Marion Public Health

2016 -2020

Strategic Plan

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Contents

Our Mission, Vision, and "True North"

Our Vision

A Healthy Marion

Our Mission

To intentionally create an environment that promotes a healthy population

Our "True North"

We take seriously our **responsibility to serve our community** by protecting it from health threats, advocating for the population's health, and creating or sustaining partnerships to assure equal access to health for all we serve.

Our staff are **mission driven professionals** who view public health as a humanitarian pursuit. We believe we make profound contributions toward improving the health and wellbeing of the population. Our staff, volunteers and partners **believe in the possibility of a healthy society for all** and are fully committed to pursuing that goal.

We **value fairness and equality** and **seek first to understand our clients, our community and one another**. We find value in the search for root causes of situations we want to change.

We **recognize the dedication** and sacrifices our public health workers make in pursuit of a healthy population. We **value their commitment and support them** in making their own good health a priority.

Our Planning Cycle

The 2016-2020 Marion Public Health Strategic Plan is built upon the foundation of the knowledge of the population health needs, health resources, and health priorities as understood and shared by our community partners. This knowledge was discovered and documented in the 2015 Community Health Assessment process. The 2015 Community Health Assessment identified five priority health issues, substance abuse, tobacco, obesity, maternal and child health, and safe housing. These five priorities became the focus of the collaborative process to create the 2016-2020 Community Health Improvement Plan. That plan identified how our community will strategically align resources to address each of these five priority issues. Once this plan was completed, we began to develop our internal Marion Public Health Strategic Plan. This plan assures the alignment of our own resources with the Community Health Improvement Plan, the State Health Improvement Plan, the state mandated programs, and other Marion Public Health priorities that might not have appeared in any of the other collaborative processes.

Development Process

Marion Public Health staff at all levels engaged in several SWOT analyses within each of their divisions at the March, 2016 All-Staff meeting. They explored the internal strengths and weakness within each of their units and the external opportunities and threats they envisioned in the future. Staff had been trained on the 5-why's strategy to identify root causes. Each of the Division Directors were given a tool to facilitate discussion within

each of their teams. This tool, attached as an appendix to this report, prompted them to work with their teams to envision their work five years in the future. It specifically asked how their work currently aligned with the Marion Community Health Improvement Plan and Ohio's State Health Improvement Plan and how their work might become better aligned with those plans. It had them identify the resources that would need to be in place in order to achieve the future states they described. The responses from these planning conversations were compiled and combined and presented back to the staff at the June, 2016 All-Staff meeting for validation and further adjustment. The staff identified one plan gap, the opportunity to explore more comprehensive injury prevention work. That was subsequently included into the plan. The next iteration of the plan was then validated by the senior leadership team and shared with the Board of Health for their review and comment. The Board of Health adopted the 2016-2020 Strategic Plan at the July 21, 2016 board meeting. The plan was then uploaded onto the Marion Public Health webpage and social media tools were used to inform the community it was available there. It was also emailed to a long list of regular community partners.

External Opportunities and Threats

The external opportunities are found locally. We have tremendous partnerships with other social service agencies in the county as well as with the academic institutions, the philanthropic organizations, religious entities, and the civic organizations. We also enjoy productive partnerships with all branches of local city and county government. The local YMCA is a close program partner and brings together a broad network. Marion Public Health enjoys a strong positive reputation locally and is welcomed in any venue. The community is even beginning to explore progressive public health issues, including health equity. The single greatest external threat that influences the direction of this strategic plan is a lack of adequate sustainable funding. The state of Ohio continues to rank near the bottom of all states regarding its ability to attract federal grant dollars. It subsidizes local public health at a per capita rate that is also among the lowest in the nation. Our local tax support is steady but has only increased once in the past six years. Our building also poses a threat to our fiscal stability as well.

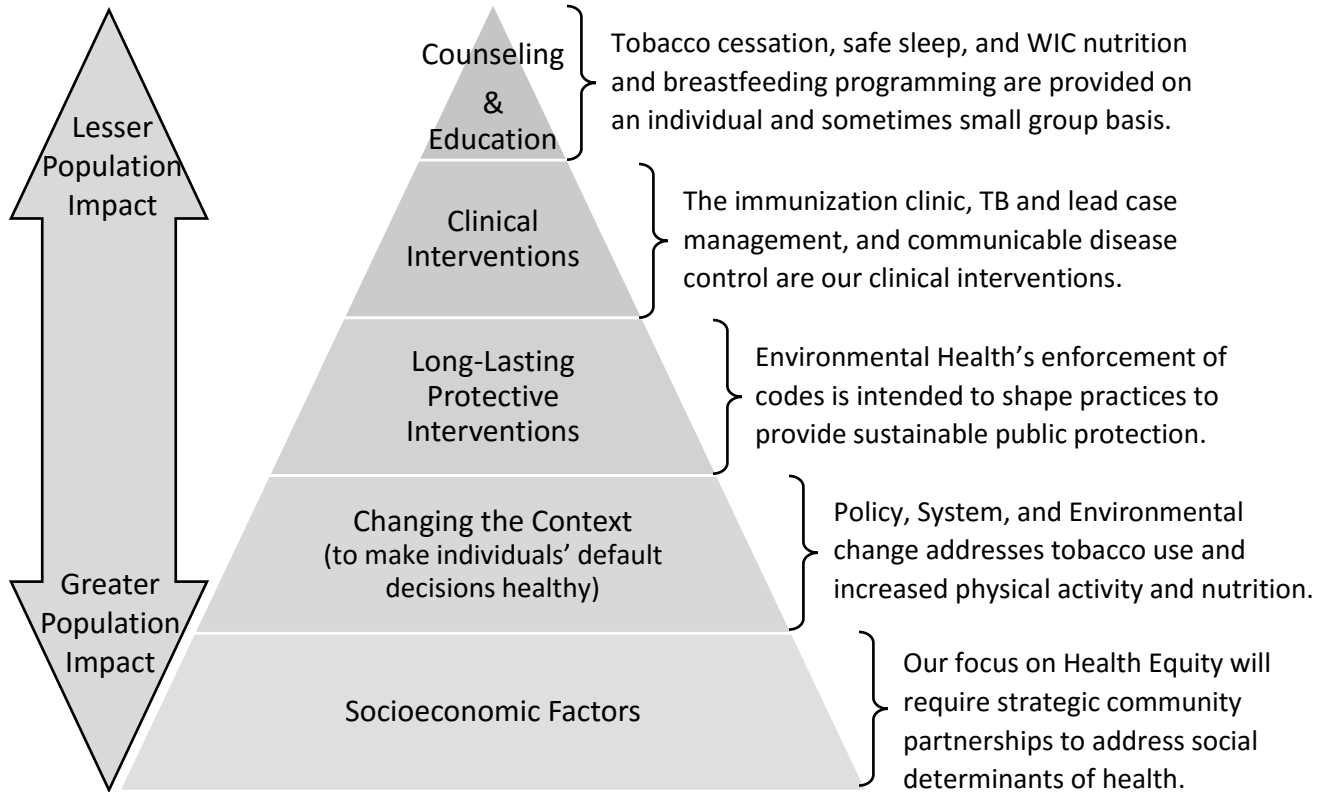## *Internal Strengths and Weaknesses*

We have an exceptionally dedicated staff who believe in their work. We have a relatively new but comprehensive set of planning documents that have been developed with significant staff involvement and buy-in. We have a complementary blend of new and more seasoned staff. Our leadership team is still relatively new to the role of leadership but they continue to recognize and pursue opportunities to improve. Most of this work is focused on communication. Significant strides have been made in their budget management skills. Our investment in existing program areas is largely where we want it to be and, while there has been significant evolution in recent years, the organization now looks well-positioned for the future. We do have a need to continue to focus on training as staff take on new roles. Related to the external challenges of funding, we continue to struggle to build a comfortable cash balance to be able to advance grants that the state reimburses only after the expenses are experienced by the agency. This creates limitations on our ability to invest in new, more innovative programming.

Monitoring and Reporting Process

The Board of Health will receive biannual reports regarding implementation status of the Strategic Plan. Additionally, the Marion Public Health Annual Report will provide the community an annual update on the implementation status.

Health Impact Pyramid

The team discussed the current programming within the context of the CDC's Health Impact Pyramid model. We recognized the potential for greater public health impact of assuring that, where feasible, we would push toward the bottom of this pyramid without abandoning those programs that were effective at higher levels on the pyramid.

Lesser Population Impact ↑

Greater Population Impact ↓

Counseling & Education — Tobacco cessation, safe sleep, and WIC nutrition and breastfeeding programming are provided on an individual and sometimes small group basis.

Clinical Interventions — The immunization clinic, TB and lead case management, and communicable disease control are our clinical interventions.

Long-Lasting Protective Interventions — Environmental Health's enforcement of codes is intended to shape practices to provide sustainable public protection.

Changing the Context (to make individuals' default decisions healthy) — Policy, System, and Environmental change addresses tobacco use and increased physical activity and nutrition.

Socioeconomic Factors — Our focus on Health Equity will require strategic community partnerships to address social determinants of health.

This CDC model helped guide the decision to establish our Office of Policy and Planning in June, 2016. This Office will help to assure that programming across the agency considers the opportunities to move toward the base of the pyramid and have a greater population impact through policy, systems, and environmental change. The Health Commissioner will spearhead the movement toward health equity in the community by establishing strategic partnerships to address the social determinants of health as well as to identify and help to address the social and institutional barriers that stand in the way of certain populations' achievement of optimal health. This will be a major shift in how our community understands the work of their health department. We remain committed to this pursuit as it is consistent with our core values.

Cross Walk Goals against CHIP, SHIP, and HealthyPeople2020

While it is not the sole driver for the selection of priorities and goals, we would expect significant alignment between the work being planned at Marion Public Health and the priorities at the state and national level. The following table is a cross walk between the 2016-2020 Marion Public Health Strategic Plan and the 2016-2020 Marion Community Health Improvement Plan, the State of Ohio's State Health Improvement Plan, and HealthyPeople2020 at the national level. Where additional or alternate justification or alignment exists, it is also noted in the far right column.

Goals	CHIP	SHIP	HP2020	Other (name)
Quality Assurance				
To serve the public in a way that demonstrates our respect for them as well as our respect for ourselves as public health professionals.				MPH Core Values
Health Equity and Social Determinants of Health				
To reduce institutional, cultural, environmental, and societal barriers to the achievement of optimal health for all who call Marion home.			+	MPH Core Values
To reduce barriers to health associated with disability status.			+	MPH Core Values
To reduce barriers to health associated with unhealthy housing conditions.	+		+	
Chronic Disease				
To increase the proportion of Marion residents who follow the US Dietary Guidelines.	+	+	+	
To increase the proportion of Marion residents who follow the Physical Activity Guidelines for Americans.	+	+	+	
To decrease tobacco use rates.	+	+	+	
Environmental Risk Reduction				
To reduce environmental risks associated with foodborne disease transmission.			+	Health Code, Core PH Function
To reduce environmental risks associated with waterborne disease transmission.			+	Health Code, Core PH Function
To reduce environmental risks associated with vector-borne disease transmission.			+	Health Code, Core PH Function
Communicable Disease				
To engage in the timely data collection, investigation, and reporting of all communicable diseases.		+		Health Code, Core PH Function
To reduce risks associated with bloodborne disease transmission.		+	+	Emergent Need, Core PH Function
Healthcare Access				
To increase access for people in need of health care services.		+	+	Core PH Function
Injury Prevention				
To increase the practice of safe sleeping for infants.	+	+	+	
To decrease the risk of accidental injury associated with firearms.			+	
To capitalize on other opportunities to engage in injury prevention where appropriate.		+	+	
Emergency Preparedness				
To maintain current emergency response plans sufficient to respond to anticipated public health emergencies.				Core PH Function
To maintain workforce familiarity with the current emergency preparedness plans sufficient to implement them if necessary.				Core PH Function

Cross Walk Goals against Programs and Responsible Staff

The purpose of the following table is to assure alignment of programs to goals and to provide clarity with regard to the identification of staff responsible for pursuing the goal.

Goals	Program	Primary Staff
Quality Assurance		
To serve the public in a way that demonstrates our respect for them as well as our respect for ourselves as public health professionals.	All	All Staff
Health Equity and Social Determinants of Health		
To reduce institutional, cultural, environmental, and societal barriers to the achievement of optimal health for all who call Marion home.	New Initiative	Quade, Kinsler
To reduce barriers to health associated with disability status.	New Initiative	Creeden
To reduce barriers to health associated with unhealthy housing conditions.	New Initiative	Quade, Pigman, Marquis
Chronic Disease		
To increase the proportion of Marion residents who follow the US Dietary Guidelines.	CHC, WIC/MCH	Creeden MCH (WIC) staff
To increase the proportion of Marion residents who follow the Physical Activity Guidelines for Americans.	CHC, WIC/MCH	Creeden MCH (WIC) staff
To decrease tobacco use rates.	Creating Healthy Communities	Creeden & Walton
Environmental Risk Reduction		
To reduce environmental risks associated with foodborne disease transmission.	Food Safety	Allarding
To reduce environmental risks associated with waterborne disease transmission.	Wells, Septic, and Pools & Spas	Bridenstine
To reduce environmental risks associated with vector-borne disease transmission.	Rabies	Shuret
Communicable Disease		
To engage in the timely data collection, investigation, and reporting of all communicable diseases.	Communicable Disease	Rees, Lee, & Bennett
To reduce risks associated with bloodborne disease transmission.	Syringe Exchange	Lee
Healthcare Access		
To increase access for people in need of health care services.	Office of Policy & Planning, CMHP	Rees & Schroll
Injury Prevention		
To increase the practice of safe sleeping for infants.	MCH Grant	Walton
To decrease the risk of accidental injury associated with firearms.	New Initiative	Quade & Marquis
To capitalize on other opportunities to engage in injury prevention where appropriate.	New Initiative	MCH staff
Emergency Preparedness		
To maintain current emergency response plans sufficient to respond to anticipated public health emergencies.	PHEP grant	Rees
To maintain workforce familiarity with the current emergency preparedness plans sufficient to implement them if necessary.	PHEP grant	Rees

THE PROGRAM PLAN

Priority: Quality Assurance

Goal: To serve the public in a way that demonstrates our respect for them as well as our respect for ourselves as public health professionals. (Aligns with our "True North" values)

Objective: By January 1, 2017 we will have a tool in place to solicit customer feedback regarding the quality of our service. This tool will capture the degree to which customers feel respected, the degree to which customers believe we are genuinely trying to assist them, and the degree to which customers feel we are able to assist them. The tool will be implemented using multiple modalities, including email questionnaires, phone calls, webpage surveys, and satisfaction cards for a drop box.

> *Performance Metric:* The number of quality assurance contacts for each collection method.

> - Strategy: Develop standard cards, a standard email message and implementation procedure, a standard phone interview and implementation procedure, and a web-based tool for our internet presence.

Objective: On a quarterly basis, starting March 31, 2017, data from the quality assurance data collection tool will be calculated and shared with staff at agency all-staff meetings.

> *Performance Metric:* The agency wide average score for each question on the quality assurance data collection tool.

> - Strategy: Staff will receive training regarding culturally competent service delivery.
> - Strategy: Staff will identify opportunities for continuous quality improvement from the quality assurance data collected.

Objective: By January 1, 2018, all members of our team will consistently deliver services in a standardized way that is considered to be evidence-based best practice and is monitored to assure high quality.

> *Performance Metric:* Standard operating procedures for each program and process that have been demonstrated to be specific enough as to provide effective guidance to non-program staff.

> - Strategy: Directors will work with staff to identify programs and processes that would benefit from standard operating procedures.
> - Strategy: Directors will work with their teams to develop and implement the standard operating procedures.

Objective: Annually, by March 31, all divisions will have completed an annual review of the prior year's performance management data and will provide a report to the Board of Health.

> *Performance Metric:* A report will exist by the end of the first quarter of each year that identifies both achievements and opportunities for improvement.

- Strategy: Directors will maintain performance management processes within their units and will work with staff to identify achievements as well as opportunities for improvement on a quarterly basis.

Priority: Health Equity & Social Determinants of Health

Goal: To reduce institutional, cultural, environmental, and societal barriers to the achievement of optimal health for all who call Marion home. (Aligns with our "True North" values)

Objective: By January 1, 2017, we will have established two community policy advisory panels to be used as a resource by those who develop public, workplace, or other forms of policy that may have some impact on the population's health or access to health. These panels will be aligned with priority areas identified in the 2015 Community Health Assessment and the 2016-2020 Community Health Improvement Plan. The panels will not recommend new policy or programs but rather serve to review and provide input into the process of policy being developed by the policy-making entities to remove barriers to equitable access to health. These are not to be confused with policy or legislative advocacy bodies.

Performance Metric: The number of participants engaged in a community policy advisory panel.

Performance Metric: The number of times the community advisory panels were engaged in a policy review process.

- Strategy: Attendees of the 2015 Health and Equity in All Policies conference hosted by Marion Public Health will be contacted to serve as members of the panels.
- Strategy: A Charter will be developed with the input of the panel members.

Objective: On a biannual basis, starting June 30, 2017, community policy advisory panels will be engaged in policy review at the invitation of interested parties.

Performance Metric: The number of times the community advisory panels were engaged in a policy review process.

- Strategy: Our Office of Policy and Planning will market the panels as a valuable resource available to all policy making entities in the county, including but not limited to legislators, employers, school districts, and boards of directors of social service agencies.

Objective: By January 1, 2018, we will have established two additional community policy advisory panels focusing specifically on populations negatively impacted by societal and/or institutional barriers to the achievement of optimal health. These panels will be used as a resource by those who develop public, workplace, or other forms of policy that may have some impact on the population's health or access to health.

Performance Metric: The number of active community advisory panels.

- Strategy: The health commissioner will work with identified communities/populations who meet the criteria identified in the objective statement and facilitate the creation of the additional panels.

Goal: To reduce barriers to health associated with disability status.

Objective: By December 31, 2018, we will increase access to opportunities for physical activity for people who live with disabilities.

> *Performance Metric:* The number of partners and initiatives with which we are engaged.

- Strategy: Continue partnership with Marion County DD and explore relationships with other entities associated with persons who live with disabilities beyond developmental disabilities.

Goal: To reduce barriers to health associated with unhealthy housing conditions.

Objective: By December 31, 2020, reduce the percent of occupied housing units that have had more than one nuisance complaint and/or complaint by a tenant by 10% of the 2016 baseline.

> *Performance Metric:* the percent of occupied housing units that have had more than one nuisance complaint and/or complaint by a tenant

- Strategy: Work with both tenant and landlord groups to institutionalize bilateral expectations and produce written guidance regarding how to meet those expectations as well as the consequence of failure to meet the expectations.

Objective: By December 31, 2018, in partnership with the community, develop a "*Healthy Places Quality Index*" that can be applied to a block or neighborhood that considers the following elements: proximity to a full service grocery store, proximity to a park or recreational facility, walkability (sidewalks, lighting), criminal activity, nuisance and solid waste complaints, etc.

> *Performance Metric:* The percentage of geographic units (size to be determined) that have a calculated "*Healthy Places Quality Index"* applied to them.

- Strategy: establish the index, included weighting of variables, pending existing data, with community input and based in available research. Apply the index to geographic units (neighborhoods, clusters of blocks or census tracts).

Objective: By December 31, 2017, increase the number of tenants who are aware of their rights and familiar with the pathways to exercise their right to safe/affordable housing.

> *Performance Metric:* The number of guides distributed.

- Strategy: Produce and distribute a guide to tenants' rights and remedial strategies.

Objective: By December 31, 2017, establish a set of minimum standards that defines "safe and affordable housing" and implement a voluntary program where landlords will request a pre-occupancy inspection prior to a tenant moving in and a post-occupancy inspection when they move out.

> *Performance Metric:* The number of units being inspected using the minimum standards.

- Strategy: Partner with landlords to identify minimum standards and conduct pre and post occupancy inspections. Incentivize positive outcomes with a "stamp of approval" to be used for marketing purposes (pre occupancy) and a before and after report (post occupancy) for use by the landlords as evidence in the event of property destruction on the part of the tenant.

Priority: Chronic Disease Prevention

Goal: To increase the proportion of Marion residents who follow the US Dietary Guidelines.

<u>Objective:</u> To increase the percentage of Marion adults who eat 5 or more servings of fruits and vegetables per day on average from a 2015 baseline of 4% (2015 CHA) to 15% (2020 CHA) by 12/31/2020.

> *Performance Metric:* Percent of adults surveyed (CHA) who replied "5 or more servings per day" to the question "On average, how many servings of fruits and vegetables do you have in a day?"

- Strategy: Collaborate with community partners to identify food insecure areas, modes of distribution, and sustainable models.

<u>Objective:</u> To increase the percentage of Marion youth who eat 5 or more servings of fruits and vegetables per day on average from a 2015 baseline of 15% (2015 CHA) to 25% (2020 CHA) by 12/31/2020.

> *Performance Metric:* Percent of youth surveyed (CHA) who replied "5 or more servings per day" to the question "On average, how many servings of fruits and vegetables do you have in a day?"

- Strategy: Collaborate with community partners to identify food insecure areas, modes of distribution, and sustainable models.

<u>Objective:</u> To increase points of access to fresh produce (mobile pantry, farmers' markets, etc.) by one per year starting in 2016.

> *Performance Metric:* The number of new points of access to fresh produce that are established

- Strategy: Collaborate with community partners to identify food insecure areas, modes of distribution, and sustainable models.

Goal: To increase the proportion of Marion residents who follow the Physical Activity Guidelines for Americans

<u>Objective:</u> To increase the percentage of Marion adults who engaged in some type of physical activity for at least 30 minutes four or more days in an average week from a 2015 baseline of 33% (2015 CHA) to 50% (2020).

> *Performance Metric:* Percent of adults surveyed (CHA) who replied "4 days, 5 days, 6 days, or 7 days" to the question "During the last 7 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes?" Responses of "Not able to exercise" will not be included in the calculation.

- Strategy: Increasing opportunities to engage in physical activity (open school yards, active transportation, multi-use paths, shared-use facilities, etc.) and adoption of policies and programs that support and sustain their use by the public.

<u>Objective:</u> To increase the percentage of Marion youth who reported being physically active for a total of at least 60 minutes on five or more days in an average week from a 2015 baseline of 56% (2015 CHA) to 67% (2020 CHA).

Performance Metric: Percent of youth surveyed (CHA) who replied "5 days, 6 days, or 7 days" to the question "During the last 7 days, on how many days were you physically active for at least 60 minutes per day?"

- Strategy: Increasing opportunities to engage in physical activity (open school yards, active transportation, multi-use paths, shared-use facilities, etc.) and adoption of policies and programs that support and sustain their use by the public.

Goal: To decrease tobacco use rates.

Objective: To increase the percentage of Marion adults who did not use any form of tobacco in the past year from a baseline of 67.7% (2015 CHA) to 75% (2020 CHA).

Performance Metric: Percent of adults surveyed (CHA) who replied "none" to the question "Which forms of tobacco listed below have you used in the past year?"

- Strategy: Implement and enforce tobacco use policies (smoke free multi-unit housing, school campuses, no hire policies, etc.) that support tobacco free living.

Priority: Environmental Risk Reduction

Goal: To reduce environmental risks associated with foodborne disease transmission.

Objective: By December 31, 2020, we will have reduced the average number of critical violations per inspection for those entities inspected by Marion Public Health's food safety program by 10% from the baseline calculated for 2016.

Performance Metric: The average number of critical violations per food safety inspection per quarter.

- Strategy: Food Safety personnel will work with appropriate food service parties to educate them in such a way that they engage in safe food handling, storage, preparation, and service practices.

Goal: To reduce environmental risks associated with waterborne disease transmission.

Objective: By November 30, 2017, we will improve 8,000 gallons of sewage effluent per day from failing household septic systems.

Performance Metric: The calculated volume of improved effluent per day.

- Strategy: Implement the septic system grant to improve or replace failing systems.

Goal: To reduce environmental risks associated with vector-borne disease transmission.

Objective: By December 31, 2020, we will increase the percentage of dogs who have been associated with a dog bite investigation that have been vaccinated from a baseline of 36% in 2015 to 50% in 2020.

Performance Metric: The percentage of dogs identified in a dog bite investigation that have already been vaccinated for rabies.

- Strategy: Targeted community education of rationale and available vaccination services.

Priority: Communicable Disease

Goal: To engage in the timely data collection, investigation, and reporting of all communicable diseases.

Objective: By December 31, 2016 we will have a dedicated Epidemiologist on staff who will assure that all communicable diseases are entered into the state database and closed within the proscribed period.

> *Performance Metric:* The percent of communicable disease entries that are entered within proscribed guidelines.

- Strategy: Assure staff are adequately trained and that the database is audited on a regular basis to assure completeness, accuracy, and timeliness of data entry.

Objective: By December 31, 2016 we will have a dedicated Epidemiologist on staff who will prepare communicable disease reports to the Board of Health on a monthly basis.

> *Performance Metric:* The percent of months for which a communicable disease report was delivered to the Board of Health.

- Strategy: Assure that the Epidemiologist receives adequate training.

Goal: To reduce risks associated with bloodborne disease transmission.

Objective: To remove 5,000 used syringes from circulation among the community of intravenous drug users per year in 2017, 2018, 2019, and 2020.

> *Performance Metric:* The number of used syringes exchanged per quarter.

- Strategy: Implement a syringe exchange program consistent with the Ohio Revised Code.

Priority: Health Care Access

Goal: To increase access for people in need of health care services.

Objective: By June 30, 2017, we will have completed an assessment of access to health care in Marion County that identifies resources and system gaps.

> *Performance Metric:* The report will be disseminated.

- Strategy: The epidemiologist and policy specialist will work through the Office of Policy and Planning to collaborate with appropriate community partners to conduct the research. They will engage a community health equity advisory panel in the assessment process.

Objective: By December 31, 2018 we will have a regular schedule of visiting health care providers who fill an identified gap in service, e.g. visiting dental and sexual health clinical services.

> *Performance Metric:* The number of people utilizing visiting health service providers.

- Strategy: Respond to an access to health care services assessment to identify gaps. Identify providers that are willing to provide services on site at MPH on a regular schedule.

Priority: Injury Prevention

Goal: To increase the practice of safe sleeping for infants.

Objective: By December 31, 2020, we will decrease the percentage of adults who place their infants to sleep in bed with themselves from 19.2% (CHA 2015) to 15%.

> *Performance Metric:* The statistic as reported in the Marion Community Health Assessment survey in 2020.

- Strategy: Targeted education and programming, e.g. Safe Sleep / Cribs for Kids.

Goal: To decrease the risk of accidental injury associated with firearms.

Objective: By December 31, 2020, we will reduce the percentage of gun owners who store their weapons loaded and unlocked from 24% (CHA 2015) to 20% (CHA 2020).

> *Performance Metric:* The percent of gun owners responding to our 2020 Community Health Assessment with answers reflecting safer practices (stored locked and unloaded).

- Strategy: Collaborate with strategic community partners to educate gun owners regarding safer gun ownership practices.

Goal: To capitalize on other opportunities to engage in injury prevention where appropriate.

Objective: By December 31, 2017, we will have explored funded opportunities to pursue additional injury prevention activities if/where a need has been identified.

> *Performance Metric:* A list of opportunities

- Strategy: Staff engaged in maternal and child health program areas will identify opportunities.

Priority: Emergency Preparedness

Goal: To maintain current emergency response plans sufficient to respond to anticipated public health emergencies.

Objective: By July 2017, all Directors will have a thumb drive with all completed and updated MPH Emergency Response and Informational Plans readily available.

> *Performance Metric:* Percentage of directors with the thumb drive.

- Strategy: Add the completed plans to the thumb drives and distribute them to directors.

Objective: By January 2018, all plans will be reviewed and updated to contain People First Language.

> *Performance Metric:* Percentage of plans that have been updated.

- Strategy: conduct a review of all plans against the standard Person First language.

Goal: To maintain workforce familiarity with the current emergency preparedness plans sufficient to implement them if necessary.

Objective: By December 31, 2016, the Emergency Response Plan will be included in the new employee orientation materials and new employees will complete the quiz within the first week of hire.

> *Performance Metric:* The plan will be included and the quiz will be completed for all new employees.

- Strategy: Work with the workforce development team to assure the plan is included.

Objective: By June 2018, MPH will have an electronic tracking system in place for monitoring staff training.

> *Performance Metric:* The system will be in place and will be monitored.

- Strategy: Integrate this into the training monitoring database.

Innovative Initiatives

Goal: To explore and map out strategies to be even more impactful

A. The WIC team will explore the feasibility of ***expanding their reach*** with regard to outpatient lactation services with the non WIC eligible population and, if found to be feasible, will identify specific strategies to implement the initiative.

B. The WIC team will explore the feasibility of ***expanding their scope*** with regard to increasing physical activity with those they serve in WIC and, if found to be feasible, will identify specific strategies to implement the initiative, including but not limited to expanding their role and funding streams to include Maternal and Child Health more broadly.

C. The Environmental Health team will explore the feasibility of ***leveraging their impact*** by becoming a center of training for environmental health services, for example, food safety, and if found to be feasible, will identify specific strategies to implement the initiative.

D. The Nursing team will explore the feasibility of ***reinvesting resources*** from immunization clinic activity toward increasing appropriate access to care for the residents of Marion, County, and if found to be feasible, will identify specific strategies to implement the initiative.

E. The Office of Policy and Planning will explore the feasibility of ***increasing professional public health capacity*** by utilizing recent graduates of Masters of Public Health programs for short term projects similar to post-doctoral fellowships. This will provide professional opportunities for the graduates seeking full time employment and provide our local public health system with increased public health expertise.

THE OPERATIONAL PLAN

Prior to the development of the 2016-2020 Marion Public Health Strategic Plan for our programming, we had in place an operational plan to guide non-program decisions. That plan was executed during the 18 months leading up to the completion of this 2016-2020 Strategic Plan. The operational goals, and objectives that were not yet completed are included in this section of the Marion Public Health 2016-2020 Strategic Plan. The status of implementation will be presented to the Board of Health on a monthly basis.

Goal: To have sufficient cash balance at the end of each calendar year to cover 1st quarter expenses in the following year.

Objective: The end of year cash balance will represent a larger proportion of the total operating budget than it did for the prior year. (Capped at 25% of the total operational budgeted expenses.)

Goal: Division Directors will demonstrate the skills necessary to develop, implement, and track the budgets for their divisions.

Objective: By January 31 of each year, each Division Director will present a proposed budget for the following year to the Administrator for review.

Objective: By February 14 of each year, each Division Director will present a proposed budget to the Health Commissioner for approval.

Objective: Each Division Director will present data at every regular meeting of the board of health that demonstrates 1.) How far ahead or behind budgeted revenue and expenses they are for each of their programs, 2.) An explanation of why, and 3.) What, if any, action will be taken.

Goal: The Board of Health is sufficiently knowledgeable to exercise their fiscal due diligence.

Objective: Prior to every regular meeting of the Board of Health, each board member will review the reports generated by the Division Directors regarding how far ahead or behind budgeted revenue and expenses they are for each of their programs, their explanations of discrepancies, and of action that will be taken.

Goal: The building will have structurally sound roof, walls, and climate control system.

Objective: By December 31, 2017 the climate control system will be reliable.

Objective: By December 31, 2018 the roof will be replaced.

Objective: By December 31, 2020, the stucco siding will be replaced.

The majority of objectives related to this priority were completed prior to the incorporation of the operational plan elements into this document. Only two goals remain with objectives yet to be met. They are listed here.

Goal: All Marion Public Health employees will have an annual performance review.

Objective: By April 30 of each year, all performance reviews will be complete for all levels of Marion Public Health staff and will be stored in personnel files.

Goal: Maintain a current workforce development plan.

Objective: By September 30 of each year, the workforce development team will conduct a complete review of the plan.

Goal: To have an established set of regular/standard content to share with the community.

Objective: By December 31, 2017 each program will have been represented on our FaceBook page with a MPH Spotlight interview in which one staff person that describes the program and its public health implication.

Objective: Public health messages will be presented over radio broadcasts at least 12 times each year.

Objective: Marion Public Health will post on our FaceBook page at least 50 times each year.

Objective: Marion Public Health will post on Twitter at least 50 times each year.

Objective: Marion Public Health will have a presence in the local newspaper at least 6 times each year.

Goal: To Implement a Performance Management System

Objective: At the third quarter All-Staff meeting each year, the Performance Management Team will report on the status of performance metrics for each program area and the staff will identify successes and opportunities for improvement. This information will be compiled and reported to the Board of Health as an Annual Performance Management System Report.

Goal: To Implement a Quality Improvement Plan

Objective: Marion Public Health staff will engage in at least three formal quality improvement processes each year and will present the experiences to the staff and the Board of Health.

Goal: To become PHAB Accredited

Objective: By June 30, 2017, we will have assembled all required documentation and narratives and will have submitted our application for PHAB Accreditation.

Objective: By December 31, 2017, we will have submitted the documentation via the *e*PHAB system.

Objective: By December 31, 2018, we will have achieved PHAB Accreditation and there will be great rejoicing!

Planning Participant/Position	Role(s)
Thomas Quade, Health Commissioner	Coordinated process, generated tool, compiled division input, created draft and final version of the plan
Katrina Harwood, Division Director, WIC	Trained staff on root cause analysis, facilitated division level planning conversations, root cause and SWOT analyses, provided feedback to drafts of the plan
Traci Kinsler, Director, Office of Policy & Planning	Facilitated division level planning conversations, root cause and SWOT analyses, provided feedback to draft versions of the plan
Kristy Lee, Director of Nursing	
Tyler Pigman, Director of Environmental Health	
Lisa Cook, Executive Administrative Assistant	
Sheila Bennett, Administrative Assistant	Participated in Administration division planning conversations, root cause and SWOT analyses, provided feedback to draft versions of the plan
Michelle Reale, Administrative Assistant	
Carol White, Registrar	
Carlie Rees, Epidemiologist	Participated in Office of Policy and Planning conversations, root cause and SWOT analyses, provided feedback to draft versions of the plan
Erin Creeden, Policy Specialist	
Vicky Boyd, Nutritionist	Participated in WIC division planning conversations, root cause and SWOT analyses, provided feedback to draft versions of the plan
Stephanie Walton, Nutritionist	
Jessica Woods, Nutritionist	
Jennifer Scott, Service Coordinator	
Barbie White, Service Coordinator	
Rebecca Sabo, Peer Breastfeeding Helper	
Ryan Allarding, Sanitarian-in-Training	Participated in Environmental Health division planning conversations, root cause and SWOT analyses, provided feedback to draft versions of the plan
Sandy Bridenstine, Sanitarian	
Madison Shuret, Sanitarian-in-Training	
Jerry Marquis, Code Enforcement Officer	
Laurie Wise, President, Board of Health	Reviewed draft, provided feedback, and approved final document with Board of Health resolution
Rob Lill, Vice President, Board of Health	
Scott Ballenger, Member, Board of Health	
Tara Dyer, Member, Board of Health	
Dr. Suryaprakash Patel, Member, Board of Health	
Butch Smith, Member, Board of Health	
Angie Yazel, Member, Board of Health	

Strategic Planning Tool

Please use this tool with your team as you engage in strategic planning discussions at your division staff meetings.

1. Identify your division

- ◯ Administration
- ◯ Environmental Health
- ◯ Nursing
- ◯ Population Health
- ◯ WIC

2. Who participated in your team's strategic planning discussions?

- [ ] Tom Quade, Health Commissioner
- [ ] Traci Kinsler, Director of Administration
- [ ] Tyler Pigman, Director of Environmental Health
- [ ] Abbey Trimble, Director of Population Health
- [ ] Kristy Lee, Director of Nursing
- [ ] Katrina Harwood, Director of WIC
- [ ] Lisa Cook, Executive Administrative Assistant
- [ ] Sheila Bennett, Administrative Assistant, Nursing Focus
- [ ] Carol White, Administrative Assistant (Registrar), Administration Focus
- [ ] Michelle Reale, Administrative Assistant, Environmental Health Focus
- [ ] Jerry Marquis, Code Enforcement Officer, Environmental Health
- [ ] Sandy Bridenstine, Sanitarian, Environmental Health
- [ ] Ryan Allarding, Sanitarian-in-Training, Environmental Health
- [ ] Madison Shuret, Sanitarian-in-Training, Environmental Health
- [ ] Erin Creeden, Policy Specialist, Population Health
- [ ] Carlie Rees, Emergency Preparedness Coordinator, Population Health
- [ ] Sherri Hamm, Public Health Nurse RN, Nursing
- [ ] Deb Schroll, Public Health Nurse RN, Nursing
- [ ] Vicky Boyd, Nutritionist, WIC
- [ ] Stephanie Walton, Nutritionist, WIC
- [ ] Jessica Woods, Nutritionist, WIC
- [ ] Jenny Scott, Service Coordinator, WIC
- [ ] Barbie White, Service Coordinator, WIC
- [ ] Rebecca Sabo, Peer Breastfeeding Helper, WIC

QUALITY

One of the goals for Marion Public Health as an agency will continue to be to provide high quality service. To that end, please work with your team to identify a goal that addresses the issue of quality in your division.

3. identify a 5-year goal for your division regarding quality assurance. One example might be, "All members of our team will consistently deliver services in a standardized way that is considered to be evidence-based best practice and is monitored to assure high quality."

4. What needs to be in place for you to achieve that goal? Using the example from above, you could list the following: 1.) a set of standard operating procedures that are based on the best practice for delivering a particular service, 2.) a plan for training staff on those procedures, 3.) a plan to monitor (observe/evaluate) staff's ability to follow the standard operating procedures, and 4.) a tool to collect and use feedback from consumers to help improve our quality.

PROGRAMS

Now is the time to consider your SWOT analysis as well as the Community Health Improvement Plan (CHIP) and think about how they will guide your programs over the next 5 years. There may be some that will simply evolve, there may be some that it's time to end, there may be others to be added, and there may be others that simply continue as they are. These next questions are intended to help your team think this through.

5. In general, what are you trying to accomplish in your division with regard to the promotion/protection of the population's health? (Challenge your team to try to do this in one or two sentences.)

> [blank field]

6. One of the priority areas identified in the CHIP is Tobacco.
List the programs, if any, you do in your division that are aligned with the CHIP's Tobacco Priority goals listed below.
a.) Continued coalition development for support in tobacco prevention and control in Marion County
b.) Reduce exposure to secondhand smoke
c.) Increase cessation of tobacco use by Marion County residents
d.) Prevent the initiation of tobacco use by youth

> [blank field]

7. Another one of the priority areas identified in the CHIP is Obesity.
List the programs, if any, you do in your division that are aligned with the CHIP's Obesity Priority goals listed below.
a.) Increase opportunities for physical activity in people's daily lives
b.) Increase public awareness and support for the needs of Policy, Systems, and Environmental (PSE) change to reduce childhood obesity while also providing educational tools that encourage lifestyle changes
c.) Increase opportunities for physical activity and healthy eating within schools, child care centers and extracurricular activities
d.) Increase healthy food access and healthy food choices in Marion County

> [blank field]

8. Another one of the priority areas identified in the CHIP is Substance Abuse.
List the programs, if any, you do in your division that are aligned with the CHIP's Substance Abuse Priority goals listed below.
The goals within this priority area include the following:
a.) Reduce alcohol consumption by adolescents,
b.) Increased community involvement in substance abuse prevention efforts, and
c.) Reduce the incidence of fatal drug overdose deaths due to prescription opiodes and heroin in Marion County.

> [blank field]

9. Another one of the priority areas identified in the CHIP is Maternal and Child Health.
List the programs, if any, you do in your division that are aligned with the CHIP's Maternal and Child Health Priority goals listed below.
a.) Increase childhood screening rates
b.) Increase access to perinatal education and health services
c.) Increase parental engagement

10. The final priority area identified in the CHIP is Housing.
List the programs, if any, you do in your division that are aligned with the CHIP's Housing Priority goals listed below.
a.) Reduce the percentage of housing units that have had more than one nuisance complaint and/or complaint by a tenant in the prior 12 months.
b.) Develop a "Housing Quality Index" that can be applied to a block that considers the following elements: proximity to a full service grocery, proximity to a park or recreational facility, walkability, criminal activity, nuisance & solid waste complaints, etc.
c.) Increase the percentage of tenants who are aware of their rights and familiar with the pathways to exercise those rights with regard to safe and affordable housing.
d.) Establish a set of minimum standards that defines "safe and affordable" housing and an implementation plan for its use.

11. What programs do you do in your division that do not align with any of the CHIP Priority area goals listed above?

12. What programs do you do in your division that are aligned with any of the ODH State Health Improvement Plan's identified priorities?

The ODH SHIP Priorities are as follows:

1.) Decrease Ohio's infant mortality rate and reduce disparities in birth outcomes

2.) Prevent and reduce the burden of chronic disease for all Ohioans

3.) Reduce and/or prevent reportable infectious diseases through comprehensive and integrated community health approaches

4.) Promote public awareness, policy, programs and data that demonstrate that injury and violence are preventable

5.) Implement integrated mental and physical health care models to improve public health

6.) Establish, support, and promote policies and systems to identify and reduce barriers that prevent access to appropriate health care for all Ohioans

7.) Ohio public health organizations have the resources and capacity they need to assure the health and well-being of all Ohioans

8.) Ensure a sufficient quantity of competent public health and clinical health workers to meet the needs od all Ohioans

9.) Generate value by providing the right information in the right place at the right time to improve the overall health system performance

13. What NEW programs, if any, might you consider doing in your division that would align with one or more of the CHIP Priority areas and meet an unmet need in the community?

14. What changes would you suggest to CURRENT programs to make them more impactful?

15. What CURRENT programs might you consider ending because they are not meeting a recognized need and they are not aligned with either Marion's CHIP or the ODH SHIP?

16. When you consider how you responded to questions 5 - 15, what broad goal statement can you develop regarding the programming in your division over the next 5 years?

17. What needs to be in place for you to achieve that goal?

BUILDING ON STRENGTHS

18. When you did the SWOT analysis at the all staff meeting, what were some of the internal strengths you identified in your division?

19. How might these strengths be used to enhance current programming?

20. How might these strengths be used relative to any new programming?

21. How might these strengths be used to improve Marion Public Health as an agency?

22. When you consider questions 18-21, what broad goal statement can you develop regarding building on strengths over the next 5 years?

ADDRESSING WEAKNESSES

23. When you did the SWOT analysis at the all staff meeting, what were some of the internal weaknesses you identified in your division?

24. Are there underlying root causes that are common to the internal weaknesses? If so, what are they?

25. Identify a goal that, if achieved, would address a priority weakness (or root cause) within your division.

26. What needs to be in place for you to achieve that goal?

MAXIMIZING OPPORTUNITIES

27. When you did the SWOT analysis at the all staff meeting, what were some of the external opportunities you identified relative to your division?

> _____

28. How might these external opportunities be used to enhance current programming?

> _____

29. How might these external opportunities be used relative to any new programming?

> _____

30. How might these external opportunities be used to improve Marion Public Health as an agency?

> _____

31. When you consider questions 27-30, what broad goal statement can you develop regarding maximizing external opportunities over the next 5 years?

> _____

MITIGATING THREATS

32. When you did the SWOT analysis at the all staff meeting, what did you identify as potential external threats to the work you do in your division?

33. Are there underlying root causes that are common to the external threats? If so, what are they?

34. Identify a goal that, if achieved, would address a priority external threat (or root cause) within your division.

35. What needs to be in place for you to achieve that goal?

Other strategic goals to consider...

Think about whether or not your division would find added value by pursuing any of the following goals over the next 5 years.

36. Develop a set a guidelines for _when_ we should pursue funding opportunities.

○ Include this goal for our division

○ Don't include this goal for our division

37. Develop a set of guidelines for _how_ we should pursue new funding opportunities.

○ Include this goal for our division

○ Don't include this goal for our division

38. Establish a set of data that we will collect and use to inform decisions within our division.

○ Include this goal for our division

○ Don't include this goal for our division

Biannual Strategic Plan Status Report

Presented to the Board of Health on: _____

Objective: By January 1, 2017 we will have a tool in place to solicit customer feedback regarding the quality of our service. This tool will capture the degree to which customers felt respected, the degree to which customers believed we were genuinely trying to assist them, and the degree to which customers felt we were able to assist them. The tool will be implemented using multiple modalities, including email questionnaires, phone calls, webpage surveys, and satisfaction cards for a drop box.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: On a quarterly basis, starting March 31, 2017, data from the quality assurance data collection tool will be calculated and shared with staff at agency all-staff meetings.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By January 1, 2018, all members of our team will consistently deliver services in a standardized way that is considered to be evidence-based best practice and is monitored to assure high quality.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: Annually, by March 31, all divisions will have completed an annual review of the prior year's performance management data and will provide a report to the Board of Health.

Update:

Opportunity for Improvement: ☐ Yes ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By January 1, 2017, we will have established two community policy advisory panels to be used as a resource by those who develop public, workplace, or other forms of policy that may have some impact on the population's health or access to health. These panels will be aligned with priority areas identified in the 2015 Community Health Assessment and the 2016-2020 Community Health Improvement Plan. The panels will not recommend new policy or programs but rather serve to review and provide input into the process of policy being developed by the policy-making entities to remove barriers to equitable access to health. These are not to be confused with policy or legislative advocacy bodies.

Update:

Opportunity for Improvement: ☐ Yes ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: On a biannual basis, starting June 30, 2017, community policy advisory panels will be engaged in policy review at the invitation of interested parties.

Update:

Opportunity for Improvement: ☐ Yes ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By January 1, 2018, we will have established two additional community policy advisory panels focusing specifically on populations negatively impacted by societal and/or institutional barriers to the

achievement of optimal health. These panels will be used as a resource by those who develop public, workplace, or other forms of policy that may have some impact on the population's health or access to health.

Update:

Opportunity for Improvement: ☐ Yes ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2018, we will increase access to opportunities for physical activity for people who live with disabilities.

Update:

Opportunity for Improvement: ☐ Yes ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2020, reduce the percent of occupied housing units that have had more than one nuisance complaint and/or complaint by a tenant by 10% of the 2016 baseline.

Update:

Opportunity for Improvement: ☐ Yes ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2018, in partnership with the community, develop a "*Healthy Places Quality Index*" that can be applied to a block or neighborhood that considers the following elements: proximity to a full service grocery store, proximity to a park or recreational facility, walkability (sidewalks, lighting), criminal activity, nuisance and solid waste complaints, etc.

Update:

Opportunity for Improvement: ☐ Yes ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2017, increase the number of tenants who are aware of their rights and familiar with the pathways to exercise their right to safe/affordable housing.

Update:

Opportunity for Improvement: ☐Yes   ☐Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2017, establish a set of minimum standards that defines "safe and affordable housing" and implement a voluntary program where landlords will request a pre-occupancy inspection prior to a tenant moving in and a post-occupancy inspection when they move out.

Update:

Opportunity for Improvement: ☐Yes   ☐Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: To increase the percentage of Marion adults who eat 5 or more servings of fruits and vegetables per day on average from a 2015 baseline of 4% (2015 CHA) to 15% (2020 CHA).

Update:

Opportunity for Improvement: ☐Yes   ☐Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: To increase the percentage of Marion youth who eat 5 or more servings of fruits and vegetables per day on average from a 2015 baseline of 15% (2015 CHA) to 25% (2020 CHA).

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: To increase points of access to fresh produce (mobile pantry, farmers' markets, etc.) by one per year starting in 2016.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: To increase the percentage of Marion adults who engaged in some type of physical activity for at least 30 minutes four or more days in an average week from a 2015 baseline of 33% (2015 CHA) to 50% (2020).

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: To increase the percentage of Marion youth who reported being physically activity for a total of at least 60 minutes on five or more days in an average week from a 2015 baseline of 56% (2015 CHA) to 67% (2020 CHA).

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: To increase the percentage of Marion adults who did not use any form of tobacco in the past year from a baseline of 67.7% (2015 CHA) to 75% (2020 CHA).

Update:

Opportunity for Improvement: ☐ Yes　　☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2020, we will have reduced the average number of critical violations per inspection for those entities inspected by Marion Public Health's food safety program by 10% from the baseline calculated for 2016.

Update:

Opportunity for Improvement: ☐ Yes　　☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By November 30, 2017, we will improve 8,000 gallons of sewage effluent per day from failing household septic systems.

Update:

Opportunity for Improvement: ☐ Yes　　☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2020, we will increase the percentage of dogs who have been associated with a dog bite investigation that have been vaccinated from a baseline of 36% in 2015 to 50% in 2020.

Update:

Opportunity for Improvement: ☐ Yes　　☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2016 we will have a dedicated Epidemiologist on staff who will assure that all communicable diseases are entered into the state database and closed within the proscribed period.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2016 we will have a dedicated Epidemiologist on staff who will prepare communicable disease reports to the Board of Health on a monthly basis.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: To remove 5,000 used syringes from circulation among the community of intravenous drug users per year in 2017, 2018, 2019, and 2020.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By June 30, 2017, we will have completed an assessment of access to health care in Marion County that identifies resources and system gaps.

Update:

Opportunity for Improvement: ☐ Yes ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2018 we will have a regular schedule of visiting health care providers who fill an identified gap in service, e.g. visiting dental and sexual health clinical services.

Update:

Opportunity for Improvement: ☐ Yes ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2020, we will decrease the percentage of adults who place their infants to sleep in bed with themselves from 19.2% (CHA 2015) to 15%.

Update:

Opportunity for Improvement: ☐ Yes ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2020, we will reduce the percentage of gun owners who store their weapons loaded and unlocked from 24% (CHA 2015) to 20% (CHA 2020).

Update:

Opportunity for Improvement: ☐ Yes ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2017, we will have explored funded opportunities to pursue additional injury prevention activities if/where a need has been identified.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By July 2017, All Directors will have a thumb drive with all completed and updated MPH Emergency Response and Informational Plans readily available.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By January 2018, all plans will be reviewed and updated to contain People First Language.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2016, the Emergency Response Plan will be included in the new employee orientation materials and new employees will complete the quiz within the first week of hire.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By June 2018, MPH will have an electronic tracking system in place for monitoring staff training.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: The end of year cash balance will represent a larger proportion of the total operating cash than it did for the prior year.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By January 31 of each year, each Division Director will present a proposed budget for the following year to the Administrator for review.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By February 14 of each year, each Division Director will present a proposed budget to the Health Commissioner for approval.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: Each Division Director will present data at every regular meeting of the board of health that demonstrates 1.) How far ahead or behind budgeted revenue and expenses they are for each of their programs, 2.) An explanation of why, and 3.) What, if any, action will be taken.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: Every Board of Health member will review the reports generated by the Division Directors regarding how far ahead or behind budgeted revenue and expenses they are for each of their programs, their explanations of discrepancies, and of action that will be taken.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2017 the climate control system will be reliable.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2018 the roof will be replaced.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2020, the stucco siding will be replaced.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By April 30 of each year, all performance reviews will be complete for all levels of Marion Public Health staff and will be stored in personnel files.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By September 30 of each year, the workforce development team will conduct a complete review of the plan.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2017 each program will have been represented on our FaceBook page with a MPH Spotlight interview in which one staff person that describes the program and its public health implication.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: Public health messages will be presented over radio broadcasts at least 12 times each year.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: Marion Public Health will post on our FaceBook page at least 50 times each year.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: Marion Public Health will post on Twitter at least 50 times each year.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: Marion Public Health will have a presence in the local newspaper at least 6 times each year.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: At the third quarter All-Staff meeting each year, the Performance Management Team will report on the status of performance metrics for each program area and the staff will identify successes and opportunities for improvement. This information will be compiled and reported to the Board of Health as an Annual Performance Management System Report.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: Marion Public Health staff will engage in at least three formal quality improvement processes each year and will present the experiences to the staff and the Board of Health.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By June 30, 2017, we will have assembled all required documentation and narratives and will have submitted our application for PHAB Accreditation.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2017, we will have submitted the documentation via the *e*PHAB system.

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____

Objective: By December 31, 2018, we will have achieved PHAB Accreditation and there will be great rejoicing!

Update:

Opportunity for Improvement: ☐ Yes   ☐ Not at this time

If Yes, what is the objective of the quality improvement process? _____

_____