DAVIS COUNTY HEALTH DEPARTMENT STRATEGIC PLAN

2018 -2022	STRATEGIC PLAN

Promoting and protecting the health and well-being of Davis County residents and their environment.

Davis COUNTY

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EXECUTIVE SUMMARY

In 2017, the Davis County Health Department (DCHD) completed work on our 2014-2018 Strategic Plan prior to their 2018 deadline, resulting in a better understanding of where the organization is today, its purpose, and a shared vision for the future. A second strategic planning process was begun for 2018-2022. The updated DCHD Strategic Plan will provide a valuable guide for all employees and stakeholders as we work towards moving the organization forward in the coming years.

In the Department Strategic Plan you will find:

- Description of the Department (governance and organizational structure)
- Department Mission, Vision, and Values
- 2014-2018 Strategic Plan Highlights
- Environmental Scan (internal and external factors that may impact community health, employees, and/or the organization)
- Assessment of Strengths and Weaknesses
- Strategic Priorities
- Goals and Objectives
- Strategic Planning Method and Implementation

DCHD's Strategic Plan focuses on the entire Department and is not intended to be a stand-alone document. It purposely aligns with other important assessment, planning, and evaluation work such as the Community Health Improvement Plan (CHIP), Community Health Assessment (CHA), Workforce Development Plan, Quality Improvement Plan, and other operational work plans.

While the Strategic Plan outlines priorities and goals DCHD has for the next five years, the plan is to be viewed as a living document; updates can be made as needed due to changing environments, new opportunities, emerging trends/threats, and to ensure the best fit for community and program needs.

DEPARTMENT DESCRIPTION

With its beginning in 1934, DCHD is the oldest established local public health department in Utah. Under the policy direction of the Davis County Board of Health, the Department's Health Officer and approximately 120 employees serve more than 351,713 (2018 census estimate) county residents through the Community Health Services Division, the Environmental Health Services Division, the Family Health & Disease Control Division, the Senior Services Division, and the Health Administration Services Office.

The DCHD main campus is located in Clearfield, Utah and includes a Women, Infants, and Children (WIC) clinic, immunization clinic, and the North Davis Senior Activity Center. The Department is co-located with the Midtown Community Health Center (medical and dental clinics) which are located on the main floor. Additional Department locations include WIC and immunization clinics in Woods Cross, Central Davis Senior Activity Center in Kaysville, South Davis Senior Activity Center in Bountiful, and the Davis County Testing (diesel vehicle emissions) Center in Kaysville.
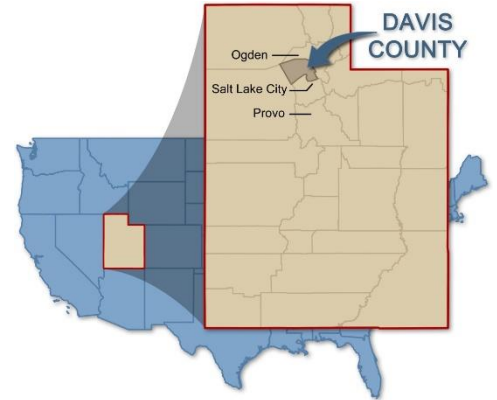
A detailed description of County geography, demographics, social and economic characteristics, and special populations is available in the Community Health Assessment found at: 2018 Community Health Assessment*.

Mission
Promote and protect the health and well-being of Davis County residents and their environment.

Vision
Healthy choices. Healthy people. Healthy Communities.

Values
Quality Service: Commits to a work environment characterized by consistency, honesty, and innovative approaches to serve members of the community.
Knowledgeable, Professional, and Friendly Employees: Shares insight, expertise, understanding, and compassion with all clients and one another.
Public Health Excellence: Works on continuous improvement, strives for excellence, and is committed to improving community health.
Communication: Fosters open-minded interactions with the community, public health partners, and each other.
Collaboration and Partnerships: Builds a network of relationships to enhance services, help one another, and to better support the community.
Commitment to Community: Invests in the success and welfare of those around us.

* *The Community Health Assessment is also available via the Davis County Utah website at: https://www.daviscountyutah.gov/health/about-dchd/reports-and-assessments.*

DEPARTMENT DESCRIPTION

Governance

The Davis County Board of Health was established and organized according to Utah State Statute Title 26A and Davis County Ordinance Chapter 2.20. In Utah, Boards of Health are policy boards and are responsible for guiding and developing policy in local health departments. The board also appoints the Health Officer, approves an annual budget, adopts public health regulations, and officiates at public hearings. Board members include: County Commissioner, mayor, healthcare administrator, physician, dentist, school district representative, and other at large community leaders.

Organizational Structure

DCHD is organized into four divisions and administrative services. Each division has a vital role in carrying out essential public health services. An organizational chart can be found in **Appendix 1**.

The Director/Health Officer

The Director of Health is the Health Officer and is responsible for the overall direction of the administrative, clinical, and environmental functions of the health department. The Health Officer supervises the directors of four divisions: Community Health Services, Environmental Health Services, Family Health and Disease Control, Senior Services. The Health Officer also supervises the Department's two Deputy Directors and the Business Manager.

Administrative Services

The Administrative Services office staff manage accounting, budget, purchasing, travel, and personnel functions for the entire Health Department. The Vital Records staff registers deaths in Davis County and provides birth and death certificates to the public. Other positions in Administrative Services include a full-time Public Information Officer (PIO), a Performance Management/Quality Improvement Coordinator, a Community Outreach Planner, and a Community Outreach Coordinator. Recently, a Departmental Epidemiologist was added to Administrative Services after a need for Department-wide data collection, research, and evaluation was noted.

Community Health Services Division

The Community Health Services Division works with community partners to plan and implement public health interventions and programs as well as develop policies that reduce morbidity and mortality, improve public health, emergency preparedness, and support healthy environments.

Family Health and Disease Control Division

The Family Health and Disease Control Division provides services to families and individuals through a variety of prevention programs such as WIC, immunization, and travel vaccination clinics. They also work with community partners to detect, control, and prevent communicable diseases in Davis County and provide education and public awareness about communicable diseases.

Environmental Health Services Division

The Environmental Health Services Division's primary purpose is to aid in the elimination of all environmental factors that lead to disease, lessen quality of life, and degrade the physical environment in Davis County. To carry out this mission, the Division is divided into the Air Quality Bureau, the Food & Facilities Bureau, the

DEPARTMENT DESCRIPTION

Environmental Response & Waste Management Bureau, and the Water Resources Bureau.

Senior Services Division

The Senior Services Division provides services to citizens throughout their life spans. Families receive personal health services in a variety of prevention programs. The Senior Services Division offers an array of programs that assist seniors in remaining active and healthy, including providing Meals on Wheels meal delivery service to residences in Davis County.

2014-2017 STRATEGIC PLAN HIGHLIGHTS

The 2013 strategic planning process resulted in Davis County Health Department's (DCHD) 2014-2018 Strategic Plan. By 2017, the Department had made progress in 71 of the 86 plan objectives. A review of the plan at that time showed that a revision and update to the plan would be beneficial.   Barriers to meeting some of the Plan's objectives included: loss of critical staff, changes in department leadership, budget limitations, unrealistic targets, and changes in priorities.

Below are the Plan's seven priorities and some highlights from each:

- Davis County CHIP

    o Contributed to the progress of CHIP objectives, including: increased training for suicide prevention, distribution of mental health and substance abuse resource directory, outreach to promote worksite wellness, and development of a website to provide real-time air quality data to the public.
    o As of the end of 2016, CHIP Priority Workgroups applied for approximately 43 grants and brought $5,790,797 to Davis County in new funding to address priority areas.

- Utah Statewide Health Improvement Plan (SHIP)

    o Staff participated in multiple workgroups to implement SHIP objectives.
    o Contributed to the progress of SHIP objectives including expanding the SPARK program to additional Davis County District schools, increasing immunization rates for children and seniors, and training all staff on *Principles for Effective Local and State Partnerships*.

- Public Health System Coordination

    o Convened community partners to conduct a comprehensive local public health system assessment
    o Launched the Health Resource Locator to educate the public about health resources and services in Davis County.

- Communication

    o Launched the Department's new website.
    o Creation and implementation of the DCHD Social Media Plan.
    o Completed a QI project aimed at increasing DCHD employee satisfaction of internal communication; Increased satisfaction by over 25%.
    o Implemented a new Department employee orientation.

2014-2017 STRATEGIC PLAN HIGHLIGHTS

- Performance Management & Quality Improvement Culture

  o Created and maintained the DCHD Quality Council, a team of staff dedicated to increasing capacity of Department employees to conduct QI and supporting efforts to increase efficiency and effectiveness.
  o Completed a dozen QI projects to improve programs and services.
  o Implemented a performance management system which includes regular assessment of customer satisfaction.

- Workforce Development

  o Developed DCHD Employee Handbook.
  o Provided regular training opportunities on cross-cutting topics such as communication, conflict resolution, and stress management.

- Employee Wellness

  o Created numerous wellness opportunities for staff.

ENVIRONMENTAL SCAN

As part of the strategic planning process, the Department conducted an environmental scan to identify, summarize, and evaluate existing data that was useful to enlighten the content of the strategic plan. A variety of reports, assessments, and surveys were reviewed, including:

- SWOT Analysis
- Financial Analysis
- Community Health Status Assessment
- Local public health systems
- Access to Healthcare Assessment
- Behavior Health Provider Assessment
- CASPER Emergency Preparedness Assessment
- Food Environment Assessment
- Housing Assessment
- Violence & Abuse Assessment
- Worksite Wellness Assessment
- Immigrant/Refugee Provider Survey
- LGBTQ Assessment
- PHAB Accreditation Site Visit Report
- Organizational Culture of Quality Self-Assessment Tool
- PHAB reaccreditation needs
- Workforce Assessment
- Emergency Preparedness Workforce Assessment
- Capability Gap Assessment
- DCHD Employee Satisfaction Survey
- CDC Worksite Wellness Scorecard
- DCHD Customer Satisfaction Surveys.

Summaries of the data and findings can be found in **Appendix 2.** This information helps to create a big-picture view of what is going on inside and outside the organization, current context, and future outlook.

SWOT Analysis

DCHD conducted a SWOT Analysis to determine internal strengths and weakness, and to identify Department opportunities, threats, and challenges. A SWOT Analysis is a tool to learn about how our organization is functioning. The results can help determine if and where changes are needed and can also help establish priorities. The SWOT Analysis was an integral part of the strategic planning process.

All employees were invited to participate in the SWOT Analysis through a series of poster sessions. Members of both DCHD's Board of Health and Senior Advisory Board were sent an electronic SWOT Analysis survey. Valuable information was gained by learning employee perceptions about Department strengths, weaknesses, opportunities, threats, challenges, values, purpose, and direction. Department level SWOT themes are shown in the table on the following page.

ENVIRONMENTAL SCAN

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STRENGTHS

❖ Dedicated employees
❖ Solid community partnerships
❖ Provide valuable/varied services
❖ High performing Department

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WEAKNESSES

❖ Leadership/Management Issues
❖ Overburdened workforce
❖ Workforce development

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OPPORTUNITIES

❖ Davis County's collaborative culture
❖ Public participation through engagement & communication
❖ Hiring and retaining employees

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THREATS OR CHALLENGES

❖ Funding cuts
❖ Changing demographics & greater demand for services
❖ Lack of understanding and/or prioritizing of public health among public

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The SWOT Analysis showed that the Department's greatest strength is its employees. Employees are dedicated, hardworking, and knowledgeable with improved internal communication, a big picture outlook, and clear direction. Other noted strengths include being a high performing Department viewed as a leader in the state and having solid community partnerships resulting in a good reputation within the community. Employees felt the primary weakness of the Department was leadership/management issues (e.g., new management and not using employees' strengths appropriately). Other perceived weaknesses include an overburdened workforce with heavy workloads, a lack of workforce development opportunities (including management training for current managers and next generation of managers), and little cohesiveness within the Department (e.g., meshing the broad array of programs and working in silos). An email sent to staff regarding SWOT Analysis participation, including a schedule of SWOT Analysis poster sessions, can be found in **Appendix 3.**

STRATEGIC PLAN OVERVIEW

The 2018-2022 Davis County Health Department Strategic Plan is an important tool to help the Department evolve and grow. The Strategic Plan sets forth what the organization plans to achieve, how it will achieve it, and how it will know if achievements have been made. The strategic priorities, goals, and strategies outlined in this document provide a valuable framework for making decisions on allocating resources and employee power to pursue the continuous improvement and advancement of the Department; enabling DCHD to better serve and support the ever-changing needs of Davis County residents.

The Department's Strategic Plan focuses on the entire Department and is not intended to be a stand-alone document. It purposely aligns with other important assessment, planning, and evaluation work such as the Community Health Improvement Plan (CHIP), Community Health Assessment (CHA), Workforce Development Plan, Quality Improvement Plan, and other operational work plans.

While the Strategic Plan outlines priorities and goals DCHD has for the next five years, it is to be viewed as a living document; updates can be made as needed due to changing environments, new opportunities, emerging trends/threats, and to ensure the best fit for community and program needs. The Strategic Plan will be reviewed at least annually and/or more often as needed, and will be renewed every three-five years.

The Health Department Divisions also have strategic plans that complement the Department's Strategic Plan. The graphic below shows how the plans at the community level and different Department levels work to inform one another.

(Adapted from MarMason Consulting LLC, 2012)

STRATEGIC PRIORITIES

Four strategic priorities were identified through the implementation of an Environmental Scan, a Strategic Plan Retreat attended by senior staff and board member representatives, Division Director and staff brainstorming activities, and staff input meetings (15 small group discussions meetings). The final four priorities were selected through group discussion, voting, and gaining consensus. The four strategic priority areas included in this plan are:

1. Healthy Communities
2. Community & Partner Engagement
3. Supporting & Developing Employees
4. Sustainability & Funding

The priorities are not arranged in any particular order of importance, and no one priority is more important than another. Many of these priorities are interconnected and mutually supportive. These carefully chosen priorities represent a comprehensive approach which focuses on both improving the organization and supporting the community.

In addition to the determining DCHD's strategic priorities, several important principles that should guide the creation and implementation of the Strategic Plan were noted. These principles are cross-cutting and can be applied to all the priorities. In developing and carrying out the plan, DCHD will seek to be:

- ❖ Data Driven
- ❖ Communicative
- ❖ Transparent
- ❖ Efficient

Each of the four strategic priorities are included in this plan with supporting information. Strategic priority pages include goals and the strategies, activities/actions, and suggested measures that will be used to achieve the Department's Strategic Plan, as well as the cross-functional Department committees/teams tasked with ownership of the various strategy activities.

STRATEGIC PRIORITY 1. *HEALTHY COMMUNITIES*

Goal 1. *Create a framework to promote environments and systems that foster healthy communities.*

Strategy 1: Develop programs and policies by utilizing <u>DATA</u>, incorporating <u>HEALTH EQUITY</u>, using a <u>PREVENTION</u> first approach, incorporating <u>HEALTH IN ALL POLICIES</u>, and <u>ADVOCATING</u> for public health and the aging network.

   Activity 1: Provide training to all employees on strategy principles (Workforce Development Team) – *December 2020*

   - Maintain, update, and implement annual training plan (Workforce Development Team) – *August 2020*
   - Measure the plan implementation (Workforce Development Team) – *December 2019*
   - Measure employee understanding of strategy principles (Workforce Development Team) – *December 2020*

   Activity 2: Implement strategy principles throughout the Department (Divisions) – *December 2020*

   - Create a standard approach guidance document (Leadership Team) – *May 2019*
   - Train employees on utilization and implementation of standard approach guidance document (Leadership Team) – *August 2019*
   - Use standard approach guidance document for at least one program (Divisions) – *December 2019*
   - Evaluate effectiveness of standard approach guidance document and reports (Performance Management & Quality Improvement Team) – *April 2020*
   - Expand use of standard approach guidance document to at least four programs (Divisions) – *December 2020*

Goal 2. *Ensure the Department and community are ready to respond in a public health emergency.*

Strategy 1: Utilize training and exercises to assure employee competency to respond to a public health emergency.

   Activity 1: Implement Multi-Year Training and Exercise Plan (MYTEP) (Preparedness Advisory Committee) – *December 2021*

   - Measure the MYTEP implementation (Preparedness Advisory Committee) – *December 2019*
   - Measure employee competency of preparedness responsibilities (Preparedness Advisory Committee) – *December 2021*

Measure required

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STRATEGIC PRIORITY 1. *HEALTHY COMMUNITIES*

Activity 2: Assess Department competency through exercise evaluations and actual responses (Preparedness Advisory Committee) – *December 2020*

- Utilize and implement After Action Reports (AARs) and Improvement Plan summaries in accordance with Department All Hazards Plan (Divisions) – *December 2019*
- Produce a Training Needs Assessment Report every two years (Preparedness Advisory Committee) – *December 2020*

Goal 3: *Lead the community in wellness practices.*

Strategy 1: Utilize the CDC Worksite Health Initiatives programs to improve wellness policies and practices in the department.

Activity 1: Create and implement written wellness plan (Wellness Team) – *December 2019*

- Develop and implement policies around "release time", "healthy food", and "designated quiet spot (Wellness Team) – *December 2019*
- Identify and measure participation of two Department-wide wellness initiatives around physical activity and mental health (Wellness Team) – *December 2019*
- Encourage participation and support of Department-wide wellness initiatives around physical activity and mental health (Divisions) – *December 2019*
- Educate employees on wellness practices (Wellness Team) – *December 2019*
- Measure Department progress on CDC Worksite Health Scorecard (Wellness Team) – *December 2019*

STRATEGIC PRIORITY 2. COMMUNITY & PARTNER ENGAGEMENT

Goal 1. *Align with and advocate for community priorities.*

Strategy 1: Support County, regional, and statewide improvement efforts.

> **Activity 1:** Assess existing plans and gaps (Community & Partner Engagement Team) – *December 2019*
>
> - Identify and gather information of existing plans and gaps (Divisions) – *December 2019*
> - Create summary report (Community & Partner Engagement Team) – *December 2019*
> - Prioritize gaps (Community & Partner Engagement Team) – *December 2020*
>
> **Activity 2:** Prioritize partner engagement (Leadership Team) – *April 2020*
>
> - Create prioritization document (Divisions) – *April 2020*
>
> **Activity 3:** Engage with prioritized community partners (Divisions) – *December 2021*
>
> - Ensure engagement of prioritized community partners (Divisions) – *December 2021*

Strategy 2: Engage and align with Davis4Health efforts.

> **Activity 1:** Actively participate in CHIP priorities (Divisions) – *December 2019*
>
> - Annual summary of Division activities and participation in CHIP priorities (Divisions) – *December 2019*
>
> **Activity 2:** Develop Davis4Health web based platform for sharing data, stories, resources, tools, and events access to improvement partners and the public (Davis4Health Website Team) – *July 2020*
>
> - Asses current platform and identify future improvement and needs (Davis4Health Website Team) – *July 2020*

Goal 2. *Coordinate and enhance partner relationships across the Department.*

Strategy 1: Increase awareness of internal and external partner relationships across the Department.

> **Activity 1:** Create and maintain internal communication and coordination efforts (Community & Partner Engagement Team) – *December 2020*
>
> - Identify and evaluate current partner coordination (Community & Partner Engagement Team) – *December 2019*
> - Create Coordination Team(s) (Leadership Team) – *February 2020*
> - Create Partner Engagement process and reporting tool to be included in the standard approach guidance document (Community & Partner Engagement Team) – *August 2019*
> - Educate employees on internal and external partnership coordination (Divisions) – *August 2020*

STRATEGIC PRIORITY 2. COMMUNITY & PARTNER ENGAGEMENT

- Measure partner satisfaction and effectiveness (Performance Management & Quality Improvement Team) *– December 2021*

Goal 3. *Increase awareness of community and Department resources.*

Strategy 1: Develop a brand strategy for the Department.

Activity 1: Develop a formal Department-wide branding strategy (Branding Team) *– December 2020*

- Develop Branding Strategy Guidebook (Branding Team) *– December 2019*
- Train all employees and implement branding strategies (Leadership Team) *– January 2020*
- Create on example per division that demonstrates the implementation of branding strategies (Divisions) *– August 2020*

Activity 2: Promote the value of Department resources (Divisions) *– December 2020*

- Disseminate information to employees, partners, and community (Divisions) *– December 2020*

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STRATEGIC PRIORITY 3. *SUPPORTING & DEVELOPING EMPLOYEES*

Goal 1. *Practice transparent communication and information sharing.*

Strategy 1: Ensure employees receive direct and frequent communication from management**.**

Activity 1: Increase information sharing that flows both up and down through the Department (Administrative Team) – *December 2020*

- Evaluate the effectiveness of current information sharing procedures (Administrative Team) – *December 2019*
- Identify Additional types of information sharing (Administrative Team) – *July 2020*
- Implement additional types of information sharing (Administrative Team) – *December 2020*

Goal 2. *Build a culture of learning for all employees.*

Strategy 1: Encourage employees to be proactive in planning for and executing their own professional growth.

Activity 1: Develop and promote resources for creating individual professional development (Workforce Development Team) – *December 2020*

- Create a repository of learning opportunities (Workforce Development Team) – *July 2019*
- Implement and encourage participation in revised individual professional development goals and plans (Administrative Team) – *March 2020*
- Measure employee participation in new Employee Development Plan (Workforce Development Team) – *May 2019*

Strategy 2: Maintain, develop, and improve a Department Workforce Development Team to plan for Department-wide learning and growth.

Activity 1: Continue to develop and improve the Workforce Development Plan (Workforce Development Team) – *July 2020*

- Implement new Workforce Development Plan (Workforce Development Team) – *July 2020*

Goal 3: *Empower and engage a satisfied workforce.*

Strategy 1: Provide a supportive work environment.

Activity 1: Explore the development of policies and practices that focus on supporting employees in the workplace (Administrative Team) – *December 2019*

- Policy & Practice Recommendation Report (Administrative Team) – *December 2019*

STRATEGIC PRIORITY 3. *SUPPORTING & DEVELOPING EMPLOYEES*

Strategy 2: Ensure a professional workplace that demonstrates courtesy and respect to all employees.

Activity 1: Ensure all employees understand the County's Professionalism, Courtesy, and Respect in the Workplace policy and implements practices that reinforce those principles (Workforce Development Team) — *December 2020*

- Train all employees on County's Professionalism, Courtesy, and Respect in the Workplace policy (Divisions) — *June 2019*
- Measure number of employees trained on Professionalism, Courtesy, and Respect in the Workplace policy (Workforce Development Team) — *June 2019*
- Develop an awareness, acknowledgement, and recognition program (Workforce Development Team) — *December 2020*

Strategy 3: Empower employees to successfully perform their roles.

Activity 1: Review and update Department job descriptions with clear expectations and specific job related information (Leadership Team) — *December 2020*

- Review and update all job descriptions and essential functions (Divisions) — *August 2019*
- Identify needed allowances for each job description (i.e., mileage, travel, communication, uniform) (Divisions) — *August 2019*
- Identify needed equipment and tools for each job description (Divisions) — *August 2019*
- Identify additional needs (i.e., FLSA status, building access, system access, required vaccines) (Divisions) — *August 2019*
- Evaluate current and potential career ladder possibilities (Divisions) — *December 2020*

STRATEGIC PRIORITY 4. *SUSTAINABILITY & FUNDING*

Goal 1: *Secure sustainable and diversified funding.*

Strategy1: Assess and understand current funding sources and reserves.

> **Activity 1:** Identify and assess department revenue sources (Financial Team) – *December 2019*
>
> - Create revenue source report (Financial Team) – *August 2019*
> - Evaluate revenue uses to assure they are being used correctly and effectively (Financial Team) – *December 2019*
>
> **Activity 2:** Assess and plan for reserve funding needs and uses (Financial Team) – *December 2020*
>
> - Develop a 5-10 year plan that includes anticipated projects, capital purchases, and projected trends, Fund 15 Health & Seniors (Leadership Team) – *December 2020*
>
> - Develop a 5-10 year capital building plan that includes building maintenances, renovations, remodels, and new construction, Fund 46 Capital (Leadership Team) – *December 2019*

Strategy 1: Prioritize all programs and infrastructure needs for funding.

> **Activity 1:** Prioritize all programs and funding requirements (Leadership Team) – *December 2020*
>
> - Create health and aging program prioritization reports (Leadership Team) – December 2020
>
> **Activity 2:** Identify resources to meet department and program priorities (Leadership Team) – *January 2022*
>
> - Realignment of resources to identified priorities during 2022 budget planning (Leadership Team) – *August 2021*
> - Explore and pursue options for receiving new funding (Leadership Team) – *December 2021*
> - Advocate for new health and aging funding (Leadership Team) – *December 2021*
>
> **Activity 3:** Proactively monitor emerging issues, initiatives, and changing community priorities (Leadership Team) – *December 2019*
>
> - Annual review of emerging issues initiatives, and community priorities (Leadership Team) – *December 2019*

Goal 2: *Ensure all County policies, Department standards, and Division standard operating procedures are current, effective, communicated, and understood.*

Strategy 1: Review and update all policies, standards, and operating procedures

STRATEGIC PRIORITY 4. *SUSTAINABILITY & FUNDING*

Activity 1: Identify, collect, and review all County policies (Leadership Team) – *July 2019*

- Review and understand County policies and ensure they are available electronically and on hard copy (Leadership Team) – *March 2019*

Activity 2: Review, update, or laminate Department standards and ensure they are in agreement with County and other required policies (Leadership Team) – *December 2019*

- Review and update all Department standards and ensure they are available electronically and on hard copy (Leadership Team) – *December 2019*

Activity 3: Review and update all Division standard operating procedures (SOPs) and ensure they are in agreement with all County policies and Department standards (Divisions) – *December 2020*

- Update SOPs and ensure they are properly aligned with County policy and Department standards and are available electronically and on hard copy (Divisions) – *December 2020*

Strategy 2: Ensure all policies, standards, and operating procedures are effective, communicated, and understood.

Activity 1: Conduct and complete a Quality Improvement project assessing employee understanding and the effectiveness of current policies, standards, and procedures are effective (Performance Management & Quality Improvement Team) – *March 2021*

- Conduct an employee pre-assessment of employee knowledge, understanding, and effectiveness of current policies, standards, and procedures (Performance Management & Quality Improvement Team) – *March 2019*
- Complete an administrative quality improvement project (Performance Management & Quality Improvement Team) – *June 2019*
- Training and discussion on updated County policies and Department standards (Leadership Team) – *March 2020*

Goal 3: *Ensure programs are effective, meeting community needs, and producing outcomes.*

Strategy 1: Implement continuous improvement and performance management practices across the Department.

Activity 1: Ensure the standard approach guidance document includes evaluation, performance management, and continuous improvement practices (Performance Management & Quality Improvement Team) – *May 2019*

- Create the evaluation, performance management, and continuous improvement process and reporting tool section to be included in the standard approach guidance document (Performance Management & Quality Improvement Team) – *May 2019*

STRATEGIC PRIORITY 4. *SUSTAINABILITY & FUNDING*

Activity 2: Engage in evaluations, performance management, and continuous improvement practices (Divisions) — *December 2020*

- Use evaluation, performance management, and continuous improvement process and reporting tool section from the standards approach guidance document to report on at least one program (Divisions) — *December 2019*
- Expand use of reporting to at least four programs (Divisions) — *December 2020*
- Complete program specific quality improvement projects (Divisions) — *June 2020*

Goal 4: *Maintain Department accreditations.*

Strategy 1: Prepare to meet public health re-accreditation standards and measures.

Activity 1: Review the Public Health Accreditation Board's (PHAB) standards & measures and prepare for re-accreditation (Re-Accreditation Team) — *September 2020*

- Complete 2019 PHAB Annual Report (Re-Accreditation Team) — *December 2019*
- Complete and celebrate 2020 re-accreditation submission (Re-Accreditation Team) — *September 2020*

You can find the Strategic Plan on Google Team Drive at: Team Drives/Health Department Documents and Forms/ Health Department Documents/ Strategic Plan/2019 Strategic Plan

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STRATEGIC PLANNING METHOD AND IMPLEMENTATION

Strategic Planning Process

2017

During the last half of 2017 the Davis County Health Department (DCHD) began the planning process to create a new Strategic Plan for the Department. An environmental scan was performed where internal and external data was gathered and summarized to provide context about where we are as a Department and what is happening in the community. Through a series of poster sessions, all employees were invited to participate in the SWOT Analysis. Members of both DCHD's Board of Health and Senior Advisory Board were sent an electronic SWOT Analysis survey. Valuable information was gained by learning employee perceptions about Department strengths, weaknesses, opportunities, threats, challenges, values, purpose, and direction

After gathering data from multiple sources through the environmental scan, SWOT Analysis, and employee and stakeholder input, senior staff and board member representatives met for a ½ day retreat in September 2017 to decide on new Department priorities. The purpose of the retreat was to review information relevant to the strategic planning process and consider strategic priorities to be included in the new Department Strategic Plan. The retreat agenda can be found in **Appendix 4**. Four priorities were identified:

1. Healthy Communities
2. Community and partner Engagement
3. Supporting and Developing Employees
4. Sustainability and Funding

Once the Department priorities were identified, 15 small group discussion meetings were held with staff to gather ideas about what success would look like for the priorities, what we're currently doing, and what we could do differently to improve, and any challenges the Department might face. Division directors held brainstorming sessions and worked with their staff to identify strategies, activities, and objectives for each of the priorities. Questions and topics discussed during staff meetings can be found in **Appendix 5**.

Strategic Plan Implementation

2018

The new Strategic Plan framework was introduced to DCHD Administrative staff during a ½ day meeting on January 8, 2018. See **Appendix 6** for the meeting agenda. After review and approval by the Administrative Team, the new Strategic Plan was introduced to all Department staff during the 2018 DCHD Annual In-service held on January 30, 2018.

In May 2018, the Department's Strategic Planning Committee (SPC) was formed. The SPC guides the implementation and monitoring process of the strategies priorities to ensure continual forward movement. The SPC is led by the Public Health Deputy Director, and includes representation from all areas of the Health Department. It is the job of the SPC to ensure the process moves forward, that progress is evaluated and changes are incorporated as needed, that staff is supported and understand their respective roles in implementing the plan, and that progress is continually communicated to all employees and other stakeholders.

STRATEGIC PLANNING METHOD AND IMPLEMENTATION

Meetings of the SPC are held monthly, and additionally as needed, to ensure the Strategic Plan is operationalized in to the daily work of the Department.

Responsibilities of the SPC include:

- Determine steps for implementing the Strategic Plan which may include identifying action steps, developing timelines, and creating a plan for regular monitoring and reporting.
- Develop materials to help implement, monitor, evaluate, and communicate about the Strategic Plan (e.g., action plan templates, reporting forms, progress reports, etc.).
- Provide input on critical Strategic Plan decisions such as timelines, focus areas, goal/strategy leads and workgroups, key performance measures, etc.
- Evaluate progress towards Strategic Plan goals and objects and suggest changes to the plan/process to ensure progress.
- Communicate to all employees about ongoing work related to the DCHD Strategic Plan through presentations/discussions at staff meetings (e.g., Admin Team, in-services, division/bureau staff meetings), the Department newsletter, emails, the intranet, etc.
- Help build support for the plan throughout the Department.

Responsibilities of the Senior Management Team, made up of the Director, Deputy Directors, and Division Directors, include:

- Final decision-making for any changes to the Strategic Plan priorities, goals, strategies, and objectives, as well as identification of focus areas.
- Identify and develop charges for any Strategic Plan-related workgroups or identified goal/strategy leads.
- Serve as champions for the Strategic Plan and help maintain accountability for its implementation and process.
- Work with staff to identify and implement activities what will address Strategic Plan priorities, goals, and objectives.
- Ensure regular communication about Strategic Plan progress to external stakeholders (e.g., Board of Health, Senior Advisory Board).

SPC members share responsibility for the work of the committee, both in and outside of meetings. Each member is responsible for attending meetings and actively participating and encouraging participation of others by respecting different perspectives and opinions.

2019

Cross-Departmental teams were created in January of 2019 to work on DCHD's strategic priorities and goals. The teams are made up of employee volunteers and have at least one team member from each Department Division. The teams' focus areas include:

- Leadership
- Administration
- Workforce Development

STRATEGIC PLANNING METHOD AND IMPLEMENTATION

- Performance Management/Quality Improvement
- Preparedness Advisory Committee
- Worksite Wellness
- Community and Partner Engagement
- Branding

Involving employees from across the Department helps to foster engagement and interest in the Department's Strategic Plan, assists in disseminating information, and allows for different points of view to be considered when implementing the Strategic Plan. The teams meet monthly and/or as needed to accomplish Strategic Plan objectives.

Strategic Plan Performance Management

Performance management of the Strategic Plan goals and priorities is tracked via a Strategic Plan Action Register that details goals/activities/tasks integral to completing the Strategic Plan objectives. The register is broken down by team responsible for completing Strategic Plan objectives. The register is updated monthly with progress, activities, tasks, deadlines, and deliverables by the Team Leads. This provides Strategic Plan oversight for the SPC who work hand-in-hand with the teams to ensure progress within the set timeframe and to allow any barriers or complications that may arise to be removed. Team Leads also report to the SPC at regularly scheduled meetings to update on plans, progress, or problems that have been noted with Strategic Plan tasks.

2018-2022

On-going review, monitoring, assessment, and progress of Strategic Plan.

DAVIS COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

The Davis4Health Community Health Improvement Plan (CHIP) makes significant progress towards addressing health equity and the social determinants of health as well as moving prevention efforts upstream. The Davis County Health Department currently serves as the backbone organization of Davis4Health and provides ongoing support to maintain organizational infrastructure and sustain momentum for moving Davis4Health forward. Partners have significant involvement and contribute staff time, facilitation and leadership, expertise, volunteers, guidance and decision-making, advocacy, data, community connections, in-kind donations (meeting space, food), etc. The full 2019-2023 Davis4Health Community Health Improvement Plan can be found at: 2019-2023 Davis4Health Community Health Improvement Plan*.

The Community and Partner Engagement Team (CPET) was established in early 2019 to focus on the second priority in the Department's Strategic Plan: Community and Partner Engagement. The goals of Priority 2 are:

- Align with and advocate for community priorities
- Coordinate and enhance partner relationships across the Department
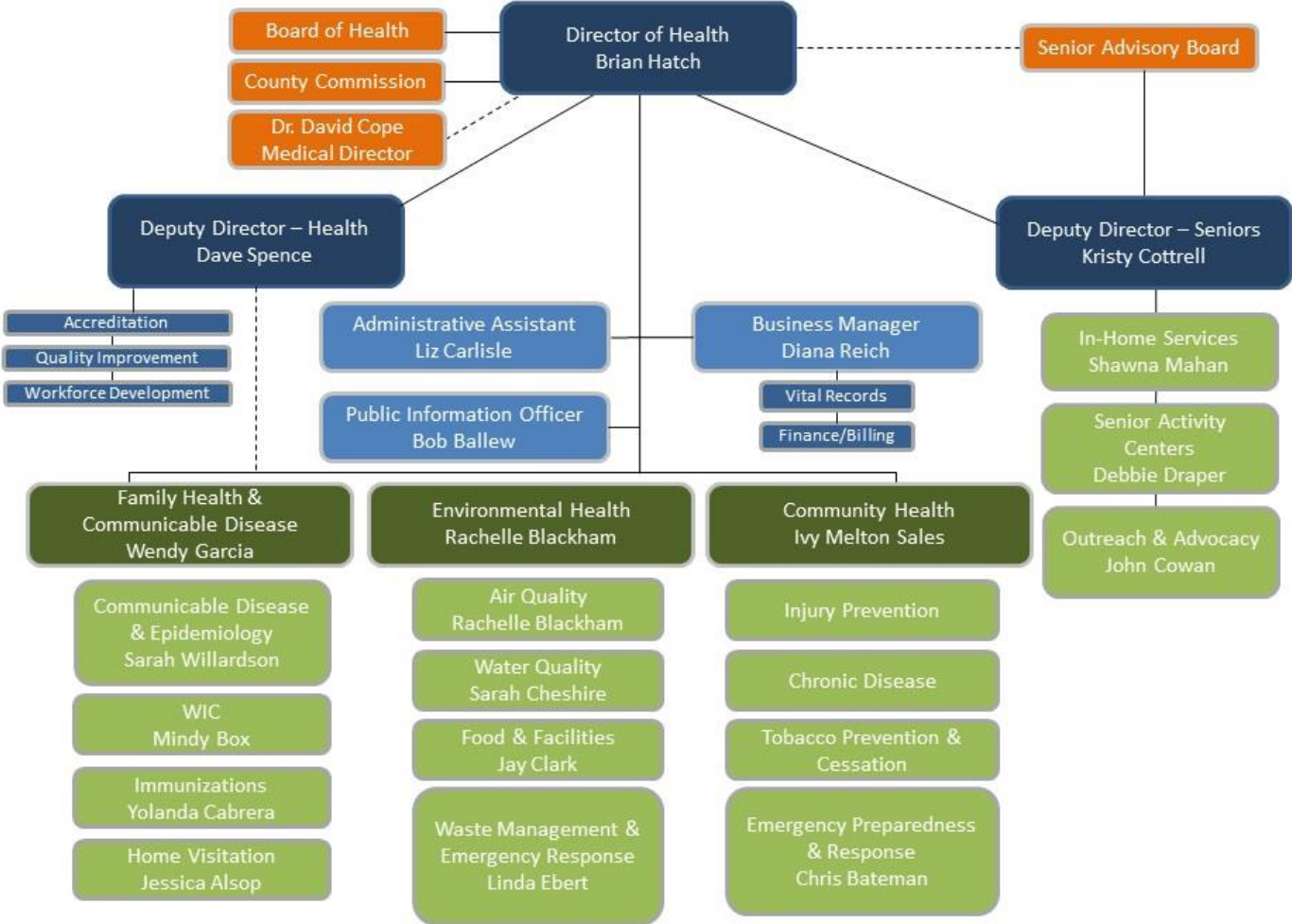- Increase awareness of community and department resources.

Main focuses of the CPET include: engaging and aligning with Davis4Health efforts, Department Divisions actively participating in CHIP priorities including submitting an annual summary of Division activities and participation in relation to the CHIP, and identifying and evaluating current partner coordination. In addition to the CPET, Department employees regularly participate in meetings for each CHIP action group, DCHD provides technical support to action group leads and maintains regular communication, and DCHD staff promotes activities and messages that support the CHIP priorities.

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* *The 2019-203 Davis4Health Community Health Improvement Plan is available via the Davis County Utah website at: https://www.daviscountyutah.gov/health/reports-and-assessments.*

APPENDIX

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1 - DCHD Organizational Chart

Board of Health

County Commission

Dr. David Cope
Medical Director

Director of Health
Brian Hatch

Senior Advisory Board

Deputy Director – Health
Dave Spence

Deputy Director – Seniors
Kristy Cottrell

Accreditation

Quality Improvement

Workforce Development

Administrative Assistant
Liz Carlisle

Business Manager
Diana Reich

In-Home Services
Shawna Mahan

Public Information Officer
Bob Ballew

Vital Records

Finance/Billing

Senior Activity
Centers
Debbie Draper

Family Health &
Communicable Disease
Wendy Garcia

Environmental Health
Rachelle Blackham

Community Health
Ivy Melton Sales

Outreach & Advocacy
John Cowan

Communicable Disease
& Epidemiology
Sarah Willardson

Air Quality
Rachelle Blackham

Injury Prevention

WIC
Mindy Box

Water Quality
Sarah Cheshire

Chronic Disease

Immunizations
Yolanda Cabrera

Food & Facilities
Jay Clark

Tobacco Prevention &
Cessation

Home Visitation
Jessica Alsop

Waste Management &
Emergency Response
Linda Ebert

Emergency Preparedness
& Response
Chris Bateman

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2 – Environmental Scan Summaries

Source	Findings
SWOT Analysis (August 2017) Five poster sessions were held in various locations of the Department the week of August 21-25. Staff were asked to provide comments regarding the department's internal strengths, weaknesses and external opportunities and threats. Additionally, Board of Health and Senior Board Advisory members were sent an electronic survey with the same questions.	Note: the numbers in parenthesis indicate how many comments were received about that topic. **Strengths of the Department:** • Employees: Dedicated, hardworking, knowledgeable, action-oriented management (#40) • Solid community partnerships—good reputation in the community (#9) • Provide valuable and varied services (#6) • High performing department, leader in the state (#6) • Internal communication improved (#4) • Other: Have a strategic plan that's followed, big picture outlook, clear direction, social media, diverse funding streams, accounting department, support **Weaknesses of the Department:** • Leadership/Management issues (e.g., new management, using employee strengths appropriately) #12 • Overburdened workforce—heavy workloads #11 • Workforce Development opportunities (including management training for current managers and next generation of managers) #10 • Cohesiveness within the department (e.g., meshing the broad array of programs, working in silos) #9 • Communication (including language barriers) #8 • Employee access to equipment/resources (e.g., Wi-Fi) #8 • Competitive salaries & benefits (e.g., health insurance, paid maternity leave) #6 • Ability to have flex schedules #5 • Employee recognition/appreciation (e.g., fun activities) #5 • Funding #4 • Inefficient processes (e.g., budget, hiring) #4 • Transparency #4 • Communication with the public about what we do #3 • Parking #2 • Other: Lack of affordable transportation to our sites, county administration located in Farmington, signage at Bountiful WIC/Imms location, cell phone reimbursement for field employees, no recruitment for skilled employees, QI needed, inconsistencies in treatment/policies location to location, lack of emergency preparedness knowledge for staff, no succession plans, punching the time clock

	Opportunities for the Department: • Davis County has a collaborative culture with opportunities to explore new partnerships and align in shared goals #20 • Increasing public participation through engagement and communication #10 • Hiring and retaining employees #5 • Accreditation movement encourages continuous improvement #3 • Aging population and increasing interest in meeting senior needs #3 • New technology #3 • Federal funding #2 • Training in leadership/people skills #2 • Other: Preparedness for natural disasters, Davis County has key state legislators, personal individual resources to obtain healthcare, resources & guidelines from national organizations, emphasis on prevention, growing mental health issues, public value placed on the outdoors/the environment **Threats or Challenges for the Department:** • Lack or cuts in funding, both at the federal and local level. #15 • Changing demographics (e.g., increases in individuals needing safety nets, aging population) creates greater demand for services #11 • Lack of understanding/prioritizing/valuing of public health among the public #8 • Federal policy changes leads to uncertainty, changes in funding, de-prioritizing public health #5 • Safety and quantity of parking spots #5 • Cost of healthcare/healthcare reform #4 • Safety & security in workspaces #3 • Increase in substance abuse (e.g., opioid crisis). #3 • Other: Low unemployment rate is challenging for recruiting/retaining employees, DDW (UDEQ), lack of county-wide employee development opportunities, lack of effective meetings, managers not available to assist w/ work issues. **Suggestions for improvement:** • Increase outreach to the public to build awareness and appreciation for the work we do #9 • Improve/increase workforce development opportunities (including on emerging issues) #6 • Increase advocacy to decision makers #4 • Focus on employee retention (e.g., one on one meetings, communication direction, employee recognition,) #4 • Conscientious/prioritized spending of funds, seek grants #4
Community Themes & Strengths (2012)	Why is Davis County a Healthy Place to Live? • outdoor activities, walking & hiking trails, recreational opportunities • access to medical care • health conscious people & healthy lifestyles

	• well educated • good neighborhoods • friendly, caring people
Community Health Status Assessment (2017)	Davis County is ranked as the 5th healthiest county in Utah. Our strengths are in social & economic factors and clinical care. Davis County is in the top 10% (best) of all counties in the U.S. for premature death, poor/fair health, adult smoking, adult obesity, physical inactivity, access to exercise opportunities, excessive drinking, preventable hospital stays (Medicare enrollees), some college, children in poverty, income inequality, children in single-parent households, and injury deaths. Davis County is worse than the state average for sexually transmitted infections; primary care, dental & mental health provider ratios; air pollution, driving to work alone, and long commute alone. Davis County is not meeting Healthy People 2020 Targets for these measures: skin cancer deaths; unintentional injury deaths; poisoning deaths; suicide; doctor-diagnosed high blood cholesterol; adults with diabetes; Shiga Toxin-Producing E.coli (STEC); Campylobacter cases; seatbelt use sun safety practice; mammogram within the past 2 years; at least 2 Hemoglobin A1C tests in the past 12 months (adults w/diabetes); adults ever receiving Pneumococcal vaccination; adults annual vaccination for seasonal Influenza; and high school graduation (9th grade cohort that graduates in 4 years)
Local Public Health System Assessment (Fall 2015) A self-assessment tool that focuses on the delivery of the 10 Essential Public Health Services by the local public health system. It is a collaborative tool completed by system partners. 50 people from 36 organizations participated in the assessment.	Community themes identified: 1. When it comes to the 10 Essential Public Health Services, Davis County excels in these areas: Essential Service 2: Diagnosing and Investigating Health Problems and Health Hazards; Essential Service 5: Developing Policies and Plans that Support Individual and Community Health Efforts; and Essential Service 6: Enforcing Laws and Regulations that Protect Health and Ensure Safety. 2. The LPHS has successfully worked together on a community health improvement process including activities such as the CHA and CHIP. 3. Population based public health services are evidence-based and quality personal healthcare services are being delivered according to guidelines. 4. The need to improve Essential Service 7: Linking People to Needed Personal Health Services has been identified in previous assessments and was reaffirmed by this process. 5. There is a need to identify all organizations in the community that provide public and personal health services. LPHS partners need opportunities to learn what activities each agency is involved in. Opportunities for improvement/recommendations:

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	1. Promote availability and use of the CHA and other assessments among partners and the community. Identify new communication channels to broadly disseminate CHA documents, summaries, snapshots, etc. 2. Health promotion and education activities are common within LPHS agencies, however, there is concern that these efforts do not trickle down to impacted communities and the general public. Work on strategies to better communicate health education activities and health promotion messages. Improve public relation efforts and target media to ensure that the information is reaching the target audience. Work at building key relationships for effective health promotion program collaboration and partnerships. 3. Develop centralized database/directory with details about community organizations, their services, and health resources. It would also be helpful to have information/resource sharing forums where agencies can network and become familiar with each other's services. Full report found at this link: http://www.daviscountyutah.gov/docs/librariesprovider5/reports-and-assessments/lphs-assessment-report-2015.pdf?sfvrsn=10125753_0
Access to Healthcare Assessment (2014)	Compared to the nation, Utah/Davis County has: lower prevalence of disease; lower than average healthcare expenditures; competitive insurance market; low unemployment rate; higher percentage of population with employer-sponsored insurance; higher percentage of the population underinsured; and lower percentage of population on Medicaid. Community Themes: • The greatest barriers to accessing healthcare are cost of care, insurance, and income. • Populations experiencing the greatest barriers to accessing healthcare are low income, uninsured/underinsured residents and those with mental/behavioral health issues. • Mental/behavioral health services and programs are most difficult to access, most urgent healthcare access issue. • Gap in education (what healthcare services are available, what services are covered by insurance, importance of preventive care, what services are available for low income/uninsured/underinsured) • Access to dental care is a serious concern (primary care issue, gap in preventive care, want an increase in services for low income & uninsured/underinsured, more oral health screening for children)
Behavioral Health Provider Assessment (2014)	Community Themes: • What's working well in Davis County: Davis Behavioral Health, private providers & LDS Family Services • Barriers for residents: insurance coverage issues, affordability, stigma • Service gaps (3 themes): lack of services for low income individuals, lack of psychiatrists, lack of providers for medication management • Ways to improve: education about services, education to reduce stigma & more funding for behavioral health

CASPER Emergency Preparedness Assessment (Fall 2016) A rapid-needs assessment tool developed by CDC which was used by DCHD to gather information from Davis County residents about preparedness levels and general community health opinions. It was also used as an exercise to test DCHD's ability to involve staff, volunteers, and partners in Just-In-Time training and conduct a CASPER.	An After Action Report found the below strengths and areas for improvement for administering a CASPER. Strengths: • Just-in-time training was conducted simultaneously in three different sites around the county. The training was conducted in under 45 minutes and volunteers were able to perform the assessment competently in the field following the training. • Communication between the exercise director and the three locations went smoothly. • The packet materials provided to volunteers were easy to utilize. Areas for Improvement: • Additional DCHD staff members need to be trained in conducting the CASPER assessment. • Greater buy-in/participation from city partners through more advanced notice and early participation in the planning. Findings from the CASPER about community preparedness include: • Of the households surveyed, 88.6% reported having adequate non-perishable food, 83.2% had copies of important documents and 82.6% had a first aid kit. 50% of households have pre-identified multiple routes away from their home, 55.4% have a designated meeting in the neighborhood and 39.1% have a designated meeting place outside of the neighborhood. • Main sources of emergency information most often cited include: text message (66.9%), TV (60.3%) and internet (56.5%). • Almost half of the households surveyed reported having no training experience in First Aid, CERT, or CPR. 87.9% of households reported that if given a mandatory evacuation notice they would evacuate. Findings from the CASPER about community health include: • The most reported quality of life issue needing improvement was education (21%), with transportation (19%) being second. • When asked "What is the most important health issue to address in your community," the top eight issues reported were: healthcare; air quality and pollution; nutrition/obesity/physical activity; aging services; water quality and supply; drug and alcohol abuse (including prescription drugs); mental health; and mosquito vector control.
Food Environment Assessment (2017)	• Too much fast food • Accessing healthy food requires transportation • Much food assistance being provided • Concern about food insecurity among those above eligible poverty levels

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Housing Assessment (2017-2018)	• Need for affordable housing • Need for transitional housing • Community pushback a barrier, Not In My Backyard (NIMBY)
Violence & **Abuse Assessment** (2017)	• Domestic violence, abuse, sexting/pornography are common • Missing data to document magnitude/need • Healthy relationships resources are available in the community

Worksite Wellness
Assessment
(Fall 2016)
 	
137 Davis County worksites completed an online survey that assessed whether they had a worksite wellness program and what wellness resources were needed.
	• 76% of worksites were small companies with 1-25 employees
	• 74% of worksites did not have a wellness program
	• The top five (out of 12) worksite wellness areas worksites are interested in learning more about are:
	    o The benefits of a worksite wellness program
	    o How to fund and sustain a wellness program
	    o Setting goals and outcomes
	    o Wellness challenges
	    o Employee incentives
	• The top five (out of 13) health topics of interest to worksites are:
	    o Stress management
	    o Healthy eating
	    o Physical activity
	    o Mental, emotional and behavioral health
	    o Diabetes prevention and management
	• 44 worksites requested worksite wellness resources

Immigrant/Refugee **Provider Survey** (2017)	• Living in every city • From many countries, speaking many languages • Greatest barriers to providing services: language/translation • Housing & mental health services are needs for the general population & even more difficult for this special population • No specialized services or funding for this population in Davis County
LGBTQ Assessment (2017)	• Higher risk for bullying, dating violence, suicide • No local data • Need to promote affirming resources & support services
Forces of Change (Spring 2017) Davis4Health Community Survey	What trends, factors, or events will have the greatest influence on health and quality of life in our community in the future? What major challenges do families face? • Technology • Social media • Pollution & air quality • Increasing costs (Healthcare & Housing) • Changing family dynamics • Need for living wage jobs • Politics • Education

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	• Busyness • Addictions
Accreditation Site Visit Report (August 2015) Report provided by accreditation site visitors	Accreditation site visitors provided the department with their findings after reviewing the department's documentation and conducting a two-day site visit. Department strengths identified include: • Positive relationships with community partners, the Board of Health, and local media. • A robust and institutionalized QI culture. • Conducted a model access to healthcare assessment that used a dynamic process to assess barriers and gaps. • Outstanding policy work including Board of Health orientation manual, Findings of Fact documents, and internal written policy and procedures for communicable disease, environmental health and emergency preparedness. Department weaknesses identified in the report include: • Partner involvement in the planning and organization of the Community Health Assessment. • A systematic process in place to obtain customer satisfaction from customers and stakeholders that is used across all programs and services. Overall, the site visitors found the health department to be a high functioning department with strong leadership, an engaged and skilled workforce, and a supportive Board of Health.
Organizational Culture of Quality Self-Assessment Tool (Summer 2015) An assessment tool developed by NACCHO designed to measure organizational maturity for six foundational elements of a quality culture.	Five different groups in the department completed portions of the self-assessment: • 11 staff members representing different areas and levels of the organization • The Joint Management Team • The Workforce Development Team • The Quality Council • The Quality Council Assessment Sub-Committee (Brian Hatch, Anna Dillingham and Liz Carlisle) The assessment showed that the department is in Phase Three (Informal or Ad Hoc QI) in its development, with an overall score of 3.63 (the highest level/score is Phase 6). Characteristics of an organization in Phase Three include, QI may be valued but expectations are not consistently communicated to staff; the knowledge, skills, abilities, and responsibility for conducting QI projects are limited to handful of staff; opportunities for peer sharing are limited; while some performance data is collected, monitored, and shared, it is

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	not used consistently for decision making; and staff may view QI as a passing fad or added responsibility. The department scored highest in the QI Infrastructure Foundational Element, followed by Leadership. The lowest scoring foundational element was Customer Focus (scale: 1 is the lowest, 6 is the highest). - QI Infrastructure: 4.03 - Leadership: 3.95 - Employee Empowerment: 3.8 - Teamwork and Collaboration: 3.5 - Continual Process Improvement: 3.47 - Customer Focus: 3.03
Reaccreditation Needs (Summer 2017) Key deliverables needed for reaccreditation in 2020.	The Reaccreditation Team was convened in summer 2017 and has begun identifying gaps in our ability to meet Reaccreditation Standards and Measures. - Health Inequities Analysis Report - Department-wide focus on addressing health equity - Written plan/procedures for developing and improving health promotion programs - Written brand/communication strategy - Written policy/procedures for dealing with ethical issues - Updated CHA, CHIP, Strategic Plan, Workforce Development Plan, QI Plan, All Hazards Plan, CD/Epi & EH Protocols, etc.
Workforce Assessment (Spring 2016) A knowledge-based, online assessment of the health department workforce administered by faculty from the University of Utah, Division of Public Health. The assessment was completed by 97 out of the 104 employees emailed the link.	This assessment had three parts: 1) questions reflective of the eight domains of the Core Competencies for Public Health Professionals, 2) questions designed to assess the four domains of the Public Health Leadership Competency Framework (results not included in this summary), and 3) a set of foundational questions for those members of the workforce who are not public health professionals (e.g., technical, admin). A total of 60 individuals completed the Core Competency for Public Health Assessment. The overall score for the combined public health leadership and professional staff was 69.3%. A score of 70% or higher is considered proficient. Here are the average scores for each competency, ordered from highest to lowest: - Leadership and Systems Thinking (88%) - Cultural Competency Skills (84%) - Community Dimensions of Practice Skills (77%) - Financial Planning and Management Skills (73%) - Communication Skills (72%) - Policy Development/Program Planning Skills (65%) - Public Health Science Skills (61%)

	• Analytical/Assessment Skills (53%) Additionally, a total of 37 completed the Public Health Foundations Assessment (technical, administrative staff, etc.). The mean score for this assessment was 68.4%.
Emergency Preparedness Workforce Assessment (Spring 2016) Ninety employees completed a hard-copy survey based on the "Bioterrorism and Emergency Readiness Competencies for All Public Health Workers."	DCHD conducted this training needs assessments in order to: 1) assess levels of knowledge, skills and abilities of DCHD staff and 2) assess DCHD employee's proficiency in the "Bioterrorism and Emergency Readiness Competencies for All Public Health Workers" (the core competencies). Data gathered from the assessment was analyzed on an aggregate level in order to identify gaps so they can be addressed through workforce development activities. Some of the biggest gaps identified in the assessment are below: • 13% of staff can completely describe DCHD's role in a natural disaster and 69% can somewhat describe the role • 30% of staff are not able to describe DCHD's command structure during an incident • 68% of staff are unsure or don't know which parts of the All-Hazards Plan pertain to their role in an emergency • 50% of health department staff consider themselves essential personnel in an emergency • 41% of health department staff agree that they have received adequate training on how to fulfill their role during an emergency • About 50% of employees have a communication plan for their family during an emergency
Capability Gap Assessment (Summer 2017) Each of the 15 Public Health Emergency Preparedness capabilities were assessed for gaps in planning, training & exercise	Emergency Preparedness Planning gaps include: • Emergency Support Function-8 plan development • Recovery with county partners • Isolation and quarantine and other non-pharmaceutical interventions • Identifying and planning for vulnerable populations • Responder safety & health • DCHD role in county emergency operations center and plan (Training and exercise gaps were included in the 5-year Training & Exercise plan)
Employee Satisfaction Survey (Fall 2016) Online survey distributed to all DCHD staff, administered and analyzed by the Workforce Development	The employee satisfaction survey was first administered in 2014 and served as a baseline for employee satisfaction. Survey results in 2016 showed an overall increase in satisfaction from 2014. Out of 30 statements, all but one statement was rated with greater satisfaction in 2016 than in 2014. The employee satisfaction survey is based on six principles of employee satisfaction. Below are the principles and their overall satisfaction scores:

Team. The survey had a 91% response rate.	1. Positive Work Environment: 79.85% 2. Fair Performance Appraisals & Compensation: 76.1% 3. Empowerment: 74.07% 4. Supportive Leadership: 71.41% 5. Learning & Growth: 70.33% 6. Effective Communication: 60.85% Themes identified from responses to an open-ended question include: • Communication in the department can still be improved, especially among various divisions and between senior management and staff. • Information and training should be readily accessible for all staff. • Greater focus can be given to ensure employees are treated equitably and that all employees have the same opportunities. • Ensure training for managers/supervisors so that they are better able to support and motivate employees. • Need to evaluate salaries to ensure they are competitive. (NOTE: the 2016 survey was administered prior to the Davis County salary adjustments at the end of 2016).
CDC Worksite Health Scorecard (December 2016) A CDC assessment tool designed to help worksites assess whether they have implemented science-based health promotion and protection interventions in their worksites to prevent heart disease, stroke, and related health conditions such as hypertension, diabetes, and obesity.	The health department has completed the 122 question scorecard annually since 2014. The health department's 2016 score was 214 points. The highest score possible is 264. The scorecard is used to assess how a comprehensive health promotion and disease prevention program is offered to employees, to help identify program gaps, and to set priorities for the following health topics: (the number indicates the health department score and total points possible in each topic) • Organizational Supports (31/33) • Tobacco Control (19/19) • Nutrition (16/21) • Lactation Support (13/15) • Physical Activity (18/24) • Weight Management (12/12) • Stress Management (10/14) • Depression (9/18) • High Blood Pressure (12/17) • High Cholesterol (9/15) • Diabetes (15/15) • Signs and Symptoms of Heart Attack and Stroke (2/4) • Emergency Response to Heart Attack and Stroke (13/17) • Occupational Health and Safety (20/22) • Vaccine-Preventable Diseases (15/18)
Customer Satisfaction Surveys (Jan-June 2017) Eight bureaus administered surveys in the first two	Each of the department's bureau/divisions are expected to develop and administer customer satisfaction surveys at least annually. Surveys should include at least one question to address satisfaction around: End Result, Information, Convenience, Staff Professionalism, and overall satisfaction of health department services. The percentage of customers that reported they were "Very Satisfied" or "Satisfied" for each area is: • Overall Satisfaction: 96%

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quarters of 2017. In total 1,034 surveys were collected.	- End Result: 90% - Convenience: 93.5% - Information: 96% - Staff Professionalism: 94%
Financial Analysis (2017)	As reported in the 2016 Davis County Health Department Annual Report, budgeted expenditures and revenues for the year were: Expenditures: Personnel Expenditures $8,391,451 Operations Expenditures $6,096,363 Capital Expenditures $382,340 Indirect <u>$1,945,641</u> Total Expenditures $16,815,795 Revenues: Tax Revenue $2,987,060 Fee Revenue $3,122,650 Contracts Revenue $9,357,311 Other Revenue $522,548 Transfer <u>$1,479,400</u> Total Revenue $17,468,969 - In 2016, the department had sufficient revenues to meet current public health needs and revenues exceeded expenditures. Davis County agencies, including the health department, appear to be in good financial shape moving forward. - As shown in the SWOT analysis below, a recurring concern of employees is the stability of federal funding. Many programs have seen cuts to their funding being proposed on the federal level.
Information Management Analysis (2017)	This analysis looks at the information systems used at the health department that support the health department's mission and workforce by providing infrastructure for data collection/analysis, program management, and communication. All employees have access to the following: - A computer with their own Google Organizational Suite web based account that includes email, calendaring, contacts management, Google Docs, Sheets, Slides, etc. Employees also have access to Word Office products such as Word, PowerPoint, and Excel. Employees have access to the shared Y drive for the county, the shared X drive for the health department, and their personal H drive. Additional software such as Publisher and Adobe Pro can be requested and approved by Administration as needed. - A phone with voicemail capacity.

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	• Copier, Printers and Fax machines Systems used by programs to support tasks specific to their areas include: • TriSano—a state-wide disease surveillance system used by the Communicable Disease & Epi Division used for surveillance, investigation and management of reportable diseases. • Decade—an on-line database used by the Environmental Health Division to monitor and schedule inspections, track complaints, track and bill permitted establishments, and analyze data. • KIPHS—database used by the Immunizations and Home Visitation bureaus to manage client records as well as insurance billing. • COA (Council on Aging) database—used by the Senior Centers to track and manage congregant meals, home-delivered meals, center participation, and transportation request. • CMA database—used by Senior Services to manage client records and services. • Davis County Financial Suite—used by all Davis County Government agencies for all financial activities. • Co-Casa—a CDC database used by the Immunizations Bureau where immunization data is imported and analyzed for coverage assessment. • USIIS (Utah Statewide Immunization Information System)—an immunization information system that helps healthcare providers, schools, child care centers and Utah residents maintain consolidated immunization histories. The Immunization Bureau both contributes information as a provider and retrieves immunization data from other providers. • Electronic Death Entry Network (EDEN)—used to register deaths and access reports and data for Davis County. • VISION—used by WIC departments in Utah to manage client records, appointment scheduling, produce reports, determine client eligibility, etc. • OLIVER—issues vital events records such as births, stillbirths, deaths, marriages and divorces. • VitalCHEK—is a remote order processing system used by Vital Records that allows out-of-state customers to place orders for birth and death certificates. • • MMCS—a Medicaid database used by the home nursing programs to retrieve data for TCM Medicaid clients and to input data related to the CHEC program. • Performance Appraisal—a county program used by Administrative Services to manage staff performance appraisals. • OnBase Records Management System—used department-wide for long-term records archiving. Any record that needs to be kept longer than a couple of years are scanned and stored in OnBase.

3 – 2017 SWOT Analysis Employee Email and Poster Session Schedule

The below text was sent via email to all staff in the weeks prior to the 2017 SWOT Analysis poster sessions:

SWOT Analysis—Employee Input Wanted!
In preparation for a new Strategic Plan, the Davis County Health Department is conducting a SWOT analysis to evaluate strengths, weaknesses, opportunities and threats. A SWOT analysis is a tool to gather information about the department's strengths and weaknesses, and external opportunities and threats or challenges that may have an impact on the organization. ALL STAFF ARE INVITED TO PROVIDE THEIR IDEAS!

The department conducted its first SWOT analysis in 2013 which provided direction and context for setting organizational priorities. For those of you around then, you may remember responding to a series of online surveys for the SWOT. We're doing the SWOT a little differently this time around. We are holding a series of poster sessions at various locations next week. Here's the schedule:

- Monday, August 21—Autumn Glow Senior Center
- Tuesday, August 22—Health Department, Clearfield, 3ʳᵈ Floor Admin Conference Room
- Tuesday, August 22—Golden Years Senior Center
- Wednesday, August 23—North Davis Senior Center
- Thursday, August 24—Health Department, Clearfield, 2ⁿᵈ Floor Classroom
- Friday, August 25—Health Department, Clearfield, WIC Classroom

You can feel free to participate in any of the poster sessions listed above. The posters will be posted for the entire work day. There will be two ways to respond at each poster session. We'll have post-it notes for you to write your responses on and post directly on the wall. Or you can write/type your responses ahead of time and drop them in a box that will be available at the poster session. The length of your answer is not important—you can write as little or as much as you want.

Attached and pasted below, you'll find the SWOT questions so you can review them before the poster sessions. If you have any questions, please feel free to contact Anna Dillingham, Isa Perry, or Dave Spence.

Thank you for your time, your ideas, and your support of DCHD's strategic planning process!

4 – 2017 DCHD Strategic Plan Retreat Agenda

Davis County Health Department
Strategic Plan Retreat
Davis School District Nutrition Services
September 14, 2017

9:00 am   Welcome

9:10 am   Strategic Plan Vision

9:15 am   Strategic Plan Re-Introduction and Review of 2014-2017 Achievements

9:30 am   Review of Mission, Vision and Value Statements

9:45 am   Environmental Scan Review & Discussion

10:30 am   Break

10:45 am   Environmental Scan Review & Discussion (Continued)

11:45 am   Poll Everywhere Questions

12:00 pm   Lunch

12:30 pm   Priority Setting

1:30 pm   Wrap Up
                   • What Happens Now?
                   • Division Input

2:00 pm   Adjourn

5 – Strategic Planning Staff Meeting Topics/Discussion Points

Strategic Planning Staff Meetings

Division/Bureau:
Date:
Participants:

Overview of Strategic Planning Process:

- We've been working on a new strategic plan to develop new overarching strategic priorities for the health department. Having a strategic plan provides the department a shared vision on where we want to go and how we want to be different in the next few years.
- Part of that process was conducting the SWOT poster sessions to gather input from employees about our strengths and weaknesses, as well as opportunities and threats/challenges that have the potential to impact our work. Thank you for your participation!
- SWOT input was combined with a whole lot of other data that's been collected over the past few years, including: community surveys, an assessment of the local public health system assessment (conducted with community partners), employee surveys, department workforce assessments, etc. All this information was summarized in what is called an environmental scan.
- On September 14, department leadership (directors, board of health, senior advisor board members) met to review the environmental scan, identify and discuss themes and gaps, and ultimately come up with strategic priorities.
- The new department strategic priorities are:
  - Supporting and Developing Employees
  - Health Living, Healthy Aging
  - Sustainability & Funding
  - Community & Partner Engagement

Priority Discussion:

- We're here today because we'd like to hear your ideas about these priorities before we begin work to develop a plan for improving in these areas.
- We'd like to discuss your thoughts and ideas for each of these priorities (about 10 minutes for each).

Supporting and Developing Employees

1. What would it look like if we were addressing the priority area well?

2. What do we know/think works to address this priority issue?

3. What is your vision for how your division can address this issue?

4. What specific activities could you do to address this issue?

5 – Strategic Planning Staff Meeting Topics/Discussion Points

5. What barriers exist that could make it hard to address this issue?

6. Are there links between the priority and your current performance measures?

Healthy Living, Health Aging

1. What would it look like if we were addressing the priority area well?

2. What do we know/think works to address this priority issue?

3. What is your vision for how your division can address this issue?

4. What specific activities could you do to address this issue?

5. What barriers exist that could make it hard to address this issue?

6. Are there links between the priority and your current performance measures?

Sustaining & Funding

1. What would it look like if we were addressing the priority area well?

2. What do we know/think works to address this priority issue?

3. What is your vision for how your division can address this issue?

4. What specific activities could you do to address this issue?

5. What barriers exist that could make it hard to address this issue?

6. Are there links between the priority and your current performance measures?

Community & Partner Engagement

1. What would it look like if we were addressing the priority area well?

2. What do we know/think works to address this priority issue?

3. What is your vision for how your division can address this issue?

4. What specific activities could you do to address this issue?

5. What barriers exist that could make it hard to address this issue?

6. Are there links between the priority and your current performance measures?

6 – Administrative Team Strategic Plan Introduction Meeting Agenda

Admin Team Meeting
Introduction of Strategic Plan Strategies
Monday, January 8, 2018
8:30 AM - 12:00 PM

    1.   Introduction of the Strategic Plan
a.   Why it's important. What the plan will do for the health department. Overview of the process so far. (Dave - 10 minutes)

3.   Introduction of Strategic Plan Terminology & Provide Handout (Anna - 5 minutes)

4.   Introduce Priority 1: Healthy Communities, Goal # 1 Creating systems and environments that support healthy communities. (Dave - 20 minutes)
   .   Two Focus Areas
 i.   Chronic Diseases and Conditions
 ii.   Aging in Place
 a.   Five Strategies
 .   Data/Assessment
 i.   Equity
 ii.   Policy
iii.   Prevention
iv.   Advocacy

5.   1st Small Group Activity: two groups (front and back of room), brainstorm topics, reference issues provided by Divisions, pick one chronic disease/condition and one aging in place issue, divide into two groups (chose), and brainstorm activities for each of the 5 strategies. (Isa - 30 Minutes)

    Break - 10 minutes

5.   Report Out Group Activity (Isa - 15 minutes)

6.   Introduction of Priority 1, Goals 2-3 (Dave - 7 minutes)

7.   Introduction of Priority 2, Goals 1-4 (Isa - 7 minutes)

8.   Introduction of Priority 3: Goals 1-3 (Anna - 7 minutes)

9.   Introduction of Priority 4: Goals 1-4 (Dave - 7 minutes)

10.   2nd Small Group Activity: Divide into four groups, one for each priority, reference discussion questions (Anna - 30 minutes)
a.   How can we measure progress for the strategies in this priority?
b.   How do these strategies help us achieve Priority #1 Healthy Communities, Goal # 1--Create environments & systems that support healthy communities?
c.   What critical work needs to be done to meet these strategies?

11.   Wrap Up/Next Steps: In-service, Board of Health, Budget (Dave - 10 minutes)