STRATEGIC MANAGEMENT SYSTEM

Outagamie County Public Health
February 2026 Supplement Report

Public Health
Prevent. Promote. Protect.
Outagamie County
Health and Human Services

Accredited Health Department
PHAB
Advancing Public Health Performance
Public Health Accreditation Board

Table of Contents

Published: February 18, 2026

Guiding Principles

Introduction

As an accredited local health department by the Public Health Accreditation Board (PHAB), a strategic plan is a core function to assist us in identifying our roles, priorities, and direction towards success.

Our Strategic Management System model was introduced to our Public Health Division team in late 2023. This model has helped our entire team embrace innovation, iterative thinking, and build a culture of experimentation, enabling us to evaluate and learn from our strategic work continuously.

This document is the second annual update to the Strategic Management System report initially released in 2024.

Mission

We use local data to prevent disease and injury, promote wellness, and protect the health of our communities through collaboration and best practice.

Vision

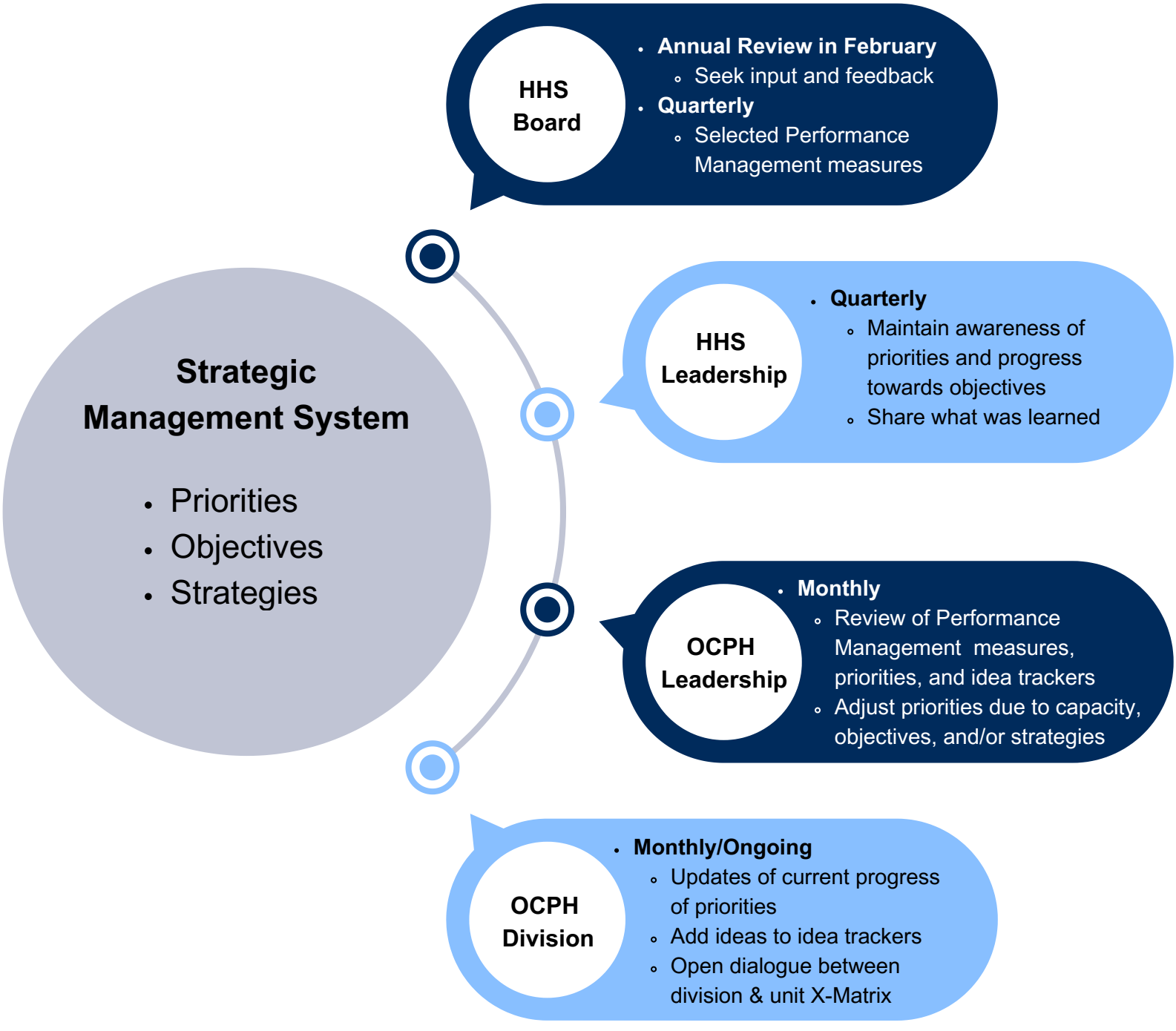
To be a leader in the pursuit of community-driven wellness.

Values

Invested in serving
Support through compassion
Create progress
Better together

We understand not everyone is familiar with the Strategic Management System model vs. the traditional Strategic Plan format. For an in-depth explanation of our system, please see our 2024 Strategic Management System Report.

Process Cycle



2025 Wrap-Up

Priorities we completed in 2025:

Implement Public Health Division 2023-2025 CHIP:

2025 marks the end of our three-year Community Health Improvement Plan (CHIP), which consisted of three workgroups supporting Mental Health, Access to Care, and Housing and Homelessness as the identified health priorities. We experienced significant successes, as well as some setbacks and changes. Achieved 80% of the Mental Health workgroup's objectives and ensure 96% distribution of the Outagamie County Housing Resource and Advocacy Guide among identified community organizations by the Housing and Homelessness workgroup. View the most recent Public Health Division 2025 CHIP Annual Update.

Implement the Tri-County CHA/CHIP:

Through the start of the Tri-County Community Health Improvement Coalition, target timelines were largely maintained. The regional Community Health Assessment (CHA) experienced a slight delay from the initial objective timeline to finalize the regional CHA by April 30, 2025, and CHIP by August 31, 2025. The CHA was finalized and published on January 28, 2026. To support the first-ever shared Community Health Report for our region, the coalition developed a communication plan and press release to enhance the awareness of the CHA and the significance of this collaboration. Following the completion of the CHA, efforts shifted to the CHIP, which is scheduled for completion in the first quarter of 2026.

2025 Wrap-Up

Priorities we completed in 2025:

Promote Public Health Division Culture:

We conducted our 2024 Public Health Division Annual Employee Survey to continue building upon the workplace culture. A focus in 2025, staff indicated they wanted to focus on improving staff involvement in decision-making, highlighting increasing awareness of actions that will affect their work. Suggestions were provided by staff, and a workplan was developed to implement recommended actions. Additionally, a staff-led community engagement process was also developed for community events. While the objective was to attend 6 community events led by staff, a total of 13 events were attended in 2025, exceeding the goal. Work continues to identify how to strengthen connections to community organizations and enhance staff engagement. During the planning phase for the 2025 Public Health Division Annual Employee Survey, it was decided to remove the question regarding staff sentiment on the Division's effectiveness in serving customer needs. This decision was made because other mechanisms are now in place to gauge customer satisfaction and service delivery.

Illness Reporting and Surveillance Complaints:

The Environmental Health (EH) unit receives complaints from the public on a regular basis. It was determined that the best approach for surveillance would be to have the EH unit receive the foodborne illness complaints, as most complaints received are related to a facility that EH regulates. In 2025, the focus was on implementing the new process. A metric was chosen to ensure that all complaints, including illness, facility, unlicensed facility, and EH concerns, were followed up on 95% of the time within the appropriate time frame. Out of the 12 months, only 5 months met the goal. Many improvements were made to the process. Such changes included assuring administrative staff was alerting the EH staff of new complaints in the Wisconsin Electronic Disease Surveillance System (WEDSS). It was also found that, through the way complaints were entered in the electronic inspection program, the system did not notify the appropriate EH staff on a consistent basis; this led to changes in our process of entering complaints. The final improvement included utilizing an existing online platform to track all complaints, which is centralized in one location, and the work in this area is still ongoing. This metric will continue to be monitored and adjustments completed as necessary by the EH unit, but will not be a division-level priority.

2025 Wrap-Up

Priorities we are continuing work on in 2026:

Increase WIC Participation:

Work will continue to increase WIC participation as the caseload for the Outagamie County WIC project has increased based on the eligibility within the population. Actions and process changes will continue to meet the contract objective of 95% contracted caseload. Additional work that will continue to increase WIC participation will focus is on stabilizing the no show rate of WIC appointments to < 25%, and to increase promotion and evaluation of the Online Nutrition Education (ONE) platform for nutrition education completion.

Development of HHS Department Operations Center:

By year-end, all HHS Divisions had revised and completed their COOP plan. This work led directly to the creation of a structure for the new HHS Department Operations Center (DOC). Training to introduce the HHS DOC Plan to HHS Managers started in November 2025. More focused, division-specific training is scheduled for the second quarter of 2026. Training exercises to advance staff competencies will occur in the third quarter of 2026.

2027 PHAB Reaccreditation (Big Rock):

A structured process has been established to gather and submit evidence for PHAB Reaccreditation by March 9, 2027. To achieve this, a structured process has been implemented where domain leaders are responsible for planning, compiling, and proposing evidence to the Accreditation Coordinator. To strengthen our ability to tell our story, the process was changed to have the Accreditation Coordinator write and submit all PHAB evidence. As of January 27, 2026, we have completed 38% of the PHAB required measures, and each domain leader has a plan for completion of their required documents.

Chronic Disease Prevention:

OCPH did not meet its objective to exceed the previous Foundational Public Health Services (FPHS) Self-Assessment scores of Expertise 2.0 and Capacity 2.3 for the foundational area of Chronic Diseas; we scored 2.0 for both Expertise and Capacity at the end of 2025. Throughout the year, the foundation was laid for a new chronic disease prevention program, “Grapevine”. Two nurses have completed the training to be trainers. OCPH has two Grapevine classes scheduled for 2026. This program and OCPH Expertise and Capacity will continue to develop over the next year.

2025 Wrap-Up

Priorities we are continuing work on in 2026:

Youth Engagement:

While a second Youth Engagement Assessment score was not completed in quarter four of 2025, which means we were not able to assess improvement in the organizational readiness score, several strategies were implemented. Strategies included: planning for the use of grant funds to support a Peer Summit, which was an opportunity for youth to build skills, understand Youth Risk Behavior Survey (YRBS) data, and give voice to well-being initiatives. Organizational readiness will be assessed again in 2026 as part of the Adolescent Mental Health - Maternal Child Health objective.

Decrease STI Rates Among 15-24 Year Old:

We were unable to meet our objective of a 2% decrease in STI rates among 15-24 year olds. Our average for the year was a rate of 20.8. We made efforts to increase awareness and access to STI prevention materials and testing by notifying partners of services, utilizing social media, and the public health vending machine. As of 1/1/2026, we have a 67% return rate of our at-home STI test kits.

Car Seat Access - Internal Optimization:

Through our internal car seat optimization quality improvement project this year, we achieved implementing a community car seat check and a new online scheduling tool. With an increase in child passenger safety technicians in our division, we wanted to try to host more opportunities for car seat checks in our community. We hosted an event at the Hortonville Library, with the intention of trying to meet families where they are already bringing their children. We also implemented a new online scheduling tool in October that families can utilize through our website. We are hoping that this will help increase appointments by improving access, along with improving our no-show rates by having the ability to send confirmation and reminder emails for an appointment. Due to the end of year implementation of the online scheduling tool, data is still being collected on no-show rates.

2025 Strategic Priorities

Strategic Priorities	SMART Objectives	Strategies
Implement the Tri-County CHA/CHIP	• Finalize the Tri-County CHA by 4/30/25 and CHIP by 8/31/25	• Complete Tri-County Community Health Improvement Coalition timeline targets
Promote Public Health Division Culture (**WFD & PM**)	• By 12/31/25, will attend at least 6 community events led by OCPH staff • Increase average score of 3.6 to 3.8 (5%) in serving customer needs (OCPH Annual Employee Survey)	• Creating a process for engaging the community across the division • Further staff involvement in decision-making
Increase WIC Participation (**FA & PM**)	• By 12/31/25, WIC participation will meet or exceed 95% contracted caseload (2042) • Maintain WIC no-show rate at or below 25% through 12/31/25	• Promote WIC enrollments • Decrease WIC appointment no-show rate • Promote WIC Online Nutrition Education (ONE)
Chronic Disease Prevention (**FA**)	• By 12/31/25, the FPHS Self-Assessment score exceed Expertise score of 2.0 and Capacity score of 2.3	• Create chronic disease workgroup (evaluate background/current conditions)
Illness Reporting and Surveillance Complaints (**FA & PM**)	• By 12/31/25, 95% of complaints receive appropriate follow-up	• Create a process for receiving complaints and active surveillance

2025 Strategic Priorities (continued)

Strategic Priorities	SMART Objectives	Strategies
Youth Engagement (**FA**)	• Improve Youth Engagement Assessment Tool organization readiness section score from 1.25 to 3.0 by 12/31/25	• Identify strategies to improve organizational readiness • Improve selected strategies based on staff and leadership assessment
HHS Department Operations Group	• Completion of a COOP plan for each HHS Division (8 COOP plans) by 3/1/2025	• Establish a foundation and determine structure
Car Seat Access - Internal Optimization (**QI & PM**)	• Maintain 85% show rate at car seat fitting stations through 12/31/25	• Identify a second Car Seat Fitting Station location • Implement online scheduling tool
Implement the Public Health Division 2023-2025 CHIP	• Complete 80% of the mental health objectives and strategies by 12/31/25 • Share the housing guide with 75% of the initially identified community organizations by 12/31/25	• Increase available mental health resources • Create a culture of mental wellness • Advocate for affordable housing
Decrease STI Rates Among 15-24 Year Old (**PM & FA**)	• By 12/31/25, reduce chlamydia and gonorrhea rates by 2%	• Increase awareness and access to STI prevention materials and testing
2027 PHAB Reaccreditation (**Big Rock**)	• By 03/2027 all evidence for PHAB Reaccreditation will be submitted	• Domain leaders create a timeline of completion for their required documents