



New Philadelphia City Health Department Strategic Plan 2018-2023



Public Health
Prevent. Promote. Protect.

Adopted on June 13, 2018
Revised on _____

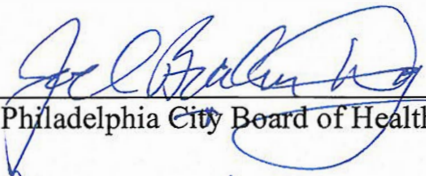
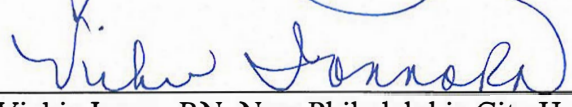


City of New Philadelphia, Ohio
New Philadelphia Health District

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Signature Page

This plan has been approved and adopted by the following individuals:

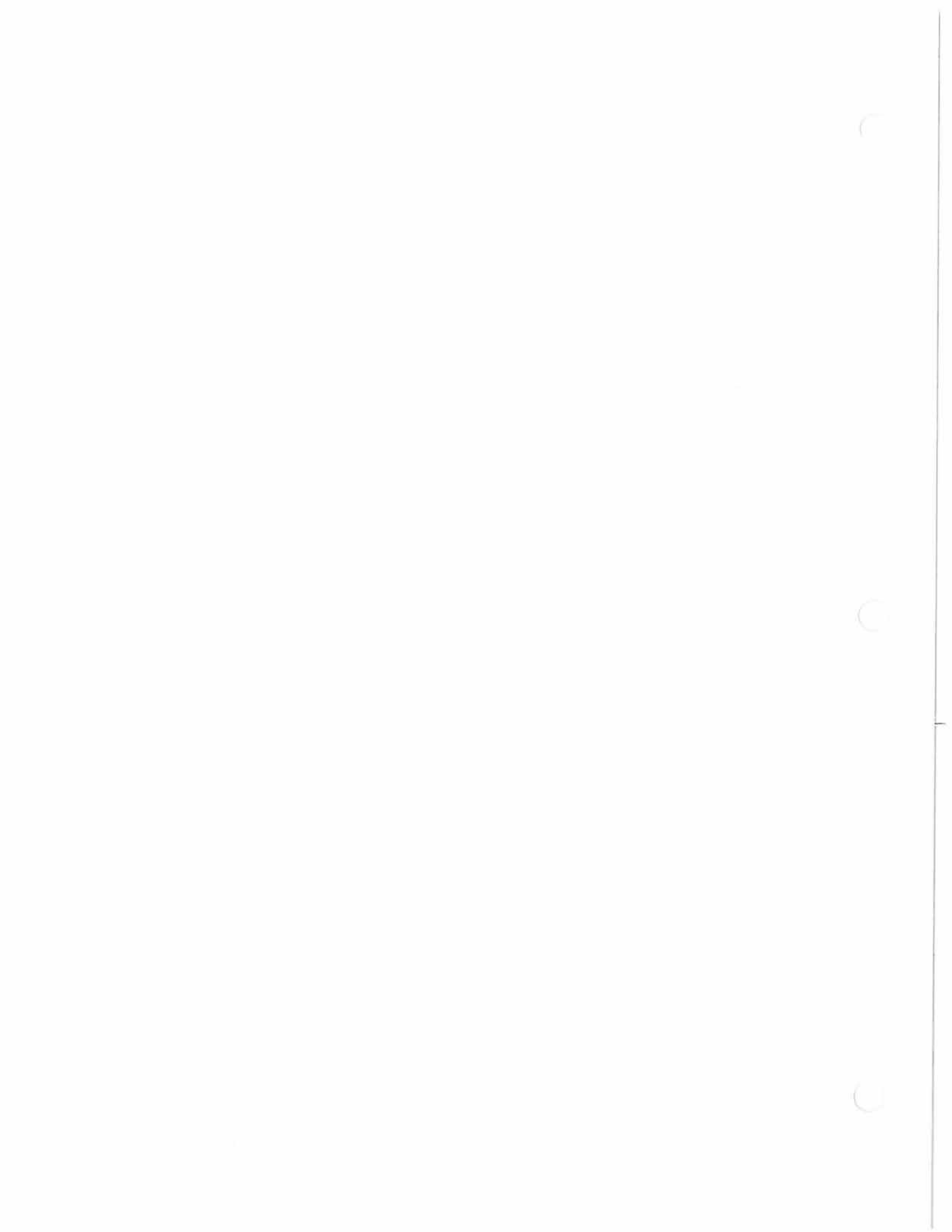
 _____ New Philadelphia City Board of Health President	_____ June 13, 2018 Date
 _____ Vickie Ionno, RN, New Philadelphia City Health Commissioner	_____ June 13, 2018 Date

Revisions:

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by

For questions about this plan, contact:

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New Philadelphia City Health Department
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June 13, 2018

I am pleased to present the 2018-2023 New Philadelphia City Health Department Strategic Plan. We are excited about the goals we have set to improve our operations and to continue to provide our community with quality, evidence-based services and programs to protect, promote and ensure public health. We hope that our community, our partners and stakeholders find this document helpful in understanding the work we are doing to prevent disease and promote and protect health, where we are headed in the future, what we plan to achieve, and the methods we will use to succeed and monitor our outcomes. The health department will use this strategic plan to ensure the continued successful operation of the department. These strategies and objectives are designed to determine the health department's direction, focus organizational efforts to achieve our mission and our vision, and to practice and uphold our values. We will actively use this plan to communicate our priorities and as a basis for future decision-making. This plan is also tied into our Performance Management Process, Quality Improvement Plan and Workforce Development Plan. We will use this plan as our new Community Health Assessment and Community Health Improvement Plans are published by the Healthy Tusc Task Force in 2019, and as we continue to monitor and improve our performance. We pledge to continue to serve our city by promoting better health practices, providing personal and community health services, maintaining a healthful environment, and collaborating with community, state and national agencies in the prevention and control of disease and disabilities.

Proud to have served you since 1854!

Sincerely,

Vickie

Vickie Ionno RN, Health Commissioner
New Philadelphia City Health Department



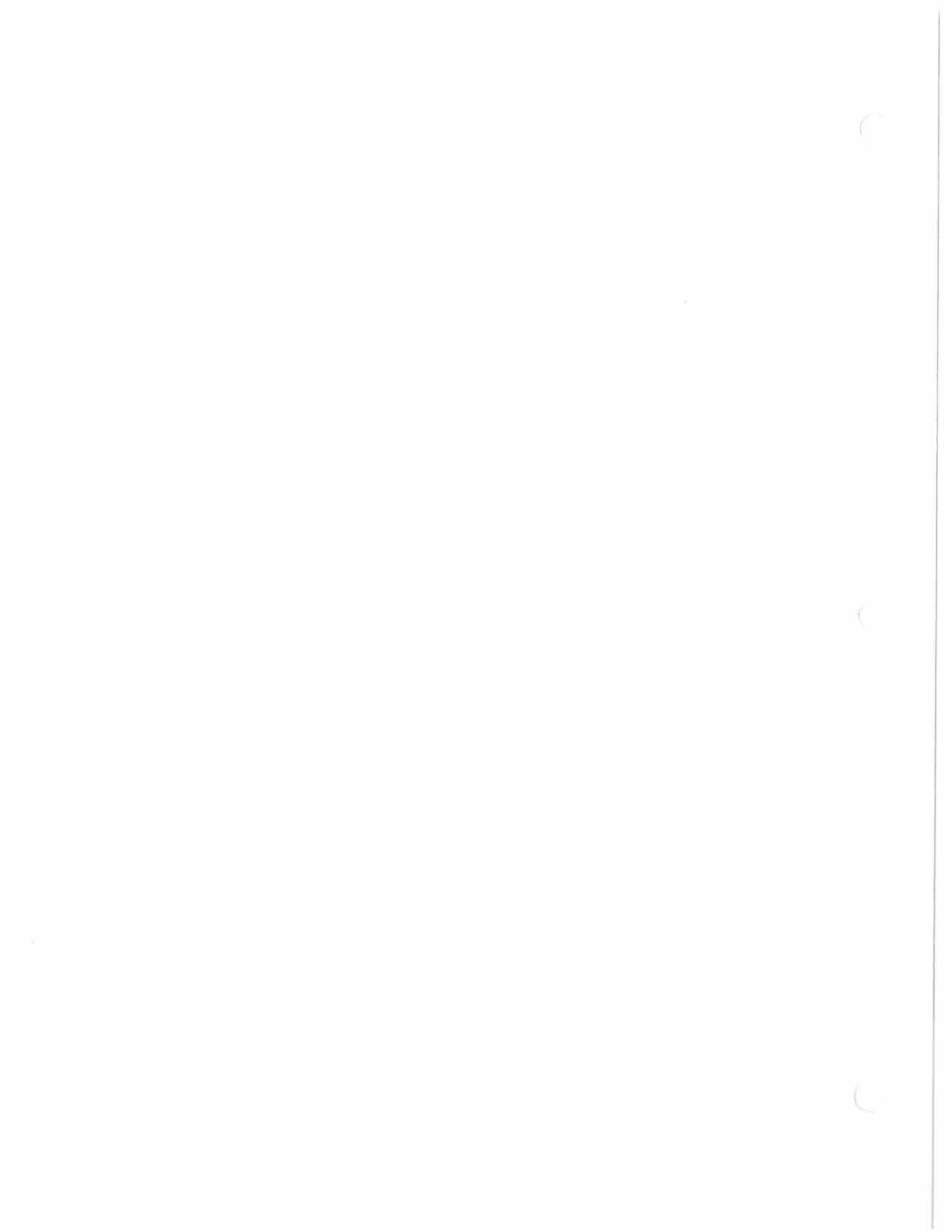


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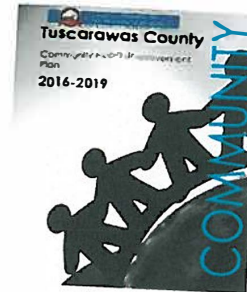
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Executive Summary

The 2018-2023 New Philadelphia City Health Department (NPCHD) Strategic Plan is the result of planning efforts which were initiated in November 2014 with the convening of The Healthy Tusc Task Force to form a broad-based coalition to assess the health of the community, the local public health system, and to create and monitor a community health improvement plan.

Members of the Healthy Tusc Task Force included: Kimberly Nathan, Union Hospital, Chair, Healthy Tusc; Vickie Ionno, Health Commissioner, New Philadelphia City Health Department; Jennifer Demuth, Marketing/Grant Coordinator, Trinity Hospital Twin City; Alison Kerns, United Way; Cindy Kerschbaumer, Ohio Mid-Eastern Government Association; Jessica Kinsey, Union Hospital; Chair, Access Tusc; Keith Lands, Executive Director, Tuscarawas YMCA; Danielle Laurie, ADAMHS Board; Diane Lautenschleger, Tuscarawas Convention and Visitors Bureau; Darrin Lautenschleger, Union Hospital Development and Community Relations; Mark McKenzie, Board, Tuscarawas Family Farmers Market; Jodi Salvo, Tuscarawas Anti-Drug Coalition; Katie Seward, Health Commissioner, Tuscarawas County Health Department; Kevin Spears, Superintendent, ECOESC; Tracey Ward, Coordinator, Union Hospital Employee Health Services; Steph Wills, Senior Program Director, YMCA; Valerie Wilson, Dietician, Tuscarawas County Health Department; Vicki Yates, Tuscarawas County Senior Center.

The Healthy Tusc Task Force engaged the Northwest Ohio Hospital Council to lead the planning and writing process for a Community Health Assessment (CHA), and *"Vital Signs: Exploring the Health of Tuscarawas County Youth and Adults, 2015 Tuscarawas County Community Health Status Assessment"* was published.



After analyzing the community data and information collected for the *2015 Tuscarawas County Community Health Assessment*, the Healthy Tusc Task Force published the *2016-2019 Tuscarawas Community Health Improvement Plan* in June 2015, to guide service providers, community members, agencies, businesses and elected leaders in ensuring the health of the public.

How do the health issues services, strategies and intervention of the City of New Philadelphia City Health Department compare to those of Tuscarawas County Community Health Improvement Plan (CHIP) and what efforts will the health department contribute to achieving targeted health outcomes?

When creating the 2018-2023 strategic plan for the New Philadelphia City Health Department, health department leadership reviewed the priority health issues that they helped identify for the CHIP and adopted select strategies to improve health of the residents of the New Philadelphia City. The Health Commissioner, the Director of Nursing and the Director of Environmental Health Services actively participate in several councils and task forces having responsibility to achieve objectives in the CHIP.

Priority Health Issues for Tuscarawas County identified in the 2016-2019 CHIP

Priority Health Issues for Tuscarawas County
1. Adult and Youth Obesity
2. Adult and Youth Mental Health and Bullying
3. Youth Substance Abuse
4. Access to Dental Care

Select strategies to improve health and fight disease detailed in the 2016-2019 CHIP are also contained in the 2018-2023 NPCHD Strategic Plan and tailored to our city with specific actions and targets. For more information see New Philadelphia City Health Department strategies to address adult and youth obesity by increasing nutrition/physical education materials being offered on page 26 of this report. For strategies that support the reduction of youth substance abuse by health department staff participation on The Opiate Task Force, promoting Anti-drug Coalition drop-off boxes, supporting and promoting school-based activities and increasing prescription drug take-back collection using Deterra drug deactivation system see page 29 of this plan. Finally, to reduce the epidemic of opioid addiction see strategies specific to New Philadelphia regarding *Bridges to Wellness*, a HUB model program of the Access Tusc on page 29.

How do the health issues and intervention of the City of New Philadelphia City Health Department compare to those of the State of Ohio?

STATE OF OHIO'S HEALTH PRIORITIES - The Ohio Department of Health's State Health Improvement Plan 2017-2019 identifies the following priority health issues for the state which link to the NPCHD strategic objectives detailed in this plan:

- Mental health and addiction
- Chronic disease
- Maternal and infant health

The Ohio Department of Health requires New Philadelphia City Health Department to report progress on the following performance indicators, which link to performance indicators in this plan:

- #1) Decreasing Morbidity and Mortality due to disease
- #2) Measure and Manage Environmental Health Conditions
- #3) Increase Awareness and Adoption of Healthy Behaviors
- #4) Measure and Manage Intentional and Unintentional Injuries
- #5) Reducing Infant Mortality

The following individuals participated in the strategic planning process: Mayor Joel Day, President, NPCHD Board of Health (BOH); Judee Dzigiel, JD, BOH; Lori Kuehne, MD, BOH ; Donna Moore, BOH ; Barbara Schwartz, BOH; Lisa Speicher, BOH; Vickie Ionno, RN, Health Commissioner; Nicholas V. Varrati, MD, Medical Director; Lee Finley, RS, Director of Environmental Health; Nichole Bache, BSN, RN, Director of Nursing; Kelly Friar, MHA, Consulting Accreditation Coordinator; Sue Geist, Office Manager, Registrar; Anne Proctor, BSN, Immunization Nurse; James Smiraldo, SIT, Environmental Health Sanitarian-In-Training.

The goals and objectives in the NPCHD Strategic Plan for 2018-2023 were formulated, in part, by taking the Community Health Improvement Plan and the State Health Improvement plans into account and by conducting an analysis of health data particular to residents of the city and developed goals and objectives specific to NPCHD services and programs. Health department leadership, staff and Board of Health members also looked internally at operations and developed plans for improvement. The following priorities were developed:

2018-2023 Strategic Priorities to Improve Health for People of New Philadelphia City:

- 1) Reduce morbidity and mortality due to disease, intentional and unintentional injuries, focusing on the reduction of incidence of opioid addiction and related poor societal outcomes by:
 - (a) *Growing enrollment and increasing the success rate of clients in the Vivitrol Program with the following steps*
 - (i) *Implementing a quality improvement methodology to increase retention rate by 5% by 2020.*
 - (ii) *Influencing policy to advocate for treatment for all who need it.*
 - (iii) *Working with Bridges to Wellness pilot to open Vivitrol Program Services to their clients, beginning in 2018.*
 - (iv) *Working with Opioid Task Force and Quick Response Team to improve enrollment in treatment program 3% to 7% by 2021.*
- 2) Increase the awareness and adoption of healthy behaviors through community partnerships, educational programming and messaging, with culturally relevant materials created by engaging the community to
 - (a) *Obtain a marked increase in the 2018 Youth Behavioral Risk Factor Survey Results by furthering partnership with New Philadelphia City Schools to develop student lead engagement groups to plan for better health.*
 - (b) *Work with young adult population to increase education and outreach to reduce chlamydia infections by 5% in adults 25 years and younger by 2023.*
 - (c) *Increase awareness of clinic increasing social media posts by 25%.*
 - (d) *Increase leadership and participation in community partnerships to reduce health inequities and decrease measures of health disparities in the new CHIP in 2020-2023.*
 - (e) *Begin engagement and outreach to Guatemalan population, 2019-2023.*
- 3) Exceed state minimum standards for environmental service inspections to protect public health by
 - (a) *Increasing inspections of pools, Level III and IV food establishments and tattoo establishments by one more than state standard per inspection period, 2018-2023.*
 - (b) *Increase public/social media messaging to twice per month regarding mosquito and ticks during high risk seasons, 2018-2023.*
 - (c) *Publish information on the correct method to conduct soil borings to enhance protection of water supply and guard against contamination, 2022-2023.*

To achieve success with the strategies detailed in this plan, the New Philadelphia City Health Department will monitor and report progress and outcomes using a performance management process that will focus on five categories of evaluation, or Pillars of Performance:



The New Philadelphia City Board of Health supports this strategic plan and commits itself, staff, and necessary resources to implement and achieve the outcomes. This plan has been approved and adopted by the Board of Health on June 13, 2018.

BACKGROUND

New Philadelphia is the county seat of Tuscarawas County, Ohio, located in the foothills of Appalachia in eastern/north eastern Ohio. The county has a total area of 571 square miles. According to the United States Census Bureau, the population is 92,420. The majority (95%) of the county population identify as Caucasian, 1% as African Americans, with American Indian and Alaska Natives and Asian and Native Hawaiian each at less than 1%. Three percent of the population identify their ethnicity as Hispanic, regardless of race. The median income (in 2015 dollars) for households in the county is \$45,310. The 2011-2015 American Community Survey 5-Year Estimates indicate that 94.1% of residents speak English, 1.7% Spanish, 4.2% speak other Indo-European languages.



New Philadelphia is the county's largest city with a population of over 17,000. As its name suggests, the city is laid out in the same grid style as Philadelphia, Pennsylvania. Even the primary streets – High Avenue and Broadway – are named after two original main streets in Philadelphia. Today, our city has a thriving “Main Street” with many original buildings serving as home to locally owned businesses and shops, reflective of our pride in remembering the past while looking forward. New Philadelphia is the home of firsts including the first settlement in Ohio, and the place where Woody Hayes, legendary coach of the Ohio State University Buckeyes, starting his coaching career. The county has many beautiful parks, a performing arts center, museums, industry, and two hospitals.

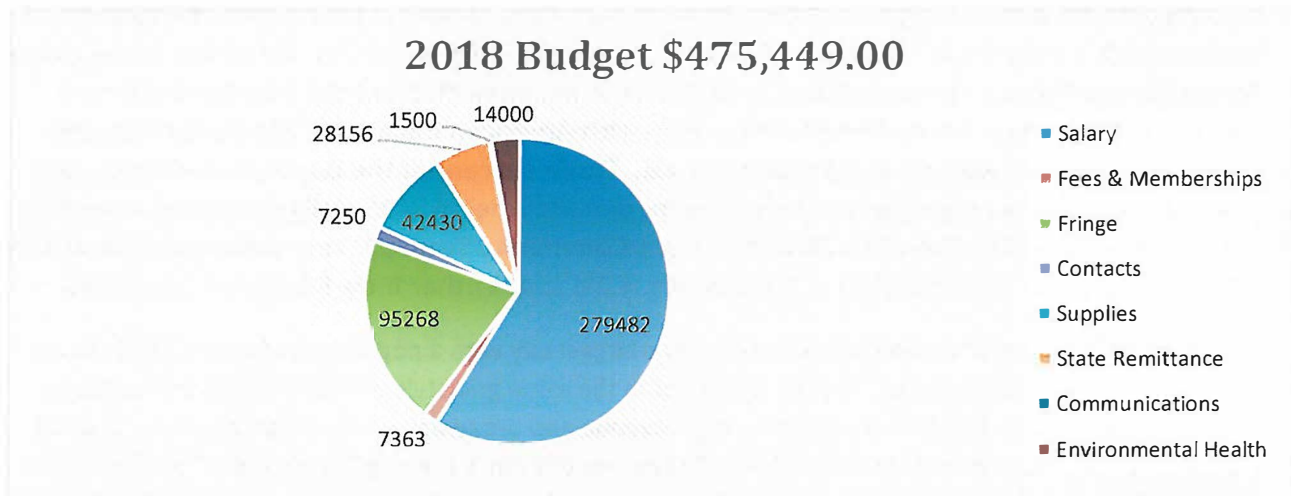
The U.S. Census Bureau 2016 American Community Survey reports the following for New Philadelphia:

- Total population is approximately 17,412, 18.8% of the entire county.
- Regarding race, 97%, or 16,988 identify as themselves as one race.
- Of that group 94.15% or 16,391 identify as white, 2% or 347 as black, and .75% or 124 as Asian.
- Regarding ethnicity, out of the total population of 17, 412, 4.5% or 779 identify as Hispanic.
- Regarding age, 77% of the population is over 18 years of age, with the median age of 37.9 years.

The New Philadelphia City Health Department is a local government public health agency that provides public health and environmental health services, regulatory compliance education and enforcement, and education/training for the community. New Philadelphia City Health District was established in 1854 and provides health promotion and prevention services to residents of Tuscarawas County and beyond, and environmental health services within the city of New Philadelphia. The health department is one of two health departments in Tuscarawas County and has jurisdiction within the borders of the City of New Philadelphia. The health department consists of three divisions which include: Population and Individual Health Services, Environmental Health Services, and Vital Statistics.

NPCHD provides over 20,000 clinical services a year, such as 1,467 child health immunization, over 1,615 flu and pneumonia vaccines, 508 blood pressure screenings, 1055 vivitrol clients were counseled or consulted with, including 347 injections administered as well as the thousands of various health education consultations and referrals that NPCHD provides each year. The Environmental Health Program provides 6,195 services per year including 1,500 food service reviews and 1,600 nuisance complaints. The health department staff serve on many local health councils and provide 3,219 communicable disease services, including performing 200 free tests for HIV and Hepatitis C.

The 2018 budget was approved by the New Philadelphia City Board of Health and New Philadelphia City Council, appropriated and is set as follows:



The New Philadelphia City Board of Health consists of five (5) members, one is appointed yearly by the Mayor to serve a five (5) year term. (Ohio Revised Code 3709.05) One Board of Health member must be a Member of the Health District Licensing Council and be chosen by the Health District Licensing Council members as their Representative. The Mayor appoints the Health District Licensing Council Representative as a member of the Board of Health (Ohio Revised Code 3709.41). The president pro-tempore is elected annually (February) by the Board members from the Board of Health members to serve in the absence of the President (O.R.C. 3709.12). NPCHD is directed by a Health Commissioner and leadership team comprised of the Director of Nursing, Director of Environmental Health. Directors oversee programs and supervise staff within their respective divisions.

Strategic Planning Process for the New Philadelphia City Health Department

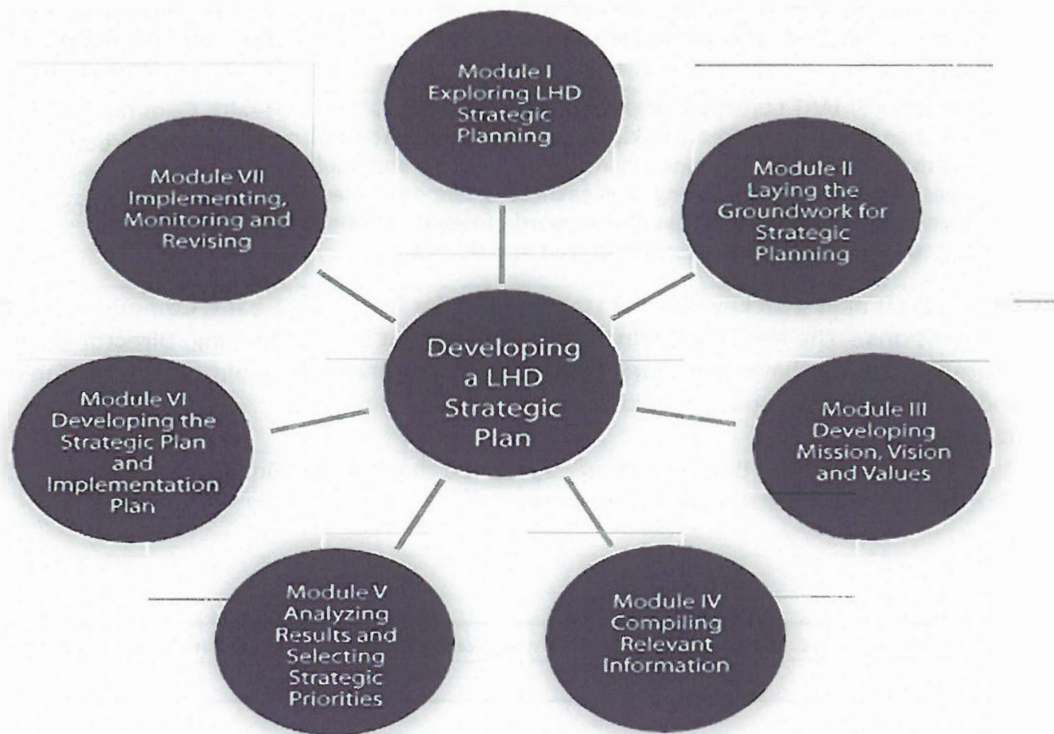
This section of the New Philadelphia City Health Department 2018-2023 Strategic Plan report details the process by which New Philadelphia City Health Department developed strategic priorities and

goals and objectives that are SMART, Specific, Measurable, Actionable, Realistic and Time-bound with process and outcome key performance indicators to measure success.

The NPCHD strategic planning process began in 2014 with the convening of the Healthy Tuscarawas Council to do a combined hospital Community Health Needs Assessment/ health department Community Health Assessment. The Council, which continues today, contracted with the Hospital Council of Northwest Ohio to facilitate and produce the Community Health Assessment and the Community Health Improvement Plan. Both were published in 2015 and are currently being revised. While the governmental administrative offices of the city of New Philadelphia had a strategic plan, which incorporated all departments, NPCHD had not conducted a formal strategic planning process to revise their plan in several years. To get started, health department leadership reviewed the 2015 Tuscarawas County Community Health Assessment, and the 2015-2019 Tuscarawas County Community Health Improvement Plan and selected an established strategic planning process designed specifically for local public health departments to guide staff in the process of strategic plan development.

The New Philadelphia City Health Department developed the 2018-2023 Strategic Plan with technical assistance from the National Association of County & City Officials' published guide, "Developing a Local Health Department Strategic Plan: A How-To Guide", published by the Illinois Public Health Institute with support from the Robert Wood Johnson Foundation. The guide has seven modules, or seven phases of developing a local health department strategic plan.

NACCHO: Developing a Local Health Department Strategic Plan: A How-To Guide., page 4



Strategic Plan Process Summary Timeline March 14-2018 – June 13, 2018

Dates PHASE I	Milestones: Exploring Strategic Planning, Laying the Groundwork, Determining Available Data, Developing Process and Timeline, Project Plan, Mission Vision Values Affirmation	Responsible Staff
March 14, 2018	PLANNING KICK-OFF: Health Commissioner convened leadership to review national standards for local health department strategic plans, created by the Public Health Accreditation Board. The NACCHO guide to Strategic Planning was selected to serve as a guide and leadership presented PHAB standards and measures and the strategic planning process and timeline to the Board of Health as part of Board Education for the March 14 Board meeting.	Health Commissioner, Director of Nursing, Director of Environmental Health, Accreditation Coordinator, Mayor of New Philadelphia and New Philadelphia Board of Health.
March 19, April 5, April 11, 2018	DATA: Collected updated population health data and other data specific to the City of New Philadelphia for environmental assessment, reviewed mandates, Vision, Mission and Values, reviewed customer and employee satisfaction data. Reviewed CHA, and CHIP progress report. Requested city specific data regarding the adult behavioral health survey conducted for the Tusc County CHIP in 2015. Agreed upon timeline and project plan.	Health Commissioner, Director of Nursing, Director of Environmental Services, Accreditation Coordinator, Hospital Council of Northwest Ohio.
Dates PHASE II	Milestones: Environmental Scan, Analyzing Results and Setting Priorities, and Implementing, Monitoring	Responsible Staff
April 24, 2018	Strategic Planning Retreat – Conducted Environmental Assessment, SWOT Analysis, identified strategic priorities.	Health Commissioner, Director of Nursing, Director of Environmental Health, Accreditation Coordinator.
May 4 and May 10, 2018, May 17, 2018	Began writing SMART objectives organized around a Pillars of Performance structure to create linkages between the strategic plan and the departments performance management system and quality improvement plan. Shared Strength, Weaknesses, Opportunities, and Threats, (SWOT) and progress at the Board of Health meeting on May 10. Their feedback was incorporated into the plan.	Health Commissioner, Director of Nursing, Director of Environmental Health, Accreditation Coordinator.
May 24 2018	Shared draft plan with key internal stakeholders for feedback and revisions. The New Philadelphia City Department’s strategic priorities have associated goal statements, strategies and objectives with process and outcome key performance indicators.	Health Commissioner, Director of Nursing, Director of Environmental Health, Accreditation Coordinator.
June 13, 2018	New Philadelphia City Board of Health approved the strategic plan and plan was distributed to the public.	Board of Health, Health Commissioner

Milestones summarized in the table are those outlined as key milestones to strategic planning process in “Developing a Local Health Department Strategic Plan: A How-To Guide”, NACCHO.

Narrative Description of the Planning Process: March 15-June 13, 2018

Plan to Plan: I. Exploring Strategic Planning

The morning of March 14, 2018 the staff of the New Philadelphia Health Department met with the New Philadelphia Board of Health to provide an explanation of Public Health Accreditation Board standards and measures regarding the process to produce a strategic plan and the items that must be included in the strategic plan to conform with PHAB standards and measures, and how the plan should link to the Community Health Improvement Plan and the NPCHD Quality Improvement Plan and Workforce Development Plan. They learned about PHAB standards and measures, the timeline to develop the plan, and were invited to give feedback and they discussed the merits of accreditation.

In the afternoon of March 14, 2018, Vickie Ionno, RN, Health Commissioner convened the strategic planning team, consisting of Ms. Ionno, Nichole Bache, BSN, RN, Director of Nursing; Lee Finley, RS, Director of Environmental Health; and Kelly Friar, MHA, Accreditation Coordinator. The team assessed the health department's readiness to embark on strategic planning using a checklist from the Guide. Reviewing the items below, they decided they had all components to conduct planning:

Access to data? *Yes, CHA, local data from services provided, employee and customer satisfaction, etc.*

Access to a skilled facilitator? *Yes, NACCO process and Accreditation Coordinator with PHAB site visitor training and previous Accreditation planning experience.*

Adequate time to conduct a quality environmental scan? *Yes.*

Adequate time to devote to stakeholder engagement in the process? *Yes.*

A champion from the Governing Body for the strategic planning process? *Yes.*

Budget allocations for the process? *Yes.*

Buy-in from health department leaders? *Yes.*

Commitment to the process while remaining flexible? *Yes.*

Understanding of the process and how the plan will be used throughout the agency? *Yes.*

Plan to Plan: II. Laying the Groundwork for Strategic Planning

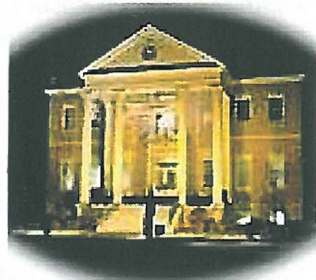
When the team convened the afternoon of March 14, 2018, they brainstormed to create list of stakeholders and their organizations. The individuals on the list were assigned to one of three categories: primary, secondary or key, and their roles within the strategic planning process were assigned. The team agreed that the plan development process would use primary stakeholders internal to the health department and the Board of Health. Input of external stakeholders would be sought as part of objective refinement due to impending new CHIP, as part key performance indicator monitoring on a regular basis, and implementation of quality improvement plan focusing on the voice of the customer.

Determining Available Data and Strategic Planning Timeline

The team discussed readily available data to be used in the environmental scan. Available data included the 2015 CHA, which is being revised in 2018, the 2016-2019 CHIP, the 2018 Community Health Rankings and Roadmaps, 2010 census data and 2016 estimations, primary data from vital statistics, data from the Ohio Disease Reporting System, and emergency response reports, sanitary visit and violation reports, customer and employee satisfaction survey results. It was determined that an addendum to the CHA would be prepared to detail adult health indicators specifically for the city of New Philadelphia City.

The committee reviewed the PHAB standards and measures and decided to immediately revise the health department logo to incorporate the City of New Philadelphia indicia and to always include the name address, phone number and website for the health department on materials for public and other stakeholders to easily and quickly identify the source and to supply readily accessible contact information right on all print and social media.

On March 19, 2018 the team met for a second time to review the new health department logo and



branding indicia, which changed from

to

The committee continued discussions on data sources and possible key performance indicators and how a performance management system and quality improvement plan would be implemented to ensure that strategic priorities were being monitored and met.

It was decided that input would be sought from internal stakeholders when developing the plan. Once approved, it would be shared with external stakeholders for revisions. The following individuals were identified as internal stakeholders, who would be invited to be part of the planning process:

Health department staff member would have decision making capabilities in planning, will be responsible for plan implementation and monitoring:

Vickie Ionno, RN, Health Commissioner
Nicholas V. Varrati, MD, Medical Director
Lee Finley, RS, Director of Environmental Health
Nichole Bache, BSN, RN, Director of Nursing
Kelly Friar, MHA, Consulting Accreditation Coordinator
Sue Geist, Office Manager, Registrar
Anne Proctor, BSN, Immunization Nurse
James Smiraldo, SIT, Environmental Health Sanitarian-In-Training

Members of the NPCHD Board of Health would also have input and consultation in the planning and final approval:

Mayor Joel Day, President
Judee Dzigiel, JD
Lori Kuehne, MD

Donna Moore
Barbara Schwartz
Lisa Speicher

New Philadelphia City Health Department leaders were identified as stakeholders and subject matter experts who would be kept updated and informed on outcomes:

Ron McAbier	Service Director	Scott DeVault	Water Superintendent
Greg Popham	Safety Director		
Thomas Gerber	Treasurer	Brian Myers	Wastewater Superintendent
Mary-Frances Kurtz	Human Resources Director	Gene Grasselli	Asst. Super. Water Distribution & Wastewater
		Beth Gundy	Auditor
Michael Scolati	Building & Zoning Code Administrator	Vicki Daniels	Income Tax Administrator
Jeff Erb	Information Specialist		
Chief Michael Goodwin	Police Chief		
Chief James Parrish	Fire Chief		
Rod Miller	Park Supervisor		
Chase Hostetler	Asst. Park Superintendent		
Kelly Herron	Cemetery Superintendent		
Ray Grewell	General Services Superintendent		
Rick Marcaletti	Asst. General Services Superintendent		

Plan to Plan: III. Mission, Vision and Values

On April 5, 2018, the team met to discuss and affirm New Philadelphia City Administrations' vision and values and the health department mission. The Health Commissioner shared her vision and values for the health department. The committee affirmed the vision and values and wrote explanatory phrases to define each value.

Our Vision:

The New Philadelphia City Health District staff will serve the public with the most professional healthcare that can be offered while maintaining a personal regard for each individual's well-being. This will be accomplished by honoring our core values.

Our Mission:

The New Philadelphia City Health Department will work to promote better health for our citizens, to provide personal and community health services, to maintain a healthful environment and will cooperate with all community and state agencies in the prevention and control of diseases and disabilities.

Our Core Values:

Accountability – We are transparent in our report processes and results to each other, the Board of Health, City Council, our funders, our community and stakeholders.

Collaboration – We actively seek opportunities to work with other local health departments, task forces, organizations and agencies, schools, state departments and our community members to meet the needs of those we serve.

Evidence-Based Strategies – We use strategies and interventions that are based in scientific evidence.

Integrity – We value honesty and alignment with our values, saying what we do and doing what we say.

Professionalism – We value the profession of public health, maintain licensure, participate in continuing education and treat all with kindness and respect.

Quality – We seek to engage our clients, customers and communities to do what matters to them, providing effective and efficient value-added services.

Respect – We strive to listen with respect, meeting each individual and community where they are, to deliver culturally competent services.

Responsiveness – We anticipate what's needed and meet our customers' expectations for timeliness.

Plan to Plan: IV. Compiling Relevant Information

On April 11, 2018, the team met to prepare for the environmental scan prior to identifying strengths, weaknesses, opportunities, and threats. The team used a Kanban board method to list data needed, the source of the data and the person responsible for data collection. According to Leankit.com, a Kanban board is a work and workflow visualization tool that enables visualization of work flow and can be used to improve team engagement and accountability. Using a Kanban board can help teams communicate status, progress, and issues. Sticky notes were created for each data type needed for an environmental scan. Staff were asked to collect the data over the next week. Stickies were placed in the ‘to get’ column on the Kanban board and were moved into the “complete” column when the data was made available for the staff to review.

On April 19, 2018, the team briefly reviewed the CHA and the CHIP and the CHIP update. They also reviewed customer satisfaction and employee satisfaction survey data. They discussed their participation in the county Opioid Task Force and other community health improvement initiatives and discussed their role in the success of the CHIP as it related to the strategic plan being developed.

Assess the Situation: V. Analyzing Results and Selecting Strategic Priorities

On April 24, 2018, the team held a strategic planning retreat. An environmental scan was conducted as each member shared and highlighted the data they had been assigned to gather.

ENVIRONMENTAL SCAN: FINDINGS OF INTERNAL SCAN – DATA AND TRENDS REGARDING INTERNAL OPERATIONS

Employee Satisfaction with Organizational Climate

In 2013, the Northern Appalachian Public Health Alliance (NAPHA), a grant funded group convened to explore and share performance management and quality improvement training, conducted an employee satisfaction survey of employees of member organizations; the public health departments of Carroll, Columbiana, Medina, Tuscarawas, and Wayne counties and the cities of East Liverpool, New Philadelphia, and Salem.

Summary of New Philadelphia Health Department Employee Satisfaction Survey, 2013

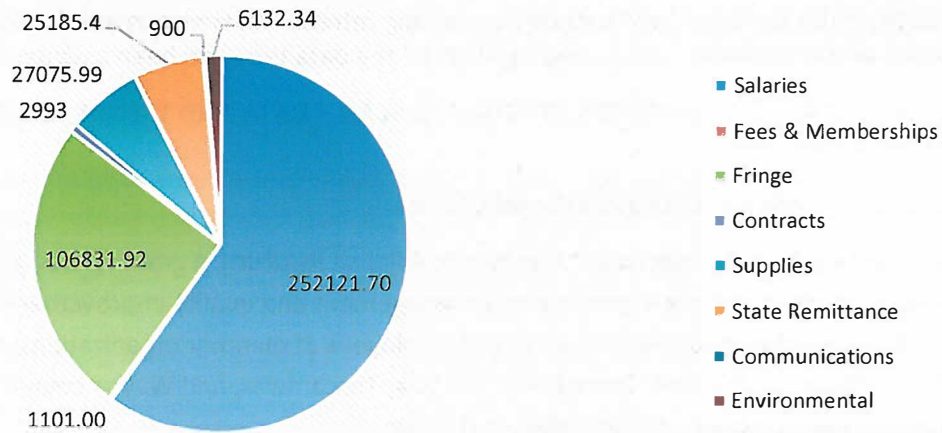
	New Philadelphia		Somewhat important	Very important	NAPHA Average
Organizational Climate Dimension	Average	Category			
Clarity	4.80	Strength		100%	3.91
Standards	4.43	Strength		100%	3.63
Responsibility	4.83	Strength		100%	3.92
Flexibility	4.62	Strength	17%	83%	3.63
Teamwork and Cooperation	4.94	Strength	17%	83%	3.92
Rewards and Recognition	4.39	Strength	17%	83%	3.30

The staff of the New Philadelphia City Health Department scored higher, on average, than other local health departments participating in the survey. While the staff ranked the “teamwork and cooperation” dimension highly with an average score of 4.94 out of 5, eighty-three (83%) percent of staff ranked that dimension as very important. Regarding the dimension of “performance standards”, 100% of the staff ranked that dimension as very

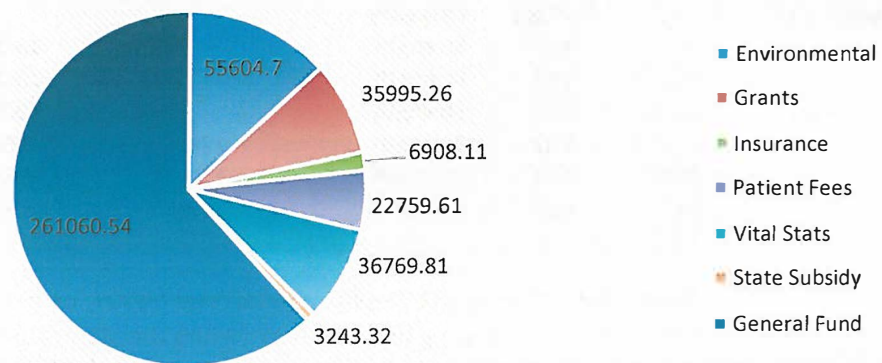
important, but it came out a bit lower with an average score of 4.43 out of 5. The staff noted there would be opportunities to develop performance standards as part of the performance improvement system, quality improvement projects and workforce development plan.

Other internal indicators of performance include, financial performance, communication and branding strategy, information technology, data management, and customer satisfaction. Information technology services and security are supported by the city Information Technology department. The staff understands how to use reporting systems supported by the State of Ohio and federal agencies, but there is an opportunity to learn how to extract and monitor data, which also will be important in developing performance metrics. As part of efforts to improve branding, the staff revised the health department logo and created a policy on using the logo consistently on all materials. The staff noted that they have a balanced budget, with the opportunity to seek more grant funding, explore growing fee for service revenue and monitor outcomes per service or strategy and benchmark costs. The charts below are for FYE .2017

Total Expenditures \$422,341.35



Total Receipts \$422,341.35

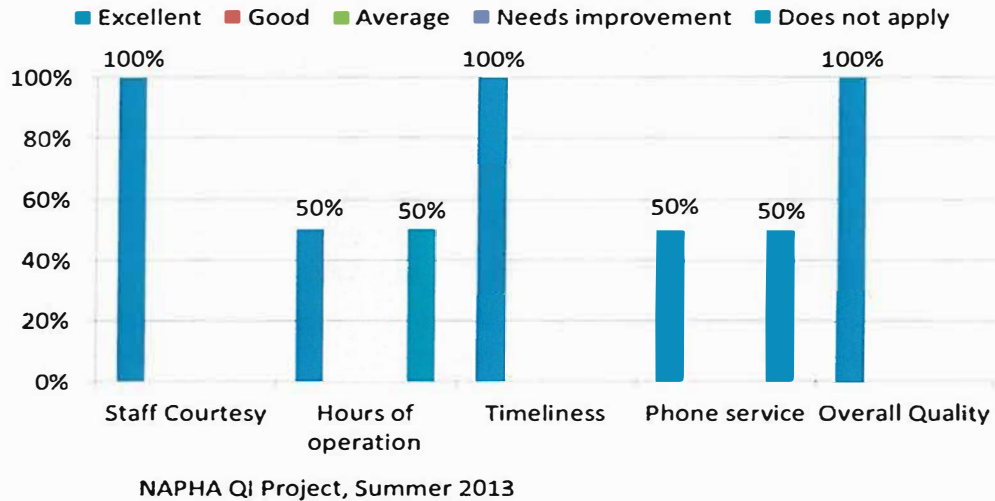


2013 - Customer Satisfaction with clinical and environmental health inspection services

The following graphs reflect a sampling of client surveys from 2013 in each respective department showing an overall high client satisfaction rating.

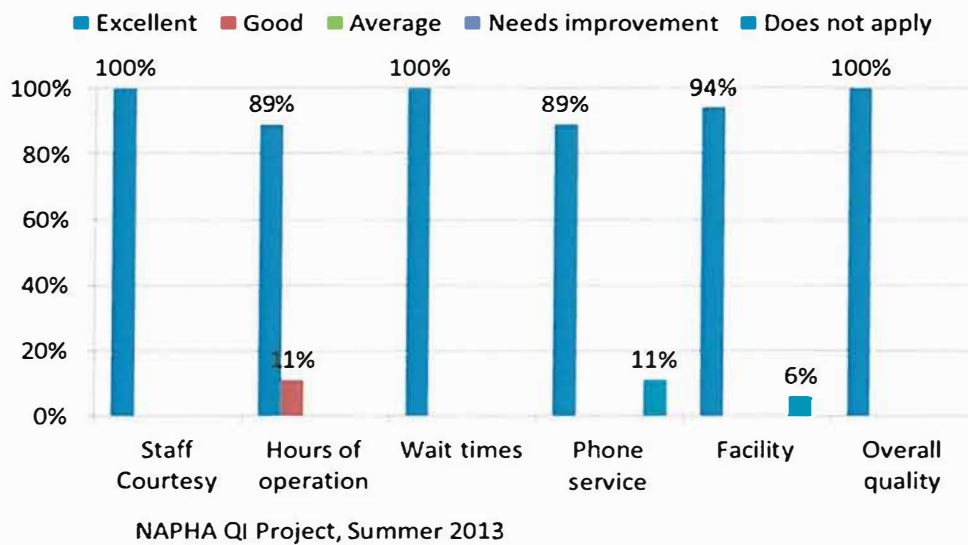
Environmental Health Inspections

Completed Surveys = 2



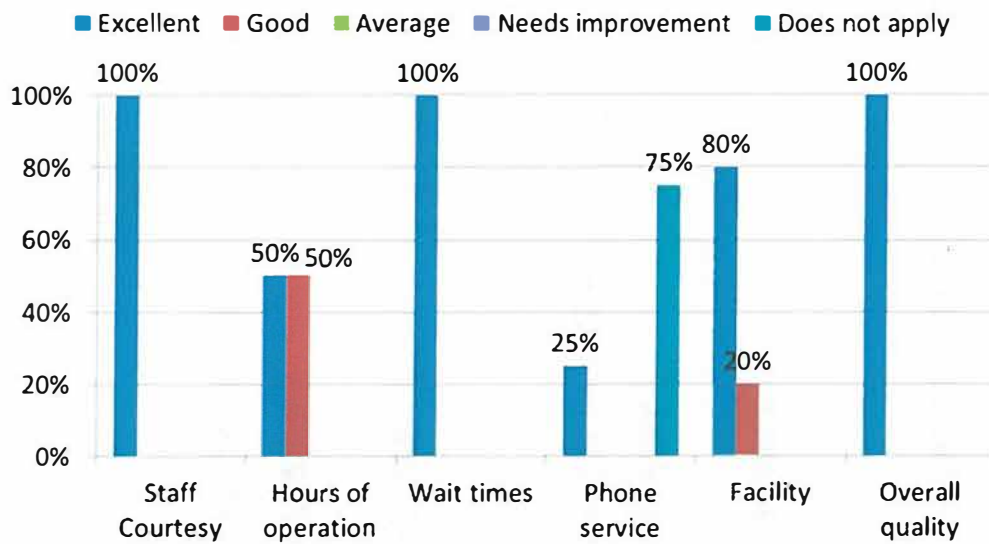
Clinical Services

Completed Surveys = 18



Non Clinical Services

Completed Surveys = 5



NAPHA QI Project, Summer 2013

EXTERNAL TRENDS, EVENTS AND FACTORS THAT IMPACT THE HEALTH OF THE COMMUNITY

Community Health Assessment Data

The committee also reviewed and summarized the adult behavioral health survey data from the CHIP broken out specifically for residents of New Philadelphia City. The New Philadelphia City School District did not participate in youth behavioral survey in the 2015 CHA, thus youth health indicators are not available for New Philadelphia youths. The district did participate in the 2018 youth survey and results will be included in the new 2019 CHA.

The table below is a summary of an Adult Behavioral Health Survey conducted as part of the CHIP process. Residents of New Philadelphia, while reporting better health and higher rate of access to health insurance coverage than those who reside outside of the city jurisdiction, city residents rank slightly worse on several indicators than county residents. The section below highlights data specific to the NPCHD and its jurisdiction.

Marked difference in poor health variables for city vs. county residents include:

- Has been diagnosed with diabetes.
- Has been diagnosed with high blood pressure.
- Has been diagnosed with asthma.
- Has a limited quality of life in some way because of physical, mental or emotional problem.
- Planned to attempt suicide in the past year.

There was a markedly higher percentage reporting the following health variables than both the state and national percentages:

- Had been diagnosed with high blood pressure.
- Has been diagnosed with arthritis.

THE GOOD NEWS – Both New Philadelphia City and Tuscarawas County residents have markedly lower percentages of the reported variables on tobacco and alcohol than both the state and national percentages:

- Current smoker
- Had at least one alcoholic beverage in the past month

Adults in the city may have better access to health care services, with slightly higher percentages of those who:

- Had blood cholesterol checked within the past 5 years.
- Ate five or more servings of fruit and vegetables per day.
- Had visit
- ed the dentist within the past year.

2015 Adult Survey Variables	New Philadelphia 2015 (n=103)	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Health Status Perceptions				
Rated health as excellent or very good	55%	50%	50%	52%
Rated general health as fair or poor	18%	15%	18%	17%
Health Care Coverage				
Uninsured	9%	14%	14%	17%
Asthma, Arthritis and Diabetes				
Has been diagnosed with arthritis	38%	35%	30%	25%
Has been diagnosed with diabetes	20%	9%	11%	11%
Has been diagnosed with asthma	14%	10%	14%	14%
Cardiovascular Health				
Had angina or coronary heart disease	8%	8%	5%	4%
Had a heart attack	5%	6%	5%	4%
Had a stroke	6%	3%	4%	3%
Has been diagnosed with high blood pressure	52%	40%	34%	31%
Has been diagnosed with high blood cholesterol	41%	36%	38%	38%
Had blood cholesterol checked within the past 5 years	86%	76%	78%	76%
Weight Status				
Overweight	39%	37%	35%	35%
Obese	36%	36%	30%	29%
Ate 5 or more servings of fruits/vegetables per day	6%	5%	N/A	N/A
Alcohol Consumption				
Had at least one alcoholic beverage in past month	42%	41%	53%	55%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	18%	16%	17%	17%
Tobacco Use				
Current smoker (currently smoke some or all days)	16%	14%	23%	19%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	24%	27%	25%	25%
Quality of Life				
Limited in some way because of physical, mental or emotional problem	22%	18%	21%	20%
Oral Health				
Adults who have visited the dentist in the past year	64%	58%	68%*	67%*
Mental Health				
Felt sad or hopeless for two weeks or more in a row that stopped them from doing usual activities in the past year	12%	9%	N/A	N/A
Adults who had planned to attempt suicide in the past year	6%	2%	N/A	N/A

N/A - not available * 2012 BFRSS Data ** Numbers are to be used with caution and are not generalizable

2017 Annual Summary of Reportable Communicable Diseases to the Ohio Department of Health

The table below indicates that diseases that can be transmitted sexually are the highest percentage of disease reported by the NPCHD in 2017. The largest communicable disease reported was chlamydia, with 72% of those cases reported involving clients 25 years or younger. Five cases were to youth age 18 years or younger and 42 cases were to young adults, age 25 years or younger.

Communicable Disease †Count and Percentage Reported to New Philadelphia City Health Department, Ohio, 2017

Reportable Communicable Disease	Number of Cases	Percent of Total Cases
Campylobacteriosis	2	1.6
Chlamydia infection	65	53.3
<i>E. coli</i> , Shiga toxin producing (O157:H7, not O157, unknown serotype), infection	2	1.6
Giardiasis	2	1.6
Gonococcal infection (Gonorrhea)	7	5.7
<i>Haemophilus influenzae</i> – invasive disease	1	0.8
Hepatitis B (including delta) – chronic	4	3.3
Hepatitis C – chronic	17	13.9
Influenza-associated hospitalizations	8	6.6
Lyme Disease	4	3.3
Meningitis – aseptic/viral	5	4.1
Pertussis	2	1.6
Salmonellosis	2	1.6
<i>Streptococcus pneumoniae</i> – invasive antibiotic resistance unknown, or non-resistant	1	0.8
Total	122	100.0

†Includes 101 ‘confirmed’ cases, 11 ‘probable’ cases and 10 ‘suspected’ cases.

ANALYSIS OF THE DEPARTMENTS STRENGTHS AND WEAKNESSES OPPORTUNITIES AND THREATS (SWOT)

After the environmental scan was completed, the committee brainstormed strengths, weaknesses, opportunities and threats on easel paper to conduct a SWOT analysis of the health department. The committee used guidance from the NACCHO guide and agreed that strengths and weaknesses identified would be those internal to the health department, and opportunities and threats would be those external to the health department, in the community and beyond.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Quality of customer service • Quality of services – high functioning team with great work ethic • Quality and skills of the workforce at the health department • Low staff turnover and high employee satisfaction • Confidentiality offered at the health department • Service accessibility to the public • Overall community respect of the health department • Excellent technical support, and business processes • Financial strength grant acquisition 	<ul style="list-style-type: none"> • Blowing our own horn! External communication to the public, including culturally relevant materials. • Workforce development plan needed • Quality improvement plan, policy needed • Lack of history of strong strategic planning tied in with outcomes measurements • Data collection on customer service • Lack of capacity in staff to do more in a day • Small office space
Opportunities	Threats
<ul style="list-style-type: none"> • Increase visibility of health department’s contributions to community coalitions and task forces via community engagement • Ensure health department’s jurisdiction is detailed sufficiently in 2018 CHA • Increase community awareness of programs and services offered at the health department via branding and communication • Continue to seek grants • Public health accreditation 	<ul style="list-style-type: none"> • Limited capacity to provide prevention efforts • Merger threats – could decrease quality of services and response time and increase costs • Local economic state and trends on mental health, dental, primary care shortages • Unfunded mandates • Possible funding loss if not accredited by 2020

The team discussed the SWOT analysis, and work they are doing in the community on various committees and groups and confirmed services such as the Vivitrol program, confidential HIV testing, immunizations, inspections, presentations to various communities and participation in Healthy Tusc Task Force and Access Tusc and subgroups are most beneficial to the community. They acknowledged that they could do more communication and engagement in the community, especially with those from Guatemala, and improve response rate on customer service surveys.

This information, along with contributions such as customer satisfaction survey results, community health improvement plan priorities, and employee satisfaction survey results, provided the basis for identifying the health department's strategic priorities listed below:

2018-2023 Strategic Priorities for New Philadelphia City Health Department:

Regarding our services we will:

- I. Reduce morbidity and mortality due to disease, intentional and unintentional injuries, focusing on the reduction of incidence of opioid addiction and related poor societal outcomes by:
 - a. *Growing enrollment and increasing the success rate of clients in the Vivitrol Program with the following steps*
 - i. *Implementing a quality improvement methodology to increase retention rate by 5% by 2020.*
 - ii. *Influencing policy to advocate for treatment for all who need it.*
 - iii. *Working with Bridges to Wellness pilot to open Vivitrol Program Services to their clients, beginning in 2018.*
 - iv. *Working with Opioid Task Force and Quick Response Team to improve enrollment in treatment program 3% to 7% by 2021.*
- II. Increase the awareness and adoption of healthy behaviors through community partnerships, educational programming and messaging, with culturally relevant materials created by engaging the community to
 - a. *Obtain a marked increase in the 2018 Youth Behavioral Risk Factor Survey Results by furthering partnership with New Philadelphia City Schools to develop student lead engagement groups to plan for better health.*
 - b. *Work with young adult population to increase education and outreach to reduce chlamydia infections by 5% in adults 25 years and younger by 2023.*
 - c. *Increase awareness of clinic increasing social media posts by 25%.*
 - d. *Increase leadership and participation in community partnerships to reduce health inequities and decrease measures of health disparities in the new CHIP in 2020-2023.*
 - e. *Begin engagement and outreach to Guatemalan population, 2019-2023.*
- III. Exceed state minimum standards for environmental service inspections
 - a. *Increasing inspections of pools, Level III and IV food establishments and tattoo establishments by one more than state standard per inspection period, 2018-2023.*
 - b. *Increase public/social media messaging to twice per month regarding mosquito and ticks during high risk seasons, 2018-2023.*
 - c. *Publish information on the correct method to conduct soil borings to enhance protection of water supply and guard against contamination, 2022-2023.*

Regarding our infrastructure we will:

- IV. Support our staff by creating and implementing a workforce development plan and revised performance evaluation system.
- V. Improve the quality of our services by creating and implementing a performance improvement policy, plan and committee to continually improve our performance.
- VI. Develop a branding and communication strategy that is culturally competent, timely and enables access to our services and engenders partnership with the community.
- VII. Ensure the capacity and enhancement of information management and financial sustainability.

Writing a SMART Strategic Plan: VI. Write the Strategic Plan and Implementation Plan

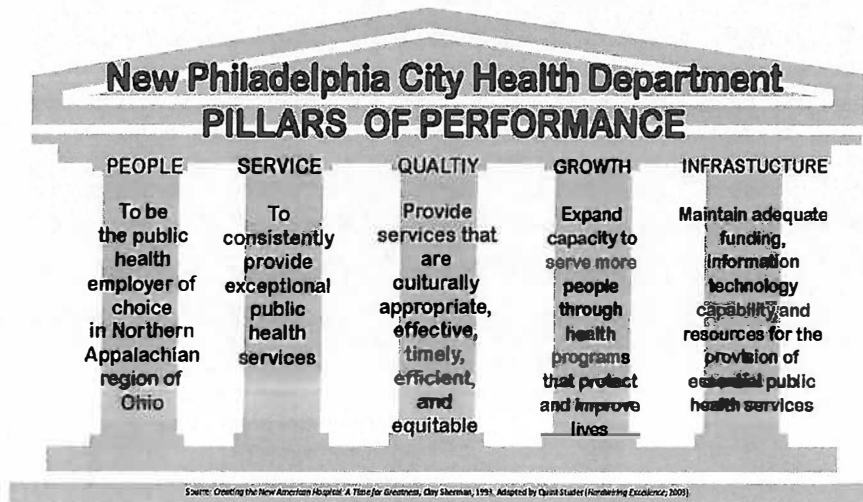
The Health Commissioner and Accreditation Coordinator met weekly with the team, along with Sue Geist, Vital Stats Registrar and Office Manager to identify smart goals for each strategy and to outline objectives with timelines and key performance measures. This work was conducted from April 25 – May 24, 2018.

The Implementation Plan begins on page 26 of this report with a set of tables. Each table lists the corresponding pillar of performance, linking the strategy, goal, objectives, steps process and outcome indicators to our performance management plan. Goals are the long-term change we plan to achieve, and objectives describe how goals will be met. Objectives are the intended change or outcome, and specify what is to be achieved, by how much, and with a timeline. This tables will be updated quarterly and will be part of our performance management system, linking to a performance management dashboard.

Evaluation and Monitoring the Plan: VII. Implementation, Monitoring and Evaluation

LINAKGES TO THE HEALTH DEPARTMENT QUALITY IMPROVEMENT PLAN

As part of the planning process, and to succinctly integrate performance management and quality improvement with the strategic plan, the Health Commissioner adopted the following Performance Pillars to create a platform to measure and monitor the performance of the health department service delivery, and infrastructure components.



To ensure that the efforts made to address the strategic priorities are effective and relevant, the initiatives detailed in the New Philadelphia City Health Department Strategic Implementation Plan will be monitored for progress and challenges and evaluated for effectiveness using key performance indicators identified in the strategic planning process. The leadership will review implementation plan progress quarterly. Both process and outcome measures will be checked against targets. If needed, the quality improvement committee will begin a CQI project to improve results and our performance will be monitored and reported using a performance management dashboard system.

Three plans, the CHIP, the strategic plan and the quality improvement plan have the following relationship:

The NPCHD Strategic Plan contains select priorities and objectives from Community Health Improvement Plan. The strategic plan includes opportunities for improvement using NPCHD Quality Improvement Plan. The QI plan identifies ways to build capacity for improvement and plans to implement improvement activities so that strategic plan and community health improvement plans can be accomplished. Together, the strategic plan and the quality improvement plan serve as the foundation for the performance improvement plan.

The plan will constantly improve and continue to stay relevant and should facilitate the achievement of the vision and mission.

NEW PHILADELPHIA CITY HEALTH DEPARTMENT STRATEGIC PRIORITY IMPLEMENTATION PLAN

Performance Pillar: GROWTH

Priority: Reduce morbidity and mortality due to disease, intentional and unintentional injuries due to opioid misuse.

Strategy: Sustain clinic services and develop population- based education and outreach focusing on high-risk populations.

Goal: Grow program enrollment in the Vivitrol Program and reach a 5% retention.

Outcome Objective: *Improve health by focusing on the reduction of morbidity and mortality due to opioid addiction.*

Programs Activities Interventions	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
Conduct a quality improvement project to increase success of the Vivitrol Medication Assisted Treatment Program.	Director of Nursing	2019 – 2023	Analyze available data on clients in the program to identify trends or attributes that lead to successful graduation from the program. Analyze the process of provision of care including barriers and opportunities for improvement.	5% retention rate within any 24-month period.
Influence policy to advocate Vivitrol treatment for all who desire it.	Director of Nursing, Health Commissioner, Bridges to Health hub model of care community case workers.	2019 – 2023	Health Commissioner will work with Access Tusc Hub model <i>Bridges to Wellness</i> to promote services to their clients with opioid addiction, beginning with expectant mothers.	Referral process-initiated Summer 2018, with decrease in select measures such as newborns with neo-natal abstinence syndrome, improved birth weight, graduation from Vivitrol Treatment Program.
Support the Opioid Task Force and their focus on the “hot spots” of drug overdoses, through the work of the Tuscarawas County Quick Response Team (QRT). Continue to actively participate on the Tuscarawas County “Opiate Task Force” and their activities to reduce dependence.	Director of Nursing	2019 – 2023	Director of Nursing will continue to serve as a subject matter expert and community representative to hot spot community to analyze program effectiveness and provide feedback to task force. Promote use of the Anti-drug Coalition drop-off boxes and to increase prescription drug take-back collection and their locations. Promote and distribute the Deterra drug as a deactivation system for prescription drugs no longer in use in the home. Allows for safe disposal of drugs to prevent them from being used improperly.	By 2021, the Tuscarawas County Quick Response Team will see an increase of 7%; (3% to 10%) of those seeking treatment after emergency medical intervention.

Performance Pillar: SERVICES

Priority: Increase awareness and adoption of healthy behaviors and risk reduction through community partnerships and education programming and community action groups.

Strategy: Develop culturally appropriate community-centric materials and support to improve health-based education and outreach focusing on engaging youth and high-risk populations.

Goal: Improved community engagement and empowerment to improve community health.

Outcome Objective A: Obtain marked improvement in youth behavioral risk factor scores from 2020-2023 and improve outreach to populations at risk for HIV and STDs.

Outcome Objective B: Increase leadership and participation in community partnerships to reduce health inequities and decrease measures of health disparities in the new CHIP in 2020-2023

Programs Activities Interventions	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
Develop partnership with New Philadelphia School System and educational programs to engage young people in action planning for better health.	Director of Nursing.	2019 – 2023	Director of Nursing Coordinates initiates partnership with Schools to disseminate survey results to youth. Director of Nursing Researches evidence-based models that engage youth that have had success and develops model for NPCHD.	Using community engagement models promoted by Community Health Coaches with County Health Rankings and Roadmaps, data from 2019 Youth Behavioral Survey from 2020-2023 reducing STDs, drug use, alcohol use, improving overall wellbeing, resulting in no increase in chlamydia rates in youth 18 and younger, and a reduction of 5% in cases of adults 25 years and younger.
Promote health behaviors, immunizations, and HIV and STD testing via bill boards and social media posts.	Director of Nursing and Health Commissioner	2019 – 2023	Survey community to measure awareness of testing services Develop branded communication about services.	Increase social media posts by 25% beginning in 2019 Maintain 92% award-winning immunization rate in clinic. Increase HIV and STD testing by 25% from 2019-2023.
Using the new Community Health Assessment that will be published in 2019, establish media and messages that provide education, prevention and resources on top concerns and issues as identified in the CHA.	Health Commissioner, and staff	August 30, 2019	Provide leadership in CHA and CHIP revision process to promote new logo, new branding, the unique needs of the city residents and awareness of their needs.	CHA and CHIP include New Philadelphia City Health Department name, logo and data with implementation plans specific to city resident public health issues.
Implement health initiatives that focus on policy, environmental and or system changes.	Health Commissioner and staff.	August 30, 2020	Community will be involved in creating and facilitating in groups and coalitions to support health promotion, prevention and educational activities.	Community ownership of actions to improve and protect health.

Performance Pillar: SERVICES

Priority: Measure and Monitor Environmental Health Factors to Protect Public Health

Strategy: Exceed State Survey Minimum of Licensed/Regulated Facilities by One Additional Survey than Required by State Law.

Goal: Educate and Promote Safe Regulatory Practices to Reduce Disease Outbreaks due to Environmental factors.

Outcome Objective: *By May 2019, NPCHD will have performed one more than the state minimum number of inspections for each required licensed program during any 12-month rolling period.*

Programs Activities Interventions	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
Food Services -Increase inspections of Level III and Level IV food services so that 75% of these facilities will have received 3 inspections within a rolling 12-month period.	Director of Environmental Health and staff.	Spring 2019 – Spring 2020, and annually for the following four years.	Director of Environmental Health plans inspection schedule for Level III and Level IV facilities. Director of Environmental directs staff to visit according to schedule.	Reduction of critical violations in Level III and Level IV facilities due to increase in frequency of inspections. Better compliance with food code reported in the statewide reporting system.
Pools – 100% of outdoor swimming pool facilities will be tested once a month from Memorial Day to Labor Day.	Director of Environmental Health and staff.	May 28, 2018 – September 3, 2018.	Director of Environmental Health plans inspection schedule for outdoor pools. Director of Environmental directs staff to visit according to schedule.	Chlorine levels are measured to comply with standards more frequently, which should reduce likelihood of contraction and spread of disease.
Mosquitos – Increase awareness of how to limit exposure to mosquitos to reduce the threat of contracting West Nile and other diseases.	Director of Environmental Health and staff.	By May 28, 2018	Director of Environmental Health will write PSA announcement highlighting best practice to reduce mosquito breeding and exposure to bites. PSA broadcast via radio 2 times by May 28, each spring for the next five years.	Reduction in mosquito infestations and West Nile cases reported.
Tattoo Establishment Inspection - increase frequency of inspections from 1 every 12 months to 1 every six months.	Director of Environmental Health and staff.	2020 – 2023	Director of Environmental Health plans inspection schedule for Tattoo Establishments. Director of Environmental directs staff to visit according to schedule.	Reduction in number of violations/repeat violations by 10% each year.
Ground Water – Develop and promote a best practice guide for procedures to perform soil borings.	Director of Environmental Health	2022 – 2023	Director of Environmental Health publishes best practice on procedures for soil borings.	Enhanced protection of water supply and guard against contamination.

Performance Pillar: PEOPLE

Priority: Develop and Implement a comprehensive Workforce Development Plan

Strategy: Increase Staff Capacity to Deliver Outstanding Public Health Service by Identifying, Increasing and Supporting Staff Capabilities required to protect public health, promote wellness and prevent disease.

Goal: NPCHD uses Workforce Development Plan to plan and guide staff development, increase the quality and scope of public health services, and to plan for recruitment and succession planning.

Outcome Objective A workforce development plan describing objectives to be accomplished over next 5 years that specifically addresses managerial and core public health competencies, along with yearly action plans to demonstrate steps needed and progress made towards these objectives.

Outcome Objective B Written policies, procedures, and processes, which document workforce development phases—from hiring process, to new employee orientation, through onboarding, to technical assistance and guidance throughout 2018, NPCHD will have implemented a Performance Management System to monitor performance to improve system and staff capacities, improve customer service and produce positive measurable outcomes.

Outcome Objective C Outcome Objective: By June 2019, 100% of employees will have received an annual performance review that is focused on performance against strategic plan objectives.

Programs Activities Interventions	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
Review NACCHO/ASTHO Workforce Development Plan templates as well as other LHD and SHD Workforce Development Plans.	Health Commissioner, Accreditation Coordinator.	By May 31, 2018	Leadership understands the basic tenants and components of a workforce development plan and selects a template to use.	NPCHD has the foundation for the development of a best practice Workforce Development Plan in place to be ready for technical assistance to be provided by the OSU, Center for Health Practice over the next four months.
Attend Orientation Webinar on over view of process and expectations on the development of a Workforce Development Plan conducted by Center for Public Health Practice (CPHP), Ohio State University.	Health Commissioner, Accreditation Coordinator	May 17, 2018	Orientation on steps to write the plan completed.	Health Commissioner and Accreditation Coordinator will understand the process, timeline and deliverables to succeed in developing a Workforce Development Plan that meets PHAB accreditation standards and measures and ensures the development of staff.
Online Module produced by NACCHO and provided by CPHP on Workforce Development Planning.	Health Commissioner, staff, Accreditation Coordinator, City HR manager.	After May 21, 2018 and prior to May 31, 2018	Leadership will complete the module	Leadership will understand competencies, assessment, resources and planning.

Participate in Live Webinar introducing gap analysis, competency selection and assessment, and curriculum and training plan (schedule).	Health Commissioner, staff, Accreditation Coordinator, City HR manager or designee	May 31, 2018	Leadership and team members will have participated in the webinar training or have completed recorded training if not able to attend live webinar.	Leadership will be prepared to launch into plan development and begin developing the plan outline
Participate in Optional Office Hours offered for consultation by the CPHP as well as the in-person workshop	Health Commissioner, staff, accreditation coordinator, City HR manager or designee	June 13, 2018	Team will have had a chance to "roll-up their sleeves" and work on the plan while having access to SMEs.	Draft Plan developed to select competencies to be assessed by the CPHP for the creation of an advisory report for NPCHD by the CPHP.
Conduct a workforce assessment using the <u>Competencies for Public Health Professionals, 2014</u> , partnership with the	Health Commissioner, Staff, Center for Public Health Practice, OSU.	Selected Workforce Competencies sent to CPHP by June 18, with Survey to be completed by July 6, 2018	Staff will have completed survey of up to 70 items to assess areas of emphasis for Workforce Development Plan	Center for Public Health Practice will summarize results of the Competency survey and send results to NPCHD.
Participate in Webinar #2 to address using competency assessment results and other topics determined by the team. Take advantage of optional 1:1 assistance provided by CPHP so that our team can address any unique needs.	Health Commissioner, staff, accreditation coordinator, City HR manager or designee	August 31, 2018	Team will have met in-between offerings to continuously develop the plan	A formal written plan including -Assessment of staff training needs -Addition of Core Competences to job descriptions -Comprehensive training logs for all staff -Training Calendar.
Develop FY2019 annual goals, objectives and performance measures for each employee based on departmental goals and strategic plan.	Staff, managers Division Directors	August 2018- December 2018	Program goals and objectives reviewed with each employee. Drafts of employee goals, objectives and performance measures that achieve program objectives are created. Division Directors approval of employee performance plans.	Employee use performance plan to guide their work
Results of 2019 employee goals and objectives reviewed for annual employee performance reviews.	Staff, managers Division Directors	June 2019	Measures for all employee goals and objective with targets compared to results. Final performance reviews.	Employee annual performance increases linked to achievement of strategic plan goals and objectives.

Performance Pillar: QUALITY

Priority: Incorporate a Performance Management System and Advance Culture of Quality

Strategy: Focus on performance management as it relates to strategic plan and community health improvement plan to improve outcomes.

Goal: Produce measurable improvements in quality, outputs and outcomes for NPCHD public health services, both population based and clinical based.

Outcome Objective: *By October 2018, NPCHD will have implemented a Performance Management System to monitor performance to improve system and staff capacities, improve customer service and produce positive measurable outcomes.*

Programs Activities Interventions	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
Review, select and implement Performance Management Framework (PMF).	Health Commissioner, Accreditation Coordinator and staff	Draft completed by June 1, 2018, and final plan approved by Board July 2018.	Staff complete the Public Health Foundation's PM self-assessment Accreditation Coordinator and Health Commissioner review and build awareness and support for PMF in June 2018.	PMF is selected and linked to monitoring of the strategic plan and CHIP, using Self-Assessment Data and select key performance indicators from the CHIP and NPCHD Strategic Plan.
Participate in Performance Management Webinar to be help by the Ohio State University, Center for Public Health Practice.	Accreditation Coordinator and other staff	June 4, 2018	With draft design of the PM system and process to implement quality improvement, participate in webinar, asking questions regarding TA to SMEs and learn from other comments, questions and suggestions of LHD on the webinar.	TA obtained on the formulation of the PM system and process to monitor department performance.
Implement quality improvement program at NPCHD.	Health Commissioner, Accreditation Coordinator and Staff	By August 1, 2018	Select QI process (PDSA or other LEAN techniques) to be the rubric Provide overview training to staff on the chosen rubric, using TA resources such as NACCO and PHF Analyze data from internal sources and community sources (in the strategic plan and CHIP) and other business process in the department and select QI Projects.	Staff will understand how data collection (qualitative and quantitatively), data analysis and quality improvement techniques can improve health department performance. Culture of QI will be implemented and utilized as a matter of standard practice in the health department.

Performance Pillar: SUPPORT/INFRASTRUTURE

Priority: Develop a branding and communication strategy that is culturally competent, timely and enables access to our services and engenders partnership with the community by December 2018

Strategy: Build capacity to improve internal and external message delivery with clients, stakeholders and the public using effective communication and marketing strategies.

Goal: Provide the community with education on public health, public health services, and increase awareness of resources

Outcome Objective A: *By July 1, 2023, NPCHD will have a branding and communication strategy that, after initial baseline and improvement initiatives at least 10% of respondents can identify at least one service the health department provides.*

Outcome Objective B:

Programs Activities Interventions	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
Develop new brand strategy with color palate, tag line, name and indicia.	Health Commissioner, and staff	September 2018	Implementation of the new branding will begin via newspaper, website, social media and other avenues.	The words "Public Health" will be included in the official name of the health department.
Develop and maintain handouts and brochures.	Health Commissioner and staff	April 2019	All current materials and media will include new logo, style guide and colors.	New branding is in circulation.
Increase grant funding	Health Commissioner	2019-2023	Develop template of organizational information and metrics that can be used in grant applications, and explore NACCHO membership fee, to increase information about grant opportunities.	Obtain grant funding from one national organization or state passthrough to improve operations or expand services, by 2020.