

2016

**ANNUAL STRATEGIC PLAN REVIEW
2014-2018**



**Davis County
Health Department**

January 2017



Table of Contents

I. Background and Strategic Monitoring	1
II. Annual Strategic Plan Progress Report	3
Overall Status of Strategic Plan Objectives	3
2016 Overview	4
Priority 1	5
Priority 2	9
Priority 3	12
Priority 4	13
Priority 5	15
Priority 6	18
Priority 7	23
III. Snapshot of 2017 and 2018	25
IV. Results of Annual Strategic Plan Retreat	28

Background

Davis County Health Department's 2014-2018 Strategic Plan offers a framework for key policy and operational priorities for the department. Seven priorities were identified that serve as the focus for department activities. Each priority has supporting goals and objectives identified for the purpose of improving the department and positioning it to achieve its goals. The priorities included in the strategic plan are:

- Align with and Support the Davis County Community Health Improvement Plan
- Align with and Support the Utah State-Wide Health Improvement Plan
- Public Health System Coordination
- Communication
- Performance Management & Quality Improvement Culture
- Workforce Development
- Employee Wellness

The plan was finalized and implementation began early in 2014. A copy of the plan was disseminated to all department staff through email and was also presented to the Board of Health. Division strategic plans were created to closely align with the department's priorities. This annual progress report describes the findings of a collective review and evaluation of the department's progress, concentrating on the identified priorities, goals and objectives. This report will be used to inform planning for 2017 and 2018, guide budgeting practices and fiscal management, evaluate staff capacity and effectiveness, and increase transparency around successes and challenges.

2016 Strategic Plan Monitoring

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

Quarterly Reporting

All objectives have a quarterly reporting requirement. Documentation requirements for quarterly reporting differ depending on the objective status and are defined as follows:

2016 Objectives

Objectives with a designated completion date of 2016 are assigned oral quarterly reporting dates of April 11, July 11, and October 10 at the Joint Management Team meeting.

On-Going and Future Date Objectives

Objectives with designated completion dates of 2017, 2018, or an on-going status are required to be updated on the Strategic Plan Tracking Spreadsheet one week prior to the April 11, July 11, and October 10 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 all objectives contained within the strategic 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, what needs to happen to get it back on-track, and whether or not the objective needs revision. For objectives that are complete, leads also report on successes and barriers that were encountered.

Each objective will be identified with one of the following status indicators within the annual progress report:

- **Completed:** Objective was completed on-time or ahead of schedule.
- **On-Track:** Ongoing objective is progressing and on schedule.
- **Off-Track:** Objective is not complete and is past due or ongoing but not on schedule.
- **Removed:** Objective has been removed from the plan.

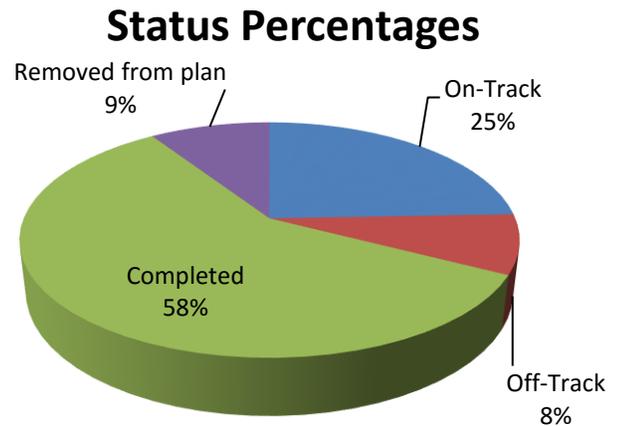
Overall Status of Strategic Plan Objectives

Of the 86 objectives in the 2014-2018 Strategic Plan, the department has shown significant progress toward established goals in 71 objectives, including in important areas such as community health improvement plan priorities, state health improvement plan priorities, workforce development, performance management, quality improvement and communications.

Seven objectives are identified as off-track and cited the following barriers:

- Loss of critical staff
- Change in department leadership
- Budgetary limitations
- Unrealistic targets
- Changing department priorities
- Changing State priorities

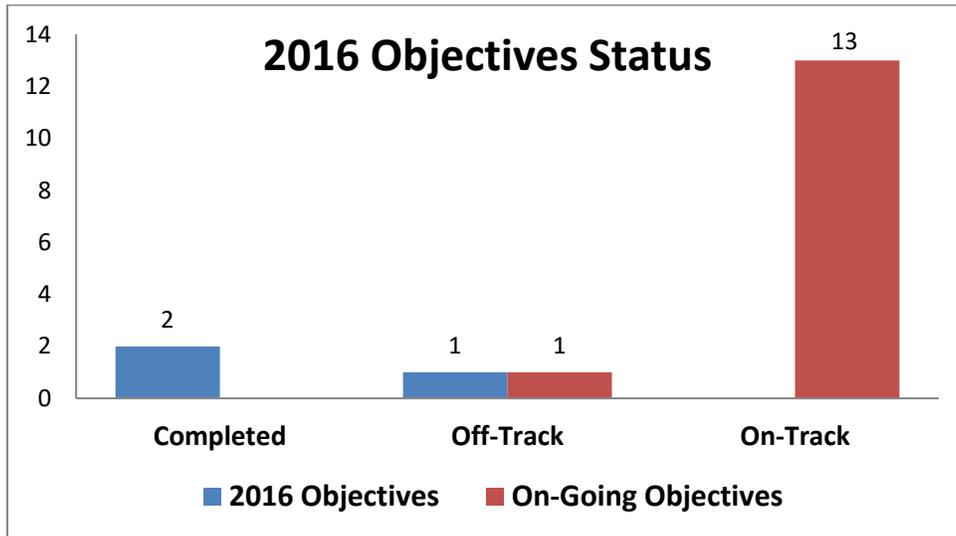
Eight objectives have been removed from the plan since being adopted in 2014. Each of the removed objectives is identified within this report.



83% of all Strategic Plan objectives are either On-Track or Completed.

2016 Overview

The 17 objectives identified for 2016 include 3 objectives with target completion dates in 2015 and 14 objectives that are on-going throughout the five year plan but have annual reporting requirements. Of the 3 objectives due in 2016 2 have been completed and 1 was found to be off-track. Of the 14 on-going objectives 13 were on-track and 1 was identified as off-track.



Highlights

- Increased development of online employee training on department Intranet.
- Launch of new employee orientation documentation on Intranet.
- Significant progress shown in objectives supporting the Community Health Improvement Plan (CHIP).
- Significant outreach regarding worksite wellness.
- Assisted or coordinated seven grant applications supporting CHIP priorities.
- Distributed updated employee directory.
- Positively increased employee satisfaction regarding internal department communication.
- Implementation of new manager training curriculum.
- Continued promotion of no idle policies for businesses through the Air Quality CHIP committee.
- Creation of draft school employee vaccination regulation.
- Creation of performance measure tracking process.

Priority 1 – Davis County Community Health Improvement Plan

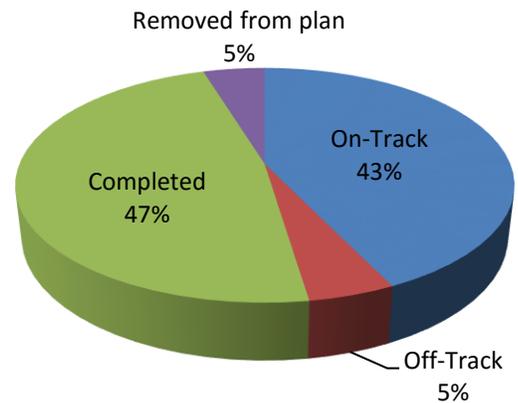
Goal 1 Ensure successful implementation of the Community Health Improvement Plan (CHIP).

- ✓ On-Track 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. [On-Going]

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)*

Status of Priority 1



- ✓ On-Track 1.1.2 DCHD staff will provide technical support to action group leads and will maintain regular communication. [On-Going]

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.*

- ✓ On-Track 1.1.3 DCHD staff will coordinate grant applications, provide updated data, and assist with any identified assessment needs for CHIP action groups. [On-Going]

Highlights:

- *Conducted Community Partner Evaluation and prepared report.*
- *Supported obesity workgroup community garden evaluation.*
- *Assisted with and or coordinated seven grant applications supporting CHIP priorities – suicide (4), obesity (2) behavioral health (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.*

✓ On-Track 1.1.4 DCHD staff will promote activities and messages that support the four CHIP priorities through news media, social media, and other channels. [On-Going]

Highlights:

- *Posting and sharing of CHIP related info on Facebook.*
- *Two staff regularly post to Davis HELPS Facebook page.*
- *One news story about Continue Mission’s involvement in county suicide prevention efforts.*
- *CHIP coordinator attends department social media workgroup meetings.*

✓ On-Track 1.1.5 DCHD Division Directors will include support for CHIP activities in their division strategic plans. [On-Going]

Highlights:

CD/Epi

- *Staff continues to participate in County HRA Process.*
- *All staff received flu vaccinations.*
- *Staff participated in County wellness program.*
- *Two staff participated in new diabetes prevention classes.*

Environmental Health

- *Staff continues to participate in the air quality committee and supports the 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 principals 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.*

Senior Services

- *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]
- ✓ On-Track 1.1.7 Document success in meeting at least 70% of long-term CHIP objectives. [12/18]
- Highlights:**
 - *40 CHIP objectives are considered long-term objectives to be completed by 12/31/2018. 7 objectives are complete representing 17.5% of long-term objectives. We are on target to meet most other long-term objectives.*
 - *We are off track on 1 objective representing 2.5% 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]
- ✓ Completed 1.1.10 At least one staff will regularly participate in Davis County Active Transportation Committee meetings. [12/15]
- ✓ Completed 1.1.11 Start at least one community garden project at a county facility. [9/15]

- ✓ On-Track 1.1.12 Promote the benefits of comprehensive employee wellness programs to at least five worksites. [12/18]

Highlights:

- 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.
- To date, 44 worksites have requested additional information through the assessment.
- Plans are to create a Davis County Worksite Wellness Guide. The guide will be distributed to worksites when complete. Also looking into developing a webpage where worksite wellness information can be accessed electronically.

- ✓ Completed 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]

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

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

- Off-Track 1.1.16a Budget for at least one additional air monitor annually through 2018. [On-Going]

Why are we off-track?

For the last two budget periods we have been unable to secure funding for new air monitors. In the current budget climate it's hard to justify \$20,000 for a new air monitor.

Recommendations:

Due to budget climate it is recommended the objective be removed from the plan.

- ✓ Completed 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]

- ✓ On-Track 1.1.17 Increase by at least one the number of no idling policies adopted by businesses, cities, and other organizations annually. [On-Going]

Highlights:

- We are continuing to deploy "No idling" signs for schools.
- We are also continuing our promotion of 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”.*

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]

✓ **On-Track** 1.2.2 Prepare annual CHIP progress report through 2019. [On-Going]

Highlights:

- *The 3rd year progress report is being compiled and will be presented at the CHIP celebration in February.*

✓ **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]

Priority 2 – Utah State-Wide Health Improvement Plan

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

Note: New SHIP goals have been established which may affect current goals. Amendments to department plans may be required to include new goals.

- ✓ **On-Track** 2.1.1 DCHD staff will regularly participate in meetings for at least two of the SHIP goal groups. [On-Going]

Highlights:

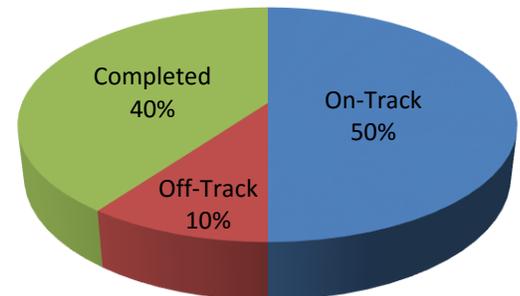
Obesity

- *Marcie Clark 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. Anna Dillingham has been participating in the meetings.*

Status of Priority 2



Goal 2 DCHD will implement activities that support SHIP efforts.

- ✓ **On-Track** 2.2.1 DCHD Division Directors will include support for SHIP activities in division strategic plans. [On-Going]

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 staff received annual influenza vaccinations.*
- *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.*

Community Health

- *Promoted healthy mealtime.*
- *Three staff members participate on the state-wide Healthy Living Workgroup.*
 - *Daily work activities, policy initiatives and educational efforts include objectives from this SHIP priority.*

✓ **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]

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

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

Highlights:

- *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]

✓ **On-Track** 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) [12/18]

Off-Track 2.2.6 Increase influenza immunization rates of long-term healthcare workers in Davis County from 66% (2012) to 85%. [12/18]

Highlights:

- *Presented the project process at the N4A National Conference – July.*
- *Presented to the Utah Adult Immunization Coalition (UAIC) – September.*
 - *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)*

Why are we off-track?

The committee made a decision to wait and see if the HAI Governance letter would increase rates. It did not increase rates as was anticipated, and therefore the objective is off track.

Recommendations:

- *That a staff member from FH and CD-EPI, respectively, be appointed to this QI Committee to assist in triangulating the problem of low immunization rates.*
- *Staff prioritization for outreach.*
- *State level publication by facility name.*

- *Ombudsman can hold LTC Roundtables where immunizations can be discussed with LTC facility staff.*

✓ On-Track 2.2.7 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). [12/18]

Highlights:

- *Rates are currently at 71.6% per the 2015 BRFSS report.*

✓ 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]

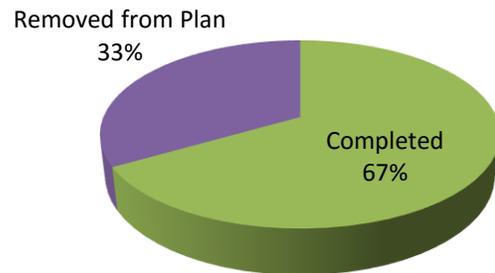
Priority 3 – Public Health System Coordination

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]

Removed 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]

Status of Priority 3



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]

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]

✓ **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 was completed and dispersed to front desk areas.*

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

✓ **Completed** 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]

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

✓ **Completed** 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:

- *St. Patrick's Day – March 17*
- *All American Picnic – June 14*
- *National Pancake Day – September 26*
- *Goodbye Daylight Savings Time – November 7*

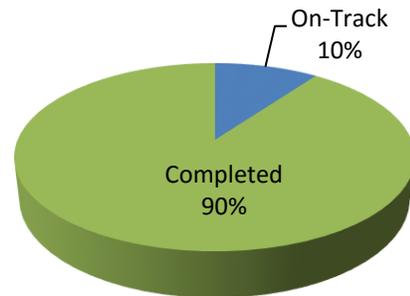
✓ **Completed** 4.1.6 Conduct annual department in-service for all employees from 2014-2018. [12/15]

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

Highlights:

- *CD/EPI – February 24.*
- *Family Health & Senior Services – June 14.*

Status of Priority 4



- *Community Health – July 12.*
- *Environmental Health – December 15.*

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

- ✓ **Completed** 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]
- ✓ **On-Track** 4.2.2 Update DCHD website with the end user in mind to provide current information, improve ease of use, and offer online services. [12/18]

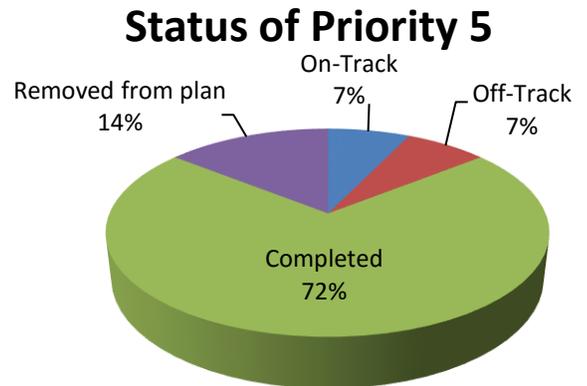
Highlights:

- *Tools such as online payments continue to be assessed.*
- *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.*

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]
- ✓ **Completed** 5.1.2 Develop a performance management framework. [6/15]
- ✓ **Completed** 5.1.3 Develop and provide advanced performance management training to Quality Council members, senior leadership, and the Management Team. [9/14]
- ✓ **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]
- ✓ **Completed** 5.1.6 Each DCHD bureau will develop at least two measures for monitoring. [8/15]
- ✓ **On-Track** 5.1.7 All DCHD bureaus will have fully developed standards, measures, and targets. [8/17]



Highlights:

- *By the end of 2015, each bureau had identified two measures to monitor and report on.*
- *Reporting on measures began in September of 2015.*
- *Monitoring spreadsheets were developed and then modified in 2016 to include graphs for each measure.*
 - *Every quarter the Quality Council reviews the performance measure spreadsheets/graphs and designates each measure as 1. Green (trending positively); 2. Red (trending negatively); 3. Yellow (no significant change); or 4. Gold (target met).*
 - *After getting input from the Quality Council, the PM/QI coordinator prepares a report that is shared with the department's Joint Management Team (all department directors and managers). Also included in the report is a summary of all current QI projects, with information about the project aim statement, team members, and measures for improvement.*
 - *In 2016 we began adding improvement measures from completed QI projects into the regular reporting of the performance management system to ensure that gains in improvements are sustained.*
- *Quarterly reports are developed by the Quality Council and shared with the Joint Management Team.*

- *The Quality Council is currently making plans to meet with all bureaus in December/January to evaluate the process. We will discuss with staff how the process went, what the challenges were, what worked well, and effectiveness of measures. After getting feedback we will make plans for building on our performance management system in 2017.*

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]
- ✓ **Completed** 5.2.2 Develop and provide advanced QI training to Quality Council members, senior leadership and the management team. [9/15]
- Removed** 5.2.3 Provide ongoing training opportunities for QI, at least one training every three years for each employee. [Every 3 Years]
- Off-Track** 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. [On-Going]

Highlights:

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 is still underway. The numbers of volunteers are increasing as the team continues to implement more improvement strategies.*

Community Health

- *Increasing the number of endorsed TOP Star Child Care Centers*
 - *This project's purpose was to develop and nurture community partnerships, create a standardized process for recruitment, and increase communication between local health department consultants and child care providers in order to increase the desirability, retention to, and effectiveness of the TOP Star program. The aim statement was, "DCHD will improve from eight TOP Star endorsed child care providers to sixteen by June 30, 2016."*
 - *Completed July 2016. The project was successful in increasing to 12 endorsed providers, with five more in the endorsement process.*

CD/EPI

- *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 is still underway. The team is piloting a revised process that would eliminate 19% of steps.*

Why are we off-track?

Not all divisions completed and/or started a QI project this year.

Recommendations:

The Quality Council will meet with the divisions to brainstorm possible projects. It is possible that we'll get some QI project proposals based off of end-of-the-year performance management data.

- ✓ 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]
- ✓ 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]

Priority 6 – Workforce Development

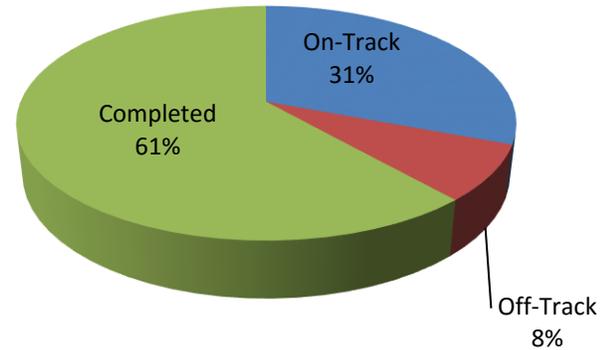
Goal 1 Create a culture in which employees feel valued and appreciated.

- ✓ **On-Track** 6.1.1 Complete a QI project to measure and improve employees' sense of value and appreciation. [12/18]

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.*
 - *109 employees responded.*
 - *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.*

Status of Priority 6



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

Goal 2 DCHD will ensure a competent public health workforce.

- Off-Track** 6.2.1 Develop a personal training plan for each employee annually. [12/16]

Why are we off-track?

There was a big push for employees to complete Personal Professional Development Plans (PPDP) the first year. We stepped back on it the second year so that we could evaluate the process. Feedback indicated that the PPDP was not equally effective for all employees. As would be expected with a new process, there was/is room for

improvement. The Workforce Development team is attempting to make the process more user friendly for both supervisors and employees.

In 2015, nearly 97% of eligible staff completed a PPDP. This number significantly decreased to approximately 29% as of December 2, 2016. There were several conversations over the course of the year about whether or not we wanted to keep the objective as stated, "a personal training plan for each employee." We have shifted to asking all managers to discuss the PPDP with employees on an annual basis. Employees may not decide to come up with a new plan for the year, but they should be given the opportunity.

The Workforce Development Team (WDT) conducted a survey to gather feedback on the PPDP process. The survey was sent to all employees, with 57 responses. Findings from the survey include:

- 41% of respondents reported that their PPDP helped them to achieve their personal development goals. Another 40% indicated that they were not yet sure whether it helped them meet their goals.
- 61% of respondents said that developing their PPDP was a collaborative process with their supervisor.
- Only 29% of respondents reported that they checked in with their supervisor about progress on their PPDP on at least a quarterly basis.

Based on the survey findings, as well as discussions with the Joint Management Team (JMT), the WDT revised the PPDP process and templates. The updated process was shared with the JMT and highlighted in the department newsletter, and uploaded to the [intranet](#).

Recommendations:

- Managers and the WDT need to continually encourage its use and support staff in developing their plans.
- Improved tracking.
- A more realistic target needs to be identified.

- ✓ Completed 6.2.2 At least 85% of employees will have completed mandatory and program specific required trainings. [12/15]
- ✓ Completed 6.2.3 100% of required licensures and certifications will be current. [12/15]
- ✓ Completed 6.2.4 Develop a procedure for employees to request an alternative work schedule for the purpose of pursuing formal education. [12/14]
- ✓ Completed 6.2.5 Provide essential functions training opportunities. [12/15]

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

Highlights:

The Workforce Development Team (WDT) began initial discussions about a core competency curriculum in 2015 and decided that before developing the curriculum we should re-assess our workforce which would provide more complete and up-to-date data. A contract between the University of Utah and the Utah Department of Health allowed the department to complete another workforce assessment free of cost in the spring of this year. It should be noted that this assessment was focused on public health core competencies, but senior services staff were included as there is much overlap in professional competencies.

Here is a summary the 2016 Workforce Assessment results:

- *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.*

The WDT will use these findings to build a public health core competency and aging network curriculum program in 2017.

- ✓ On-Track 6.2.7 Develop a project based learning system to cross train employees. [12/18]

Highlights:

- *No significant work was done for this objective as other workforce development objectives took priority in 2016. The Workforce Development Team will begin to explore formal cross training opportunities in 2017.*

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

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.*

✓ **On-Track** 6.3.1b The Workforce Development Team will annually review the employee handbook. [On-Going]

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.*

✓ **Completed** 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.*

What worked well?

- *There was good group efforts in putting the curriculum standard together.*
- *There have been some good training offered in the last 2 years which meets the curriculum needs.*

Challenges or barriers:

- *Managers cannot/do not always attend the courses when offered*
- *The courses are becoming more available as work force development continues to try to have more training offered, but several of the core classes are not available at this time*
- *There was concern voiced about accountability for managers tracking their progress.*
- *When a new manager comes on board, not all the foundational courses are immediately available. The standard allows for a mentor, but ideally this training will become more immediately available in the future*

Priority 7 – Employee Wellness

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

Off-Track 7.1.1 Maintain a standing DCHD wellness committee. [On-Going]

Why are we off-track?

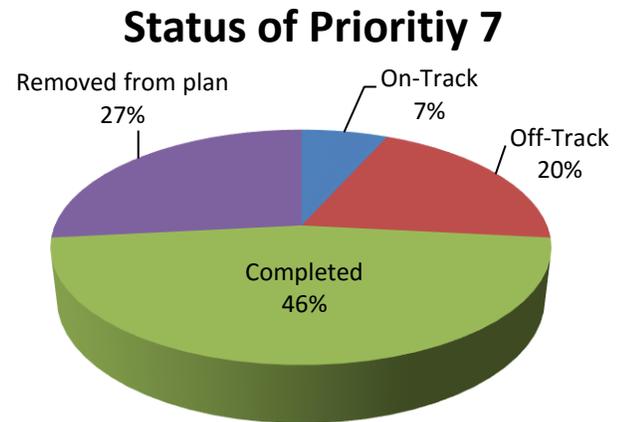
The Wellness Committee has not met in 2016. Changes to the county Wellness Program as well as leadership and priority changes within the department present the need to re-evaluate department wellness efforts.

However, wellness committee activities such as the quarterly events have continued, are well attended and are now free for employees to attend.

Several employees also have participated in a new 16 week Diabetes class presented by staff from the Community Health Division.

Recommendations:

- Identify new champion.
- Re-evaluate the department wellness program to identify possible changes.
- Appoint new committee members.



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

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

Off-Track 7.1.4 Annually 90% of employees will participate in the HRA. [On-Going]

Why are we off-track?

The County modified its Wellness Program in 2016. HRA's are no longer conducted through the county wellness program. The assessments are now conducted and managed through PEHP the county's employee insurance provider. PEHP works with individual employees and the department can no longer gather aggregate data to track how many department employees participate.

Recommendations:

- Re-evaluate how the department can modify its wellness efforts to compliment the new county Wellness Program.

✓ **Completed** 7.1.5 Write a health risk assessment standard. [12/14]

Removed 7.1.6 60% of employees will be in the minimum risk category for blood pressure. [12/18]

Removed 7.1.7 80% of employees will be in the minimum risk category for cholesterol. [12/18]

- Removed 7.1.8 90% of employees will be in the minimum risk category for glucose. [12/18]
- Removed 7.1.9 40% of employees will be in the minimum to moderate risk category for body fat. [12/18]
- ✓ Completed 7.1.10 50% of employees will receive at least 150 minutes of physical activity in a week. [4/15]
- ✓ Completed 7.1.11 The DCHD Clearfield campus will make one infrastructure change to increase physical activity. [12/14]
- ✓ Completed 7.1.12 Provide at least six adult recess opportunities for employees. [12/14]
- ✓ Completed 7.1.13 Provide at least six educational opportunities for staff through brown bag instruction and/or health tip emails. [12/14]
- ✓ On-Track 7.1.14 Establish a physical activity release time policy. [12/18]
- Off-Track 7.1.15 Monitor the percentage of employees in the minimum risk categories for blood pressure, cholesterol, glucose, and body fat to identify trends. [12/18]

Why are we off-track?

The department can no longer gather aggregate data from HRA's to track employee risk results.

Recommendations:

- *Re-evaluate how the department can modify its wellness efforts to compliment the new county Wellness Program.*

Snapshot of 2017 Objectives

The 18 objectives identified for 2017 include 1 objective off-track in 2016; 3 objectives with target completion dates in 2017; and 14 objectives that are on-going throughout the five year plan but have annual reporting requirements.

Also included in the snapshot are objectives with target completion dates for 2018.

2016 Objectives that are off track

Off-Track 6.2.1 Develop a personal training plan for each employee annually. [12/16 Anna]

2017 Objectives

✓ **On-Track** 2.2.4 Work with the Davis County School District to implement an employee vaccination policy. [12/17 Brian]

✓ **On-Track** 5.1.7 All DCHD bureaus will have fully developed standards, measures, and targets. [8/17 Anna]

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

On-going objectives with annual reporting requirements

✓ **On-Track** 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. [Isa]

✓ **On-Track** 1.1.2 DCHD staff will provide technical support to action group leads and will maintain regular communication. [Isa]

✓ **On-Track** 1.1.3 DCHD staff will coordinate grant applications, provide updated data, and assist with any identified assessment needs for CHIP action groups. [Isa]

✓ **On-Track** 1.1.4 DCHD staff will promote activities and messages that support the four CHIP priorities through news media, social media, and other channels. [Isa]

✓ **On-Track** 1.1.5 DCHD Division Directors will include support for CHIP activities in their division strategic plans. [Dave, Wendy, Ivy, Kristy]

Off-Track 1.1.16a Budget for at least one additional air monitor annually through 2018. [Dennis]

✓ **On-Track** 1.1.17 Increase by at least one the number of no idling policies adopted by businesses, cities, and other organizations annually. [Dennis]

✓ **On-Track** 1.2.2 Prepare an annual CHIP progress report through 2019. [Isa]

✓ **On-Track** 2.1.1 DCHD staff will regularly participate in meetings for at least two of the SHIP goal groups. [Marcie J, Ivy, Marcie C, Anna]

- ✓ On-Track 2.2.1 DCHD Division Directors will include support for SHIP activities in division strategic plans. [Dennis, Wendy, Ivy, Kristy, Marcie]
- Off-Track 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. [Anna]
- ✓ On-Track 6.3.1b The Workforce Development Team will annually review the employee handbook. [Anna]
- Off-Track 7.1.1 Maintain a standing DCHD wellness committee. [Brian]
- Off-Track 7.1.4 Annually 90% of employees will participate in the HRA. [Brian]

2018 Objectives

- ✓ On-Track 1.1.7 Document success in meeting at least 70% of long-term CHIP objectives. [12/18 Isa]
- ✓ On-Track 1.1.12 Promote the benefits of comprehensive employee wellness programs to at least five worksites. [12/18 Marcie C.]
- ✓ On-Track 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) [12/18 Marcie J.]
- Off-Track 2.2.6 Increase influenza immunization rates of long-term healthcare workers in Davis County from 66% (2012) to 85%. [12/18 John]
- ✓ On-Track 2.2.7 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). [12/18 Marcie J.]
- ✓ On-Track 4.2.2 Update DCHD website with the end user in mind to provide current information, improve ease of use, and offer online services. [12/18 Liz]
- ✓ On-Track 6.1.1 Complete a QI project to measure and improve employees' sense of value and appreciation. [12/18 Anna]
- ✓ On-Track 6.2.7 Develop a project based learning system to cross train employees. [12/18 Anna]
- ✓ On-Track 7.1.14 Establish a physical activity release time policy. [12/18 Brian]
- Off-Track 7.1.15 Monitor the percentage of employees in the minimum risk categories for blood pressure, cholesterol, glucose, and body fat to identify trends. [12/18 Brian]

Annual Strategic Plan Retreat Results

The annual strategic plan retreat was held on Monday, January 9 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 objectives previously due for completion in 2018 will now be completed in 2017. This will allow for a new five year strategic plan to be crafted and presented in 2018.

The following is a summary of the amendments made to the remaining objectives within the plan based on recommendations identified in the progress report and retreat.

Priority 1 – Davis County Community Health Improvement Plan

- 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.

Amendment

Objective will be shown as complete and the designated completion date changed from on-going to December 2016. Staff participation has been internalized into regular duties. The objective does not require annual reporting.

- 1.1.2 DCHD staff will provide technical support to action group leads and will maintain regular communication. [On-Going]

Amendment

Objective will be shown as complete and the designated completion date changed from on-going to December 2016. Staff support has been internalized into regular duties. The objective does not require annual reporting.

- 1.1.3 DCHD staff will coordinate grant applications, provide updated data, and assist with any identified assessment needs for CHIP action groups. [On-Going]

Amendment

Objective will be shown as complete and the designated completion date changed from on-going to December 2016. Staff assistance has been internalized into regular duties. The objective does not require annual reporting.

- 1.1.5 DCHD Division Directors will include support for CHIP activities in their division strategic plans. [On-Going]

Amendment

Objective will be shown as complete and the designated completion date changed from on-going to December 2016. Division strategic plans are well entrenched with CHIP objectives. The objective does not require annual reporting.

- 1.1.7 Document success in meeting at least 70% of long-term CHIP objectives. [12/18]

Amendment

Objective will be rewritten to address issues with meeting the previous percentage measure. While the department supports the CHIP objectives and workgroups the workgroups work independently from the department. The objective completion date will also be changed to December 2017.

1.1.7 Document success toward meeting long-term CHIP objectives.

- 1.1.16a Budget for at least one additional air monitor annually through 2018. [On-Going]

Amendment

Objective will be removed from the plan.

- 1.2.2 Prepare an annual CHIP progress report through 2019. [On-Going]

Amendment

Objective will be shown as complete and the designated completion date changed from on-going to December 2016. Preparation of the annual report has been internalized into regular duties. The objective does not require annual reporting.

Priority 2 – Utah State-Wide Health Improvement Plan

- 2.1.1 DCHD staff will regularly participate in meetings for at least two of the SHIP goal groups. [On-Going]

Amendment

Objective will be shown as complete and the designated completion date changed from on-going to December 2016. The State Health Improvement Plan (SHIP) is currently transitioning to the new Utah Health Improvement Plan (UHIP) and will contain new priorities. These new priorities will be addressed in the new 2018 strategic plan.

- 2.2.1 DCHD Division Directors will include support for SHIP activities in division strategic plans.

Amendment

Objective will be shown as complete and the designated completion date changed from on-going to December 2016. The State Health Improvement Plan (SHIP) is currently transitioning to the new Utah Health Improvement Plan (UHIP) and will contain new priorities. These new priorities will be addressed in the new 2018 strategic plan.

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

Amendment

Objective Lead John Cowan will be changed to Yolanda Cabrera in Immunizations. The objective will be reviewed and a new approach that includes staff from FH, CD/EPI, and Senior Services will be implemented.

Priority 4 – Communication

- 4.2.2 Update DCHD website with the end user in mind to provide current information, improve ease of use, and offer online services. [12/18]

Amendment

Objective will be marked as complete. Website updates have been integrated into daily duties. Work will continue to expand accessibility to online submission forms.

Priority 6 – Workforce Development

- 6.1.1 Complete a QI project to measure and improve employees' sense of value and appreciation. [12/18]

Amendment

Project Val-You team completed their quality improvement project in 2016. The project was successful in increasing satisfaction and communication levels within the department. The Workforce Development Team will continue satisfaction efforts. The objective will be marked as complete

- 6.2.1 Develop a personal training plan for each employee annually. [12/16]

Amendment

Language of the objective will be amended to ensure employees are given the opportunity for professional growth as well as reflect the employee's choice to participate. Tracking process still needs to be identified. Objective completion date was moved to 2017.

6.2.1 Every employee will be provided the opportunity to develop a Personal Professional Development Plan (PPDP). [12/17]

6.2.7 Develop a project based learning system to cross train employees. [12/18]

Amendment

Objective will be removed from the plan. The learning system will be integrated into the employees Personal Professional Development Plans (PPDP).

6.3.1b The Workforce Development Team will annually review the employee handbook. [On-Going]

Amendment

Objective will be shown as complete and the designated completion date changed from on-going to December 2016. Review of the handbook has been internalized into the Workforce Development teams' regular duties.

Priority 7 – Employee Wellness

7.1.1 Maintain a standing DCHD wellness committee. [On-Going]

Amendment

Objective completion date will be changed to December 2017. Due to changes to the County Wellness Program and the loss of critical staff the department Wellness Plan and Committee will need to be reviewed and amended. Objective lead will be changed to Dave Spence.

7.1.4 Annually 90% of employees will participate in the HRA. [On-Going]

Amendment

Objective will be removed from the plan. The County modified is Wellness Program in 2016. HRA's are now conducted and managed through PEHP the county employee insurance provider. Department can no longer gather aggregate data to track employee participation numbers.

7.1.15 Monitor the percentage of employees in the minimum risk categories for blood pressure, cholesterol, glucose, and body fat to identify trends. [12/18 Brian]

Amendment

Objective will be removed from plan due to changes in the County Wellness program and how they conduct HRA's. The department can no longer gather aggregate data pertaining to HRA results.

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 have a quarterly reporting requirement. 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 all remaining 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.