Cerro Gordo County Department of Public Health

2015-2018 Strategic Plan

Defining our direction | Version 1.0
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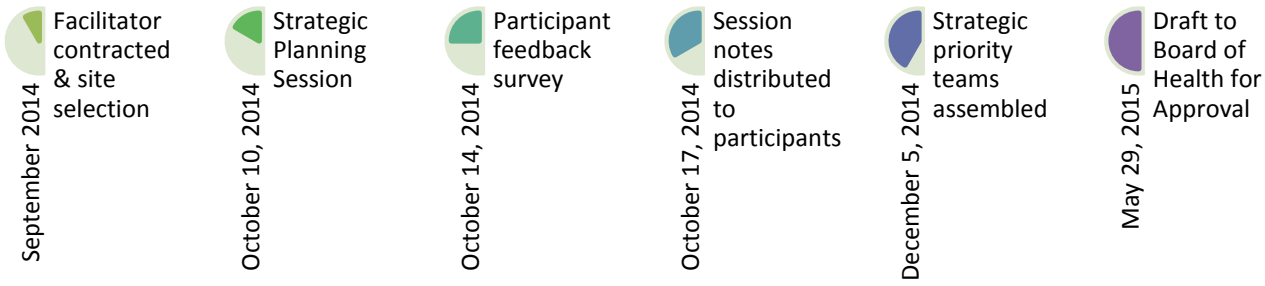
Introduction

The Cerro Gordo County Department of Public Health (CGCDPH) has undergone transformation over the past year. With a shift to stay aligned with community needs, relevant funding sources and identifying what the future of public health has to offer, the CGCDPH has further developed its role in the community. The CGCDPH has forged new relationships across sectors, established itself as an innovator not afraid to compete for funding, and facilitated health improvement opportunities. The strategic plan will be used to build momentum and achieve the objectives that will serve the people of Cerro Gordo County.

Strategic Planning Process

This plan represents months of critical thought on the part of CGCDPH staff and Board of Health members. Adaptation to meet emerging needs takes time, patience and constant attention. As the timeline for drafting a new strategic plan drew near, the Health Director and Organizational Development and Research Manager worked together to facilitate the process. Key events in the planning process are shown in the timeline below.



The organizational strategic planning process began in early July with a management discussion about direction and facilitation. In September, 2014, after an interview process, the facilitator was contracted and in early October, the date for the strategic planning session was set. In early October, participants received county data to include demographics, socio-economic, physical environment, health behavior and health outcome data; a meeting to address data questions was held. On October 10th, specified staff and Board of Health members participated in a half-day retreat which included a review of the 2012-2014 Strategic Plan, brainstorming issues, concerns, trends and opportunities. Participants brainstormed and ranked a list of potential program, policy, project or initiative priorities. The resulting priorities were split into two sections, 1-2 years and 3-5 years. In November, these priorities were categorized and committee chairs were chosen by the Health Director for each priority. Each chair selected a team of 3-5 fellow employees to develop goal statements, objectives, and activities to address each of the issues. The resulting document outlines the Department's vision, mission, values, a SWOT and strategic priorities.

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External Support

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The following pages highlight the outcomes of the meeting including the SWOT (labeled issues/concerns and threats/opportunities) and the strategic priorities.

Mission: The Cerro Gordo County Department of Public Health works to optimize the health of all people in Cerro Gordo County.

Vision: We will be the leader in making Cerro Gordo County the healthiest county in Iowa.

Values: We believe in human dignity, respect for individuals, promotion of wellness and personal safety, protection of the environment, prevention of disease and access to quality health services.

Issues/Concerns

- Safe walking paths
- Tobacco free
- Aging in place
- Increasing immunization rates
- Questions with finances in health care
- New emerging diseases
- Think in a different way – individual service (one-on-one)
- Funding doesn't equal to one-on-one
- 42% of tax funding supports programs
- Basic lifestyle
- How we provide services
- Communication
- More clients, less funding
- Increasing need
- Model affecting change
- Change system
- People not responsible
- Quality vs volume
- Accountability
- What you do – where we are – convenient
- Poverty/mental health
- Working poor
- Increase in aging population

Trends/Opportunities

- Public more open to information
- Awareness
- Blue Zone - $ to improve
- Building – work from home
- Direct patient services – level one
- Emerging technology to work from home/mobile – things should be streamlined
- Technology to be more accountable – to be more healthy
- Marketing – i_____
- What we do public doesn't know about
- Silent factors out
- Department of Public Health since 1990 – but do people know us
- Built environment/safe food
- How do you get in the home
- Community health workers
- Working with other community agencies, other partners that you don't work with
- More involvement in the school
- Focus elementary age – prevention
- Focus on kids
- Emp message out
- Interdisciplinary organization types of things

Strategic Priorities

The strategic priorities were established through a goal setting process facilitated at the strategic planning session; successively, the ranked list of potential program, policy, project or initiative priorities were categorized by the Health Director. The subsequent strategic priority categories and rationale to substantiate the selection are as follows. Following each rationale are the goals, objective, strategies and target information for each strategy.

Category 1: Office

Rationale: Several issues regarding access, both physical and virtual surfaced during the strategic planning process. Ideas swirled to move to more virtual office space in order to reduce the office footprint and save funding. Physical barriers including convenience, 3rd floor physical space, mobility of our senior population and how to find us were all discussed. Several of these issues were combined into the first category of Office to try to become more visible, physically accessible, convenient and fiscally responsible with rent payments.

Goal 1: Determine the best option for long term office location.			
Indicator	**Current Status**	**2016 Target**	**2018 Target**
# of decisions made	No decision yet	Decision determined & implemented	Long Term Office Location Identified
Objective 1: Review the current office location to determine long term space needs.			
Strategies		**Timeline**	**Lead Position**
1. Assess the current footprint for office space.		February 2015	Environmental Health (EH) Service Manager
2. Develop alternate options for office space needs with special attention given to putting service section staff together.		March 2015	Committee
3. Conduct fiscal feasibility assessment for existing building space needs.		April 2015	Finance Manager
4. Determine best option for existing long term space needs & present plan to Health Director & Board of Health (BOH) for approval.		April 2015	Committee
5. Sign contract with property owner for short term lease.		June 2015	Health Director
Objective 2: Examine feasibility for relocating office to an existing building.			
Strategies		**Timeline**	**Lead Position**
1. Locate realtor to assist with property search.		January 2015	Finance Manager
2. From property search, review available sites for feasibility.		Ongoing	Committee
3. Once site is selected, develop remodel plan with architect.		Ongoing	Committee
4. Review fiscal feasibility & impact on departmental budget for site purchase & remodel.		TBD	Committee
5. Present plan to Health Director & BOH for review.		TBD	Committee

Objective 3: Evaluate feasibility of building a new office building.		
Strategies	**Timeline**	**Lead Position**
1. Hire architect to assist with process.	January 2015	Committee & Health Director
2. Review space requirements for new building & research space design options (e.g. open office setting, individual offices).	February 2015	Committee
3. Develop document for architect indicating space needs by service section – sq. ft. of each space as compared to existing space utilization.	March 2015 thereafter	Committee & Core Team
4. Meet with architect to begin review of space needs.	March 2015	Committee & Core Team
5. Determine office layout for new building.	October 2015	Committee & Core Team
6. Research possible sites for new office building.	October 2015	Committee & Core Team
7. Conduct feasibility study to determine budget impact.	November 2015	Committee & Health Director
8. Present building design & fiscal feasibility to BOH.	December 2015	Health Director

Category 2: Develop Department Quality Improvement Plan

Rationale: Quality improvement rose to priority in the mid-point update of the last strategic plan; however, this session's priority delved deeper into developing a department-wide quality improvement plan. Quality improvement consists of systematic and continuous actions that lead to measureable improvement. Development of a quality improvement plan will improve service delivery to our clients and ensure alignment with client need. The plan will provide guidance to inform everyone as to the direction, timeline, activities and importance of quality and quality improvement.

Goal: **Establish a department-wide framework to provide structure for developing, monitoring, evaluating & promoting continuous QI activities for employees & the people we serve.**			
Objective 1: Establish a Quality Improvement (QI) Plan that meets Public Health Accreditation Board (PHAB) standards for approval & adoption.			
Indicator	**Current Status**	**2016 Target**	**2018 Target**
Adopted Quality Improvement Plan	No plan exists	Plan adopted for one year; begin review & amendment	QI plan reviewed at least 3 times & amended as needed
Strategies		**Timeline**	**Lead Position**
1. Draft of QI Plan by the Quality Improvement Council & QI Coordinator.		May 2015	QI Coordinator
2. QI Plan approved by Core Team & Health Director.		June 2015	QI Council
3. QI Plan reviewed, revised as needed & approved.		Annually	QI Council

Objective 2: Increase the Department status score by 20% (from the baseline to the 2018 target) or reach 5 points in each of the 6 categories (commitment, capability, customer focus, empowerment, process focus & institutionalization) through implementation of the QI Plan.			
Indicator	**Current Status**	**2016 Target**	**2018 Target**
Department pre-assessment averages per category & subsequent biennial assessments.	commitment (4.53) capability (3.33) customer focus (3.47) empowerment (3.39) process focus (3.5) institutionalization (3)	commitment (4.98) capability (3.66) customer focus (3.82) empowerment (3.73) process focus (3.85) institutionalization (3.3)	commitment (5) capability (4) customer focus (4.16) empowerment (4.07) process focus (4.2) institutionalization (3.6)

Strategies	**Timeline**	**Lead Position**
1. Identify a minimum of 2 QI projects per service section to work on through use of developed forms.	August Annually	QI Council members & all staff
2. Implement the staff-led, single-project Plan-Do-Study-Act (PDSA) cycle for a minimum of 1 project per service section.	July – April Annually	Managers
3. Submit proper forms including information on team members, tools, results & other requested information to QI Coordinator.	Ongoing	Staff (QI project leaders)
4. Serve as mentors or for technical assistance for staff to implement QI projects.	Ongoing	QI Council
5. Document 100% of project proposals & outcomes.	Ongoing	QI Coordinator
6. Make the following data available: number & service section for projects, results of each & impact of project to Core Team, Health Director & Board of Health.	Quarterly	QI Coordinator & Council
7. Reassess department status per the 6 categories.	Annually	QI Coordinator
8. QI project results will be communicated to Department staff, Health Director & Board of Health.	Quarterly	QI Coordinator

Category 3: Sustainability

Rationale: Reimbursement and financial concerns dominated this category. As grant funding by category is decreasing in some programs, there is a call to determine other sources of funding. Frequently, grant funding dictates what type of services are allowed; more and more policy, systems and environmental change are the focus instead of one-on-one services. Ideas such as diversifying our funding sources, increasing reimbursement from health insurance and increasing grant applications were brainstormed. While the focus was on funding sustainability, participants considered the changing climate of healthcare reimbursement. Though it is shifting from volume to value, public health needs to determine their niche and how to receive reimbursement. More globally, increasing our capabilities as a public agency will be vital to survive.

Goal 1: Increase public health third party payer billable services to maintain financial stability.			
Objective 1: Increase the number of public health billable services by at least two.			
Indicator	**Current Status**	**2016 Target**	**2018 Target**
# of billable services: Home Health	Immunizations	Add sexually transmitted infection (STI) services	Add an additional public health billable service
Strategies		**Timeline**	**Lead Position**
1. Update Accountable Care Organization (ACO) Billable Services Spreadsheet to add or delete services provided, identify which services are currently billable, which services we ARE currently billing & which services we would like to become billable in the future.		June 2015	Service Managers
2. Develop an action plan on how to advocate for increased public health billable services.		October 2015	Sustainability Committee Members
3. Implement an action plan to advocate for increased public health billable services.		December 2015	Billable Services Advocate Team
Goal 2: Secure revenue through non-traditional funding manners (i.e. tax, insurance, or grant funding).			
Objective 1: Identify & utilize 1 non-traditional funding mechanism for Public Health to obtain or accept monies.			
Indicator	**Current Status**	**2016 Target**	**2018 Target**
Non-traditional funding mechanism secured.	Zero mechanisms	1 mechanism secured	At least 1 program per year funded through the identified mechanism.
Strategies		**Timeline**	**Lead Position**
1. Determine whether HEALTH For Life Foundation (HFL) should still exist.		March 2015	Health Director
2. If HFL Foundation SHOULD exist: Reconvene Board members to begin the process of accepting donations.		April 2015	Health Director/HEALTH For Life Board Members
3. If HFL Foundation SHOULD NOT exist: dismantle the HEALTH For Life Foundation		March 2015	Health Director
4. Investigate further revenue mechanisms outside of the HFL Foundation. Example: fundraising events, private donations		March 2015	Finance Manager
Goal 3: Improve the success of grant securement & overall grant management by staff.			
Objective 1: Develop a revised grant procedure manual that assists staff in development & management of grants.			
Indicator	**Current Status**	**2016 Target**	**2018 Target**
Operating grant procedure manual updated with current	Procedure manual developed in 2012.	Revised manual developed.	Full execution of new manual used

processes.			by all staff

Strategies	Timeline	Lead Position
1. Undergo a Quality Improvement (QI) process for the development & internal management of grants.	TBD w QI Committee	QI Team
2. Implement the grant improvement plan developed from the QI process.	Within 1 month of plan completion	Organizational Development & Research Manager (ODRM), Service Managers, & Grant Coordinators
3. Provide annual grant management 101 training for staff new to grant coordination	June 2015 & annually thereafter	ODRM
4. All grants that have salary & benefits $\geq$ $35,000 (or equal to 1 FTE) will have a sustainability plan to implement at the end of the contract period.	Present plan at grant submission meeting with Health Director	Service Managers & ODRM
5. Develop a "pre-canned" sustainability plan for grant applications.	March 2015	Service Managers & ODRM

Goal 4: Ensure 100% Health Insurance Portability and Accountability Act (HIPAA) compliance.

Objective 1: Annually assess each service section to ensure HIPAA processes are in place & being followed.

Indicator	Current Status	2016 Target	2018 Target
HIPAA Audit Results	No audit system in place	HIPAA audit process in place & implemented.	0 tasks falling outside HIPAA compliance found during annual audit.

Strategies	Timeline	Lead Position
1. Assign the task of a HIPAA Coordinator to a staff member.	March 2015	Health Director
2. Develop a HIPAA audit tool to be used during an annual audit for HIPAA compliance.	July 2015	HIPAA Coordinator & Service Managers
3. Conduct an annual HIPAA audit with each service section.	Annually, starting July 2015	HIPAA Coordinator
4. Disseminate audit findings & undergo corrective actions to ALL tasks found to be outside HIPAA compliance (including the need for encrypted email)	Annually	HIPAA Coordinator & Service Managers

Goal 5: Improve department's finance tracking processes by obtaining electronic financial tools to assess & improve department's financial stability.

Objective 1: Conduct electronic billing on 100% of all available billable services.

Indicator	Current Status	2016 Target	2018 Target
Electronic immunization billing & remit system established & used with all third party payers.	Immunization services are not all electronically billed.	100% (when possible) electronic billing & remit system on all immunization services.	100% (when possible) electronic billing & remit system on all immunization services.

Strategies	Timeline	Lead Position
1. Identify which 3rd party payers are not being electronically billed & remit & investigate if it's possible to begin electronically billing & remit.	July 2015	Finance Manager & Finance Billing Administrator
2. Track which third party payers we are unable to electronically bill & remit. Reanalyze whether it's possible to bill & remit electronically annually.	July 2015 & annually thereafter	Finance Manager & Finance Billing Administrator

Objective 2: Utilize a new internal financial tracking system to assess department's financial stability.

Indicator	Current Status	2016 Target	2018 Target
A new internal financial tracking system in place.	Utilizing old system	Research & begin development of software program.	New software program utilized.

Strategies	Timeline	Lead Position
1. Utilize a new internal financial software tracking system.	December 2017	Finance Manager & Information Technology (IT)

Goal 6: Create innovate ways to provide public health services to increase revenue.

Objective 1: Increase the number of bundles services we offer from 2 to 6.

Indicator	Current Status	2016 Target	2018 Target
# and type of bundled services offered	Healthy Homes & Worksite Wellness packages developed.	2 new bundled service packages offered.	2 additional bundled service packages offered.

Strategies	Timeline	Lead Position
1. Update current bundle service packages. Develop & implement a plan on how to offer the packages.	December 2015	EH Service Manager & Health Promotion Manager
2. Create 2 new bundle service packages per year. Develop & implement a plan on how to offer the package.	December 2016 & 2017	Service Section Managers

Objective 2: Identify 8 new partners or ways to deliver public health services will be implemented.

Indicator	Current Status	2016 Target	2018 Target
New partners or deliverance of services utilized.	Status Quo	1 new partner or delivery of services implemented per	1 additional new partner or delivery of services implemented per service section.

		service section.	

Strategies	Timeline	Lead Position
1. Each service section will collaborate with 2 new partners or ways to deliver the public health services they provide.	July 2018	Service Sections

Category 4: System Improvement Change or Overhaul

Rationale: Related to Category 3, Category 4 issues were relevant to financial reimbursement; however, this category is more focused on developing the Department's place in the evolution of health care and delivery systems. Matters such as aging in place, preparedness and community-based health surfaced. Participants questioned if staff and the Board needs to think in a different way for local public health delivery. Are we operating out of habit or deliberate action? Could we potentially build the model for change that so many locals are struggling with? Regardless of this category's direction, collaboration among agencies, involving individuals in their own care decisions and health, and exploring social determinants all were represented as key points in discussion.

Goal 1: Educate the population from a young age (children) in healthy behaviors to improve community health.

Objective 1: Create a plan to deliver effective approaches for educating youth on healthy behaviors.
Objective 2: Deliver approaches for expanding education from youth into the family setting.

Indicator	Current Status	2016 Target	2018 Target
A plan developed on effective approaches for educating youth & their families.	No Plan.	Ensure 50% of current CGCDPH youth programs have family component.	Ensure 75% of CGCDPH youth programs have family component.

Strategies	Timeline	Lead Position
1. Inventory, evaluate & classify by healthy behaviors topics the services/programs that the community currently offers to youth.	July 1, 2015	Systems Team & Service Managers
2. Ensure Community Health Needs Assessment & Health Improvement Plan includes a youth emphasis.	July 1, 2015	Organizational Development & Research Manager (ODRM)
3. Align community (youth) needs with gaps in services & identify opportunities to fill the gaps. (i.e. non-traditional settings such as schools, scout troops, etc.)	December 1, 2015	Systems Team
4. Prioritize the youths' needs to help formulate a plan from the findings above to meet those needs.	March 1, 2016	Systems Team & Service Managers
5. Implement plan as time aligns.	Ongoing	Service Managers
6. Encourage youth programming to include a family component so education reaches the family setting.	Ongoing	Service Managers

Goal 2: Decrease the amount of time residents spend in long-term care facilities through in-home interventions.

Objective 1: Develop an *Aging in Place* model.

Indicator	Current Status	2016 Target	2018 Target
Aging in Place Model	No Model used by CGCDPH. • Quality of Life: (Rankings, 2014) • Falls Leading to Hospitalization 65+ years: 220 (554.8 per 100,000) (Burden of injury in Iowa, 2002-2006)	• Quality of Life: 45 • Falls Leading to Hospitalization: 200 • Aging in Place Model drafted.	• Quality of Life: 40 • Falls Leading to Hospitalization: 190 • Aging in Place Model *active* in community.

Strategies	Timeline	Lead Position
1. Research "aging in place" models & strategies that assist individuals in being able to stay at home	July 1, 2015	Systems Team
2. Identify critical services & their availability, to assist individuals in staying in their home.	December 31, 2015	Systems Team
3. Utilize & implement a localized Aging in Place model. (I.E. PACE Model)	July 1, 2016	ODRM, Systems Teams, Appropriate Managers Senior Health Clinic Nurse
4. Support efforts to provide coordination of care across various agencies to improve patient health. -Advocate for community organizations to optimize the use of the TAVHealth software programming to improve patient health & enhance care management. -Continuing advocating for Joint Care Coordination utilizing capitated systems.	December 31, 2018	Assistant Manager for Family & Community Health, Home Care Aide Manager, ODRM, Chronic Disease Prevention & Health Promotion Manager (CDPHPM), Health Director

Goal 3: Decrease the prevalence of vaccine preventable acute diseases (Pneumonia, Influenza, etc.).

Objective 1: Increase immunization rates of residents.

Indicator	Current Status	2016 Target	2018 Target
Immunization Rate of Children countywide Immunization Rate of Adults countywide *Data Source: IDPH Annual Report (current status from 2014 rpt)*	77% (Age 24 months) fully vaccinated 29% (Age 6 months to 18 years) influenza 29% (18 years plus) influenza 62% (18 years plus) Tdap	84% (Age 24 months) fully vaccinated 31% (Age 6 months to 18 years) influenza 31% (18 years plus) influenza 68% (18 years plus) Tdap 55% (65 years plus) pneumococcal 20% (59 years plus)	92% (Age 24 months) fully vaccinated 34% (Age 6 months to 18 years) influenza 34% (18 years plus) influenza 74% (18 years plus) Tdap

	50% (65 years plus) pneumococcal 19% (59 years plus) Zoster	Zoster	60% (65 years plus) pneumococcal 22% (59 years plus) Zoster

Strategies	Timeline	Lead Position
1. Identify gaps in immunization rates.	June 30, 2015	Acute Infectious Disease, Epidemiology & Preparedness Staff
2. Identify barriers for not receiving immunizations.	December 31, 2015	
3. Brainstorm solutions to overcome barriers.	July 1, 2016	
4. Implement solutions to overcome barriers.	Ongoing	
5. Work with 5 clinics to create SOP to improve patient's immunization status.	December 31, 2018	
6. Develop an educational matrix of immunization requirements, prices, ages, etc. for local providers to reference. -Align with immunization schedules, outbreak seasons, etc.	December 31, 2015	Acute Infectious Disease, Epidemiology & Preparedness Staff + Marketing & Public Information Officer
7. Explore non-traditional events to offer community immunization services through partnerships with other organization services (Example – pair immunization clinic with before-school physicals; immunization with BP clinic/senior health clinic) - this aligns with Strategic Plan #3 Sustainability	Ongoing	Public Health Nurses (Acute Infectious Disease, Epidemiology & Preparedness, Chronic Disease Prevention, etc.)

Goal 4: Championing the effort to implement PSE (Policy, System, & Environmental) initiatives to nudge residents into healthier lifestyles in various settings (worksites, schools, clinical, homes, etc.).

Objective 1: Improve the physical environment to support healthy behaviors (physical activity, good nutrition, no tobacco use, etc.).

Indicator	Current Status	2016 Target	2018 Target
# PSE initiatives Rates of Physical Inactivity Poor Nutrition Statistics Tobacco Use prevalence *Data Source: County Health Rankings 2014*	<u># PSE initiatives</u> Tobacco: Built Environment: Nutrition: Healthy Homes: Physical Inactivity: 25% Access to Exercise Opportunities: 83% Food Envir. Index: 8.1 Smoking Rates: 18% (Rankings, 2014)	<u># PSE initiatives</u> Tobacco: Built Environment: Nutrition: Healthy Homes: Physical Inactivity: 23% Access to Exercise Opportunities: 85% Food Envir. Index: 8.3 Smoking Rates: 16%	<u># PSE initiatives</u> Tobacco: Built Environment: Nutrition: Healthy Homes: Physical Inactivity: 21% Access to Exercise Opportunities: 88% Food Envir. Index: 8.5 Smoking Rates: 15%

Strategies	Timeline	Lead Position
1. Provide support for community built environment initiatives -County Trail Development -Complete Streets Plans -Bikeable/Walkable Communities -Safe Routes to School	ongoing as opportunities arise	Health Promotion Team (specifically, Health Promotion Manager), Built Environment Staff
2. Collaborate to improve the food landscape of our county to improve nutrition -Community Gardens -Food Assistance Program improvements -Expansion of Food Hubs & Community Education Opportunities	ongoing as opportunities arise	Health Promotion Team (specifically, Public Health Dietitian)
3. Work to Increase tobacco free environments -Smoke Free Parks, Public Venues -Tobacco Free Worksites -Tobacco Free Multi-Unit Housing	ongoing as opportunities arise	Health Promotion Team (specifically, Tobacco Program Coordinator)
4. Grow Healthy Homes initiatives -Aging in Place PSEs -Safe & Secure Housing PSEs (slips, trips, falls; in/outdoor air quality; lead; water quality, etc.)	ongoing as opportunities arise	Healthy Homes Coordinator
Goal 5: Change system to grow diabetes prevention and/or management into the community setting to improve health.		
Objective 1: CGCDPH establishes in-home & community based diabetes prevention and/or management. **Objective 2: Advocate for Public Health Services to become reimbursable services through healthcare insurance providers. (Align lobbying/advocating with services being addressed in #3-Sustainability Action Plan GOAL 1).**		
Indicator	**Current Status**	**2016 Target**
Diabetes prevention and/or management services offered by Health Department. Reimbursable dietetic services delivered by Department.	No program. No reimbursable program.	Written Diabetes Management Service Plan submitted to Health Director. Identification of reimbursable dietetic services in non-clinical setting.
Strategies	**Timeline**	**Lead Position**
1. Partner with healthcare provider to align Dietitian with clinic programming to gain access to reimbursable services prescribed by provider.	December 31, 2015	Health Director, CDPHPM & Public Health Dietitian
2. Chronic Disease Prevention & Health Promotion Service Section completes development of a written proposal for a Community Diabetes Prevention & Management	December 31, 2015	CDPHPM

Program. a. Appropriate Health Department personnel are identified/obtained to begin Diabetes Health Educator Certification coursework/training.	December 2016	Identified Diabetes Health Educator Prospects
3. CGCDPH personnel begin delivery of Community Diabetes Prevention & Management Program.	Contingent on Proposal Approval & Funding	CDPHP Staff
4. CGCDPH personnel lobby for policy & systems change supportive of unconventional service reimbursement services (i.e. Public Health nutrition counseling)	Throughout 2015-2018	Appropriate staff (based on service topic)

Category 5: Staffing

Rationale: Staffing resulted from the shifting nature of health care in Cerro Gordo County. Several suggestions included relocating staff into other agencies and integrating public health services within area programs such as elementary school nursing or Women, Infants and Children programs. Recruiting, retaining and training competent staff members are components of this category.

Goal 1: Assess departmental staffing to align with the needs of the community & advancement of public health programming			
Objective 1: Develop a departmental staffing plan to include retirements, leadership changes, cross training & general staffing changes			
Indicator	**Current Status**	**2016 Target**	**2018 Target**
# of staffing plans developed # of job descriptions updated # of chain of command plans updated & shared # of changes to employee handbook	Plan currently unwritten or formalized	Update strategies 1-4	Review updated strategies

Strategies	**Timeline**	**Lead Position**
1. Review staffing list against birthdates & years of service to project timelines for potential staff retirements.	July 2015	Health Director & Deputy Director of Public Health (DDPH)
2. Review departmental job descriptions annually for necessary updates to salaries, changes to job tasks, employment law, etc. Coincides with budget process.	October in 2015, 2016 & 2017	DDPH & Core Team
3. By service section, ensure chain of command is reviewed, written & shared with staff annually.	October in 2015, 2016 & 2017	DDPH & Core Team
4. Review employee handbook sections that address hiring practices & procedures for necessary updates & changes.	November 2015	DDPH & Core Team

5. Review current cross training plan.		December 2015	DDPH & Core Team
6. Formalize cross training plan where appropriate.		February 2016	DDPH & Core Team
Objective 2: Determine best options for programmatic staffing within the community.			
Indicator	**Current Status**	**2016 Target**	**2018 Target**
# of community program assessed # of program overlaps/voids determined # of plans for staff sharing created	Not started	Plan developed where appropriate for staff sharing w/in community	Review plan
Strategies		**Timeline**	**Lead Position**
1. Assess non-departmental community programs for links to our programs.		December 2016	Core Team
2. Identify areas of program overlap & voids.		December 2016	Core Team
3. Determine if position sharing is mutually beneficial to our department, the partnering agency & community.		January 2017	Core Team
4. Develop staff sharing plan where appropriate.		July 2018	Core Team
Objective 3: By service section, design a staff training plan that ensures training/education is achieved as described in the job description.			
Indicator	**Current Status**	**2016 Target**	**2018 Target**
# of job descriptions updated # of Training & Education tracking systems developed # of Training & Education plans created	Informal tracking of training, no standard method for budgeting training expenses	Create formal staff training document. Update job descriptions annually	Review training plan & update annually. Annual job description reviews
Strategies		**Timeline**	**Lead Position**
1. Review current method of tracking of continuing education, certifications & tuition reimbursement program utilization.		July 2015	Deputy Director & Acute Infectious Disease, Epidemiology & Preparedness Manager
2. Develop method to track all training.		July 2015	Core Team
3. Review all job descriptions to determine if training, education & continuing education unit (CEU) requirements are included.		August 2015, 2016 & 2017	Core Team
4. Update job descriptions with training, education, CEU requirements.		September 2015, 2016, 2017	Core Team
5. Establish training plan & budget for in state & out of state training – coincides with annual budget development.		October 2015, 2016 & 2017	Core Team
6. Present Service Section Training & Education budget to Finance Manager & Health Director for review.		November 2015, 2016 & 2017	Core Team

Category 6: Marketing

Rationale: Over the past few years, the public has been more open to accepting information from organizations such as this one. Increasing awareness of disease and service provision is vital to maintaining a community presence, educating the public and improving health. The public may not know the services we offer and determining how to reach them when they are ready to accept information is key. Creating a solid identity, branding it and showing the Department's culture of caring will be vital to remain competitive in the evolving health care market.

Goal: Build our reputation with the public as a trusted reliable source for health-related services & information.

Objective 1: Increase traffic to the website by 10% annually.

Indicator	Current Status	2016 Target	2018 Target
Google Analytics numbers	Avg. 817 sessions per month	Avg. 900 sessions per month (approx. 10%)	Avg. 980 sessions per month (approx. 20%)

Strategies	Timeline	Lead Position
1. Design & launch new website in correlation with 25th anniversary activities.	May 2015	Marketing & Public Information Officer (MPIO)/Information Technology Manager (IT)
2. Provide direct marketing dollars toward website promotion.	July 2015	MPIO
3. Maintain tight site management to ensure it stays simple & clean; maintain a maximum of two administrators of the site (one in IT & the MPIO).	Ongoing	MPIO/IT
4. Ensure service section managers review section-associated pages at a minimum quarterly for revision.	Ongoing	MPIO

Objective 2: Gain a better grasp on who, how & where our customers want to see our marketing.

Indicator	Current Status	2016 Target	2018 Target
Communication QI Matrix Tool	1st Matrix (2013-2015)	In process of conducting survey	2nd (updated) Matrix (2016-2018)

Strategies	Timeline	Lead Position
1. Conduct a communications survey the year prior to the strategic planning year.	March 2017	MPIO
2. Maintain an up to date, accurate marketing matrix tool for service sections to use when planning marketing campaigns.	Ongoing	MPIO
3. Hold a focus group session regarding our visibility, perception, recognition, etc.	August 2015	MPIO/ODRM/Marketing Committee (Mkt.Cte.)

Objective 3: Improve the quality, organization & timeliness of unanticipated or unbudgeted marketing topics/events.

Indicator	Current Status	2016 Target	2018 Target
Develop a process or tool that allows us to better plan for upcoming or unbudgeted awareness observances.	No current process. Unanticipated observances occur often.	Developed process or tool in place.	Review process or tool & amend.

Strategies	Timeline	Lead Position
1. Develop an improved system for planning unbudgeted marketing activities each month.	June 2015	MPIO / Quality Improvement Team
2. Send out reminders for upcoming awareness observances & trending news topics to grant coordinators & Core Team staff quarterly to improve interdepartmental communications with regard to upcoming marketing topics.	Ongoing	MPIO
3. Plan & create all marketing (or as much as possible) for planned topics 1-2 months in advance, to allow time for the unexpected items.	Ongoing	MPIO

Objective 4: Increase brand recognition & public awareness of department services.

Indicator	Current Status	2016 Target	2018 Target
Public survey results before & after branding campaign.	Brand recognition by public unknown.	10% improvement on public survey	20% improvement on public survey

Strategies	Timeline	Lead Position
1. Conduct a brand recognition & departmental services survey ("Do you recognize this logo?" "Name one service CGCDPH provides.").	Survey 1 – December 2015 Survey 2 – December 2016 Survey 3 – October 2018	MPIO/Marketing Committee (Mkt. Cte.)/ODRM
2. Build a strong, recognizable brand that communicates positive community relationships through a general public health campaign. What we do & why we do it.	October 2018	MPIO/CGHealth Staff
3. Give our services a personal touch connecting a face to a service. Provide a feeling or connection for the people we serve.	July 2015	MPIO/CGHealth Staff
4. On the bottom right hand corner of the new website, we will have a half body shot of the individual whose service we are promoting & feature their service for the month.	May 2015	MPIO/IT
5. Hold a focus group session regarding our visibility, perception, recognition, etc.	August 2015	MPIO/ODR/Mkt.Cte.