

# **Tuscarawas County Health Department**



**Public Health**  
Prevent. Promote. Protect.

## **Strategic Plan**

### **2015-2020**

**Updated on: November 7, 2017**

**Plan approved by Board of Health on: December 13, 2017**

Questions about this plan may be addressed to:

Katie Seward MPH, CHES, CTTS  
Health Commissioner  
Tuscarawas County Health Department  
897 East Iron Avenue  
Dover, Ohio 44622  
Phone (330) 343-5555  
Email: [director@tchdnow.org](mailto:director@tchdnow.org)  
Website: [www.tchdnow.org](http://www.tchdnow.org)

# Foreword

The Tuscarawas County Health Department's (TCHD) original strategic plan was created in October 2015 and Board of Health approved in November of that same year. The purpose of a strategic plan is to define and determine organizational roles and priorities for the next three to five years. Strategic plans should also outline who, what, where, when, why and how of the priorities and act as a road map that leads implementation and successful completion of set tasks. The Tuscarawas County Health Department's Strategic Plan is a five-year plan that is whole agency focused.

The original plan was one of the first large plans created by the health department. Thus, it failed to provide appropriate linkages to the following, which were created after the initial plan was written and approved:

- Community Health Needs Assessment (CHA)
- Community Health Improvement Plan (CHIP)
- State Health Improvement Plan (SHIP)
- Quality Improvement Plan

Due to the necessary missing linkages, administration chose to solicit the assistance of the Hospital Council of Northwest Ohio, who also authored our local CHA and CHIP, to ensure proper alignment of all documents, assessments, and plans.

The revision occurred in October 2017, with the majority of staff and administration's participation with final edits concluding in November and Board of Health approval in December 2017.



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# Plan Review Responsibility

## **REVIEW OF PLAN**

Tuscarawas County Health Department will review this plan every year, or more often if the need presents itself. Board of Health members, management, staff and community partners will be involved in the review.

## **AUTHORSHIP**

The 2015-2020 Tuscarawas County Strategic Plan was written by TCHD staff, with input from the Board of Health, community partners, community members and the Hospital Council of Northwest Ohio.

## **APPROVAL**

This plan was approved by the Tuscarawas County Board of Health on November 18, 2015. A revision of this plan was approved by the Board of Health on December 13, 2017.

# Introduction

## ABOUT THIS DOCUMENT

The Tuscarawas County Health Department is pleased to present the 2015-2020 Strategic Plan. Through a comprehensive planning process that included input from employees, board of health members, community partners, and community members, we identified our agency's priorities and developed specific goals and objectives to guide our work over the next five years. This plan allows us to focus our organization towards addressing the strategic priority issues that have been articulated through a number of assessments, plans and data sets. The strategic plan is intended to be a roadmap for the health department's current and future efforts.

Since the creation of the strategic plan, Ohio released the 2016 State Health Assessment (SHA) and 2017-2019 State Health Improvement Plan (SHIP). Additionally, the Tuscarawas County Health Department collaborated with community partners to create a community health assessment (CHA) and community health improvement plan (CHIP). Tuscarawas County Health Department contracted with the Hospital Council of Northwest Ohio (HCNO), a neutral, not-for-profit hospital association, to review the 2015-2020 Strategic Plan and realign it with the SHIP and CHIP. Therefore, HCNO reorganized the document to show alignment as well as meet Public Health Accreditation Board (PHAB) standards. The majority of the 2015-2020 strategic planning priorities are the same and indicate where progress has been made. New priority areas were also added to better align with the county and the state plans.

## AGENCY OVERVIEW

Tuscarawas County is located in the eastern part of Ohio. The county seat is New Philadelphia. The county has a total area of 571 square miles. According to the United States Census Bureau, the population is 92,420. The majority (95%) of the population are Caucasian. Hispanics (3%), African Americans (1%), American Indian and Alaska Natives (<1%), Asian (<1%) and Native Hawaiian or Alaska Natives (<1%) comprise the rest of the population. The median income (in 2015 dollars) for households in the County is \$45,310. The 2011-2015 American Community Survey 5-Year Estimates indicate that 94.1% of residents speak English, 1.7% Spanish, 4.2% speak other Indo-European languages.



The Tuscarawas County Health Department is a local government public agency. The health department is one of two health departments in Tuscarawas County and has jurisdiction in all areas outside of the city of New Philadelphia. The agency consists of five divisions which include: alcohol and addiction, environmental services, medical clinic, medical records/vital statistics and the supplemental nutrition program for women, infant and children (WIC).

The Board of Health is the governing body for the health department. The District Advisory Council appoints five members of the Board of Health, the District Licensing Council appoints one member, and the final member is a physician from the community. The District Advisory Council consists of the chairman of the board of trustees from each township, the mayor from each city or village and a representative of the Board of County Commissioners. The Licensing Council consists of representatives from the major Environmental Health programs that are licensed and inspected by the health department.

The agency is directed by a Health Commissioner and a leadership team that is comprised of the Director of Nursing, Director of Environmental Health, Director of Medical Records, Director of WIC and Director of the Alcohol and Addiction. Directors oversee programs and supervise staff within their respective divisions.

The health department is funded through a variety of sources including outside millage, grants, permits and licenses, contracts for services and fees for direct services. Training required by grants is supported by each respective grant.

This strategic plan has the full support of the Board of Health and the TCHD administration. The plan is tied to the Community Health Improvement Plan, Ohio State Health Improvement Plan, Workforce Development Plan and operates in conjunction with the Quality Improvement/Performance Management Plan to ensure that priorities, objectives, strategies, and activities are met.

## **EXECUTIVE SUMMARY**

The 2015-2020 Tuscarawas County Health Department Strategic Plan is the result of planning efforts which were initiated in November 2014, with a realignment in 2017, to meet new standards associated with the Public Health Accreditation Board (PHAB) accreditation process, 2016-2019 Tuscarawas Community Health Improvement Plan and the 2017-2019 Ohio State Health Improvement Plan.

The initial process for strategic planning began with the formation of a subcommittee from the Continuous Quality Improvement (CQI) committee, comprised of a variety of staff representing all divisions of the health department. After two working sessions, the mission, vision and value statements were created and presented to the Board of Health, in which they were approved on September 9, 2015. Following the official approval, publication was done via the health department website, the employee newsletter, and in various locations throughout the building.

Next, the health commissioner presented the strategic planning committee with information on the review of internal and external data. Data sources included: County Health Rankings, health department financial status, legislative impacts, emerging issues in the community, and results of the strengths, weaknesses, opportunities and threats (SWOT) analysis. Additionally, a summary of the 2015 Community Health Assessment (CHA) was also provided. In 2017, as part of the strategic plan revision and realignment, HCNO administered an employee satisfaction survey and community partner survey as part of the data collection process, and updated



previous data sources where necessary. The data was then used to realign the strategic plan and look at potential priority areas that were not addressed previously.

Development of the strategic priority areas considered all the inputs. The strategic priorities were voted on by the strategic planning committee via an online survey and results were compiled on September 16, 2015. The strategic priorities sought to create linkages with the SHIP, CHIP, and the QI/PM Plan. Goals and objectives were also established for each priority. Goals were broadly stated, and objectives were written in the SMART (Specific, Measurable, Achievable, Realistic, Time-phased) format. In 2017, HCNO revisited these priorities and strategies to ensure realignment with the SHIP and CHIP.

The 2015-2020 Strategic Plan was sent to the Board for review in early November 2015, was Board approved on November 18, 2015, and after a reorganization of the plan, was re-approved on December 13, 2017. Once approved, the plan is considered a living document and may be revised should the need arise. The plan will be available online to employees and the public, and you can also access a paper copy at the health department.

The strategic plan will be reviewed and updated on an annual basis and will be formally rewritten every three years to ensure that the priorities, goals, and objectives of the work remain relevant and related to our mission, vision and values.

## **STRATEGIC PLANNING PRIORITIES**

The following strategic planning priorities support our mission, vision, and values, and contribute to providing high quality public health services to Tuscarawas County:

1. Achieve public health accreditation
2. Organizational excellence
3. Workforce excellence
4. Community engagement
5. Information technology
6. External communication and marketing
7. Financial health

## **ALIGNMENT WITH THE 2017-2019 OHIO STATE HEALTH IMPROVEMENT PLAN (SHIP) AND 2016-2019 TUSCARAWAS COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)**

The 2017-2019 State Health Improvement Plan (SHIP) serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to improve health and wellbeing, the state will track the following health indicators:

- **Self-reported health status** (reduce the percent of Ohio adults who report fair or poor health)
- **Premature death** (reduce the rate of deaths before age 75)

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

1. **Mental health and addiction** (includes emotional wellbeing, mental illness conditions and substance abuse disorders)
2. **Chronic Disease** (includes conditions such as heart disease, diabetes and asthma, and related clinical risk factors-obesity, hypertension and high cholesterol, as well as behaviors closely associated with these conditions and risk factors- nutrition, physical activity and tobacco use)
3. **Maternal and Infant Health** (includes infant and maternal mortality, birth outcomes and related risk and protective factors impacting preconception, pregnancy and infancy, including family and community contexts)

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying cross-cutting factors that impact multiple outcomes: health equity, social determinants of health, public health system, prevention and health behaviors, and healthcare system and access.

The 2016-2019 Tuscarawas County CHIP very closely aligns with the 2017-2019 SHIP priorities:

- Mental health and addiction
- Chronic disease

The 2015-2020 Tuscarawas County Health Department Strategic Plan aligns with both the 2017-2019 SHIP and 2016-2019 Tuscarawas County CHIP by making community partnerships a priority and completing specific CHIP-rated action steps in which TCHD is the responsible agency. The TCHD also supports partner organizations, such as Healthy Tusc, in the following CHIP priority areas: obesity, substance abuse, and access to dental care.

## ALIGNMENT WITH THE 2017 TUSCARAWAS COUNTY HEALTH DEPARTMENT QUALITY IMPROVEMENT AND PERFORMANCE MANAGEMENT PLAN

Quality improvement is an element of performance management that uses processes or address specific targets for effectiveness and efficiency (Public Health Accreditation Board, 2013). The purpose of the Tuscarawas County Health Department Quality Improvement and Performance Management (QI/PM) Plan is to provide context and framework for Quality Improvement (QI) and Performance Management (PM) activities at the Tuscarawas County Health Department. The 2015-2020 Strategic Plan aligns with the QI/PM plan by making quality improvement a priority, and integrating quality improvement processes into organizational practice, programs, processes and interventions. TCHD will also implement and maintain a performance management system that will function in conjunction with the CHIP and Strategic Plan.

### THE LOCAL PUBLIC HEALTH SYSTEM

#### The 10 Essential Public Health Services

The Tuscarawas County Health Department strives to continually assure that the Ten Essential Services of Public Health are provided with quality in our community:

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



#### The Local Public Health System Assessment

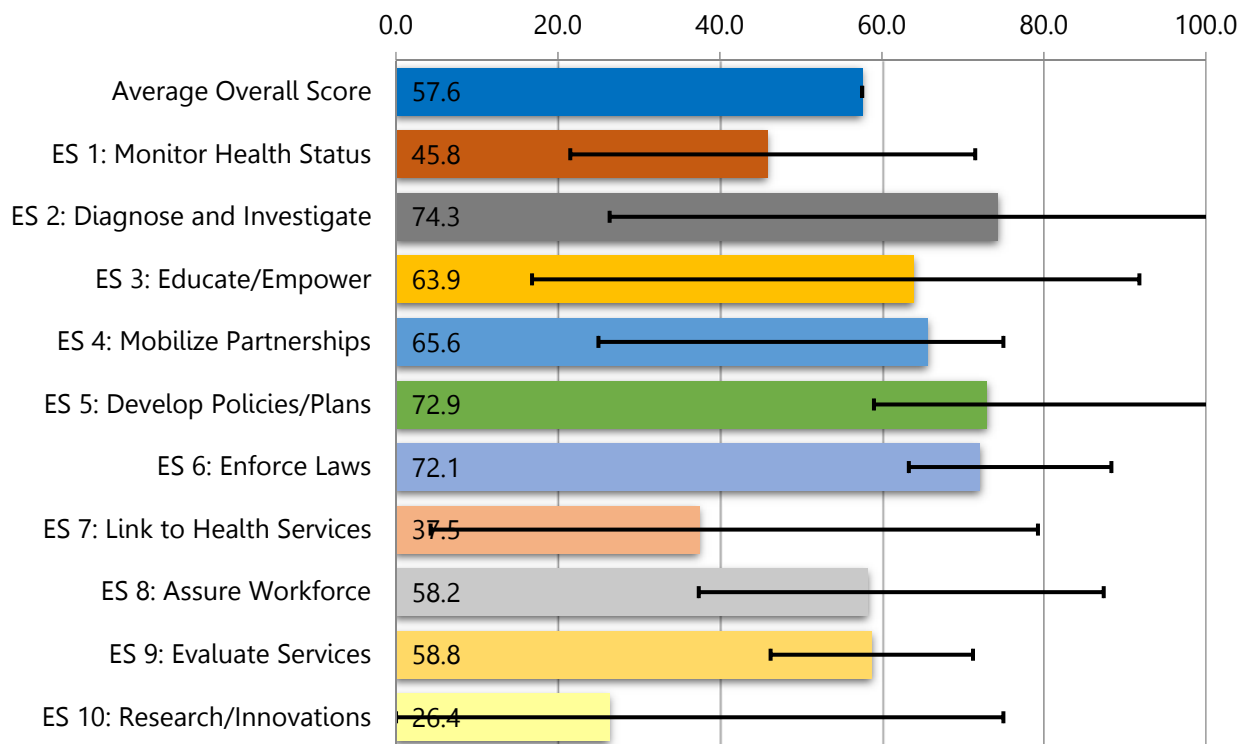
As part of the 2016-2019 CHIP planning process, the Local Public Health System Assessment (LPHSA) answered the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?" The assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument**.

Members of the Tuscarawas County Health Department completed the performance measures instrument and results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed and the group came to a consensus on responses for all questions. The challenges and opportunities that were discussed were used in the CHIP action planning process.

The CHIP committee identified 15 indicators that had a status of “minimal” and 4 indicators that had a status of “no activity”. The remaining indicators were all moderate, significant or optimal. As part of minimum standards, local health departments are required to complete this assessment at least once every five years.

To view the full results of the LPHSA, please contact Katie Seward from the Tuscarawas County Health Department at [director@tchdnow.org](mailto:director@tchdnow.org).

### Summary of Average ES Performance Score



# Strategic Planning Process: Planning to Plan

Phase	Questions Considered	Action Steps
<b>Phase 1: Plan to plan</b>	<ul style="list-style-type: none"> <li>• What needs to be addressed from your readiness assessment before you begin?</li> <li>• Who will you involve in the process?</li> <li>• Who will lead the process?</li> <li>• When will you need Board of Health approval?</li> <li>• Timeframe?</li> </ul>	The CQI and accreditation committees will be involved with the development and the Board of Health will make approvals throughout the process. The lead will be taken on by the health commissioner, CQI committee coordinator and accreditation coordinator.
<b>Phase 2: Articulate mission, vision, values</b>	<ul style="list-style-type: none"> <li>• Do you have a current mission, vision and values?</li> <li>• What can help with this phase?</li> </ul>	The health department has a mission that will be revised and vision and values will be created as a result of this process.
<b>Phase 3: Assess the situation</b>	<ul style="list-style-type: none"> <li>• How will you approach your environmental scan?</li> <li>• What other inputs will you use?</li> <li>• What data do you have?</li> </ul>	Internal and external data sources will be reviewed and an online SWOT survey will be completed. County health rankings, department finances, community health assessment data, SWOT data will all be valuable sources of inputs.
<b>Phase 4: Agree on strategic priorities</b>	<ul style="list-style-type: none"> <li>• Who needs to be involved?</li> <li>• When will your board be involved?</li> <li>• What processes will you use?</li> </ul>	The CQI and accreditation committees will be involved in priority setting and the Board of Health will have final approval rights. Surveys, group discussions and voting will all be used to aid in this process of the plan development.
<b>Phase 5: Write the plan</b>	<ul style="list-style-type: none"> <li>• Who will write your plan?</li> <li>• What approach will you use?</li> </ul>	The plan will be written by the health commissioner and then reviewed, edited and approved by the CQI coordinator and accreditation coordinator before needing board of health final approval.

Phase	Questions Considered	Action Steps
<b>Phase 6: Implement</b>	<ul style="list-style-type: none"> <li>• Who will oversee the implementation?</li> <li>• Where will the plan reside?</li> <li>• How will progress be tracked?</li> <li>• How will communication take place?</li> </ul>	<p>The CQI committee will oversee the implementation of the plan. The plan will be posted online for employee and public use as well as in paper copy in the administrative assistant's office for general use. Progress will be tracked through updates given at CQI meeting and reflected in meeting minutes.</p>
<b>Phase 7: Evaluate and monitor</b>	<ul style="list-style-type: none"> <li>• When will the plan be reviewed?</li> <li>• How often will the plan be updated?</li> </ul>	<p>The plan will be reviewed on an annual and as needed basis. There will be a plan update completed every 5 years. There is a tracking sheet located in this plan to track updates. All updates must be Board of Health approved before being published and implemented.</p>

# Mission, Vision, and Values

## MISSION

The mission for Tuscarawas County Health Department has always reflected the overall agency purpose. However, the most recent revision sought to make the mission a broad, short statement that would be easy for employees to remember and uphold.

### Mission Statement:

*The Tuscarawas County Health Department promotes healthy, safe choices, prevents disease and protects the environment for everyone.*

## VISION

In the creation of the vision statement for Tuscarawas County Health Department, the developing committee was advised to create a lofty, future-oriented statement that explained what the health department would achieve in a perfect world.

### Vision Statement:

*Serving our community for a healthier tomorrow.*

## VALUES

The value statements were created to be the guiding principles for the health department.

### Values:

*Ethics: Honesty and integrity that create an inclusive environment.*

*Professionalism: Demonstrate knowledge and skill while providing respectful, courteous treatment to all.*

*Attitude: Supportive and compassionate to all*

*Leadership: Accountability for your actions by courageously inspiring others to succeed*

*Communication: Sharing ideas to promote understanding and information*

# Environmental Scan

## INTERNAL SWOT ANALYSIS

As a part of the original 2015 strategic planning process, TCHD conducted an online SWOT analysis to identify strengths and weaknesses as well as opportunities and threats (SWOT). Survey respondents included health department staff, board members, and key community partners. TCHD received a total of 68 responses. The results of the SWOT analysis are identified in the table below.

This information, along with other data contributions such as customer satisfaction survey results, community health improvement plan priorities, and employee satisfaction survey results, provided the basis for identifying the agency's strategic priorities and goals.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Diversity of the programs offered at the health department</li> <li>• Quality of customer service</li> <li>• Quality of services</li> <li>• Skills of the workforce at the health department</li> <li>• Confidentiality offered at the health department</li> <li>• Facilities</li> <li>• Service accessibility to the public</li> <li>• Overall community respect of the health department</li> </ul>	<ul style="list-style-type: none"> <li>• Employee morale</li> <li>• Internal communication with employees</li> <li>• External communication to the public</li> <li>• Department directors</li> <li>• Community respect of the health department</li> <li>• Teamwork among employees at the health department</li> <li>• Technological capabilities of the health department</li> <li>• Management support of employees</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Community awareness of programs and services offered at the health department</li> <li>• Overall community image of the health department</li> <li>• Technological advances</li> <li>• Overall reputation of the health department in the community</li> <li>• Grant availability</li> <li>• Community partnerships</li> <li>• Public health accreditation</li> <li>• Community demographic changes</li> </ul>	<ul style="list-style-type: none"> <li>• Competition from outside agencies offering the same or similar services</li> <li>• Grant funding</li> <li>• Local economic state and trends</li> <li>• State mandates for the health department</li> <li>• Community awareness of programs and services</li> <li>• Local funding</li> <li>• State funding</li> <li>• Private sector medical providers and competition for business</li> </ul>



## EXTERNAL COMMUNITY ANALYSIS

In 2017, as part of the strategic plan realignment, TCHD conducted an online community survey of community partners to identify community perceptions regarding health department strengths, weaknesses, opportunities for improvement, and valued services. TCHD received a total of 23 responses. The results of the external community survey are identified in the table below.

Overall, community partners rated health department services as excellent (26%), very good (35%), good (26%), and fair (13%). No one rated health department services as poor. Ninety-one percent (91%) of community partners were satisfied (48%) or very satisfied (43%) with the health department as whole. To view the full results of the external community analysis, please contact TCHD at (330) 343-5555.

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Variety of services offered, including immunizations, WIC and programs for new parents (5)</li> <li>• Qualified, knowledgeable, and dedicated staff (4)</li> <li>• Good leadership from the Board and Health Commissioner (4)</li> <li>• Health clinic/ease in getting appointments (4)</li> <li>• Involvement in community collaboration (2)</li> <li>• Health department's desire to serve the community (2)</li> <li>• Accommodation and affordability (2)</li> <li>• Health and disease surveillance (2)</li> <li>• They immediately address any health-related issues that they are notified of</li> <li>• They work with the public/private land owners to resolve any health-related issues</li> <li>• Approachability</li> <li>• Long-term strategic goals both internally and for the community</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of funding (4)</li> <li>• Lack of dental care (4)</li> <li>• Lack of involvement with other community health members (2)</li> <li>• Little to no presence in southern Tuscarawas County where the socioeconomic needs are the greatest</li> <li>• Does not offer extended hours to better fit the schedules of the working poor</li> <li>• That it is only for poor people</li> <li>• Low wages</li> <li>• Negativity from employees</li> <li>• Educating the public on the many services provided</li> <li>• The Alcohol and Addiction Program is offered however they do not offer physician services for SUD treatment</li> <li>• Poor services</li> <li>• Wait times are often very high in an uncomfortable waiting room setting</li> <li>• Stretched too thin</li> <li>• The building...while well maintained, is getting a bit dated and does not allow for many additional growth opportunities/or for staff growth</li> </ul>

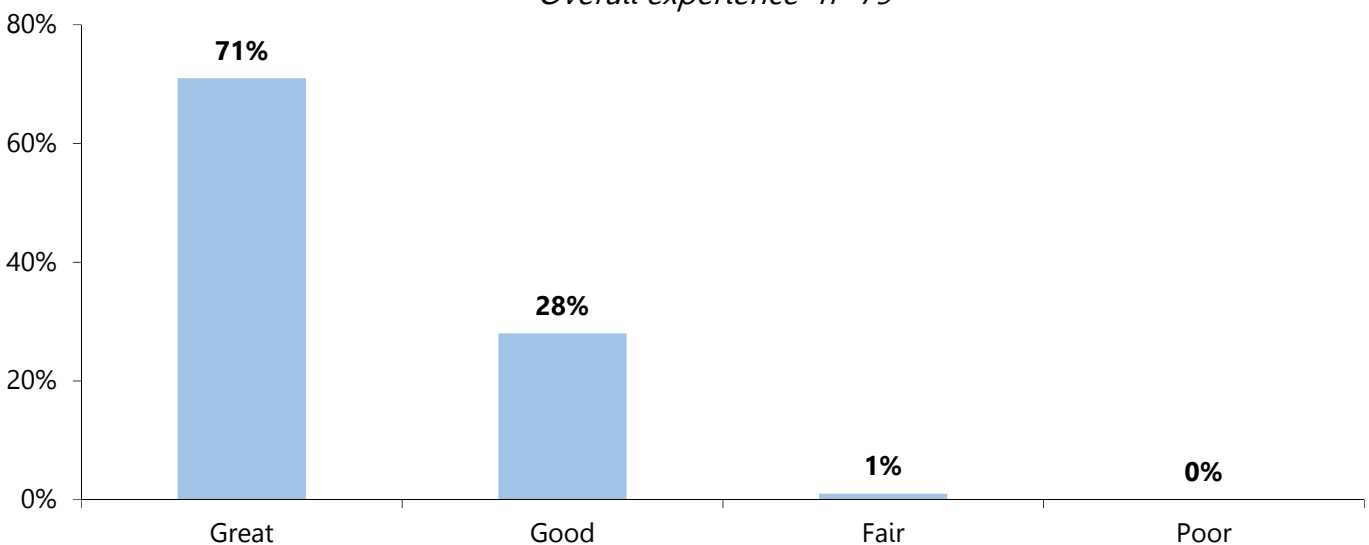
Opportunities to Better Serve the Community	Valued Services
<ul style="list-style-type: none"> <li>• Continue involvement in community organizations (3)</li> <li>• Apply for additional funding to better meet community needs, such as smoking cessation (2)</li> <li>• On-site wellness clinics in areas such as southern Tusc (2)</li> <li>• Market services (2)</li> <li>• Increased dental care (2)</li> <li>• Consider offering expanded hours</li> <li>• Medication Assisted Treatment for SUD</li> <li>• Better serve children when working with schools</li> <li>• Have New Philadelphia City Health Department be assumed by the TCHD so the residents of that district can be better served by TCHD</li> <li>• Hispanic population</li> </ul>	<ul style="list-style-type: none"> <li>• Dedicated leadership and staff (6)</li> <li>• Programs and services (6)</li> <li>• Community collaboration (3)</li> <li>• Availability and approachability (2)</li> <li>• The information that they provide</li> <li>• Surveillance</li> <li>• They are a great resource to schools</li> <li>• Long-term strategic goals both internally and for the community</li> </ul>

## CUSTOMER SATISFACTION SURVEY

TCHD is committed to delivering optimal customer service. As part of the ten essential public health services, TCHD strives to provide high quality healthcare services to Tuscarawas County residents. In a 2017 customer satisfaction survey, 99% of clients reported their last overall experience was good or great. For more information regarding customer satisfaction, please contact TCHD at (330) 343-5555.

### July 2017 Customer Satisfaction Survey Results

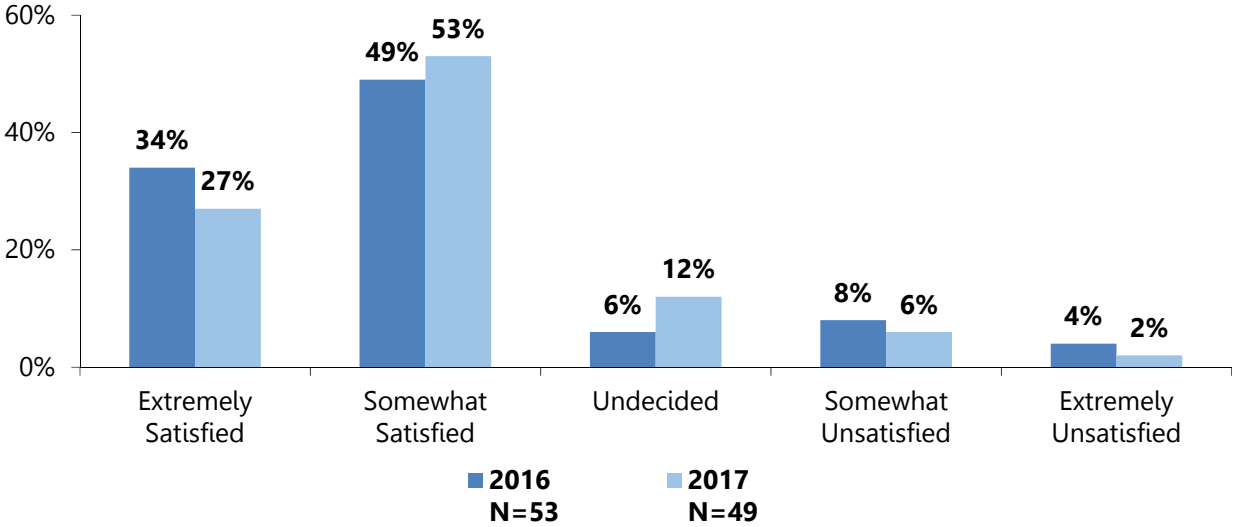
*"Overall experience" n=79*



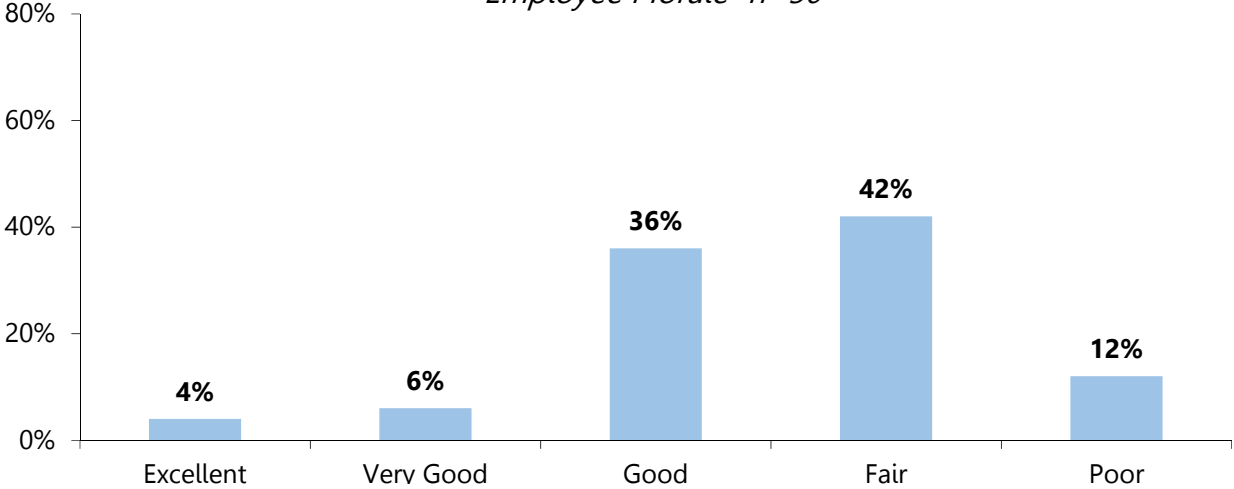
# EMPLOYEE SATISFACTION SURVEY

TCHD recognizes employee satisfaction as a vital component to health department success. In a 2017 employee satisfaction survey, employees reported they were extremely satisfied (27%), somewhat satisfied (53%), undecided (12%), somewhat unsatisfied (6%) and extremely unsatisfied (2%) with their current job. However, 54% of employees reported that health department morale was fair (42%) or poor (12%). For more information regarding employee satisfaction, please contact TCHD at (330) 343-5555.

**Employee Satisfaction Survey Results**  
*"Overall Job Satisfaction"*



**2017 Employee Satisfaction Survey Results**  
*"Employee Morale" n=50*



## LEGISLATIVE IMPACTS

As part of the original 2015 strategic planning process, the strategic planning committee created a list of legislative impacts that could positively or negatively impact the Tuscarawas County Health Department. The list below was reviewed by TCHD staff.

- Affordable Care Act
- Licensing Council
- Sewage rules
- 100% grant reimbursement through ODH
- State wide issuance of death certificates
- Not being able to lobby for legislation that impacts the community

## EMERGING AND CURRENT ISSUES

As part of the original 2015 strategic planning process, the strategic planning committee created a list of emerging and current issues that could impact the Tuscarawas County Health Department. The list below was reviewed by TCHD staff.

- Public health accreditation
- Health reform
- High use of ER for primary care
- Public health funding
- Under and un insured less likely to seek out preventative services
- Aging population
- Non-immunized population
- Increase of cultural diversity in the community, some undocumented
- Increase of communicable diseases related to drug use
- High numbers of STI's in community
- Drug, alcohol and tobacco use in community

## 2017 COUNTY HEALTH RANKINGS

The County Health Rankings and Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual County Health Rankings measure vital health factors including but not limited to high school graduation rates, obesity, smoking, and access to healthy foods in nearly every county in America. The annual County Health Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. For more information on County Health Rankings please go to <http://www.countyhealthrankings.org/>.

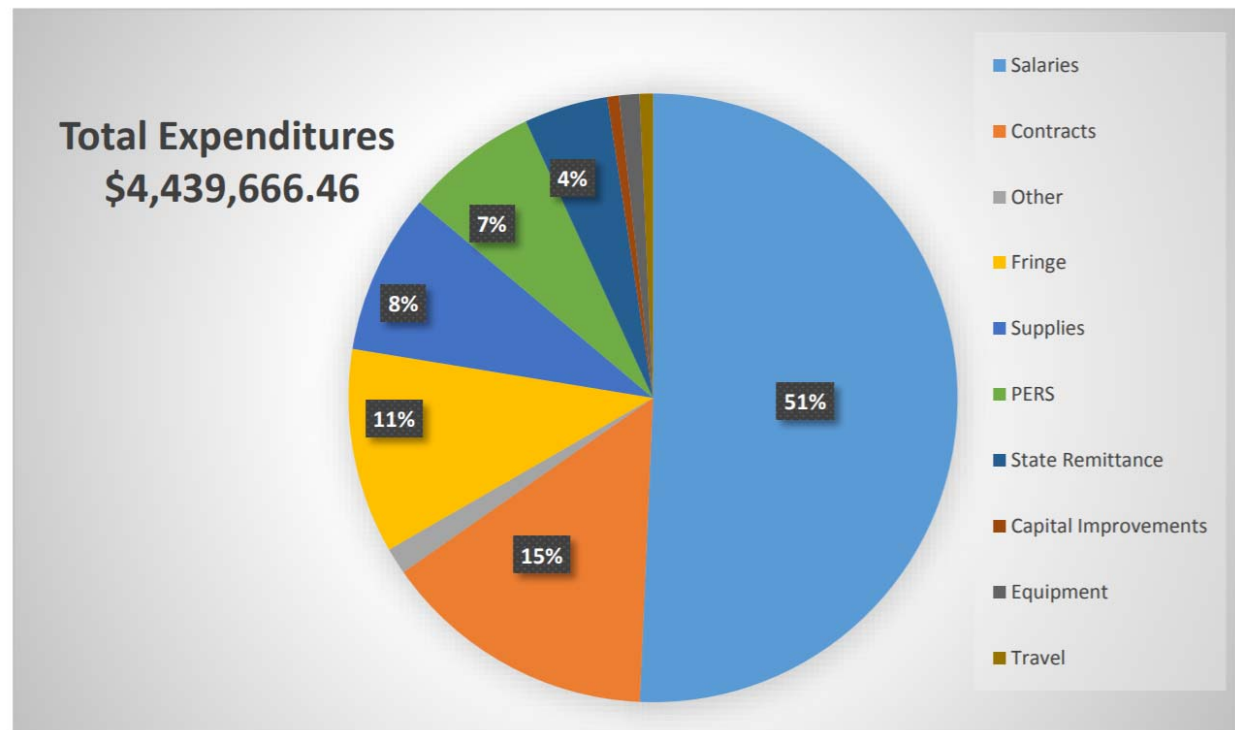
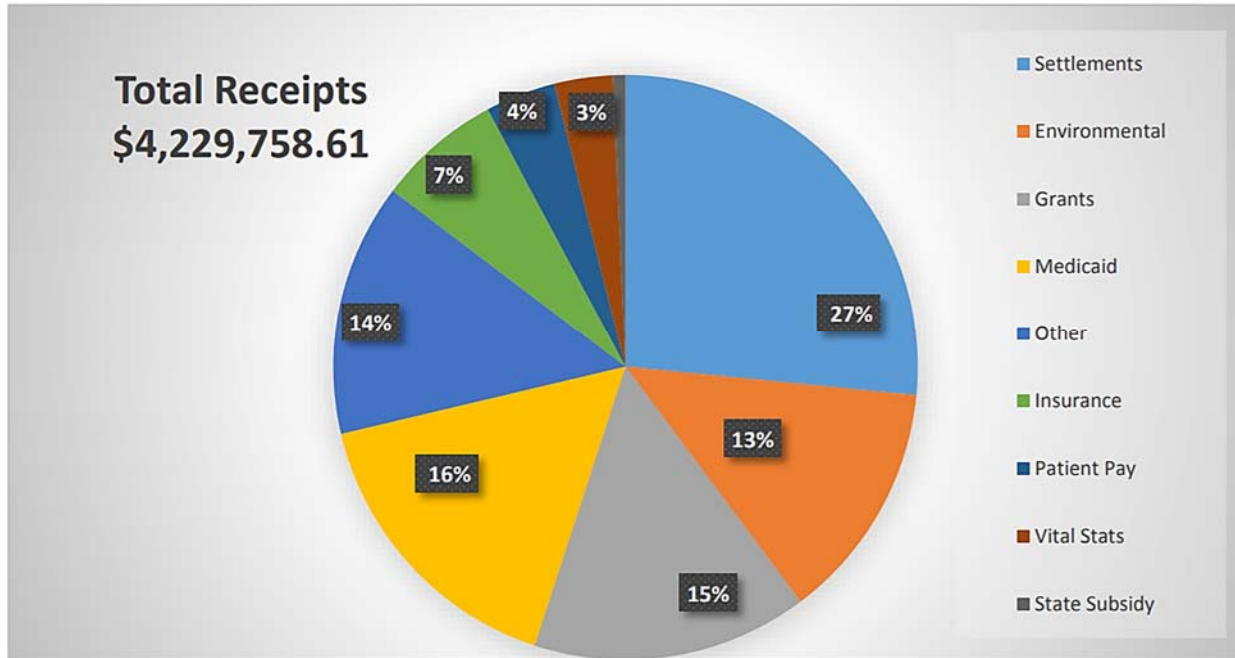
Below is a list of 2017 County Health Rankings results in which Tuscarawas County is ranked, per measure, out of 88 counties in Ohio:

County Health Rankings Measure	2015	2016	2017
<b>Health outcomes (Overall rank)</b>	30	32	36
<b>Length of life</b>	26	24	27
<b>Quality of life</b>	34	41	42
<b>Health factors</b>	45	40	38
<b>Health behaviors</b>	56	31	21
<b>Clinical care</b>	63	71	69
<b>Social and economic factors</b>	33	31	37
<b>Physical environment</b>	57	46	34

## FINANCIAL STATUS OF TUSCARAWAS COUNTY HEALTH DEPARTMENT

The information below indicates the financial status of TCHD in 2016 (per the 2016 TCHD Annual Report):

- 2016 Beginning Balance: \$4,547,840.61
- 2016 Ending Balance: \$4,337,932.76



# Strategic Priorities

## STRATEGIC PLANNING TERMINOLOGY

**Strategic Priority:** highest level of thinking about what needs to be accomplished; core themes

**Goal:** broad, major initiatives that need to be undertaken to address the priority area

**Key Measure:** specific metric used to measure progress and success

**Objectives:** interim steps that address the goal; should be SMART

**Action Steps:** specific steps that need to be taken to meet the objective

**Timeline:** timeframe within activities will take place

**Responsible Party:** who will be responsible for ensuring the objective is met?

## STRATEGIC PRIORITY #1: ACHIEVE PUBLIC HEALTH ACCREDITATION

TCHD is dedicated to improving quality and performance, and is currently seeking national accreditation as an effective and efficient provider of public health services. TCHD capitalizes on the expertise and commitment of experienced staff members in order to adapt to a changing public health landscape.

**Goal:** Achieve accreditation from the Public Health Accreditation Board (PHAB).

**Key Measure:** Obtain PHAB Accreditation through the Public Health Accreditation Board by January 1, 2020.

### Objective:

1. Complete prerequisite documents by September 1, 2016.
2. Complete statement of intent to apply by July 22, 2016
3. Apply for PHAB accreditation by September 30, 2016
4. Submit documentation by February 8, 2018.

Strategic Priority #1 Metric		
	Baseline 2017	Target 2020
<b>Obtain PHAB Accreditation through the Public Health Accreditation Board by January 1, 2020</b>	Not accredited by PHAB	Accredited by PHAB

## Strategic Priority #1 Work Plan

Goal: Achieve accreditation from the Public Health Accreditation Board (PHAB).

Objective	Action Step	Timeline	Responsible Party	Status Update
<b>1. Complete prerequisite documents by September 1, 2016</b>	1. Appoint an accreditation coordinator.	November 30, 2014	Health Commissioner	<b>Complete</b>
	2. Assign PHAB domain leaders and have regular meetings around domain documentation requirements.	November 30, 2014	Health Commissioner	<b>Complete</b>
	3. Create Community Health Improvement Plan committee.	January 31, 2016	Accreditation Committee/Domain Leaders	<p><b>Complete</b></p> <p>January 19, 2016 Update: This committee has been created through HealthyTusc Partnership.</p> <p>February 2016 Update: First community CHIP meeting has completed; 4 priorities have been identified.</p> <p>May 2016: CHIP committee process will be completed at the end of this month; CHIP report to be complete by early June.</p> <p>November 2016: CHIP is complete and work is continual on priorities.</p> <p>April 2017: HealthyTusc meets on a quarterly basis while subcommittees meet more frequently to work towards the objectives and implementation of activities laid out in the CHIP.</p>

## Strategic Priority #1 Work Plan

Goal: Achieve accreditation from the Public Health Accreditation Board (PHAB).

Objective	Action Step	Timeline	Responsible Party	Status Update
<p><b>1. Complete prerequisite documents by September 1, 2016</b> <i>(continued)</i></p>	<p>4. Complete Community Health Improvement Plan documents.</p>	<p>December 31, 2016</p>	<p>Community Health Improvement Plan Committee</p>	<p><b>Complete</b></p> <p>February 2016: In process.</p> <p>November 2016: CHIP is complete and work is continual on priorities.</p> <p>April 2017: Work towards the priorities is ongoing.</p>
<p><b>2. Complete statement of intent to apply by June 1, 2017.</b></p>	<p>1. Gather all initial documents for accreditation.</p>	<p>July 22, 2016</p>	<p>Accreditation Committee/Domain Leaders</p>	<p><b>Complete</b></p> <p>January 19, 2016 Update: In process; compiling and scanning docs. Cover sheets not yet started.</p> <p>November 2016: SOI was submitted on July 22, 2016; the timeline was pushed back due to the CHIP process taking longer than expected; there is a continual review of supporting/example documentation.</p> <p>April 2017: Documents are being reviewed for evidence of authenticity and assurance they meet the requests and are within the designated timeframes.</p>



## Strategic Priority #1 Work Plan

Goal: Achieve accreditation from the Public Health Accreditation Board (PHAB).

Objective	Action Step	Timeline	Responsible Party	Status Update
<b>3. Apply for PHAB accreditation by September 30, 2016.</b>	1. Submit the PHAB application and fee, and complete applicant training.	September 30, 2016	Accreditation Committee/Domain Leaders	<b>Complete</b>
	2. Submit the PHAB application fee.	September 30, 2016	Accreditation Committee/Domain Leaders	<b>Complete</b>
	3. Complete the PHAB applicant training.	February 8, 2017	Accreditation Committee/Domain Leaders	<b>Complete</b>
<b>4. Submit documentation by February 8, 2018.</b>	1. Select documentation for each measure, upload it to e-PHAB, and submit it to PHAB.	February 8, 2018.	Accreditation Committee/Domain Leaders	

## STRATEGIC PRIORITY #2: ORGANIZATIONAL EXCELLENCE

Organizational excellence refers to ongoing efforts to establish an internal framework of standards and processes intended to engage and motivate employees to deliver products and services that fulfill customer requirements within business expectations (*American Society for Quality, 2017*). TCHD strives to achieve organizational excellence through continuous quality improvement and performance management.

**Goal:** Implement and monitor quality improvement and performance management (QI/PM) activities.

**Key Measure:** By December 31, 2020, TCHD will have met all of the goals outlined in the 2017 TCHD QI/PM plan.

### Objective:

1. Develop a CQI plan by June 30, 2016.
2. Annually review and revise (as necessary) the QI/PM Plan by December 31 of each year.
3. Annually implement quality improvement efforts by utilizing the Plan, Do, Check Act framework for QI projects by December 31 of each year.
4. Demonstrate employee participation in quality improvement by training 100% of employees on QI processes by December 31, 2020.
5. Implement a fully functioning performance management system to monitor achievement of departmental and divisional objectives by December 31 of each year.

Strategic Priority #2 Metric		
	Baseline 2017	Target 2020
<b>By December 31, 2020, TCHD will have completed all of the goals outlined in the 2017 TCHD QI/PM plan.</b>	Incomplete 2017 QI/PM goals.	Completed 2017 QI/PM goals.

**Strategic Priority #2 Work Plan**

**Goal: Implement and monitor quality improvement and performance management (QI/PM) activities.**

Objective	Action Step	Timeline	Responsible Party	Status Update
<p><b>1. Develop a CQI plan by June 30, 2016.</b></p>	<p>1. Develop key elements of the QI Structure including organization structure, membership and rotation, roles and responsibilities, staffing and administrative support and budget.</p>	<p>June 30, 2016</p>	<p>CQI Chair, Department Directors, Administrative Assistant, Board of Health, Health Commissioner</p>	<p><b>Complete</b>  January 19, 2016 Update: organizational structure and roles and responsibilities have been completed. Still in need of membership and rotation schedule.</p>
	<p>2. Identify types of QI training available and conducted at TCHD.</p>	<p>June 30, 2016</p>	<p>CQI Chair, Department Directors, Health Commissioner</p>	<p><b>Complete</b>  February 2016: QI trainings described in the QI/PM plan; no further update  May 2016: Ensure that all QI committee members have completed basic QI online training  November 2016: All QI members have completed the online trainings  April 2016: QI Committee looking for additional training options</p>
	<p>3. Identify how improvement areas will be prioritized and align with other TCHD documentation.</p>	<p>June 30, 2016</p>	<p>CQI Chair, Department Directors, Health Commissioner</p>	<p><b>Complete</b>  See QI/PM plan</p>

## Strategic Priority #2 Work Plan

Goal: Implement and monitor quality improvement and performance management (QI/PM) activities.

Objective	Action Step	Timeline	Responsible Party	Status Update
<b>1. Develop a CQI plan by June 30, 2016.</b> <i>(continued)</i>	4. Define QI goals, objectives and measures, as well as timeframes.	June 30, 2016	CQI Chair, Department Directors, Health Commissioner	<b>Complete</b>  January 19, 2016 Update: QI goals and objectives have been established in the QI/PM Plan; no further updates May 2016 update: updated added to 2016 QI/PM goals and objectives
	5. Identify how QI plan will be continuously monitored for progress.	June 30, 2016	CQI Chair, Department	<b>Complete</b>  January 19, 2016 Update: QI/PM plans lays out making all printers capable to scan to emails, re-evaluating access points and working on guest internet access  April 2017: Meeting held in early 2017, new priorities include installation of back up internet, the installation of an internal server complete with offsite Cloud based backups
<b>2. Annually review and revise (as necessary) the QI/PM Plan by December 31 of each year.</b>	1. Annual Review of QI/PM Plan.	Annually by December 31	QI Committee	
	2. Dissemination of updated QI/PM plan to all TCHD staff.	Annually by February 28	Health Commissioner, Division Directors	

## Strategic Priority #2 Work Plan

Goal: Implement and monitor quality improvement and performance management (QI/PM) activities.

Objective	Action Step	Timeline	Responsible Party	Status Update
<b>3. Annually implement quality improvement efforts by utilizing the Plan, Do, Check Act framework for QI projects by December 31 of each year.</b>	1. Workgroups will utilize documentation for their projects and produce finalized storyboards to QI Committee.	Annually, as needed, by December 31	TCHD Workgroups, QI Committee	
	2. Workgroups will document all tools used for projects.	Annually, as needed, by December 31	TCHD Workgroups	
<b>4. Demonstrate employee participation in quality improvement by training 100% of employees on QI processes by December 31, 2020.</b>	1. Maintain training log.	Ongoing	Administrative Assistant	
	2. Train all new employees during their orientation process.	Ongoing	Division Director, QI Coordinator	
	3. Train all new QI members within 30 days of their representation on the QI committee.	Ongoing	QI Coordinator, QI Committee	
	4. Provide all division trainings on topics related to QI and PM.	Ongoing	Health Commissioner, Division Directors, QI Coordinator	

**Strategic Priority #2 Work Plan**

**Goal: Implement and monitor quality improvement and performance management (QI/PM) activities.**

<b>Objective</b>	<b>Action Step</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Status Update</b>
<b>5. Implement a fully functioning performance management system to monitor achievement of departmental and divisional objectives by December 31 of each year.</b>	1. Selection of performance measures for each division.	Annually by December 31	Division Directors, TCHD Employees	
	2. Update progress on PM to employees in respective divisions.	Quarterly	Division Directors	
	3. Discussion with Board of Health on PM.	Annually by December 31	Health Commissioner	

## STRATEGIC PRIORITY #3: WORKFORCE EXCELLENCE

Maintaining a positive, knowledgeable, and dedicated workforce is instrumental to health department success. The TCHD values its employees and are dedicated to developing their skills, honing their success, and fostering a positive work environment.

**Goal:** Improve employee morale while establishing and maintaining a highly engaged, skilled workforce.

### Key Measures:

1. Implement ongoing workforce surveillance by December 31, 2020.
2. Improve employee morale by 25% by December 31, 2020.

### Objectives:

1. Review the workforce development plan on an annual basis by December 31, 2020.
2. Continue to implement a system for tracking annual training requirements of TCHD personnel by December 31, 2020.
3. Maintain a Personnel Committee that meets, at a minimum, on a monthly basis, by December 31, 2020.
4. Implement annual employee satisfaction surveillance by December 31, 2020.

Strategic Priority #3 Metric		
	Baseline 2017	Target 2020
<b>Implement ongoing workforce surveillance by December 31, 2020.</b>	Ongoing workforce surveillance	Continuous workforce surveillance
<b>Improve employee morale by 25% by December 31, 2020.</b>	In 2017, 54% of employees reported that employee morale was fair or poor.	Less than 30% of employees will report that employee morale is fair or poor

### Strategic Priority #3 Work Plan

**Goal: Improve employee morale while establishing and maintaining a highly engaged, skilled workforce.**

**Key Measure: Implement ongoing workforce surveillance by December 31, 2020.**

Objective	Action Step	Timeline	Responsible Party	Status Update
<b>1. Review the workforce development plan on an annual basis by December 31, 2020.</b>	1. Review workforce development plan for any necessary or needed changes.	Ongoing; Annually	Health Commissioner and Division Directors	<p>May 2016 Update: Will be reviewed in fall 2016.</p> <p>November 2016: The workforce development plan was reviewed and updated; the BOH approved the updates to the training calendar for 2017 in October 2016.</p> <p>April 2017: Updated plan in effect.</p>
	2. Obtain Board of Health approval on any and all changes to the workforce development plan.	As needed	Health Commissioner, Board of Health	<p>May 2016: No approval necessary at this time.</p> <p>November 2016: BOH approval was gained for the updates to the 2017 workforce training calendar in October 2016.</p>
<b>2. Continue to implement a system for tracking annual training requirements of TCHD personnel by December 31, 2020.</b>	1. Continue to enter data into the tracking spreadsheet.	Ongoing	Administrative Assistant, Department Directors or designee	<p>May 2016: Tracking ongoing.</p> <p>November 2016: Tracking continues to be ongoing.</p> <p>April 2017: Process ongoing.</p>



**Strategic Priority #3 Work Plan**

**Goal: Improve employee morale while establishing and maintaining a highly engaged, skilled workforce.**

**Key Measure: Improve employee morale by 25% by December 31, 2020.**

<b>3. Maintain a Personnel Committee that meets, at a minimum, on a monthly basis, by December 31, 2020.</b>	1. Annually appoint 1 representative from each department.	Ongoing; Annually	TCHD employees, Department Directors	November 2016: This is ongoing; no updates.  April 2017: This is done as provides and allows for ongoing "fresh ideas."
	2. Publish meeting outcomes and/or updates in monthly employee newsletter.	Ongoing; Monthly or as needed	Personnel Committee, Newsletter Editor	May 2016: Personnel committee notes are now published in the employee newsletter available in hard copy and online.  April 2017: Updates are also discussed in department staff meetings and via morning announcements to the whole building.
	3. Annually appoint officers for President, Secretary, Treasurer and Liaison Officer.	Ongoing; Annually	Personnel Committee	November 2016: Has been completed for 2016/17.

### Strategic Priority #3 Work Plan

**Goal: Improve employee morale while establishing and maintaining a highly engaged, skilled workforce.**

**Key Measure: Improve employee morale by 25% by December 31, 2020.**

Objective	Action Step	Timeline	Responsible Party	Status Update
<b>4. Implement annual employee satisfaction surveillance by December 31, 2020.</b>	1. Complete annual employee satisfaction surveys.	Ongoing; Annually	Health Commissioner, Department Directors, Administrative Assistant	<p>May 2016: Will be added to the monthly agenda for management meetings.</p> <p>November 2016: A focus group was held in Oct 2016 as well as an online survey. Survey data collection is complete and a summary report is in progress.</p> <p>April 2017: Survey data was collected and a report was generated based on the focus group and the online survey results. The report was shared with staff and the Board of Health. Management team reviewed the data and report in great length and use it as a guide to prioritize policy and change moving forward. The 2016 report will provide baseline data.</p>
	2. Analyze results of the employee evaluation surveys.	Ongoing; Annually	Personnel Committee, Department Directors, Health Commissioner	November 2016: Analysis for the 2016 focus group and survey is underway.
	3. Make recommendations to the Board of Health based on analysis of surveys.	Ongoing; as needed	Health Commissioner	<p>November 2016: Will be completed via report in near future</p> <p>April 2017: Report was generated by the end of 2016. It was shared with staff and available via the employee portal. Results were also shared with the Board of Health and discussed in great length by the management team.</p>

**Strategic Priority #3 Work Plan**

**Goal: Improve employee morale while establishing and maintaining a highly engaged, skilled workforce.**

**Key Measure: Improve employee morale by 25% by December 31, 2020.**

Objective	Action Step	Timeline	Responsible Party	Status Update
<p><b>4. Implement annual employee satisfaction surveillance by December 31, 2020.</b> <i>(continued)</i></p>	<p>4. Communicate to employees of TCHD annual employee evaluation survey trends.</p>	<p>Ongoing; Annually</p>	<p>Department Directors, Health Commissioner</p>	<p>November 2016: A summary document will be provided to staff once complete.</p> <p>April 2017: Report was generated by the end of 2016. It was shared with staff and available via the employee portal.</p>

## STRATEGIC PRIORITY #4: COMMUNITY ENGAGEMENT

Community engagement is a necessary component to achieving optimal health status in a community. Collaboration that results from such partnerships allows for the shared use of resources, such as funding or even personnel. TCHD remains committed to maintaining community partnerships and collaborating on community endeavors, such as the community health improvement plan (CHIP).

**Goal:** Promote and sustain community engagement.

**Key Measure:** By December 31, 2020 TCHD will have partnered with local stakeholders to complete a community health assessment (CHA) and community health improvement plan (CHIP).

### Objectives:

1. Collaborate with local stakeholders, including Healthy Tusc, to create the 2018 Tuscarawas County Community Health Assessment by December 31, 2018.
2. Support 2016-2019 CHIP efforts by increasing prescription drug take-back collection by July 1, 2019.
3. By July 1, 2019, support 2016-2019 CHIP efforts by offering guidance and assistance for obesity, substance abuse, and dental health strategies.
4. Collaborate with local stakeholders, including Healthy Tusc, to create the 2019-2022 Tuscarawas County Community Health Improvement Plan by December 31, 2019.

Strategic Priority #4 Metric		
	Baseline 2017	Target 2020
<b>By December 31, 2020 TCHD will have partnered with local stakeholders to complete a community health assessment (CHA) and community health improvement plan (CHIP).</b>	2015 CHA and 2016-2019 CHIP	2018 CHA and 2019-2022 CHIP

## Strategic Priority #4 Work Plan

Goal: Promote and sustain community engagement.

Objective	Action Step	Timeline	Responsible Party	Status Update
<b>1. Collaborate with local stakeholders, including Healthy Tusc, to create the 2018 Tuscarawas County Community Health Assessment by December 31, 2018.</b>	1. Participate in the CHA question selection meeting in which survey instruments will be developed.	October 18, 2017	Health Commissioner	
	2. Participate in the CHA rough draft meeting in which collaborative input is required for finalization of the CHA.	June 31, 2018	Health Commissioner	
	3. Promote the CHA community release and make the CHA available to the public on the TCHD website.	August 31, 2018	Health Commissioner	
<b>2. Support 2016-2019 CHIP efforts by increasing prescription drug take-back collection by July 1, 2019.</b>	1. Work with local law enforcement to sponsor and host prescription drug take-back days. Raise awareness in the community of the take-back day.	July 1, 2017	Director of the Alcohol and Addiction Program	
	2. Host additional prescription drug take back days and increase participation. Explore opportunities to create a permanent prescription drug take back location that is available to the community (or increase the number of permanent locations).	July 1, 2018	Director of the Alcohol and Addiction Program	
	3. Double the number of drug take-back days and double the number of permanent locations.	July 1, 2019	Director of the Alcohol and Addiction Program	

### Strategic Priority #4 Work Plan

**Goal: Promote and sustain community engagement.**

Objective	Action Step	Timeline	Responsible Party	Status Update
<b>3. By July 1, 2019, support 2016-2019 CHIP efforts by offering guidance and assistance for obesity, substance abuse, and dental health strategies.</b>	1. Attend quarterly Healthy Tusc CHIP meetings to discuss obesity, substance abuse, and dental health strategies and offer assistance as needed.	July 1, 2019	Health Commissioner	
<b>4. Collaborate with local stakeholders, including Healthy Tusc, to create the 2019-2022 Tuscarawas County Community Health Improvement Plan by December 31, 2019.</b>	1. Attend and participate in Healthy Tusc CHIP meetings to prioritize health needs and select 2019-2022 CHIP strategies.	July 1, 2019	Health Commissioner	

## STRATEGIC PRIORITY #5: INFORMATION TECHNOLOGY

Information technology (IT) is a vital asset to administering public health services, monitoring communicable disease, and communicating to the public, among other things. TCHD strives to achieve optimum information technology by monitoring usage, effectiveness, and proposing IT improvements when necessary.

**Goal:** Monitor IT usage and effectiveness, and annually update the Board of Health with proposed recommendations, if necessary.

**Key Measure:** Implement ongoing IT surveillance by December 31, 2020.

### Objectives:

1. Evaluate the current technology used by the health department on an annual basis with the contracted Information Technology (IT) Team by December 31, 2020.
2. Present ideas and proposals for technological improvements to the Board of Health on an annual basis by December 31, 2020.
3. Monitor effectiveness of information management by completing quarterly chart audits by December 31, 2020.

Strategic Priority #5 Metric		
	Baseline 2017	Target 2020
<b>Implement ongoing IT surveillance by December 31, 2020.</b>	Ongoing via contract with Pioneer360	Continuous IT surveillance

**Strategic Priority #5 Work Plan**

**Goal: Monitor IT usage and effectiveness, and annually update the Board of Health with proposed recommendations, if necessary.**

Objective	Action Step	Timeline	Responsible Party	Status Update
<p><b>1. Evaluate the current technology used by the health department on an annual basis with the contracted Information Technology (IT) Team by December 31, 2020.</b></p>	<p>1. Health Commissioner will meet with the IT Contractor quarterly and report to the Board of Health.</p>	<p>Ongoing; Quarterly</p>	<p>Health Commissioner</p>	<p>January 19, 2016 Update: Health Commissioner will schedule in near future; IT updates on HC monthly board of health report.</p> <p>February 2016: Health Commissioner has met on 2 occasions with IT team. Updates have been provided to the BOH via email and in regularly scheduled BOH meetings.</p> <p>May 2016: email updates currently underway throughout department.</p> <p>November 2016: Meeting occurred with IT in October, looking into making all printers capable to scan to emails, re-evaluating access points and working on guest internet access.</p> <p>April 2017: Meeting held in early 2017, new priorities include installation of back up internet, the installation of an internal server complete with offsite Cloud based backups.</p>
	<p>2. Annual update from IT Contractor to the Board of Health.</p>	<p>Ongoing; Annually</p>	<p>Health Commissioner, IT Contractor</p>	<p>February 2016 update: Annual update will be scheduled in fall 2016.</p> <p>November 2016: IT update to be scheduled in near future.</p> <p>April 2017: IT to present ideas regarding the server project to the Board of Health.</p>



**Strategic Priority #5 Work Plan**

**Goal: Monitor IT usage and effectiveness, and annually update the Board of Health with proposed recommendations, if necessary.**

Objective	Action Step	Timeline	Responsible Party	Status Update
<p><b>2. Present ideas and proposals for technological improvements to the Board of Health on an annual basis by December 31, 2020.</b></p>	<p>1. Health Commissioner will meet with the IT Contractor quarterly and report to the Board of Health.</p>	<p>Ongoing; Quarterly</p>	<p>Health Commissioner</p>	<p>January 19, 2016 Update: Health Commissioner will schedule in near future; IT updates on HC monthly board of health report.</p> <p>February 2016: Health Commissioner has met on 2 occasions with IT team. Updates have been provided to the BOH via email and in regularly scheduled BOH meetings.</p> <p>November 2016: No additional updates April 2017: Board of Health kept abreast of projects via electronic communication.</p>
	<p>2. Annual update from IT Contractor to the Board of Health.</p>	<p>Ongoing; Annually</p>	<p>Health Commissioner, IT Contractor</p>	<p>February 2016 update: Annual update will be scheduled in fall 2016.</p> <p>November 2016: Meeting to be schedule in near future.</p> <p>April 2017: IT to present server project and quotes to Board of Health.</p>

**Strategic Priority #5 Work Plan**

**Goal: Monitor IT usage and effectiveness, and annually update the Board of Health with proposed recommendations, if necessary.**

<b>Objective</b>	<b>Action Step</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Status Update</b>
<b>3. Monitor effectiveness of information management by completing quarterly chart audits by December 31, 2020.</b>	1. 10% of each provider's charts will be audited via peer review.	Ongoing; Quarterly	Providers, Director of Nursing, Director of Medical Records, Medical Director	<p>January 19, 2016 Update: Charts have been pulled by medical records and will be peer reviewed by providers in near future.</p> <p>February 2016: first quarter audit report due soon.</p> <p>May 2016: health Commissioner to receive report from DON.</p> <p>November 2016: Chart reviews ongoing, monitored by specific grants and the QI team.</p> <p>April 2017: Process is ongoing; see supplemental reports.</p>
	2. Medical Records Department will randomly pull 10% of provider's charts.	Ongoing; Quarterly	Director of Medical Records, Medical Records Department	<p>January 19, 2016 Update: Q1 Complete.</p> <p>May 2016: Q2 underway.</p> <p>November 2016: Process continues.</p> <p>April 2017: See supplemental reports.</p>
	3. Director of Nursing will assign chart reviews to providers.	Ongoing; Quarterly	Director of Nursing	<p>February 2016 update: Q1 complete.</p> <p>May 2016: Q2 underway.</p> <p>November 2016: Process continues.</p> <p>April 2017: See supplemental reports.</p>

**Strategic Priority #5 Work Plan**

**Goal: Monitor IT usage and effectiveness, and annually update the Board of Health with proposed recommendations, if necessary.**

Objective	Action Step	Timeline	Responsible Party	Status Update
<p>3. <b>Monitor effectiveness of information management by completing quarterly chart audits by December 31, 2020.</b> <i>(continued)</i></p>	<p>4. Quality Improvement Committee will ensure process of chart audits is being implemented.</p>	<p>Ongoing; Quarterly</p>	<p>QI Coordinator, QI Committee</p>	<p>February 2016: QI team will review one Quarter 1 is complete.</p> <p>May 2016: Once HC reviews report QI will place on meeting agenda.</p> <p>November 2016: QI coordinator is provided with summaries.</p> <p>April 2017: evidence via supplemental reports.</p>

# STRATEGIC PRIORITY #6: EXTERNAL COMMUNICATION AND MARKETING

Visibility within the community is a crucial element to remaining viable. Tuscarawas County Health Department strives to be engaged with partners, community organizations, stakeholders, and residents to create sustainable change that improves health within the community. It is crucial that residents understand the role of our agency and look to us as the primary source for public health-related information and services.

**Goal:** Increase visibility and community awareness of TCHD and the services that are provided.

**Key Measure:** Implement a written marketing plan that includes a branding strategy by December 31, 2020.

**Objectives:**

1. Develop a marketing plan for the health department by January 30, 2016.
2. Each department and/or program will participate in at least 2 community events or health fairs each calendar year until December 31, 2020.
3. Ensure branding policy is being implemented with a 100% compliance rate in each department/division of the health department by December 31, 2020.

Strategic Priority #6 Metric		
	Baseline 2017	Target 2020
<b>Implement a written marketing plan that includes a branding strategy by December 31, 2020.</b>	Marketing plan currently being implemented.	Continuous implementation of marketing plan.

**Strategic Priority #6 Work Plan**

**Goal: Increase visibility and community awareness of TCHD and the services that are provided.**

<b>Objective</b>	<b>Action Step</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Status Update</b>
<b>1. Develop a marketing plan for the health department by January 30, 2016.</b>	1. Seek input from various departments within the health department for ideas and suggestions.	January 30, 2016	Health Commissioner	May 2016: <b>Completed</b>  April 2017: External marketing is discussed in management meetings and individual department meetings. Further a service excellence committee has been developed which work to bring ideas to administration to ensure excellent service and marketing ideas.
	2. Create a calendar for monthly marketing promotions.	January 30, 2016; ongoing annually thereafter	Health Commissioner	May 2016: <b>Completed</b>  April 2017: A review of the calendar is ongoing and updates made.
	3. Board of Health approval of marketing plan and budget.	January 30, 2016; ongoing annually thereafter	Health Commissioner, Board of Health	May 2016: <b>Completed</b>  November 2016: Will be completed for 2017 in near future.  April 2017: Medical clinic taking on their own marketing, WIC department providing direct mailing promotions.

**Strategic Priority #6 Work Plan**

**Goal: Increase visibility and community awareness of TCHD and the services that are provided.**

Objective	Action Step	Timeline	Responsible Party	Status Update
<p><b>2. Each department and/or program will participate in at least 2 community events or health fairs each calendar year until December 31, 2020.</b></p>	<p>1. Research community events and health fairs and sign up to participate.</p>	<p>Ongoing</p>	<p>Department/Division Directors</p>	<p>May 2016: Department directors are notified of events.</p> <p>April 2017: Departments continue to work towards this annual goal.</p>
	<p>2. Document participation in community event or health fair and turn in to Administrative Assistant.</p>	<p>Ongoing</p>	<p>TCHD employees</p>	<p>May 2016: Documentation form completed by Health Commissioner and given to department directors.</p> <p>November 2016: Information being collected.</p> <p>April 2017: Event forms are turned into health commissioner as events are completed.</p>

**Strategic Priority #6 Work Plan**

**Goal: Increase visibility and community awareness of TCHD and the services that are provided.**

<b>Objective</b>	<b>Action Step</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Status Update</b>
<b>3. Ensure branding policy is being implemented with a 100% compliance rate in each department/division of the health department by December 31, 2020.</b>	1. Collect sign in sheet from department/division meeting and 3 external communication documents from each department/division.	Ongoing; Biannually	Health Commissioner or designee	May 2016: First audit completed and feedback given based on the submitted documents, second audit to be completed in fall 2016.  November 2016: Audits completed in designated timeframes.  April 2017: Branding policy was updated and will go to the Board of Health for approval this month. Branding policy will also be discussed at this months all staff meeting to ensure ongoing compliance.
	2. Report compliance of branding policy on collected documents to each Department/Division Director.	Ongoing; Biannually	Health Commissioner, Department/ Division Director	May 2016: First audit completed and feedback given based on the submitted documents, second audit to be completed in fall 2016.  April 2017: Once revised branding policy is approved by the Board of Health the audits will resume.
	3. Scan health department documents to ensure compliance for branding policy before dissemination to public	Ongoing	TCHD employees	May 2016: Department directors reminded via email in April.

## STRATEGIC PRIORITY #7: FINANCIAL HEALTH

Strong financial health allows the health department to maintain, improve, and expand existing health services, as well as allow for the implementation of new programs and services. TCHD strives to achieve optimum financial health by monitoring monthly finances and pursuing funding opportunities, such as grants.

**Goal:** Complete each fiscal year with a positive financial balance.

**Key Measure:** By December 31, 2020, complete each fiscal year with an increased balance from the previous fiscal year.

### Objectives:

1. Ensure that department directors are reviewing financial summaries from their respective programs on a monthly basis.
2. Pursue 1-2 new funding opportunities each calendar year.

Strategic Priority #7 Metric		
	Baseline 2017	Target 2020
<b>By December 31, 2020, complete each fiscal year with an increased balance from the previous fiscal year.</b>	Negative balance at the end of FY 2016.	Positive balance at the end of FY 2020.



**Strategic Priority #7 Work Plan**

**Goal: Complete each fiscal year with a positive financial balance.**

<b>Objective</b>	<b>Action Step</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Status Update</b>
<b>1. Ensure that department directors are reviewing financial summaries from their respective programs on a monthly basis</b>	1. Review financial summaries	Ongoing; monthly	Health Commissioner and Division Directors	<p>May 2016: Department directors reminded via email in April.</p> <p>November 2016: Monthly grant meetings are held and the Accounting Director provides financial summaries to department directors on a monthly basis.</p> <p>April 2017: Health commissioner wrote and implemented a monthly financial review policy and procedure. Fund reports are now being provided to department directors in a table format and reviewed at monthly management meetings.</p>
	2. Set up monthly financial meetings between Department/Program Directors and Health Commissioner	Ongoing; monthly	Health Commissioner and Division Directors	<p>May 2016: Grant meetings are currently held monthly. Department directors are encouraged to communicate with director of accounting regarding concerns or questions.</p> <p>April 2017: Monthly grant meetings with the accounting department are ongoing.</p>

**Strategic Priority #7 Work Plan**

**Goal: Complete each fiscal year with a positive financial balance.**

Objective	Action Step	Timeline	Responsible Party	Status Update
<p><b>2. Pursue 1-2 new funding opportunities each calendar year</b></p>	<p>1. Research potential funding opportunities</p>	<p>Ongoing</p>	<p>Division Directors, Health Commissioner, Grant Coordinator</p>	<p>May 2016: HC and grant coordinator will be submitting RFP for Safe Communities Grant.</p> <p>November 2016: Opportunities are ongoing.</p> <p>April 2017: Departments are researching local grant opportunities and two local requests for funds have been submitted for 2017.</p>
	<p>2. Document application for funding with Health Commissioner</p>	<p>Ongoing</p>	<p>TCHD applicant</p>	<p>May 2016: Documented Safe Communities RFP on grant portal.</p> <p>November 2016: Additional funding received for tobacco use prevention from ODH, Safe Communities from ODTS, Mosquito Control from EPA.</p> <p>April 2017: Local grant opportunities being explored. Moms Quit for 2 ODH grant application underway and received a 2-year grant from ODH for Project DAWN.</p>

# Conclusion and Acknowledgements

## CONCLUSION

This strategic plan is intended to provide focus for the health department staff and Board of Health over the next five years. The plan will undergo annual review by the Quality Improvement committee and changes will be made as necessary. All revisions must be approved by the Board of Health and will be tracked on the revision page. Progress towards each of the goals will be reported in the health department's annual report.

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Emily Golias, Hospital Council of Northwest Ohio  
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Jackie Hall, WIC Breastfeeding Supervisor  
Tony Incarnato, Director of Accounting  
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Sandra Jones, Billing Specialist AAP  
Sharon Kalp, Vital Statistics Clerk  
Amy Kaser, Director of Nursing, former Communicable Disease Nurse, CQI Coordinator  
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Christine Lyon, Breastfeeding Peer  
Patty Maag, Health Educator, Former CQI Coordinator  
Jennifer McCoy, Emergency Preparedness Coordinator  
Michelle McPeck, Clinic Nurse  
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Alexa Medley, Administrative Assistant

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Kathy Morris, Admissions Clerk  
Dea Most, Dietitian  
Milan Packovich, Board of Health Member  
Myra Pancher, Director of Environmental  
Zach Phillips, Environmental Sanitarian in Training  
Loretta Pinchek, Director of Medical Records  
Paula Plunk, Accounting Clerk  
Sarah Rothacher, AAP Clerical Specialist  
Diane Rusznak, Former Interim Director of Nursing, Clinic Nurse  
Melanie Schaar, WIC Clerical Specialist  
Helen Schaar, Clinic Nurse  
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Kelly Snyder, AAP Clerical Specialist, Safe Communities Program Coordinator  
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Reggie Stockert, Board of Health Member  
Sue Straits, Clinic Nurse  
Tom Strimbu, Recovery Care Provider II  
Annette Strubel, Clinic Admissions Clerk  
Caroline Terakedis, Director of Environmental Health  
Tweed Vorhees, Board of Health Member  
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