

**Vision**

All people and communities in Vermont have equitable opportunities to achieve their highest level of health and well-being.

**Mission**

Promote the physical, mental, and social well-being of people in Vermont by advancing equity, protecting against disease and injury, and preparing for health emergencies.

**Values**

Equity • Collaboration • Inclusion • Harmony • Data

**Strategic Goals**



Foster an inclusive workforce that promotes employee well-being and satisfaction.



Ensure the capacity to build, restore and maintain trusting relationships with communities and partners.



Increase data accessibility, equitable data collection and meaningful analysis.



Increase the capacity of the department to adapt and respond to the threat of climate change.



# Introduction

The Vermont Department of Health Strategic Plan is a five-year roadmap for improving internal systems and processes to promote the health and well-being of people in Vermont. It sets forth the direction the department is heading, how we will get there, how we will measure our progress, and the values that guide us. The Strategic Plan is not an exhaustive overview of the department's work; instead, it guides how we prioritize our efforts. At this critical time in our history, it challenges us to address the structural inequities laid bare by the COVID-19 pandemic and transform the work of the health department in the years to come.

The Strategic Plan contributes to achieving the goals of the State Health Improvement Plan, which reflects the collaborative efforts of the department and other state and community partners to ensure all people and communities in Vermont have inclusive, equitable, affordable, and sustainable access to opportunities for health and well-being. The department's Strategic Plan also provides a framework for designing and implementing other internal plans, such as division strategic plans, the quality improvement plan, and workforce development plan.

This is a living document that will be reviewed annually to monitor progress towards achieving our goals and adjust our approach as needed. We look forward to using this Strategic Plan to chart the course for bold action to ensure all people and communities in Vermont have equitable opportunities to achieve their highest level of health and well-being.

## Vision, Mission and Values

**Vision** – All people and communities in Vermont have equitable opportunities to achieve their highest level of health and well-being.

**Mission** – Promote the physical, mental, and social well-being of people in Vermont by advancing equity, protecting against disease and injury, and preparing for health emergencies.

### Values

- **Equity:** We aim to center [health justice](#) and address racism and all forms of oppression in our programs and policies, our approach to collaboration, and how we build and nurture our workforce.
- **Collaboration:** We engage with staff and partners to understand complex problems and design responsive solutions.
- **Inclusion:** We support a culture of belonging and diversity where people are valued, trusted, and able to be their authentic selves.
- **Harmony:** We endorse a balanced, thoughtful, and intentional work environment that allows employees to care for themselves, their families, and the people they serve.
- **Data:** We strive for scientific excellence and cultural responsiveness in the collection, analysis, sharing and use of data.

# Goals, Strategies and Objectives



## Goal: Foster an inclusive workforce that promotes employee well-being and satisfaction.

**Strategy 1** – Develop a comprehensive competency-based continuing education plan grounded in inclusivity, resilience, and psychological safety to support holistic long-term professional development.

- **Objective 1.** By December 2028, increase by 10% from baseline (70.7% in 2023) the department-wide index of personal growth and development from the Employee Engagement Survey.

**Strategy 2** – Establish a professional development framework that supports supervisors to recruit, hire, retain and manage a diverse workforce.

- **Objective 2.** By December 2028, increase by 10% from baseline (61.9% in 2023) the percent of staff who feel that management demonstrates a commitment to meeting the needs of all employees.

**Strategy 3** – Implement and standardize processes to solicit and act on feedback at every point in the employee lifecycle, such as hiring, performance evaluations, position changes, and separation.

- **Objective 3.** By December 2028, increase by 10% from baseline (65.7% in 2023) the percent of staff who report that they have an opportunity to provide feedback to management and senior leadership.

**Strategy 4** – Expand spaces, structures, and opportunities (such as employee resource groups) that foster staff connection and community based on identity, role, and other characteristics, beyond an employee’s typical work interactions.

- **Objective 4.** By December 2028, increase by 10% from baseline (70.5% in 2023) the percent of staff who report that their agency/department has an inclusive work environment where staff diversity at all levels is valued and encouraged.

**Strategy 5** – Ensure all staff have the tools, resources, and support to work effectively and collaboratively in a remote-hybrid work environment.

- **Objective 5.** By December 2028, 98% of staff will report being somewhat or very comfortable working in the digital workspace.

**Overall** – By December 2028, increase by 5% from baseline (76.3% in 2022/2023) the overall retention rate of permanent department staff.



**Goal: Ensure the capacity to build, restore and sustain trusting relationships with communities and partners.**

**Strategy 1** – Strengthen communication and collaboration across divisions with shared grantees and community partners.

- **Objective 1.1.** By December 2028, 90% of community partners will feel the department collaborates effectively (desired results are achieved) with their organization.
- **Objective 1.2.** By December 2028, 90% of community partners will feel the department collaborates efficiently (organized, timely, productive) with their organization.

**Strategy 2** – Use community-driven approaches to build and strengthen relationships in the division of Local Health and among other programs/staff that directly interact with community partners.

- **Objective 2.** By December 2028, 90% of community partners will feel the department is responsive to their needs.

**Strategy 3** – Integrate power-building and equitable practices in the granting process to community partners and the process for compensating individual community members for their partnership in Health Department initiatives.

- **Objective 3.1.** By December 2028, 90% of Health Department grants will serve marginalized populations.
- **Objective 3.2.** By December 2026, 100% of divisions will report compensating individual community members who contribute their time and expertise to department initiatives.

**Strategy 4** – Ensure consistent and timely dissemination of accessible and translated materials and provision of interpretation services.

- **Objective 4.** By December 2028, 85% of audited documents uploaded to HealthVermont.gov in the past year meet the department’s identified accessibility standards.



## **Goal: Increase data accessibility, equitable data collection, and meaningful analysis.**

**Strategy 1** – Create, document, and train staff on consistent and clear recommendations and expectations for a) elevating qualitative data alongside quantitative data and b) equitable data methodology, interpretation, and communication.

- **Objective 1.** By December 2028, at least 70% of staff trained in equitable data practices will have responded in a post-survey that they have gained knowledge that they will apply to their work.

**Strategy 2** – Assess, define, and clearly communicate about the audience for our data to inform decision-making and maximize utility, actionability, and accessibility of the data.

- **Objective 2.1.** By December 2028, 100% of department public dashboards will comply with accessibility standards for different visual abilities (color, screen-readers, mobile viewing).
- **Objective 2.2.** Between December 2024 and December 2028, increase by 20% the number of users viewing department health equity-specific data webpage(s).

**Strategy 3** – Center community relationships in the collection and use of data by supporting data literacy, strengthening the department’s understanding of the impact of data on people with lived experience, and increasing community-held, appropriate, and respectful interpretation and communication about data.

- **Objective 3.1.** By December 2027, the division of Health Statistics and Informatics will work with at least 50% of district offices to gather and document input on community data needs.
- **Objective 3.2.** By December 2028, the division of Health Statistics and Informatics will have collaborated with 100% of district offices to develop a system for direct engagement with community partners about data collection and data needs.



## **Goal: Increase capacity of the department to adapt and respond to the threat of climate change.**

**Strategy 1** – Establish organizational structures to sustain and direct Health Department action on climate adaptation and health equity.

- **Objective 1.** By December 2024, document the organizational structure of the Health Department’s climate adaptation work on its internal website, the HIVE.

**Strategy 2** – Offer training to all Health Department staff on the impacts of climate change on the communities we serve, the health benefits of reducing fossil fuel use, and ways to incorporate climate and equity into public health practice.

- **Objective 2.1.** By December 2025, 35% of staff will participate in an introductory training related to climate impacts on public health and health equity. Participation will increase to 50% by December 2026, 65% by December 2027, and 80% by December 2028.
- **Objective 2.2.** By December 2025, 65% of training participants will report an improvement in their understanding of how climate change intersects with health equity and public health practice.

**Strategy 3** – Within every division and unit of the Commissioner’s Office, conduct a high-level assessment of the impacts of climate change on the work we do, how we do it, and for whom we do it. Based on the impact assessment, identify timely, effective, and culturally appropriate adaptation actions that protect human health and improve health equity.

- **Objective 3.** By December 2026, every unit of the Commissioner’s Office and at least one program within every division has: a) completed an assessment of climate-related impacts on operations, program/service delivery, and populations served, b) identified adaptation actions that they can take to reduce those risks, and c) assessed the data requirements needed to support implementation and evaluation of adaptation actions.

**Strategy 4** – Implement adaptation actions and improve capacity to collect and synthesize data that support evaluation of adaptation actions and climate-related decision-making.

- **Objective 4.** By June 2027, 100% of divisions and units of the Commissioner’s Office will provide a preliminary summary of efforts to implement adaptation actions and use data to evaluate their effectiveness.

**Strategy 5** – Establish internal and external reporting mechanisms to provide accountability and performance monitoring for climate adaptation actions that promote health equity.

- **Objective 5.** By December 2028, establish a Climate Action page on [HealthVermont.gov](https://www.healthvermont.gov) that communicates the actions the department is taking, and the progress made towards addressing the health risks posed by climate change.

## Monitoring and Implementation

Each of the four strategic goals have a corresponding workplan that details the activities required to implement the strategies, the timeline for implementation, and responsible parties. In addition, we will develop a data dashboard to quantitatively display progress on meeting Strategic Plan objectives. We will use information on workplan implementation and data from the dashboard to generate annual updates about progress towards meeting the goals of the Strategic Plan. We will share the annual updates with Health Department staff and partners.

## Process for Developing the Strategic Plan



### Plan.

The Department of Health began by convening an internal Strategic Planning Steering Committee to lead the development of the Strategic Plan. The committee included 20 staff who met monthly for one year beginning in February 2023. Early in the process, the steering committee clarified the goals and purpose for the project, refined the workplan and timeline, and developed a project charter.

### Review, collect, and analyze data.

In the first half of 2023, the Strategic Planning Steering Committee assessed Department of Health strengths, weaknesses, opportunities, and threats (a SWOT analysis), focused on internal systems, related to topics such as health equity, workforce, data collection and analysis, performance management, communications, business operations, and community partnerships.

The SWOT analysis was based on a review of quantitative and qualitative data from more than 30 sources, such as the COVID-19 Health Operations Center staff survey, the annual Department of Human Resources Employee Engagement Survey, reports of the Vermont Health Equity Advisory Commission, the department's public health reaccreditation site visit report, and facilitated discussions with staff.

### Develop vision, mission, values, and strategic goals.

The Strategic Planning Steering Committee used the SWOT analysis to generate 15 potential goals for the Strategic Plan. The committee then used a prioritization tool to score each potential goal against pre-determined criteria (such as feasibility, impact on equity, and alignment with the Essential Public Health Services), and narrowed the list to the four ultimately included in the plan.

The committee also led breakout discussions at an all-staff meeting to hear from more than 350 staff about how the existing vision, mission, and values resonated with them and changes they would like to see to reflect the evolving nature of the department's work and the field of public health.

Once drafted, the vision, mission, values, and strategic goals were shared with internal and external partners for feedback using a survey. The committee revised and finalized these core elements of the strategic plan based on this feedback.

### **Develop strategies and objectives.**

Once the strategic goals were finalized, the Strategic Planning Steering Committee convened workgroups for each goal to develop strategies and objectives that describe how the department will work to achieve the goals and how to measure progress over time.

Workgroups were provided with guidance for developing the strategies and objectives (such as selecting appropriate data sources and considering strategies that advance [systems change](#)), a template to complete, and examples for reference. The proposed strategies and objectives were shared with internal and external partners for feedback using a survey. Workgroups revised and finalized the strategies and objectives based on this feedback. After this step, all key elements of the strategic plan were complete.

### **Implement and monitor.**

Workgroups, comprised primarily of Health Department staff, are responsible for overseeing the implementation of strategies for each goal and tracking progress over time. In addition, the department will leverage a data dashboard to quantitatively display progress on meeting Strategic Plan objectives. We will use information from staff on strategy implementation and data from the dashboard to generate annual updates about progress towards meeting the goals of the Strategic Plan. We will share the annual updates with department staff and partners.

### **Apply an equity lens to the process.**

The Health Department was committed to centering equity in the process for developing the Strategic Plan and the final product. Below are examples of how this commitment was operationalized:

- Form a steering committee that is representative of the breadth and depth of the department's work in terms of division, role, and populations served, including staff with marginalized identities such as Black, Indigenous, and People of Color, LGBTQ+, and people with disabilities.
- Create a steering committee culture in which people feel comfortable voicing their opinions, there is shared decision-making, and joy and connection are cultivated.
- Maintain a flexible timeline, prioritizing staff engagement over deadlines and due dates.
- Seek the voices, experiences, and needs of people affected by structural inequities, including community partners and department staff.
- Act on data and input that have already been collected from staff and communities to avoid the harm of duplicative data collection.



- Value and use qualitative data, in addition to quantitative data.
- Identify and build on strengths and assets, in addition to understanding weaknesses.
- Include equity as a criterion for prioritizing potential goals.
- Explicitly name equity in the department vision, mission, and values.
- Select strategies that address the root causes of issues, focusing on changing systems and structures rather than individual behavior.
- Develop SMARTIE objectives (Specific, Measurable, Attainable, Relevant, Time-bound, Inclusive, and Equitable) to measure progress over time.