



Public Health
Prevent. Promote. Protect.

Wayne County Health Department

2016-2020

Strategic Plan

Strategic Planning Process

The strategic planning process began April 2015 and concluded May 2016. The process was facilitated by staff. The process utilized was based upon *Developing a Local Health Department Strategic Plan: A How-To Guide* by NACCHO. We started by conducting a SWOT analysis over three meetings of leadership from March through May of 2015. We convened a cohort of several employees at all staffing levels to develop the values statements for the agency in April and May of 2015 and a second cohort in the July and August of 2015 to revise the mission and develop a vision statement for the agency. The leadership team met several times at the start of 2016 to discuss new goals and objectives. We began by evaluating a previous strategic work plan and developing new goals and objectives. Each programmatic unit met to also discuss and select the goals and objectives. The preliminary goals and objectives were shared with the Board of Health to ask for their input in April and May of 2016.

Strategic Plan Team Members

Beth	Amstutz	Clerical Specialist
Vaughn	Anderson	Director of Environmental Health
Cortney	Ardrey	Accreditation Coordinator
Pamela	Armstrong	Clerical Specialist
Reatha	Becker	Clerical Specialist
Nick	Cascarelli	Health Commissioner
Patricia	Donihue	Public Health Nurse
Colleen	Dundon	Sanitarian
Elesa	Eaken	Nutritionist
Emily	Frantz	Accreditation Coordinator
Ken	Eng	Sanitarian
Roberta	James	Clerical Specialist
Beth	Knopp	Clerical Specialist
Marcy	Manack	Nursing Supervisor
Tara	McCulloch	Director of Administration
Donna	Merriman	Clerical Specialist
Steven	Rich	Sanitarian
Janet	Rittenhouse	Sanitarian Supervisor
Phyllis	Seeds	Public Health Nurse
Janette	Stangelo	Public Health Nurse
Susan	Varnes	Director Patient Care
Kathleen	Wade	WIC Supervisor

Mission

The Wayne County Health Department safeguards the health of its residents by:

- *Promoting healthy lifestyles through education*
- *Preventing and monitoring disease*
- *Protecting and preparing against environmental and public health risks*

Vision

The Wayne County Health Department will serve as a model for its ability to advocate and maintain a healthier and safer community

Values

Innovation- We embrace change while venturing into the future with information, research and technology.

Respect- Our endeavor is to openly communicate, show compassion, and treat everyone with dignity, to ensure that all individuals are valued and informed.

Teamwork- Our team is strong because we care, we share, and we actively listen. Because we help, respect and support each other, we are effective and dependable.

Accountability- We use responsible and professional judgment in assessing and addressing all community health needs, in a timely and effective manner.

Education- As a visible and trusted source of health-related information, guidance and assistance, we provide and maintain a trained, qualified workforce.

Ethics- We conduct ourselves with honesty, equality and integrity as we serve the community.

Strategic Priorities

The strategic priorities for the Wayne County Health Department were based upon a SWOT analysis conducted with entire leadership team from March through May of 2015. There common themes identified were an increased need for workforce development, communications, improving operations and financial sustainability. These themes correspond to the overarching goals of the strategic plan. Below is the summary of the SWOT analysis.

SWOT Analysis

Strengths

- **Advocates for clients, community – The staff cares deeply about what they do and are dedicated to the community.**
- **Staff is versatile (cross-trained) – The staff often performs duties that are not part of their typical job description.**
- **Most staff is experienced – Most of the staff has more than two years of experience at their position.**
- **Community Leadership (i.e. Wayne-Holmes Emergency Coalition). The Wayne County Health Department leads a multicounty coalition that focuses on preparedness activities for both Wayne and Holmes communities.**
- **Compliance with Ohio Department of Health standards. We are in compliance with Ohio Department of Health requirements in all of our mandated programs**

Weaknesses

- **Lack of visibility – The Health Department in recent years has voluntarily not partaken in community events.**
- **Social Marketing – Although we have Facebook, its use has been limited.**
- **Too retroactive as an agency – We too often respond to change and we do not create enough change.**
- **Lack of access for general public (hours open). A complaint from our customers has been that we do not have late or Saturday appointments.**
- **Morale needs boosting**
- **Do not support professional development enough**
- **We do not have time to educate public. This is a key component of health departments.**
- **We exist in 2 different buildings**

Opportunities

- **Grants – There are many grants available that we have not routinely applied for.**
- **Affordable Care Act – With the expansion of Medicaid and the creation of the Health Exchanges, we may have some revenue generating opportunities.**
- **Marketing opportunities – There are perhaps some opportunities to generate revenue within our clinic.**

Threats

- **Facility (203 Walnut St) – Our one building is in need of updating. We are also running out of space there.**
- **Assets (Human Resources) – It is difficult to recruit and retain qualified candidates.**
- **Federal Requirements of Affordable Care Act. – While some aspects of the ACA are opportunities, it also proposes threats from the employer side. Most notably, we have to be careful to keep part time employees under 30 hours a week or we are required to offer them health care benefits, which can be very costly.**

Wayne County Health Department

Strategic Plan Goals and Objectives 2016-2020

Goal: The Wayne County Health Department will emphasize Workforce Development to ensure a competent workforce to be responsive to changing landscape of public health.

Objective	Timeline	Person(s) Responsible	Evaluation
The leadership team will assess the training needs of the staff	Initially March 2016 and then biannually	HC, DOPC, EHD, Admin	All staff will be evaluated using the Council on Linkages between public health practice and academia assessment tool
The leadership team will revise the current Orientation schedule	December 2016	HC, DOPC, EHD, Admin, AC	Consolidate orientation for new employees into one document
The leadership team will develop a Workforce Development plan for the agency using the template provided by the Ohio State University College of Public Health Practice	December 2016	HC, DOPC, EHD, Admin, AC	Completed workforce development plan
The Workforce Development Plan and Orientation schedule will be revised as needed	Annually beginning July 1, 2017	HC, DA	Will review and revise as necessary by July each calendar year

Goal: WCHD will emphasize Communications for both internal and external customers.

Objective	Timeline	Person(s) Responsible	Evaluation
Develop a standard communications plan	December 2016	HC,AD,EHD,DOPC	Completed communications plan to include how we communicate externally to media and communications internally
Incorporate new brand into official Health Department documents <i>i.e.</i> letterhead, business cards, website, etc	Ongoing	All staff	Letterhead, business cards and forms have the new brand added. As we run out of forms, new designs to incorporate the public health

			logo are added.
Evaluate utilization of media, website and other social media to educate and inform community on trending public health topics	Quarterly	Website content editors, Facebook content editors	Track traffic to website and social media. At least 12 newspaper articles by December 2020
Update contact information for stakeholders including licensed/permitted facilities to increase communication and outreach.	December 2017	Environmental Clerks	Contact information including electronic and social media contact information will be placed into a database.

Goal: WCHD will prioritize efforts to increase operational efficiency and effectiveness

Objective	Timeline	Person(s) Responsible	Evaluation
Review and revise the Quality Improvement plan for the agency	Begin July 2017 then annually	QI Council	QI plan will be reviewed yearly starting July 2017
Will implement at least two QI teams annually. One QI team per year will seek to improve an Administrative function, thus impacting all employees. The remainder of the QI teams can be a program level.	Ongoing to be decided yearly in March	QI council	First QI teams to occur March 2016. There should be ten teams completed by 2021
The leadership team will review and improve information management systems used within the health district.	Inventory systems used by December 2016 and then Ongoing	Leadership team and IT contractor	After initial inventory is complete – the district will implement new software system to improve efficiency (i.e. Financial software, Performance management software, Health Space for Environmental health, HDIS and VaxHub software for the clinic.)
Perform food program inspections in a more timely manner	March 2020	EH Director, EH Supervisor, EH clerical, Food RS	100% of establishments will have less than 8 months between inspections
Implement a more robust Operation and Maintenance Program for septic	December 2020	EH Director, EH Supervisor, EH	100% of septic systems permitted after January 1,

systems		clerical, Septic RS	2015 and 50% of septic systems permitted prior to January 1, 2015 will be included in the Operations and Maintenance program
Implement a Backflow prevention/inspection program	December 2020	EH Director, Plumber, EH clerks	100% of facilities required to be on the backflow program are inspected.
Improve efficiency of infectious disease investigation	Beginning January 2017	PC Director, Nursing Supervisor and ID nurses	By 2020, will reduce the amount of time and errors in communicable disease reporting by 10%
Monitor Impact of Affordable Care Act and Medicaid Extension on Clinical Services	July 2017	HC, PC Director, PHN and PC Clerks	Plan to address Affordable Care Act impacts on Health Department clinical services
Will implement the Community Health improvement Plan	December 2016	HC, AD, PC Director	The CHIP will be complete December 2016. The Strategic Plan will be updated by March 2017 with more specific objectives related to the CHIP.

Goal: The WCHD will continue to be fiscally sustainable

Objective	Timeline	Person(s) Responsible	Evaluation
Evaluate fees to appropriate levels.	Ongoing	HC,AD, EH Director, PC Director	Will evaluate fees on a yearly basis each summer to plan for raising fees appropriately to be implemented January 1 of each year.
Request appropriate increases in general revenue from the budget commission	April 2016	HC, AD	Will Request increases in inside millage for as needed based upon budget preparation for calendar years 2017-2022.
Maximize grant dollar utilization	Ongoing	HC, AD, PC Director	Will spend at least 90% of ODH grant dollars awarded for FY 16. Then will spend at least 95% of grant dollars for FY 2017-2021

Search out grant new opportunities to augment current services.	Ongoing	HC, EH Director, PC Director	Will apply for at least 5 new grant opportunities by 2021
Will examine the feasibility of starting a 501c3	December 2018	HC, AD,EHD, PCD	A feasibility study will be completed with a decision whether or not to proceed with a 501c3
Clinical services of the health department will be marketed to county agencies and employers	Initially December 2017	Health Commissioner, Director of Patient Care. Nursing Supervisor and Patient Care Clerks	Increase in utilization of clinical services business as a result of the marketing campaign

Living Document

This is a living document. As the landscape of local public health is in a constant state of change, this document must be flexible to change. This strategic plan is also linked to several other documents including to the agency QI plan, Workforce Development Plan, Community Health improvement Plan and will serve as the backbone to the soon to be developed Performance Management Plan. As the above-mentioned plans are changed and/or revised, this document will also be changed and/or revised.