

Central District Health Department FY 2010 Strategic Plan

Summary

This document summarizes the findings and conclusions of the FY10 Strategic Plan. It addresses the successes and shortcomings of the plan and identifies areas where refocusing or changes should be considered. This document is meant to provide guidance for future strategic planning.

Central District Health Department
9/1/2010

Foreword

The Central District Health Department (CDHD) Strategic Planning Program currently in place has a historical progression that dates back to 2008. An analysis of the FY 2008 Strategic Plan was completed by senior leadership, which revealed a lack of focus towards meeting the mission of improving the health of our communities. This analysis resulted in several recommendations based on the outcome measures of the plan. The primary focus of these recommendations were founded on the vision, mission, and guiding principles of CDHD. One of the recommendations was to clearly identify the following factors; “Where we are”; “Where we want to be;” “How are we going to get there”; and “How will we know when we get there.” It was also recommended that the FY 2008 Strategic Plan be used as a baseline for strategic goals that the organization intended to continue into the future. The review went on to further suggest that the strategic plan should be used as a learning tool to refine goals and better target the population served. Lastly, it was recommended that CDHD evaluate and consider the use of Performance Quality Improvement and the Plan-Do-Study-Act (PDSA) theoretical framework in future strategic planning efforts.

The early 2008 efforts led to a strategic planning committee being formed in spring 2009 to continue to refine the strategic planning process. All members of the committee attended a two-day Performance Quality Improvement training that also covered the Plan-Do-Study-Act (PDSA) theoretical framework. The committee worked with key leadership in the health department to develop a theoretical model for strategic planning. They also formulated a plan along with a tracking tool to monitor progress that met their needs. Over the course of the spring and summer, the committee developed and tested a model for developing a successful strategic plan (Appendix A). The committee continues to make progress and is currently in the Study phase of PDSA. It is expected to continue through the process into the fall of 2010.

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Introduction

The purpose of this document is to summarize and present the results of the FY 2010 Strategic Plan to all Central District Health Department (CDHD) staff, Health District 4 Board of Health members, and community partners.

The initiatives and processes described in the Foreword have been incorporated into this most current strategic planning endeavor. The analysis of each of the strategic priorities, goals, objectives, and measures provided in this document are intended to assist department leaders in making evidence-based decisions in future strategic planning efforts. It is also an opportunity to evaluate the successes or shortfalls of the Quality Improvement and PDSA approach to improving the strategic planning process for CDHD.

This document is broken into six sections: five strategic priorities and a conclusion. Each strategic priority is defined and includes the goals and objectives that were set by CDHD leadership. The measures are not specifically listed, but the outcomes of the measures are provided for each objective. At the end of each goal is a summary of the outcomes. Achievements and milestones are detailed at the end of each strategic priority section. The conclusion summarizes the strategic plan results and sets direction for the FY 2011 strategic period.

Strategic Priority 1: Health Improvement

Goal 1.1. Address the health priorities and primary health needs of children and families in District 4

Objective 1.1.1. By June 2010, improve immunization rates among WIC clients 0-24 months old in accordance with NIS recommendations.

Outcome: Immunizations and WIC staff collaborated using the Quality Improvement (QI) process to improve vaccination rates (full series: 4:3:1:3:3:1:4) among WIC children at 24 months of age. Results of their efforts indicate that education along with reminders to parents is an effective method to increasing immunization rates among this population. To determine if the objective was met, a study was accomplished that divided the WIC population into two primary groups. The first group consisted of WIC clients who also received immunization services at CDHD. The second group was WIC clients who received immunization services from a provider outside of CDHD. This objective was met once the intervention was implemented vaccine rates for WIC clients who also received immunization services at CDHD increased from 22% up to 75%. Full series vaccine rates also increased among WIC clients who received immunization services from a provider outside of CDHD. The improvement among the second group was higher, going from 20% to 81%. As a result of these efforts, more children at 24 months of age who receive WIC services at CDHD are protected from all vaccine-preventable diseases than prior to the intervention.

Objective 1.1.2. By June 2010, assess barriers to accessing immunization services among WIC clients.

Outcome: A survey to assess barriers to accessing immunization services among WIC clients was developed and implemented. The results are still pending since the survey will be given to CDHD clients through June 2011.

Objective 1.1.3. By December 2009, analyze immunization data and summarize findings from BSU Physicals-Immunization campaign.

Outcome: The objective of the BSU Physicals-Immunization campaign is to educate and inform students of their current vaccination status. Analysis of those who had their immunization record reviewed by CDHD indicates a positive correlation between education and vaccine acquisition. Overall, there was a 14.9% increase in vaccine status among high school students. More males (16.2%) than females (14.1%) received immunizations following the intervention.

Summary

Of the two objectives that were completed, the WIC and Immunizations project by far made the greatest impact. An interesting observation is that while both groups had a substantial increase in immunization compliance, the second group had better results. It may be worthwhile to examine if anything was done differently in the second group that may assist in higher compliance rates in the future.

A suggestion for future analysis of the BSU Physicals-Immunization project is to evaluate a similar population over the same period that did not participate in the project. A comparison of both groups will provide a more accurate picture of the true impact of the intervention.

Goal 1.2. Reduce child and adult obesity

Objective 1.2.1. By June 2010, develop and sustain collaborative relationships that empower childcares, schools, worksites, and communities to improve nutrition and physical activity environments.

Outcome: The WIC nutrition program provided services to over 8,000 clients monthly. Environmental health specialists received 4 STARS training and then provided nutrition education to childcare providers. Five school districts received reviews of their wellness policy implementation plans. Coordinated the annual Wellness Event at CDHD and partnered with Activate Treasure Valley to draft wellness policies for nutrition and physical activity.

An analysis of overweight and obesity trends among adult residents of Health District 4 was conducted using the Behavioral Risk Factor Surveillance System (BRFSS). This state-based system collects health risk behavior data on adults via telephone interview. Findings from the BRFSS data indicate that adult males are more likely to be overweight than adult females (65.5% males and 52.8% females) and more likely to be obese (males 21.3% and females 20.9%). Idaho overweight and obesity trends reveal a ten-year increase for obesity. In 2008, one of four adults was classified obese. College graduates and households with incomes greater than \$75,000 were less likely to be obese.

A study conducted by local universities and health districts examined Body Mass Index (BMI) as an indicator for overweight and obese status. This statewide study revealed that 68.1% of Idaho children sampled were considered healthy (i.e., normal weight) and 1.4% were considered underweight. Just over thirty percent (30.5%) of those sampled were classified as overweight or obese. Overweight or obesity status ranged from 24.3% for first grade to 33.0% for seventh grade. Using Free and Reduced School Lunch (FRSL) as a proxy measure of socioeconomic status, it appears as though overweight and obesity are more likely to occur in schools with the most economically disadvantaged children.

Objective 1.2.2. By June 2010, accept/endorse communication opportunities that increase the public's awareness of healthier food choices.

Outcome: Three primary efforts were carried out to raise awareness about making healthier food choices. An article was placed in the WIC newsletter that addressed making healthier food choices. This article reached over 5,000 people that are currently on the mailing list to receive the CDHD WIC newsletter. CDHD also partnered with a local McDonald's chain and 3-A-Day to promote the "Eating Smart When Eating Out." This program provides McDonald's customers with menu options for eating healthier. Lastly, an article was published in the Idaho Statesman that promoted healthier eating habits as a New Year resolution.

Summary

There were active attempts to promote healthy eating to WIC clients and to measure overweight and obese status in Health District 4. In addition, proactive measures were taken to promote

healthy eating choices through collaborative efforts community partners. The next logical step in reaching the goal of reducing child and adult obesity is measuring the effectiveness of these past efforts as compared to the baseline data that was collected.

Goal 1.3. Reduce the incidence of unintended pregnancy

Objective 1.3.1. By June 2010, increase client participation in family planning services at CDHD.

Outcome: Show rate for clinician appointments increased from 72% to 81% over the course of 6 months. Two primary changes were made that account for this 9% increase. The first was the number of same day/next day appointments was increased by 40%. Secondly, reminder calls to clients now occur two days prior to the appointment that allows a client more time to reschedule if needed.

Objective 1.3.2. By June 2010, identify gaps in family planning participation among WIC clients.

Outcome: A survey was administered to WIC clients receiving services in Boise in the month of May. A total of 122 clients participated in the self-administered confidential survey. Results indicated that 89% of participants did not desire a pregnancy within the next year. Contraceptive measures were in use by 81% at the time the survey was completed. Of those surveyed, 51% were aware of CDHD’s reproductive health services. A total of 12% were current clients and 44% were willing to use our services.

Summary

Reducing the incidence of unintended pregnancy was achieved by taking measures to decrease no-show rates among those clients receiving reproductive health services at CDHD. A gap was identified among WIC clients where 8% of clients do not desire a pregnancy within the next year but are currently not using a contraceptive. In addition, 44% of respondents stated that they were not aware of the reproductive services offered at CDHD. These gaps should be addressed in future strategic planning efforts. The study findings clearly indicate that there is significant room for improving WIC client awareness of reproductive health services.

Significant Achievements and Milestones for Strategic Priority 1

Top Achievements and Milestones	
Department(s)	Achievement
Immunizations and WIC	Increased immunization coverage among WIC clients
CHEC and WIC	Promoted healthy eating choices to prevent overweight and obesity
Reproductive Health	Decreased risk for unintended pregnancy by taking measures to decrease no-show rates
Reproductive Health and WIC	Identified the need to inform WIC clients and the community in general about the reproductive health services provided at CDHD

Strategic Priority 2: Health Protection

Goal 2.1. Reduce the risk factors and disease burden of preventable infectious diseases

Objective 2.1.1. By June 2010, assure the quality of refugee health screenings and continuity of care beyond the initial health screening.

Outcome: CDHD made necessary pragmatic changes to assure the quality of refugee health screenings and continuity of care beyond the initial health screening was improved. These changes addressed concerns about delaying advanced medical care and services to refugees. The decision was made to identify and use a medical clinic that could provide a more comprehensive medical exam than CDHD was able to supply at the initial health screening.

Objective 2.1.2. By February 2010, describe the epidemiology of HIV in Health District 4.

Outcome: A complete analysis of the CDHD HIV/AIDS surveillance database was completed and revealed several risk factors for acquisition of the infection. These risk factors included meeting sex partners online, participating in anonymous sex, using methamphetamines along with erectile dysfunction medication during sexual encounters. A complete summary of these findings were documented in a report, posted to the CDHD website, and presented to the local Board of Health.

Summary

Identifying and mitigating risk factors for decreasing the burden of preventable infectious diseases was accomplished through two separate projects. The first project was transitioning the refugee health screening to a private clinic. The plan was developed; and in March 2010, the Refugee Health Screening program was relocated to Family Medicine Residency of Idaho.

In the second project, the data collected on HIV/AIDS in Health District 4 will be used to apply for grant funding. The funding will be leveraged so that prevention programs can be developed and tested in an effort to decrease the risk for exposure and acquisition of HIV/AIDS in our community.

Goal 2.2. Protect health and prevent disease through assurance of physical environments that minimize exposure to harmful pathogens and environmental toxins

Objective 2.2.1. By February 2010, coordinate inspection of up to 100 swimming pool or spa facilities statewide to assess compliance with the Virginia Graeme Baker Pool and Spa Safety Act (entrapment hazards).

Outcome: Environmental Health (EH) completed 176 inspections in accordance with Virginia Graeme Baker Pool and Spa Safety Act.

Objective 2.2.2. By June 2010, enter into contracts securing CDHD's role as the statewide central contractor for childcare facility health and safety inspections.

Outcome: CDHD successfully secured a contract with IDHW that went into effect on April 1, 2010. Simultaneously, CDHD established agreements with the other six health districts in the State of Idaho.

Objective 2.2.3. By June 2010, complete sampling of at least 20 subsurface sewage disposal systems to determine wastewater phosphorus concentration.

Outcome: Environmental Health exceeded the objective of sampling 20 subsurface sewage systems with a total of 36 systems being sampled. The samples were analyzed for phosphorus concentration and results were provided to the Department of Environmental Quality.

Summary

An aggressive pool and sewage monitoring program reinforced the environmental infrastructure and protected the health of the community. In addition, EH actively promoted healthy physical environments for children statewide who attend childcare facilities.

Goal 2.3. Create and implement Reveal4Real website

Objective 2.3.1. By June 2010, increase awareness and knowledge of sexually transmitted infection (STI) incidence.

Outcome: This objective could not be measured because the website was not completed prior to the end of the FY 2010 strategic period.

Summary

The Reveal4Real website was created, but will go live and be assessed during the FY 2011 strategic period.

Significant Achievements and Milestones for Strategic Priority 2

Top Achievements and Milestones	
Department(s)	Achievement
Communicable Disease Control	Decreased time barrier to comprehensive medical services for newly arriving refugees
Communicable Disease Control	Identified risk behaviors of HIV/AIDS so that prevention programs can be developed and implemented
Environmental Health	Assured ongoing health and safety of children in daycare settings by successfully securing a contract with IDHW and establishing agreements with the other six health districts in the State of Idaho to perform reoccurring daycare inspections.
Reproductive Health	Reveal4Real website was created.

Strategic Priority 3: Organizational Effectiveness

Goal 3.1. Provide high quality and fiscally responsible information technology (IT) services to CDHD

Objective 3.1.1. By November 2009, identify gaps between what current service levels and resources are in IT and what is needed to support the goals of CDHD and be positioned for future changes in public health.

Outcome: A private contractor, Right Systems, identified gaps in current IT service levels and resources on hand. Additional concerns were also solicited from all CDHD employees. Findings were presented to CDHD Director, Deputy Director, IT staff, and Board of Health.

Objective 3.1.2. By March 2010, prepare a plan for rectifying discrepancies between existing levels/resources and desired levels/resources.

Outcome: IT staff used both the strategic plan as well as the findings from the Right Systems' review to identify priorities and rectify discrepancies.

Objective 3.1.3. By June 2010, create a process for continual assessment and prioritization of change by management.

Outcome: This objective was not met prior to the end of the strategic period.

Summary

In an effort to provide high quality and fiscally responsible IT services within the department, a private contractor was brought in to accomplish an assessment of current and future needs. The primary focus was to ensure that CDHD remains compliant with privacy and confidentiality standards and still provide appropriate support infrastructure. The next step will be to create a process for periodic assessment and re-prioritization.

Goal 3.2. Collaborate, educate, and advocate with local jurisdictions and community partners for healthy people in healthy communities

Objective 3.2.1. By August 2009, develop an annual legislative agenda.

Outcome: The annual legislative agenda was developed and included the Pharmacy Bill concept, Immunization Assessment Bill concept, and Immunization Commission Bill concept as well as an update to Environmental Health Rules.

Objective 3.2.2. By October 2009, obtain buy-in from the Governor's Office.

Outcome: The Pharmacy Bill was the only legislative agenda item that required support from the Governor's Office and was successfully acquired.

Objective 3.2.3. By October 2009, obtain buy-in from stakeholders.

Outcome: Buy-in on the Pharmacy Bill was obtained from the Board of Pharmacy and Board of Health and Welfare.

Objective 3.2.4. By November 2009, develop an education strategy.

Outcome: A white paper was written for the Pharmacy Bill concept and a Bill was drafted.

Objective 3.2.5. By January 2010, completed legislative briefings.

Outcome: The Senate Chair held a hearing and agreed to sponsor the Bill.

Objective 3.2.6. By March 2010, present bill to committee.

Outcome: The Pharmacy Bill was presented before both legislative committees and successfully passed both houses. The Bill was sent to the Governor's Office for signature and became law on July 1, 2010.

Objective 3.2.7. By January 2010, a District 4 Immunization Advisory Board will be established to further the goal of 90% immunization rate in 2 year olds.

Outcome: An Immunization Advisory Board was established. The Board meets every other month on the 2nd Thursday from 7-8:30 a.m. The Board is tasked with addressing issues related to immunizations and to provide guidance to CDHD.

Summary

All legislative objectives were met and supported the goal of collaborating, educating, and advocating with local jurisdictions and community partners for healthy people in healthy communities. In addition, an Immunization Advisory Board for Health District 4 was established to encourage collaboration, education, and advocacy for childhood immunizations.

Goal 3.3. Improve internal communication and business processes

Objective 3.3.1. By February 2010, conduct an internal customer service survey to measure satisfaction and efficiency among service providers (e.g., IT, Finance, Human Resources, Administration, PIO, Facilities, etc.).

Outcome: A survey was conducted to measure internal customer service satisfaction.

Objective 3.3.2. By March 2010, based on survey finding, each service provider will develop a written plan to improve internal customer service and efficiencies.

Outcome: Only Human Resources has completed a written plan to improve internal customer service and efficiencies.

Objective 3.3.3. By April 2010, based on survey findings, each service provider will implement their plan to improve internal customer service and efficiencies.

Outcome: No plans have been implemented to improve customer services and efficiencies among service providers.

Summary

Only one objective was completely met during this strategic period. Those objectives that were not met should be moved over to the next strategic period in order to improve internal communication and business processes in the future.

Significant Achievements and Milestones for Strategic Priority 3

Top Achievements and Milestones	
Department(s)	Achievement
Information Technology	Identified current and future IT infrastructure needs to provide adequate support to CDHD mission
Immunizations	Established an Immunization Advisory Board for Health District 4
Administration	Survey conducted to measure internal customer service satisfaction

Strategic Priority 4: Workforce Excellence

Goal 4.1. Improve workforce competence

Objective 4.1.1. By June 2010, PHP will implement an Emergency Operations Plan and Training and Exercise Plan that is applicable to all levels of the organization.

Outcome: The Emergency Operations Plan was not completed during the strategic period. The plan was finalized on August 24, 2010. Major updates were made to several annexes to improve the readability and applicability to the entire organization.

Objective 4.1.2. By June 2010, 100% of staff who conduct performance evaluations will attend training on critical assessment, coaching, performance objectives and expectations, and/or developmental plans.

Outcome: All of the staff who conduct performance evaluations attended training on performance management.

Objective 4.1.3. By March 2010, develop a tool for training and tracking that ensure Admin Team members meet the minimum leadership expectations of the Director.

Outcome: Minimum leadership expectations were developed, but a tool for training and tracking has not been produced. Leadership expectations will be shared with Admin Team and the tracking tool will be created and implemented in FY 2011.

Objective 4.1.4. By June 2010, 80% of Admin Team members will have participated in a Public Health Leadership Institute or other leadership/management course for public health professionals within the past 2 years.

Outcome: Approximately 15% of Admin Team members have completed training specific to public health leadership or management in the past 2 years.

Objective 4.1.5. By June 2010, 80% of employees will meet the minimum annual training and certification requirements as outlined by the Director. The following minimum training requirements were determined to be required per the Director: HIPAA, blood borne pathogens, emergency preparedness, federal hazard communication, safety, and cultural competency

Outcome: This objective could not be measured because training was not monitored in FY 2010.

Summary

With the exception of 100% attendance of performance management training, none of the other objectives were met in their entirety. There is a need for continued growth in this area, including the implementation of training and tracking tools, and accountability to ensure all employees accomplish minimum training requirements. There is a plan to have a mechanism in place to accomplish the monitoring implemented in FY 2011.

Goal 4.2. Enhance CDHD ability to attract, recruit, and retain a high-quality workforce

Objective 4.2.1. By June 2010, develop and implement a marketing plan/strategy to attract and recruit persons reflecting both the demographics of staff and the community we serve.

Outcome: A marketing strategy was developed by Human Resources and approved by the Director.

Summary

The marketing strategy has been successfully implemented and used in nationwide recruitment.

Goal 4.3. Provide timely and high-quality services valued by CDHD clients/customers

Objective 4.3.1. By June 2010, utilize the QI process to assess how efficiently and effectively CDHD staff deliver services.

Outcome: This objective was not met. Customer satisfaction surveys were collected from CDHD and other health districts, and were analyzed. Findings indicate that a single survey may not suffice to adequately evaluate all CDHD services equally.

Objective 4.3.2. By March 2010, communications staff will measure the awareness of CDHD services through 2 (external and internal) surveys to achieve baseline information.

Outcome: This objective was not met.

Objective 4.3.3. By June 2010, a communications plan will be implemented.

Outcome: This objective was not met.

Objective 4.3.4. By June 2010, through critical review of 4 completed community assessments, identify gaps and determine capacity for delivery or assurance of needed public health services.

Outcome: This report was not completed during the FY 2010 strategic period but was finished in July 2010. A critical review of 4 community assessments was completed and the report identified many of the disparities in health outcomes between counties in Health District 4.

Summary

During the course of the strategic period, senior leadership determined that the Quality Improvement (QI) methodology was not necessary to assess how efficiently and effectively CDHD staff deliver services. While customer service is an important variable to consider when evaluating service delivery, a more comprehensive approach to the evaluation may enhance its value. When considering the efficiency and effectiveness of service delivery consider program design and management. Program evaluations, including quality assurance reviews along with customer feedback, can provide a more comprehensive picture of the overall efficiency and effectiveness of service delivery and allow for more focused decision-making. Further attention is needed to develop an adequate customer service survey(s) as well as identify and measure

other variables that affect the efficiency and effectiveness of service delivery throughout the department.

The communication objectives were not met during the strategic period. It is critical to keep in mind that there is value in knowing how aware internal and external customers are of the services provided at CDHD. In addition, a communications plan is a very effective tool in supporting the vision, mission, and strategic plans of CDHD and should be considered as an objective for FY 2011.

A review of community assessments conducted in Health District 4 over the past five years indicates that there are disparities in health outcomes as well as gaps in services to address existing health conditions. Future reviews and assessments of health status and outcomes in Health District 4 could be more valuable if all data were current within five years, and ideally within two to three years. Furthermore, there should be focus on certain health indicators as well as a community-wide approach to collecting, analyzing, and reporting findings. Addressing health disparities and gaps or barriers to health services is the inherent next step to community assessment, and should be considered cyclical in nature.

Significant Achievements and Milestones for Strategic Priority 4

Top Achievements and Milestones	
Department(s)	Achievement
Administration	Identified disparities in health outcomes as well as gaps in services among residents of Health District 4

Strategic Priority 5: Fiscal Accountability

Goal 5.1. Ensure that all program budgets remain aligned with and support the CDHD goals and objectives

Objective 5.1.1. By June 2010, develop an Intranet webpage dedicated to Finance that improves access to expenditures and performance reports.

Outcome: This objective was not met.

Summary

This objective should continue to be pursued. Providing easy visibility throughout departments to expenditures and performance reports may be beneficial. It is worth further consideration to determine the value of this objective and whether it should be added to the FY 2011 strategic plan.

Goal 5.2. Secure and broaden financial resources to meet public health priorities

Objective 5.2.1. By June 2010, increase revenue by submitting grant proposals for activities that further CDHDs mission.

Outcome: Three funding priorities were identified: childhood obesity, childhood immunization rates, and children's oral health. Six funding opportunities were pursued and letters of intent were submitted. Applications were submitted for four of the six funding opportunities. Three of the grants are still under review by the grantor. One of the grants was funded during the FY 2010 strategic period. A total of 173 hours were committed to acquiring revenue.

Summary

The inability to provide funding for prevention programs that target the highest public health priorities has a detrimental impact on the health of the community. The FY 2010 grant applications supported the need for securing and broadening financial resources to support public health priorities. This new resource at CDHD has great potential to bring in additional financial support to focus on the most important public health priorities for Health District 4 that might not otherwise be funded.

Significant Achievements and Milestones for Strategic Priority 5

Top Achievements and Milestones	
Department(s)	Achievement
Administration	Obtained additional grant funding to support top public health priorities

Conclusion

Overall, the strategic planning model and tracking tool were an improvement over previous strategic planning methodologies. Goals and objectives were simple, measurable, attainable, realistic, and time sensitive. Measures were clearly defined and designed with the purpose to alleviate extra burden on those responsible for conducting and reporting on the measures.

Central District Health Department (CDHD) leadership selected five overarching priorities to address in FY 2010. These priorities included health improvement, health protection, organizational effectiveness, workforce excellence, and fiscal accountability. The intent of the priorities was two-pronged: move our community closer to our vision of Healthy People in Healthy Communities and strengthen CDHD infrastructure so that we were effective in obtaining our goals and objectives.

As a result of our strategic planning efforts, important goals were met. A joint effort from Immunizations and WIC resulted in a considerable increase in vaccine coverage among CDHD WIC clients. Nutrition education provided to the community through a WIC newsletter and mass media efforts contributed to an increase in the knowledge of healthy eating among Health District 4 residents. With a change in the timing of appointment reminders and increasing same day/next day appointments, Reproductive Health was able to decrease no-show appointments by 9%; decreasing the risk for unintended pregnancies. An effort to decrease the time to detecting communicable diseases and uncontrolled chronic diseases or conditions among newly arriving refugees was remedied by transitioning the Refugee Health Clinic out of CDHD and into a clinic that could provide more timely and comprehensive screening and medical care.

In addition to the goals that were achieved, significant milestones were also reached. Immunizations established a local Immunization Advisory Board, which will result in future strategies for increasing immunization rates in Health District 4. Administration obtained additional grant funding to support top public health priorities. Reproductive Health and WIC identified a need to inform WIC clients and the community in general about the reproductive health services offered at CDHD. Communicable Disease Control isolated risk behaviors of HIV/AIDS so that prevention programs can be developed and implemented. Reproductive Health created the Reveal4Real website in an effort to increase youth awareness of STDs. Information Technology (IT) identified current and future IT infrastructure needs that will provide adequate support to CDHD mission moving forward. A comprehensive analysis of community-wide health indicators was accomplished. This analysis allowed Administration to pinpoint disparities in health outcomes as well as gaps in services among residents of Health District 4.

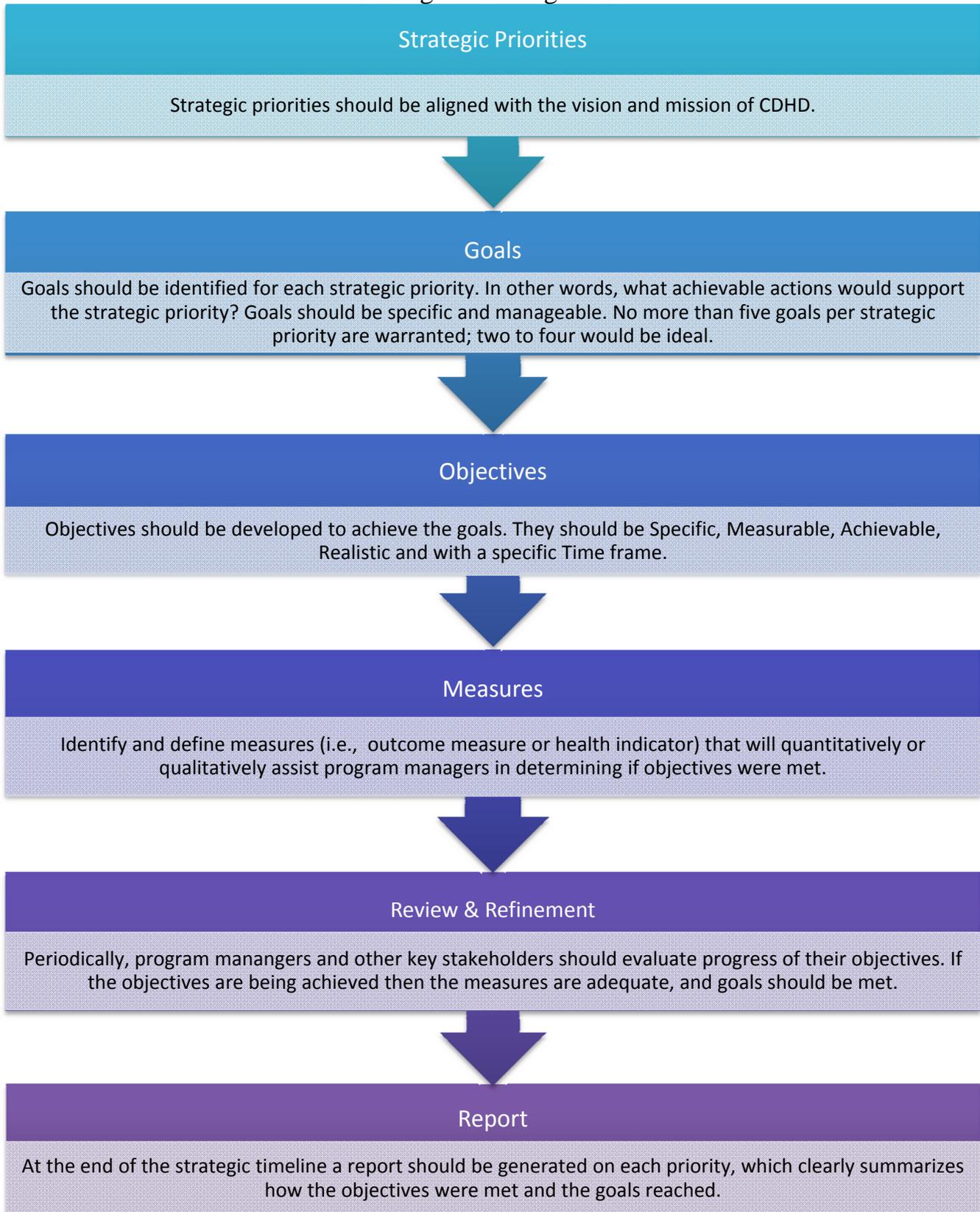
The most important point of a strategic plan is to carry out an identified vision to accomplish the mission. This past year CDHD carried out its vision by furthering efforts that will continue to benefit the health of the community into the future. Administration carried out several projects that were geared towards establishing and maintaining a professional and productive health department. This included conducting a survey to measure internal customer service satisfaction. Administration also created a plan to develop a mechanism for monitoring employee training requirements. To monitor customer satisfaction, Administration evaluated customer service survey tools.

As CDHD moves forward into the next strategic planning period, efforts will be made to narrow the focus and establish “public health winnable battles.” In an effort to be fiscally responsible

and yet continue to tackle the many public health priorities in Health District 4, resources need to be focused to the most significant issues affecting public health today and into the future. Meanwhile, core public health functions such as communicable disease prevention and control must continue to be accomplished. In addition, public health infrastructure must also be reliable and robust. While these efforts may not be the primary focus of the FY 2011 Strategic Plan, they contribute greatly to the vision and mission and will continue to be aggressively supported.

Appendix A

CENTRAL DISTRICT HEALTH DEPARTMENT Strategic Planning Model



Strategic Planning Model Role & Responsibility List

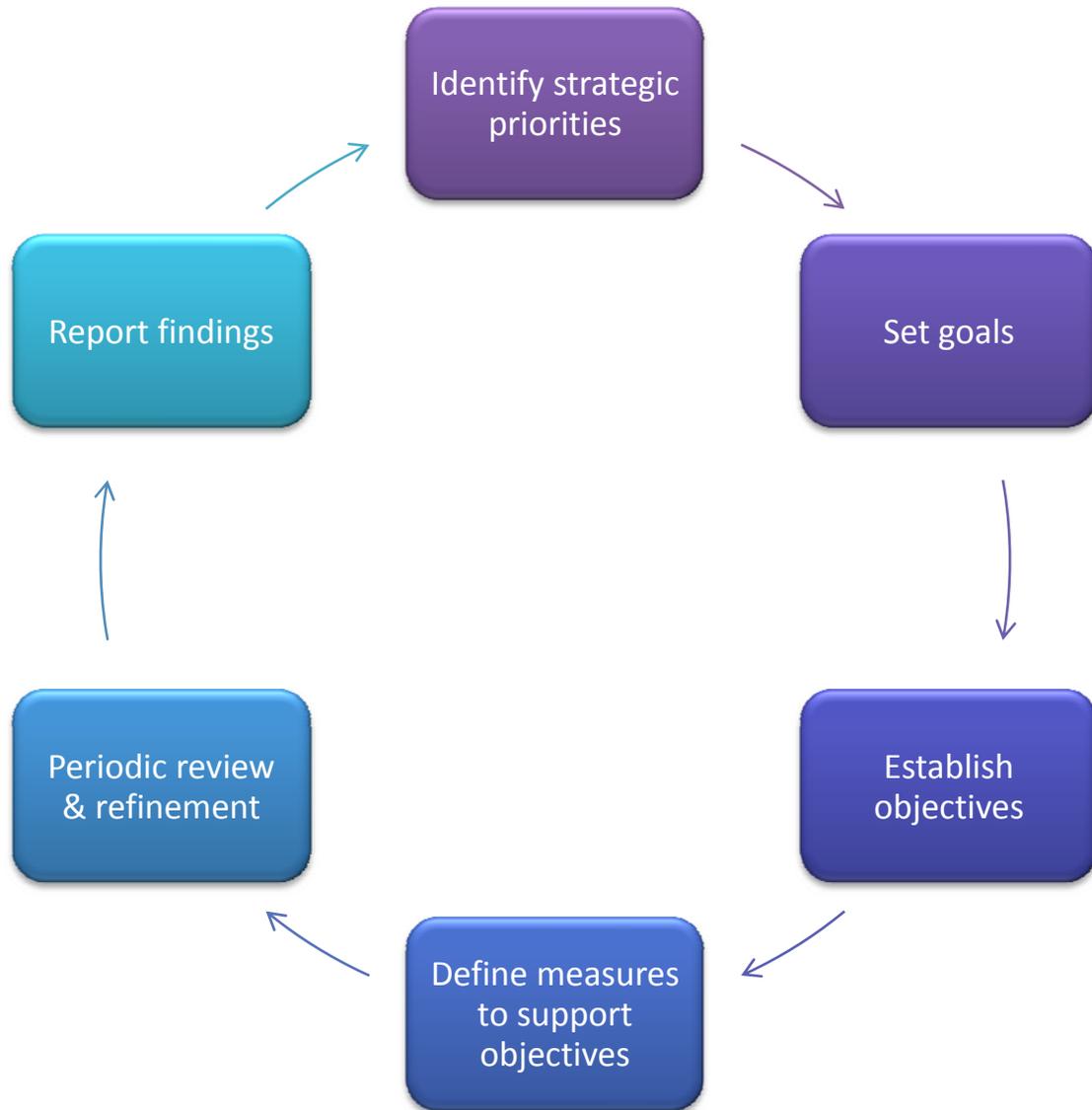


This action cycle visually communicates the basic framework of the strategic planning & implementation process at CDHD.

Throughout any time, stakeholders may be brought into this cycle.

*It is expected that leaders & stakeholders will determine and execute activities necessary to meet the **goals** and **objectives** that support the strategic priorities of the agency.*

Strategic Planning Model Action Cycle



Glossary of Terms

Goal: an observable and measurable result having one or more objectives to be achieved within a more or less fixed timeframe

Health indicator: a measure that reflects, or indicates, the state of health of persons in a defined population. Example – rates of disease, disability and death

Measures (Performance): a yardstick or standard used to measure progress toward achieving an objective

Objective: a written statement describing an intended outcome or result that an organization must achieve to meet its goal(s); a results-oriented objective

Outcome measure: a measure that quantifies the extent to which results are achieved, and that measures effectiveness

Report: a detailed written account, including a summary of findings utilizing quantitative and/or qualitative methods to describe how the objectives were met and the goal reached. *Format Example:* Executive summary, Strategic Priority, Goal(s), Objectives, Measures, Discussion (i.e., challenges, barriers, successes, and findings), Conclusion (i.e., recommendations)

Refinement: to improve accuracy, delicacy, or excellence

Review: to view, look at, or look over again; a contemplation or consideration of past events, circumstances, or facts

Stakeholder: those people and institutions that have an interest in, or contribute to, the organization's success or failure in achieving a goal(s)

Strategic planning: a continuous process where people make decisions about intended future outcomes, how outcomes are to be accomplished, and how success is measured and evaluated

Strategic priorities: a ranking of an organization's strategic goals by their importance, which are designed to favorably impact the desired outcome of the organization