



*Van Wert County General
Health District*
2018-2020 Strategic Plan

Adopted: January 22, 2018

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Date	Description	Page #	Responsible Party
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Executive Summary

A strategic plan is a "a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does. The strategic planning process includes assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses; and setting in motion a plan of action to position the organization" (Public Health Accreditation Board (PHAB) definition).

Van Wert County General Health District first went through the strategic planning process in 2014 to develop the 2015-2017 Strategic Plan. As the life cycle for this plan draws to a close, the health department utilized gained knowledge, lessons learned and a fresh perspective to update and enhance the Strategic Plan for the 2018-2020 term. VWCGHD's plans for application to PHAB for national accreditation provided additional motivation and guidance, in order to ensure compliance with PHAB's Standards and Measures.

In order to monitor our progress in fulfilling our mission to promote and protect the health and well-being of the community, the health department is committed to the appropriate dynamic planning, goal setting and benchmarking required.

Mission, Vision and Value Statements

The **mission** of the Van Wert County General Health District is **to promote and to protect the health and well-being of the community.**

The **vision** of the Van Wert County General Health District is to be **champions for the health of Van Wert County.**

The following **value statements** are the deeply held beliefs and principles that define the organizational culture of Van Wert County General Health District and provide a framework for staff conduct in their day-to-day jobs:

Van Wert County General Health District Values	
Respect	We value all of our clients and co-workers and treat them with fairness and respect.
Excellence	We strive to maintain a highly capable workforce comprised of dependable, hard working professionals who exhibit an open-mindedness, which allows them to grow and learn from both positive and negative experiences.
Service	We value our role as a public service agency. We strive to provide our clients with the best possible service in a friendly, honest and compassionate manner with patience and sensitivity to the unique needs of each individual.
Teamwork	We value a spirit of clear communication and teamwork, both within our agency and when working with external partners to protect and improve the health of our community.

Strategic Planning Structure

The Van Wert County General Health District seeks to achieve excellence in public health practice within a framework based upon the Studer Group’s Pillars of Excellence. The pillars represent six categories which provide a foundation for strategic formulation and the development of goals to implement those strategies: People, Service, Quality, Growth, Finance and Community. The agency’s strategic priorities are organized through this framework.

SIX PILLARS OF EXCELLENCE IN PUBLIC HEALTH PRACTICE



Pillar of Excellence:	What the Pillar stands for:
People	VWCGHD will maintain a supported, healthy, competent and satisfied workforce.
Service	VWCGHD will provide excellent timely and courteous client service in every division agency-wide.
Quality	VWCGHD will continuously monitor agency performance for opportunities in quality improvement.
Growth	VWCGHD will seek new and innovative ways to engage the community and market our programs and public health services to the populations who need them.
Finance	VWCGHD will be excellent stewards of taxpayer dollars and efficient managers of agency resources to adequately fund the provision of all essential health services.
Community	VWCGHD will engage partners, key stakeholders, policymakers and the public in improving community health outcomes.

The Strategic Planning Process

The first step in the process was to establish a Strategic Planning Team comprised of staff from all levels and divisions of the agency as well as the Health Commissioner/Medical Director and representation from the Board of Health. The team developed consisted of Dr. Paul Kalogerou, Health Commissioner, Marylou Smith, Office Manager/Registrar, Kristen Hallfeldt, Assistant Office Manager, Leslie Bailey, Director of Nursing, Britt Menchhofer, Environmental Health Director, Angie Wolfrum, Accreditation Coordinator, and Alice Schaufelberger, Board of Health member.

After the formation of the team and a review of the current 2015-2017 Strategic Plan, the process began by collecting input from collaborative public health partners, key stakeholders, client satisfaction surveys, and other staff and Board of Health members not serving directly on the team. These individuals were asked for perceived strengths and weaknesses of the agency and the results were added to a SWOT Analysis (internal strengths and weaknesses and external opportunities and threats) conducted by the team. Additionally, the team analyzed and discussed information from financial reports, the approved 2018 budget, division and program reports, and community feedback from client and partner surveys. A summary of the SWOT Analysis findings are exhibited in the following table.

Strengths	Weaknesses
Our employees are: <ul style="list-style-type: none"> a. hard working b. passionate/committed c. intelligent d. efficient e. independent Teamwork Community engagement Leadership Education	Small staff, large workload Marketing/branding ourselves to the community Gossip/low office morale Funding Visibility of top leadership/PT Health Commissioner
Opportunities	Threats
Health Education opportunities and branding through Public Service Announcements May be able to add to our office volunteers Grant writing courses available and VWC Foundation now provides free grant writing advice as a local service to nonprofits Market through local parades and festivals Accreditation – demonstrates excellence and value to community Building and strengthening partnerships to work on Opioid Crisis together	Many other providers offering the same, fee based services in the community Workload associated with Accreditation Possibility of decreased funding due to political climate and increased competition for grant dollars Opioid Crisis has been upgraded to a public health emergency

The 2015-2017 mission and value statements were reviewed and continue to be representative of our purpose and the manner in which we work on a daily basis. Upon consideration of the vision of our health department, the team made the collective decision to revise. According to topnonprofits.com, the best vision statements are “inspirational, clear, memorable and concise.” For employee buy in and in an inclusive spirit for creating a new vision for our agency, the strategic planning team requested the

input of all staff and board members. All submitted suggestions were displayed in the Conference Room for two weeks to allow dot voting. The winner of this democratic process is to be “Champions for the health of Van Wert County!”

To further inform the strategic process, the team reviewed results from the 2017 Community Health Concerns and Priorities Assessment. This report was developed from a survey assessment completed for the purpose of gathering community input on perceptions and prioritization of public health issues. The following tables summarize the results of this assessment:

Please rank the following traits of a “healthy community:”

Trait of a healthy community:	% of respondents who ranked the corresponding trait as #1
1. Good jobs and a thriving economy	54.29%
2. Access to health care services	31.43%
3. Access to fresh, healthy foods	8.57%
4. Good schools	5.71%
5. Healthy activities and open spaces for recreation	0.00%

Choose the factor you feel is MOST damaging to the health status of Van Wert County:

Most Damaging factor:	% of respondents
1. Substance abuse (drugs/alcohol/tobacco)	74.29%
2. Overweight/Obesity	14.29%
3. Limited access to affordable health care services	5.71%
4. Chronic disease (heart disease, diabetes, cancer)	2.86%
5. Mental health issues/depression	2.86%

For Van Wert County to be the healthiest community possible, the health department should address: (open ended question)

Health department’s issue of focus should be:	% of respondents
1. Substance abuse (drugs/alcohol/tobacco)	54.29%
2. Overweight/Obesity thru wellness education	14.29%
3. Limited access to affordable health care services	8.57%
4. Mental health issues/depression	8.57%
5. Healthy activities	7.14%
6. Immunizations	7.14%

VWCGHD asked respondents to check off the public health services the health department provides which they were aware of prior to seeing them listed in the survey. The five **least** known public health services are listed in order as follows:

1. Nuisance complaint investigation and resolution
2. Well/sewage inspections
3. Prediabetes screening
4. Animal bite response
5. Genealogy

The Strategic Planning Team reviewed summary data from the 2015 Community Health Needs Assessment, the 2017 End of Year Progress Report from the implementation of the current 2017-2019 Community Health Improvement Plan, and accreditation requirements from the Public Health Accreditation Board (PHAB) Standards & Measures (Ver. 1.5). Finally, the team met to select priorities. This was accomplished through an affinity diagramming exercise in which ideas for strategic priorities were brainstormed individually and then grouped together into categories by the team.

Emerging themes led to a final selection of strategic priorities as follows:

- **People** - Increase employee retention and satisfaction through team building and professional development.
- **Service** - Provide excellent client service by addressing access to health care, continue customer-centric, QI activity, and build an office volunteer base (separate from MRC).
- **Quality** - Increasing the number of full-time equivalent employees working on QI initiatives annually to 100% and building a more robust performance management system by adding performance measures.
- **Growth** – Intensify marketing/branding efforts to increase value-perception and visibility in the community and expansion of public health education.
- **Finance** – Strategically seek more funding opportunities; develop cost-cutting rules of conduct and use Lean QI techniques to eliminate waste.
- **Community** – Strengthening and building on public health partnerships to address the opioid crisis in collaboration.

After selection of broad strategic priorities, the team developed SMART (specific, measurable, actionable, and time framed) goals, objectives, and the action steps needed to accomplish them. This Work Plan is Appendix A of the Strategic Plan.

Links to the Community Health Improvement Plan, Quality Improvement Plan, and Workforce Development Plan

The Strategic Planning Team considered the action steps in the implementation of the 2017-2019 Community Health Improvement Plan which the health department is responsible for while selecting strategic priorities and in developing the goals and objectives on the Work Plan in Appendix A.

This Strategic Plan is also linked to the Quality Improvement Plan and Workforce Development Plan through the framework of the Pillars of Excellence in Public Health Practice, which was utilized in selecting strategic priorities. Goals and objectives within the Work Plan in Appendix A under the People, Quality, Growth and Finance Pillars specifically align with these plans. For example, developing a Lean QI training program in order to eliminate waste and reduce costs is a goal under the Finance Pillar on this Strategic Plan. The Quality Improvement Plan directs the QI Council to seek new QI training opportunities to engage all staff in continuous quality improvement.

Other examples are the goals under the People Pillar to improve employee retention rates and increase employee job satisfaction, which are in alignment with objectives in the agency's Workforce Development Plan.

Evaluation, Monitoring and Progress Reporting of the Strategic Plan

The performance measures contained within the implementation of this Strategic Plan have been incorporated into the agency's performance management system, which is evaluated and monitored on a quarterly basis. The Strategic Planning Team will meet once every six months, during the three-year strategic cycle, to review the implementation of the plan, determine the effectiveness of the objectives and action steps in reaching agency goals, and develop any necessary revisions for each coming year. The team will develop a progress report annually to be communicated to all staff, the Board of Health, and the District Advisory Council through the Annual Report.

APPENDIX A:

2018 Strategic Work Plan

**Pillars of Excellence in Public Health Practice: Goals, Objectives, Measures, &
Action Steps**



PEOPLE PILLAR

Pillar Goal: To maintain a supported, healthy, competent and satisfied workforce

Goals	Objectives	Measures = Baseline/Target & Timeframe	Action Steps	Responsible team/ team player
Improve and maintain employee retention percentage rates among non-retiring employees to >90%. (Baseline = 66.7% 2015-2017 Target >90% for 2018-2020)	Build on teamwork mentality by engaging in proven team-building activities to improve overall staff morale – All staff engaged in 1+ , team building activities by year end 2018	Baseline = 0 Target= 1 or > team building activities Timeframe= by December 31, 2018	1) Research and plan for a minimum of 1 team building activity for all staff by July 31, 2018 2) All staff to participate in a minimum of 1 team building activity by December 31, 2018	Office Manager
	Engage 100% of employees in their own professional development by ensuring the development of a minimum of 1 professional goal for the coming year during performance evaluation	Baseline= N/A Target= Each staff member will have 1+ professional goal(s) on their Professional Development Plan Timeframe= by March 30, 2018	1) Include a written professional development plan in the performance evaluation process 2) Develop individual plans with at minimum one professional development goal for 2018 for each employee in completed performance evaluations by March 30, 2018	Health Commissioner, Office Manager, Environmental Health Director, and Director of Nursing
	Develop and conduct a revised employee satisfaction survey to include agency specific assessment questions	Baseline=1 employee satisfaction survey Target= 1 revised employee satisfaction survey developed and approved by WFD Team, and completed by all staff Timeframe= by March 1, 2018	1) Review and revise the current, annual employee satisfaction survey to be agency specific by January 30, 2018 2) Conduct the survey assessment by March 1, 2018 3) Analyze the results to inform the WFD Plan and Strategic Plan by April 1, 2018	WFD Team



SERVICE PILLAR

Pillar Goal: To provide excellent timely and courteous client service in every division agency-wide

Goals	Objectives	Measures = Baseline/Target & Timeframe	Action Steps	Responsible team/ team player
To provide excellent service by addressing access to health care for Van Wert County residents; PHAB Standards & Measures Domain 7	Identify and collaborate with public health partners to conduct an assessment of access to health care for Van Wert County residents	Baseline = Limited assessment in 2016 Target = 1 Comprehensive assessment with a minimum of 5 public health partners Timeframe=1 complete assessment of access to health care within our community by July 1, 2018	1) Identify and convene partners to conduct a comprehensive access to health care services assessment which demonstrates PHAB requirements in Domain 7 of the Standards and Measures by July 1, 2018 (We will work in conjunction with the Fab 4 Domain 7 Technical Assistance grant through the OSU: Center for Public Health Practice/Ohio Department of Health Accreditation Readiness Project).	Domain 7 Champion, Director of Nursing, and Accreditation Coordinator
	Develop Access to Health Care Plan containing strategies to improve access to health care in collaboration with public health partners	Baseline=0 Target=1 complete Access to Health Care Plan Timeframe=by December 31, 2018	1) Develop a complete Access to Health Care Plan which includes strategies to improve access to health care in collaboration with public health partners by December 31, 2018	Domain 7 Champion, Director of Nursing, and Accreditation Coordinator
Build on volunteer base to assist with light office or community service oriented tasks to streamline services	Build internal volunteer base by advertising the need and investigating availability in various sectors	Baseline = 1 volunteer Target= 2-3 office volunteers Timeframe=by December 31, 2018	1) Research minimum liability and all legal requirements for establishing office volunteers within the agency. 2) Develop a policy for the scope of work or types of tasks office volunteers may do and who will directly supervise.	Office Manager

			<p>3) Research sectors, which may provide a continuous supply of volunteers, such as the high schools' Beta Clubs, Honor Societies or Vantage Vocational students.</p> <p>4) Develop working relationship with advisors of these clubs to enable opportunity for both students and the agency to inspire public health as a career and establish a working volunteer program.</p>	
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QUALITY PILLAR

Pillar Goal: VWCGHD will continuously monitor agency performance for opportunities in quality improvement

Goals	Objectives	Measures = Baseline/Target & Timeframe	Action Steps	Responsible team/ team player
Increase the percentage of FTEs working on QI initiatives to 100% within any given year	Research and develop 1 Lean QI training for all staff	Baseline= 0 Target= 1 Lean QI training developed Timeframe: July 1, 2018	1) Research and develop a Power Point training on Lean QI appropriate for all staff and approved by the QI Council by July 1, 2018 2) Schedule the training to be completed prior to December 31, 2018.	QI Council Chair QI Council
	100% of FTE staff will have completed a Lean QI training	Baseline: 0% Target=100% of FTEs will have completed Lean QI training Timeframe= by December 31, 2018	1) Facilitate a Lean QI training for all staff by December 31, 2018	QI Council Chair
	100% of FTEs will have served on at least 1 new or 1 currently active QI Project Team by December 31, 2019	Baseline =75% expected (2017 Performance Management System) Target= 100% of FTEs will have served on at least 1 new or 1 currently active QI Project Timeframe= December 31, 2019	1) QI Council will ensure 100% of FTEs have participated in at least 1 new or currently active QI Project between January 1, 2018, and December 31, 2019	QI Council
Build on the VWCGHD Performance Management System by increasing the number of performance measures under each Pillar of Excellence.	100% of FTEs will develop and add to individual performance measures by at least 1 measure for 2018 equaling 2 or > measures per FTE	Baseline= 1 measure/FTE Target= 2+/FTE measures in Performance Mgmt Sys Timeframe= February 28, 2018	1) Directors to meet with each of their subordinates to adjust current performance measures and develop at least 1 new measure equaling 2 or > per employee by February 28, 2018.	Environmental Health Director, Director of Nursing, Office Manager

	<p>VWCGHD will have an approved 2018 Performance Management System</p>	<p>Baseline=N/A Target= 1 reviewed and approved Performance Management System for 2018</p> <p>Timeframe for conclusion of all Activities=April 16, 2018</p>	<p>1) Performance Management Team will meet to review and approve all performance management measures for 2018 by February 28, 2018.</p> <p>2) Health Commissioner will approve the 2018 Performance Management System by March 15, 2018.</p> <p>3) 2018 Performance Management System presented to Board of Health along with 1st Qtr Results on April 16, 2018, at BoH meeting.</p>	<p>Performance Management Team</p> <p>Health Commissioner</p> <p>QI Council/PM Team Chair</p>
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GROWTH PILLAR

Pillar Goal: VWCGHD will seek new and innovative ways to engage the community and market our programs and public health services to the populations who need them

Goals	Objectives	Measures = Baseline/Target & Timeframe	Action Steps	Responsible team/ team player
Increase branding/marketing efforts to improve value-perception.	Assess the valuation of all free or reduced cost services provided by VWCGHD	Baseline= 0 Target= 1 value assessment for free and reduced cost services Timeframe: January 1, 2018-December 31, 2018 Timeframe: Reported for 2018 year by January 4, 2019	1) Each program will track all free and reduced-cost services values provided for each quarter between January 1, 2018-December 31, 2018 to be reported by quarter to Directors. <ul style="list-style-type: none"> o Immunizations Program – Blue Book, Merck (including admin fees) o STD Clinic o Proctoring Level II Food Certification Exams 	Assigned Program Staff from each division and Division Directors
	Communicate the results of our value assessment to the public to improve value perception in community	Baseline=N/A Target=1 report in 3 locations (Annual Report, 1 FB post, 1 e-newsletter) By March 30, 2019	1) 2018 results will be reported to the Board of Health at the January, 2019 , meeting. 2) Report will be included in the Annual Report, posted on social media, and communicated to partners in quarterly electronic newsletter (1st QTR, 2019).	Division Directors
Increase branding/marketing efforts and expand on public health education opportunities to inform the public on public health issues and	VWCGHD will develop Public Service Announcements (PSAs), which will be delivered through local media outlets.	Baseline=N/A Target= 5 or > PSAs and 4 news articles delivered through 3 media outlets.	1) Develop and record 5 or > PSAs for WERT Radio by July 1, 2018 2) Develop a slideshow style PSA for Channel 6 by December 31, 2018	PIO/Director of Nursing

services and to increase visibility in the community		Timeframe= December 31, 2018	2) Send 1 article regarding a public health issue to the Times Bulletin each quarter throughout 2018. 4 articles by December 31, 2018	
	VWCGHD will participate in 1 local parade per year.	Baseline=0 Target=1 or > parades per year	1) Banner ordered for parades and booths at fairs and festivals by April 30, 2018 . 2) Make contact with entity in charge of a Van Wert parade for registration details by March 30, 2018 . 3) Participate in a Van Wert parade by August 1, 2018 .	Office Manager
	VWCGHD will review and analyze baseline data from the Public Outreach and Education Tracker to develop strategies to expand public health education.	Baseline=0 Analysis Target=Completed review and analysis documented in minutes from Admin Team meeting Timeframe= by July 1, 2018 Baseline=0 Plan Target=1 written Health Promotion Plan to expand public health education efforts Timeframe= by December 31, 2018	1) Completed review and analysis of effectiveness of all 2017 Public Outreach and Education, including health fairs, festivals, schools, food safety, etc. by July 1, 2018 2) Develop strategies to expand outreach efforts in a written Health Promotion Plan by December 31, 2018	Admin Team (Division Directors)
VWCGHD will utilize social media to expand public outreach and education efforts	VWCGHD will closely monitor Facebook followers and likes on posts in a monthly review	Baseline: 1022 followers Target= Monthly to = 12 reviews/year to maintain a minimum of 1,000 followers Timeframe= by December 31, 2018 , will have 1,000 or > followers on FB	1) Nursing division will monitor FB following data provided by the PIO at each monthly nursing meeting to evaluate effectiveness of public outreach efforts through Facebook. 2) Performance measure developed for this to be reported out quarterly to the Performance Management System	Director of Nursing/ PIO

	<p>VWCGHD will research the potential and efficiency of expanding into other social media avenues such as Twitter or Instagram</p>	<p>Baseline=N/A Target= add 1 new social media avenue for public out reach Timeframe=by December 31, 2018</p>	<p>1) VWCGHD will explore and select another social media outlet, such as Twitter or Instagram, and begin utilizing the chosen outlet by July 1, 2018</p> <p>2) Monitor and analyze data and submit a report to Strategic Planning Team by year end, December 31, 2018</p>	<p>Assistant Office Manager/PIO</p>
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FINANCE PILLAR

Pillar Goal: VWCGHD will be excellent stewards of taxpayer dollars and efficient managers of agency resources to adequately fund the provision of all essential health services

Goals	Objectives	Measures = Baseline/Target & Timeframe	Action Steps	Responsible team/ team player
VWCGHD will strategically seek more funding opportunities	VWCGHD will seek, locate, and submit an application for at least one new funding opportunity within the next two years.	Baseline=3 current grants VWCGHD is providing deliverables for (IAP, PHEP, and Narcan Distribution to 1 st Responders Target=1 or > applications submitted for new funding opportunities Timeframe=by December 31, 2019	1) Research new public health funding opportunities. 2) Analyze the feasibility of applying for and managing the deliverables. 3) Write and submit an application for at least one new funding opportunity by December 31, 2019 .	Division Directors; Assistant Office Manager
	VWCGHD will develop a list of resources for public health grant opportunities.	Baseline=N/A Target=1 list of resources to look for funding opportunities Timeframe= by December 31, 2018	1) As funding opportunities are researched, develop a list of websites/organizations/governmental entities which offer public health funding. A list of resources will be added to over time, but an initial list will be developed by December 31, 2018 .	Assistant Office Manager
	VWCGHD will develop and implement a grant evaluation tool to make strategic decisions in selecting whether or not	Baseline=0 Target=1 evaluation tool to utilize when deciding whether or not to pursue a funding opportunity	1) Develop the grant evaluation tool by June 1, 2018 2) Train appropriate staff in the tool's use and implement the evaluation tool in the research of potential funding opportunities by July 1st, 2018	Assistant Office Manager

	to pursue a funding opportunity.	Timeframe= July 1st, 2018		
Develop and implement organizational Cost Savings Guidelines	VWCGHD will develop and implement one list of organizational Cost Savings Guidelines.	Baseline=0 Target=1 complete Cost Savings Guide developed and communicated to all staff Timeframe=by July 1st, 2018	1) One complete Cost Savings Guide developed and communicated to all staff by July 1st, 2018	Office Manager



COMMUNITY PILLAR

Pillar Goal: VWCGHD will engage partners, key stakeholders, policymakers and the public in improving community health outcomes

Goals	Objectives	Measures = Baseline/Target & Timeframe	Action Steps	Responsible team/ team player
VWCGHD will strengthen and build on public health partnerships to address the opioid crisis in collaboration	VWCGHD will identify and convene partners to discuss current roles & provider input into development of a local Immediate Community Response Action Plan for potential drug overdose anomalies	Baseline= N/A Target= Meeting held, roles discussed Timeframe=by April 1, 2018	1) Schedule meeting with identified partners 2) Meeting held, roles discussed and input given for plan development	Director of Nursing; Epidemiologist; PHEP Coordinator
	Develop and submit comprehensive Immediate Community Response Action Plan for review	Baseline=N/A Target=1 plan Timeframe= by July 1, 2018	1) Utilize ODH template to develop draft community response plan to include: a) Verification & identification of data b) Immediate community response after verification of data c) Resource identification & allocation d) Support of key partners within the community to implement the community response immediately	Director of Nursing; Infectious Disease Nurse; Epidemiologist; PHEP Coordinator
	VWCGHD will test the Immediate Community Response Action Plan in collaboration with community public health partners in a drill/exercise	Baseline=N/A Target=1 completed exercise Timeframe=by August 15, 2018	1) Test the Immediate Community Response Action Plan with a small scale exercise 2) Evaluate the test exercise and update plan as needed	Epidemiologist; PEHP Coordinator; Director of Nursing and selected VWCGHD staff in collaboration with identified partners