

Canton City Public Health

Strategic Plan 2020

UPDATE – June 25, 2018



Public Health
Prevent. Promote. Protect.

Canton City Public Health

ORIGINAL APPROVED BY THE BOARD OF HEALTH ON July 24, 2017

UPDATE APPROVED BY THE BOARD OF HEALTH ON June 25, 2018

Planning Process

This departmental strategic plan covers the period July 1, 2017 to June 30, 2020.

The scope of this plan is for internal departmental programming and is not intended to be a generalized community health improvement plan. The operating divisions will use this strategic plan as they develop their own work plans. This plan is intended to meet the Public Health Accreditation Board Standards and Measures 5.3 (PHAB Standards version 1.5).

This plan was developed using a series of internal planning meetings with the Strategic Planning Workgroup of the Canton City Health Department. The department staff was consulted throughout the planning process. The meeting minutes as well as additional planning background information are documented in the project folder.

The original strategic plan 2020 was approved by the Board of Health of the Canton City Health Department by Resolution 2017-11 on July 24, 2017.

This strategic plan will be reviewed on an annual basis by July 1 of each year by the Division Leadership Team and the Board of Health. During the annual review, the goals and objectives may be changed depending on the needs of the department. Contact James M. Adams, RS, MPH, Health Commissioner at (330) 489-3231 for questions and additional information regarding this plan.

Mission, Vision and Values

The Department's Mission is:

Working together to prevent the spread of disease, promote health, and protect the public from harm.

This mission was identified after a review of the past mission statement, input of the planning committee, staff survey, and review with the Board of Health.

The Department's Vision is:

The leader in advancing population health.

This vision statement identifies the role of the local health department in advancing population health in the community. It suggests the key role of the health department as the chief health strategist for the development of community strategies that will improve population health.

The Department's Values are:

- **Quality** - Excellence in all we do.
- **Service** – Ask, listen, and respond to the needs of the community.
- **Equity** – Assure access to opportunities for all to maximize health.
- **Trust** – Open and transparent in all our actions.

The department has identified these values to help guide its work in the community.

Risk Analysis

A Strengths, Weakness, Opportunities, and Threats (SWOT) analysis was completed by the planning team on January 13, 2017. The results of that analysis are listed below.

Strengths

- Dedicated, passionate, and good workforce
- Delivering quality patient care
- Meeting program and grant requirements (program and fiscal)
- Providing immunization clinics
- Educating and helping the public/customer service
- Having a good email and calendar system
- Managing a lot of regional grants well
- Having “All Staff” meetings
- Access to use department’s Facebook page
- A Staff that is proud to work at health department

Weaknesses

- Reporting to staff on Department activities, internal communication not consistent
- Siloed and categorical funding
- Building/Facility – Very out of date and in poor repair
- Lack of training money
- Professional development support/Succession Planning
- Gaps in training for all staff
- Low clerical and administrative support
- Staff holding on to some information
- Potential low morale
- Too much multitasking/no down time
- Potential language and cultural barriers

Opportunities

- Increase the use of community partnerships
- Seek additional grants and other funding sources
- Billing for other clinic services (STD)
- Adopt a local Air Pollution Control fee structure
- Regional collaboration for foundational services
- Stronger collaboration with city departments and programs
- Working with established network of neighborhood associations
- Work with business community (Chamber, Hall of Fame)
- Be part of community magazines and publications (Canton Connection, About)
- Use of social media – new ways of communication

Threats

- Reduction in staff
- Decreased Funding – Reliance on general tax dollars
- Changes in federal/state policy
- Not being identified as a reputable partner by the community
- Grant limitations and rules
- State wants to see fewer health departments
- Staff retirements
- Increased workload
- Language/cultural barriers

External Factors

- The Ohio Department of Health has set a target date of 2020 for all local health departments to be accredited with the Public Health Accreditation Board. Failure to be accredited by 2020 will result in the lack of eligibility for receiving state grants and public health subsidy payments.
- The City of Canton continues to experience a slight downward trend for general tax revenue receipts. This trend will have a negative impact on the amount of general tax revenue available for public health programming.

Strategic Priorities

Using information from 1) the State of Ohio Health Improvement Plan ([SHIP](#)), the 2) Stark County Community Health Needs Assessment ([link here](#)), the 3) Stark County Community Health Improvement Plan ([link here](#)), and input from our community partner group, the following strategic priorities were identified. Within each strategic priority several goals and objectives were developed. Every attempt was to make the objectives specific, measurable, achievable, relevant, and time based. Where possible, benchmarks for performance were identified as well as performance measurement recommendations. The Action Plan in Appendix A includes the majority of these details. Goals identified with a * were also identified in the SHIP. Goals identified with a + were identified in the Stark County Health Improvement Plan.

A more detailed Action Plan is included as part of the plan as Appendix A. The action plan further identifies specific actions (steps) and responsibilities for the implementation of this strategic plan.

A. Communicable Disease Control

1. Reduce the risk of bloodborne pathogen infection in the community
 - 1.1. 85% of newly identified HIV cases are linked to care within 90 days of diagnosis.
 - 1.2. Implement a risk reduction program to decrease the number of new Hepatitis C infections in the community by 5% by 2020.
2. Decrease the prevalence of STI infections in the community. *+
 - 2.1. Decrease the rate of Chlamydia infections in Stark County based on the data in the annual Epi Gram by 5% by 2020.
 - 2.2. Increase the amount of educational outreach programs in the community by 10% by 2020. Baseline is one program quarterly.

3. Increase the number of children immunized in Stark County. *
 - 3.1. Children between the ages of 0 and 18 years of age receiving vaccinations at the health department will have their vaccination record accessed, caregiver will receive education, and receive recommended vaccinations (as permitted by caregiver).

B. Chronic Disease and Injury Prevention

1. Increase access to healthier lifestyle choices in the community.
 - 1.1. Decrease the incidence of youth initiation of smoking by 5% by the year 2020.
 - 1.2. Increase the number of tobacco free outdoor areas by 3 by the year 2020.
 - 1.3. Increase the access to fresh food choices in identified community food deserts by 2 by 2020.
2. Decrease the rate of unintentional injuries. *
 - 2.1. Decrease the rate of animal bites in Canton by 10% by 2020.

C. Environmental Health and Air Pollution Control

1. Increase compliance with environmental health laws and rules.
 - 1.1. Decrease the number of nuisance complaints in Canton neighborhoods by 20% by 2020.
 - 1.2. Decrease the number of open burning violations in Stark County by 10% by 2020.
2. Keep community informed of environmental laws and rules.
 - 2.1. Increase public access to APC/EH enforcement information including summaries of complaints and enforcement actions
 - 2.2. To keep APC permitted facilities informed, process 100% of APC renewal operating permits that are backlogged by 2020.
 - 2.3. Develop Legionella water testing plan by 12/31/2018

D. Maternal, Child, and Infant Health

1. Decrease the rate of infant mortality and disparities in birth outcomes. *+
 - 1.1. By 2020, the overall infant mortality rate in Stark County will decrease to less than 6 infant deaths per 1,000 live births. (Healthy People 2020 goal)
 - 1.2. By 2020, decrease by more than 50% the disparity between black and white infant mortality rates.
 - 1.3. By 2020, decrease by more than 50% the disparity in gestational age observed in black and white infants.
2. Promote WIC services throughout Stark County to increase total WIC caseload by 2%.
 - 2.1. Expand on the annual WIC Community Partners Forum by increasing the number of community partners by two by December 31, 2017.
 - 2.2. Implement a WIC Peer Helper Facebook page by August 1, 2019.

E. Access to Health Care and Clinic Services

1. Increase use of billable clinic services.
 - 1.1. By June 30, 2019 analyze funding for STI clinic and provide written recommendations to Health Commissioner.
2. Improve Access to transportation services. +

- 2.1. Partner with at least one program providing transportation services to individuals needing transportation for preventative medical care.

F. Foundational Services

1. Increase marketing of the department and its services.
 - 1.1. Publish articles about the health department in print and online media of general circulation and/or conduct local radio show at least four times each year starting in 2018.
 - 1.2. Health department staff attend at least four neighborhood association meetings each calendar year.
 - 1.3. Implement a comprehensive department communication plan that includes a branding policy and use guidelines by 9/1/2018.
 - 1.4. Sponsor at least one community event (like a food collection day) for staff participation each calendar year.
2. Increase use of fiscal services and tools provided by the City of Canton.
 - 2.1. Implement paperless leave and reporting system by 10/1/2018.
 - 2.2. Implement time and activity reporting module in Kronos system to replace current T&E system within 90 days of Auditor making system available and after 2.1 is completed .
3. Improve information sharing for internal staff use on department's community partnerships
 - 3.1. Review inventory of community partnerships that health department staff are participating in with Division Leadership Team (DLT) at least annually starting 1/1/2019.
 - 3.2. Create an agency wide database or list of community partnerships and relevant contact information by October 1, 2018.
4. Foster a "Culture of Quality" in the department.
 - 4.1. Fully implement the department quality improvement plan by October 1, 2017.
 - 4.2. Highlight at least two quality improvement projects at annual all staff meeting.
5. Provide high quality and relevant internal staff communication
 - 5.1. Implement a department Intranet by March 31, 2018.
 - 5.2. Hold at least 1 all staff meeting each calendar year.
 - 5.3. Each division will hold at least one full or partial staff development day each calendar year starting on January 1, 2018.
 - 5.4. Health Commissioner will post at least 2 "all staff" communications each month starting on July 1, 2017.
6. Effectively utilize technology services within the department.
 - 6.1. Utilize Office 365 services by implementing the following services by July 31, 2018; OneDrive for Business.
 - 6.2. Fully catalog and document databases in use in department.
7. Provide excellent customer service.
 - 7.1. All staff will complete at least one staff training related to customer service (as approved by their supervisor) every two years.
 - 7.2. Convert all microfiche birth and death records to PDF so they are faster to retrieve for customer requests. Complete by 6/30/2020.
8. Provide a facility that can better serve the public and enhance work environment for staff.

- 8.1. Implement a schedule for regular staff safety drills (fire, active shooter, severe weather) by August 1, 2018.
- 8.2. Assure that all staff have basic situational awareness training by January 1, 2020.
- 8.3. Improve the external and internal signage for the department, by August 31, 2018.
- 8.4. Provide paint updates to most areas of department and update the floor carpet by December 31, 2018
- 8.5. Remodel WIC and clinic areas to be more efficient and safe for clients by June 30, 2020

G. Staff Development

1. Streamline training and development programs for employees.
 - 1.1. Develop a new hire training guide by December 31, 2018.
 - 1.2. Document a plan for staff training to include required and optional training modules by September 31, 2018.
 - 1.3. Complete at least 90% of annual staff performance reviews within 30 days of the employee's anniversary date starting in 2019.
 - 1.4. 85% of all staff will have a written individual development plan documented in their annual evaluation by June 30, 2018.
2. Promote staff morale.
 - 2.1 Complete a comprehensive staff satisfaction survey at least once every 3 years starting in 2017.
 - 2.2 Implement a policy to complete staff exit interviews by December 31, 2018.

Communication and Evaluation Plan

The strategic plan will be used to guide specific division work plans. Work plans will incorporate the specific objectives and goals as delineated in the Action Plan (see Appendix A). Copies of the strategic plan will be posted on the department website and made available to distribution to staff, Board of Health members, and the public as requested.

The objectives and goals in this strategic plan will be incorporated into the department's performance management system. The performance management system is described in policy 800-034-P. See that document for further information on tracking, reporting, and updating of the strategic plan and associated action plan.

Appendix A – Action Plan

The strategic plan action plan is a spreadsheet document that lists all the above strategic priorities and details the action steps, goals and objectives. The action plan is a working document that is revised as the needs to the department require. The spreadsheet is accessible to all department staff, but it mainly reviewed and updated by Division Leadership Team members. Here is a [link](#) to access the document. Below is a screenshot to demonstrate the format of the document.

The screenshot shows an Excel Online spreadsheet titled 'Canton City Public Health - Strategic Plan 2020'. The spreadsheet is divided into several sections. The main section is 'Communicable Disease Control', which is further divided into 'Goal', 'Action Steps', 'Complete By', 'Responsibility', and 'Measure of Success'. The goal is '1.1. 85% of newly identified HIV cases are linked to care within 90 days of diagnosis.' The action steps include 'Disease Intervention Specialist (DIS) will meet face-to-face with all newly diagnosed HIV cases in the counties assigned to the region', 'DIS will refer all HIV cases to care', and 'DIS will reconnect with newly diagnosed cases of HIV who have not presented to care within 60 days to help identify and address barriers'. The responsibilities are listed as 'DIS Supervisor (Diane Thompson)' and 'DIS (Brianna Parker)'. The measure of success is 'Confirmation that they attended first appointment. Decrease in incidence of HIV infection.'

Canton City Public Health - Strategic Plan 2020					
Communicable Disease Control					
Goal	Action Steps	Complete By	Responsibility	Measure of Success	
1. Reduce the risk of bloodborne pathogen infection in the community					
1.1. 85% of newly identified HIV cases are linked to care within 90 days of diagnosis.	Disease Intervention Specialist (DIS) will meet face-to-face with all newly diagnosed HIV cases in the counties assigned to the region	Ongoing	DIS Supervisor (Diane Thompson) DIS (Brianna Parker)	all newly dx cases have interview (ODRS)	
	DIS will refer all HIV cases to care	Ongoing	DIS Supervisor (Diane Thompson) DIS (Brianna Parker)	all newly dx cases are referred to care (ODRS)	
	DIS will reconnect with newly diagnosed cases of HIV who have not presented to care within 60 days to help identify and address barriers	Ongoing	DIS Supervisor (Diane Thompson) DIS (Brianna Parker)	Maintain tracking in ODRS of cases that haven't met 90 day deadline	
				Measure of Success for Goal 1.1.	Confirmation that they attended first appointment. Decrease in incidence of HIV infection.

Appendix B – Strategic Planning Workgroup Members and Meeting Schedule

The following is a list of the Strategic Planning Workgroup Members.

Member Name	Job Title	Division
Jim Adams	Health Commissioner	Vital Stats/Administration
Christi Allen	Fiscal Officer	Vital Stats/Administration
Julie Carmen	Laboratory Technician	Lab
Jennifer Hayden	WIC Breastfeeding Coordinator	WIC
Debbie Mazzocca	Public Health Clerk II	Vital Stats/Administration
Patty McConnell	HAN Coordinator/ Staff Sanitarian II	OPHI/EH
Dawn Miller	THRIVE Project Manager	OPHI/THRIVE
Marsha Miller	Staff Nurse II	Nursing
Linda Morckel	Monitoring and Inspections Supervisor	APC
Ed Pabin	APC Engineer	APC
Ashanti Parker	Public Health Clerk I	Nursing
Laura Roach	WIC Director	WIC

The workgroup conducted meetings on 11/17/2016, 1/13/2017, 2/23/2017, 3/15/2017, and 4/10/2017. The meeting minutes as well as additional planning background information are documented in the [project folder](#).