

# KENT HEALTH DEPARTMENT

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## Strategic Plan



2016-2020

Approved on: February 9, 2016

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## **Mission**

To improve the overall health of the community by preventing disease and injury, promoting health and wellness, and connecting Kent City residents to public health services.



## **VISION**

Elevate the public health status of Kent City residents through the promotion of health equity and the prevention of acute and chronic health conditions and injuries. Whenever possible, employ strategies, policies, and interventions to promote positive health outcomes and reduce health disparities in our community.

## **CORE VALUES**

- Access  
We strive to deliver services that address community health priorities or connect Kent residents to the health services they need
- Accountability  
We provide leadership on health related issues and concerns and assure quality of life to the residents of Kent
- Community Service  
Our staff is respectful, caring, and compassionate and grounded in an ethic of caring with a long term commitment to our community
- Education  
We believe that health department staff are lifelong learners and are the trusted resource for health education to Kent residents.
- Partnerships  
We believe that our work is maximized by partnering with others who share our vision and goals
- Protection  
Our programs focus on health promotions and disease prevention

## ABOUT THIS DOCUMENT

The purpose of the City of Kent Health Department Strategic Plan is to:

1. Clearly establish realistic goals, strategies, and objectives consistent with our mission in a defined time frame and within the organization's capacity for implementation.
2. Effectively communicate goals, strategies, and objectives to our staff, board of health, partners, and community.
3. Ensure the most effective use of organizational resources by focusing on key priorities.
4. Provide a base from which progress can be measured and establish a mechanism for informed change when needed.
5. Provide organizational focus leading to improved efficiency and effectiveness.

## OUR STRATEGIC PRIORITIES

Our strategic priorities, and associated goal statements, support our mission and contribute to providing high quality public health services to the Kent City community.

### **Priority #1: Institutionalize Performance Management within the agency**

*The discipline of Public Health has recently embraced performance management to assure service provision is efficient and producing measureable and desirable health outcomes. The Kent Health Department will continue its journey towards institutionalizing continuous quality improvement in all aspects of agency operations.*

### **Priority #2: Improve external communication and public accessibility to health department services**

*It is critical that local public health departments are recognized by the public as a consistent and trusted source of accurate information regarding local, state, and national public health issues. Increasing public awareness of the Kent Health Department as a consistent and authoritative resource will also assure effective communication in times of community and/or public health emergencies.*

### **Priority #3: Strengthen Internal Workforce Development**

*Competencies are a set of knowledge, skills, and attitudes necessary for the broad practice of public health. Investing in workforce competency and capacity development will assure that the Kent Health Department is able to provide effective and efficient public health services to the Kent community.*

## LETTER FROM LEADERSHIP

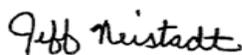
Dear Friends and Colleagues,

I am pleased to present our updated strategic plan for 2015-2020. The City of Kent Health Department continues to work on strengthening our capacity to serve the Kent community through quality public health services in a time of significant challenges including fiscal constraints and new state mandates without any financial support.

This specific strategic plan development was a process that engaged our board of health and staff in identifying next steps for the strategic priorities of the health department. The Kent Health Department is committed to continuing the journey towards institutionalizing quality improvement, improving workforce competency development, and operating a community based local health department while assuring sound use of fiscal resources.

We believe our staff is up to the challenge and committed to carrying out this ambitious strategic plan and look forward to the next five years of hard work on our path to achievement.

Warm Regards,



Jeff Neistadt, MS, RS/REHS  
Health Commissioner

## AGENCY OVERVIEW

The Kent Health Department provides numerous public health-related services to the citizens of Kent, Ohio. These services include annual licensing and inspection of restaurants and retail food establishments, vending machines, schools, onsite sewage and water systems, public swimming pools and spas, tattoo and body piercing establishments, sanitation vehicles and multiple use housing. The Health Department is also responsible for the county's Vital Statistics, providing or connecting indigent Kent residents to medical services, sponsoring a monthly children's immunization program and adult HIV clinic, administering the city's mosquito control program and investigating nuisance complaints.

## THE STRATEGIC PLANNING PROCESS

The health department utilized a seven phased approach to strategic planning. The process began in August 2015 and concluded in December 2015. A summary of activities related to the first five phases of the strategic planning process is provided below.



**Phase 1 - Plan to Plan:** A readiness assessment was conducted by the agency leadership consisting of the Health Commissioner and the board of health to determine if our agency was ready to conduct a strategic planning process and to identify any barriers to the process.

**Phase 2 - Articulate Mission, Vision, and Values (MVV):** During a board of health retreat in April 2013, agency leadership consisting of the board of health and the health commissioner revised the core mission and vision of the agency. Core values were also articulated during the retreat. In August 2015, the board of health reviewed the agency's mission, vision, and core values to determine if any changes were needed.

**Phase 3 - Assess the Situation:** A common way to assess both the internal and external environments is through a SWOT Analysis (Strengths-Weaknesses-Opportunities-Threats). A (SWOT) analysis was conducted and collected from each staff and board of health member through a survey. A summary of themes from this survey is located on the next page.

**Phase 4 - Agree on Priorities:** After the SWOT analysis were conducted, the staff met several times to identify strategic priorities for the organization for the next 5 years. Many ideas were very similar from staff members in the process. The SWOT survey data, along with other inputs including draft summary data from the community health assessment and customer data informed priority identification. In the end, the staff unanimously agreed to three major strategic priorities for the agency. Once a draft of the priorities were ready, it was shared with the board of health during their November board of health meeting.

**Phase 5 - Write the Plan:** Through a series of group discussions, staff and board of health members gained clarity on the priority areas and began identifying objectives and action steps for each. The board of health reviewed the plan as a discussion item at the January 12, 2016 board of health meeting and approved the 5 year plan at the February 9, 2016 board meeting.

### THE SWOT ANALYSIS

As part of the overall strategic planning process, the agency staff and board of health conducted an SWOT analysis to identify internal strengths and weaknesses as well as external opportunities and threats. A summary of themes from the SWOT analysis are shown in the tables below. This information, along with other inputs such as customer service data, community health assessment data, community needs assessment data, and staff satisfaction data, provided the basis for identifying the agency’s strategic priorities and goals.

#### Staff SWOT Analysis

<u>Strengths</u>	<u>Weaknesses</u>
<ul style="list-style-type: none"> <li>• Supportive Board of Health</li> <li>• Staff is very good and knowledgeable of public health laws and regulations</li> <li>• Staff is flexible and adaptive to change</li> <li>• Quick response to the community</li> <li>• Relationships with other city agencies</li> <li>• Available Resources (KSU Interns)</li> <li>• Internal Communication</li> <li>• Involvement in professional organizations</li> <li>• Use of Information Technology</li> <li>• Employee pay is higher than other agencies</li> <li>• Employees are provided with needed equipment and resources to succeed in their positions</li> <li>• Great reputation in the community</li> <li>• High quantity of work performed by few people</li> </ul>	<ul style="list-style-type: none"> <li>• Low Immunization Rates with Ethnic Populations</li> <li>• Gaps in Accreditation Readiness</li> <li>• Lack of Quality Improvement Initiatives</li> <li>• Lack of Workforce Development Initiatives</li> <li>• Lack of Involvement In Community Health Improvement Initiatives</li> <li>• Inconsistent branding</li> <li>• No Employee Satisfaction Evaluations</li> <li>• No employee professional development plan</li> <li>• Lack of employee recognition activities</li> <li>• Lack of Cultural Competency Training and Policy Development</li> <li>• Marketing of services</li> <li>• Small staff</li> <li>• Location of offices</li> <li>• Lack of city policies</li> <li>• Understaffed and staff burnout</li> </ul>
<u>Opportunities</u>	<u>Threats</u>
<ul style="list-style-type: none"> <li>• Utilization of Performance Management Software</li> <li>• Sharing resources with other local health departments and local agencies</li> <li>• Collaborating with community partners</li> <li>• Increase social media presence</li> <li>• Increase Customer Satisfaction Efforts</li> <li>• Funding for accreditation and QI</li> <li>• Increased collaboration</li> <li>• Accreditation</li> <li>• Work even closer with KSU</li> <li>• Educational opportunities with University</li> <li>• Internships by KSU students</li> </ul>	<ul style="list-style-type: none"> <li>• Economy</li> <li>• Location (Difficult for customer service)</li> <li>• Regionalization</li> <li>• Consolidation of City/Small Health Departments</li> <li>• Lack of Public Health Funding in Ohio</li> <li>• Accreditation Deadline of 2020</li> <li>• KSU Immunization Requirements</li> <li>• Other larger agencies with employment openings</li> <li>• State mandates and audits</li> </ul>

## Board of Health SWOT Analysis

<u>Strengths</u>	<u>Weaknesses</u>
<ul style="list-style-type: none"> <li>• Excellent, dedicated, professional staff</li> <li>• Historically, the BOH has benefitted from a dedicated, focused Board of Directors who have the department’s best interests in mind</li> <li>• Strong supportive relationship with the current city administration</li> <li>• Good relationship with KSU</li> <li>• Direct services are cost-based and developed on real cost data.</li> <li>• Strong relationships with local, regional, and statewide partners.</li> <li>• Appropriate increases in revenue</li> <li>• Transparency with Communications, reports, and inspections via the internet</li> <li>• Commitment to raising and or maintaining a healthy community</li> <li>• Community support and excellent reputation in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of policy and financial support from the state for local public health efforts</li> <li>• Behind where we should be with mandated accreditation; possible underinvestment in the effort</li> <li>• Lack of flexibility with the requirements/structure of city government (i.e. HR; IT)</li> <li>• Lack of a dedicated source of revenue and the lack of firm budgetary control, aka. being subject to the whims/vagaries of the city finance department w/ departmental “budget”</li> <li>• Less than ideal physical location</li> <li>• Lack of partnership with Kent City schools</li> <li>• Technology expertise</li> </ul>
<u>Opportunities</u>	<u>Threats</u>
<ul style="list-style-type: none"> <li>• Perfectly positioned for robust growth in the department’s relationship with KSU as an academic health department</li> <li>• Department is poised to raise the bar on public health for the city &amp; its residents through accreditation</li> <li>• Poised to further develop relationship with the Kent City Schools</li> <li>• Collaboration amongst current partners and establishing new partnerships</li> <li>• Program outcomes and sharing info with community</li> <li>• With increased revenue, hire more staff and expand programs</li> </ul>	<ul style="list-style-type: none"> <li>• Local political support contingent on the contract-based employment of the city manager</li> <li>• Department’s relationship is uneasy with the local political officials who are landlords, and therefore subject to the departmental policy oversight</li> <li>• Further reduction in state support for public health</li> <li>• Inability to replace staff vacancies quickly</li> <li>• Insufficient funding put a strain on staff and programs</li> <li>• Burnout by staff</li> <li>• Increased drug problems in community with no resources to deal with it</li> <li>• More state mandates but no funding to support mandates</li> </ul>

## PRIORITIES, GOALS, AND OBJECTIVES

<b>STRATEGIC PRIORITY 1: INSTITUTIONALIZE PERFORMANCE MANAGEMENT WITHIN THE AGENCY</b>					
The discipline of Public Health has recently embraced performance management to assure service provision is efficient and producing measureable and desirable health outcomes. The Kent Health Department will continue its journey towards institutionalizing continuous quality improvement in all aspects of agency operations.					
<b>Goal 1.1: Strengthen the agency's performance management system</b>					
<b>Objectives</b>	<b>Metrics</b>	<b>Action Steps</b>	<b>Timeframe</b>	<b>Lead</b>	<b>Status</b>
<b>Objective 1.1.1:</b> Develop Standard Operating Protocols (SOP) for all office and field operations	SOP's approved by the Health Commissioner and/or Program Lead for all health department services	<ul style="list-style-type: none"> <li>Review/revise current SOP's</li> <li>Create SOP's for office and field operations that have no written protocol</li> <li>SOP approval from Program Lead or Health Commissioner</li> </ul>	<b>Start:</b> January 1, 2015  <b>End:</b> December 31, 2016	All Staff	7.2016: In progress
<b>Objective 1.1.2:</b> All SOP's will be uploaded into the dashboard management system and start to be tracked by management for evaluation	SOP's will be uploaded into the VMSG Dashboard System	<ul style="list-style-type: none"> <li>Train staff on how to use the VSMG dashboard</li> <li>Upload all approved SOP's into the dashboard system</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> March 31, 2017	Accreditation Coordinator	7.2016 Staff has been trained in VSMG
<b>Objective 1.1.3:</b> Evaluate all SOP's annually to determine usefulness to the organization and to ensure that they are in compliance with state and federal laws	SOP's will be have a review date on the document showing it has been reviewed within the past year	<ul style="list-style-type: none"> <li>Review and revise (if necessary) current SOP's annually</li> <li>Develop SOP's for new programs and services that the health department provides, as needed</li> </ul>	<b>Start:</b> March 31 <sup>st</sup> , 2017  <b>End:</b> Ongoing	Health Commissioner, Accreditation Coordinator	Does not start until 2017

Goal 1.2: Obtain and maintain national public health accreditation					
Objectives	Metrics	Action Steps	Timeframe	Lead	Status
<p><b>Objective 1.2.1:</b> All pre-requisites will be completed and an application for accreditation will be submitted to the Public Health Accreditation Board (PHAB)</p>	Finalized Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and Strategic Plan	<ul style="list-style-type: none"> <li>Board of Health approval of Kent Health Department Strategic Plan</li> <li>Finalize CHA with Portage County Health Department (PCHD)</li> <li>Finalize CHIP with PCHD</li> <li>Submit pre-application to PHAB</li> <li>Submit application to PHAB</li> </ul>	<p><b>Start:</b> January 1, 2016</p> <p><b>End:</b> December 31, 2017</p>	Health Commissioner, Accreditation Coordinator, All Staff	7.2016 CHA Complete SP Complete CHIP in draft form
<p><b>Objective 1.2.2:</b> Kent Health Department staff will meet quarterly with PCHD to identify collaborative opportunities on public health accreditation</p>	Meeting minutes, agendas, and sign-in sheets from meetings	<ul style="list-style-type: none"> <li>Attend quarterly meetings with PCHD</li> <li>Ensure that meeting is adequately documented</li> <li>Save meeting documents and materials in the shared drive</li> </ul>	<p><b>Start:</b> January 1, 2016</p> <p><b>End:</b> Ongoing</p>	Health Commissioner, Accreditation Coordinator, Staff	7.2016 KHD and PCHD have been meeting regularly. So far it has been focused on the completion of the CHA and CHIP
<p><b>Objective 1.2.3:</b> Kent Health Department will obtain national public health accreditation status through the Public Health Accreditation Board (PHAB)</p>	Accreditation granted by PHAB	<ul style="list-style-type: none"> <li>Attend Accreditation Coordinator Training</li> <li>Upload required documentation into e-phab</li> <li>Prep for Site Visit</li> </ul>	<p><b>Start:</b> December 21, 2017</p> <p><b>End:</b> June 30, 2020</p>	Accreditation Coordinator	Does not start until 2017

Goal 1.3: Annually conduct two quality improvement initiatives					
Objectives	Metrics	Action Steps	Timeframe	Lead	Status
<b>Objective 1.3.1:</b> Develop and have board of health approval for the KHD Quality Improvement (QI) Plan	Approve Quality Improvement Plan	<ul style="list-style-type: none"> <li>Complete QI assessment by all staff</li> <li>Complete QI Plan draft</li> <li>Board approved QI Plan</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> March 31, 2016	Health Commissioner, Accreditation Coordinator	7.2016 Completed
<b>Objective 1.3.2:</b> All staff trained on multiple quality improvement programs	Certificates from QI trainings for all staff	<ul style="list-style-type: none"> <li>Apply for Lean Bootcamp Scholarships</li> <li>One (or more) employees attend Lean Bootcamp Training</li> <li>All staff trained in basic QI principles</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> January 31, 2017	Accreditation Coordinator, All Staff	7.2016 HC & ACC completed LeanOhio Bootcamp Still need to train the rest of staff
<b>Objective 1.3.3</b> Develop a Quality Improvement Committee to oversee QI projects for implementation	QI Committee meeting minutes, agendas, and sign-in sheets	<ul style="list-style-type: none"> <li>Select members for QI Committee including staff and the board of health</li> <li>Hold meetings quarterly to select QI initiatives and projects</li> </ul>	<b>Start:</b> April 1, 2016  <b>End:</b> Ongoing	Health Commissioner, Accreditation Coordinator	7.2016 QI Committee members selected
<b>Objective 1.3.4:</b> Develop and implement two new quality improvement projects annually	Completed Team charters, storyboards, SWOT analysis, and other QI project documentation	<ul style="list-style-type: none"> <li>Select QI projects to conduct</li> <li>Assign QI Project Teams</li> <li>Complete the Plan, DO, Check, Act Cycle</li> <li>Compile a finalized report with the project results and further action steps</li> </ul>	<b>Start:</b> June 30, 2016  <b>End:</b> June 30, 2017, ongoing	Accreditation Coordinator, QI Committee	7.2016 No progress. Should have perf. Mgmt. implemented prior to QI. May need to extend date.

### STRATEGIC PRIORITY 2: IMPROVE EXTERNAL COMMUNICATION AND PUBLIC ACCESSIBILITY TO HEALTH DEPARTMENT SERVICES

It is critical that local public health departments are recognized by the public as a consistent and trusted source of accurate information regarding local, state, and national public health issues. Increasing public awareness of the Kent Health Department as a consistent and authoritative resource will also assure effective communication in times of community and/or public health emergencies.

#### Goal 2.1: Provide regular, timely, and effective health information to the general public

Objectives	Metrics	Action Steps	Timeframe	Lead	Status
<b>Objective 2.1.1:</b> Implement a branding strategy for KHD	Branding strategy and standardized forms	<ul style="list-style-type: none"> <li>Branding strategy finalized and approved</li> <li>Standardize all forms and letterheads</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> March 31, 2016	Accreditation Coordinator	7.2016 Completed
<b>Objective 2.1.2:</b> Increase promotion of the department through internet resources such as the website and Facebook	Increase followers (or page likes) by 100% Create new social media accounts	<ul style="list-style-type: none"> <li>Update current content on the website</li> <li>Create new social media accounts (Twitter, Instagram, etc.)</li> <li>Increase followers on social media</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> December 31, 2016	Accreditation Coordinator, Secretary	7.2016 Website has been updated with current name and contact info. Social Media followers increase by 200% since 2015.
<b>Objective 2.1.3:</b> Provide quarterly education to Kent residents through City Tree Bulletin	Published article in the bulletin every quarter	<ul style="list-style-type: none"> <li>Publish an article quarterly in the Tree City Bulletin with relevant, timely, and actionable health information</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> Ongoing	Accreditation Coordinator, All Staff	7.2016 KHD provides articles quarterly
<b>Objective 2.1.4:</b> Provide monthly education articles in the Kent State University (KSU) parent electronic newsletter	Published monthly article in the newsletter	<ul style="list-style-type: none"> <li>Publish an article monthly in the parent newsletter with relevant, timely, and actionable health information</li> </ul>	<b>Start:</b> December 31, 2016  <b>End:</b> Ongoing	Accreditation Coordinator, All Staff	KHD provides information to KSU through the monthly community meetings to post in the electronic newsletter.

<b>Objective 2.1.4</b> Provide health education to Kent residents during fairs/festivals with relevant health information	Attend five festivals per year and provide educational health information	<ul style="list-style-type: none"> <li>Develop health education materials relevant to Kent City residents</li> <li>Attend five festivals/fairs/event per year</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> Ongoing	Health Commissioner, Accreditation Coordinator, Staff	7.2016 Has attended 3 community events
<b>Goal 2.2: Assure implementation of the Community Health Improvement Plan</b>					
<b>Objectives</b>	<b>Metrics</b>	<b>Action Steps</b>	<b>Timeframe</b>	<b>Lead</b>	<b>Status</b>
<b>Objective 2.2.1</b> Have a complete Community Health Assessment	Completed CHA including primary and secondary data	<ul style="list-style-type: none"> <li>Review draft copy of CHA and Kent specific data</li> <li>Attend meetings with HCNO and PCHD until CHA is finalized</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> March 31, 2016	Health Commissioner, Accreditation Coordinator	7.2016 Completed
<b>Objective 2.2.2:</b> Develop a Community Health Improvement Committee for selection of health priorities	Committee list; Agenda and meeting minutes from Committee meetings	<ul style="list-style-type: none"> <li>Establish a CHIP Committee with PCHD and partners</li> <li>Attend committee meetings and workgroups</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> June 30, 2016, ongoing	Health Commissioner, Accreditation Coordinator	7.2016 Completed
<b>Objective 2.2.3:</b> Complete the Community Health Improvement Plan and promote plan to the public	Completed CHIP, meeting minutes/agendas from Committee meetings	<ul style="list-style-type: none"> <li>Select CHIP priorities</li> <li>Attend committee meetings</li> <li>Engage in CHIP initiatives</li> <li>Promote the CHIP to the community through the website and other educational materials</li> </ul>	<b>Start:</b> March 31, 2016  <b>End:</b> December 31, 2016	Health Commissioner, Accreditation Coordinator, All Staff	7.2016 CHIP is in draft form, not yet finalized
<b>Goal 2.3: Strengthen communication and collaboration with public health partners including Kent State University, Mental</b>					

Health and Recovery Board, other City of Kent departments and the Portage County Health Department					
Objectives	Metrics	Action Steps	Timeframe	Lead	Status
<b>Objective 2.3.1</b> Establish quarterly meetings with PCHD leadership regarding opportunities for collaboration	Meeting documentation (agenda, minutes, sign-in)	<ul style="list-style-type: none"> <li>Establish relationship with PCHD leadership</li> <li>Attend quarterly meetings</li> <li>Engage in collaborative activities</li> </ul>	<b>Start:</b> March 31, 2016  <b>End:</b> Ongoing	Health Commissioner	The HC meets monthly with PCHD leadership to discuss collaborative opportunities.
<b>Objective 2.3.2:</b> Educate and collaborate with Kent State University and the Portage County Mental Health and Recovery Board	Meeting documentation (agenda, minutes, sign-in)  Intern projects	<ul style="list-style-type: none"> <li>Meet regularly with the Mental Health and Recovery Board</li> <li>Educate Kent State students on local public health programs and services</li> <li>Collaborate with Kent State University by mentoring and overseeing Kent State Students in internships</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> December 31, 2016, ongoing	Health Commissioner, Accreditation Coordinator, Staff	The HC is an active member of the PC Mental Health and Recovery Board and serves on their committees. Currently, the KHD is collaborating with KSU on a RWJF grant on shared services.
<b>Objective 2.3.3:</b> Collaborate with the City of Kent's Community Development Department on a rental registration and licensing program	Meeting documentation (agenda, minutes, sign-in)  Implementation of rental registration program	<ul style="list-style-type: none"> <li>Meet regularly with Community Development Department</li> <li>Assist in the development of rental registration program</li> <li>Educate Community Development Department on the Health Department multi-unit housing program</li> </ul>	<b>Start:</b> March 31, 2016  <b>End:</b> March 31, 2017	Health Commissioner, Multi-unit housing staff	The KHD has collaborated on developing the rental registration program that was approved by City Council in March, 2016.

### STRATEGIC PRIORITY 3: STRENGTHEN INTERNAL WORKFORCE DEVELOPMENT

#### Goal 3.2: Strengthen workforce satisfaction

Public health competencies are a set of knowledge, skills, and attitudes necessary for the broad practice of public health. Investing in workforce competency and capacity development will assure that the Kent Health Department is able to provide effective and efficient public health services to the Kent community.

#### Goal 3.1: Strengthen workforce competency and capacity

Objectives	Metrics	Action Steps	Timeframe	Lead	Status
<b>Objective 3.1.1:</b> Write all position descriptions for health department staff to include core public health competencies	Completed position descriptions for all staff	<ul style="list-style-type: none"> <li>Develop position descriptions to include core competencies</li> <li>Solicit staff input</li> <li>Health Commissioner approve all position descriptions</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> March 31, 2016	Accreditation Coordinator	7.2016 Completed
<b>Objective 3.1.2:</b> Develop and Implement Workforce Development Plan	Completed WFD Plan	<ul style="list-style-type: none"> <li>Revise current WFD Plan</li> <li>Send out staff demographic survey</li> <li>BOH approval of WFD Plan</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> March 31, 2016	Health Commissioner, Accreditation Coordinator, All Staff	7.2016 Completed
<b>Objective 3.1.3:</b> Develop individual professional development plans for all staff members and review plans during annual performance evaluations	Completed individual professional development plans for all staff	<ul style="list-style-type: none"> <li>Create a form for professional development plan</li> <li>All employees complete plan</li> <li>Conduct performance evaluations</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> February 28, 2017	All Staff	7.2016 No progress
<b>Objective 3.1.4</b> Annually review the Council of Linkages data to identify key training to augment staff competencies and capacities currently missing from the agency	Council of Linkages assessment	<ul style="list-style-type: none"> <li>Complete Council of Linkages Tier Assessment</li> <li>Solicit staff input on training needs</li> <li>Update workforce development plan as needed</li> </ul>	<b>Start:</b> January 1, 2017  <b>End:</b> December 31, 2017	Accreditation Coordinator	Does not start until 2017

Objectives	Metrics	Action Steps	Timeframe	Lead	Status
<b>Objective 3.2.2</b> Annually survey the staff on workplace satisfaction	Completed survey from all staff; meeting minutes discussing results	<ul style="list-style-type: none"> <li>Develop an employee satisfaction survey</li> <li>All staff complete survey</li> <li>Compile results</li> <li>Meeting with leadership to review results</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> ongoing	Health Commissioner, Accreditation Coordinator	7.2016 Completed for 2015
<b>Objective 3.2.2:</b> Annually discuss workplace satisfaction results with staff to create incentives to increase workforce satisfaction	Meeting documentation (agenda, meeting minutes, sign-in) from staff meeting	<ul style="list-style-type: none"> <li>Annual staff meeting to discuss workplace satisfaction</li> <li>Develop action steps to increase employee satisfaction</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> ongoing	Health Commissioner	7.2016 Completed for 2015
<b>Objective 3.1.3:</b> Provide continuing education to enhance staff competencies	Training materials, certificates of completion	<ul style="list-style-type: none"> <li>Research training opportunities to align with public health competencies</li> <li>Staff complete trainings to address their identified gaps</li> <li>Update WFD plan with additional trainings as needed</li> </ul>	<b>Start:</b> January 1, 2016  <b>End:</b> April 1, 2016	Health Commissioner, Accreditation Coordinator	7.2016 Completed

### EVALUATION

The Strategic Planning Committee will meet semi-annually to evaluate progress towards the strategic goals. Progress will be tracked within this plan as well as in the KHD Performance Management Dashboard. Progress will be presented to the staff and board of health. Goals and objectives will be revised as necessary.