

Warren County Health District Strategic Plan 2016 - 2020

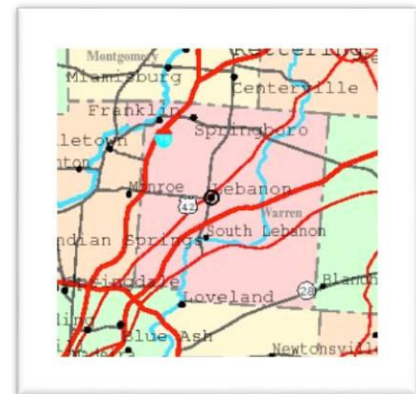


Public Health
Prevent. Promote. Protect.

**Warren County
Health District**

Introduction

Warren County is a suburban county in the southwest corner of Ohio, located between Montgomery County on the north and Hamilton County on the south. With a population of 215,274 in 2013 Warren County was the 12th largest county in Ohio. This is an increase of 7,484 over the 2010 population of 207,790 for an annual increase of 1.2%. This is slower growth than in the 2000 to 2010 decade when growth was 2.75% per year.



The median age in 2013 was 37.9 years; this is a slight increase from 36.8 years in 2009. The residents of Warren County are 91% White, 4.2% Asian, 3.3% African American/Black, and 1.5% Other Races. In 2013 the annual median family income in Warren County was \$85,636, which is an increase from \$81,216 in 2009. Eleven percent of Warren County families live on incomes less than 185% of the federal poverty level. Residents of the county own 78% of houses they live in. Ninety-two percent of Warren County adults have a high school diploma or higher, and 38% have a bachelors or higher degree.

In 2013, 40% of households had children under the age of 18 years old, which is an increase from 36% of households in 2009. In 2013, 67% of households with female head of households had children under 18 years old, which is an increase from 63% in 2009. Senior households (individuals or couples 65 years old and older living alone) were 7.4% of households in 2013, which is an increase from 5.9% in 2009. Thirty-two percent of people 65 years old and older had some type of disability (hearing, vision, cognitive, ambulatory, self-care independent living difficulty).

The Warren County Health District provides a multitude of public health services to the communities in Warren County. In order to advertise the services provided and to show its accountability to the public, WCHD must market itself as the lead public health agency in the county. Public Health Branding is the summation of efforts to demonstrate program success, recognition, respect, and support to the communities that are served by a health jurisdiction. The Warren County Health District serves a variety of diverse communities in Warren County. There are 4 cities, 10 villages, and 11 townships served by the Warren County Health District.

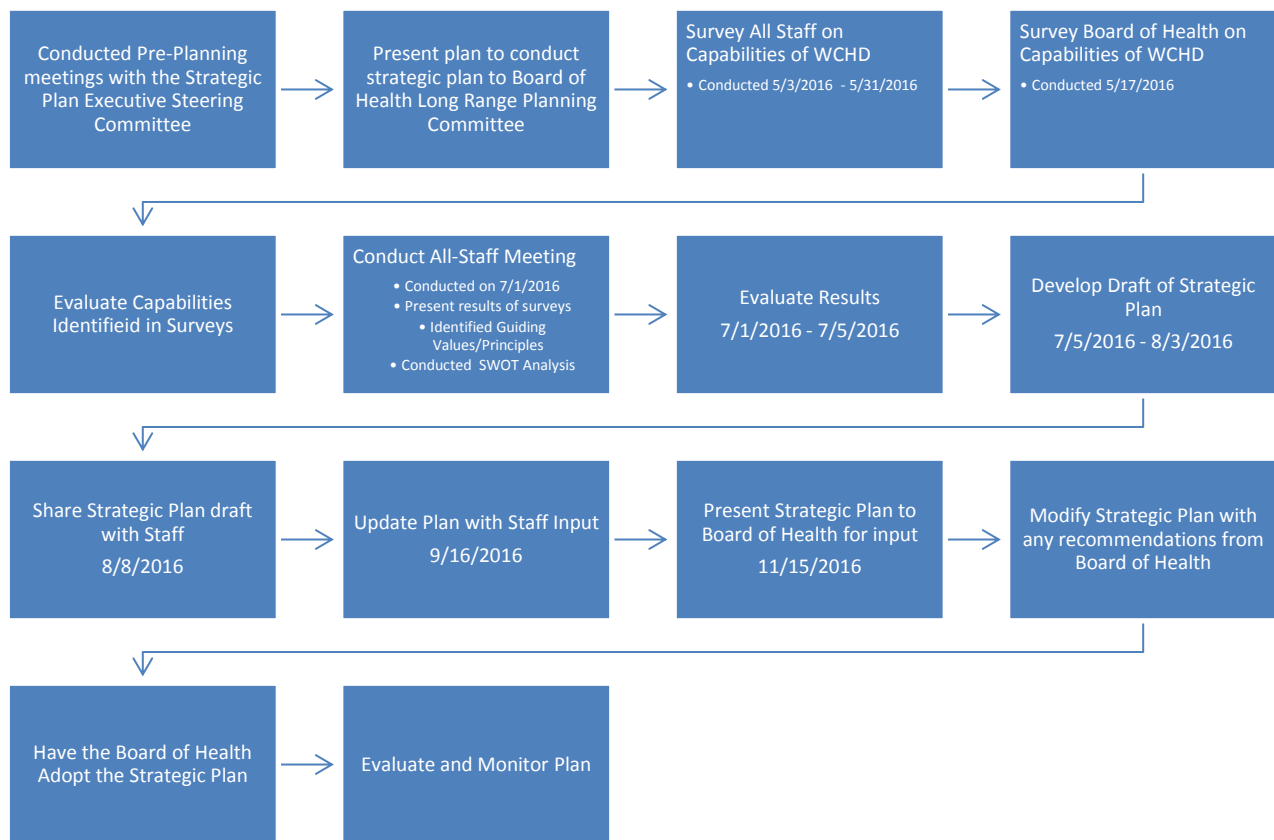
WCHD receives funding from a variety of sources. Environmental health licenses, plumbing permits, medical care billing, and state grants are only some of the sources of funding. WCHD also has a ½ mill Health Levy to supplement the health district's income. Due to the funding of WCHD being partially from taxation, the health district must be particularly aware that it is directly serving the taxpayer.

Planning Process

Strategic Plan Executive Steering Committee (ESC)		Board of Health Long Range Planning Committee (BoH LRPC)	
Chris Balster	Environmental Health Director	Stephen Barr	Board of Health Vice-President
Brenda Joseph	Fiscal Officer	Rebecca Chenault	Board of Health Member
Dustin Ratliff	Emergency Response Coordinator	George Long	Board of Health Member
Lori Smyth	Nursing Director	Adam McClanahan	Board of Health Member
Duane Stansbury	Health Commissioner		
Staff Attending All-Staff Meeting			
Charlena McKinney	Accountant	Mark Demarcus	PH Sanitarian
Sue Higgins	PH Aide	Maria Ernest	Social Worker/Interpreter
Jay Abner	Plumbing Inspector	Greg Flum	Chief Plumbing Inspector
Pat Engler	Nursing Coordinator	Rusty Leyes	Plumbing Inspector
Kathy Norvell	Secretary	Vicki Cook	Office Manager
Sharon LaWarre	Secretary	Shirley Enright	Secretary
Scott Wilkie	Environmental Health Technician	Trent Wren	PH Sanitarian
Suzan Parziale	Nursing Coordinator	Dianna Glenn	Disease Investigator/Epidemiologist
Ceyrrae Bailey	Secretary/Account Clerk III	Alicia Habermehl	Social Worker/PIO
Jenny Dixon	Account Clerk II	William Dopf	Plumbing Inspector
Tammy Johnson	Secretary	Liz Kromer	PH Sanitarian
Susan Chin	Float Nurse	Robert Caughron	PH Sanitarian Coordinator
Vicki Justice	Account Clerk II	Donna Crow	Secretary
Kathy Dickey	PH Nutritionist	Robin Michael	WIC Director
Patty Dane	Breastfeeding Peer Helper	Susie Traud	Nursing Coordinator
Dani Carruthers	Nursing Coordinator	Jami Sove	Float Nurse
Tammy Cranmer	Administrative Assistant		

The Planning Process began with initial meetings on April 6, 2016 and April 13, 2016 with the Executive Steering Committee (ESC). At these meetings it was decided that the Board of Health Long Range Planning Committee would be integral to the planning process. The BoH LRPC was presented the WCHD CHA and CHIP on April 19, 2016. At this point in time it was identified that a Plan Framework would need to be developed by the ESC to guide the process.

The ESC met again on April 27 to discuss the framework that would be utilized to guide the strategic planning process. It was identified that the following process would be utilized:



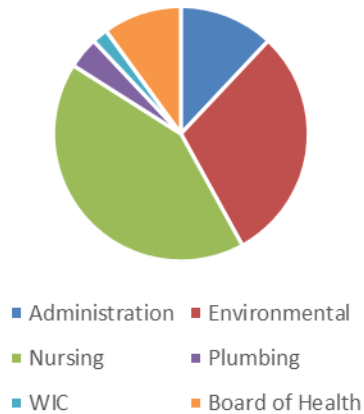
Conducting the Survey

After the April 27 SP ESC meeting, a survey was developed and disseminated to the staff of WCHD. A reminder was sent on 5/12/2016 to ensure that individuals were given adequate time to take the survey. The last respondent to the survey was on 5/31/2016, when the survey was completed. At the May 17, 2016 Board of Health meeting, Board of Health Members were provided the opportunity to take the survey and assess what they, the Board of Health, identified as the issues facing the future of the health district. The responses from these two surveys were synthesized into one data set. These data were presented compiled into a handout that was summarily handed out to the staff.

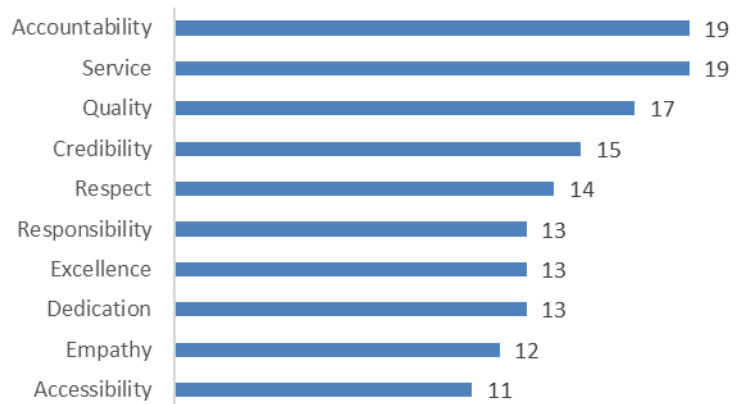
The survey itself was intended to identify what the staff and Board of Health believe the guiding values of the health district are, how WCHD responds to community needs and issues, how WCHD changes its programs and services, WCHD's use of information management technologies, the linkage of performance measures to the WCHD mission and goals, public communication, professional development, and pursuance of funding opportunities to ensure financial sustainability.

Survey Results

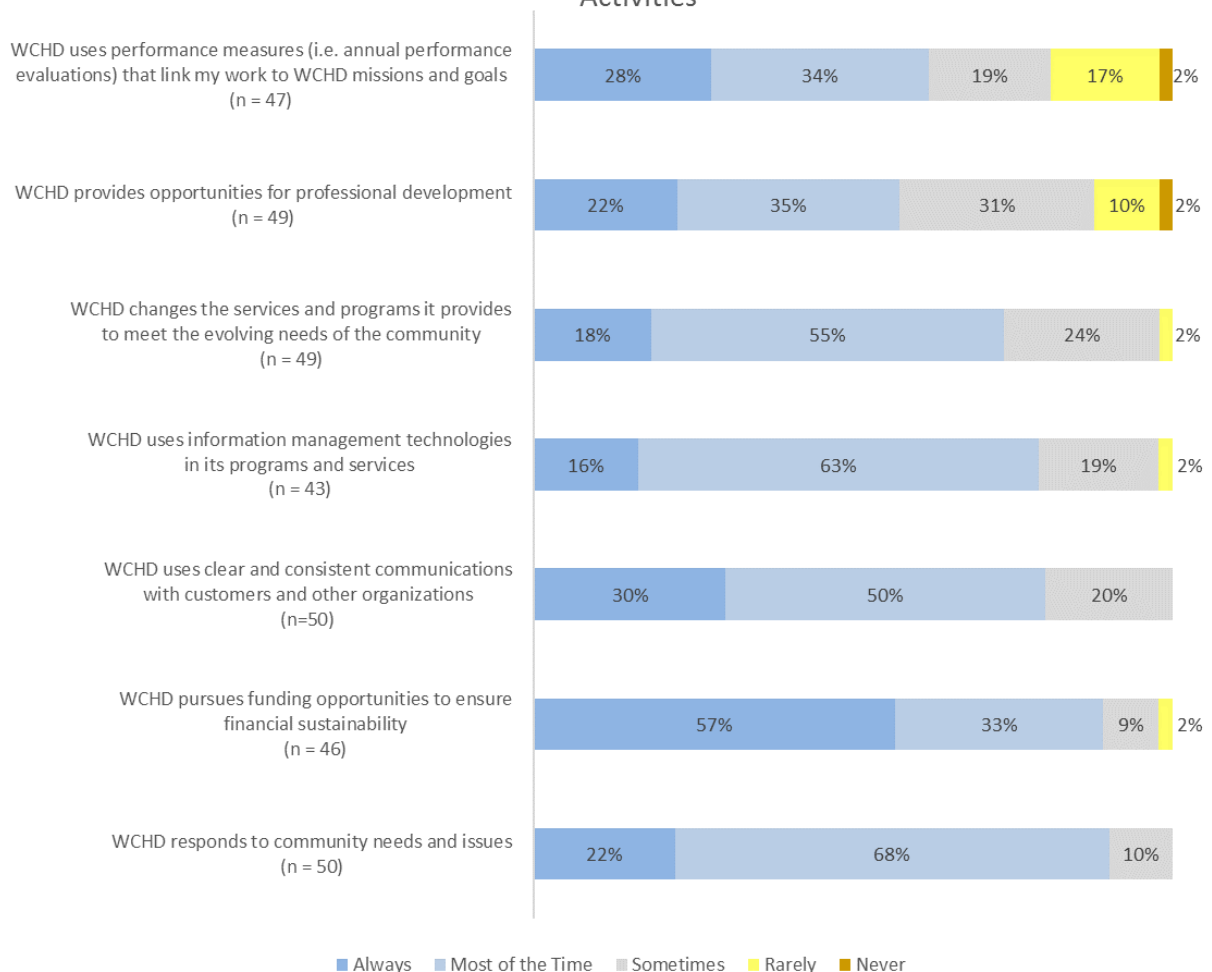
Representation of Respondents



Top 10 Guiding Value/Principles According to Staff and BoH Surveys



Staff/BoH Responses as to How the Health District Participates in the Following Activities



Strategic Planning Staff Meeting

An all-staff meeting occurred on July 1, 2016. The goals of the meeting were to introduce strategic planning, review the staff survey results, analyze and discuss the strengths, weaknesses, threats, and opportunities to the health district. Overall, 38 of the 56 WCHD employees were able to attend the meeting.

Employees were randomly assigned to groups of 4-5 people. Next, strategic planning was introduced and the Public Health Accreditation Board was discussed to ensure that the staff was aware as to why the meetings are being conducted and how it will help improve the organization.

Guiding Values

After the introduction, the mission and vision statements were placed on the wall along with the top 10 guiding values/principles. The initial plan was to narrow the guiding values down to the top 5, but it was identified that more than 5 may be appropriate. It was decided that the overall guiding values of the health district are the following:

Quality Credibility Accessibility Respect Responsibility Dedication Service

After the discussion on the guiding values, it was decided at the time that the values would stand on their own and would not have statements added to them.

Environmental Scanning/SWOT Process

In order to identify the current status of our organization, it was identified that an assessment of internal factors and external trends that may impact the health district is necessary.

The internal assessment was comprised of an assessment of the strengths and weaknesses of the health district. The external assessment was comprised of the identification of external trends, events, or factors that may impact community health or the health district. The external assessment was broken into two categories: opportunities and threats.

Consideration throughout the environmental scanning process was given to information management, workforce development, communication/branding, and financial sustainability.

The first part of the assessment during the All Staff Meeting was on the strengths of the health district. This part of the meeting was led utilizing the community conversations technique. Each group was given 3 sheets of paper and was given 10 minutes to identify 3 strengths of the health district. After the time was up, each group placed their idea on the wall. The group then decided if the ideas should be grouped into one larger idea. After the ideas were on the wall and grouped, each person was given 3 colored dots to place on the group of ideas they felt were the most important issue. The dots could be placed all on one or on 3 different idea groups. The number of votes on each idea group was recorded. The above process was repeated for weaknesses, threats, and opportunities.

The result of the environmental scanning process is in the chart below. The numbers in parentheses are the number of votes for that item.

Strengths Strong, dedicated staff that communicate and work as a team (27) Diverse services accessible in one place (16) Respectful and accommodating of diverse community (16) Protecting the Safety of Clients (4) Self-improvement for a better community (3) Good first impressions with customers (2)	Weaknesses High turnover rate due to uncompetitive wages (32) Lack of physical space in facility (19) Training procedures for staff (4) Budget Restrictions (4) Communication (3) Understaffed (3) Flexibility of service times (2) Advertising of services to the community (0)
Threats Health levy not passing (16) Restrictions on federal/state funding (15) ACA/Medicaid/Medicare Restrictions (15) Availability of services elsewhere (6) Security (6) Transportation for clients (5) Interagency Communication (2) Frequent code changes (2) Outdated telephone system (1) Media builds on fear (0) Anti-government attitudes (0)	Opportunities Community outreach (40) Marketing (10) New funding sources for emerging public health issues (5) Emerging public health issues (4) Knowledgeable media (4) Population growth (3) Good economy (0) Expansion in underprovided services (0)

The results of the environmental scanning process were further analyzed to be ranked based on the numbers of votes the item received during the meeting.

Item of Interest	# of Votes	SWOT Category
Community outreach	40	Opportunity
High turnover rate due to uncompetitive wages	32	Weakness
Strong, dedicated staff that communicate and work as a team	27	Strength
Lack of physical space in facility	19	Weakness
Diverse services accessible in one place	16	Strength
Respectful and accommodating of diverse community	16	Strength
Health levy not passing	16	Threat
Restrictions on federal/state funding	15	Threat
ACA/Medicaid/Medicare Restrictions	15	Threat
Marketing	10	Opportunity
Availability of services elsewhere	6	Threat
Security	6	Threat
Transportation for clients	5	Threat
New funding sources for emerging public health issues	5	Opportunity
Protecting the Safety of Clients	4	Strength
Training procedures for staff	4	Weakness
Budget Restrictions	4	Weakness
Emerging public health issues	4	Opportunity
Knowledgeable media	4	Opportunity
Self-improvement for a better community	3	Strength
Communication	3	Weakness
Understaffed	3	Weakness
Population growth	3	Opportunity
Good first impressions with customers	2	Strength
Flexibility of service times	2	Weakness
Interagency Communication	2	Threat
Frequent code changes	2	Threat
Outdated telephone system	1	Threat
Advertising of services to the community	0	Weakness
Media builds on fear	0	Threat
Anti-government attitudes	0	Threat
Good economy	0	Opportunity
Expansion in underprovided services	0	Opportunity

Organizational Purpose

The organizational purpose is the combination of the mission, vision, and guiding values that sets the reason that an organization operates. WCHD’s organizational purpose is synthesized through the following items.

Mission

Working to build healthy communities every day

Vision

All Members of Our Community are Well and Living in a Healthy Community

Guiding Values

The Warren County Health District maintains **Quality** and **Credibility** by ensuring **Accessibility**, **Responsibility**, and **Respect** in its **Dedicated Service** to the communities in Warren County.

Quality

Credibility

Accessibility

Respect

Responsibility

Dedication

Service

Health Commissioner’s Intent

The primary goal of the Warren County Health District is three-fold—the **Prevention** of exposure to disease; **Promotion** of health education; and the **Protection** of the population from exposure to health risks. Our Mission Statement was created specifically to address this critical three-fold approach to keep you and your family, friends and neighbors safe and healthy.

Strategic Priorities

Priority 1: Enhance the quality of public health services

Goal 1.1: Develop a framework to continuously monitor and improve the quality of public health services.

Objective 1.1.1: Develop a Quality Improvement Plan with a focus on Continuous Quality Improvement in public health services by February 28, 2017.

Objective 1.1.2: Conduct a self-assessment of current performance management practices by February 28, 2017.

Objective 1.1.3: Identify a performance management system to be implemented that link employee work to overall agency goals by February 28, 2017.

Objective 1.1.4: Complete two quality improvement projects by December 31, 2017.

Goal 1.2: Ensure that the public health workforce is provided appropriate training and support to be efficient and competent.

Objective 1.2.1: Develop a Workforce Development plan that ensures staff members have adequate training and opportunities for professional development by March 31, 2017.

Objective 1.2.2: Develop a set of competencies for employees and link the competencies to job descriptions by December 31, 2017.

Goal 1.3: Become an accredited health department.

Objective 1.3.1: By December 31, 2016, identify critical documents that need to be in place before submitting a Statement of Intent to the Public Health Accreditation Board.

Objective 1.3.2: Collect and/or develop all critical accreditation documents by June 30, 2017.

Objective 1.3.3: Submit a Statement of Intent to the Public Health Accreditation Board by June 30, 2017.

Objective 1.3.4: Submit all necessary documentation to the Public Health Accreditation Board by June 30, 2018.

Objective 1.3.5: Be an accredited health department by June 30, 2020.

Priority 2: Be identified as the trusted source for credible information on public health issues in Warren County

Goal 2.1: Update the Warren County Combined Health District Brand to better represent the public health services that are provided.

Objective 2.1.1: Adopt a branding and marketing plan that will communicate the value of the services the health district provides in Warren County by January 31, 2017.

Objective 2.1.2: Removed the “Combined” from the name of our organization and be identified as the “Warren County Health District” by February 28, 2017.

Objective 2.1.3: Update the organization’s website to reflect the branding and marketing plan and provide ease of accessing information by March 31, 2017.

Goal 2.2: Communicate public health issues and capacities to stakeholders.

Objective 2.2.1: Develop a one-page pamphlet that can be provided to stakeholders and customers that identifies the services and capabilities of our agency by April 30, 2017.

Objective 2.2.2: Develop a dashboard of key public health indicators in Warren County that can be presented to the community and stakeholders by August 31, 2017.

Priority 3: Assess infrastructure and financial needs to achieve organizational goals

Goal 3.1: Assess the adequacy of existing infrastructure.

Objective 3.1.1: Organize a team comprised of all levels (Board of Health – Management – Frontline Staff) to develop a report on the feasibility of moving the organization to a new facility, upgrading our current facility, or other solutions to issues with physical space by August 31, 2017.

Objective 3.1.2: Have a completed report on the physical space occupied by the health district by March 31, 2018.

Objective 3.1.3: Organize a team comprised of all levels of staff to meet biannually or as needed on information management technology needs by June 30, 2017.

Goal 3.2: Assess the financial needs of the organization.

Objective 3.2.1: Conduct a meeting at least every two years of the Staff Personnel Committee to identify issues that the staff are having and to assess the need to conduct a wage survey and recommend updates to the compensation plan.

Objective 3.2.2: Apply for at least one new grant or funding source that will assist the organization to achieve its goals by December 31, 2017.

Objective 3.2.3: By August 31, 2018, develop a contingency plan if the health levy is not renewed.

Priority 4: Build community partnerships to improve community health in Warren County

Goal 4.1: Utilize community partnerships to communicate the health district's role as the chief health strategist for Warren County.

Objective 4.1.1: Work with community partners to have a branded identity for the partnership that worked together to develop the Community Health Assessment Report and Community Health Improvement Plan by June 30, 2017.

Objective 4.1.2: Work with community partners to achieve the goals in the Warren County Community Health Improvement Plan by December 31, 2020.

Objective 4.1.3: Initiate the development of the next community health assessment with the community partnership by November 30, 2019.