



Delaware General Health District

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DelawareHealth.org



Shelia Hiddleston, RN, MS
Health Commissioner

Date: February 20, 2020

To: Board of Health

From: Shelia Hiddleston, RN, MS
Health Commissioner

Re: Board meeting **Tuesday, February 25, 2020, 7:00 pm Basement – Training Room**

***PMT – Performance Management Touchstone**

1.0 CONVENTION

Agenda Item	Time	Action/Contact	PMT
1.01 CALL TO ORDER			
1.02 CONSENT ITEMS			
1.03 APPROVAL OF MINUTES			
A. Previously sent.			
1.04 APPROVAL OF BILLS			
A. Previously sent.			

2.0 STAFF REPORTS

2.01 HEALTH COMMISSIONER			
<ul style="list-style-type: none"> District Advisory Council: March 12, 2020 at 6:15 (networking) and 6:45 (meeting) Introduction: Dawn Hall, Director of Finance and Operations 			
2.02 FINANCE			
A. Finance Report – Request Board review and accept the year-to-date finance report (attached). Action Requested: Accept	2	Accept/Dave	Agency

3.0 BOARD REPORTS

3.01 BOARD PRESIDENT			
3.02 BOARD COMMITTEES			

4.0 REGULATIONS/SUBDIVISIONS/VARIANCES/PUBLIC PARTICIPATION

4.04 CITIZEN REQUEST			
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5.0 OLD BUSINESS

Items pending from the last meeting or information on prior actions and reports.

5.042 Administration/Facilities			
<p>A. Facility Update: Mr. Blayney, Mr. Sodders, and staff met with the Delaware City Planning Commission on February 5, 2020 for the Preliminary Zoning Approval of the new facility. There were several areas the Commission addressed to ready the facility plan for final approval. Mrs. Hiddleston provided a copy of the list to Board of Health members via email on February 11 (attached). Moody-Nolan is preparing the final documents for final approval and the bid packages. It is hoped that the bid packages will be ready soon; these will likely be sent out before the final approval with a notation that there may be changes pending the City approval. The City Council approved the first reading of the facility plan on February 10, 2020 and the second reading will be February 24, 2020.</p> <p>One of the items that is being required by the City Planning Commission is a detailed landscape plan. Moody – Nolan has begun the process of completing the plan. The cost of the Change Order is \$8600.00 for the detailed drawings.</p> <p>Action Requested: Information Only</p>	0	Information Only/Shelia	Agency
<p>B. Facility Cost: As discussed at the January Board meeting, due to some unexpected issues with land improvements the overall cost of the new facility will require the health district to secure a loan. As recommended by Mr. Knowlton and described in detail the DGHD is fiscally able to borrow up to \$4,000,000 if needed to complete the facility. The payments needed to repay this amount are within the capabilities of the health district utilizing appropriate funds and not using any levy dollars as required by law. Dependent upon the sale of the current buildings the loan would be paid off in no less than nine years and no more than forty-two years. Mr. Knowlton’s calculations from last months meeting are as follows:</p> <p>Borrowing \$4 million @ 3.5% with no funds from the sale of 1 & 3 West Winter it would take 24 years, 11 months @ \$20,000 per month. Borrowing \$4 million @ 3% with no funds from the sale of 1 & 3 West Winter it would take 23 years @ \$20,000 per month.</p> <p>Borrowing \$4 million @ 3.5% and selling 1 & 3 West Winter for \$2 million it would take 11 years, 4 months @ \$20,000 per month. Borrowing \$4 million @ 3% and selling 1 & 3 West Winter for \$2 million it would take 10 years, 10 months @ \$20,000 per month.</p> <p>Borrowing \$4 million @ 3.5% with no funds from the sale of 1 & 3 West Winter it would take 42 years, 9 months @ \$15,000 per month. Borrowing \$4 million @ 3% with no funds from the sale of 1 & 3 West Winter it would take 36 years, 6 months @ \$15,000 per month.</p> <p>Subtracting the Difference of \$788,782: Borrowing \$3.2 million @ 3.5% with no funds from the sale of 1 & 3 West Winter it would take 17 years, 11 months @ \$20,000 per month. Borrowing \$3.2 million @ 3% with no funds from the sale of 1 & 3 West Winter it would take 16 years, 11 months @ \$20,000 per month.</p> <p>Borrowing \$3.2 million @ 3.5% with no funds from the sale of 1 & 3 West Winter it would take 27 years, 9 months @ \$15,000 per month. Borrowing \$3.2 million @ 3% with no funds from the sale of 1 & 3 West Winter it would take 26 years, 5 months @ \$15,000 per month.</p>	10	Discussion/ Shelia And Dave	Agency

<p>Borrowing \$3.2 million @ 3.5% and selling 1 & 3 West Winter for \$2 million it would take 9 years, 6 months @ \$15,000 per month. Borrowing \$3.2 million @ 3% and selling 1 & 3 West Winter for \$2 million it would take 9 years @ \$15,000 per month</p> <p>The amount of the loan will cover the additional \$8600 needed for the detailed landscaping plan noted in item 5.042 A.</p> <p>Mr. Knowlton and Ms. Hiddleston request Board of Health approval to begin negotiations with a lender for an amount not to exceed \$4,000,000 to be drawn down on an as needed basis during the construction and completion of the new facility. An actual loan amount and interest will be presented during a future Board of Health meeting for final approval. Action Request: Discussion and approval</p>			
<p>C. Sell of West Winter Buildings: As discussed during last months Board meeting there may be some value in pricing the West Winter buildings separately. Mr. Knowlton was able to secure information related to the last appraisal that the asking separate appraisal would be \$1,765,000 for 1 West Winter and \$870,000 for 3-5 West Winter.</p> <p>Request Board approval to list buildings separately, if needed, at \$1,800,000 for 1 West Winter and \$900,000 per staff recommendations. Action Requested: Consent</p>	0	Consent/Dave	Agency
<p>D. Health District Name Change: Ms. Hiddleston met with Ms. Whittaker, Public Information Officer, to begin the process of updating the health district operations and branding guide based on the new name of the district decided upon at last month's meeting.</p> <p>At the completion of the discussion and several concerns voiced from staff, there is a tri-fold concern with renaming the health district to the Delaware Combined Public Health District. Ms. Whittaker is concerned with the length of the name, the confusion of the public with the word "combined" and/or "district", and the need to completely overall the current logo with the addition of a word. Ms. Whitaker has drafted a few different options for the logo (attached). Ms. Hiddleston is concerned that the additional word will increase the cost of all signage related to the new building and the current Sunbury office.</p> <p>The excellent reputation and identity of the agency is our ability to meet the Public Health needs of our community. Across the state and country, many local public health districts have begun using Public Health in their name to better identify their role. Many LHD's in Ohio have already made this move:</p> <p>Richland Public Health, Knox Public Health, Franklin County Public Health, Columbus Public Health, Public Health – Dayton and Montgomery County, Marion Public Health, Greene County Public Health, Summit County Public Health (list not inclusive of all local health districts that have changed their name).</p> <p>Ms. Hiddleston respectfully requests the Board reconsider the renaming of the agency to either Delaware Combined Public Health or Delaware Public Health District. Action Requested: Discussion</p>	10	Discussion/ Shelia	Community/ Engagement

6.0 NEW BUSINESS

New items of information or for Board action

<p>6.021 AUTHORIZATION/EMPLOYMENT</p> <p>A. Public Health Nurse I – Request Board confirm the hire of Ms. Erin Kelley to fill full-time permanent position within the Preventative Health Division recently created. This position is 40 hours a week (100% FTE), \$19.89/hour (pay grade C3) effective February 3, 2020. Position is funded 100% through program 3200 (Clinic Services), fund 70225555 with an anticipated annual salary and benefits of \$74,736.28. Amount may be adjusted depending upon benefits selected. Action Requested: Consent approval</p>	0	Consent/ Adam	Agency
<p>6.023 TUITION REIMBURSEMENT/STAFF DEVELOPMENT</p> <p>A. NACCHO Conference/Ms. Shelia Hiddleston - Request Board approval to expend up to \$2,054.44 of PH funds for Shelia Hiddleston to attend the 2020 NACCHO Annual Conference in Denver, CO on July 6-9, 2020. This conference is applicable to the Strategic Plan goals of Performance Management, Workforce Development, and Visible Leadership; Mrs. Hiddleston has submitted an abstract to present with her NACCHO Workforce Development/Leadership Workgroup a session on the Role of the Chief Health Strategist. Expenses include conference registration (\$625.00); airfare (\$400); hotel (\$680.94); meals (\$248.50); airport parking and airport/hotel transportation (\$100). A copy of the Out of Health District form has been submitted and information provided to the Board and expenditure is budgeted. Action Requested: Consent approval</p>	0	Consent/ Shelia	Agency/ Quality/ Community
<p>6.025 SALARY SCALE/POLICIES/BENEFITS</p> <p>A. Position Series Control Plan – Request Board approval of the updated Position Series Control Plan (attached). Updates are identified in yellow highlight. Action Requested: Consent approval</p>	0	Consent/ Shelia	Agency
<p>6.033 COMMUNITY HEALTH</p> <p>A. Effective 2/24/2020, the Communications Team (Traci Whittaker and Megan Edwards) will merge with the Community Health Division and report to the CH Director. One of the strategies in the 2020-2024 DGHD Strategic Plan is to integrate Public Health 3.0 into agency programming and processes which includes an action step to examine staffing needs related to policy, communications, health equity, cultural competency, and the social determinants of health. After reviewing PH 3.0 concepts and Public Health Accreditation Board (PHAB) requirements (primarily domains 1, 3, 4 and 5), it was determined that there is considerable crossover between the CH Division and the Communications Team. In addition, this merger will provide additional administrative support to the Communications Team. Action Requested: Information Only</p>	0	Info Only/ Jen	Agency
<p>6.04 SPECIAL REPORTS</p> <p>A. 2015-2019 Delaware General Health District Agency Strategic Plan – The final strategic plan progress report including a 5-year summary is attached. Action Requested: Discussion</p>	5	Discussion/ Jen	Quality

<p>B. Delaware General Health District Performance Management Dashboard – The 2019 progress report and dashboard through the 4th Quarter will be presented. Action Requested: Discussion</p>	5	Discussion/ Jen	Quality
<p>C. 2019-2022 Community Health Improvement Plan (CHIP) – The 2019 progress report and dashboard will be presented. Action Requested: Discussion</p>	5	Discussion/ Jen	Quality
<p>D. CEU Presentation – Abby Boeckman, Epidemiologist The Community Health Division will provide a presentation for continuing education related to the 2019 Delaware County Community Health Assessment Annual Update. This project meets the Public Health Accreditation Board (PHAB) Measure 1.1 which states <i>The community health assessment is continually updated to broaden and deepen the community's understanding of public health issues and resources. This presentation also meets the ORC requirement for continuing education for Board of Health members that "shall pertain to ethics, public health principles, and a member's responsibilities."</i> Action Requested: Discussion</p>	15	Discussion/ Abby	Quality
6.054 LEGAL ISSUES			
<p>A. Reduction in Workforce: State WIC has informed the Health District of a potential cut of unknown cost to the grant budget. The WIC Project Directors have been notified that Ohio may receive a 5.6 million dollar cut that will be realized across all projects. Once the updated budget is known staff will attempt to decrease supply budgets; however, it is anticipated that a reduction in staff may be needed due to a lack of funds.</p> <p>Requesting Board approve a Statement of Rationale stating that employees hours and/or positions in the WIC Breastfeeding Peer Helpers Series (Series: WIC Peer Helper 601) and WIC Health Professional Series (Series: WIC Health Professional 50) may be reduced in the DMU WIC Program due to a lack of funds and instructing the Health Commissioner to determine retention points as applicable and provide appropriate notice per ORC 124.321. Action Requested: Consent approval</p>	0	Consent/ Adam	Agency

Sincerely,

Shelia Hiddleston
Health
Commissioner
740/972-8635

Steve Burke
Director of
Environmental Health
740/815-8807

Jen Keagy
Director of
Community Health
614/315-1337

Adam Howard
Director of
Preventative Health
740/360-4718

Dave Knowlton
Director of
Operations
614/582-0640

As of 01/31/2020		Budgeted	Yr-to-Date	Yr-to-Date	Total	Yr-To-Date		Budgeted	Yr-to-Date	Yr-to-Date	Total	Yr-To-Date
Program Name	Pgm	Revenue	Revenue	Transfers	Receipts	%		Expenses	Expenses	Transfers	Disbursements	%
	#		1/31/2020						1/31/2020			
ADMINISTRATION												
Administration	1000	4,256,616	21,218		21,218	0.50%		1,570,339	204,838		204,838	13.04%
Vital Statistics	1100	130,000	16,407		16,407	12.62%		159,579	35,560		35,560	22.28%
Sunbury Ofc see Below	1200	0	0		0	0.00%		151,774	12,891		12,891	8.49%
DGHD New Office	1300	10,000	0		0	0.00%		5,200,000	9,093		9,093	0.17%
Communications	4001	0	0		0			222,703	24,140		24,140	10.84%
Facility	5101	0	0		0			602,949	6,622		6,622	1.10%
Data	5301	0	0		0			332,878	146,751		146,751	44.09%
Building	6000	365,249	9,236		9,236	2.53%		426,862	34,020		34,020	7.97%
COMMUNITY HEALTH												
OEPA Litter Grant	2481	0	0		0			7,094			0	
CH Admin	4000	5,100	2,189		2,189	42.92%		848,485	72,519		72,519	8.55%
Source Point	3005	0	0		0	#DIV/0!		14,065			0	0.00%
Tobacco	4175	0	1,600		1,600			112,000	14,466		14,466	12.92%
Creating Healthy Comn	4150	105,000	33,043		33,043	31.47%		166,923	8,284		8,284	4.96%
Injury Prevention	4200	0	0		0	#DIV/0!		0			0	#DIV/0!
SAFE	4182	42,000	0		0	0.00%		44,618	3,773		3,773	8.46%
PHEP	2080	157,022	30,956		30,956	19.71%		178,120	14,807		14,807	8.31%
Litter	2480	76,500	23,353		23,353	30.53%		84,420	9,026		9,026	10.69%
VIROMENTAL HEALTH												
EH Admin	2000	0	0		0			142,806	25,836		25,836	18.09%
ER Response	2400	0	0		0			12,682	2,597		2,597	20.48%
Sewage	2100	283,500	39,349		39,349	13.88%		300,285	25,398		25,398	8.46%
Vector	2101	0	0		0			46,763	6,166		6,166	13.18%
Residential Service	2103	0	0		0			232,948	11,804		11,804	5.07%
Plumbing	2200	917,800	78,512		78,512	8.55%		461,209	47,094		47,094	10.21%
Food Protection/Public	2300	4,600	563		563	12.23%		191,347	23,329		23,329	12.19%
Campgrounds	2330	8,400	0		0	0.00%		11,302			0	0.00%
Food	2310	419,865	2,351		2,351	0.56%		423,314	34,179		34,179	8.07%
Water	2110	13,500	271		271	2.00%		19,647	1,781		1,781	9.06%
Solid Waste	2411	60,250	16,832		16,832	27.94%		67,544	6,303		6,303	9.33%
Pools	2314	59,500	0		0	0.00%		60,550			0	0.00%
PERSONAL HEALTH												
PH Admin	3000	0	2,405		2,405			214,533	14,054		14,054	6.55%
Clinic Services	3200	325,000	68,123		68,123	20.96%		553,991	56,263		56,263	10.16%
PH Disease Prevention	3100	47,200	149		149	0.32%		250,877	26,823		26,823	10.69%
IAP	3180	44,000	0		0	0.00%					0	#DIV/0!
BCMH	3471	0	7,730		7,730	#DIV/0!		101,751	6,495		6,495	6.38%
WIC	3390	577,661	115,187		115,187	19.94%		607,686	54,486		54,486	8.97%
Get Vaccinated	3185	0	10,668		10,668			71,486	5,379		5,379	7.52%
PH Naloxene	3186	0						4,944	924		924	18.69%



Shelia Hiddleston <shiddleston@delawarehealth.org>

Building Update

Shelia Hiddleston <shiddleston@delawarehealth.org>

Tue, Feb 11, 2020 at 4:54 PM

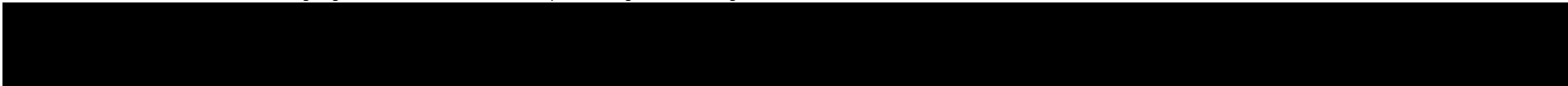
To: Amy Howerton <amylhowerton@gmail.com>, David Karr <karrd2@gmail.com>, Dolores Smith <trevino12@msn.com>, George Wisener <gwisener62@gmail.com>, Margie Fleischer <mfleischer18@gmail.com>, Mark Hickman <mhickman6@hotmail.com>, Pat Blayne <plblayne@aol.com>, Walter Threlfall <wrtdvm@gmail.com>

Good afternoon,

Just a quick update to let you all know what is going on with our building update after our first preliminary planning meeting with Delaware City. I am attaching part of the documents that were shared with the City, please see my comments to the questions that they asked.

Several items will be included on the next BOH agenda:

1. Determine status/cost of tearing down the existing building - this came up again at the meeting with the City, I clarified last night with David Effland that we do not need to do this now. Additionally, Bill S. has recommended that if we do this, we have a contract outside the scope of our new building and keeping it separate. Dave L. has requested an asbestos assessment; we will need this if we have to tear it down now. Chief Donahue has let me know that they will not be able to use the building tear down for training this year; he did recommend that I reach out to DACC to see if they would like to do this.
2. The City is going to require us to do more than the basic landscaping that we had included in the project. Moody-Nolan is getting us an estimate of what that cost might be. It is possible to ask for a variance, but based on the feedback at the meeting it does not appear this would be approved. Dave K. has reached back out to the City to talk about what this could look like that would not be so cost-prohibitive if we worked with the neighbors.
3. Neighbors - there were some neighbors at the planning meeting. Contrary to what was published in the Gazette, the majority of the comments were very positive; we have also not received any negative comments from the flyers that we distributed to sixty-six homes with our update the week of January 20, 2020. One of the councilmen went down a road about us not having a brick building, but City staff were very clear that this is zoned for institutional and a metal building was just fine.
4. We will have an updated budget to review at the next BOH meeting; it is hoped it will include any of the needs identified during the planning meeting. The issues brought up will be covered in the budget scenarios that Dave K. presented at our last meeting.
5. One of the City staff approached Bill S. (Moody Nolan) after the meeting and suggested we may want to consider putting the front one acre up for sale; this area is not included in our plan and could generate revenue to assist with some of the additional expenses. There would likely be some expenses associated with this as it would require a lot of split. We will need to talk about whether we would like to explore that as a possibility.
6. I have reached out to The Robert Weiler Company for an estimated cost for an updated appraisal that would include the cost of pricing the buildings separately; they are going to charge us \$2,000 for a written report or \$1,000 for a verbal. Dave K. is going to do an estimate based on square footage and will bring the recommendation to the Board.



Please let me know if you have any thoughts, questions, or concerns. As a gentle reminder, please do not reply all or begin a "Round Robin" discussion so as not to violate the Open Meetings Act.

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Dedicated to Your Health,

Shelia L. Hiddleston, RN, MS
Health Commissioner
Delaware General Health District
P.O. Box 570, 1 W. Winter St.
Delaware, OH 43015-0570
740-203-2002 Office
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**Item redacted due to
HIPAA, not information
related to building.**



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Class Title	Position Number	Hire Date	Current Employee	Current Pay Grade	Exempt & Classified Status	Job Type	Status	BOH Approved	Changes
Health Commissioner	01101	12/31/2012	Hiddleston	NA	E & U	FT	Filled	X	
Assistant Health Commissioner	02101			NA	E & U		Inactive		
DIVISION DIRECTOR Series									
Personal Health Director	03101	3/14/2011	Howard	D8	E & U	FT	Filled	X	
Finance & Operations Director	04101	5/19/2008	Knowlton	D8	E & U	FT	Filled	X	D. Hall New Hire 2/03/20 - Knowlton retiring 4/06/20
Environmental Health Director	05101	1/2/2013	Burke	D8	E & U	FT	Filled	X	
Community Health Director	06101	2/24/2014	Keagy	D8	E & U	FT	Filled	X	
PROGRAM MANAGER Series									
Program Manager / Director of Nursing	07101N	7/15/2013	Baugher	D6	E & C	FT	Filled	X	
Program Manager	07102S	1/24/1996	Sams	D5	E & C	FT	Filled	X	
Program Manager	07103D	6/12/2000	Jennings	D5	E & C	FT	Filled	X	
Program Manager	07104	8/21/2006	Irvan	D5	E & C	FT	Filled	X	
Program Manager	07105S	5/29/2007	DeGenaro	D5	E & C	FT	Filled	X	
Program Manager	07106	8/13/2007	Kuhlman	D5	E & C	FT	Filled	X	
Program Manager	07107	10/5/2009	Kincaid	D5	E & C	FT	Filled	X	
Program Manager	07108S	3/27/2013	Kent	D5	E & C	FT	Filled	X	
Program Manager	07109	5/22/2017	Letterle	D5	E & C	FT	Filled	X	
Program Manager				D5	E & C	FT	Inactive		
HUMAN RESOURCES Series									
Human Resources Officer	08101	6/29/2011	Whitney	D5	E & C	FT	Filled	X	
Benefits Specialist	08102			C5	N & C		Inactive		
Human Resources Assistant	08103			A9	N & C		Inactive		
FISCAL SPECIALIST Series									
Fiscal Specialist 2	09101	12/20/2012	Naticchia	B2	N & C	FT	Filled	X	
Fiscal Specialist 1	09102	9/21/1992	Stull	B1	N & C	FT	Filled	X	
Fiscal Specialist 1	09103			B1	N & C	FT	Vacant	X	
COMMUNICATIONS Series									
PIO / Supervisor	010101	2/11/2013	Whittaker	D3	E & C	FT	Filled	X	
Multimedia Specialist	010102	6/12/2017	Edwards	C5	N & C	FT	Filled	X	
GIS Specialist	010103			C5	N & C	Intermittent	Inactive		
INFORMATION TECHNOLOGY Series									
Information Technology Specialist 3	20101	3/30/2015	Stone	B (IT) 3	N & C	FT	Filled	X	
Information Technology Specialist 3	20102	9/5/2017	Goodsite	B (IT) 3	N & C	FT	Filled	X	
Information Technology Specialist 1	20103			B (IT) 1	N & C		Inactive		
EPIDEMIOLOGY Series									
Epidemiologist 2	30101S	5/3/2017	Lane	C9	N & C	FT	Filled	X	Termination effective 11/07/19
Epidemiologist 2	30102	4/17/2017	Hieronimus	C9	N & C	FT	Filled	X	
Epidemiologist 1	30103	6/27/2016	Boeckman	C5	N & C	FT	Filled	X	
Epidemiologist 1	30104	9/3/2019	Patterson	C5	N & C	FT	Filled	X	
NURSING Series									
Public Health Nurse Supervisor	40101			D3	E & C		Inactive		
Public Health Nurse 3	40201	10/10/2006	Nichols	C9	N & C	FT	Filled	X	
Public Health Nurse 3	40202	4/25/2016	Jesson	C9	N & C	FT	Filled	X	
Public Health Nurse 3	40203	7/18/2017	Reed	C9	N & C	FT	Filled	X	
Public Health Nurse 2	40301	8/5/1996	Lenko	C8	N & C	FT	Filled	X	FT but currently filled with PT (0.8 FTE)
Public Health Nurse 2	40302	10/23/2018	Schwaderer	C8	N & C	FT	Filled	X	
Public Health Nurse 2	40303	2/4/2019	Fox	C8	N & C	FT	Filled	X	
Public Health Nurse 1 or 2	40304	2/3/2020	Kelley	C3	N & C	FT	Filled	X	New Hire effective date 2/03/20
Public Health Nurse 2	40305			C8	N & C	FT	Inactive	X	
Immunization Specialist	40501			C2	N & C	FT	Vacant	X	

Class Title	Position Number	Hire Date	Current Employee	Current Pay Grade	Exempt & Classified Status	Job Type	Status	BOH Approve	Changes
WIC HEALTH PROFESSIONAL Series									
WIC Health Professional Supervisor	50101			D3	E & C		Inactive		
WIC Health Professional 3	50201	1/3/1998	Syar	C7	N & C	PT	Filled	X	
WIC Health Professional 2	50301	8/28/2007	Wright	C4	N & C	PT	Filled	X	
WIC Health Professional 2	50302	5/12/2008	Nye	C4	N & C	FT	Filled	X	
WIC Health Professional 2	50303			C4	N & C	FT	Inactive		
WIC Health Professional 1	50401	2/2/2015	Myers	C2	N & C	PT	Filled	X	
WIC Health Professional 1	50402	3/17/2016	Welsh	C2	N & C	PT	Filled	X	
WIC PEER HELPER Series									
WIC Peer Helper	60101	9/21/2015	Protheroe	A3	N & C	PT	Filled	X	
WIC Peer Helper	60102	10/24/2016	Wurtsbaugh	A3	N & C	PT	Filled	X	
WIC Peer Helper	60103	11/26/2018	Dixon	A3	N & C	PT	Filled	X	
COMMUNITY HEALTH SPECIALIST Series									
Community Health Specialist Supervisor	70101	6/20/2016	Trimble	D3	E & C	FT	Filled	X	
Community Health Specialist 3	70201	10/13/2004	Kannally	C8	N & C	FT	Filled	X	
Community Health Specialist 3	70202	3/7/2011	Sutherland	C8	N & C	FT	Filled	X	
Community Health Specialist 3	70203			C8	N & C	FT	Inactive	X	
Community Health Specialist 3	70204			C8	N & C	FT	Vacant	X	
Community Health Specialist 3	70205			C8	N & C	Intermittent	Inactive		
Community Health Specialist 2	70301	11/12/1993	Way-Young	C5	N & C	FT	Filled	X	
Community Health Specialist 2	70302	12/17/2009	Bain	C5	N & C	FT	Filled	X	
Community Health Specialist 2	70303	1/2/2018	Bonnette	C5	N & C	FT	Filled	X	
Community Health Specialist 2	70304	8/12/2019	Harper	C5	N & C	FT	Filled	X	
Community Health Specialist 1	70401	1/15/2019	Fernandez	C3	N & C	FT	Filled	X	
Community Health Specialist 1	70402			C3	N & C	FT	Vacant	X	
Community Health Specialist 1	70403			C3	N & C	FT	Inactive		
REGISTERED SANITARIAN Series									
Registered Sanitarian Supervisor	80100			D3	E & C		Inactive		
Registered Sanitarian Supervisor	80101			D3	E & C		Inactive		
Registered Sanitarian Supervisor	80102			D3	E & C		Inactive		
Registered Sanitarian 3	80201	2/23/2004	Self	C9	N & C	FT	Filled	X	
Registered Sanitarian 3	80202	3/28/2005	Rogich	C9	N & C	FT	Filled	X	
Registered Sanitarian 3	80203			C9	N & C	FT	Inactive	X	
Registered Sanitarian 3	80204			C9	N & C	FT	Inactive	X	
Registered Sanitarian 3	80205			C9	N & C	FT	Inactive		
Registered Sanitarian 2	80301	9/2/2003	Adams	C8	N & C	FT	Filled	X	
Registered Sanitarian 2	80302	6/19/2006	Wilson	C8	N & C	FT	Filled	X	
Registered Sanitarian 2	80303	1/2/2007	Sanders	C8	N & C	FT	Filled	X	
Registered Sanitarian 2	80304			C8	N & C	FT	Vacant	X	
Registered Sanitarian 2	80305			C8	N & C	FT	Vacant	X	
Registered Sanitarian 2	80306			C8	N & C	FT	Inactive		
Registered Sanitarian 1	80403			C6	N & C	FT	Vacant	X	
Registered Sanitarian 1	80402	4/2/2018	McKenzie	C6	N & C	FT	Filled	X	
Registered Sanitarian 1	80403	4/9/2018	Zoecklein	C6	N & C	FT	Filled	X	
Sanitarian in Training	80500	4/1/2019	Stewart	C3	N & C	FT	Filled	X	
Sanitarian in Training	80501	4/1/2019	Prigge	C3	N & C	FT	Filled	X	
Environmental Health Technician	80502	3/15/2017	Spangler	A6	N & C	FT	Filled	X	
CERTIFIED PLUMBING INSPECTOR Series									
Certified Plumbing Inspector Supervisor	90101			D1	E & C		Inactive		
Certified Plumbing Inspector 3	90201	5/20/2002	Brill	B (P) 3	N & C	FT	Filled	X	
Certified Plumbing Inspector 3	90202	9/15/2003	Dawson	B (P) 3	N & C	FT	Filled	X	
Certified Plumbing Inspector 3	90203			B (P) 3	N & C	FT	Inactive	X	
Certified Plumbing Inspector 2	90301	4/17/2017	Bailey	B (P) 2	N & C	FT	Filled	X	
Certified Plumbing Inspector 1	90401	6/10/2019	Olszewski	B (P) 1	N & C	FT	Filled	X	

Class Title	Position Number	Hire Date	Current Employee	Current Pay Grade	Exempt & Classified Status	Job Type	Status	BOH Approve	Changes
ADMINISTRATIVE ASSISTANT Series									
Administrative Assistant to HC	10001	2/15/2005	Brown	A10	N & C	FT	Filled	X	
Administrative Assistant/Vital Statistics Registrar	10101	1/16/2001	Hess	A9	N & C	FT	Filled	X	
Administrative Assistant/Satellite Coordinator	10102	4/24/2017	Wing	A9	N & C	FT	Filled	X	
Administrative Assistant 3	10201	9/17/2008	Vance	A6	N & C	FT	Filled	X	
Administrative Assistant 3	10202	5/7/2018	Burcher	A6	N & C	FT	Filled	X	
Administrative Assistant 3	10203	3/11/2019	Nutter	A6	N & C	FT	Filled	X	Promotion from AA2 10/21/19
Administrative Assistant 2	10301	5/22/2000	Adkins	A4	N & C	FT	Filled	X	
Administrative Assistant 2	10302	1/30/2006	Wolcott	A4	N & C	FT	Filled	X	
Administrative Assistant 2	10303	11/28/2011	Baileys	A4	N & C	FT	Filled	X	
Administrative Assistant 2	10304	6/27/2012	Forson	A4	N & C	FT	Filled	X	
Administrative Assistant 2	10305	8/27/2012	Mendenhall	A4	N & C	FT	Filled	X	
Administrative Assistant 2	10306	7/18/2016	Aller	A4	N & C	FT	Filled	X	
Administrative Assistant 2	10307	3/18/2019	Bender	A4	N & C	FT	Filled	X	
Administrative Assistant 2	10308	8/12/2019	Knape	A4	N & C	FT	Filled	X	
Administrative Assistant 2	10309	1/6/2020	Granlee	A4	N & C	FT	Filled	X	New hire effective 1/06/2020
Administrative Assistant 2	10310			A4	N & C	FT	Vacant	X	
Administrative Assistant 1	10401			A2	N & C	FT	Inactive		
Administrative Assistant 1	10402			A2	N & C	FT	Inactive		
Administrative Assistant 1	10403			A2	N & C	FT	Vacant	X	
CUSTODIAL MAINTENANCE Series									
Custodian Maintenance 3	11101	2/26/2007	Law	A9	N & C	FT	Filled	X	
Custodian Maintenance 2	11201			A6	N & C		Inactive		
Custodian Maintenance 1	11301	8/28/2017	Nelson	A3	N & C	PT	Filled	X	
Custodial Worker	11401			A1	N & C		Inactive		
INTERN Series									
Intern 2 (Degreed)	12101			A7	N & C	Intermittent	Vacant	X	
Intern 1 (Non-Degreed)	12201	2/25/2020	Reamer	A2	N & C	Intermittent	Vacant	X	New Hire effective 2/25/20
Intern 1 (Non-Degreed)	12202			A2	N & C	Intermittent	Vacant	X	

Walter R. Threlfall, DVM
President Board of Health

Shelia L. Hiddleston, MS, RN
Secretary Board of Health

Final Strategic Plan Report 2015-2019



Performance Management Touchstone	Priority	Goal Statement and Key Measure	Objective/Strategy/ Action Steps	5 Year Summary
Quality	The DGHD is known throughout the community and by our state and national peers for our commitment to quality, and health and equity in all policies. Our recognition as a PHAB-accredited agency is sustained. Staff takes ownership for both their performance and the performance of the agency. We understand how our individual work contributes to our overall success. Our performance management system includes measures from individual employee performance* to community outcomes. We implement evidence-based and best –practices and we evaluate the outcomes. We maximize the use of limited resources to ensure the best return on investment. The data we collect is used to identify ongoing quality improvement initiatives for our agency. *See Workforce Development Priority	<p>Goal Statement: A performance management system is fully integrated at DGHD that meets PHAB standards with implementation of all strategies.</p> <p>Key Measure: All divisions, units and staff will have measureable progress on goals relating to the agency strategic plan by 12/31/19.</p>	Performance Management	
1		Objective P - 1	The DGHD performance appraisal process is revised and implemented which will outline staff role in supporting the DGHD mission, vision, and goals by 12/31/19.	A Performance Appraisal Task Force was created. The TF revised the PA tool and better tied it to the DGHD mission & vision.
2		Strategy P - 1.1	Develop new DGHD employee performance appraisal tool and implement.	The PA Task Force completed the tool in 2017.
3		Action Step P - 1.1.1	Using CQI template and involving staff at all levels, update the employee performance appraisal incorporating job descriptions; core competencies; public health values; and meaningful employee goals.	The new tool helped staff and Leadership to write 3 SMART goals for each PA. Employees & LT have been instructed to use the employee PD when completing self-appraisals and performance appraisals.
4		Action Step P - 1.1.2	Train DGHD Leadership Staff to give productive, concise feedback to staff during performance appraisals.	The Performance Appraisal tool was updated and training occurred with staff and leaders. The tool still continues to cause issues with staff; the ratings cause consternation. This issue is being addressed in the new SP too.
5		Objective P - 2	The DGHD Quality Improvement Plan is updated as scheduled.	Updates occurred and the plan was implemented.
6		Strategy P - 2.1	Annually update and implement the DGHD QI Plan.	Updates occurred and the plan was implemented
7		Action Step P - 2.1.1	Review and implement the Plan.	The QI Plan was implemented, with several projects completed. The new QI Plan will be integrated with the Performance Management plan during the next Strategic Planning cycle.
8				

Performance Management Touchstone	Priority	Goal Statement and Key Measure	Objective/Strategy/ Action Steps	5 Year Summary
9		Strategy P - 2.2	Provide access to CQI tools and encourage staff to use tools in rapid cycle or full CQI projects.	CQI trainings were held and additional trainings were developed and will be incorporated into the QI Plan in the next strategic planning cycle.
10		Action Step P - 2.2.1	Conduct rapid CQI per division and full CQI project as outlined in QI Plan.	DGHD increased the number of CQI projects completed throughout the agency.
11		Strategy P - 2.3	Maintain agency National PHAB Accreditation.	The PHAB Re-Accreditation documents were all submitted, the site visit was complete, and the report has been provided to the DGHD and the PHAB Board. All measures were marked as Met, the PHAB Board meets on March 17, 2020 for final determination.
12		Action Step P - 2.3.1	Complete annual reporting according to PHAB requirements.	DGHD completed all annual reports as required by PHAB.
13	Revised Measure - Update October 2017	Action Step P - 2.3.2	Monitor accreditation requirements for completeness.	DGHD prepared for and completed the reaccreditation site visit in December 2019. All measures were met.
14		Objective P - 3	The DGHD will develop and implement an agency-wide program evaluation plan by 12/31/19.	A program evaluation plan was developed which included a standard form for review and a timeline to review all programs within the Health District. The standard evaluation includes: a program narrative, a file review, an observational review, an evidence base review, a financial review, a review of health equity considerations, a review of ethical considerations and more. Evaluations have begun and all evaluations will be conducted by 2023.
15		Strategy P - 3.1	Develop a tool to review best practice for program evaluation.	A program evaluation plan was developed which included a standard form for review and a timeline to review all programs within the Health District. The standard evaluation includes: a program narrative, a file review, an observational review, an evidence base review, a financial review, a review of health equity considerations, a review of ethical considerations and more. Evaluations have begun and all evaluations will be conducted by 2023.

Performance Management Touchstone	Priority	Goal Statement and Key Measure	Objective/Strategy/ Action Steps	5 Year Summary	
16		Action Step P - 3.1.1	Review best practices for program evaluations.	A program evaluation plan was developed which included a standard form for review and a timeline to review all programs within the Health District. The standard evaluation includes: a program narrative, a file review, an observational review, an evidence base review, a financial review, a review of health equity considerations, a review of ethical considerations and more. Evaluations have begun and all evaluations will be conducted by 2023.	
17		Action Step P - 3.1.2	Implement program evaluation schedule.	The Program and Services assessments were not all completed as planned. The tool has been expanded to include several areas related to re-accreditation. The Leadership Team will work in 2020 to develop a new tool and schedule that better meets the needs of the agency without being so cumbersome.	
18		Strategy P - 3.2	Develop criteria to review the financial impact of programs.	The Costing tool was completed for 2018 and 2019 will be completed within the next three months. The provision of Foundational Capabilities cost the DGHD 19.00 per capita, Foundational Services cost the DGHD 12.87 per capita, and Expanded Services cost the DGHD 6.22 per capita.	
19	Agency	Revised Goal 03/31/2016	Action Step P - 3.2.1	Revised Goal (3/31/16) Research and implement a tool that assists BOH and Leadership with the evaluation of programs, mandates, and financial impact.	Tool was identified
20		Revised Goal 03/31/2016	Action Step P - 3.2.2	Complete fiscal implications of all programs by identifying sources of revenue and expenses while including information related to mandates by ORC or PHAB.	Tool is complete
21		Revised Goal 03/31/2016	Action Step P - 3.2.3	Leadership team complete the Assessment and Prioritization tool and review with BOH.	Minutes reflect approval of tool and process by BOH
22		Revised Goal 03/31/2016	Action Step P - 3.2.4	Leadership team and BOH review all programs and complete tool every two years.	Minutes reflect approval of tool and process by BOH

Performance Management Touchstone	Priority	Goal Statement and Key Measure	Objective/Strategy/ Action Steps	5 Year Summary
23	Deleted Goal 03/31/2016	Action Step P - 3.2.3	Evaluate best practices for public health Return on Investment that allows for outcome measurement	Deleted Goal 3/31/2016
24	Deleted Goal 03/31/2016	Action Step P - 3.2.1	Set criteria for review of financial impact.	Deleted Goal 3/31/2016
25	Deleted Goal 03/31/2016	Action Step P - 3.2.2	Budgets will be evaluated	Deleted Goal 3/31/2016
26	New Goal 10/2017	Objective P - 4	Implement a Public Health Ethics Committee utilizing a current Community Ethics Committee or initiating a DGHD Ethics Committee	No new issues identified. Ethics review will be incorporated into the revised Program/Services review.
27	New Goal 10/2017	Objective P - 5	DGHD will provide services in a manner that reflects sensitivity to health equity and disparate populations.	
Community		Strategy P - 5.1	Review a minimum of three DGHD programs and/or neighborhoods through Health Equity Lens. To include a minimum of five commonly used indices (life expectancy, Income, Race, Education, Resources, Gender Identity, Disability, Legal Status, etc.)	The Health District is incorporating health equity into multiple programs and will continue to do so. Community Profiles are being created for every subdivision within the Health District every other year which will review inequalities such as income and newborn birth indicators. The Health District sends representatives to every subdivision's monthly meeting and identifies ways to incorporate a Health in all Policies approach to their policies and procedures.
28		Strategy P - 5.2	Incorporate Health Equity measures into CLAS Plan	Staff received CLAS training at the 12/13/19 WEC. During 2018 & 2019, the current CLAS plan for the agency was fully integrated into the WFD plan with scheduled CLAS and/or Health Equity trainings occurring every 2 years. Also in 2019, with the addition of an Epidemiology position in CH, CH staff will continue to examine CHA data annually to see where data can be drilled down further within disparate populations to ensure health equity for all. The future of the WFD and the topic of Health Equity will continue to evolve into the agency's next Strategic Plan under the Public Health 3.0 objective.
29				

Performance Management Touchstone	Priority	Goal Statement and Key Measure	Objective/Strategy/ Action Steps	5 Year Summary
30 Agency		Strategy P - 5.3	Increase knowledge of DGHD staff of health issues related to various populations disparately affected by health equity factors.	All staff health equity training was sent to all staff in October 2019. All Health District staff took the training. It has yet to be determined if this training will be annual all staff training or if there will be future health equity trainings.
31 Agency	Workforce Development: At DGHD, all staff is engaged and committed to achieving the mission and goals of the agency. We “see” how our work contributes to the success of the organization. We are competent, highly skilled, and are provided with ongoing opportunities to help us grow and improve both personally and professionally. We have established a learning culture where success is celebrated, we learn from our mistakes, and continuing education and professional development are encouraged and supported. Ongoing, consistent performance feedback is provided and we purposefully seek council and guidance from each other. We capitalize on the knowledge and wisdom of our long term staff: and fully orient new employees to our agency and our community. We are empowered: new ideas are valued and decisions are made at every level of the organization. We have space, technology, and tools to effectively do our work.	Goal Statement: Establish & maintain a highly engaged workforce that achieves the goals of the agency. Key Measure: Attain top quartile in employee satisfaction and engagement survey.	Workforce Development	
32		Objective W - 1	Improve working conditions by 25% according to staff satisfaction survey by 12/31/19.	A new Staff Satisfaction Survey tool was used in conjunction with the development of the new strategic plan. The attributes assessed were different, so a comparison can not be made. Issues identified in the analysis will be included in the new SP.
33		Strategy W - 1.1	Complete yearly assessment process of all staff to determine level of engagement, communication, and satisfaction with agency.	Culture Survey/Satisfaction Survey done every few years to gauge these topics. Anything that comes out of these as needing improved is focused on. Communication is going to be focused on in the new SP.
34		Action Step W - 1.1.1	Implement staff assessment annually.	Culture Survey/Satisfaction Survey done every few years to gauge these topics. Anything that comes out of these as needing improved is focused on. Communication is going to be focused on in the new SP.
35		Action Step W - 1.1.2	Implement action steps identified in assessment.	Culture Survey/Satisfaction Survey done every few years to gauge these topics. Anything that comes out of these as needing improved is focused on. Communication is going to be focused on in the new SP.
36		Strategy W - 1.2	Improve technological effectiveness and efficiency of the agency.	

Performance Management Touchstone	Priority	Goal Statement and Key Measure	Objective/Strategy/ Action Steps	5 Year Summary
37		Action Step W - 1.2.1	Develop and implement a plan for technology improvements.	
38	Agency	Strategy W - 1.3	Improve and support work/life balance for all employees.	Employees were surveyed and a considerable amount of changes were made.
39		Action Step W - 1.3.1	Develop a task force to study the work needs of employees to better accommodate work/personal life balance to include studying flex scheduling, telecommuting, etc. and maintaining a healthy lifestyle.	Several changes were made to better accommodate employees personal schedules.
40	New action step for 2017.	Action Step W - 1.3.2	Reevaluate Benefits Advisory Team (BAT) and review previous work/life balance survey results and determine if additional surveying is needed.	<p>A new wellness team, Delaware Generals, was launched.</p> <p>Vision: A DGHD Team where mind, body and spirit are in harmony.</p> <p>Mission: To promote a worksite culture that supports healthy lifestyle choices by valuing individual health and creating a supportive community.</p>
41	New action step for 2017.	Action Step W - 1.3.3	Identify and implement 2 strategies that staff have identified to improve work/life balance.	<p>Employee Recognition Nominations were launched in October and 20 nominations were submitted by staff. The nominations were read at the October 4th Heritage Potluck. Certificates were given to each nominee and they were all entered in a raffle to win a \$25 Amazon gift card. There were many positive comments and staff enjoyed the event. Employee Recognition will be held on a quarterly basis.</p> <p>Chili Cook-Off was held on 11/18/19.</p> <p>Three strategies / activities were completed - team fitness event, employee recognition, and chili cook-off.</p>

Performance Management Touchstone	Priority	Goal Statement and Key Measure	Objective/Strategy/ Action Steps	5 Year Summary
42		Strategy W - 1.4	Develop an agency facility plan to manage personnel and public access and community growth.	Facility plan was completed. Estimates for remodeling existing building was reviewed and BOH determined a new building was a better option. New property was purchased. Architect hired. Plans are now submitted to city for final review. Groundbreaking should commence in spring of 2020
43		Action Step W - 1.4.1	Develop a task force to study the agency's physical building needs for both employees and public for future planning.	see above
44	New Action Step October 2017	Action Step W - 1.4.2	Identify resources for relocation or renovation	Available funds were identified and plans are before city planning department for approval
45	New Action Step October 2017	Action Step W - 1.4.3	Identify plans for expansion of services via satellite and/or hours based on Barrier Busters data	Sunbury continues to increase services.
46		Objective W - 2	Improve work culture and engagement by 25% by 12/31/19.	Completed an Employee Satisfaction survey via HCNO in September 2019. Currently assessing results.
47		Strategy W - 2.1	Delegate projects/duties to staff and empower staff to complete.	Completed an Employee Satisfaction survey via HCNO in September 2019. Currently assessing results.
48	Action Step Added October 2017	Action Step W - 2.1.1 R	Review results of 08/2017 Culture Survey and prepare Action Plan if needed.	We did this in 2017 and are now looking at the 2019 results of the employee satisfaction survey.
49		Action Step W - 2.1.1	Agency has a clear mission and values that are communicated to all levels of the staff.	Mission, Vision, and Guiding Principles are readily available to staff. There is a strategy related to branding of the new facility in the new SP.
50	New Action Step October 2017	Action Step W - 2.1.1 N	Identify agency Core Values as part of Mission and Vision	Mission, Vision, and Guiding Principles are readily available to staff. There is a strategy related to branding of the new facility in the new SP.
51		Action Step W - 2.1.2	Managers receive training on how to delegate & empower their staff.	Training continues and needs will be assessed regularly as part of the WFD Plan.
52		Action Step W - 2.1.3	Employees receive training to increase their confidence in receiving higher level of accountability, responsibility, & decision-making.	Empowerment Task Force created a tool to aid employees on decision making and accountability.

Performance Management Touchstone	Priority	Goal Statement and Key Measure	Objective/Strategy/ Action Steps	5 Year Summary
53	New Objective October 2017	Objective W 3	Develop and Implement Recruiting and Interviewing plan to assure selection of excellent DGHD Staff	Completed new Hiring Guide.
54	Community	<p>Community Health Improvement Plan:</p> <p>At DGHD, we work with our community residents and stakeholders to plan, implement, and evaluate programs and policies that target Community Health Improvement Plan priorities. We serve as a leader, convener, and trusted partner in these efforts. Our agency leads initiatives related to overweight/obesity and access to care, and we support our community partners in addressing mental health, alcohol/substance abuse, and food insecurity. We look externally for ways to expand our networks to address these health issues.* We implement evidence based and documented best practices. We confront health and equity disparities, where appropriate, in all programs and policies related to the CHIP. *See Engagement Priority</p>	<p>Goal Statement: Implementation of the CHIP (with focus on overweight and obesity and access to care) is assured.</p> <p>Key Measure: DGHD CHIP responsibilities will be met by 12/31/2018.</p>	Community Health Improvement Plan
55		Objective C - 1	The DGHD will support and participate in the implementation of the CHIP by 12/31/18.	DGHD met all CHIP responsibilities related to the 2014-2018 CHIP.
56	Revised Objective for 2019	Objective C -1R	The DGHD will support and participate in the implementation of the 2019-2022 CHIP by 12/31/19.	DGHD and members of the Partnership created the 2019-2022 CHIP which focuses on work related to 4 priorities: Addiction, Mental Health, Chronic Disease and Cross Cutting Factors. Under these priorities staff and community partners broke into strategy teams to tackle the 22 different strategies laid out in year 1 (2019) of the plan. Ongoing CHIP progress is measured using Smartsheet's dashboards.
57		Strategy C-1.1	Implement CHIP as it relates to agency mission/programming.	DGHD met all CHIP goals related to the 2014-2018 CHIP (see the 2014-2018 CHIP Final Outcomes Summary).
58	Adjusted start and end date and person assigned to for 2019	Strategy C - 1.1R	Implement CHIP as it relates to agency mission/programming.	See note above regarding the tracking of the 2019-2022 CHIP progress using Smartsheet dashboards.
59		Action Step C - 1.1.1	Provide staffing and funding to address agency related CHIP goals.	Six DGHD staff served as leads for the seven priorities for the 2014-2018 CHIP cycle. The DGHD, in collaboration with the DMMHRSE, received a \$60,000 grant from the ODH for SBIRT implementation. The DGHD also secured Project DAWN kits from the ODH for naloxone distribution. The DGHD used public health funds to implement the 5321AN campaign for obesity prevention.

Performance Management Touchstone	Priority	Goal Statement and Key Measure	Objective/Strategy/ Action Steps	5 Year Summary
60	Adjusted start and end date and person assigned to for 2019	Action Step C - 1.1.1R	Provide staff and funding to address agency related CHIP goals.	In 2019 (year 1) of the new CHIP cycle, nine DGHD staff served as agency leads for the 22 CHIP strategies. In addition, the CH Epi also started providing guidance to all leads to ensure thorough data tracking throughout the 4 year plan. Bi-monthly facilitator meetings are held to keep progress moving forward. The Partnership Steering Committee was also created 2019 to provide input from invested community stakeholders.
61		Objective C - 2	The 2017 Community Health Assessment and 2019 – 2022 Community Health Improvement Plan will be completed by 12/31/18.	The 2017 CHA was completed and the 2019-2022 CHIP was developed.
62		Strategy C - 2.1	Develop and implement the 2017 Community Health Assessment (CHA) utilizing MAPP or other evidence-based methodology.	The 2017 CHA was conducted by HCNO and led by The Partnership for a Healthy Delaware County. The results were released to the public on 5/22/18. The DGHD received \$10,000 from OhioHealth, \$5,000 from United Way, and \$15,380 from ODH to help fund the CHA.
63		Action Step C - 2.1.1	Meet with local hospital system(s) related to collaboration on CHA.	See summary in Strategy C - 2.1
64		Action Step C - 2.1.2	Identify bidding process to procure a contract.	See summary in Strategy C - 2.1
65	Adjusted end date	Action Step C - 2.1.3	Partnership organizing meeting.	See summary in Strategy C - 2.1
66	Adjusted start and end dates	Action Step C - 2.1.4	Conduct Assessments.	See summary in Strategy C - 2.1
67	Action step will be completed as part of the CHIP process so needs moved.	Action Step C - 2.1.5	Identify top health issues.	See summary in Strategy C - 2.1
68	New action step 2017	Action Step C - 2.1.6	Adult and child data analysis.	See summary in Strategy C - 2.1
69	New action step 2017	Action Step C - 2.1.7	Committee meeting with HCNO to present first draft.	See summary in Strategy C - 2.1
70	New action step 2017	Action Step C - 2.1.8	Community Event to present report.	See summary in Strategy C - 2.1
71		Strategy C - 2.2	Develop the 2019 – 2023 Community Health Improvement Plan (CHIP).	The 2019-2022 CHIP process was conducted by HCNO and led by The Partnership for a Healthy Delaware County. The plan was released to the public on 1/18/19.

Performance Management Touchstone	Priority	Goal Statement and Key Measure	Objective/Strategy/ Action Steps	5 Year Summary
72	Action step needs revised.	Action Step C - 2.2.1	Implement project management schedule for CHIP assessment and development.	See summary in Strategy C - 2.2
73	Revised action step 2017	Action Step C 2.2.1R	Choose health priorities.	See summary in Strategy C - 2.2
74	New action step 2017	Action Step C 2.2.2	CHIP planning meetings - resource assessment, gap analysis, best practices, CTSA, LPHSA, FOC	See summary in Strategy C - 2.2
75	New action step 2017	Action Step C 2.2.3	Community Event to present plan.	See summary in Strategy C - 2.2
76	New Objective October 2017	Objective C - 3	Determine role of DGHD in Opiate Epidemic in Delaware County	
77		Strategy C - 3.1	Develop Opiate Action Plan	The Opiate Action Plan was presented to community partners on 6/6/17.
78		Action Step C - 3.1.1	Determine DGHD implementation needs related to gaps in Opiate Action Plan	See summary in Strategy C - 3.1
79		Action Step C - 3.1.2	Meet with local Law Enforcement, Mental Health, Judicial System, and other community partners to develop draft action plan	See summary in Strategy C - 3.1
80		Action Step C - 3.1.3	Engage community and political partners, to include Drug Free Delaware and the Opiate Task Force to finalize Opiate Action Plan and determine resources to fill gaps	See summary in Strategy C - 3.1

Performance Management Touchstone	Priority	Goal Statement and Key Measure	Objective/Strategy/ Action Steps	5 Year Summary
81		Action Step C - 3.1.4	Monitor Opiate Action plan for DGHD led steps	Beginning in 2016, the DGHD assisted in the creation, finalization and implementation of the comprehensive Delaware County Opiate Action Plan. The plan was comprised of strategies encompassing education and prevention; monitoring and Disposal; enforcement and supply reduction; treatment; and harm reduction. Four community meetings were held between June 2017 and December 2019 in which plan progress was shared, funding opportunities and new projects were unveiled, overdose death data was presented, and federal and state initiatives were reviewed. DGHD completed the seven strategies identified in the plan which were aligned with the 2014-2018 CHIP or other Health District priorities. DGHD staff also monitored the opiate action plan progress and is currently collecting progress updates for the last six months of 2019. Action plan progress updates were used to inform the state report for the County's Opiate Hub project submitted by DMMHRB in December 2019.
82	New Objective for 2019	Objective C 4	The 2019-2020 Youth Risk Behavior Surveillance Survey will be conducted by 12/31/19.	The 2019/2020 YRBS assessment was conducted successfully in September, 2019. All related action steps were completed. The assessment reached across 16 buildings with 13,907 participants in the sample size.
83	New Strategy for 2019	Strategy C 4.1	Develop and implement the YRBS data collection utilizing evidence-based methodology.	See above
84	New Action Step for 2019	Action Step C 4.1.1	Identify bidding process to procure the contract.	See above
85	New Action Step for 2019	Action Step C 4.1.2	Obtain IRB approval.	See above
86	New Action Step for 2019	Action Step C 4.1.3	Organize YRBS subcommittee to develop the survey tool.	See above
87	New Action Step for 2019	Action Step C 4.1.4	Conduct YRBS survey within the identified schools.	See above

Performance Management Touchstone	Priority	Goal Statement and Key Measure	Objective/Strategy/ Action Steps	5 Year Summary
88	Engagement Visible Leadership: Our agency is a visible leader on issues that affect the public's health. Residents and community partners see us as the primary source for reliable, up-to-date public health information. We serve as a referral source for residents, providing needed public health service and establishing linkages to other community assets. Our staff is engaged in local, state, and national committees where the work aligns with the mission and strategic direction of our agency. We capitalize on the success of the Friends for Life program and continuously work with their Board to support public health efforts in the community.	Goal Statement: DGHD visibility as a public health leader is increased. Key Measure: DGHD will demonstrate visible Public Health leadership by 12/31/19.	Visible Leadership	
89		Objective V - 1	The DGHD will increase active memberships in local, state and national public health organizations by 12/31/19.	Staff continue to participate in various organizations. A method for assuring communication with all staff related to various PH Associations continues to develop.
90		Strategy V - 1.1	Support staff involvement in public health organizations that align with the agency mission.	Staff continue to participate in various organizations. A method for assuring communication with all staff related to various PH Associations continues to develop.
91		Action Step V - 1.1.1	Identify baseline membership by surveying staff.	Review was completed and changes were made.
92		Action Step V - 1.1.2	Investigate financial support for membership dues.	Review was completed and changes were made.
93		Action Step V - 1.1.3	Continue to support staff time for committee/organization activities.	Over the past 5 years staff have presented at local, regional, state, and federal public health events.
94		Strategy V - 1.2	Enhance opportunities for active involvement in local, state, and national public health organizations.	Over the past 5 years staff have presented at local, regional, state, and federal public health events.
95		Action Step V - 1.2.1	Encourage shadowing opportunities for PH organization meetings.	On-going
96		Action Step V - 1.2.2	Initiate routine reporting to all staff on PH organization activities and opportunities (may be division or unit level as well).	On-Going
97		Objective V - 2	The DGHD will demonstrate continuous improvement in public information, health promotion and marketing by 12/31/19.	Continuous improvement in public information, health promotion and marketing was demonstrated throughout the 5-year period by use of various mediums that were used to notify the public.

Performance Management Touchstone	Priority	Goal Statement and Key Measure	Objective/Strategy/ Action Steps	5 Year Summary
98		Strategy V - 2.1	Assure agency-wide participation in the creation of timely and effective social marketing and public information.	No social marketing projects were created in the 5-year period
99		Action Step V - 2.1.1	Assure bi-annual review of agency communication plan.	The communication plan was updated several times during the 5-year period.
100		Action Step V - 2.1.2	Assess technological communication gaps and develop plan to address.	Laserfiche has developed into our main form management system. It includes consent forms for the PH division, plumbing records for the EH division, car seat information for the CH division, and a plethora of forms for the admin division like the travel request form and training request form. Still an on-going process with new forms and reports.
101	New Action Step October 2017	Action Step V - 2.1.3	Develop and launch new DGHD Website to increase client satisfaction and ease of use.	Average bounce rate for the entire 5-year period was 58.11%. Desktop bounce rate was 48.81%, mobile bounce rate was 69.26% and tablet bounce rate was 65.38%.
102		Objective V - 3	The DGHD will allocate agency resources to support efforts of the Friends For Life Board 12/31/15.	The FFL Board is exploring new avenues for fundraising through social media. The Board determined the FFL priorities will primarily focus on child safety related to car seats and the prenatal / newborn home visiting program.
103		Strategy V - 3.1	Assign appropriate staff to FFL planning activities; personnel resources will be allocated to meet FFL initiatives.	See summary in Objective V - 3
104	Close out this action step at the end of 2017.	Action Step V - 3.1.1	Assist with development of strategic, fiscal, and marketing plans by assigning staff.	See summary in Objective V - 3
105	Close out this action step at the end of 2017.	Action Step V - 3.1.2	Create awareness of and support for FFL among agency staff.	See summary in Objective V - 3
106	New objective October 2017	Action Step V - 3.1.3	Determine future of FFL.	See summary in Objective V - 3
107		Action Step V - 3.1.4	???	
108	New objective October 2017	Objective V - 4	The DGHD will provide Visible Leadership to political subdivisions and increase knowledge of community related to health in all policies	Partnership activities continue. A satisfaction survey was completed at the end of 2019 with the Subdivision Partners and the results were overwhelmingly positive.

Performance Management Touchstone	Priority	Goal Statement and Key Measure	Objective/Strategy/ Action Steps	5 Year Summary
109		Strategy V - 4.1	Assign a DGHD staff member to each political subdivision to participate in regularly scheduled council or township meetings	Partnership activities continue. A satisfaction survey was completed at the end of 2019 with the Subdivision Partners and the results were overwhelmingly positive.
110		Action Step V - 4.1.1	DGHD staff will attend meetings and review minutes for those items related to the CHIP, Strategic Plan, DGHD Programs/Services and/or health in all policies issues	Partnership activities continue. A satisfaction survey was completed at the end of 2019 with the Subdivision Partners and the results were overwhelmingly positive.
111		Action Step V - 4.1.2	Subdivision Partners Committee will evaluate trends in issues and increase knowledge of members in health in all policies	Data Collection continues with goals met for 2019. The tool has been revised for 2020 to ease the burden of data collection.
112		Action Step V - 4.1.3	Health in all policies initiative will be implemented in at least three political subdivisions annually	Completed.
113		Action Step V - 4.1.4	Application to NACCHO for promising practice will be submitted	Abstract submitted and conference session completed in July 2019.
114	New Objective October 2017	Objective V - 5	Identify strategies for assuring that Sunbury remains part of the Combined Health District upon becoming a city in 2020	Conversations continue with Sunbury. The HC and Finance Director are presenting to the Village Council on February 5, 2020.