



**NOTICE OF REGULAR MEETING
OF THE WEBER-MORGAN HEALTH DEPARTMENT**

Notice is hereby given that the Weber-Morgan Board of Health will hold its regularly scheduled meeting at the Weber-Morgan Health Department **Annex Building**, 455 23rd St, 2nd Floor Auditorium, Ogden, Utah commencing at **4:00 p.m.** on **Monday, October 28, 2024.**

Agenda for the meeting will consist of the following:

Welcome	Ali Martinez
Information Items	
1) New Employee Introduction	Brian Cowan
Action Items	
2) Approval of September 2024 Meeting Minutes	Ali Martinez
3) Approval of 2025 Budget	Brian Cowan
4) Administration Procedures	Michela Harris
Information Items	
5) Introduction of the 2024-2029 WMHD Strategic Plan	Sean Hansen
6) Directors Report	Brian Cowan
7) Chair's Report	Ali Martinez
8) Adjourn	

*In compliance with the Americans with Disabilities Act, individuals needing auxiliary Communication aids or other services for this meeting should contact Elvira Odeh at eodeh@webercountyutah.gov giving at least three days' notice.
Dated this 25th October 2024.*

WEBER-MORGAN HEALTH DEPARTMENT
ADMINISTRATIVE PROCEDURES

1.0 Purpose and Authority

This document ~~ese rules~~ defines and describes the administrative procedures for the Weber-Morgan Health Department (WMHD). ~~These rules- procedures~~ provide an equitable and uniform method for administering and resolving disputes between the ~~WMHDeber-Morgan Health Department~~ and parties aggrieved by a decision of the Department or parties alleged to have violated laws, ordinances, regulations and orders under the jurisdiction of the Department.

2.0 Definitions

- 2.1 “Agency Action” means any official act by the Board of Health or the Weber Morgan Health Department to carry out properly assigned governmental powers and duties including, but not limited to, license or permit approvals, denials, conditions, suspensions, revocations, imposition of penalties, issuance of cease-and-desist orders, and any other similar administrative actions. An agency action is issued without conducting any level of review by a Hearing Officer.
- 2.2 “Board of Health” means the Weber-Morgan Board of Health.
- 2.3 “Days” means calendar days. In computing any period of time prescribed or allowed by these rules, by order of a Hearing Officer, or by any applicable statute, the day of the act, event, or default from which the designated period of time begins to run shall not be included. The last day of the period so computed shall be included, unless it is a Saturday, a Sunday, or a legal holiday, in which event the period runs until the end of the next day. The term business days shall refer to any days in which normal business operations are conducted.
- 2.4 “Department” means the ~~Weber-Morgan Health Department~~ WMHD which is responsible for administering these administrative procedures.
- 2.5 “Director” means the Director of the ~~Weber-Morgan Health Department~~ WMHD or their designated representative.
- 2.6 “Hearing Officer” means an attorney, official or person with prior experience in conducting adjudicative proceedings, who is appointed by the Board of Health upon recommendation of the Director. A hearing officer does not perform prosecutorial or investigative functions in connection with any matter in which they serve as Hearing Officer.
- 2.7 “Person(s)” shall mean any individual, public or private corporation and its officers, partnership, association, firm, trustee, executor of an estate, the State or its departments, institutions, bureau or agency thereof, municipal corporation, county, city or any legal entity recognized by the law.

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3.0 Disqualifications

- 3.1 A Hearing Officer may not perform functions provided for in these rules regarding any matter in which he or she:
- 3.1.1 Has financial interest; or
 - 3.1.2 Has relationship with a party or with the subject matter which would make it inappropriate for the officer to act.
- 3.2 Any party may at any time prior to the commencement of an appeal, make a motion, in writing, to the Director requesting that a Hearing Officer be disqualified from hearing the matter as set forth in 3.0. A Hearing Officer may withdraw from any proceeding in which ~~they he or she~~ deems ~~themselves himself or herself~~ disqualified or unable to act for any reason.

4.0 Adjudicative Proceedings

- 4.1 The following adjudicative proceedings are available:
- 4.1.1 General Proceedings: a departmental conference and a departmental appeal; or
 - 4.1.2 Tobacco Specific Proceedings: Proceeding involving violations of Utah Code §77-39-101 et seq., or any subsequent statute, as amended, concerning ~~any product as defined by Utah Code 76-10-101, the sale of tobacco and alcohol to underage persons~~ Proceedings shall be conducted in accordance with applicable Utah statutes and Section 6.0 of this regulation.
 - 4.1.3 Board Review

The Department should attempt to resolve disputes at the lowest level.

- 4.2 When justified, the Department may permit a deviation from these rules if it finds compliance to be impractical or unnecessary or that such deviation furthers justice.
- 4.3 These rules will be liberally construed to promote a just, speedy and economical determination of all issues presented to the Department.
- 4.4 Actions commenced in state or federal court, whether criminal or civil, are not subject to review under these administrative procedures.
- 4.5 Departmental appeals constitute formal proceedings for purposes of judicial review; departmental conferences ~~and~~ administrative tobacco hearings shall constitute informal proceedings.
- 4.6 To the extent that the Utah Administrative Procedures Act 63G-4 or other statutes governs the proceedings, and these provisions conflict, the Utah Act prevails.
- 4.7 If a party aggrieved by an agency action fails to file a written request for a departmental conference or departmental appeal within ten (10) days after the notice of agency action ~~is received by the person(s)~~, the agency action is a final

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unappealable order of the Department and may not be challenged in further administrative or judicial appeals.

5.0 General Proceedings

5.1 Commencement of Departmental Conference

5.1.1 Commencement: If a party is aggrieved by an agency action, the party may request a departmental conference within ten (10) days of receiving notice of agency action. The party's request for departmental conference must be in writing and signed by the party. The Department shall schedule a conference within ten (10) days from the receipt of the request.

5.1.2 Evidence: In a departmental conference, a party shall be permitted to testify and present evidence, and comment on the issues. Discovery is prohibited. Parties will not have access to investigatory information. Intervention by a third party is prohibited. No recording will be made of the conference. The conference shall be private and not open to the public.

5.1.3 Settlement Agreement: Upon reaching agreement as to the issues, requirements, and penalties (if any), the Department representative shall prepare, in consultation with the County Attorney's Office, a binding settlement agreement and shall submit the agreement to the parties for approvals and signature. Upon signing a settlement agreement, the parties waive all rights to further departmental conferences, hearings or appeals.

5.1.4 Counsel: Unless agreed upon by the parties, no parties shall be represented by legal counsel. If the parties desire legal counsel, the commencement of a department appeal is encouraged.

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5.2 Commencement of Departmental Appeal: A party may file with the Department a request for departmental appeal within ten (10) days from completion of a departmental conference or receipt of notice of agency action.

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5.2.1 Request for Departmental Appeal: The request for appeal shall contain;

- 5.2.1.1 The name of the person(s) seeking the appeal;
- 5.2.1.2 A statement of the relief or action sought from the Department;
- 5.2.1.3 A statement of the disputed facts and reasons forming the basis for relief or action.
- 5.2.1.4 The names and addresses of the person(s) to whom the notice of the appeal hearing should be sent.

5.2.2 Notice of Appeal: In the case of a request for an appeal, a departmental appeal shall be scheduled before a Hearing Officer within thirty (30) days from the receipt of the written request for appeal, unless the parties agree to a later date not to exceed sixty (60) days from the receipt date of the request for appeal. A request for an appeal date beyond thirty (30) days shall be in writing. The notice of appeal shall include:

- 5.2.2.1 The name of the person(s) seeking the appeal;
- 5.2.2.2 A statement of the time, place and purpose of the hearing;
- 5.2.2.3 A statement that a party failing to attend may be held in default; and
- 5.2.2.4 The names and addresses of all parties to whom a notice of appeal is being sent.

5.2.3 Procedures for Departmental Appeal

5.2.3.1 Evidentiary Hearing

- 5.2.3.1.1 Discovery. Discovery may be conducted according to the Utah Rules of Civil Procedure.
- 5.2.3.1.2 Subpoenas. As authorized under the Local Health Department Act, 26A-1-121(2)(b), U.C.A., as amended, subpoenas and other orders to secure the attendance of a witness or the production of evidence for departmental appeal may be issued by the Hearing Officer when requested by any party, or by the Hearing Officer's own motion.
- 5.2.3.1.3 Appeal Hearing. All appeals before the Hearing Officer will be open to the public, unless otherwise ordered by the Hearing Officer for good cause shown.
- 5.2.3.1.4 Full Disclosure. The Hearing Officer shall regulate the course of the appeal to obtain full disclosure of relevant facts and to afford all the parties reasonable opportunity to present their positions and protect the confidentiality of records or other information protected by law.

5.2.4 Evidence: The Hearing Officer is not bound by rules of evidence but shall use them as appropriate guides but not in a manner inconsistent with these rules. The Hearing Officer on his or her own motion or upon objection or request may:

- 5.2.4.1 Exclude evidence that is irrelevant, immaterial or unduly repetitious;
- 5.2.4.2 Receive documentary evidence in the form of a copy or excerpt if the copy or excerpt contains all pertinent portions of the original document;
- 5.2.4.3 Exclude evidence privileged in the courts of Utah;
- 5.2.4.4 Take official notice of any facts that could be judicially noticed under the Utah Rules of Evidence, of the record or other proceedings before the Hearing Officer, and of technical or scientific facts within the Hearing Officer's specialized knowledge;
- 5.2.4.5 Not exclude evidence solely because it is hearsay;
- 5.2.4.6 Allow all parties an opportunity to present evidence, argue, respond, conduct cross-examination and submit rebuttal evidence.
- 5.2.5 Burden of Proof: At the departmental appeal, it shall be the burden of the aggrieved party to show, by a preponderance of the evidence, that matters in dispute should be resolved in the aggrieved party's favor.
- 5.2.6 Testimony: Testimony presented to the Hearing Officer in an appeal will be sworn testimony under oath of affirmation.
- 5.2.7 Recording: The Hearing Officer shall record the appeal at the expense of the Department. Recordings and exhibits shall be retained by the Department. Any party, at the party's own expense, may prepare a transcript from a copy of the appeal recording subject to any restrictions that the Department is permitted by statute to impose to protect confidential information disclosed at the hearing.
- 5.2.8 Access to Information: Upon written request all Parties shall have access to information contained in the Department's files and to all materials and information gathered by investigation, to the extent permitted by law.
- 5.2.9 Counsel: The parties have the right to legal counsel. Legal counsel will not be provided by the Department and all costs for legal counsel will be the sole responsibility of the parties.
- 5.2.10 Witnesses: All parties to the appeal are responsible to assure the appearance of witnesses and for the costs of appearance of those witnesses, and all associated costs.
- 5.2.11 Default: The Hearing Officer may enter an order of default against the aggrieved party.

- 5.2.11.1 An order of default will be entered if:
- 5.2.11.1.1 The aggrieved party fails to attend or participate in the appeal; or
 - 5.2.11.1.2 The aggrieved party fails to submit required documents.
- 5.2.11.2 The order shall include a statement of the grounds for default and shall be mailed to all parties.
- 5.2.11.3 After issuing the order for default, the Hearing Officer shall conduct the necessary proceedings to complete the appeal without the participation of the party in default and shall determine all issues in the proceedings, including those affecting the defaulting party.
- 5.2.12 Final Order of the Hearing Officer: Within a reasonable time but no longer than thirty (30) days after the close of the departmental appeal the Hearing Officer shall issue a written, signed order. This order represents the final administrative step in the Department's Administrative Process.
- 5.2.12.1 The final order for the departmental appeal shall include the following:
- 5.2.12.1.1 A statement of the Hearing Officer's findings of fact based exclusively on the evidence or record in the appeal or on facts officially noted;
 - 5.2.12.1.2 A statement of the Hearing Officer's conclusion of law;
 - 5.2.12.1.3 The order and the reasons for the order.
- 5.2.12.2 The Hearing Officer conducting an appeal pursuant to this procedure shall determine if the aggrieved administrative action was consistent with the controlling statutes, regulations, rules, and policies applicable to the action.
- 5.2.12.3 The Hearing Officer's authority is limited to the specific subject matter presented. The Hearing Officer may submit recommendations to the Director but may not impose additional sanctions or legislate policy. The Hearing Officer may not ignore controlling statutes, regulations, rules, and policies.
- 5.2.12.4 No finding of fact that was contested may be based solely on hearsay evidence.

- 5.2.12.5 The Hearing Officer shall, upon issuance, serve a copy of the final order on the parties by mail.
- 5.2.12.6 The parties cannot request a departmental conference during or subsequent to a departmental appeal.

6.0 Commencement of Administrative Tobacco Hearings

- 6.1 Commencement: The ~~Weber-Morgan Health Department~~ WMHD will conduct informal adjudicative proceedings including administrative hearings as outlined in the Utah Administrative Procedures Act 63G-4.
- 6.2 Notice of hearing: All adjudicative proceedings shall be commenced by a notice of agency action. ~~The notice of agency action will be sent within ten days (10) days after the violation and If requested by the aggrieved party, the Department shall schedule a hearing to be held within thirty (30) days, not to exceed sixty (60) days, of the violation unless parties agree to a later date. Once requested, the following information will be provided to the aggrieved party; The notice of agency action shall be in writing and shall include:~~
 - 6.2.1 The Department's file number or other reference number;
 - 6.2.2 The name of the hearing;
 - 6.2.3 A statement of the time, place and purpose of the hearing;
 - 6.2.4 The names and mailing addresses of all persons to whom notice is being given;
 - 6.2.5 A statement that a party failing to attend may be held in default;
 - 6.2.6 A statement of the Department's authority and jurisdiction;
 - 6.2.7 The date that the notice of agency action was mailed; and
 - 6.2.8 A statement that the adjudicative proceeding is to be conducted informally according to the rules of Utah Administrative Procedures Act 63G-4.

6.3 Hearing Procedures for Tobacco Administrative Hearings

- 6.3.1 Violations: The ~~Weber-Morgan Health Department~~ WMHD will follow the penalty schedule as outlined in Utah Code 26B-7-518 and may shall hold a hearing if requested by the aggrieved party, unless the person charged does not contest the allegation and elects to pay the penalty.
 - 6.3.1.1 Suspension/Revocation: ~~The administrative penalty for a third or subsequent violation at the same retail location that occurs within two years after two or more previous violations is a suspension of~~

~~the retail tobacco business permit for 30 consecutive business days within 60 days after the day on which the third or subsequent violation occurs.~~

~~The department may revoke a permit if a fourth violation occurs within two years of three previous violations and if the violation is due to the sale of tobacco products to a person under 19 years of age.~~

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- 6.3.2 Evidence: The parties named in the notice of hearing shall be permitted to testify, present evidence and comment on the issues. The Hearing Officer shall decide the facts based on the evidence appearing in the department's files and facts presented in evidence in any hearing;
- 6.3.3 Recording: The hearing officer shall record the hearing. Any party, at the party's own expense, may prepare a transcript from a copy of the appeal recording subject to any restrictions that the Department is permitted by statute to impose to protect confidential information disclosed at the hearing.
- 6.3.4 Counsel: Unless agreed upon by the parties, no parties shall be represented by legal counsel. If the parties desire legal counsel, the commencement of a departmental appeal is encouraged.
- 6.3.5 Order: Within a reasonable time but no longer than thirty (30) days after the close of the hearing, the Hearing Officer shall issue a signed order that states the following:
- 6.3.5.1 The decision;
 - 6.3.5.2 The reasons for the decision;
 - 6.3.5.3 A notice of the right to appeal; and
 - 6.3.5.4 The time limits for filing a written appeal.

7.0 Board Review: An aggrieved party may request a review of a final order issued under these procedures by ~~the Board of Health the Weber-Morgan Health Department~~ within ~~ten (fifteen-10) (15)~~ days of receipt of that order pursuant to Section 26A-1-121(2)(a), U.C.A., as amended. The Board of Health shall adhere to controlling ordinances, statutes, laws and regulations.

8.0 Severance: If any section, sentence, clause, or phrase of these procedures is for any reason found to be invalid or unconstitutional by a decision of any court of competent jurisdiction, such decision shall not affect the validity of the remaining portions of the procedures.



WEBER-MORGAN
HEALTH DEPARTMENT

Weber-Morgan Strategic Plan

2024-2028

Vision

Healthy individuals and families thriving in a clean and safe community.

Mission

To assess, promote and protect the public health needs of our community, enhance the quality of our environment and assure access to appropriate services delivered by a professional staff dedicated to excellence and innovation.

The Weber-Morgan Health Department strives to afford everyone an equally fair and just opportunity to obtain their highest level of health and identify and eliminate disparities.

Values

Access: Community access, resilience, and education is achieved when everyone has a fair and just opportunity to attain their highest level of health.

Accountability: We keep our commitments and are responsible for our actions; we hold others to these same standards.

Communication: We engage in open and honest dialogues between, among, and with our employees, community partners, and clients.

Customer Service: We seek to help both external and internal clients by understanding their needs, providing effective problem solving, and delivering meaningful solutions.

Dedication: We are committed to protecting and enhancing wellness, healthy lifestyles, and a safe and clean environment.

Empowerment: We empower employees and residents to make educated choices and become engaged stewards.

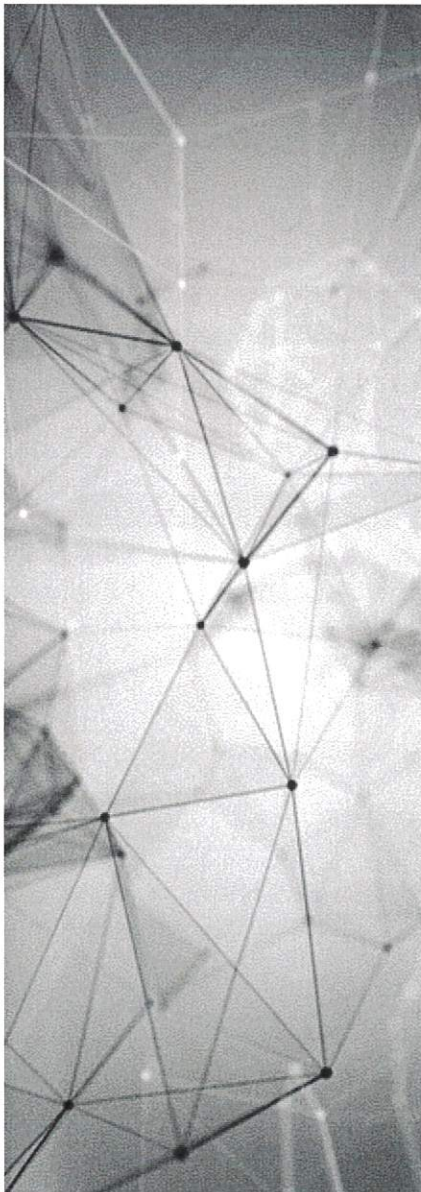
Proactivity: We are a health department in motion with a clear vision for the current and future needs of our residents.

Professionalism: We deliver courteous, prompt, and culturally sensitive customer service.

Respect: We embrace the diversity of families and individuals.

Sound Practice: We deliver public health services based on science-based decision making and community needs.

Teamwork: We value supportive partnerships with public and private entities throughout the community, with our employees, and with our clients.



ABOUT THIS PLAN

This strategic plan marks both a beginning and an end. It is the result of months of coalition building and soliciting input from the board of health, elected officials, community partners and our residents with an eye toward continuous improvement. It has become a compilation of ideas received from our community, meshed with the expertise and experience of our knowledgeable staff.

This plan is an action plan where every member of our staff can contribute as we work toward meeting our vision for creating a place where “Healthy individuals and families can thrive in a clean and safe community.”

Our previous planning cycle was grievously disrupted by the COVID-10 Pandemic. Still, I’m proud to say we achieved many of our goals. We created a space for our growing Community Health staff and finished a home office in Morgan County. We improved our electronic record keeping and security by implementing systems more adaptable for our patrons as well as our staff and enabling us to take many of our services out into the community. Our Main Building and fleet vehicles became more energy efficient, and our audio-visual capabilities were greatly enhanced. We added data and quality improvement specialists. We worked with our partners to update our Community Health Assessment and Community Health Improvement Plans and expanded our capacity to address the social determinants of health needs in our communities.

Along the way, the membership of our Leadership Team completely turned over. You’ll see their new ideas encapsulated in the goals that follow.

My sincere gratitude to everyone who has participated in this process, and to those whose dedication and good work it will take to keep this momentum going.

How to Read this Plan

Each goal is organized into three different levels.

1. Strategic Priority: “What” we want to accomplish. Each goal is supported by at least one objective and strategy.

1a. Objective: “How” we are doing this. Each objective is specific to how we will achieve each goal and will serve as a measure of progress toward each goal.

1a.1 Strategy: “What” we are doing. Each strategy details what steps we are taking to meet each objective.

Table of Contents

This strategic plan outlines four strategic priorities.

Department Mission, Vision, and Values	Pg.2
About the Plan – Message from Brian Cowan	Pg.3
Strategic Priority #1	Pg.5
Strategic Priority #2	Pg.8
Strategic Priority #3	Pg.11
Strategic Priority #4	Pg.12
The 10 Essential Public Health Services	Pg.14
Results Timeline	Pg.15

PRIORITIES

STRATEGIC PRIORITY # 1: EFFICIENT AND HIGH-QUALITY SERVICES

OBJECTIVE 1A:

Improve operations by evaluating staffing, space, and funding to meet public health needs as population continues to grow in Weber and Morgan counties.

STRATEGIES 1A.1

Assess space on WMHD campuses to allow for future needs of the health department.

Responsible: Administration

- Track and record services from each division being utilized on a monthly basis.
- Annually, compile and evaluate data to identify trends and needs for changes in department facilities. Meet regularly with division directors to discuss plans based on results.

STRATEGIES 1A.2

Work with state and local stakeholders to advocate for a consistent level of funding that meets public health needs.

Responsible: Health Officer and Relevant Staff

- Ensure market competitiveness for all health department employees by reevaluating all department positions through a market survey analysis every two years.
- Health Officer will continue to share funding information and operations requirements with county officials and affiliate groups.
- Annually, work with county partners to evaluate and advocate for consistent levels of tax funding by



TARGET DATE

- 7/26/2026



TARGET DATE

- 8/30/2027

presenting tax level history and needs assessments to county officials during budgeting season.

- Every year, prior to the legislative session, through the UALHD, work with stakeholders to advocate for a permanent minimum level of per capita funding identified at a State level for county health department services.

OBJECTIVE 1B:

Improve operations by evaluating staffing, space, and funding to meet public health needs as population continues to grow in Weber and Morgan counties.

STRATEGIES 1B.1

Use the Strategic Plan, Workforce Development Plan, Performance Management System and Quality Improvement Plan on a continual basis.

Responsible: Leadership Team

- Leadership will review plans as agenda items monthly. The Board of Health, community partners and general staff will be updated on progress as needed.
- On a biannual basis, update employees of progress on the WMHD Strategic Plan at division and general staff meetings.
- Divisions will reference and incorporate department plan objectives into yearly division goals.
- Utilize health department branding and logos in all online and public outreach.
- By the end of 2024, create a Performance Management platform to measure and demonstrate division goal progress.

OBJECTIVE 1C:

Utilize energy-reducing and cost-effective management principles of operation

STRATEGIES 1C.1

Establish the Weber-Morgan Health Department as a leader in the community in energy-reducing and cost-effective facility management using principles of sustainability.

Responsible: Administration and Facility Operations



TARGET DATE

- **12/31/2024**



TARGET DATE

- **12/1/2025**

- By December 2024, have Rocky Mountain Power evaluate the property for solar panel installation.
- Throughout 2025, seek out grant funding sources for solar panel installation at the WMHD main building.
- Prioritize charging station placement as we work with Weber County during the Fall 2025 block construction.
- Coordinate with a local landscaping architect to evaluate the WMHD Ogden campus landscape for aesthetics and smart water use by December 2025.
- Track landscape upgrades and wise water use and present findings annually to leadership by the end of the second quarter for budgeting purposes.
- By December 2026, develop a plan for reinvesting cost savings into facilities.

OBJECTIVE 1D:

Utilize energy-reducing and cost-effective management principles of operation

STRATEGIES 1D.1

Partner with Weber County IT department to improve communication and processes.

Responsible: All Divisions, Admin/Billing



TARGET DATE

- **12/29/2028**

- Evaluate current hardware and software needs on an ongoing basis.
- Create an inventory list by the end of 2024.
- Annually, review and maintain an inventory list of services, products, and paid third-party services to identify use, cost, relevance, and redundancy between departments.
- Coordinate quarterly standing meetings with Weber County IT to discuss IT ticket follow up, services, customer service, emergency preparedness, etc.
- Invite IT to present during general staff meeting once a year. Potential topics include software training, support, knowledge, equipment, and security issues.

STRATEGIC PRIORITY # 2: IMPROVING INTERNAL COMMUNICATIONS

OBJECTIVE 2A:

Break down internal department silos and build upon our foundation of respect, trust, and equality among staff and all divisions

STRATEGIES 2A.1

Ensure a strong Leadership and Management Team in the health department through purposeful trainings and including team members on department-wide initiatives.

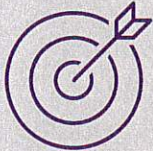
Responsible: Executive Director and Leadership Team

- Training needs assessments will be utilized to ensure that performance gaps are addressed.
- Continually develop department goals and training that ensure staffing roles and responsibilities can be carried out by at least two people.
- Twice annually, the Health Officer facilitates identification of training priorities for Leadership and Management Team (i.e. value-based training, trauma-informed, outward mindset, resiliency, leadership, new hire orientations, personnel management, public speaking, etc.).
- Provide opportunities for staff to participate in committees including: QI Council, Health Equity Team, Employee Recognition, Rapid Response, and Epi Team.
- To advance a culture of quality and performance management, staff that attend trainings may be asked to present on what they learned during the conference/training during monthly division staff meetings.
- Once a year, conduct a needs assessment to ensure that performance needs are addressed.



TARGET DATE

- 12/29/2028



TARGET DATE

- **4/30/2026**

STRATEGIES 2A.2

Enhance communication across all staff so information flows efficiently. Responsible: Leadership team, PIO, Rapid Response Team

- At a minimum of once per year, Emergency Services, WIC, Nursing, Environmental Health, Community Health or Administration, Public Information will present at general staff meetings, highlighting inter-department collaborations, special projects, and programs.
- Division and Department goals are distributed to staff yearly through staff meetings.
- Survey staff at general staff meetings for preference for department updates.
- Provide suggestion boxes (physical or digital) for staff to submit questions and create a standing agenda item in general staff meeting for responses.
- Suggestions received that are pertinent to the entire staff may be addressed during a general staff meeting.

STRATEGIES 2A.3

Continually seek feedback from staff and partners.

Responsible: QI/PM Coordinator and Leadership

- Annually, evaluate public feedback from the WMHD website. As comments are received, they will be sent to applicable divisions.
- Analyze partner feedback from annual partner survey distributed each November.
- Evaluate WMHD employee feedback from annual PH WINS (Public Health Workforce Interests and Needs) Survey distributed each September.
- Update Strategic Plan with feedback from WMHD employees, partners, and the public by Quarter 1 of the following year.



TARGET DATE

- **12/1/2025**



TARGET DATE

- **12/31/2025**

Working on various exercises to full scale exercises

OBJECTIVE 2B:

Develop a culture of emergency response preparedness across all divisions.

STRATEGIES 2B.1

Prepare staff and stakeholders to respond to a public health emergency.

Responsible: Emergency Services and Division Leadership

- On a continuous basis, Emergency Services will support Division Leadership to help educate the Board of Health on WMHD's roles during emergencies using the annual training meeting and available online training.
- Yearly, Emergency Services staff will present a Board of Health ICS Training on public health's role in various disasters.
- Emergency Services staff will provide BeRAD and other mandatory training every other year per Division Leadership direction.
- Emergency Services will engage in monthly meeting with jurisdictional partners to work through the Homeland Security Exercise and Evaluation Program (HSEEP) and build a full-scale "Mass" or "Surge" exercise in 2025.
- Emergency Services will work with the Executive Director craft a Memorandum of Understanding (MOUs) including but not limited to Information Technology (equipment and bandwidth), Human Resources (hiring and purchasing), and Public Information (call center, staff to support, bandwidth).

STRATEGIC PRIORITY #3: PARTNER COLLABORATION

OBJECTIVE 3A:

Using public health principles with a focus on the department's community health improvement plan, address emerging issues/chronic diseases through community partnerships.

STRATEGIES 3A.1

Be a leader in our community health and improvement planning, by updating the WMHD CHIP alongside stakeholder groups.

Responsible: Leadership Team, Community Partners and Staff as Assigned

- By December 2024, work collaboratively with ongoing community coalitions to develop the 2024-2029 CHIP by addressing voted-on health priorities including Mental Health, Substance Use and Misuse, Chronic Diseases and Obesity.
- WMHD subject matter experts will attend Ogden CAN's Health network meetings where progress in committees, goals and objectives will be discussed.
- In collaboration with Ogden CAN, an annual review of progress made in implementing strategies and objectives set in the CHIP will be made available in an annual report.
- After a bi-annual review, potential revisions will be discussed by WMHD and community partners based on completed objectives, emerging health issues, changes in resources/assets, etc.
- Utilize Performance Management software to track CHIP progress. Assess and present progress report annually.



TARGET DATE

- **1/30/2026**



TARGET DATE

- **7/16/2025**

STRATEGIES 3A.2

Utilize the WMHD Epi-Team to develop strategies of disease surveillance and messaging to the community.

Responsible: Leadership Team, Epi Team, Nursing

- An Epi team meeting will be held regularly to discuss hotspots and emerging trends. Information including food recalls, rabies/animal vectors, etc., will be shared with additional staff and community partners as needed.
- Provide opportunities for staff to be invited to attend the Epi team. Communicate trends and findings to partners and public through online dashboards, professional communication and social media.

STRATEGIC PRIORITY #4: PUBLIC TRUST

OBJECTIVE 4A:

Create a WMHD-wide process to ensure plans and strategies are in alignment with community partners

STRATEGIES 4A.1

Collaborate with partners to synergize efforts to improve the community's health.

Responsible: Leadership Team

- Upon completion, update WMHD Strategic Plan in conjunction with the Community Health Improvement Plan (CHIP). Analyze data from interventions and determine course of action for ongoing health priorities.
- Annually visit at least five partners/agencies per year to align strategies and ensure that resources are being appropriately used in the community.



TARGET DATE

- **1/30/2026**



TARGET DATE

- **5/30/2025**

OBJECTIVE 4B:

Operate under Public Health Accreditation Board (PHAB) requirement regardless of accreditation.

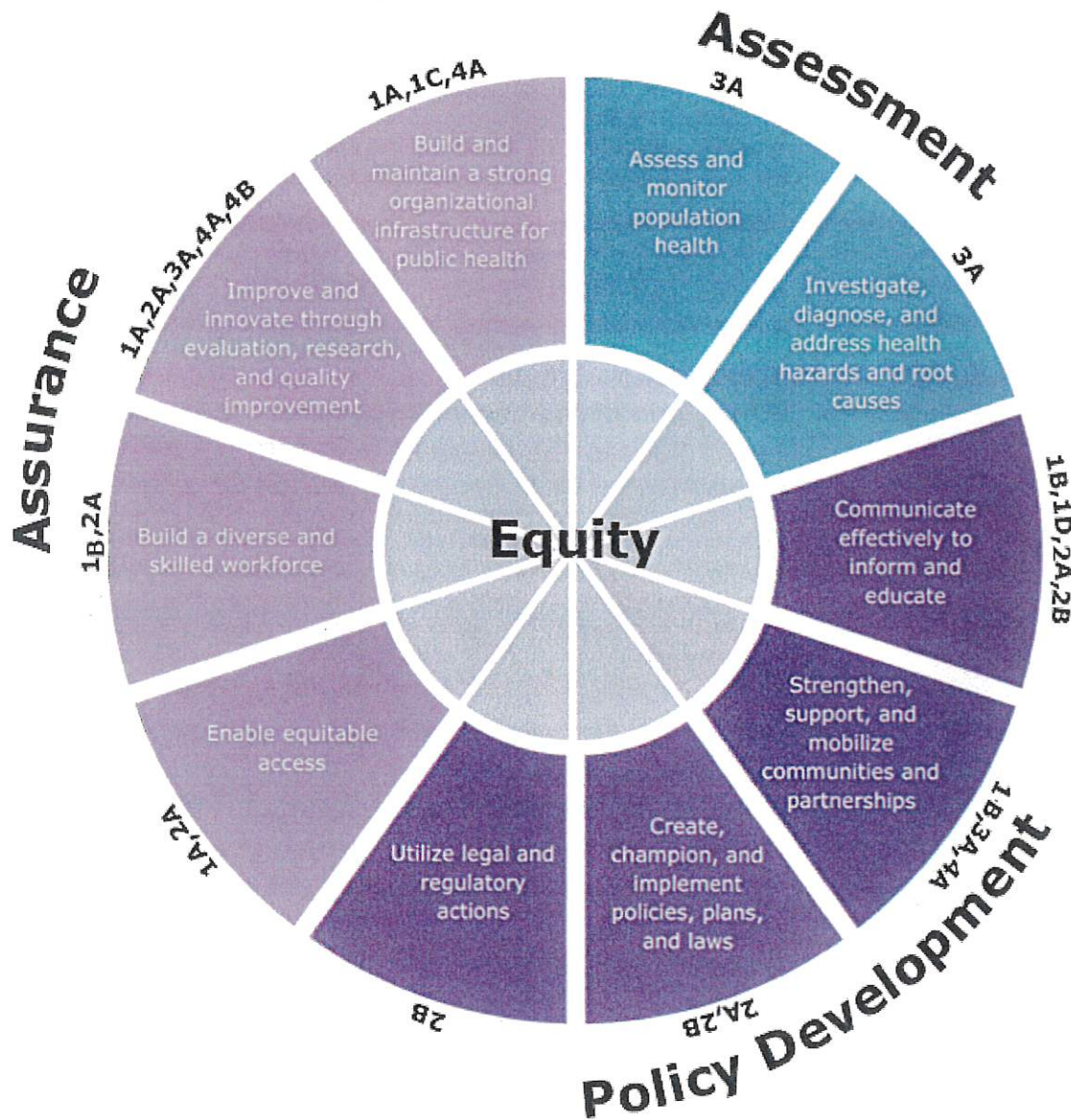
STRATEGIES 4B.1

Integrate PHAB standards and measures into all department operations.

Responsible: Leadership under direction of the Health Officer

- By the end of December of 2024, the Weber-Morgan Health Department will have completed its new Strategic Plan, Workforce Development Plan, Performance Management System and Quality Improvement Plan.
- By the end of the first quarter 2025, engage in the PHAB Readiness Assessment and PHAB Accreditation Trainings.
- By the end of the second quarter of 2025, WMHD will report back to the Board of Health the results of the PHAB Readiness Assessment.

The 10 Essential Public Health Services



RESULTS TIMELINE

Below are the results of the previous 5-year goals. We use them to show and how they paved the way for our current goals.

2020	2021	2022	2023		2024
<p>AUGUST Implementation of Weber-Morgan Health Department Board of Health immunization policy for pre-k, elementary, and secondary institutions</p> <p>DECEMBER BeRAD preparedness tool being used by Weber-Morgan Health Department staff and new employees for training</p>	<p>JULY A request for proposals was issued to hire a contractor to finish the second floor of the health department annex building</p>	<p>APRIL Completion of Health Department Annex Building</p>	<p>JANUARY Increase of emissions compliance fee approved</p> <p>FEBRUARY CHA realigned and updated post-COVID</p> <p>AUGUST Board approved plans to move forward with PHAB readiness assessment</p> <p>AUGUST Updated community-wide suicide response plan with community partners</p>	<p>SEPTEMBER Staff participated in Workforce Development Plan (PH WINS) survey</p> <p>NOVEMBER Conducted a new SWOT Analysis</p> <p>DECEMBER New electronic billing system implemented across the department</p>	<p>JANUARY New online customer feedback survey added to the WMHD website</p>