



Strategic Plan

A GUIDE TO OUR FUTURE

ASHLAND COUNTY HEALTH DEPARTMENT

Agency Mission Statement

We strive to promote optimal health for individuals and families of the Ashland community through public health education, prevention of disease and injury, and response to public health challenges.

Vision

Healthy People, Healthy Environment, Healthy Community

Values

WE CARE

We- We are the Ashland County Health Department, committed to improving Health and Wellness in our community.

Equity - We recognize the disparity in health equity in our community and we strive to eliminate barriers to optimal health.

Collaboration - We engage community partners to maximize and sustain public health services in our community.

Accountability - We are good stewards of the resources entrusted to us by the public.

Respect - We respect the diversity of those we serve and value the contributions made by all staff.

Excellence - We are committed to developing a public health staff that exceeds core competencies. We provide meaningful services that focus on continuous quality improvement. We provide access to education and resources that empower healthy lifestyle decisions.

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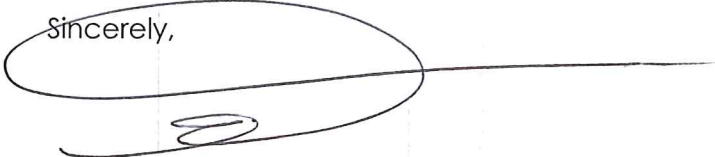
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Letter from the Health Commissioner

The Board of Health and I, along with the staff of ACHD, are pleased to present the 2021-2024 Strategic Plan. This plan details the goals, objectives, tasks and strategic direction for the Ashland County Health Department over the next three years. The strategic plan was developed by a team of dedicated Board of Health and staff members, meeting with guidance and facilitation from The Ohio State University Center for Public Health Practice.

This agreed upon plan provides an outlined course of action that the Board of Health members and staff are looking forward to implementing and completing. By doing so, the Ashland County Health Department will not only continue to be a vital partner in improving health in the communities of Ashland County, but will focus on continuous quality improvement of the services we deliver. The priorities identified in this plan will ensure that the Ashland County Health Department can continue to be a valued mainstay of public health practice in Ashland County and that the agency is able to secure an invigorated workforce that is able to carry out their passion; to promote and protect the health and wellbeing of all citizens of Ashland County; and to move our communities toward health and wellness.

Sincerely,



Dr. David Tomchak, M.D.
Interim Health Commissioner

Introduction

The Ashland County Health Department is pleased to present its 2021-2023 Strategic Plan. Keeping the focus on population health and specific issues identified by staff inputs, ACHD has established goals and objectives to guide its decision-making over the next three years.

This strategic planning process utilizes a team that includes staff at all levels and inputs from all staff and the Board of Health. The team used a systematic strategic planning process that was facilitated by the Center for Public Health Practice (CPHP) at the Ohio State University. This process helped the team conduct and analyze data from an environmental scan, as well as the Community Health Improvement Plan, and staff input to identify the goals and objectives presented in this plan. The plan and accompanying work plans serve as tools to inform the direction of the health department as well as provide measurements of progress.

The health department will review and update the plan annually as part of its ongoing commitment to meeting the needs of our community, the agency and in support of our efforts to continuously improve services.

Strategic priorities

Strategic Priority #1: Financial Security

Strategic Priority #2: Workforce Development

Other items to complete – see appendix D

About Us

Prior to 1947, both the Ashland County General Health District and the Ashland City Health District operated health departments independently of each other.

In 1947, it was mutually agreed that the Ashland County General Health District and the Ashland City Health District establish a cooperative arrangement to share staff and physical facilities, which continued until June 2018. As of June 1, 2018, the Ashland County General Health District provides all public health services to Ashland County residents, as well as the residents of the City of Ashland through a service contract.

The Ashland County Health Department is governed by a Board of Health, consisting of 5 members, who are assigned to rotating 5-year terms, by the Ashland County District Advisory Council. The Ashland County General Health District is served by a Medical Director who provides medical guidance to the process of delivering quality care to our community. The Health Commissioner serves as the Chief Executive Officer for the Ashland County Board of Health and directs the daily operations of the Ashland County Health Department. The Health Commissioner guides development of programs that help the community stay healthy, develops financial planning for the agency to assure sustainability in the delivery of public health services, and serves as the human resource manager for all health department staff.

Environmental Health programming is led by a director who oversees the implementation of regulatory programs such as food, campground, swimming pools, tattoo parlors, nuisance complaints, private water, manufactured home parks, household sewage treatment, as well as enforce other state and local regulations. Environmental Health programs are typically monitored and enforced by Registered Sanitarians, who also serve as public health educators when providing guidance during dog bite investigations, vector control activities, bed bug, mold, and radon discussions, and other environmental health topics.

The Nursing Division is a led by a director who oversees the nursing staff as they conduct immunization clinics, communicable disease reporting, safe sleep and car seat programs, as well as conduct the BCMH program in Ashland County. Additional nursing services include head lice checks, TB testing, outreach clinics including flu, collaborations with community partners to address community health concerns, and various public health education events such as Amish Health and Safety Day, and Family Fun Day.

Public Health Emergency Preparedness guides the planning and implementation of public health response during a man-made or natural disaster or outbreak. Through Vital Statistics, the Registrar processes burial permits as well as certifies copies of birth and death records.

Our Process

The Ashland County Health Department utilized the Center for Public Health Practice at the Ohio State University (CPHP) to provide overall guidance and support using a seven-phase planning approach. The process began in February and concluded in June 2018; our planning team met in person a total of 4 times. In person meetings were supported by electronic communications and independent contributions using an electronic shared document site to edit our work plans. A summary of activities related to the first five phases of our process follows:

Phase 1 - Plan to Plan: Our process started in February 2018, when we began working with CPHP to plan our process. The strategic planning team of seven staff members was formed in March, 2018. Careful consideration was given to assure that the planning team was representative of the agency, including each division and all levels of staff. Planning included an introductory webinar for all team members to set the stage for the planning process.

Phase 2 - Articulate Mission, Vision, and Values (MVV): Input was gathered from our entire staff and Board of Health as part of our environmental scan (Phase 3); our writing team was charged with drafting the MVV, which was completed by the strategic planning team during a meeting facilitate by CPHP. March, 2018

Phase 3 – Assess the Situation: An online survey to assess strengths, opportunities, aspirations, results and challenges (SOAR/C) was distributed to staff and Board of Health members. A summary of themes from the SOAR/C results is in the next section of this document. In addition, employee satisfaction survey results and the Community Health Improvement Plan priorities and activities were considered. April, 2018

Phase 4 – Agree on Priorities: Taking our draft MVV and other environmental scan results into account, the writing team met to discuss all inputs, conduct a gap analysis, and identify major themes. From these themes, our four strategic priorities were identified. April, 2018

Phase 5 – Write the Plan: Through a series of team discussions, planning team members gained clarity on the scope of the identified priority areas and began to write a work plan for each. Goals, objectives, action steps, time frames, and accountable persons were identified. The plan was then reviewed with and approved by our Board. May-June, 2018

Phases 6 and 7 address plan implementation, evaluation and monitoring. Our plan for these phases is described later in this document.

Our writing team

Sarah Humphrey, Health Commissioner

Pat Donaldson, Environmental Health Director

Shirley Bixby, Nursing Director

Ray Herbst, PHEP Director

AJ Sturgis, Registered Sanitarian

Jenna Gerwig, Public Health Nurse/Epidemiologist

Ron Puglisi, Board of Health

Board of Health Involvement

The Board of Health was given the opportunity to participate in the strategic planning process in multiple ways. Each member was given the opportunity to complete the online environmental scan, where they were able to give inputs on the mission statement, vision statement, and values, as well as contribute to the SOAR/C survey. A Board member actively participated in the planning meetings, including the development of priorities and associated goals and objectives. The Board of Health also had final approval authority for the plan.

External Stakeholder Involvement

The strategic plan will be posted on the Ashland County Health Department's website for public input and comment.

Environmental Scan

The strategic planning team conducted a scan of the environment in which the Ashland County Health Department operates. This analysis included an online survey distributed to all staff members and the Board of Health assessing the Strengths, Opportunities, Aspirations, Results, and Challenges (SOAR/C) of the health department. A summary of that assessment can be found below. Special consideration was paid to assuring that the strategic plan aligned with the Community Health Improvement Plan where applicable. The activities surrounding the completion of the branding policy, work force development plan and quality improvement plan were all identified as inputs to use when assessing the current status and future needs of the health department. Planning team members were asked to review all inputs prior to the meeting, as well as consider areas for alignment throughout the planning process when identifying priorities, goals, and objectives. In addition, the strategic planning team spent time generating inputs on both internal and external trends. During this process, the following was considered when determining the current state of the health department:

- Funding and financial management
- Agency culture
- Public perception of the agency
- Internal and external communications
- Workforce development and staffing needs
- Programs
- Information management

SOAR/C analysis

As part of our overall strategic planning process, the agency conducted a SOAR/C analysis. During March 2018, electronic surveys were distributed to 14 employees and 9 Board of Health members. The writing team reviewed the results together and identified the following themes.

Strengths	Opportunities
<ul style="list-style-type: none"> • Staff • Team work • Flexibility • Public Outreach 	<ul style="list-style-type: none"> • Publicity • Public support • Effective outreach • Funding
Aspirations	Results
<ul style="list-style-type: none"> • Stability • Accreditation • Increased programs/services • Increase staffing 	<ul style="list-style-type: none"> • Security • Quality assurance • Better public service • More program options
Internal Weaknesses/Challenges	External Challenges
<ul style="list-style-type: none"> • Staffing • Compensation • Communication 	<ul style="list-style-type: none"> • Unfunded mandates • Funding • Health issues

Our Strategic Priorities

This section lists our strategic priorities, key measures, goals, and objectives. More detailed work plans are included in Appendix A.

Strategic priority #1: Financial Security

Adequate funding is paramount to our ability to effectively serve the residents of Ashland County and City. Our financial stability is impacted by our reliance on public funding and grant dollars to grow as an agency. Securing future funding is vital to our ability to participate in and execute our Community Health Improvement Plan initiatives. In order to increase revenue, we will need to focus on grant funding and ensuring we are using available funds effectively and efficiently.

Goal 1.1: Increase revenue

Key measure: Increase in General Fund Revenue of 5% over 2018

Objectives

100% of health department programs will perform cost methodologies

Increase in grant applications



Strategic priority #2: Workforce Development

Our staff is one of our greatest strengths and their satisfaction plays a key role in the work of the health department. A competent, well-trained, and satisfied staff leads to a more productive work force, less turnover, and a more efficient Health Department. To align with our workforce development plan, we will increase training to assure that staff are well oriented when they begin working here, can adequately respond to emerging public health needs, and are given equal opportunities to pursue training. We will also assess our current capacity and determine areas where we could add staff or staffing roles. Finally, we will dedicate resources to improving staff morale in order to assure that the agency is operating at the highest level it can.

Goal 2.1: Expand health department training programs

Key measure: One organized training structure implemented

Objectives:

Implement formal orientation program

Establish ongoing training tracking program

Include training in annual employee performance evaluation

Goal 2.2: Improve staff morale

Key measure: 10% Improvement in staff members who answer Strongly Agree/Agree to Selected Questions in the Workplace Environment Assessment.

Objectives:

Implement monthly staff meetings to improve agency communication

Implement a praise and recognition program

Implement agency compensation plan

Tracking Our Performance

The responsible party for each objective within our plan is tasked with assuring it is completed. On an annual basis, an official report of progress made towards achieving the objectives will be created and shared with the strategic planning team, health department management staff, and the Board of Health. Objectives will be amended based on capacity to achieve them and any changes that occur to the structure or operations of the health department. Changes will be recorded in the work plan. Details about the changes made can be found in the work plans themselves. A communication plan that outlines how we are sharing the plan internally and externally is located in Appendix B.

Date	Name	Change

Appendix A – Workplans

Goal 1.1: Increase Revenue			
Key Measure(s): Annual revenue increase of 5% in General Fund Revenue <i>Baseline: 2017 revenue: General - \$644,346.00</i> <i>Target: General - \$ 676,563.30</i>			
Objective 1.2.1	Measure	Timeframe	Lead/Person Responsible
By December 31, 2021, 100% of Ashland County Health Department programs will perform annual cost methodologies.	<u>Baseline:</u> 1 program currently does cost methodology (2021) <u>Target:</u> 100% of programs do cost methodologies	Start: 6/2021 End: 12/2023	Health Commissioner
Action Steps: <ul style="list-style-type: none"> • Contact other local health departments and/or other agencies for examples of methodologies • Develop method for cost methodology • Have current methodologies and fee schedules approved by Board of Health 			
Status:	Date	Update	
Objective 1.2.2	Measure	Timeframe	Lead/Person Responsible
By December 31, 2022, implement system for finding grants to apply for: this includes ensuring ACHD branding portrays a professional image to stakeholders.	<u>Baseline:</u> 0 implemented systems (2018) <u>Target:</u> 1 implemented system	Start: 6/2021 End: 12/2023, then ongoing	Health Commissioner
Action Steps: <ul style="list-style-type: none"> • Create grant application/program expansion form • Review ACHD branding to ensure professional image to stakeholders/grant funding organizations • Create policy to reflect following: <ul style="list-style-type: none"> ○ Staff review programs for funding/program expansion needs ○ Staff search for funding/resources ○ Staff complete form ○ Review with Health Commissioner ○ Seek Board Approval ○ Staff lead development of funding/program expansion 			
Status:	Date	Update	

<p>Priority # 2: Workforce Development Our staff is one of our greatest strengths and their satisfaction plays a key role in the work of the health department. A competent, well-trained, and satisfied staff leads to a more productive work force, less turnover, and a more efficient Health Department. To align with our workforce development plan, we will increase training to assure that staff are well oriented when they begin working here, can adequately respond to emerging public health needs, and are given equal opportunities to pursue training. We will also assess our current capacity and determine areas where we could add staff or staffing roles. Finally, we will dedicate resources to improving staff morale in order to assure that the agency is operating at the highest level it can.</p>			
<p>Goal 2.1: Expand health department training programs</p>			
<p>Key Measure(s): One organized training structure implemented <i>Baseline: No current training structure in 2020</i></p>			
Objective 2.1.1	Measure	Timeframe	Lead/Person Responsible
By December 31, 2021, implement a formalized orientation program for new staff to include information on ACHD branding and associate reputation.	Baseline: no current formalized orientation program (2020) Target: 1 implemented program	Start: 6/2021 End: 12/2021 Then ongoing	Health Commissioner and Financial Analyst/Human Resources
<p>Action Steps:</p> <ul style="list-style-type: none"> • Leadership team creates check list of needed orientation trainings • Implement • Assure that all existing staff have received orientation trainings • Create tracking system to assure ongoing compliance (See Objective 2.1.2) 			
Status:	Date	Update	
Objective 2.1.2	Measure	Timeframe	Lead/Person Responsible
By December 31, 2021, establish an ongoing training tracking program.	Baseline: no current tracking program (2018) Target: 1 implemented program	Start: 1/2022 End: 12/2022, Then ongoing	Health Commissioner and Financial Analyst/Human Resources
<p>Action Steps:</p> <ul style="list-style-type: none"> • Create new job descriptions that fit the current structure/responsibilities • Assess current job descriptions for training needs • Create tracking system to record employee training • Implement system 			

Status:	Date	Update

Objective 2.1.3	Measure	Timeframe	Lead/Person Responsible
By December 31, 2022, implement program that includes training in annual performance evaluation.	Baseline: 0 Target: 1	Start: 1/2022 End: 12/2022, Then ongoing	Health Commissioner and Accreditation Coordinator

Action Steps:

- Implement into training tracking program
- Add professional development training opportunities to performance reviews
- Implement

Status:	Date	Update

Goal 2.2: Improve staff morale			
<p>Key Measure(s): 10% Improvement in staff members who answer Strongly Agree/Agree to Questions in the Workplace Environment Assessment</p> <p><i>Baseline: July 2018 Survey Results: 70.66% Strongly Agree/Agree responses to the highlighted Workplace Environment Assessment (Appendix C)</i></p>			
Objective 2.2.1	Measure	Timeframe	Lead/Person Responsible
By December 31, 2022, implement monthly staff meetings to improve communication among staff members.	Baseline: No current monthly staff meetings Target: Regular monthly staff meetings	Start: 6/2021 End: 12/2023, the ongoing	Health Commissioner and/or Designee
<p>Action Steps:</p> <ul style="list-style-type: none"> • Establish schedule for meetings • Prepare agenda template • Determine staff to lead meetings • Include both "top-down" and down-top" communication in meeting purposes 			
Status:	Date	Update	
Objective 2.2.2	Measure	Timeframe	Lead/Person Responsible

By December31, 2022, implement a staff praise and recognition program.	Baseline: No current program Target: Praise and recognition program implemented	Start: 6/2021 End: 12/2022	Health Commissioner and/or Designee
Action Steps:			
<ul style="list-style-type: none"> • Redo staff satisfaction survey • Assess staff for preferred recognition method • Implement a longevity appreciation program 			
Status:	Date	Update	
Objective 2.2.3	Measure	Timeframe	Lead/Person Responsible
By December 31, 2020 implement ACHD Compensation Plan.	Baseline: 0 current compensation plan (2018) Target: Compensation plan implemented	Start: 6/2021 End: 12/2023	Health Commissioner
Action Steps:			
<ul style="list-style-type: none"> • Survey HR firms for price quotes • Present to Board of Health • Hire outside consultant • Conduct salary survey • Create plan • Implement 			
Status:	Date	Update	

Appendix B – Communication Plan

Audience	Key Message(s)	When	Mechanism	Who
<i>Example: managers & supervisors</i>	<i>Expectations; plan point person; timeline; commitment to ongoing communication; feedback?</i>	<i>Feb managers meeting; monthly thereafter w/ updates</i>	<i>Managers meetings; e-mails as needed</i>	<i>J Mayer</i>

Appendix C – Workforce Environment Results

ASHLAND COUNTY WFD NEEDS ASSESSMENT SURVEY RESULTS

Table 2. Workplace Environment

	Agree or Strongly Agree		
	n	Count	%
The work I do is important.	10	10	100%
Employees learn from one another as they do their work.	10	10	100%
I feel completely involved in my work.	10	10	100%
I am satisfied that I have the opportunities to apply my talents and expertise.	10	8	80%
I recommend my organization as a good place to work.	10	8	80%
Communication between senior leadership and employees is good in my organization.	10	7	70%
Usually I can manage my workload well.	10	7	70%
When I work, I usually feel energized.	10	7	70%
I am satisfied with my job.	10	7	70%
Creativity and innovation are rewarded.	10	6	60%
Supervisors in my work unit support employee development.	10	6	60%
I have had opportunities to learn and grow in my position over the past year.	10	6	60%
I am satisfied with my job security.	10	6	60%
I am satisfied with my organization.	10	5	50%
This is the only type of work that I can imagine myself doing.	10	4	40%
Over time I've lost my personal engagement with my work.	10	3	30%
I am satisfied with my pay.	10	3	30%

Appendix D – Other Strategic Items Required

Outline for Strategic Plan 2021-2024

1. Operations – Two priorities: Financial Security and Workforce Development
 - a. Financial Security
 - i. Initiate cost methodologies for all departments
 - ii. Sent up process for seeking and applying for grant funding
 1. Ensure ACHD branding is effective in portraying a professional image for seeking funding from outside sources.
 - iii. Evaluate effective and efficient use of current funds
 - b. Workforce Development
 - i. Create Workforce Development team
 - ii. Formalized orientation plan
 - iii. Staff morale
 - iv. Training and development
 1. Required trainings
 - a. Civil Rights/Cultural Competency/Health Equity/CLAS
 - b. CPR/AED
 - c. HIPAA
 - d. Bloodborne Pathogens
 - e. Exposure Control Plan
 - f. Hazard Communication
 - g. Public employee ethics
 2. Necessary training
 - a. Technology
 - b. Strategic plan
 - c. Performance management
 - d. Customer Service
2. ODH Required items
 - a. Evidence based healthy eating and/or active living for children birth to 18 years
 - b. Tobacco prevention
 - c. Injury Prevention
 - d. Infant mortality/preterm birth prevention.
3. CHIP Implementation – Two priorities: Mental Health and Addiction; Chronic Disease

- a. ACHD ensure that the Target Action Groups (TAG) and Community Partners meet and work on the plans provided below. ACHD member, Shirley Bixby, is the lead of the Wellness TAG and will be ensuring ACHD and Wellness TAG formalize their plans. ACHD role will be to ensure the TAGs are meeting and ask for annual updates on the goals (See Objective Sheets for TAG Groups).
 - i. Mental Health and Addiction
 - 1. Mental Health First Aid
 - 2. Implementation of school-based social and emotional instruction
 - 3. Community-wide campaign to promote positive mental health and cell-phone based support programs
 - 4. Increase awareness and coordination of mental health and substance services.
 - 5. Community awareness and education of risky behaviors and substance abuse issues and trends
 - 6. Community based comprehensive programs to reduce alcohol abuse
 - 7. Increase safe disposal of prescription drugs
 - 8. Provide training on opioid prescribing guidelines and use of OARRS
 - ii. Chronic Disease
 - 1. Online community wellness calendar
 - 2. Activity programs for older adults
 - 3. Predictable screening and referral for diabetes
 - 4. Healthy food in convenience stores
 - 5. Healthy Food Initiatives
 - 6. Increase physical activity
 - 7. Community gardens
 - iii. Cross Cutting Strategies
 - 1. Trauma-informed health care
 - 2. Access to transportation
 - 3. Policies to decrease availability of tobacco products
 - 4. Early childhood education opportunities
 - 5. Parenting programs and resources
 - 6. Early childhood home visiting program
 - 7. Affordable, quality housing

