



STRATEGIC PLAN

2017 – 2019



Darke County General Health District

300 Garst Avenue

Greenville, OH 45331

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CLIENTS, CUSTOMERS, AND PARTNERS

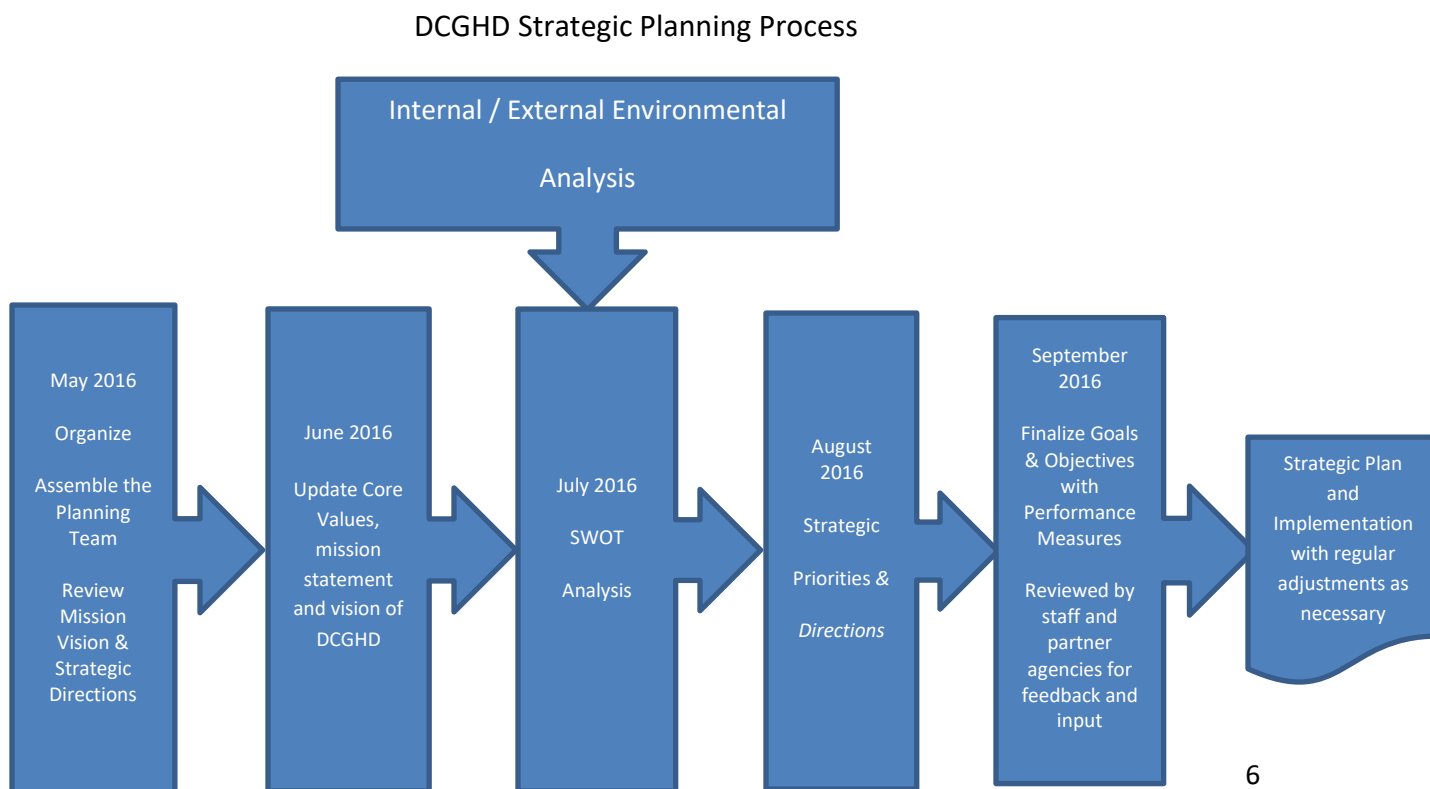
- Residents of Darke County
- Darke County Elected Officials
- State and Federal Officials
- Neighboring Health Departments
- Darke County Businesses
- Darke Community Partners and Agencies
- Darke County Schools
- Darke County General Health District Employees
- State Agencies and Partners
- Visitors to Darke County
- Darke County Educational Service Center
- Family Health Services
- Family and Child First Council
- Wayne Healthcare
- Tri-County Board of Recovery and Mental Health
- Darke County Job and Family Services

INTRODUCTION

The purpose of this strategic plan is to describe Public Health, Darke County's roles, priorities and strategic directions over the next three years. This document provides a foundation which will enable our leadership and staff to make decisions that will improve population health, and describe our role within Darke County's local public health system. The Plan also provides initial performance measures for monitoring our progress.

Our goal is to achieve National Public Health Accreditation through the Public Health Accreditation Board (PHAB) by 2018. To apply for accreditation, three prerequisite documents must be developed and implemented: a Community Health Assessment (CHA), a Community Health Improvement Plan (CHIP) and an agency Strategic Plan. In October 2016, Workforce Development and Quality Improvement Standards were revised.

The 2016 Strategic Plan's process is diagrammed below. To develop our plan, we considered opinions and knowledge from our staff, assessed the larger environment in which we operate, considered our strengths and weaknesses, and linked to other agency and community plans. Once finalized the plan was adopted by the Board of Health and distributed to all interested parties.

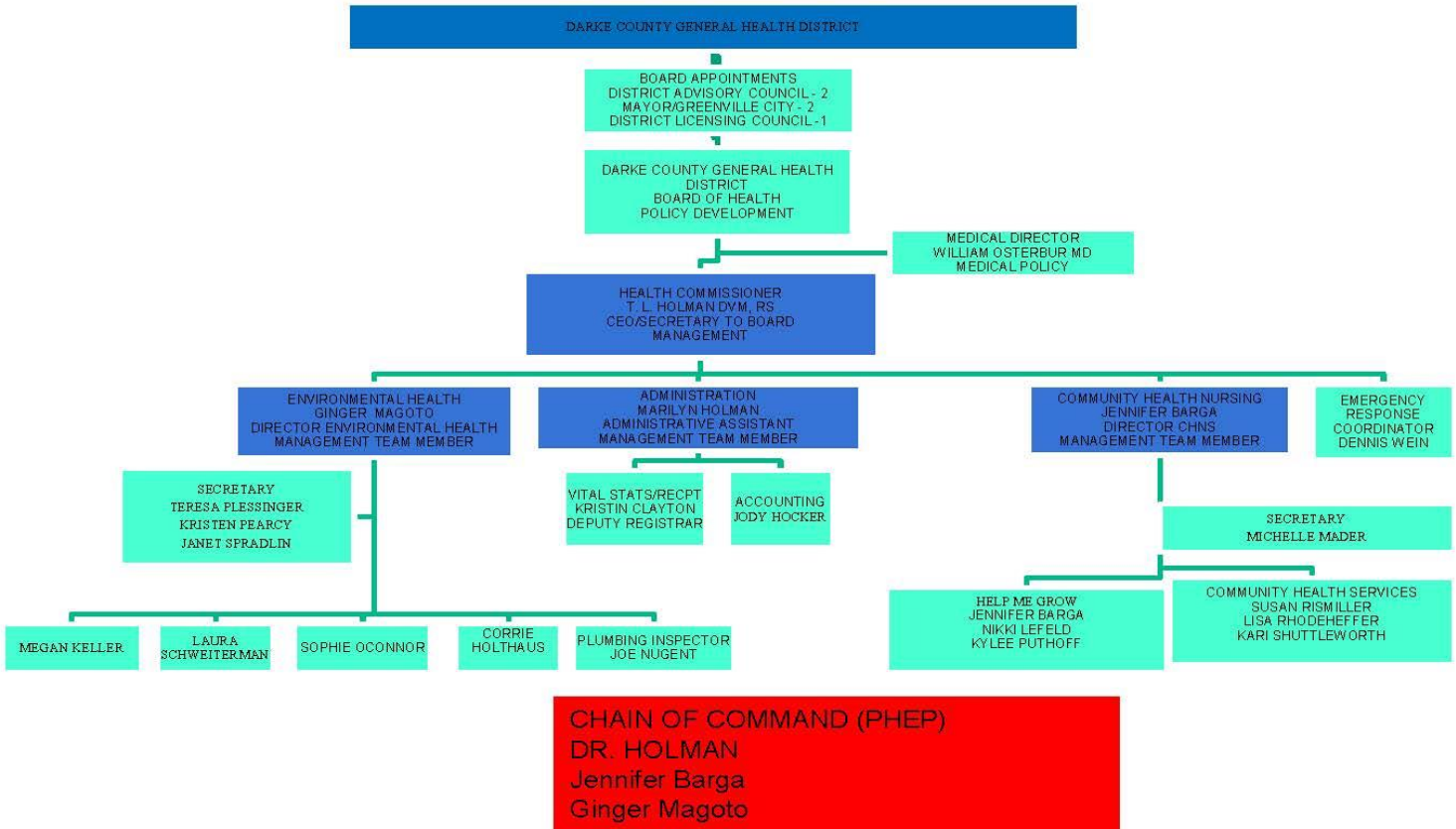


ORGANIZATIONAL STRUCTURE

DCGHD is one of 123 local health departments (35 city health departments, 88 combined/general health districts) in the state of Ohio. Since 1979 DCGHD has been a combined/general health district that serves all Darke County residents in forty-one jurisdictions. We are currently structured to provide the proper balance of traditional and healthy lifestyle-related public health programs. We are maintaining our traditional programs such as communicable disease control, environmental health protections, and direct services for specific vulnerable populations while shifting the focus to evidence-based best practices to prevent chronic diseases and other emerging health threats. The agency currently has 23 employees and leadership expects that number to remain relatively static through 2016.

DARKE COUNTY HEALTH DEPARTMENT

Organizational Structure



KEY CONSIDERATIONS

Public Health – Darke County’s operating climate is impacted by national, state, and local social, political and economic forces. As such, long-term planning that is translated to effective outcome-based operations is essential for DCHD’s future; however, there are significant challenges. DCGHD is confronted by inconsistent federal and state program revenue streams, by the increasing costs of providing essential public health services, and by mounting public health needs coupled with additional government mandates. Further challenges include the aging of the population, the rapidly changing dynamics of the health care system, promoting health equity, the rise of preventable chronic diseases; like obesity, diabetes, and asthma, and emerging disease threats; like pandemic influenza, West Nile Virus, drug resistant tuberculosis, EBOLA and ZIKA.

THE TEN ESSENTIAL PUBLIC HEALTH SERVICES

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

The Ten Essential Public Health Services present a working definition of public health and provide a guiding framework for the responsibilities of local public health systems throughout the United States as well as in Darke County. Our local public health system is made up of all public, private, and volunteer groups/organizations that contribute to the delivery of these critical services that prevent the spread of disease, promote healthy behaviors and protect against health threats in air, food and water. Altogether, these services benefit all 52,200 Darke County residents as well as its workers and visitors. For more information see: <http://www.cdc.gov/nphsp.essentialServices.html>

As a condition precedent to receiving funding from the Ohio department of Health (ODH), before March 1, of every even numbered year, local health departments are required to evaluate operations against the Public Health Accreditation Board’s (PHAB) Standards and Measures which are grounded in the Ten Essential Public Health Services. The results of this gap analysis are then reported in the Ohio Profile and Performance Database.

In 2016, a DCGHD multidisciplinary team (now chartered as the Accreditation Team) completed our first analysis, as soon as we completed the requirements. The results helped leadership and stake holders better understand our health department's strengths and weaknesses and identify areas for improvement.

DCGHD relies heavily on funding from the millage from Townships and Villages. Due to economic conditions, community need is increasing whereas revenues are not. These challenges must be met strategically within DCGHD; however, this planning must not be done in a vacuum. Collaboration with government and community leaders as well as other local public health system partners is essential to achieve the best possible health outcomes for all our Darke residents while being a good steward of taxpayer dollars.

THE STRATEGIC PLAN

In order to review and analyze our ability to adequately serve the community and deliver appropriate Public Health Services, the Mobilizing for Action through Planning and Partnerships (MAPP) process including the Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis was used. The SWOT analysis served as a tool to review and identify the updated strength and weaknesses that impact DCGHD's ability to deliver efficient and useful services to the community. Developing a full awareness of your situation can help with both strategic planning and decision making.

MISSION

The mission of the Darke County General Health District is to develop and maintain an efficient and effective system, which will provide for the highest quality of public health services, and to promote and protect the Darke County Community's physical, mental, social, and environmental wellbeing.

VISION

Our vision is to be an innovative leader in achieving the highest possible health and wellbeing for Darke County and the environment.

GUIDING PRINCIPLES

Focused on Prevention

We believe that the best investments in the public's health are those that prevent disease, foster optimal wellness, promote healthy behaviors and promote a healthy environment.

Accountable

We are open and honest in our relationships and good stewards of available resources.

Centered on the Community

We build and sustain our public health system through partnerships that improve health outcomes.

Evidence-based

We implement strategies that are based on science and best practices.

Health Equity

We work to eliminate health disparities and advocate for the needs of the underserved.

Respect

We treat everyone with dignity, sensitivity, and compassion.

SWOT ANALYSIS

Strengths *(Internal: What makes us different and what do we do well?)*

- Workforce is experienced, resourceful, and diverse
- Delivering services mandated through code, rule and law
- Delivering additional services based on community need
- Willingness and ability to assume a variety of different roles in creating and maintaining community partnerships.
- Investing in workforce continuing education and training opportunities
- Recognized public health leader in the state and region
- Excellent working relationships with community agencies and other local Health Departments

Weaknesses *(Internal: Where do we need to improve?)*

- Establishing a culture of quality improvement
- Documentation
- Maximizing the use of new technologies
- Marketing and promoting public health
- Interdepartmental communication and collaboration
- Rural Community-limited financial resources
- Difficulty in finding staff
- Access to care

Opportunities *(External: How can we better meet the needs of the communities we serve?)*

- Implementing a needs and competency-based, agency-wide, workforce development plan
- Continuing to provide mandated public health services while improving efficiency through quality improvement

- Enhancing the provision of other services by working with community partners to assess needs, effectively plan, and strategically align resources
- Pursuing National Public Health Accreditation
- Developing and implementing a community health improvement plan that is grounded in prevention
- Leveraging “success” (health promotion, regionalization of services)
- Identifying and establishing new roles for DCGHD
- Developing and implementing a Marketing Plan
- Shared Resources

Threats (*External: What may keep us from meeting the needs of the Communities we serve?*)

- Loss of key staff
- Reduction/loss of operating funds
- Creation of unfunded mandates
- Shift towards shared administrative services
- Political climate
- Long-term maintenance of aging facilities
- Increased community needs
- Competition rather than collaboration
- Resistance to change
- Lack of community awareness of DCGHD’s services and programs
- Achieving consensus on performance measures and showing evidence of measurable population health improvement

The Strategic Planning Executive Team reviewed the SWOT analysis, the previous strategic priorities, the Community Health Improvement Plan priorities, and the Community Health Assessment to develop these strategic directions.

STRATEGIC DIRECTIONS

Promote a culture of health and wellness that result in measurable population health improvement.

- A. Transition Public Health programs from disease management to primary prevention for chronic diseases such as cancer, heart disease, stroke and diabetes.
- B. Promote active lifestyles, healthy eating and tobacco free living through policy, systems and environmental changes in key sectors including schools, worksites, health care organizations and communities.
- C. Continue to prevent the spread of communicable diseases and protect against foodborne and environment-related illnesses.

- D. Provide services or referrals for at risk populations including alcohol and other drug addictions, children with special health care needs, and nutrition services for women, infants and children.
- E. Continue to build county and regional infrastructure for emergency preparedness and response.

Improve access to affordable, quality health care for all Darke County residents.

- A. Partner with Family Health Services (Federally Qualified Health Centers), Wayne Healthcare, Darke County Recovery and Wellness of Midwest Ohio, and other local agencies to expand dental, mental health, and specialty care services.
- B. Continue to support the implementation of electronic health record/health information exchange technologies.
- C. Continue to link and refer underserved and uninsured clients to appropriate community health care personnel.

Provide the highest quality public health services.

- A. Explore policy and regulatory changes that can be implemented by the Board of Health, other authorities and organizations to improve population health.
- B. Establish an agency-wide culture of continuous quality improvement.
- C. Implement the workforce development plan.
- D. Pursue emerging funding opportunities that are consistent with strategic directions.
- E. Maintain fiscal accountability. We are fiscally sound but it is revolving.
- F. Implement evidence-based, best practice interventions.
- G. Continue to improve program outcome measurement and evaluation.

Eliminate disparities in health outcomes and promote health equity.

- A. Advocate for policies and changes in practice by advancing the National Stakeholder Strategy for Achieving Health Equity.
- B. Engage population subgroups experiencing health disparities.

- C. Improve the cultural and linguistic competency of our workforce.

Continue to strengthen our local public health system by convening and facilitating partnerships.

- A. Facilitate the provision of essential public health services by community partners.
- B. Implement the Darke County Community Health Improvement Plan (CHIP).
Continue to evaluate and revise at 3 to 5 years in conjunction with community partners.
- C. Continue to evaluate the performance of our local public health system based on the Ten Essential Public Health Services and core public health functions.
- D. Continue marketing and branding to ensure better utilization of our services.

From there the Strategic Executive Planning Team combined all the data to determine if DCGHD continued to have the ability to moderate change in the abovementioned health priority areas. After review it was then decided that these are the strategic priorities and their corresponding next steps.

STRATEGIC PRIORITIES AND SHORT-TERM PERFORMANCE MEASURES

1. Achieve National Public Health Accreditation through the Public Health Accreditation Board (PHAB). Once accredited, maintain it annually (reapply every 5 years)

Measure 1 A: By December 31, 2016, DCGHD will complete and disseminate accreditation prerequisite documents (community health assessment, community health improvement plan, and agency strategic plan).

Measure 1 B: DCGHD will document improved scores against the PHAB Standards and Measures baseline gap analysis as completed in February 2016 by the Accreditation Team and reported to the Ohio department of Health in the Ohio Profile and Performance Database by March 2018

2. Create the Public Health Strategic Plan. Revise plan every three years.

Measure 2 A: The Strategic Planning Executive Team will create a written strategic plan that determines DCGHD roles, priorities and directions over the next 3 years and meets PHAB requirements.

Measure 2 B: Annually, the Health Commissioner and the Executive Team will evaluate strategic priorities and Performance Measures goals, and revise changes as needed in November of each year.

3. Develop and complete the data in our 2018 Community Health Assessment and the Darke County Community Health Improvement Plan (CHIP)

Measure 3 A: At least annually, the Health Commissioner and the Executive Team will evaluate the data, priorities, and performance goals and revise as needed in November of each year.

Measure 3 B: Repeat the planning process for the Community Health Assessment and the process of the community health improvement plan by the end of 2018.

4. Annually revisit and revise the agency Workforce Development Plan

Measure 4A: Completed the workforce development plan in 2014 and revise by the end of 2016.

Measure 4 B: Continue to implement the workforce development plan as measured by annual plan goals and objectives.

5. Develop and initiate an agency Quality Improvement Plan.

Measure 5 A: Develop and complete a quality improvement plan in 2016.

Measure 5 B: Implementation of the quality improvement plan as measured by annual plan goals and objectives.

6. Increase access to mental health and substance abuse care.

Measure 6 A: Continue to partner with the Coalition for a Healthy Darke County who partners with Tri-County Board of Recovery and Mental health services, Darke County Recovery and Wellness of Midwest Ohio, and Family Health; which offers more behavioral health services in the county, to create a county case management plan by the end of 2018.

7. Develop and Implement a Performance Management System.

Measure 7A: Develop and Implement a Performance Management System. Starting in 2017, quarterly the Strategic Executive Team will evaluate the Performance goals. They will also update and revise as needed.

Measure 7B. The team will also Document improvements in performance scores for the Local Public Health System Performance Assessment Instrument by 2018.

8. Chronic Disease prevention and Education

Measure 8A: Utilize social media (Facebook and Twitter), the updated DCGHD website and the local news resources to provide educational opportunities and promote programs offered at DCGHD. Update social media and the DCGHD website monthly.

Measure 8B: Partner with county organizations to provide information on preventive services and health promotion. Attend the county health fairs annually to educate the community.

10. Coordinated Care and Case Management

Measure 10A: Maintain collaboration connections with all Darke County health care provider to increase the coordination of care. Continue to partner with the Coalition for a Healthy Darke County who partners with Tri-County Board of Recovery and Mental health services, Darke County Recovery and Wellness of Midwest Ohio, and Family Health; which offers more behavioral health services in the county, to create a county case management plan by the end of 2018.

Measure 10B: Continue to partner with community agencies on the Adult Protective Service Intervention Team. Attend the Case Management Team meetings quarterly through 2018.

IMPLEMENTATION AND EVALUATION

The next, and perhaps most important step in the strategic planning process, is the implementation of the plan. The key components of this phase are communication, implementation, and evaluation of the strategic plan. Beginning in November 2016, the strategic plan will be adopted and distributed to staff and stakeholders. The plan will be made available to the community on the public website and will be publicized using social media.

In addition to this initial dissemination, there will be ongoing communication with internal and external stakeholders. Communication with staff will occur throughout implementation via newsletter articles, webinars, and staff meeting presentations and discussions. Discussions will continue with the community advisory groups and partner organizations that were engaged during the plan development phase to inform them of the department's strategic direction and identify opportunities for collaboration. The DCGHD Health Commissioner and Executive Team will share the strategic plan with county leadership and other stakeholder groups to apprise them of DCGHD priorities and objectives.

Implementation has already begun for some of the essential portions found in the strategic plan, while others will be initiated over time. For ongoing strategic planning efforts, the work plans developed during the plan development phase will be refined and implementation teams will be convened as required to continue work on these objectives. For new initiatives, the Executive Team and Board of Health will continue to meet to prioritize which areas must be addressed immediately, and which areas will be addressed in the near future. Part of this prioritization process involves considering resources needed for implementation. Meeting those resource needs and implementing the strategies in the plan will be an evolving process.

Evaluating progress on the goals and objectives in the strategic plan builds accountability and flexibility in implementation. Data collection mechanisms will be established to ensure that performance indicators can be measured over time. Evaluation of progress will be done through periodic status reviews, and the work plans will be updated at least annually to reflect changing needs and resources. At minimum it will be reviewed once annually by the Executive Team, staff, and the Board of Health.

PLAN AVAILABILTY AND THE FUTURE

The approved Darke County General Health District Strategic Plan will be available on the DCGHD webpage (www.darkecountyhealth.org) to solicit community input. Paper copies will be on site at the Health Department and this information will be communicated in various forms through both the local media and social media.

The Darke County General Health District Strategic Plan will be reviewed annually by the Executive Planning Team, department staff, and the Darke County Board of Health in an effort to address the changing needs of the community.