

CCPHC Strategic Plan 2016-2018

Strategic Plan Summary

Plan Overarching Key Performance Measures:

- At least 90% of Strategic Plan Key Performance Measures (KPMs) are met annually.
- Maintain PHAB Accreditation.
- Overall Employee Satisfaction rate of 3.75 or above. (on 5 point scale)
- Develop and achieve a balanced budget annually.
- Community Health Improvement: Identify at least one critical area from the Community Health Improvement Plan process, then develop and execute community health interventions to positively effect health outcomes in that area.

Mission Driven

Strategic Initiative

1 Organizational Excellence: Ensure delivery of quality programs and service, through supporting highly qualified and well-trained staff and volunteers, who are aligned with our mission and values, and maintaining Public Health Accreditation Board (PHAB) standards of excellence.

<p><i>Goal</i> 1.1 Culture of Quality - Performance Management / Continuous Quality Improvement: Evaluate and continuously improve processes, programs, and interventions.</p>	<p><i>Key Performance Measures</i></p> <ul style="list-style-type: none"> • At least 85% employees report being a part of the Performance Management/Quality Improvement (PM/QI) culture. • Overall customer satisfaction rating of 3.5 or higher for programs and services, measured through the Clay County Public Health Center (CCPHC) General Customer Satisfaction Survey. • At least 75% of staff report providing input on improvement opportunities on an "occasional" or "often" basis.
<p><i>Goal</i> 1.2 Staff - Competent Workforce: Ensure a competent public health workforce through fostering the recruitment, development and retention of committed, competent and diverse team members.</p>	<p><i>Key Performance Measures</i></p> <ul style="list-style-type: none"> • Aggregate CCPHC Employee, Public Health Core Competency score of at least 3.0. • 100% of employees complete required annual online trainings by December 31. • 80% employees report they are receiving necessary training to do their job well. (Org Climate survey- Development) • 80% employees report they are satisfied with CCPHC leadership development opportunities. (Org Climate survey- Leadership) • 80% employees report they are involved in planning goals and direction. (Org Climate survey – Leadership) • 80% employees report they have the autonomy to correct problems as they occur. (org Climate survey – Leadership) • 80% of employees report they receive the information they need to do their job well. • 80% of employees report they clearly understand the direction CCPHC is headed. • 80% of employees report there is cooperation and teamwork across CCPHC. • Annual unplanned turnover rate of 12% or less.
<p><i>Goal</i> 1.3 Maintain Capacity to Engage the CCPHC Board of Trustees: Provide information to the CCPHC BOT regarding public</p>	<p><i>Key Performance Measures</i></p> <ul style="list-style-type: none"> • PHAB12.2 - Provide information to the BOT regarding public health and the official responsibilities of the health department and of the BOT.

health and the official responsibilities of the health department and of the CCPHC Board of Trustees.	<ul style="list-style-type: none"> • PHAB12.3 - Encourage BOT engagement in the CCPHC's overall obligations and responsibilities.
<p><i>Goal</i></p> <p>1.4 Maintain PHAB Accreditation: Continue our path of excellence as indicated by maintaining Public Health Accreditation Board (PHAB) accreditation.</p>	<p><i>Key Performance Measures</i></p> <ul style="list-style-type: none"> • Address all PHAB annual reporting requirements to show increased compliance in the required reporting areas as well as measures which we have "not demonstrated" or "slightly demonstrated".

Strategic Initiative

2 Operational Sustainability: While supporting the goals of our programs, CCPHC will maintain a sound fiscal position with transparency, integrity and efficiency to support long-term sustainability.

<p><i>Goal</i></p> <p>2.1 Financial Responsibility: Ensure effective financial management systems to manage resources wisely, analyze present and future needs, sustain operations, and demonstrate accountability.</p>	<p><i>Key Performance Measures</i></p> <ul style="list-style-type: none"> • Percentage of Non-Tax Levy revenue received is > 35%. • Zero exceptions found during the annual fiscal independent audit. • Percentage of budgeted revenue amount to actual revenue received <= 100% • Percentage of budgeted expenditure to actual expenditure >= 100% • Percentage of actual expenditure amount to actual revenue received is < 100% • 100% administrative service contracts renewed annually.
<p><i>Goal</i></p> <p>2.2 Safe and Well Maintained Work Environment: Ensure we maintain a safe, clean and welcoming environment that supports the efficient delivery of our public health services for clients and staff.</p>	<p><i>Key Performance Measures</i></p> <ul style="list-style-type: none"> • Annual Experience Modification (EMOD) rate of 1.3 or below. • 95% or higher satisfaction rate on safety related items as measured by the employee facility survey.
<p><i>Goal</i></p> <p>2.3 Technology: Ensure the capabilities of CCPHCs hardware, software, and infrastructure effectively support the evolving technology needs of our programs.</p>	<p><i>Key Performance Measures</i></p> <ul style="list-style-type: none"> • At least 85% of internal users are overall satisfied with IT services and technology needs. • Ensure that 100% of network threats are averted. • Network Availability of at least 99.999%.
<p><i>Goal</i></p> <p>2.4 External Communication & Marketing: Become the visible leader and voice in the community for public health</p>	<p><i>Key Performance Measures</i></p> <ul style="list-style-type: none"> • At least a 10% increase in Twitter followers annually. • At least 10% increase in facebook followers annually. • At least a 5% increase in overall website hits annually. • At least 75% of all media releases and articles are printed by local media outlets.

Strategic Initiative

3 Community Health Improvement: Address the identified community health problems with evidence-based strategies focused on population health.

<p><i>Goal</i></p> <p>3.1 Community Development and Engagement: Build pathways for community engagements/partnerships to advance population health improvement, including Community Health Assessment / Community Health Improvement Plan (CHA/CHIP) priorities, as well as other community collaborations advancing identified community health priorities.</p>	<p><i>Key Performance Measures</i></p> <ul style="list-style-type: none"> • CCPHC staff involved in at least three CHIP initiatives annually. • Completed a report on at least one non-infectious health investigation / health hazard annually beginning in 2017. • Provide aggregate health data or data analysis to at least 3 LPHS partners annually. • Achieve at least two health policy changes annually as a result of collaborations CCPHC has involvement in.
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	<ul style="list-style-type: none"> • Identify at least one critical area regarding obesity from the Community Health Improvement Plan process, then develop and execute community health interventions to positively effect health outcomes in that area. • Identify at least one critical area regarding COPD / Lung Cancer from the Community Health Improvement Plan process, then develop and execute community health interventions to positively effect health outcomes in that area.
<p><i>Goal</i> 3.2 Health Promotion: Promote community health through informing, educating and empowering people to make choices to improve health.</p>	<p><i>Key Performance Measures</i></p> <ul style="list-style-type: none"> • Increase the percentage of WIC infants who receive breast milk (initiation) by 2% per year. • Improve after birth "child safety" with an emphasis on proper car seat usage and safe sleep. Meet 90% of need with a goal of 100%, for individuals who meet the criteria for crib placement. • Improve Pre and Post birth outcomes through home visits by RN Case Managers. Goal of 3 per client by end of plan implementation. • By end of plan implementation, decrease the percentage of WIC & Case Management pregnant clients who deliver before 37 weeks gestation by 2%. • Reduce the percentage of Clay County WIC children ages 2-5 with a BMI of at risk or overweight by 8% over a three year period. • Increase the number of clients who access care during the first trimester by 2% each year over the three year plan. • Increase case manager caseload to 25 clients per case manager by 2018 (end of plan implementation) to improve quality and access to care through increased case management clients, tobacco cessation, focus on disparate areas and referrals. • Decrease the number of unintended pregnancies by 2% annually, increasing the number of clients receiving family planning services, with priority for services to low-income individuals. • Improve students' knowledge of oral health. 2016 Baseline year.
<p><i>Goal</i> 3.3 Disease Prevention: Solve community health problems through timely monitoring, screenings, diagnosis and investigation, to prevent the spread of disease.</p>	<p><i>Key Performance Measures</i></p> <ul style="list-style-type: none"> • Reduce the burden of cancer by providing screening and follow up according to nationally recognized standards of care through increasing the number of women who get recommended screenings by 2% annually for each year of the plan. • Improve immunization rates in children by 2% each year, adolescent HPV vaccinations by 6% each year, prenatal clients TDAP by 10% over the next three years and at risk adults by 5% annually of recommended immunizations. • Increase Dental and Oral Health through screening, fluoride and access to care. • Increase the number of women tested for Chlamydia infection through screening of females ages 15-24, with an increase of 10% by end of plan implementation. • At least 80% of communicable disease outbreaks are contained and ended within two incubation periods within CCPHC jurisdiction.

Goal

3.4 Health Protection: Ensure the quality, effectiveness, and enforcement of regulatory health inspections and emergency preparedness efforts in order to protect the health and welfare of the public.

Key Performance Measures

- At least a 2% reduction in the number of food-borne illness risk factor violations annually.
- At least one Environmental Health Section ordinance reviewed annually.
- At least one Food and Drug Administration (FDA) Voluntary Retail Program Standard met and verified by audit annually.
- 100% of Clay County Public Health Center staff who have completed FEMA's National Incident Management System (NIMS) training within 10 months of hire date.
- Annually, less than 20% of permitted food establishments require re-inspection.
- Annually, less than 15% of permitted recreational water facilities (pools, spas, spraygrounds) require re-inspection.
- At least 95% of complaints filed with Clay County Public Health Center regarding facilities regulated by one of our ordinances are resolved within each calendar year.
- At least 50% of Clay County Public Health Center staff participate in Emergency Operations Plan trainings and exercises held annually. (unduplicated count)
- Gain compliance to at least an "intermediate" level, with 100% of all capabilities and functions as outlined in the CDC Medical Countermeasure Operational Readiness Review Tool.