



Strategic Plan

2018 – 2020

Adopted by the Richland County Board of Health on 11/20/2017



Table of Contents

Letter from the Health Commissioner	3
About Richland Public Health	4
Mission, Vision, & Values	5
Strategic Planning Process	6
Strategic Priorities	10
Strategic Priority 1: Innovative Infrastructure.....	11
Strategic Priority 2: Optimized Performance	13
Strategic Priority 3: Effective Communication	15
Strategic Priority 4: Strong Collaboration.....	16
Appendices:	
Appendix A: Strengths, Weaknesses, Opportunities, & Threats.....	18
Appendix B: External Factors Assessment.....	19
Appendix C: Strategic Planning Participants.....	21
Appendix D: Putting it All Together: Linking RPH Plans	23

Letter from the Health Commissioner



It is my pleasure to present the Richland Public Health (RPH) 2018-2020 Strategic Plan. This plan represents our vision of RPH's roles, priorities, and direction over the next three years. In this living document, we set forth what we plan to achieve, how we will achieve it, and how we will know we have achieved it.

Our strategic plan was developed as a collaborative effort by all levels of RPH staff, through a process that engaged the opinions and knowledge of both internal and external stakeholders. The result is a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. All of these actions will enhance our ability to provide quality public health services to the citizens of Richland County.

I want to thank all those who participated in our strategic planning process. This process took place over several months, and included assessment and consideration of the larger environment in which RPH operates, our organizational strengths and weaknesses, and links to our other organizational plans, including our Community Health Improvement Plan and Quality Improvement Plan.

In support of this strategic plan, all of RPH's divisions will adapt their operational plans to align with our over-arching strategic priorities and objectives. Divisional activities will support and enhance the accomplishment of our strategic goals and objectives.

RPH is committed to the continuous improvement of public health services in Richland County. We aim for excellence in the pursuit of our strategic priorities: innovative infrastructure, optimized performance, effective communication, and strong collaboration.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Tremmel', written in a cursive style.

Martin J. Tremmel, RS, MPA, JD
Health Commissioner,
Richland Public Health

About Richland Public Health

Who We Serve

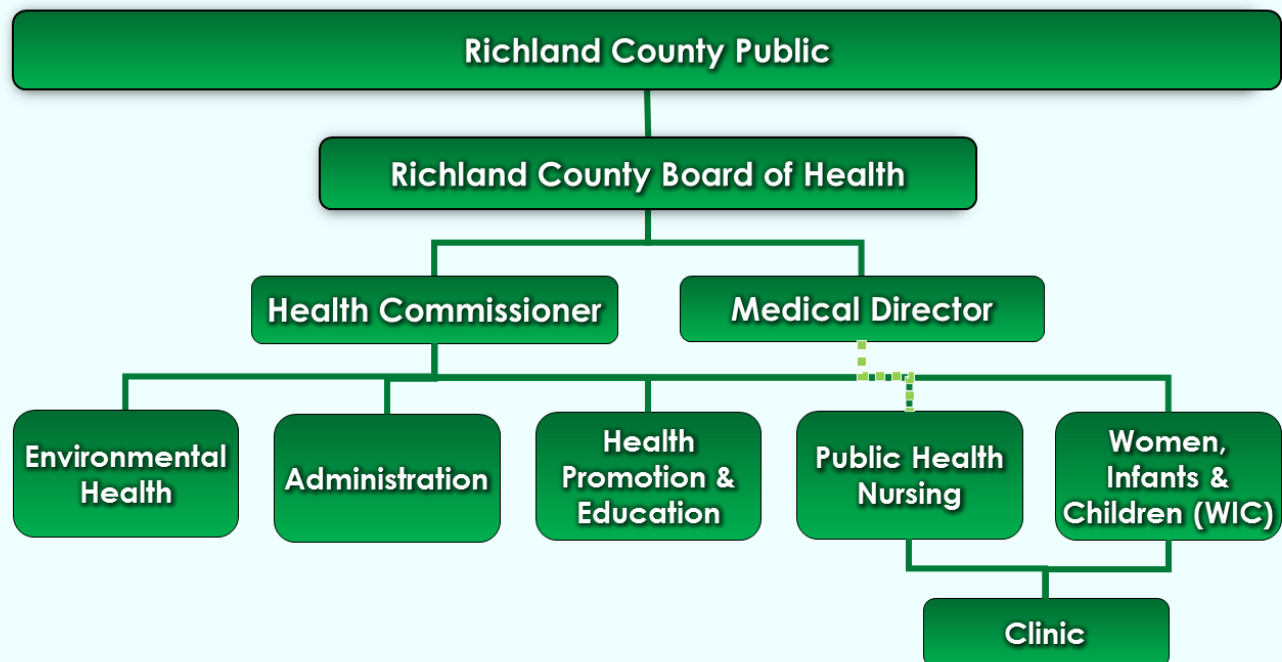
Richland Public Health provides public health services to over 120,000 residents in Richland County, Ohio.

Our History

The local public health system in Richland County began in 1910 with the establishment of the City of Mansfield Health Department. Since that time, our organization has evolved into a combined health department. Over the years we have had several names and locations, most recently changing our name from Mansfield/Ontario/Richland County Health Department to Richland Public Health in 2014.

Organizational Structure

Richland Public Health is governed by the Richland County Board of Health, and led by our Health Commissioner. Everything we do serves the citizens of Richland County. All levels of our organization were involved in this strategic planning process.





Mission, Vision, & Values

Mission:

To assess, maintain, and improve the health and safety of the environment and community through quality public health services.

Vision:

To have the healthiest community possible where residents can enjoy optimal physical, emotional, and environmental health.

Values:

Professionalism: Richland Public Health personnel provide quality, customer-focused, services with respect for the diversity of the needs of the individual and the community.

Collaboration: Richland Public Health personnel use innovation in public health through teamwork among health department divisions and with our community partners to respond to the needs of our community.

Ethics: Richland Public Health personnel are accountable to the residents of Richland County to behave responsibly and in a trustworthy manner in the provision of services to the citizens of Richland County.



Strategic Planning Process

Background

Richland Public Health (RPH) began the process to develop its first strategic plan in 2012. That three-year plan was approved in June of 2014 and culminated at the end of 2017. The strategic planning process involved staff, the Richland County Board of Health, and community stakeholders.

Under the direction of the Health Commissioner, RPH created and implemented an updated strategic plan for 2018-2020 to inform and guide organizational activities. This plan was developed using a variety of collaborative methods that engaged all levels of RPH staff as well as community partners. This strategic plan was also designed to align with RPH's goal to become accredited by the Public Health Accreditation Board (PHAB).

Process


RPH acquired the services of a consultant to assist with the strategic planning process. The consultant's services included administering pre- and post-planning surveys, review of RPH internal plans and documents, and conducting collaborative planning sessions with RPH staff.

Pre-Planning Survey

The pre-planning survey was conducted electronically via SurveyMonkey®, and was disseminated to a convenience sample of RPH staff, Richland County officials, and community partners. Potential respondents received an email invitation to participate in this anonymous survey. The survey link was open for 21 days, and three (3) reminder emails were sent. After the close of the survey, collected responses were downloaded from SurveyMonkey® and reviewed by the consultant.

The pre-planning survey received 40 responses. Of the respondents, 19 (47.5%) were RPH front-line staff, seven (17.5%) were RPH management team members, six (15%) were RPH community partners, four (10%) were Richland County department heads, three (7.5%) were RPH supervisors, and one (2.5%) was a Richland County elected official (not a county commissioner).

The results of the pre-planning survey were analyzed using word clouds to determine the frequency of key words within respondents' answers to each question. As a part of this process, a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis was conducted (See Appendix A). In addition, an assessment and analysis of external factors was performed (See Appendix B). Analyses of pre-planning survey results were shared with RPH staff during collaborative planning sessions (Note: presentation and pre-planning survey results available upon request).



Review of Richland Public Health Documents

After reviewing the results of the pre-planning survey, the consultant referred to a variety of RPH's organizational documents, as follows:

- 2016 Annual Report
- Mission, Vision and Values
- 2014-2017 Strategic Plan (SP)
- Workforce Development (WFD) Plan
- Quality Improvement (QI) Plan
- Community Health Assessment (CHA)
- Community Health Improvement Plan (CHIP)

The consultant utilized the contents of these organizational documents as reference materials for collaborative planning sessions with RPH staff.

Collaborative Planning Sessions

The consultant held three (3) collaborative planning sessions with RPH staff in July of 2017. The consultant utilized the results of the pre-planning survey and the contents of organizational documents to develop presentation materials for these sessions.

Management Team Planning Session

The first management team planning session was held on July 18, 2017 with RPH's directors and supervisors. The consultant provided an overview of the strategic planning process, the PHAB requirements for a strategic plan, and the proposed timeline for developing this 2018-2020 strategic plan.

The management team reviewed RPH's mission, vision, values, and operational priorities. These were considered alongside the pre-planning survey results and analyses. The management team then held a brainstorming session to develop draft strategic priorities. To encourage an equal balance among all ideas, Nominal Group Technique (NGT) was used. NGT is an idea creation tool recommended by the American Society for Quality (ASQ).

Front-Line Staff Planning Sessions

Two (2) identical front-line staff planning sessions were held on July 20, 2017. The consultant provided an overview of the strategic planning process, the PHAB requirements for a strategic plan, and the proposed timeline for developing this 2018-2020 strategic plan.

Based on the draft strategic priorities selected by the management team, front-line staff proposed objectives and activities to align with these priorities. To do so, a modified version of the World Café™ method was used. The World Café™ method is a tool for brainstorming within a large group, and involves conversations between smaller subgroups, followed by sharing findings with the entire group. To ensure a candid, open exchange, the management staff were not present during the front-line staff planning sessions.



Management Team Follow-Up Sessions

The consultant reviewed and compiled proposed objectives and activities suggested by front-line staff, and returned them to the management team for review. The Director of Health Promotion & Education and the Accreditation Coordinator performed affinity diagramming and analysis of these responses, and revised strategic priorities and goals accordingly. The management team met on September 20, 2017 to review and discuss the revised strategic priorities and goals, and to begin outlining objectives. For the next two weeks, the management team constructed organizational objectives and division-level activities to ensure a ground-level ability to operationalize the strategic goals throughout the health department. The organizational objectives and division-level activities were reviewed by the Director of Health Promotion & Education and the Accreditation Coordinator. The management team met again on October 17, 2017 to finalize strategic priorities, goals, and objectives.

Post-Planning Survey

After strategic priorities, goals, and objectives were finalized, RPH staff and the Richland County Board of Health were asked to participate in a post-planning survey to rank selected strategic goals. The post-planning survey was conducted electronically via SurveyMonkey®, and RPH staff received an email invitation to participate in this anonymous survey. The survey link was open for 21 days, and three (3) reminder emails were sent. After the close of the survey, collected responses were downloaded from SurveyMonkey® and analyzed by the Accreditation Coordinator and management team.

The post-planning survey received 54 responses. Of the respondents, 37 (68.5%) were RPH front-line staff, eleven (20.4%) were RPH management team members, and six (11.1%) were RPH Board of Health members.

The results of the post-planning survey were analyzed to determine ranking scores for each strategic goal. The data was further segmented to identify variances between front-line staff, management, and Board member rankings. After analysis, completion dates for all strategic goals were revised as appropriate to ensure that the highest ranked goals are addressed as soon as possible (Note: post-planning survey results and analysis available upon request).

Stakeholder Engagement

RPH's leaders believe it is important to receive input from community stakeholders into the strategic planning process. Therefore, as previously referenced, the pre-planning survey was distributed to Richland County commissioners, elected officials, department heads, community partners. Of the 40 survey respondents, 11 (27.5%) were external stakeholders (six community partners, four county department heads, and one elected official).

Eleven members (85%) of our governing entity, the Richland County Board of Health, participated in the post-planning survey. In addition, the entire Board reviewed the results of the post-planning survey and discussed the final draft of the strategic plan at their monthly meeting on November 20, 2017. Board members shared their input and feedback, and

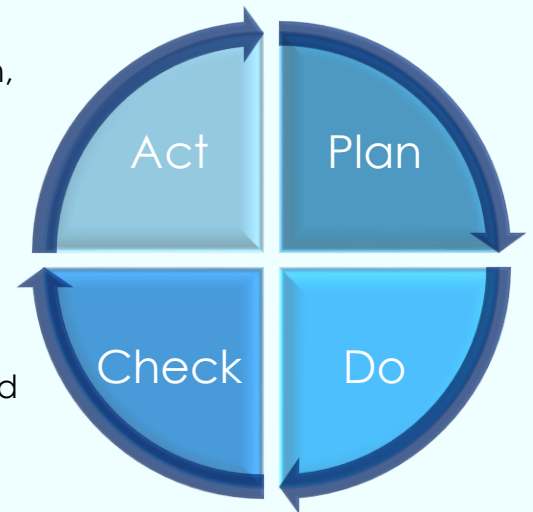
approved the plan unanimously. There was also an opportunity for public comment during this meeting, as a standing agenda item.

The draft strategic plan was posted on the RPH website and advertised on RPH social media to solicit feedback from the community with a public comment period of 30 days.

See Appendix C for a list of all those who engaged in the strategic planning process.

Implementation & Monitoring

RPH plans and projects are implemented using Deming's Plan, Do, Check, Act (PDCA) cycle for continuous improvement. The Strategic Planning Team will oversee the implementation, monitoring, and revision of this strategic plan, and is committed to sharing progress, barriers and successes with our staff, our stakeholders, and our constituents. Status reports will be readily accessible by all individuals involved in the plan via our online performance management dashboard – VMSG. In addition, formal progress reports will be published annually.



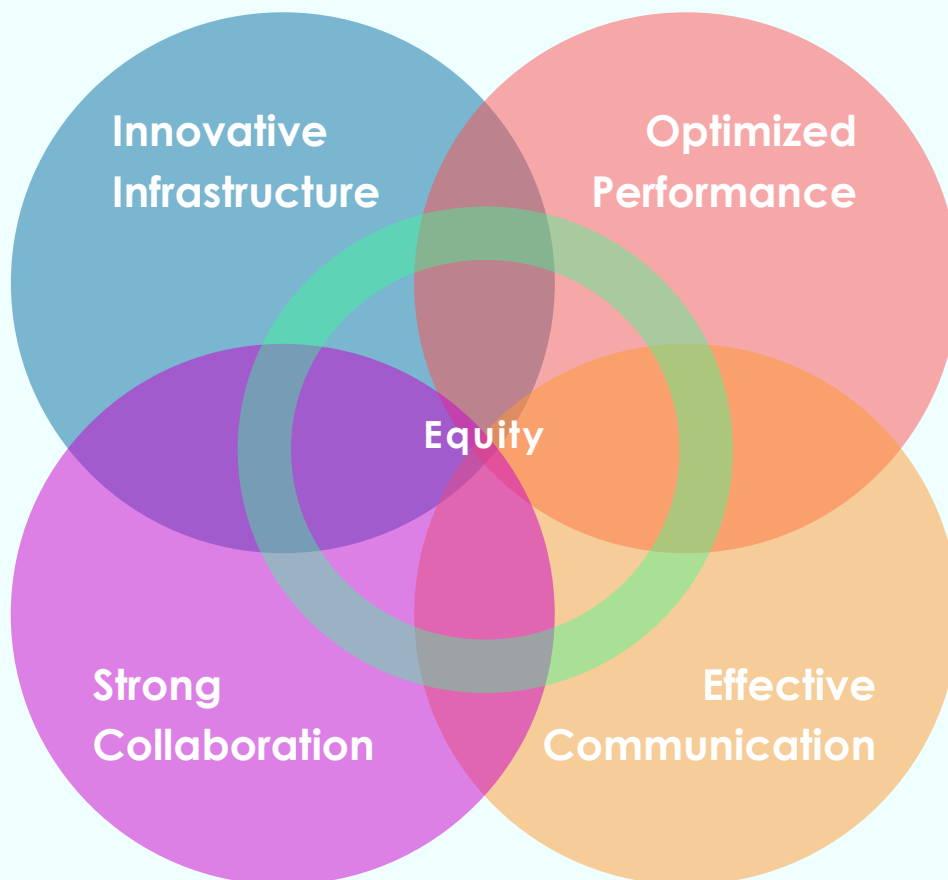
Putting It All Together

This strategic plan is the foundation for our performance management system. RPH will use our online performance management dashboard – VMSG – to monitor organizational performance, including assessing gaps and overlaps in our organizational plans. Appendix D demonstrates linkages between this strategic plan and RPH's other organizational plans, including the Community Health Improvement Plan (CHIP) and Quality Improvement (QI) Plan.

Strategic Priorities

Richland Public Health selected four (4) strategic priorities: **innovative infrastructure, optimized performance, effective communication, and strong collaboration.** These priorities were chosen with careful consideration of key support functions required for efficiency and effectiveness. Specific, measurable, achievable, results-focused, and time-based (SMART) goals and objectives were developed for each priority, with particular focus on the enhancement of information management, workforce development, communication, and financial sustainability.

We believe that all residents of Richland County should have an equal opportunity to be healthy, and should benefit equitably from our services and strategic improvements. As such, equity has been established as a cross-cutting strategy for all of our strategic priorities. Interventions that promote equity will be woven throughout the activities that support our strategic goals and objectives.





Strategic Priority 1: Innovative Infrastructure

Infrastructure is the operational foundation of any organization. This strategic priority involves enhancing our physical, virtual, and professional environment in order to improve access to and delivery of public health services. Goals for this strategic priority focus on information technology and training, improved physical facilities, and the implementation of best business practices.

Goal 1: Optimize Information Technology Services & Training

95% of information technology needs met by December 31, 2020

Objective 1:

Develop Information Technology Needs Assessment tool by June 30, 2018.

Objective 2:

Perform Information Technology Needs Assessment and gap analysis for each division by December 31, 2018 and annually thereafter.

Objective 3:

Develop and implement activities to remediate identified information technology and training deficiencies by June 30, 2019.

Goal 2: Ensure Facility Serves Consumer & Staff Needs

90% of consumers and staff agree that facility meets their needs by July 31, 2020

Objective 1:

Integrate facility evaluation into customer satisfaction survey by January 31, 2018.

Objective 2:

Perform survey of staff satisfaction with facility by June 30, 2018 and biannually thereafter.

Objective 3:

Develop and implement facility improvement plan by December 31, 2018.

Objective 4:

Reassess ADA compliance of facility by December 31, 2020.

Goal 3: Implement Best Business Practices

90% of divisional operations aligned with best business practices by December 31, 2020

Objective 1:

Research best business practices for each division by December 31, 2018.

Objective 2:

Assess alignment of divisional operations with best business practices by June 30, 2019.

Objective 3:

Develop and implement activities to increase alignment of divisional operations with best business practices by December 31, 2019.

Objective 4:

Evaluate changes in alignment of divisional operations with best business practices by December 31, 2020.





Strategic Priority 2: Optimized Performance

Our most essential function is to provide quality public health services to residents of Richland County. In order to ensure optimal performance, we must define and continually measure our successes, and use this information to identify and address areas for improvement. This strategic priority focuses on further developing our culture of quality improvement.

Goal 1: Implement an Improved Performance Management System

VMSG dashboard utilized for 100% of organizational & divisional plans by August 31, 2018

Objective 1:

Complete VMSG performance management dashboard training by January 31, 2018.

Objective 2:

Operationalize divisional performance metric monitoring on VMSG by March 30, 2018.

Objective 3:

Input existing organizational plans into VMSG and assign user roles by March 30, 2018.

Objective 4:

Develop and implement strategically-aligned divisional operational plans on VMSG by August 31, 2018.

Goal 2: Ensure Evidence-Based Programming

95% of programming aligned with evidence-based public health practices by December 31, 2020

Objective 1:

Research evidence-based public health practices for each division by December 31, 2018.

Objective 2:

Assess alignment of divisional operations with evidence-based public health practices by June 30, 2019.

Objective 3:

Develop and implement activities to increase alignment of programming with evidence-based public health practices by December 31, 2019.

Objective 4:

Evaluate changes in alignment of divisional operations with evidence-based public health practices by December 31, 2020.

Goal 3: Leverage Data to Improve Effectiveness of Services

100% of quality improvement projects measurably improve public health service effectiveness

Objective 1:

Increase alignment of formal quality improvement process with practices recommended by the American Society for Quality (ASQ) by July 31, 2018.

Objective 2:

Implement one quality improvement project by January 31, 2019 and every six months thereafter.

Objective 3:

Evaluate effectiveness of formal quality improvement process by December 31, 2020.

Goal 4: Achieve Public Health Accreditation

Accredited status granted by Public Health Accreditation Board (PHAB) by January 31, 2020

Objective 1:

Optimize document selection and review process by January 31, 2018.

Objective 2:

100% of documentation reviewed by document review team by May 17, 2018.

Objective 3:

100% of documentation submitted to Public Health Accreditation Board by May 31, 2018.





Strategic Priority 3: Effective Communication

Communication – both internal and external – is a critical component of an organization's success. Our ability to effectively serve the public is dependent upon community awareness of our services. Though a robust branding strategy is already in place, we plan to formally assess this in order to improve our reach. Internally, one of the most common areas of improvement cited by RPH staff is their desire to increase internal communication with other divisions.

Goal 1: Enhance Interdivisional Communication

10% improvement in interdivisional communication by December 31, 2019

Objective 1:

Establish interdivisional communication team by March 31, 2018.

Objective 2:

Administer interdivisional communication survey to all staff by June 30, 2018 and annually thereafter.

Objective 3:

Develop and implement a cadence of interdivisional communication activities by December 31, 2018.

Goal 2: Increase Community Awareness of Services & Initiatives

10% increase in community awareness of services and initiatives by December 31, 2020

Objective 1:

Identify current methods of communicating services and activities to the community and alignment with organizational branding strategy by March 31, 2018.

Objective 2:

Assess community awareness of services and initiatives by June 30, 2018.

Objective 3:

Identify and implement activities to increase community awareness of services and initiatives by December 31, 2018.

Objective 4:

Reassess community awareness of services and initiatives by December 31, 2020.



Strategic Priority 4: Strong Collaboration

The fourth essential service of public health is to mobilize community partnerships to identify and solve public health problems. This strategic priority seeks to enhance our ability to engage the multifaceted array of organizations and businesses in our community, in order to better serve the public.

Goal 1: Identify & Foster Relationships with Community Stakeholders

10% increase in community stakeholder engagement by December 31, 2020

Objective 1:

Perform community stakeholder mapping and value analysis by June 30, 2018, and annually thereafter.

Objective 2:

Identify and implement targeted engagement strategies and techniques with external stakeholders by December 31, 2018.

Goal 2: Increase Staff Awareness and Engagement of Internal Resources

20% increase in staff awareness and 10% increase in staff engagement of internal resources by December 31, 2019

Objective 1:

Perform internal resource mapping by June 30, 2018 and annually thereafter.

Objective 2:

Assess staff awareness and engagement of internal resources by December 31, 2018 and annually thereafter.

Objective 3:

Develop and implement staff education on internal resource map by March 31, 2019.



Goal 3: Increase Staff Awareness and Engagement of External Resources

10% increase in staff awareness and 5% increase in staff engagement of external resources by December 31, 2020

Objective 1:

Perform external resource mapping by June 30, 2018 and annually thereafter.

Objective 2:

Assess staff awareness and engagement of external resources by December 31, 2018 and annually thereafter.

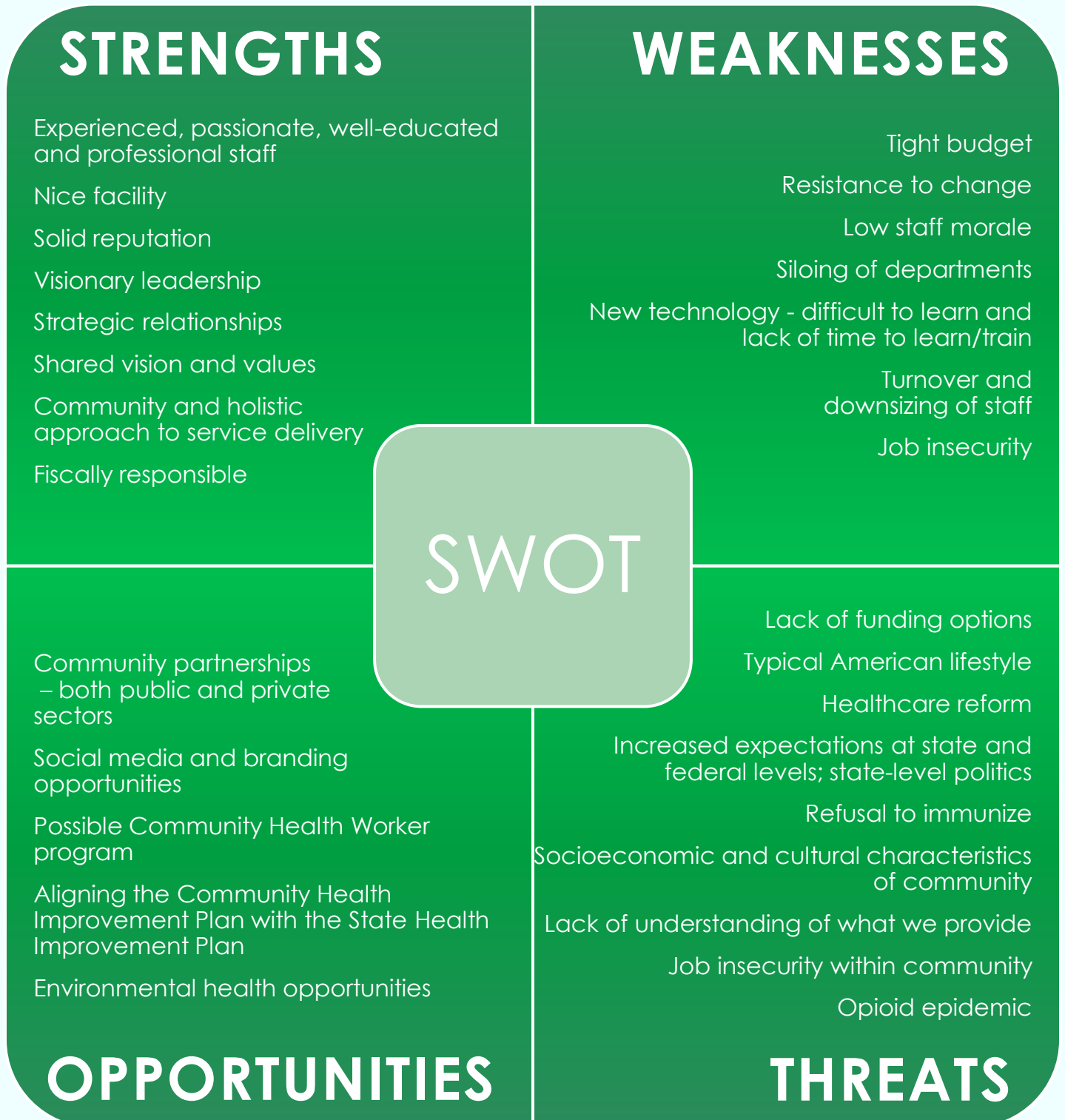
Objective 3:

Develop and implement staff education on external resource map by March 31, 2019.



Appendix A:

Strengths, Weaknesses, Opportunities, & Threats



As a part of the strategic planning process, we assessed the larger environment in which RPH operates. This was done using two (2) methods: the pre-planning survey of Richland Public Health employees and stakeholders, and a Forces of Change assessment during the planning phase of the Richland County Community Health Improvement Plan (CHIP).

[illegible]

In addition to data from the strategic pre-planning survey, data from another planning process was considered. During the development of the 2017-2020 Richland County CHIP, RPH and our community partners utilized an evidence-based strategic planning framework – the National Association of City County Health Officer's (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) framework. A Forces of Change Assessment was conducted as part of the MAPP process. This assessment identified positive and negative forces that may impact community health during the next three to five years. The table below summarizes the forces of change and potential impacts:

Force of Change	Discussion/Impact
Healthcare	<ul style="list-style-type: none"> • Increase in individuals on Medicare & Medicaid over the past forty years. • Local federally qualified health center (FQHC) expanding, increasing access to services for more patients in the community. • OhioHealth is opening a new emergency room (ER) in July 2017. • Increase in Urgent Care Centers throughout the county. • New healthcare system, Avita Health. • Good maternal and infant health is the cornerstone of a healthy community.
Public School System	<ul style="list-style-type: none"> • Low student enrollment and retention rates. • Closing of some local schools.
Economic Workforce	<ul style="list-style-type: none"> • Businesses and potential employees are leaving the county for bigger cities and more opportunities. • Employers are struggling to provide healthcare benefits to their employees.
Aging Population	<ul style="list-style-type: none"> • The aging population brings an increase in chronic disease and falls, etc. • Seniors may have low a socio-economic status (SES) (i.e. live in poverty).
Opiate Epidemic Response	<ul style="list-style-type: none"> • Ohio is highly affected by the opiate epidemic • Richland County Opiate Task Force
Location	<ul style="list-style-type: none"> • Richland County is located between Columbus, Cleveland and Akron. While people may live in Richland County – they work in the areas surrounding the county.
Manufacturing & Refinery Jobs	<ul style="list-style-type: none"> • Manufacturing and refinery jobs are leaving Richland County causing workforce displacement. These jobs are being replaced by technology-based jobs.
Civic Engagement	<ul style="list-style-type: none"> • Decline in civic engagement and disinterest with local government.
Unfunded Mandates	<ul style="list-style-type: none"> • Increasing involvement of federal government in local politics. • Unfunded state/federal mandates impeding local government work.
State Government	<ul style="list-style-type: none"> • A new governor will lead to the appointment of new directors at the state level in 2018.
Environment Health/ Emergency Planning	<ul style="list-style-type: none"> • Increasing prevalence of natural disasters. • Fracking and its environmental and health effects.
US-30 Construction	<ul style="list-style-type: none"> • Redirecting of highway exits could negatively affect neighborhoods, but positively affect businesses.


Appendix C:

Strategic Planning Participants

Richland Public Health engaged all levels of staff, its governing entity, and community stakeholders in its strategic planning process. The following participants were involved:

Pre-Planning Survey Respondents (n=40)	
Richland County Elected Officials	2.5%
Richland County Department Heads	10.0%
Richland Public Health Community Partners	15.0%
Richland Public Health Frontline Staff Members	47.5%
Richland Public Health Supervisors	7.5%
Richland Public Health Management Team Members	17.5%
Richland Public Health Staff	
Name	Title
Aaron Streng	Plumbing Inspector
Amanda Chardon, RS	Sanitarian-In-Training
Amanda Crawford, RN	Public Health Nurse
Amy Schmidt, BSN, RN	Director of Nursing
Angela Lomax	Clerical Specialist, Administration
Anita Douville	Human Resources Specialist
Ben Mutti, RS	Sanitarian
Bethany Haring, RD, LD, CLC	WIC Supervisor/Dietitian
Brenda Brown	Nutritionist Assistant
Christine Park	Clerk, Public Health Nursing
Darlene Meehan, RD, LD, CLC	Dietitian
Denise Close, RN	Public Health Nurse
Ellen Claiborne, MPH, CHES	Health Educator
Emily Leedy, MPH	Health Educator
Frank Brykalski	Chief Plumbing Inspector
Greg Tedrow	Sanitarian
Heather Decker, RS, REHS	Sanitarian
Heather Foley, BSN, RN	Health Education & Communications Specialist
Heather Hayes, RS	Sanitarian-In-Training
Heather Jones	Deputy Registrar
Helen Mitchell	Clerical Specialist, Environmental Health
Janice Lochtefeld	Clerical Specialist, Public Health Nursing
Jennifer Elliott, RN	Public Health Nurse
Joe Harrod, RS, REHS	Director of Environmental Health
Karen Krebs, RD	Dietitian
Karyl Price	Health Educator
Kathy Schmidt	Clerk, Administration

Keith Evans, MSN, RN, ACNS-BC	Public Health Nursing Supervisor
Kevin VanMeter	Director of Fiscal Operations
Kimberly Calhoon	Health Educator
Larry Scott	Maintenance Aide
Lisa Burgess, RN	Public Health Nurse
Lola Utt	Clerical Specialist, Environmental Health
Maria Moreno	Nutritionist Assistant
Marilyn McQuillen, BSN, RN	Public Health Nurse
Martin Tremmel, RS, MPA, JD	Health Commissioner
Penny Gardiner, BSN, RN	Public Health Nurse
Racheal Baxter, RN	Public Health Nurse
Reed Richmond	Health Education & Communications Specialist
Renee Blankenship, RN	Public Health Nurse
Rick Grega, Esq.	Director of Human Resources, Legal, & IT
Rita Hoovler	Administrative/Fiscal Assistant, WIC
Rob Bowers, RS	Sanitarian
Ronda Beasley, RN	Public Health Nurse
Shannon Nelson	Clerical Specialist, Health Promotion & Education
Sharon Donough	Clerical Specialist, Administration
Shelly Adkins	Administrative Specialist, Environmental Health
Susan McFarren, RN	Public Health Nurse
Sydney Lange	Health Educator
Teresa Miller, BSN, RN	Public Health Nurse
Theresa Coleman, RD	Dietitian
Tina Picman, MS, RDLD, CLC	Director of WIC
Todd Berry	Plumbing Inspector
Wes Engelbach, RS	Sanitarian Supervisor
Richland County Board of Health	
Robert Exten, MD (chair)	Della Phelps
Barbara Cinadr, RN	Steven Phillips, DVM
Thelda Dillon	Jean Swartz
Michael Keith	David Remy, JD
John Leech, DDS	Ary vanHarlingen (vice chair)
Matthew Maiyer, RPh	Violet Wetzel
Post-Planning Survey Respondents (n=54)	
Richland Public Health Front-Line Staff	69%
Richland Public Health Director/Supervisor	20%
Richland County Board of Health	11%
Public Comment	
TBD	



Appendix D: Putting it All Together: Linking RPH Plans

(This section will explain the alignment of this strategic plan with other organizational plans, once the other plans are updated to reflect our new strategic priorities, goals, and objectives)