2025-2030 Strategic Plan

Will County Health Department

Will County
Health Department &
Community Health Center



January 2025

Information

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CONTENTS

04 FROM THE DIRECTOR

05 BACKGROUND

06 THE STRATEGIC PLANNING TIMELINE

07 PHASE 1 ORGANIZE

09 PHASE 2 COLLECT & INTERPRET DATA

18 PHASE 3 PLAN, HOLD RETREAT & MAKE MEANING

22 PHASE 4 WRITE STRATEGIC PLAN

26 DESCRIPTION OF STRATEGIC INITIATIVES

28 STRATEGIC INITIATIVE, GOALS, OBJECTIVES- COMMUNICATION AND ENGAGEMENT

32 STRATEGIC INITIATIVE, GOALS, OBJECTIVES - WORKFORCE DEVELOPMENT

34 STRATEGIC INITIATIVE, GOALS, OBJECTIVES INTEGRATION

37 STRATEGIC INITIATIVE, GOALS, OBJECTIVES – FINANCIAL SECURITY AND ADVOCACY

From the Director

Elizabeth Bilotta • LEHP, MS, CHMM
Executive Director
Will County Health Department

The staff of the Will County Health Department (WCHD) and Community Health Center (CHC) are doing an amazing job in this county, and we are a critical component to the health and wellbeing of our citizens. As we all know that health care, public health and just daily life has changed in the last 5 years, and we need to work together to identify what measures will lead to a more effective and efficient health department in particular at the county level, where we are able to make tangible and immediate impacts. It is also an iconic moment for the WCHD / CHC, a time for strategic changes. This management and planning tool—the Strategic Plan—aims to accentuate our strengths and directly tackle our areas of opportunity.

The Strategic Plan is the roadmap to coordinate the big bold steps needed to realize our ambitious goals while planning for the future which may be very different from today. We needed to develop a clear picture of our current organization; develop a clear picture or vision of what we want our organization to look like in 5 years' time; and develop specific projects to work on in the next 5 years to move from where we are today, towards our vision.

The WCHD / CHC must reconnect the organizational mission to you, our staff, and the community that we support. Trust is based on actions! We all want to be connected and feel that we are part of something bigger than just a job. Our Agency is not defined by the bricks and mortar but is defined rather by our staff's endless strengths, capabilities, hope, and dreams.

Solutions are not one-sided. When we create solutions together, we learn and grow alongside one another and are more likely to create something even better than we could envision on our own.

Helen Keller: "Alone we can do so little, together we can do so much."

The task ahead of us all is not an easy one. However, the level of commitment displayed during this process encourages me and hopefully you - and shows that we are up to the challenge – step by step and one by one.

Let's keep the momentum going! There is still much more that remains to be done. Thank you again.





Background

Will County is in the northeastern part of the state of Illinois with a population of 700,728. The most populous city is Joliet with 21% of the population followed by Bolingbrook, Plainfield, and Romeoville. Will County is one of the five collar counties of the Chicago–Naperville–Elgin, IL–IN–WI metropolitan statistical area.

Will County Health Department (WCHD) was established in 1946 and was formerly located in what had previously been the Will County Tuberculosis Sanitarium. Today, they have a state-of-the art facility that houses more than 40 programs including food safety, behavioral health, and prenatal programs. WCHD operates in Joliet, Monee, and Bolingbrook.

This report details the journey to develop a strategic plan for WCHD. A strategic plan is:

> a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does. The process of assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses; then setting in motion a plan of action to position the organization," with the strategic plan focusing on a range of agency level organizational goals, strategies and objectives, including new initiatives. (Public Health Accreditation Board, 2024, p. 1)

In the summer of 2024, WCHD leadership set in motion to design an Agency strategic plan and implement it from 2025 to 2030. They contacted Dr. Beverly Triana-Tremain of Public Health Consulting, LLC to facilitate the process. This report represents the work achieved from July 2024, when the Internal Team was organized to January 2025, when the WCHD Board of Health approved the strategic plan.

The Strategic Planning Timeline

The timeline and work for this project was from July 2024 to December 2024 and includes four phases (Figure 1). Phases consisted of organizing the team, collecting and interpreting data, planning and holding the retreat and making meaning of the data, and finally, writing the strategic plan. This report outlines the steps, activities, and decisions made for each of the phases. The resulting strategic plan is also included.



Figure 1

Phase 1
June Through July 2024
Organize

In July 2024, a leadership team from WCHD met with the consultant, Dr. Beverly Triana-Tremain (hereafter, Bev) to begin organizing the strategic planning effort. The leadership team in this original meeting was Caitlin Daly (Program Manager), Elizabeth Bilotta (Executive Director), Denise Bergin (Assistant Executive Director), Cindy Jackson (Director of Administrative Services), and Armando Reyes (Director of Compliance). This team became the Internal Team for Strategic Planning (IT). They worked with Bev on a daily and weekly basis from July to December to advance the process toward the retreat.

According to the group, the mission and values could be reviewed, but the vision had become a steadfast and integral part of the agency. The decision was made to survey the staff and determine how these two elements should be updated based on current and future direction of the agency.

Existing data useful for this process was the Community Health Assessment (CHA) and the community voices – partners survey. New data needed consisted of the following surveys (Figure 2):

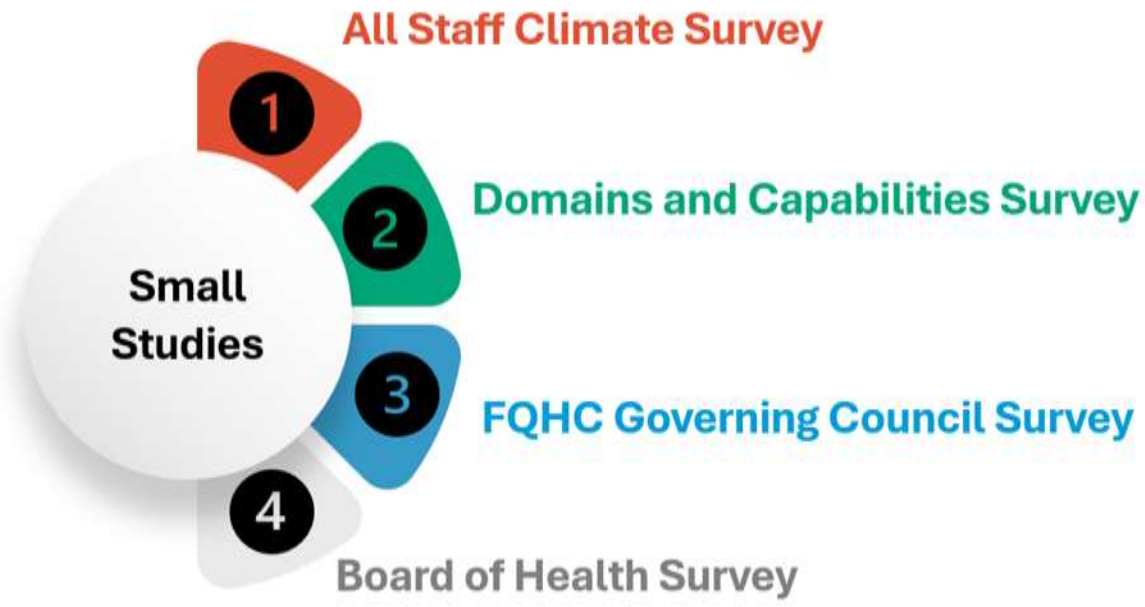


Figure 2

A climate survey provided all WCHD staff an opportunity to describe the work climate. The Domains and Capability Survey allowed various combinations of staff to indicate the level of achievement on capability measures related to the 10 Essential Public Health Services. The Federal Qualified Health Center (FQHC) Governing Council Survey provided an opportunity for leadership at the community health center to rate their performance on seven governance domains. The Board of Health Survey was a request to board members to rate their activities related to six governance functions, a self-evaluation, and how they could improve.

According to the group, the last strategic plan was the inaugural plan and felt it was a "huge success." Discussion questions that formed the Organize phase were:

1. What is the state of the Mission, Vision, and Values and do they need to be updated?
2. What existing data do we have that will inform the strategic planning process?
3. What data do we need to collect to inform the strategic planning process?
4. What worked well and what do you wish you had known or did better in the last strategic plan?
5. Who needs to represent all staff and the Board during (the Core Team) in this process?

Everyone within the internal team was excited to have been a part of the inaugural plan and the group felt roughly 75% of the plan activities were completed. Within the last 5 years, there has been high retirement and staff turnover rates, with about 52% of staff with less than 5 years at the Agency. Therefore, a new strategic plan was warranted. There was a desire to include more partners, board members and Governing Council members in the strategic planning process.

The Core Team of the Strategic planning process was integral to the work. They represented the over 300 staff in leadership, management, direct service, and support roles, Board of Health members, and Governing Council members. A total of about 30 to 35 individuals were identified, recruited, and included 5 to 10 each of division heads/board members, middle managers, direct service, and support staff. These Core Team individuals were recruited, invitation accepted, and served in the data collection process, the retreat, and the writing of the strategic plan after the retreat. A list of the Core Team by strategic initiative is provided in Attachment A.

Once these questions were addressed, the Internal Team went to work updating the mission, vision, and values (MVV). A small study was designed to gain feedback about the MVV from the Core Team. A survey was developed and asked the recipients to think about the current mission and answer the question: Do you think the mission statement needs to be changed? If so, how

can the mission statement be reworded to make it more clear, concise, and representative of our work?

The next part of the survey asked recipients to focus on each of the values: respect, integrity, professionalism, quality, and dedication and the respective definition of each. For each value statement, they were asked what suggestions they had for improving the definition.

For this qualitative survey (Attachment B), there was a 96% response rate. The Internal Team reviewed all the responses for the mission and the respective value statements. The MVV was approved by the Board of Health on November 20, 2024.



Figure 3

Phase 2
August 2024
Collect & Interpret Data

The purpose of Phase 2 was to collect new data necessary for determining the proper strategic initiatives during the retreat. Because this is a data-driven process, four small survey studies,

mentioned in the previous phase, were planned and implemented. All surveys were implemented through an online survey. Each survey is discussed within this report and overall findings provided. For detailed methodology and findings, refer to the respective final reports.

Climate Survey

The Climate Survey's purpose was to understand the staff experience at WCHD. The survey consisted of 62 questions and included categorical, ordinal, and qualitative data (Table 1). The survey was sent to all staff in the five divisions (N = 305).

Table 1. Description of Climate Survey

Question	**Description of Metric**	**Measurement**
a. *What division do you represent? (Question 1)*	❍ Administration ❍ Behavioral Health ❍ Community Health Center ❍ Environmental Health ❍ Family Health Services	Categorical
b. *Individual climate statements (Questions 2-57)*	**Organized into 11 constructs:** • values • leadership characteristics • communication • skill use and professional development • recognition • staff interaction • resources • safety and compliance • overall satisfaction • additional statements	Measured on a 5-point scale (ordinal): strongly disagree, somewhat disagree, neutral, somewhat agree, strongly agree
c. *Strengths, challenges, and improvement of service (Questions 58, 59, and 60)*	Three questions requesting top three strengths, challenges, and where improvement could occur.	Qualitative data
d. *Rating as an employer (Question 61)*	One question requesting a rating on a 5-point "star" scale describing the agency as an employer.	Ordinal
e. *Overall comments (Question 62)*	One question requesting additional information the staff would like to share about working at the agency.	Qualitative

Climate strength examples are the work environment, benefits, and the leadership team. Challenges with the climate are burnout and workload, staff shortages, communication within departments and across agency, and leadership management styles. Staff had suggestions for improving the service delivery of the agency. They were stronger supportive climate, more staff needed, more professional development, and more community partnerships. For the full methodology and findings, see the full report.

Domains and Capabilities Survey

The Domains and Capabilities Survey was designed and implemented with selected staff members of the WCHD to judge capabilities of the 10 Essential Public Health Services (Figure 4). Each of the 10 ESPHS represent a domain as discussed below.

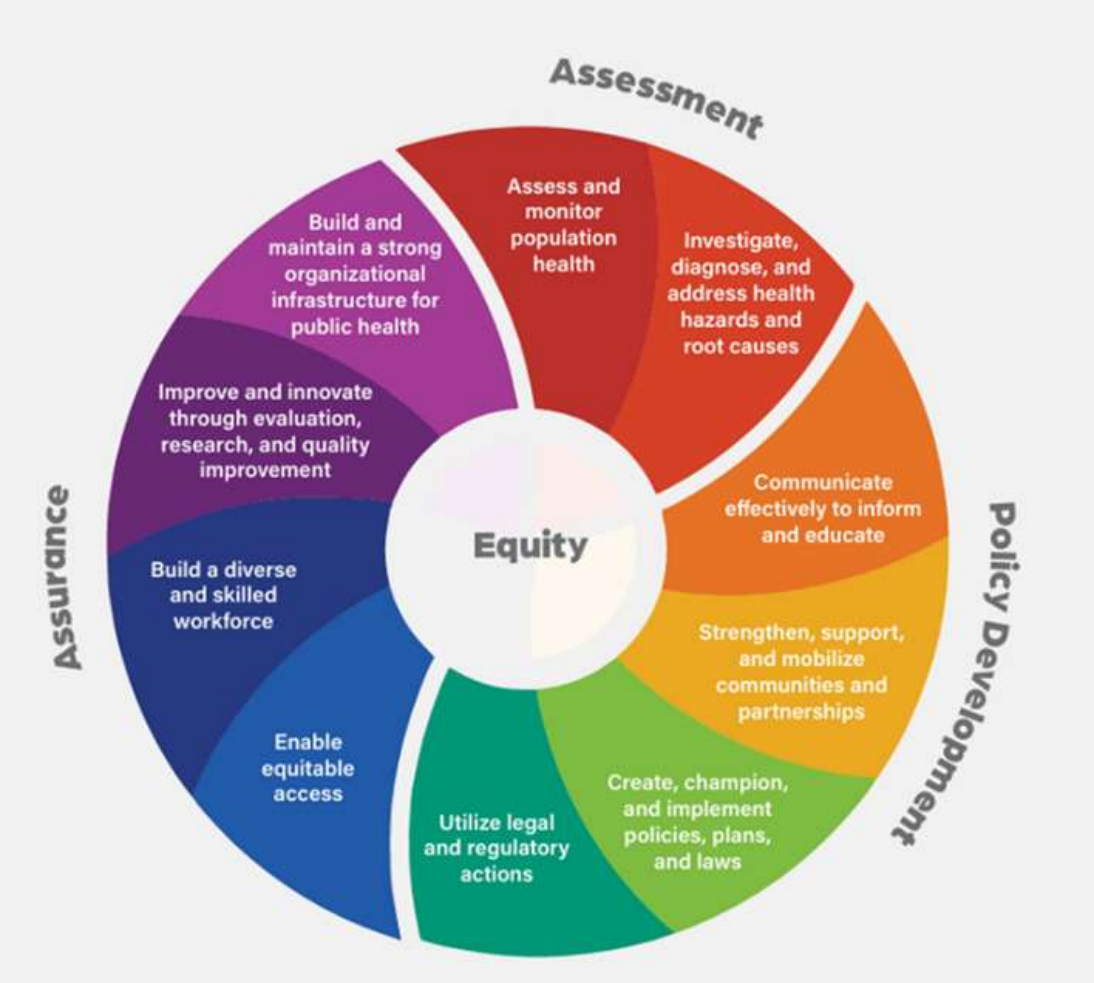


Figure 4

Staff were chosen based on their work role and familiarity with the capability standards for the respective Essential Service. The survey consisted of two parts: one part that focused on each of the 10 EPHS and provided numerous capability measures. The staff were asked:

To what percentage does WCHD achieve this capability measure?

The rating scale ranged from 0 (no achievement) to 4 (Full achievement). Staff were given the opportunity to rate each statement, if necessary, a "5 – I am not able to respond based on my work role." These responses were removed from the dataset (Figure 5). The second part, the staff were asked:

1. How could WCHD improve up to three of the capability measures?
2. What is WCHD doing well related to up to three of the capability measures?

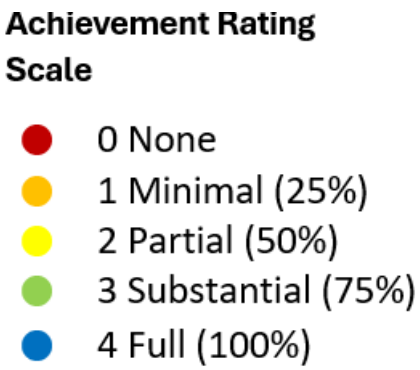


Figure 5

Sparklines (Figure 6) illustrate the weight of response by rating (no achievement to full achievement) for each domain. These ratings provided the Core Team data to make decisions about where WCHD is doing well and where improvement is possible.

Higher percentage of Substantial Ratings (Rating 3 at 75% capacity)

- Domains 1 (assess and monitor population health)
- Domain 3(Communicate effectively to inform and educate),
- Domain 5 (Create, champion, and implement policies, plans, and laws)
- Domain 7 (Enable equitable access)
- Domain 8 (Build a diverse and skilled workforce)
- Domain 9 (Improve and innovate through evaluation, research, and quality improvement)

Higher Percentage of Full Ratings (Rating 4 at 100% capacity)

- Domains 2 (Investigate, diagnose, and address health hazards and root causes)
- Domain 4 (Strengthen, support, and mobilize communities and partnerships)
- Domain 6 (Utilize legal and regulatory actions)
- Domain 10 (Build and maintain a strong organizational infrastructure for public health)

Qualitative responses were also yielded for each domain. Staff were asked the following:

1. On this domain, how could we improve ratings?
2. On this domain, what are we doing well?

While the previously presented quantitative data provided the Core Team direction on strategic initiatives, these qualitatively analyzed comments were useful for initiating discussions on solutions, interventions, innovations, and strategies, as they provided themes to consider. For the full methodology and findings, see the full report.

Domain	Sample N	0	1	2	3	4	Sparklines
1	15	0%	0%	0%	71%	29%	
2	23	0%	0%	0%	36%	64%	
3	17	0%	0%	0%	83%	17%	
4	16	0%	0%	0%	33%	67%	
5	17	0%	0%	0%	83%	17%	
6	34	0%	0%	0%	29%	71%	
7	5	0%	0%	0%	75%	25%	
8	9	0%	0%	0%	80%	20%	
9	16	0%	0%	8%	83%	8%	
10	9	0%	0%	0%	13%	87%	

Figure 6

FQHC Governing Council Survey

The FQHC Governing Council (GC) Survey's purpose was to understand the performance, productivity, and satisfaction of the governing council's work as members. The survey consisted of three parts with 104 questions and included quantitative and qualitative data.

Part 1 was based on the Health Resources & Services Administration (HRSA) Advancing Health Center Excellence Framework (Figure 7). [1]

The performance expectations were measured on a 4-point scale (Figure 7) from Level 1 (Compliance-Driven) to Level 4 (Leading).



Figure 7



Figure 8

[1] Health Resources & Services Administration. (2023). *Advancing health center excellence framework.* https://bphc.hrsa.gov/sites/default/files/bphc/funding/hce-fact-sheet.pdf

Part 2 measured meeting productivity (14 Questions). Statements rated on an ordinal scale of strongly disagree to strongly agree were included. Two qualitative questions about what goes well during meetings and what could be improved were included. Part 3 included a self-evaluation (29 Questions). Statements rated on an ordinal scale of strongly disagree to strongly agree were included. Two qualitative questions about how governance members could improve their service and how members were contributing to meeting productivity were included. The purpose of the framework is for governance members to:

1. Assess their current state of performance across the seven domains.
2. Identify a desired future state of performance.
3. Identify, prioritize, and inform strategies to address needs to narrow the gap between current performance and a desired future state of performance.
4. Identify data-driven and evidence-based capabilities, activities, behaviors, and resources needed to reach and sustain a higher level of domain performance.

For a deeper analysis and one that would provide an opportunity for data-driven decision making by the Core Team, medians were calculated from all the medians within each performance domain (1 to 7). All the medians for each statement in each Performance Domain yielded another median. Results showed that Performance Domains 1 (Governance and Management), 4 (Access and Affordability), 5 (Patient Experience), and 7 (Population Health) all have the highest median scores (4). There are lower median scores (3.5) for Performance Domain 6 (Quality, Patient Care, and Safety) and an even lower median (3) for Performance Domains 2 (Workforce) and 3 (Financial Sustainability), which provides an opportunity for improvement.

Meeting productivity yielded information that clear thinking processes, participation and clear on next steps are areas for improvement. Governing Council members were asked to rate statements on a scale of Strongly Disagree to Strongly Agree. Areas of opportunity are preparation for meetings and regular meeting attendance. All members reported feeling “highly valued”.

Qualitative questions were included in each part of the survey. Because there are only 5 GC members who completed the survey, analysis of this data is limited, but it can provide insight for strategic planning. After responding to statements about the Performance Expectations for the Performance Domains, respondents were asked what they would suggest for improvement and what they were doing well. They also commented on meeting productivity and provided feedback about what others could do to improve their service and what members were doing well. Related to what they were doing well and what could be improved, members stated that they keep getting better at billing and reducing backlog of patients and that they have strong leadership and

effective meetings. They suggested that having enough personnel to complete tasks and an annual training for the council is warranted. Meeting productivity could be improved by more evenly distributed discussion among members during meetings, but that everyone is kind, organized and respectful. They also indicated that agendas have been more concise and that they are always encouraged to ask "dumb" questions. The members felt they could build a greater capacity in workforce and financial sustainability. For the full methodology and findings, see the full report.

Board of Health Survey

The Board of Health (BOH) Survey's purpose was to understand the performance, productivity, and satisfaction of their work as governance members of WCHD. The survey consisted of three parts with 40 questions and included quantitative and qualitative data. Part 1 was based on the National Association of Local Boards of Health (2024) governance instrument (Figure 9).

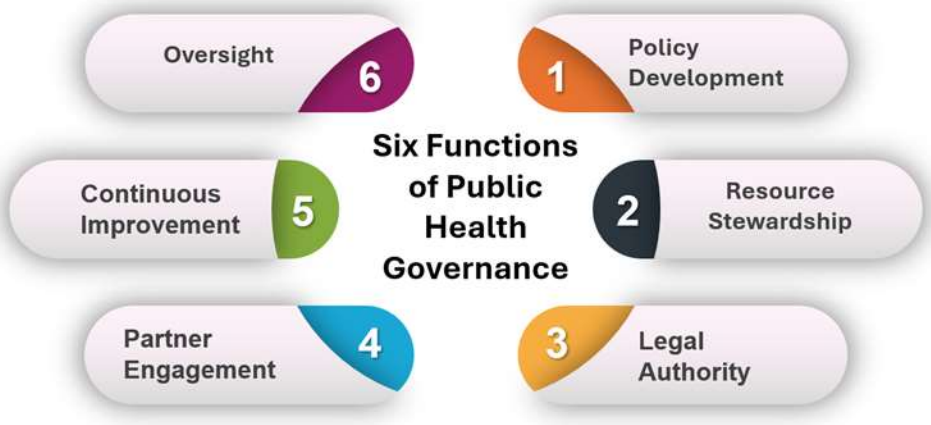


Figure 9

BOH members were asked to what percentage does the BOH achieve this governance function activity (i.e., no activity to optimal). The survey measured the level of activity for the governance functions using a series of statements (e.g., Adopting and ensuring enforcement of regulations that protect the health of the community). Each statement was rated on a scale of 0 to 4, indicating how much time the BOH spent on that activity. A Likert rating was used from 0 (no activity), 1 (minimal/25%), 2 (moderate/50%), 3 (significant/75%), or 4 (optimal/100%). A desirable rating is 3 (significant) or 4 (optimal).

The members were asked how the BOH could improve up to three of the statements which yielded qualitative data. At the end of this part, members were asked how familiar they were with these functions before this survey. Part 2 was a self-evaluation (7 Questions). Statements related

to the member's experience and productivity were rated on a 5-point ordinal scale of strongly disagree to strongly agree. Part 3 was an additional three questions. Members were asked how meetings could be improved (qualitative data) and if they believed WCHD was going in the right direction (1 star = definitely no; 5 stars = definitely yes).

For Part 1, the governance functions, the ratings of 0 and 1 were collapsed into "Opportunity" and the ratings of 3 and 4 were collapsed into "Strength". The rating of 2 (moderate) remained the same. This was done for easier interpretation. The Oversight function was heavily represented in a lower percentage of strength ratings (i.e., higher number of 1 and 2 ratings). The following function statements provided were either rated as a strength (80% ratings a strength) or an opportunity for improvement (60% ratings a strength):

60% Positive Ratings

- Assuming individual responsibility, as members of the BOH, for actively participating in governing entity activities to fulfill the core functions
- Evaluating professional competencies and job descriptions of the Executive Director to ensure that mandates are being met and quality services are being provided for fair compensation
- Maintaining a good relationship with Executive Director in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately
- Hiring and regularly evaluating the performance of the health director

80% Positive Ratings

- Adopting and ensuring enforcement of regulations that protect the health of the community
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements
- Ensuring adequate facilities and legal resources.
- Developing or approving a budget that is aligned with identified agency needs
- Exercising fiduciary care of the funds entrusted to the agency for its use

Board of Health Members should have an awareness and knowledge of the Six Public Health Governance Functions. This board had a wide variation in awareness and knowledge about the functions. Most members had some or significant awareness and knowledge. The member self-evaluation showed the statement "expectations and roles are clear", is the only statement that did not have a median, as all other statements, of 4, but a 3, indicating an opportunity for improvement. The members responded to the question about WCHD going in the right direction mostly with 3 stars, whereas one member gave three stars and four stars.

For qualitative data, the board felt they could improve in interagency communication, active engagement of all members during meetings, and more representation of the community, as examples. The board felt they were doing well in outcomes reporting, provision of services, and a strong link between agency, community and stakeholder organizations. Finally, the board felt they could improve the meetings with more consistent attendance, greater relationship with substance use treatment agencies, and a connection to the social media resources. For the full methodology and findings, see the full report.

Phase 3
September 2024
Plan and Hold the Retreat & Make Meaning

Retreat planning occurred mostly in August and September and was scheduled for October 10 and 11, 2024 in Joliet, Illinois at the Farm Bureau building. Bev served as the facilitator. An agenda (Attachment D) was prepared and sent to the Core Team in advance with a "hold the date invitation." The main goal for the two-day retreat was to review data, make decisions based on that data, select strategic initiatives, and develop a working relationship among the Workgroups that were formed from the Core Team. These workgroups would meet for about a month after the retreat to write the strategic plan.

Goals During Retreat

The overall goals for the retreat were:

1. Meet others in public health dedicated to their community.
2. Understand all data sources so strategic initiatives can be nominated.
3. Select 3 to 5 strategic initiatives.
4. Choose a strategic initiative workgroup.

An infographic was shared that encapsulated the goals of the workshop as one that is focused on data and selection of initiatives (Figure 10).

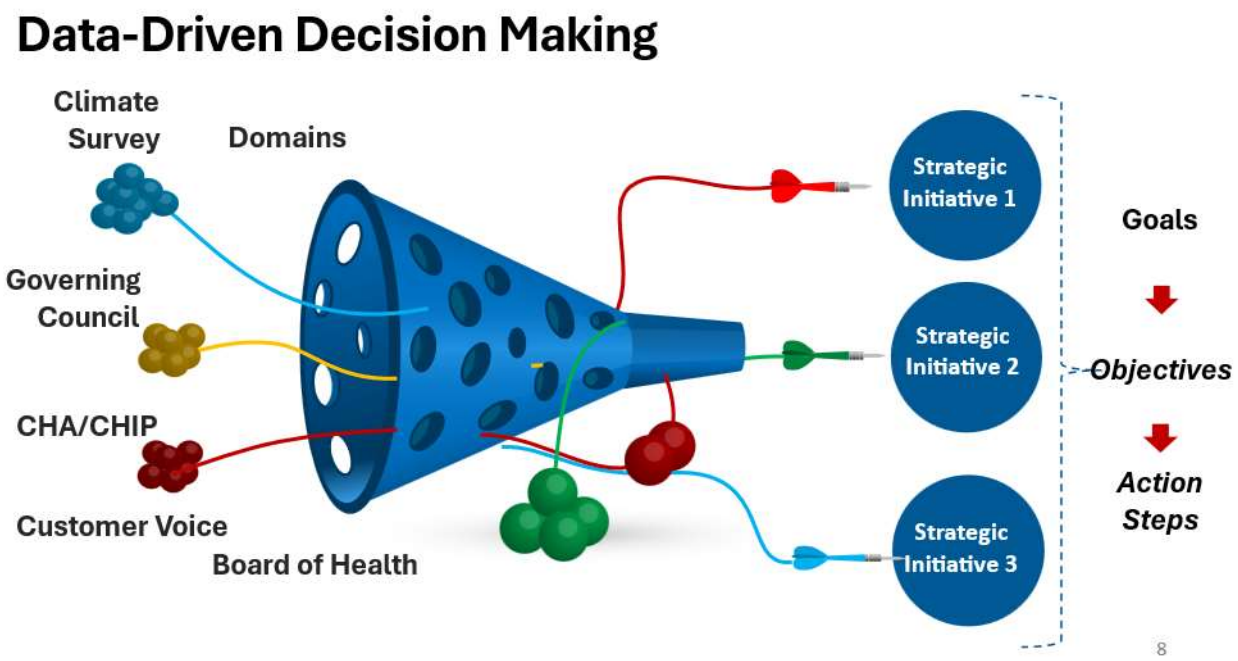
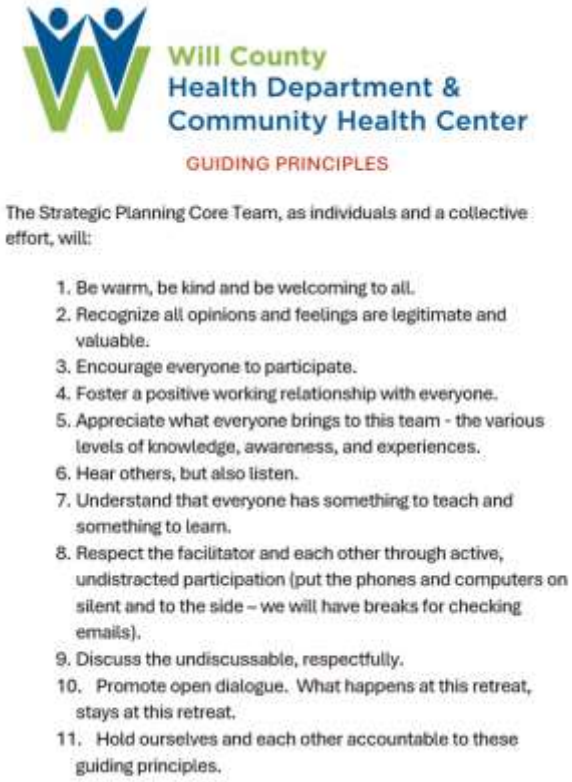


Figure 10

On the first day of the retreat, Core Team members met for breakfast and started the day. Short presentations were provided describing the journey of the Internal Team to this point, the Mission, Vision, and Values, and the Guiding Principles to use during the retreat. Before the retreat, the Internal Team generated a list of guiding principles to use during the two days. Core Team members were provided an opportunity to respond to these and approve them as a working document (Figure 11). An additional data presentation was provided on findings from the Community Health Assessment and the Community and Partners' Voices data collection.

Day One was devoted to the primary data generated and presented previously in this report – the Climate, Domains and Capabilities, FQHC Governing Council, and Board of Health Surveys. Although participants were provided the primary data reports prior to the retreat, they were allowed additional time to read the


Will County Health Department & Community Health Center

GUIDING PRINCIPLES

The Strategic Planning Core Team, as individuals and a collective effort, will:

1. Be warm, be kind and be welcoming to all.
2. Recognize all opinions and feelings are legitimate and valuable.
3. Encourage everyone to participate.
4. Foster a positive working relationship with everyone.
5. Appreciate what everyone brings to this team - the various levels of knowledge, awareness, and experiences.
6. Hear others, but also listen.
7. Understand that everyone has something to teach and something to learn.
8. Respect the facilitator and each other through active, undistracted participation (put the phones and computers on silent and to the side – we will have breaks for checking emails).
9. Discuss the undiscussable, respectfully.
10. Promote open dialogue. What happens at this retreat, stays at this retreat.
11. Hold ourselves and each other accountable to these guiding principles.

Figure 11

reports and each surveys purpose, methodology, findings, and conclusions and discuss with other members.

A very special handout was provided to the Core Team before the retreat when they were given all the primary data reports. This handout was a place for them to record what was floating to the top for them and collect ideas that could become strategic issues. The Core Team was asked to bring this handout to the retreat and continue using it throughout the time. Once data was reviewed, the Core Team was asked what was "floating to the top" for them. A brainstorming session revealed these early thoughts.

Generating Early Themes

Day Two was devoted to review of data findings and discussion of what was found. The Core Team was asked to participate in an early brainstorming session of what themes were floating to the top for them. Core Team members contributed early themes and Bev documented on multiple large, sticky-note paper attached to the wall. At the end of the brainstorming, the Core Team was asked to review all of the suggestions and discuss for about 15 minutes.

The next step was for the Core Team to nominate five strategic initiatives they felt reflected findings in the data (i.e., four small studies presented earlier in this report). Core Team members verbally gave their five ideas, and these were written on the Post-it paper on the wall. The Core Team was asked again to review the list.

Nomination of the Strategic Initiatives

The Core Team was then asked to nominate three strategic initiatives they would like to see as a focus for the strategic plan. They were given three pieces of Post-it note paper to nominate their three strategic initiatives based upon the data reports. Bev and members of the Internal Team collected the nominations and in the back of the room tallied the results and ranked them. Based on capacity of the Core Team, the following four strategic initiatives were selected for the 2025 to 2030 Strategic Plan (Figure 12).


Will County Health Department
Strategic Initiatives
Communication/ Engagement
hear listen · internal external · invite · say their name · style • remember why are we here · approachable · safe · relationships · respect · healthy culture · we are individuals · pride · invite • trust
Workforce Development
workload balance • growth mentality continuing education • learning management system • Family Medical Leave Act • continuous management training • audit tracker • internships employee vaccinations we are customers • agency-wide governance how to get to yes • dedication to community
Walk the Path
Evangelization
Mine the Treasure
Commit to Care
Integration
access • eliminate silos • universal screening • ambassadors • grand rounds • patient ownership
Financial Security and Advocacy
spend money to make money • grant writing efficiency • internal revenue assurance legislation • educate candidates and office holders • political advocacy • cultural humility

Figure 12

Phase 4
October Through December 2024
Write the Strategic Plan

After the final four strategic initiatives were presented, the group was asked to generate a list of "things to remember" or questions to ask themselves while in their Workgroups. Those are presented in below:

These guiding questions serve the Core Team in their work as they write the strategic plan.

1. Do we have the authority/power to impact the problem?
2. What will be the measure of success/benchmark for the innovation?
3. Are we designing the strategic initiatives, goals, objectives, action steps with a data-informed approach?
4. Are we keeping the context of the problem in mind as we move forward?
5. Are we approaching our work as a servant leader?
6. Does our work demonstrate that we are here, first and foremost, for the community of Will County?
7. Does the pride we have for our work and others show through?
8. Is the pride we have in our work obvious to others?
9. Do our strategic initiatives, goals, objectives, and action steps align with our accepted mission, vision, and values?
10. Does our work protect and promote the dignity of others?
11. Are we consistently modeling the values we have adopted?
12. Do we crawl, walk, and run until the work is done.
13. Do we practice our motto of learn it, live it, love it?
14. Is our work contributing to the culture we expect and want to have for ourselves and others?

All Core Team members were allowed to select a Strategic Initiative Workgroup to join. Each Workgroup focused on one strategic initiative. When the Core Team divided into the Strategic Initiative Workgroups, the document, Guide to Writing the Strategic Plan for the Core Team, was reviewed to ground everyone. Early tasks and other information included the following:

1. Provide the Facilitator with the names of your Workgroup members.
2. Select a Workgroup chair that will lead after the retreat. The Workgroup Chair keeps the workgroup on task, runs the meetings, ensures recorder fulfills their role, contacts everyone for meetings, sends Zoom links. and recorder.
3. Select a Workgroup recorder. Recorders keep meeting minutes and type the content for the strategic initiative into the online template.

The Guide was reviewed and several important elements of a strategic plan were reviewed giving their purpose and how to write them. Below is a description about each element.

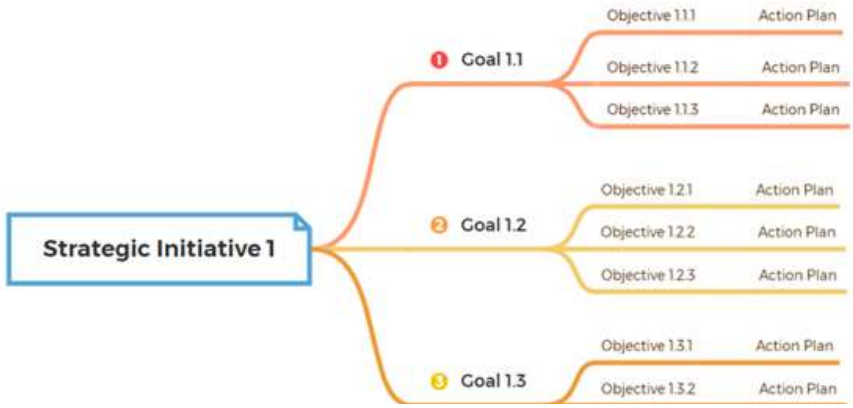


Figure 13

Strategic Initiative (SI). Write the SI. Each template holds the information for one strategic initiative (SI) and one goal, but multiple objectives, and the action steps for those respective objectives. Each workgroup could have multiple pages describing the goals and objectives, and action plan for their objectives (Figure 13). A strategic initiative is a comprehensive plan that places an agency in a position to achieve outcomes and impacts. The strategic initiative can carry the organization forward and are transformative. Creating change is the idea. You should see strategic initiatives in the vision. You are working on one strategic initiative and for that there are typically up to three goals and up to three objectives per goal. There is only one goal per template.

Background. For now, write phrases and words that describe your SI. Later, you can write a narrative about the SI that includes what it is and why it is important. In your folder you are given three copies of the template. You are providing a rationale for this SI.

Core Function and 10 Essential Services. Match your strategic initiative with these foundational statements.

Goal. Goals are simple, broad statements. A workplan is then written to give more detail and bring life to the goals. Write the goal without specifics and what it is you hope to achieve (e.g., engage the intended population in program and policy development and implementation).

Objectives. These are precise statements a team will aim to complete. They are very detailed and usually written according to the acronym S.M.A.R.T.E.R. This is a measure of change that describes details about what you are going to do with the SI (Figure 14).



Figure 14

Interventions/Best Practices. Decide how the Agency will intervene to reduce or eliminate the public health problem by choosing the type of public health intervention. Use best practices and interventions shown to have effectiveness. Narrow your ideas to the population-based public health interventions. Use the National Institutes of Health Evidenced-Based Practices, Programs, and Resources – Practice Recommendations. Select intervention based on policy, budget, and capacity.

Budget Considerations. Not all workplans will need a direct budget, although there are certainly indirect costs (e.g., staff time) to achieve them. Consider what costs may be associated with this objective, such as purchase of an intervention product, materials, or consultant. Inquire about existing work in the community around this same objective.

Mission, Vision, Values (MVV) Alignment. The mission and the vision of the health department are the driving force of all activities and establish the foundation of the strategic plan. The strategic plan is your internal guide and helps you work with the community and partners to collectively impact health outcomes. Double check that your goals and objectives align with the MVV.

Action or Work Plan per Objective. This may be written after the strategic planning retreat. Action statements are the smallest denominator of the project. Think of the workplan as a project that is undertaken to bring about internal and subsequently external change in the health department and community. These individual statements can be measured and assigned to specific people. Refer to the Strategic Initiative template in Attachment E.

At the end of the retreat, while still in the Workgroup convenings, they were encouraged to do the following:

Set meetings dates and times. Set a meeting date and time on Zoom or in person to continue writing the strategic plan until you have written all of the goals, objectives, and workplan. Set your meetings through October and November, preferably an agreed upon day and time, if possible. Make sure workgroup members know what to expect. Recorders, please schedule invites for all meetings. Ensure meetings are a place to teach and learn for everyone. All members need to contribute and the work should not fall on one or two people. All meetings should include a review of the past meeting and copious notes of what was done and discussed. Post your meeting minutes in the Teams folder. The main goal of the meetings is to write all the elements of the template.

Request technical assistance. Bev was available during the writing phase for technical assistance or to attend meetings, review documents, find resources. Folders are prepared on Teams by Strategic Initiative Workgroup that provide resources and a template for the strategic initiative. Each Workgroup wrote their part of the Strategic Plan for their Strategic Initiative.

By mid-December 2024, all Workgroups completed writing drafts of the strategic plan with by strategic initiative with goals, objectives, and action plans. The Strategic Plan was presented to the Internal Team, a review was conducted. On January 15, 2025, the WCHD Board reviewed and approved the strategic plan for 2025 to 2030.

Will County Health Department
2025-2030 Strategic Plan
Description of Strategic Initiatives

Communication and Engagement

To create an environment that will promote a healthy and open line of communication which will engage the whole community, particularly the staff, and promote awareness of the Agency's programs and services.

Workforce Development

To build and maintain a competent workforce to deliver quality services to achieve a healthy community and a culture of growth at the Will County Health Department. Our efforts are aimed at a quality employee orientation and onboarding, continued training, and provision of opportunities for the workforce to enhance their skills to ensure the public's health.

Integration

The integration of policies, processes, products, and services is vital to a fully functioning health department. All staff must understand their role, competencies, and how their work aligns within their department and across the agency. The quality of public health services depends upon a minimum working knowledge base from each staff member that is emphasized and improved continuously, and good communication skills that translate the wide variety of essential programs available at the department for ensuring the public's health.

Financial Security and Advocacy

Our responsibility is to protect the health of the public, safeguard the environment, and promote health equity through the leverage of financial resources and political advocacy. Financial strength is realized through careful budgeting, strategic planning, effective and efficient management of resources, and strong relationships with governmental and community agencies. Achieving financial security is advocating for the essential public health services that translate to healthy outcomes in our community.

The Strategic Initiatives and Goals are presented in Figure 15.

Figure 15

Strategic Initiatives and Goals

Communication and Engagement

Goal 1 Increase the knowledge of the Will County Health Department and Community Health Center programs and services to all governing bodies.

Goal 2 Improve customer service through community engagement and education.

Goal 3 Build a healthier work community through staff engagement.

Workforce Development

Goal 1 Develop and maintain a competent public health workforce.

Integration

Goal 1 Develop and maintain a digital platform that provides centralized access of Agency services and resources and encourages knowledge sharing among staff.

Goal 2 Develop content for the digital platform(s) that encourages use and sharing of information.

Goal 3 Identify, develop and execute methods to promote knowledge sharing that increases collaboration among and within Agency facilities, divisions, and department.

Financial Security and Advocacy

Goal 1 Improve financial security by building and maintaining a strong organizational infrastructure for public health in order to create efficiency, maximize revenue, and strengthen internal controls.

Goal 2 Strengthen and expand health advocacy skills necessary to promote public health and influence decision makers.

Strategic Initiative Communication/Engagement Goals and Objectives Workplan

Goal 1 Increase the knowledge of the Will County Health Department and Community Health Center programs and services to all governing bodies.

Action Step Number	Action Step Description	Due Date	Responsibility
Objective 1 Increase the Board of Health (BOH) and Governing Council's (GC) knowledge of the Agency.			
1	Rotate presenters at GC and BOH Meetings from all Divisions and from all levels of staff.	2/1/2025 and ongoing	Division Directors (DD)
2	Create a monthly newsletter that can be sent to GC and BOH members.	2/1/2025 and ongoing	Kevin Juday
3	Revise and improve onboarding for GC and BOH members to include tours of all facilities, locations, and meetings with DDs.	2/1/2025 and ongoing	Elizabeth Bilotta, Stacy Baumgartner
4	Assess the increasing knowledge of the board by asking them "How more knowledgeable do you feel you are about the programs and services presented to you this year?"	December of each year	Mary Kilbride June Reisner
Objective 2 Increase the County Board's knowledge of the Agency.			
1	Create a monthly newsletter that can be sent to County Board members, which presents clear data on agency services provided to their constituents.	2/1/2025 and ongoing	Kevin Juday
2	Create a dynamic document (FAQs) of what we do and what we don't do and who to call in both cases: need feedback from staff on what are the top 3 things asked of us that we do not provide.	5/1/2025 and ongoing	Kevin Juday
3	Continue to invite County Board members to facility for tours and / or for meetings.	2/1/2025 and ongoing	Elizabeth Bilotta
4	Ensure that staff regularly attend County Board committee meetings to meet and interact with Board Members.	2/1/2025 and ongoing	Elizabeth Bilotta
Objective 3 Increase the Local Legislators knowledge of the Agency.			
1	Create a list of local and state legislators.	2/1/2025 and ongoing	Robert Dutton
2	Create a monthly newsletter that can be sent to local legislators , which presents clear data on agency services provided to their constituents.	2/1/2025 and ongoing	Kevin Juday

3	Create and provide a dynamic document (FAQs) of what we do and what we don't do and who to call in both cases: need feedback from staff on what are the top 3 things asked of us that we do not provide.	5/1/2025 and ongoing	Kevin Juday
4	Contact and interact with local legislators on a regular basis, using the list created in item #1.	2/1/2025 and ongoing	Executive leadership, Division Directors, Health Advocacy Group
5	Review and update website to ensure content is accurate and current.	Quarterly[2]	Kevin Juday and Brent Moatz

Goal 2 Improve customer service through community engagement and education.

Action Step Number	Action Step Description	Due Date	Responsibility
Objective 1 Create an agency wide customer service initiative to improve client experience at WCHD.			
1	Build committee to research customer service initiative programs and investigate Silver Cross' initiative program.	12/1/2025-7/31/2025	Robert Dutton and Committee
2	Tailor customer service initiative to our agency.	7/1/2025-12/31/2026	Customer Service Committee
3	Implement customer service initiative program including training staff.	12/1/2026-12/31/2027	Division Directors and Managers
4	Create a 1–2-page sheet of phone numbers to assist callers to provide WARM hand offs (Barb has a list we can possibly use).	2/1/2025-7/31/2025	Barb Agor and Information Technology (IT) staff
Objective 2 Create a What is Public Health campaign on who we are and what we do.			
1	Work with The Fource to create media campaign on who is the WCHD/CHC and our services and our locations.	2/1/2025–8/30/2025	Kevin Juday (DDs and Staff)
2	Plan tours, press releases and events for National Public Health Week in April 2025 and Community Health Center Week in August 2025 and invite the community.	3/1/2025-8/30/2025	Kathleen Harkins & Kevin Juday
3	Have Divisions develop message / power point on services that can be used for events or can we send out.	2/1/2025–6/30/2025	Kathleen Harkins & Kevin Juday and Division Directors (DDs)
4	Meet with Regional Office of Education (ROE) and other Leaders of Schools including private schools and develop a plan to get WCHD / CHC into schools and school staff events to present our services.	8/1/2025 and ongoing	Sean Conners
5	Do more community engagement events (ensure tracking events thru Kevin Juday) – push the availability of staff to attend community-based organizations to present our services by finetuning the request, doing social media posts, review community websites to find events).	2/1/2025 and ongoing	Kevin Juday, Health Equity Team
6	Enhance our local media presence (on WJOL, Herald News, Julia Alexander, Patch).	4/1/2025 and ongoing	Kevin Juday
7	Expand existing POD cast capabilities and reach out to DDs for topics.	1/1/2026 and ongoing	Kevin Juday
8	Enhance our own social media presence on Facebook, Twitter, Instagram and YouTube.	2/1/2025 and ongoing	Kevin Juday

[2] One Division each quarter conducts a deep dive and updates entire site.

Goal 3 Build a healthier work community through staff engagement.

Action Step Number	Action Step Description	Due Date	Responsibility
Objective 1 Acknowledge and reward employees for contributions and achievement.			
1	Create a years of service program.	2/1/2025 and ongoing	Mary Kilbride
2	Create an employee recognition program that includes random recognitions at BOH & GC meetings; recognize individuals and groups; use technology to allow staff to join GC meetings; program needs to include rules of recognition; program needs to be consistent across the agency; include realistic every day little things that show recognition and appreciation.	2/1/2025 – 12/31/2025	Elizabeth Bilotta & Denise Bergin
Objective 2 Re-examine the evaluation process for ways to improve it.			
1	Determine if WCHD / CHC can use a different evaluation form (ask the County).	3/1/2025	Elizabeth Bilotta
2	If possible, create a new evaluation tool, develop or modify the evaluation form to be more meaningful for staff and manager.	1/1/2026	Erin Kueber, Elizabeth Bilotta, Kathleen Harkins, Robert Dutton
3	If we cannot create a new evaluation form, create an addendum to accompany the current evaluation form.	1/1/2026	Erin Kueber, Elizabeth Bilotta, Kathleen Harkins, Robert Dutton
4	Train managers on the updated evaluation process.	1/1/2027	TBD, Division Directors (Onboarding)
Objective 3 Develop more structured, engaging, and productive staff meetings.			
1	Develop a committee to determine what staff meetings look like in the future.	4/1/2025	Mary Kilbride
2	Determine what a well written staff meeting agenda includes, while ensuring staff are given the opportunity to contribute to agenda items (including on agenda the discussion of the monthly newsletter).	1/1/2026	Committee of Division Directors, Managers, and Staff
3	Ensure all staff meetings include celebrations or recognitions of staff or groups of staff (tie into the recognition initiative).	1/1/2026	Committee of Division Directors, Managers, and Staff
4	Develop a survey to collect feedback from staff regarding the staff meetings and use the feedback to help develop an improvement plan.	1/1/2026	Committee of Division Directors, Managers, and Staff
5	Establish staff meeting ground rules.	1/1/2026	Committee of Division Directors, Managers, and Staff
6	Train management staff on how to facilitate meetings to engage staff and to promote feedback.	7/1/2027	Consultant working with the committee

Objective 4 Train leadership to create a healthy environment for staff to develop.			
1	Provide management staff leadership training regarding how to properly communicate with staff (communication needs to be consistent, often, professional) and how to engage staff in decision making.	1/1/2028 and then annually thereafter	Consultant, County HR, and WCHD Director of HR

Strategic Initiative
Workforce Development
Goals and Objectives Workplan

Goal 1 Develop and maintain a competent public health workforce.

Action Step Number	Action Step Description	Due Date	Responsibility
Objective 1 Expand the current orientation processes and procedures by February 18, 2025.			
1	Collect current day one Orientation and division orientation program including events, processes, and materials.	1/2/2025-1/10/2025	Workforce Development group, Division Directors (DD), program managers/coordinators
2	Evaluate HRs and each division's orientation process.	1/10/2025-1/17/2025	Workforce development group, DDs, Compliance Director
3	Develop a comprehensive, thorough two-day orientation for all new hires to receive in human resources.	1/17/2025-1/31/2025	Workforce Development Group, HR, DDs
4	Implement new orientation program.	2/3/2025-3/17/2025	HR
5	Evaluate new orientation program and modify as needed.	3/17/2025-4/14/2025	Workforce development group, HR, DDs
Objective 2 Create a program that outlines agency required employee training and education related to job titles and programs.			
1	Retain and utilize Workforce Development Specialist to assist with the creation of a training program including determination of educational needs, curriculum development and securing computerized program for tracking and delivering education.	4/14/2025-8/3/2025	Administration, HR, Workforce development group
2	Compile in a uniform manner existing required training material across individual departments within the agency.	4/14/2025-8/3/2025	Workforce Development group, Workforce Development (WFD) Specialist, DDs
3	Evaluate each department's required training for thoroughness, crossover, gaps, and redundancies among divisions.	8/3/2025-12/22/2025	Workforce development group, WFD Specialist, DDs, Compliance Director, HR
4	Define required training timeframes, actions, responsible parties, and desired outcomes.	12/22/2025-2/22/2026	Workforce development group, WFD Specialist, DDs, Compliance Director, HR
5	Develop framework of training program including protocol design and use.	2/22/2026-3/22/2026	WFD Specialist, WFD Group, DDs
6	Secure software and/or computer program for use in training program and development of curriculum.	3/22/2026-6/22/2026	WFD group, WFD Specialist, Information Technology (IT) staff, Compliance
7	Pilot the training program in FHS (4-6 months).	6/22/2026-12/31/2026	WFD Specialist, DDs
8	Implement training program based on specialist's recommendations.	1/1/2027	WFD Specialist, WFD Group

9	Evaluate program and make modifications as needed/recommended.	1/1/2027 and ongoing	WFD Specialist
Objective 3 Create a program that outlines agency required management training and education related to WCHD and program regulations.			
1	Utilize workforce development specialist to assist with the creation of a training program including determination of educational needs, curriculum development and securing computerized program for tracking and delivering education of Management and Leadership team.	4/1/2027-6/1/2027	Workforce development group, WFD Specialist, DDs, Compliance Director, HR
2	Compile in a uniform manner existing required training material across individual departments within the agency.	6/1/2027-7/1/2027	Workforce Development group, WFD Specialist, DDs
3	Evaluate each department's required training for thoroughness, crossover, gaps, and redundancies among divisions.	7/1/2027-9/1/2027	Workforce Development group, WFD Specialist, DDs, Compliance Director
4	Define required training timeframes, actions, responsible parties, and desired outcomes.	9/1/2027-10/1/2027	Workforce development group, WFD Specialist, DDs, Compliance Director
5	Develop framework of training program including protocol design and use.	10/1/2027-12/1/2027	WFD Specialist, WFD Group, DDs
6	Input curriculum into existing CE/training software and/or computer program.	12/1/2027-2/1/2028	WFD Specialist
7	Pilot the training program in FHS (4-6 months), including program evaluation and modifications as needed/recommended.	2/1/2028-6/1/2028	WFD Specialist, WFD Group
8	Implement training program based on specialist's recommendations.	6/1/2028	WFD Specialist
9	Continue evaluation and modifications as necessary.	6/1/2028-ongoing	WFD Specialist

Strategic Initiative Integration Goals and Objectives Workplan

Goal 1 Develop and maintain a digital platform that provides centralized access of Agency services and resources and encourages knowledge sharing among staff.

Action Step Number	Action Step Description	Due Date	Responsibility
Objective 1 Enhance existing digital platforms by end of Q2 2025 that will centralize and provide easy access to resources that support integration goals.			
1	Create a New Section on SharePoint Homepage for access to agency resources and services.	4/15/2025	Information Technology (IT) staff with leadership team input for design
2	Establish a Teams Channel Under the Agency Team to mirror the SharePoint section and provide a collaborative space for employees.	4/15/2025	IT staff
3	Create an Ambassador Team in Microsoft Teams to coordinate cross-departmental collaboration and plan meetings that promote integration.	4/15/2025	IT staff
Objective 2 Create a maintenance plan to ensure sustainability and ease of use.			
1	Designate responsible person to review content for accuracy and submitting new information.	5/1/2025	Division directors or designees, IT staff
2	Integrate surveys for employee feedback on resources and training—is it effective. Use feedback to continuously improve materials and accessibility. How easy to use/access.	1/1/2026	Integration team to create surveys using FORMS
Objective 3 Implement tools to measure the use and success of the system by year end 2025.			
1	Use SharePoint and Teams analytics to track engagement with the digital guide, training resources, and videos.	1/1/2026	IT staff to pull data, Integration team to evaluate data and recommend, Division Directors to approve/modify recommendations
2	Regularly review metrics such as the number of views, feedback received, and completion rates for training.	1/1/2026	Integration team, Leadership receive and evaluate
3	Define clear KPIs (e.g., 80% of employees accessing the guide, 95% training completion rate).	3/30/2026	Integration team, Leadership receive and evaluate
4	Include surveys (FORMS) post-training to gauge improvements in employee knowledge and integration success. Increase in staff knowledge.	1/1/2026	Agency training team, Integration team

Goal 2 Develop content for the digital platform(s) that encourages use and sharing of information.

Action Step Number	Action Step Description	Due Date	Responsibility
Objective 1 Enhance existing digital platforms by end of Q2 2026 that will centralize and provide easy access to resources that support integration goals.			
1	Gather an Integration Committee team to identify agency resources and assist with developing training materials.	7/1/2025	Representatives from each division plus integration team Or Integration team to pull from division directors at monthly meeting
2	Develop and electronically host a comprehensive guide outlining all services offered by the agency.	12/30/2025	IT staff, Kevin Juday, Division Directors or designee for accurate content
3	Create and upload short, engaging videos (1-3 minutes) highlighting the purpose and services of each division.	7/15/2026	Kevin, IT staff, possible outsource, The Fource
4	Create and upload interactive training modules, including documents, quizzes, and videos.	7/15/2026	IT staff, Integration Team, Division designees for "quiz" content. Division designees to validate all content

Goal 3 Identify, develop and execute methods to promote knowledge sharing that increases collaboration among and within Agency facilities, divisions, and departments.

Action Step Number	Action Step Description	Due Date	Responsibility
Objective 1 Establish expectation of staff awareness and participation.			
1	Gain agreement from administrative leadership for general knowledge expectation among staff and participation in ongoing knowledge sharing.	5/1/2025	Integration Team and leadership team, HR, Union
2	Develop an annual calendar of required training new employees and an annual training for existing employees. Record all training for employees who cannot attend. In person attendance desired at 85+%. Calendar to be posted in SharePoint/Teams.	9/1/2025	Integration Team and leadership team, HR, IT staff
Objective 2 Redefine the ambassador program as a more prominent tool to promote understanding of Agencywide services.			
1	Define the purpose, "job description" and expectations of the Ambassador Program.	9/1/2025	Integration Team, Ambassador Team, Leadership
2	Designate division ambassadors that can carry out the expectation of the role.	9/1/2025	Division Directors
3	Create a calendar so that Ambassadors will routinely attend division meetings.	9/1/2025	Division Directors, Leadership

4	Establish an Ambassador/Integration Committee to follow up and ensure the program thrives and is not left abandoned.	12/31/2025	Integration team and ambassador designees
Objective 3 Make accessing Agency information fun and easy.			
1	Create an Agency marketing video to rally and inspire internal staff to advance their knowledge of Agency services with the end goal of better serving our clients/patients.	7/1/2026	IT staff, Outsource (Fource) or Kevin Juday, Integration team
2	Add an element of gamification to encourage participation.	7/1/2026	IT staff
2a	Create badges, passports, or certificates for employees who complete training modules or actively participate in ambassador-led sessions.	7/1/2026	Integration Team, Agency Training Team, IT staff for any digital opportunities
2b	Offer incentives and recognition for high-performing ambassadors or teams with the most referrals or collaboration.	7/1/2026	Integration team, Leadership team for budget approval
3	Store information for easy access on a repository (SharePoint) with desktop link to platform.	7/1/2026	IT staff, Integration Team
4	Publish contacts within divisions that can assist employees with informing clients of services.	9/1/2025	Integration team Division director IT for posting
5	"Relaunch" and retrain Agency staff on IRIS and utilize as the primary referral tool among WCHD Agency divisions. Leadership team to set the expectation.	9/1/2025	FHS Iris team & Leadership team

Strategic Initiative
Financial Security and Advocacy
Goals and Objectives Workplan

Goal 1 Improve financial security by building and maintaining a strong organizational infrastructure for public health in order to create efficiency, maximize revenue, and strengthen internal controls.

Action Step Number	Action Step Description	Due Date	Responsibility
Objective 1 Enhance and optimize Internal Controls through the development of Standard Operating Procedures (SOP). The SOP's will improve efficiency, reduce errors and miscommunication, and empower staff.			
1	Select key staff members to work on administrative and operational Standard Operating Procedures (SOP) within each division.	3/1/2025	Division Directors and management
2	Determine the SOP format that will work best for their particular division, department, or duties.	4/15/2025	SOP teams
3	Establish and document SOPs to document the efficient and effective processes of tasks. Review and update SOPs as systems are upgraded or new software is added.	4/15/2025-3/31/2026[3] and ongoing	SOP teams
4	Identify and train key staff members specifically on becoming super users. (Newly elected SOP team members may also be fit for super user roles). Managers will research or reach out to appropriate vendors for training materials. Managers will also look for online training offerings.	3/1/2025-12/31/2025	Division Directors and management
Objective 2 Reduce unnecessary expenses to improve efficiency and save money and provide managerial education that emphasizes cost control and operational efficiencies and empowers managers to make decisions for all branch locations that drive long-term financial health for the organization.			
1	Identity cost saving opportunities and efficiency ideas.	3/1/2025-12/31/2025	Executive leadership, Division Directors, management, and account payable staff
2	Meet quarterly to assess newly developed cost control measures.	4/15/2025-12/31/2025 and ongoing	Executive leadership, Division Directors, management, and account payable staff

[3] Upon SOP completion, the SOP teams will review and update as necessary.

Objective 3 Ensure service revenue is maximized and strive to identify new and continued funding opportunities. The sources we will target include, federal, state and local programs as well as establishing new partnerships.			
1	Review billing processes and applicable payer requirements to ensure all services provided are billed appropriately to maximize revenue.	2/15/2025 and ongoing	Division Directors, Billing supervisors
2	Create a focus group to explore ideas and suggestions for new revenue alternatives.	2/15/2025 and ongoing	Executive leadership, Division Directors, and Finance team
3	Schedule monthly focus groups meetings to share and discuss funding opportunities.	3/1/2025 and ongoing	Focus group team
4	Review available funding opportunities presented by the focus group.	3/1/2025 and ongoing	Executive Leadership, Division Directors

Goal 2 Strengthen and expand health advocacy skills necessary to promote public health and influence decision makers.

Action Step Number	Action Step Description	Due Date	Responsibility
Objective 1 Improve health advocacy skills of agency staff.			
1	Provide health advocacy training to educate staff on best practices for addressing public health issues to influence decision makers.	TBD	Pam Robbins, Executive leadership, Division Directors, management, TBD
2	Establish a health advocacy group to educate and influence decision makers through communication/engagement activities.	TBD	Pam Robbins, Executive leadership, Division Directors, management, Aishwarya Balakrishna, TBD

Attachment A

Will County Health Department & Community Health Center

Member List
Strategic Initiative Workgroups

Communication/Engagement

Chair: Sean Connors
Co-Chair: Cindy Jackson
Recorder: Elizabeth Bilotta

- Wendy Deutsch
- Dr. Robert Dutton
- Alan Dyche
- Kathleen Harkins
- Kevin Juday
- Trisha Kautz
- Erin Kueber
- Katie Weber

Workforce Development

Chair: Sylvia Muniz
Recorder: Kathleen Cios

- Barbara Agor
- Rosa Gomez
- Cheryl Picard
- Armando Reyes
- Dr. Billie Terrell
- Michelle Zambrano

Financial Security

Chair: Denise Bergin
Co-Chair & Recorder: Ann Conrad

- Aishwarya Balakrishna
- Jillian Carlisle
- Betsy Cozzie
- Caitlin Daly
- Stacy Knack
- Pam Robbins
- Katie Schaefers

Integration

Chair: Carol Ricken
Recorder: Nicole Collins

- Stacy Baumgartner
- Randy Jurek
- Paul Lauridson
- Amanda Musgrove
- Jennifer Scanlon
- Diane Scruggs

Attachment B

Small Study Mission, Vision, and Values

A. Think about our current mission statement below: To prevent disease and promote a healthier environment for all residents, business operators, and visitors. Our agency of professionally trained staff work cohesively to assure public health and safety measures are maintained through services and programs the department provides based on the needs of the community.

1. Do you think the mission statement needs to be changed? If so, how can the mission statement be reworded to make if more clear, concise, and representative of our work?

B. In this next section, focus on the definitions for each value. What ideas do you have for changes, additions, or modifications of the definitions for the respective value?

1. What suggestions do you have for improving the definition of RESPECT? treat all customers, clients, staff and partners with understanding, compassion, dignity, and importance.

2. What suggestions do you have for improving the definition of INTEGRITY? demonstrate integrity with consistency of character and accountability for our actions.

3. What suggestions do you have for improving the definition of PROFESSIONALISM? identify and respond to the needs of the community with a skilled, qualified, and committed workforce.

4. What suggestions do you have for improving the definition of QUALITY? utilize best practices and challenge ourselves to improve through evaluation, innovation, collaboration, and teamwork.

5. What suggestions do you have for improving the definition of DEDICATION? Strive to positively impact team members, clients, and community.

Attachment C

2024 Climate Survey

To all Will County Health Department Staff

This survey was sent to all staff of the Will County Health Department and Community Health Center (hereafter "Agency"). We would like your participation in a Staff Climate Survey for Strategic Planning. Please take the time to be a part of this assessment and tell us what you like and how we can improve.

This survey is anonymous. The data is sent to an external Survey Monkey account and is not accessible by anyone at the agency.

Data will be analyzed in aggregate and presented to the Strategic Planning Core Team for selection of the strategic initiatives.

The estimated time to take this survey is 5 to 10 minutes.

Take this survey by August 30, 2024.

There are 5 sections to this survey:

1. Agency Division Representation

2. Climate Assessment (i.e., values, leadership characteristics, communication, skill use and professional development, recognition, staff interaction, resources, safety and compliance, overall satisfaction, and additional questions).

3. Strengths, Challenges, and Opportunities to Improve

4. Agency Overall Rating as an Employer

5. Tell us More!

We recognize that staff use various terms to refer to those they serve and work with. In this survey, the term "community" is used to refer to any of the following: clients, patients, partners, and/or customers.

2024 WCHD Staff Climate Survey for Strategic Planning

Section 1. Agency Division Representation

* 1. What division do you represent?

- ❍ Administration
- ❍ Behavioral Health
- ❍ Community Health Center
- ❍ Environmental Health
- ❍ Family Health Services

Section 2. Climate Survey Statements

This set of statements is about Values.

2. We value diversity and equity.
3. I understand why it is important for us to value diversity (i.e., to recognize and respect the value of differences in race, gender, age).
4. Our standards for business ethics are high.
5. I have seen improvements as a result of assessment activities (e.g., program audits, accreditation reviews, grant action plans, organizational assessments, past strategic plans) in the past few years.
6. Our current activities reflect a strong focus on the community.
7. I understand the issues facing our community.

This set of statements is about Leadership Characteristics.

8. Our senior leaders establish a clear direction for our work as an agency.
9. My direct supervisor role models effective leadership (i.e., high standards for quality work, behavior that is ethical, moral, consistent, and positive).
10. My direct supervisor is effective in involving his/her staff in solving the problems we face as a department/division.
11. My direct supervisor has set performance goals for my job.
12. My direct supervisor delegates work effectively.
13. I am treated fairly by my direct supervisor.

This set of statements is about Communication.

14. The agency does a good job communicating about changes or decisions that affect employees.
15. Our department staff meetings are filled with open and honest participation.
16. Supervisors communicate a clear sense of direction.
17. My direct supervisor keeps me in the loop about what is happening that might impact my work.
18. My direct supervisor gets input and buy-in from me when making key decisions that impact my department.
19. My direct supervisor provides me with adequate and timely feedback.
20. My direct supervisor is available to me when I have questions or need help.
21. The last time I asked someone from a different department/division for help, I got it.

This set of statements is about Professional Development.

22. My direct supervisor encourages my professional development.
23. Career paths exist at this agency.
24. My skills and abilities are utilized effectively.

25. I am provided with opportunities to improve my skills.
26. I am committed to producing the highest quality work for our community.
27. I feel encouraged to come up with new and better ways of doing things.

This set of statements is about Recognition.

28. I am made to feel that I am an important part of the agency.
29. I receive recognition for my good work and contributions.
30. The agency leadership recognizes staff for good work.

This set of statements is about Staff Interaction.

31. My colleagues and I work well together to accomplish our agency's goals.
32. My colleagues are committed to doing quality work.
33. We focus on problem solving instead of fault finding.
34. We resolve conflict honestly, effectively, and quickly.

This set of statements is about Resources.

35. I have the support to do my job effectively.
36. I can get the information I need to do my job.
37. The technology, tools, and equipment are available and appropriate to do my job.
38. I have the necessary training for my role.
39. Our technology meets the community's needs when they interact with us (e.g., assistive technology, website, patient portal).

This set of statements is about Safety and Compliance.

40. The safety of workers is prioritized.
41. I feel safe at work.
42. I feel free to report safety concerns.
43. I understand what compliance means in my role (e.g., apply policy and procedures, ensure privacy and confidentiality, follow laws and regulations, documentation).
44. The agency's policy and procedures are clear and accessible.
45. I have experienced threatening behavior from our community as a member of the public health workforce.
46. I am aware the agency has policies and procedures in place to respond to threatening behavior from the community.

This set of statements is about Overall Satisfaction.

47. My job is enjoyable and challenging.
48. Staff are friendly and welcoming.
49. Our agency image is that of a high-quality organization.
50. I am able to balance work priorities with my personal life.
51. Overall, my workload is reasonable.
52. The agency has a healthy work environment.
53. I am proud to work for the agency.
54. I plan to be working at the agency a year from now.

Additional Statements

55. I know how my role impacts the mission of the agency.
56. I believe leadership will use this survey's feedback to make improvements.
57. The agency is moving in the right direction.

Section 3. Strengths, Challenges, and Opportunities for Improvement

58. What are the top strengths of the agency?
59. What are the top three challenges for the agency?
60. What can we do better to improve the delivery of programs and services for our community?

Section 4. Overall Rating as an Employer

61. As an overall rating, how many stars would you give the agency as an employer? Rate from 1 star (low) to 5 stars (high).

Section 5. Tell us more!

62. Is there anything else you would like to tell us about working at the agency?

Will County Health Department & Community Health Center

Attachment D
Agenda
Strategic Plan Retreat
October 10 and 11, 2024
Farm Bureau • Joliet, IL

October 10
8:30 to 4:30 p.m. (Day 1)
Lunch will be around noon

Item		Speaker
1. Breakfast	8:30	Everyone
2. Opening Remarks	9:00	Denise Bergin Assistant Executive Director
3. Introduction of Facilitator - Dr. Beverly Triana-Tremain	9:10	Cindy Jackson Director of Administrative Services
4. Our Roadmap	9:20	Bev
5. The Journey to Here - The Internal Team	9:45	
6. Mission, Vision, and Values	9:55	Armando Reyes, Director of Compliance
7. Guiding Principles	10:10	Elizabeth Bilotta Executive Director
8. Let's get to know each other!	10:25	Everyone
9. Data Presentations	10:45	
Existing Data		Caitlin Daly MAPP Coordinator
a. CHA/CHIP		
b. Customer Voice - Partners		
c. Customer Voice – Community		
d. Annual Reports		
Primary Data	11:15	Bev
a. Climate Survey		
b. Domains and Capabilities		
c. FQHC Governing Council		
d. Board of Health		
10. What is a Strategic Issue?	2:00	Bev
11. Floating to the Top and the Process Forward	2:15	Bev and Everyone
12. Closing Remarks	4:00	Elizabeth Bilotta

Will County
Health Department &
Community Health Center

Agenda
October 11, 2024
Strategic Plan Retreat
8:30 to 4:30 p.m.
Lunch will be around noon.

	Item		Speaker
1.	**Breakfast**	8:30	
2.	**Opening remarks**	9:00	Denise Bergin
3.	**Getting to know each more!**	9:10	Everyone
4.	**Discussion in pairs of What's Floating to the Top for Me?**	9:25	Everyone
5.	**A Thinking Challenge**	9:40	Bev
6.	**Nomination of up to 10 Strategic Issues**	10:30	Everyone
7.	**Review and tally nominations**	10:45	Bev and Internal Team
8.	**Nomination of top 3-5 Strategic Issues**	11:15	Everyone
9.	**Sign up for a Strategic Initiative Workgroup**	11:35	Everyone
10.	**Meeting of the Workgroups and selection of Workgroup Chairs and Recorders**	1:00	Strategic Initiative Workgroups
11.	**The Process Explained**	1:15	Bev
12.	**Writing the Strategic Plan**	2:00	Bev
13.	**Celebrate the Day!**	4:00	Everyone
14.	**Closing remarks**	4:20	Elizabeth Bilotta



Attachment E
Strategic Initiative Template for Core Team

1. Strategic Initiative
2. Background/Description
3. Core Function and Essential Service
4. Goal (1 per template)
5. Objectives
    - Objective 1
    - Objective 2
    - Objective 3
6. Interventions/Best Practices
7. Budget Considerations
8. Mission, Vision, Values Align with SI, Goals, and Objectives

9. Workplan			
Action Step Number	**Action Step Description**	**Due Date**	**Responsibility**
Objective 1			
Objective 2			
Objective 3			