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Background

The annual strategic plan retreat was held on Monday, January 9, 2017 and was attended by department leadership, management team members, and objective leads. Participants utilized the annual strategic plan progress report to conduct a comprehensive review of all plan objectives, discuss off-track objectives, prioritize 2017 and 2018 objectives, and implement amendments to objectives as needed.

Due to changing priorities within the Department, a complete re-working of the State Health Improvement Plan, and the completion of the majority of plan objectives, the team moved to accelerate the completion date of all current plan goals and objectives. All remaining plan objectives including those previously due for completion in 2018 will be collapsed and completed in 2017. This will allow for a new five year strategic plan to be crafted and presented in 2018.

2017 Strategic Plan Monitoring

Changes to the strategic plan monitoring process were also identified in the review meeting. The revised process is outlined below.

Quarterly Reporting
All objectives require quarterly reporting. Documentation requirements for quarterly reporting are defined as follows:

All remaining objectives have been amended to have a December 2017 completion date. These objectives are required to be updated on the Strategic Plan Tracking Spreadsheet one week prior to the April 10, July 10, and October 9 Joint Management Team meetings.

Objective leads are not required to provide an oral report at these meetings unless the objective has been deemed by a lead to be off-track. At that time the objective will be placed on the Joint Management Team meeting agenda and discussed.

Annual Reporting
A final annual report will be provided by objective leads for the remaining 14 objectives contained within the plan. Objective leads complete the Objective Reporting Form which captures information about major accomplishments and milestones for the objective. If the objective is identified as off-track, objective leads are asked to report on why it’s off-track and if leadership should consider the objectives inclusion in the new 2018 Strategic Plan. For objectives that are complete, leads also report on successes and barriers that were encountered.
Final Status of Strategic Plan Objectives

Of the 86 objectives in the 2014-2018 Strategic Plan, the department has shown significant progress toward established goals in 65 objectives, including in important areas such as community health improvement plan priorities, state health improvement plan priorities, workforce development, performance management, quality improvement, wellness and communications.

Eleven objectives have been removed from the plan since being adopted in 2014 and cited the following reasons:

- Redundancy
- Budgetary limitations
- Changes within County programs
- Data no longer available

Ten objectives have been identified as being incomplete and cited the following barriers:

- Changes in Department priorities
- Changing State priorities
- Budgetary limitations
- Lack of direction
- Lack of training
- Unrealistic targets
- Staffing turnover
- Changes in leadership
- Timing coordination

75% of all Strategic Plan objectives are completed.
2017 Overview

Of the remaining 14 plan objectives to be completed in 2017, 4 were completed and 7 were identified as incomplete.

2017 Objectives Status

<table>
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<th>Incomplete</th>
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<tbody>
<tr>
<td>4</td>
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Highlights

- Worked with Lagoon to develop and implement no-idle policy.
- Significant media coverage of Davis HELPS Youth Mental Health Screening event.
- Staff participation in youth suicide study news conference.
- Significant progress in supporting the Community Health Improvement Plan (CHIP).
- Significant outreach regarding worksite wellness.
- Continued work and progress on bureau performance measures.
- Regular performance measure reporting.

Barriers

- Staffing turnover and leadership changes severely affected several objectives.
- Completion of 2017 objectives competed with the creation of a new strategic plan.
- Changes in Department priorities.
- Time constraints.
Priority 1 – Davis County Community Health Improvement Plan

Goal 1  Ensure successful implementation of the Community Health Improvement Plan (CHIP).

✓ Completed  1.1.1  DCHD staff will regularly participate in meetings for each CHIP action group and will serve in leadership roles when necessary and appropriate.  [12/16]

Highlights:
- Transition from DCHD led Air Quality Committee to WX Community Quality Committee.
- DCHD Leading Access to Behavioral Health Care workgroup.
- Two Division Directors regularly attend meetings. (Suicide, Access to Behavioral Health)
- Five DCHD employees participate in workgroup meetings. (Suicide, Obesity, Air Quality)

✓ Completed  1.1.2  DCHD staff will provide technical support to action group leads and will maintain regular communication.  [12/16]

Highlights:
- CHIP successes and progress of workgroups has been shared locally, regionally and nationally.
  - Suicide and Behavioral Health initiatives at Clearfield Promise, June.
  - Behavioral Health workgroup activities as part of access to healthcare/domain 7 national webinar sponsored by the National Network of Public Health Institutes (NNPHI), October.
  - Suicide workgroup organization, strategic planning and activities at Rocky Mountain Suicide Prevention Conference, December.

✓ Completed  1.1.3  DCHD staff will coordinate grant applications, provide updated data, and assist with any identified assessment needs for CHIP action groups.  [12/16]

Highlights:
- Conducted Community Partner Evaluation and prepared report.
- Supported obesity workgroup community garden evaluation.
- Assisted with and or coordinated 22 grant applications supporting CHIP priorities – suicide (12), obesity (6) behavioral health (3), and air quality/asthma (1).
- Attended SHARP data training.
- Prepared draft city health profiles which were reviewed by obesity workgroup and DC active transportation committee.
- Provided support for USU 4H Youth Mental Health First Aid Grant implementation – news release, recruiting instructors, hiring coordinator & evaluator, assisted in developing evaluation plan.
- Conducted behavioral health provider survey/assessment.
- Conducted healthcare access assessment.
- Provided air quality action group lead with updated asthma data
- Requested 2013 suicide data from UDOH, VIPP

**Completed** 1.1.4 DCHD staff will promote activities and messages that support the four CHIP priorities through news media, social media, and other channels. [12/17]

**Highlights:**
- Staff participated in 3 interviews (1 TV channel & 2 newspapers) prior to the Davis HELPS Youth Mental Health Screening event in October. One newspaper also conducted a follow up interview after the event.
- Isa Perry attends department social media workgroup.
- Some posting and sharing of CHIP related info on department Facebook.
- Two staff regularly post to Davis HELPS Facebook page.
- Staff participated in the youth suicide study news conference and shared results/report with community partners via email and Facebook.
- Presented CHIP progress presentation to COG (Mayors) in April.

**Challenges:**
- Time to create CHIP workgroup webpages.

**Completed** 1.1.5 DCHD Division Directors will include support for CHIP activities in their division strategic plans. [12/16]

**Highlights:**
- All staff received flu vaccinations.
- Two staff participated in new diabetes prevention classes.
- Division strategic plan activities to pilot suicide/depression screening tool for clients.
- Support of Mental Health activities through Mental Health First Aid Training.
- Staff Support of County wellness program and Health Risk Assessment (HRA).

**Environmental Health**
- Staff participation in the air quality committee and support of projects or initiatives that are brought forward in this meeting.
- Staff is working hard to schedule air quality presentations in Davis County schools. Currently, we have Breathe Utah who has agreed to provide the training and all of the Davis School District principles have received information about the presentations that are available.
- Staff maintains the air monitors in Woods Cross and ensure the data is reported in real time 24/7 during inversion season. World Wide Environmental Products maintains this website for us.
Community Health

- **Obesity Prevention Workgroup**: Division staff serve as the chairperson, coordinating all workgroup meetings and ensuring progress is made towards objectives. Two additional staff members participate and provide support.

- **Suicide Prevention Workgroup**: Division staff actively participate and serve as the workgroup secretary. Several suicide prevention objectives are worked on by staff members including QPR, Mental Health First Aid and Safe Talk class instruction. Staff members also promote workgroup programs and efforts including the Man Therapy and Prescription Take Back campaigns.

- Provided an air quality education campaign and outreach to school

- Support of access to mental health activities.

Family Health

- Division strategic plan activities in BH and suicide prevention.
- Division strategic plan activities in obesity prevention (WIC).
- Provided active living, healthy eating info through TCM program
- Provided healthy weight counseling for WIC families
- Promoted breastfeeding
- Provided postpartum depression screening

Senior Services

- Division strategic plan activities in obesity prevention (Senior Meals).
- Increased fruit & veggies through meals on wheels and community gardens.
- Provided healthy lifestyle activities in senior activity centers.
- Increased chronic disease prevention programs.
- Increased access to mental health services at senior activity centers
- Increased individuals participating in congregate meals

In the area of Integrating health care and social services systems two outcomes are tracked:

- **Outcome**: Reduce the percentage of seniors who are overweight or obese from 66% (2011, 2012, 2013) to 62% by December 31, 2018. 
  Current data reveals an increase in this indicator to 68% (2012, 2013, and 2014). Activities during this second year will continue from last year and include promoting resources to support physical activity and healthy eating, promote and recommend land use policies and zoning regulations, and supporting and promoting community-wide physical activity programs. Successful implementation of these activities and strategies require participation and coordination across the health and human service spectrum.

- **Outcome**: Increase access to behavioral health services through promotion of existing resources, new screening and referral tools, increasing effective prevention programs, and better-trained helping professionals.
  The agency maintains an ongoing partnership as part of a community led multidisciplinary stakeholder group addressing behavioral health access in Davis County. This last year, all staff trained in the evidence-based suicide prevention program Question, Persuade, and Refer (QPR). Additionally, more than ten employees received training in Mental Health First Aid, another
evidence-based program. Community trainings for the public continue for both QPR and Mental Health First Aid. During this second year, activities will focus on the above and increasing awareness of Caregiver Support programs as a resource to help decrease stress among caregivers.

Removed 1.1.6 Document success in meeting at least 80% of short-term CHIP objectives. [12/15]

Why objective was removed:
CHIP workgroups recommended extending completion dates of short-term objectives that were not met in the first two years to December 31, 2018. Those objectives will be monitored in conjunction with other long-term objectives in the CHIP and reported on with objective 1.1.7.

Incomplete 1.1.7 Document success in meeting at least 70% of long-term CHIP objectives. [12/17]

Why objective is incomplete:
The CHIP is not on the same timeline as the strategic plan. 22 CHIP objectives are considered long-term objectives to be completed by 12/31/2018. For the purposes of the strategic plan this objective is not complete. All long-term CHIP objectives were not completed a year in advance given the abbreviated 4 year cycle of the strategic plan. Department staff and community partners continue to work on long-term objectives in the CHIP with a target date for completion in December 2018.

- Progress: 11 objectives are complete representing 50% of long-term objectives. We are on track to meet an additional 27% (6) of long-term objectives. We are off track on 5 objectives representing 23% of objectives.

Completed 1.1.8 Two staff will be trained as Question, Persuade, Refer (QPR) Gatekeeper Instructors. [6/14]

Completed 1.1.9 At least 85% of employees will have completed QPR Gatekeeper training. [12/15]

Highlights:
- December 2015 88.6% of staff have completed QPR Gatekeeper training.

Completed 1.1.10 At least one staff will regularly participate in Davis County Active Transportation Committee meetings. [12/15]

Highlights:
- 2015 Received an Outstanding Program award for active transportation.

Completed 1.1.11 Start at least one community garden project at a county facility. [9/15]

Highlights:
- 2014-2015 Garden was planted and maintained at County facility.
1.1.12 Promote the benefits of comprehensive employee wellness programs to at least five worksites. [12/17]

**Highlights:**
- The Davis County Worksite Wellness Toolkit was completed October 2017. The toolkit lists seven benefits of a worksite wellness program and is designed to assist worksites in starting a wellness program where none exists or enhancing an already existing program. The toolkit outlines six steps to a successful worksite wellness program and addresses 15 wellness topics in which evidence-based strategies are given to create a healthy work environment.
- The toolkit has been distributed to over 60 worksites. Distribution of the toolkit will continue in 2018.
- In 2016 a letter was mailed to over 7,000 Davis County worksites asking them to complete a Worksite Wellness Assessment through a Survey Monkey link. The assessment collects data on the number of worksites that have a worksite wellness program, worksites who are interested in starting a program, worksite wellness areas they are interested in learning more about and health topics they would like more information on.
- Since the toolkit contains information on 15 wellness topics, content was needed and staff was willing to provide information and resources which made compiling the toolkit easier. Partnerships within the health department and the Obesity Workgroup helped to complete the toolkit.

1.1.13 Promote online tool/directory for mental health and substance abuse resources and service providers through department website and social media. [3/15]

**Highlights:**
- Directory shared widely through electronic channels, DCHD website, and in-person.
- Community partners have shared the directory widely.

1.1.14 At least ten staff will receive Mental Health First Aid Training. [12/15]

1.1.15 At least one program will pilot a depression/suicide screening tool for clients. [12/15]

**Highlights:**
- The CD/Epi staff researched and developed a depression screening tool for use with clients (primarily STD and LTBI). The tool was implemented January 8, 2015. Data from the 6 month pilot period was evaluated and staff feedback regarding the value of the tool was reviewed and showed that this screening tool was not needed. However the distribution of mental health resource materials was of value and should continue.
- The TCM program is using a postpartum depression questionnaire. All new mothers are screened and follow up is provided as needed. The questionnaire is considered a valuable tool. A year-end KIPHS report was requested to assess number of women screened.
1.1.16a  Budget for at least one additional air monitor annually through 2018.  [12/16]

**Why objective was removed:**
Due to budget climate it was recommended the objective be removed from the plan.

**1.1.16b** Ensure Davis Clean Air Network website (daviscleanairnetwork.com) provides real time air monitoring results, educational information, and is promoted to community partners and the public by December 31, 2015.  [12/15]

**Highlights:**
- Four monitors are currently logging air quality data.
- All four are reporting into the Woods Cross City computer.
- WEP has finished the website development and data for PM 2.5/10, ozone, and NOx are now available from the four monitors.
- The monitor for Silver Eagle is next in line to be deployed.
- We have a sixth monitor to be deployed in North Davis County.
- Holly Refinery has pledged to add monitors to the network next year.

**Completed 1.1.17** Increase by at least one the number of no idling policies adopted by businesses, cities, and other organizations annually.  [12/17]

**Highlights:**
- The Davis County Health Department worked with Lagoon to develop a no-idling policy for any Lagoon owned, employee owned, or vendor delivery vehicle. The policy in place since March 31, 2017, prevents any of these vehicles from idling in one place for more than two minutes. Please see the attached document for more information about their policy.
- Deploying “No idling” signs for schools.
- Promoting no idle policies for businesses through the Air Quality CHIP committee.
  - Utah Clean Cities is helping with this project by helping to distribute additional no idling stickers.
  - Breathe Utah is also visiting our schools and promoting “No idling” policies to the students in the hopes they will educate their parents about “No idling”.

**Challenges:**
- Convincing businesses to adopt no-idling policies was a challenge. Many businesses didn’t see a big enough benefit for clean air as a reason to adopt a no-idling policy. It was important to show other benefits such as reduced fuel costs as another benefit alongside improved air quality.

Goal 2  Document and communicate CHIP progress and achievements.

**Completed 1.2.1** Develop reporting tool/system for documenting and collecting progress towards CHIP short and long-term objectives and other successes.  [9/14]
1.2.2 Prepare annual CHIP progress report through 2019. [12/17]

**Highlights:**
- 4th year progress report is being compiled and will be presented at the CHIP celebration on February 28, 2018.
- 3rd year progress report completed, distributed and posted to the County website by February 27, 2017.
- 2nd year progress report was completed, distributed and posted to the County website by February 26, 2016.
- 1st year progress report was completed, distributed and posted to the County website by February 2, 2015.

**Completed** 1.2.3 Communicate annual CHIP progress to public health partners and the community through at least two avenues by February 14 annually through 2019. [12/15]

**Highlights:**
- CHIP progress highlighted in Active transportation award video shared at summit, commission meeting, on social media and in the Davis County Clipper.
Priority 2 – Utah State-Wide Health Improvement Plan

Goal 1  DCHD will actively participate in State-Wide Health Improvement Plan (SHIP) goal groups.

Completed 2.1.1  DCHD staff will regularly participate in meetings for at least two of the SHIP goal groups.  
[12/16]

Highlights:

Obesity
• Staff participated in the ULACHES Healthy Living Workgroup Meetings.
• DCHD promoted workgroup activities such as Healthy Family Meals Month through a news release, Facebook posts and a family meal time contest.

Review Committee
• The Review Committee was transitioned into the new UHIP Operations Committee. Staff has been participating in the meetings.

Goal 2  DCHD will implement activities that support SHIP efforts.

Completed 2.2.1  DCHD Division Directors will include support for SHIP activities in division strategic plans.  
[12/16]

Highlights:

CD/Epi
• New QI pilot project started addressing timeliness and effectiveness of the collaborative Midtown/DCHD STD screening process.
• Disease investigations continue to be reviewed by lead nurses to ensure accuracy in an effort to minimize additional work by DCHD and UDOH.
• Division strategic plan supporting vaccinations for “at-risk” employees.
• Staff continues to educate clients regarding vaccinations during disease investigations and appointments.
• Participating in drafting a new Board of Health Employee Vaccination regulations for County Schools.
• Increased process efficiency with the Utah Public Health Lab.

Community Health
• Promoted healthy mealtime.
• Promoted the Principles of Effective Local and State Partnerships.
• Division support of department wellness program.
• Worked with schools to increase physical activity through SPARK.
• Three staff members participate on the state-wide Healthy Living Workgroup.
  o Daily work activities, policy initiatives and educational efforts include objectives from this SHIP priority.
Family Health & Senior Services

- Staff serves on executive leadership team of the Utah Adult Immunization Coalition.
- Continued work on increasing immunization rates among Long-Term Care employees.
- Submitted Long-Term Care project for national conference presentation.
- Distributed Hepatitis B vaccine recommendation information to private providers for clients with diabetes.
- Distributed adult immunization information to physicians prior to fall flu vaccination season.

Environmental Health

- Division support for vaccinations of “at-risk” employees.
- Division support of department wellness program.
- Participate in and hold leadership positions in state-wide associations.

**Completed** 2.2.2 Increase regular structured physical activity each day in school children by expanding the SPARK program in at least six additional Davis School District schools. [12/15]

**Highlights:**

- Secured funding from UDOH and through the CHIP obesity workgroup to secure implementation of the Healthy Bodies Healthy Minds program in the 2014-2015 school year.

**Completed** 2.2.3 Promote shared healthy family meal time messages through at least two avenues annually. [12/15]

**Highlights:**

- Continued promotion of family meal time messages through department social media.

**Incomplete** 2.2.4 Work with the Davis County School District to implement an employee vaccination policy. [12/17]

*Why objective is incomplete:*

Davis School District officials were not interested in implementing an employee vaccination policy at this time. However, they did express interest in reevaluating possible implementation of a policy in the future.

**Highlights:**

- Discussions with the District Superintendent regarding policy.
- Board of Health supported drafting of Employee Immunization regulation.
- Town Hall meeting held with Davis School District and other stakeholders December 13, 2016.

**Completed** 2.2.5a Increase immunization rates by age 2 (4:3:1:3:3:1) in children receiving WIC services from 62.6% (2013) to 85%. (Short-Term objective) [12/15]
Incomplete 2.2.5b Increase immunization rates by age 2 (4:3:1:3:3:1) in children receiving WIC services to 90%. (Long-term objective) [12/17]

**Why objective is incomplete:**
- Last report for the objective was created in 2015. No further reports have been done.
- Unable to get accurate reports due to lack of training in COCASA, which is a tool for assessing immunization coverage and practices within a provider clinic.
- Report discrepancies.

*Progress: 83% (8/2015), Current Status: 52% (12/2017) per the COCASA report*

**Highlights:**
- WIC and IMM staff work to improve intake and the process of getting immunizations records.
- WIC and IMM staff do the data entry of the immunization records on KIPHS.

Incomplete 2.2.6 Increase influenza immunization rates of long-term healthcare workers in Davis County from 66% (2012) to 85%. [12/17]

**Why objective is incomplete:**
- Pending results of the State Report no further activity occurred after December 2016.
- Delay in getting report from the State.
- Project lead turnover.
- Targeted facilities did not report appropriately.

*Progress: 66% (2012), Current Status: 63% (2016) per the 2016 State report*

**Highlights:**
- Presented the project process at the N4A National Conference – July 2016.
- Presented to the Utah Adult Immunization Coalition (UAIC) – September 2016.
  - Engaged in a discussion for next steps for the coalition. UAIC assigned a UDOH Immunization staff person to follow-up with the HAI committee and coordinate messaging to the LTC facilities.
- Identified specific LTC facilities that had the lowest rates, while also employing the most staff, and provided outreach and education to them on annual reporting and changes to the State Immunization reports. (Legacy House of Bountiful, Heritage Place, Fairfield Village Assisted Living, Fairfield Village Rehabilitation, Layton Memory Care, Life Care Center of Bountiful)
- Current immunization rates within LTC are at 76%.
- Almost 6% increase from 2014 rates.
- Possible state rule requiring immunizations is being considered.
Increase the percentage of Davis County adults ages 65+ who report receiving at least one pneumococcal vaccination from 75.1% in 2011 to 90% (Healthy People 2020 Target). [12/17]

Why objective is incomplete:
Multiple changes in staffing and leadership over the area which delayed implementation of corrective actions. Percentages have improved in the last year with the incorporation of corrective actions.

Highlights:
- Per the 2016 BRFSS report rates were 80%.
- Incorporated routine assessment of patients’ vaccination into all patient encounters.
- Implemented reminder recall system for vaccination reminders.
- Enabled education materials on pneumococcal vaccination for patients.
- Staff continues to educate patient regarding pneumococcal disease and prevention.
- Staff trained on current vaccination guidelines.
- Provided pneumococcal vaccine in all onsite/outreach Flu Clinics.
- Per the 2015 BRFSS report rates were 72%.
- Per the 2014 BRFSS report rates were 76%.
- Staff participated in NUIC training.
- Included adult immunization education in issue of Davis County Clipper.
- Participated in the Utah Adult Immunization Coalition.

Completed 2.2.8 Provide employee training on "Principles for Effective Local and State Partnerships" and encourage commitment to practicing the principles in every-day work-life through signed agreement. [12/15]

Highlights:
- 87.2% of staff has completed the recommended training.
Priority 3 – Public Health System Coordination

Goal 1  DCHD actively assesses the effectiveness of the public health system and engages partners to make system improvements.

✓ Completed  3.1.1  Conduct local public health system assessment.  [12/15]

*Highlights:*
- Assessment meeting held October 28, 2015.
- Excellent partner participation.
- Baseline established and strengths and weaknesses were identified.
- 31 out of 50 participants provided feedback regarding the meeting by completing participant evaluation forms.

✓ Completed  3.1.2  DCHD will participate in bringing health and human services agencies together to assess county human service’s needs, determine appropriate human services coordination structure, and assist with human services improvement plans.  [12/15]

*Highlights:*
In December of 2015 the elective official championing the effort left office and the department currently does not have sufficient resources to address the initiative. The objective was removed from the plan in the 2015 strategic plan report.

However, in 2017 a newly elected official organized and began new human services director meetings that the department currently participates in. The objective was reinstated to the plan. In 2018 a budget increase will allow for a staff person to be hired to support and work with the committee. The department is a foundational member of the committee and is currently aiding in creating an improvement plan.

Goal 2  DCHD provides the community with current, comprehensive information about health and aging network resources and services in Davis County.

✓ Completed  3.2.1  DCHD will launch, maintain, and promote an online health resource locator to educate about existing health resources and services in Davis County.  [12/15]

*Highlights:*
- Live access to resource directory from the Davis4Health tab on new department website.
- 21,000 hits to the site have been documented with little promotion.
- The use-ability and search-ability aspects of the site are continually being reviewed and improved.

Status of Priority 3

Completed 100%

Completed 100%
Priority 4 – Communication

Goal 1  Improve communication within DCHD so employees receive clear communication about current events, policies, procedures and the direction of the department.

✓ Completed  4.1.1  The Project Val-You Team, will evaluate communication needs using SWOT survey results and identify areas for improvement. [12/15]

Highlights:
- Analyzed SWOT results and chose communication as an area that needed improvement.
- Conducted staff focus groups and individual interviews regarding communication within the department. 40% of staff participated.
- Implemented QI project to improve communication.

✓ Completed  4.1.2  A department emergency call down list, department directory, and program directory will be updated and shared with staff. [12/16]

Highlights:
- Emergency call down list has been shared with senior staff and all bureau managers on Google Drive. Updates are completed on a regular basis.
- A department directory has been updated and dispersed to all staff. Updates will be done quarterly.
- Program directory regularly updated and dispersed to staff.

✓ Completed  4.1.3  The Project Val-You Team will implement at least one communication QI project. [12/15]

Highlights:
- Conducted an employee satisfaction survey that asked five questions regarding internal department communication. The goal was to increase the average percentage of the questions from 42% to 50%. The survey showed the overall percentage increased to 59.2%.
- Regular updates from Director and Deputy Director.
- New employee orientation processes were implemented.
4.1.4a The Project Val-You Team will assess a variety of new tools to communicate with employees (may include video updates, newsletters, etc.). [12/15]

**Highlights:**
- Conducted survey measuring employee satisfaction with internal communication.
- Survey used to measure the effectiveness of implemented communication tools.
- Implemented several new communication tools:
  - New employee orientation.
  - Department newsletter.
- Regular updates from the Director and Deputy Director.
- Intranet training videos made available to all staff.

4.1.4b Employees will receive an update via a new communication tool. [12/15]

**Highlights:**
- Department Newsletter was created and distributed to staff.

4.1.5 Hold quarterly department functions/events creating an informal atmosphere for staff to network with employees from across the department from 2014-2018. [12/15]

**Highlights:**
- Quarterly activities have been internalized by the department and occurring regularly. Responsibilities rotate through divisions.

4.1.6 Conduct annual department in-service for all employees from 2014-2018. [12/15]

**Highlights:**
- Department in-service is held every January.

4.1.7 Each division will conduct at least one yearly in-service and/or staff retreat from 2015-2018. [12/15]

**Highlights:**
- Division retreats have been internalized by the department and are occurring regularly.

**Goal 2** DCHD will engage in more strategic, relevant, and timely communication with community partners and the public.

4.2.1 Develop a social media plan to identify appropriate channels of communication with the community and to strengthen social media presence. [12/14]

**Highlights:**
The Social media plan was completed March 2014 and outlines initial steps to increase DCHD social media presence across six social media channels: Facebook, Twitter, Pinterest, Google+, YouTube, and LinkedIn.
Facebook
- 194% increase in followers

Twitter
- 38% increase in followers

Pinterest
- 146 followers

Google+
- 27 followers

YouTube
- 146% increase in highest single video views

LinkedIn
- 18 followers

Completed 4.2.2 Update DCHD website with the end user in mind to provide current information, improve ease of use, and offer online services. [12/17]

Highlights:
- Software has been updated to allow more design features.
- Department Intranet updated to include online trainings, governing documents, and information regarding QI and Workforce Development.
- Health department staff now controls website content.
- As of January 1, 2016 department pages have 23,506 hits overall since the site went live on October 21, 2015.
- Health department site organization, functionality, and look was incorporated into overall County website design.
Priority 5 – Performance Management & Quality Improvement Culture

Goal 1  Develop and implement a department-wide performance management system.

**Completed** 5.1.1 Establish a performance management/Quality Council team with representation from all DCHD divisions. [5/14]

**Highlights:**
- Quality Council Team and Charter was created and continues to function.

**Completed** 5.1.2 Develop a performance management framework. [6/15]

**Highlights:**
- Framework is based on the Turning Point Model for Performance Management in Public Health.
- Framework training was provided to 85% of staff.
- Each bureau identified two performance measures.

**Completed** 5.1.3 Develop and provide advanced performance management training to Quality Council members, senior leadership, and the Management Team. [9/14]

**Highlights:**
- Representative of Westminster College provided training to Management Team members.
- Several Quality Council members were allowed to attend a 2-day advanced quality improvement training.
- Online training opportunities are regularly identified for council members.

**Completed** 5.1.4 Provide basic performance management training to 85% of DCHD employees. [12/15]

**Removed** 5.1.5 Provide training opportunities for performance management on an ongoing basis, at least one training every three years for each employee. [Every 3 Years]

**Why objective was removed:**
- Objective was redundant. Met with objective 5.1.3

**Completed** 5.1.6 Each DCHD bureau will develop at least two measures for monitoring. [8/15]

**Highlights:**
- Conducted individual performance management training with each bureau.
- Reviewed measures based on criteria for effective and meaningful measures.
All DCHD bureaus will have fully developed standards, measures, and targets. [8/17]

**Highlights:**

- By December of 2017, each bureau had identified at least two performance measures with targets to monitor and report on. Every quarter the Quality Council reviews the performance measure monitoring spreadsheets (in Excel) and designates its status (e.g., trending positively or negatively, no significant change, or target met). After input from the Quality Council, a quarterly report is prepared and shared with the Joint Management Team.

- All bureaus started reporting on key performance measures the last quarter of 2015. Here is an example of a performance measure that was identified as a priority for the Environmental Response and Waste Management Bureau in 2016. The measure has shown steady progress for the past two years, and the bureau successfully met its target in Quarter Three of 2017.

<table>
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<th>Performance Measure:</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of housing notices past due for a follow-up inspection.</td>
<td>Baseline</td>
<td>Quarter Four</td>
</tr>
<tr>
<td></td>
<td>63%</td>
<td>34%</td>
</tr>
</tbody>
</table>

- In January 2016, Quality Council members met with bureaus/divisions to review and evaluate the department’s performance management process. Below is a summary of some of the lessons learned in the first full year of implementing a department-wide performance management system.

  - **Selecting & Defining Performance Measures**
    - Performance measures should support the work you’re already doing and be focused around bureau/division priorities (or department or community priorities).
    - Make sure you define your measures well so that they are universally understood by your whole team to ensure data is collected uniformly throughout the year.
    - A performance measure may not apply to everyone on your team, but they should be priority-focused.
    - Look for measures that have meaning and will allow for progress and growth.

  - **Developing Targets**
    - It’s important to keep the timeframe in mind when choosing a target. It may take multiple years to reach a desired target. You can set milestone annual targets to get closer to your ultimate target or set a more long-term, realistic target date.
    - Finding the right target is a balance between stretching your team and setting realistic expectations.

  - **Monitoring & Reporting Performance Measure Data**
    - Performance measures are most effective when they are communicated regularly with staff. Everyone should know what their team’s performance measures are and how well they’re doing over the course of the year. Practices you can consider include regular performance measure reports at staff meetings, sharing progress graphs, or a poster
of progress posted in a common work area. Regular check-ins for your measures will allow you to gauge progress, explore potential changes, and follow up to see what’s working and what’s not.

- Look for the story behind your numbers—What’s happening? Why is meeting the target a challenge? What happened differently to allow for progress?
- Quality improvement is a critical piece of performance management. When performance measures are struggling to meet their targets, quality improvement methods should be employed to explore root causes for any issues hampering progress and identifying/prioritizing potential improvements. If needed, the Quality Council can help organize a formal quality improvement project.

- In 2017 bureaus began collecting customer satisfaction data. In a customer analysis, we determined that the four biggest drivers of satisfaction for DCHD customers are: 1. satisfaction in the end result, 2. convenience of services, 3. information provided, and 4. staff professionalism. Customer satisfaction surveys were developed (or old surveys were modified) to include a question about each of these drivers. Additionally, each survey includes a question to gauge overall satisfaction with the services provided by the health department. In the first three quarters of 2017, 1,281 customer satisfaction surveys were returned, measuring satisfaction from customers from ten different bureaus. 2017 data will serve as a baseline for customer survey data, and will be used to measure/improve performance in the future.

- Some bureaus are leading the health department in more fully identifying and monitoring performance measures for all their programs and using this information for identifying quality improvement projects. In the coming year, we want to identify the best practices in our department so that they can be used to help other bureaus advance their performance management practices.

Challenges:

- The transition of all the spreadsheets from X drive (Excel) to a Google Team Folder (Google Sheets) created some barriers for reporting for staff. The graphs set up in Excel did not transition very well and we’re still trying to recreate them in Google.

- We need to improve the way we use performance data to identify QI projects. There were only a couple of instances where performance measure data led to QI projects. There were many measures that could have made more progress if we had applied QI methods.

Goal 2  Build capacity for doing QI and implement QI to increase effectiveness and efficiency of DCHD programs.

☑ Completed  5.2.1 Develop a Quality Improvement Plan that will closely align with performance management system. [7/14]

Highlights:
Quality Improvement Plan and Council were instituted.
5.2.2 Develop and provide advanced QI training to Quality Council members, senior leadership and the management team. [9/15]

**Highlights:**
- Provided training opportunities in the follow areas:
  - Introduction to QI concepts (Model for Improvement and PDSA cycle).
  - Performance Management Basics (Turning Point Model).
  - Creating Performance Measures.
  - Change Management.

5.2.3 Provide ongoing training opportunities for QI, at least one training every three years for each employee. [Every 3 Years]

**Why objective was removed from plan:**
- Objective was redundant. Met with objective 5.2.2

5.2.4 Each DCHD division will identify an area of improvement and will complete and document at least one QI project in this area. [12/17]

**Why Objective is incomplete:**
Although, all divisions have engaged in at least two QI projects in the past few years, not all divisions completed and/or started a QI project in 2016 and 2017. Barriers to completing QI projects include significant turn-over in staff, leadership transitions, and changes in organizational structure.

The Quality Council will continue to encourage the initiation of QI projects in each of the divisions. The Council recently developed the QI Project Guidebook to help staff come up with and implement meaningful QI projects. The Guidebook will be promoted in 2018. We also want support divisions in using performance management data more fully to identify QI projects.

**Highlights:**

**2017 QI Projects**

**Senior Services**

- RSVP Volunteers
  - The Retired Senior Volunteer Program (RSVP) is lagging behind in the number of volunteers recruited and remaining actively engaged in the program as projected in the grant application. The aim statement is: The RSVP program will have 400 total active volunteers enrolled, with a minimum of 200 total volunteers serving in Health Futures focus areas, by March 31, 2017.
  - This project was completed in April 2017. The team used several different QI tools including a Force Field Analysis, brainstorming, volunteer surveys, and the Sustainability Checklist. Improvement efforts led to an increase of over 100 volunteers, primarily in their priority focus area. Volunteer numbers continue to increase.

- Aligning Meals Ordered With Meals Served for Meals on Wheels
Tracking of meals ordered versus meals served in the Meals on Wheels program showed a discrepancy between the two which resulted in a loss of revenue; approximately $13,500 in 2017. This project’s aim statement is: Align the total home delivered meals ordered to the total served with a difference of 1% or less for all meals ordered total as well as individual centers comparisons.

This project was approved by the Quality Council in October, 2017. A team that includes staff from all three senior centers is currently meeting to explore current processes and identify areas of improvement.

Family Health and Communicable Disease

- STD Screening Process
  - The process of collecting specimens, receiving results, and notifying the patient is split among several Midtown and CD/Epi staff members. As a result, the screening process is cumbersome with duplicative and unnecessary steps that negatively impact staff’s workload. The aim statement is: By December 31, 2016, the project team will streamline and simplify the Midtown STD screening process by eliminating at least 10% of the existing steps.
  - This project was completed in March 2017. The team documented the process using a Top-Down Flow Chart and then brainstormed improvements using Six Thinking Hats. A streamlined process (14% decrease in steps) was piloted. Pre and post tests show greater staff understanding and satisfaction with the new process.

- Contact Clinic Process
  - CD/Epi operates an STD Contact Clinic to provide testing and treatment for sexually-transmitted diseases to a confirmed case’s sexual partners. The process of scheduling the contact’s appointment, collecting specimens, treating the infection, receiving results, and notifying the patient are split among several CD/Epi staff members. As a result, the Contact Clinic (DCHD1) Process is unclear and often misunderstood. This project aims to: By May 31, 2018, we will streamline and simplify the Contact Clinic (DCHD1) Process by eliminating at least 10% of the existing steps.
  - This project was recently approved by the Quality Council in December, 2017.

Environmental Health

- Repeat Pool Samples
  - When a public pool receives an unsatisfactory sample it is required by state rule that a repeat sample be taken within one lab operating day. Data showed that repeat samples often were not being taken on time, or not at all. Additionally, invoicing for repeat samples was taking months. The aim statement for this project is: By December 2017 1) 70% of all repeat samples will be taken within the appropriate time frame and 2) 70% of all invoices will be submitted to Admin Services within one month.
  - This project is slated to wrap up by January 12, 2018. It successfully met its goal to collect repeat pool samples within one lab operating day. It also made significant progress in invoicing for repeat samples within one month. The team will operationalize the new process in a Division Operating Procedure.
Department-Wide

- Personal Professional Development Plans
  - One of the department’s Strategic Plan objectives calls for the development of employee personal professional development plans (PPDP). Consistently meeting this objective has proven difficult. This QI project seeks to improve the process and encourage greater employee participation in developing PPDPs. The aim statement is: Improve the DCHD’s process for supporting personal professional development of its employees by increasing the number of employees that complete a PPDP to 50% by September 30, 2018.
  - This project was approved by the Quality Council in September 2017. Team members have collected data and drilled down on root causes and will be brainstorming solutions to pilot in January.

2016 QI Projects

- Community Health
  - Increasing the number of endorsed Top Star Child Care Centers

- Senior Services
  - RSVP Volunteers

- CD/EPI
  - STD Screening Process

2015 QI Projects

- Family Health & Senior Services
  - WIC/Imms Collaboration
  - Meals on Wheels Improvement
  - Increased Utilization of Caregiver Program

- Community Health
  - Smoke Free Mapping

- CD/EPI
  - Increasing the number of endorsed TOP Star Child Care Centers

- Environmental Health
  - Coaching Consistent Division Calls

- CD/EPI
  - Timeliness of Infectious Disease Investigations

✅ Completed 5.2.5 Provide basic QI training to 85% of DCHD employees. [12/15]

✅ Completed 5.2.6 Complete at least one department-wide QI project. [3/15]

Highlights:

- Employee Distinction Award project completed in 2014.
- Project Val-You Communication Project completed 2015.

✅ Completed 5.2.7 Conduct a self-assessment of organizational capacity and culture of QI (e.g. NACCHO’s self-assessment tool) to identify targets for continued improvement. [6/15]

Highlights:

- Utilized five different groups to complete the assessment.
- Assessment analysis showed the department is in Phase Three.
- The lowest scoring foundational element was Customer Focus. The 2016 QI Plan will focus improvement strategies for this area.
Priority 6 – Workforce Development

Goal 1  Create a culture in which employees feel valued and appreciated.

✓ Completed  6.1.1 Complete a QI project to measure and improve employees' sense of value and appreciation. [12/17]

Highlights:
- The Project Val-You team focused on improving internal communication. This project was successful in increasing satisfaction with communication from 42.5% to 68.7%.
- The Workforce Development team re-administered the employee satisfaction survey to all staff in October 2016.
  o 109 employees responded.
  o Initial analysis shows an overall improvement in satisfaction results from the 2014 survey. Preliminary results:
    ▪ Overall satisfaction with communication - 60.85%
    ▪ Overall satisfaction with learning and growth – 70.33%
    ▪ Overall satisfaction with positive work environment – 79.85%
    ▪ Overall satisfaction with fair performance appraisals and compensation – 76.1%
    ▪ Overall satisfaction with supportive leadership – 71.41%
    ▪ Overall satisfaction with empowerment – 74.07%
- Final results will be shared with the Joint Management Team so that next steps can be determined.
- The survey results will be shared with all employees along with any plans for improvement.
- The Workforce Development team will continue employee satisfaction efforts.

✓ Completed  6.1.2 Provide recognition to engaged employees. [12/15]

Highlights:
- Employee Distinction Awards are presented at the annual In-service.
- Letters of recognition are disseminated to all Distinction Award nominees.
- Thank you breakfast was provided to all employees for their efforts in the department’s accreditation process.

Goal 2  DCHD will ensure a competent public health workforce.

Incomplete  6.2.1 Every employee will be provided the opportunity to develop a Personal Professional Development Plan (PPDP).
Why objective is incomplete?
The Personal Professional Development Plan (PPDP) tool was first introduced to staff in 2015. The original objective stated, “Develop a personal training plan for each employee in conjunction with yearly performance appraisals by December 31, 2015.” There was a big push in 2015 for each employee to complete a PPDP which resulted in 97% of staff creating a PPDP. However, the number dropped to only 29% in 2016. In 2017 at the Strategic Plan retreat the objective was modified to, “Every employee will be provided the opportunity to develop a Personal Professional Development Plan” and the percentage of completed plans decreased to 22%.

There has been much discussion with the Joint Management Team about the value of the PPDP tool, what the personal development planning process should look like, how to best manage the creation and monitoring of PPDPs, and what the expectations for completing PPDPs should be for employees. However, little consensus about how to improve the current process/tool has been made. Therefore, to address the lagging numbers, in September of this year the Workforce Development Team created a proposal for a QI project to improve the PPDP process so that more employees engage in it. The project’s aim statement is “Increase the number of employees that develop a PPDP to 50% by September 30, 2018.” The team is currently working to discover root causes for low participation rates and will soon work on solutions for improvement.

Progress: 2015 - 97% - 2017 – 22%

Challenges:
- Process was not institutionalized
- Lack of employee awareness of the tool or process
- Difficulty in monitoring
- Employees perceived little value in completing a PPDP

Even though the current strategic plan is ending, the QI project team and Workforce Development Team will continue to work to improve the PPDP process and encourage more employee engagement in it. Supporting employees in their growth and development is still a big priority for department leadership and employees and is reflected in the new 2018 Strategic Plan.

☑ Completed 6.2.2 At least 85% of employees will have completed mandatory and program specific required trainings. [12/15]

Highlights:
- Tracking of county, department, and program mandatory trainings has been internalized into regular department operations.

☑ Completed 6.2.3 100% of required licensures and certifications will be current. [12/15]

Highlights:
- Tracking of licenses and certifications has been internalized into regular department operations.
6.2.4 Develop a procedure for employees to request an alternative work schedule for the purpose of pursuing formal education. [12/14]

**Highlights:**
- An official form was created and the Workforce Development team created a formal process that allows management to consider employee requests.

- **Completed** 6.2.5 Provide essential functions training opportunities. [12/15]

**Highlights:**
- Monthly communication series trainings were provided throughout 2015.
- Communication series training videos were made available to staff on the intranet.

- **Incomplete** 6.2.6 Create a public health core competency curriculum and aging network curriculum and certificate program. [12/17]

**Why Objective is incomplete:**
While some progress has been made on this objective, we did not develop a public health core competency and aging network curriculum and certificate program. The Workforce Development Team (WDT) had a full plate with objectives in both the strategic plan and the Workforce Development Plan. This was one that kept getting pushed back and it just didn’t happen yet.

The WDT team plans to continue work related to this objective by cross-walking professional development competencies for public health, senior service and other department training needs, identifying key training priorities and developing a competency-based curriculum.

**Highlights:**
- Identification of professional core competencies for senior services
- Identification of professional development priorities needed for accreditation
- Completion of a workforce assessment administered by the University of Utah. Note: the assessment was focused on public health core competencies, but senior services staff were included as there is much overlap in professional competencies.
  - The assessment was sent to 104 staff members:
    - A total of 97 individuals completed the assessment
    - Six individuals took the Leadership & Core Public Health Professional Staff Assessment
    - 54 individuals took the Core Public Health Professional Assessment
    - 37 individuals took the Public Health Foundations Assessment
  - For the Core Public Health Professional Assessment, the overall mean score was 68.7% and 56% of the staff scored 70% or greater. In general, a proficient workforce is expected to have about 70% of the workforce exceed the 70% score on the assessment.
  - For the Public Health Foundations assessment, the mean score was 68.4%, with 44% scoring over 70%.
The core competencies areas in greatest need of improvement are Domain #1 Analytical and Assessment and Domain #6 Public Health Sciences. Professional staff did best in Domain #8 Leadership and Systems Thinking Skills and Domain #4 Cultural Competency.

Removed 6.2.7 Develop a project based learning system to cross train employees. [12/17]

*Why objective was removed:*
The learning system will be integrated into the employees Personal Professional Development Plans (PPDP).

✔ Completed 6.2.8 Review and update the workforce development standard. [12/15]

*Highlights:*
The workforce development standard is regularly reviewed with all department standards per the schedule outlined in Standard # 29 Governing Documents.

**Goal 3** Develop and improve supervisory, leadership, and programmatic skills of DCHD managers.

✔ Completed 6.3.1a Develop an employee handbook to be implemented department-wide. [6/15]

*Highlights:*
- Employee handbook was completed in May 2015.
- Hard copy was distributed to all employees.
- Electronic version of the handbook was made available on department shared x drive.

✔ Completed 6.3.1b The Workforce Development Team will annually review the employee handbook. [12/16]

*Highlights:*
The Workforce Development Team extensively reviewed the handbook and updated its content. The revised handbook was released in September, 2016 and posted on the department’s intranet site. An announcement was included in the department newsletter. A limited number of printed copies are also available for new employees.

Additionally, the WDT developed new employee materials to help in their orientation. Packets are available for managers to provide to their new employees. In addition to a printed copy of the employee handbook, new employees receive:
- *First Year At-a-glance*—a very quick summary of what you can expect in the first year of employment.
- *Training Log for New Employees*—there are a number of required trainings for DCHD employees. This log is a list of trainings to be completed within the first six months of employment to help you keep track of your training progress.
- *Emergency Contact Form*—to keep our lists up-to-date, please fill out the form and return it to the Emergency Preparedness Coordinator.
- *Principles for a Unified and Effective State and Local Public Health Partnership*—all employees are required to review and sign this document and return to the Executive Administrative Assistant.
6.3.2 Provide a curriculum on management principles that current managers are required to attend. [12/16]

Highlights:
Davis County Health Department Standard #37, Management Curriculum was completed and signed on February 17, 2016. This standard establishes a “Foundational Management Curriculum” for new managers and also a “Management Continuing Education Curriculum” (MCEC) for ongoing training. The MCEC includes both core courses and elective courses to choose from. The standard is posted on the DCHD intranet.

Examples of in-house trainings that meet core or elective courses identified in the MCEC include:

- A communications series (9 contact hours) offered to all employees in 2015, presented by WSU professor Hailey Gillen-Hoke. All trainings were recorded and are archived on the DCHD intranet.
- A conflict prevention and resolution series (5 contact hours) was presented by Darren Elkins of Bloomquist Hale in 2016. All trainings were recorded and are/will be archived on the DCHD Intranet.
- Brian Muir provided a half day course for managers September 8, 2016 entitled “Making Your Leadership Style Work for You”. This course provided 4 contact hours.
- Renette Anderson of DEQ provided two trainings for managers in 2017.
**Priority 7 – Employee Wellness**

**Goal 1**  
Improve the health and well-being of DCHD employees.

**Incomplete**  
7.1.1  
Maintain a standing DCHD wellness committee.  
[12/17]

*Why objective is incomplete?*

The Committee has not met since 2015. Changes to the County Wellness Program as well as leadership and priority changes within the department presented the need to re-evaluate department wellness efforts. Wellness topics are continuing to be reviewed and included in the new strategic plan.

While the committee has not met, wellness activities such as the quarterly events have continued, they are well attended and have been made free for employees to attend.

Also, several employees participated in the 16 week Diabetes class presented by staff from the Community Health Division.

**Completed**  
7.1.2  
DCHD wellness committee will create a mission and logo for the program.  
[1/14]

*Highlights:*

Created, implemented, developed and adopted Mission - To promote a healthier worksite, by creating a culture that encourages social and environmental change for a healthy lifestyle.

The committee also developed the slogan “MOVE Forward” and the following logo.

![MOVE FORWARD](image)

**Completed**  
7.1.3  
Complete a comprehensive employee wellness program plan.  
[12/14]

*Highlights:*

Wellness Plan was implemented and the Wellness Committee instituted.
**Completed** 7.1.5  Write a health risk assessment standard. [12/14]

*Highlights:*
The department has implemented the Employee Wellness standard that includes a section regarding health risk assessments.

**Removed** 7.1.6  60% of employees will be in the minimum risk category for blood pressure. [12/15]

*Why objective was removed:*
Objective was collapsed into new objective that includes 7.1.6, 7.1.7, 7.1.8, 7.1.9. Due to the loss of a dedicated staff member and changes in the county wellness program the objectives were changed to allow monitoring to identify trends over time but not require specific benchmarks.

**Removed** 7.1.7  80% of employees will be in the minimum risk category for cholesterol. [12/15]

*Why objective was removed:*
Objective was collapsed into new objective that includes 7.1.6, 7.1.7, 7.1.8, 7.1.9. Due to the loss of a dedicated staff member and changes in the county wellness program the objectives were changed to allow monitoring to identify trends over time but not require specific benchmarks.

**Removed** 7.1.8  90% of employees will be in the minimum risk category for glucose. [12/15]

*Why objective was removed:*
Objective was collapsed into new objective that includes 7.1.6, 7.1.7, 7.1.8, 7.1.9. Due to the loss of a dedicated staff member and changes in the county wellness program the objectives were changed to allow monitoring to identify trends over time but not require specific benchmarks.

**Removed** 7.1.9  40% of employees will be in the minimum to moderate risk category for body fat. [12/15]

*Why objective was removed:*
Objective was collapsed into new objective that includes 7.1.6, 7.1.7, 7.1.8, 7.1.9. Due to the loss of a dedicated staff member and changes in the county wellness program the objectives were changed to allow monitoring to identify trends over time but not require specific benchmarks.
7.1.10 50% of employees will receive at least 150 minutes of physical activity in a week. [4/15]

**Highlights:**
- 2015 Wellness survey showed 50% of respondents were active at least 150 minutes a week.

7.1.11 The DCHD Clearfield campus will make one infrastructure change to increase physical activity. [12/14]

**Highlights:**
- DCHD staff purchased a flat bench for the onsite fitness facility
- DCHD staff created and purchased an 8 X 10 walking path sign for each health department campus. Golden Years, Autumn Glow, Weatherization, and the DCHD campus each received a unique mapped path that was hung onsite
- DCHD staff purchased free weights, benches, and a stationary bike for Golden Years Senior Center.

7.1.12 Provide at least six adult recess opportunities for employees. [12/14]

**Highlights:**
- Staff participated in several activities held in conjunction with wellness activities.

7.1.13 Provide at least six educational opportunities for staff through brown bag instruction and/or health tip emails. [12/14]

**Highlights:**
- Brown bags were held every other month and were well attended by staff.

7.1.14 Establish a physical activity release time policy. [12/17]

**Why objective is incomplete?**
Due to changes in leadership and direction of the County Wellness Program. Department leadership has not been able to address the topic with them at this time. However, the objective is important to the department and leadership will continuing to work toward the objective and plans to include it in the new strategic plan.

7.1.15 Monitor the percentage of employees in the minimum risk categories for blood pressure, cholesterol, glucose, and body fat to identify trends. [12/16]

**Why objective was removed:**
The department can no longer gather aggregate data from HRA’s to track employee risk results.