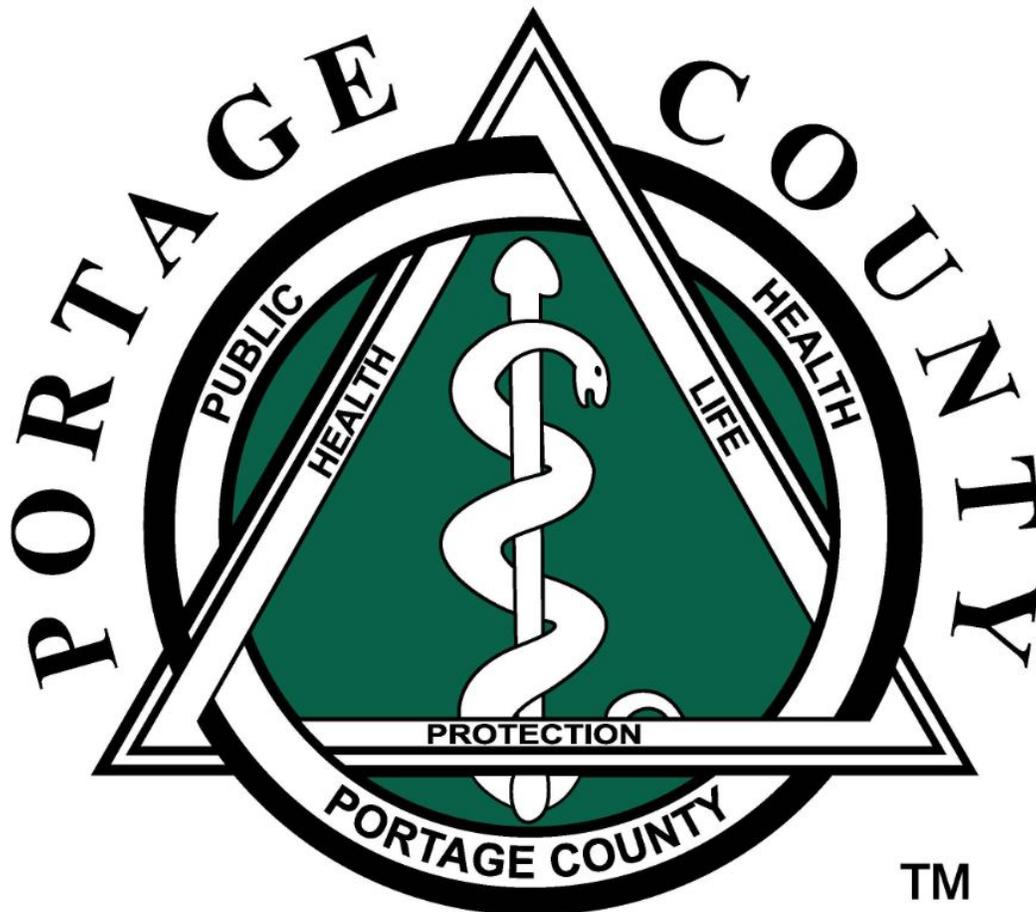


**Portage County
Combined General Health District
2016-2019 Strategic Plan**



HEALTH DISTRICT

Adopted on: September 20, 2016

Revised on:

Portage County Combined General Health District 2016-2019 Strategic Plan

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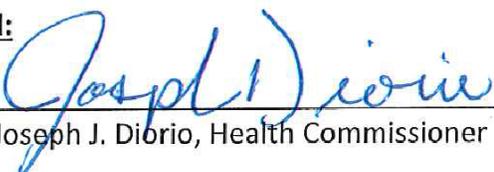
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9/20/2016
Date



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9-20-16
Date

Portage County Combined General Health District 2016-2019 Strategic Plan

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Introduction

The Portage County Combined General Health District (PCHD) is committed to strengthening our capacity to provide and sustain quality public health services that protect and improve the health of the residents of Portage County, now numbering over 163,000 (Census, 2013).

Strategic planning is one component of a comprehensive strategy toward agency excellence and continuous improvement.

In August, 2015, PCHD transitioned leadership to Joseph Diorio, Health Commissioner, with a strong focus on actively pursuing public health accreditation through the Public Health Accreditation Board (PHAB). The department had historically never developed a strategic plan, and development of the first, this 2016-2019 Strategic Plan, began in earnest under Commissioner Diorio.

According to PHAB Standards and Measures Version 1.5, a strategic plan defines and determines the health department's roles, priorities, and direction over the next three to five years; and it is to serve as a guide for making decisions on allocating resources and taking action to pursue strategies and priorities.

This 2016-2019 Strategic Plan reflects the charting of the future course for the Portage County Combined General Health District over the next three years; establishing what we hope to achieve, how we will achieve it, and how we will know we have achieved it. The plan will be evaluated annually, and updates made as appropriate.

As outlined in the priorities, goals, and objectives within this plan; the department is committed to developing and strengthening our workforce, using technological innovations to help ensure excellent customer service and communication, and providing equitable access to all services while assuring sound use of fiscal resources.

This plan, along with the Portage County Community Health Improvement Plan, and the agency's Quality Improvement Plan, Performance Management System, and Workforce Development Plan, serve in synchrony to provide a framework for direction of the agency as it moves forward in the fulfillment of its mission.

Strategic Planning Process

Development of the Portage County Combined General Health District (PCHD) 2016-2019 Strategic Plan began in October 2015, with the formation of our Strategic Planning Committee, including representatives from all Divisions and levels of staff as well as members of the Board of Health. As a guiding framework for the planning process, the committee utilized the National Association of County & City Health Officials (NACCHO) *How-To Guide for Developing a Local Health Department Strategic Plan*. (All applicable completed worksheets can be found in Appendix A.) As such, the planning process spanned across eleven meetings held from October 2015 to September 2016, and included the following steps:

- Identification of stakeholders and determination of level of engagement with HD activities, and thus who would be surveyed (October 2015)
 - Building on a list of external stakeholders previously compiled as part of the community health assessment activities, others were identified and added by committee members
 - All members of the HD (Board, Directors, Managers, and Front-line staff) were identified as internal stakeholders. All internal stakeholders to be surveyed
 - An analysis of external stakeholders was conducted, with the decision not to survey only those determined to have low influence over and low interest in health department efforts
- Determination of available data and needed data (October-November 2015)
 - The committee discussed and determined data readily accessible, data to compile, and data to collect; with available data compiled on the F Drive to be updated routinely, and the decision to develop and conduct a stakeholder survey
- Develop strategic planning process proposed timeline (November 2015, revised February 2016 and May 2015)
 - The completed development timeline showing proposed/projected and actual timeframes for all process steps can be found in Appendix B
- Review of formal and informal mandates (November 2015)
 - Division directors reviewed and compiled
- Develop organizational mission, vision, and values (December 2015 – February 2016)
 - Using an affinity diagram and consensus building exercise, committee members voted on their top values, also incorporating the top five value terms from the survey of staff previously conducted by the Health Commissioner, to determine the final selected core values of the agency (as defined on page 5 of this plan.)
 - Committee reviewed the prior mission statement, and discussed revisions and additions, coming to consensus on a chosen new mission statement after narrowing to three proposed. A slight grammatical alteration was made following stakeholder survey feedback, to determine the final decided mission statement as given on page 5 of this plan.
 - Committee quickly reached consensus on the final vision statement, as found on page 5 of this plan, which was also largely majority approved by the stakeholder survey results

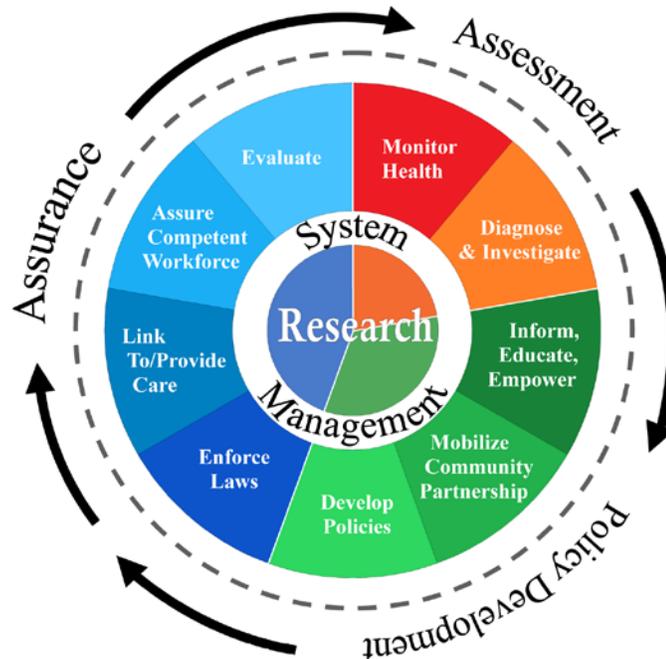
- Stakeholder survey (January-April 2016)
 - Draft survey questions were developed and distributed to all committee members, then revised as applicable and formatted into the SurveyMonkey online tool
 - Survey launched via email to 615 stakeholders as well as implemented on department website, Facebook, and Twitter. Open for 10 days, collecting 176 responses.
 - Internal strategic planning committee members met across 3 meetings in March 2016 to review, discuss, and categorize results data
 - The “Portage County Combined General Health District Strategic Planning Stakeholder Survey Results Report – 2016” can be found in Appendix C
 - A more detailed account of the stakeholder survey development timeline can be found in Appendix D
- Completion of SWOC analysis (April-May 2016)
 - Based upon the stakeholder survey results, a compilation of the department’s strengths, weaknesses, opportunities, and challenges was developed
 - Committee members reviewed this information and discussed and added to it, to complete the final SWOC analysis as found on page 6 of this plan.
- Identify, prioritize, and select organizational strategic priorities (May 2016)
 - Reviewing the SWOC analysis, PHAB-identified key support functions, external trends, events, or factors impacting public health, and other information; each committee member voted for their top five strategic priority areas
 - Using an affinity diagram and multi-voting technique, the top five areas were decided to be focused on as our strategic priorities, as given on page 8 of this plan.
- Develop goals and objectives to support the priorities (July – August 2016)
 - Goals and objectives ideas and language were proposed by a number of committee members, and discussed to consolidate into a draft set of goals and objectives.
 - Compiled draft goals and objectives were reviewed by the Health Commissioner and refined to ensure consistent formatting and intent, proper timelines and measures, and alignment with the 2016-2019 Portage County Community Health Improvement Plan and other agency plans.
 - Committee members reviewed the refined draft goals and objectives, and with minor alterations completed the final goals and objectives as found beginning on page 9 of this plan.
- Draft complete strategic plan, review with the Strategic Planning Committee, and submit for Board review and approval (August - September 2016)

All associated Strategic Planning Committee meeting agendas, sign-in sheets, minutes, and related exercise documents can be found in Appendix E.

Ten Essential Services

The Portage County Combined General Health District (PCHD) is committed to the ongoing improvement of the quality of services its consumers receive, as evidenced by the outcomes of those services. The agency continuously strives to assure that the Ten Essential Services of Public Health are provided in our community:

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



Mission, Vision, & Values

The mission of an organization describes the purpose or reason why it exists.

The Portage County Combined General Health District Mission:

To **promote** public health, **prevent** disease, and **protect** the environment, utilizing leadership and partnership to empower individuals and communities to achieve optimal health.

An organization's vision communicates the ideal state it hopes to work toward achieving.

The Portage County Combined General Health District Vision:

Healthy People. Healthy Environments. Healthy Communities.

Organizational values are the principles, beliefs, and underlying assumptions that guide an organization. Our values will be incorporated into promotional materials, staff orientation and training, and reviewed to influence key decisions in the way we conduct business.

The Portage County Combined General Health District Core Values:

Accountability

- We accept and embrace responsibility for our performance in all decisions and actions. We strive to consistently meet the expectations of our community through the successful execution of our commitments.

Communication

- We continually work to strengthen transparent, collaborative sharing of information within and among all department divisions to support efforts as a unified team. We value our role as a trusted source of health information for our community; and strive to consistently provide timely and beneficial communication of health issues, efforts, services, and requirements.

Dedication

- We strive to continually learn and improve to achieve the highest level of public health service and support for our community. We are committed to our performance and responsibilities; and meet the challenges of the future through ongoing training and development, collaborative partnerships, and a shared focus on enhancing public health.

Ethics

- We honor the public's trust in our integrity; work diligently to earn and maintain our credibility; and treat everyone with equal fairness, honesty, dignity, sensitivity, and respect.

Innovation

- We employ creative and open-minded thinking; and review and apply the most updated technology and information to ensure leadership toward continual improvement, positive changes, and new opportunities for growth and success.
-

SWOC Analysis

<u>STRENGTHS</u>	<u>OPPORTUNITIES</u>
<ul style="list-style-type: none"> • Staff (knowledgeable, committed, caring) • Services/programs/inspections • Partnerships and relationships (trustees, schools, other HDs) • Administrative leadership • Communication and outreach • Monitoring/assessment of community health needs • Accessible to public • Emergency preparedness and response • Resourceful • Positive internal environment • Engaged Board of Health • Ability to secure grant funding • Clinics • Customer service • Trusted source of public health information 	<ul style="list-style-type: none"> • Partnerships (3 colleges, hospitals, civic groups, faith-based) • Enhanced services (chronic disease, sewage training, drug prevention, mental health, infant mortality, mandatory point of sale inspection program, etc) • Communicate/clarify public health role (media, public presence) • Computerization and enhanced databases • Internal IT support • Social media • Writeable electronic forms • Credit card payment acceptance • Grants and other funding sources (mental health and addiction, physical health, sewage systems) • Accreditation • Merge with Kent City Health Department • Staff participation in professional organizations • Evidence-based programs/policies • Assess/review programs for return-on-investment • Website: writeable forms, inspection results, posting data and educational info • CHA/CHIP
<u>WEAKNESSES</u>	<u>CHALLENGES</u>
<ul style="list-style-type: none"> • Education and literature publication • Outreach into rural areas • Branding/marketing/publicity • Limited programs • Response times/hours/scheduling • Access to services: low income/disadvantaged • Lack of customer satisfaction surveys • Lack of evidence-based practices • Professionalism (esp. management) • Training / cross-training • Short-staffed (EH) • Staff attitudes and morale • Website/social media • Databases/computerization • Phone system • Limited collaborations • Parking/space/safety and accessibility • Fees/cost methodologies/payments • Internal communication • Policy development/procedure writing • Lack of focused consideration of 10 essential services • Cultural competency/health equity training and policy development • Lack of data collection and evaluation • IT support • Mentoring 	<ul style="list-style-type: none"> • Mental health, addiction, substance abuse • Environmental concerns • Communicable diseases • Funding challenges • Unhealthy lifestyles • Health disparities • Limited access to and awareness of services • Low priority on preventative health • Chronic diseases • Unemployment and poverty • Cancer • Public perception (especially EH/sewage/stormwater) • Staff resistance/fear to change/morale • Public lack of understanding of HD role/value • Staff overloaded, increased stress, lower productivity • Parental “giving up” on children – teen moms lack of support/skills • No epidemiologist on staff for data analysis • HDIS implementation/integration across programs • IT support issues • Maintaining and recruiting a quality and diverse workforce • ODH grant funding requirements changes • State legislature

External Trends, Events, or Factors Impacting Community Health or the Portage County Combined General Health District

In addition to the identified challenges and opportunities, the following provides an identification and overview of other trends, events, or factors that may have an impact on Portage County health or the PCHD, as determined by the Strategic Planning Committee:

- The Affordable Care Act has made extensive changes to the financing of health care for most uninsured Americans. It also recognizes the importance of primary and secondary prevention through clinical preventive services as well as community prevention efforts.
- The 2015 combining of the City of Ravenna Health Department with the Portage County Combined General Health District enabled the sharing of resources and reduced duplication of effort in providing more efficient public health services to Portage County residents. (Potential future discussions regarding combining with the Kent City Health Department could further these outcomes.)
- Public Health Accreditation provides a guiding framework for ensuring a high standard of provision of the 10 essential public health services throughout the community. Ohio's legislative requirement that health departments in the state must achieve accreditation by 2020 or potentially lose access to state and federal funding has impacted PCHD's timeframe relevant to accreditation readiness preparation efforts.
- Economic factors are numerous. All costs are increasing, while decreasing grant funds and reductions in other local health department funding sources have impacted programs and services as well as staff workloads. Unfunded mandates continue to strain department resources. The 2013 passing of the first replacement health levy in 58 years greatly improved upon the agency's previous financial situation. However, PCHD must remain vigilant in its attention to responsible spending, potential collaborations and other funding support endeavors, particularly in the event that future renewal or replacement levies fail.
- Substance abuse and associated deaths have been on the rise in Portage County since 2011. In accordance with further data obtained from the CHA, Portage County health partners identified both Mental Health and Substance Abuse as priority issues to be addressed under the CHIP over the next 3 years.
- Social changes and a lack of personal connectivity have resulted from the pervasiveness of cell phones, social media, and other advancements in technology. Such changes have impacted the way we work, shop, advertise, obtain information, and interact.
- Social determinants of health and health equity are at the forefront of consideration in contemporary public health practices. Health care behaviors and access, as influenced by disparities in race, gender, income, education, geographic region, sexual orientation, and other factors, must be addressed via evidence-based applications of targeted services and program activities. Further, PCHD must ensure all services are delivered in a culturally sensitive and linguistically appropriate manner, having solicited input from the applicable target audiences.
- Ohio ranks 40th among states on a composite measure of population health, and 47th on a composite measure of health value, according to the Health Policy Institute of Ohio (HPIO). Ohio Governor John Kasich created the Governor's Office of Health Transformation (OHT) to engage public and private sector partners to improve Ohio's overall health system performance.

Strategic Priorities

The following are the five determined strategic priority areas for PCHD to focus on over the next five years, with some sub-categorization of scope as determined and discussed by the Strategic Planning Committee:

- **Workforce Development**
 - Staff training/cross-training
 - Level of staffing/workloads
 - Attitudes/morale
 - Continuous quality improvement culture
 - Professional development/succession planning
 - Incentives
 - Mentoring
- **Communication and Education**
 - Outreach/public perception
 - Branding/marketing
 - Website/social media/phones
 - Continuous quality improvement/information and data sharing
 - Customer service
 - Literature
 - Media
- **Information Technology**
 - Technology improvements/support
 - Email
 - Website
 - Databases
 - Phone system
 - Programs (upgraded): Word/Excel, etc
 - Information management/epidemiology
- **Financial and Agency Funding**
 - Costs/division assessments
 - Return on investment
 - Cost methodologies/budgeting
 - Transparency
 - Levy
 - Grants
 - Stability
- **Access to Care**
 - Accessibility of our services/locations
 - Collaborations/partnerships
 - Promotion/awareness/directing to services
 - Low income/disadvantaged/uninsured
 - Health disparities/health equity/cultural competency
 - Chronic diseases

Strategic Goals & Objectives

Strategic Priority One: Workforce Development

Goal: Strengthen Workforce Competency and Capacity (Develop a well-trained, diverse, enthusiastic workforce through staff development activities and efforts to improve organizational climate resulting in knowledgeable staff in public health principles.)

Objective	Activities	Timeline	Progress Measurement
<p>1.1 Objective:</p> <p>PCHD will increase workforce understanding of divisional roles and activities and how they are interconnected within the agency by December 2017.</p>	<p>1.1.1 Develop and institute a New Employee Orientation to promote agency knowledge, orientation, and cross-training.</p>	<p>1.1.1 9/1/2016; ongoing</p>	<p>1.1.1 New Employee Orientation curriculum; documented progress</p>
	<p>1.1.2 Survey 100% of new employees for feedback on New Employee Orientation.</p>	<p>1.1.2 Ongoing</p>	<p>1.1.2 New Employee Orientation surveys</p>
	<p>1.1.3 Develop a monthly training schedule to meet requirements and to promote employee education. (i.e. strategic plan, ethics, HIPAA, quality improvement)</p>	<p>1.1.3 1/1/2017; ongoing/monthly</p>	<p>1.1.3 Monthly training schedule</p>
	<p>1.1.4 Conduct training evaluation forms upon completion of monthly sessions.</p>	<p>1.1.4 1/1/2017; ongoing/monthly</p>	<p>1.1.4 Evaluation forms</p>
	<p>1.1.5 Develop and promote an electronic staff newsletter (monthly) to inform staff regarding program updates and upcoming events.</p>	<p>1.1.5 9/1/2016; ongoing/monthly</p>	<p>1.1.5 Monthly newsletters</p>
	<p>1.1.6 Conduct monthly staff meetings within 5 business days of the regular scheduled governing entity meeting to discuss and relay information from this monthly meeting.</p>	<p>1.1.6 9/1/2016; ongoing/monthly</p>	<p>1.1.6 Staff meeting agendas, minutes, sign-in sheets</p>

Strategic Goals & Objectives

Strategic Priority One: Workforce Development

Goal: Strengthen Workforce Competency and Capacity (Develop a well-trained, diverse, enthusiastic workforce through staff development activities and efforts to improve organizational climate resulting in knowledgeable staff in public health principles.)

Objective	Activities	Timeline	Progress Measurement
<p>1.2 Objective:</p> <p>PCHD will increase staff knowledge regarding organizational quality improvement and continuous quality improvement by December 2019.</p>	<p>1.2.1 Develop a quality improvement committee to represent subject matter experts for the agency.</p>	<p>1.2.1 1/31/2016</p>	<p>1.2.1 QI committee roster; meeting agendas, minutes, sign-in sheets</p>
	<p>1.2.2 Develop a quality improvement plan, and gain approval of the governing entity.</p>	<p>1.2.2 5/31/2016</p>	<p>1.2.2 Approved QI plan</p>
	<p>1.2.3 Provide appropriate levels of training in QI principles and processes to all staff</p>	<p>1.2.3 9/1/2016; ongoing</p>	<p>1.2.3 Documentation of trainings; participation/completion certificates</p>
	<p>1.2.4 Initiate quality improvement projects which lead toward continuous quality improvement for the agency; complete a minimum of 2 projects per year.</p>	<p>1.2.4 9/1/2016; ongoing</p>	<p>1.2.4 QI Teams documentation; storyboards</p>
	<p>1.2.5 Advance to Phase 3 along the NACCHO "Roadmap to a Culture of Quality Improvement."</p>	<p>1.2.5 3/31/2018</p>	<p>1.2.5 NACCHO Self-Assessment Tool – QI Committee members average scores</p>

Strategic Goals & Objectives

Strategic Priority One: Workforce Development

Goal: Strengthen Workforce Competency and Capacity (Develop a well-trained, diverse, enthusiastic workforce through staff development activities and efforts to improve organizational climate resulting in knowledgeable staff in public health principles.)

Objective	Activities	Timeline	Progress Measurement
1.3 Objective: PCHD will develop a succession plan to support the growth and opportunities for agency workforce by December 2016.	1.3.1 Identify staff and management for development of a succession planning team.	1.3.1 10/1/2016	1.3.1 Succession plan team roster
	1.3.2 Develop a succession plan, and gain approval of the governing entity.	1.3.2 12/31/2016	1.3.2 Approved Succession plan
	1.3.3 Create written job-specific procedures/duties for all positions.	1.3.3 12/31/2016; annually	1.3.3 Divisional checklists of staff duties
1.4 Objective: PCHD will initiate a performance management system for the agency by January 2017.	1.4.1 Utilize the management team to initiate a performance management system.	1.4.1 September-November 2016	1.4.1 Meeting agendas, minutes, sign-in sheets; PM plan/system documentation
	1.4.2 Develop annual Divisional work plan goals that are linked to the strategic plan and the performance management system.	1.4.2 1/31/2017; annually	1.4.2 PM system; strategic plan and divisional work plan progress documentation
	1.4.3 Develop annual individual staff member performance evaluation goals that are guided by the strategic plan and Divisional performance-based goals.	1.4.3 1/31/2017; annually	1.4.3 PM system; strategic plan, divisional work plan, and staff performance goal progress documentation

Strategic Goals & Objectives

Strategic Priority One: Workforce Development

Goal: Strengthen Workforce Competency and Capacity (Develop a well-trained, diverse, enthusiastic workforce through staff development activities and efforts to improve organizational climate resulting in knowledgeable staff in public health principles.)			
Objective	Activities	Timeline	Progress Measurement
1.5 Objective: PCHD will develop a workforce development plan to coordinate agency efforts to continually assess and improve the workforce by November 2016.	1.5.1 Develop a workforce development team.	1.5.1 1/31/ 2016	1.5.1 WFD team roster; meeting agendas, minutes, sign-in sheets
	1.5.2 Develop a workforce development plan, and gain approval of the governing entity.	1.5.2 11/30/2016	1.5.2 Approved workforce development plan
1.6 Objective: PCHD will assess employee attitudes and morale annually; commencing by January 2017.	1.6.1 Conduct employee feedback survey annually to assess job satisfaction and attitudes.	1.6.1 1/31/2017; annually	1.6.1 Employee feedback survey; results reports
	1.6.2 Provide a method for employees to voice issues and concerns.	1.6.2 1/31/2017; ongoing	1.6.2 Established method; response updates in monthly staff newsletter
	1.6.3 Establish departmental awards and employee recognition program.	1.6.3 12/31/2017; ongoing	1.6.3 Program and recipients documentation
1.7 Objective: PCHD will actively seek and provide cultural competency training for all staff annually; commencing by December 2016.	1.7.1 Train all staff in multi-dimensional cultural competency.	1.7.1 12/31/2016; annually	1.7.1 Documentation of trainings; participation/completion certificates

Strategic Goals & Objectives

Strategic Priority Two: Information Technology

Goal: Information technology management (Utilize data and electronic information that empowers internal and external stakeholders to make informed decisions.)			
Objective	Activities	Timeline	Progress Measurement
<p>2.1 Objective:</p> <p>PCHD will develop an inventory of agency hardware and software by December 2016.</p>	2.1.1 Create an inventory tracking system for both hardware and software within agency. (Tracking system will include installation/activation dates as well as recommended replacement dates.)	2.1.1 12/31/2016	2.1.1 Created tracking list
<p>2.2 Objective:</p> <p>PCHD will redefine and develop a robust website with connectivity to social media outlets to engage the community and provide accurate information by September 2017.</p>	2.2.1 Collaborate with IT division to permit redesign and internal control.	2.2.1 10/31/2016	2.2.1 Agreement permitting control
	2.2.2 Design and format the website to increase user traffic and usability.	2.2.2 2/28/2017	2.2.2 Website traffic (# of visits before/after redesign); customer feedback survey info before/after redesign
	2.2.3 Revise and update website to provide accurate information regarding programs and services.	2.2.3 2/28/2017; ongoing	2.2.3 Updated website
	2.2.4 Post Fee schedules and payments.	2.2.4 2/28/2017; ongoing	2.2.4 Updated website with fee schedules
	2.2.5 Identify and develop electronic forms useful for the public to complete which will expedite services.	2.2.5 6/30/2017	2.2.5 Updated website with electronic forms
	2.2.6 Develop an employment tab on the website to identify job openings as well as an employment application/process.	2.2.6 9/30/2017	2.2.6 Updated website with employment tab; employment application
	2.2.7 Promote social media outlets to community partners and community stakeholders.	2.2.7 9/30/2016; ongoing	2.2.7 Social media followers; traffic

Strategic Goals & Objectives

Strategic Priority Two: Information Technology

Goal: Information technology management (Utilize data and electronic information that empowers internal and external stakeholders to make informed decisions.)			
Objective	Activities	Timeline	Progress Measurement
<p>2.3 Objective:</p> <p>PCHD will review current agency phone system for necessary improvements and/or options by March 2017.</p>	<p>2.3.1 Review current phone system for possible updates and/or need for new phone system.</p>	<p>2.3.1 3/31/2017</p>	<p>2.3.1 System options documentation; customer feedback</p>
<p>2.4 Objective:</p> <p>PCHD will identify and prioritize agency data to be collected and evaluated for program and agency benefit by August 2017.</p>	<p>2.4.1 Use available data collection software to promote program activities and identify possible gaps in service.</p>	<p>2.4.1 6/30/2017</p>	<p>2.4.1 Data review and reports</p>
	<p>2.4.2 Conduct a gap analysis for data currently collected and used by programs to inform stakeholders.</p>	<p>2.4.2 8/31/2017</p>	<p>2.4.2 Gap analysis</p>

Strategic Goals & Objectives

Strategic Priority Three: Communication and Education

Goal: Strengthen public health communication and education activities (Develop and utilize agency resources to promote education and communication to internal and external stakeholders.)			
Objective	Activities	Timeline	Progress Measurement
3.1 Objective: PCHD will utilize and build upon the Community Health Improvement Plan (CHIP) to leverage agency resources toward community needs by September 2017.	3.1.1 Utilize the CHIP progress results to identify community priorities to assist with leveraging agency programs.	3.1.1 9/30/17; ongoing	3.1.1 CHIP progress reports; agency program activity linkages/ documentation
3.2 Objective: PCHD will develop a branding strategy to unify the agency name and recognition throughout the community by January 2017.	3.2.1 Develop a branding strategy (plan) that reviews current and national icons as well as other options for a recognizable public health brand.	3.2.1 1/31/2017	3.2.1 Completed branding strategy plan; documentation of implementation of the branding strategy
3.3 Objective: PCHD will execute a customer satisfaction process by February 2017.	3.3.1 Develop a customer feedback survey; and means to distribute via paper copies, promotional cards, and website/social media postings. 3.3.2 Create a mechanism to provide response feedback to customers via website.	3.3.1 10/1/2016 3.3.2 2/28/2017	3.3.1 Customer feedback survey; promo cards, posted on web, social media, and linked in employee email signatures 3.3.2 Mechanism to provide feedback via website
3.4 Objective: PCHD will develop and promote a “public health alert” notification on the main page of the agency website to promote community communication by January 2017.	3.4.1 Develop public health alerts via website with associated links to social media. (General public and media inquiries will be directed to the website for information.)	3.4.1 1/31/2017	3.4.1 “Public health alert” section on the main page of the website
3.5 Objective: PCHD will promote community public health education opportunities annually; commencing by September 2016.	3.5.1 Work with community partners to explore opportunities to promote public health education and agency services.	3.5.1 9/30/2016; annually	3.5.1 10 educational sessions conducted each year

Strategic Goals & Objectives

Strategic Priority Four: Financial and Agency Funding

Goal: Maintain financial stability (Assure financial solvency, transparency, responsibility, and accountability.)			
Objective	Activities	Timeline	Progress Measurement
<p>4.1 Objective:</p> <p>PCHD will actively seek at least 2 funding opportunities annually to support agency mission and essential services for public health; commencing by September 2017.</p>	<p>4.1.1 Review and apply for diverse funding opportunities that are linked and supported by the 10 essential services for public health; document and track annual funding applications.</p>	<p>4.1.1 9/30/2017; annually</p>	<p>4.1.1 2 funding opportunities applied for each year</p>
<p>4.2 Objective:</p> <p>PCHD will seek training to educate and inform Divisional Directors to create a "Return on Investment" (ROI) for non-mandated programs on an annual basis; commencing by September 2017.</p>	<p>4.2.1 Conduct ROI training for directors and program supervisors.</p> <p>4.2.2 Evaluate non-mandated services compared to the ROI.</p> <p>4.2.3 Directors will advise governing entity on ROIs for each non-mandated program annually.</p>	<p>4.2.1 9/30/2017</p> <p>4.2.2 1/31/2018; annually</p> <p>4.2.3 1/31/2018; annually</p>	<p>4.2.1 ROI training documented on a spreadsheet and in employee personnel files</p> <p>4.2.2 ROIs for non-mandated programs</p> <p>4.2.3 Reports to governing entity</p>
<p>4.3 Objective:</p> <p>PCHD will train fund managers to use information from MUNIS (Municipal Information Systems) and other applicable financial reporting systems annually; commencing by December 2016.</p>	<p>4.3.1 Train directors and program supervisors to use financial reporting systems to monitor revenue and expenditures for program budgets.</p> <p>4.3.2 Develop annual financial reports for all programs.</p>	<p>4.3.1 12/31/2016</p> <p>4.3.2 1/31/2017; annually</p>	<p>4.3.1 Fiscal training documented on a spreadsheet and in employee personnel files</p> <p>4.3.2 Program financial reports</p>

Strategic Goals & Objectives

Strategic Priority Four: Financial and Agency Funding

Goal: Maintain financial stability (Assure financial solvency, transparency, responsibility, and accountability.)			
Objective	Activities	Timeline	Progress Measurement
4.4 Objective: PCHD will review agency costs and evaluate/determine cost saving solutions on an annual basis; commencing by October 2017.	4.4.1 Develop a list of potential cost-benefit saving mechanisms (such as: owned vehicles versus mileage; cell phone versus trakfone usage, etc.)	4.4.1 10/31/2017; annually	4.4.1 Fiscal cost-benefit assessment
	4.4.2 Appoint a team to select and evaluate at least one potential cost saving measure annually.	4.4.2 10/31/2017; annually	4.4.2 Team roster; cost saving measure evaluation(s)
	4.4.3 Present cost saving measure evaluation(s) to the governing entity for review annually.	4.4.3 12/31/2017; annually	4.4.3 Report to governing entity
	4.4.4 Implement beneficial cost savings mechanisms.	4.4.4 Ongoing	4.4.4 Documentation of implementation

Strategic Goals & Objectives

Strategic Priority Five: Access to Care

Goal: Improve access to care. (Align services and resources with the community health improvement plan priority for Access to Healthcare; and strengthen provision, awareness, and accessibility of agency services.)			
Objective	Activities	Timeline	Progress Measurement
5.1 Objective: PCHD will lead, participate or engage collaboration between local universities and healthcare agencies to support student/graduate opportunities by July 2017.	5.1.1 Create a task force with local universities and healthcare providers to discuss workforce needs and gaps in the community. (KSU, NEOMED, Hiram, UH Portage Medical Center, etc.)	5.1.1 7/1/2017	5.1.1 Meeting agendas, minutes, sign-in sheets
	5.1.2 Create formal arrangements between universities and providers to enable internships and real-world experience.	5.1.2 7/1/2017	5.1.2 Documentation of formal arrangements
5.2 Objective: PCHD will lead, participate or engage collaboration with community stakeholders to promote access to health services by July 2017.	5.2.1 Collaborate with community stakeholders to promote healthy communities and expansion of immunizations, and other appropriate agency services.	5.2.1 7/1/2017	5.2.1 Meeting agendas, minutes, sign-in sheets
5.3 Objective: PCHD will lead, participate or engage in the development of an access to care coalition by community stakeholders by July 2017.	5.3.1 Collaborate with community organizations of various sectors to create an access to care coalition.	5.3.1 7/1/2017	5.3.1 Access to care coalition roster
	5.3.2 Raise awareness of the coalition and recruit volunteers to carry out action steps listed in the Portage County CHIP.	5.3.2 7/1/2017; ongoing	5.3.2 Meeting agendas, minutes, sign-in sheets; CHIP action step progress reports
	5.3.3 Gather baseline data on access to care gaps in the community. (Use this information to create additional action steps as needed)	5.3.3 7/1/2017; ongoing	5.3.3 Baseline data; gap analysis; additional action steps

Strategic Goals & Objectives

Strategic Priority Five: Access to Care

Goal: Improve access to care. (Align services and resources with the community health improvement plan priority for Access to Healthcare; and strengthen provision, awareness, and accessibility of agency services.)

Objective	Activities	Timeline	Progress Measurement
<p>5.4 Objective:</p> <p>PCHD will lead, participate or engage to increase county-wide transportation through the development of a comprehensive transportation plan by October 2017.</p>	<p>5.4.1 Establish a collaborative effort between public health, transportation, community service, and local health care organizations to assess and address transportation needs.</p> <p>5.4.2 Identify existing public health data relating social determinants of health and transportation. Plan and conduct a transportation needs assessment to gather public input.</p> <p>5.4.3 Analyze survey results and provide recommendations for future projects.</p> <p>5.4.4 Release data to the public.</p>	<p>5.4.1 7/1/2017</p> <p>5.4.2 7/1/2017</p> <p>5.4.3 10/31/2017</p> <p>5.4.4 10/31/2017</p>	<p>5.4.1 Meeting agendas, minutes, sign-in sheets</p> <p>5.4.2 Transportation Needs Assessment</p> <p>5.4.3 Survey analysis/recommendations report</p> <p>5.4.4 Documentation of public release</p>
<p>5.5 Objective:</p> <p>PCHD will review all promotional and educational materials for cultural and linguistic appropriate standards as well as consideration of health equity by October 2017.</p>	<p>5.5.1 Evaluate materials for potential needed changes using the CLAS (Cultural & Linguistic Appropriate Services) standards.</p> <p>5.5.2 Distribute and implement altered materials.</p>	<p>5.5.1 7/31/2017</p> <p>5.5.2 10/31/2017</p>	<p>5.5.1 Collected materials with review of applicable changes</p> <p>5.5.2 Documented re-distribution</p>

Strategic Goals & Objectives

Strategic Priority Five: Access to Care

Goal: Improve access to care. (Align services and resources with the community health improvement plan priority for Access to Healthcare; and strengthen provision, awareness, and accessibility of agency services.)

Objective	Activities	Timeline	Progress Measurement
<p>5.6 Objective:</p> <p>PCHD will identify agency activities which engage high risk populations that are socioeconomically or otherwise disadvantaged for access to care by December 2017.</p>	<p>5.6.1 Work with target populations to assist in development of services or referrals for appropriate services.</p>	<p>5.6.1 12/1/2017; ongoing</p>	<p>5.6.1 Documentation of solicited target populations or focus groups; updated materials/procedures</p>
	<p>5.6.2 Evaluate accessibility improvement options for agency facility, external sites, materials, etc.</p>	<p>5.6.2 12/1/2017</p>	<p>5.6.2 Site review completed for disabled/impaired individuals; updated materials/procedures</p>

Key Support Functions

Supplemental to the identified strengths, weaknesses, opportunities, and challenges; and the determined strategic priorities, goals, and objectives; four key support functions are required for organizational efficiency and effectiveness. The Portage County Combined General Health District must consider capacity for and enhancement of these key support functions throughout strategic planning activities and all operations of the organization. The key support functions are addressed below:

Key Support Function	Considerations and Planning
Information Management	<ul style="list-style-type: none"> • Continue collaboration with County IT/website support to ensure current needs are met and systems are in place to handle future technological needs • Employ staff who are knowledgeable in information management, data analysis, and assessment; and ensure appropriate training of current staff to bolster agency capacity • Continue to research emerging technology and utilize it where appropriate • Assess information management needs across the agency and within divisions, and devise implementation plans for future expansion (including HDIS integration and other database/computerization initiatives)
Workforce Development	<ul style="list-style-type: none"> • Continue to fill positions to address gaps in services • Ensure staff with licensures/certifications remain current and employ best practices • Continue provision of professional growth opportunities through agency performance management system, Workforce Development Plan curricula and leadership/succession training programs • Use data from CHA/CHIP and the agency Performance Management System to determine if additional programming and services (and associated qualified staff) are needed
Communications	<ul style="list-style-type: none"> • Follow established Communication Plan and agency communications strategies • Continue to collect data on most effective communication methods, and use those methods to target messages to specific populations • Continue to improve agency website utilization, form, and function • Maintain and/or increase presence on social media outlets and other non-traditional communication methods • Familiarize staff with communications strategies to ensure unified messaging
Financial Stability	<ul style="list-style-type: none"> • Practice responsible budgeting for each division and the agency as a whole by using data-driven decision making for allocating funds • Ensure proper implementation of established cost methodologies across all applicable programs • Ensure sufficient funds in budget to continue level of services in the event of failure of the health district levy • Seek grant funding for projects and collaboration with partners on community projects when applicable

Linkages with Other Plans

There are a number of clear and intentional links between the PCHD 2016-2019 Strategic Plan and the 2016-2019 Portage County Community Health Improvement Plan. As a lead organization in the development, implementation, and evaluation of the CHIP, PCHD has a responsibility to ensure success in accomplishing the strategies and objectives outlined within, both for those in which we are identified as the lead responsible agency, as well as in assisting partner agencies in achieving success for those items for which they are identified leads. PCHD will help facilitate this through participation on each of the coalitions and subgroups working on the five determined CHIP priorities, as well as oversight on the steering committee. Through this network, we will be positioned to help in guiding and ensuring appropriate collaboration among all activities. Likewise, we will leverage this involvement and experience into strengthening our own work toward achieving our strategic plan goals and objectives.

Access to Care is a direct link between the two plans, in that it has been identified as a priority in each. As such, some of the objectives in this plan are directly derived from the CHIP plan activities for which we have been identified as lead. Additionally, our *Workforce Development* priority will help ensure staff are competent, capable, and engaged to work toward both strategic plan and CHIP objectives. Our *Communication and Education* priority, supported by our *Information Technology* priority will help strengthen partner relations in collaborating toward goals, as well as strengthen our sharing of information and successes toward achieving those goals to the public and other community stakeholders. And our *Financial and Agency Funding* priority will help to systematically assure that the necessary resources and infrastructure are in place to maximize success toward achieving community and agency objectives. Wherever applicable, objectives throughout all priorities within this strategic plan will regularly and intrinsically be implemented in support of the CHIP priorities and objectives.

As is necessary for effective planning and implementation, this strategic plan also links organically to other plans that guide the activities of the Portage County Combined General Health District. The connection to the agency Workforce Development Plan is clear, with *Workforce Development* identified as a strategic priority. Many of the goals and objectives herein support strategies outlined in the Workforce Development Plan, in addressing gaps in staff capacity and capabilities, and providing direction for staff trainings that will impact other strategic priorities.

The goals and objectives outlined in this strategic plan align with the agency Quality Improvement Plan by providing a framework and direction for quality improvement activities and projects, which will in turn align with our strategic mission, vision, and values. With the activities of the quality improvement process as an essential component, the agency Performance Management Plan/System is likewise directly connected to this strategic plan. Monitoring and analysis of progress toward achieving the goals and objectives outlined herein, as well as the goals and objectives found in the work plans of each departmental division derived from and in support of these organizational goals and objectives, and the individual performance goals of each employee, will identify areas in need of focused quality improvement efforts and processes, as well as further staff training and development needs.

Appendix A:

NACCHO Worksheets Completed

National Association of County & City Health Officials (NACCHO) *How-To Guide for Developing a Local Health Department Strategic Plan* Worksheets completed by the Portage County Combined General Health District Strategic Planning Committee

Worksheet 1: Assessing the Readiness for Strategic Planning

Past Experience	
What contributed to past planning success?	What contributed to past planning failures?
The health department has never had a strategic plan before.	Not applicable since there wasn't a previous plan
Current Reality	
What is in place to support successful planning?	What is missing and needed for successful planning?
<p>The board is engaged and aware of the strategic plan initiative.</p> <p>HD staff aware of planning.</p> <p>Support from community partners / stake holders.</p> <p>Support from academic organizations.</p> <p>Department and Divisional resources.</p>	<p>Having enough time.</p> <p>Staff understanding.</p> <p>Data to support planning (efficient data collection and retrieval; centralization of data).</p> <p>Divisions unaware of each others' roles and responsibilities.</p>

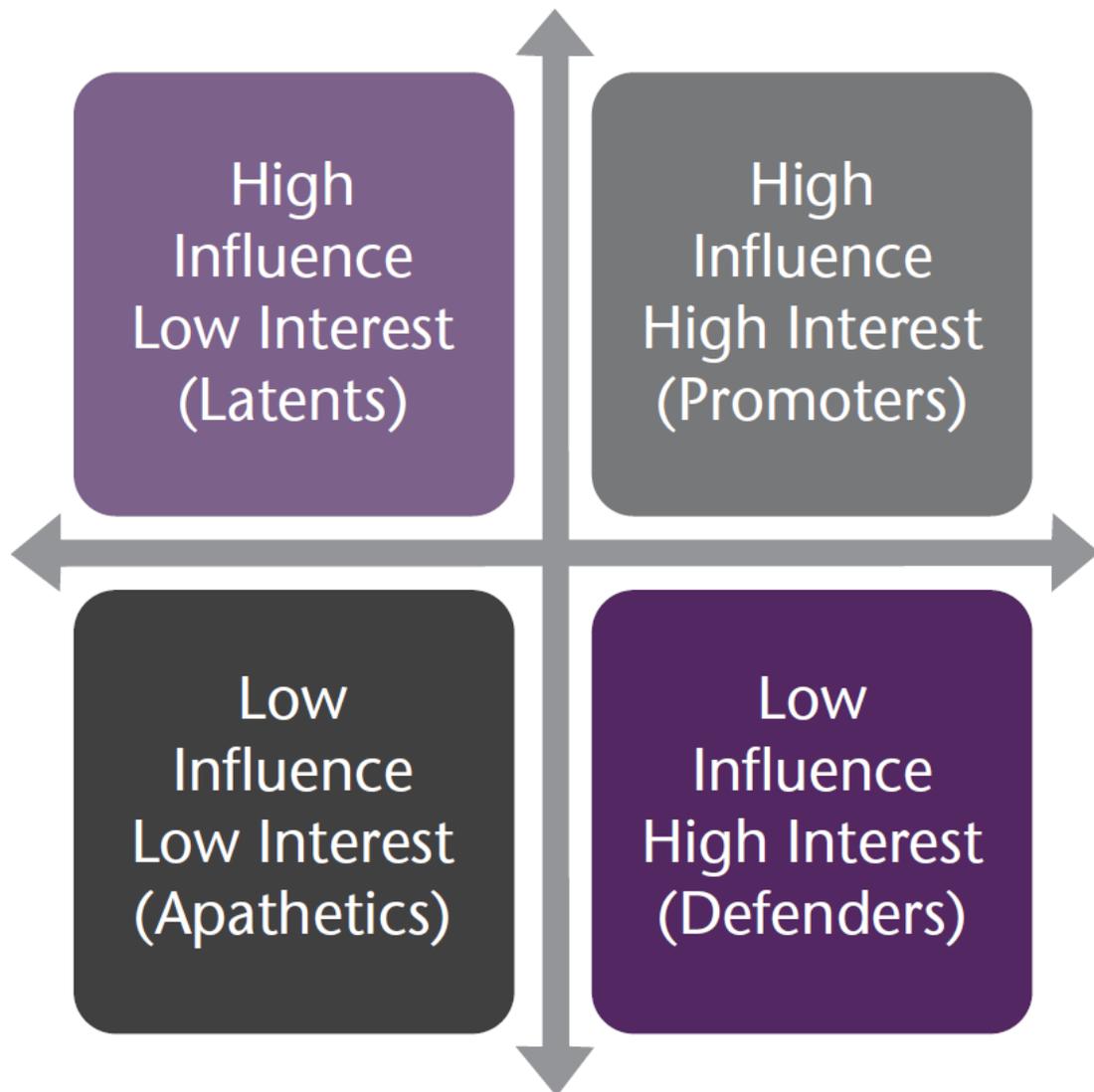
Here are some important needs for a successful strategic planning process. Check those that are currently in place when assessing readiness.

- Access to many of the types of data needed for the environmental scan (i.e., It may be helpful to complete the community health assessment prior to strategic planning)
- Access to a skilled facilitator, either external or internal.
- Adequate time for an environmental scan.
- Adequate time to devote to stakeholder engagement in the process.
- A champion for the strategic planning process from the governing body. **To Be Determined**
- Budget allocations for the process.
- Buy-In from Senior Leadership at the health department.
- Commitment to the process, including remaining flexible
- Understanding of the process and expectations for how the plan will be used throughout the agency. **Committee members are aware; need to educate staff some more.**
- Other – **None identified.**

Worksheet 2: Identifying Stakeholder and Their Role

Divided into 4 categories:

- **Promoters (P)** have great interest in the effort and their power can help to make it successful (or to derail it)
- **Defenders (D)** have a vested interest and can voice their support in the community, but have little actual power to influence the effort in any way.
- **Latents (L)** have no particular interest or involvement in the effort, but have the power to influence it greatly if they become interested.
- **Apathetics (A)** have little interest and little power, and may not even know the effort exists.



Stakeholder	Level of Engagement Needed	Action needed and by when **
Access Inc.	A	
Access to Independence	A	
Akron Children's Hospital	D	
Akron Dental Society	D	
Akron General Medical Center	D	
American Cancer Society, NE Ohio Region	D	
American Heart Association, NE Region	D	
American Lung Association, NE Region	D	
American Red Cross – Portage & Summit	D	
Arc of Portage and Summit Counties	A	
Area Agency on Aging	D	
Arthritis Foundation	D	
Aurora Parks and Rec	D	
AxessPointe Community Health Center	P	
Catholic Charities	P	
Center of Hope	P	
Child Support Enforcement Agency	A	
Children's Advantage	P	
Children's Advocacy Center	P	
Christian Cupboards	A	
Coleman Professionals	P	
Community Action Council	A	
Community Legal Aid Services	A	
Concern Citizens of Ohio: Portage	D	
Fair Housing Contact Services	A	
Family and Community Services	P	
Father and Sons of NE Ohio	A	
Girl Scouts of NE Ohio	A	
Great Trails Council/BSA	A	
Greenleaf Family Center	A	
Harvest Home	A	
Hattie Larlham	D	
Haven of Rest Ministries	A	
Help Me Grow	P	
Hiram College	D	
Independence of Portage County	?	
Kent City Health Department	P	
Kent Mammography Center	D	
Kent Parks & Rec	D	
Kent Roosevelt Swimming Pools	A	
Kent Social Services	D	
King Kennedy Center	D	
KSU	P	
Legal Outreach Advocacy	A	
Licensed Facilities – restaurants, pools, hotels, camps, etc	P	

National Alliance on Mental Health – Portage	P	
Neighborhood Development Services, Inc	P	
NEOMED	P	
ODNR	D	
Ohio Civil Rights Commission	L	
Ohio Department of Agricultural	P	
Ohio Department of Health	P	
Ohio EPA	P	
Ohio Imaging Associations	A	
Ohio State Extension	D	
PARTA	P	
Pink Ribbon Project	A	
Planned Parenthood	D	
Plumbers	D	
Portage County Agricultural Society	A	
Portage Clothing Center	A	
Portage County Child & Adult Protective Services	D	
Portage County Auditor	P	
Portage County Board for DD	P	
Portage County Commissioners	P	
Portage County Counsel & Advice Clinic	A	
Portage County Department of Veteran Services	D	
Portage County Dog Warden	P	
Portage County Engineer’s Office	P	
Portage County Fair Board	A	
Portage County Fire / EMS	D	
Portage County Health District Advisory Counsel	P	
Portage County Housing Authority	D	
Portage County Jobs & Family Services	P	
Portage County Juvenile Court	A	
Portage County Law Enforcement Agencies	D	
Portage County Mental Health & Recovery Board	P	
Portage County Prosecutor’s Office	P	
Portage County Realtor’s Association	P	
Portage County Regional Planning	P	
Portage County Schools	D	
Portage County Senior Center	D	
Portage County Sheriff’s Office	D	
Portage County Solid Waste Management District	P	
Portage County Treasurer	P	
Portage County Trustees	P	
Portage County Visiting Nurse, Inc	D	
Portage County Water Resources	P	
Portage County WIC	D	
Portage County Zoning Inspectors	D	
Portage Emergency Management Agency	P	
Portage Foundation	D	
Portage Industry Council	A	

Portage Learning Center	P	
Portage Metropolitan Housing Authority	D	
Portage Parks District	D	
Portage Soil & Water Conservation District	P	
Public Utilities Commission of Ohio	A	
Ravenna City Parks & Rec	D	
Safe Communities	D	
Salvation Army	A	
Skeels Community Center	D	
Streetsboro Parks & Rec	D	
Summa Health Systems	D	
Town Hall II	P	
UH Portage Medical Center – to include physician affiliates, visiting nurse & hospice, rehab, urgent care centers	P	
United Disability Services	D	
United Way of Portage County	D	
USDA	D	
Waste Water Contractors	P	
Windham Renaissance	D	

**Action Needed and By When – All stakeholders ranked as Promoter, Defender, or Latent will receive a survey. Deadline to be determined.

Worksheet 3: Assessing Data Needs

Data Readily Accessible	Data to Compile	Data to Collect <i>List possible ways to collect data and expected time to complete.</i>
Portage County Community Health Status Assessment (HCNO 2016)	# of Environmental Facilities/Licenses/Registrations by Program	SWOC Analysis (Timeframe TBD)
Community Health Needs Assessment (KSU 2014)	Workforce Profile (# of employees / time to retirement, etc.)	Environmental Health Program Performance Statistics (HDIS – ongoing as completed)
Competency Based Staff Self Assessments (COL May 2015)		
Staff Training Needs (Identified via PHAB Domain Meetings)		
Organizational Cultural & Linguistic Competency Assessment (CLCPA May 2015)		
Staff Assessment of PHAB Domain Readiness		
Nursing Communicable Disease Monthly Reports		
PCHD External Assessment of health priorities among health agency stakeholders (Round River May 2012)		
PCHD Internal Interview Report: Community Health Improvement Cycle - board & staff assessment of PCHD (Round River April 2012)		
2015 PCHD Annual Report		
Joe's individual Staff Interviews		
2015 Financial Report		
2016 Budget		
Cost Methodology (Short Form) – Food Program/s		
Most Current Program Surveys		
Strategic Planning Stakeholder Survey Results Report		

Worksheet 5: Identifying Organizational Mandates

Formal Mandates/Source of Mandate	Informal Mandates/Source of Mandate
<p><u>NURSING</u></p> <p>PHEP Grant</p> <ul style="list-style-type: none"> • Preparedness • Training/Exercises • Surveillance of communicable diseases • Medical counter measures (SNS, OPHAN) • Reporting events that may be bioterrorism • Surveillance of illness/monitoring • Food outbreaks, ODRS • Isolation & Quarantine OAC 3701. • MRC • Training <p>Ebola Grant</p> <ul style="list-style-type: none"> • preparedness <p>IAP Grant</p> <ul style="list-style-type: none"> • Immuniz rates for drs offices • Q 5 yrs Kindergrander Retrospective Survey • Immunization rates health department • ACIP requirements for school, work, daycares • VFC guidelines <p>HIPAA</p> <ul style="list-style-type: none"> • Confidentiality of PHI ORC 3701.17 <p>Child Fatality Review Board</p> <ul style="list-style-type: none"> • ORC 307.623 & 3701.045 <p>Communicable disease</p> <ul style="list-style-type: none"> • Diseases to be reported OAC 3701-3-02 • TB/Registry ORC 3701.14 surveillance • Meningococcal meningitis & Hep B ORC 3701.133 • Isolation OAC 3701-3-13 	
<p><u>ADMINISTRATION & PERSONNEL</u></p> <p>ORC 3709.16-Board determines duties and salaries of employees.</p>	<p>Job Description</p>
<p><u>ENVIRONMENTAL</u></p> <ul style="list-style-type: none"> • Swimming Pools& Spa Program • Food Safety Program <ul style="list-style-type: none"> ○ Food Service (Risk/Temporary/Mobile) ○ Retail Food Establishment (Risk/Temporary/Mobile) ○ Vending • Camps <ul style="list-style-type: none"> ○ Campgrounds/RV Parks/Combined/Temporary Camps ○ Resident Day Camps • Household Sewage Treatment Systems Program <ul style="list-style-type: none"> ○ Contractor Registrations ○ HSTS ○ Land Application Sites ○ MOU ○ Point of Sale Real Estate • Private Water System Program • Schools 	<ul style="list-style-type: none"> • Semi-public Commercial Wastewater Program (HB 110) • Stormwater Program • Hotel/Motel Program • Jail Inspection • Environmental Nuisance Complaint • Vectors <ul style="list-style-type: none"> ○ Rabies surveillance ○ ORV baiting ○ Ticks ○ Mosquitoes • Emergency Response <ul style="list-style-type: none"> ○ LEPC ○ IMAT Team ○ Drills/Exercises • Fracking Program • Accreditation <ul style="list-style-type: none"> ○ CHAP/CHIP

<ul style="list-style-type: none"> • Plumbing Program • Tattoo Program • Vectors – <ul style="list-style-type: none"> ○ rabies exposures • Solid & Infectious Waste Program <ul style="list-style-type: none"> ○ Solid Waste ○ C&DD ○ Infectious Waste ○ Compost • Rabies - exposure 	<ul style="list-style-type: none"> ○ Strategic Planning ○ Workforce Development ○ Quality Improvement ○ • Bathing Beach Samples
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FINANCIAL
Budget ORC 3709.28
Due on or before first Monday in April of the immediately preceding fiscal year.

Levy for General Health District ORC 3709.29
Resolution to County Commissioners, who in turn file Resolution with Board of Elections no later than 4:00 pm of ninetieth day before day of election

Custodian of Funds ORC 3709.31
County Treasurer custodian of health funds
County Auditor pays expenses issued on vouchers approved by Board of Health and Health Commissioner or designee

Annual Financial Report OAC 3701-36-03
Yearly report due ODH by March first of each year

HEALTH EDUCATION

Formal Mandate	Source	Informal Mandate	Source
Nutrition education in schools	CFHS grant	Child Passenger Safety Seat distribution program	PCHD ODH Ohio Buckles Buckeye program (32 car seats/year)
Safe Sleep education	CFHS grant	Child Passenger Safety Seat education	PCHD
Cribs for Kids	CFHS grant	Prevent Blindness Program	PCHD
Tobacco Cessation for maternal women	CFHS grant	HIV testing/counseling	PCHD staff time, mileage, SCPH tests, supplies
AFIX assessments (with Nursing Div)	IAP grant	HIV Prevention education	PCHD
MOBI's (with Nursing Div)	IAP grant	Sexuality education	PCHD
Ties Program	IAP grant	Tobacco Cessation for non-maternal women	PCHD
Immunization Education for partnering agencies and WIC clients (with Nursing Div)	IAP grant	Matter of Balance	PCHD
Health Fairs Immunization education	IAP grant	Project DAWN Community-based	PCHD staff time MHRB kits
Cultural Competency staff trainings	CFHS grant IAP grant	Project DAWN Law Enforcement	PCHD staff time ODH kits
PIO Public Information	PHEP grant	Immunization Coalition	PCHD
Environmental Health Education	Environmental Dept	Workforce Health & Wellness Coalition	CFHS grant
Safe Communities	Safe Communities grant	School RN meetings	PCHD
Motorcycle Ohio	Motorcycle Ohio grant	Social Media	PCHD
PCHD Annual Report	PCHD	Emergency Assistance Network Co-chair	PCHD
		Pregnancy Collaborative	CFHS grant
		Community health education presentations	PCHD Sometimes grant funded
		Falls prevention coalition	PCHD

Worksheet 6: Reviewing Organizational Mandates

Mandate	Formal or Informal?	What is required, forbidden or allowed?	Does staff understand? How is LHD honoring this mandate?	What needs done? (i.e. include in mission, educate staff etc.)
<u>HEALTH EDUCATION</u>				
Nutrition education in schools	Informal	Contract with KSU Nutrition	Yes, providing the program	n/a
Safe Sleep education	Informal	Education	Yes, providing the program	n/a
Cribs for Kids	Informal	Education	Yes, providing the program	n/a
Tobacco Cessation for maternal women	Informal	TTS certification	Yes, providing the program	n/a
AFIX assessments (with Nursing Div)	Informal	Training	Yes, providing the program	n/a
MOBI's (with Nursing Div)	Informal	Training	Yes, providing the program	n/a
TIES program (with Nursing Div)	Informal	Training	Yes, program starts in 1/16	n/a
Immunization education for partnering agencies and WIC clients (with Nursing Div)	Informal	Education	Yes, providing the program	n/a
Health fairs Immunization education	Informal	Education	Yes, providing the program	n/a
Cultural Competency staff trainings	Informal	Education	Yes, providing the program	n/a
PIO Public Information	Informal	Training	Yes, providing the program	n/a
Environmental Health Education	Formal	Education	Yes, providing the program	n/a
Safe Communities	Informal	Training	Yes, program starts with PCHD 12/15	n/a
Motorcycle Ohio	Informal	Training	Yes, program starts with PCHD 12/15	n/a
PCHD annual report	Formal	Annual numbers	Yes, doing it yearly	n/a
Child Passenger Safety Seat distribution program	Informal	CPST certification	Yes, providing the program	n/a
Child Passenger Safety Seat education	Informal	CPST certification	Yes, providing the program	n/a
Prevent Blindness Program	Informal	Training	Yes, providing the program	n/a
HIV testing/counseling	Informal	Certification in client centered counseling	Yes, providing the program	n/a
HIV Prevention Education	Informal	Education	Yes, providing the program	n/a
Sexuality Education	Informal	Education	Yes, providing the program	n/a
Tobacco Cessation for non-maternal women	Informal	TTS certification	Yes, providing the program	n/a

Mandate	Formal or Informal?	What is required, forbidden or allowed?	Does staff understand? How is LHD honoring this mandate?	What needs done? (i.e. include in mission, educate staff etc.)
Matter of Balance	Informal	Training	Yes, providing the program	n/a
Project DAWN Community-based	Informal	Training	Yes, providing the program	n/a
Project DAWN Law Enforcement	Informal	Training	Yes, providing the program	n/a
Immunization Coalition	Informal	Education	Yes, facilitate and member of coalition	n/a
Workforce Health & Wellness Coalition	Informal	Participation	Yes, member of coalition	n/a
School RN meetings	Informal	Education	Yes, providing the program	n/a
Social Media	Informal	Training	Yes, providing 11/15	n/a
Emergency Assistance Network Co-chair	Informal	Participation	Yes, providing the program	n/a
Pregnancy Collaborative	Informal	Participation	Yes, member of collaborative	n/a
Community health education presentations	Informal	Education	Yes, providing the program	n/a
Falls prevention coalition	Informal	Participation	Yes, member of coalition	n/a
<u>ADMINISTRATION & PERSONNEL</u>				
Job Description	Informal	HumanResources-Personnel Policies, Benefits, Job Descriptions, Hiring, SkillSoft		
Job Description	Informal	Supplies-Envelopes, Letterhead, Business Cards		
Job Description	Informal	Telephone System and Backup		
Job Description	Informal	Clerical-Supervises		
Job Description	Informal	District Advisory Dinner/Meeting		
Job Description	Informal	Asst. to Health Commissioner & Directors		
Job Description	Informal	Board Clerk		
Job Description	Informal	Mail		
Job Description	Informal	Inventory of Computers & Furniture		
Job Description	Informal	Record Retention		

Mandate	Formal or Informal?	What is required, forbidden or allowed?	Does staff understand? How is LHD honoring this mandate?	What needs done? (i.e. include in mission, educate staff etc.)
<u>NURSING</u>				
Communicable diseases	Formal	Reporting disease through ODRS.	Nursing staff understands PCHD honors this mandate	
CFRB	Formal	Decrease incidence of preventable child deaths. Enter information into database.	Staff does not understand PCHD honors this mandate	
PHEP – Preparedness	Formal	Training MRC Surveillance of illness SNS	Staff understand PCHD honors this mandate	
HIPAA	Formal	Privacy of PHI	Staff does not understand	
IAP Grant	Formal	Follow ACIP immunization guidelines. Follow VFC guidelines.	Staff does not understand PCHD honors this mandate	
Rabies – release vaccine	Informal	Release vaccine from UH Portage Medical Center to ER and convenient care.	Staff understands PCHD honors mandate	
<u>FINANCIAL</u>				
Budget ORC 3709.28	Formal	Budget due on or before first Monday in April of the immediately preceding year	By completing Budget on time	
Levy for General Health District ORC 3709.29	Formal	Resolution to County Commissioners, who in turn file Resolution with Board of Elections no later than 4:00 pm of ninetieth day before day of election	By completing steps on a timely basis	
Custodian of Funds ORC 3709.31	Formal	County Treasurer custodian of health funds County Auditor pays expenses issued on vouchers approved by Board of Health and Health Commissioner or designee	By depositing funds with Treasurer and processing invoices and payroll for the Auditor	
Annual Financial Report OAC 3701-36-03	Formal	Yearly report due ODH by March 1 st of every year	By completing and submitting report on time	

Mandate	Formal or Informal?	What is required, forbidden or allowed?	Does staff understand? How is LHD honoring this mandate?	What needs done? (i.e. include in mission, educate staff etc.)
ENVIRONMENTAL				
Swimming Pools & Spa	<ul style="list-style-type: none"> ORC 3749 OAC 3701-31 	<ul style="list-style-type: none"> State surveyed program Could be on criteria for failure to meet objectives Waterborne outbreaks 	<ul style="list-style-type: none"> License Cost methodology Inspectors have CPO certification Mandated 	<ul style="list-style-type: none"> Yearly inspection Believe the inspection frequency is not adequate; therefore, current program is 3x per year
Food Safety Program <ul style="list-style-type: none"> Food Service Operation (FSO)(ODH) Retail Food Establishment (RFE) (ODA) Vending 	<ul style="list-style-type: none"> ORC 3717 OAC 3717-1 thru 20 (Uniform Food Safety Code) OAC 3701-21 (FSO) OAC 901;3-4 (RFE) 	<ul style="list-style-type: none"> State surveyed program Currently on criteria for failure to meet objectives Reportable food outbreaks 	<ul style="list-style-type: none"> License Cost methodology Mandated 	<ul style="list-style-type: none"> Inspection frequency based on classification Class 1 = 1/yr Class 2 = 1/yr Class 3 = 2/yr Class 4 = 4/yr Inspectors need additional education Enforcement & training policies required & need to be created
Camps <ul style="list-style-type: none"> Campgrounds RV Parks Temporary Camps 	<ul style="list-style-type: none"> ORC 3729 OAC 3701-26 	<ul style="list-style-type: none"> State surveyed program Could be on criteria for failure to meet objectives 	<ul style="list-style-type: none"> License Cost Methodology Mandated 	<ul style="list-style-type: none"> Yearly inspection Inspector needs additional education
Resident Day Camps	<ul style="list-style-type: none"> ORC NA OAC 3729-25 	<ul style="list-style-type: none"> Required but not a surveyed program 	<ul style="list-style-type: none"> Permit to Operate Cost Methodology Mandated 	<ul style="list-style-type: none"> Inspector need additional education
Wastewater Program <ul style="list-style-type: none"> HSTS Contractor Registrations Land Application 	<ul style="list-style-type: none"> ORC 3718 OAC 3701-29 	<ul style="list-style-type: none"> State surveyed program Could be on criteria for failure to meet objectives 	<ul style="list-style-type: none"> Permits & registrations issued Cost Methodology Mandated 	
Wastewater Program <ul style="list-style-type: none"> NPDES Permits/MOU 	<ul style="list-style-type: none"> OEPA MOU signed therefore formal 	<ul style="list-style-type: none"> NPDES permit reviews 	<ul style="list-style-type: none"> Notice of Intent issued Optional 	<ul style="list-style-type: none"> BOH should consider not signing MOU upon renewal
Wastewater Program <ul style="list-style-type: none"> Point of Sale Program 	<ul style="list-style-type: none"> POS Voluntary Service 	<ul style="list-style-type: none"> Fee for service program 	<ul style="list-style-type: none"> Providing needed community service Cost Methodology Optional 	<ul style="list-style-type: none"> Continue; convene Advisory Board and decide if
HB110 Semi-public Wastewater	<ul style="list-style-type: none"> ORC 6111 	<ul style="list-style-type: none"> OEPA Contract 	<ul style="list-style-type: none"> Permit 	<ul style="list-style-type: none"> 100% or 33% size dependent

Mandate	Formal or Informal?	What is required, forbidden or allowed?	Does staff understand? How is LHD honoring this mandate?	What needs done? (i.e. include in mission, educate staff etc.)
Private Water Systems	<ul style="list-style-type: none"> • ORC • OAC 3701-28 	<ul style="list-style-type: none"> • State surveyed program • Could be on criteria for failure to meet objectives 	<ul style="list-style-type: none"> • Permits • Cost Methodology • Mandated 	
Stormwater	<ul style="list-style-type: none"> • MS4 NPDES Permit 	<ul style="list-style-type: none"> • MCM #3 IDDE 	<ul style="list-style-type: none"> • Contractual Agreement • Optional 	<ul style="list-style-type: none"> • Continue stormwater utility-county partnerships
Plumbing	<ul style="list-style-type: none"> • ORC 3703 • ORC 3781 • ORC 3791 • ORC 4740 • Ohio Board of Building Standards Administration <ul style="list-style-type: none"> ○ 4101:1 ○ 4101:3 ○ 4101:8 • Ohio Plumbing Code <ul style="list-style-type: none"> ○ 4101:3-2 thru 13 	<ul style="list-style-type: none"> • CPI for commercial inspections • Not a surveyed program 	<ul style="list-style-type: none"> • BOH has right of first refusal • Cost Methodology 	<ul style="list-style-type: none"> • Inspections within 96 hours • OAC 3701-37 (Renumbered as 1301:14-1-02 in 2004/rescinded 2006)
Tattoo & Body Piercing Services <ul style="list-style-type: none"> • Body Art Establishments • Time –limited events 	<ul style="list-style-type: none"> • ORC 3730 • OAC 3701-9 	<ul style="list-style-type: none"> • Not a surveyed program 	<ul style="list-style-type: none"> • Permit • Not a surveyed program • Cost Methodology • Mandated 	<ul style="list-style-type: none"> • Annual inspection
School	<ul style="list-style-type: none"> • ORC 3709.22 • ORC 3707.03 • ORC 3707.26 • OAC 3701-54 (Jarrod’s Law repealed) 	<ul style="list-style-type: none"> • Required but not a surveyed program 	<ul style="list-style-type: none"> • Unfunded mandate 	<ul style="list-style-type: none"> • Semi-annual inspections
Hotel	<ul style="list-style-type: none"> • ORC 3737 – State Fire Marshal 	<ul style="list-style-type: none"> • Sanitary requirements 3731.21 by health official 	<ul style="list-style-type: none"> • Unclear statutory authority 	<ul style="list-style-type: none"> • Program evaluation needed
Jails/Institutions	<ul style="list-style-type: none"> • ORC 3709.22 • ORC 3709.26 • ORC 3703.01 • OAC 5120:1-8-05 	<ul style="list-style-type: none"> • Service upon request 	<ul style="list-style-type: none"> • Very old ODH guidelines ORC 307.62 • ORC 307.153 • OBBC Institutional Buildings 	<ul style="list-style-type: none"> • Ensure staff using the correct regulations & has a valid inspection checklist • Annual inspection by state or local health authority

Mandate	Formal or Informal?	What is required, forbidden or allowed?	Does staff understand? How is LHD honoring this mandate?	What needs done? (i.e. include in mission, educate staff etc.)
Solid & Infectious Waste <ul style="list-style-type: none"> • Solid Waste • Infectious Waste • Compost • C & DD 	<ul style="list-style-type: none"> • ORC 3734 • OAC 3745-27 • OAC 3745-28 • OAC 3745-37 • OAC 3745-400 • OAC 3745-500 • OAC 3745-501 • OAC 3745-502 • OAC 3745-520 • OAC 3745-560 	<ul style="list-style-type: none"> • State surveyed program • Could be removed from Director's approved list for failure to meet objectives 	<ul style="list-style-type: none"> • SWMD Contract funding • Transfer station license 	<ul style="list-style-type: none"> • Quarterly inspections
Nuisance Complaints	<ul style="list-style-type: none"> • ORC 3707.01 • ORC 3767 • BOH Sanitary Code 		<ul style="list-style-type: none"> • Power abate nuisances • Stakeholder expectations 	<ul style="list-style-type: none"> • See Prosecutor's Opinion • Local code obsolete
Vectors	<ul style="list-style-type: none"> • Mosquito control 	<ul style="list-style-type: none"> • Unfunded mandate 	<ul style="list-style-type: none"> • Agreed to provide services when levy passed 	Contract with Kent City Health Department
Rabies <ul style="list-style-type: none"> • Exposures 	<ul style="list-style-type: none"> • ORC 955 Dogs • ORC 955.26 • ORC 955.261 • ORC 955.39 • OAC 3701-3-28 • OAC 3701-29 • OAC 3701-3-30 	<ul style="list-style-type: none"> • Unfunded Mandated response 	<ul style="list-style-type: none"> • Maintains required exposure documents & follow 	<ul style="list-style-type: none"> • Create HDIS tracking
Rabies <ul style="list-style-type: none"> • Surveillance • ORV Baiting • Low Cost Clinics 		<ul style="list-style-type: none"> • Unfunded • Core PH surveillance 	<ul style="list-style-type: none"> • Maintain USDA freezer for surveillance animals • Participate in the state ORV distribution project 	<ul style="list-style-type: none"> • Ensure staff is properly vaccinated
Fracking – Shale Gas	<ul style="list-style-type: none"> • OEPA & ODNR recommended sampling guidelines for influence from shale gas drilling 			<ul style="list-style-type: none"> • Provide subsidized PWS sampling for oil & gas drilling concerns
Bathing Beaches	<ul style="list-style-type: none"> • Statutory authority rescinded 			<ul style="list-style-type: none"> • Beach sampling under the stormwater program
Emergency Response <ul style="list-style-type: none"> • LEPC • IMAT 	<ul style="list-style-type: none"> • PHEP 	<ul style="list-style-type: none"> • Required participation not clear 	<ul style="list-style-type: none"> • 2 EH employees involved 	<ul style="list-style-type: none"> • Need to assess commitment

Appendix B:
Strategic Plan Development Timeline



Task	Timeframe																							
	10/30/15-11/13/15	11/16/13-11/27/15	11/30/15-12/11/15	12/14/12-12/25/15	12/28/15-1/8/16	1/11/16-1/22/16	1/25/16-2/5/16	2/8/16-2/19/16	2/22/16-3/4/16	3/7/16-3/18/16	3/21/16-4/1/16	4/4/16-4/15/16	4/18/16-4/29/16	5/2/16-5/13/16	5/16/16-5/27/16	5/30/16-6/10/16	6/13/16-6/24/16	6/27/16-7/8/16	7/11/16-7/22/16	7/25/16-8/5/16	8/8/16-8/19/16	8/22/16-9/2/16	9/5/16-9/16/16	
Laying the groundwork for Strategic Planning:																								
Identify & Evaluate Stakeholders Engagement	Proposed																							
Determine Available Data	Proposed	Proposed																						
Develop Process Timeline	Proposed	Proposed	Actual																					
Develop Mission, Vision, & Values:																								
Determine Formal & Informal Mandates		Proposed	Proposed	Proposed																				
Develop Organizational Values Statement			Proposed	Proposed	Proposed	Proposed	Proposed	Actual																
Develop Mission Statement			Proposed	Proposed	Proposed	Proposed	Proposed	Proposed	Actual															
Develop Vision Statement			Proposed	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed															
Communicate Vision, Mission, & Values				Proposed	Proposed	Proposed	Proposed	Proposed	Proposed	Proposed														
Compile Relevant Information:																								
Determine Value of Existing Data						Proposed	Proposed	Proposed																
Develop Internal & External Stakeholder Survey						Proposed	Proposed	Proposed	Proposed	Proposed														
Summarize All Data & Information										Proposed	Proposed	Proposed	Proposed	Proposed	Proposed									
Analyze Results & Select Strategic Priorities																								
Complete SWOC Analysis										Proposed	Proposed													
ID: External Trends, Events, Key/Emerging Issues that Impact the H.D.										Proposed	Proposed													
Select Strategic Priorities																								
Develop Strategic Plan & Implementation Plan																								
Develop Strategies to Address Priorities																								
Develop Goals & Objectives																								
Develop Strategic Implementation Plan (w/ Timelines & Measures)																								
Create a Strategic Planning Document																								

Appendix C:
Stakeholder Survey Results Report

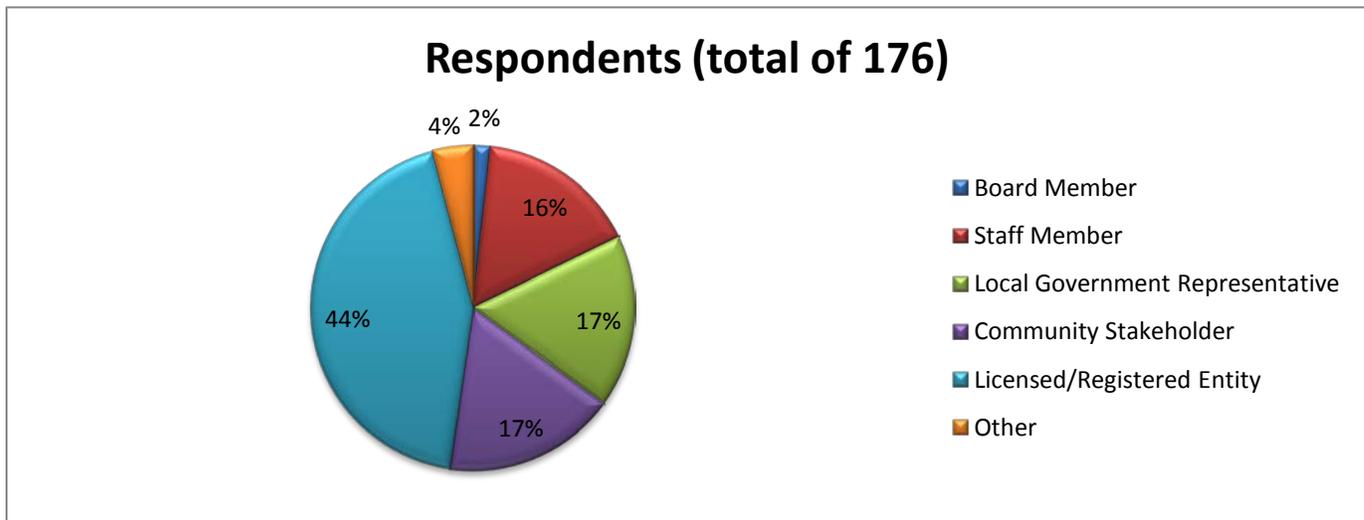
Portage County Combined General Health District Strategic Planning Stakeholder Survey Results Report – 2016

Portage County Combined General Health District Strategic Planning Stakeholder Survey Results Report

2016

Between February 16, 2016 and February 26, 2016, as a component of development of its organizational Strategic Plan, the Portage County Combined General Health District solicited stakeholder feedback regarding the department and its services via an online survey implemented using SurveyMonkey. The survey link was distributed to 615 identified and confirmed stakeholder email addresses as well as posted on the department website and social media outlets. 176 responses were collected. This report details the results of those survey responses.

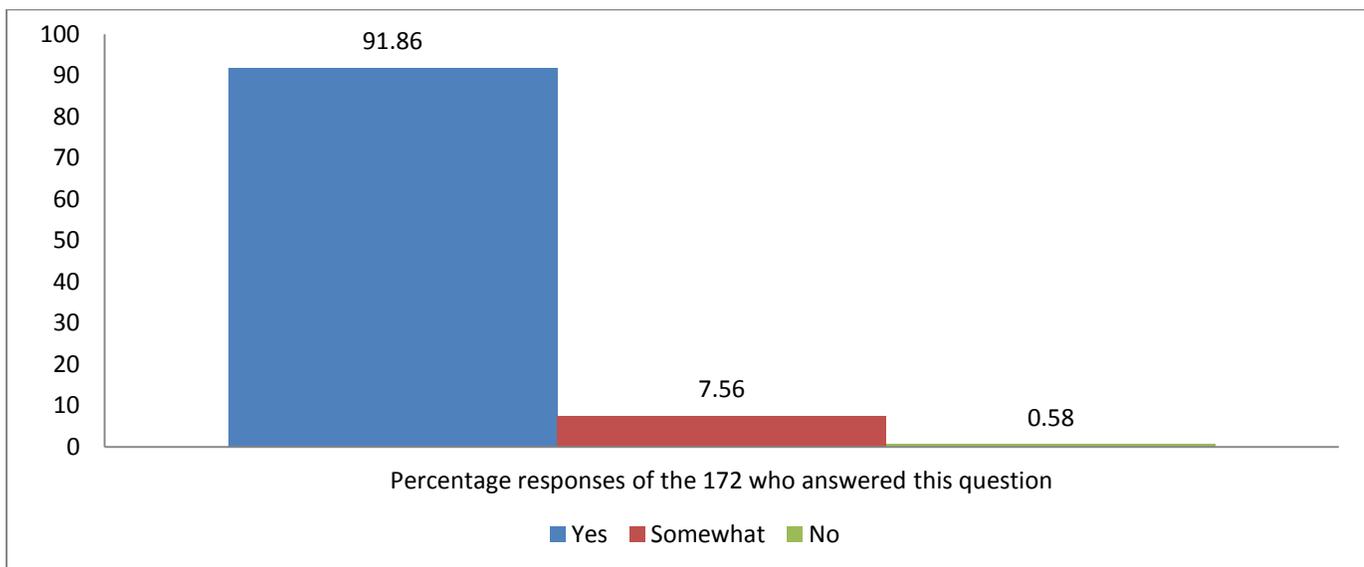
Question #1: Please indicate the role that best describes your involvement with the PCHD:



Other: citizen, resident, homeowner (3); attorney (1); federal government representative (1)

Question #2: Mission Statement: *“To promote public health, prevent disease, and protect the environment; through leadership and partnership; to empower individuals and communities to achieve optimal health.”*

Does the mission statement adequately convey the purpose of the PCHD?



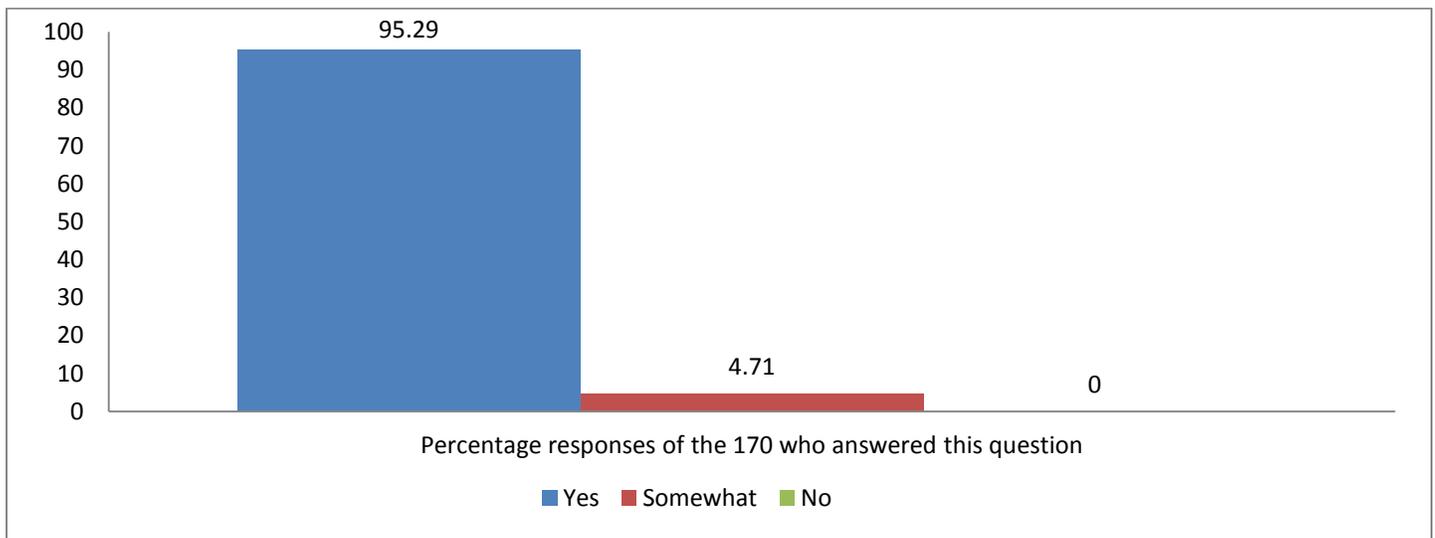
Suggestions (9 received) for revising the mission statement (**Question #3** for those who answered “somewhat” or “no” to Question #2) were limited to agency critique, individualized philosophies, and format modifications. Two provided alterations deviated only slightly from the mission statement decided upon by the Strategic Planning Committee, including the following:

“To promote public health, prevent disease, and protect the environment, utilizing leadership and partnership to empower individuals and communities to achieve optimal health.”

The internal Strategic Planning Committee decided to implement this change into the final decided mission statement.

Question #4: Vision Statement: *“Healthy People. Healthy Environments. Healthy Communities.”*

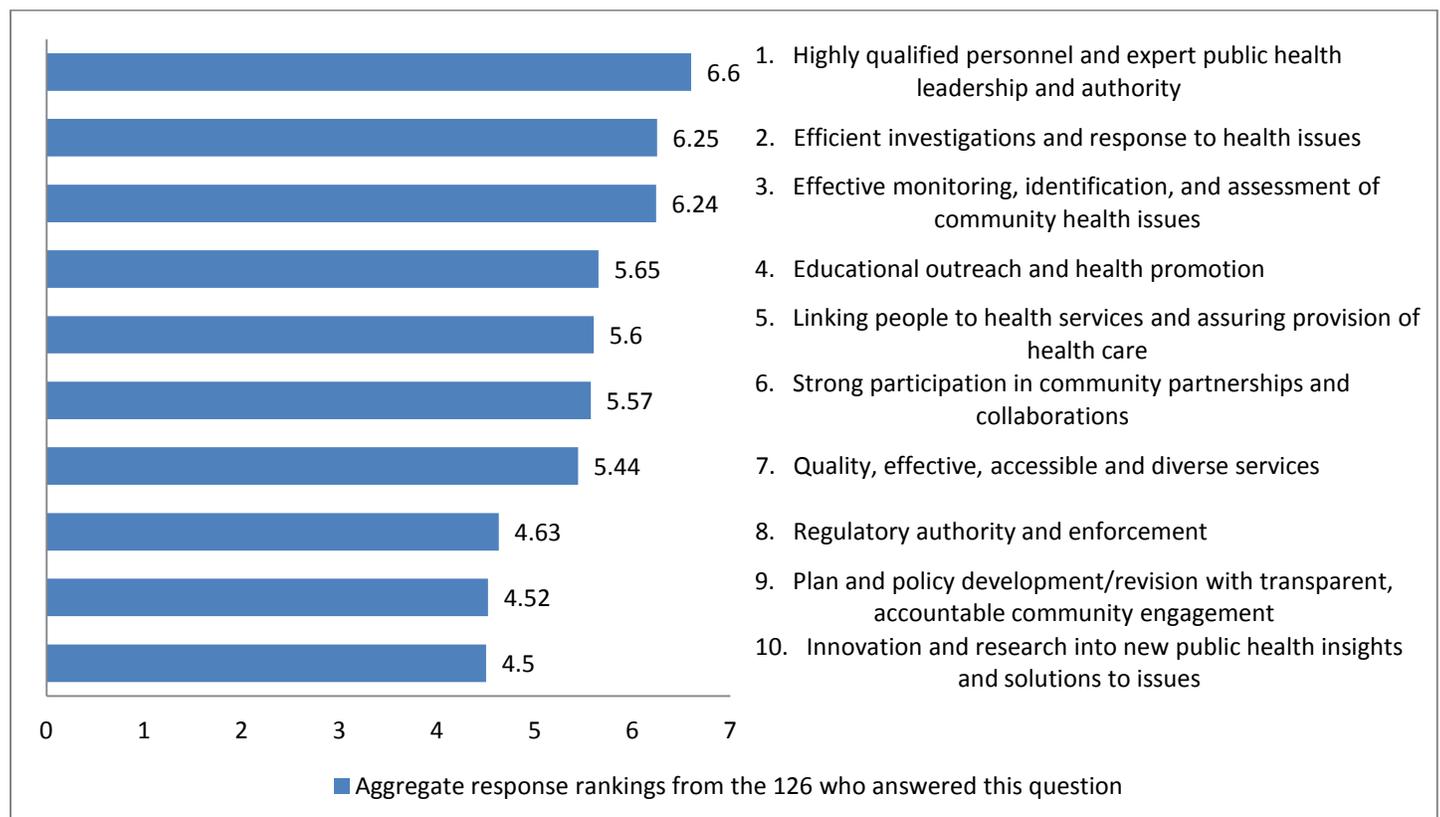
Is the vision relevant and meaningful in guiding the future of the PCHD?



Suggestions (6 received) for revising the vision statement (**Question #5** for those who answered “somewhat” to Question #4) included: adding “safety”; adding more due to it being vague; and a comment that it sounds redundant.

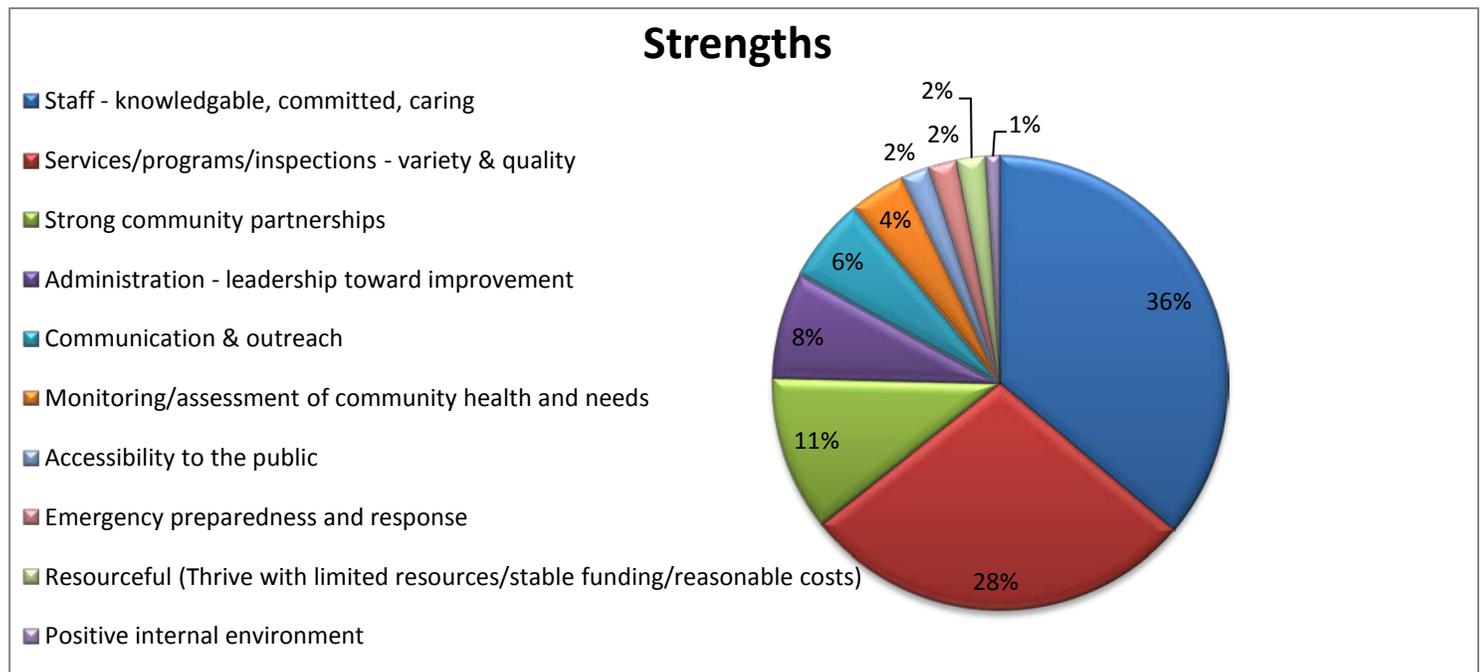
The internal Strategic Planning Committee decided not to implement any changes into the final decided vision statement, due to the vast majority (95%) indicating approval as-is.

Question #6: As you envision the PCHD five years from now, which of the following do you think is the most important for it to be known and respected for? Please rank most important (1) to least important (10):



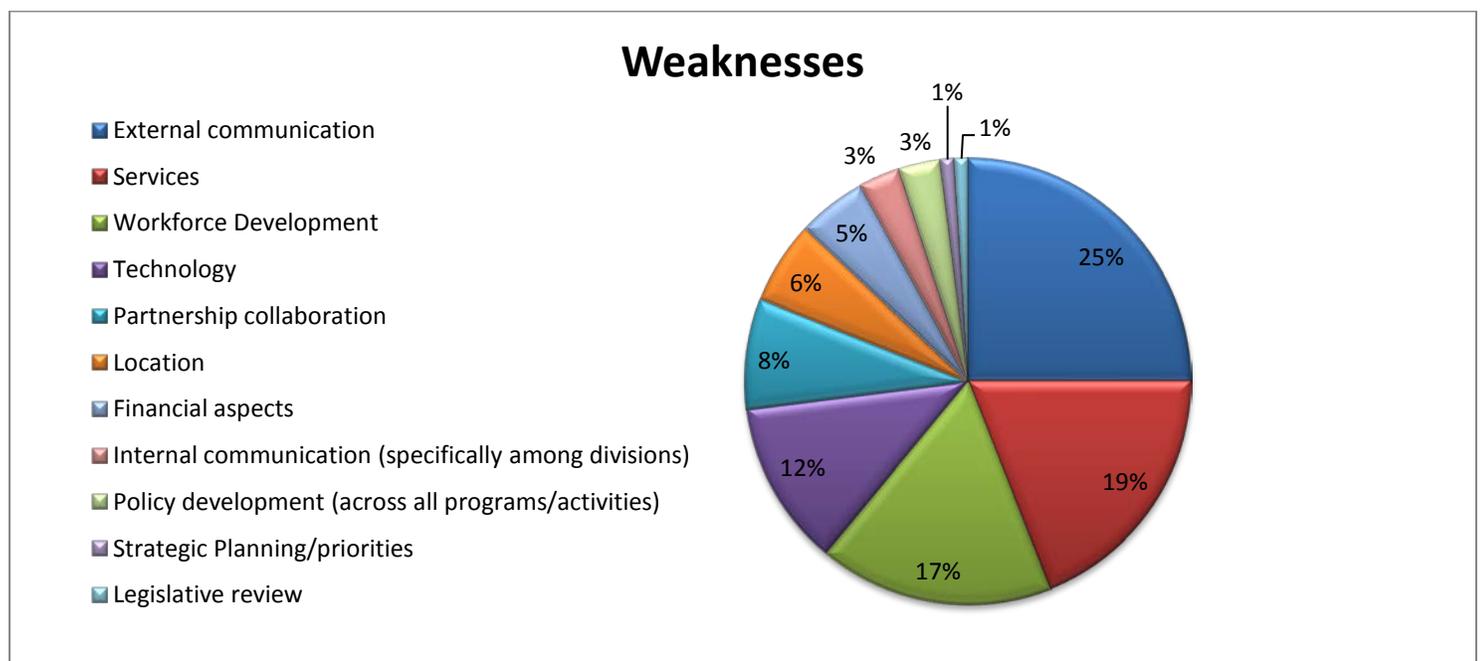
Question #7: Please identify three strengths of the PCHD:

91 respondents provided at least one strength in answer to this question, while 75 of them provided the requested three. 255 total answers were considered, reviewed, and categorized by the internal Strategic Planning Committee. The categorization of those answers is provided in the following chart:



Question #8: Please identify three areas that could be improved at the PCHD:

81 respondents provided at least one area for improvement in answer to this question, while 46 of them provided the requested three. 192 total answers were considered, reviewed, and categorized by the internal Strategic Planning Committee. The categorization of those answers is provided in the following chart, followed by a further breakdown of answers within each of the top 7 categories:



Weaknesses:

External communication:

- 40% of these respondents indicated a need for greater education efforts, specifically regarding environmental health rules and information to regulated entities and the public, and public education regarding disease and outbreak information. Increased literature publication and greater use of the newspaper and department website to disseminate information were specifically noted.
- 33% of these respondents indicated a need for greater public outreach efforts, particularly into more rural areas and regarding environmental program activities.
- 11% of these respondents noted a need for strengthened branding/marketing/publicity efforts.

Services:

- 33% of these respondents indicated a need to expand programs and services. Specific programs noted were: emergency planning, oil and gas monitoring, TB testing, drug prevention, fitness, and ground water pollution and other environmental programs.
- 31% of these respondents indicated a need to streamline provision of services. Specific notations included: the need for quicker response times, expansion of clinic hours, greater ability to schedule inspections, simplifying the sewage system permit process, and ensuring consistency of enforcement among inspectors.
- 17% of these respondents indicated a need to improve access to services, particularly to the low income or otherwise disadvantaged.
- 6% of these respondents indicated a need to implement customer satisfaction surveys.
- 3% of these respondents indicated a need to implement evidence-based practices.

Workforce Development:

- 28% of these respondents identified a need for increased professionalism when engaging both internal and external contacts, especially amongst management.
- 25% of these respondents indicated a need to ensure adequate training, particularly to ensure consistency among inspectors.
- 19% of these respondents indicated a need for additional staff, especially within the environmental division.
- 9% of these respondents identified a need to strengthen staff attitudes and morale toward embracing change.
- Additional workforce development needs noted included: employee mentoring, incentive programs, increased promotion opportunities, cross-training, increased specialization, and ensuring meeting times that do not conflict with public/contractor engagement.

Technology:

- 39% of these respondents indicated a need to improve the department website utilization and functionality. In particular, the desire for implementation of writable electronic forms/documents was repeatedly noted.
- 17% of these respondents identified needs for improvements in department databases.
- 9% of these respondents indicated a need for computerization of employee inspections/services.
- 9% of these respondents indicated a need to expand or improve email utilization.
- 4% of these respondents indicated a need to improve the department phone system.

Partnership collaboration:

- Respondents indicated the need to form new and strengthen existing partnerships, specifically in an effort to increase community awareness of health services. Specific mentions included: collaborating with the Parks departments, combining the Kent City Health Department with PCHD, and instituting a "Health in All Policies" initiative.

Location:

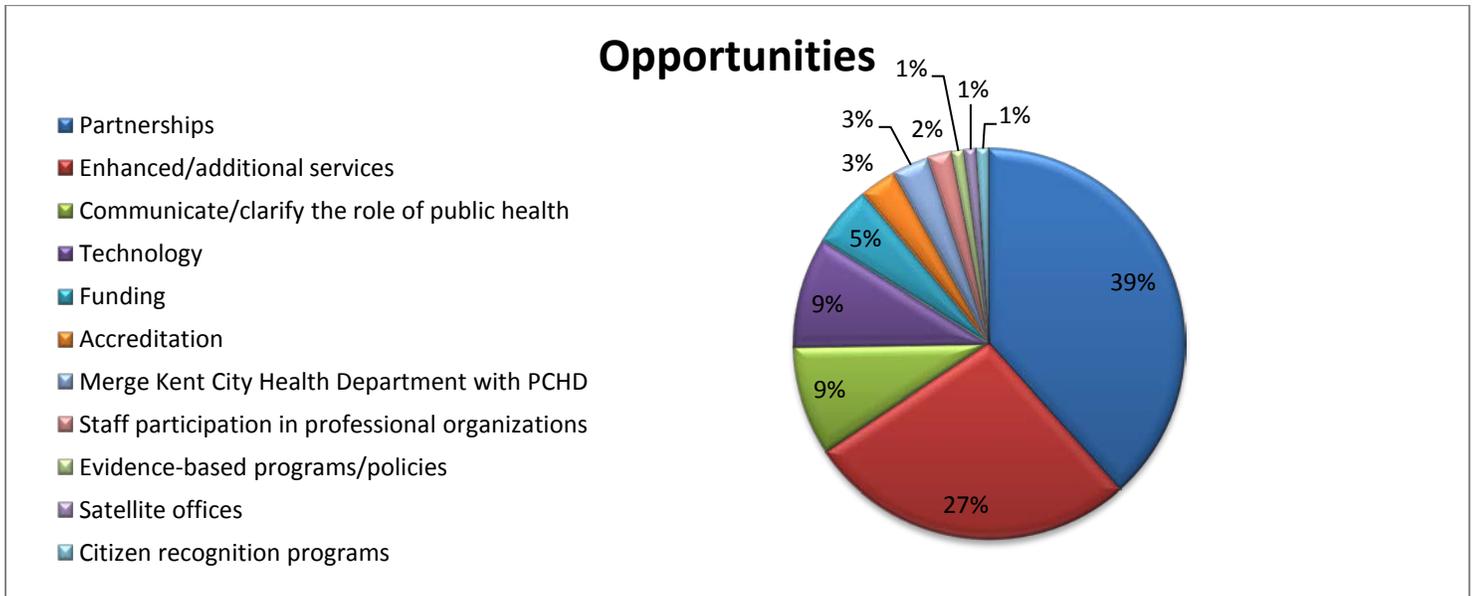
- Respondents indicated issues with: insufficient parking, inadequate space, the building elevator, and safety concerns entering the building.

Financial aspects:

- Respondents indicated needs to: lower permit fees, improve cost methodologies, provide greater transparency with regard to department finances, and provide the ability to accept credit card payments.

Question #9: What three opportunities or available resources outside of the PCHD are you aware of that the health department should invest in moving forward?

57 respondents provided at least one opportunity in answer to this question, while 30 of them provided the requested three. 101 total answers were considered, reviewed, and categorized by the internal Strategic Planning Committee. The categorization of those answers is provided in the following chart, followed by a further breakdown of answers within each of the top 5 categories:



Partnerships:

- 42% of these respondents identified opportunities to partner with the county colleges (KSU, NEOMED, & Hiram).
- 13% of these respondents identified greater opportunity to partner with University Hospitals Portage Medical Center.
- 8% of these respondents identified opportunities to partner with various civic groups.
- Additional partnership opportunities identified included: PARTA, Parks departments, fire departments, PC Water Resources, schools, faith based institutions, WIC, other health departments, and corporate wellness programs.

Enhanced/additional services:

- Desired services indicated by 2 or 3 respondents included: chronic disease prevention services, sewage system training for owners/contractors, drug prevention education, dental services, and infant mortality services.
- Additional desired service opportunities included: lead prevention, Healthy Homes, vital statistics, mosquito control, mental health services, pregnancy testing, newborn screening, seniors programs, caregiver support, health disparities programs, communicable paramedicine, agricultural runoff/water quality program, wastewater contract with Kent City Health Department, taking over WIC, and additional training programs.

Communicate/clarify the role of public health:

- Respondents indicated a need to find additional opportunities for this targeted outreach, in particular noting increased usage of the newspaper, and a greater presence with presentations at the county fair.

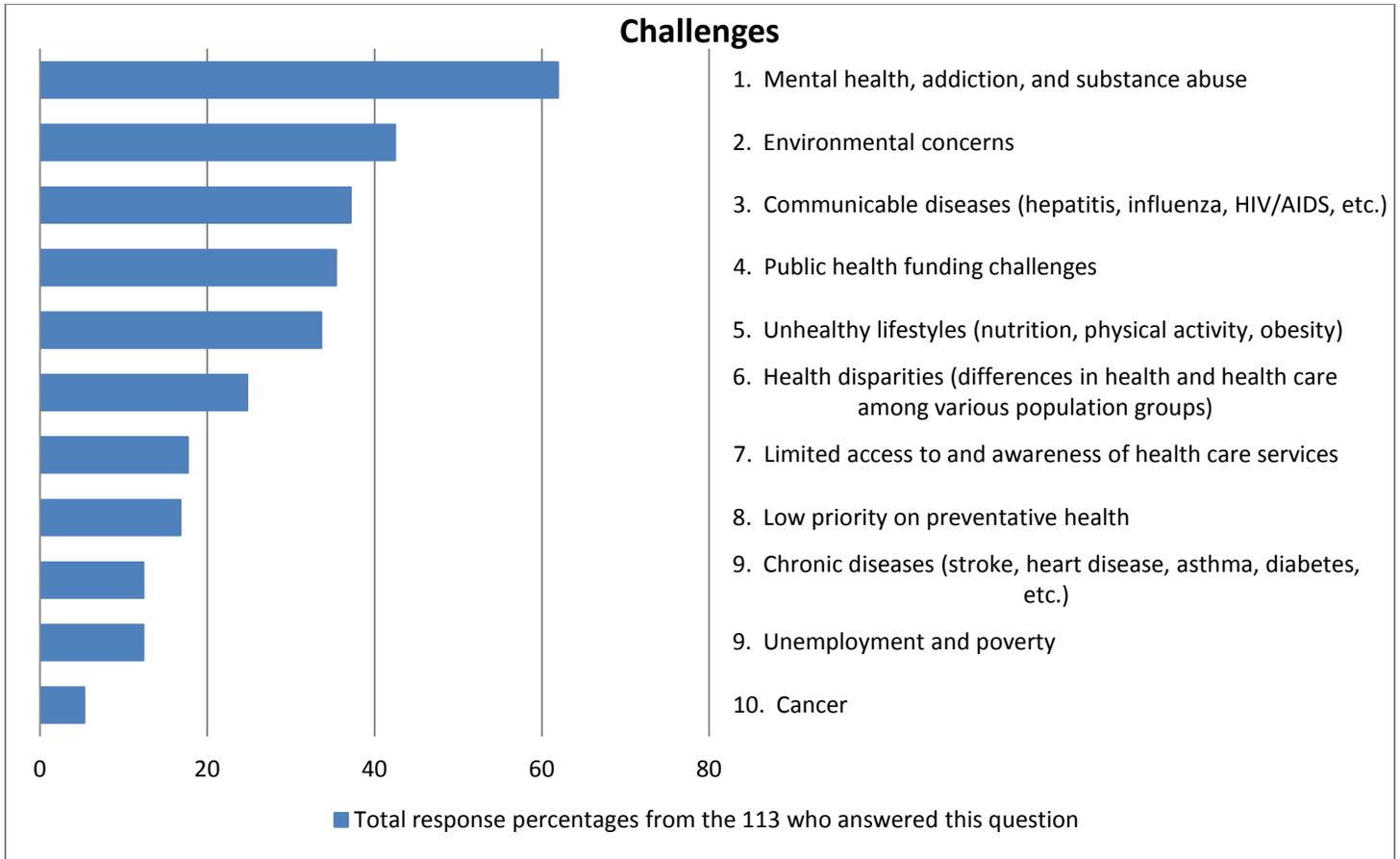
Technology:

- Technological opportunities indicated by 2 respondents included: computerized field inspections, and enhanced implementation of tracking software and databases (HDIS, CASST).
- Additional technological opportunities identified included: internal IT support, social media, writable electronic forms, credit card payment acceptance, and enhanced ability for field communication with inspectors for contractors.

Funding:

- Respondents referenced the county health levy, and indicated a need to pursue additional opportunities for grants and other funding, especially with regard to mental health/addiction services, physical health programs, and the sewage system program.

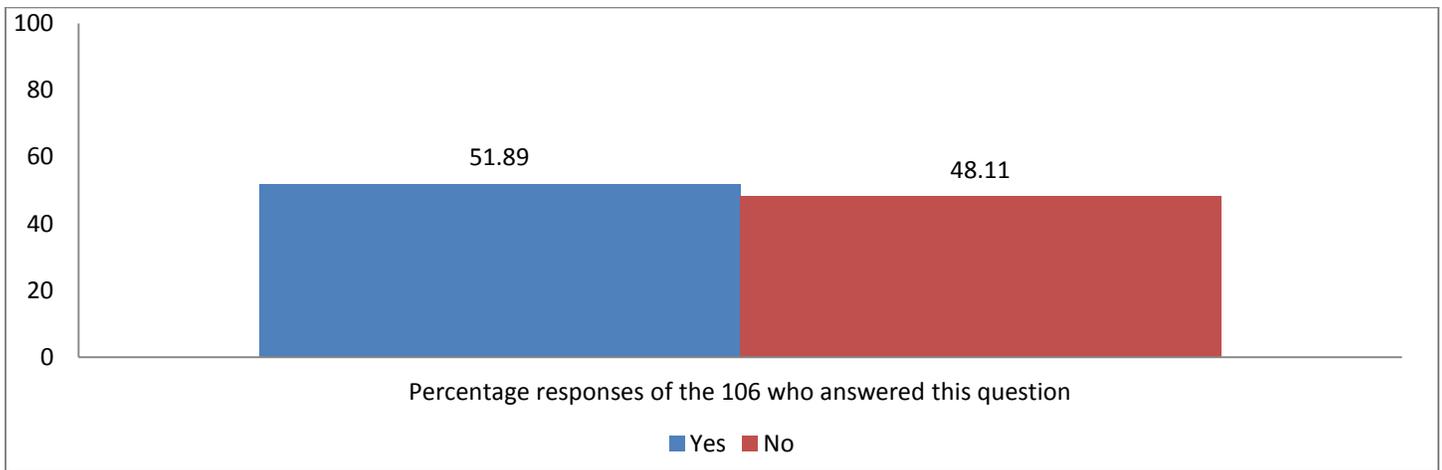
Question #10: In your opinion, what are the most critical issues or challenges that the PCHD will need to address in the next three (3) to five (5) years? Please select your top three:



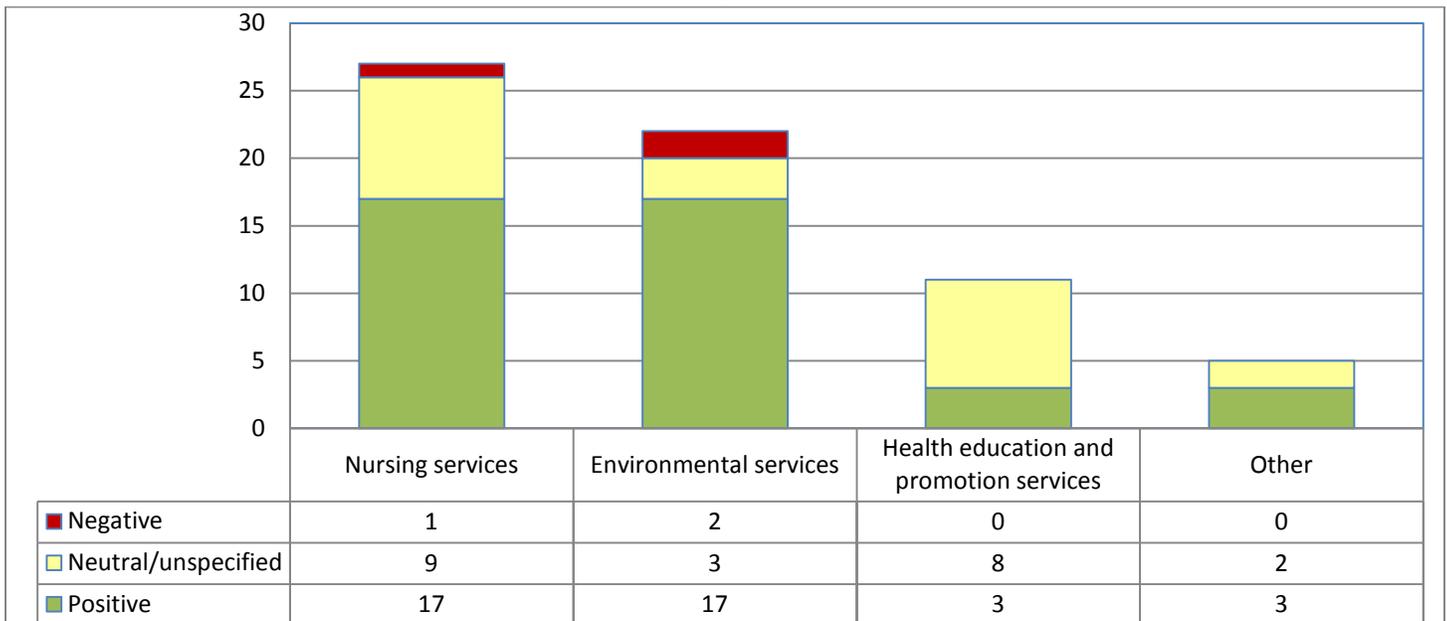
Question #11: In your opinion, what are the most important strategic directions (goals or plans) the PCHD should implement for addressing these critical issues in the next three (3) to five (5) years? Please rank most important (1) to least important (9):



Question #12: Have you utilized the PCHD’s programs and/or services in the last year?



Question #13: (For those who answered “Yes” to Question #12) Please specify which programs and/or services you utilized, and describe your experience (positive and negative) for any and all PCHD programs/services you utilized:



Negatives:	immunization (1)	mosquito control (1) sewage program (1)		
Neutral/Unspecified:	immunizations (7) flu shot (1) TB test (1)	solid waste (2) sewage inspection (1)	public education (2) Project DAWN (2) AIDS testing (1) car seat program (1) Safe sleep (1) tobacco cessation (1)	emergency planning (1) school engagement (1)
Positives:	immunizations (8) flu shots (7) TB test (1) travel clinic (1)	sewage inspection (6) unspecified EH (4) food (3) plumbing (2) solid waste (1) fracking (1)		

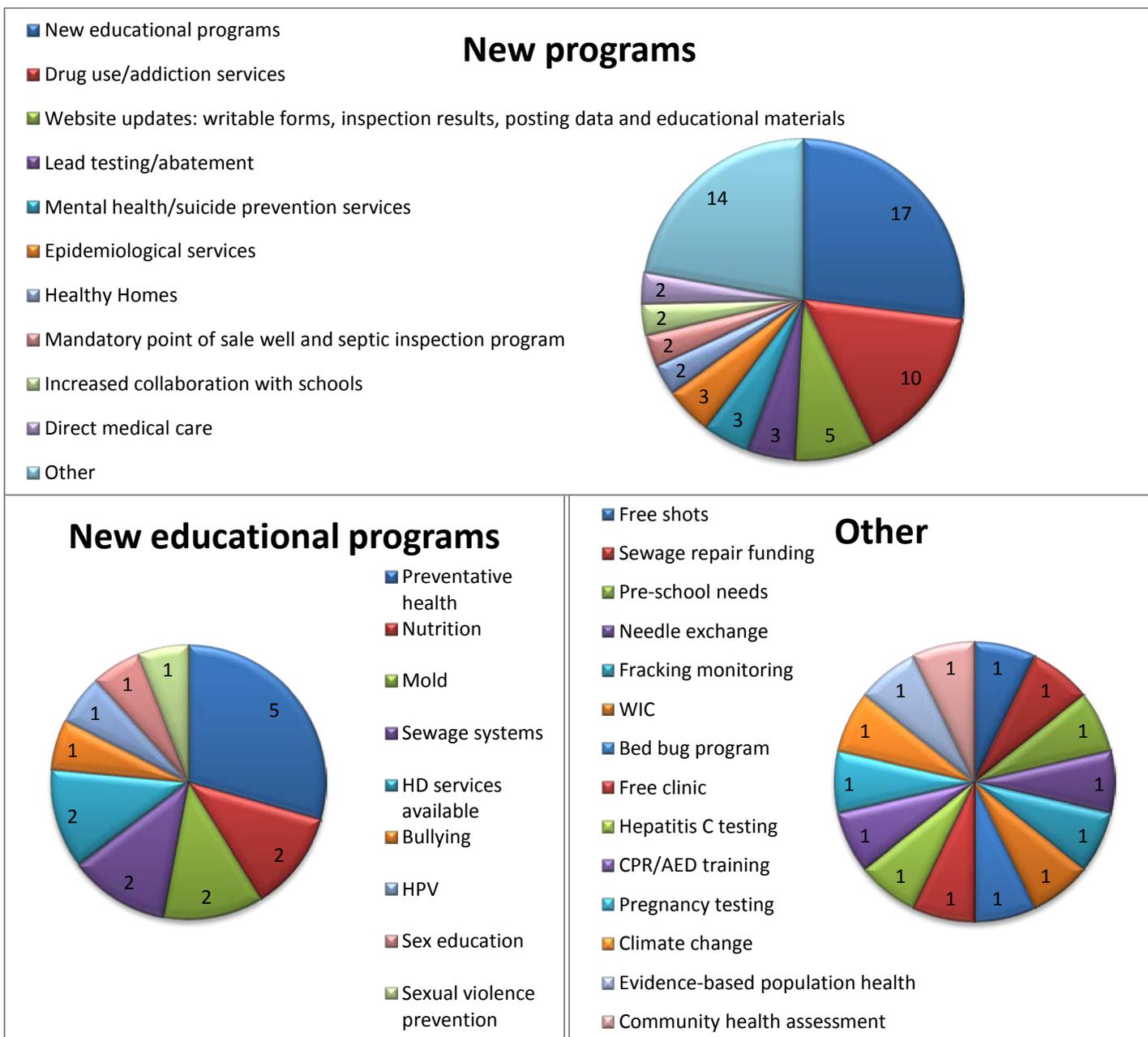
Question #14: What programs and/or services currently offered by the PCHD, if any, do you believe are unnecessary or should not be offered?

9 total responses were tallied;

- (3) wanted less focus on sewage system program/inspections
- (2) indicated a need to review all non-mandated and/or unfunded programs for return on investment
- Other indications (1) each were: HIV testing, the stormwater program, have less flu clinics, and questioning whether or not the plumbing program should be housed within the Building Dept.

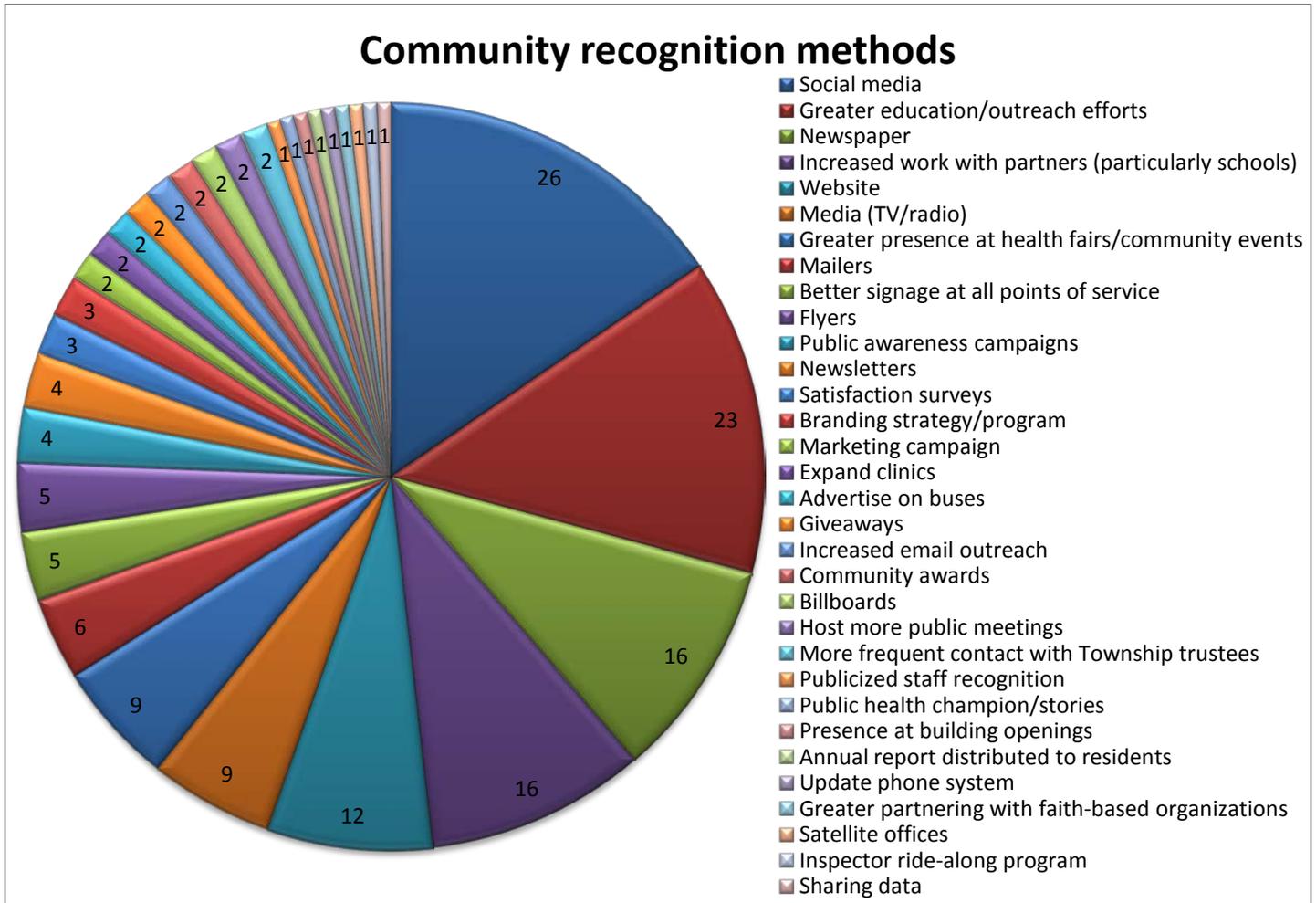
Question #15: What NEW programs and/or services, if any, should be added at the PCHD to address new, emerging, or unmet needs?

59 respondents answered this question. 66 total answers were considered, reviewed, and categorized by the internal Strategic Planning Committee. The categorization of those answers is provided in the following charts:

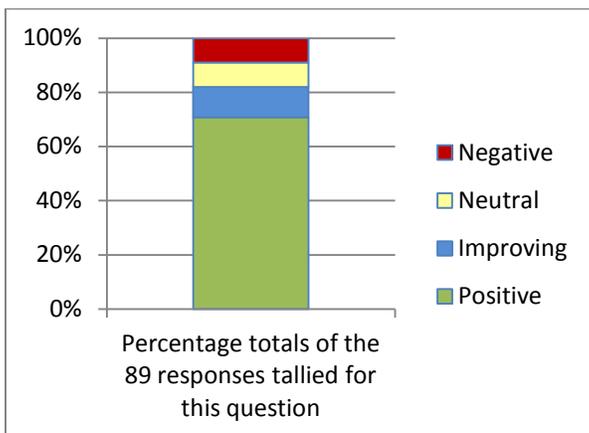


Question #16: Please indicate three methods the PCHD could implement to ensure community recognition of its activities throughout the community:

65 respondents provided at least one method in answer to this question, while 44 of them provided the requested three. 168 total answers were considered, reviewed, and categorized by the internal Strategic Planning Committee. The categorization of those answers is provided in the following chart:

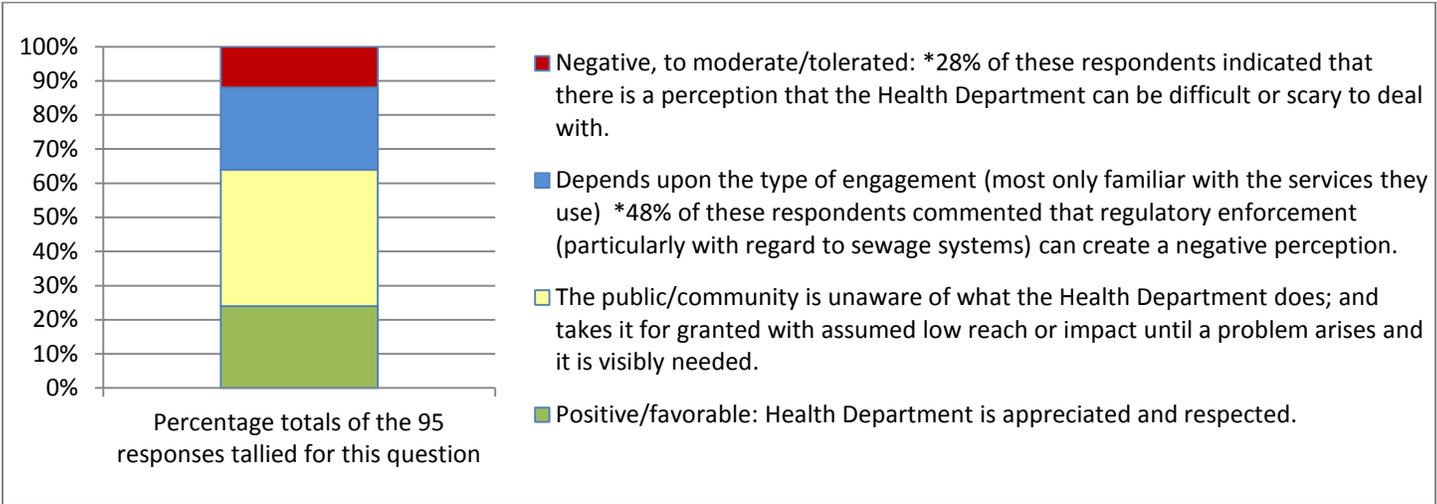


Question #17: What is your perception of the PCHD?



Negative	Overbearing, staff overwhelmed, poor communication between divisions, rude managers, building/location not welcoming, funding issues, limited services, lack of knowledge of community and resourced to let public know
Neutral	Lack of public awareness of health department activities and role (indicated by 50% of neutral respondents), limited resources
Improving	New leadership (indicated by 30% of improving respondents), staff attitudes, teamwork and collaboration, increased educational focus, community assessment
Positive	Knowledgeable, dedicated, caring staff (indicated by 51% of positive respondents), efficient with limited resources, quality and breadth of services, collaboration and partnerships, proactive, public outreach

Question #18: What do you think is the perception of the PCHD among the general public/throughout the community at large?



Question #19: If you could change anything about the PCHD, what would it be?



Appendix D:
Stakeholder Survey Development Timeline

PCCGHD 2016 Strategic Plan Stakeholder Survey Development Timeline

1/14-15/16: Meetings with Kevin, Joe, Becky, and Dr. Raub to develop survey questions.

1/28/16: Meeting with Kevin, Joe, and Becky to determine final draft survey questions/format

2/2/16: DRAFT survey emailed to SPC members (including all Board members) requesting they complete it and give any feedback by 2/5/16.

* As of 2/8/16: Received back **10** of the 19 distributed surveys, with **4** respondents providing additional comments regarding the survey wording/format/etc itself:

Comments:

- Some questions repetitive
- Rankings difficult because so many are important
- Ensure format for ranking is conducive (not blank small boxes, as draft)
- Possibly need wording changes/clarifications for Questions #9, #10 and #12
- For ranking Question #6: "Community engagement and transparency in plan and policy development or revision"... "Community engagement" and "transparency" are two different and separate ideas and people may want to rank them differently

3 respondents offered slight changes to the mission statement. (Question #3)

ALL answered "Yes" to Question #4 regarding the vision statement, with a comment added that it is "very good."

Of the four Questions (#s 7, 8, 9, and 15) that asked for three answers, the majority of respondents provided three answers in all cases, as follows:

Question #7: 70% gave 3, 20% gave 2, 10% gave 1

Question #8: 70% gave 3, 20% gave 2, 10% gave 4

Question #9: 40% gave 3, 30% gave 0 (no answers), 20% gave 1, 10% gave 2

Question #15: 60% gave 3, 30% gave 2, 10% gave 1

8 respondents did not answer or answered "none" to Question #13 (regarding programs/services not to offer), while only **1** respondent failed to give at least one answer to Question #14 (regarding new programs/services to add.)

All **10** respondents provided answers for Questions #16, #17, and #18.

Given the above results and feedback, it appeared the draft survey was largely ready to be implemented mostly "as is" with review for potentially rewording portions as identified. Formatting into SurveyMonkey would address proper structure.

2/9/16: Revised questions wording based on feedback where deemed appropriate, and implemented final survey into SurveyMonkey tool with changes. Planned to conduct internal "trial run" on survey to ensure proper functionality prior to launching externally via email contact and website/Facebook/Twitter dissemination.

2/11/16: Sent 653 "survey coming soon" emails, and after corrections to incorrect email addresses when possible, was left with a refined final list of 615 accurate stakeholder emails. Also ran internal staff "trial run" of survey for functionality... determined ready to distribute.

2/16/16: Launched survey via email to 615 stakeholders; and implemented on website, Facebook, and Twitter.

2/26/16: Closed survey, having collected 176 responses.

3/18/16, 3/24/16, 3/30/16: Internal Strategic Planning Committee met across 3 2-hour meetings to review, discuss, and categorize all stakeholder survey results data.

4/14/16: Kevin completed the "Portage County Combined General Health District Strategic Planning Stakeholder Survey Results Report – 2016"

4/19/16: The final report was distributed to all SPC members and the Board of Health.

Appendix E:
**Strategic Planning Committee meeting agendas, sign-in sheets,
minutes, and related exercise documents**



Strategic Plan Initial Meeting

Friday, October 30, 2015

1: 00 p.m. – 4:00 p.m.

PCHD Conference Room 201

Purpose: To begin laying the groundwork for the Strategic Plan development process

Attendees: Joseph J. Diorio, MPH, MS, RS, Health Commissioner
Mary Helen Smith, M.P.H., C.P.H., R.S., R.E.H.S., Director of Environmental Health
Rosemary Ferraro, M.S.N., R.N., Director of Nursing
Becky Lehman, M.P.H., Director of Health Education and Promotion
Dorothy Filing, Director of Administration
Debra Stall, Director of Finance
Kevin Watson, B.S., R.S., Accreditation Coordinator
Susie Forgacs, B.S.N., R.N., Public Health Nurse 1
Carol Pillsbury, B.B.A., Account Clerk 1
Amos Sarfo, M.S., R.S., Public Health Sanitarian 1

Please Read: NACCHO Developing a Local Health Department Strategic Plan: A How-To Guide

Please Bring: NACCHO Developing a Local Health Department Strategic Plan: A How-To Guide

Objectives:

1. Identify Stakeholders
 - a. Internal
 - b. External
2. Analyze Stakeholders to determine appropriate level of engagement in strategic planning process
 - a. Identify any actions that need to be taken to begin engagement
3. Establish Strategic Planning Committee
 - a. Health Commissioner
 - b. Division Directors
 - c. Accreditation Coordinator
 - d. Board of Health Members
 - e. Additional Staff Members
 - f. ???
4. Determine Data Sources to be used in development of the Strategic Plan
 - a. Available
 - b. Needed
5. Develop a Project Plan and establish appropriate timelines

Additional Discussion / Plan Next Meeting



Portage County Combined General Health District

MINUTES

Strategic Plan Meeting

October 30, 2015

ATTENDEES: Joseph Diorio, MPH, MS, RS, Health Commissioner; Mary Helen Smith, MPH, CPH, RS, REHS, Director of Environmental Health; Rosemary Ferraro, MSN, RN, Director of Nursing; Becky Lehman, MPH, Director of Health Education and Promotion; Dorothy Filing, Director of Administration; Debra Stall, Director of Finance; Kevin Watson, BS, RS, Accreditation Coordinator; Carol Pillsbury, BBA, Account Clerk 1; Amos Sarfo, MS, RS, Public Health Sanitarian 1; Susan Forgacs, RN, BSN, Public Health Nurse 1

Facilitator - Kevin Watson, BS, RS, Accreditation Coordinator

Objectives	
<p>Preliminaries</p>	<p>All committee members received a copy of <i>“Developing a Local Health Department Strategic Plan: A How-To Guide”</i> created by NACCHO.</p> <p>Discussion was held previously at a directors’ meeting regarding board presence on the planning committee. Joe will ask board members who wants to be involved. Several options were discussed: Committee meets and Joe reports to board for feedback; interested board members could attend meetings; or the possibility of having some meetings in the evening to accommodate board member schedules.</p> <p>Committee reviewed Module I in How-To Guide <i>“Exploring Strategic Planning for Local Health Departments”</i> and completed Worksheet 1 <i>“Assessing the Readiness of the LHD for Strategic Planning”</i> (attached).</p>
<p>Identify Stakeholders (Internal and External); Analyze Level of Engagement</p>	<p>Committee moved on to Module II in How-To Guide <i>“Laying the Groundwork for Strategic Planning”</i>. As a group identified Stakeholders and analyzed the interest and influence they may have on the health department.</p> <p>All members of the health department (Board, Directors, Managers and Front-line staff) were identified as internal stakeholders.</p> <p>Committee began identifying external stakeholders by using list from the community health assessment stakeholders; others were identified and added by committee members. See Worksheet 2 <i>“Identifying Stakeholders and Their Role”</i> for the list of external stakeholders. Decided that the action required would be that all stakeholders who were analyzed as Promoter, Defender, or Latent will be surveyed; the due date to be determined.</p>
<p>Establish Strategic Planning Committee</p>	<p>Committee will consist of those present today as well as Katherine Holtz, B.S., Public Health Educator HIV; and Joe will contact board for their degree of participation on committee.</p>
<p>Determine Data</p>	<p>Available - Community Health Assessment; Staff competency assessment.</p>





Portage County Combined General Health District

MINUTES

Strategic Plan Meeting
October 30, 2015

Sources	Needed – Surveys of stakeholders; SWOC (Strengths, Weaknesses, Opportunities, and Challenges) Analysis of HD
Develop Project Plan and Timeline	Kevin distributed a Gantt Chart timeline spreadsheet with tasks to be accomplished. The scheduling of a timeline was tabled until next meeting.
Assignments	<ul style="list-style-type: none"> • Joe to contact board regarding participation • Next committee meeting date to be determined after Joe’s discussions with board • Division directors to complete Worksheets 5 & 6 for next meeting; Becky to convert PDF file to Word and send to directors • All members to read Module III for next meeting • Dorothy to create a file on F Drive: Data: Strategic Plan for the worksheets and minutes. • Becky to include information in department newsletter regarding the definition of a strategic plan, including the value, how it would be used, and that it is not <u>just</u> for accreditation. She will also list committee members who need to be prepared to report progress to staff.
Next Steps	<ul style="list-style-type: none"> • Need to review / create the Health Department’s Mission Statement, Vision, and Values. • Need to develop stakeholder survey – internal and external





Portage County Combined General Health District

AGENDA

Strategic Plan Meeting

Tuesday, November 17, 2015

2: 00 p.m. – 3:30 p.m.

Community Room #101, 705 Oakwood St., First Floor, Ravenna, OH 44266

Purpose: To continue laying the groundwork for the Strategic Plan development process

Attendees: Joseph J. Diorio, MPH, MS, RS, Health Commissioner
Mary Helen Smith, M.P.H., C.P.H., R.S., R.E.H.S., Director of Environmental Health
Rosemary Ferraro, M.S.N., R.N., Director of Nursing
Becky Lehman, M.P.H., Director of Health Education and Promotion
Dorothy Filing, Director of Administration
Debra Stall, Director of Finance
Kevin Watson, B.S., R.S., Accreditation Coordinator
Susie Forgacs, B.S.N., R.N., Public Health Nurse 1
Carol Pillsbury, B.B.A., Account Clerk 1
Amos Sarfo, M.S., R.S., Public Health Sanitarian 1
Katherine Holtz, B.S., Public Health Educator HIV

Please Read: NACCHO Developing a Local Health Department Strategic Plan: A How-To Guide

Please Bring: NACCHO Developing a Local Health Department Strategic Plan: A How-To Guide
Development Timeline Chart
Completed Worksheets 5 & 6 (Directors)

Objectives:

1. Review, discuss, and clarify Formal & Informal Mandates as provided by the Directors
2. Review Worksheet 3 and discuss accuracy & any additional data available or needed
3. Review list of stakeholders who will be surveyed & work toward compiling complete contact person and email address information
4. Develop Process Timeline

Additional Discussion / Plan Next Meeting/Assignments



Strategic Plan Meeting
November 17, 2015

ATTENDEES: Joseph Diorio, MPH, MS, RS, Health Commissioner; MaryHelen Smith, MPH, CPH, RS, REHS, Director of Environmental Health; Rosemary Ferraro, MSN, RN, Director of Nursing; Becky Lehman, MPH, Director of Health Education and Promotion; Dorothy Filing, Director of Administration; Debra Stall, Director of Finance; Kevin Watson, BS, RS, Accreditation Coordinator; Carol Pillsbury, BBA, Account Clerk 1; Amos Sarfo, MS, RS, Public Health Sanitarian 1; Susan Forgacs, RN, BSN, Public Health Nurse 1; Katherine Holtz, BS, Public Health Educator HIV

Facilitator - Kevin Watson, BS, RS, Accreditation Coordinator

Objectives	
Formal and Informal Mandate review	Directors to forward completed worksheets 5 & 6 to Dorothy by Friday, November 20. Dorothy will compile into one document that will be placed in F Drive: Strategic Plan/Documents/Organizational Mandates folder. Committee members to review prior to next meeting.
Worksheet 3: Assessing Data Needs	<p>Kevin updated this worksheet with input from Karen Towne. Several items were added under the "Data Readily Accessible" column. Committee members are to place any electronic data identified into the F Drive: Strategic Plan/Assessing Data Needs folder. Dorothy is to develop a workforce profile based on personnel files that will look at future staffing needs based on potential retirements. Deb to submit copy of the 2014 annual report to ODH and the 2016 budget when complete. Many items discussed are also available in the PCHD Annual Report – various audits or surveys throughout the year; number of environmental inspections; number of nursing clinics; etc. Also will include the cost methodology for food programs (short form).</p> <p>In the "Data to Compile" column – need the total number of restaurants, pools, campgrounds.</p> <p>In "Data to Collect" column – HDIS data for tracking environmental hours.</p>
Stakeholders List	The stakeholder list was completed at the 10/30/15 meeting. It will be placed in the F Drive: Strategic Plan folder. Committee members are to review and update list with email addresses and contact names if known.
Process Timeline	Much discussion on timeline. Plan to have first page (through develop and communicate vision, mission, and values) completed by the end of the year. Want to have survey ready to send after the beginning of the year. Kevin will update spreadsheet for members to review.
Next Meeting	Will work on developing Values, Mission, and Vision statements. Date to be determined based on board members' schedules. Will probably be the first or second week of December, in the evening. Kevin will be out of town, so Becky will cover for him.
Assignments	<ul style="list-style-type: none"> • All committee members to: <ul style="list-style-type: none"> ○ Add to stakeholder contact list information as able ○ Read Module 3



Portage County Combined General Health District

MINUTES

Strategic Plan Meeting
November 17, 2015

	<ul style="list-style-type: none">○ Complete Worksheets 7, 8, and 9● Directors – to finalize mandates for their department and send to Dorothy● Kevin:<ul style="list-style-type: none">○ Email blank Worksheets 7, 8, and 9 to committee○ Update Worksheet 3 with the new additions○ Add dates to process timeline● Becky - Check to see if a link to the survey can be placed on the website when ready.
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Portage County Combined General Health District

AGENDA

Strategic Planning Committee Meeting

Thursday, December 3, 2015

6: 00 p.m. – 8:00 p.m.

Community Room #101, 705 Oakwood St., First Floor, Ravenna, OH 44266

Purpose: To develop Portage County Combined General Health District’s Values, Mission, & Vision Statements

Attendees: Robert Howard, Board of Health Vice-President
Howard Minott, Board of Health Member
Lucy Ribelin, Board of Health Member
Joseph J. Diorio, MPH, MS, RS, Health Commissioner
Mary Helen Smith, M.P.H., C.P.H., R.S., R.E.H.S., Director of Environmental Health
Rosemary Ferraro, M.S.N., R.N., Director of Nursing
Becky Lehman, M.P.H., Director of Health Education and Promotion
Dorothy Filing, Director of Administration
Debra Stall, Director of Finance
Susie Forgacs, B.S.N., R.N., Public Health Nurse 1
Carol Pillsbury, B.B.A., Account Clerk 1
Amos Sarfo, M.S., R.S., Public Health Sanitarian 1
Katherine Holtz, B.S., Public Health Educator HIV

Please Read: NACCHO Developing a Local Health Department Strategic Plan: A How-To Guide - Module III

Please Bring: NACCHO Developing a Local Health Department Strategic Plan: A How-To Guide
Completed Worksheets: 7, 8, & 9

Objectives:

1. Review, discuss, and clarify Formal & Informal Mandates
 2. Review & discuss Worksheet 7, and develop Organizational Values Statement
 3. Review & discuss current Mission Statement & Worksheet 8, and revise as needed to develop a clearly defined and accurate Mission Statement
 4. Review & discuss Worksheet 9, and develop Vision Statement
-

Additional Discussion / Plan Next Meeting/Assignments

MEETING SIGN-IN SHEET

Project: Strategic Planning

Meeting Date: December 3, 2015

Facilitator: Joe Diorio

Place/Room: 1st Floor Conference Room

Name & Position	E-Mail
Dorothy Filing - Dir	dfiling@portageco.com
Carol Pillsbury - Clerk	cpillsbury@portageco.com
Rose Ferraro	Rferraro@portageco.com
Debra Stall	dstall@portageco.com
Mary Helen	mhelen@portageco.com
JOSEPH DIORIO	
Bob Howard	merruhoward@gmail.com
Lucy Ribelin	LUCY RIBELIN@VAHCO.COM
Kath Holtz	Kath KHoltz@portageco.com
Howard Minott	hd minott@aol.com
Betsy Lehman	blehman@portageco.com



Strategic Plan Meeting
December 3, 2015

ATTENDEES: Joseph Diorio, MPH, MS, RS, Health Commissioner; Mary Helen Smith, MPH, CPH, RS, REHS, Director of Environmental Health; Rosemary Ferraro, MSN, RN, Director of Nursing; Becky Lehman, MPH, Director of Health Education and Promotion; Dorothy Filing, Director of Administration; Debra Stall, Director of Finance; Carol Pillsbury, BBA, Account Clerk 1; Katherine Holtz, BS, Public Health Educator HIV; Bob Howard, B of H Vice President; Lucy Ribelin, B of H Member; Dr. Howard Minott, B of H Member

Facilitator – Joseph Diorio, Health Commissioner

Objectives	
Overview	Joe gave an overview of the previous strategic planning meetings; reviewing worksheets 5 and 6.
Worksheet 7: Developing Organizational Values Statements	Attendees were asked to identify and write their values, beliefs, and guiding principles (one word each) on post-its. The top five value terms from staff surveys conducted by the health commissioner were also used. These post-its were then put into a consensus with the top 5 values identified. Through a rigorous process of discussion of terms and definitions, by consensus, Communication, Innovation, Ethical, Dedication, and Accountability were chosen as the Values for the health department. (see Strategic Planning Committee Values Exercise)
Worksheet 8: Developing Mission Statement	Attendees reviewed the current PCCGHD Mission Statement. The key terms for Public Health-Prevent, Protect, Promote-were all used. The group concluded that the use of additional words was needed: Assure, Empower, Educate. The group concluded that the focus of the mission statement needed to include the health of the community as well as the individual. Several drafts were created and discussed. At the conclusion of the meeting, it was decided that the completion of developing a mission statement would be done at the next meeting. (see Strategic Planning Committee Missions Exercise)
Next Meeting	Complete Worksheet 8 and 9. January 5, 2016, FCS Community Room on the 1 st floor, 5pm-7pm.
Assignments	<ul style="list-style-type: none"> • All committee members to: <ul style="list-style-type: none"> ○ Complete Worksheets 8, and 9 ○ Brainstorm possible Mission Statements using the discussions.

Portage County Combined General Health District
Strategic Planning Committee Values Exercise

The following Values were identified by the Strategic Planning Committee on December 3, 2015. An affinity diagram was used and consensus building exercise was also incorporated. The top five value terms (Communication, Cooperation, Fairness, Honesty, Teamwork) from the survey conducted by the Health Commissioner were also incorporated.

1. Accessibility
2. Accountability+2
3. Accuracy
4. Collaboration+2
5. Commitment
6. Communication+3
7. Consistent
8. Cooperation
9. Credibility
10. Dedication+2
11. Dignity
12. Diverse+1
13. Education
14. Efficient
15. Equality+2
16. Ethical
17. Evidence Based
18. Fairness+1
19. Flexible
20. Helpful
21. Honesty+1
22. Innovative +1
23. Integrity+3
24. Learning
25. Professionalism+1
26. Progressive
27. Respect+3
28. Responsibility
29. Responsive
30. Service+1
31. Teamwork
32. Transparency
33. Trust+1

After some discussion by the Strategic Planning Committee, the most identified Value was illustrated on a separate page. These values were the following:

1. Communication
2. Innovation
3. Leadership
4. Respect
5. Collaboration
6. Ethical
7. Dedication
8. Accountability

By consensus, these Values were then voted on to choose the top five by the Strategic Planning Committee. The following represent the chosen Values.

1. Communication
2. Innovative
3. Ethical
4. Dedication
5. Accountability

Portage County Combined General Health District

Strategic Planning Committee Mission Statement Exercise

Current Mission Statement:

~~The mission of the Portage County Combined General Health District is to protect the health, safety and well being of the citizens of Portage County Combined General Health District to promote health, to prevent disease and to assure that all persons are provided a better quality of life and increased longevity.~~

A) Proposed Mission Statement:

Promoting public health, preventing disease, protecting the environment through leadership and partnership to increase the quality of life for all residents of Portage County.

B) Proposed Mission Statement:

Promote and protect the personal and environmental health of Portage County residents.

C) Proposed Mission Statement:

To promote and protect personal community and environmental health in Portage County, to prevent and respond to disease and illness, and to empower people and communities to achieve optimal health.

~~To protect the health, safety, and well being of the citizens of Portage County; to promote health; to prevent disease and to assure that (they) are provided a better quality of life and increased longevity.~~

To protect, promote, and advance the personal, community, and environmental health in Portage County through leadership, partnership, and education; to prevent and respond to disease and illness; and to assist and empower Portage County residents toward achieving optimal health and thus an increased quality of life.



Strategic Planning Committee Meeting

Tuesday, January 5, 2016

5:00 p.m. – 7:00 p.m.

Community Room #101, 705 Oakwood St., First Floor, Ravenna, OH 44266

Purpose: To complete development of PCCGHD's Values, Mission, & Vision Statements

Attendees: Robert Palmer, Board of Health President
Robert Howard, Board of Health Vice-President
Lucy Ribelin, Board of Health Member
Joseph J. Diorio, MPH, MS, RS, Health Commissioner
Mary Helen Smith, M.P.H., C.P.H., R.S., R.E.H.S., Director of Environmental Health
Rosemary Ferraro, M.S.N., R.N., Director of Nursing
Becky Lehman, M.P.H., Director of Health Education and Promotion
Dorothy Filing, Director of Administration
Debra Stall, Director of Finance
Kevin Watson, B.S., R.S., Accreditation Coordinator
Susie Forgacs, B.S.N., R.N., Public Health Nurse 1
Carol Pillsbury, B.B.A., Account Clerk 1
Amos Sarfo, M.S., R.S., Public Health Sanitarian 1
Katherine Holtz, B.S., Public Health Educator HIV

Please Read: NACCHO Developing a Local Health Department Strategic Plan: A How-To Guide - Module III

Please Bring: NACCHO Developing a Local Health Department Strategic Plan: A How-To Guide
Completed Worksheets: 8 & 9
Suggestions for alteration to wording of Values explanations, and Mission Statement

Objectives:

1. Review, discuss, and finalize explanation language for determined Values
 2. Review, discuss, and finalize Mission Statement
 3. Review & discuss Worksheet 9, and develop Vision Statement
-

Additional Discussion / Plan Next Meeting/Assignments



PORTAGE COUNTY HEALTH DEPARTMENT MEETING SIGN-IN SHEET

Project/Purpose: Strategic Planning

Date/Time: January 5, 2016 / 5:00 PM

Facilitator: Kevin Watson

Location: 705 Oakwood St., Ravenna
1st Floor Conference Room

Name and Title	PCHD Division or Organization	Contact Info (if guest)
Kevin Watson, Accreditation Coordinator	Health Ed.	
Becky Lehman, Dir. DHE	Health Ed	
JOSEPH DIOMIO	HC	
Carol Pillsbury, Clerk	Finance	
Dorothy Filing, Dir. AP	Admin	
Lucy Kihelin	Board	
Bob Palmer	Board	
Rose Ferraro	Nursing Division	
Sue Forgas	Nursing	
Mary Helen Smith	EH	
Oubra Stall	Finance	
Amos Sarfo	EH	



Strategic Plan Meeting

January 5, 2016

ATTENDEES: Robert Palmer, Board of Health President; Lucy Ribelin, Board of Health Member; Joseph Diorio, MPH, MS, RS, Health Commissioner; Mary Helen Smith, MPH, CPH, RS, REHS, Director of Environmental Health; Rosemary Ferraro, MSN, RN, Director of Nursing; Becky Lehman, MPH, Director of Health Education and Promotion; Dorothy Filing, Director of Administration and Personnel; Debra Stall, Director of Finance; Kevin Watson, BS, RS, Accreditation Coordinator; Carol Pillsbury, BBA, Account Clerk 1; Amos Sarfo, MS, RS, Public Health Sanitarian 1; Susan Forgacs, RN, BSN, Public Health Nurse

Facilitator – Kevin Watson, Accreditation Coordinator

Objectives	
Review, Discuss and Finalize Core Values	Five Core Values were selected by the committee in the December meeting. Kevin attached some definitions to these values. Discussion was held regarding when and how the Core Values with and without the definitions would be used in the future. The committee made some changes to the definitions – making all verbs in active tense versus future tense; using “We” instead of “Portage County Health Department”.
Review, Discuss and Finalize Mission Statement	There were three possible Mission Statements proposed at the December meeting and three additional proposed by committee members during this meeting. There was much discussion regarding the proposed statements – what message did we intend to share; the best words to use; the order of the items listed, especially in regards to Prevent, Promote, Protect; the correct sentence structure and punctuation. Several examples of other health departments’ mission statements were shared. After several edits, the committee voted on the following: “To promote public health, to prevent disease, and to protect the environment; through leadership and partnership; to empower individuals and communities to achieve optimal health.”
Review and discuss Worksheet 9, and develop Vision Statement	Several committee members proposed potential Vision Statements. Discussion was held regarding the intent of the Vision Statement; the length of the statement and how it would be used to promote the health department. The following Vision Statement was chosen: “Healthy People; Health Environments; Healthy Communities”.
Next Meeting	Date and time to be determined. Will meet after survey data has been collected.
Assignments	<ul style="list-style-type: none"> • Kevin and Joe to develop survey tool • Draft survey questions will be emailed to committee for input • Finalized survey will be sent to identified internal and external stakeholders; will be using Survey Monkey



Strategic Planning Committee Meeting

Friday, March 18, 2016

1:00 p.m. – 3:00 p.m.

PCHD Conference Room #204, 705 Oakwood St., First Floor, Ravenna, OH 44266

Purpose: To review and summarize stakeholder survey data

Attendees: Joseph J. Diorio, MPH, MS, RS, Health Commissioner
Mary Helen Smith, M.P.H., C.P.H., R.S., R.E.H.S., Director of Environmental Health
Rosemary Ferraro, M.S.N., R.N., Director of Nursing
Becky Lehman, M.P.H., Director of Health Education and Promotion
Dorothy Filing, Director of Administration
Debra Stall, Director of Finance
Kevin Watson, B.S., R.S., Accreditation Coordinator
Susie Forgacs, B.S.N., R.N., Public Health Nurse 1
Carol Pillsbury, B.B.A., Account Clerk 1
Amos Sarfo, M.S., R.S., Public Health Sanitarian 1
Katherine Holtz, B.S., Public Health Educator HIV

Objectives:

1. Review, discuss, summarize, and condense stakeholder survey data
2. Review and revise available data (worksheet 3)

Additional Discussion / Plan Next Meeting/Assignments



Strategic Plan Meeting
March 18, 2016

ATTENDEES: Joseph Diorio, MPH, MS, RS, Health Commissioner; Mary Helen Smith, MPH, CPH, RS, REHS, Director of Environmental Health; Rosemary Ferraro, MSN, RN, Director of Nursing; Becky Lehman, MPH, Director of Health Education and Promotion; Dorothy Filing, Director of Administration and Personnel; Debra Stall, Director of Finance; Kevin Watson, BS, RS, Accreditation Coordinator; Carol Pillsbury, BBA, Account Clerk 1; Katherine Holtz, BS, Public Health Educator HIV; Susan Forgacs, RN, BSN, Public Health Nurse

Facilitator – Kevin Watson, Accreditation Coordinator

Objectives	
<p>Review, Discuss, Summarize, and Condense stakeholder survey data</p>	<ul style="list-style-type: none"> • Committee members reviewed survey results. • Kevin reported that he had adjusted the response numbers and percentages of Question 1 (Re: Respondent's role) based on the respondent's reply to the "other category". 176 people answered this question; 0 people skipped <ul style="list-style-type: none"> ○ Board Member – 3 (1.7%) ○ Staff member – 28 (15.9%) ○ Local gov't rep – 30 (17.1%) ○ Community stakeholder – 30 (17.1%) ○ Licensed/registered entity – 78 (44.3%) ○ Other – 7 (4%) • Question #2 regarding Mission Statement – 158 of the 172 (92%) stated that it adequately conveyed the purpose of PCHD; 10 suggestions were written and reviewed by committee • Question #4 asked if vision relevant and meaningful to guiding PCHD future – 162 out of 170 (95%) said yes; 6 suggestions were made and reviewed • Question #6 asked to envision PCHD five years from now and to rank a list of 10 items for what would be important to be known and respected for. From the most important to the least important: <ul style="list-style-type: none"> ○ Highly qualified personnel and expert public health leadership and authority ○ Effective monitoring, identification, and assessment of community health issues ○ Efficient investigation and response to health issues ○ Educational outreach and health promotion ○ Linking people to health services and assuring provision of health care ○ Strong participation in community partnerships



Strategic Plan Meeting
March 18, 2016

	<p>and collaborations</p> <ul style="list-style-type: none"> ○ Quality, effective, accessible and diverse services ○ Regulatory authority and enforcement ○ Plan and policy development/revision with transparent, accountable community engagement ○ Innovation and research into new public health insights and solutions to issues <ul style="list-style-type: none"> ● After weighing the scores the range from top to bottom was 4.5-6.6; indicating the priorities are really close and that the respondents indicated that all services were important. ● The 10 choices align with the 10 Essential Services ● MaryHelen wants a fiscal goal to also be included ● Question #7 asked for identify three strengths of PCHD; 91 people answered this question and listed at least one strength; 85 people skipped this question <ul style="list-style-type: none"> ○ Began categorizing the responses; will continue next meeting.
Next Meeting	March 24, 2016
Assignments	<ul style="list-style-type: none"> ● Review survey results



Strategic Planning Committee Meeting

Thursday, March 24, 2016

8:30 a.m. – 10:30 a.m.

PCHD Conference Room #204, 705 Oakwood St., First Floor, Ravenna, OH 44266

Purpose: To continue to review and summarize stakeholder survey data

Attendees: Joseph J. Diorio, MPH, MS, RS, Health Commissioner
Mary Helen Smith, M.P.H., C.P.H., R.S., R.E.H.S., Director of Environmental Health
Rosemary Ferraro, M.S.N., R.N., Director of Nursing
Becky Lehman, M.P.H., Director of Health Education and Promotion
Dorothy Filing, Director of Administration
Debra Stall, Director of Finance
Kevin Watson, B.S., R.S., Accreditation Coordinator
Susie Forgacs, B.S.N., R.N., Public Health Nurse 1
Carol Pillsbury, B.B.A., Account Clerk 1
Amos Sarfo, M.S., R.S., Public Health Sanitarian 1
Katherine Holtz, B.S., Public Health Educator HIV

Please Bring: SurveyMonkey Strategic Planning stakeholder survey results

Objectives:

1. Review, discuss, summarize, and condense stakeholder survey data
2. Review and revise available data (worksheet 3)

Additional Discussion / Plan Next Meeting/Assignments



Portage County Combined General Health District

MINUTES

Strategic Plan Meeting
March 24, 2016

ATTENDEES: Mary Helen Smith, MPH, CPH, RS, REHS, Director of Environmental Health; Becky Lehman, MPH, Director of Health Education and Promotion; Dorothy Filing, Director of Administration and Personnel; Debra Stall, Director of Finance; Kevin Watson, BS, RS, Accreditation Coordinator; Carol Pillsbury, BBA, Account Clerk 1; Katherine Holtz, BS, Public Health Educator HIV; Amos Sarfo, MS, RS, Public Health Sanitarian 1; Susan Forgacs, RN, BSN, Public Health Nurse

Facilitator – Kevin Watson, Accreditation Coordinator

Objectives	
Review, Discuss, Summarize, and Condense stakeholder survey data	<ul style="list-style-type: none">• Question #7 asked for identify three strengths of PCHD; 91 people answered this question and listed at least one strength; 85 people skipped this question<ul style="list-style-type: none">○ Continued categorizing the responses• Question #8 – Identify three areas that could be approved at PCHD; 81 people answered with at least one response and 95 people skipped<ul style="list-style-type: none">○ The committee categorized the responses• Question #10 asked for three opportunities or available resources outside of PCHD; 57 people listed at least one suggestion and 119 people skipped this questions<ul style="list-style-type: none">○ The committee categorized the responses
Next Meeting	March 30, 2016
Assignments	<ul style="list-style-type: none">• Review survey results



Strategic Planning Committee Meeting

Wednesday, March 30, 2016

2:00 p.m. – 4:00 p.m.

PCHD Conference Room #204, 705 Oakwood St., First Floor, Ravenna, OH 44266

Purpose: To continue to review and summarize stakeholder survey data

Attendees: Joseph J. Diorio, MPH, MS, RS, Health Commissioner
Mary Helen Smith, M.P.H., C.P.H., R.S., R.E.H.S., Director of Environmental Health
Rosemary Ferraro, M.S.N., R.N., Director of Nursing
Becky Lehman, M.P.H., Director of Health Education and Promotion
Dorothy Filing, Director of Administration
Debra Stall, Director of Finance
Kevin Watson, B.S., R.S., Accreditation Coordinator
Susie Forgacs, B.S.N., R.N., Public Health Nurse 1
Carol Pillsbury, B.B.A., Account Clerk 1
Amos Sarfo, M.S., R.S., Public Health Sanitarian 1
Katherine Holtz, B.S., Public Health Educator HIV

Please Bring: SurveyMonkey Strategic Planning stakeholder survey results

Objectives:

1. Review, discuss, summarize, and condense stakeholder survey data
2. Review and revise available data (worksheet 3)

Additional Discussion / Plan Next Meeting/Assignments



Strategic Plan Meeting
 March 30, 2016

ATTENDEES: Joseph Diorio, MPH, MS, RS, Health Commissioner; Rosemary Ferraro, MSN, RN, Director of Nursing; Becky Lehman, MPH, Director of Health Education and Promotion; Dorothy Filing, Director of Administration; Debra Stall, Director of Finance; Katherine Holtz, BS, Public Health Educator HIV; Kevin Watson, BS, RS, Accreditation Coordinator; Susan Forgacs, RN, BSN, Public Health Nurse

Facilitator – Kevin Watson, Accreditation Coordinator

Objectives	
<p>Review, Discuss, Summarize, and Condense stakeholder survey data</p>	<ul style="list-style-type: none"> • Question #10 asked respondents to pick top 3 choices out of eleven listed of the most critical issues or challenges that PCHD will need to address in the next 3-5 years; 113 people answered and 63 skipped • The rankings from highest to lowest: <ul style="list-style-type: none"> ○ Mental health, addiction, and substance abuse (significantly higher response rate than other items) ○ Environmental concerns ○ Communicable diseases ○ Public health funding challenges ○ Unhealthy lifestyles ○ Health disparities ○ Limited access to and awareness of health care services ○ Low priority on preventative health ○ Chronic diseases AND Unemployment and poverty – TIED for 9th place ○ Cancer • Question #11 – asked to rank nine strategic plans/goals that should be addressed in the next 3-5 years; 106 people answered and 70 skipped • From highest to lowest: <ul style="list-style-type: none"> ○ Further educational outreach and community engagement ○ Strengthened and increased community partnerships ○ Better understanding of the Portage County community and its health needs ○ Grant funding/pursuits ○ Increased environmental protection activities ○ Intensified emergency response initiatives ○ Greater focus on sustainability of services/staff ○ Expansion of services ○ Enhanced technology • “Better understanding of Portage County community



Portage County Combined General Health District

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	<p>and its health needs" ranked third for overall scores, but was chosen by more people as the most important. (25 out of 106)</p> <ul style="list-style-type: none">• Questions #12 asked if respondent had utilized PCHD services in the last year; 106 people answered and 70 skipped<ul style="list-style-type: none">○ 55 people (52%) answered yes○ Committee reviewed listed programs and the person's experience○ The 2 most common services listed were immunizations and environmental inspections/services
Next Meeting	To be announced
Assignments	<ul style="list-style-type: none">• None



Strategic Planning Committee Meeting

Thursday, May 26, 2016

9:00 a.m. – 11:00 a.m.

PCHD Conference Room #204, 705 Oakwood St., First Floor, Ravenna, OH 44266

Purpose: To complete PCCGHD's SWOC Analysis and determine strategic priorities

Attendees: Robert Howard, Board of Health Member
Lucy Ribelin, Board of Health Member
Joseph J. Diorio, MPH, MS, RS, Health Commissioner
Mary Helen Smith, MPH, CPH, RS, REHS, Director of Environmental Health
Rosemary Ferraro, MSN, RN, Director of Nursing
Becky Lehman, MPH, Director of Health Education and Promotion
Dorothy Filing, Director of Administration
Debra Stall, Director of Finance
Kevin Watson, BS, RS, Accreditation Coordinator
Susie Forgacs, BSN, RN, Public Health Nurse 1
Carol Pillsbury, BBA, Account Clerk 1
Amos Sarfo, MS, RS, Public Health Sanitarian 1
Katherine Holtz, BS, Public Health Educator HIV

Objectives:

1. Review data and complete SWOC (Strengths, Weaknesses, Opportunities, Challenges) analysis
2. Consider and discuss external trends, events, or other factors that may impact community health or the health department
3. Review/discuss Key Support Functions (Information Management, Workforce Development, Communications, Financial Stability)
4. Identify, prioritize, and select organizational strategic priorities

Additional Discussion / Plan Next Meeting/Assignments



PORTAGE COUNTY HEALTH DEPARTMENT MEETING SIGN-IN SHEET

Project/Purpose: Strategic Planning Committee

Date/Time: 5-26-2016 / 9:00 am

Facilitator: Kevin Watson

Location: PCHD Conference Room #204

Name and Title	PCHD Division or Organization	Contact Info (if guest)
Kevin Watson, Accreditation Coordinator	Health Ed	
Kat Holtz	Health Ed	
Carol Pillsbury	Finance	
Dorothy Filing	Admin/Pers	
Rose Ferrara	Nsg.	
Susie Forgas	Nursing	
Debra Stall	Finance	
JOSEPH DIORIO		
Bob Howard	Board	
LUCY RIBELIN	BOARD	
Becky Lehman	Health Ed	
Mary Helenbrink	EH	
Amos Sarfo	EH	



Strategic Plan Meeting
May 26, 2016

ATTENDEES: Joseph Diorio, MPH, MS, RS, Health Commissioner; Rosemary Ferraro, MSN, RN, Director of Nursing; Becky Lehman, MPH, Director of Health Education and Promotion; Mary Helen Smith, MPH, CPH, RS, REHS, Director of Environmental Health; Dorothy Filing, Director of Administration; Debra Stall, Director of Finance; Katherine Holtz, BS, Public Health Educator HIV; Carol Pillsbury, BBA, Account Clerk 1; Bob Howard, B of H Member; Lucy Ribelin, B of H Member; Kevin Watson, BS, RS, Accreditation Coordinator; Amos Sarfo, MS, RS, Public Health Sanitarian 1; Susan Forgacs, RN, BSN, Public Health Nurse

Facilitator – Kevin Watson, Accreditation Coordinator

Objectives	
<p>Review data and complete SWOC analysis</p>	<ul style="list-style-type: none"> • Kevin reminded the committee to update “Worksheet 3: Assessing Data Needs” as indicated; located on N drive: Strategic Plans • Kevin developed a SWOC (strengths, weaknesses, opportunities, and challenges) document based on the stakeholders’ responses; they are listed in order of how many surveyors chose that response <ul style="list-style-type: none"> ○ Committee spent most of the meeting reviewing, discussing and adding details as needed ○ Several common themes were noted; for example “Staff” was identified in each of the areas
<p>Consider and discuss external trends, events, or other factors that may impact health or the health department</p>	<ul style="list-style-type: none"> • Using numerous sources of information, Kevin developed a document that identifies other trends, events or factors impacting health in Portage County • The committee is asked to review this document and to forward any suggestions to Kevin
<p>Review/discuss Key Support Functions</p>	<ul style="list-style-type: none"> • There are four Key Support Functions identified by PHAB <ul style="list-style-type: none"> ○ Information Management ○ Workforce Development ○ Communications ○ Financial Stability • These are in addition to any identified strengths, weaknesses, challenges, and opportunities • The committee noted that these had been identified several times in the stakeholder survey responses and by committee members in discussion
<p>Identify, Prioritize, and select organizational strategic priorities</p>	<ul style="list-style-type: none"> • The committee members were asked to write down at least 5 strategic priorities based on the survey results, discussions, SWOC analysis, Key Support functions, and



Strategic Plan Meeting
May 26, 2016

	<p>personal experience</p> <ul style="list-style-type: none"> • These priorities were then grouped by type • These are the results: <ul style="list-style-type: none"> ○ Workforce Development – 13 votes ○ Communication, Education, Branding – 13 votes ○ IT – 12 votes ○ Fiscal considerations / funding – 11 votes ○ Access to care – 9 votes ○ Building Location, Access, Safety – 8 votes ○ Customer satisfaction – 5 votes ○ Quality Improvement – 3 votes ○ Policy & Procedure development – 2 votes ○ Expansion of services – 1 vote ○ Community relationships – 1 vote ○ Environmental concerns – 1 vote ○ Data Collection – 1 vote • The committee decided to focus on the top 5 results
Next Meeting	<ul style="list-style-type: none"> • To be announced
Assignments	<ul style="list-style-type: none"> • Review the External Trends and Key Support Functions documents, and forward any suggestions to Kevin • Consider how we should title the identified strategic priorities • Consider and begin to develop goals and objectives for each priority area



Strategic Planning Committee Meeting

Thursday, July 28, 2016

9:00 a.m. – 11:00 a.m.

PCHD Conference Room #204, 705 Oakwood St., First Floor, Ravenna, OH 44266

Purpose: To develop goals and objectives to support the identified strategic priorities

Attendees: Lucy Ribelin, Board of Health Member
Joseph J. Diorio, MPH, MS, RS, Health Commissioner
Mary Helen Smith, MPH, CPH, RS, REHS, Director of Environmental Health
Rosemary Ferraro, MSN, RN, Director of Nursing
Becky Lehman, MPH, Director of Health Education and Promotion
Debra Stall, Director of Finance
Kevin Watson, BS, RS, Accreditation Coordinator
Susie Forgacs, BSN, RN, Public Health Nurse 1
Carol Pillsbury, BBA, Account Clerk 1
Amos Sarfo, MS, RS, Public Health Sanitarian 1
Katherine Holtz, BS, Public Health Educator HIV

Objectives:

1. Review identified organizational strategic Priorities
2. Discuss and determine organizational-level Goals to support each of the Priorities
3. Discuss and determine measurable Objectives to support the identified Goals
4. Consider and discuss external trends, events, or other factors that may impact community health or the health department
5. Review/discuss Key Support Functions (Information Management, Workforce Development, Communications, Financial Stability)

Additional Discussion / Plan Next Meeting/Assignments



Strategic Plan Meeting
July 28, 2016

ATTENDEES: Joseph Diorio, MPH, MS, RS, Health Commissioner; Becky Lehman, MPH, Director of Health Education and Promotion; Mary Helen Smith, MPH, CPH, RS, REHS, Director of Environmental Health; Debra Stall, Director of Finance; Katherine Holtz, BS, Public Health Educator HIV; Carol Pillsbury, BBA, Account Clerk 1; Lucy Ribelin, B of H Member; Kevin Watson, BS, RS, Accreditation Coordinator; Amos Sarfo, MS, RS, Public Health Sanitarian 1; Susan Forgacs, RN, BSN, Public Health Nurse

Facilitator – Kevin Watson, Accreditation Coordinator

Objectives	
<p>Review identified organizational strategic Priorities</p>	<ul style="list-style-type: none"> • Committee members were sent a list of the identified priorities and were asked to come to the meeting with suggested goals and objectives for each priority: <ul style="list-style-type: none"> ○ Workforce development ○ Communication / Education ○ Information Technology ○ Fiscal ○ Access to Care
<p>Discuss and determine organizational-level Goals to support each of the Priorities</p>	<ul style="list-style-type: none"> • Several members had developed goals • The committee reviewed all the suggestions; it was decided to write each goal as a short statement, followed by a description or definition of what was intended. • The committee focused on writing at least one goal for each priority with emphasis on consistency of format and intent.
<p>Discuss and determine measurable Objectives to support the identified Goals</p>	<ul style="list-style-type: none"> • Reminded members that objectives must be SMART: <ul style="list-style-type: none"> ○ Specific ○ Measurable ○ Achievable ○ Relevant ○ Time-oriented • Use active tense verbs instead of past-tense verbs. • Much discussion on the progress measures vs. activities and how they relate to the objectives • Several objectives were discussed; will further develop at next meeting
<p>Consider and discuss external trends, events, or other factors that may impact community health or the health department</p>	<ul style="list-style-type: none"> • Did not get to this agenda item
<p>Review/discuss Key Support</p>	<ul style="list-style-type: none"> • Did not get to this agenda item



Strategic Plan Meeting
July 28, 2016

Functions (Information Management, Workforce Development, Communications, Financial Stability)	
Next Meeting	<ul style="list-style-type: none">• August 4, 2016
Assignments	<ul style="list-style-type: none">• Further consider development of (goals and) objectives for each priority area• Consider other factors and trends/ key support functions



Strategic Plan Meeting
August 4, 2016

ATTENDEES: Joseph Diorio, MPH, MS, RS, Health Commissioner; Becky Lehman, MPH, Director of Health Education and Promotion; Mary Helen Smith, MPH, CPH, RS, REHS, Director of Environmental Health; Dorothy Filing, Director of Administration; Debra Stall, Director of Finance; Katherine Holtz, BS, Public Health Educator HIV; Lucy Ribelin, B of H Member; Robert Howard, B of H Member; Kevin Watson, BS, RS, Accreditation Coordinator;
Facilitator – Kevin Watson, Accreditation Coordinator

Objectives	
<p>Discuss and determine organizational-level Goals and measurable Objectives to support Strategic Priority Five: Access to Care</p>	<ul style="list-style-type: none"> • Access to Care is also included in the Community Health Improvement Plan • Includes access to communities, populations, and physical locations • Discussion occurred regarding Goal. <ul style="list-style-type: none"> • Proposed Objective 5.1: Identify the clients within the health district that are lacking medical care by June 2017. <ul style="list-style-type: none"> ○ Discussion centered on activities and partners. • Proposed Objective 5.2: Identify resources and leverage opportunities to provide medical coverage to clients in need by June 2017 <ul style="list-style-type: none"> ○ Discussion focused on determining information on coverage, referral lists, and expansion and/or use of the MAC program. • Proposed Objective 5.3: Collaborate and partner with community stakeholders to promote medical services and expand health screenings by June 2017 <ul style="list-style-type: none"> ○ Rose offered comments that this was too restricted to the Nursing Division. • Proposed Objective 5.4: Promote, create awareness and direct referrals for clients to establish a medical home by September 2017 <ul style="list-style-type: none"> ○ Discussion revolved around medical homes, providers, and community referrals. • Access to Care Coalition and a Transportation Feasibility study were topics of discussion. • Proposed New Goal: Insure provision awareness and accessibility of health district services <ul style="list-style-type: none"> ○ Objective 1: Assure cultural competent services ○ Objective 2: Address social determinants ○ Objective 3: Ensure accessibility of services
<p>Next Meeting</p>	<p>To be decided</p>
<p>Assignments</p>	<ul style="list-style-type: none"> • Further consider development of (goals and) objectives for each priority area • Consider other factors and trends/ key support functions



Strategic Planning Committee Meeting

Wednesday, September 7, 2016

2:00 p.m. – 4:00 p.m.

PCHD Conference Room #204, 705 Oakwood St., First Floor, Ravenna, OH 44266

Purpose: To review final draft Strategic Plan

Attendees: Lucy Ribelin, Board of Health Member
Joseph J. Diorio, MPH, MS, RS, Health Commissioner
Rosemary Ferraro, MSN, RN, Director of Nursing
Becky Lehman, MPH, Director of Health Education and Promotion
Dorothy Filing, Director of Administration
Debra Stall, Director of Finance
Kevin Watson, BS, RS, Accreditation Coordinator
Susie Forgacs, BSN, RN, Public Health Nurse 1
Carol Pillsbury, BBA, Account Clerk 1
Amos Sarfo, MS, RS, Public Health Sanitarian 1
Katherine Holtz, BS, Public Health Educator HIV

Objectives:

1. Review and discuss draft Strategic Plan language for any needed changes
2. Review and discuss Goals and Objectives and associated timeframes for any needed adjustments.
3. Discuss next steps, and future implementation and SPC activities

Additional Discussion / Next Step



PORTAGE COUNTY HEALTH DEPARTMENT MEETING SIGN-IN SHEET

Project/Purpose: Strategic Planning Committee

Date/Time: 9-7-2016 / 2:00 pm

Facilitator: Kevin Watson

Location: PCHD Conference Room #204

Name and Title	PCHD Division or Organization	Contact Info (if guest)
Kevin Watson, Accreditation Coordinator	Health Ed.	kwatson@portageco.com
Becky Lehman, HB Director	HE	blehman@portageco.com
Susan Forgas	Nursing	sforgas@portageco.com
Kat Holtz	Health Ed	
Rosemary Ferraro	Nursing	
Carol Pillsbury	Finance	
Dorothy Filing	Adm/HR	
JOSEPH DIOLIO		
Kendra Steel	Finance	
Emily Reiblich		
Hans Safo	Env.	



Portage County Combined General Health District

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Strategic Plan Meeting
September 7, 2016

ATTENDEES: Joseph Diorio, MPH, MS, RS, Health Commissioner; Rosemary Ferraro, RN, MSN, Director of Nursing; Becky Lehman, MPH, Director of Health Education and Promotion; Dorothy Filing, Director of Administration; Debra Stall, Director of Finance; Katherine Holtz, BS, Public Health Educator HIV; Carol Pillsbury, BBA, Account Clerk 1; Amos Sarfo, MS, RS, Public Health Sanitarian 1; Lucy Ribelin, B of H Member; Kevin Watson, BS, RS, Accreditation Coordinator; Susan Forgacs, RN, BSN, Public Health Nurse Facilitator – Kevin Watson, Accreditation Coordinator

Objectives	
<p>Review and discuss draft Strategic Plan language for any needed changes</p>	<ul style="list-style-type: none"> • Joe thanked Kevin for assembling the plan into the current concise format that meets accreditation standards. • Committee members had reviewed the final draft of the plan. No noted changes were requested initially. After reviewing some of the goals, it was suggested to define the term “Governing Entity” at the beginning of the document. Kevin will edit the top of page 2; after “Board of Health”: he will add “(Governing Entity)”.
<p>Review and discuss Goals and Objectives and associated timeframes for any needed adjustments</p>	<ul style="list-style-type: none"> • 2.2.3 Timeline – add “ongoing” • 2.2.7 Timeline – add “ongoing” • 3.5 Objective change to September 1, 2016 and amend 3.5.1 timeline to 9/30/2016 • 4.1 Objective – much discussion on seeking opportunities for “new” versus “current” grants and regarding the goal of two opportunities. It was decided to leave objective as is. Kevin will create a method to document the grants that are being sought and reviewed. • 4.2.2 Activities – change “Define” to “Evaluate” • 4.3 Objective – spell out MUNIS acronym and change commence by date to December 2016 • 4.3.1 Timeline change to 12/31/2016 • 4.3.2 Timeline change to 1/31/2017 • 5.1 Objective add “student / graduate”
<p>Discuss next steps, future implementation and SPC activities</p>	<ul style="list-style-type: none"> • Kevin to edit plan with today’s changes. He will sending to the board members • Strategic plan is on the next board meeting agenda for approval • Each division will need to develop work plans to support strategic plan • Quarterly progress reports will be completed to assess progress on goals • Strategic planning committee will meet quarterly to review progress and amend plans as needed