plan and risk communication plan in compliance with Domain 3 of Public Health Accreditation Standards and Measures
 - By December 2014, disseminate accurate information to Milwaukee residents via enhanced online presence and social media channels

MEDICAL AND ACADEMIC AFFAIRS

The Medical and Academic Affairs section will support the work of the MHD through provision of medical guidance and oversight, integration of graduate medical and public health education, and consultation, via the Wisconsin Center for Health Equity, on effective approaches to addressing health equity. The objectives and strategies for this goal include:

- Provision of medical guidance and oversight to MHD programs and services.
 - Review and update standing medical orders for immunizations
 - Review and update standing medical orders for the sexually transmitted disease clinic
 - Review and update standing medical orders for tuberculosis control
 - Provide medical input on management of cases and contacts of other communicable diseases, as needed
 - Provide medical input on management of maternal child health, environmental health, and chronic disease issues, as needed
 - Provide medical input on media requests, community outreach campaigns, etc.
 - Provide medical input on overall departmental strategy, program prioritization, budgeting, etc.

- Provide high-quality medical support to MHD leadership
- Be available for urgent medical consultation on any topic
- Integration of graduate medical and public health education.
 - Manage and oversee medical student experiences within MHD
 - Manage and oversee UW Population Health Service Fellow experiences within MHD
 - Coordinate and provide consultation regarding other learners' experiences within MHD, as requested
- Consultation, via the Wisconsin Center for Health Equity (WCHE), on effective approaches to addressing health equity.
 - Develop and implement an overview of Health Equity for MHD management and staff
 - Provide input on incorporating Health Equity principles (e.g., addressing socioeconomic factors via policies or programs) to key MHD division and program managers
 - Provide guidance regarding potential community collaborations to advance Health Equity

RESEARCH

Increase the use of research and data to inform policy and programmatic decisions. The objective and strategies for this goal include:

- Make data more readily available to all staff.
 - Enhance data cube to be more user-friendly and increase staff access
 - Standardize baseline population data
 - Standardize report templates for public/media release
 - Create an Epidemiology/Data Use help desk to support staff projects
 - Work with each MHD program to create a data use plan
 - Develop an annual data review system for each program, based on the data use plan

Create a research-friendly culture within the MHD. The objective and strategies for this goal include:

- Remove barriers to conducting research at the MHD.
 - Strategically identify partners for collaborative, funded research initiatives
 - Create a research/data project list appropriate for student projects
 - Address Civil Service/HR policy regarding position authority and use of grant funds

POLICY

Develop a policy agenda that is reflective of all aspects of public health. The objective and strategies for this goal include:

- Incorporate MHD programmatic divisions into the legislative agenda process.
 - Create a policy and legislative educational training curriculum for staff

- Train MHD Executive Leadership Team (ELT) and program managers on policy development and legislative process
- Develop at least two state legislative/budget items for each programmatic division
- Institutionalize the legislative agenda process and repeat every two years

LABORATORY SERVICES

Partnerships: Strengthen existing and explore new partnerships to assure public health outcomes. The objective and strategies for this goal include:

- Develop and implement plans to meet with and evaluate mutual needs of internal and external partners on a regular basis.
 - Internal Partnerships - Meet regularly with other MHD program areas to understand needs, capabilities and operations by April 1, 2014
 - External Partnerships - Evaluate and enhance (or improve) effectiveness of existing partnerships. Initiate Voice of the Customer (VOC) plan by March 1, 2014, then ongoing
 - New Partnerships - Identify mutually beneficial new partnerships by September 1, 2014, then ongoing

Quality: Provide quality services and best practices to MHD Laboratory (MHDL) clients and stakeholders. The objective and strategies for this goal include:

- Develop and implement tools to measure and improve quality laboratory services.
 - Develop a formal quality assurance (QA) plan and improve existing QA processes by July 1, 2014 (certifications throughout the year)
 - Implement a procedure for continuous quality improvement process by December 31, 2014
 - Establish a formal customer feedback process to evaluate MHDL services. Initiate by March 1, 2014, then ongoing

Communication: Communicate effectively with all partners to understand and assure needs are met and public health information and policies are understood. The objective and strategies for this goal include:

- Develop and implement plans to improve communications, awareness and visibility to internal and external partners.
 - External - Develop a strategy to share relevant information with MHDL partners and/or community. Ongoing web updates by March 1, 2014. Update website based on VOC feedback starting by June 1, 2014.
 - Internal - Develop a strategy to improve internal departmental communication and increase awareness of MHDL services. Requisition and Test Reference Manual update by March 1 and September 1, 2014. Some
 - Develop a strategy to increase MHDL visibility at local, state and national level by December 31, 2014, then ongoing
 - Develop strategies to improve communications within the MHDL with huddles beginning January 1, 2014, and SharePoint up by December 31, 2014

Employee Development: Create an MHDL employee development plan. The objective and strategies for this goal include:

- Create opportunities for employees to develop and improve their interpersonal and professional skills.
 - Ensure adequate training opportunities are available across all lab disciplines. Subscribe to teleconferences by January 13, 2014, then ongoing
 - Develop an employee recognition program to improve morale and motivation by March 31, 2014, then ongoing
 - Establish the procedure for assessing staff competencies on an annual basis with competency assessment updated by April 1, 2014 and personnel reviews done by December 31, 2014
 - Develop a career ladder with draft plan by July 1, 2014 and implementation plan by December 31, 2014

OFFICE OF VIOLENCE PREVENTION

Develop, implement, and evaluate effective and sustainable approaches to preventing interpersonal and community violence through staff leadership and partnerships with multi-disciplinary teams of agencies, organizations and community members in the city of Milwaukee. The objectives and strategies for this goal include:

- Increase safety for victims of domestic violence and sexual assault while holding perpetrators accountable for their actions by monitoring and promoting legislation, increasing community awareness, disseminating information and referrals for persons affected by sexual assault and domestic violence, and designing policies, protocols, and trainings for public and private entities.
 - Advance the City of Milwaukee Commission on Domestic Violence and Sexual Assault (MCDVSA) 2013 Strategic Plan over the next 12 months.
 1. Reform Commission workgroup and subcommittee structure to encourage membership involvement and action by the April 2014
 2. Revise bylaws to reflect new Commission structure and decision-making by December 2014
 3. Improve Commission member participation and understanding of the MCDVSA
 - Develop data collection plan for regular reporting on citywide trends in sexual assault and domestic violence by December 2014
 1. Evaluate potential improvements in data collection for both public and private entities
 2. Determine collaboration opportunity with City/Homicide Review Data Repository
 - Provide community education to increase the public's awareness of domestic violence and sexual assault in next by December 31, 2014
 1. Evaluate, conduct, and support current first-responder training
 2. Provide training for public and private entities on domestic violence and sexual assault
 3. Refer community members seeking domestic violence and sexual assault to desired resources
 4. Conduct community readiness survey
 5. Develop and disseminate community education materials

- Encourage respectful coverage of domestic violence and sexual assault in the media over the next 12 months
 1. Educate media members on domestic violence and sexual assault
 2. Provide survivors of domestic violence and sexual assault with recommendation and resources on media relations
 3. Improve Commission's relationship and communication with the media
- Expand systems advocacy for survivors of sexual assault by December 31, 2014
 1. Increase the capacity of the current system to provide advocacy via hotline
 2. Increase the number of trained advocates
 3. Plan for small-scale replication of the CDAAP model between Milwaukee Police Department Sensitive Crimes detectives and Sexual Assault Treatment Center advocates by December, 2014. Advocates in sexual assault police interviews
- Monitor and promote legislation to support victim safety and hold offenders accountable over the next legislative session April, 2014. Participate in policy planning through December 31, 2014.
- Promote safe exchange and visitation for families who have experienced domestic violence
 1. Open a Safe Exchange and Visitation Center for Milwaukee County residents by June 2014
 2. Evaluate and modify (as needed) the services provided by the Safe Exchange and Visitation Center in 2015
- Advance the recommendations of the Milwaukee Homicide Review Commission (MHRC) through December 2014
 1. Review, condense, and prioritize currently existing list of recommendations
 2. Establish regular system of communication between MCDVSA and MHRC on recommendations by March 2014
- In collaboration with community and professional partners, provide information, training, and tools to put effective strategies into practice to stop violence before it occurs.
 - Expand efforts launched through the 2013 "Coming Together" youth gun violence summit to identify and implement strategies to reduce gun violence by end of 2014
 - Support Mayor/Faith community's gun violence prevention activities by July 2014
 - Improve knowledge and expertise of advocates and legal community relating to needs of trafficked and exploited persons by fall of 2014. Improve knowledge and expertise of local victims support providers and justice system personnel relative to crime victim rights by December 31, 2014
 - Increase knowledge in community and among professionals on firearm safety measures to reduce injury and death by December 31, 2014
 - Increase knowledge of area professionals and providers regarding effects of children witness to violence by December 2014
 - Maintain and strengthen local partnerships focused on promotion of healthy neighborhoods and improvement of community/government relations by December 31, 2014 and beyond

NEXT STEPS: STRATEGIC PARTNERING WITH THE NEWLY ESTABLISHED JOSEPH J. ZILBER SCHOOL OF PUBLIC HEALTH

Beginning in 2006, individuals both within the City of Milwaukee Health Department (MHD) and others interested in the field of public health began to discuss the development of an accredited School of Public Health to be developed and located within the central city of Milwaukee. After much work with the Mayor, University of Wisconsin Regents, the Governor, partner institutions such as the University of Wisconsin-Madison School of Medicine and Public Health, and others, this dream was realized when the Joseph J. Zilber School of Public Health (ZSPH) was opened in 2011. Dr. Magda Peck was named founding Dean.

Concurrent with the development of the ZSPH, MHD had been discussing its role and likely interface and what it means to transition from a traditional role as a large, urban, full-service health department to an academic health department. As part of these discussions, Dr. William Keck, in partnership with the Council of Linkages, described an academic health department as follows:

In this model, academia collaborates with its co-located official government local public health agency in many ways which strengthen both and achieve a synergy and a level of service and education not as readily possible when they work independently. In the vision, the senior professional staff of the local health agency all enjoys adjunct or regular faculty status. They teach and conduct and oversee research on campus. But much more to the point, they provide the nucleus of the quality faculty in the community where community-based participatory research must occur and where practice-based learning happens at its best. The co-located school provides other faculty expertise, which is then available on-site within the agency as a quid pro quo for faculty time of the agency's staff. Students provide extended workforce and, as many have observed, an excitement about learning which spreads to all staff. The benefits for the agency are many and tangible. As the agency benefits, so, too, do the community's citizens.

Both partners benefit from the educational and research connection: the local health department provides a real-world learning laboratory for students and a wealth of data for researchers; in turn, academia provides program evaluation and research expertise as well as workforce support in supervising faculty and service-learning students.

Areas of potential agreement were identified by Dr. Keck and local collaborators. The following were identified as areas to develop partnership arrangements and assorted programmatic opportunities. They are:

1. Providing a location for the training of both public health and clinical students in the practice of public and population health.
2. Creating linkages between public health practice and academic communities to improve the scientific base for public health decision making and public policy development.
3. Facilitating introductions and access for academicians and the community as a practice base for developing, refining and implementing public health teaching, research, and service methods.
4. Fostering partnerships among health professionals and community leaders to identify, create solutions for, and evaluate interventions that respond to community problems.
5. Increasing the number of people who understand and value public health practice.
6. Increasing awareness of public health as a viable academic or practice career choice.
7. Improving the community's health by enhancing the assessment, policy-making, and assurance capacity of local public health agencies.

The journey from where we are to where we hope to be, embodied by the seven areas above, is not without challenge or complications. This MHD strategic plan is one step, and much work remains to be done by both partners to reach our shared goals. Embedded in the MHD processes and programs are initial actions that will lead us to this goal. The strategic partnership between MHD and the ZSPH will benefit both partners, and, in the end, will positively affect the overall health of our community. Successive strategic plans will build upon this framework and the principles identified above.

Summary and Conclusion

Over the past 18 months, MHD embarked on a process to develop an updated strategic plan for the period of 2013-2017. As with all strategic plans, this will be a work in process and evolve and change as the environment, fiscal climate, and needs of the community change.

As important to note, this Strategic Plan does not stand alone. There are three major components necessary for formal accreditation from the Public Health Accreditation Board (PHAB). Both the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) are concurrently being developed with both internal and external stakeholder input.

Between these three components, we will have an overall picture driven by most recent data of community needs, the work other agencies are doing in their role as community partners, and the work that reasonably falls to MHD as its responsibility. In that context as our overall work evolves and data is collected through the CHA and the CHIP, we will revisit and revise the strategic plan as needed. It is ultimately the bridge between what we do and how we can best address the overall changing community needs.

Lastly, in addition to the work identified above, a series of quality improvement projects and evaluation plans are in process of being developed across multiple program areas. Information gleaned from these initiatives will also inform the next iteration of the MHD Strategic Plan.

Appendix

STRATEGIC PLANNING PROCESS

Timeline of Strategic Planning Process

Dates	Description
Spring 2011	Strategic Planning, Design & Facilitation
June 13, 2011	Large Group Strategic Planning Meetings
July 18, 2011	
April 27, 2011	Executive Leadership Team Meetings
May 6, 2011	
July 11, 2011	
August 15, 2011	
September 14, 2011	
October 4, 2011	1. Strategic Planning Meeting on Next Steps
November 3, 2011	2. Family & Community Health
November 16, 2011	3. Disease Control and Environmental Health Division
November 17, 2011	4. Public Health Laboratory Division
	Committee Meetings by Strategic Process Focus Area
September 12, 2012	1. Employee Development Group Meeting
May 29, 2012	2. Partnerships Group Meetings
August 6, 2012	
August 29, 2012	
January 4, 2013	
May 21, 2012	3. Communications Group Meetings
July 10, 2012	
July 16, 2012	
May 17, 2012	4. Quality Group Meetings
June 5, 2012	
March 21, 2013	5. Policy Group Meeting
March 20, 2013	6. Research Group Meeting
	Committee Meetings by Program Area
October 9, 2013 (Lead Program: Office Staff)	1. Disease Control and Environmental Health Group Meetings
October 16, 2013 (Lead	

Program: Inspectional Staff) October 18, 2013 (Lead Program: Nursing Team) October 23, 2013 (CD/Immunizations) November 12, 2013	
October 24, 2013 (Inspector Meeting)	2. <i>Consumer Environmental Health Group Meetings</i>
November 5, 2013 (CEH Manager Meeting)	
October 13, 2013	3. <i>Family and Community Health Group Meeting</i>
November 6, 2013	4. <i>Business Administration Group Meeting</i>
November 29, 2013 December 27, 2013 January 14, 2014	5. <i>Medical and Academic Affairs Group Meeting</i>
November 12, 2013	6. <i>Research Group Meeting</i>
November 12, 2013	7. <i>Policy Group Meeting</i>
October 22, 2013 November 7, 2013 November 12, 2013 January 7, 2014	8. <i>Laboratory Services Group Meetings</i>
June 20, 2013 July 16, 2013 October 21, 2013 November 11, 2013 November 14, 2013 November 27, 2013 December 2, 2013	9. <i>Office of Violence Prevention Group Meeting</i>
October 25, 2012 November 28, 2012 April 30, 2013 June 4, 2013 July 23, 2013 September 17, 2013 October 15, 2013	Accreditation Team Review Meetings
January 16, 2013 February 4, 2013 March 6, 2013 September 30, 2013 December 18, 2013 February 26, 2014	Executive Leadership Team Review Meetings

SWOT ANALYSIS

Strengths	Weaknesses
<ul style="list-style-type: none"> • Population-focused raw data (surveillance) • Federal and state grant funding streams • Core of dedicated and committed staff • Growing fellow and intern capacity • Federal and State government agency access • Community-based organization familiarity 	<ul style="list-style-type: none"> • Internal communication and intradepartmental collaboration • Grant writing resources • Strategic planning • Employee morale (lack of organizational trust and transparency) • IT infrastructure, informatics and data management • Employee training and development • Department visibility and branding
Opportunities	Threats
<ul style="list-style-type: none"> • Potential for national accreditation • Zilber School of Public Health • Social media and social marketing • National visibility and recognition • Corporate partnerships • Health Care Reform • Public health integration within economic agendas • Government consolidation • Public health quality improvement 	<ul style="list-style-type: none"> • Federal, state and local fiscal constraints (budget) • Federal and state public health policies • Overt political influence • Workforce shortage and turnover • Workforce recruitment (DER) • Global emerging crises (climate change, etc.) • Private sector special interests • Potential disconnect between organized medicine and public health • Public apathy

ACTION PLANS

Strategic Focus Area #1 | PARTNERSHIPS

GOAL: *Develop and promote creative, sustainable partnerships to meet the health needs of those we serve.*

Objective			
Strategy	Responsible Party	Timeframe	Measurement/ Notes
	Who will champion this strategy? Who will participate in implementation?	When will each task be done?	How will the action steps be measured?
Objective 1: Inventory current partners.			
Strategy 1: Finalize draft community partnership form	Compliance Analyst	April 2014	Final draft of form completed for each division to use for inventory
Strategy 2: Inventory current partnerships using form developed above	Division Directors, Policy and Research Director/ Office of Violence Prevention Director	June 2014	All Divisions will complete a form for each partner.
Strategy 3: Create ACCESS database of inventory	Lab Director/ Policy and Research Director	June 2014	A functional, searchable ACCESS database will be available for managers.
Objective 2: Enhance and strengthen current and new partnerships.			
Strategy 1: Identify new partners that could enhance MHD services and outcomes	Health Commissioner, Health Operations Administrator	Begin January 2014, ongoing	Developed set of template agenda items
Strategy 2: Strengthen partnerships via ongoing assessment and analysis	Health Operations Administrator	Begin February 2014, ongoing	Survey, site visit, annual meeting and assure an MOU is in place as needed
Objective 3: Strengthen intradepartmental partnerships, collaboration and communication.			
Strategy 1: Understand and share Divisions' needs, capabilities and operations	Division Directors	March 2014, ongoing	"Just in Time" Employee surveys done as needed, inventory of interdivisional collaborations

Strategic Focus Area #2 | QUALITY

GOAL: *Embed quality improvement into the culture of MHD.*

Objective

Strategy	Responsible Party	Timeframe	Measurement/ Notes
	Who will champion this strategy? Who will participate in implementation?	When will each task be done?	How will the action steps be measured?

Objective 1: Establish and implement a Quality Improvement (QI) Plan based on organizational policies and direction

Strategy 1: Develop an annual QI Plan that seeks to improve services, health outcomes and addresses the requirements of PHAB accreditation	Compliance Analyst	February 2014	MHD will have a final version of a QI Plan that is accreditation compliant
Strategy 2: Provide QI training and application opportunities for all employees	Compliance Analyst, Executive Leadership Team	April 2014	List of staff who completed training, list of staff who have participated in a QI project
Strategy 3: Document all QI training and implementation activities	Compliance Analyst	April 2014, ongoing	List of staff who completed trainings, List of current and future QI project scopes and team members
Strategy 4: Identify an approval process for project proposals and assignments (forms and procedures)	QI Lead Team	February 2014	QI Project Proposal form and instructions
Strategy 5: Identify a reporting standard and method of communication about all QI projects	QI Lead Team	May 2014	Standard reporting forms and due dates for QI Projects (available on SharePoint)

Objective 2: Develop a Plan for tracking, evaluating and sustaining all quality initiatives in the MHD

Strategy 1: Identify expectations for involvement in QI Initiatives	Health Operations Administrator	February 2014	MHD Policy on QI Participation for MHD staff
Strategy 2: Identify a Point of Contact for Policy and Procedures tracking/documentation in program areas	Health Operations Administrator and QI Team	April 2014	POC identified and job responsibilities added to official MHD job description

Strategy 3: Develop a mechanism to evaluate the effectiveness of the department's QI initiatives	QI Team	August 2014	Evaluation Plan
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Strategic Focus Area #3 | COMMUNICATIONS

GOAL: *Establish effective internal and external communication policies for employees, partners, policymakers, and the public.*

Objective

Strategy	Responsible Party	Timeframe	Measurement/ Notes
	Who will champion this strategy? Who will participate in implementation?	When will each task be done?	How will the action steps be measured?

Objective 1: Standardize, document and communicate internally all policies and procedures at the MHD

<p><i>Strategy 1:</i> Identify the location (e.g. SharePoint) and develop a system for updating and maintaining a repository for forms, policies and templates</p> <p>Create a Policy and Procedure Workgroup</p>	Health Operations Administrator	January 2014 , ongoing	Workgroup developed and Repository established and populated
<p><i>Strategy 2:</i> Form a Policy and Procedure workgroup to Identify all current written policies and procedures and conduct a gap analysis</p>	Health Operations Administrator and Policy and Procedure Workgroup	March 2014	Index of all policy and procedures by division area, results of gap analysis in a report
<p><i>Strategy 3:</i> Create a standard template for MHD policies and procedures</p>	Communications Officer, Compliance Analyst	September 2013	Template Policy and Procedure document available on the MHD MINT as well as on SharePoint as soon as site is available
<p><i>Strategy 4:</i> Identify process for staff who want to develop or implement a new policy or procedure for their program area</p>	Policy and Procedure Workgroup	September 2014	Step by step instructions on SharePoint for staff re: how to write a new policy and get it approved

Strategy 5: Ensure staff are adequately trained and prepared to use the system to its full potential	Health Operations Administrator & Research and Policy Director	December 2014	All staff trained and using the system
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Objective 2: Develop an internal directory of programs and people.

Strategy 1: Develop electronic registry/org chart of programs and staff, with contact details	Health Personnel Officer, Health Communications Officer	December 2014	There will be a directory ready to use
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Objective 3: Develop a standardized system of formal communication among MHD employees.

Strategy 1: Communicate information about new initiatives, significant program updates, press releases, and community events in a consistent manner to all staff	Health Communications Officer	January 2013	Regular communication will be in place
Strategy 2: Utilize the Healthy Times newsletter as a communication tool for staff and stakeholders	Health Communications Officer	January 2013, ongoing	Regular newsletters will be released
Strategy 3: Create a process for collecting staff feedback on a consistent basis	Health Communications Officer, Health Personnel Officer	January 2015	A mechanism will be in place allowing for feedback and response to/from the ELT

Objective 4: Utilize and embrace electronic and social media to promote MHD and public health messages.

Strategy 1: Develop social media policy for online messaging (Facebook, Twitter, etc.)	Health Communications Officer	June 2013	Policy will be disseminated
Strategy 2: Update website to be technologically current and user-friendly	Health Communications Officer	March 2013, ongoing	Website updated as needed

Strategic Focus Area #4 | EMPLOYEE DEVELOPMENT

GOAL: *Create a Workforce Development Plan.*

Objective			
Strategy	Responsible Party	Timeframe	Measurement/ Notes
	Who will champion this strategy? Who will participate in implementation?	When will each task be done?	How will the action steps be measured?
Objective 1: Strengthen core competencies amongst employees.			
<i>Strategy 1:</i> Establish core competencies for all MHD staff based on the <i>Core Competencies for Public Health Professionals (Public Health Foundation and CDC)</i>	Workforce Development Team	March 2014	The Commissioner will have approved the recommended competencies. Competencies will then be shared with staff and strategies 2-4 will be implemented
<i>Strategy 2:</i> Update all job descriptions to incorporate core competencies as part of a Workforce Development Plan	Health Personnel Officer, Domain 8 Team (Workforce Development)	December 2014	All MHD job descriptions will include the approved core competencies as requirements for employment
<i>Strategy 3:</i> Integrate questions related to core competencies in MHD interview process, probationary review, and annual performance reviews	Health Personnel Officer, Division Directors, Program Managers, Supervisors, and Coordinators	December 2014	Interview questions that will assess the candidates level of competence. Review forms that require that the employees level of competence be assessed
<i>Strategy 4:</i> Develop an Accreditation Compliant Workforce Development plan.	Compliance Analyst, Health Personnel Officer, Domain 8 Team (Workforce Development)	June 2015	An action plan for employee trainings that will reinforce core competencies
Objective 2: Develop and implement an annual Performance Review Program for MHD employees.			
<i>Strategy 1:</i> Develop criteria and policies for providing formalized employee feedback on performance	Health Personnel Officer	December 2016	Completed MHD performance review policy

Strategy 2: Train managers, supervisors, and coordinators on new performance review policy	Health Personnel Officer	December 2016	Managers, supervisors and coordinators are correctly implementing the performance review policy
Strategy 3: Distribute MHD performance review policy to all MHD employees	Health Personnel Officer	December 2016	Staff acknowledges that they have received the performance review policy

Objective 3: Create a culture that encourages and supports continuing education, training, and professional development for all MHD staff.

Strategy 1: Create a Workforce Development Committee	Compliance Analyst, Health Personnel Officer	December 2013	Established Workforce Development Committee (Domain 8 Team)
Strategy 2: Conduct internal assessment of staff training needs and identify priority areas for training	Workforce Development Committee	December 2014	Survey results and Training priority list.
Strategy 3: Create electronic inventory of training opportunities, including annual conferences and meetings for all MHD employees	Workforce Development Committee	March 2015	Electronic inventory accessible by all MHD employees
Strategy 4: Review and refine current conference and meeting attendance policy and distribute to staff. Update to include funding availability, eligibility, web-based course work, webinars, certifications, and attendance for continuing education	Workforce Development Committee	July 2014	Completed conference and meeting policy and documentation of distribution
Strategy 5: Create a framework for a MHD mentoring program policy	Workforce Development Committee	December 2015	Completed MHD mentoring program policy

Objective 4: Develop an employee recognition program.

Strategy 1: Develop an employee recognition program	Health Personnel Officer, MHD employees	December 2014	Existence of an Employee Recognition Program
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Strategy 2: Explore and recommend other models of position classifications that encourage staff development and have potential for pay increases based on merit	Health Personnel Officer, Division Directors, Program Managers, Supervisors and Coordinators	December 2015	Document that describes potential models of position classifications that could be implemented in MHD
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Strategic Focus Area #5 | POLICY

GOAL: *Create, influence, and enforce policies at all levels that improve and protect health.*

Objective

<u>Strategy</u>	<u>Responsible Party</u>	<u>Timeframe</u>	<u>Measurement/ Notes</u>
	Who will champion this strategy? Who will participate in implementation?	When will each task be done?	How will the action steps be measured?
Objective 1: Develop criteria for proposing, evaluating, or advocating for/against policies, criteria that assure these actions/policies meet the values of MHD and support the improvement of public health in the city of Milwaukee (ideally based on evidence and data)			
Strategy 1: Clarify MHD procedure for influencing federal, state, or local policies	Executive Leadership Team (ELT)	May 2014	Process established
Strategy 2: Advocate for policy that better the public health	ELT	August 2014 and ongoing biannually	Increase in the number of opinion-editorial articles, contacts with Aldermen and Legislators
Strategy 3: Develop a set of criteria for developing and advocating around policy A. Based on those criteria, develop and maintain a set of policy priorities. B. Assure development and maintenance of content expertise regarding policy priorities. C. Develop a system for assuring policy consistency/congruency and addressing potential conflicting policy priorities.	ELT	December 2014	Annual policy and advocacy plan developed
Strategy 4: Leverage partners (e.g., LRB, CBOs, intergovernmental, academe, WPHA, WALHDAB) to advocate for policy change.	Policy and Research Director/ELT	Ongoing	Review and coordinate policy plans with partner organizations

Objective 2: Establish a process for the development of policies based on evidenced based practices to improve the public's health at the local, state, and federal level.

Strategy 1: Assure all staff are aware of the health department role and procedure in developing policy	Policy and Research Director/ELT	May 2014	Health policy updates newsletter established
Strategy 2: Develop a system by which MHD staff can propose or comment on policy as an internal method of influencing MHD's Policy process.	Policy and Research Director	June 2014	SharePoint health policy site created
Strategy 3: Strengthen general ability to impact policy (e.g. develop health impact assessment capacity).	Medical Director	June 2014	Health Impact Assessment Team Developed
Strategy 4: Actively engage the community on getting feedback on policy	Policy and Research Director/ELT	December 2014	Health policy conference with ZSPH planned

Objective 3: Create and implement an employee development program around policy.

Strategy 1: Policy development training (basic for all, advanced for select employees)	Policy and Research Director/Health Personnel Officer/UW-M Health Policy faculty	April 2014	Training implemented
Strategy 2: Advocacy training (for all)	WiCPHET/UW-M	June 2014	Training implemented
Strategy 3: Policy assessment / evaluation training (for select / interested employees)	WiCPHET/UW-M	Fall 2014	Training implemented
Strategy 4: MHD criteria for proposing, evaluating, or advocating for/against policies (all staff)	Policy and Research Director/Medical Director	Fall 2014	Criteria developed
Strategy 5: MHD procedure for developing or evaluating policy, and MHD procedure for influencing federal, state, or local policies (all staff)	Policy and Research Director/Medical Director	Fall 2014	Procedure developed

Strategic Focus Area #6 | RESEARCH

GOAL: *Conduct research and program evaluations and identify innovative and evidence-based practices in partnership with research and academic institutions*

Objective

Strategy	Responsible Party Who will champion this strategy? Who will participate in implementation?	Timeframe When will each task be done?	Measurement/ Notes How will the action steps be measured?
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Objective 1: The MHD will create and maintain an infrastructure that supports research.

<i>Strategy 1:</i> Develop a standardized process that clearly identifies how to initiate, conduct, and conclude a research project	Policy and Research Director/Medical Director	August 2014	Process document
<i>Strategy 2:</i> Create a data committee to ensure appropriate data accessibility, systems, and resources for MHD staff conducting research. Create a repository for all research projects	Policy and Research Director	December 2013	Data committee
<i>Strategy 3:</i> Create and implement a staff development program around research	Policy and Research Director/UW-M ZSPH/Personnel Officer	October 2014	Research-related workforce development plan. Staff pre- and post- surveys.
<i>Strategy 4:</i> Incorporate an evaluation component into all MHD program planning	Policy and Research Director	October 2014	Percentage of new program plans that have an evaluation component
<i>Strategy 5:</i> Incorporate learners (e.g. Fellows, MPH Students, PhD students) into MHD research efforts	Medical Director	Ongoing	Number of students participating in research

Objective 2: The MHD will develop a research agenda that identifies priority areas for public health in Milwaukee.

<i>Strategy 1:</i> Identify a research agenda that a) prioritizes and links research to MHD's strategic plan and to Community Health Assessment priorities and b) attracts funding to support the research agenda	ELT	June 2014	Research agenda, updated at least annually. Funding plan.
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Strategy 2: Provide support to community partners who wish to conduct research that is consistent with public health needs	ELT	Ongoing	Number of partners and/or partnerships
Strategy 3: Create a culture of flexibility by responsive to funding opportunities and to community partners who wish to collaborate on research projects and proposals	ELT	Ongoing	Number of research projects Number of publications

Objective 3: The MHD will create an evaluation program to evaluate the benefits of research for public health in Milwaukee.

Strategy 1: Create an evaluation plan for all research projects that includes cost benefit or cost-effectiveness or ROI analysis, measures, data support and advancement of scientific knowledge	Data Group	June 2014	Number of recommendations for practice changes
Strategy 2: Ensure that research efforts inform and/or validate programmatic decisions and programmatic effectiveness at the MHD	Data Group	August 2014	Number of program evaluations Extent to which research outcomes lead to programmatic changes at MHD.
Strategy 3: Ensure that research efforts include policy-related work that advances public health policy and/or makes it more understandable to the lay public and to policymakers	Policy and research Director	August 2014	Number of health impact assessments, other policy assessments, or “white paper” policy briefs.
Strategy 4: Assure integrity of data use and ethical conduct of MHD research	Data Group	August 2014	Research Ethics Plan
Strategy 5: Link research to MHD’s QI efforts	Data Group	Ongoing	Research data available to validate QI Efforts on SharePoint

Strategic Program Area #1 | DISEASE CONTROL & ENVIRONMENTAL HEALTH

GOAL: *Implement strategies focused to prevent and control reportable communicable diseases.*

Objective		
Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?
Objective 1: Educate community partners, local providers, and surrounding local health departments of current disease incidence and disseminate any relevant outbreak or emerging infection information; conduct disease investigations and follow up.		
Strategy 1: By January 2014 develop monthly disease incident reports for Milwaukee County and distribute via SurvNet	Infectious disease epidemiologist	Number of monthly SurvNet reports distributed annually
Strategy 2: By December 2014 process communicable disease reports received by MHD and direct to the appropriate LHD for follow up within 1 business day of receipt	MHD SurvNet Office Assistant	Periodically measure the time between case report and local health department receipt
Strategy 3: By January 2014 conduct disease investigation and follow up of cases per MHD case management guidelines	CD PHNs, Infectious Disease Epidemiologist	Bi-annual report of outstanding cases
Strategy 4: Educate the public about any health concerns and provide consultation to community partners in outbreak investigation and disease follow up within two days of outbreak	DCEH Director, Infectious Disease Epidemiologist, CD PHNs	

GOAL: *Identify disparities within the city of Milwaukee in preventable communicable diseases.*

Objective		
Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?
Objective 1: Collect better data to identify disparities within the City and support local initiatives to eliminate disparities.		
Strategy 1: By January 2014 collect accurate address data in WEDSS and WIR for quality data analysis by zip code	Communicable Disease and Immunization Programs	Reports of immunization status and select communicable disease by zip code annually

Strategy 2: By January 2014 collaborate with community partners and support initiatives to reduce immunization and communicable disease disparities	Communicable Disease and Immunization Programs	Immunization coalition meetings attended, list of current community partners
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GOAL: Increase immunization compliance rates in city of Milwaukee K-12 public and private schools to 90% by December 31, 2015.

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: MHD will provide immunization opportunities at onsite and offsite immunization clinics for students and provide outreach to Milwaukee Public Schools (MPS) and private schools in the city of Milwaukee to educate and provide guidance in increasing compliance rates.

Strategy 1: January 2014 the MHD will provide 10-20 offsite immunization opportunities each year for school aged children	Infectious disease epidemiologist, immunization program public health nurses, MHD clinic staff	Report summarizing clients served and immunizations given for all offsite clinic.
Strategy 2: By December 2014 meet annually with MPS to educate about immunization compliance and provide consultation to increase immunization rates	Immunization Program PHN coordinators, infectious disease epidemiologist	Meeting minutes with list of attendees
Strategy 3: January 2014 collect annual immunization compliance numbers from public and private schools	Immunization program	Annual school report to local health departments immunization compliance report
Strategy 4: By December 2015 complete 10,000 record reconciliations for schools each year	Health project assistant	Annual report with number of students reconciled at each school
Strategy 5: January 2014 - 2015 conduct 10-20 site visits annually with childcare providers to increase parental awareness of immunizations	Immunization Program PHNs	Number of site visits conducted

GOAL: *Increase the percentage of children younger than 35 months of age who receive ACIP recommended vaccinations to 60% by December 31, 2015.*

Objective		
Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Educate parents about recommended vaccines and benefits of immunization.

Strategy 1: By December 2014 complete quarterly reminder/recall mailings and calls for 24 month olds	Infectious disease epidemiologist, health project assistants	Number of calls made, calls answered, and number of letters sent out quarterly
Strategy 2: By December 2014 Conduct 10-20 site visits annually with childcare providers to increase parental awareness of recommended immunizations	Immunization PHNs	Number of site visits conducted
Strategy 3: By December 2014 Sponsor one event annually to increase provider knowledge of immunizations	Infectious disease epidemiologist, Immunization PHNs	Agenda from event with list of registered attendees
Strategy 4: By December 2014 participate in 20-25 community health fairs to increase knowledge of immunizations	Health project assistant	Documentation of health fairs in the "Immunization Activity Database"

GOAL: *Optimize STD clinic operations; maintaining low turn-away rates and high level of service.*

Objective		
Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Review STD clinic nursing services operations utilizing a QI process.

Strategy 1: Establish a QI team to review nursing service operations in the STD clinic	MHD STD/HIV Program QI team	By 2016, all aspects of clinic visit will have been reviewed and recommendations for revisions developed.
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GOAL: *Reduce incidence of reportable STIs and HIV/AIDS in the city of Milwaukee 10% by 2020.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Identify and Implement evidenced based interventions that address STI's and HIV/AIDS, transmission and prevention activities in the community.

Strategy 1: Leverage community partners (e.g., Community Partnership Team-STI) to identify and reach high-risk populations	MHD STD/HIV Program	Beginning in 2014, quarterly meetings with CPT-STI to develop an annual action plan for expected outreach testing and education events will occur.
Strategy 2: New and/or refresher training for all community partners providing screening and testing	MHD STD/HIV Program	By close of 2014 all CPT-STI members will have received training, either new or refresher, on specimen collection, specimen handling and confidentiality
Strategy 3: Morbidity data will be collected and analyzed to identify emerging trends	MHD STD/HIV Program	By 2016, standardized system for data collection and reporting from various sources (State WEDSS, Luther, STD-MIS) will be established and reviewed with community partners at an annual meeting

GOAL: *Increase awareness and preparedness for staff, citizens and stakeholders.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Risk reduction and emergency preparedness based on an "All-Hazard / Whole-Health" concept.

Strategy 1: Beginning November 2013 develop, maintain, and continuously improve emergency operations plans to guide departmental response activities for all hazards emergencies	Emergency Response Planning Coordinator, Emergency Preparedness Coordinator	Ensure departmental emergency operations plans address the public health aspects of a response to a food safety event, a flood and a pandemic emergency
Strategy 2: By January 2014 develop and support sustainable education programs for a skilled and trained preparedness and response workforce	Emergency Response Planning Coordinator, Emergency Preparedness Coordinator	Registration and usage of Wisconsin Train, number of courses completed

Strategy 3: By August 2014 convene a group of stakeholders who represent multiple community sectors to develop a list of emergency preparedness needs and a plan to meet the needs	Emergency Response Planning Coordinator and DCEH staff	Number of agencies participating List of community preparedness needs
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GOAL: *Increase the number of lead-safe housing units in Milwaukee.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Create awareness of the hazards of lead exposure and how to remediate safely.

Strategy 1: By June 2014 the Lead safe housing, application and screening information is available on the Lead Program web page and is current and monitored monthly	Data coordinator and program manager	Data coordinator will monitor web site and communicate a “sign off” that content was reviewed, current and fully accessible.
Strategy 2: By June 2014 HEH program data will be analyzed and available on a monthly basis and available for reports	HEH Manager. Data indicators will be reported from all sections of the HEH program	Program indicators are collected on a monthly basis
Strategy 3: By December 2014 HEH will outreach/conduct 50 educational events in a calendar year to various community groups; daycares, churches, health fairs, student groups and CBOs	HEH Management, HEH staff	Collect the number of events on the monthly HEH data grid
Strategy 4: Continue and ongoing HEH will assure funding availability to create lead safe housing by submitting grants/proposals for all applicable lead abatement funding	HEH program management.	Number of grants submitted per year

GOAL: *Decrease the number of lead poisoned children in Milwaukee.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Increase awareness of the importance for screening children and the importance of safe and habitable housing.

<p><i>Strategy 1:</i> By December 31, 2014 HEH will Increase the number of lead-safe housing units in the City of Milwaukee by minimally 300 a year, to decrease child exposure to lead hazards</p>	HEH Management	Monthly and quarterly reports to funders
<p><i>Strategy 2:</i> By August 2014 HEH will provide lead testing at both annual MHD Health Fairs for early identification of lead hazard exposure</p>	HEH staff	Screening conducted and number of children tested
<p><i>Strategy 3:</i> Continuing in 2014, send all blood lead level results of 5 and above to parents/guardians with explanation and recommendations for additional testing</p>	HEH Data Coordinator and HEH Office Staff	Number of letters sent each month

GOAL: Secure the necessary resources to provide an appropriate level of safety, health, and environmental surveillance to the MHD and manage them effectively.

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Leverage capabilities of the ZSPH, public information and outreach.

<p><i>Strategy 1:</i> By May 2014 Environmental stall will plan and activate 2014 Beach Health Plan and include ZSPH partners</p>	Emergency Preparedness Coordinator and EDCS staff	# of samples collected # of Nowcast runs
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Strategic Program Area #2 | CONSUMER ENVIRONMENTAL HEALTH

GOAL: Protect consumers in Milwaukee by working to 1) improve the safety of the food being served or sold; 2) increase the accuracy of measuring devices used in selling products or services; and 3) reduce unfair or fraudulent business practices.

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Regulatory Foundation - Assure there is an adequate regulatory foundation to support food safety and consumer protection activities in Milwaukee.

<p><i>Strategy 1:</i> By October 1, 2016, review and update city ordinances to simplify code, adopt relevant sections of the state code and adopt best practices</p>	<p>CEH Division Director, CEH Regulator Foundations Committee</p>	<p>Copies of proposed ordinance revisions</p>
<p><i>Strategy 2:</i> By January 1, 2015, consolidate Food Licensing Board with Environmental Health Board, address inconsistencies in the code and provide adequate structure and purpose</p>	<p>CEH Division Director, CEH Regulator Foundations Committee</p>	<p>Updated board members on file with the City Clerk</p>
<p><i>Strategy 3:</i> By January 1, 2015, update and maintain relevant agent agreements (DHS/DATCP) and MOUs (DNS and City Clerk)</p>	<p>CEH Division Director, CEH Regulator Foundations Committee</p>	<p>Updated signed MOUs and agent agreements</p>
<p><i>Strategy 4:</i> By July 1, 2017, review and update program policies and procedures supported by code</p>	<p>CEH Division Director, CEH Regulator Foundations Committee</p>	<p>Updated policies and procedures manual for both food inspection and weights and measures</p>

Objective 2: Trained Regulatory Staff - Assure all division staff shall have the knowledge, skills, and ability to adequately perform their required duties.

<p><i>Strategy 1:</i> By March 1, 2015, develop and implement a revised EHS Food Inspection and Weights and Measures Curriculums</p>	<p>CEH Division Director, CEH Professional Development Committee</p>	<p>Expand curriculum from 12 to 16 weeks to integrate more hands on training. Approved curriculum posted in SharePoint</p>
<p><i>Strategy 2:</i> By March 1, 2015 develop and implement a policy/procedures for new inspector orientation</p>	<p>CEH Division Director, CEH Professional Development Committee</p>	<p>Existence of a signed policy utilizing standard MHD format</p>
<p><i>Strategy 3:</i> By March 1, 2015, assure all staff have completed the required core curriculum based on title and job requirements</p>	<p>CEH Division Director, CEH Professional Development Committee</p>	<p>Review of training records in SharePoint</p>
<p><i>Strategy 4:</i> By March 1, 2015, establish a system to track employee development, including continuing education, standardization and other performance assessments</p>	<p>CEH Division Director, CEH Professional Development Committee</p>	<p>Tracking system developed in MS SharePoint with at least one full year of data</p>

<i>Strategy 5:</i> By March 1, 2015, establish a career ladder system for EHS, Coordinators and Supervisors	CEH Division Director, CEH Professional Development Committee	Civil Service and Finance and Personnel Committee meeting minutes showing approved career ladder system
<i>Strategy 6:</i> By March 1, 2015, every three years administer a training needs assessment and develop a three year training plan	CEH Division Director, CEH Professional Development Committee	Approved training plan posted to SharePoint
<i>Strategy 7:</i> By March 1, 2015, develop and implement a policy/procedures for performance management for all CEH staff	CEH Division Director, CEH Professional Development Committee	Existence of a signed policy utilizing standard MHD format

Objective 3: Inspection Program Based on Scientific Principles and Evidence Based Practices - Develop and implement an inspection program that is based on scientific principles and evidence based practices.

<i>Strategy 1:</i> By June 1, 2015, develop and implement a written risk based food inspection policy	CEH Division Director, CEH Inspection, Compliance, & Enforcement Committee	Existence of a signed policy utilizing standard MHD format. Risk based inspection policy should focus more heavily on compliance history
<i>Strategy 2:</i> By June 1, 2015, develop and implement a written device inspection policy based on NIST/DATCP best practices	CEH Division Director, Weights and Measures Committee	Existence of a signed policy utilizing standard MHD format
<i>Strategy 3:</i> By June 1, 2015, develop district rotation policy procedures	CEH Division Director, CEH Management Team	Existence of a signed policy utilizing standard MHD format, policy to include district rotation briefing between inspectors
<i>Strategy 4:</i> By June 1, 2015, develop and implement a HACCP and variance policy utilizing FDA best practices	CEH Division Director, CEH Inspection, Compliance, Enforcement Committee	Existence of a signed policy utilizing standard MHD format
<i>Strategy 5:</i> By June 1, 2015, develop and implement an integrated electronic inspection, investigation, and licensing system (Land Management)	CEH Division Director, CEH Land Management Committee, ITMD, DNS, City Clerk	At least 60 day history of successfully utilizing land management for all CEH inspections
<i>Strategy 6:</i> By June 1, 2015, develop and implement a food establishment grading system	CEH Division Director, CEH Management Team	At least 60 day history of successfully utilizing land management to preform inspections with food establishment grades

Objective 4: Uniform Inspection Program - Establish a quality assurance program to ensure uniformity among regulatory staff in the interpretation and application of laws, regulations, policies, and procedures.

Strategy 1: By January 1, 2015, assure all CEH Coordinators and Supervisors are and maintain state standardization for food inspection	CEH Division Director, CEH Management Team	Review of standardization records in SharePoint
Strategy 2: By January 1, 2015, assure all EHS are standardized within 18 months of appointment to the program	CEH Division Director, CEH Management Team	Review of standardization records in SharePoint
Strategy 3: By January 1, 2015, assure all EHS successfully complete 2 maintenance standardization per year	CEH Division Director, CEH Management Team	Review of standardization records in SharePoint
Strategy 4: By June 1, 2015, develop and implement quality assurance review program for EHS	CEH Division Director, CEH Management Team, QI Team	Existence of a signed policy utilizing standard MHD format
Strategy 5: By June 1, 2015, develop standardization policies and procedures	CEH Division Director, CEH Management Team	Existence of a signed policy utilizing standard MHD format
Strategy 6: By June 1, 2015, develop quality assurance assessment policy and procedures	CEH Division Director, CEH Management Team	Existence of a signed policy utilizing standard MHD format
Strategy 7: By June 1, 2015, obtain/maintain food inspection quality assurance rating of at least 75% (based on 10 FDA factors)	CEH Division Director, CEH Management Team	Quality assurance report in SharePoint
Strategy 8: By June 1, 2015, develop and implement a system to track/measure EHS quality assurance and standardization and overall program quality	CEH Division Director, CEH Management Team	Existence of a signed policy utilizing standard MHD format

Objective 5: Foodborne Illness and Food Defense Preparedness and Response - Established a system to detect, collect, investigate and respond to complaints and emergencies that involve foodborne illness, injury, and intentional and unintentional food contamination.

Strategy 1: By March 1, 2016, develop and implement an annual food safety / risk factor audit	CEH Division Director, CIFOR Team	Template food safety/risk factor audit. Initial report generated using template
Strategy 2: By March 1, 2016, review, update, finalize foodborne illness response protocols	CEH Division Director, CIFOR Team	Existence of a signed policy utilizing standard MHD format
Strategy 3: By March 1, 2016, integrate foodborne illness response activities into the overall MHD emergency response plan	CEH Division Director, CIFOR Team	Updated response plan

Strategy 4: By March 1, 2016, develop and implement foodborne illness training and exercising policy and procedures	CEH Division Director, CIFOR Team	Existence of a signed policy utilizing standard MHD format
Strategy 5: By March 1, 2016, educate food operators and the public on foodborne illness, including prevention strategies, and where/when to report as well as food defense preparedness and response strategies	CEH, DCEH, Lab	Operator training records maintained in SharePoint. Training activities may include participation in food safety courses sponsored by other organizations
Strategy 6: By March 1, 2016, promote the use of CIFOR Industry Guidelines by food operators	CEH, DCEH	Links to CIFOR toolkits and FDA food defense resources on MHD website

Objective 6: Compliance and Enforcement - Establish a system to assure adequate and timely follow-up action for any code violations identified during inspection or investigation.

Strategy 1: By January 1, 2015, develop and implement a compliance and enforcement policy/procedures for all inspections including mandatory training, administrative hearings, citations, license suspensions and revocations, and inspection fees	CEH Division Director, CEH Inspection, Compliance, & Enforcement Committee, CEH Weights and Measures Committee	Existence of a signed policy utilizing standard MHD format
Strategy 2: By January 1, 2015, establish a compliance and enforcement audit program to monitor program effectiveness	CEH Division Director, CEH Inspection, Compliance, & Enforcement Committee, CEH Weights and Measures Committee	Report summarizing compliance and enforcement actions by inspector
Strategy 3: By June 1, 2015, develop and implement an electronic inspection system that tracks compliance and enforcement actions	CEH Division Director, CEH Inspection, Compliance, & Enforcement Committee, CEH Weights and Measures Committee	Number of inspections performed in land management
Strategy 4: By June 1, 2015, develop/implement standardized reports to track individual and program compliance and enforcement activities	CEH Division Director, CEH Inspection, Compliance, & Enforcement Committee, CEH Weights and Measures Committee	Template report create in land management
Strategy 5: By June 1, 2015, assure compliance and enforcement policy and procedures are followed on at least 80% of all orders issued	CEH Division Director, CEH Inspection, Compliance, & Enforcement Committee, CEH Weights and Measures Committee	Template report create in land management

Objective 7: Industry and Community Relations - Utilize industry and community outreach activities to solicit a broad spectrum input into food safety and consumer protection activities, as well as to communicate sound public health principles. Develop and recognize community initiatives focused on the food safety and consumer protection.

Strategy 1: By January 1, 2015, conduct a community capacity and needs assessment	CEH Division Director, CEH Community Education and Outreach Committee	Community capacity and needs assessment final report
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Strategy 2: By June 1, 2014, establish a food safety and policy advisory committee	CEH Division Director, CEH Community Education and Outreach Committee	Meeting agendas/notes and participant lists store in SharePoint
Strategy 3: By January 1, 2017, develop and/or update CEH fact sheets and guidelines and audience specific food safety toolkits	CEH Division Director, CEH Community Education and Outreach Committee	Tools posted to MHD website and available to inspectors in SharePoint, including guidelines for new operators.
Strategy 4: By January 1, 2017, conduct at least 20 community meetings on important food topics (food peddlers, food rating system, etc.)	CEH Division Director, CEH Community Education and Outreach Committee	Ideas include training on food risk factors. Meeting agendas/notes and participant lists store in SharePoint
Strategy 5: By May 1, 2015, develop/implement a system of keeping Common Council and Mayor's office informed of inspection activities	 CEH Division Director, CEH Community Education and Outreach Committee	Updated annual sanitation report template, written policy/procedure for interim updates.
Strategy 6: By June 1, 2017 conduct at least two community and operator health education campaigns related to the implementation of health establishment grading system	CEH Division Director, CEH Community Education and Outreach Committee	Report providing sample materials and methods for distribution

Objective 8: Program Support and Resources - Obtain the resources (budget, staff, equipment, etc.) necessary to support a robust inspection program.

Strategy 1: By January 1, 2016, develop and implement CEH re-organization, evaluate re-organization impact on division operations	CEH Division Director, CEH Professional Development Committee	Council approved reorganization of CEH, balance inspection workload through redistricting, evaluating performance through more frequent record review and joint inspection.
Strategy 2: By January 1, 2016, establish inspector equipment tracking system	CEH Division Director, CEH Management Team	Equipment tracking database operational and updated with staff information
Strategy 3: By January 1, 2017, quantify program costs in order to determine if inspection fees align with actual costs	CEH Division Director, CEH Management Team	Report summarizing average cost by inspection type
Strategy 4: By January 1, 2015, evaluate program capacity using CFP tool	CEH Division Director, CEH Professional Development Committee	Calculated ratio of inspectors per inspection utilizing CFP tool
Strategy 5: By January 1, 2017, obtain additional program resources (staff, equipment, training budget) to support needed infrastructure	CEH Division Director, MHD Administration, City Budget Office	Completed gap analysis, pre/post gap analysis program resources inventory

Objective 9: Program Assessment and Continuous Quality Improvement - Establish an effective evaluation mechanism in order to assess the impact of the Food and Weights and Measures programs activities. Utilize quality improvement to achieve division outcomes and enhance efficiency and productivity.

Strategy 1: By January 1, 2017, meet all 9 FDA Voluntary National Retail Program Standards	CEH Director, All CEH Staff	FDA Self-Assessment and Audit Tools
Strategy 2: By January 1, 2017, satisfactorily meet all DATCP and DHS agent requirements	CEH Division Director, CEH Management Team	DATCP/DHS Annual Assessments
Strategy 3: By January 1, 2017, utilize quality improvement to enhance division operations, policies and procedures, through the completion of at least 5 QI projects	CEH Division Director, CEH Management Team	Number of quality improvement projects Number/percentage of CEH staff having participated in a QI project team
Strategy 4: By January 1, 2017, develop and implement consistent reports to track program outcomes, objectives and program standard requirements	CEH Division Director, CEH Management Team	Standard report templates, along with written procedures for generating the report
Strategy 5: By January 1, 2017, develop and implement program dashboard to track key projects and outcomes	CEH Division Director, CEH Management Team	Operational CEH dashboard compiling elements from LMS and SharePoint

Progress for all objectives will be assessed through program assessments performed every six months.

Strategic Program Area #3 | FAMILY AND COMMUNITY HEALTH

GOAL: *Promote healthy pregnancies, birth outcomes & child development.*

Objective		
Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?
Objective 1: Utilize FCH programs to promote healthy pregnancies, birth outcomes and child development.		
Strategy 1: By December 31, 2014, WIC will increase the initiation rate of breastfeeding to 65% of WIC families	WIC	Quarterly report from ROSIE indicating the percentage of moms who initiated breastfeeding

<i>Strategy 2:</i> By December 31, 2014, WIC will increase the duration of breastfeeding at six months to 20% of WIC families	WIC	Quarterly report from ROSI indicating the percentage of moms still breastfeeding at six months
<i>Strategy 3:</i> By December 31, 2014, 80% of focus children in EFM & NFP will have received two ASQ screenings before their first birthdays	EFM, NFP	Monthly SPHERE report indicating the number of focus children in EFM & NFP who have received 2 ASQ screenings before their first birthday
<i>Strategy 4:</i> By December 31, 2014, Men's Health and the DAD Project will educate 100 fathers about childhood developmental screening	Men's Health, DAD Project	Monthly SPHERE report indicating the number of fathers educated about childhood developmental screening
<i>Strategy 5:</i> By December 31, 2014, 200 children in the targeted LAUNCH zip codes will receive at least one developmental screening through LAUNCH-related efforts	LAUNCH	Annual CUPH LAUNCH report indicating the number of children in the targeted LAUNCH zip codes who received at least one developmental screening through LAUNCH-related activities.
<i>Strategy 6:</i> By December 31, 2015, 60% of home visiting clients will enroll by the end of their second trimesters	EFM, NFP, PNCC	Monthly SPHERE report indicating the percent of new clients enrolled before the end of their second trimesters
<i>Strategy 7:</i> By December 31, 2015, 1,000 families will be served in a home visiting program	EFM, NFP, PNCC, DAD Project	Monthly SPHERE report indicating the number of families served by a home visiting program
<i>Strategy 8:</i> By December 31, 2015, 35% of clients will remain in their home visiting program for the duration of the program	EFM, NFP, PNCC	Monthly SPHERE report indicating the number of clients who complete their program
<i>Strategy 9:</i> By December 31, 2015, 92% of babies born to a mother enrolled in a home visiting program will be born prior to 37 weeks gestation	EFM, NFP, PNCC	Monthly SPHERE report indicating the number of babies born and their respective gestational ages
<i>Strategy 10:</i> By December 31, 2015, 92% of babies born to a mother enrolled in a home visiting program will be born weighing more than 2,500 g	EFM, NFP, PNCC	Monthly SPHERE report indicating the number of fathers educated about childhood developmental screening
<i>Strategy 11:</i> By December 31, 2015, 95% of infants referred to the NBS-Hearing Program, who are diagnosed with a hearing loss, will be referred to Birth to 3	NBHS	Annual CUPH LAUNCH report indicating the number of children in the targeted LAUNCH zip codes who received at least one developmental screening through LAUNCH-related activities

GOAL: *Promote the health and wellbeing of families.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Utilize FCH programming to educate clients about healthy behaviors and how to access health care.

<i>Strategy 1:</i> By December 31, 2014, MBCCAP will provide 1,060 breast and cervical cancer screenings	MBCCAP	Manual monthly count of breast and cervical cancer screenings
<i>Strategy 2:</i> By December 31, 2014, MBCCAP & Men's Health will provide 500 cardiovascular risk reduction screenings	MBCCAP, Men's Health	Manual monthly count and SPHERE report indicating the total number of cardiovascular risk reduction screenings
<i>Strategy 3:</i> By December 31, 2014, 50 fathers will be enrolled into the DAD Project	DAD Project	Monthly SPHERE report indicating number of enrolled participants
<i>Strategy 4:</i> By December 31, 2014, WIC will serve 92,964 participants annually (i.e. 97% of contracted caseload)	WIC	Tracking report
<i>Strategy 5:</i> By September 30, 2014, WIC will maintain a caseload of 100 families enrolled in the Fit Families program	WIC	Monthly Fit Families tracking report indicating the number of families enrolled
<i>Strategy 6:</i> By October 31, 2014, The WIC Farmer's Market Nutrition Program (FMNP) will ensure 50% redemption rate	WIC	Annual ROSIE FMNP report indicating redemption rate
<i>Strategy 7:</i> By December 31, 2015, CHAP & MBCCAP will assist 10,000 people to enroll in Medicaid	MBCCAP, CHAP	Quarterly CHAP Data System report indicating the number of people assisted to enroll in Medicaid
<i>Strategy 8:</i> By December 31, 2015, CHAP will assist 500 people enrolling in ACA Marketplace	CHAP	Annual CHAP Data System report indicating the number of people assisted to enroll in the ACA Marketplace
<i>Strategy 9:</i> By December 31, 2015, 80% of parent participants enrolled in home visiting programs will receive a mental health screening	EFM, NFP, PNCC, DAD Project	Monthly SPHERE report indicating the number of participants having received a mental health screening

Strategy 10: By December 31, 2015, 25% of parent participants enrolled in home visiting programs will receive one mental health consult visit	EFM, NFP, DAD Project	Annual SPHERE and LAUNCH Evaluation report indicating the number of parent participants who have received a mental health consult visit
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GOAL: *Promote health through collaboration.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Create and maintain meaningful collaborations.

Strategy 1: By December 31, 2014, the Young Child Wellness Council will create a sustainability plan	Project LAUNCH Coordinator, NFP Nurse Supervisor, EFM Program Manager	Documented sustainability plan
Strategy 2: By December 31, 2014, develop policy and procedure for MHD home visiting programs central intake for distribution and communication with referring agencies	EFM Program Manager, NFP Nurse Supervisor, PNCC Nurse Supervisor, PHN Coordinators in PNCC	Documented policy and procedure
Strategy 3: By December 31, 2014, the Young Child Wellness Council will meet six times	LAUNCH Coordinator, NFP Nurse Supervisor, EFM Program Manager	Annual meeting agendas & minutes
Strategy 4: By December 31, 2015, 20 community agencies will be active members of the Young Childhood Wellness Council	Project LAUNCH Coordinator, NFP Nurse Supervisor	An annual membership list
Strategy 5: By December 31, 2015, Home Visiting Community of Practice will meet six times	HV Community of Practice Steering Committee	Annual meeting agendas & minutes
Strategy 6: By December 31, 2015, FCH programs will establish 10 MOUs with partner organizations	FCH Division Director, FCH Operations Manager, FCH Program Managers, Nurse Supervisors and Coordinators	An annual total count of signed MOUs

Strategy 7: By December 31, 2015, Plain Talk will involve 40 education participants in planning Plain Talk educational programming	Plain Talk Program Coordinator	Documented Teen Health Council meeting agendas, event flyers, media and campaign materials planned by the participants, quarterly
Strategy 8: By December 31, 2015, Milwaukee Cribs for Kids program will increase its community partners by 10%	Cribs for Kids Program Manager	An annual total count of the number of community partner applications

GOAL: *Support the sexual and reproductive health of men, women, teens, and young adults across the lifespan.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Utilize FCH programming.

Strategy 1: By December 31, 2013, PlainTalk/PrepTalk will reach 15,000 individuals with information about Family Planning Only Services and reproductive health clinic locations	PlainTalk/PrepTalk Program Coordinator	MPS enrollment data, pledges collected, enrollment forms from trainings, event & outreach sign-up and tracking notes, reported quarterly
Strategy 2: By December 31, 2014, home visiting programs will implement the use of a reproductive life plan	EFM Program Manager, NFP Nurse Supervisor, PNCC Nurse Supervisor	Finalized reproductive plan document Annual SPHERE report indicating the number of clients utilizing a reproductive life plan
Strategy 3: By December 31, 2014, Family and Community Health will have an evaluation plan for the Dual Protection Partnership Initiative	FCH Division Director, FCH Operations Manager, EFM Program Manager, NFP Nurse Supervisor, PNCC Nurse Supervisor, WIC Program Manager	Documented evaluation plan
Strategy 4: By December 31, 2015, FCH will distribute 15,000 condoms	FCH Program Manager, Coordinators, and Nurse Supervisors	Quarterly report indicating the number of condoms distributed

GOAL: *Decrease racial and ethnic disparities, in the community, that impact health.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Targeted outreach and service delivery by FCH programs.

<i>Strategy 1:</i> By December 31, 2014, WIC will increase initiation rate of breastfeeding African American women to 58%	WIC	Quarterly ROSIE report indicating the number of African American clients that initiate breastfeeding
<i>Strategy 2:</i> By December 31, 2014, WIC will increase duration rate of breastfeeding African American women at six months to 12.5%	WIC	Quarterly ROSIE report indicating the number of African American WIC clients that are still breastfeeding at 6 months.
<i>Strategy 3:</i> By December 31, 2015, 80% of clients served by FCH programming will be people of color	FCH Division Director, FCH Operations Manager, FCH Program Managers, Coordinators, and Nurse Supervisors	An annual FCH report, utilizing data from SPHERE, Plain Talk enrollment forms, and MPS data, indicating the number of clients served and the percentage of clients of color.
<i>Strategy 4:</i> By December 31, 2014, for NFP clients 18 years and older at enrollment, 80% will be working at least part-time when their child is 6 months old	NFP	NFP National Service Office Quarterly Reports indicating the number of clients who gain employment.
<i>Strategy 5:</i> By December 31, 2015, 200 men will receive a health assessment and linked to needed services	Men's Health Program Manager, DAD Project Coordinator	Annual SPHERE and DAD Project Evaluation that will indicate the number of men who received health assessments and were linked to services.

Strategic Program Area #4 | BUSINESS ADMINISTRATION

GOAL: *Ensure the organizational structure of MHD is delivering programming in the most efficient and cost effective manner.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Conduct a thorough review of all MHD programming and its organizational structure.

<p><i>Strategy 1:</i> By December 31, 2014, conduct a review of the current MHD organizational chart and programmatic areas within each division</p>	<p>Commissioner of Health, Health Operations Administrator, ELT</p>	<p>Meetings will be held to discuss and review the organization chart with realigned programmatic areas (if necessary)</p>
<p><i>Strategy 2:</i> At the conclusion of the review, if necessary, by March 1, 2015, implement a realignment of MHD programmatic areas within the correct divisional structure</p>	<p>Commissioner of Health, Health Operations Administrator, ELT</p>	<p>Complete updated organizational chart with realigned programmatic areas (if necessary)</p>

GOAL: *Establish a system of program evaluation and review that will help to inform the strategic direction of MHD.*

Objective

Strategy	Responsible Party	Measurement/ Notes
<p>What will be accomplished and within what timeframe</p>	<p>Who will champion this strategy? Who will participate in implementation?</p>	<p>How will the action steps be measured?</p>

Objective 1: Research the types, then choose and implement the best program evaluation system for MHD.

<p><i>Strategy 1:</i> By June 31, 2014, review various performance management models and select a model for implementation at MHD</p>	<p>Health Operations Administrator, Compliance Analyst</p>	<p>Begin review of performance management model (February 2014) Select and/or develop a new performance management model for MHD (June 2014)</p>
<p><i>Strategy 2:</i> By July 31, 2014, form a performance management committee that will be responsible for reviewing and evaluation of MHD programs</p>	<p>Health Operations Administrator, Compliance Analyst</p>	<p>Selection of committee members to steer MHD performance management efforts</p>
<p><i>Strategy 3:</i> By September 2014, decide on specific measures that each program will be evaluated upon</p>	<p>Executive Leadership Team, Program Managers</p>	<p>Each program will meet internally to discuss measures to evaluate their programs ELT will review and finalize</p>
<p><i>Strategy 4:</i> Beginning October 2014, convene the committee on a bi-monthly or more regular schedule</p>	<p>Health Operations Administrator, Compliance Analyst, Performance Management Committee</p>	<p>First performance management committee meeting and/or review meeting held. Agenda and meeting notes for subsequent committee meetings.</p>

GOAL: *Ensure staffing and services offered at each MHD location are strategically located in the proper and ideal location for optimal service delivery and operational efficiency.*

Objective		
Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?
Objective 1: Conduct a thorough review of staffing levels and programs at each Health Center then match services to demographics, space constraints, and community needs.		
Strategy 1: By June 2014, map out what programming and level of staffing is offered at each MHD location	Health Operations Administrator, ELT, Program Managers	Meeting minutes
Strategy 2: During 2014, conduct a review of demographic and other relevant data to see what services the population surrounding each MHD location needs	Research and Policy Director, ELT, Program Managers	Meetings will be held to review the relevant statistical data to inform the process
Strategy 3: By June 31, 2015, realign or have a plan for future realignment of MHD programs and services at each MHD location to match community needs and physical space	Executive Leadership Team, Program Managers	Production of a program and staffing realignment document

GOAL: *Ensure the Strategic Plan is engrained in the culture of MHD.*

Objective		
Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?
Objective 1: Set up a schedule for review and updating of the strategic plan.		
Strategy 1: Review Strategic Planning goals and progress towards those goals on a quarterly basis	Compliance Analyst, Division and Program Managers	Agendas for meetings and meeting notes for quarterly strategic planning review sessions within divisions
Strategy 2: In 2015, Plan for the update of the strategic plan	Compliance Analyst, Health Operations Administrator, Research and Policy Director	Agendas and notes from meetings to plan and organize for the next strategic planning update in 2015

GOAL: *Standardize processes and procedures for MHD HR Functions.*

Objective		
Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?
Objective 1: Conduct a thorough review of City of Milwaukee Department of Employee Relations and MHD Human Resources (HR) policies and procedures.		
<i>Strategy 1:</i> By December 31, 2014, conduct a thorough review of MHD HR policies and procedures	Health Personnel Officer, HR Analyst	Meetings to be held between Health Personnel Officer and HR Analyst
<i>Strategy 2:</i> By December 31, 2014, work with DER to ensure consistency in interpretation and application of HR procedures	Health Personnel Officer, HR Analyst	Meetings and discussions between DER and MHD HR personnel
<i>Strategy 3:</i> By December 31, 2014, update and streamline all necessary HR policies and procedures	Health Personnel Officer, HR Analyst	Compilation of updated policies and procedures
<i>Strategy 4:</i> By December 31, 2014, communicate and educate MHD on all HR processes and procedures	Health Personnel Officer, HR Analyst	All updated policies and procedures are available to staff in an easily accessible medium (Mint/SharePoint)

GOAL: *Standardize processes and procedures for Business Operations Functions.*

Objective		
Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?
Objective 1: Equip MHD managers with the tools needed to better administer their programs.		
<i>Strategy 1:</i> By December 31, 2014, review, update and disseminate Purchasing Process and Procedures to all MHD Managers	Business Operations Manager, Purchasing	Complete upon dissemination of final draft of Purchasing Process and Procedures to managers

Strategy 2: By December 31, 2014, develop and disseminate Grant Account Set-up and Monitoring Process and Procedures to all MHD Managers	Business Operations Manager, Accounting	Complete upon dissemination of final draft of Grant Account Set-up and Monitoring Process and Procedures
Strategy 3: By October 1, 2014, develop and disseminate quarterly reporting process for revenues collected to MHD Managers	Business Operations Manager, Accounting	Monitor quarterly reporting completed and disseminated to MHD Managers

GOAL: *Develop a medium to allow for timely health updates to staff, policymakers, and the public on various health issues and topics.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Develop communications plans that allow MHD to disseminate information to staff, policymakers, and the general public on a regular and timely basis.

Strategy 1: By December 2014, produce regular and timely updates regarding MHD programs and news for internal MHD staff in compliance with MHD Strategic Process Focus Area #3	Health Communications Officer	Production and implementation of internal communications plan that includes efforts outlined in MHD Strategic Process Focus Area #3
Strategy 2: Beginning in January 2014, provide regular updates to the Common Council concerning programs, goals, and outcomes of MHD	Health Operations Administrator, Division/Program Managers, Health Communications Officer	Monthly e-newsletters distributed to elected officials. Communication files related to MHD programs before the Common Council
Strategy 3: By December 2014, develop a written communications plan and risk communication plan in compliance with Domain 3 of Public Health Accreditation Standards and Measures	Health Communications Officer	Written communications plan that includes risk communications procedures
Strategy 4: By December 2014, disseminate accurate information to Milwaukee residents via enhanced online presence and social media channels	Health Communications Officer/MHD HIPP Group	Written website and social media communications plan Department-wide social media policy drafted and disseminated to staff

Strategic Program Area #5 | MEDICAL AND ACADEMIC AFFAIRS

GOAL: *The Medical and Academic Affairs section will support the work of the City of Milwaukee Health Department through a) provision of medical guidance and oversight, b) integration of graduate medical and public health education, and c) consultation, via the Wisconsin Center for Health Equity, on effective approaches to addressing health equity.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Provision of medical guidance and oversight to MHD programs and services.

<i>Strategy 1:</i> Review and update standing medical orders for immunizations	Associate Medical Director	Copies of medical orders, and documentation of date of review /revision of every order, available on an ongoing basis as of January 1, 2014
<i>Strategy 2:</i> Review and update standing medical orders for the sexually transmitted disease clinic	Associate Medical Director	Copies of medical orders and documentation of date of review /revision of every order, available on an ongoing basis as of January 1, 2014
<i>Strategy 3:</i> Review and update standing medical orders for tuberculosis control	Associate Medical Director	Copies of medical orders and documentation of date of review /revision of every order, available on an ongoing basis as of January 1, 2014
<i>Strategy 4:</i> Provide medical input on management of cases and contacts of other communicable diseases, as needed	Associate Medical Director	Documentation of level of satisfaction of MHD's DCEH division manager, communicable disease program managers, and communicable disease program staff regarding medical input, via annual "feedback survey," beginning no later than January 2015
<i>Strategy 5:</i> Provide medical input on management of maternal child health, environmental health, and chronic disease issues, as needed	Medical Director	Documentation of level of satisfaction of MHD program and division managers regarding medical input, via annual "feedback survey," beginning no later than January 2015
<i>Strategy 6:</i> Provide medical input on media requests, community outreach campaigns, etc.	Medical Director	Documentation of level of satisfaction of MHD Public Information Officer and program and division managers regarding medical input, via annual "feedback survey," beginning no later than January 2015
<i>Strategy 7:</i> Provide medical input on overall departmental strategy, program prioritization, budgeting, etc.	Medical Director	Documentation of level of satisfaction of MHD ELT members and budget director regarding medical input, via annual "feedback survey," beginning no later than January 2015

Strategy 8: Provide high-quality medical support to MHD leadership	Medical Director, Associate Medical Director	Documentation of level of satisfaction of all MHD ELT and Ops members regarding medical support, via annual “feedback survey,” beginning no later than January 2015
Strategy 9: Be available for urgent medical consultation on any topic	Medical Director, Associate Medical Director	Documentation of availability via annual “feedback survey” from all MHD ELT and Ops members, beginning no later than January 2015

Objective 2: Integration of graduate medical and public health education.

Strategy 1: Manage and oversee medical student experiences within MHD	Associate Medical Director	Documentation of individual students and their projects / experiences / contributions to MHD; available as annual summary document beginning January 2015
Strategy 2: Manage and oversee UW Population Health Service Fellow experiences within MHD	Medical Director	Documentation of individual Fellows and their projects / experiences / contributions to MHD; available as annual summary document beginning January 2015
Strategy 3: Coordinate and provide consultation regarding other learners’ experiences within MHD, as requested	Medical Director, Associate Medical Director	Documentation of comments or support provided to division directors, program managers, and/or Research & Policy Director via annual “feedback survey” from all MHD ELT and Ops members, beginning no later than January 2015

Objective 3: Consultation, via the Wisconsin Center for Health Equity (WCHE), on effective approaches to addressing health equity.

Strategy 1: Develop and implement an overview of Health Equity for MHD Management and Staff	WCHE Director or staff	Documentation of overview, to be provided to MHD Management and Staff no later than January 2015
Strategy 2: Provide input on incorporating Health Equity principles (e.g., addressing socioeconomic factors via policies or programs) to key MHD division and program managers	WCHE Director or staff	Documentation of ways in which MHD policies or programs incorporate health equity principles, to be included in MHD’s overall annual report yearly starting with the 2014 annual report
Strategy 3: Provide guidance regarding potential community collaborations to advance Health Equity	WCHE Director or staff	Documentation of community collaborations that address socioeconomic determinants of health, to be included in MHD’s overall annual report yearly starting with the 2014 annual report

Strategic Program Area #6 | RESEARCH

GOAL: *Increase the use of research and data to inform policy and programmatic decisions.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Make data more readily available to all staff.

Strategy 1: Enhance data cube to be more user-friendly and increase staff access	Research and Policy Director	Creation of web-based search tool-July 2014
Strategy 2: Standardize baseline population data	Data Team	Data use policy developed -July 2014 Data library created-January 2015
Strategy 3: Standardize report templates for public/media release	Data Team, Health Communications Officer	Report template for various graph displays developed-September 2014 Template library created-September 2014
Strategy 4: Create an Epidemiology/Data Use help desk to support staff projects	Research and Policy Director, Epidemiologists	Phone/e-mail/web page request system developed-January 2015
Strategy 5: Work with each MHD program to create a data use plan	Research and Policy Director, Epidemiologists	Data use plans created.-January 2015
Strategy 6: Develop an annual data review system for each program, based on the data use plan	Research and Policy Director, Epidemiologists	Each program will identify process and progress metrics, and develop regular benchmarking reports-January 2015

GOAL: *Create a research-friendly culture within the Health Department.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Remove barriers to conducting research at the Health Department.

Strategy 1: Strategically identify partners for collaborative, funded research initiatives	ELT	Outreach to colleges and university faculty occurs-Ongoing
Strategy 2: Create a research/data project list appropriate for student projects	ELT	Project list developed-August 2014 and ongoing
Strategy 3: Address Civil Service/HR policy regarding position authority and use of grant funds	Health Operations Administrator, Health Personnel Officer	Flexibility in funding positions obtained through Civil Service/DER-July 2015

Strategic Program Area #7 | POLICY

GOAL: *Develop a policy agenda that is reflective of all aspects of Public Health.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Incorporate all programmatic divisions of the Health Department into the legislative agenda process.

Strategy 1: Create a policy and legislative educational training curriculum for staff	Research and Policy Director, Health Operations Administrator	Curriculum developed-April 2014
Strategy 2: Train ELT and program managers on policy development and legislative process	Research and Policy Director, Health Operations Administrator	Trainings held-June 2014
Strategy 3: At least two state legislative/budget items developed by each programmatic division	ELT	At least eight items submitted in the 2015-17 legislative agenda
Strategy 4: Institutionalize the legislative agenda process and repeat every two years	ELT	

Strategic Program Area #8 | LABORATORY SERVICES

GOAL: *Partnerships: Strengthen existing and explore new partnerships to assure public health outcomes.*

Objective		
Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?
Objective 1: Develop and implement plans to meet with and evaluate mutual needs of internal and external partners on a regular basis.		
<i>Strategy 1:</i> Internal Partnerships - Meet regularly with other MHD program areas to understand each other's needs, capabilities and operations by April 1, 2014	Lab management; Lead staff as needed	Attend: 1. Weekly DCEH Wed. 8:30am meeting; 2. Food Div. joins monthly; 3. CIFOR periodic meetings planned; 4. KHC monthly for STD, TB, refugee programs
<i>Strategy 2:</i> External Partnerships - Evaluate and enhance (or improve) effectiveness of existing partnerships. Initiate VOC by March 1, 2014, then ongoing.	Lab management and Lead staff	1. Use Voice of the Customer: # of visits & surveys 2. Identify new services that could support MHD objectives; e.g. enhance surveillance and revenue (measure changes against baseline)
<i>Strategy 3:</i> New Partnerships - Identify mutually beneficial new partnerships by September 1, 2014, then ongoing	Lab management	1. VOC for new partners: determine strategic objectives met with new partners

GOAL: *Quality: Provide quality services and best practices to MHD clients and stakeholders.*

Objective		
Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?
Objective 1: Develop and implement tools to measure and improve quality laboratory services.		
<i>Strategy 1:</i> Develop a formal QA plan and improve existing QA processes by July 1, 2014. Certifications throughout the year.	Lab management; LEAN team formation (Lab Ops Mgr.)	1. Follow regulatory guidelines, e.g. CLIA, EPA, CDC, USDA, AIHA (ISO 17025) etc. 2. Develop document control systems e.g. SOPs using CLSI guidelines, etc. 3. Maintain certifications

Strategy 2: Implement a procedure for continuous quality improvement process by December 31, 2014.	Lab management; Lab Leadership; LEAN team formation	<ol style="list-style-type: none"> 1. LEAN training 2. Implementation of ASQ skills 3. QMS update
Strategy 3: Establish a formal customer feedback process to evaluate MHD services. Initiate by March 1, 2014, then ongoing.	LEAN Team formation	<ol style="list-style-type: none"> 1. VOC surveys

GOAL: Communication: Communicate effectively with all partners to understand and assure needs are met and PH information and policy are understood.

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Develop and implement plans to improve communications, awareness and visibility to internal and external partners.

<p>Strategy 1: External - Develop a strategy to share relevant information with our partners and/or community</p> <p>Ongoing monthly.</p> <p>Ongoing web updates March 1, 2014.</p> <p>Update website based on VOC feedback starting by June 1, 2014.</p>	Lab Leadership Team; LEAN Team	<ol style="list-style-type: none"> 1. Continually improve and maintain: monthly reports, e-lab network, voice of customer, lab reference manual, website 2. Develop social media per MHD policy.
<p>Strategy 2: Internal - Develop a strategy to improve internal departmental communication and increase awareness of lab services</p> <p>Ongoing</p> <p>Requisition and Test Reference Manual update by March 1 and September 1, 2014.</p>	Lab Leadership Team; LEAN Team	<ol style="list-style-type: none"> 1. Maintain and improve website, test reference manual, 2. Contribute to MHD monthly newsletter; 3. Participate in nurses orientation; new employee orientation; lab week open house; public health week; 4. Assure internal VOC visits and in-service lab information for MHD non-laboratorians
<p>Strategy 3: Develop a strategy to increase MHD visibility at local, state and national level by December</p>	Lab Leadership Team; LEAN Team	<ol style="list-style-type: none"> 1. Attend meetings, conference, training as possible; 2. participate in job fairs; 3. Contribute to the national APHL newsletters and participate in APHL national committees;

31, 2014, then ongoing.		<ol style="list-style-type: none"> Promote the MHDL website & create video/YouTube; Increase awareness for elected officials
<p><i>Strategy 4:</i> Develop strategies to improve communications within the laboratory</p> <p>Ongoing</p> <p>January 1, 2014 (huddles)</p> <p>SharePoint: December 31, 2014.</p>	Lab Leadership Team; LEAN Team	<ol style="list-style-type: none"> Continue and expand LEAN Huddle (check-ins); Utilize group emails; bulletin board in break room; pot luck meetings; presentations /training; full staff meetings (w/agenda); utilize SharePoint site more; section leader meetings (i.e. non-management);

GOAL: *Employee Development: Create a division employee development plan.*

Objective

Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?

Objective 1: Create opportunities for employees to develop and improve their interpersonal and professional skills.

<p><i>Strategy 1:</i> Ensure adequate training opportunities are available across all lab disciplines</p> <p>Subscribe to teleconferences by January 13, 2014, then ongoing</p>	Lab Management	<ol style="list-style-type: none"> Continue to subscribe to in-house webinars & audio conferences with subject area specific training; Promote DER training bulletin use; attend scientific conferences; Promote tuition reimbursement use; Post/email training opportunities to staff; Seek internal training funds; Identify and accommodate cross training needs
<p><i>Strategy 2:</i> Develop an employee recognition program to improve morale and motivation by March 31, 2014, then ongoing</p>	Lab Management; Lab Leadership; LEAN Team	<ol style="list-style-type: none"> Implement recognition, using, for example: potlucks, annual meetings, gift cards, parking reward, Significant personal events
<p><i>Strategy 3:</i> Establish the procedure for assessing staff competencies on an annual basis</p> <p>Competency assessment update by April 1, 2014</p> <p>Personnel reviews by December 31, 2014</p>	Lab Management; Lab LEAN Team	<ol style="list-style-type: none"> Utilize CLIA &/or CAP guidance or others; Implement personnel reviews;

Strategic Program Area #9 | OFFICE OF VIOLENCE PROTECTION

GOAL: *Develop, implement, and evaluate effective and sustainable approaches to preventing interpersonal and community violence through staff leadership and partnerships with multi-disciplinary teams of agencies, organizations and community members in the city of Milwaukee.*

Objective		
Strategy	Responsible Party	Measurement/ Notes
What will be accomplished and within what timeframe	Who will champion this strategy? Who will participate in implementation?	How will the action steps be measured?
Objective 1: Increase safety for victims of domestic violence and sexual assault while hold perpetrators accountable for their by monitoring and promoting legislation, increasing community awareness, disseminating information and referral for persons affected by sexual assault and domestic violence, and designing policies, protocols, and trainings for public and private entities.		
<p><i>Strategy 1:</i> Advance the Milwaukee Commission on Domestic Violence and Sexual Assault's 2013 Strategic Plan over the next 12 months.</p> <ol style="list-style-type: none"> 1. Reform Commission workgroup and subcommittee structure to encourage membership involvement and action by the April 2014 2. Revise bylaws to reflect new Commission structure and decision-making by December 2014 3. Improve Commission member participation and understanding of the MCDVSA 	<p>Commission Coordinator and Appointed Committee Chairs</p>	<ol style="list-style-type: none"> 1. Monthly meetings of Commission, workgroups, and subcommittees 2. Attendance records 3. Subcommittee reports 4. Approval of revised bylaws 5. Host orientation to foster better relationships among membership and explain the history/purpose/structure of the Commission
<p><i>Strategy 2:</i> Develop data collection plan for regular reporting on city-wide trends in sexual assault and domestic violence by December 2014</p> <ol style="list-style-type: none"> 1. Evaluate potential improvements in data collection for both public and private entities 2. Determine collaboration opportunity with City/Homicide Review Data Repository 	<p>MCDVSA, Commission Coordinator, Homicide Review Commission, and Data Collection Workgroup</p>	<ol style="list-style-type: none"> 1. Monthly meetings of the Data Collection Workgroup 2. Survey of service providers and systems partners' current data efforts 3. Compiled annual or biannual report of systems and agency data on SA and DV issued from the Commission

<p><i>Strategy 3: Provide community education to increase the public's awareness of domestic violence and sexual assault in next by December 31, 2014</i></p> <ol style="list-style-type: none"> 1. Evaluate, conduct, and support current first-responder training 2. Provide training for public and private entities on domestic violence and sexual assault 3. Refer community members seeking domestic violence and sexual assault to desired resources 4. Conduct community readiness survey 5. Develop and disseminate community education materials 	<p>MCDVSA, MPD, Commission Coordinator, MHD Fellow</p>	<ol style="list-style-type: none"> 1. Meet with the MPD to evaluate department's current training needs 2. Scheduling of a law enforcement protocol review/presentation for the Commission 3. Increase resource on OVP website 4. Posts to social media outlets 5. Number of trainings conducted 6. Number of resource fairs attended 7. Number of materials distributed 8. Number of awareness events 9. Number of interviews and news articles generated by the Commission 10. Number of calls and emails to the Commission Coordinator, requesting resources 11. Prepared sexual assault community readiness plan which ranks survey and identifies appropriate resources, obstacles, and efforts that are appropriate
<p><i>Strategy 4: Encourage respectful coverage of domestic violence and sexual assault in the media over the next 12 months</i></p> <ol style="list-style-type: none"> 1. Educate members of the media on domestic violence and sexual assault 2. Provide survivors of domestic violence and sexual assault with recommendation and resources on media relations 3. Improve Commission's relationship and communication with the media 	<p>MCDVSA, Commission Coordinator, Judiciary, Media Workgroup(s)</p>	<ol style="list-style-type: none"> 1. Plan media education opportunities to enhance the skills media representatives who cover DV and SA stories and of service providers who interact with the media 2. Develop materials with information and recommendations for media representatives covering SA and DV 3. Develop materials and social media resources with information on media relations for survivors of SA and DV 4. Number of materials distributed to community members and media representatives on DV & SA and media relations 5. Distribute a list of experts and potentially establish a speakers bureau as a resource for media representatives
<p><i>Strategy 5: Expand systems advocacy for survivors of sexual assault by December 31, 2014</i></p> <ol style="list-style-type: none"> 1. Increase the capacity of the current system to provide advocacy via hotline 2. Increase the number of trained advocates 3. Plan for small-scale replication of the CDAAP model between MPD's Sensitive Crimes detectives and SATC's advocates by December, 2014. Advocates in sexual assault police interviews 	<p>MCDVSA, SART, SATC, Commission Coordinator, SASPs</p>	<ol style="list-style-type: none"> 1. Number of trainings for pilot project volunteers and law enforcement representatives 2. Number of trained survivor and ally advocates 3. Number of SA-specific calls to hotline 4. Number of hours assistance is provided by volunteers 5. Decrease in number of hours SATC paid staff need to respond to hotline pages/calls 6. Systems outcomes of 30 test cases to be tracked through pilot program 7. Hiring of a part-time volunteer coordinator

<p><i>Strategy 6:</i> Monitor and promote legislation to support victim safety and hold offenders accountable over the next through legislative session April, 2014. Participate in policy planning through December 31, 2014</p>	<p>MCDVSA, Commission Coordinator, Policy & Legislation Workgroup</p>	<ol style="list-style-type: none"> 1. Strengthen commission legislative workgroup 2. Educate commission on legislative procedures 3. Develop process to solicit policy recommendations 4. Increase policy advisories provided to City Intergovernmental. 5. Increase position statements/appearances at hearings during session 6. MCDVSA attendance at legislative action days/events/Education of legislators 7. Advisories provided to Commission
<p><i>Strategy 7:</i> Promote safe exchange and visitation for families who have experienced domestic violence</p> <ol style="list-style-type: none"> 1. Open a Safe Exchange and Visitation Center for Milwaukee County residents by June 2014 2. Evaluate and modify (as needed) the services provided by the Safe Exchange and Visitation Center in 2015 	<p>MCDVSA, Commission Coordinator, Milwaukee Judiciary, SFPC, CSSW, Community, Consulting Committee</p>	<ol style="list-style-type: none"> 1. Securing an DOJ- OVV-approved center location 2. Hiring of center staff 3. Creation of relevant center forms, including a parent handbook, referral forms, and written policies and protocols 4. Number of supervised exchanges 5. Number of visitations 6. Number of referrals to the center 7. Number of incidents at the center 8. Program evaluation by Dr. Mallory O'Brien 9. Feedback from center staff and families
<p><i>Strategy 8:</i> Advance the recommendations of the Homicide Review Commission through December 2014</p> <ol style="list-style-type: none"> 1. Review, condense, and prioritize currently existing list of recommendations 2. Establish regular system of communication between MCDVSA and MHRC on recommendations by March 2014 	<p>MCDVSA, Homicide Review Commission, Domestic Violence Subcommittee</p>	<ol style="list-style-type: none"> 1. Number of DV recommendations addressed 2. Number of domestic violence homicides and near-fatal shooting incidents

Objective 2: In collaboration with community and professional partners, provide information, training, and tools to put effective strategies into practice to stop violence before it occurs.

<p><i>Strategy 1:</i> Expand efforts launched through 2013 "Coming Together" youth gun violence summit to identify and implement strategies to reduce gun violence by end 2014</p>	<p>Partnership team; City Office of Violence Prevention, Brighter Futures, Medical College - VPI, UWM CUIR, Children's Hospital-Project Ujima</p>	<ol style="list-style-type: none"> 1. Complete solicitations for youth gun survey 2. Disseminate results 3. Identify/develop up to two youth involved violence prevention events 4. Professional development for youth workers via Evidenced Based Prevention events
<p><i>Strategy 2:</i> Support Mayor/Faith communities gun violence prevention activities by July 2014</p>	<p>OVP Director, Mayor staff, community program staff, local faith leaders</p>	<ol style="list-style-type: none"> 1. Gun Buy Back Events 2. Design education/safety activity related to buyback 3. Plan/execute annual Ceasefire Sabbath 4. Develop materials for faith gun violence

<p><i>Strategy 3:</i> Improve knowledge and expertise of advocates, and legal community relating to needs of trafficked and exploited persons by fall of 2014.</p> <p>Improve knowledge and expertise of local victims support providers and justice system personnel relative to crime victim rights by December 31, 2014</p>	<p>OVP staff, Commission members, Trafficking Task Force, Office of Attorney General</p>	<ol style="list-style-type: none"> 1. Convene training for legal community, systems and advocacy staff on legal needs of trafficked persons 2. Develop additional training for advocacy and justice community
<p><i>Strategy 4:</i> Increase knowledge of community and professional on firearm safety measures to reduce injury and death by December 31, 2014</p>	<p>OVP staff, Children’s Hospital, Milwaukee Police, community partners</p>	<ol style="list-style-type: none"> 1. Design electronic and paper messages regarding safe storage, trigger locks other gun safety protocols 2. Attempt public information event with local hospitals on firearm injury prevention
<p><i>Strategy 5:</i> Increase knowledge of area professionals and providers regarding effects of children witness to violence by December 2014</p>	<p>OVP staff, Sojourner Family Peace Center, Center for Urban Population Health, Homicide Review Commission</p>	<ol style="list-style-type: none"> 1. Reconvene white paper advisors to review and edit Kessler witness to violence paper 2. Develop dissemination strategy
<p><i>Strategy 6:</i> Maintain and strengthen local partnerships focused on promotion of healthy neighborhoods and improvement of community/government relations by December 31, 2014 and beyond</p>	<p>OVP staff, MHD and community partners, School of Public Health, Community Justice Council (CJC)</p>	<ol style="list-style-type: none"> 1. Attendance at partnership events 2. Active participation in CJC/Homicide Review Commission, gun violence subcommittee, 3. MHD health fairs 4. Family Justice Center Planning meetings 5. Follow-up to CJC/School of Public Health/City 2013 launch of public health/criminal justice community dialogue 6. Other community events as requested