

Delaware General Health District Strategic Plan 2020-2024

Adopted on: January 28, 2020

Strategic Priorities

STRATEGIC PLANNING TERMINOLOGY

Strategic Priority: highest level of thinking about what needs to be accomplished; core themes

Goal: broad, major initiatives that need to be undertaken to address the priority area

Key Measure: specific metric used to measure progress and success

Objectives: interim steps that address the goal; should be SMART

Action Steps: specific steps that need to be taken to meet the objective

Timeline: timeframe within activities will take place

Responsible Party: who will be responsible for ensuring the objective is met?

STRATEGIC PRIORITY #1: PERFORMANCE MANAGEMENT (PILLAR: QUALITY)

Quality improvement in public health is the use of a deliberate and defined improvement process that is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community *(Source: Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. Defining Quality Improvement in Public Health. Journal of Public Health Management and Practice. January/February 2010)*. DGHD strives to achieve excellence through continuous quality improvement and performance management.

Goal: Maintain a culture of continuous quality improvement by implementing and monitoring quality improvement (QI) and performance management (PM) activities that meet PHAB measures and standards.

Objectives:

1. Maintain agency National PHAB Accreditation and continue to improve PHAB Measures and Standards in preparation for re-accreditation.
2. Enhance the Program/Services Assessment tool by December 31, 2020. **Updated to May 31, 2022.**
3. Annually review and revise (as necessary) the QI Plan by December 31 of each year.
4. Annually implement quality improvement efforts for QI projects by December 31 of each year.
5. Evaluate current performance appraisal tool and process by December 31, 2024.
6. Implement a fully-functioning performance management system to monitor achievement of departmental and divisional objectives by December 31 of each year.

| Strategic Priority #1 Metric – PERFORMANCE MANAGEMENT | | |
|--|----------------------------|---------------------------|
| Key Measure | Baseline 2020 | Target 2024 |
| By December 31, 2024, DGHD will have met all goals outlined in the QI and PM plans. | Incomplete QI and PM goals | Completed QI and PM goals |

Strategic Priority #1 Work Plan – PERFORMANCE MANAGEMENT

Goal: Maintain a culture of continuous quality improvement by implementing and monitoring quality improvement (QI) and performance management (PM) activities that meet PHAB measures and standards.

| Objective | Action Step | Timeline | Responsible Party | Status |
|---|---|---|---------------------------|---|
| 1. Maintain agency National PHAB Accreditation and continue to improve PHAB Measures and Standards in preparation for re-accreditation. | 1. Complete annual reporting according to PHAB requirements and review feedback with Leadership Team and staff. | Annually | Accreditation Coordinator | The PHAB annual report was reviewed and submitted in March 2021. |
| | 2. Integrate PHAB into agency culture by discussing PHAB at staff meetings and develop tools to show how PHAB improves all divisions. | Ongoing | | A document was prepared that shows how work completed during the COVID response links to the PHAB Standards & Measures. |
| | 3. Create a continuous advancement plan based on PHAB documentation forms. | Ongoing | | |
| | 4. Monitor developments with the Futures Initiative: Revisiting the 10 Essential Public Health Services as it relates to PHAB measures and standards. | Ongoing | | |
| 2. Enhance the Program/Services Assessment tool by December 31, 2020. Updated: Enhance the Program/Services Assessment tool by May 31, 2022. | 1. Evaluate current program/services assessment tool. | May 31, 2020 updated: December 31, 2021 | Leadership Team | |
| | 2. Make necessary modifications. | As needed | | |
| | 3. Develop realistic timeline and identify responsible parties. | Annually | | |
| | 4. Streamline the process for completing assessments. | December 31, 2020 updated: May 31, 2022 | | |

Strategic Priority #1 Work Plan – PERFORMANCE MANAGEMENT

Goal: Maintain a culture of continuous quality improvement by implementing and monitoring quality improvement (QI) and performance management (PM) activities that meet PHAB measures and standards.

| Objective | Action Step | Timeline | Responsible Party | Status |
|---|---|---------------------------------------|---------------------------------------|--------|
| 3. Annually review and revise (as necessary) the QI Plan by December 31 of each year. | 1. Review and revise QI plan. | Annually | Performance Improvement Council (PIC) | |
| | 2. Disseminate updated QI plan to all DGHD staff. | Annually | | |
| | 3. Obtain Board of Health approval on all changes to the QI plan. | Annually | | |
| 4. Annually implement quality improvement efforts for QI projects by December 31 of each year. | 1. Require that the PIC meet quarterly and ensure representation from every division. | Quarterly | Leadership Team | |
| | 2. Encourage all DGHD staff to recommend QI projects. | Ongoing | | |
| | 3. Workgroups will utilize documentation for their projects including a project timeline with a finalization date and status reports to the PIC every three months. | Quarterly | | |
| | 4. Workgroups will produce storyboards and final reports to the PIC as requested. | Annually, or as needed by December 31 | | |

Strategic Priority #1 Work Plan – PERFORMANCE MANAGEMENT

Goal: Maintain a culture of continuous quality improvement by implementing and monitoring quality improvement (QI) and performance management (PM) activities that meet PHAB measures and standards.

| Objective | Action Step | Timeline | Responsible Party | Status |
|---|--|--|----------------------------------|--------|
| 5. Evaluate current performance appraisal tool and process by December 31, 2024. | 1. Reconvene Performance Appraisal Task Force. | March 31, 2020 updated: March 31, 2022 | Performance Appraisal Task Force | |
| | 2. Review current performance appraisal tool and process. Adjust weighting of competencies if necessary. | March 31, 2020 updated: March 31, 2022 | | |
| | 3. Evaluate current raise structure. | September 30, 2021 updated: September 30, 2023 | | |
| | 4. Research appraisal tools used by other agencies. | September 30, 2021 updated: September 30, 2023 | | |
| | 5. Create new appraisal tool and process. | September 30, 2022 updated: September 30, 2023 | | |

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| | 6. Propose changes to appraisal tool and process to staff. Solicit feedback. | September 30, 2022 updated: September 30, 2023 | | |
| | 7. Propose changes to new raise structure to Board of Health. Obtain BOH approval. | September 30, 2022 updated: September 30, 2023 | | |
| | 8. Implement new appraisal tool and process and raise structure. | July 1, 2023 updated: July 1, 2024 | | |
| | 9. Ensure Leadership Team are all utilizing the appraisal tool in the same way. | Ongoing | | |
| | 10. Solicit staff feedback on changes to appraisal tool and process. | Annually; or as needed | | |

| Strategic Priority #1 Work Plan – PERFORMANCE MANAGEMENT | | | | |
|---|--|-------------------------|---|---------------|
| Goal: Maintain a culture of continuous quality improvement by implementing and monitoring quality improvement (QI) and performance management (PM) activities that meet PHAB measures and standards. | | | | |
| Objective | Action Step | Timeline | Responsible Party | Status |
| 6. Implement a fully-functioning performance management system to monitor | 1. Utilizing the performance management system, select performance goals and measures for each division. | Annually by December 31 | Leadership Team Accreditation Coordinator Epidemiologists | |

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| achievement of departmental and divisional objectives by December 31 of each year. | 2. Discuss and update progress related to performance management with employees in respective divisions. | Quarterly | | |
| | 3. Present performance management goals, measures, and outcomes to the Board of Health. | Biannually | | |

STRATEGIC PRIORITY #2: WORKFORCE (PILLAR: AGENCY)

Maintaining a positive, knowledgeable, and dedicated workforce is instrumental to health district success. The DGHD values its employees and is dedicated to developing their skills, honing their success, and fostering a positive work environment.

Goal: Improve employee morale while establishing and maintaining a highly engaged, supported, and skilled workforce.

Objectives:

1. Implement biennial employee satisfaction surveillance by December 31, 2024.
2. Implement agency-wide internal communication guidelines by December 31, 2024.
3. Revise and update the DGHD Workforce Development Plan by December 31 of each year.
4. Demonstrate employee participation in quality improvement by training 100% of employees on QI processes by December 31, 2024.
5. Create a succession plan by December 31, 2021. **Update to December 31, 2022.**
6. Evaluate DGHD staff participation in professional organizations by December 31 of each year.
7. Continually promote work/life balance and employee recognition (e.g., Delaware Generals).
8. Create an IT review process by December 31, 2024.

| Strategic Priority #2 Metric - WORKFORCE | | |
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| Key Measures | Baseline 2020 | Target 2024 |
| 1. Implement ongoing workforce surveillance to improve employee satisfaction/morale by December 31, 2024. | In 2019, 83% of DGHD employees (who participated in the survey) extremely or somewhat agreed they were satisfied employees. | In 2024, 90% of DGHD employees (who participated in the survey) will extremely or somewhat agree they are satisfied employees. |
| 2. Create a fully functioning IT review process by December 31, 2024. | No IT review process. | Fully functioning IT review process. |

Strategic Priority #2 Work Plan - WORKFORCE

Goal: Improve employee morale while establishing and maintaining a highly engaged, supported, and skilled workforce.

| Objective | Action Step | Timeline | Responsible Party | Status |
|---|--|---|------------------------------------|--------|
| 1. Implement biennial employee satisfaction surveillance by December 31, 2024. | 1. Review current employee satisfaction survey tool. Make necessary changes. | July 2021 updated: July 2022 | Human Resources | |
| | 2. Complete annual employee satisfaction surveys. | Biennially | | |
| | 3. Analyze results of the employee satisfaction surveys. | Annually | | |
| | 4. Make recommendations to the Board of Health based on analysis of surveys. | As needed | | |
| | 5. Communicate annual employee evaluation survey trends to DGHD staff. | Annually | | |
| 2. Implement agency-wide internal communication guidelines by December 31, 2024. | 1. Conduct a qualitative analysis on internal communication with staff to determine needs. | December 31, 2020 updated: May 31, 2022 | Human Resources Epidemiologists | |
| | 2. Develop agency-wide internal communication guidelines. | December 31, 2022 updated: May 31, 2023 | | |
| | 3. Obtain feedback from staff. | As needed | | |
| | 4. Implement plans. | December 31, 2024 | | |
| | 5. Include building updates in newsletter. Update monthly. | Monthly | | |
| | 6. Implement quarterly staff meetings with all DGHD staff in the new building. | Quarterly | | |

Strategic Priority #2 Work Plan - WORKFORCE

Goal: Improve employee morale while establishing and maintaining a highly engaged, supported, and skilled workforce.

| Objective | Action Step | Timeline | Responsible Party | Status |
|--|--|--|--|--------|
| 3. Revise and update the DGHD Workforce Development Plan by December 31 of each year. | 1. Review workforce development plan for any necessary or needed changes. | Biennially | Human Resources Leadership Team Task Force | |
| | 2. As part of the workforce development plan, develop an in-house training framework. | December 31, 2020 updated: May 31, 2022 | | |
| | 3. As part of the workforce development plan, assess training budgets and develop a guide outlining how much training and travel is recommended by position and/or division. | December 31, 2024 | | |
| | 4. Obtain staff feedback on changes to workforce development plan. | Annually | | |
| | 5. Obtain Board of Health approval on any changes to the workforce development plan. | December 31, 2021; as needed updated: May 31, 2023 | | |
| | 6. Provide training and developmental opportunities to DGHD staff. | Ongoing | | |

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| 4. Demonstrate employee participation in quality improvement by training 100% of employees in QI processes by December 31, 2024. | 1. Train all new employees during their orientation process on basic QI principals within 180 days of hire. | Ongoing | Human Resources Accreditation Coordinator | |
| | 2. Assure continued basic QI training is provided to all DGHD staff. | Annually | | |
| | 3. Assure advanced QI training to new PIC members within 60 days of appointment to PIC. | Biennially | | |

| Strategic Priority #2 Work Plan - WORKFORCE | | | | |
|---|--|--|--------------------------|---------------|
| Goal: Improve employee morale while establishing and maintaining a highly engaged, supported, and skilled workforce. | | | | |
| Objective | Action Step | Timeline | Responsible Party | Status |
| 5. Create a succession plan by December 31, 2021. Updated: Create a succession plan by December 31, 2022 | 1. Identify essential positions within the health district and identify areas of cross-training so critical positions can be covered when necessary. | Ongoing | Health Commissioner | |
| | 2. Determine educational needs of current staff. | Ongoing | | |
| | 3. Develop a formal succession plan and implement cross-training strategies. | December 31, 2021 updated: December 31, 2022 | | |
| 6. Evaluate DGHD staff participation in professional organizations by | 1. Improve the method used to collect information on level of involvement by DGHD staff in professional organizations. | December 31, 2021 updated: December 31, 2022 | Health Commissioner | |

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| December 31 of each year. | 2. Establish process for staff involved in professional organizations to share the knowledge and information learned. | December 31, 2022 updated: December 31, 2023 | | |
| | 3. Implement and evaluate the process of sharing information. | December 31, 2024 | | |

| Strategic Priority #2 Work Plan - WORKFORCE | | | | |
|---|---|--|--|---------------|
| Goal: Improve employee morale while establishing and maintaining a highly engaged, supported, and skilled workforce. | | | | |
| Objective | Action Step | Timeline | Responsible Party | Status |
| 7. Continually promote work/life balance and employee recognition (e.g., Delaware Generals). | 1. Provide opportunities for staff to learn the importance of a healthy work/life balance. | December 31, 2020 updated: December 31, 2022 | Delaware Generals Epidemiologists | |
| | 2. Educate staff about the cardiometabolic (ERC Health) measures, including the Ohio Quit Line to reduce smoking among staff. | Ongoing | | |
| | 3. Support employee wellness initiatives by implementing bi-annual work activities or events | Biennially | | |

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| | (1 internal and 1 external work activity/event). | | | |
| | 4. Evaluate effectiveness of employee wellness initiatives using the employee satisfaction survey. | Biennially | | |
| | 5. Make modifications based on analysis of the survey. | Annually | | |

| Strategic Priority #2 Work Plan – WORKFORCE | | | | |
|---|--|-------------------|--|---------------|
| Goal: Improve employee morale while establishing and maintaining a highly engaged, supported, and skilled workforce. | | | | |
| Objective | Action Step | Timeline | Responsible Party | Status |
| 8. Create an IT review process by December 31, 2024. | 1. Catalog current software, equipment and web services currently being used. Include cost (initial and ongoing), age and usage of equipment, use of software programs, etc. | Annually | Program/Infrastructure Program Manager | |
| | 2. Develop a process for reviewing new software and determine necessity. | December 31, 2024 | | |

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| | 3. Determine emerging IT trends. | Ongoing | | |
| | 4. Present ideas and proposals for technological improvements to the Board of Health. | Annually | | |

STRATEGIC PRIORITY #3: VISIBLE LEADERSHIP (PILLAR: ENGAGEMENT)

Visible Leadership is the commitment to a culture of quality that aligns performance management practices and regularly takes into account customer feedback *(Source: Public Health Foundation)*. DGHD is a visible leader on issues that affect the public's health. DGHD staff is engaged in local, state, and national committees where their work aligns with the mission and strategic direction of the DGHD.

Goal: While promoting a culture of quality, assure visibility of public health in the future to meet the needs of the community.

Objectives:

1. Integrate Public Health 3.0 into agency programming and processes by December 31, 2024.
2. By December 31, 2020, revise current branding guide for the new DGHD campus. **Update to December 31, 2021.**
3. Develop process for obtaining customer feedback by December 31, 2024.
4. Continue to build community partnerships and coordination.

| Strategic Priority #3 Metric – VISIBLE LEADERSHIP | | |
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| Key Measures | Baseline 2020 | Target 2024 |
| 1. To increase visibility of the health district, DGHD will develop a process for obtaining customer feedback by December 31, 2024. | No formal process or survey instrument in place for obtaining customer feedback. | Formal process and survey instrument(s) in place to collect customer feedback. |

Strategic Priority #3 Work Plan – VISIBLE LEADERSHIP

Goal: While promoting a culture of quality, assure visibility of public health in the future to meet the needs of the community.

| Objective | Action Step | Timeline | Responsible Party | Status |
|---|---|-----------------------|------------------------------------|---------------|
| 1. Integrate Public Health 3.0 into agency programming and processes by December 31, 2024. | 1. Identify gaps in current programming and processes related to Public Health 3.0 and develop crosswalk of programs. | December 31, 2024 | Leadership Team Epidemiologists | |
| | 2. Develop a plan and implement Public Health 3.0 concepts into agency programs and processes. | December 31, 2024 | | |
| | 3. Train, educate and empower staff to utilize Public Health 3.0 concepts in their work. | Ongoing; as needed | | |
| | 4. Examine current data management system. Prioritize how to collect and present data (e.g., annual report, CHA, CD report), including data collection and data visualization software. | December 31, 2024 | | |
| | 5. Build capacity to advance health equity in the community by developing a shared narrative of equity and connecting with other local, state and national health agencies working on equity. | Ongoing | | |
| | 6. Examine staffing needs related to policy, communications, health equity, cultural competency, and the social determinants of health. | Ongoing; as needed | | |

Strategic Priority #3 Work Plan – VISIBLE LEADERSHIP

Goal: While promoting a culture of quality, assure visibility of public health in the future to meet the needs of the community.

| Objective | Action Step | Timeline | Responsible Party | Status |
|---|---|---|----------------------------------|--------|
| 2. By December 31, 2020, revise current branding guide for the new DGHD campus. Updated: By March 31, 2022, revise current branding guide for the new DGHD campus. | 1. Create a branding guide for the new DGHD campus. | February 29, 2020 updated: December 31, 2021 | Communications Team | |
| | 2. Involve appropriate DGHD staff in branding guide development. | February 29, 2020 updated: December 31, 2021 | | |
| | 3. If the DGHD name changes, update all appropriate plans, signage, logos, etc. | June 30, 2020 updated: March 31, 2022 | | |
| | 4. Present the revised guide to the Board of Health for approval, if necessary. | December 31, 2020 updated: January 31, 2022 | | |
| | 5. Update signage in the city directing clients to the new location. | March 31, 2021 updated: March 31, 2022 | | |
| | 6. Disseminate the revised policy, noting any changes, to DGHD staff. | As needed | | |
| 3. Develop process for obtaining customer feedback by | 1. Research survey instruments used by other agencies. | December 31, 2024 | Customer Satisfaction Task Force | |

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| December 31, 2024. | | | Epidemiologists | |
| | 2. Analyze different survey needs by division. | December 31, 2024 | | |
| | 3. Develop survey instrument to obtain customer feedback. | December 31, 2024 | | |
| | 4. Implement survey. | Ongoing | | |
| | 5. Obtain feedback from each division to see if the survey instrument met their needs. Make changes if necessary. | Ongoing | | |
| | 6. Analyze results and make necessary changes to programming. | As needed | | |

Strategic Priority #3 Work Plan – VISIBLE LEADERSHIP

Goal: While promoting a culture of quality, assure visibility of public health in the future to meet the needs of the community.

| Objective | Action Step | Timeline | Responsible Party | Status |
|--|---|------------------------------------|---|---------------|
| 4. Continue to build community partnerships and coordination. | 1. Review current partnerships and their roles. | July 2020 updated: July 2022 | Leadership Team DGHD Coalition Leaders and Subdivision Partners Committee Epidemiologists | |
| | 2. Evaluate effectiveness of existing community partnerships. | Ongoing | | |
| | 3. Continue collecting feedback from community partners using the External SWOC analysis survey instrument. | Annually | | |
| | 4. Modify the External SWOC survey instrument. | As needed | | |

STRATEGIC PRIORITY #4: CHIP IMPLEMENTATION (PILLAR: COMMUNITY)

Community engagement is a necessary component to achieving optimal health status in a community. Collaboration that results from engaged community partners allows for the shared use of resources, such as funding or even personnel. DGHD remains committed to engaging with community members, maintaining community partnerships and collaborating on community endeavors, such as the community health improvement plan (CHIP).

Goal: Promote and sustain community engagement.

Objectives:

1. Continue to lead the Partnership for a Healthy Delaware County and contribute to the 2019-2022 CHIP efforts by supporting the mental health and addiction, chronic disease, and cross-cutting strategies by December 31, 2022. **Update to December 31, 2023.**
2. Collaborate with local stakeholders, including The Partnership for a Healthy Delaware County, to create the 2020~~2~~ Delaware County CHA by May 2021. **Update to November 2021.**
3. Collaborate with local stakeholders, including The Partnership for a Healthy Delaware County, to create the 2023-2026 Delaware County CHIP by December 31, 2022. **Update to December 31, 2023.**

| Strategic Priority #4 Metric – CHIP IMPLEMENTATION | | |
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| Key Measures | Baseline 2020 | Target 2024 |
| 1. By December 31, 2022, DGHD will have completed the action steps outlined in their current 2019-2022 Community Health Improvement Plan (CHIP). | Incomplete CHIP strategies | Completed CHIP strategies |
| 2. By December 31, 2022, DGHD will have partnered with local stakeholders to complete a community health assessment (CHA) and community health improvement plan (CHIP). | 2018 CHA and 2019-2022 CHIP | 2022 CHA and 2023-2026 CHIP |

Strategic Priority #4 Work Plan – CHIP IMPLEMENTATION

Goal: Promote and sustain community engagement.

| Objective | Action Step | Timeline | Responsible Party | Status |
|---|---|--|---------------------|--------|
| <p>1. Continue to lead the Partnership for a Healthy Delaware County and contribute to the 2019-2022 CHIP efforts by supporting the mental health and addiction, chronic disease, and cross-cutting strategies by December 31, 2022.</p> <p>Updated: Continue to lead the Partnership for a Healthy Delaware County and contribute to the 2019-2022 CHIP efforts by supporting the mental health and addiction, chronic disease, and cross-cutting strategies by December 31, 2023.</p> | <p>1. Complete the action steps assigned to the DGHD related to the following strategies:</p> <ul style="list-style-type: none"> • Increase community awareness and education of risky behaviors related to tobacco and substance abuse issues and trends. • Research chronic pain management best-practices. • Provide cultural competence training for healthcare professionals and other service providers. | <p>December 31, 2022</p> <p>updated: December 31, 2023</p> | CHIP Strategy Teams | |
| | <p>2. Utilize SmartSheet, including the Dashboard, to track progress of CHIP strategy action plans and provide report to the Board of Health and the community.</p> | Biannually | | |
| | <p>3. Provide annual data updates to the CHA.</p> | Annually | | |

Strategic Priority #4 Work Plan – CHIP IMPLEMENTATION

Goal: Promote and sustain community engagement.

| Objective | Action Step | Timeline | Responsible Party | Status |
|--|---|--|---------------------------|---|
| 2. Collaborate with local stakeholders, including The Partnership for a Healthy Delaware County, to create the 2022 Delaware County CHA by May 2022. | 1. Secure funding for the 2022 CHA. Determine feasibility and methodology for conducting the CHA (in-house vs. contractor). | May 2021 November 2021 | | Funding was included in the 2021 budget to conduct the CHA via a contractor. Due to the COVID-19 response it is not possible to complete the 2022 CHA in-house. |
| | 2. Recruit additional partners to the CHA process. Ensure all sectors are represented. | May 2021 November 2021 | | |
| | 3. Participate in selecting questions for the CHA survey instrument. | May 2021 November 2021 | | |
| | 4. Participate in the review of the CHA draft, which is necessary for finalizing the CHA. | February 2022 August 2022 | | |
| | 5. Participate in a community release of the CHA and ensure it is available on DGHD website. | May 2022 December 2022 | | |
| 3. Collaborate with local stakeholders, including The Partnership for a Healthy Delaware County, to create the 2023-2028 Delaware County CHIP by December 31, 2022. | 1. Secure funding for the 2023-2028 CHIP. | December 31, 2021 December 31, 2022 | Community Health Division | Due to COVID-19 it was decided that the 2019-2022 CHIP will be extended through 2023. The next CHIP will be from 2024-2028. |
| | 2. Recruit additional partners to the CHIP process. Ensure all sectors are represented. | May 31, 2022 May 31, 2023 | | |

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| | <p>3. Participate in CHIP meetings to prioritize health needs and select 2023-2028 CHIP strategies.</p> | <p>October 31, 2022 October 31, 2023</p> | | |
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