

2014-2018

Davis County Health Department Strategic Plan



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



Davis
COUNTY

Letter from the Director

Dear Davis County Health Department employees and members of the Board of Health,



I am pleased to share with you the Davis County Health Department's five year strategic plan. The plan outlines what our organization plans to achieve, how we will do it, and how our progress will be measured.

Included are our new mission, vision, and value statements defining the purpose, direction, and guiding principles of our department. You will also find seven strategic priorities which have been selected because of their potential impact on improving the organization and supporting the community in an effort to improve health outcomes in Davis County. The outlined priorities lay the groundwork for reaching our department goal to seek voluntary national accreditation from the Public Health Accreditation Board (PHAB).

The strategic plan is one tool we are using to improve public health services, value, and accountability to stakeholders. The plan provides guidance for decisions about future activities and resource allocation. It is a working document. With a constantly changing environment, new opportunities, and emerging threats, there is a need to maintain flexibility and adapt to change.

I express appreciation to employees and board members who participated in the strategic planning process for their valuable feedback and commitment to move the agency forward. I encourage staff and managers to support the strategic plan by integrating priorities into program work plans and individual employee performance plans. All staff have a part to play in ensuring the plan is implemented and that we are successful in improving community health, maintaining an effective public health system, developing a competent workforce, and building a culture of quality.

This document is one part of a comprehensive effort to advance quality and performance within the Davis County Health Department and fulfill our mission to promote and protect the health and well-being of Davis County residents and their environment.

Sincerely,

Lewis Garrett, A.P.R.N., M.P.H.
Director, Davis County Health Department



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Executive Summary

In 2013 the Davis County Health Department (DCHD) began a strategic planning process, the results of which have led to a better understanding of where the organization is today, its purpose, and a shared vision for the future. The 2014-2018 Davis County Health Department Strategic Plan sets forth what our organization plans to achieve in the next five years along with a roadmap for achieving it. It provides a valuable guide for all employees and stakeholders to make decisions that will move the organization forward.

In the department strategic plan you will find:

- Description of the Department (governance and organizational structure)
- Department Mission, Vision, and Values
- Environmental Scan (internal and external factors that may impact community health, employees, and/or the organization)
- Assessment of Strengths and Weaknesses
- Strategic Priorities
- Goals and Objectives (measurable with timelines)
- Links to the Davis County Community Health Improvement Plan and Utah State-Wide Health Improvement Plan
- Strategic Planning Methods
- 10 Essential Public Health Services

The strategic plan focuses on the entire health department. It is not intended to be a stand-alone document. It purposefully aligns with other important assessment, planning, and evaluation work such as the community health assessment, community health improvement process and plan, state-wide health improvement plan, quality improvement plan, workforce development plan, and other operational work plans.

Participation from employees and other stakeholders was very important throughout the strategic planning process. During the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis phase of strategic planning, all DCHD employees were provided the opportunity to give input. Employees were also surveyed during two phases of mission, vision, and value selection. Division Directors worked with their staff to discuss division level priorities and emerging issues. DCHD administrative staff and some Board of Health members were involved in the final mission, vision, value, and strategic priority selection.

Through the strategic planning process DCHD adopted new mission, vision, and value statements to better reflect the purpose, direction, and guiding principles of the department. They will be displayed prominently throughout the health department and used regularly in communication with DCHD employees and the public.

DCHD actively worked to better understand internal and external factors that affect the organization and how it operates. This document provides a financial analysis; SWOT analysis; and the results of several recent assessments and surveys (i.e., customer service satisfaction survey, public health workforce assessment, linguistic and cultural competency assessment, performance management self-assessment, city health policy and resource assessment, low-income family focus groups, key informant survey, and community health assessment). This information helps create a big-picture view of what is going on inside and outside the organization. Based on these assessments, department and community strengths were identified as well as areas for improvement.

Executive Summary

Prepared with employee and stakeholder input, data from many assessments, and a new mission and vision, senior staff members and some Board of Health members participated in a strategic priority selection process at the strategic planning retreat. Several potential priorities were discussed in detail. Criteria for selection included: cross cutting issues affecting all divisions; issues where measurable goals, objectives, and timelines could be defined; and priorities that aligned with and supported the state and community health improvement plans. With these criteria in mind, seven priorities were selected for inclusion in the department strategic plan.

The seven **Strategic Priorities** included in this plan are:

- **Davis County Community Health Improvement Plan (CHIP)**—Coordinate activities of four CHIP action groups and support community efforts to reduce suicide and obesity, and improve access to behavioral health services and air quality.
- **Utah State-wide Health Improvement Plan (SHIP)**—Participate in SHIP goal groups and implement activities that support healthy eating and active living; increased immunizations across the lifespan; a unified and effective public health system; and adequate funding for public health.
- **Public Health System Coordination**—Assess the effectiveness of the public health system and engage partners to make system improvements. Promote health resources and services in Davis County.
- **Communication**—Improve communication within DCHD and use effective techniques to communicate with community partners and the public.
- **Performance Management & Quality Improvement Culture**—Implement a department-wide performance management system and build capacity for doing quality improvement work to increase effectiveness and efficiency of programs.
- **Workforce Development**—Assure a competent public health workforce by creating a culture in which employees feel valued and appreciated, staff receive training on public health core competencies, and managers are provided with opportunities to develop and improve skills.
- **Employee Wellness**—Improve the health and well-being of DCHD employees by using health risk assessment data and providing opportunities for physical activity.

Many of these priorities are interconnected and mutually supportive. They represent a comprehensive approach which focuses on organizational improvement and community support.

Over the course of the next five years, the plan will be revised and updated as needed to account for a changing environment, new opportunities, and emerging threats. The department's performance management system will provide ongoing monitoring of progress towards goals and objectives contained in the plan and will identify areas for improvement. An annual report will document and communicate progress to employees and other stakeholders.

This strategic plan provides a compass and is a critical piece toward helping the organization and employees fulfill their purpose to promote and protect the health and well-being of Davis County residents and their environment. It provides direction to achieve the department vision of a county with healthy choices, healthy people, and healthy communities.

Department Description

With its beginning in 1934, DCHD is the oldest established local public health department in Utah. Approximately 120 employees serve more than 322,000 (2013 census estimate) county residents.

The DCHD main campus is located in Clearfield, Utah and includes a Women, Infants, and Children (WIC) clinic, immunization clinic, and the North Davis Senior Activity Center. The department is co-located with the Midtown Community Health Center (Medical and Dental Clinics) which are located on the main floor. Additional health department locations include a WIC and immunization clinic in Woods Cross, Autumn Glow Senior Activity Center in Kaysville, Golden Years Senior Activity Center in Bountiful, Tri-County Weatherization in Clearfield, and the Davis County Testing (vehicle emissions) Center in Kaysville.



A detailed description of county geography, demographics, social and economic characteristics, and special populations is available in the community health assessment found at http://www.daviscountyutah.gov/health/featured_items/Community_Health_Status_Assessment_2013.pdf.

Mission

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

Vision

Healthy choices. Healthy people. Healthy communities.

Values

Quality Service: Commits to a work environment characterized by consistency, honesty, and innovative approaches to serve members of the community.

Knowledgeable, Professional, and Friendly Employees: Shares insight, expertise, understanding, and compassion with all clients and one another.

Public Health Excellence: Works on continuous improvement, strives for excellence, and is committed to improving community health.

Communication: Fosters open minded interactions with the community, public health partners, and each other.

Collaboration and Partnerships: Builds a network of relationships to help one another, to enhance services, and to better support the community.

Commitment to Community: Invests in the success and welfare of those around us.

Governance

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

Department Description

Organizational Structure

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

The Director/Local Health Officer

The Director of Health is the local health officer and is responsible for the overall direction of the administrative, clinical, and environmental functions of the health department. The health officer supervises the directors of four divisions: Community Health Services, Disease Control and Prevention Services, Environmental Health Services, and Family Health and Senior Services. The director also supervises the Deputy Director, Business Manager, and Public Information Officer.

Administrative Services

Administration Services office staff manage accounting, budget, purchasing, travel, and personnel functions for the entire health department. The Vital Records staff registers deaths in Davis County and provides birth and death certificates to the public. The Performance Improvement staff are responsible for accreditation, community outreach, quality improvement, performance management, workforce development, employee wellness, and other department wide improvement initiatives. Performance Improvement staff are supervised by the Deputy Director.

Community Health Services Division

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

Disease Control & Prevention Services Division

The Disease Control and Prevention Services Division works with community partners to detect, control, and prevent communicable diseases in Davis County. This is accomplished through programs focused on Tuberculosis, Sexually Transmitted Diseases, HIV/AIDS, Perinatal Hepatitis B, and other infectious diseases. The division also provides education and public awareness about communicable diseases.

Environmental Health Services Division

The Environmental Health Services Division aids in the elimination of all environmental factors that lead to disease, lessen quality of life, and degrade the physical environment in Davis County. To carry out this mission, the division is divided into the Air Quality Bureau, the Food and Facilities Bureau, the Environmental Response and Waste Management Bureau, and the Water Resources Bureau.

Family Health & Senior Services Division

The Family Health and Senior Services Division provides services to citizens throughout their lifespan. Families receive personal health services through a variety of prevention programs such as WIC (Women, Infants, and Children), immunization, and travel vaccination clinics. The division offers an array of programs designed to assist seniors in remaining active and healthy.

Environmental Scan

As part of the strategic planning process, the department conducted an environmental scan to identify, summarize, and evaluate existing data that was useful to enlighten the content of the strategic plan. The following reports, assessments and surveys were reviewed: financial analysis, SWOT analysis, customer service satisfaction survey, public health workforce assessment, linguistic and cultural competency assessment, performance management self-assessment, city health policy and resource assessment, focus groups, key informant survey, and community health assessment. Summaries of the data and findings can be found in **Appendix 2**. This information helps to create a big-picture view of what is going on inside and outside the organization. The data and information provide understanding about the historical perspective of the organization, current context, and future outlook.

SWOT Analysis

DCHD conducted a SWOT analysis to determine internal strengths and weaknesses, and opportunities, threats and challenges for the department. A SWOT analysis is a tool to learn about how our organization is functioning. The results can help determine where changes are needed and it can help establish priorities. The SWOT analysis was one part of the DCHD strategic planning process.

Every employee was invited to participate in the SWOT analysis through online surveys. Valuable information was gained by learning employee perceptions about departments strengths, weaknesses, opportunities, threats, challenges, values, purpose and direction. Department level SWOT themes are shown in the table below.

<p style="text-align: center;"><u>Strengths</u></p> <ul style="list-style-type: none">• Customer Service• Work Environment• Competent Workforce	<p style="text-align: center;"><u>Weaknesses</u></p> <ul style="list-style-type: none">• Internal Communication• Coordination Across Programs• Clear Direction
<p style="text-align: center;"><u>Opportunities</u></p> <ul style="list-style-type: none">• Trainings• Community Partnerships, Collaboration & Outreach• Employee Wellness Program	<p style="text-align: center;"><u>Threats</u></p> <ul style="list-style-type: none">• Lack of Funding• Job Security• Safety/Dissatisfied Customers• Retirement of Leaders

Department strengths include great customer service from a competent workforce located in excellent work facilities. Employees are knowledgeable, experienced, hardworking, team players that work in divisions that serve the public through a variety of programs. Employees felt the primary weakness of the department is lack of communication. Other perceived weaknesses include lack of coordination across programs/divisions, lack of clear direction, lack of leadership, and lack of management training. A summary of the methods and results of the SWOT analysis can be found on pages 25-26 of **Appendix 2**.

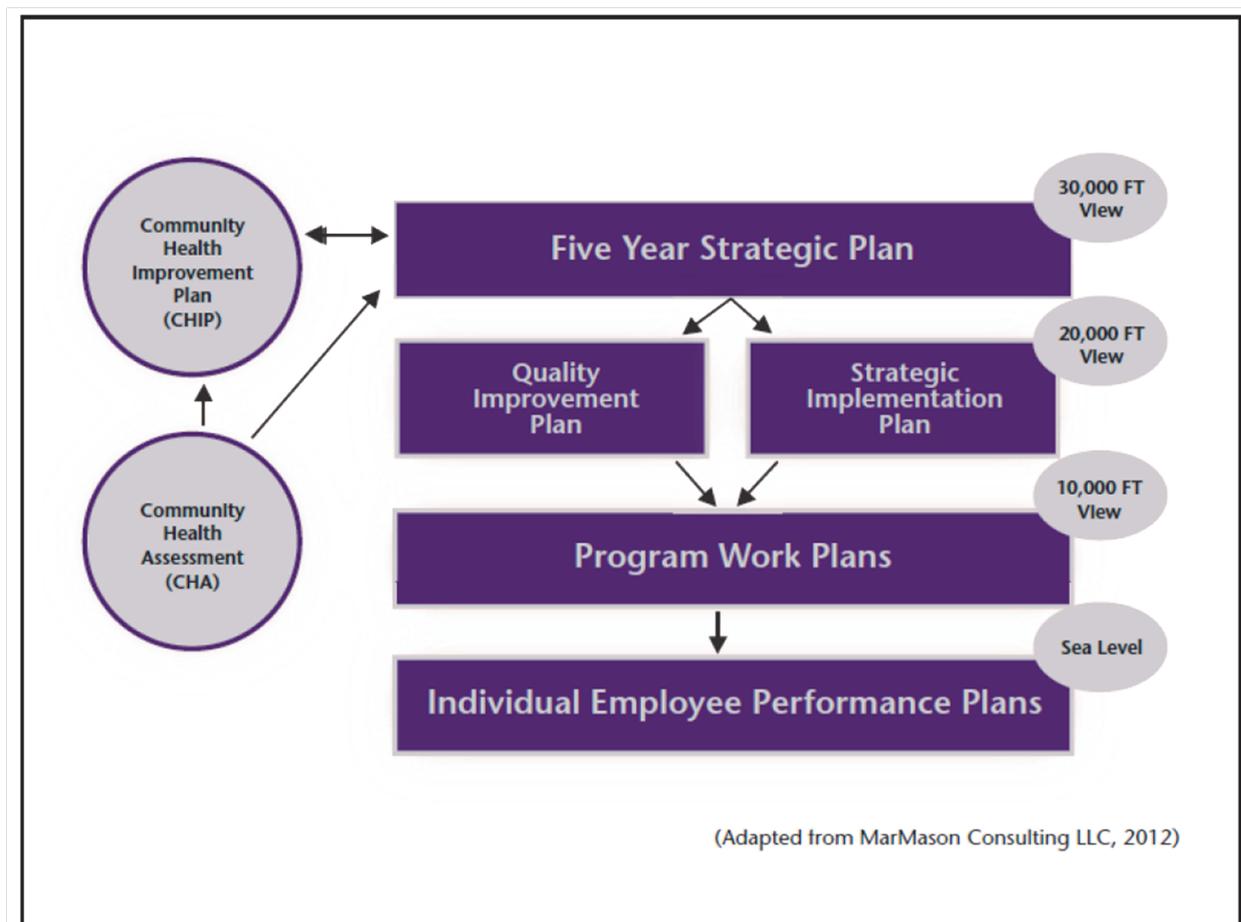
Strategic Plan Overview

Davis County Health Department Strategic Plan

The 2014-2018 Davis County Health Department Strategic Plan sets forth what the organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. The plan was developed through a strategic planning process. A description of the department processes and methods to create this plan can be found in **Appendix 3**.

The department strategic plan defines where the department is going. It provides a common understanding of mission, vision, values, goals, and objectives. The document can be used as a template for all employees and stakeholders to make decisions that move the organization forward. This plan explains how the organization will be different in five years and how the change will be measured. The plan will be reviewed at least annually. Long-term objectives may be revised as needed. The department strategic plan will be renewed every three-five years.

The strategic plan focuses on the entire health department. It is not intended to be a stand-alone document. It aligns with other important assessment, planning, and evaluation work such as the community health assessment, community health improvement process and plan, state-wide health improvement plan, quality improvement plan, workforce development plan, and other operational work plans. Health department divisions also have strategic plans that complement and support the department's strategic plan. The graphic below shows how plans at the community level and different department levels work to inform each other.



Strategic Priorities

Strategic Priorities

The seven strategic priority areas included in this 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**

Many of these priorities are interconnected and mutually supportive. They represent a comprehensive approach which focuses on improving the organization and supporting the community. The priorities have not been arranged in any particular order of importance. A DCHD strategic plan map was created to provide visual representation of the strategic framework and priorities. It can be found in **Appendix 4**.

Each of the seven strategic priorities are included in this plan with supporting information. Strategic priority pages include justification and rationale for inclusion. Goals that broadly describe our intention and what we are trying to achieve. Several measurable objectives for each goal help establish timelines and provide a way to monitor short and long-term outcomes and progress toward achieving goals.

Davis County Community Health Improvement Plan

Strategic Priority: Align with and Support the Davis County Community Health Improvement Plan

In 2013, DCHD organized a community health improvement process to identify Davis County's health improvement priorities; mobilize partners to address the priorities; and prepare a CHIP. On August 29, 2013, a group of more than 50 participants from a variety of partner organizations and agencies in Davis County met to discuss health priorities to be included in the county-wide plan. The priorities discussed and selected were based upon the findings of the Davis County Community Health Assessment. Top health priorities selected by community partners are: 1.) Suicide, 2.) Obesity, 3.) Access to Mental (Behavioral) Health Services, and 4.) Air Quality. More information about the Davis County CHIP can be found at: http://www.daviscountyyutah.gov/health/featured_items/CHIP_web.pdf.

Four action groups have been organized around each priority area. Action group leads were identified to guide the groups. The groups met throughout the fall of 2013 to draft an action plan which includes details about how to improve health in Davis County. The groups continue to meet to coordinate implementation of planned activities.

Goal 1: Ensure successful implementation of CHIP.

Objectives:

1. DCHD staff will regularly participate in meetings for each CHIP action group and will serve in leadership roles when necessary and appropriate.
2. DCHD staff will provide technical support to action group leads and will maintain regular communication.
3. DCHD staff will coordinate grant applications, provide updated data, and assist with any identified assessment needs for CHIP action groups.
4. DCHD staff will promote activities and messages that support the four CHIP priorities, through news media, social media, and other channels.
5. DCHD Division Directors will include support for CHIP activities in their division strategic plans.
6. Document success in meeting at least 80% of short-term CHIP objectives by December 31, 2015.
7. Document success in meeting at least 70% of long-term CHIP objectives by December 31, 2018.

Suicide Prevention Objectives:

1. Two staff will be trained as QPR* Gatekeeper Instructors by June 1, 2014.
2. All identified DCHD staff will participate in a QPR Gatekeeper training by December 31, 2014.

Obesity Prevention Objectives:

1. At least one staff will participate in monthly Davis County Active Transportation Committee meetings.
2. Start at least one community garden project at a county facility by September 31, 2015.
3. Promote the benefits of comprehensive employee wellness programs to at least 5 worksites by December 31, 2016.

Access to Behavioral Health Services Objectives:

1. Promote online tool/directory for mental health and substance abuse resources and service providers through department website and social media by March 31, 2015.
2. At least 10 staff will receive Mental Health First Aid Training by December 31, 2015.
3. At least one program will pilot a depression/suicide screening tool for clients by December 31, 2015.

*Question, Persuade, Refer is an evidence-based suicide prevention training, like CPR, to help someone in crisis.

Davis County Community Health Improvement Plan

Air Quality Objectives:

1. Increase the number of deployable particulate matter monitors in Davis County from 0 to 12 by December 31, 2015.
2. Increase number of no idling policies adopted by businesses, cities, and other organizations from 1 in 2013 to 3 by December 31, 2018.

Goal 2: Document and communicate CHIP progress and achievements.

Objectives:

1. Develop reporting tool/system for documenting and collecting progress towards CHIP short and long-term objectives and other successes by September 1, 2014.
2. Prepare annual CHIP progress report by January 31 annually through 2019.
3. Communicate annual CHIP progress to public health partners and the community through at least two avenues by February 14th annually through 2019.

Utah State-Wide Health Improvement Plan

Strategic Priority: Align with and Support Utah State-wide Health Improvement Plan (SHIP)

In October 2012 leaders from Utah's twelve local health departments and the Utah Department of Health came together for a health improvement planning retreat. In this collaborative effort between state and local health departments, participants identified and voted on the top health and public health system improvement issues for the state. From this meeting, the four state-wide priorities for Utah are: 1.) Healthy Eating and Active Living; 2.) Increased Immunizations Across the Lifespan, 3.) A Unified and Effective Public Health System; and 4.) Adequate Funding for Public Health.

In the subsequent year since these priorities were chosen, DCHD staff participated in goal groups convened to develop action plans for each of these four priorities. Action plans include strategies, measurable objectives, and activities to "move the needle" in these areas. The department continues to fully participate in the SHIP effort and supports the work of implementing goal action plans.

Goal 1: DCHD actively participates in SHIP goal groups.

Objective:

1. DCHD staff will regularly participate in meetings for at least two of the SHIP goal groups.

Goal 2: DCHD implements activities that support SHIP efforts.

Objective:

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

Healthy Eating & Active Living Objectives:*

1. Increase regular structured physical activity each day in school children by expanding the SPARK program in at least six additional Davis School District schools by December 31, 2015. (baseline: 2 pilot schools, 2013)
2. Promote shared healthy family meal time messages through at least two avenues by December 31, 2016.

Increased Immunizations Across the Life Span Objectives:

1. Work with the Davis County School District to implement an employee vaccination policy by June 1, 2015.
2. Increase immunization rate by age 2 (4:3:1:3:3:1**) in children receiving WIC services from 62.6% in 2013 to 80% by December 31, 2015 (short-term) and 90% by December 31, 2018 (long-term).
3. Increase immunization rates of long-term healthcare workers in Davis County from 66% in 2012 to 85% by December 31, 2018.
4. 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) by December 31, 2018.

Unified and Effective Public Health System Objectives:

1. 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 by December 31, 2015.

*These objectives also align with CHIP Priority 2: Obesity.

**Rate is based on completion of basic childhood immunization series, commonly referred to as 4:3:1:3:3:1.

Public Health System Coordination

Strategic Priority: Public Health System Coordination

DCHD recognizes that as the local public health agency we provide the foundation for the local public health system and it is our unique role to coordinate public health system activities in Davis County. Our department must have the capacity to deliver the three core functions of public health and the 10 Essential Public Health Services described in **Appendix 5**. The National Public Health Performance Standards Program provides a framework to assess capacity and performance of the local public health system. The Local Public Health System Performance Assessment Instrument will be used to help identify areas for system improvement, strengthen partnerships, and ensure that a strong system is in place for addressing public health issues.

In addition to the four leading health priorities included in the CHIP, other leading health issues identified during the community health improvement process include health and human services coordination and promotion of and education about existing health resources and services. Partner agencies and community leaders are looking to DCHD to take the lead to address these gaps in our community.

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

Objectives:

1. Conduct local public health system assessment by December 31, 2015.
2. DCHD will participate in bringing health and human services agencies together to assess county human services needs, determine appropriate human services coordination structure, and assist with human services improvement plans by December 31, 2015.

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

Objective:

1. DCHD will launch and manage an online resource locator to promote and educate about existing health resources and services in Davis County by December 31, 2014.

Communication

Strategic Priority: Communication

Communication is a key to success in any organization. Effective communication enables all levels of the organization to understand expectations, concerns, policies, and other issues before they become an obstacle. The flow of information from the top down and bottom up are both essential for the agency to thrive. The SWOT analysis shows that employees feel the primary weakness of the department is lack of communication. Other perceived weaknesses include lack of coordination across programs/divisions, lack of clear direction, lack of leadership, and management training. Many of these weaknesses stem from and/or could be improved through better communication.

Division Directors and Senior Executive Staff will foster communication through annual in-services and division retreats, where new policies, standards, and operating procedures will be shared as well as goals and direction for the future. Leadership will strive to improve daily, weekly, and monthly communication by identifying both barriers to communication and examples of effective communication.

DCHD also needs to communicate effectively with clients, the community, and public health partners. The department will focus on improving the website and developing a comprehensive social media strategy. Social media provides an opportunity for the department to interact with customers and key stakeholders in new and innovative ways. DCHD intends to move beyond just using social media to share information, to now engage followers who can assist in increasing the reach of health messages to influence community-wide behavior changes.

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

Objectives:

1. Through the Management Team, evaluate communication needs using SWOT survey results and identify areas for improvement by December 31, 2014.
2. Management Team will update department employee contact list with current names and phone numbers and share the information with staff by December 31, 2014.
3. Management Team will implement at least one communication QI project by December 31, 2015.
4. DCHD will assess a variety of new tools to communicate with employees (may include video updates, newsletter, etc.) by December 31, 2014. Employees will received an update via a new communication tool by December 31, 2015.
5. Hold quarterly department functions/events creating an informal atmosphere for staff to network with employees from across the department from 2014-2018.
6. Conduct annual department in-service for all employees from 2014-2018.
7. Each division will conduct at least one yearly in-service and/or staff retreat from 2015-2018.

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

Objectives:

1. Develop a social media plan to identify appropriate channels of communication with the community and to strengthen social media presence by December 31, 2014.
2. Update DCHD website with the end user in mind to provide current information, improve ease of use, and offer online services by December 31, 2018.

Performance Management & Quality Improvement Culture

Strategic Priority: Performance Management & Quality Improvement Culture

Performance management is key to building a culture of quality at the DCHD. It is defined as a cyclical process of measuring, monitoring, and reporting of progress toward strategic department, division, and program goals and objectives. Quality Improvement (QI) is a critical piece of performance management as it provides a structured, data-driven approach for identifying and prioritizing necessary QI projects based on performance data. QI is defined as the use of a deliberate and defined process (e.g. Plan, Do, Study, Act) to continuously achieve measurable improvements in efficiency, effectiveness, and outcomes.

Implementing performance management practices into the everyday work of the DCHD will provide a greater understanding about what we are trying to accomplish as a department, whether or not we are making progress, and what strategies to use to make improvements if our department is not achieving what we set out to do. Having a formal performance management system will facilitate progress made on the targets set forth in this strategic plan, the CHIP and SHIP, and other important program goals.

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

Objectives:

1. Establish a performance management/Quality Council team with representation from all DCHD divisions by May 31, 2014.
2. Develop a performance management framework by July 31, 2014.
3. Develop and provide advanced performance management training to Quality Council members, senior leadership, and the Management Team by September 30, 2014.
4. Provide basic performance management training to 90% of DCHD employees by March 31, 2015.
5. Provide training opportunities for performance management on an ongoing basis, at least one training every three years for each employee.
6. Each DCHD bureau will develop at least two measures for monitoring by August 31, 2015.
7. All DCHD bureaus will have fully developed standards/measures/targets by August 31, 2017.

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

Objectives:

1. Develop a Quality Improvement Plan that will closely align with performance management system by July 31, 2014.
2. Develop and provide advanced performance management training to Quality Council members, senior leadership, and the Management Team by September 30, 2014.
3. Develop and provide advanced QI training to Quality Council members, senior leadership, and the management team by September 30, 2014.
4. Provide ongoing training opportunities for QI, at least one training every three years for each employee.
5. Each DCHD division will identify an area of improvement and will complete and document at least one QI project in this area by December 31, 2014. Each division will complete and document at least one QI project per year thru 2018.
6. Provide basic QI training to 90% of DCHD employees by March 31, 2015.
7. Complete at least one department-wide QI project by June 30, 2015.
8. Conduct a self-assessment of organizational capacity and culture for QI (e.g. NACCHO's self-assessment tool) to identify targets for continued improvement by June 30, 2015.

Workforce Development

Strategic Priority: Workforce Development

Training and development of the workforce is one part of a comprehensive quality improvement strategy. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through assessment of both organizational and individual competencies, and addressing those gaps through targeted training and development opportunities.

A few gaps and themes from the SWOT analysis are related to workforce development. First, employees want to feel valued and recognized. The department has a formal, once a year, employee recognition program in which four employees receive awards of distinction. Formal employee recognition efforts can be enhanced. Also needed is a concerted effort to recognize day-to-day contributions of employees and express appreciation. Organizations with valued employees have higher retention rates and are in a better position to address succession planning. Second, DCHD employees pride themselves in being knowledgeable, professional, and friendly. Staff would like to continue to receive training, not only in the areas that are required for their field of expertise, but by broadening their knowledge through training in public health core competencies and through opportunities to work on projects that involve multiple divisions and staff in a variety of capabilities. A third result from the SWOT analysis revealed that managers feel inadequately trained and desire additional opportunities to develop and improve managerial skills.

A comprehensive five year Workforce Development Plan includes goals and objectives separated into three improvement categories: Employee Recognition, Assuring a Qualified Workforce, and Management Development. In order to ensure the Workforce Development Plan is carried out, a Workforce Development Team has been established and a Workforce Development Standard written.

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

Objectives:

1. Complete a QI project to measure and improve employees' sense of value and appreciation by June 30, 2015.
2. Provide recognition to deserving and dedicated employees annually.

Goal 2: DCHD will ensure a competent public health workforce.

Objectives:

1. Develop a personal training plan for each employee in conjunction with yearly performance appraisals by December 31, 2015.
2. At least 85% of employees will have completed mandatory and program specific required trainings by December 31, 2014-2018.
3. 100% of required licensures and certifications will be current.
4. Develop a procedure for employees to request an alternative work schedule for the purpose of pursuing formal education by December 31, 2014.
5. Provide essential functions* training opportunities by December 31, 2015.
6. Create a public health core competency curriculum and certificate program by December 31, 2016.
7. Develop a project based learning system to cross train employees by December 31, 2017.
8. Review and update the workforce development standard annually.

*Skills necessary to perform job functions that are not specific to public health, i.e. computer, phone, team work, etc.

Workforce Development

Goal 3: Develop and improve DCHD managers.

Objectives:

1. Develop an orientation manual for new employees to be implemented department-wide by December 31, 2014.
2. Provide a curriculum on management principles that current managers are required to attend by December 31, 2016.

Employee Wellness

Strategic Priority: Employee Wellness Program

A positive culture in the workplace contributes to the physical, mental, and emotional well-being of workers. Worksites have the opportunity to encourage healthy habits and help prevent health problems such as diabetes, depression, and heart disease. Well-designed worksites shift the healthcare paradigm from treatment to prevention. Worksites can play a role in keeping employees safe and encouraging physical activity and proper nutrition during the workday. There is strong evidence that worksite nutrition and physical activity programs increase physical activity, weight loss, and fruit and vegetable consumption among employees. Successful programs have been shown to enhance self-confidence for participants, and benefit employers through increased employee productivity and reduced medical care costs. Worksite programs are cost effective strategies to increase physical activity and improve weight status.

A large portion of the day for employees is spent at work. DCHD plans to promote a healthier worksite by creating a culture that encourages social and environmental changes that support a healthy lifestyle. DCHD will be a place where healthy choices are easy and the environment is supportive. The employee wellness program will use educational, environmental, infrastructure, policy, and behavioral strategies to improve health-related behaviors and health outcomes. As many of the previous priorities have focused on moving the department or community forward, this priority focuses on moving the health of individual employees forward.

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

Wellness Committee Objectives:

1. Establish a DCHD wellness committee by January 31, 2014.
2. DCHD wellness committee will create a mission and logo for the program by January 31, 2014.
3. Complete a comprehensive employee wellness program plan by December 31, 2014.

Health Risk Assessment (HRA) Objectives:

1. Annually from 2014-2018, 90% of employees will participate in an HRA. (baseline: 68%, 2013)
2. Write a health risk assessment standard by December 31, 2014.
3. By December 31, 2018, 60% of employees will be in the minimum risk category for blood pressure. (baseline: 47%, 2013)
4. By December 31, 2018, 80% of employees will be in the minimum risk category for cholesterol. (baseline: 73%, 2013)
5. By December 31, 2018, 90% of employees will be in the minimum risk category for glucose. (baseline: 88%, 2013)
6. By December 31, 2018, 40% of employees will be in the minimum to moderate risk category for body fat. (baseline: 25%, 2013)

Employee Wellness

Physical Activity Objectives:*

1. By December 31, 2014, 50% of employees will receive at least 150 minutes of physical activity in a week. (baseline: 37%, 2013)
2. The DCHD Clearfield campus will make one infrastructure change to increase physical activity by December 31, 2014.
3. Provide at least six adult recess opportunities for employees by December 31, 2014.
4. Provide at least six educational opportunities for staff through brown bag instruction and/or health tip emails by December 31, 2014.
5. Establish a physical activity release time policy by December 31, 2015.

*These objectives also align with CHIP Priority 2: Obesity and SHIP Priority: Healthy Eating and Active Living.

From Plan to Action

The department strategic plan is dynamic and will evolve over the next five years. With a constantly changing environment, new opportunities, and emerging threats, there is a need to maintain flexibility and adapt to change. The plan will be revised and updated as needed. An annual report will document progress towards goals and objectives contained in the plan. Revisions to the plan, adjusted timelines, or changes in available resources will also be documented.

Performance Management

The strategic plan is part of the overall department performance management system. It provides a basis for the development of operational plans and performance measures for the health department. The Quality Council will help monitor performance measures to ensure progress on strategic department goals and objectives. Any challenges to processes and outcomes may lead to opportunities for QI projects.

Division Strategic Plans

The four Division Directors have developed division strategic plans which support the department strategic plan. The plans are action oriented and describe how the division is supporting the CHIP, SHIP, and other department strategic priorities. Some planned activities focus on indicators identified in the 2013 Davis County Community Health Assessment where the county is not meeting the Healthy People 2020 target or falls below the state or national average. The plans also include other priority issues for the division. These plans look forward over a five year period and may be revised and updated as needed.

Community Health Services Division Strategic Plan Highlights

Implement suicide prevention strategies; implement obesity prevention strategies; develop/promote health resource locator (includes behavioral health resources); develop social media strategic plan; engage community in 4 CHIP priorities through social media; participate in Effective and Unified Public Health System SHIP goal group; work with Davis School District to expand SPARK program; work with other divisions to provide community education on programs such as air quality and recommended immunizations; implement QI projects and plans; develop and utilize performance mapping tools; workforce development through continuing education, training, higher education, and career ladder opportunities; 100% participation in employee wellness program; injury prevention through car-seat, seatbelt, and bicycle safety activities; lead Safe Kids Coalition; exercise emergency preparedness plans; meet all public health emergency preparedness capabilities; work with MRC to prepare for medical and public health surge; youth tobacco cessation classes, and smoke-free housing policies.

Disease Control & Prevention Services Division Strategic Plan Highlights

Incorporate a mental health awareness culture among staff and use depression/suicide screening tools and mental health resource referral when necessary; promote public awareness of seasonal illnesses/diseases including *E. Coli* O157:H7; assess documentation process for lab specimen results; review, revise, or eliminate internal forms and paperwork that are found to be duplicative, inefficient, and/or unnecessary; train staff on the Emergency Response System and evaluate processes; provide ongoing staff development opportunities; improve communication processes; 100% participation in employee wellness program; 100% of staff will be vaccinated or show proof of immunity for required employee vaccines; work with Davis School District to develop and adopt an employee vaccination policy; all disease investigations will incorporate immunization education; and develop and implement a plan to address STD infections.

From Plan to Action

Environmental Health Services Division Strategic Plan Highlights

New improved EH database system; study benefits of energy efficient fleet vehicles for the department; examine current staffing and program requirements to guide EHS workloads and program development; develop new methamphetamine/illicit drug regulation for Board of Health; routinely review and update existing EH regulations; staff workforce development plan; create division “dashboard”; move focus from regulation to education; lead air quality CHIP action group; increase air monitoring; encourage adoption of no idling policies; examine drinking water “critical violations”; pursuit of excellence award for food establishments/handlers; leadership in state associations; and pursue new grant opportunities.

Family Health & Senior Services Division Strategic Plan Highlights

Assess program functions and outcomes to best utilize funding and staff; assess travel clinic process, contracts, and financial outcomes; assess functions, services, and hours of immunization clinic; explore going paperless and use of mobile technology for senior services case managers; evaluate Council on Aging database functionality; cross-training, succession planning/implementation, and educational opportunities to assure competent and confident workforce providing efficient and effective services; no wrong door” approach for clients accessing Family Health and Senior Services programs and functions; improve immunization rates throughout the lifespan (4:3:1:3:3:1 by age 2, healthcare providers in long-term care facilities, pneumococcal age 65+, HPV vaccine education); TCM program will provide physical activity, nutrition and healthy eating education, encourage breast-feeding, and conduct depression/suicide screening; WIC program will increase number of clients and decrease obesity, increase immunization rates, and increase breastfeeding among clients; improve outreach to vulnerable senior populations; implement strategies to help seniors remain active, healthy, and living in the community; develop and strengthen community partnerships; and increase services through the use of volunteers.

Components of each division strategic plan will be delegated to bureaus and staff within each division and administration. Supervisors assign individual employees with tasks to complete. Individual performance plans will reflect DCHD goals and objectives related to the seven department strategic priorities and other division and program priorities. Each year Division Directors will be responsible to report progress being made on their division strategic plans. Division strategic plans are available upon request.

Communicating with Stakeholders

All staff of the DCHD were provided a summary of the strategic planning process and the department strategic plan at the annual employee in-service in January 2014. Board of Health members were provided a copy of the department strategic plan map (found in **Appendix 4**) at their quarterly meeting in February 2014 and will be provided a copy of the final plan in May 2014. Employees will be notified once the strategic plan is available on the department’s website.

During March 2014, department mission, vision, and values were posted in key locations throughout the building for employees and clients to become familiar with.

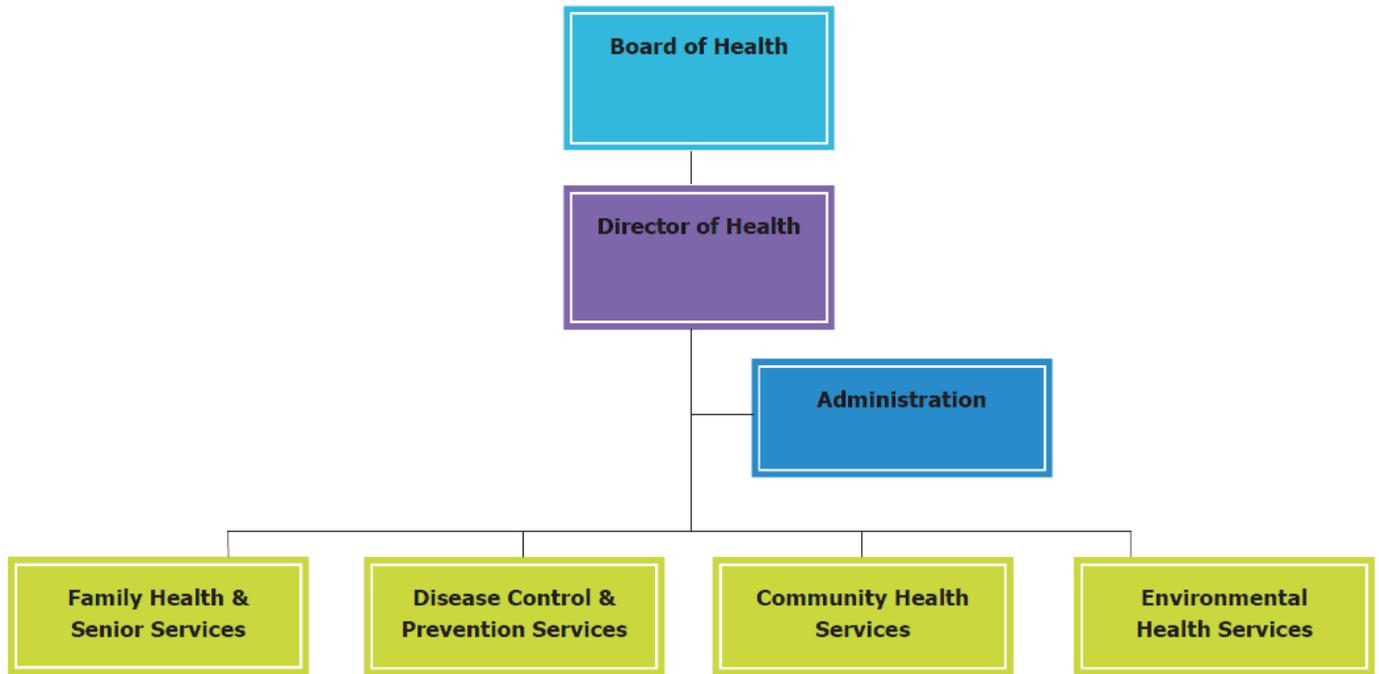
As the plan is implemented, performance improvement staff will regularly communicate progress and successes to employees, the Board of Health, and other partners when appropriate.

Appendix

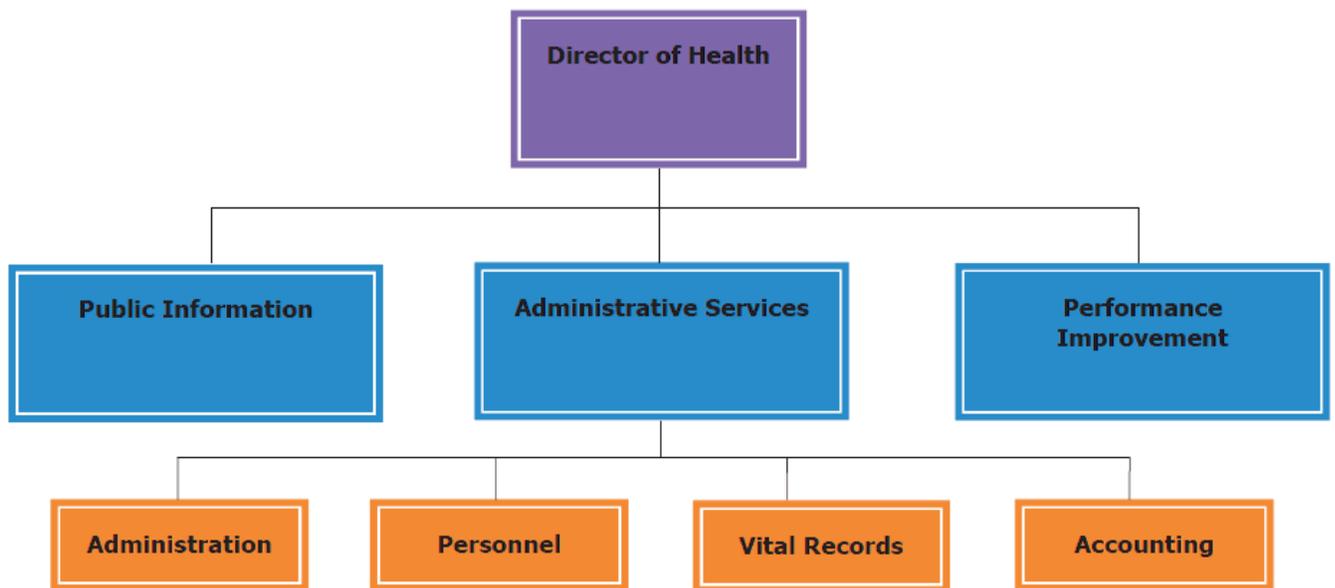
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1 DCHD Organizational Chart

Davis County Health Department
Organizational Chart



Administration
Organizational Chart



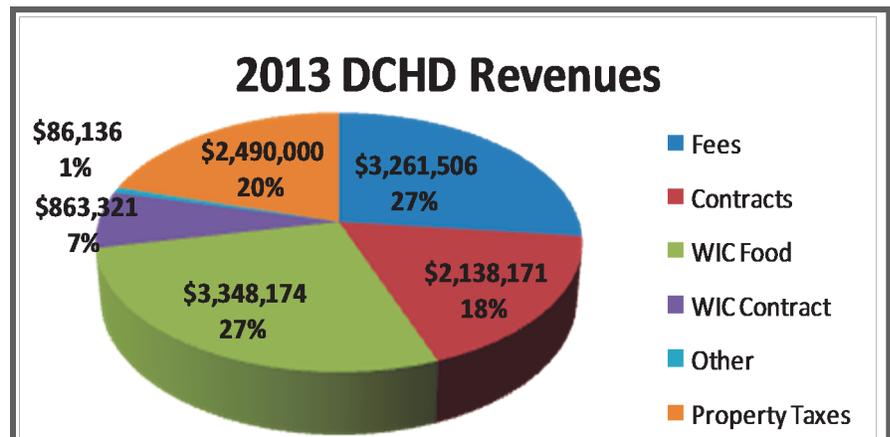
2 Environmental Scan Summaries

Davis County Health Department Environmental Scan

These pages summarize existing data that was useful to inform the development of the strategic plan. Included is a financial analysis, SWOT analysis, and the results of several recent assessments and surveys (customer service satisfaction survey, public health workforce assessment, linguistic and cultural competency assessment, performance management self-assessment, city health policy and resource assessment, focus groups, key informant survey, and community health assessment). This information helps to create a big-picture view of what is going on inside and outside the organization. The data and information provides understanding about the historical perspective of the organization, current context, and future outlook.

Financial Analysis, 2013

The Davis County, Utah Comprehensive Annual Financial Report includes the Health Fund and conforms to all current, relevant pronouncements referred to as Generally Accepted Accounting Principles. Local government accounting principles are established and promulgated by the Governmental Accounting Standards Board. For 2014 the County requested all departments submit a flat line budget. DCHD was able to



submit a flat budget which was approved. DCHD projects \$11,718,699 in revenues and \$11,597,596 in expenditures during 2014. The department has enough revenues to meet current public health needs and revenues exceed expenditures. Davis County Government agencies, including the health department, are in good financial shape moving forward.

Customer Service Satisfaction Survey, 2012

During 2012 a survey was developed to determine DCHD client satisfaction. Questions regarding atmosphere, friendliness, and wait time were assessed. Out of 726 responses, the majority were positive. Approximately 92% stated they were greeted in a friendly and helpful way, 88% responded the wait time was appropriate, and 91% said the department atmosphere was inviting and pleasant.

A follow up survey was created to address additional customer satisfaction criteria. The second round asked clients to rate DCHD services based on responsiveness, professionalism, value of service, quality, service satisfaction, information/referral process, and overall satisfaction. Approximately 4,350 surveys were received. On a Likert Scale of 1 (strongly disagree) to 5 (strongly agree), all response averages were 4.67 or higher, indicating an overall positive customer satisfaction rate in all seven areas of customer service that were assessed. Slides documenting results of Phase I and II of the survey are available upon request.

2 Environmental Scan Summaries

Public Health Workforce Assessment, 2012

In 2012 DCHD partnered with the Office of Public Health Workforce Excellence at the University of Utah and the Southwest Regional Public Health Training Center to determine the competence level of staff through knowledge-based assessments of Core Competencies for Public Health Professionals and Areas of Responsibility and Competencies for Health Education Specialists.

Creation of a knowledge-based assessment tool to measure the breadth of the public health field is challenging given such a wide range of services. Three assessments were created for three distinct types of employees. (1) Public Health Professionals included professional employees with program management or supervisory responsibilities, n = 13; (2) Public Health Foundations included entry-level employees that carry out the day-to-day tasks of public health, n = 34; and (3) Health Educators, n = 6. Assessments were completed through a web-based survey application available from the University of Utah. A total of 53 DCHD employees were surveyed and completed their respective assessment. Nursing was the occupation most frequently reported (30.2%) and the second highest was Environmental Health (20.8%). On average, the respondents had been working in public health for 13.2 years and had been working an average length of 7.6 years in their current position.

A predefined scale (roughly based on the letter grade system) was used to interpret percentage based score results. Scores exceeding 80% were interpreted to indicate a high level of knowledge/mastery, scores ranging from 70-80% were interpreted to signify a satisfactory level and scores below 70% were interpreted to denote a less than satisfactory level. Public Health Professional scores suggest that overall, there is a satisfactory level of knowledge (70.5%) with scores ranging from 60.0%-78.8%. A strength for Public Health Professionals was cultural competency. Public Health Foundation scores suggest that overall, there is a less than satisfactory level of knowledge (67.0%) with scores ranging from 50.0%-89.5%. The Public Health Foundations group was strong in knowledge related to communication and leadership and systems thinking. Health Educator scores suggest that overall, there is a satisfactory level of knowledge (75.0%) with scores ranging from 65.0%-82.5%. The Health Educator's strength was acting as a health education resource person. There was at least one "expert" (scores >80%) in all Health Education Areas of Responsibility and in nearly all of the Public Health Core Competencies. It is difficult for an individual to achieve mastery in every responsibility and competency due to the broad spectrum of public health services.

These assessments were created as an opportunity to enhance skills and increase the expansion of an employee's capacity and not to measure qualifications of any individual. It was recommended that future trainings need to concentrate on increasing the general level of public health knowledge among all staff members. Skill levels also need to be enhanced in these specific areas: analytical/assessment; policy development/program planning; public health science; financial planning and management; assess needs, assets, and capacity for health education; and conduct health education evaluation and research.

More details are available in the report "Public Health Workforce Assessment, Davis County Health Department, September 2012."

2 Environmental Scan Summaries

Linguistic and Cultural Competency Assessment, 2012

The purpose of the linguistic and cultural competency assessment was to evaluate DCHD's efforts to provide services to clients in a manner that accommodates their diverse linguistic and cultural needs. The assessment provides the department with information needed to develop a realistic plan for enhancing services. The survey tool used in the assessment was adapted from the California Department of Public Health, Family PACT Technical Assistance and Training Program. Technical assistance and recommendations were provided by the Utah Department of Health, Office of Health Disparities Reduction.

All employees participated in the survey. Seventy-four percent of employees have direct contact with the department clients on a daily basis. Twelve percent of employees can speak, read, or understand Spanish. At least one employee can communicate in the following languages: Japanese, Mandarin, Sign Language, and French. Other languages used by clients include Tongan, Samoan, Farsi, Braille, Chinese, Russian, and Vietnamese, among others. Social, cultural, ethnic, and special-needs groups served by the department include: children, adolescents, adults, older adults, Hispanic/Latino, Caucasian, African-American, American Indian/Alaska Native, Pacific Islander/Hawaiian Native, Asian American, Middle Eastern, Continental African, refugees, lesbian/gay, hearing impaired, vision impaired, low/non-literate, inmates, and others.

Employee survey scores show that improvements in staff training and development, agency capacity, health education, and the way administration promotes linguistically and culturally competent services are highly recommended. Strategies for improving in these four areas are included in the report. The Davis County Health Department Linguistic and Cultural Competency Assessment Survey Results and Recommendations, May 2012, report is available upon request.

Performance Management Self-Assessment, 2013

In the spring of 2013 the DCHD senior leadership team conducted a performance management self-assessment using the Turning Point Performance Management Self-Assessment Tool. The team discussed each of the questions together as a group and came to a consensus for each response. The assessment identified some areas of strengths for the department, as well as spotlighted several areas for improvement. The department scored highest in the QI section, most likely due to several QI training opportunities and QI projects over the past couple of years. The section that scored lowest was reporting of progress. Some areas identified for improvement based on assessment results include training (especially in the area of identifying standards and developing performance measures); coordination and standardization of performance management efforts across the department; reporting and communicating status of performance measures; and increased accountability for established measures. An assessment summary table and worksheet with more details are available upon request.

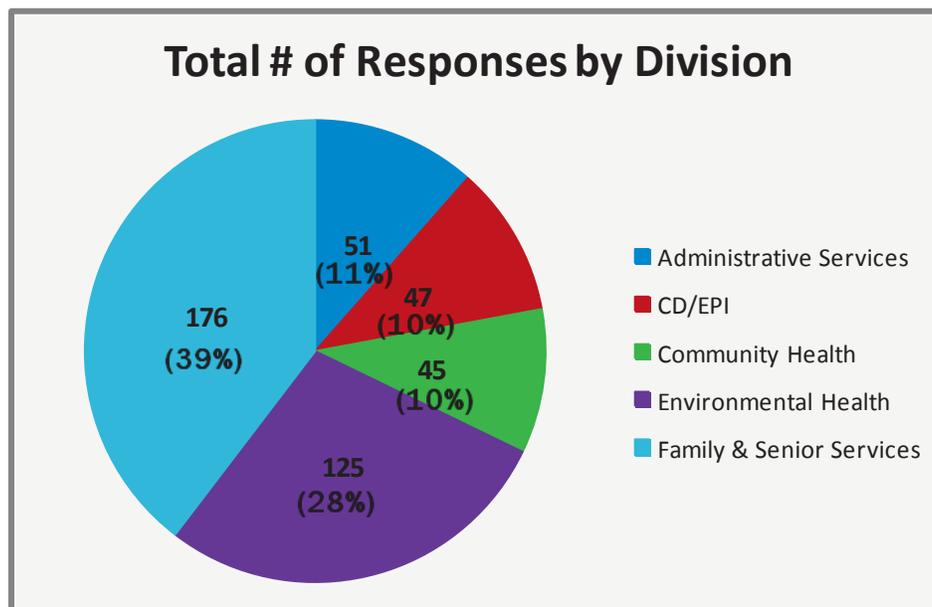
2 Environmental Scan Summaries

Strengths, Weaknesses, Opportunities, and Threats/Challenges (SWOT) Analysis, 2013

DCHD conducted a SWOT analysis to determine internal strengths and weaknesses, and opportunities, threats and challenges for the department. A SWOT analysis is a tool to learn about how our organization is functioning. The results can help determine where changes are needed and it can help establish priorities. The SWOT analysis was one part of the DCHD strategic planning process.

SWOT surveys were created online in SurveyMonkey. A series of six surveys, over six weeks, was sent to 120 employees with e-mails. Each survey covered a different topic: strengths, weaknesses, opportunities, threats/challenges, values, and mission/vision. Questions included both open-ended and multiple choice/check-list responses. Questions approached the topics from the perspective of the individual, program/bureau/division, and the department.

The surveys were anonymous. The only demographic information collected was the division of the employee. Some employees expressed concern about the confidentiality of their answers. Because of the small size of some divisions (8-10 staff) some employees felt that responses would not be confidential enough, especially if answers could be linked to their division. An average of 75 employees completed the survey each week. The total response rate was 62% for all six SWOT surveys combined. Total responses by division are shown in the graph below.



Strengths

The department is recognized for great customer service from a competent workforce located in an excellent facility. Employees are knowledgeable, experienced, hardworking, team players that work in divisions that serve the public through a variety of programs. These findings highlight areas where the department is doing well and describe positive conditions which already exist. These strengths can help the department in its efforts to improve and protect the health of the community and advance quality and performance of the organization.

2 Environmental Scan Summaries

Weaknesses

Employees felt the primary weakness of the department is lack of communication. Other perceived weaknesses include lack of coordination across programs/divisions, lack of clear direction, lack of leadership, and management training. Many of these weaknesses stem from and/or could be improved through better communication. Other interrelated concerns are a heavy work load and not enough staff.

Opportunities

Employees expressed a need more job training and professional development opportunities. Participants mentioned various types of training they would like to take advantage of including: webinars, division cross-training, team building, leadership, and technology. Other opportunities mentioned include the employee wellness program, expanding existing partnerships, collaborating more, exploring grant opportunities, use of social media, and accreditation.

Threats/Challenges

Funding and/or budget cuts were the main threat/challenge. Job security is also considered a threat to employees. Safety, unruly customers, and public access were also concerns of employees. In addition to external factors, some additional internal threats/challenges were employee turnover and aging workforce, upper management not caring about the employee, not a "safe" environment to communicate with supervisors, information not being disseminated down from management to employees, and "big brother."

Valuable information was gained by learning employee perceptions about departments strengths, weaknesses, opportunities, threats, challenges, values, purpose and direction. More details can be found in the 2013 Davis County Health Department SWOT & Mission, Vision, Value (MVV) Analysis report which is available upon request

2 Environmental Scan Summaries

City Health Policy & Resource Assessment, 2013

A two part effort was used to assess county health policies and resources at the city level. An internet scan was conducted to gather as much information as possible about health resources in Davis County. The second phase involved in-person meetings with officials from the county's 15 cities.

Cities are important partners in contributing to and promoting health throughout the county. Each city was asked about policies and resources in areas of active living, healthy eating, safe communities, environment (water, waste, and air), and other programs and policies directly or indirectly related to health. It was a valuable opportunity to learn about health resources available throughout the county and policies in place that affect health. The information provides a better understanding of community strengths and themes and will help identify resource poor areas. Knowing the priorities of each city and being aware of their plans allows for better coordination of efforts and future collaboration opportunities.

A comprehensive list of city resources by category was created. Additional information about this assessment including city highlights can be found in the 2013 Davis County Community Health Assessment on pages 85-88. The document is available online at: http://www.co.davis.ut.us/health/featured_items/Community_Health_Status_Assessment_2013.pdf.

Low-income Family Focus Groups, 2012

Three focus groups were conducted with participants from the Davis Community Learning Center and Head Start, most of whom represented low-income families in Davis County. The focus groups were designed to help us understand factors affecting the health of families who struggle financially. The information gathered in these focus groups is being used to assess health needs, gain understanding of community values, identify unique issues, and guide future planning efforts.

Main health concerns varied among participants. There was not one overarching issue that stood out. Most participants stated they were concerned with issues affecting their day to day living such as childhood illnesses, insects, and the taste of their drinking water. Participants stated that Davis County has an excellent environmental health system with quality sewer, sanitation, waste management, safe restaurants and neighborhoods, and good roads. The main concern as it relates to environmental health was air quality.

Overall, participants regularly experience housing problems, use tobacco at much higher rates than the general population, and generally agree that access to healthy food and physical activity opportunities are not a problem in Davis County. Participants stated that members of the community are very resourceful and are aware of how to access free or low cost medical services offered through government programs, such as the health department. Many participants grow their own produce, participate in co-ops, find deals on KSL classified ads, and shop case lot sales. Families also take advantage of free and low-cost recreation and participate in community events. Many residents of both north and south Davis County access resources in other counties.

A copy of the 2012 Community Health Assessment Focus Group Report is available online at http://www.co.davis.ut.us/health/featured_items/2012_focus_group_report.pdf.

2 Environmental Scan Summaries

Key Informant Survey, 2012

An online key informant survey was developed by DCHD and disseminated during November and December of 2012. Key informant survey results provide qualitative data that gives context to health indicators and provides understanding about the health culture in the community. It is a survey of informed opinions about the health needs and resources in the county to help identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources that can be mobilized to improve population health. It provides information about community strengths and themes.

Forty-three different agencies and groups considered public health partners and community leaders were invited to participate. Finished surveys were received from 340 residents in every city and across many professional sectors. Sixty-seven percent of respondents have lived in the county for 15 years or more.

Participants agree that Davis County is a healthy place to live because of many outdoor activities; access to medical care; walking, biking, and hiking trails; a clean environment; safe neighborhoods; and residents who are well educated, health conscious, and caring. Survey participants repeatedly mentioned air quality and obesity as primary health concerns. Main concerns identified for specific age groups and topics are listed below.

- **Adults:** Obesity/Healthy Weight, Cancer, Diabetes
- **Young Adults/Teens:** Drug Use/Abuse, Sexually Transmitted Diseases, Obesity/Healthy Weight
- **Children:** Obesity/Healthy Weight, Immunizations, Influenza
- **Diseases:** Influenza, Cancer, Pertussis
- **Mental/Emotional Health:** Depression, Anxiety, Suicide
- **Environmental Health:** Air Quality/Air Pollution

Other community themes from the survey include a lack of mental health services; expense of healthcare and health insurance; need for more education, prevention and collaboration; concern about vaccine preventable diseases and an under-immunized population; and additional services needed for low income families and individuals.

A copy of the 2012 Key Informant Survey Report is available online at http://www.co.davis.ut.us/health/featured_items/2012_key_informant_survey.pdf.

2 Environmental Scan Summaries

Davis County Community Health Assessment, 2013

Davis County's comprehensive community health assessment was released during the summer of 2013, showing where the county is doing well and areas where there are opportunities to improve. It is a snapshot in time describing the health of Davis County. The assessment draws on more than 50 sources of local and state data as well as reports from national organizations.

Summary of assessment findings:

- Davis County is ranked 6th healthiest county in Utah (2013 County Health Rankings).
- Davis County measures in the top 10% (best) of counties in the U.S. when it comes to premature death, poor/fair health, adult smoking, adult obesity, physical inactivity, motor vehicle crash rate, preventable hospital stays (Medicare enrollees), some college, children in poverty, inadequate social support, and children in single-parent households.
- Social and economic factors, also known as the social determinants of health, may have more influence on health than other types of health factors. Davis County is more educated, has less unemployment, less poverty, more home owners, more social support, and less violent crime when compared to Utah and the U.S.
- Davis County is not meeting national Healthy People 2020 targets for prostate cancer deaths, poisoning deaths, suicide, *E.coli* O157:H7 rates, high cholesterol, seatbelt use, sun safety practice, mammograms, colorectal cancer screening, diabetes A1C tests, pneumococcal vaccine (adults), adequate immunizations by kindergarten, and high school graduation (9th grade cohort).
- Davis County is worse than the state and/or national average for prostate cancer incidence, asthma prevalence, depression, confusion/memory loss, high blood pressure management, rate of primary care and mental health providers, air quality, commuting alone, drinking water violations, and food environment.

While there are many reasons Davis County is a healthy place to live, this assessment shows there is room for improvement. DCHD is not satisfied with being ranked the 6th healthiest county in Utah. By examining health indicators found in the County Health Rankings (from the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute) and assessing other health data and factors, groundwork is being laid for health improvement efforts. The information in the community health assessment is used to educate and mobilize Davis County residents, develop priorities, advocate for resources, and plan actions to improve the health of the county. A copy of the Davis County Community Health Assessment is available online at http://www.daviscountyutah.gov/health/featured_items/Community_Health_Status_Assessment_2013.pdf.

3 Strategic Planning Methods

Strategic Planning Process

The Public Health Accreditation Board (PHAB) is the official accrediting body for public health departments and seeks to advance quality and performance within public health departments. According to PHAB, strategic planning is:

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

The process defines and determines an organization's roles, priorities, and direction over three to five years.

The DCHD began laying the groundwork for strategic planning in 2012. Staff started compiling relevant information and assessed additional data needs. During 2013, a work plan was developed to document next steps and the timeline necessary to complete the strategic plan. A copy of the work plan can be found on the next page. During the year, a SWOT analysis was conducted as well as an evaluation of current mission and vision statements. The data was reviewed and analyzed to identify strategic issues. The issues were prioritized for inclusion in the strategic plan. A department action plan to address the priorities was developed including broad goals and corresponding measurable objectives. Division directors developed strategic implementation plans which support strategic priorities.

A system of accountability will be developed to ensure implementation of the strategic plan. Ongoing measurement and monitoring of both process and outcome data will be conducted to ensure the plan is on track for making an impact.

Strategic Planning Model

DCHD reviewed several models, tools, and examples for guidance during the strategic planning process. NACCHO's **Developing a Local Health Department Strategic Plan: A How-To Guide**, was the primary resource used by DCHD. Aligned with PHAB's strategic planning requirements, this guide offers step-by-step instructions, important considerations, and modifiable tools and templates for use. From this document, a department strategic planning work plan was developed to guide activities and set timelines.

Strategic Planning Participants

Performance improvement staff were primarily involved in organizing the strategic planning process. Participation from other stakeholders, including employees, was also very important throughout the process. During the SWOT analysis phase of strategic planning, all DCHD employees were provided the opportunity to give input. All employees were also surveyed during two phases of mission, vision, and value selection. Division Directors worked with their staff to discuss division level priorities and emerging issues. DCHD administrative staff and some Board of Health members were involved in the final mission, vision, value, and strategic priority selection. The Board of Health received regular updates about the strategic planning process.

3 Strategic Planning Methods

Davis County Health Department Strategic Planning Process Work Plan

2013-2014

Timeline:

March-November, 2013

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Document Strategic Planning Process <ul style="list-style-type: none"> • List individuals involved and titles • Include governing body • Meetings • Timeline • Steps | <p>March-June, 2013
 March-April, 2013
 April-May, 2013
 May-June, 2013
 June, 2013</p> |
| <ol style="list-style-type: none"> 2. Conduct SWOT Analysis <ul style="list-style-type: none"> • Draft SWOT questionnaire • Develop online surveys for employees • Administer survey • Analyze results • Prepare final SWOT report | <p>April-August, 2013
 April-May, 2013
 April-May, 2013
 June-July, 2013
 July-October, 2013
 October, 2013</p> |
| <ol style="list-style-type: none"> 3. Review DCHD Mission, Vision, & Values <ul style="list-style-type: none"> • Analyze results • Gather examples • Draft revised mission, vision, & values based on feedback • Obtain feedback from executive staff, others • Approval for final mission, vision & values | <p>August, 2013-February, 2014</p> |
| <ol style="list-style-type: none"> 4. Gather Data Sources/Conduct Environmental Scan | <p>December, 2013-March, 2014</p> |
| <ol style="list-style-type: none"> 5. Prepare Strategic Plan <ul style="list-style-type: none"> • Determine how to incorporate SWOT findings • Strategic Priorities • Draft Strategic Plan sections include goals & objectives <ul style="list-style-type: none"> - Alignment with CHIP Priorities - Alignment with UDOH SHIP Priorities - Link to quality improvement plan - Link to workforce development plan • Combine sections together, draft plan • Obtain feedback from executive staff, others • Provide Strategic Plan to BOH | <p>February-March, 2014
 March, 2014
 May, 2014</p> |
| <ol style="list-style-type: none"> 6. Implement Strategic Plan | <p>2014-2017</p> |
| <ol style="list-style-type: none"> 7. Demonstrate Review, Assessment & Progress of Strategic Plan | <p>2014-2017</p> |

3 Strategic Planning Methods

Strategic Planning Staff Retreat

On October 28, 2013, Davis County Health Department's administrative staff and some Board of Health members convened for an all day strategic planning retreat at the Davis Conference Center. The purpose was to review information relevant to the strategic planning process and consider strategic priorities to be included in the department strategic plan. The retreat agenda can be found on the next page.

Meeting participants:

- Brian Hatch, Deputy Health Director
- Dave Spence, Environmental Health Services Division Director
- Diana Reich, Administrative Services Manager
- Dr. Gary Alexander, Davis County Board of Health
- Elizabeth Carlisle, Administrative Assistant
- Isa Perry, Community Outreach Planner
- Ivy Melton Sales, Community Health Services Division Director
- Kristy Cottrell, Family Health & Senior Services Division Director
- Lewis Garrett, Director of Health
- Scott Zigich, Davis County Board of Health
- Wendy Garcia, Disease Control & Prevention Services Division Director

Objectives for the day included: introduce strategic planning process and accreditation requirements; review highlights from SWOT analysis; provide results from mission, vision, and value analysis; select mission, vision, and values; determine strategic priorities to be included in 2014–2018 DCHD Strategic Plan; identify ways to support strategic priorities; and discuss division level strategic plans. The slides for the strategic planning retreat are available upon request.

Strategic Priority Selection Process

To begin the priority selection process, the accreditation team, comprised of DCHD staff and administration, brainstormed community and department needs, areas for improvement, and potential projects for the upcoming years. At the strategic planning retreat, administrative staff and two Board of Health members discussed potential strategic priority areas in detail. Criteria for inclusion in the department strategic plan included priorities that affected all divisions; issues where measurable goals, objectives, and timelines could be defined; and priorities that aligned with and supported the state and community health improvement plans. With the results of the CHIP, SHIP, SWOT, and these criteria in mind, seven priorities were selected for inclusion in the department strategic plan.

3 Strategic Planning Methods



Senior Staff Retreat

October 28, 2013

9:00 A.M.

AGENDA

9:00 a.m.	Welcome – Objectives for Day
9:05 a.m.	Strategic Planning Introduction
9:15 a.m.	SWOT Analysis Results
10:00 a.m.	BREAK
10:15 a.m.	Mission, Vision, Value Statement Selections
11:15 a.m.	Working Lunch - Strategic Priorities Discussion & Selection
12:45 p.m.	Strategic Priority Activities & Division Support
2:45 p.m.	BREAK
3:00 p.m.	Division Strategic Priorities & Plans
5:00 p.m.	Adjourn

3 Strategic Planning Methods

Mission, Vision, and Value Selection Process

A mission statement defines an entity's reason for existence and purpose, the what and why of an organization, the basic social and political needs it exists to fill. A vision statement communicates what an organization's direction is, how the organization or community will be different in the future and/or the ideal conditions for the organization or community. Values convey principles and beliefs that are important to an organization and its employees.

Prior to the strategic planning process, mission and vision statements for the department were rarely used and values had not been developed. The strategic planning process was an opportunity to work on these important department statements. An internal review of department documents showed there were a couple of versions of mission and vision statements that had been worked on sometime within the last ten years.

DCHD evaluated its largely unknown mission and vision statements through online employee surveys that were emailed during May and June, 2013. A total of 69 employees finished the survey for a response rate of 57.5%. The survey asked employees to state the overall purpose and direction of DCHD, rate the current mission and vision statements, and identify the strengths and weaknesses of the statements.

With an understanding of formal and informal organization mandates, input from stakeholders, and extensive review of effective statements from other entities, performance improvement staff proceeded with drafting revised mission, vision, and value statements. In September and October 2013 a second phase of the mission, vision, and value survey was emailed to all employees. Seventy employees finished the survey for a response rate of 58%. They were asked to rate some proposed options for the new/revised DCHD mission, vision, and value statements to help narrow down the choices. Five mission, 13 vision, and 12 value statements were provided to be assessed. The proposed statements aimed to concisely communicate the purpose, direction, and guiding principles of the organization.

At the senior staff strategic planning retreat, participants were presented with the results of employee surveys. They were tasked with selecting a mission and vision statement and several values keeping employee opinions in mind. Retreat participants were presented with the most popular employee choices. After review of the options and detailed discussion about each one, including employee comments, several rounds of voting occurred before a final selection was made.

The new mission, vision, and value statements will regularly be used to convey the purpose and direction of DCHD to employees and the public. They will be posted on the department website; Facebook and other social media channels; walls and signs on properties; and in other communication with the community. They will also be used when hiring new employees and in other employee training.

Mission:

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

Organizational Improvement

**Performance
Management**

**Workforce
Development**

Communication

Employee Wellness

Healthy Choices.

Healthy People.

Healthy Communities.

CHIP

(Community Health
Improvement Plan)

SHIP

(State-wide Health
Improvement Plan)

Public Health System Coordination

Community Support

5 10 Essential Public Health Services

10 Essential Public Health Services

The 10 Essential Public Health Services describe public health activities all communities should undertake. These services align with the three core functions of public health: assessment, policy development, and assurance. Public health systems:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of healthcare when otherwise unavailable.
8. Assure competent public and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

