

Strategic Plan

2023 - 2025



ANNE
ARUNDEL
COUNTY

MARYLAND
DEPARTMENT OF HEALTH

Letter from Department of Health Leadership

We are pleased to share the Anne Arundel County Department of Health's Strategic Plan for 2023-2025. This plan lays out our shared vision for how our county advances public health and our role as a Department in leading this effort.

So much has changed in the landscape of public health since the last three-year strategic plan was developed in 2017. In 2020, as we were beginning our strategic planning process, the COVID pandemic arrived in our county and redefined our priorities. COVID directly affected our health and indirectly diverted attention from other health needs. It laid bare health disparities and tested our public health system and workforce, demonstrating the need for increased investment in public health.

After three years of the COVID pandemic, this Strategic Plan is our opportunity to incorporate what we have learned during the pandemic to guide our way forward in the coming years. Through months of engagement with Department of Health staff, key community leaders and public health partners, this document lays out a path towards improved health for all Anne Arundel County residents. It represents a shared vision for an integrated public health system that invests in our public health workforce to improve the health of the county.

The four priorities in the Strategic Plan focus on our workforce, infrastructure, community partnerships, and health equity. Investing in these priorities will strengthen our foundation so that we can respond to a wide array of health challenges and promote health for all. Laying out our vision on paper is only the first step. Executing it over the coming years is the true measure of our commitment to public health.

Sincerely,



Dr. Nilesh Kalyanaraman, MD,
FACP, Health Officer



Tonii Gedin, RN, DNP, Deputy
Health Officer, Public Health



Shawn Cain, Deputy Health
Officer, Operations

Table of Contents

Letter from Department of Health Leadership	2
Table of Contents	3
Introduction to the Strategic Planning Process	4
Our Planning Process	4
Key Themes of the Planning Process: Importance of Partnerships	6
Key Themes of the Planning Process: Health Equity	6
Department of Health’s Vision, Mission and Core Values	7
Our Vision	7
Our Mission	7
Our Core Values	7
Department of Health’s Organizational Overview	8
Health Status of Anne Arundel County	9
Priorities, Strategies and Focus	11
Plan Implementation	13
Acknowledgements	14
Appendix Essential Public Health Services and Accreditation Domains	17

Introduction to the Strategic Planning Process

Our Planning Process

Over the course of four months, a steering committee of Department of Health (Department) leadership was convened to provide guidance in the development of the strategic plan. The steering committee was composed of the following members:

- Nilesh Kalyanaraman, Health Officer
- Tonii Gedin, Deputy Health Officer, Public Health
- Shawn Cain, Deputy Health Officer, Operations
- Don Curtian, Director, Environmental Health
- Thomas McCarty, Deputy Director, Family Health
- Sandy O’Neill, Director, Behavioral Health
- Jen Schneider, Director, Disease Prevention and Management
- Karen Siska-Creel, Director, School Health and Support
- Megan Pringle, Director, Communications
- Christina Shaklee, Health Policy Analyst Advanced, Operations

The planning process occurred in three phases. In the first phase, members of the steering committee reviewed national and regional data and research regarding ongoing trends in public health. In addition, feedback from a range of stakeholders was gathered, analyzed, and reviewed using multiple collection methods, described below:

- Key Partners Survey (web-based): A web survey was developed with feedback from the steering committee. The survey was sent to about 80 partners, 22 of whom provided responses. The survey was made available for key partners to complete during a two-and-a-half-week period of the first phase of the strategic planning process.
- Key Partners Interviews and Focus Groups: 24 individuals representing local health care organizations, city and county agencies, and community partner organizations participated in semi-structured focus groups.
- Employee Survey (web-based): A web survey was developed with feedback from the steering committee. The survey was distributed to all Department employees (approximately 816 people), with 237 responses submitted. The survey was made available for employees to complete during a two-and-a-half-week period of the first phase of the strategic planning process.
- Employee Focus Groups: 47 individuals working throughout the Department, representing all Bureaus, participated in semi-structured focus groups.

Surveys and focus groups completed by employees were used to evaluate a range of infrastructural and operational considerations associated with the Department, including workforce development, communication, collaboration, financial sustainability and information technology. Among employee and key partner surveys, focus groups, and interviews, additional feedback was obtained regarding the strategic direction of the Department.



Upon the conclusion of the surveys, focus groups, and interviews, key themes associated with all sources of information were described through the aggregation of survey results and quantitative and qualitative assessment of key words and concepts in interviews and focus groups. This constituted the transition of the planning process to its second phase – identifying strategic priorities. Subsequently, the steering committee reviewed a SWOT (strengths, weaknesses, opportunities, threats) assessment aggregating the feedback and key themes. The committee ranked the identified strengths, weaknesses, opportunities and threats using a group voting exercise based on the member’s perception of each factor’s impact on the Department. The committee also participated in several group brainstorming activities to achieve consensus around specific areas that should be elevated as strategic priorities. The group brainstorming included breaking out into smaller groups to discuss what they would like the Department to have accomplished in ten years as well as real-time group discussion to build consensus.

Once consensus was achieved regarding the strategic priorities, in the third phase of the planning process the steering committee participated in additional group brainstorming activities to develop more detailed strategies, actions, objectives and timelines associated with each strategic priority. These brainstorming activities included group discussion to achieve consensus, smaller group break-out sessions to list potential strategies and subsequent prioritization by the break-out groups of identified initiatives. Once defined, the groups worked together to outline a work plan of the discrete steps necessary to achieve the intended outcomes. During this phase, the steering committee developed initial outlines that were subsequently reviewed and revised by all program managers at the Department.

Key Themes of the Planning Process: Importance of Partnerships

During the process of reviewing stakeholder feedback, and indeed throughout the strategic planning process, a key theme that was highlighted by many stakeholders was the integral role of partnerships to achieve the Department’s mission. The Department will collaborate closely with its partners, including the Healthy Anne Arundel Coalition, county and state agencies, health care providers, education institutions, faith-based partners, community organizations and residents to implement this strategic plan. As we continue to work to achieve “Public Health 3.0,”¹ the Department will continue to elevate collaborative efforts with partners in order to more holistically address the social determinants of health and serve as a chief health strategist for the Anne Arundel County community.



Key Themes of the Planning Process: Health Equity



Stakeholders described the inextricable linkage of partnerships in addressing social determinants of health and achieving health equity. Health equity is defined as the attainment of the highest level of health for all people and has been identified as a priority area for [Healthy People 2030](#), which represents national objectives for public health improvements over the course of a decade. Health disparities exist throughout the United States and are present in our county. Achieving health equity requires acknowledging and addressing the structural and social factors that impact and contribute to health disparities.

Pursuing health equity was emphasized throughout the planning process, including in all focus groups; the Department’s Community Health Needs Assessment (CHNA); the results of stakeholder surveys; the external assessment of national trends; the assessment of the strengths, weaknesses, opportunities, and threats for the Department; and all group exercises and discussions among the steering committee. The Department remains committed to achieving optimal health for all Anne Arundel County residents.

In this plan, the Department has elevated the goal of health equity to a prominent role. The mission statement of the Department has been revised to specifically incorporate “advancing health equity,” acknowledging that equity is a foundational component of the organization’s purpose. In addition, advancing health and health equity is one of the four strategic priorities identified by the steering committee. The Department wishes to convey through this plan the central role that health equity will serve throughout its work.



¹ Source: Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century (2017). CDC. Retrieved Jan 24, 2023, from www.cdc.gov/pcd/issues/2017/17_0017.htm

Department of Health’s Vision, Mission and Core Values

As part of the strategic planning process, employees were surveyed about the relevance of the vision and mission statements of the Department. Their feedback was incorporated into adjustments to the vision, mission and core values of the Department shown below.

Our Vision

A vibrant Anne Arundel County with healthy people in healthy communities.

Our Mission

The Department of Health’s mission is to preserve, promote and protect the health and well-being of all people by advancing health equity in Anne Arundel County.

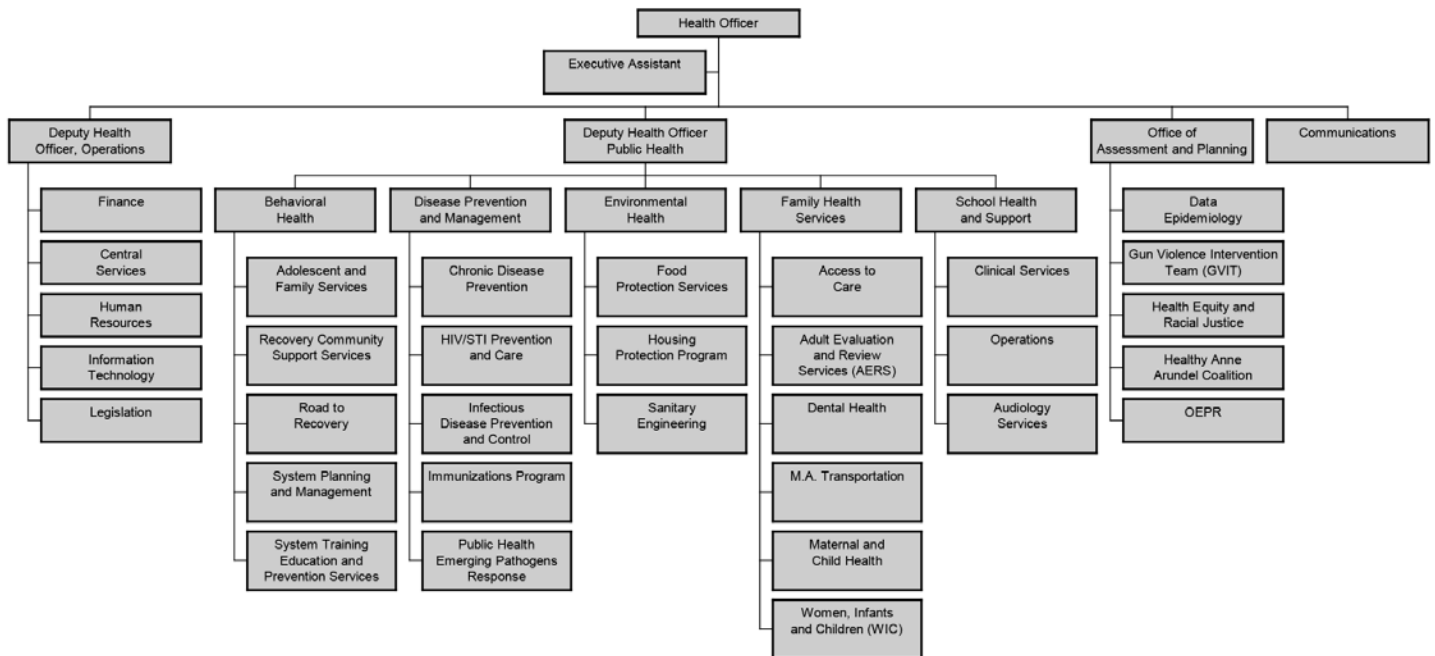
Our Core Values

Inclusion	We acknowledge, accept and value every person we work with and serve, welcoming differences of perspective, backgrounds and abilities.
Integrity	We adhere to strict ethical standards in performing our duties, with a high level of professionalism, while treating constituents and colleagues with fairness and respect.
Excellence	We provide high-quality and efficient programs and services and hold ourselves accountable to the stakeholders and the people we serve.
Collaboration	We work jointly across the Department of Health and with other agencies and public organizations to deliver effective programs and elevate communities to improve their health.
Innovation	We will be creative, resourceful and evidence-based as we respond to the changes in the public health system and the larger environment in which we operate.
Respect	We are committed to treating each other and the people we serve with dignity and sensitivity, ensuring that all are treated fairly and equitably.

Department of Health's Organizational Overview

The Department is composed of over 800 employees who are organized into five programmatic bureaus: Behavioral Health, Disease Prevention and Management, Environmental Health, Family Health Services, and School Health and Support. In addition, support programs, including Finance, Central Services, Communications, Human Resources, Assessment and Planning, and Information Technology, provide operational and administrative assistance throughout the Department.

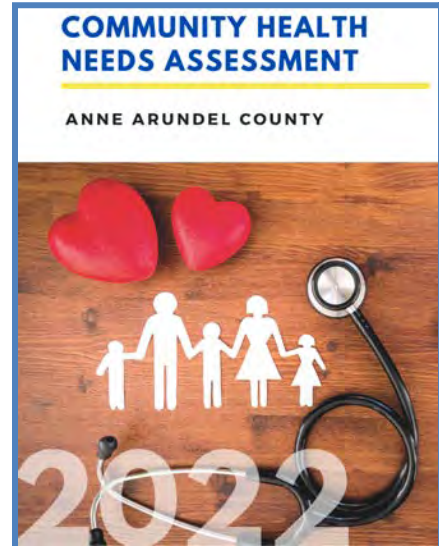
The Department provides a range of services to preserve, promote and protect the health and well-being of all Anne Arundel County residents. Services include clinical care, behavioral health, school health, dental care, disease surveillance and investigation, health care enrollment assistance, community education and engagement, population assessment and preparedness, and a range of environmental health, regulatory, and enforcement work authorized by state and county laws and regulations. The Department continually strives to evolve to better serve the needs of the community through its structure and services.



Health Status of Anne Arundel County

In Anne Arundel County, the average life expectancy is 79.8 years. While this number has been stable for several years, we see disparities across census tract, race and gender. The top census tract has a life expectancy 15 years higher than the lowest, at 85.9 years versus 70.9 years.

The Department completed a Community Health Needs Assessment in 2022, drawing information from both quantitative vital statistics and qualitative focus groups and meetings. The report represents a collaboration between county hospitals, the county Mental Health Agency, the Local Management Board (the Partnership for Children, Youth and Families), and Department staff. This assessment explored the health of the county through four focus areas: health, mental health, social determinants of health and the impact of the COVID-19 pandemic. The key findings are summarized below and the complete needs assessment report about the health of county residents can be found at www.aahealth.org/chna.



As noted previously, advancing health and health equity is one of the key strategic priorities identified in the strategic plan. This prioritization emphasizes the importance of the CHNA findings and the fundamental synergy between the two bodies of work. The results of the 2022 CHNA were interwoven throughout the strategic planning process. Initially, the findings were discussed in the first phase of the strategic planning process, as a component of the review of regional data and research. The CHNA findings were subsequently interwoven into the SWOT assessment and are ultimately incorporated into more detailed action plans – for example, in actions that specify leveraging “existing information ... to determine what populations/communities/constituents the DOH needs to reach ...”. The health of the community was a foundational, clear theme recurring throughout the strategic planning process.

Heart Disease and Cancer: In 2019, heart disease and cancer were the top two leading causes of death. These diseases disproportionately impacted African Americans, which may be due to their overrepresentation in geographic areas with rising rates of negative social determinants of health.

Overweight and Obesity: Similar to national trends, Anne Arundel County has also experienced an increase in the percentage of overweight and obese adults from 2017 to 2019. These conditions are known risk factors for heart disease, diabetes, cancer and many other health concerns. While overweight and obesity are associated with genetics, the risk increases greatly for individuals who do not have access to healthy food or recreational places, highlighting the fundamental influence of social determinants on this concern.

Diabetes: Genetics, overweight and obesity, and lack of physical activity are risk factors for diabetes. In 2019, 10.4% of county residents were diagnosed with Type 2 Diabetes. Relative to younger age groups, individuals aged 65+ had the highest prevalence of diabetes in the community (22.1% of residents aged 65+). The disease is more common among minority groups, including African Americans, American Indians, Asian Americans and Hispanic/Latinos. This assessment found that African Americans are accessing emergency diabetes care at four times the rate of Whites.



Mental Health: Mental health continues to be a core concern in Anne Arundel County. In 2019, more than 11,000 Emergency Department encounters in the county were for mental health issues. While usage is increasing for ages 13-45, there is also an increase for ages 66 and over. Access to mental health care impacts the county, with a ratio of 490 residents for every one mental health provider – almost half the ratio of other top counties in the United States. Several additional limitations to mental health services were identified, including a substantial gap in Spanish-speaking services, youth services and 24-hour residential care.



Substance Use: Anne Arundel County has experienced some favorable trends in substance use in recent years, but still identifies this area as a key health need. In 2019, deaths involving fentanyl decreased for the first time since 2011 but were still up by more than 400% from 2015. Substance use continues to be a multifaceted concern, with other drugs such as cocaine or benzodiazepines having the potential to also contain fentanyl. The frequency of substance use deaths varies greatly across ZIP codes in the county reflecting again the fundamental relationship between social determinants and health needs.

Social Determinants of Health: Overall, Anne Arundel County health indicators rank the county well within Maryland. However, inequities with “pockets” of need exist near metropolitan areas. When exploring health factors and health outcomes, there are noticeable disparities across groups. Indeed, life expectancy within the county can vary by 15 years between ZIP codes of residence. In addition to genetics and direct health care services, an individual’s income, access to grocery stores, access to primary care, transportation and other social factors greatly impact their health. This report shows the impact of these conditions, with vulnerable populations and locations most likely to be impacted by overweight and obesity, diabetes, and the outcomes of heart disease and cancer.

Priorities, Strategies and Focus

To provide context for the identified strategic priorities, the steering committee developed a statement of strategic direction to describe the Department’s aspirational position at the completion of the new strategic plan. Through 2025, the strategic direction of the Department is as follows:

As a health strategist, provider, employer and partner, the Department of Health will achieve nation-leading standards of public health practice. The Department will improve health and social needs to achieve the best health outcomes for all Anne Arundel County residents by leveraging a supported, dedicated staff and elevating the voices of our community through strong, bi-directional partnerships.

After the statement of strategic direction was established, the steering committee identified the strategic priorities that must be achieved in order for the Department to advance toward the defined vision and direction. The priorities represent high-level achievements, while the strategies and actions are more discrete steps that will be taken by the Department to achieve these priorities.

Strategic Priority 1: Reinvigorate Our Workforce

Create a “best in class” work environment that enables the Department to attract and retain an effective, knowledgeable and engaged staff.

Rationale: Employees are a fundamental asset to the Department, recognized as a key strength during surveys, focus groups and the SWOT assessment process. Simultaneously, the SWOT assessment highlighted understaffing and the risk of burnout as top areas of concern. Investing in our workforce and developing a retention culture will enable the Department to advance all other strategies, making this priority essential to all others.

Strategy	Focus
Ensure pay equity	Continuous, ongoing process for assessing job pay equity
Champion Department workforce by engaging and recognizing staff and elevating their work	Increased participation and satisfaction from employees
Develop a retention culture	Increase retention 5% over baseline
Enhance hiring and onboarding processes	Improved feedback from survey of onboarding process

Strategic Priority 2: Enhance Our Infrastructure

Build the internal capabilities necessary to standardize processes, reduce fragmentation, improve training, enhance shared services and pursue national standards for best practices in public health.

Rationale: Enhancing the infrastructure of the Department is closely linked with priority 1, contributing to a “best in class” work environment. In addition to benefiting staff, improving organizational effectiveness will enable better support of partners and members of the community. Improving internal capabilities will allow the Department to achieve other priorities through increased internal efficiency, streamlined relationships with partners and improved data sharing. It will also position the Department to be more nimble as data modernization initiatives expand.

Strategy	Focus
Pursue national accreditation (i.e., PHAB)	Obtain PHAB accreditation
Centralize locations for information sharing and document management	Centralized information-sharing platform that can be utilized across Bureaus and updated in real-time
Streamline shared services across the Department	Effective streamlining (policies, procedures, protocols, processes) of shared services across the Department and ensuring information is shared appropriately and timely across all Bureaus and programs
Ensure necessary trainings are available for varying levels of staff	All staff receives appropriate training on a consistent trackable timeline

Strategic Priority 3: Deepen and Expand Partnerships to Empower Our Community

Expand the number and depth of partnerships with community partners through innovative models that emphasize collaboration and community empowerment.

Rationale: Focus groups, surveys and steering committee group voting exercises highlighted partnerships as a key strength and key opportunity for the Department. In particular, partner organizations are well-positioned to work with the Department to address social determinants of health that can improve health and advance health equity. Given the integral nature of health equity to this plan, the Department elevated the role of partnerships to a strategic priority to emphasize the foundational nature of these relationships to achieve the vision.

Strategy	Focus
Collaborate with constituents to expand/deepen partnerships	Increase in the number of partnerships
Increase funding opportunities for community organizations	Streamlined process and increased funding opportunities
Ensure staff can provide resource connections to the community	Ensure that Department staff are well versed in providing resource information (outside of the Department) to the community in a timely manner
Identify opportunities for partnerships with the local private sector	Increased partnerships with business organizations to help advance public health

Strategic Imperative 4: Advance Health and Health Equity

Achieve optimal health for all county residents by taking a proactive approach to health promotion and recognizing and addressing the structures and conditions in our environment that lead to avoidable health inequities.

Rationale: Improving health equity and addressing the social determinants of health were recurring themes throughout the strategic planning process. All stakeholders in this process identified the need to promote upstream interventions and focus on historically underserved and marginalized populations. The Department identified this priority in order to affirm the foundational purpose of the organization and address the critical health needs of the community.

Strategy	Focus
Integrate Social Determinants of Health (SDOH) into the work in the county (Health in All Policies-HiAP)	Utilization of health equity toolkit and increased presence of Department staff and leadership represented in county meetings. (Change management process)
Develop a health equity action plan	Utilization of the health equity action plan to address SDOH
Enhance staff education and understanding of SDOH and health equity	All staff have obtained training and demonstrate competence
Ensure partnerships include more marginalized and underrepresented groups	Increased diversity of DOH partners

Plan Implementation

The steering committee and program managers defined the key actions, responsible teams, estimated timeline and resource requirements associated with achieving each of the strategies enumerated above to be included in the Implementation Plan. In addition, the Department will create work plans with SMART objectives that will be developed and implemented to meet all the action items of the strategic plan over the next 3-5 years. Monitoring and communication regarding the plan will take place at regular intervals.



Acknowledgements

Thank you to the following staff for contributing their input to the planning process during focus groups:

Bureau	Staff Member Title	Staff Member Name
Administration	Director, Communications	Megan Pringle
Administration	Director, Information Technology	Bill Kegel
Administration	Supervisor, Health Equity and Racial Justice (HERJ)	Raymond Medley
Administration	Agency Grants Specialist Supervisor	Courtney Scott
Administration	Program Manager, Healthy Anne Arundel Coalition (HAAC)	Alexis Barnes
Administration	Health Policy Analyst II	Bella Young
Administration	Epidemiologist, Office of Assessment and Planning	Kate Schneider
Administration	IT Programmer Analyst	Debbie Porter
Behavioral Health	Director	Sandy O'Neill
Behavioral Health	Deputy Director	Tracy Schulden
Behavioral Health	Program Manager, Recovery Community Support Services (RCSS)	Jermaine Brayboy
Behavioral Health	Program Manager, Road to Recovery Clinics (RTR)	Rebecca Trott
Behavioral Health	Program Manager, System Planning and Management	Natasha Herbert
Behavioral Health	Special Program Coordinator (Peer Support), Recovery Community Support Services (RCSS)	Jessica Hunnell
Behavioral Health	Social Worker (SOWK) Program Administrator	Jennifer Wiejaczka
Behavioral Health	Program Administrator II	Lucas McNally
Behavioral Health	Administrator	Betty Farley
Disease Prevention and Management	Director	Jen Schneider
Disease Prevention and Management	Deputy Director	Kristy Frashure
Disease Prevention and Management	Program Manager, Chronic Disease Prevention	Christine Bloom
Disease Prevention and Management	Program Manager, HIV/STI Prevention and Care	Jennifer Barber
Disease Prevention and Management	Program Manager, Infectious Disease Prevention and Control	Beth Phillips
Disease Prevention and Management	CHN Supervisor	Dana Karr

Environmental Health	Director	Don Curtian
Environmental Health	Deputy Director	Al Herb
Environmental Health	Program Manager, Food Protection Services	Sharon Pawlowski
Environmental Health	Program Manager, Housing Protection Services	Erica Mantooth
Environmental Health	Program Manager, Sanitary Engineering	Brian Chew
Environmental Health	Environmental Health Specialist	Anthony Pennington
Environmental Health	Administrative Officer III	Robin Koontz
Family Health	Deputy Director	Thomas McCarty
Family Health	Supervisor, Administrative Care Coordination (ACC)	Laura Wood
Family Health	Supervisor, Adult Evaluation and Review Services (AERS)	Laura Block
Family Health	Program Manager, Access to Care Programs	Kristina Dickinson
Family Health	Program Manager, Dental Health Program	Lucy Passaniti
Family Health	Program Manager, Maternal and Child Health	Mechelle Jones-Romo
Family Health	Fetal Infant Mortality Review (FIMR) Coordinator	Lisa Helms Guba
Family Health	Senior Lead Peer Counselor and Services Associate	Robin Henderson-Glover
Family Health	Administrator II	Courtney Scott
School Health	Director	Karen Siska-Creel
School Health	Deputy Director	Isha Alston
School Health	Program Manager, Clinical Services	JoAnn Escobosa
School Health	Program Manager, Clinical Services	Bernadette Martin
School Health	Program Manager, Operations	Barbara Balazek
School Health	Registered Nurse, School Health Services	Francesca Mirarchi
School Health	Health Assistant, School Health Services	Christie Kajs

Thank you to the 237 Department staff who anonymously completed the strategic planning survey.

We also very much appreciate the input provided by the following partners:

Name and Role	Organization
Charlestine Fairley, Chief Executive Officer	Anne Arundel Community Action Agency
Jim Rice, Chair of Child Fatality Review	Anne Arundel County
Jen Corbin, Director	Anne Arundel County Crisis Response System
Karissa Kelly, Director	Anne Arundel County Department of Aging and Disabilities
Leah Paley, Chief Executive Officer	Anne Arundel County Food Bank
Preeti Emrick, Director	Anne Arundel County Office of Emergency Management
Kimberly Fisher, UASI Planner	Anne Arundel County Office of Emergency Management
Pam Brown, Executive Director	Anne Arundel County Partnership for Children, Youth and Families
Cathy Hollerbach, Chief Operating Officer	Anne Arundel County Public Library
Sarah McDonald-Egan, Assistant Superintendent	Anne Arundel County Public Schools
Mario Berninzoni, Executive Director	Arundel House of Hope
Mike Drummond, Executive Director	Arundel Lodge
Kathy McCollum, President and Chief Executive Officer	Baltimore Washington Medical Center
Patrick Mutch, President and Chief Executive Officer	Chase Brexton Health Care
Donnicia Spence, Director of Operations	Chase Brexton Health Care
Kristy Blalock, Executive Director	Gaudenzia
Jill Donaldson, President	MedStar Harbor Hospital
Chong (Taylor) Yi, Founder and Chief Executive Officer	My Life Foundation
Katie Wargo, Coalition Coordinator	Northern Lights Against Substance Abuse
Angel Traynor, Founder and Director	Serenity Sistas
Melissa Maddox-Evans, Executive Director	The Housing Authority of the City of Annapolis
Aksa William, Case Manger	The Housing Authority of the City of Annapolis
Danny Bellamy, Chief Executive Officer	Total Health Care
Darien Nolin, Vice President of Philanthropy and Social Responsibility	Total Health Care

Essential Public Health Services and Accreditation Domains

Essential Public Health Services²

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose and address health problems and hazards affecting the population
3. Communicate effectively to inform and educate people about health, factors that influence it and how to improve it
4. Strengthen, support and mobilize communities and partnerships to improve health
5. Create, champion and implement policies, plans and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

² Source: Centers for Disease Control and Prevention
(<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>)