

# Countryside Public Health Strategic Plan

2017-2021

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**COUNTRYSIDE**  
PUBLIC HEALTH

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## INTRODUCTION TO COUNTRYSIDE PUBLIC HEALTH

Countryside Public Health (CPH) serves Big Stone, Chippewa, Lac qui Parle, Swift, and Yellow Medicine counties as a fully integrated joint powers agency. The agency began the process of regionalization long before it became an economic and political necessity. In 1970, Chippewa and Yellow Medicine Counties combined to form a nursing service. Swift, Lac qui Parle, and Big Stone counties joined them in 1973, 1974, and 1980 respectively. The five counties, with a population of 45,190 (2010 census data), resides within 3,346 square miles. National measures classify the CPH service area as “frontier” (sparsely populated rural areas isolated from population centers and services). The CPH administrative team consists of an Administrator, two Assistant Administrators, and Data Systems Manager. Staff includes professionals in the areas of Nursing, Environmental Health, Informatics, Finance, Health Education, Office Support, and Interpretation (contracted) that provide services Monday through Friday in the respective county offices.

**The mission of CPH is “to facilitate a safe and healthy future for all the residents of Big Stone, Chippewa, Lac qui Parle, Swift, and Yellow Medicine counties.”**

CPH utilizes collaboration, partnership, and relationships to achieve its mission. CPH plans, cooperates, and coordinates with organizations and institutions to develop a comprehensive community health plan. CPH offers support to the community in six key program and policy areas: Family Health, Environmental Health, Emergency Preparedness, Infectious Disease, Disability and Decreased Independence, and Health Promotion. These major program and policy areas align with the 2019 proposed framework for governmental public health in Minnesota (diagram below).



<https://www.health.state.mn.us/communities/practice/schsac/workgroups/docs/201906StrengtheningANewFramework.pdf>

**STRATEGIC PLAN BACKGROUND**

In Minnesota, the Community Health Services (CHS) Act of 1976 established a “State Community Health Services Advisory Committee” (SCHSAC) to advise, consult with and make recommendations to the Commissioner of Health on matters relating to the development, funding, and evaluation of community health services in Minnesota. The CHS Act (later renamed the Local Public Health Act) began the partnership between the Minnesota Department of Health (MDH) and local governments. This state/local partnership has proved to be an effective tool for protecting and improving the health of all Minnesotans.

SCHSAC develops annual work plans to focus their activities, but much of their work is accomplished through workgroups. One of these workgroups, the SCHSAC Performance Improvement and Accreditation Work Group, identified strategies to strengthen accountability and improve performance across public health agencies in Minnesota. This work informed the selection of the MDH 2020 deliverables for the 2015-2019 local public health assessment and planning cycle:

- 1. Community Health Improvement Plan in partnership with Community partners
- 2. Strategic Plan-internal plan for the organization

**STRATEGIC PLAN PROCESS**

The Strategic Planning Process was developed and facilitated by MDH and based on National Public Health Accreditation Standards issued by the Public Health Accreditation Board (PHAB). The following diagram highlights the process utilized to develop the Countryside Public Health Strategic Plan:



**ORGANIZE**

Members of the CPH Strategic Planning team included: Elizabeth Auch, PHN-CHS Administrator, Commissioner Jeffrey Lopez, Commissioner Dave Leiser, Commissioner Todd Patzer, Lay Board Member Shari VanBriesen, Shelly Aalfs, Informatics, Kris Boike, Asst. Administrator, David Bothun, RN, Hillary Spray, PHN, Cindy Louwagie, PHN, Trudy Olson, PHN, Melissa Brehmer-Hamblin, RN, Gloria Tobias, RN, Miriam Lindblad, PHN, Quality Planner, Maggie Boese, RN, Lacy Joyce, Asst. Administrator, Sandy Macziewski, Informatics.

**ASSESS**

During the first part of the assessment phase of the strategic planning process, the strategic planning team reviewed the summary of reports and key trends.

## **Summary of Reports and Key Trends**

**Community Engagement:** Countryside Public Health continues to engage with our Community Leadership Team, partner hospitals, five family service agencies, medical providers, schools, and other interested community organizations.

**Communication with County Commissioner Boards and Community Health Board:** Countryside Public Health routinely meets with the five county commissioner boards to inform and educate on population data trends and policy work related to Countryside Public Health. Countryside Public Health holds monthly Community Health Board meetings to manage and operate the organization.

**The 2015 Community Health Assessment (CHA):** located on the Countryside Public Health website.

**Top Ten Community Health Priorities:** The following were identified as our top 10 Health Priorities:

1. Mental Health/well-being
2. Obesity
3. Access to dental health and mental health
4. Emergency Preparedness
5. Housing-Lead
6. Tobacco and other substances
7. Parenting and family systems
8. Infectious Disease
9. Unintended injuries
10. Drugs and substance abuse

**Community Health Improvement Plan (CHIP):** The Countryside Public Health Administration team has been meeting with partners in 2016 to develop the Community Health Improvement Plan (CHIP) for 2017-18.

**Significant Changes:** The CPH Strategic Planning group identified the following significant changes in the Countryside Public Health service area since the 2012 Strategic Planning process:

- Increasing mental health issues
- Increasing requests from the Micronesian Community
- Limited Section 8 housing available in rural areas
- Increasing aging and dementia concerns
- Increasing environmental health issues such as lice and bed bugs
- Continued dental and oral health problems
- Jail health offered thru a contracted vendor (MEND) rather than public health due to the complex health needs of the jail population
- Higher Motor vehicle crashes as compared to the state average

**CPH Program Advisory Committee (PAC):** meets three to four times yearly to discuss external and internal trends impacting the health of the community and determine annual action steps in collaboration with our community partners.

**CPH Program Advisory Committee –Quality Improvement (PAC-QI):** meets three-four times to analyze data, monitor and measure progress toward identified goals in the Countryside Public Health work plans.

**Policy Work:** In last two years, Countryside Public Health developed an internal policy on Staff Office Calendars, and developed and passed county-level policies and ordinances related to tobacco and secondhand smoke. Countryside Public Health PAC is currently working internally on our electronic folder system for the organization.

## **FACILITED PLANNING SESSION**

Two regional Public Health Nurse Consultants (PHNCs) with the Office of Performance Improvement (OPI) at the MDH conducted two Strategic Planning facilitated sessions with CPH on December 8, 2016. Continuing with the assessment phase of the strategic planning process, the strategic planning team identified the strengths, weaknesses, opportunities and challenges of Countryside Public Health. The list was discussed during the facilitated session and the planning team was asked to determine which ideas/themes were particularly important to consider with the context of the strategic plan.

## **Strengths, Weaknesses, Opportunities and Challenges (SWOC) Analysis**

<b>Strengths/Accomplishments</b>	<b>Weaknesses/Challenges</b>
<ul style="list-style-type: none"> <li>• Improved mentoring of staff</li> <li>• Organized efforts to serve the elderly</li> <li>• Staff trained in Growing Great Kids and Incredible Years</li> <li>• Partnerships with hospitals, family services, Upper Sioux Tribe, Micronesians, Emergency Managers, and law Enforcement</li> <li>• Strong Safe Communities Coalition-decreased unintended injuries</li> <li>• New Leadership structure</li> <li>• Program work plans with objectives functioning as one agency</li> <li>• SHIP staff have improved and grown the relationship with the communities</li> <li>• Office Support have expanded roles with public health duties</li> <li>• Strong Governing Board</li> <li>• Community Partners view PH agency reputation as really good/partners see the five counties as one entity</li> <li>• Policy and systems environmental focus with our work</li> <li>• Increased engagement with the Micronesian community</li> <li>• Evidenced based home visiting with Supporting Hands Nurse Family Partnership</li> <li>• ACO- Southern Prairie Community Care</li> </ul>	<ul style="list-style-type: none"> <li>• No grant writer</li> <li>• Lean amount of staff</li> <li>• Money/legislation view PH as a step-child. More difficult/changes with allocating resources/political</li> <li>• Better promotion of CPH (signage)</li> <li>• In “survival mode”</li> <li>• Migration to rural areas for cheap housing</li> <li>• Use of social media and website needs work</li> <li>• Grant dollars spread out over five counties</li> <li>• Distance as a rural disparity</li> <li>• Measurable outcomes, evaluation and impact. Difficulty measuring, and clarity of purpose</li> <li>• Cost of evidence-based programs-Growing Great Kids home visiting</li> <li>• Limited resources for addressing substance abuse</li> <li>• Lack of resource for a public health presence in schools/ need for parenting programs</li> </ul>

<p><b>Top 3-5 strengths of CPH:</b></p> <ul style="list-style-type: none"> <li>• Fiscal Responsibility</li> <li>• Strength of Community Health Board and Public Health Staff</li> <li>• Strong Informatics and data</li> <li>• Partnerships with other agencies and hospitals</li> </ul>
<p><b>Top 3-5 weaknesses of CPH:</b></p> <ul style="list-style-type: none"> <li>• No grant writer</li> <li>• Survival mode with lean amount of staff</li> <li>• Promoting Public Health –via better communication, website, social media</li> </ul> <p>Community Health Assessment is an opportunity to engage others- enhance understanding</p>
<p><b>Top 3-5 risks of CPH:</b></p> <ul style="list-style-type: none"> <li>• Sustainable funding</li> <li>• Communicate and educate on Health equity: Community and staff</li> <li>• High cost of health insurance</li> <li>• Overall increasing demand of service</li> <li>• Upcoming retirements</li> </ul>
<p><b>Top 3-5 opportunities for CPH:</b></p> <ul style="list-style-type: none"> <li>• New staff with fresh perspectives</li> <li>• New strategic plan</li> <li>• Grant opportunities</li> <li>• Strong collaborations and increase with city councils</li> <li>• Continue to strengthen relationships with the county boards and County Administrators</li> </ul>
<p><b>External trends, events or factors that might impact CPH:</b></p> <ul style="list-style-type: none"> <li>• The 2016 national election</li> <li>• Focus on evidence based Practice</li> <li>• Public Health Accreditation</li> <li>• Public attitude is changing in regards to an increased interest in better nutrition</li> <li>• Policy, system, and environmental changes in public health</li> <li>• Increased infectious disease related to travel, mistrust of childhood vaccine</li> <li>• Lack of qualified applicant in rural areas</li> <li>• Aging population with increased needs</li> <li>• Changes in the health care and in health insurance industry</li> <li>• Mental health/drug use-opioid use (prescription drugs)</li> </ul>

Countryside Public Health concluded from the discussion that public health will continue to evolve and change. Public health should not work with the thought that we are in competition with our providers but as a partner to increase population health. A brighter future depends on strong partnerships with the health care system.

## **Mission, Values, and Vision Statements**

Following review of the summary of reports/key trends and the SWOC analysis, the group reviewed the mission statement and reviewed and updated the values and vision statements.

### **Mission**

**The mission of Countryside Public Health is to facilitate a safe and healthy future for the residents of Big Stone, Chippewa, Lac qui Parle, Swift, and Yellow Medicine counties.**

Countryside Public Health noted that the word facilitation encompasses the role of a public health agency. A public health agency cannot solve all the health issues in a community but it can serve as a facilitator of change for a safe and healthy community.

### **Values**

- **Integrity:** excellence within ethical, moral, and legal constraints.
- **Effective Collaboration:** partnership, trust, working side-by-side.
- **Dedicated, Competent, Versatile Staff/Board:** educated, evolving, nimble, and ready to serve.
- **Increased Visibility:** focused communication regarding the value of public health.
- **Performance Management:** data drives action, evaluation, and communication.

The Strategic Planning team brainstormed the vision of the organization. The question posed by the Public Health Nurse Consultant was “What does Countryside Public Health hope to see within the community and our organization as a result of this work in the next 3-5 years?” An affinity grouping process was utilized to group similar ideas. Vision elements were developed to capture the main theme of each group. The Strategic Planning team expanded the vision elements and core values with descriptive sentences to fully capture the meaning and intent of Countryside Public Health:

### **Vision**

- **Strong Collaborative Partnerships:** We engage community members, leaders, and organizations in the private and public sector to form collaborative, trusting, and lasting partnerships.
- **Recognized as a Community Resource:** We utilize effective communication and current technology to offer culturally and linguistically appropriate health promotion resources.
- **Multi-Pronged Prevention Focus:** We address mental health, chronic disease, and family health using primary, secondary, and tertiary best-practice prevention approaches.
- **Results Oriented Organization:** We embed quality performance management into day to day operations and use data to identify and address greatest needs and evaluate outcomes.
- **Dynamic Culturally Competent Staff:** We respect differences and acknowledge commonalities to determine staffing needs while remaining competitive with wages and benefits.



## **Strategic Priorities**

The final portion of the facilitated session was brainstorming strategies necessary to make the vision elements a reality at Countryside Public Health. Similar to the vision-related process, an affinity grouping process was utilized to group similar strategies. Strategic priorities were developed to capture the main theme of each group. Voting prioritized the strategic priority titles as follows:

- **Continue to build a strong Performance Management System (11 votes)**
- **Build and strengthen a competent, knowledgeable workforce (10 votes)**
- **Develop and implement a comprehensive integrated assessment and planning cycle-CHA and CHIP (8 votes)**
- **Develop and implement a robust public health marketing program (6 votes)**
- **Implement evidence-based practices and programs (6 votes)**

## **DEVELOP ACTION PLANS**

Following the facilitated sessions, the CPH Strategic Planning Team and Public Health Nurse Consultant (PHNC) continued to meet for development and implementation of the Strategic Plan.

In 2017, two sub-committees began to address the top two strategic priorities:

- **Continue to build a strong Performance Management System**
  - Delegated to Performance Management Committee
  - Progress made from 2017-2019 (ask lead for bullet points)
- **Build and strengthen a competent, knowledgeable workforce**
  - Delegated to Administration Team
  - Progress made from 2017-2019 (ask lead for bullet points)

In 2019-20, objectives, goals, and action steps were created for these strategic priorities:

- **Develop and implement a comprehensive integrated assessment and planning (CHA/CHIP) cycle** (see action plan)
- **Develop and implement a robust public health marketing program** (see action plan)

In 2018-20, work was initiated for this strategic priority:

- **Implement evidence-based practices and programs** (see action plan)

The CHS Administrator communicates strategic plan progress and revisions to the Countryside governing board and Countryside staff as indicated by the monitoring and revision plan (see monitoring and revision plan).

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<b>Strategic Priority</b>	<b>Comprehensive CHA and CHIP</b>
<b>Goal</b>	<b>CPH will have a comprehensive integrated assessment and planning process for the CHA and CHIP.</b>

## Objective 1: By March 30, 2020, CPH will develop and implement a process for a comprehensive CHA and CHIP.

Benchmark and Method of Measuring Success: Completed CHA and CHIP by December 31, 2019

<b>Action Steps (Deliverables) with Time Frame</b>	<b>By When</b>	<b>Resources Needed</b>	<b>Lead Person</b>	<b>Status with Dates</b>
<b>Establish a CPH Team</b>	3/30/2019	CPH Staff	Administration	✓ Team Established
<b>CPH team- PAC-QI will meet three to four times annually to review the process.</b>	December 31, 2019	Staff time and funding for marketing	Administration, Informatics, and SHIP Coordinator	✓ Meetings are part of the PAC-QI group 3/18, 7/17, & 11/18-2019.
<b>CPH Team-PAC-QI will delegate tasks to complete the CHA and CHIP.</b>	12/31/2019	Staff time and funding	Administration	SHIP Coordinator
<b>SHIP Coordinator completing surveys and focused interviews for the CHIP process</b>	11/30/2019	Staff time, printing, and funding	SHIP Coordinator	✓ Surveys, Key Informant Interviews, Community Outreach, & Focus Groups Completed by: 11/20/19

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Informatics Technician completing analysis of the community and MN Student surveys	12/31/2019	Staff time	Informatics Technician	In process---analysis and writing of CHA to be completed by February 30, 2019.
Administration holds meetings with Family Services two to four times a year for input on health issues.	12/31/2019	Staff time	Administration	✓ Dates completed: 2/25/2019, 7/25/2019
Administration holds annually meetings with the nine hospitals in the five-county service area to review health issues facing our population.	10/31/2019	Staff time	Administration	✓ Complete: June 10, 2019
Attend Quarterly Data Group Meeting for 2019.	12/31/2019	Staff time	Informatics and SHIP Coordinator	In process --- 1/24/2019, 5/30/19, 8/29/19, 10/29/19
CPH will complete the CHA and CHIP.	3/30/2020	Staff time	Administration, Informatics, and SHIP Coordinator	In process to be completed
CPH and CHIP will be available to the public	3/30/2020	Staff	Social Media Coordinator	In process

<b>Strategic Priority</b>	<b>Evidence Based Practices and Programs</b>
<b>Goal</b>	<b>CPH will work toward implementing evidence-based practices and programs</b>

## Objective 1: By December 31, 2020, CPH will Implement HFA-Children Welfare Adaptation evidence-based home visiting

**Benchmark and Method of Measuring Success:** CPH will have an HFA program with 15 clients being served.

<b>Action Steps (Deliverables) with Time Frame</b>	<b>By When</b>	<b>Resources Needed</b>	<b>Lead Person</b>	<b>Status with Dates</b>
<b>CPH will assess data trends to apply for EBHV planning grant.</b>	1/10/2018	Staff time	Informatics Technician	✓ Complete data analysis in January 2018.
<b>CPH will apply for EBHV planning grant to determine which evidence-based program should be implemented based on data trends.</b>	2/30/2018	Staff time	Administration and contracted grant writer	✓ Grant submitted and awarded March 2018.
<b>CPH will submit RFP for Consultant to lead a Community Stakeholder group to determine EBHV program.</b>	12/31/2018	Staff time, consultant, and funding	Administration	MDH put out a new RFP for implementation of EBHV and CPH had to compress timelines to complete stakeholder work.
<b>CPH Consultant will complete Stakeholder meetings to determine EBHV.</b>	11/15/2018	Staff time, consultant, and funding	Consultant and administration	✓ Completed with meetings by group on: 7/7/2018, 9/5/2018, 10/3/2018/10/22/2018, and 11/7/2018

<b>Action Steps (Deliverables) with Time Frame</b>	<b>By When</b>	<b>Resources Needed</b>	<b>Lead Person</b>	<b>Status with Dates</b>
<b>CPH will partner with Horizon Public Health to submit proposal for EBHV-HFA</b>	12/13/2018	Staff time, contracted grant writer	Administration	✓ Complete-Grant submitted on 12/13/2018
<b>If awarded, CPH will continue to partner with Horizon Public Health to implement HFA</b>	4/30/2019	Staff time and grant funding	Administration	✓ MDH awarded Horizon Public Health and Countryside implementation funding for HFA in April 2019.
<b>Horizon Public Health and CPH will create an advisory board to move forward HFA in the 10-county region</b>	12/31/2019	Staff time and grant funding	HFA Supervisor	In process, first meeting held of HFA Advisory team on 10/2/2019
<b>Horizon Public Health Administration and Countryside Administration will meet three to four times a year to make sure implementation of HFA occurs by following the work plan outlined in the grant application.</b>	12/31/2020	Staff time and grant funding	Administration of Horizon Public	In process and first meeting 10/1/2019

## Objective 2: By December 31, 2019 CPH will implement “Catch my Breath” Curriculum in four of the 12 school districts.

**Benchmark and Method of Measuring Success:** Catch my Breath Curriculum implemented in four of the 12 school districts.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Primary Prevention School Nurse will survey the 12 school districts on health issues.	3/30/2019	Staff time	Primary Prevention School Nurse	✓ Complete-surveys tallied
Primary Prevention School Nurse will deliver Catch my Breath evidence-based curriculum to four schools	12/31/2019	Staff time	Primary Prevention School Nurse	Completed at YME in 2019
Primary Prevention School Nurse will continue to offer Catch my Breath to other remaining schools.	12/31/2019	Staff time and mileage	Primary Prevention School Nurse	In Progress---New position hired November 2019
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**Objective 3: By December 31, 2020 CPH will assess and evaluate the programs offered to determine the future evidence-based programming.**

<b>Action Steps (Deliverables) with Time Frame</b>	<b>By When</b>	<b>Resources Needed</b>	<b>Lead Person</b>	<b>Status with Dates</b>
<b>Results First requested CPH to be part of an assessment of evaluating programming.</b>	7/31/2019	Staff time	Data Systems Manager and administration	✓ Inventory completed and draft document sent to Results First
<b>CPH will partner with Results First to assess CPH programs.</b>	12/31/2019	Staff time	Data Systems Manager and Administration	✓ Results First sent a draft report October / 2019
<b>CPH Administration will assess all programs offered at Countryside Public Health</b>	6/30/2020	Staff time	Data Systems Manager and Administration	Not Started
<b>CPH Administration will determine which evidence-based programming should be considered to best fit the population’s needs</b>	8/20/3030	Staff time	Data Systems Manager, Informatics, and Administration	Not Started

<b>Strategic Priority</b>	Develop & Implement a Robust Public Health Marketing Program
<b>Goal</b>	To increase outreach, education, & knowledge of our public health services.

**Objective 1: By March 31, 2021 create & implement a communication plan to inform community partners of public health roles, responsibilities, and services.**

**Benchmark and Method of Measuring Success:** CPH will increase partner relationships throughout the five counties by 5 partners.

<b>Action Steps (Deliverables) with Time Frame</b>	<b>By When</b>	<b>Resources Needed</b>	<b>Lead Person</b>	<b>Status with Dates</b>
<b>Develop a Communication Task Force</b>	12/31/2019	Staff Time	Communications Coordinator	✓ COMPLETE: June 2019
<b>Develop a yearly work plan for communication tasks &amp; continue to meet quarterly for progression.</b>	1/31/2020	Staff Time & Meeting Space	Communications Task Force	IN PROGRESS
<b>Implement the tasks with in the yearly work plan.</b>	3/31/2021	Staff Time	Communications Task Force	IN PROGRESS
<b>Evaluate the progress of the task force &amp; work plans.</b>	3/31/2021	Staff Time	Communications Task Force	Click or tap here to enter text.



## Objective 2: By January 1, 2020 launch the refreshed Countryside Public Health Website.

**Benchmark and Method of Measuring Success:** CPH will launch the new website.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Evaluate the current website and assess the needs of a new website.	12/31/2019	Staff Time	Communications Coordinator	✓ COMPLETE: May 2019
Update website format, usability, information, and program pages.	3/31/2020	Staff Time & Website Contract	Communications Coordinator	IN PROGRESS
Increase user friendliness & engagement.	3/31/2021	Staff Time	Communication Task Force	IN PROGRESS
Evaluate refreshed website and how to best utilize technology for the agency.	3/31/2021	Staff Time	Communication Task Force	Click or tap here to enter text.

## Objective 3: By January 1, 2020 launch the Countryside Public Health Facebook Page.

**Benchmark and Method of Measuring Success:** CPH will launch the new Facebook Page.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Launch the Facebook Page	1/1/2020	Social Media, Staff Time, & Internet Connections	Communication Coordinator	✓ COMPLETE: August 2019
Create social media goals & guidelines.	1/1/2020	Staff Time	Communication Task Force	IN PROGRESS

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Evaluate organizational policies, guidelines, & photo releases with social media use.	12/30/2020	Staff Time	Communication Task Force	IN PROGRESS
Evaluate Facebook posts to utilize maximum outreach & other sources of social media platforms.	3/31/2021	Staff Time	Communication Task Force	IN PROGRESS

## Objective 4: By January 1, 2020 implement new Countryside Public Health Logo.

**Benchmark and Method of Measuring Success:** CPH will launch the new logo and utilize refreshed documents.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Assess current logo and vote on new logo ideas at all staff.	10/1/2019	Staff Time & Graphic Designer	Communication Task Force	✓ COMPLETE
Vote on final logo. Launch new logo on social media & Countryside website.	1/1/2020	Staff Time & Facebook	Communication Coordinator	IN PROGRESS
Prioritize internal & external documents for a refreshed, unified look with new logo.	6/1/2020	Staff Time	Communication Task Force	IN PROGRESS

<b>Action Steps (Deliverables) with Time Frame</b>	<b>By When</b>	<b>Resources Needed</b>	<b>Lead Person</b>	<b>Status with Dates</b>
<b>Develop and implement guidelines of logo use transition, including: documents, signatures, communications, signage, and clothing.</b>	3/31/2021	Staff Time	Communication Task Force	IN PROGRESS