



MAHONING COUNTY PUBLIC HEALTH

PREVENT · PROMOTE · PROTECT

Strategic Plan 2023-2027



Board Approved Date:
May 17, 2023

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Mahoning County Public Health 2023-2027 Strategic Plan Prepared By:

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Message from the Health Commissioner

March 2023

To the Citizens of Mahoning County:

I am excited to share the Mahoning County Public Health (MCPH) Strategic Plan. MCPH employees work hard every day, with input from our partners and the public, to prevent disease, promote health, and to protect our communities. This past year MCPH along with our community partners conducted surveys to gather the community's needs and concerns related to our accomplishments and services to residents.


The MCPH Strategic Plan is designed to allow for us to examine the diverse aspects of the public health programs and services within urban, suburban, and rural communities throughout Mahoning County while evaluating our advancements in improving health outcomes. The strategic plan will be our road map to improving both internal and external programmatic work over the next five years.

The work of public health is deeply integrated into society's framework as our health professionals seek to understand vulnerabilities and needs through our CHA/CHIP, Strategic Plan, and the programmatic work that we deliver to our community. The work is centered around creating lasting partnerships, aligning strategies, conducting assessments, developing policies, investing in well trained personnel, and intervening in times of needs to prevent disease, promote health and to protect Mahoning County.

MCPH would like to thank the leadership of Kent State University along with Gene Nixon and Jennifer Patrick for their dedication to facilitating the Mahoning County Strategic Plan process.

I hope you enjoy our strategic plan and I encourage you to visit our website, follow us on social media, and share our resources throughout the community.

Respectfully,



Ryan Tekac, MPH, MS, REHS
Health Commissioner



1. EXECUTIVE SUMMARY

1.1 Vision, Mission, and Values (2023-2027)

Vision Statement: We aspire to be the leader in community health improvement. Through the use of innovative, proactive, and collaborative approaches we will ensure conditions of health equity, social justice, and wellness for all.

Mission Statement: The mission of Mahoning County Public Health is to promote and protect the health of individuals and communities. We do this by collaborating, educating, and mobilizing to prevent disease, reduce disparities, and enhance the quality of life in Mahoning County.

Values:

Teamwork	Transparency	Equity
Trust	Reliability	Accountability
Respect	Professional Integrity	

1.2 Strategic Plan (2023-2027)

1.2.1 Goals, Objectives, and Strategies

Mahoning County Public Health (MCPH) has established three goals, ten unique objectives, and twenty-nine supportive strategies for the 2023-2027 Strategic Plan. The details of the Strategic Plan, including identification of partner agencies, responsible MCPH parties with respect to each strategy, timeline for completion, and measure(s) of success are shown in the Strategic Planning Matrix (Section 5).

1.2.2 Strategic Plan Durability and Adaptability

The Strategic Plan identifies current priorities and aspirations for the future. It is accepted that circumstance, needs and requirements may affect the achievability or desirability of goals and objectives. The plan is intended to provide guidance while remaining flexible and adaptable as necessary.

Goal 1: Assure continued excellence in local public health services.

Objective 1: Maintain PHAB accreditation and renew PHAB accreditation in 2026.

Strategy 1: Maintain standards required for PHAB accreditation and submit annual reports.

Strategy 2: Successfully renew PHAB accreditation.

Strategy 3: Implement reaccreditation guidelines.

Objective 2: Maintain financial stability and demonstrate fiscal responsibility towards all stakeholders.

Strategy 1: Measure effectiveness and efficiency of public health services.

Strategy 2: Evaluate how building space impacts access and delivery of local public health services.

Objective 3: Ensure customer focused services.

Strategy 1: Develop quality control systems to assure program accountability.

Strategy 2: MCPH PIO team will develop enhanced community credibility programs.

Strategy 3: Monitor and evaluate consumer satisfaction.

Goal 2: Improve population health outcomes.

Objective 1: Implement, monitor, evaluate, and revise the Mahoning County Community Health Improvement Plan (CHIP) to address identified community health priorities: access to care, community conditions and safety, and mental health and substance abuse.

Strategy 1: Follow the 2022 Mahoning County Health Improvement Plan implementation and evaluation plan.
Strategy 2: Assure continued formal alignment of CHA/CHNA and CHIP/IS with local hospitals as directed by ODH.

Objective 2: Provide high quality, timely public health education which upholds the National Standards for Culturally and Linguistically Appropriate Services (CLAS standards).

Strategy 1: Provide cultural competence training annually at all-staff meetings.
Strategy 2: Continue/expand website-based education efforts by ensuring that content is current, trustworthy, and culturally relevant.
Strategy 3: Implement a process for publication of inspection reports for all MCPH inspection services.

Objective 3: Reduce health inequity.

Strategy 1: Implement PHAB health equity strategies including Sections 4.1.2A, 5.2.3A, and 10.2.1A.
Strategy 2: Convene health data providers to develop mechanisms for providing health inequity data indicators.
Strategy 3: Provide continuous health equity training for staff.
Strategy 4: Engage with community representatives to improve equitable access to health and social services.

Objective 4: Expand collaborative partnerships to improve the integration of a Health in All Policies (HIAP) approach to decision-making across all sectors of Mahoning County.

Strategy 1: Provide Health in All Policies training to Leadership Staff.
Strategy 2: Each division will identify collaborative opportunities to integrate health considerations into policy making to improve health.
Strategy 3: Strengthen linkages with key community partners as health district ambassadors.

Objective 5: Assure a culture of preparedness.

Strategy 1: Assure a foundation of credibility for public health messaging.
Strategy 2: Provide preparedness training to include foundations of public health preparedness, emergency risk communication, incident command system, and the basics of the National Incident Management System.

Goal 3: Ensure an atmosphere of professional enrichment for MCPH staff.

Objective 1: Support the personal and professional development of MCPH staff.

Strategy 1: Implement a revised MCPH Workforce Succession Plan.
Strategy 2: Encourage continued public health leadership mechanisms (*local, state, and national*).
Strategy 3: Increase efforts to build a qualified and diverse workforce.
Strategy 4: Assure value-based compensation for employees.

Objective 2: Strengthen coordination across programs.

Strategy 1: Assure redundancy for critical public health functions.
Strategy 2: Develop cross-functional teams (Ex: reaccreditation, incident command, health equity, safety teams).
Strategy 3: Explore space utilization strategies to encourage collaboration.

2. INTRODUCTION

In 2022, MCPH contracted with Kent State University's College of Public Health (KSU) to facilitate a comprehensive strategic planning process and update of the department's previous Strategic Plan, which was effective through 2022. Throughout this process, KSU facilitators, Gene Nixon and Jennifer Patrick (MPH Candidate) worked directly with the MCPH Strategic Planning Team chaired by Ryan Tekac, MCPH Health Commissioner. The Team contained program staff and supervisory personnel. The members of the Strategic Planning Team and their respective roles are as follows:

Erin Baun, *Administrative Assistant*
Bharat Chaturvedi, *Epidemiologist*
Cynthia Grier, *Deputy. Dir. Health Equity Strat. & Inits.*
Cora Lewis, *OEI Infant Vitality Coordinator*
Colton Masters, *Director, EH*
Chris Novak, *Laboratory Assistant*
Cory Powell, *Supervisor - EH*

Casiera Robich, *EHSIT - EH*
Melissa Rogers, *Dietitian – WIC*
Ryan Seiple, *HUB Operations Coordinator*
Ryan Tekac, *Health Commissioner*
Julie Thompson, *Administrative Specialist*
Diane Zagorsky, *Secretary*

3. METHODS

3.1 Strategic Plan Chronology

The strategic planning process was characterized by a series of meetings, discussions, and e-mail exchanges. Weekly video meetings were held with Ryan Tekac and Bharat Chaturvedi from MCPH and Gene Nixon and Jennifer Patrick from KSU to discuss updates, timelines, and planning details. Additionally, the Strategic Planning Team held four meetings where they helped solidify an updated mission statement, vision statement, and values; participated in a detailed SWOT analysis; assisted with the crafting of goals, objectives, and strategies; and reviewed a draft of the final strategic plan. In January 2023, the status of the strategic plan was presented to the entire MCPH staff at the all-staff meeting, where staff also participated in a "flash" SWOT analysis and identified challenges and strategies for current public health issues.

3.2 Mission, Vision, and Values

The Strategic Planning Team initiated a review of the mission statement, vision statement, and values from the previous MCPH strategic plan. The team participated in an exercise where they were asked to identify three conditions that best represented the ideal state MCPH should build towards as well as their number one priority for MCPH moving forward. The majority of team members felt that improving health equity, increasing access to care, and a healthy and well-educated community best represented the ideal state MCPH should build towards and should embody MCPH's vision going forward.

To identify updated values for MCPH, the team was asked to rank the previous twelve values on a scale from one to twelve, where one was the most important value and twelve was the least important value. The team was also given a chance to add any additional values that were not in the previous strategic plan. The majority of team members identified trust, honesty, and equity as the most important values from the previous strategic plan and identified transparency as a value that should be included in the current strategic plan.

Using the feedback from these exercises, a new mission statement, vision statement, and set of values were crafted for the current strategic plan and were presented to the Strategic Planning Team, where they were reviewed, revised again, and adopted.

MCPH Vision Statement:

We aspire to be the leader in community health improvement. Through the use of innovative, proactive, and collaborative approaches we will ensure conditions of health equity, social justice, and wellness for all.

MCPH Mission Statement:

The mission of Mahoning County Public Health is to promote and protect the health of individuals and communities. We do this by collaborating, educating, and mobilizing to prevent disease, reduce disparities, and enhance the quality of life in Mahoning County.

MCPH Values:

Teamwork • Trust • Respect • Transparency
Reliability • Professional Integrity • Equity • Accountability

3.3 SWOT Analysis

The Strategic Planning Team participated in a SWOT analysis in November 2022 to identify *internal* agency strengths (S) and weaknesses (W), or areas in need of improvement, as well as opportunities (O) in the environment and threats (T) or challenges that MCPH could face in the coming years. A summary of the results is included below, and the entire analysis is included in Appendix A.

The exercise indicated strong internal pride and confidence by the staff regarding organizational leadership, staff competency, internal/external communication, and impact of programming. However, there were concerns expressed about staff career advancement opportunities. A common theme iterated the lack of program and divisional integration or agency siloing due in part to physical separation.

The group is optimistic about the opportunity for further community collaboration and expanding services. There is also confidence in existing program funding mechanisms and fiscal stability.

The exercise called into question the public's understanding of the role or utility of the local public health system and the breadth of agency services available. The group also recognized opportunities for further staff presence in the community, a new marketing plan, and for further public promotion of the agency and programs throughout the community.

The staff indicated concern regarding the potential negative impact of social media misinformation, shifting public health priorities and funding support, and state and federal laws that might disrupt public health capacity. Emerging diseases, mental health issues, the opioid epidemic, and infant mortality were identified as growing health challenges.

In order to receive feedback from the entire MCPH staff, an additional "flash" SWOT analysis was conducted at the January 2023 all-staff meeting. Consistent with the Strategic Planning Team SWOT analysis, the staff have high regards for the agency, the work that they do, and each other. Of highest significance was their appreciation of teamwork, staff flexibility, community outreach, and management's support. Level of compensation was the leading issue of concern.

The issue of organizational siloing was illustrated by concerns over lack of collaboration, internal communication, and knowledge of other programs. Personal space limitations and a lack of privacy reflect facility issues.

Staff recognized the value of continued training, cross-training, and internal collaborations. They also identified opportunities in external partnerships, community outreach, and exploring alternative funding streams. Misinformation and legislative issues were the most identified external risks reflecting common current issues facing local health districts. There were also fiscal concerns over grant stability and the potential for funding cuts. Low wages, lack of diversity, and security concerns were the most pressing issues of personal concern. The entire all-staff SWOT analysis is located in Appendix B.

3.4 Issue-Specific Analysis

At the January 2023 all-staff meeting, the staff were asked to identify the challenges and potential action steps for three pressing issues for both MCPH and public health as a whole. A summary of the results is included below, and the entire analysis is included in Appendix C.

Readiness for the Next Public Health Emergency: Staff recognized resources, staffing, funding, and creative communication issues as limitations for readiness. They most identified the need for additional training, including incident command, as the primary need as well as the ability to message the public through various means to assure community trust.

A Unified and Collaborative Workforce: Staff identified a broad swath of issues that limit internal collaboration. They appreciate the all-staff meetings and are eager for further efforts to bridge internal separation. They suggested an internal newsletter, further cross-training, additional recognition measures, and even social activities.

Assuring the Credibility of Public Health Messaging: Staff agree with efforts to develop a sophisticated marketing plan to promote the agency and its programs. The trustee ambassador program idea was referenced as well.

3.5 Strategic Plan Matrix Development

The strategic planning process involves the identification of goals or broad statements that identify what the agency hopes to accomplish over the life of the strategic plan. Goals are designed to move an organization towards the realization of their respective mission statement and, ultimately, their vision statement. The goals have objectives during the plan period that are realistic and should be achievable during the specified timeline. The objectives include the organizational strategies necessary to achieve the objective and support the goal. Objectives may have many associated strategies.

The KSU team utilized a matrix template to guide the Strategic Planning Team during the process of identifying goals, objectives, and strategies. Additionally, the identification of the implementing agency and partners, the MCPH lead, an implementation timeline, funding implications, and measure(s) of success were included for each strategy. A template for the strategic planning matrix is shown in Figure 3.1.

Figure 3.1: Strategic Planning Matrix



Objective 1:						
Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1.						
2.						
Etc.						

Objective 2:						
Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1.						
2.						
Etc.						

As part of the needs assessment, KSU and the Strategic Planning Team decided to replicate both an internal staff survey and an external stakeholder survey, which had been utilized during previous strategic planning cycles.

3.6 Internal Survey

The Strategic Planning Team established that surveys would be distributed to both staff members and external stakeholders. In order to initiate this process, questions regarding staff satisfaction from the prior MCPH Strategic Plan were reviewed for their continued relevance. Items not currently pertinent to MCPH were omitted and items needing modification were revised. Much of the survey was preserved to allow a direct comparison between the current and previous results. Additionally, the Strategic Planning Team suggested three survey questions for removal due to redundancy and a rewording of two questions for clarity. The previous survey utilized a ten-point Likert Scale to measure item agreement, with “1” indicating *strongly disagree* and “10” indicating *strongly agree*. For the current survey, the Strategic Planning Team opted to use a five-point Likert Scale to measure item agreement, with “1” indicating *strongly disagree* and “5” indicating *strongly agree*.

A total of fifty items were included in the final version of the survey (Appendix D). The items included five sets of questions probing several aspects of the employee work environment. Several questions were reverse worded at random to discourage response bias. All responses to questions related to the employee work environment that indicated disagreement (1-2) triggered a follow-up open-ended question: “Would you like to provide additional comments/explanations to why did you disagree with this statement?” Another question probed whether current services should be discontinued, continued, or expanded. Finally, three additional qualitative questions included: (1)

“What would you identify as our three most important strengths?” (2) “What would you identify as our three most important opportunities for improvement?”, and (3) “If you could change anything about our organization, what would it be?”

The internal survey was distributed to all MCPH employees on November 14, 2022, through an email-based electronic survey link via Survey Monkey that enabled completely anonymous data collection. A follow-up email reminder was sent to all employees on November 28, 2022, and November 30, 2022. The survey closed on November 30, 2022.

3.7 External Survey

The Strategic Planning Team also developed a survey for distribution to external MCPH stakeholders (Appendix F). The initial questions identified thirty-six current MCPH services, asking respondents to answer: (1) “‘Yes’ if you use or have used the service in the past 12 months”, (2) “‘No’ if you have not used the service in the past 12 months”, and (3) “I did not know the service was available”.

For each respondent indicating “Yes”, a follow-up question asked the respondent to rate the (1) quality, (2) convenience of access, (3) service value, and (4) affordability of each service using a ten-point Likert Scale, where “1” indicated *Poor* and “10” indicated *Excellent*. For respondents responding “Yes” to having used “Environmental Health Inspections” in the past 12 months, a follow-up question requesting the type of health inspection was triggered.

Additionally, four qualitative questions included: (1) “Are there services not currently provided by Mahoning County Public Health that you would like to see provided?”, (2) “What do you think are the three most important strengths of Mahoning County Public Health?”, (3) “What do you think are three most important areas of improvement necessary for Mahoning County Public Health?”, and (4) “What do you think is the most important accomplishment of Mahoning County Public Health in the last year?” Additional questions asked respondents to identify their MCPH affiliation (community resident, partner agency, or licensed or regulated entity), and personal and household demographics. A final question asked about geographic location.

The external stakeholder survey was in the field between November 18, 2022, and December 26, 2022. The survey invitation was sent to community partner agencies, licensed/regulated businesses or individuals, and community residents across Mahoning County. External stakeholders were provided access to the survey via a link embedded in employee email signatures or were directed to the survey on the MCPH website. The external survey was promoted through numerous methods: (1) the distribution of approximately 2,600 postcard mailers, (2) as a boosted advertisement on Facebook and, (3) a link on the MCPH website front page. A total of 245 responses were recorded. As the exact number of potential respondents is unknown given the mixed-method survey distribution approach, a response rate cannot be calculated.

3.8 Populating the Strategic Planning Matrix

The KSU facilitation team and the MCPH Strategic Planning Team reviewed the survey results and considered preliminary goals and objectives suggested by the facilitation team as well as suggesting their own recommendations for the strategic plan. The result was a preliminary 2023-2027 Strategic Plan that contained goals, objectives, and strategies.




4. RESULTS

4.1 Internal Staff Survey

A total of 69 complete responses were recorded during the survey period. With a total of 75 MCPH employees receiving the survey, the completion represents a 92% employee response rate.

Overall, MCPH staff rated the agency favorably across the majority of content areas. Table 4.1 presents the results from the internal survey and compares the results to those of the staff survey conducted as part of the previous MCPH Strategic Plan. Table 4.1 shows whether the majority of internal survey answers were positive, negative, or neutral, with a green arrow indicating an improvement from the 2017 survey and a red arrow indicating a change toward the negative from the 2017 survey. The most notable finding from Table 4.1 is the improvement in MCPH staff ratings across all of the dimensions surveyed.

Table 4.1. Question Content	2022	2017
“As an employee of MCPH, I am encouraged to make business decisions that are consistent with the agency mission and vision.”	Positive	Positive
“MCPH monitors changes in our physical work environment.” <i>(reworded)</i>	Positive 	Neutral
“MCPH employees have the technology needed to do our work effectively.”	Positive	Positive
“MCPH decision-making processes are consistently followed and are well defined.”	Positive 	Neutral
“MCPH uses technology effectively in organizational management.”	Positive	Positive
“People here seem willing and able to work collaboratively, openly, and respectfully with one another.”	Positive	Positive
“Employees’ actions that support MCPH strategies and goals are acknowledged”	Positive 	Neutral
“Employees are encouraged to develop new ideas and to improve operational efficiency and effectiveness.”	Positive 	Positive
“MCPH employees are given the opportunity to work across agency divisions to achieve agency goals.” <i>(reworded)</i>	Neutral 	Positive
“My responsibilities to MCPH are clear and appropriate (quality, improvement teams, etc.).”	Positive	Positive
“MCPH provides opportunities where staff/individuals/teams can discuss issues of concern with leadership.”	Positive	Positive
“We are a customer service focused organization.”	Positive	Positive
“MCPH identifies external trends, events, and other factors that may impact community health and/or the health department.”	Positive	Positive
“The MCPH budgeting process is clearly defined, communicated, or consistently followed.” <i>(reworded)</i>	Neutral	Neutral
“MCPH plans ahead for anticipated changes in the fiscal, legislative, or policy environment.”	Positive	Positive
“The allocation of MCPH staff and dollars are clearly aligned with the department’s mission, vision, and values.”	Neutral	Neutral

“The allocation of MCPH staff and dollars are clearly aligned with the Community Health Improvement Plan (CHIP).”	Not aware of CHIP 	Positive
“Clear performance measures exist that link my work to the MCPH mission and goals.”	Positive	Positive
“Overall, the work environment at MCPH is supportive.”	Positive	Positive
“Overall, MCPH encourages diversity and inclusion in staffing.” <i>(reworded)</i>	Positive	Positive
“Overall, MCPH respects and values individuals and their differences.”	Positive	Positive
“My division’s decision-making processes are well defined.” <i>(reworded)</i>	Positive	Positive
“Information seems to be viewed as a resource and is shared.”	Positive	Positive
“Employees in my division are given the opportunity to work across programs to achieve agency goals.”	Positive	Positive
“My specific job responsibilities (in my program) are clear and appropriate.”	Positive	Positive
“Individuals are held accountable.”	Positive	Positive
“The purpose and function of each program is effectively communicated and understood.”	Positive	Positive
“I have the tools I need to meet my customer’s needs.” <i>(reworded)</i>	Positive	Positive
“We know our customer’s needs.”	Positive	Positive
“Overall, I am satisfied with the distribution of workload in my division.”	Positive	Positive
“Employees’ actions that support MCPH strategies are acknowledged.”	Positive	Positive
“Employees are encouraged to develop new ideas, improve operational efficiency, effectiveness, and quality improvement in support of MCPH missions.”	Positive	Positive
“My manager works with staff effectively together as a team.”	Positive	Positive
“My manager is held accountable.” <i>(reworded)</i>	Positive	Positive
“I generally feel that my manager respects me as a person and values the work that I do.”	Positive	Positive
“Agency leadership understands my division’s stakeholders and their needs.”	Positive	Positive
“Decision-making processes are consistently followed.”	Positive 	Neutral
“Information seems to be viewed as a resource and is shared.”	Positive	Positive
“Shared decision-making processes are followed throughout the organization.”	Positive 	Neutral
“I generally feel that MCPH leadership respects me as a person and values the work that I do.”	Positive	Positive

“There are plenty of opportunities for advancement at MCPH.” <i>(reworded)</i>	Negative ↓	Neutral
“I feel empowered to work effectively and efficiently within our organization.”	Positive	Positive
“My level of compensation is appropriate for my work.”	Negative ↓	Neutral
“Overall, I am a satisfied employee.”	Positive	Positive
“Overall, I am satisfied with the professional development opportunities offered by MCPH.”	Positive	Positive
“Overall, I am satisfied with the training I have received related to my specific job duties.”	Positive	Positive
“I would recommend MCPH as an employer.” <i>(reworded)</i>	Positive	Positive
“I would like to be working here in three years.”	Positive	Positive
“I am proud to tell people that I work for MCPH.”	Positive	Positive
“I would not leave MCPH if I was offered a similar position at a slightly higher pay somewhere else.” <i>(reworded)</i>	Neutral	Neutral

Table 4.2 illustrates the MCPH staff support for the continuation of all current MCPH services, with support ranging from a high of 87.9% (tuberculosis treatment) to a low of 65.2% (smoking complaint investigations).

Table 4.2. Current MCPH Programs	N	Stop	Continue	Expand
Smoking Complaint Investigations	66	31.8%	65.2%	3.0%
Tobacco Cessation Programs	66	19.7%	69.7%	10.6%
Safe Sleep Program	66	4.5%	77.3%	18.2%
Project Dawn	66	9.1%	78.8%	12.1%
The Mahoning Valley Pathways HUB	66	21.2%	66.7%	12.1%
Environmental Lab Services	66	4.6%	75.7%	19.7%
Prescription Drug Abuse Prevention Program	66	9.1%	71.2%	19.7%
Infant Mortality Prevention Program	66	6.1%	72.7%	21.2%
Tuberculosis Treatment	66	1.5%	87.9%	10.6%
Travel Immunization Clinics	66	4.6%	83.3%	12.1%
Flu Clinics	66	1.5%	83.3%	15.2%
Well Water Testing	66	1.5%	83.3%	15.2%

WIC Supplemental Nutrition Program	66	3.0%	77.3%	19.7%
Downspout (Clearwater) Complaints	66	15.2%	80.3%	4.5%
Housing Complaint Investigations	66	10.6%	77.3%	12.1%

The most common MCPH **strengths**, as identified by the staff, included:

- A professional and supportive staff
- A positive work environment
- Great Board of Health members and Health Commissioner
- Promotions from within
- Customer focused

The most common MCPH **areas in need of improvement**, as identified by the staff, included:

- Increase employee compensation
- Provide more opportunities for interdepartmental collaboration
- Better utilize the current building space to ensure privacy
- Update technology
- Increase awareness of the Community Health Improvement Plan (CHIP)

Complete internal survey results are located in Appendix F.

4.2 External Survey

Of the 245 external questionnaires that were started, 85 were fully completed and 160 were partially completed. Respondents consisted primarily of community residents (93.1%), followed by licensed/regulated businesses (4.9%), and community partner agencies (2.0%). The majority of respondents were female (74.3%), white (93.5%), and age 45 and older (80.8%), with no children under 18 (77.1%) or adults over 65 (58.8%) living at home, respectively. Respondents were geographically distributed across the county: Youngstown City (19.5%), Boardman (18.0%), Canfield (15.9%), Austintown (11.8%), and Poland (10.6%). As the exact number of potential respondents is unknown given the mixed-method survey distribution approach followed, a response rate cannot be calculated.

Respondents were presented with a list of 36 services provided by MCPH and asked if they had used these services within the past 12 months. For each service utilized, respondents were then asked to evaluate the (1) quality, (2) convenience of access, (3) service value, and (4) affordability for each service, on a scale from 1 to 10, with 1 indicating “poor” and 10 indicating “excellent”.

Results outlining the use of regulated services are included in Table 4.3. Restaurants (36.4%), grants for home sewage system repairs (18.2%), and food service operators (9.1%) were the most utilized regulated services used in the past 12 months (See Table 4.3).

Table 4.3. Type of Health Inspection Service Utilized	N	Percentage of Reported Utilization
Restaurant	4	36.4%
Grants for Home Sewage System Repairs	2	18.2%
Food Service Operator	1	9.1%
Plumbing	1	9.1%

School Inspections	1	9.1%
Tattoo and Body Piercing Establishment	1	9.1%
Wells	1	9.1%
Bathing Beaches	0	0.0%
Campground	0	0.0%
Disease Vector Control	0	0.0%
Landfill	0	0.0%
Private Water Systems	0	0.0%
Residential Lead Hazard Investigations	0	0.0%
Swimming Pool	0	0.0%

Table 4.4 includes the percentage of services used in the past 12 months for all survey respondents.

Table 4.4. Percentage of Current Services Utilized	Yes	No	I Did Not Know This Service Was Available
Tuberculosis Testing or Treatment	10.1%	67.2%	22.7%
Travel Immunizations	7.3%	60.7%	32.0%
Adult Immunizations	37.4%	47.8%	14.8%
Childhood Immunizations	19.3%	66.8%	13.9%
COVID-19 Vaccination Clinics	44.7%	48.9%	6.4%
Flu Clinics	25.8%	62.4%	11.8%
Children with Medical Handicaps	6.7%	70.1%	23.2%
WIC Nutrition Education	10.0%	76.1%	13.9%
WIC Supplemental Food and Formula	10.2%	80.0%	9.8%
WIC Farmers Market Coupons	6.4%	70.3%	23.3%
WIC Voter Registration	3.0%	62.7%	34.3%
WIC Applications for Expedited Medicaid	1.5%	70.5%	28.0%
WIC Breastfeeding Education and Peer Support	3.0%	75.9%	21.1%
Nuisance Complaint Investigations and Abatement	9.1%	44.9%	46.0%

Agency Publications and Reports	19.5%	49.7%	30.8%
Consultation on Public Health Questions	14.1%	58.3%	27.6%
Communicable Disease Investigations	9.1%	68.6%	22.3%
Animal Bite Reports and Investigations	6.9%	71.3%	21.8%
Home Sewage Operations and Maintenance Program (New Construction, Alterations, Additions and Replats)	11.8%	52.9%	35.3%
Septic System and Well Inspections for Real Estate Transfers	11.3%	61.8%	26.9%
Environmental Health Inspections	6.0%	65.4%	28.6%
Baby and Me Tobacco Free Cessation Program	1.6%	68.9%	29.5%
Community Health Assessment and Community Health Improvement Planning	5.0%	64.1%	30.9%
Cribs for Kids Safe Sleep Education	2.2%	70.4%	27.4%
Emergency Preparedness Information, Training, and Exercises	8.4%	61.2%	30.4%
My Baby's 1st Infant Mortality Prevention Coalition	1.7%	68.2%	30.1%
Project DAWN (Deaths Avoided with Naloxone)	2.3%	60.0%	37.7%
Mahoning Valley Pathways HUB	1.2%	51.7%	47.1%
Prescription Drug Abuse Prevention Program	2.3%	67.8%	29.9%
Drinking Water Quality Testing	5.2%	63.2%	31.6%
Wastewater Testing (Including Septic Systems)	5.8%	67.8%	26.4%
Pond and Surface Water Quality Testing	2.9%	65.5%	31.6%
Soil Testing	2.9%	62.6%	34.5%
Lead Testing Services	1.2%	72.4%	26.4%
Public Education via the Media	20.8%	60.7%	18.5%
Public Education via our Website	22.2%	59.7%	18.1%

For each of the 36 services, survey respondents were asked to rate the **quality** of the service, the **convenience** of access to the service, the **value** of the service, and the **affordability** of the service.

Mean scores were calculated for each rating dimension (quality, convenience of access, value, and affordability). The lowest possible mean score was 1, while the highest was 10.

Dimension	Received a mean score of 10
Quality	WIC Applications for Expedited Medicaid WIC Breastfeeding Education and Peer Support Project DAWN Pond and Surface Water Quality Testing Lead Testing Services
Convenience of Access	WIC Applications for Expedited Medicaid WIC Breastfeeding Education and Peer Support Project Dawn Pond and Surface Water Quality Testing Lead Testing Services
Service Value	WIC Applications for Expedited Medicaid WIC Breastfeeding Education and Peer Support Project DAWN Pond and Surface Water Quality Testing Lead Testing Services
Affordability	WIC Applications for Expedited Medicaid WIC Breastfeeding Education and Peer Support Project DAWN Pond and Surface Water Quality Testing

Next all rated dimensions were combined to determine an overall mean score for all 36 MCPH services. The results showed that seven services earned a mean score between 9.0 and 10.0, 19 services earned a mean score between 8.0 and 8.99, six services earned a mean score in the 7.0 to 7.99 range, three services scored between 6.0 and 6.99 and one service, Mahoning Valley Pathways HUB, earned the lowest mean score of 5.5. (See Table 4.5 below).

Service	N	Mean	Service	N	Mean
Tuberculosis Testing and Treatment	22	7.23	Home Sewage and Operations Program (New Construction, Alterations, Additions, and Replats)	22	6.78
Travel Immunizations	16	8.55	Septic System and Well Inspections for Real Estate Transfers	20	6.88
Adult Immunizations	82	8.89	Environmental Health Inspections	10	9.03
Childhood Immunizations	38	8.07	Baby and Me Tobacco Free Cessation Program	3	8.67

COVID-19 Vaccination Clinics	93	8.97	Community Health Assessment and Community Health Improvement Planning	8	9.19
Flu Clinics	54	8.97	Cribs for Kids Safe Sleep Education	4	8.25
Children with Medical Handicaps	13	7.04	Emergency Preparedness Information, Training, and Exercises	15	8.15
WIC Nutrition Education	20	8.04	My Baby's 1 st Infant Mortality Coalition	3	7.33
WIC Supplemental Food and Formula	20	8.24	Project DAWN (Deaths Avoided with Naloxone)	4	9.56
WIC Farmers Market Coupons	13	8.81	Mahoning Valley Pathways HUB	2	5.50
WIC Voter Registration	6	8.50	Prescription Drug Abuse Prevention Program	4	7.13
WIC Applications for Expedited Medicaid	3	9.33	Drinking Water Quality Testing	9	8.08
WIC Breastfeeding Education and Peer Support	6	9.50	Wastewater Testing (Including Septic Systems)	10	6.85
Nuisance Complaint Investigations and Abatement	17	7.62	Pond and Surface Water Quality Testing	5	9.15
Agency Publications and Reports	37	8.71	Soil Testing	5	7.75
Consultation on Public Health Questions	26	9.10	Lead Testing Services	2	8.50
Communicable Disease Investigations	17	8.50	Public Education via the Media	35	8.86
Animal Bite Reports and Investigations	13	8.87	Public Education via our Website	38	8.87

Complete external survey results are located in Appendix G.

4.3 Staff Focus Groups

The KSU team facilitated one focus group meeting of eight staff members on March 2, 2023, lasting 90 minutes. All staff were invited to participate. The proposed strategic goals, objectives and strategic actions were provided to the group and feedback was encouraged. The group discussion centered on internal communications, support for professional development, and compensation and benefits. Non-identifiable notes from the meeting were generated and provided to management.

4.4 Final Strategic Planning Core Team Meeting

A final Strategic Planning Committee meeting was held on March 22, 2023, at which time the team reviewed the results of the focus group, reviewed the report format, and approved the finalized goals, objectives, and strategies (See Section 5).

5. 2023-2027 STRATEGIC PLAN

Goal 1: Assure continued excellence in local public health services.

Objective 1: Maintain PHAB accreditation and renew PHAB accreditation in 2026.

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. Maintain standards required for PHAB accreditation and submit annual reports.	MCPH Board, Leadership Team, Staff	Health Commissioner and Accreditation Coordinator	Jan each year	Dec each year	Board allocated support	PHAB acknowledged continued accreditation
2. Successfully renew PHAB accreditation.	MCPH Board, Leadership Team, Staff	Accreditation Coordinator	Summer 2024	Winter 2026	Board allocated support	Successful PHAB reaccreditation
3. Implement reaccreditation guidelines.	MCPH Board, Leadership Team, Staff	Accreditation Coordinator	Winter 2026	Ongoing	Board allocated support	Application submitted for PHAB reaccreditation

Objective 2: Maintain financial stability and demonstrate fiscal responsibility towards all stakeholders.

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. Measure effectiveness and efficiency of public health services.	MCPH Board, Leadership Team	Health Commissioner and Fiscal Division Director	Sept 2023	March 2024	None	Measures and collection mechanisms identified and adopted
2. Evaluate how building space impacts access and delivery of local public health services.	MCPH Board, Leadership Team,	Health Commissioner and Fiscal Division Director	Sept 2023	Sept 2024	None	Report provided to the Board

Objective 3: Ensure customer focused services.

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. Develop quality control systems to assure program accountability.	MCPH Board, Leadership Team	Health Commissioner	Sept 2023	March 2025	TBD	Quality controls are adopted
2. MCPH PIO Team will develop enhanced community credibility programs.	PIO Team	Leadership Team	June 2023	Nov 2023	TBD	Specific measures to strengthen community credibility developed
3. Monitor and evaluate consumer satisfaction.	Leadership Team, Staff	Health Commissioner	Sept 2023	Ongoing	None	Biannual Reports

Goal 2: Improve population health outcomes.

Objective 1: Implement, monitor, evaluate, and revise Mahoning County Community Health Improvement Plan (CHIP) to address identified community health priorities: access to care, community conditions and safety, and mental health and substance abuse

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. Follow the 2022 Mahoning County Health Improvement Plan implementation and evaluation plan.	MCPH CHIP Team	Health Commissioner	2023	2027	TBD	Outcomes and PH related activities in CHIP plan are measured and reported
2. Assure continued formal alignment of CHA/CHNA and CHIP/IS with local hospitals as directed by ODH.	MCPH and identified community partners	MCPH, Mercy Health, and ACHMV	2023	2027	None	Formal agreement

Objective 2: Provide high quality, timely public health education which upholds the National Standards for Culturally and Linguistically Appropriate Services (CLAS)

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. Provide cultural competence training annually at all-staff meetings.	Health Commissioner and Health Equity Team	Health Commissioner	2023	2027	None	Scheduled training at all-staff meetings
2. Continue/expand website-based education efforts by ensuring that content is current, trustworthy, and culturally relevant.	Leadership Team	Administrative Specialist	January 2024	2027	TBD	Agency website is current and accurate
3. Implement a process for publication of inspection reports for all MCPH inspection services.	IT Group Representative	IT Team Leaders	January 2024	2026	TBD	Web-based access for all inspection reports

Objective 3: Reduce health inequity.

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. Implement PHAB health equity strategies including Sections 4.1.2A, 5.2.3A, and 10.2.1A.	MCPH PHAB Team and Health Equity Team	Deputy Director of Health Equity	2023	2027	TBD	Outcomes of identified PHAB standards are achieved
2. Convene health data providers to develop mechanisms for providing health inequity data indicators.	Health Equity Team	MCPH, Mercy Health, and ACHMV	October 2023	Ongoing	None	Meetings convened with key partners
3. Provide continuous health equity training for staff.	Health Equity Team	Deputy Director of Health Equity	October 2023	Four times per year	TBD	Training schedule developed and initiated
4. Engage with community representatives to improve equitable access to health and social services.	Health Equity Team	Deputy Director of Health Equity	October 2023	2027	None	Create citizen's health equity team and conduct regular meetings

Objective 4: Expand collaborative partnerships to improve integration of a Health in All Policies (HIAP) approach to decision-making across all sectors of Mahoning County.

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. Provide Health in All Policies training to Leadership Staff.	Health Commissioner	Health Commissioner	Sept 2023	2027	None	Health in All Policies training for Leadership Staff implemented
2. Each division will identify collaborative opportunities to integrate health considerations into policy making to improve health.	Leadership Team	Health Commissioner	March 2024	July 2024	TBD	Examples are developed and shared between divisions

3. Strengthen linkages with key community partners as health district ambassadors.	Health Commissioner and Division Directors	Health Commissioner	August 2023	2027	Board allocated support	Attendance record of staff attending Township Trustee meetings
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Objective 5: Assure a culture of preparedness.

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. Assure a foundation of credibility for public health messaging.	Leadership Team, PIO Team	Health Commissioner	Sept 2023	Review each year	None	Public messaging protocols are developed and trained to all staff
2. Provide preparedness training to include foundations of public health preparedness, emergency risk communication, incident command system, and the basics of the National Incident Management System.	Leadership Team	PHEP Coordinator	Sept 2023	Ongoing	TBD	Training schedule implemented

Goal 3: Ensure an environment of professional enrichment for MCPH staff.

Objective 1: Support the personal and professional development of MCPH staff

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. Implement a revised MCPH Workforce Succession Plan.	Leadership Team	Health Commissioner	Sept 2023	March 2024	None	Workforce Succession Plan presented to the Board of Health
2. Encourage continued public health leadership mechanisms (local, state, and national).	Health Commissioner and Division Directors	Health Commissioner	August 2023	Ongoing	Board of Health travel allocation	Tracking mechanism for professional memberships
3. Increase efforts to build a qualified and diverse workforce.	Leadership Team	Administrative Assistant	August 2023	Ongoing	None	Outreach, hiring guidelines, increased diversification
4. Assure value-based compensation for employees	Fiscal Administration and Leadership Team	Health Commissioner	Sept 2023	Annual	TBD	Salary survey analysis provided to the Board of Health

Objective 2: Strengthen coordination across programs.

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. Assure redundancy for critical public health functions.	Leadership Team	Health Commissioner	Sept 2023	March 2024	None	Identify critical functions and training and shadowing plan
2. Develop cross-functional team (Ex: reaccreditation, incident command, health equity, safety team).	Leadership Team	Health Commissioner	Sept 2023	Ongoing	None	Establishment of at least three cross-functional teams
3. Explore space utilization strategies to encourage collaboration.	Administration Team	Health Commissioner	May 2024		None	MCPH space utilization report provided to BOH

6. 2023-2027 STRATEGIC PLAN EVALUATION

6.1 Strategic Plan Implementation

The Strategic Planning Team will meet quarterly or as needed to assess progress toward Plan implementation. Team participants include staff at all levels of the organization and includes representation from all divisions as well as the labor union and management and is led by the MCPH Health Commissioner. The Strategic Planning Team monitors progress and facilitates issues that impede progress. They will conduct evaluations, collect and analyze data, report findings, and update the plan as indicated.

STRATEGIC PLANNING TEAM MEETING SCHEDULE				
2023	2024	2025	2026	2027
March 22	March 28	March 26	March 25	March 24
June 28	June 27	June 25	June 24	June 23
Sept. 27	Sept. 26	Sept.24	Sept. 23	Sept. 15
Dec. 13	Dec. 19	Dec.17	Dec. 16	Dec. 15

6.2 Strategic Plan Evaluation

Quarterly, the Strategic Plan Team will monitor implementation of the Plan’s strategies. Annually, the Team will collect and review data to assess progress toward the plan’s stated goals and objectives. When evaluating progress and considering revisions to the Plan, the Team will consider changes in local, state, and national priorities and the adequacy of available or accessible resources. As indicated, plan objectives may be altered in response to what the data reveals. A yearly Strategic Plan status report will be published and presented to the Board of Health and made available to the community. When revised, the updated Strategic Plan will be made available to community stakeholders.

STRATEGIC PLAN EVALUATION TIMELINE

Annual Strategic Plan Evaluation Activity Timeline	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Collect Data					X	X	X	X				
Analyze Data					X	X	X	X				
Present Data to CHIP Team									X			
Present Data to Public									X			
Evaluate Plan Progress			X			X			X			X
Update/Revise Plan									X	X	X	X
Publish Evaluation Report												X

APPENDICES