

Erie County Department of Health

Strategic Plan 2023-2027



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I. Message from the Director of Public Health

The COVID 19 pandemic has significantly impacted the functioning of public health services across the country. It has shown the very best of the public health workforce, but also exposed areas that were unprepared for a pandemic of the scope and duration of COVID 19. The challenges of COVID 19 have brought to light for many the importance of public health to our communities, and with it the struggle to maintain a financial investment in public health outside of a crisis.

The Erie County Department of Health has changed as a result of the COVID 19 pandemic. We saw a massive hiring of staff to support pandemic operations that necessitated a second office location. We were able to create much needed positions to support operational infrastructure with COVID 19 funding. We have seen unprecedented turnover, which has resulted in high levels of position vacancies and struggles to hire staff in critical positions. We have had many leadership changes across the management structure, and are working to return to pre COVID operations while maintaining preparedness for changes to the course of the COVID 19 pandemic.

We have learned a great deal since our last strategic plan. We recognize many areas that we need to rethink, areas that we need to reinvent, and morale that we need to reinvigorate. This strategic plan was developed with feedback from community stakeholders, Health Department staff, and the Health Department management team. We feel strongly that it incorporates our learned lessons from the last several years, while supporting our vision for the future of the Erie County Department of Health.

It is with a great deal of pride in the Erie County Department of Health, and seeing a bright hope for our future that we present our Strategic Plan for 2023-2027.

Sincerely,

A handwritten signature in cursive script that reads "Erin Mrenak". The signature is written in black ink on a white background.

Erin Mrenak
Director of Public Health

II. Introduction and Overview

The Health Department's ability to develop and execute this strategic plan has been significantly impacted by the COVID 19 pandemic. Due to capacity issues created staffing shortages, top level leadership changes, workload, and crisis management needs, this process began a year later than expected. We began the strategic planning process in June of 2021 and completed the final approval in December of 2022.

Overview

For this Strategic Plan, a readiness assessment was undertaken through an external consultant. Some of the key stakeholders from the last process were interviewed but a greater emphasis was placed on stakeholders not currently engaged in the Health Department planning process. These will include leaders within the healthcare field, representatives of the economic development community and people within the underserved communities most impacted by health disparities in the Erie County community.

This plan will serve as a roadmap for the Erie County Health Department to become the chief Health Strategist for the Erie County Community. In preparation for this role the ECDH has established a Public Health Strategy and Policy Division and questions regarding the ECDH role with this division are included in the assessment. Using Public Health 3.0 concepts and input from the stakeholder assessments, this plan will position the Erie County Health Department to take the lead in activities that emphasize cross-sector collaboration and integration of environmental, policy and systems-level actions that will address the social determinants of health in Erie County. The other added component of the external assessment is a set of questions designed to help the ECDH determine their role in supporting Resolution #43 from the County Council that states that racism is a public health crisis.

Assessment Process

- Interviews with employees of ECDH, including one on one interviews of all management/supervisory personnel and functional focus groups with all other employees. Included in this interview process internally will be questions designed to highlight how the updated Strategic Plan can be operationalized within the organization down to tactical goals for front line workers that can be directly tracked back to the overall strategic goals for the organization.
- Interviews with the Board of Health
- Interview with the County Executive
- Interviews with state Department of Health personnel
- Interviews with other identified key stakeholders engaged in public health within Erie County which may include non-profits, quality improvement organizations and others as identified by ECDH
- Specific focus will be on interviews with top officials at local healthcare clinics and hospitals, health insurance plans, representatives from the economic development sector, and members of Erie County that are most impacted by health disparities

Planning Process

The Strategic Planning process kicked off using the assessment information. An internal Strategic Planning committee was created to support all Strategic Planning activities internally. Working with the consultant, this team reviewed and identified goals from the last Strategic Plan and then moved on to integrate actions necessary to position the Erie County Health Department as the chief Health Strategist for Erie County. This work group met over the course of 9 months to fine tune expectations and objectives. The Directors Team reviewed the updated Strategic Plan goals and objectives. The input from all functional areas was used to develop the final Strategic Plan for the organization.

III. Assessment Outcomes

See Appendix A

IV. Mission, Vision, and Values

Mission: To preserve, promote and protect the health, safety and well-being of the people and the environment of Erie County.

By:

- Acting as the guardian and as an advocate in all matters relating to the public's health;
- Promoting healthy lifestyles;
- Reducing preventable illness and controlling the spread of communicable diseases;
- Identifying and eliminating health and safety hazards;
- Protecting and promoting the quality of the environment.

Organizational Values:

Collaboration: We value our culture of participation, building strong partnerships across our agency and within our community.

Integrity: We are committed to operating in a manner so that the agency is perceived to be credible, reliable, and one on which the community can depend.

Ethical: We are accountable, moral, and just to ourselves, each other, and the public we serve.

Quality: Through our individual and collective efforts, we deliver excellence and high value programs and services.

Equality: We treat all person—colleagues and clients—with respect, transparency, and sensitivity.

Vision: People of Erie County enjoy good health in a safe and healthy environment.

V. Goals and Action Planning

1. Priority One: Coordinate Community Planning

A. Develop a new Community Health Needs Assessment (CHNA) format by *June 1, 2023*

- Research and consult with other local health department regarding formats that have been used in their CHNA
- Design CHNA format
- Identify funding sources
- Leadership team will finalize format and plan for completion.
- Gain support of Administration

B. Conduct and complete CHNA by *November 15, 2023*

- Identify internal capacity
- Organize and leverage community partners

C. Update Community Health Improvement Plan (CHIP) to reflect CHNA by *December 31, 2023*

- Identify internal process for completion
- Develop internal process for monitoring
- Divisional goals towards meeting CHIP

D. Develop pathway for the alignment of CHNA, CHIP, Program Plan, and Strategic Plan by *December 31, 2025*

2. Priority Two: Internal Processes/Communications Priority

A. New employee onboarding process is researched, developed and implemented by *December 31, 2023*

- Review and revitalize the whole house orientation checklist and programmatic and/or departmental orientation checklists
- Development of onboarding process that integrates updated checklists
- Implementation of the onboarding process

B. P and P Manuals Upgrade Process will be Evaluated and Revised by *June 30, 2026*

- Consolidate divisional policies and procedures into centralized ECDH P&P manual.
- Communication to all ECDH employees on consolidated P and P manual and process.

- C. Improve internal communications systems by *December 2024***
- Evaluate all internal communications systems across ECDH
 - Assess opportunities to modernize/streamline communications
 - Implement new strategies for consistent communications at ECDH

3. Priority Three: Public Health 3.0

A. Assess the departmental readiness for Public Health 3.0

- Workforce Development staff will survey all employee's understanding of Public Health 3.0
- Workforce Development staff will utilize survey results to devise a departmental training plan specific to Public Health 3.0

B. Define and implement Public Health 3.0 framework

- Determine public health infrastructure priorities
- Review and update departmental org chart to modernize operational standards
- Review and update relevant job descriptions to identify and include relevant public health core competencies

C. Determine departmental capacity for data & technology enhancements

- Identify current data and technology systems
- Assess opportunities for data system integration
- Identify ways to improve data visualization capacity

D. Implement new technology for licensure and medical records by *January 2025*

- Develop and implement OpenGov platform for Environment Health Services by *May 1, 2023*
- Select new Electronic Medical Record for Community Health Services (CHS)
- Develop systems for new Electronic Medical Record
- Complete transition to new Electronic Medical Record for all applicable programs

E. Achieve Public Health Reaccreditation in 2026

- Accreditation Coordinator will work with management to establish goals and a timeline for reaccreditation requirements
- Accreditation Coordinator and management ensure that all ECDH employees understand and are involved in the reaccreditation process
- Utilize VMSG for tracking the reaccreditation requirements

Appendix A

2021 Erie County Department of Health Strategic Assessment Assessment Responses

An external and internal assessment was conducted from May of 2021 through August of 2021 for the Erie County Department of Health (ECDH). The main intent of the assessment was to lay the groundwork for the strategic planning process. The questions were developed by the Director's Team within the ECDH. The questions included the usual assessment questions that would inform the ECDH as to how they are perceived, what value they are creating for the community and where they need to focus their strategic goals over the next three years. This assessment also included questions focused on two other main areas of interest.

The first area of interest was to get input and perspectives on the new Public Health Strategy and Policy Division. These questions asked stakeholders about how the ECDH can become the chief health strategist for Erie County and were aligned with the concept of Public Health 3.0. The intention for the ECDH to develop more of a role within the county in terms of decision-making that would bring a public health perspective to discussions on policies has been in the works for several years, but was slowed down due to COVID-19 and the key role that Health Departments across the nation play in the management of this pandemic. A previous assessment from 2020 was done to help the ECDH determine specific COVID-19 strategies so there were no questions about the pandemic response in this assessment.

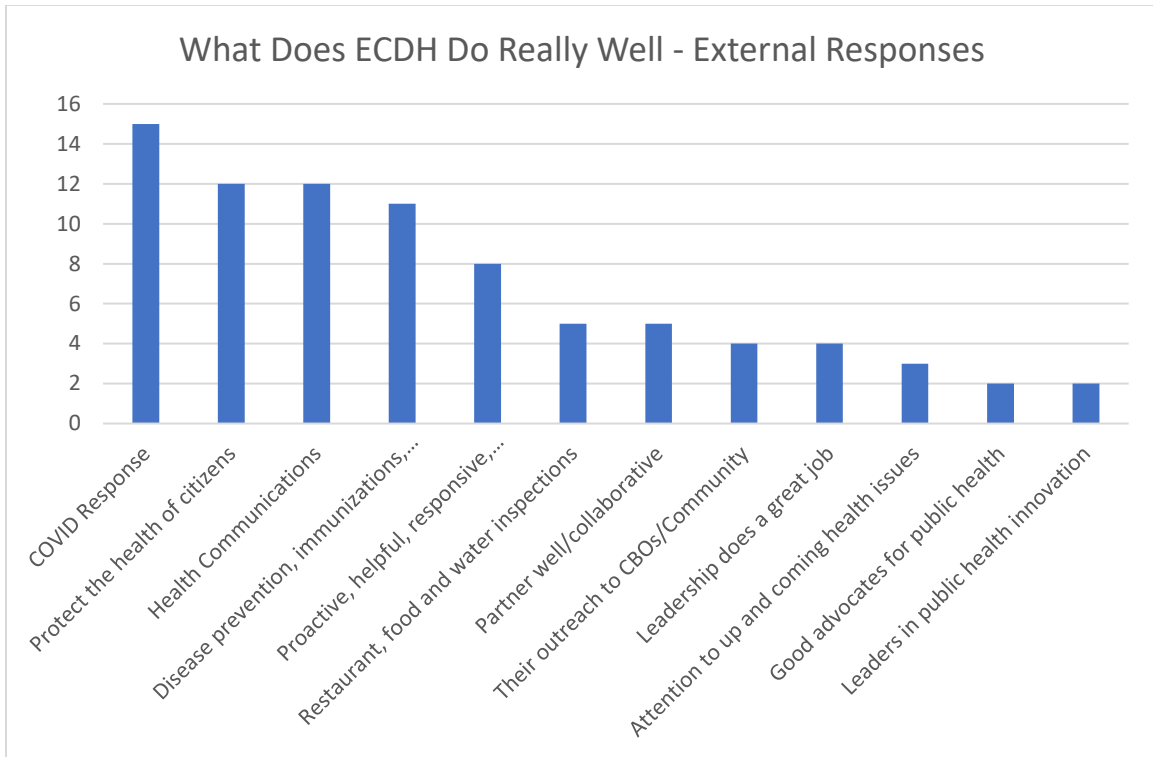
The other area of interest that was assessed was the role that the ECDH might play in support of Resolution #43 from the County Council that states that racism is a public health crisis. All stakeholders were asked about their ideas of how the ECDH could reinforce this resolution, the partnerships they would need to foster and what programming or services the ECDH could develop that would support Resolution #43 in the community.

The assessment included both internal and external stakeholders. The external stakeholders represented many different entities in the community including healthcare, mental health, non-profits working in the community, social services, government entities, community centers, philanthropy and the business community.

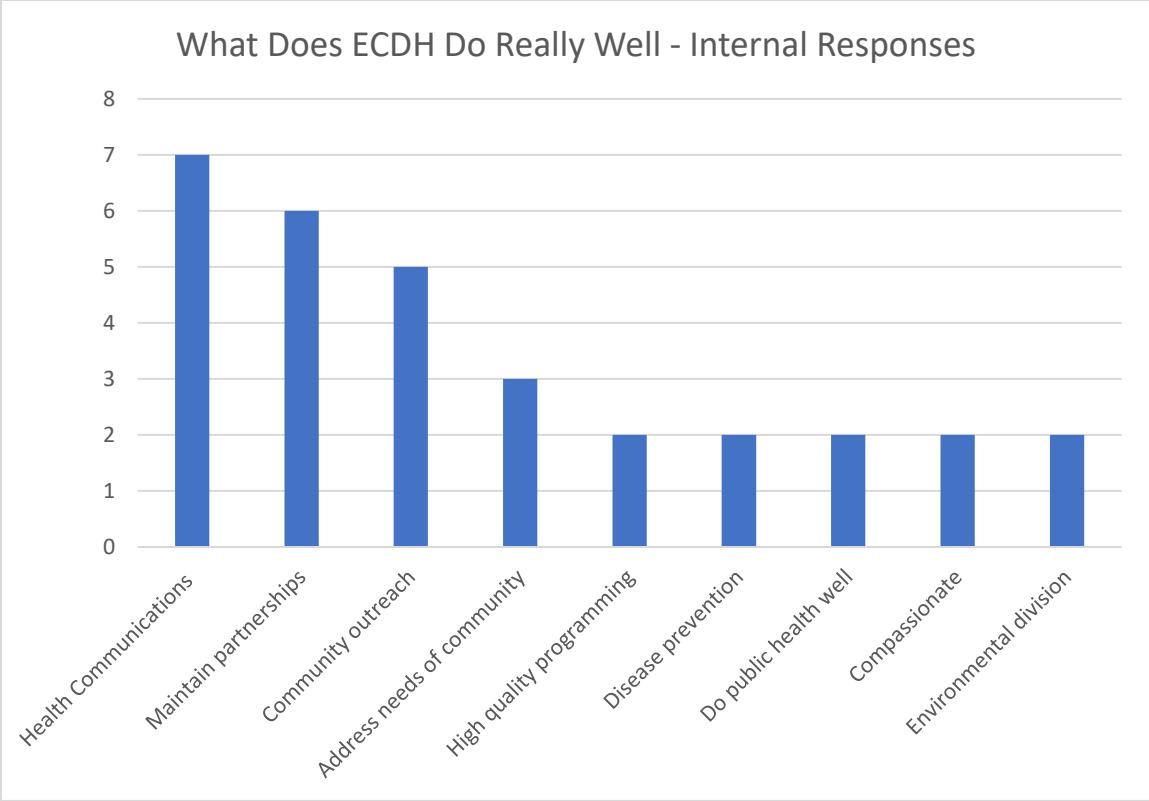
Internally there were three focus groups conducted along with interviews with everyone on the Director's Team.

Certain questions in this report are broken out by external and internal answers along with the combined responses. For other questions, including those about the new Division and Resolution #43, there are just the combined responses.

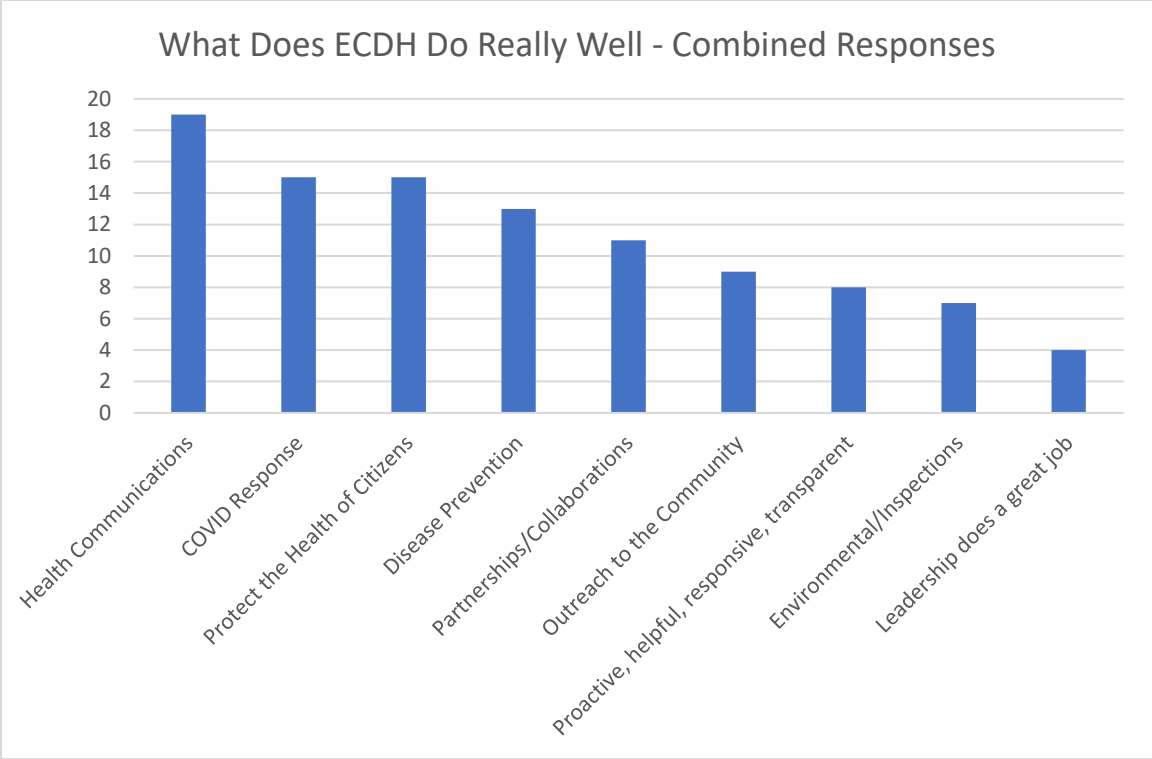
I. What does ECDH do really well?



External Stakeholder Responses: The highest response to this question was to recognize the work that the ECDH has done to manage the pandemic. This was to be expected considering the length and breadth of the COVID-19 pandemic and the key role public health plays in disease control within the county. The second and third responses were general in terms of what ECDH does, with “Protect the Health of the Citizens of Erie County” and “Health Communications” both referring to how well the ECDH does the public health activities outside of a pandemic response. Interestingly, only two of the top ten responses focused on specific activities that the ECDH does; Disease Prevention and the work of the Environmental Division. Other responses in the top ten referred to how well the ECDH does their work, including recognition that the ECDH is proactive, responsive, helpful and transparent and that they partner and collaborate well.

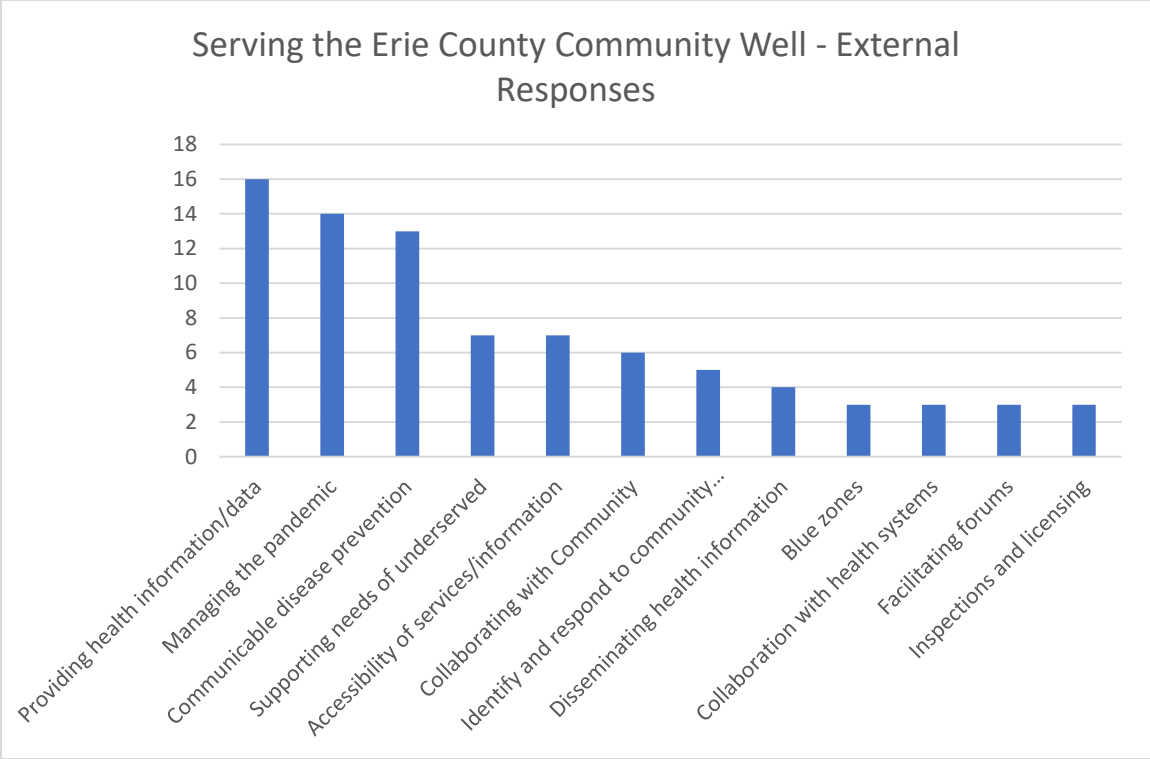


The internal responses to this question also focused mainly on how well the ECDH does their work, not specifically as much on the programs and services of the ECDH. Health Communications was the top response. This recognition that the ECDH does their job of communicating to the public very well could be as a result of the extensive communications needed during the pandemic. Interestingly, the idea that the ECDH partners well with other organizations and agencies in the community was again recognized by the employees of the ECDH.

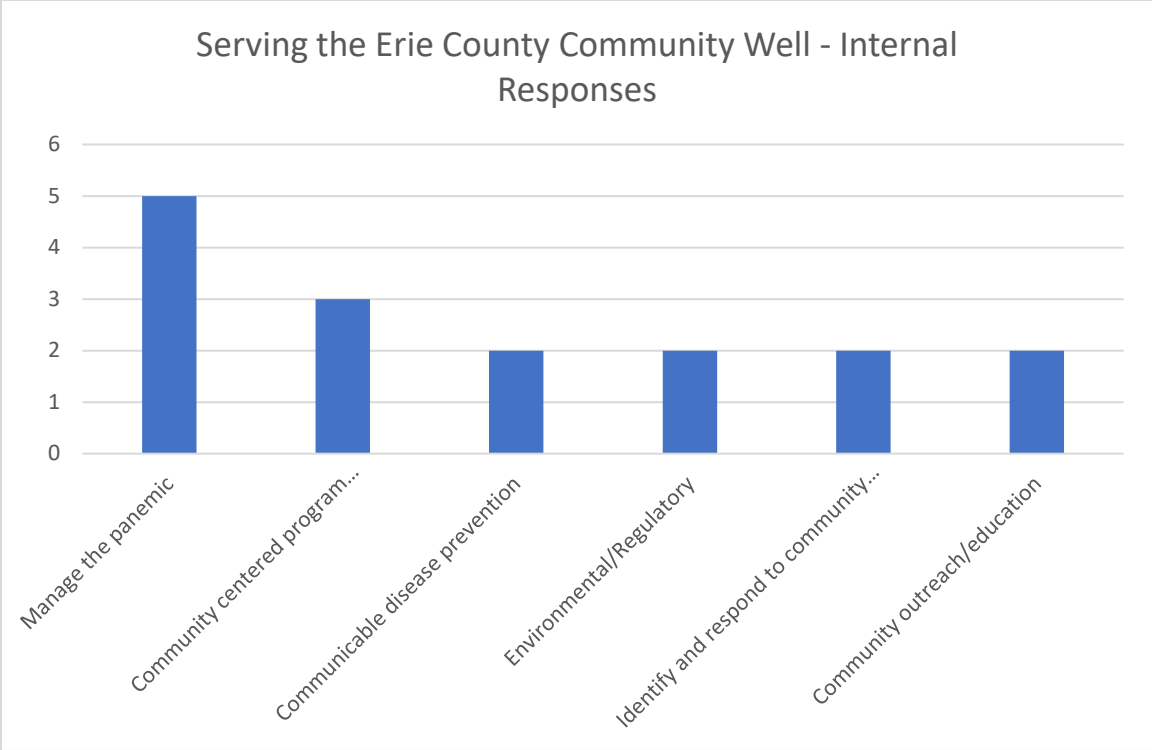


The combined responses showed how important Health Communications are to the stakeholders of the ECDH. Considering that we are still dealing with COVID-19 and that Health Communications as a general category is rated by more people as important even above the response to COVID-19 speaks to how important it is that the ECDH use this information and perceived strength as they develop their strategic goals over the next three years.

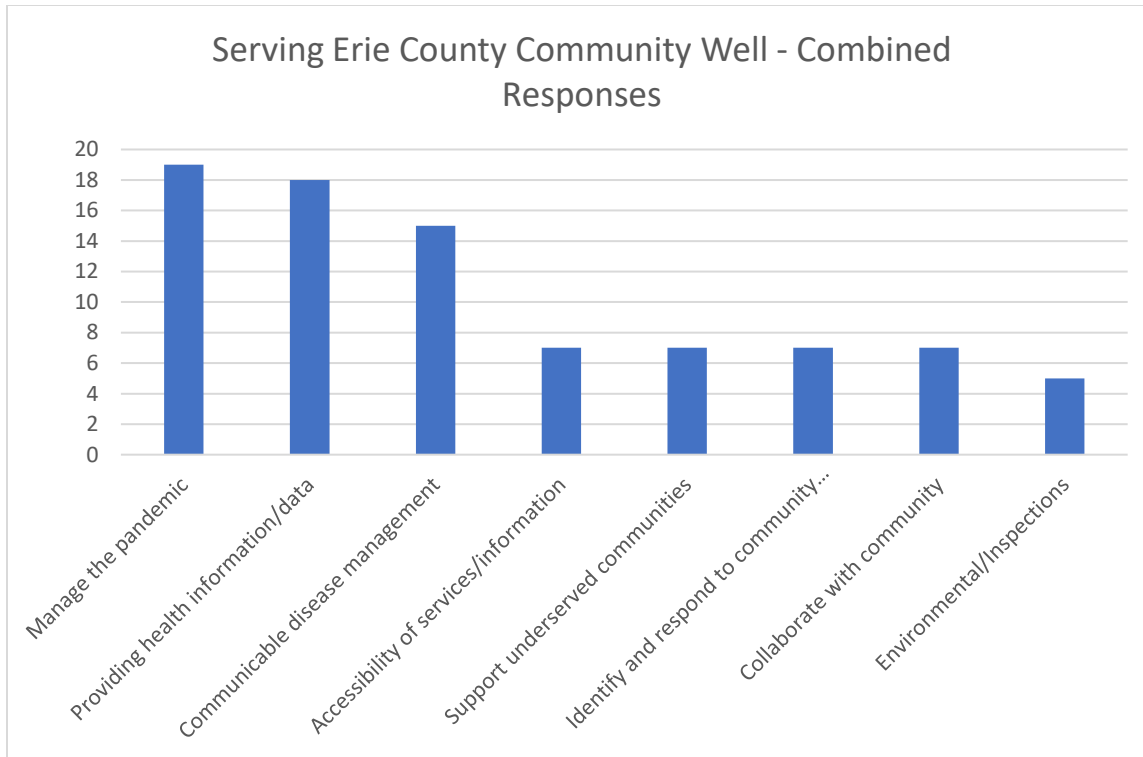
II. What does ECDH do that serves the Erie County Community really well?



From the external stakeholder perspective, again the idea of “Providing and communicating health information” is rated higher than the pandemic response, though it is also rated very high. The other category of activity that was rated well was communicable disease prevention. As this question was focused on what serves the community well, the communicable disease prevention work is still in the forefront of people’s minds along with the pandemic response. As we can see from the other responses, the ECDH is recognized for their work in the community and their ability to collaborate with community organizations. These are both important factors in terms of what the ECDH needs to do to support Resolution #43.



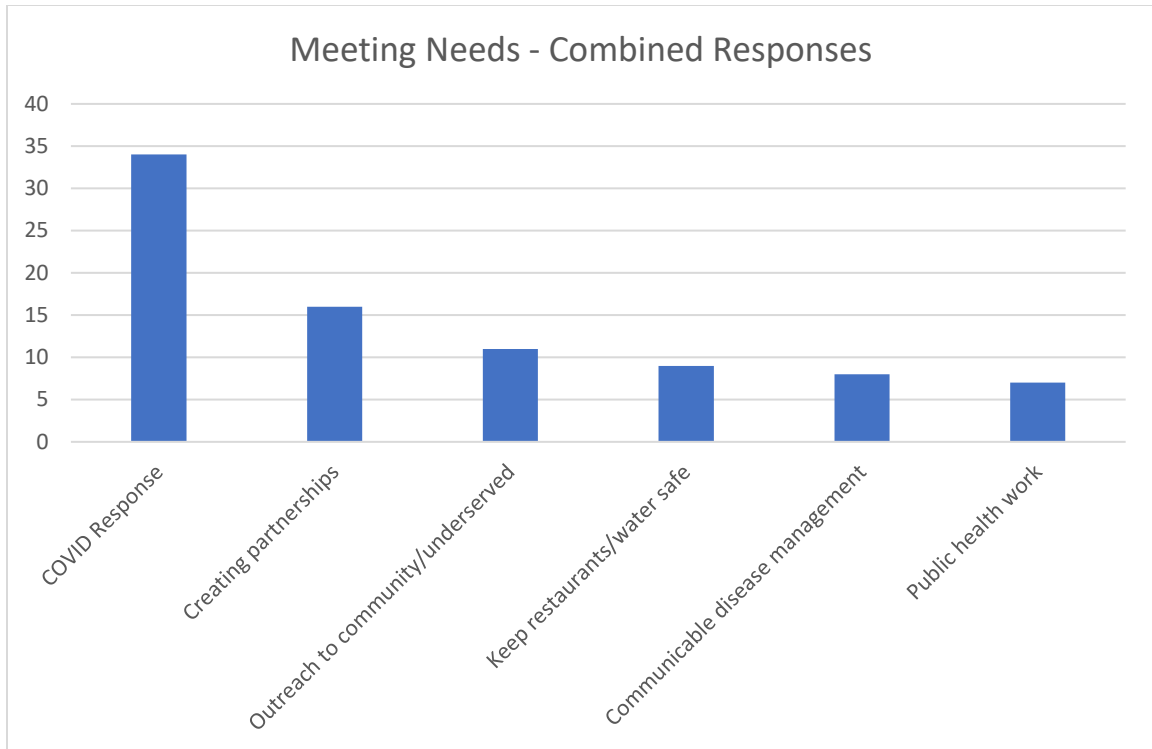
The internal responses to this question highlights that the response to the pandemic is still seen as the most important work that the ECDH is doing right now. This is to be expected considering the amount of time and effort that the ECDH continues to devote to managing COVID-19 in the community.



The combined responses to this question show that from an overall internal and external stakeholder perspective, the pandemic is still the most important work that the ECDH is doing on behalf of the community right now. Likewise, the idea of managing communicable diseases has taken on more of a priority in many people's minds due to the pandemic such that the main activities that the ECDH has been involved with over the past two years; pandemic response, health communications and communicable disease management all could relate back to how important these areas are to the general public now that they have gone through a pandemic, something very few people have experience in their lifetimes.

It is interesting to note that during the 2015 assessment, the idea of communicable disease management was not even mentioned in the top responses to this question. This current perception of the external and internal stakeholders regarding disease management as the way that the ECDH creates the most value in the community should be a foundation for building strategic goals and will need to be discussed and determined. Part of that will be discussions on whether the COVID-19 pandemic and associated response will be over at some point or whether, as some stakeholders suggested, we are now just looking at repeated outbreaks of new diseases which must be managed.

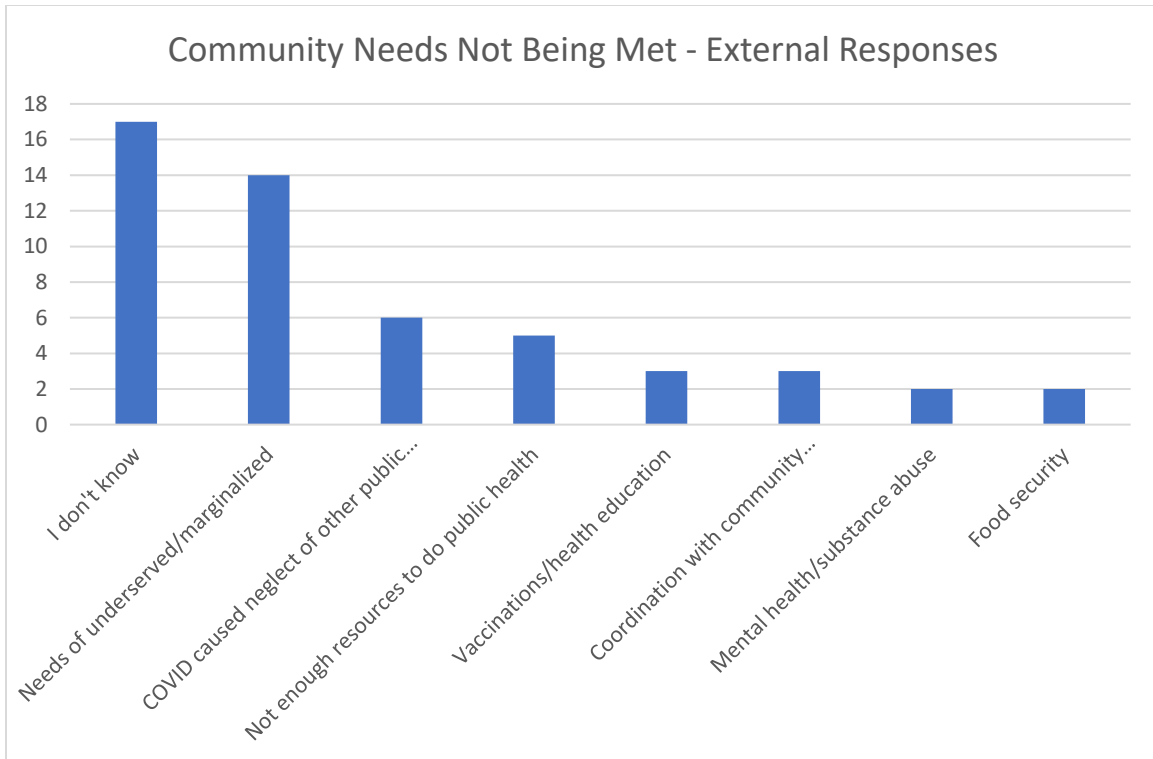
III. What community needs is the ECDH meeting well at this point?



The overwhelming majority of responses regarding the management of the pandemic indicates that this is foremost in people’s mind when they think of the work of the ECDH and what community needs the ECDH is meeting well at this point. Again, this will need to be discussed as to whether that perspective needs to be integrated into the strategic planning process or whether it is as a result of the events of the past two years.

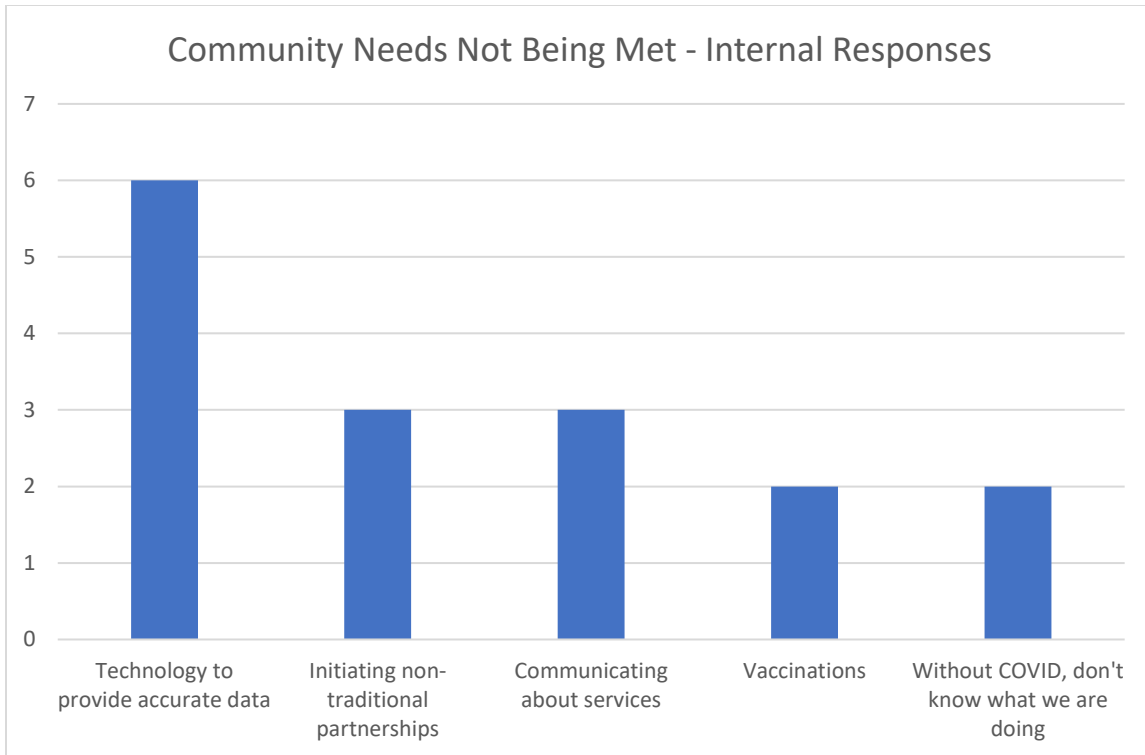
The other interesting aspect of these responses is how “Creating partnerships” and “Outreach to the community/underserved” is perceived as an activity by the ECDH that is meeting the community’s needs. As we look at the ECDH role as chief health strategist for Erie County, and at their role in supporting Resolution #43, the fact that external and internal stakeholders feel that the ECDH is meeting needs when they create partnerships and reach out to the community becomes a very important consideration.

IV. What community needs is the ECDH not meeting well at this point?



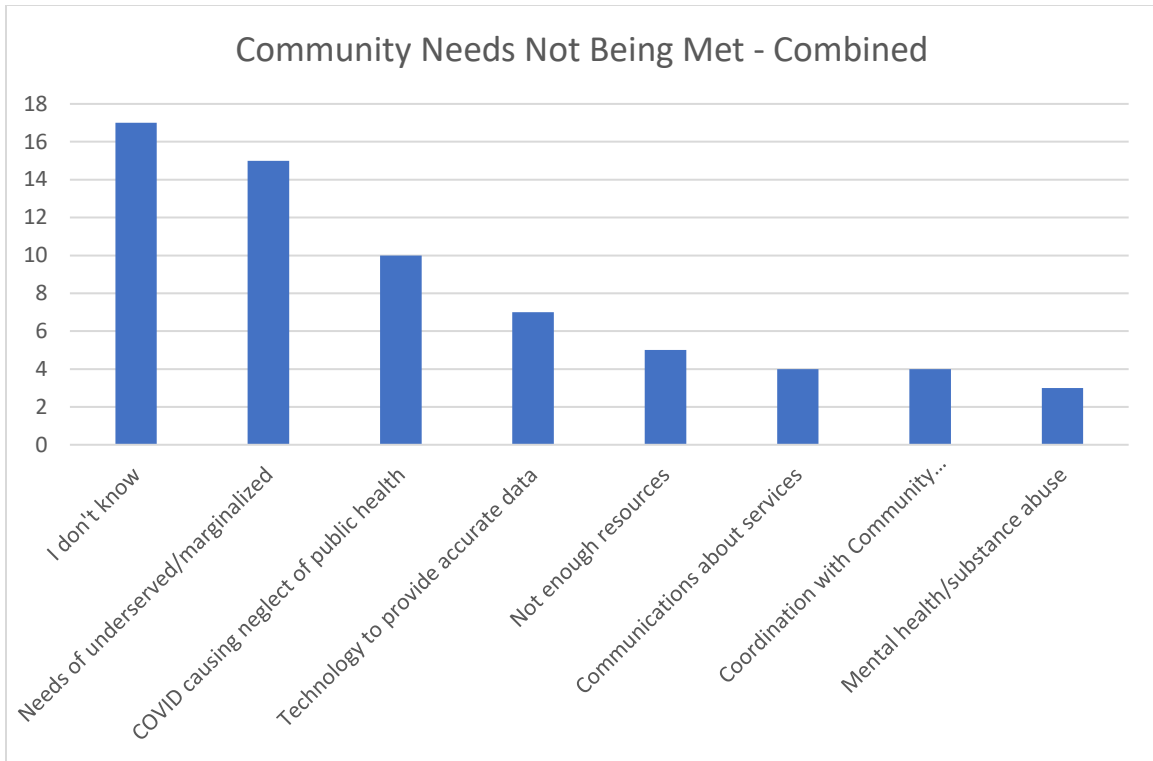
The top response from external stakeholders was that they don't know what needs are not being met by the ECDH. This suggests that the ECDH is doing a good job of meeting what the stakeholders interviewed feel are the greatest needs in the community right now. Interestingly, meeting the needs of the underserved was the second highest response even though it was one of the top responses for what needs the ECDH is meeting right now.

This seeming contradiction is at the root of how the ECDH can support Resolution #43 and use the new Policy Division to address community needs. The great need that is perceived within marginalized communities is being addressed to an extent right now with ECDH programming and services, but the need is so great that even with the work being done, it is perceived that there are more needs in those communities than the ECDH can respond to. This will need to be discussed and strategies developed that take into consideration of how the ECDH can determine exactly what all the needs are and what actions the ECDH can take to address those needs.



During the assessment process, there were external stakeholders who also identified that there are data needs not being met currently, but as these were a minority of stakeholders interviewed, their responses were included in the “Not enough resources to do public health” response.

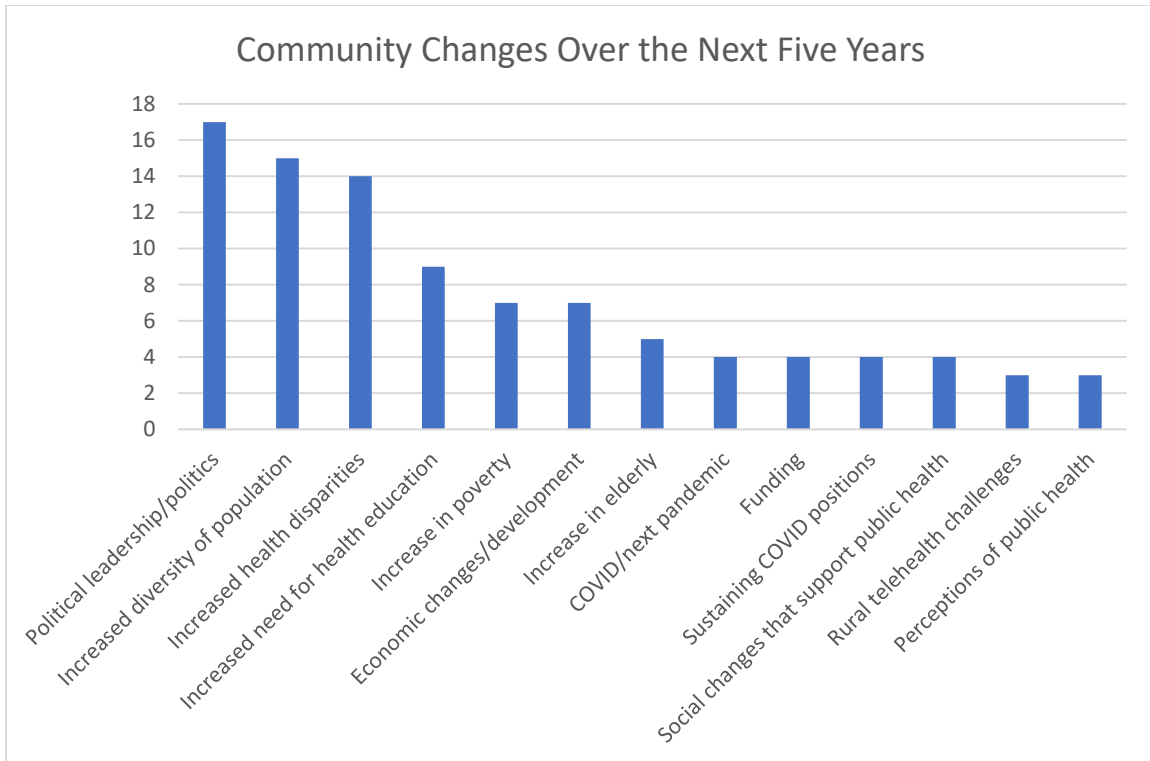
As we can see, this need for accurate data and the technology to support the collection and analysis of data is seen internally as the biggest need of the community that the ECDH is not meeting. The strategic discussion in this case is what is the community need that the ECDH is not meeting when it comes to health data, and does it require specific strategic goals around improving the ECDH’s capability to provide that data.



Overall, when we look at the combined data, it speaks to the idea of why people don't know what needs are not being met. Is it because they aren't exposed to any glaring needs that are not being met, or is it that many people don't understand the full role of the ECDH thus do not see that there are any activities currently that they are not doing to meet community needs? One of the other aspects of this question was that there are still many people externally who feel that the public does not understand what the ECDH does well enough to even provide insight on what they might not be doing to meet community needs at this point. This could be as a result of the focus on the pandemic over the past two years, or because of lack of awareness of all of the things the ECDH does, which was a major challenge during the last strategic planning cycle.

The perspective that the ECDH is not meeting the needs of the underserved communities should be seen as a possible justification for a strategic goal in the three-year plan that focuses specifically on outreach, programming and services for underserved areas, which also supports Resolution #43.

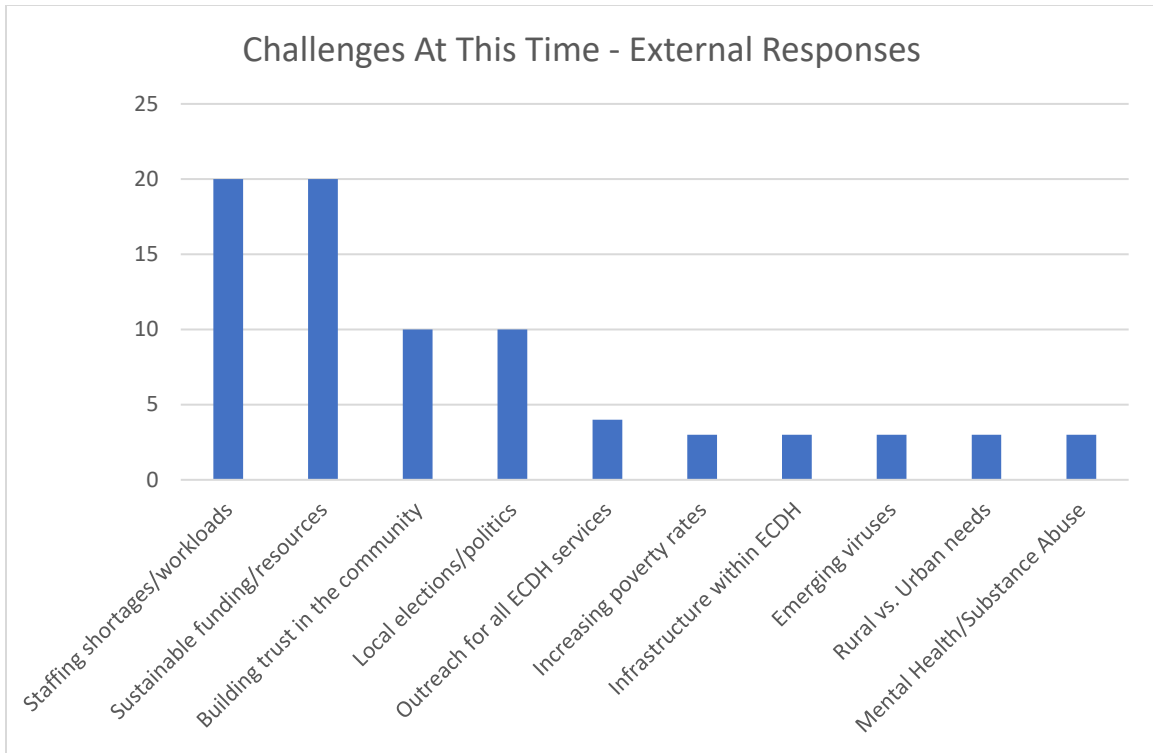
V. What changes in the community do you see impacting the ECDH over the next five years?



Foremost on the minds of both internal and external stakeholders when asked this question were the potential impacts of the changes in the political landscape in Erie County that are upcoming in this election cycle. Some of the stakeholders also felt that aspects of the pandemic had become political in nature and that this impact of politics on public health activities would continue.

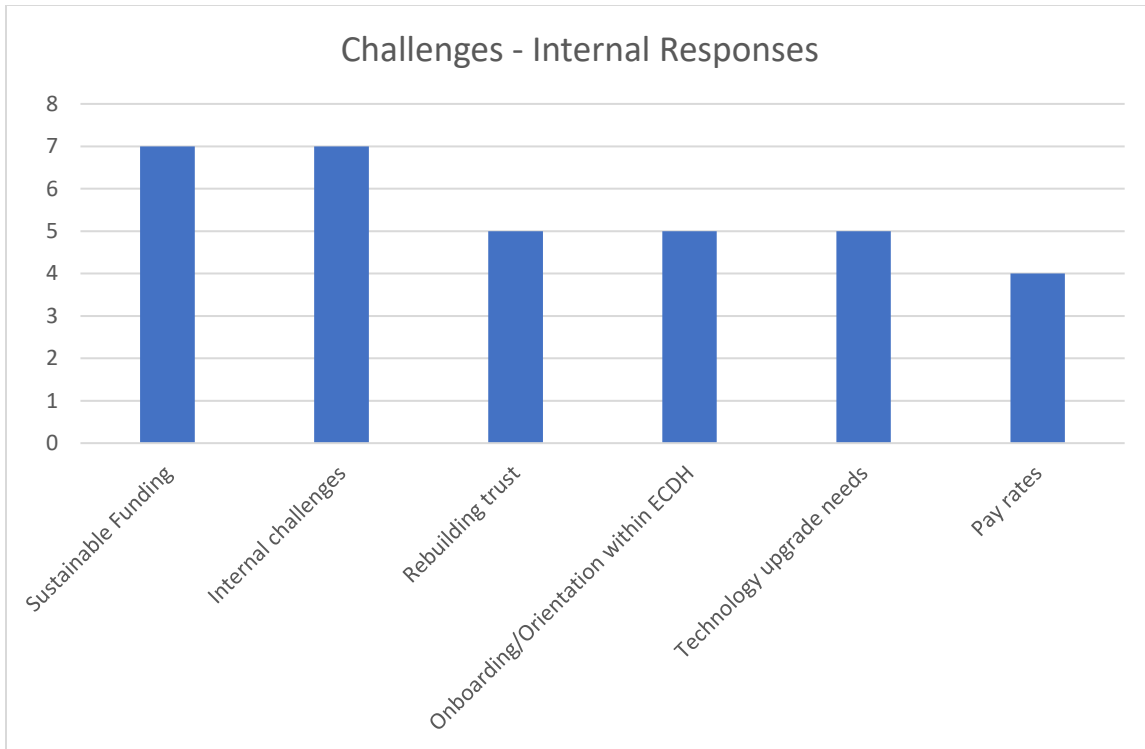
The next two answers speak to the increasing diversity of the population of Erie County, especially within the City of Erie, and the increasing health disparities that might result from this increase in the diversity of the population. It is recognized both internally and externally that health inequities are a public health concern, and that the ECDH has a role of some sort in documenting and addressing health disparities. What this means is that there needs to be discussions, and decisions made internally during the strategic planning process to determine how deeply involved the ECDH should be in addressing health disparities.

VI. What do you see as the biggest challenges facing the ECDH at this time?

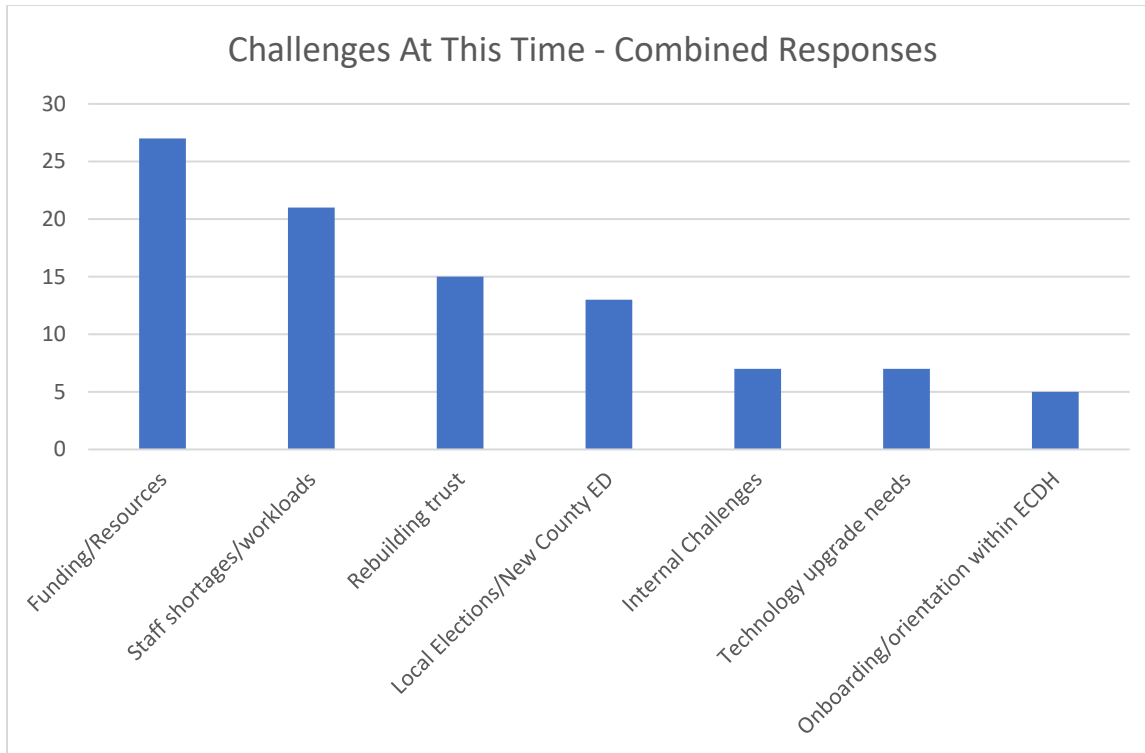


In the perspective of external stakeholders, staff shortages, workloads and resources were very much seen as the biggest challenges to the ECDH organization. Funding as a challenge is usually the number one answer to strategic assessments for any organization in the government or non-profit sector. The fact that external stakeholders also recognize the limitations of staffing within the ECDH, especially as the ECDH led the response to COVID-19 is telling. This could represent an opportunity for the ECDH to look for funding to address this issue and take advantage of the community's perspective that the ECDH needs to be fully functional in order to address challenges in the community.

The next top answers show an awareness by the external stakeholders interviewed of how mistrust in public health could negatively impact the ECDH, which would include any negative perceptions from newly elected officials in Erie County.



The internal responses to the Challenges question were all focused on internal systems and needs. Funding was the number one challenge, but equal was the idea that there are infrastructure needs within the ECDH that need to be addressed. As we will see with the question about the new Policy Division, there were opinions internally that suggested that the organization has grown to accommodate the COVID funding, but that systems within the organization have not kept up with that growth. The specific concern that came out was for the orientation/onboarding process. It was felt that new employees were not given enough information about what the ECDH does and how they fit into all of the activities associated with a public health department.

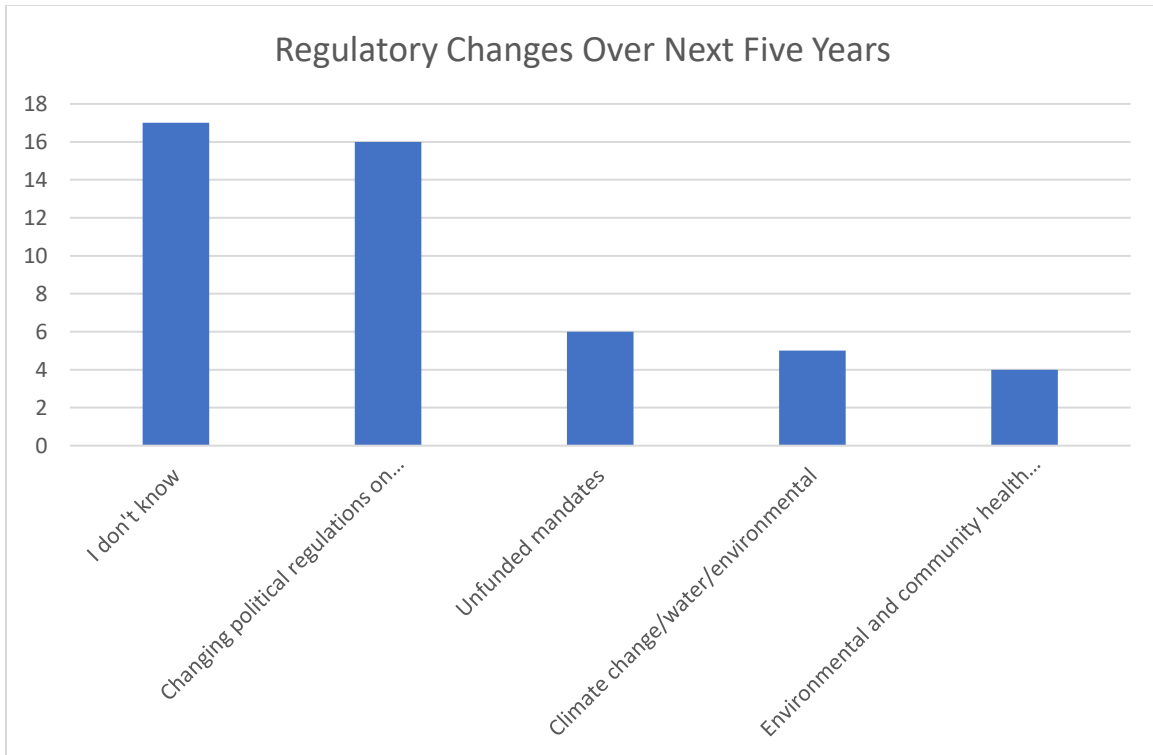


The combined responses to this question of current challenges shows that funding is the number one priority. This is the same number one challenge that we saw in the 2015 readiness assessment and will need to be addressed with updated financial goals that address the staff shortages and resource needs.

The rebuilding of trust in public health is seen as an important activity and a strategic goal and/or objectives will need to be developed that can address the erosion of trust in public health, and additional objectives may be needed to address how this erosion of trust may impact the decision-making of newly elected officials.

Finally, the internal challenges brought up during interviews with internal stakeholders will also need to be unpacked to determine specific actions that can be build into the strategic plan to address this challenge.

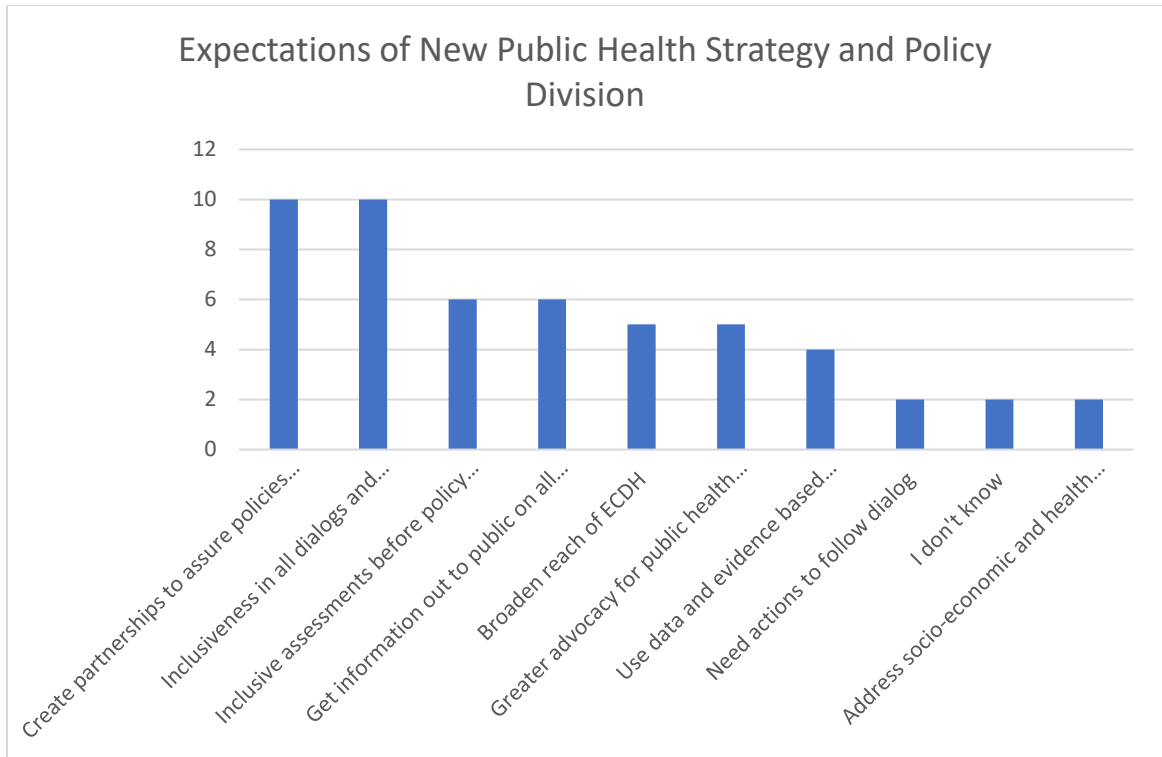
VII. What regulatory changes do you see impacting the ECDH over the next five years?



Many of the external stakeholders felt that they didn't know enough about regulatory issues to comment and thus "I don't know" was the number one response. The second highest response was a combination of answers that all were focused on the fact that there are ever changing political mandates and/or regulations, many of them associated with the response to the pandemic that could continue to be a regulatory challenge over the next five years. Along with this perception of politically based regulatory challenges was the idea of unfunded mandates. This concern was voiced by several external stakeholders who felt that the ECDH, and all public health departments, might be asked to comply with mandates now and into the future without there being any additional funding to accommodate those mandates.

It is interesting to note that climate change, and environmental and community health regulations and associated advocacy were mentioned, but not seen by a majority of respondents as being important enough compared to the politically associated regulatory challenges. This too could be a result of the pandemic being in the forefront of many people's minds at this point.

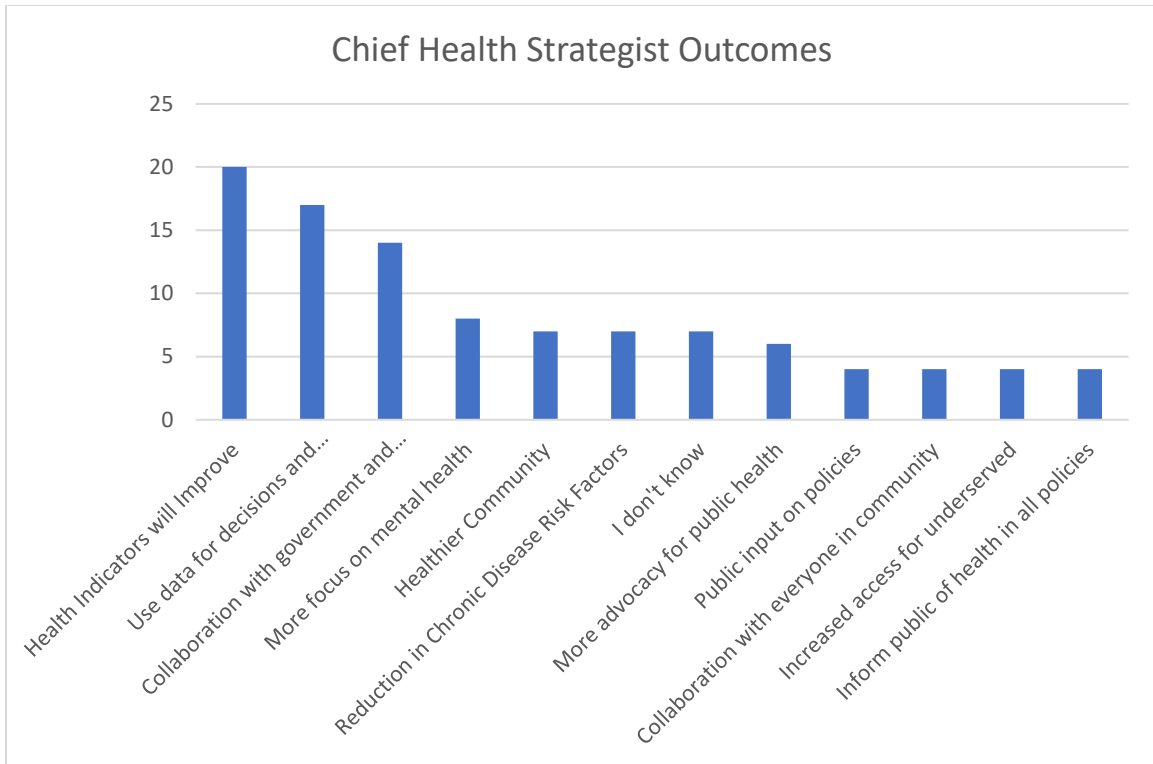
VIII. ECDH has formed a Public Health Strategy and Policy Division which will work to include public health strategies in all policies impacting the local community, what are your expectations of the ECDH in this role?



This question was seen as a difficult one to answer from many of the external stakeholders. The main expectations from stakeholders were that there would be partnerships to assure that policies become actions, and the need for inclusiveness in dialogs and decisions. The idea of making sure that communities being impacted by policies have a say in the design and implementation of those policies was an important one, and that included the idea that organizations and/or communities who would need to take actions as a result of policies be consulted as partners in the development of those policies.

There was also a concern voiced that the decisions being made about policies need to be communicated out to the general public, and they need to be based on data. This again speaks to the need internally at the ECDH to address data collection and analysis technology that could meet those expectations. Specifically, several stakeholders mentioned the idea that the ECDH has a role to highlight health disparities and that their greatest contribution would be to have the data needed to demonstrate health disparities and that they communicate this to the general public.

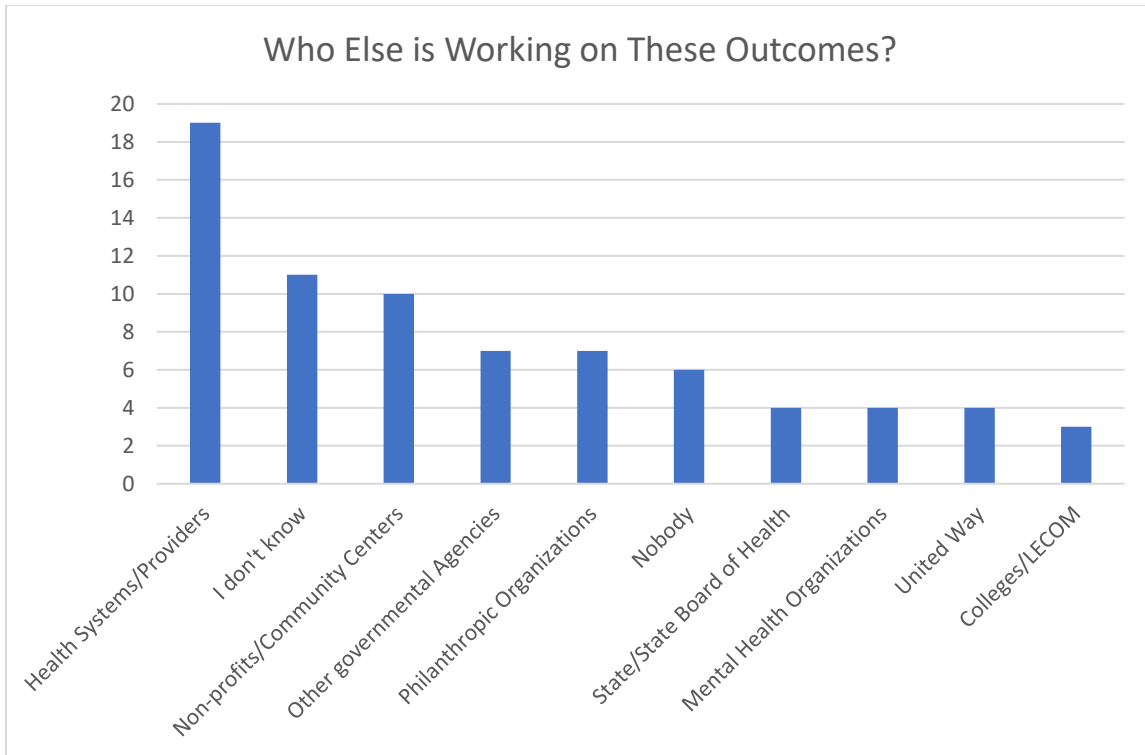
IX. What outcomes in the community would you like to see from the ECDH as the chief health strategist for Erie County over the next three years?



As can be seen from the top two responses, this idea of using improved health indicators to drive policy decisions, along with having the correct data to drive those decisions is seen as critical to the success of this division. It is recommended that the whole data technology needs discussion within the ECDH include the foundation of data collection required to make the Policy and Strategy Division a success.

The third highest response was that an outcome from this Division would be that there could be more collaboration between the ECDH and government entities and community organizations. It was seen as almost an extra benefit of the ECDH being successful in building a public health lens into all policies and yet it also suggests that actions to accomplish this could be included in the strategic initiatives over the next three years.

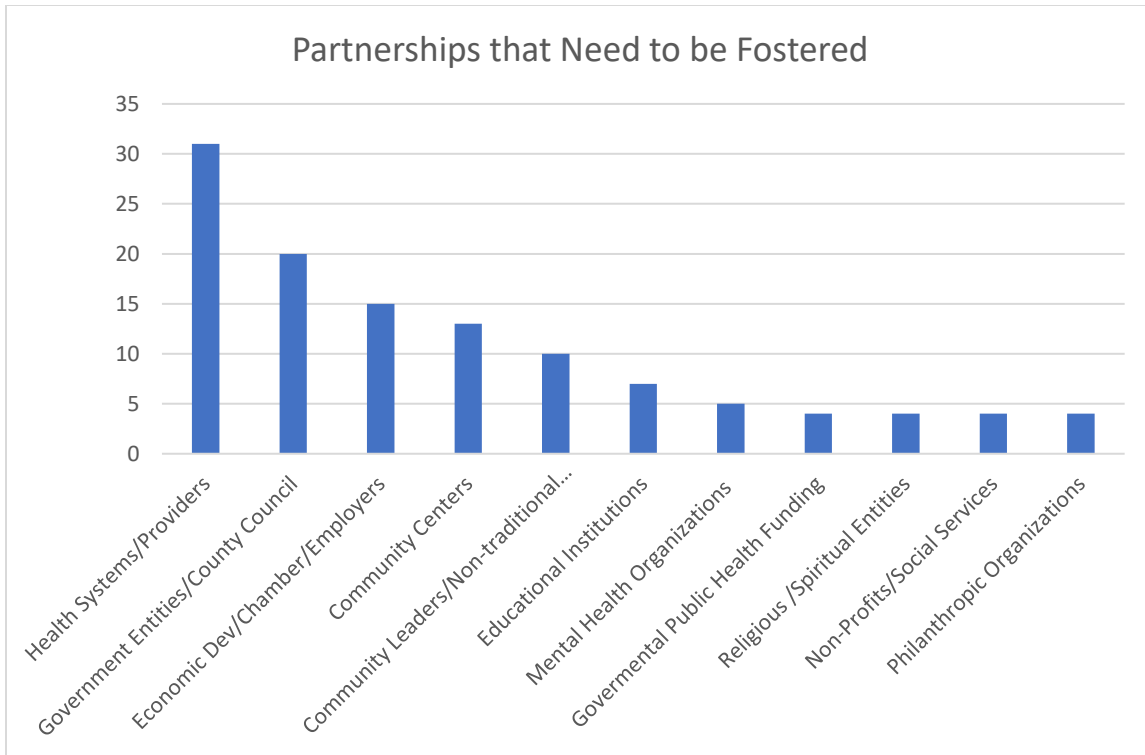
X. Who else is working on those kinds of outcomes at this time?



The overwhelming response to this question is that the outcomes of improved health indicators is being worked on by the Health Systems and Providers. This is one way makes sense, but it also speaks to the lack of understanding of what the concept of Public Health 3.0 is about, in that it isn't just "health", it is also the addressing of all social determinant of health that impact communities and individuals.

This can also be seen by "I don't know" being the second highest response, but the fact that some of the people interviewed did understand the need for improving every aspect of life will lead to improved health outcomes was shown through the third highest response that the Community Centers and the Non-profit community are addressing these outcomes shows that there is some level of understanding of the social determinants and the role they play in improving overall health indicators.

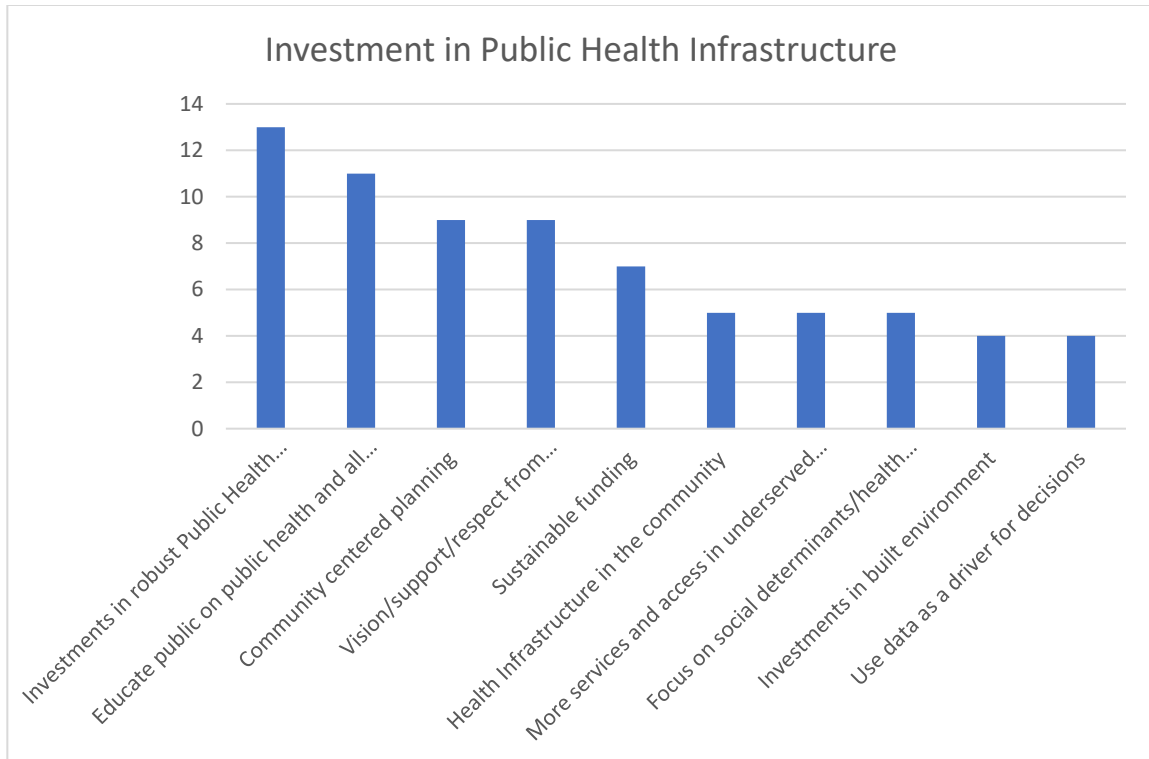
XI. What partnerships will need to be fostered in order to support the success of this division over the next three years?



In keeping with the idea that it is the “Health Systems/Providers” who are working on improving health indicators, they are seen as the most important partnerships that need to be built through the actions of the new Strategy and Policy Division. The second highest response aligns with the responses to the challenges question that highlighted the concerns that newly elected officials may need additional education about public health and its role in order to support the success of this division.

Also interesting was the idea that the new Division will need to build collaborations and partnerships with the Economic Development agencies and employers. This is an area that will need more discussion and potentially a strategic goal or objectives around the development of these kinds of partnerships.

XII. What does investment in public health infrastructure and the health and safety of the citizens in Erie County look like to you?

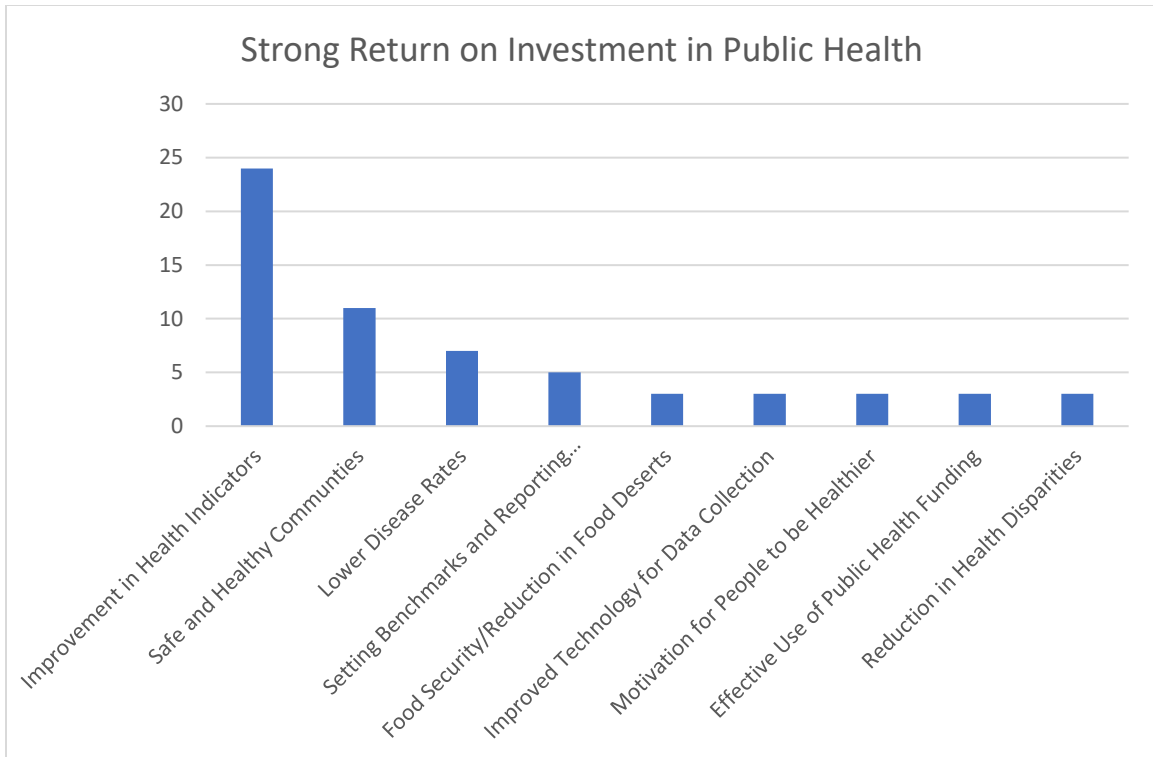


The responses to this question are very illuminating when it comes to overall perceptions of the value that a public health department brings to a community. The idea of not just public health infrastructure, but also the health and safety of the citizens of Erie County depends on a strong and robust public health department. Along with that response, the second response also highlights this in that the stakeholders interviewed felt that a greater understanding of the value of public health would create more opportunities for strengthening the public health system.

The idea of community centered planning as a means to strengthen public health aligns closely with both the expectations of the new Policy Division and the support for Resolution #43. It should be noted that stakeholders were not aware that they would be asked about Resolution #43 when they expressed their opinion about community centered planning.

Finally, the whole idea of respect and support for public health on the part of governmental entities aligns with the perspectives that the political climate in Erie County could be one of the major challenges facing the ECDH. This again suggests that building in a goal and/or objectives around building trust in public health and creating partnerships with government are critically important.

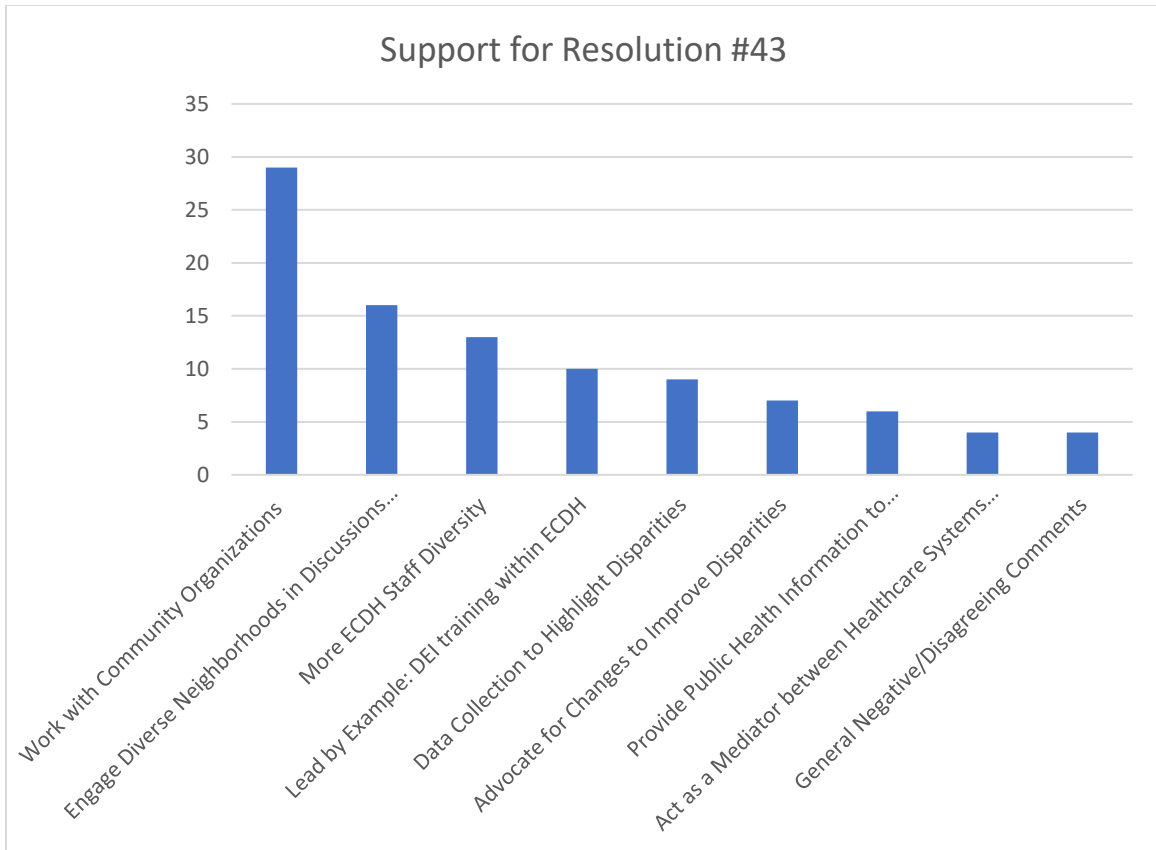
XIII. What would you consider a strong return on investment in public health?



The main response again was the idea that measuring the health of the community could be done by setting and tracking key indicators of health. This speaks again to the importance of data collection and dissemination as a role the ECDH could play in supporting a healthier community.

The responses of a “Safe and Health Communities” and “Lower Disease Rates” are more observable outcomes of an improvement in key health indicators. The fourth highest response; “Setting Benchmarks and Reporting” fit well into the overall need for better data collection technology on the part of the ECDH.

XIV. Resolution #43 from the County Council states that racism is a public health crisis. What expectations do you have for the ECDH to support this resolution?



The highest response to this question by far was that the ECDH needs to do more work at the community level in marginalized communities through working with the Community Centers and other community level organizations, including those agencies working with New Americans. The second highest response, though much lower was still focused on the ECDH and their work in the community.

The next two highest answers were more focused on internal ECDH efforts to support this resolution. It was felt that the staff of the ECDH needs to have increased diversity, especially if the ECDH decides to take an active role out in the community in support of this resolution. DEI training was advocated for, especially by internal stakeholders.

The theme of data collection and using data to advocate for improving disparities again brings up the need for the ECDH to address their data collection technology.

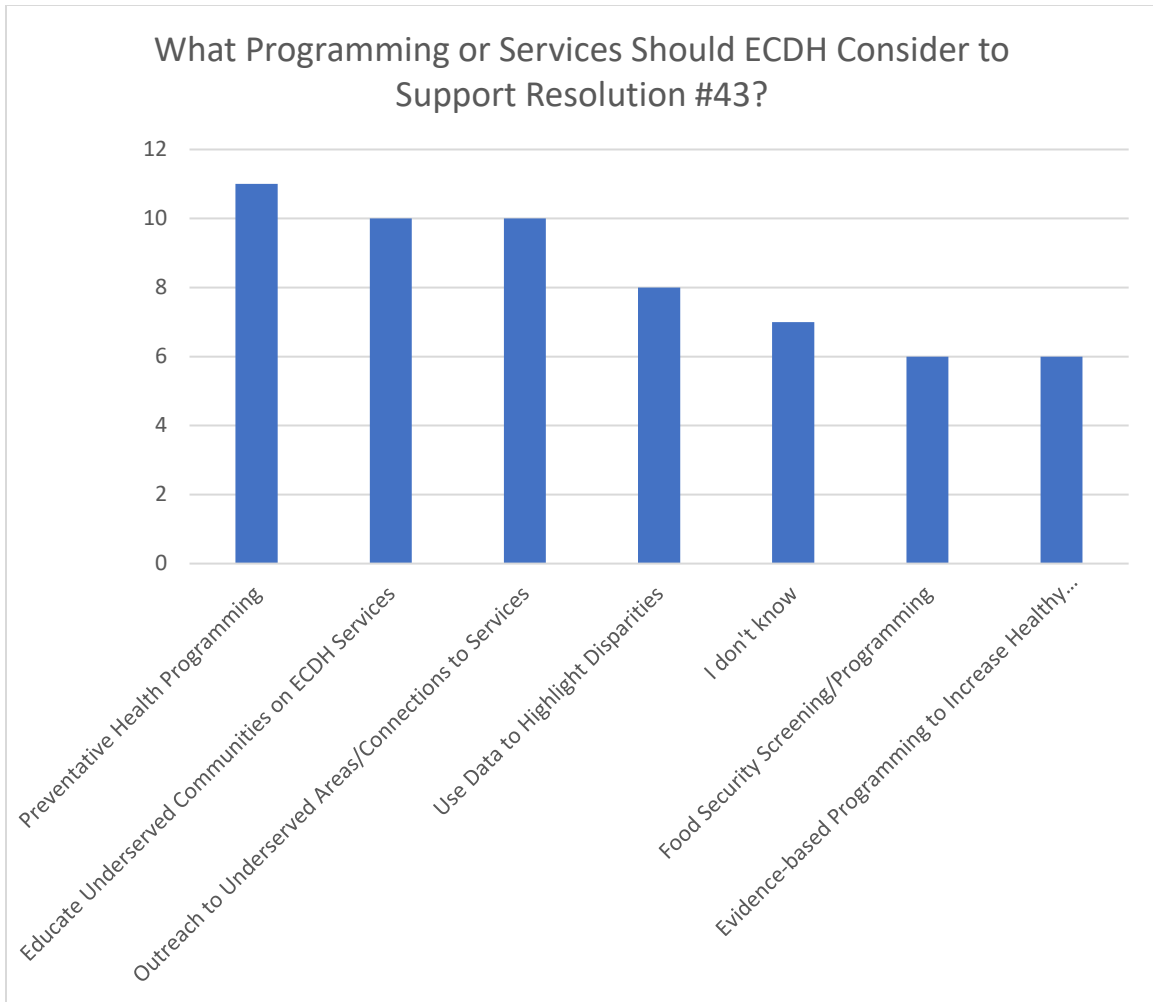
The most disheartening comments were those focused on the fact that some stakeholders didn't think racism is a public health issue, or that racism doesn't exist in this community.

XV. What partnerships will need to be fostered by the ECDH in order to address this challenge?



Many of the stakeholders interviewed talked about the need for greater alliances with organizations located within communities of color, including churches. And that the ECDH needs to find and work with community leaders, including spiritual leaders. Many stakeholders also felt that it was important to work with the schools in those communities along with the universities and colleges in the Erie area.

XVI. What programming or services should the ECDH consider in order to prioritize the health of underserved populations in Erie County?



The top three responses to this question all were based on the assumption that to support this Resolution, the ECDH needs to do outreach into communities where there are health disparities and connect them with services and programs that the ECDH has in place. These include preventative programs, education and just general information about the ECDH.

And again, the need for data to highlight disparities and to support data driven decision-making was brought up. Food security was mentioned throughout the assessment but usually by people who work within that area, it was not seen as a critical issue otherwise. Once again, good data on food security could help highlight whether this is a glaring need and if so, where would resources to address this issue need to be provided.