

Canton City Public Health

2nd 6-mth 2018 Report (Meeting 10/22/18)

STRATEGIC PLAN PROGRESS

INTRODUCTION:

The Division Leadership Team (DLT) has finalized the structure of its monitoring of the strategic plan priorities goals and objectives and how it reports the progress. Each 6-month period (April-September and October-March), the DLT monitors and assesses the progress of all strategic priorities towards reaching their objectives, and decides next steps. The DLT selected the format of a status summary dashboard listing all the goals and objectives with its status to show the progress of all the strategic priorities in a concise snapshot.

On a 6-month basis, the DLT will provide a written update to the Board of Health of the organization's progress toward completing its strategic priorities, including a copy of the Performance of Organization Strategic Priorities Status Summary Dashboard. This is the first 6-month report that represents 2nd 6-month 2018 ending September 30, 2018 status. Future 6-month reports will be provided the month following the end of the 6-month period.

PERFORMANCE UPDATE:

On the following page is a copy of the Performance of Organization Strategic Priorities Status Summary Dashboard for 2nd 6-month 2018 ending September 30, 2018. As can be seen, of the 50 strategic priority objectives, 8 objectives have been completed, 19 objective targets were achieved, 2 objectives are close to the targets, 7 objectives are below target, 13 objectives have not started yet, and 1 objective has been deleted since it was a duplicate.

The 8 objectives that have been completed either entirely or for 2018 (if a multi-year objective) and so all necessary progress has been made.

The 19 strategic priority objectives that achieved their targets are on track to be completed as scheduled.

The 2 strategic priority objectives that are close to the targets are still considered on track and the DLT determined no additional actions were necessary.

For the 3 strategic priority objectives that are below target:

- 3 of these are also strategic priority performance measures and their update is included in the separate 3rd quarter 2018 performance update report.
- Communicable Objective 2.1: Due to the diversity of the populations served in our sexually transmitted infection (STI) clinic, challenges continue to occur in locating individuals who test positive for STIs. Our population is often transient and when visits are made to the home we often find that the individual is not in residence. We have changed our result processes to include text messages to try and accommodate some of these challenges. We will begin to implement processes to utilize LexisNexis which is a database used to search for current demographics on individuals we are unable to locate with current means (text message, phone calls, and visits).

- Foundational Objective 4.2: This objective was successfully completed for 2017. The 2018 progress is slightly below target since the all-staff meeting is scheduled for October 24, 2018. The presentation materials are still under development at the end of this reporting period. The completion of the materials has been a priority and will be completed for presenting during the October 24, 2018 meeting.
- Foundational Objective 5.3: 2 of the 7 divisions have completed staff development days. The DLT still needs to formalize what is intended as a staff development day to determine if the efforts completed by other divisions or activities are adequate to satisfy this requirement. This is planned to occur during a November 2018 DLT meeting. The remaining 5 divisions need to complete this by December 31, 2018.
- Foundational Objective 5.4: Communications have been more random than intended. There are months of no communications and months with more than 2 communications. The Health Commissioner plans to develop a schedule and topics of communication and a better tracking system to assure compliance with this objective.

For the 13 strategic priority objectives that have not started yet, they will be started by the start dates in the action plan to continue progress as planned.



Canton City Public Health - Performance of Organization Strategic Priorities 2020

Status Summary Dashboard for 6-month period ending September 30, 2018 of all strategic priority performance measures

Strategic Priority			Division / Committee	What is the Status?
Category	Goal	Objective		
Communicable	Goal 1. Reduce the risk of bloodborne pathogen infection in the community			
		Objective 1.1. 85% of newly identified HIV cases are linked to care within 90 days of diagnosis.	Nursing	below target
		Objective 1.2. Implement a risk reduction program to decrease the number of new Hepatitis C infections in the community by 5% by 2020	Nursing	target achieved
Communicable	Goal 2. Decrease the prevalence of STI infections in the community.			
		Objective 2.1 Decrease the rate of Chlamydia infections in Canton city by 5% by 2020 by effectively treating CCPH cases within 60 days.	Nursing	below target
		Objective 2.2 Increase the amount of educational outreach programs in the community by 10% by 2020. Baseline is one program quarterly.	Nursing	target achieved
Communicable	Goal 3. Increase the number of children immunized in Canton City			
		Objective 3.1. Children between the ages of 0 and 35 months 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).	Nursing	target achieved
Chronic	Goal 1. Increase access to healthier lifestyle choices in the community			
		Objective 1.1. Decrease the incidence of youth initiation of smoking by 5% by the year 2020 through implementation of T-21 program in Canton.	Admin / EH	target achieved
		Objective 1.2. Increase the number of tobacco free outdoor areas by 3 by the year 2020.	Admin	Not started
		Objective 1.3. Increase the access to fresh food choices in identified community food deserts by 2 by 2020.	Admin	Not started
Chronic	Goal 2. Decrease the rate of unintentional injuries.			
		Objective 2.1 Decrease the rate of animal bites in Canton by 10% by 2020	EH	target achieved
Environmental	Goal 1. Increase compliance with environmental health laws and rules			
		Objective 1.1: Decrease the percentage of critical food safety violations divided by total violations (RFE/FSO) by a total of 10% by 2019 and another 10% (totalling 20%) by 2020.	EH	target achieved
		Objective 1.2. Decrease the number of open burning violations in Stark County by 10% by 2020.	APC	target achieved
Environmental	Goal 2. Keep community informed of environmental laws and rules			
		Objective 2.1 Increase public access to APC/EH enforcement information including summaries of complaints and enforcement actions	APC / EH	close to target
		Objective 2.2 To keep APC permitted facilities informed, process 100% of APC renewal operating permits that are backlogged by 2020.	APC	target achieved
		Objective 2.3 Develop Legionella water testing plan by 3/31/2019 42/31/2018.	Lab	below target
Maternal	Goal 1. Decrease the rate of infant mortality and disparities in birth outcomes in Stark County.			
		Objective 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.	THRIVE	target achieved
		Objective 1.2. By 2020, decrease by more than 50% the disparity between black and white infant mortality rates	THRIVE	target achieved
		Objective 1.3. By 2020, reduce the number of preterm births to less than 9.4% of all live births.	THRIVE	target achieved
Maternal	Goal 2. Promote WIC services throughout Stark County to increase total WIC caseload by 2%.			
		Objective 2.1. Decrease the # of participants certified without current benefits by at least 15% for Canton WIC.	WIC	below target
		Objective 2.2. Accomplish 25 outreach activities completed by staff each fiscal year for Canton WIC	WIC	target achieved
Access	Goal 1. Increase use of billable clinic services.			
		Objective 1.1. By October 1, 2019 analyze funding for STI clinic and provide written recommendations to Health Commissioner.	Admin / Nursing	Not started
Access	Goal 2. Improve access to transportation services.			
		Objective 2.1. Partner with at least one program providing transportation services to individuals needing transportation for preventative medical care.	THRIVE	target achieved
Foundational	Goal 1. Increase marketing of the department and its services.			
		Objective 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.	EH / CCPH-wide	Objective completed for 2018
		Objective 1.2. Health department staff attend at least four neighborhood association meetings each calendar year.	EH / CCPH-wide	Not started
		Objective 1.3. Implement a comprehensive department communication plan that includes a branding policy and use guidelines by 9/1/2018.	Admin / Domain 3	Objective completed
		Objective 1.4. Sponsor at least one community event (like a food collection day) for staff participation each year starting by 12/31/2017.	Admin	Objective completed for 2018

Strategic Priority			Division / Committee	What is the Status?
Category	Goal	Objective		
Foundational	Goal 2. Increase use of fiscal services and tools provided by the City of Canton.			
		Objective 2.1. Implement paperless leave and reporting system by 12/31/2018.	Admin / CCPH-wide	target achieved
		Objective 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.	Admin / CCPH-wide	target achieved
Foundational	Goal 3. Improve information sharing for internal staff use on department's community partnerships			
		Objective 3.1. Complete inventory of community partnerships that health department staff are participating in.	Admin / Domain 4	Objective completed
		Objective 3.2. Create an agency wide database or list of community partnerships and relevant contact information by October 1, 2018.	Admin / Domain 4	Deleted since duplicate of objective 3.1
Foundational	Goal 4. Foster a "Culture of Quality" in the department			
		Objective 4.1. Fully implement the department quality improvement plan by October 1, 2017	QI	Objective complete
		Objective 4.2. Highlight at least two quality improvement projects at annual all staff meeting.	QI	below target for 2018
Foundational	Goal 5. Provide high quality and relevant internal staff communication			
		Objective 5.1. Implement a department Intranet by March 31, 2018 December 31, 2018.	Admin / IT	close to target
		Objective 5.2. Hold at least 1 all staff meetings each calendar year.	CCPH-wide	target achieved
		Objective 5.3. Each division will hold at least one full or partial staff development day each calendar year starting on January 1, 2018.	CCPH-wide	below target for 2018
		Objective 5.4. Health Commissioner will post at least 2 "all staff" communications each month starting on July 1, 2017.	Admin	below target for 2018
Foundational	Goal 6. Effectively utilize technology services within the department			
		Objective 6.1. Utilize Office 365 services by July 31, 2018	CCPH-wide	Objective complete
		Objective 6.2. Fully catalog and document databases in use in department.	Admin / IT	Objective complete
Foundational	Goal 7. Provide excellent customer service.			
		Objective 7.1. All staff will complete at least one staff training related to customer service (as approved by their supervisor) every two years.	CCPH-wide	Not started
		Objective 7.2. Convert all microfiche birth and death records to PDF so they are faster to retrieve for customer requests. Completed by 6/30/2020.	Vital Statistics	target achieved
Foundational	Goal 8. Provide a facility that can better serve the public and enhance work environment for staff.			
		Objective 8.1. Implement a schedule for regular staff safety drills (fire, active shooter, severe weather) by August 1, 2018 December 31, 2019	Admin / Safety	Not started
		Objective 8.2. Assure that all staff have basic situational awareness training by January 1, 2020.	Admin	Not started
		Objective 8.3. Improve the external and internal signage for the department, by August 31, 2018.	Admin / Domain 3	Objective complete
		Objective 8.4. Provide paint updates to most areas of department and update the floor carpet by December 31, 2018	Admin	target achieved
		Objective 8.5. Remodel WIC and clinic areas to be more efficient and safe for clients by June 30, 2020	Admin	not started
Staff	Goal 1. Streamline training and development programs for employees.			
		Objective 1.1. Develop a new hire training guide by December 31, 2020 (in line with WFD Plan)	Admin / WFD	not started
		Objective 1.2. Document a plan for staff training to include required and optional training modules by January 31, 2020 (in line with WFD Plan)	Admin / WFD	not started
		Objective 1.3. Complete at least 90% of annual staff performance reviews within 30 days of the employee's anniversary date.	CCPH-wide	not started
		Objective 1.4. 85% of all staff will have a written individual development plan documented in their annual evaluation by June 30, 2018 December 31, 2019.	CCPH-wide	target achieved
Staff	Goal 2. Promote staff morale.			
		Objective 2.1. Complete a comprehensive staff satisfaction survey at least once every 3 years starting in 2018 and implement strategy to address results.	Admin / WFD	not started
		Objective 2.2. Implement a policy to complete staff exit interviews by June 30, 2019	Admin / WFD	not started

Status Key:

Target Achieved = objective metric equal to or better than intermediate period (semester) target (highlighted green)

Close to Target = objective metric worse than intermediate period (semester) target, but within 10% of intermediate period (semester) target and not worse than baseline (highlighted yellow)

Below Target = objective metric more than 10% worse than intermediate period (semester) target (highlighted red)

Objective Complete = Objective has been successfully completed (highlighted green)

Not Started = The start date for the Objective has not occurred yet (highlighted gray)

Light Blue highlighting is for objectives that are also organizational performance measures

Date Reported: 10/19/2018