



# Strategic Plan

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2017 - 2021

November 10<sup>th</sup>, 2016



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## **Executive Summary**

The Auglaize County Health Department is pleased to present its 2017-2021 Strategic Plan. Through a comprehensive planning process that included input from employees, board of health members, and community partners, we identified our agency's priorities and developed specific goals and objectives to guide us in our work.

### **What is strategic planning?**

Strategic planning is a process for defining and determining an organization's roles, priorities, and direction over three to five years.

### **What is a health department strategic plan?**

A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.

### **How will ACHD use its strategic plan?**

The Auglaize County Health Department Strategic Plan defines for Auglaize County residents, partnering agencies and organizations, and our staff where our agency is headed, what we plan to achieve, how we will succeed, and how we will monitor and measure progress. The Board of Health and Health Commissioner will use the Strategic Plan to guide the ACHD in consistently improving the services we offer to our County residents.

ACHD will also use its strategic plan to pursue and achieve national accreditation through the Public Health Accreditation Board (PHAB), the national accrediting body for Tribal, state, local and territorial public health departments. A strategic plan is fundamental to effective management and is one of three prerequisites that must be completed before a local health department can apply for accreditation.

### **How was the Auglaize County Health Department Strategic Plan developed?**

ACHD began its strategic planning efforts by conducting a Community Health Assessment (CHA) with a diverse group of Auglaize County Health Partners beginning in the fall of 2010 and continuing through 2011. The 2011 Auglaize Community Health Assessment was finalized in January of 2012 and is available online at <http://www.auglaizehealth.org/publications>.

The Community Health Improvement Planning process was completed by the Auglaize County Health Collaborative, including the ACHD and a diverse group of health partners, in the fall of 2013. The 2014-2017 Auglaize County Community Health Improvement Plan (CHIP), is also available online at <http://www.auglaizehealth.org/publications>.



ACHD’s strategic planning activities began in June of 2015 with the formation of a Strategic Planning Committee. The ACHD Strategic Planning Committee (SPC) is comprised of all levels of staff. The following is a list of the staff members and position titles:

Staff member	Position Title
Curt Anderson	Director of Environmental Health
Charlotte Axe	Help Me Grow Coordinator
Jenny Boroff	Director of WIC
Brenda Eiting	Director of Nursing
Oliver Fisher	Health Commissioner
Don Jump	Emergency Response Coordinator
Beth Sanders	Registrar
Tammy Wiford	Fiscal Officer

Health department strategic planning efforts involved the Health Department staff, management, Health Commissioner, Board of Health members, county partners, and health department clients. These strategic planning activities are outlined in the following sections.

### **About the Auglaize County Health Department (ACHD):**

#### **Our History:**

On January 6, 1920, the Auglaize County District Advisory Council met for the first time and appointed five members of the Board of Health. The Board of Health met two days later, and appointed the first Health Commissioner. In March of that year, a nurse and a clerk were appointed.

The primary activities of the health district staff at that time were the control of frequent outbreaks of communicable diseases such as smallpox, tuberculosis, and measles. Antibiotics were as yet unknown, and the management of such diseases depended on the isolation of ill persons and quarantine of those who had been exposed. Until the 1950s, the only vaccine available was that for smallpox, and it was given on a voluntary basis; it was only through repeated urging of the Board of Health and the county’s medical professionals that schools adopted policies requiring vaccination before admission into school.



Auglaize County's first public health inspector was hired in the mid-1950s, but the preventive activities of inspection of sewage treatment systems, drinking water sources, and milk and meat producers did not become commonplace until the 1960s.

Funding for the District's activities was derived through inside millage, subsidy from the state, as well as some limited federal subsidies. As newer preventive measures were added, such as mass TB testing and inspection of food service operations, it became necessary to obtain voter approval for a 0.1 mill operating levy, first passed in 1954.

In 1955, the Auglaize County Health District and the Wapakoneta City Health District merged, and with the joining of St. Marys City Health District in 1957, the Auglaize County Combined Health District was formed. The District offices have been housed in the county seat, Wapakoneta, continuously since 1920.

Funding for services remains largely dependent on the passage of public health operating levies. The current 1.0 mill, 10-year levy was passed in 2015.

Much of the public health work conducted in Auglaize County in the 1920s is still carried out in some form today. Communicable disease prevention and reporting and sanitation issues are still vital concerns ninety years later. Technology has provided us with many more tools to continue this important work; vaccines to prevent communicable diseases, antibiotics to treat communicable diseases, machines that make both food production and waste treatment much more efficient and effective, and communication technology that has expanded our means of outreach.

**Our County:**

Auglaize County (named for the Auglaize River) is located in the state of Ohio, with a population of 45,920 as of the 2013 census. Its county seat is Wapakoneta.

The communities served by the ACHD include the cities of Wapakoneta and St. Marys and the villages of Buckland, Cridersville, Minster, New Bremen, New Knoxville, Uniopolis, and Waynesfield.

**Our Staff:**

The ACHD staff is comprised of 28 employees (21 full-time and 7 part-time or contractual) with an average time of service of 12 years. An Organizational Diagram can be located in Appendix B.



## Mission, Vision, and Value Statements

Auglaize County Health Department staff engaged in an affinity diagramming exercise designed to examine the health department's values during a staff meeting on November 18<sup>th</sup>, 2015. Each staff member was instructed to write one or more words describing 3-5 different values on post-it notes. The post-it notes were then placed on the walls in the conference room. As a group, the staff grouped the notes into categories according to their similarities. Many of the values were echoed by multiple staff members, resulting in the following values statements. These statements were agreed upon by all staff via a survey after the staff meeting, which also assessed the degree to which each staff member perceived that the health department is living up to these values. The statements were adopted by the Board of Health on March 8<sup>th</sup>, 2016.

### *Auglaize County Health Department Values*

Respect	We uphold a standard of conduct that recognizes the significance, dignity, and value of all.
Service	We strive to meet the unique needs of our community through our diverse programs.
Integrity	We conduct ourselves in an ethical and transparent manner and are accountable for our actions.
Excellence	We maintain a capable, dedicated workforce who exhibits a commitment to learn and grow.
Collaboration	We are responsive to the public health and safety needs of our community through the teamwork with our internal and external partners.
Efficiency	We strive to provide our services in a cost effective manner.

After the values statements were developed, the Strategic Planning Committee examined the existing mission and vision statements found in the 2009 - 2010 Auglaize County Health Department Strategic Plan, and proposed revisions to those statements. During this revision process, emphasis was placed on the development of brief, concise statements summarizing the mission and vision of the department. Revised statements were solicited from the general staff. The lists were then compiled and voted upon. The top three mission statements were taken to the Board of Health on June 9<sup>th</sup>, 2015 and the vision statements on March 8<sup>th</sup>, 2016. The final mission and vision statements adopted by the Board of Health are:



### *Mission*

To make our county a safer and healthier place by providing exceptional public health services and working with community partners to promote health, prevent disease, and protect our residents from hazards.

### *Vision*

Guiding Auglaize County towards a healthier future.

## **Summary of External Trends, Events, or Factors Impacting Public Health**

The SPC gathered multiple sources of existing data for review. These sources included the Community Health Assessment, Community Health Improvement Plan, County Health Rankings, Auglaize County Health Indicators Reports, and Auglaize County Health Department annual reports.

Additionally, stakeholder input was sought via a county partner survey, employee satisfaction survey, and a broad client survey. Reports generated from each of these surveys were used in the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis process.



# AUGLAIZE COUNTY HEALTH DEPARTMENT

*prevent. promote. protect.*

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Staff's length of service and job knowledge</li> <li>• Stable funding from Health Levy</li> <li>• All service providers (WIC, HMG, Vitals, etc..) in one location</li> <li>• County Partner support</li> <li>• Inner office division cooperation</li> <li>• Professional Staff</li> <li>• Larger staff than some counties allows for more time with clients</li> </ul>	<ul style="list-style-type: none"> <li>• Health Education Department (grants and community outreach)</li> <li>• Public Education/Involvement (Env. Example Bed Bug education program, Housing Education Seminar)</li> <li>• Improve relationships/knowledge base with county partners</li> <li>• Develop Stronger relations with local media groups</li> <li>• Explore future grant funding opportunities</li> <li>• Social Media presence</li> <li>• Wellness Program with Health Insurance</li> <li>• Accreditation (funding and community relations)</li> <li>• Board of Health Understanding of Services</li> <li>• O &amp; M Program (funding, public health hazard remediation)</li> <li>• College Interns (grow Public Health workforce, aide in health department projects)</li> <li>• Provide more education on STDs</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Communication from Admin down</li> <li>• Staff evaluations not being done</li> <li>• Need to celebrate the achievements and not only focus on the downfalls</li> <li>• Current Building (overcrowded, not user functional/friendly)</li> <li>• Lack of Social Media</li> <li>• Our Presence/Public Awareness in the community is low</li> <li>• Certain positions lack a backup (increase education of others)</li> <li>• Lack of Wellness Program to possibly lower Health Ins. Costs</li> <li>• No Health Education Department</li> <li>• Strengthen Grant writing/writers experience</li> </ul>	<ul style="list-style-type: none"> <li>• State/Federal regulation changes</li> <li>• Regionalization (grants, Health Depts)</li> <li>• Decreased Grant funding</li> <li>• Decrease/Not Pass Health Levy</li> <li>• County Partner Involvement in meetings or input</li> <li>• Direct Service care movement towards insurance reimbursable</li> <li>• Accreditation (ODH funding, providing services)</li> <li>• Growing Grant requirements with decrease in funding (PHEP)</li> <li>• O &amp; M Program (Implementation and Public Perception)</li> <li>• Movement from traditional LHD duties may dilute effectiveness in pillars of Local Public Health</li> <li>• Concentration on policy may reduce hours to provide direct client services</li> <li>• Increase in STD Numbers</li> <li>• Decrease of State and Federal provided vaccines</li> </ul>





## **Strategic Priorities, Goals, and Objectives**

During its regular meetings held in July, August, and September 2016, the SPC reviewed the pieces of data listed above in order to identify internal strengths and weaknesses of the health department, as well as external opportunities and threats. During the review, these strengths and weaknesses were recorded on post-it notes which were then placed in the appropriate quadrants of a SWOT grid laid out on the conference room table. This process provided the information needed for the committee to identify five strategic priorities to guide the health department's improvement efforts over the next three years.

### **Strategic Priority 1: Achieve Accreditation**

*We are dedicated to advancing quality and performance within our agency and are nationally recognized as an effective and efficient provider of public health services. We capitalize on the expertise and commitment of our staff to meet and adapt to changing requirements.*

**Goal Statement:** The health department will achieve accreditation from the Public Health Accreditation Board.

**Key Measure:** Achieve accreditation by June 30, 2020.

**Strategies & Objectives:**

- By May 2017, complete pre-application requirements
- By May 2018, complete application-related requirements
- By November 2018, submit required documentation to PHAB
- By March 2019, prepare for site visit

### **Strategic Priority 2: Advance Public Health Education**

*To “inform, educate, and empower” is one of the 10 Essential Services of Public Health. Our organization structure includes a strong, reputable public health education division. We provide high quality, current, evidence-based public health education in our community.*

**Goal Statement:** A Public Health Education Department is established.

**Key Measure:** Public Health Education Department funded and staffed by 2020.

**Strategies & Objectives:**



- By March 2017, Public Health Educator completed health education training sessions.
- By January 2018, Improve/Enhance Outreach Education through social media and online resources.
- By January 2020, secure health education related grant funding

### **Strategic Priority 3: Decrease Adult and Youth Risky Behaviors**

*County citizens living a healthier and safer life in the reduction of alcohol consumption and risky behaviors associated with consumption.*

Goal Statement: To decrease adult and youth risky behaviors as it relates to alcohol consumption.

Key Measure: Decrease in underage drinking violations, DUI/OVI violations by 1% each year.

Strategies & Objectives:

- By March 2017, Host Alcohol Server Knowledge Program on a semi-annual basis.

### **Strategic Priority 4: Strengthen Our Quality Improvement Process**

*Staff implements the performance management and quality improvement process in all department goals and activities. A culture of quality improvement is established.*

Goal Statement: All staff members utilizing the performance management system and quality improvement process.

Key Measure: Increase staff knowledge of quality improvement by 25%.

Strategies & Objectives:

- By June 2017, implement Performance Management System for Health Department
- By June 2017, develop a Quality Improvement Plan
- By August 2017, identify 2 Quality Improvement Projects
- By May 2018, complete 2 Quality Improvement Projects



## **Strategic Priority 5: Improve Public Awareness**

*Residents, community partners, and county leaders understand and value our role in the community. They recognize that public health touches everyone. We expand our reach by capitalizing on opportunities for community outreach, education, marketing, and engagement. Utilization of health district services is increased. We are a trusted source of information for the public.*

**Goal Statement:** Improve the community's awareness of our Public Health services through an increase in communication and educational outreach.

**Key Measure:** Increase awareness of health department services with client and county partners based on survey results. Increase 10% above baseline.

### **Strategies & Objectives:**

- By June 2017, develop Social Media Presence for Health Department
- By January 2018, develop and share with public the Health Department Newsletter on quarterly basis
- By March 2018, increase contact with local media outlets

## **Linkages**

It is important that organizational documents interact with one another. The ACHD Strategic Plan shares one of the same priorities as the 2014 Auglaize County Community Health Improvement Plan, priority 3 Decrease Adult and Youth Risky Behaviors. In order to monitor and analyze progress of the strategic priorities, ACHD's Performance Management System and Quality Improvement Plan will be utilized.

## **Implementation, Monitoring, & Evaluation**

In order to maintain accountability and ensure forward progress toward achievement of the goals and objectives established in this plan, the SPC will meet on a quarterly basis. Additional health department staff may be involved in these quarterly meetings as needed to report progress on their respective areas of responsibility. Minutes will be taken during these meetings and Progress Reports will be shared with health department staff and the board of health through the ACHD Newsletter.

