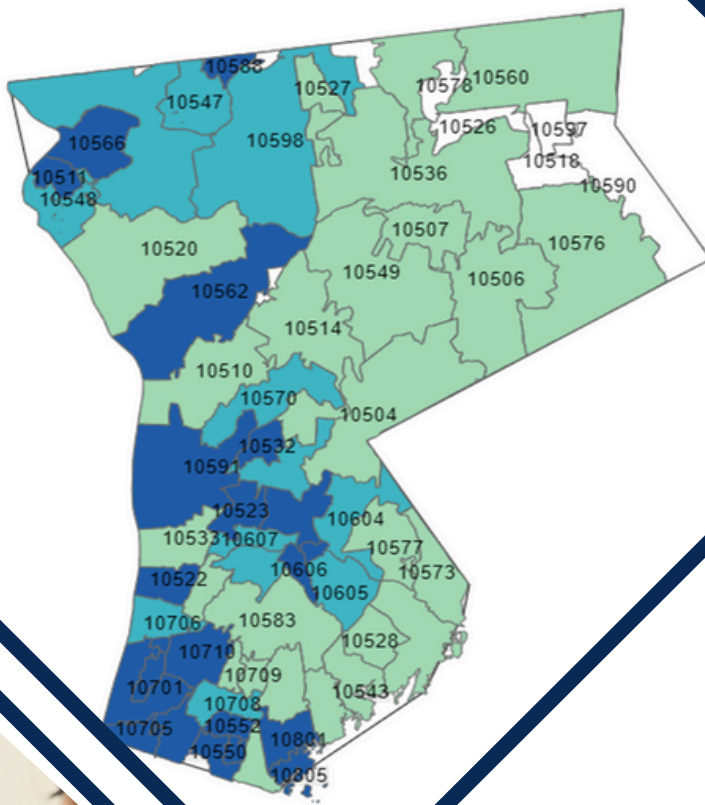
WESTCHESTER COUNTY

Westchester County Department of Health

STRATEGIC PLAN

Sept 2024 - Dec 2027



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2022-2024

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Figure 1

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Figure 2

THE STRATEGIC PLANNING PROCESS

The Westchester County Department of Health (WCDH) engaged in a comprehensive, collaborative strategic planning process aimed to enhance health equity, public health outcomes, cross-sector collaborations and collective impact, and employee satisfaction, recruitment and retention. The strategic plan was initiated by executive leadership and carried out by a subgroup of leadership and staff. This process incorporated a diverse array of perspectives and was informed by a combination of survey data findings, staff and community engagement, and insights gleaned from published public health best practices and multiple guiding frameworks (figure 1). The process led to a reassessment and revision of the department's vision and mission statements (page 7), and core values to ensure they remain relevant, impactful and aligned with the goals and objectives outlined in this plan, as well as the needs of our communities and the latest advancements in public health.

Data Collection & Analysis

The initial phase involved gathering a robust amount of quantitative and qualitative data from various reports and systems, as well as, surveys and polls conducted among residents, clients, community partner organizations and employees between 2022 and 2024. Additional feedback was garnered from the department's governing entities and ongoing semi-annual Community Conversations Health Summits (*figure 2*).

The analysis encompassed significant findings, as well as identifying and grouping keywords and concepts, which were consolidated into central themes, and subsequently five foundational pillars: **leadership, communication, capacity building, quality improvement** and **health equity**. These pillars represent cross-cutting, actionable fundamental areas where the department must apply

best practices, from guiding frameworks (*figure 1, page 3*), to achieve its mission and vision. The analysis also identified a list of values, which staff and community partners then ranked, resulting in the defining and adoption of six core values: **accountability, transparency, respect, equity, collaboration** and **excellence** (*figure 3, page 6*). These core values embody the beliefs and principles that will guide the department's culture and operational methods, and strongly influence communication and decision-making.

The Interrelationship of the Core Values & Overarching Pillars

The core values and foundational pillars together establish a framework for effective and sustainable implementation of the strategic plan and for driving organizational excellence. A commitment to the core values serve as the guiding principles for applying the foundational pillars in practice, while implementing the pillars through best practices supports adherence to these values. The core values and foundational pillars are synergistic components that must be upheld and implemented, intentionally and consistently, in order for us to achieve the lofty ambitions laid out in this plan. *See Strategic Overview on page 7 for additional details.*

Prioritization & Goal Setting

Deeper analysis and exploration of the quantitative and qualitative data, along with additional feedback we sought along the way, guided the development of goals, objectives and strategies. Several well-established and recognized frameworks and best practices were drawn upon to further enhance the goals, objectives and strategies developmental phase. **A total of nine goals, thirty-three objectives and one hundred twelve strategies** were developed to address the three strategic priorities.

Strategic Priorities

Examination of the goals, objectives and the related strategies led to the identification of three priority areas: **1) Build a cohesive and optimal environment for our public health workforce; 2) Advance public health partnerships, collaborations and innovations**; and **3) Design programs and services to meet community needs and expectations**. The strategic priorities focus on key groups: our public health workforce; the residents and clients we serve; and our community partner organizations and other allies.

The three strategic priorities are enhanced by the integration of the core values and foundational pillars. All together, they create a unified framework, ensuring that as the department works toward achieving objectives and goals for each of the strategic priorities, it stays aligned with its core values and evidence-based, best practices, positioning itself for lasting success and impact.

The strategic priorities, along with their associated goals and objectives, will guide the department's focus throughout the strategic plan cycle. They will provide a framework to align our actions, leverage opportunities that arise, allocate resources effectively and assess the department's performance.

STRATEGIC PLANNING

Our Process

THE IMPLEMENTATION & EVALUATION PROCESS

The strategic plan is a fluid document that outlines the strategies and actions necessary to achieve the goals laid out within, and are continuously reviewed and discussed at the executive, supervisory, division and program levels. WCDH recognizes that effective implementation and evaluation of the strategic plan requires continuous monitoring and adaptation, all focused on moving the needle toward our desired future state, or vision. The implementation and evaluation process will serve as a roadmap for establishing the necessary infrastructure and resources, and successfully integrating the strategic plan into the day-to-day work of the department.

Implementation & Evaluation Plans

The implementation of WCDH's strategic plan will occur in phases. The initial phase will focus on a subset of objectives and strategies selected as a result of being 1) time sensitive; 2) mandated activities; 3) top ranked by staff and community partners; and 4) fundamental in laying the groundwork or providing the infrastructure necessary to achieve other objectives in the plan. For instance, the Department of Health is preparing for a major move to a new location in 2025, merging five operational sites down to one. This major objective is a large undertaking that will require staff resources at fluctuating rates between now and the official move-in dates. Additionally, New York State has revised its Prevention Agenda to coincide with the start of the 2025-2030 cycle. The changes, along with the mandate of conducting the Community Health Assessment (CHA) and developing the Community Health Improvement Plan (CHIP) during 2025, will also require dedicated resources. A phased approach to implementation will make it easier to break the outlined goals and objectives into logical stages, whether to allow for scaffolding of objectives or meet specific timelines or mandates.

The evaluation plan entails an ongoing evaluation process designed to effectively measure and track progress, establish a consistent reporting schedule to share progress and implement mechanisms to gather feedback. The implementation and evaluation plan will support successful achievement of the strategic plan, and allow for the identification of quality improvement opportunities and real-time adjustments to address challenges, changing circumstances or leverage opportunities as they arise.

Infrastructure:
Action Plans & Teams

A key output in strategic planning is a set of action plans that list concrete objectives, strategies and action steps designed to achieve the goals. These action plans include a timeline, key performance indicators (KPIs), or measurable activities, to monitor progress, and the names of employees who will carry out each action and take responsibility for each initiative, along with who else will provide support or be involved. Leads appointed to each action team will serve as change agents and points of contact for monitoring and reporting progress on their team's assigned goal(s) and plans.

STRATEGIC PLANNING

Our Process

Key Performance Indicators (KPIs)

WCDH understands the basic principle of behavior and organizational change, *what gets measured gets done*. Each action plan will include KPIs, or measurable activities, that can be used to track progress, make informed decisions and drive meaningful change or impact. Measures selected may be for specific outputs or outcomes, or employees, programs, divisions, teams, or the department as a whole. Keeping a constant eye on the KPIs and reviewing them at routine meetings, and in between, will help to ensure we meet our targeted timelines and goals. (*See footnote below*)

Reporting

Regular meetings and reporting schedules are the infrastructure of the implementation process. Regularly scheduled meetings and report outs are essential to the successful implementation of the strategic plan. They provide an important mechanism to monitor progress, recognize achievements, resolve problems and take any needed corrective actions. A more thorough review will take place each quarter to assess progress and whether broader goals need to be revised or any tactics need to be changed.

Communication Plan

Effective methods for keeping staff and community partners informed about progress include the following:

- **Interactive Dashboard:** KPIs and milestones related to the strategic plan will be visually presented on a user-friendly dashboard. The dashboard will be updated regularly, allowing staff and leadership to see real-time progress, trends and insights, and areas needing attention.

- **Progress Reports & Town Hall Meetings:** WCDH will provide regular progress reports to staff on a quarterly basis, either through written communications or during in-person town hall meeting. Progress reports will be shared with WCDH's governing bodies.

- **Community Conversations Health Summits:** WCDH will continue to host its semi-annual health summits for community partners and allies. An update on progress and achievements related to the strategic plan will be provided during the event and highlighted in the summary report shared following the event.

Footnote:
Key Performance Indicators (KPIs) are measurable values or metrics that organizations use to track and assess the effectiveness of their activities, programs and progress toward strategic goals. KPIs provide clear targets or milestones that help evaluate performance, enable data-driven decision-making, support timely adjustments, and highlight opportunities for improvement or enhancement. KPIs are generally quantifiable and aligned with overall objectives, helping to ensure organizations stay focused on what matters most.

STRATEGIC OVERVIEW

VISION

HEALTHY, THRIVING AND EMPOWERED COMMUNITIES

MISSION

TO PROTECT HEALTH, PREVENT DISEASE AND PROMOTE WELL-BEING IN ALL WESTCHESTER COMMUNITIES, WITH A FOCUS ON HEALTH EQUITY

CORE VALUES

Core values embody the beliefs and principles that guide the department's culture and operational methods, and strongly influence communication and decision-making.

ACCOUNTABILITY ● COLLABORATION ● EQUITY ● EXCELLENCE ● RESPECT ● TRANSPARENCY

FOUNDATIONAL PILLARS

The pillars represent cross-cutting, actionable fundamental areas where the department must apply best practices to achieve its mission and vision. Along with the core values, the pillars establish a framework for effective and sustainable implementation, driving organizational excellence.

- LEADERSHIP
- COMMUNICATION
- CAPACITY BUILDING
- CONTINUOUS QUALITY IMPROVEMENT
- HEALTH EQUITY

STRATEGIC PRIORITIES

The strategic priorities represent the critical, high-level initiatives that will steer the department's focus and efforts throughout the current strategic plan cycle by offering an additional lens for aligning our actions, evaluating opportunities, allocating resources and determining key performance metrics.

- BUILD A COHESIVE AND OPTIMAL WORK ENVIRONMENT FOR OUR PUBLIC HEALTH WORKFORCE
- ADVANCE PUBLIC HEALTH PARTNERSHIPS, COLLABORATIONS AND INNOVATIONS
- DESIGN PROGRAMS & SERVICES TO MEET COMMUNITY NEEDS AND EXPECTATIONS

CORE VALUES

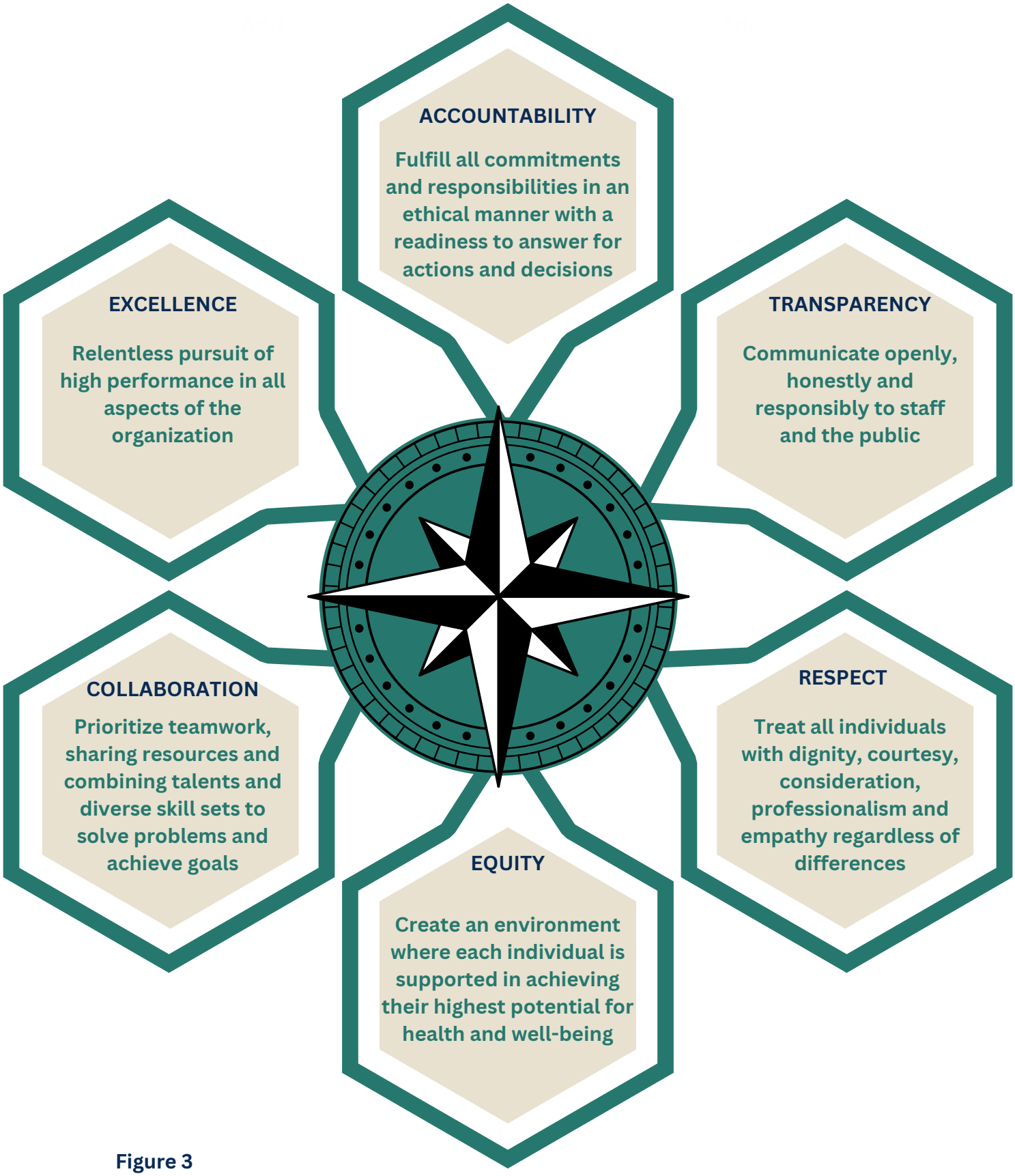


Figure 3

STRATEGIC PRIORITIES

At a glance

PRIORITY ONE

BUILD A COHESIVE AND OPTIMAL ENVIRONMENT FOR OUR PUBLIC HEALTH WORKFORCE

Goals:

Foster a supportive, inclusive and collaborative work environment

Ensure a skilled and knowledgeable workforce

Enhance internal communications

Establish and maintain high performance and internal operational standards

pages 10-14

PRIORITY TWO

ADVANCE PUBLIC HEALTH PARTNERSHIPS, COLLABORATIONS AND INNOVATIONS

Goals:

Build a collective sense of purpose and shared vision

Serve as a leader & key health strategist for the County

pages 15-17

PRIORITY THREE

DESIGN PROGRAMS & SERVICES TO MEET COMMUNITY NEEDS AND EXPECTATIONS

Goals:

Develop a comprehensive & compassionate approach to service delivery

Increase access to Health Department clinical and other services

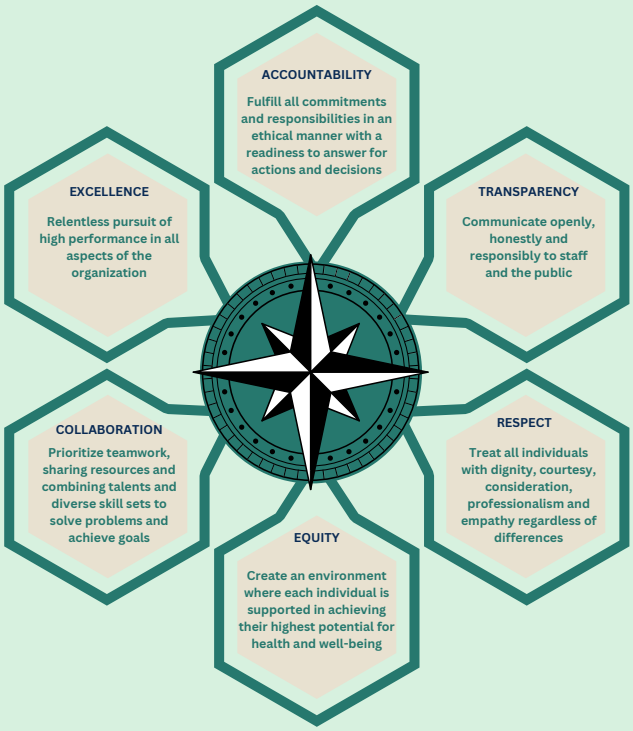
Implement interventions that address health equity & the whole person

pages 18-21

PRIORITY 1

GOALS & OBJECTIVES

BUILD A COHESIVE AND OPTIMAL ENVIRONMENT FOR OUR PUBLIC HEALTH WORKFORCE



PRIORITY 1
BUILD A COHESIVE & OPTIMAL ENVIRONMENT FOR OUR PUBLIC HEALTH WORKFORCE

GOAL 1

Foster a supportive, inclusive and collaborative work environment

A supportive, inclusive and collaborative workplace culture is essential for a successful, productive, and engaged workforce.

OBJECTIVES

1.1.1
Create a safe and engaging space for all staff to enhance connection, cohesion and collaboration.

1.1.2
Apply the principles of Trauma-Informed Care (TIC) and Diversity, Equity, Inclusion and Belonging (DEIB) to all department policies and operations.

1.1.3
Prioritize staff well-being and work-life balance.

1.1.4
Develop and implement a formal staff recognition plan to acknowledge employee efforts and achievements.

1.1.5
Increase staff voice, choice and shared decision making.

PRIORITY 1
BUILD A COHESIVE & OPTIMAL ENVIRONMENT FOR OUR PUBLIC HEALTH WORKFORCE

GOAL 2

Ensure a skilled and knowledgeable workforce

An adequate and well-trained public health workforce is fundamental to achieving organizational goals and improving the health outcomes of populations.

OBJECTIVES

1.2.1
Create a comprehensive workforce knowledge and skills development plan.

1.2.2
Attract, retain, promote and honor diverse talent and skilled people.

1.2.3
Enhance onboarding and knowledge sharing with new staff members.

1.2.4
Update and implement personnel performance review process with staff input.

1.2.5
Prioritize planning for organizational knowledge management to ensure continuity of services during staff transitions.

PRIORITY 1
BUILD A COHESIVE & OPTIMAL ENVIRONMENT FOR OUR PUBLIC HEALTH WORKFORCE

GOAL 3

Enhance internal communications

Effective communication ensures employees have the information they need to perform well, builds and maintains relationships across an organization, reduces inefficiencies and conflicts, and supports safety, trust and transparency.

OBJECTIVES

1.3.1
Create and implement a comprehensive internal communications plan.

1.3.2
Maintain updated and accessible detailed organizational information.

1.3.3
Empower leadership and supervisors to delegate program-level tasks and decision-making to staff.

PRIORITY 1
BUILD A COHESIVE & OPTIMAL ENVIRONMENT FOR OUR PUBLIC HEALTH WORKFORCE
GOAL 4

Establish & maintain internal operational standards and high performance

The integration of continual performance evaluation and improvement approaches into existing programs and new initiatives will lead to successful process changes and population health improvements.

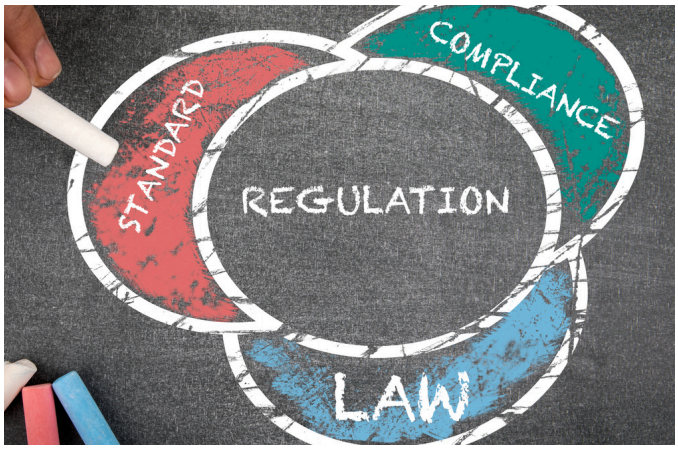
OBJECTIVES

1.4.1
Optimize program efficiency and effectiveness.

1.4.2
Make data readily available and easily used by leadership and staff to track progress, inform decisions and improve program outcomes.

1.4.3
Engage staff at all levels in continuous quality improvement.

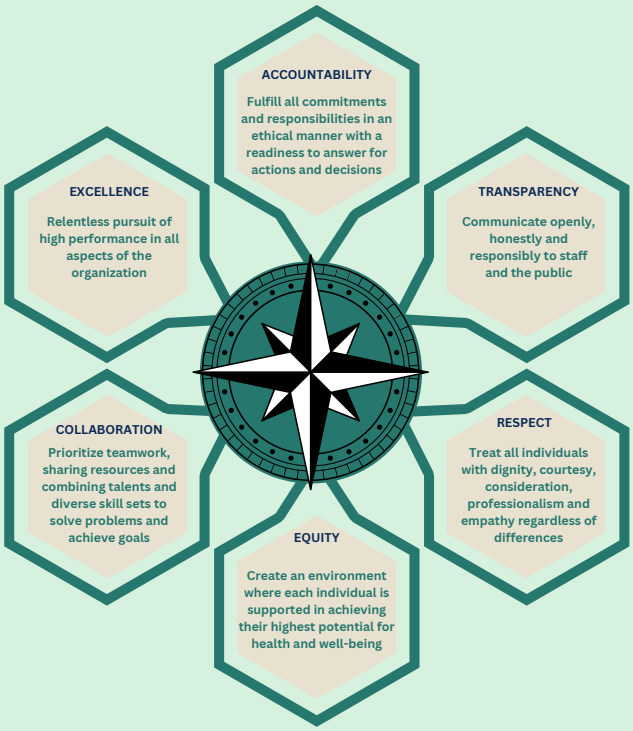
1.4.4
Achieve PHAB Accreditation status.



PRIORITY 2

GOALS & OBJECTIVES

ADVANCE PUBLIC HEALTH PARTNERSHIPS, COLLABORATIONS AND INNOVATIONS



PRIORITY 2
ADVANCE PUBLIC HEALTH PARTNERSHIPS, COLLABORATIONS AND INNOVATIONS

GOAL 1

Build a collective sense of purpose and shared vision

A collective sense of purpose and shared vision will enhance collaboration, resource sharing, innovative solutions and initiatives and unified approaches to improve health outcomes.

OBJECTIVES

2.1.1
Develop a comprehensive community engagement and communication plan.

2.1.2
Drive new programs, partnerships and events through collaborative efforts across sectors and county departments.

2.1.3
Use data storytelling to improve understanding and engagement with the public and partners.

2.1.4
Convene and lead cross-sector forums to yield greater impact and improved public health.

Footnote:
Data storytelling is a process for presenting complex data in a way that is easily understood by non-technical audiences. It uses easy to understand visuals and compelling narratives to highlight key insights, build a shared understanding, inform decision making, and drive action toward meaningful outcomes.

PRIORITY 2
ADVANCE PUBLIC HEALTH PARTNERSHIPS, COLLABORATIONS AND INNOVATIONS

GOAL 2

Serve as a leader and key health strategist for the County

Key health strategists build structured, cross-sector partnerships that promote shared resources, services, governance and collective action, innovative funding models and sources, and timely and actionable data.

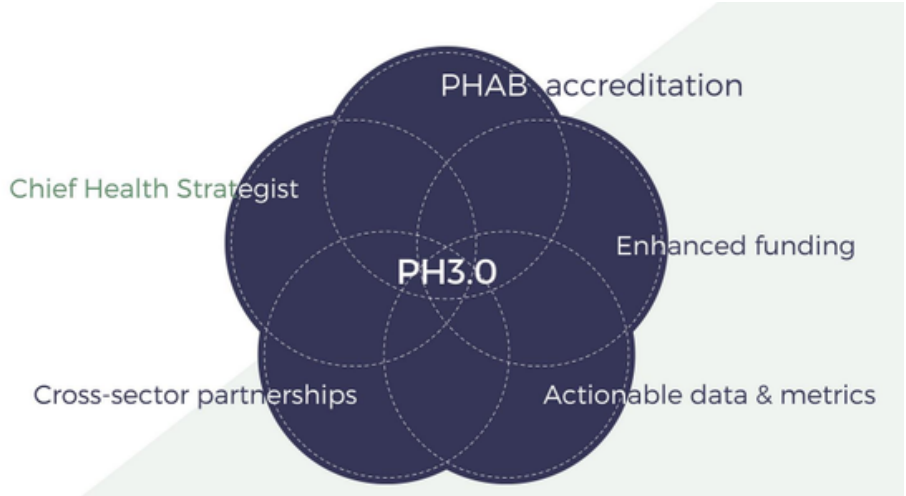
OBJECTIVES

2.2.1
Develop, advocate, inform and evaluate policies and legislation that impact public health, advances health equity and addresses social determinants of health.

2.2.2
Increase funding streams and revenue.

2.2.3
Collaboratively develop upcoming Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

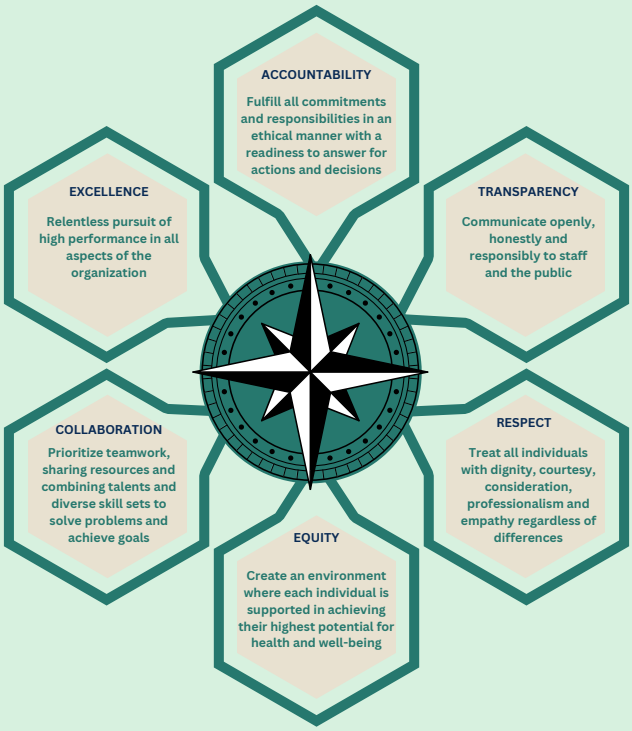
2.2.4
Create a public-facing data resource hub of relevant data sources.



PRIORITY 3

GOALS & OBJECTIVES

DESIGN PROGRAMS & SERVICES TO MEET COMMUNITY NEEDS AND EXPECTATIONS



PRIORITY 3
DESIGN PROGRAMS AND SERVICES TO MEET COMMUNITY NEEDS AND EXPECTATIONS

GOAL 1

Develop a comprehensive and compassionate approach to service delivery

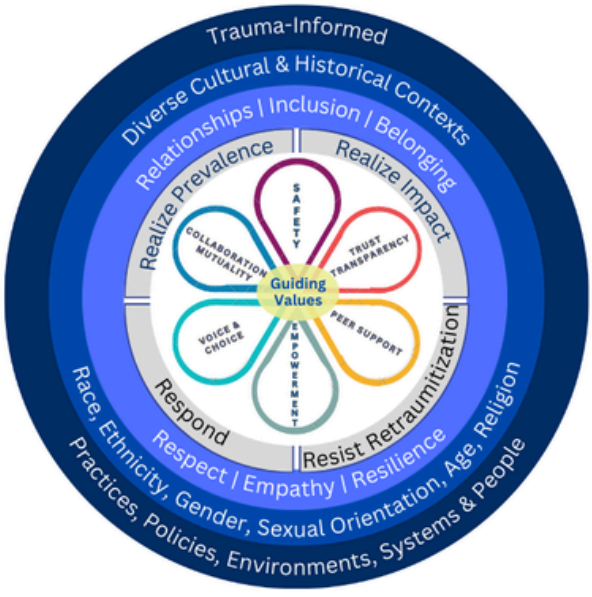
Comprehensive and compassionate care is a cornerstone of quality services that incorporates a positive environment and respectful interactions and relationships among public health professionals, patients, and families.

OBJECTIVES

3.1.1
Implement the principles of trauma-informed care and diversity, equity, inclusion and belonging across all public health services.

3.1.2
Improve the client experience.

3.1.3
Establish a robust local resource and referral system to ensure timely and seamless continuum of care.



The Intersection of Trauma-Informed Care & Diversity, Equity, Inclusion and Belonging

PRIORITY 3
DESIGN PROGRAMS AND SERVICES TO MEET COMMUNITY NEEDS AND EXPECTATIONS

GOAL 2

Increase access to Health Department clinical and other services

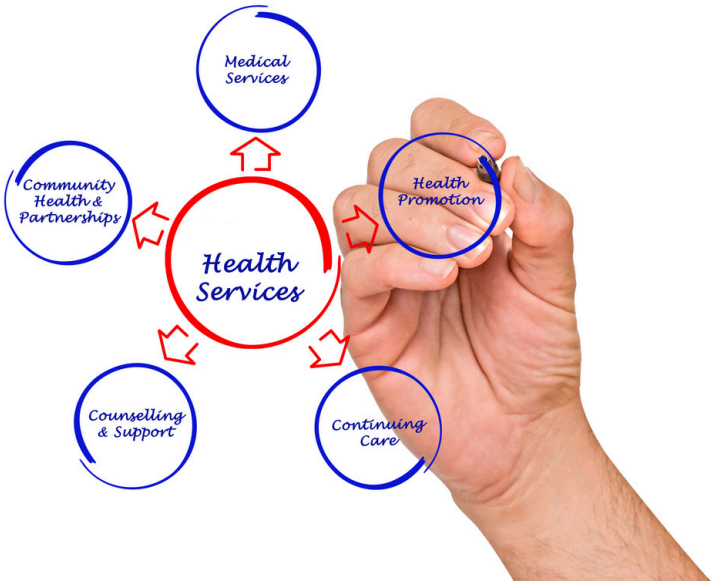
Increasing access to clinical and other services will reduce barriers to timely care and support an integrative and comprehensive approach to care.

OBJECTIVES

3.2.1
Increase the Health Department's visibility, touchpoints and outreach with an emphasis on populations and communities disproportionately affected by health disparities.

3.2.2
Provide services that extend care outside the clinic setting.

3.2.3
Collect and use data to identify specific community needs, gaps and insufficiencies in health and wraparound services.



PRIORITY 3
DESIGN PROGRAMS AND SERVICES TO MEET COMMUNITY NEEDS AND EXPECTATIONS

GOAL 3

Implement interventions that address health equity and the whole person

Whole-person care is a holistic lens that considers the many variables that could impact a person's health. Providing the best care requires addressing a person's social needs and the broader social and structural environment.

OBJECTIVES

3.3.1

Align actions including partnerships, policies, programs and investments to reinforce an expanded understanding of health.

3.2.2

Lead systems-level change efforts.

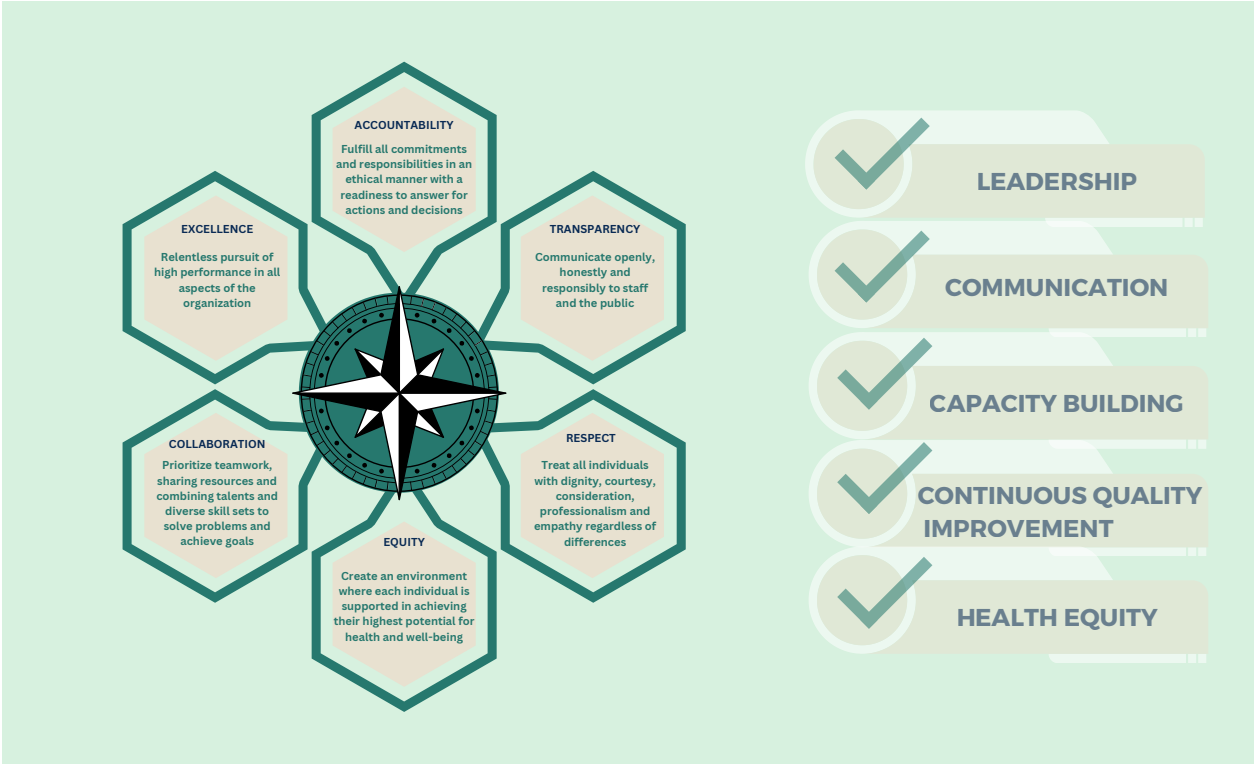
Footnote:
Systems thinking is an approach that views systems with a holistic lens, focusing on how components of systems are interconnected and influence one another. **Systems-level change** consists of broad, transformative adjustments within an entire system rather than targeting individual components or isolated problems. Systems-level change focuses on altering structures, processes, policies and relationships that influence the overall system's effectiveness and sustainability.

PHASE ONE

FOCAL AREAS SUMMARY

Phase one of the strategic plan implementation process will focus on a subset of objectives and strategies selected as a result of being:

- Time sensitive
- Mandated activities
- Top ranked by staff and community partners
- Fundamental in laying the groundwork or establishing needed infrastructure



PHASE ONE: STRATEGIES

At a glance: Priority One

GOAL 1: Foster a supportive, inclusive and collaborative work environment
Consolidate five work sites into one well-designed, functional space.
Reassess clinic and WIC spaces to determine opportunities for enhancements to support staff, client and program needs.
Comprehensively define, measure and report on progress towards TIC and DEIB goals.
Ensure implementation of best practices including ongoing training programs, decision making processes, and the composition of committees and workgroups.
Formalize a process for determining and prioritizing staffing needs.
Evaluate adequacy of staffing levels and assess equity in workload distributions.
Utilize staff-led workgroups to lead initiatives and projects, problem-solve and act as advisors to senior leadership.
Conduct staff surveys and town hall meetings, at a minimum of annually, to foster bidirectional communication.
Develop and implement a policy and process that ensures all levels of staff take part in department and division policy and procedure development and reviews.

GOAL 2: Ensure a skilled and knowledgeable workforce
Assess and identify staff training interests and needs using a validated tool.
Create functional job descriptions for each staff member and title.
Educate and support staff around civil service structure.

PHASE ONE: STRATEGIES

At a glance: Priority One

GOAL 3: Enhance internal communications
Develop written communication, promotion, and media procedures and guidelines.
Identify and procure an internal department-wide communications platform.
Establish a set of standards and protocols for internal meetings.
Deliver written progress and status reports to all staff at established time intervals.
Update and publish clear, detailed organizational charts for Department and divisions.
Maintain and publish an updated list of teams and staff workgroups and their members.
Make all policies and standard operating procedures (SOPs) accessible to staff by utilizing policy management software.
Schedule dedicated time for leadership planning, strategy implementation and monitoring progress.

GOAL 4: Establish & maintain internal operational standards and high performance
Establish (or review/update) written standard operating protocols and procedures for all programs.
Develop and utilize department-level performance metrics or key performance indicators (KPIs).
Develop and utilize division-level performance metrics or KPIs.
Develop and utilize program-level performance metrics or KPIs.
Determine client satisfaction process and measurements or KPIs.
Develop visual presentations or dashboards for program monitoring.
Complete internal “unofficial” readiness assessment and pathway to accreditation.
Complete PHAB’s required trainings and submit the official PHAB’s Readiness Assessment.

PHASE ONE: STRATEGIES

At a glance: Priority Two

GOAL 1: Build a collective sense of purpose and shared vision
Support and enhance linguistic diversity in public health promotion and education activities.
Develop and maintain an updated Coalition Directory for Westchester County.
Establish outreach goals, channels and high impact opportunities.
Host semi-annual Community Conversations/Health Summit events with partners.
Deliver educational information specific to medical providers on emerging health concerns and the current recommendations.

GOAL 2: Serve as a leader and key health strategist for the County
Convene partners to review and update previous CHA to include identified data gaps.
Ensure CHA and CHIP meet PHAB requirements.
Develop criteria for the inclusion of partner data and reports (data hub).

PHASE ONE: STRATEGIES

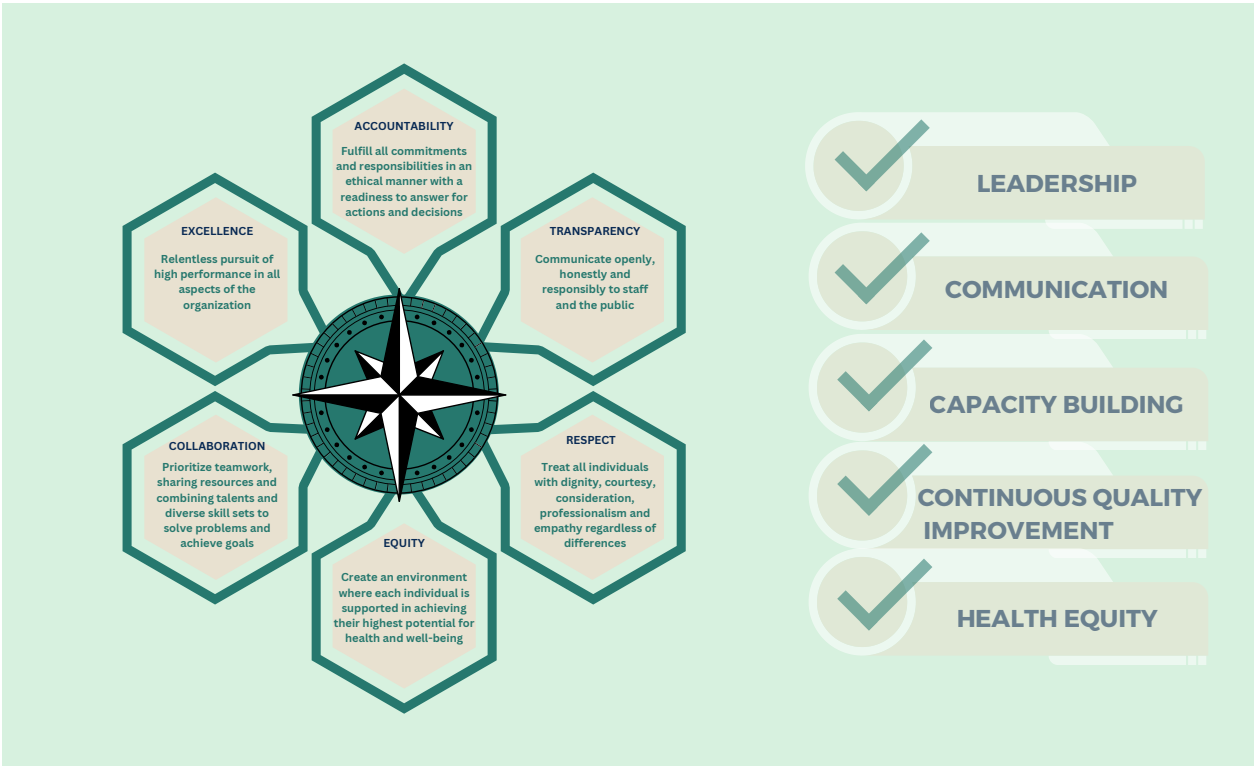
At a glance: Priority Three

GOAL 1: Develop a comprehensive & compassionate approach to service delivery
Develop a department-wide DEIB declaration or policy.
Make cultural humility a standard training for all staff.
Increase accessibility and understanding of programs and services through expanded translations and language services.
Compile a list of WCDH staff members with Spanish speaking titles and second language skills for translating materials and outreach during emergency and expedited situations.
Ensure program materials and communications are linguistically and culturally appropriate for the target audience.

GOAL 2: Increase access to Health Department clinical and other services
Establish knowledge standards, roles and responsibilities for all staff conducting outreach.
Utilize high impact strategies to build trust in communities and community members to counteract misinformation, disinformation and distrust.
Conduct focus groups and interviews in community settings.
Evaluate the need for the expansion of WCDH services, including preventive and chronic disease.

GOAL 3: Serve as a leader and key health strategist for the County
Ensure the policies, programs and investments of the department reflect the understanding of and current status of health, the structural determinants of health and health inequities.

APPENDICES


ACCOUNTABILITY
Fulfill all commitments and responsibilities in an ethical manner with a readiness to answer for actions and decisions
TRANSPARENCY
Communicate openly, honestly and responsibly to staff and the public
RESPECT
Treat all individuals with dignity, courtesy, consideration, professionalism and empathy regardless of differences
EQUITY
Create an environment where each individual is supported in achieving their highest potential for health and well-being
COLLABORATION
Prioritize teamwork, sharing resources and combining talents and diverse skill sets to solve problems and achieve goals
EXCELLENCE
Relentless pursuit of high performance in all aspects of the organization
LEADERSHIP
COMMUNICATION
CAPACITY BUILDING
CONTINUOUS QUALITY IMPROVEMENT
HEALTH EQUITY

GLOSSARY

Acronyms

- **CHA**: Community Health Assessment
- **CHIP**: Community Health Improvement Plan
- **DEIB**: Diversity, Equity, Inclusion and Belonging
- **KPI**: Key Performance Indicator
- **PM**: Performance Management
- **PHAB**: Public Health Advisory Board
- **QI**: Quality Improvement
- **SDOH**: Social Determinants of Health
- **SOP**: Standard Operating Procedure
- **TIC**: Trauma-Informed Care
- **WCDH**: Westchester County Department of Health

Terms

Capacity: consists of the resources and relationships necessary to carry out the core functions and essential services of public health; these include human resources, information resources, fiscal and physical resources, and appropriate relationships among the system components.

Capacity-building: the process of developing and maintaining essential competencies, resources, systems and infrastructure needed to strengthen organizational structures and operations. This, in turn, enables the department to collect and analyze data to inform the effective planning, implementation and evaluation of programs, initiatives and outcomes.

Coalition: a group of people and organizations working to influence outcomes on a specific problem. They often involve multiple sectors of the community that come together to address community needs and solve community problems.

Collaboration: a mutually beneficial and well-defined relationship entered into by two or more people or organizations to achieve common goals. The relationship includes a commitment to mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards.

Community Assets: contributions made by individuals, citizen associations, and local institutions that individually and/or collectively build the community's capacity to assure the health, well-being, and quality of life for the community and all of its members.

Community Engagement: the process of working collaboratively with and through groups of people to improve the health of the community and its members. Community Engagement often involves partnerships and coalitions that help mobilize resources and influence systems, improve relationships among partners, and serve as catalysts for changing policies, programs, and practices.

Community Health Assessment (CHA): the systematic collection and analysis of data that results in a comprehensive picture of a community's current health status, factors contributing to higher health risks or poorer health outcomes, and community resources available to improve health. --Also known as **Community Health Needs Assessment (CHNA)**

GLOSSARY

Community Health Improvement Plan (CHIP): community health improvement is not limited to issues clarified within traditional public health or health services categories, but may include environmental, business, economic, housing, land use, and other community issues indirectly affecting the public's health. The CHIP is a systematic and collaborative effort to address public health issues based on the results of the CHA, along with direction from the NY State Prevention Agenda. The CHIP creates a fluid framework for measuring the impact of collective action towards community population health, allowing local health departments and community partners to address top health-related concerns.

Data Storytelling: a process for presenting complex data in a way that is easily understood by non-technical audiences. It uses easy to understand visuals and compelling narratives to highlight key insights, build a shared understanding, inform decision making, and drive action toward meaningful outcomes.

Diversity, Equity, Inclusion & Belonging (DEIB): highlights efforts for identifying and addressing structural inequities. Organizations that embrace DEIB principles work to foster cultures that minimize bias and recognize and address systemic practices that create disadvantage for certain individuals or groups.

Evidenced-based Practice: involves systematically reviewing and integrating the most current, relevant and best scientific evidence available to guide planning and decision-making. It aims to ensure that protocols, practices and programs are grounded in scientifically supported methods rather than tradition, intuition or opinion, thereby enhancing effectiveness and promoting more informed consistent and accountable actions.

Health equity: achieved when everyone has a fair and just opportunity to be healthy, where no one is limited in achieving optimal health regardless of who they are or where they live.

Key Performance Indicator (KPI): measurable values or metrics that organizations use to track and assess the effectiveness of their activities, programs and progress toward strategic goals. KPIs provide clear targets or milestones that help evaluate performance, enable data-driven decision-making, support timely adjustments, and highlight opportunities for improvement or enhancement. KPIs are generally quantifiable and aligned with overall objectives, helping to ensure organizations stay focused on what matters most.

Performance Management (PM): a systematic process which helps an organization achieve its mission and strategic goals by improving effectiveness, empowering employees, and streamlining decision making. In practice, performance management often means actively and continually using data to measure and improve performance, including the strategic use of performance indicators, progress reports, and ongoing quality improvement efforts to ensure an agency achieves desired results (PM is not to be confused with employee performance evaluations.)

Promising practice: a practice with at least preliminary evidence of effectiveness in small- scale interventions or for which there is potential for generating data that will be useful for making decisions about taking the intervention to scale and generalizing the results to diverse populations and settings.

GLOSSARY

PHAB Accreditation: the evaluation and recognition of health departments in the United States for meeting specific public health standards and demonstrating the capacity for and commitment to improving the quality of public health services. The process involves a rigorous evaluation of a health department's operations and activities related to community health assessment, health equity, governance, quality improvement, and performance management. Achieving PHAB accreditation signifies that a health department is systematically and effectively managing resources and services to promote and protect public health, deliver quality programs, and enhance community health outcomes.

Quality Improvement (QI): refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes.

Social Determinants of Health: the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

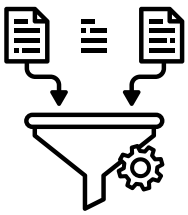
Systems-Level Change: fundamental shifts in structures, processes, policies and relationships that shape how a system operates. Rather than addressing individual symptoms of a problem, it focuses on transforming the root causes that sustain inefficiencies, inequities or dysfunction within an organization, sector or society.

Systems Thinking: an approach that views systems with a holistic lens, focusing on how components of systems are interconnected and influence one another.

Trauma-Informed Care (TIC): an approach that recognizes the widespread impact of trauma on individuals and seeks to create environments that emphasize safety, trustworthiness and empowerment and allow people to feel safe, respected and understood. TIC involves understanding, recognizing and responding to the effects of all types of trauma, and integrating this knowledge and the key principles of TIC into policies, procedures and practices. (Key principles include: Safety; Trustworthiness and Transparency; Peer Support; Collaboration , Mutuality and Empowerment; and Cultural, Historical and Gender Sensitivity.)

** For a comprehensive list of acronyms and glossary terms, please refer to PHAB's official glossary or the most current version of their publication. Currently found here or visit: https://phaboard.org/wp-content/uploads/2019/01/Acronyms-and-Glossary-of-Terms.pdf.

Data Sources



Community Health Assessment

A comprehensive evaluation of the community's health needs, covering demographics, social determinants socioeconomic characteristics, disease prevalence, preventive care, resource utilization, behavioral factors, environmental data and health disparities. This assessment provides a foundational understanding of the community's health challenges and opportunities.

Community Conversations

Semi-annual engagement sessions with local partner organizations that work directly with residents. These conversations foster the sharing of data and resources, and qualitative insights into community needs, barriers to health, with the goal of yielding culturally relevant, evidence-based solutions to improve health and address disparities.

Client Feedback & Screenings

Data collected from individuals accessing county health department services, including satisfaction surveys and health screenings, identifies areas for improvement and gaps in services and resources.

Long COVID Assessment

An in-depth review of the prevalence and impacts of long COVID within communities with high minority populations. It explored diagnosis, treatment, and recovery challenges, as well as its impact on quality of life and economic status to help inform targeted interventions.

Insights on:

- Access to Care
- Health Disparities
- Social Determinants
- Intervention Outcomes
- Data Gaps
- QI Opportunities
- Resource Utilization
- Health-related Policy Impacts
- Health Trends
- Key Priority Areas
- Upstream Opportunities
- Service Gaps
- Impact of Systems

Community Partner Polls & Surveys

Input gathered from key collaborators, including nonprofit organizations, local government agencies, academic institutions, healthcare organizations and providers, coalitions, advocacy groups and others to ensure diverse experiences and perspectives shape interventions and activities, and identify priorities, gaps, and shared goals for improving health outcomes.

Hospital & FQHC Data & Input

Utilization of hospital and federally qualified health center (FQHC) data and reports, utilization trends, and unmet needs offer critical insights into acute and chronic health conditions, as well as the social determinants affecting access to care.

NY State Health Data

Health indicators and benchmarks provided by state-level databases and reports allow for comparisons to state averages, identification of regional and county trends, and alignment with broader public health goals and policies.

Transportation & Food Access Survey

The Westchester County Transportation and Food Access Survey assessed challenges to food access related to a variety of socioeconomic conditions, food store types, and transportation modes, with the aim to identify effective strategies to increase resident access to affordable, high-quality food in order to decrease food insecurity and improve health outcomes, and quality of life.

GUIDING FRAMEWORKS

NY State Prevention Agenda

Click HERE

The Prevention Agenda is a strategic tool to enhance state and local efforts in improving health, well-being, and equity across New York State. It sets data-driven objectives to address the challenges identified in the State Health Assessment, and calls for cross-sector partnerships and alignment on measurable goals.

Health in All Policies

Click HERE

A framework and collaborative approach to improve health outcomes by integrating health considerations into policymaking across all sectors of government. It ensures decisions made in areas like housing, transportation, education, and the environment also consider their potential impact on population health and equity.

NACCHO Equitable Workplaces

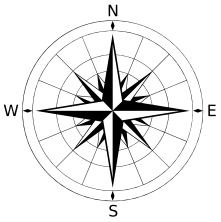
Click HERE

A robust toolkit to address the pressing topics of diversity, equity, and inclusion in local health departments. An equitable workplace is one that is inclusive, supports the wellbeing and morale of staff, and is able to both attract and retain a diverse, talented, and motivated workforce.

Public Health 3.0

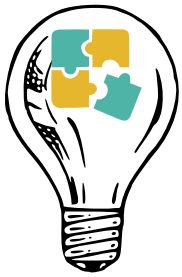
Click HERE

A modern approach to public health practice that emphasizes moving upstream and focusing on the social determinants of health. Thus, requiring cross-sectoral collaboration with diverse partners to address the root causes of health inequities.



Calls to Action

- Cross-Sector Collaboration
- Health Equity & SDOH
- Social Justice
- Evidence-Based Approaches
- Data-Driven Decisions
- Accountability
- Community Engagement
- Capacity-Building
- Workforce Development
- Empowerment & Resilience
- Upstream Interventions
- Trauma-Responsive
- Supportive Systems



PHAB Standards & Measures (2022)

Click HERE

Establishes the national standards, or the minimum requirements health departments must achieve to receive accreditation status. The standards and measures focus on eight public health infrastructure foundational capabilities and five public health programs, and the 10 essential public health services.

2021 Core Competencies for PH Workers

Click HERE

The Core Competencies reflect foundational or crosscutting knowledge and skills for professionals in public health. The competencies within the 8 domains represent skill areas across the three tiers of responsibilities: Front Line and Program Support; Program Management; and Senior Management and Executive Leadership.

Healthy People 2030

Click HERE

Healthy People 2030 is a public health initiative focused on improving health and well-being for all people through strong public health infrastructure and high performing health departments, the use of evidence-based practices and policies, PH workforce training, robust data systems, and collaborative efforts.

SAMSHA's Trauma-Responsive Approach

Click HERE

Trauma-responsive systems and organizations create safer environments and optimal health outcomes for their staff and individuals they serve. A comprehensive approach requires the intentional incorporation of trauma-informed principles and practices into an organization's structures, service delivery, and culture.

GUIDING FRAMEWORKS

GUIDELINES

Prevention Agenda Foundations
- Health Equity
- Prevention across the lifespan
- Health in All Policies
- Local collaboration building

Address SDOH

NY State Prevention Agenda

HiAP Emphasizes:
- Need to collaborate across sectors to achieve common health goals
- Innovative processes to ensure that policy decisions have neutral or beneficial impacts on SDOH

Health in All Policies

Equitable Workplaces (WP) Focal Areas:
- Assessing workplace equity
- Action Plan to support WP equity
- Leadership for equitable WP
- PD, Training & Engagement
- Policies to support equitable WP

NACCHO Equitable Workplaces

Public Health 3.0
- LHD as a key health strategist
- Convene structured, cross-sector partnerships
- Timely, reliable, granular-level and actionable data
- PHAB Accreditation

Public Health 3.0

Calls to Action

- Cross-Sector Collaboration
- Health Equity & SDOH
- Social Justice
- Evidence-Based Approaches
- Data-Driven Decisions
- Accountability
- Community Engagement
- Capacity-Building
- Upstream Interventions
- Empowerment & Resilience
- Workforce Development
- Trauma-Responsive
- Supportive Systems

PHAB Standards & Measures (2022)

GUIDELINES

PHAB Assesses LHDs practices & performance:
- 20 National Standards
- 10 Essential Public Health Services
- 34 Foundational capabilities
- 23 Equity-focused measures
- 30 Core function measures

2021 Core Competencies for PH Workers

Core Competencies-Eight Domains:
- Data Analytics & Assessment Skills
- Policy Development
- Program Planning Skills
- Communication Skills
- Health Equity Skills
- Public Health Sciences Skills
- Management and Finance Skills
- Leadership and Systems Thinking Skills

Healthy People 2030

Healthy People 2030 Calls to Action:
- Eliminating health disparities
- Achieving health equity
- Improving health literacy
- Addressing SDOH
- Promoting health through laws and policies

SAMSHA's Trauma-Responsive Approach

Trauma- responsive Implementation Areas:
- Governance and Leadership
- Financing & Policy
- Physical Environment
- Training and Workforce Development
- Treatment Services
- Engagement and Involvement
- Cross Sector Collaboration
- Progress Monitoring & Quality Assurance

FOUNDATIONAL PUBLIC HEALTH SERVICES

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

Health departments serve their communities 24/7 and require access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, partnerships with community, and expert staff to leverage them in support of public health protections. **The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of Foundational Capabilities and Foundational Areas that must be available in every community.**

Foundational Areas

The Foundational Areas, are basic public health, topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the crosscutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes.

Assessment & Surveillance	Community Partnership Development	Equity	Organizational Competencies
Policy Development & Support	Accountability & Performance Management	Emergency Preparedness & Response	Communications

For more information: https://phaboard.org/wp-content/uploads/FPHS-Factsheet-2022.pdf

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.

ESSENTIAL PUBLIC HEALTH SERVICE #1
Assess and monitor population health status, factors that influence health, and community needs and assets

ESSENTIAL PUBLIC HEALTH SERVICE #2
Investigate, diagnose, and address health problems and hazards affecting the population

ESSENTIAL PUBLIC HEALTH SERVICE #3
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

ESSENTIAL PUBLIC HEALTH SERVICE #4
Strengthen, support, and mobilize communities and partnerships to improve health

ESSENTIAL PUBLIC HEALTH SERVICE #5
Create, champion, and implement policies, plans, and laws that impact health

ESSENTIAL PUBLIC HEALTH SERVICE #6
Utilize legal and regulatory actions designed to improve and protect the public's health

ESSENTIAL PUBLIC HEALTH SERVICE #7
Assure an effective system that enables equitable access to the individual services and care needed to be healthy

ESSENTIAL PUBLIC HEALTH SERVICE #8
Build and support a diverse and skilled public health workforce

ESSENTIAL PUBLIC HEALTH SERVICE #9
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

ESSENTIAL PUBLIC HEALTH SERVICE #10
Build and maintain a strong organizational infrastructure for public health

Created 2020

COMMUNITY STRENGTHS, CHALLENGES & OPPORTUNITIES

During our Fall 2023 Community Conversations Health Summit, WCDH facilitated a breakout session focused on having rich discussions on the unique strengths, challenges and opportunities here in Westchester County that can be explored to improve access to primary care in different populations, including Hispanics, women, infants and children and for persons with chronic diseases. The following guiding questions were used to help identify the top three strengths, challenges and opportunities within the county.

Guiding Questions: STRENGTHS

- What do we do best?
- What unique knowledge, infrastructure, or resources do we have?
- What advantages do we have?
- What do the community and people we serve say we do well?
- What key resources do we have available?
- What is our greatest achievement?

Top 3 Strengths

Maternal Child Health

- Existing coalitions, collaborations & partnerships
- County is relatively rich in resources
- Access to navigation services

Hispanic/Latino Health

- Many mission-driven organizations with common goals
- County is relatively rich in resources
- Strong Collaborations

Chronic Disease Mngt

- Large number of non-profits and diverse services
- Information, education and data sources
- Visibility and accessibility to policy makers

Guiding Questions: CHALLENGES

- What could we improve?
- What knowledge, infrastructure resources are we lacking?
- What disadvantages do we have?
- What do the community and people we serve say we don't do well?
- In what areas do we need more training?
- Are there any standards, policies, legislation and/or emerging situations that might negatively impact us?

Top 3 Challenges

Maternal Child Health

- Continuity of care
- Cost of living & childcare
- Implicit biases & trauma-informed frameworks underutilized

Hispanic/Latino Health

- Language barriers
- Health literacy
- Lack of trust

Chronic Disease Mngt

- Social Determinants of Health
- Cultural responsiveness
- Barriers to access- and cost & continuity of care

Guiding Questions: OPPORTUNITIES

- How can we turn our strengths into opportunities?
- How can we turn our weaknesses into opportunities?
- What could we do today that isn't being done? Is there a need in our communities that no one is meeting?
- How is the health landscape changing and how can we take advantage of those changes?
- How could technological advances create opportunities?

Top 3 High Impact Opportunities

Maternal Child Health

- Robust referral networks and resource connections
- Incorporating lived experience in policy development & decision-making
- Increase awareness and accessibility of navigator assistance

Hispanic/Latino Health

- Shared directory of organizations and services
- Greater utilization of the Trusted Messenger Model
- Creating a Westchester Health Collaborative

Chronic Disease Mngt

- Sharing data and enhanced data-driven planning
- Addressing Social Determinants of Health collectively
- Better coordination of resources, services and activities

WCDH
DIVISIONS & PROGRAMS
At a glance

Administration Division

The division is responsible for:

- Administrative Services & Operations
- Emergency Preparedness Coordination
- Media Relations
- Know Better, Live Better Program
- Maternal Child Health Initiatives
- Conformance with FOIL
- Information Technology Services
- Human Resources & Payroll
- Fiscal Operations (Budget & Finance)
- Grants & Contracts
- Legal Affairs & Hearing Office
- Compliance & Quality Assurance
- Research , Planning & Evaluation
- Facilities Management

Children with Special Needs Division

The division is responsible for:

- The Early Intervention Program (0-3 yrs)
- Preschool Special Education Program (3-5 yrs)
- Children with Special Healthcare Needs (through age 21)

Community Health & Clinical Services Division

The division is responsible for:

- Women, Infants & Children (WIC) Supplemental Nutrition Program
- The Childhood and Adult Immunization Program
- Surveillance, investigation, control and prevention of Sexual Health Screening and Treatment Program (STI-sexually transmitted infections)
- Surveillance, investigation, control and prevention of Tuberculosis
- Tuberculosis Testing and Treatment Program
- HIV Prevention, Testing and PrEP Pre-Exposure Medication Program

Disease Control Division

The division is responsible for:

- Surveillance, investigation, control and prevention of all reportable communicable and infectious diseases (except TB, HIV and STIs), including but not limited to: hepatitis; vaccine preventable diseases; enteric diseases; rabies; animal and insect-borne diseases, such as Lyme and West Nile Virus.

WCDH
DIVISIONS & PROGRAMS
At a glance

Environmental Health Division

The division is responsible for:

- Airport Ground Glycol Testing
- Animal Vector Surveillance Program
- Air Quality Program (Auto Body, Dry Cleaners, Boilers)
- ATUPA-Tobacco Enforcement Program
- Bathing Beach Water Quality Program
- Campground Inspection Program
- Childhood Lead Poisoning Prevention Program
- Children's Camp Inspection Program
- Complaints for Environmental Health Regulated Facilities
- Drinking Water Program
- Food Service Establishment Inspection Program
- Hearing Office
- Migrant Housing Inspections
- Mobile Home Park Inspections
- Petroleum Bulk Storage
- Land Development Plans Review (onsite wastewater treatment systems)
- Pool & Beach Permitting & Inspection Program
- Sewage Treatment Plant Inspections
- RAD- X-ray Equipment Inspections
- Radiation Safety
- Solid Waste (Septage and Refuse Collection) Inspections
- Temporary Residence Inspections

Health Promotion & Community Engagement Division

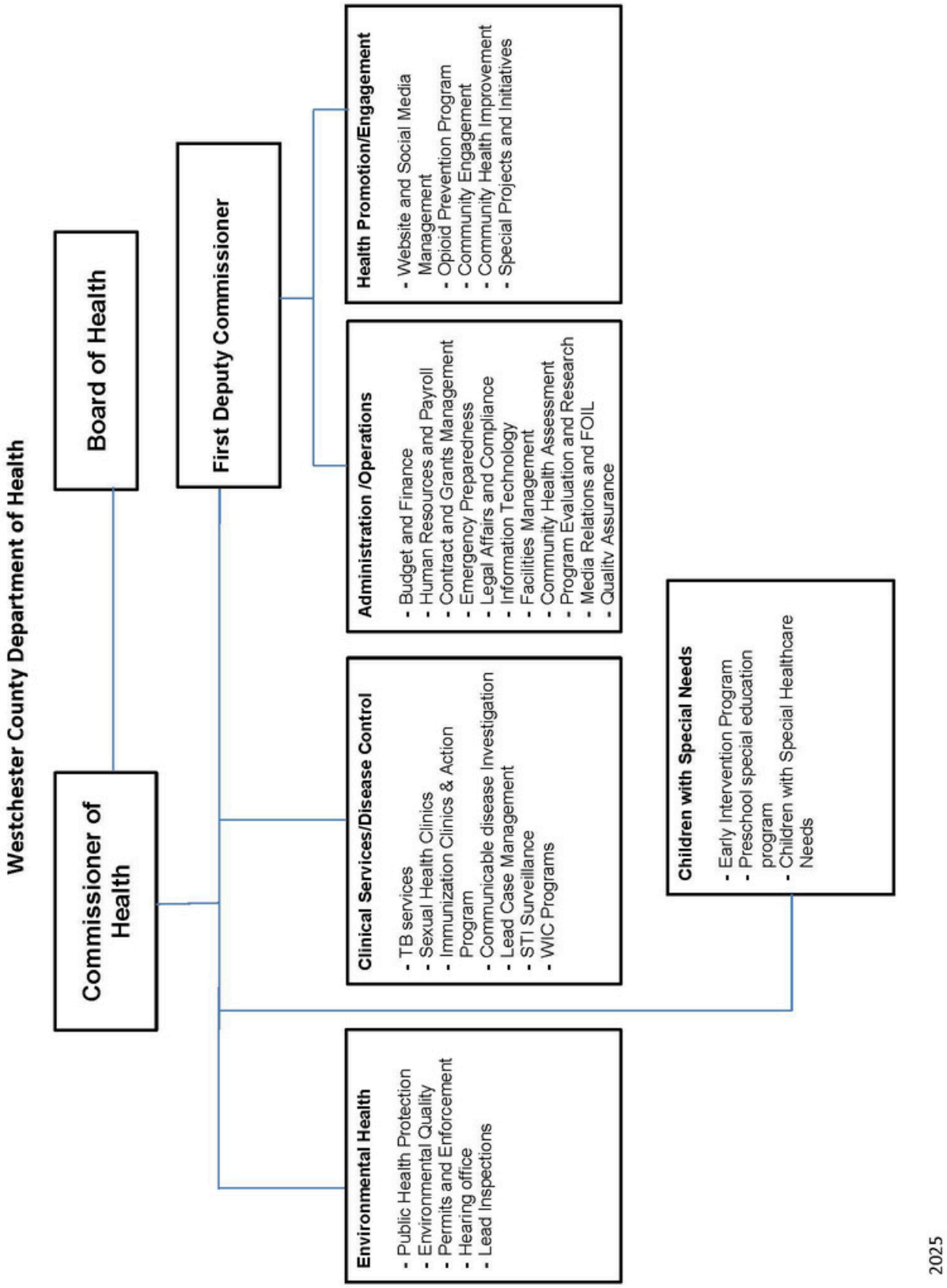
The division is responsible for:

- Community Partners Outreach & Engagement
- Community Conversations Health Summits (semi-annual)
- Community Events & Sponsorships
- The Speakers' Bureau
- Website and content management
- Social Media
- Educational materials & campaigns
- Health Insurance Access Program
- Opioid Overdose Prevention Program
- National Diabetes Prevention Program (NDPP)
- Tobacco Cessation Programs
- Self-Measured Blood Pressure Program
- Chronic Disease Self Management Program
- Cancer Education and Screening Collaborative

Commissioners' Office Programs & Activities

- Immunization Action Program
- Childhood Lead Poisoning Prevention Program
- Childhood Fatality Coalition
- Complaints Line
- Board of Health

WCDH
ORGANIZATIONAL CHART
At a glance



ACKNOWLEDGEMENTS

The development of this strategic plan was a collaborative effort, made possible by the dedication, insights, and hard work of many individuals. We extend our deepest gratitude to the members of our leadership team, staff, and the many partners who contributed their time, expertise, and perspectives to shape the future of our organization.

Special thanks to the members of our strategic planning workgroup, whose commitment to this process ensured that our goals reflect both our mission and the needs and expectations of those we serve and our staff. We also appreciate the valuable input from community partners and allies, the County Executive's Office, and the Board of Health members, whose voices have helped guide our goals, objectives and strategies.

This plan represents not just a roadmap for the future, but a shared commitment to continuous improvement, accountability, excellence, meaningful change and impact. As we move forward, we recognize that our success is dependent upon ongoing collaboration, innovation, the collective efforts and dedication of everyone involved, as well as our ability to adapt to new challenges, while remaining focused on our mission.

We invite and encourage our community partners and allies to stay engaged, contribute their expertise, and and continue collaborating with us in the work ahead. By working together, we will build a stronger, more effective ecosystem that creates lasting impact for all in Westchester County.

Thank you for being part of this journey.

Sherlita Amler, MD
Commissioner

Renee Recchia, MPH
First Deputy Commissioner

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