

**2015**

**ANNUAL STRATEGIC PLAN REVIEW  
2014-2018**



**Davis County  
Health Department**

**January 2016**



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# Background

Davis County Health Department's 2014-2018 Strategic Plan offers a framework for key policy and operational priorities for the department. Seven priorities were identified that serve as the focus for department activities. Each priority has supporting goals and objectives identified for the purpose of improving the department and positioning it to achieve its goals. The priorities included in the strategic plan are:

- Align with and Support the Davis County Community Health Improvement Plan
- Align with and Support the Utah State-Wide Health Improvement Plan
- Public Health System Coordination
- Communication
- Performance Management & Quality Improvement Culture
- Workforce Development
- Employee Wellness

The plan was finalized and implementation began early in 2014. A copy of the plan was disseminated to all department staff through email and was also presented to the Board of Health. Division strategic plans were created to closely align with the department's priorities. This annual progress report describes the findings of a collective review and evaluation of the department's progress, concentrating on the identified priorities, goals and objectives. This report will be used to inform planning for 2016, guide budgeting practices and fiscal management, evaluate staff capacity and effectiveness, and increase transparency around successes and challenges.

## Strategic Plan Monitoring

A monthly Joint Management Team meeting consisting of department leadership, management team members, and objective leads will be held to discuss objective progress and address any objective that has been designated as off-track.

Each objective has been assigned a lead who has been identified to be in the best position to monitor and report on objective activities and progress.

The strategic plan monitoring process is divided into two main areas: quarterly reporting and annual reporting.

### Quarterly Reporting

All objectives have a quarterly reporting requirement. Documentation requirements for quarterly reporting differ depending on the objective status and are defined as follows:

#### 2015 Objectives

Objectives with a designated completion date of 2015 are assigned oral quarterly reporting dates at the Joint Management Team meeting. In addition to the oral report of the objective's status, objective leads will complete and submit prior to the meeting an [Objective Reporting Form](#) that summarizes what activities have occurred and been completed.

### On-Going and Future Date Objectives

Objectives with designated completion dates of 2016, 2017, 2018, or an on-going status are required to be updated on the Strategic Plan Tracking Spreadsheet prior to the April 13, July 13, and October 12 Joint Management Team meetings. Objective leads are not required to provide an oral report at these meetings unless the objective has been deemed by a lead to be off-track. At that time the objective will be placed on the Joint Management Team meeting agenda and discussed.

### **Annual Reporting**

A final annual report will be provided by objective leads for all objectives contained within the strategic plan. Objective leads complete the [Objective Reporting Form](#) which captures information about major accomplishments and milestones for the objective. If the objective is identified as off-track, objective leads are asked to report on why it's off-track, what needs to happen to get it back on-track, and whether or not the objective needs to be revised. For objectives that are complete, leads also report on successes and barriers that were encountered.

Each objective will be identified with one of the following status indicators within the annual progress report:

- **Completed:** Objective was completed on-time or ahead of schedule.
- **On-Track:** Ongoing objective is progressing and on schedule.
- **Off-Track:** Objective is not complete and is past due or ongoing but not on schedule.
- **Not Started:** Objective has not been started, but is on schedule.
- **Removed:** Objective has been removed from the plan.

## Overall Status of Strategic Plan Objectives

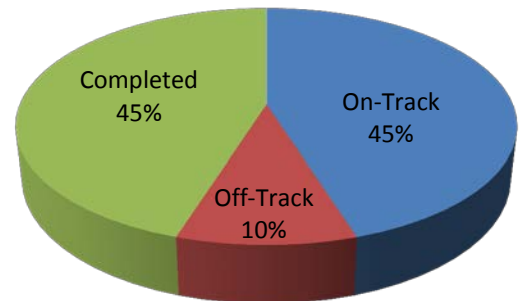
Of the 82 objectives in the 2014-2018 Strategic Plan, the department has shown significant progress toward established goals in 73 objectives, including in important areas such as air quality, community health improvement plan priorities, state health improvement plan priorities, employee wellness, workforce development, performance management, quality improvement and communications.

Eight objectives are identified as off-track and cited the following barriers:

- Loss of critical staff
- Project delays
- Lack of support staff resources
- Unrealistic deadlines
- Unclear processes and purpose of objectives
- Changing department priorities
- Lack of needed resources to affect a change

Three objectives were removed from the plan after the 2014 Annual Strategic Plan Retreat. Each of the removed objectives is identified within this report and provides additional information regarding why they were removed.

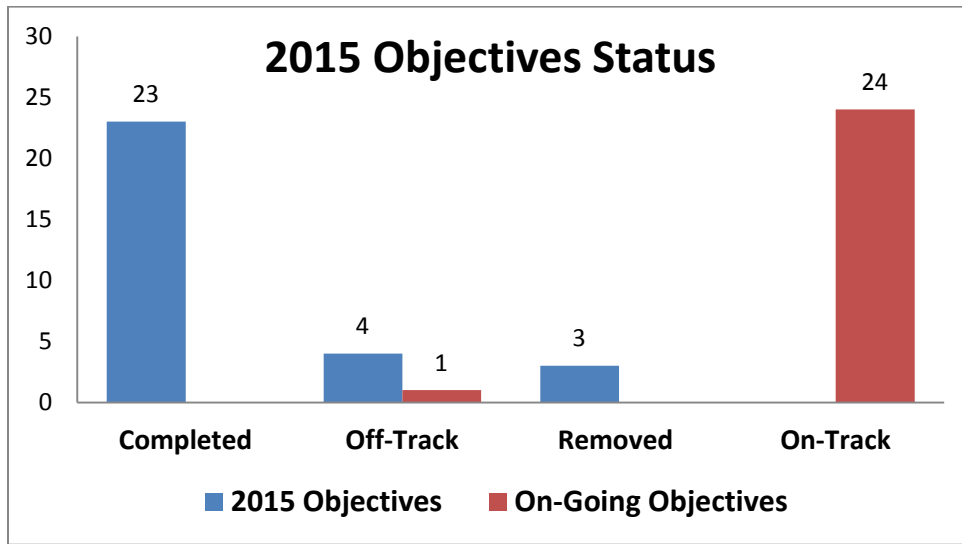
### Status Percentages



**90% of all Strategic Plan objectives are either On-Track, Completed, or Not Started.**

## 2015 Overview

The 55 objectives identified for 2015 include 30 objectives with target completion dates in 2015 and 25 objectives that are on-going throughout the five year plan but have annual reporting requirements. Of the 30 objectives due in 2015 23 have been completed 4 were found to be off-track and 3 have been removed from the plan. Of the 25 on-going objectives 24 were on-track and one was identified as off-track.



## Highlights

- Launch of updated department website focused on department services and usability.
- Additional staff trained in Mental Health First Aid above objective benchmark.
- Launch of new online employee training on department Intranet.
- Significant progress shown in objectives supporting the Community Health Improvement Plan (CHIP) and State Health Improvement Plan (SHIP).
- Improvements made to the Health Resource Locator. Accessibility increased by a highlighted link on the department's new website.
- Assisted or coordinated seven grant applications supporting CHIP priorities.
- Distribution of mental health and substance abuse resource directory.
- Air quality website development completed and data for PM 2.5/10, ozone, and NOx are now available to the public.
- Active Transportation award.
- Positively increased employee satisfaction regarding internal department communication.
- Development and scheduling of new employee orientation.
- Distribution of employee handbook.
- Creation of two performance measures for each bureau.

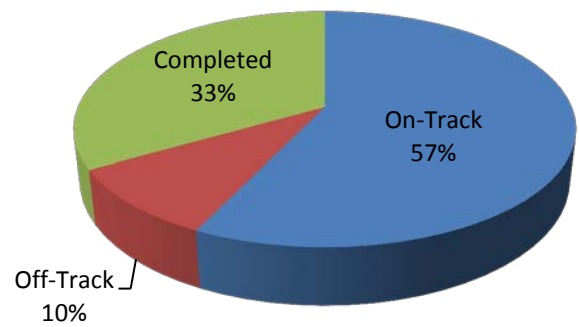
**90% of FY 2015 Strategic Plan objectives were completed on time.**

# Priority 1 – Davis County Community Health Improvement Plan

**Goal 1** Ensure successful implementation of the Community Health Improvement Plan (CHIP).

- ✓ On-Track 1.1.1 DCHD staff will regularly participate in meetings for each CHIP action group and will serve in leadership roles when necessary and appropriate. [On-Going]
- ✓ On-Track 1.1.2 DCHD staff will provide technical support to action group leads and will maintain regular communication. [On-Going]
- ✓ On-Track 1.1.3 DCHD staff will coordinate grant applications, provide updated data, and assist with any identified assessment needs for CHIP action groups. [On-Going]

**Status of Priority 1**



**Highlights:**

- Conducted Community Partner Evaluation and prepared report.
- Supported obesity workgroup community garden evaluation.
- Assisted with and or coordinated seven grant applications supporting CHIP priorities – suicide (4), obesity (2) behavioral health (1).
- Attended SHARP data training.
- Prepared draft city health profiles which were reviewed by obesity workgroup and DC active transportation committee.
- Provided support for USU 4H Youth Mental Health First Aid Grant implementation – news release, recruiting instructors, hiring coordinator & evaluator, assisted in developing evaluation plan.

- ✓ On-Track 1.1.4 DCHD staff will promote activities and messages that support the four CHIP priorities through news media, social media, and other channels. [On-Going]

**Highlights:**

- Regular posting and sharing of CHIP related through social media.
- Worked with Davis County Clipper on story about CHIP award given at active transportation and health summit.
- Shared CHIP award video at Commissioners meeting and on YouTube Channel.
- Staff helped with news release to announce USU Extension 4H grant.
- Provided Woods Cross Air Quality Committee with list of air quality advocates and agencies using social media.
- CHIP workgroup webpages are being drafted to be included in the health department’s updated website. Will be found on Davis4Health tab.

✓ On-Track 1.1.5 DCHD Division Directors will include support for CHIP activities in their division strategic plans. [On-Going]

**Highlights:**

Community Health

- Division strategic plan activities in suicide prevention.
- Division strategic plan activities in obesity prevention.
- Support air quality activities.
- Support of access to mental health activities.

CD/Epi

- Division strategic plan activities to pilot suicide/depression screening tool for clients.
- Support of Mental Health activities through Mental Health First Aid Training.
- Staff Support of Health Risk Assessment (HRA).

Family Health & Senior Services

- Division strategic plan activities in BH and suicide prevention.
- Division strategic plan activities in obesity prevention (WIC, Senior Meals).

Environmental Health

- Division strategic plan activities in air quality.

Off-Track 1.1.6 Document success in meeting at least 80% of short-term CHIP objectives. [12/15]

**Why are we off-track?**

*69.7% of short-term objectives were met. The primary reason for not meeting the 80% target is the delays in a searchable and marketable resource locator. Competing department projects and information systems projects contributed toward this as well as lack of understanding of site development technology. A lack of skilled support staff was also a barrier on the worksite wellness project.*

**Recommendations:**

- Extend some short-term objective deadlines and/or remove. See list below. All but two should be completed during the 5 year CHIP period for a 94% completion rate of all short-term objectives.
  - Obesity:
    1. "Develop and/or adopt an active transportation master plan in one city." Extend deadline to December 2016. Three plans projected to be complete in 2016.
    2. "The benefits of a comprehensive employee wellness programs will be promoted to 5 worksites in Davis County." Extend deadline to December 31, 2018. Primary responsibility DCHD.
    3. "The Davis County resource locator website will be promoted through 30 government entities, businesses, or community groups." Extend deadline to December 31, 2018. Primary responsibility DCHD.
    4. "The Davis County resource locator website will be promoted through 8 healthcare agencies." Extend deadline to December 31, 2018. Obesity Workgroup member willing to help with this.
    5. "The Davis County resource locator website will have been promoted 50 times via social media." Extend deadline to December 31, 2018. Primary responsibility DCHD.



6. *“The Davis County resource locator website will have received 25,000 hits.” Extend Deadline to December 31, 2018. Primary responsibility DCHD.*

- *Access to Behavioral Health Services: “Train 50 medical providers to use the PH-Q9 and GAD-7 anxiety and depression screening tools and referral process.” Extend Deadline to December 31, 2018. Behavioral Health Community Access Committee will work as partners to accomplish this.*
- *Air Quality: “Increase the number of regulatory air monitoring stations in Davis County from 1 (Bountiful) in 2013 to 2.” Extend deadline to December 31, 2018. Advocacy needed by all air quality partners.*
- *Suicide: Remove from plan “One QPR master trainer in Davis County” as an objective.*

✓ On-Track 1.1.7 Document success in meeting at least 70% of long-term CHIP objectives. [12/18]

**Highlights:**

- *Currently the groups are at 11.11% completion rate of long-term CHIP objectives.*
- *On target to meet long-term goals in all but two objectives.*

✓ Completed 1.1.8 Two staff will be trained as Question, Persuade, Refer (QPR) Gatekeeper Instructors. [6/14]

✓ On-Track 1.1.9 At least 85% of employees will have completed QPR Gatekeeper training. [On-Going]

**Highlights:**

- *Currently 88.6% of staff have completed QPR Gatekeeper training.*

✓ On-Track 1.1.10 At least one staff will regularly participate in Davis County Active Transportation Committee meetings. [On-Going]

**Highlights:**

- *Received an Outstanding Program award for active transportation .*

✓ Completed 1.1.11 Start at least one community garden project at a county facility. [9/15]

**Highlights:**

- *Objective completed in 2014.*
- *Garden again was planted and maintained at County facility in 2015.*

Off-Track 1.1.12 Promote the benefits of comprehensive employee wellness programs to at least five worksites. [12/16]

**Why are we off-track?**

*Two worksites have been confirmed. Intern assigned to organize and distribute materials to worksites did not complete the task to the level that was necessary. Staff is working on a worksite wellness toolkit and online resources.*

**Recommendations:**

*Extend the objective deadline to December 31, 2018.*

- ✓ Completed 1.1.13 Promote online tool/directory for mental health and substance abuse resources and service providers through department website and social media. [3/15]

**Highlights:**

- *Directory shared widely through electronic channels, DCHD website, and in-person.*
- *Community partners have shared the directory widely.*

- ✓ Completed 1.1.14 At least ten staff will receive Mental Health First Aid Training. [12/15]

**Highlights:**

- *Objective completed in 2014.*
- *Additional staff members attended training in 2015.*

- ✓ Completed 1.1.15 At least one program will pilot a depression/suicide screening tool for clients. [12/15]

**Highlights:**

- *The CD/Epi staff researched and developed a depression screening tool for use with clients (primarily STD and LTBI). The tool was implemented January 8, 2015. Data from the 6 month pilot period was evaluated and staff feedback regarding the value of the tool was reviewed. It was determined that this screening tool was not needed. However the distribution of mental health resource materials was of value and should continue.*
- *The TCM program is using a postpartum depression questionnaire. All new mothers are screened and follow up is provided as needed. The questionnaire is considered a valuable tool. A year-end KIPHS report has been requested to assess number of women screened.*

- ✓ On-Track 1.1.16a Purchase at least one additional air monitor in yearly budget through 2018. [On-Going]

**Highlights:**

- *Air monitor budgeted for in 2016 annual budget.*

- ✓ Completed 1.1.16b Ensure Davis Clean Air Network website (daviscleanairnetwork.com) provides real time air monitoring results, educational information, and is promoted to community partners and the public by December 31, 2015. [12/15]

**Highlights:**

- *Four monitors are currently logging air quality data.*
- *All four are reporting into the Woods Cross City computer.*
- *WEP has finished the website development and data for PM 2.5/10, ozone, and NOx are now available from the four monitors.*
- *The monitor for Silver Eagle is next in line to be deployed.*
- *We have a sixth monitor to be deployed in North Davis County.*
- *Holly Refinery has pledged to add monitors to the network next year.*

- ✓ On-Track 1.1.17 Increase by at least one the number of no idling policies adopted by businesses, cities, and other organizations annually. [On-Going]

**Highlights:**

- *We purchased and deployed additional “No idling” signs for schools.*
- *We are continuing our promotion of no idle policies for businesses through the AQ CHIP committee. Utah Clean Cities is helping with this project.*
- *We will be meeting with the Freeport Center in the beginning of 2016 to promote no idling on the entire property.*

**Goal 2** Document and communicate CHIP progress and achievements.

- ✓ Completed 1.2.1 Develop reporting tool/system for documenting and collecting progress towards CHIP short and long-term objectives and other successes. [9/14]

- ✓ On-Track 1.2.2 Prepare annual CHIP progress report by January 31 annually through 2019. [On-Going]

**Highlights:**

- *The 1<sup>st</sup> year progress report was completed, distributed and posted to the County website by February 2, 2015.*
- *The 2<sup>nd</sup> year progress report is being compiled and will be presented at the CHIP celebration on February 26, 2016.*

- ✓ On-Track 1.2.3 Communicate annual CHIP progress to public health partners and the community through at least two avenues by February 14 annually through 2019. [On-Going]

**Highlights:**

- *CHIP progress highlighted in Active transportation award video shared at summit, commission meeting, on social media and in the Davis County Clipper.*

## Priority 2 – Utah State-Wide Health Improvement Plan

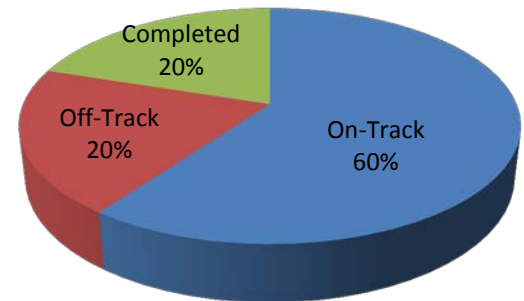
**Goal 1** DCHD will actively participate in State-Wide Health Improvement Plan (SHIP) goal groups.

- ✓ On-Track 2.1.1 DCHD staff will regularly participate in meetings for at least two of the SHIP goal groups. [On-Going]

**Goal 2** DCHD will implement activities that support SHIP efforts.

- ✓ On-Track 2.2.1 DCHD Division Directors will include support for SHIP activities in division strategic plans. [On-Going]

### Status of Priority 2



#### Highlights:

##### CD/Epi

- Distribution of immunization information in education and disease investigations.
- Division strategic plan supporting vaccinations for “at-risk” employees.
- Division strategic plan support of County Health Risk Assessment.
- Division strategic plan support of department wellness program.
- Staff participated in community vaccination programs.
- Increased process efficiency with the Utah Public Health Lab.

##### Family Health & Senior Services

- Staff serves on executive leadership team of the Utah Adult Immunization Coalition.
- Continued work on increasing immunization rates among Long-Term Care employees.
- Submitted Long-Term Care project for national conference presentation.
- Distributed Hepatitis B vaccine recommendation information to private providers for clients with diabetes.
- Distributed adult immunization information to physicians prior to fall flu vaccination season.

##### Environmental Health

- Division support for vaccinations of “at-risk” employees.
- Division support of department wellness program.
- Participate in and hold leadership positions in state-wide associations.

##### Community Health

- Promoted the Principles of Effective Local and State Partnerships.
- Division support of department wellness program.
- Worked with schools to increase physical activity through SPARK.
- Promoted healthy mealtime.

- ✓ **Completed** 2.2.2 Increase regular structured physical activity each day in school children by expanding the SPARK program in at least six additional Davis School District schools. [12/15]
- Highlights:**
- Objective completed in 2014.
  - Secured funding from UDOH and through the CHIP obesity workgroup to secure implementation of the Healthy Bodies Healthy Minds program in the 2014-2015 school year.
- ✓ **On-Track** 2.2.3 Promote shared healthy family meal time messages through at least two avenues annually. [On-Going]
- Highlights:**
- Promoted family meal time messages through department social media.
- Off-Track** 2.2.4 Work with the Davis County School District to implement an employee vaccination policy. [12/15]
- Why are we off-track?**  
Davis School District officials have expressed an interest in reevaluating possible implementation of an employee vaccination policy in the future.
- Recommendations:**
- Monitor progress of SL Board of Health immunization regulation.
  - Continue to provide school officials with immunization information and promote the importance of employee vaccination policies.
  - Extend objective deadline to December 31, 2016.
- Off-Track** 2.2.5a Increase immunization rates by age 2 (4:3:1:3:3:1) in children receiving WIC services from 62.6% (2013) to 85%. (Short-Term objective) [12/15]
- Why are we off-track?**  
Second quarter data shows immunization rates at 83%. Program manager has left the department and no further reporting has been completed.
- Recommendations:**
- Prioritize training multiple staff members to complete reporting practices.
  - Maintain project as a program priority.
- ✓ **On-Track** 2.2.5b Increase immunization rates by age 2 (4:3:1:3:3:1) in children receiving WIC services to 90%. (Long-term objective) [12/18]
- ✓ **On-Track** 2.2.6 Increase influenza immunization rates of long-term healthcare workers in Davis County from 66% (2012) to 85%. [12/18]
- Highlights:**
- Current immunization rates within LTC are at 76%.
  - Almost 6% increase from 2014 rates.
  - Possible state rule requiring immunizations is being considered.

**Recommendations:**

- *Continue education efforts and support during fall flu season.*
- *Replacement of Immunization program staff on the committee.*

- ✓ On-Track 2.2.7 Increase the percentage of Davis County adults ages 65+ who report receiving at least one pneumococcal vaccination from 75.1% in 2011 to 90% (Healthy People 2020 Target). [12/18]

**Highlights:**

- *Rates are currently at 75.9% per the 2014 BRFSS report.*
- *Staff participated in NUIC training.*
- *Included adult immunization education in issue of Davis County Clipper.*
- *Participated in the Utah Adult Immunization Coalition.*

- ✓ Completed 2.2.8 Provide employee training on "Principles for Effective Local and State Partnerships" and encourage commitment to practicing the principles in every-day work-life through signed agreement. [12/15]

**Highlights:**

- *87.2% of staff has completed the recommended training.*

## Priority 3 – Public Health System Coordination

**Goal 1** DCHD actively assesses the effectiveness of the public health system and engages partners to make system improvements.

- ✓ **Completed** 3.1.1 Conduct local public health system assessment. [12/15]

**Highlights:**

- *Assessment meeting held October 28, 2015.*
- *Excellent partner participation.*
- *Baseline established and strengths and weaknesses were identified.*
- *31 out of 50 participants provided feedback regarding the meeting by completing participant evaluation forms.*

**Recommendations:**

- *Better training for staff conducting and documenting assessment to streamline the process and to ensure critical responses are documented.*
- *Provide educational materials to participants before assessment.*
- *If possible find larger meeting rooms to accommodate community partners and key staff members.*

- Removed 3.1.2 DCHD will participate in bringing health and human services agencies together to assess county human service’s needs, determine appropriate human services coordination structure, and assist with human services improvement plans. [12/15]

**Why objective was removed from plan:**

- *Champion of the objective has left office. New champion was not identified.*
- *Objective was not a department priority.*
- *No staffing resources were available to coordinate effort.*

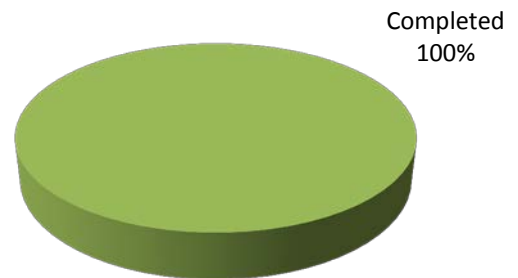
**Goal 2** DCHD provides the community with current, comprehensive information about health and aging network resources and services in Davis County.

- ✓ **Completed** 3.2.1 DCHD will launch, maintain, and promote an online health resource locator to educate about existing health resources and services in Davis County. [12/15]

**Highlights:**

- *Live access to resource directory from the Davis4Health tab on new department website.*
- *21,000 hits to the site have been documented with little promotion.*
- *The use-ability and search-ability aspects of the site are continually being reviewed and improved.*

### Status of Priority 3



## Priority 4 – Communication

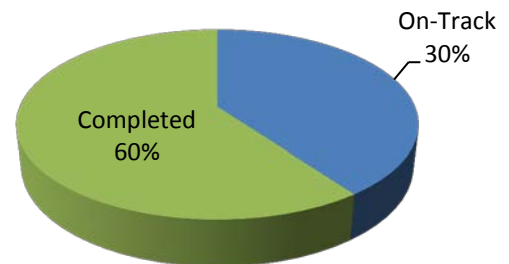
**Goal 1** Improve communication within DCHD so employees receive clear communication about current events, policies, procedures and the direction of the department.

- ✓ **Completed** 4.1.1 The Project Val-You Team, will evaluate communication needs using SWOT survey results and identify areas for improvement. [12/15]

**Highlights:**

- Analyzed SWOT results and chose communication as an area that needed improvement.
- Conducted staff focus groups and individual interviews regarding communication within the department. 40% of staff participated.
- Implemented QI project to improve communication.

### Status of Priority 4



- ✓ **Completed** 4.1.2 Management Team will update department employee contact list with current names and phone numbers and share the information with staff. [12/14]

- ✓ **Completed** 4.1.3 The Project Val-You Team will implement at least one communication QI project. [12/15]

**Highlights:**

- Conducted an employee satisfaction survey that asked five questions regarding internal department communication. The goal was to increase the average percentage of the questions from 42% to 50%. The survey showed the overall percentage increased to 59.2%.
- Regular updates from Director and Deputy Director.
- New employee orientation processes were implemented.

- ✓ **Completed** 4.1.4a The Project Val-You Team will assess a variety of new tools to communicate with employees (may include video updates, newsletters, etc.). [12/15]

**Highlights:**

- Conducted survey measuring employee satisfaction with internal communication.
- Survey used to measure the effectiveness of implemented communication tools.
- Implemented several new communication tools:
  - New employee orientation.
  - Department newsletter.
  - Regular updates from the Director and Deputy Director.
- Intranet training videos made available to all staff.



- ✓ **Completed** 4.1.4b Employees will receive an update via a new communication tool. [12/15]
- ✓ **On-Track** 4.1.5 Hold quarterly department functions/events creating an informal atmosphere for staff to network with employees from across the department from 2014-2018. [On-Going]

**Highlights:**

- *March Madness – March 13*
- *May the Fourth Be With You – May 4*
- *Pixar Pizza Party – September 1*
- *Pancake Breakfast – November 30*

- ✓ **On-Track** 4.1.6 Conduct annual department in-service for all employees from 2014-2018. [On-Going]

- ✓ **On-Track** 4.1.7 Each division will conduct at least one yearly in-service and/or staff retreat from 2015-2018. [On-Going]

**Highlights:**

- *CD/EPI – March 19, 2015.*
- *Family Health & Senior Services – September 1, 2015.*
- *Community Health – July 8, 2015, follow up- July 20, 2015.*
- *Environmental Health – November 24, 2015.*

**Goal 2** DCHD will engage in more strategic, relevant, and timely communication with community partners and the public.

- ✓ **Completed** 4.2.1 Develop a social media plan to identify appropriate channels of communication with the community and to strengthen social media presence. [12/14]

- ✓ **On-Track** 4.2.2 Update DCHD website with the end user in mind to provide current information, improve ease of use, and offer online services. [12/18]

**Highlights:**

- *Objective finished three years early.*
- *Health department staff now controls website content.*
- *Department pages have 23,506 hits overall since the site went live to the public on October 21, 2015.*
- *Health department site organization, functionality, and look was incorporated into overall County website design.*
- *Tools such as online payments continue to be assessed and implemented as completed.*

## Priority 5 – Performance Management & Quality Improvement Culture

**Goal 1** Develop and implement a department-wide performance management system.

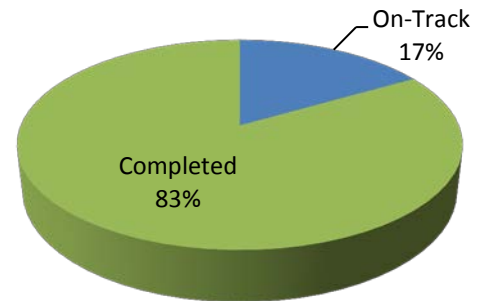
✓ **Completed** 5.1.1 Establish a performance management/Quality Council team with representation from all DCHD divisions. [5/14]

✓ **Completed** 5.1.2 Develop a performance management framework. [6/15]

**Highlights:**

- *Framework is based on the Turning Point Model for Performance Management in Public Health.*
- *Framework training was provided to 85% of staff.*
- *Each bureau identified two performance measures.*

### Status of Priority 5



✓ **Completed** 5.1.3 Develop and provide advanced performance management training to Quality Council members, senior leadership, and the Management Team. [9/14]

✓ **Completed** 5.1.4 Provide basic performance management training to 85% of DCHD employees. [12/15]

**Removed** 5.1.5 Provide training opportunities for performance management on an ongoing basis, at least one training every three years for each employee. [Every 3 Years]

**Why objective was removed from plan:**

- *Objective was redundant. Met with objective 5.1.3*

✓ **Completed** 5.1.6 Each DCHD bureau will develop at least two measures for monitoring. [8/15]

**Highlights:**

- *Conducted individual performance management training with each bureau.*
- *Reviewed measures based on criteria for effective and meaningful measures.*

✓ **On-Track** 5.1.7 All DCHD bureaus will have fully developed standards, measures, and targets. [8/17]

**Highlights:**

- *Each bureau reviewed current measures and brainstormed additional measures based on bureau priorities.*
- *Reporting on measures began in September of 2015.*
- *A dashboard was created to monitor measure progress.*

**Goal 2** Build capacity for doing QI and implement QI to increase effectiveness and efficiency of DCHD programs.

✓ **Completed** 5.2.1 Develop a Quality Improvement Plan that will closely align with performance management system. [7/14]

✓ **Completed** 5.2.2 Develop and provide advanced QI training to Quality Council members, senior leadership and the management team. [9/15]

**Highlights:**

- *Provided training opportunities in the follow areas:*
  - *Introduction to QI concepts (Model for Improvement and PDSA cycle).*
  - *Performance Management Basics (Turning Point Model).*
  - *Creating Performance Measures.*
  - *Change Management.*

**Removed** 5.2.3 Provide ongoing training opportunities for QI, at least one training every three years for each employee. [Every 3 Years]

**Why objective was removed from plan:**

- *Objective was redundant. Met with objective 5.2.2*

✓ **On-Track** 5.2.4 Each DCHD division will identify an area of improvement and will complete and document at least one QI project in this area. [On-Going]

**Highlights:**

Family Health & Senior Services

- *WIC/Imms Collaboration*
- *Meals on Wheels Improvement*
- *Increased Utilization of Caregiver Program*

Community Health

- *Smoke Free Mapping*
- *Increasing the number of endorsed TOP Star Child Care Centers*

Environmental Health

- *Coaching Consistent Division Calls*

CD/EPI

- *Timeliness of Infectious Disease Investigations*

✓ **Completed** 5.2.5 Provide basic QI training to 85% of DCHD employees. [12/15]

✓ **Completed** 5.2.6 Complete at least one department-wide QI project. [3/15]

**Highlights:**

- *Employee Distinction Award project completed in 2014.*
- *Project Val-You Communication Project completed 2015.*

- ✓ Completed 5.2.7 Conduct a self-assessment of organizational capacity and culture of QI (e.g. NACCHO's self-assessment tool) to identify targets for continued improvement. [6/15]

**Highlights:**

- *Developed a plan to administer tool.*
- *Utilized five different groups to complete the assessment.*
- *Assessment analysis showed the department is in Phase Three.*
- *The lowest scoring foundational element was Customer Focus. The 2016 QI Plan will focus improvement strategies for this area.*

# Priority 6 – Workforce Development

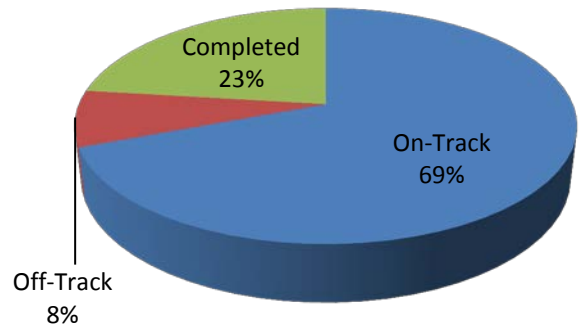
**Goal 1** Create a culture in which employees feel valued and appreciated.

- ✓ **On-Track** 6.1.1 Complete a QI project to measure and improve employees' sense of value and appreciation. [12/18]

**Highlights:**

- *Project Val-You team focused QI project on improving communication.*
- *Positive staff perception of internal communication processes increased from a baseline of 42% to 59.2%.*
- *The Workforce Development team will continue employee satisfaction efforts.*

**Status of Priority 6**



- ✓ **On-Track** 6.1.2 Provide recognition to engaged employees. [On-going]

**Highlights:**

- *Employee Distinction Awards were presented at 2015 annual In-service.*
- *Letters of recognition were disseminated to all Distinction Award nominees.*
- *Thank you breakfast was provided to all employees for their efforts in the department's accreditation process.*

**Goal 2** DCHD will ensure a competent public health workforce.

- Off-Track** 6.2.1 Develop a personal training plan for each employee annually. [12/15]

**Why are we off-track?**

*Initially there was confusion among supervisors about the purpose of the plans and the process to complete them. Currently 97% of staff have completed a personal training plan. This excludes senior/appointed staff and new employees that started with the department within the last six months.*

**Recommendations:**

*Supervisors need to continue working with staff to develop plans to ensure each staff member has the opportunity to identify training areas and opportunities for professional growth.*

- ✓ On-Track 6.2.2 At least 85% of employees will have completed mandatory and program specific required trainings. [On-Going]

**Highlights:**

County Training

- Driver Training – 96.3%
- Employee Harassment Training – 96.7%
- Supervisor Harassment Training – 100%
- Workplace Violence Training – 85%
- CPR/AED – 85.7%

Department Training

- Multicultural Training – 87%
- Confidentiality/HIPPA Training – 89.6%
- Standards Training – 89.6%
- QPR Training – 88.6%
- PH Partnership – 87.6%

- ✓ On-Track 6.2.3 100% of required licensures and certifications will be current. [On-Going]

- ✓ Completed 6.2.4 Develop a procedure for employees to request an alternative work schedule for the purpose of pursuing formal education. [12/14]

- ✓ Completed 6.2.5 Provide essential functions training opportunities. [12/15]

**Highlights:**

- Monthly communication series trainings were provided throughout 2015.
- Communication series training videos were made available to staff on the intranet.

- ✓ On-Track 6.2.6 Create a public health core competency curriculum and aging network curriculum and certificate program. [12/16]

**Highlights:**

- Workforce Development team determined the workforce assessment needs to be completed again. Assessment is three years old.
- Next steps are to meet with representatives of UDOH to assess the feasibility of participating in UDOH's contract with the University of Utah to utilize their workforce assessment tool.

**Recommendations:**

- Workforce Development Plan was revised and created a new target date of December 31, 2017. Recommend adjusting objective target date to match.

- ✓ On-Track 6.2.7 Develop a project based learning system to cross train employees. [12/17]

**Highlights:**

- Internal opportunity provided to EH staff member to work on an Ebola grant. The staff member is currently being cross-trained.

✓ On-Track 6.2.8 Review and update the workforce development standard. [On-Going]

**Goal 3** Develop and improve supervisory, leadership, and programmatic skills of DCHD managers.

✓ Completed 6.3.1a Develop an employee handbook to be implemented department-wide. [6/15]

**Highlights:**

- *Employee handbook was completed in May 2015.*
- *Hard copy was distributed to all employees.*
- *Electronic version of the handbook was made available on department shared x drive.*

✓ On-Track 6.3.1b The Workforce Development Team will annually review the employee handbook. [On-Going]

**Highlights:**

- *Workforce Development Team has scheduled a review of the handbook in the spring of 2016.*

**Recommendations:**

- *Change objective lead to Workforce Development Chair.*

✓ On-Track 6.3.2 Provide a curriculum on management principles that current managers are required to attend. [12/16]

**Highlights:**

- *Workforce Development Team provided input on manager training standard.*
- *Training curriculum standard is being reviewed.*

**Recommendations:**

- *Change objective lead to sub-committee chair.*

# Priority 7 – Employee Wellness

**Goal 1** Improve the health and well-being of DCHD employees.

- ✓ **On-Track** 7.1.1 Maintain a standing DCHD wellness committee. [On-Going]
 

**Recommendations:**

  - Identify new champion.
  - Re-evaluate the department wellness program to identify possible changes.
  - Appoint new committee members.

- ✓ **Completed** 7.1.2 DCHD wellness committee will create a mission and logo for the program. [1/14]

- ✓ **Completed** 7.1.3 Complete a comprehensive employee wellness program plan. [12/14]

- Off-Track 7.1.4 Annually 90% of employees will participate in the HRA. [On-Going]

**Why are we off-track?**

Wellness committee developed marketing materials to remind and encourage participation. Despite efforts 107 of 123 employees participated in the HRA, this represents 87% participation and misses the 90% goal.

**Recommendations:**

- Change goal percentage to 85% to match other department wide benchmarks.
- Continue education efforts in 2016.

- ✓ **Completed** 7.1.5 Write a health risk assessment standard. [12/14]

- ✓ **On-Track** 7.1.6 60% of employees will be in the minimum risk category for blood pressure. [12/18]

**Highlights:**

- 65.4% in 2015 HRA.( 47% - 2014)

- Off-Track 7.1.7 80% of employees will be in the minimum risk category for cholesterol. [12/18]

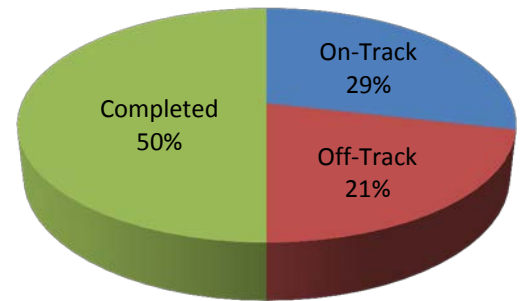
**Why are we off-track?**

2014 HRA aggregate data showed 73% of employees in the minimum risk category. 2015 HRA aggregate data showed 71% of employees in the minimum risk category. Despite having three more years to complete this objective the data is moving in the wrong direction.

**Recommendations:**

- Increase cholesterol education.

**Status of Priority 7**





- Off-Track** 7.1.8 90% of employees will be in the minimum risk category for glucose. [12/18]
- Why are we off-track?**  
*2014 HRA aggregate data showed 88% of employees in the minimum risk category.  
 2015 HRA aggregate data showed 74.8% of employees in the minimum risk category.  
 Despite having three more years to complete this objective the data is moving in the wrong direction.*
- Recommendations:**
- Increase glucose education.
- ✓ **On-Track** 7.1.9 40% of employees will be in the minimum to moderate risk category for body fat. [12/18]
- Highlights:**
- 28.01% in 2015 HRA.(25% - 2014)
- ✓ **Completed** 7.1.10 50% of employees will receive at least 150 minutes of physical activity in a week. [4/15]
- Highlights:**
- Wellness survey showed 50% of respondents were active at least 150 minutes a week.
- ✓ **Completed** 7.1.11 The DCHD Clearfield campus will make one infrastructure change to increase physical activity. [12/14]
- ✓ **Completed** 7.1.12 Provide at least six adult recess opportunities for employees. [12/14]
- ✓ **Completed** 7.1.13 Provide at least six educational opportunities for staff through brown bag instruction and/or health tip emails. [12/14]
- ✓ **On-Track** 7.1.14 Establish a physical activity release time policy. [12/18]

# Annual Strategic Plan Retreat Results

The annual strategic plan retreat was held on Monday, January 11 and was attended by department leadership, management team members, and objective leads. Participants utilized the annual strategic plan progress report to conduct a comprehensive review of all plan objectives, discuss off-track objectives, prioritize 2016 objectives, and implement amendments to objectives as needed. The following is a summary of the amendments made to the strategic plan based on recommendations identified in the progress report and retreat.

## Priority 1 – Davis County Community Health Improvement Plan

1.1.6 Document success in meeting at least 80% of short-term CHIP objectives. [12/15]

### Amendment

Objective will be removed from the plan. CHIP workgroups recommended extending completion dates of short-term objectives that were not met in the first two years to December 31, 2018. Those objectives will be monitored in conjunction with other long-term objectives in the CHIP and reported on with objective 1.1.7.

1.1.9 At least 85% of employees will have completed QPR Gatekeeper training. [On-Going]

### Amendment

Objective will be shown as complete and the designated completion date changed from on-going to December 2015. The training has been internalized and is regularly monitored with other department required trainings.

1.1.10 At least one staff will regularly participate in Davis County Active Transportation Committee meetings. [On-Going]

### Amendment

Objective will be shown as completed and the designated completion date changed from on-going to December 2015. Staff participation has been internalized into regular duties. The objective does not require annual reporting.

1.1.12 Promote the benefits of comprehensive employee wellness programs to at least five worksites. [12/16]

### Amendment

Objective designated completion date was changed to December 2018. Objective lead changed to Marcie Clark.

1.1.16a Purchase at least one additional air monitor in yearly budget through 2018. [On-Going]

**Amendment**

Language of the objective was changed to accommodate changes in the department budget done at the County level.

1.1.16a Budget for at least one additional air monitor annually through 2018. [On-Going]

1.2.2 Prepare annual CHIP progress report by January 31 annually through 2019. [On-Going]

**Amendment**

Language of the objective was amended to remove a finished by date. The report process has been internalized but the completion date is determined by CHIP groups reporting times.

1.2.2 Prepare an annual CHIP progress report through 2019. [On-Going]

1.2.3 Communicate annual CHIP progress to public health partners and the community through at least two avenues by February 14 annually through 2019. [On-Going]

**Amendments**

Objective will be shown as completed. CHIP progress is regularly communicated and the annual report is shared through several communication channels. The reporting process and the annual CHIP celebration have been internalized into regular duties and do not require annual reporting.

## **Priority 2 – Utah State-Wide Health Improvement Plan**

2.2.3 Promote shared healthy family meal time messages through at least two avenues annually. [On-Going]

**Amendment**

Objective will be shown as completed. The promotion process has been internalized into regular duties and does not require annual reporting.

2.2.4 Work with the Davis County School District to implement an employee vaccination policy. [12/15]

**Amendment**

Designated objective completion date was changed to December 2017 to allow for additional research into a new option. Staff will monitor SL Board of Health progress on implementing a regulation to require immunizations.

2.2.5a Increase immunization rates by age 2 (4:3:1:3:3:1) in children receiving WIC services from 62.6% (2013) to 85%. (Short-Term objective) [12/15]

**Amendment**

Objective will be shown as completed. Objective is sufficiently monitored and completed through the long-term objective in 2.2.5b.

## Priority 4 – Communication

- 4.1.2 Management Team will update department employee contact list with current names and phone numbers and share the information with staff. [12/14]

### **Amendment**

Although the objective was designated as complete in 2014 there has been confusion as to how often the list should be updated and who is responsible. Language of the objective has been changed to address needs of the department and a new designated completion date assigned.

- 4.1.2 A department emergency call down list, department directory, and program directory will be updated and shared with staff. [12/16]
- 4.1.5 Hold quarterly department functions/events creating an informal atmosphere for staff to network with employees from across the department from 2014-2018. [On-Going]

### **Amendment**

Objective will be shown as completed and the designated completion date changed to December 2015. Quarterly functions have been internalized into regular department operations and do not need continued annual reporting.

- 4.1.6 Conduct annual department in-service for all employees from 2014-2018. [On-Going]

### **Amendment**

Objective will be shown as completed and the designated completion date changed to December 2015. Department in-service has been internalized into regular department operations and does not need continued annual reporting.

- 4.1.7 Each division will conduct at least one yearly in-service and/or staff retreat from 2015-2018. [On-Going]

### **Amendment**

Objective will be shown as completed and the designated completion date changed to December 2015. Division in-services have been internalized into regular department operations and do not need continued annual reporting.

## Priority 6 – Workforce Development

- 6.1.2 Provide recognition to engaged employees. [On-going]

### **Amendment**

Objective will be shown as completed and the designated completion date changed to December 2015. Employee Distinction Awards have been internalized into regular department operations and do not need continued annual reporting.

6.2.1 Develop a personal training plan for each employee annually. [12/15]

**Amendment**

Designated objective completion date was changed to December 2016.

6.2.2 At least 85% of employees will have completed mandatory and program specific required trainings. [On-Going]

**Amendment**

Objective will be shown as completed and the designated completion date changed to December 2015. Tracking of county, department, and program mandatory trainings has been internalized into regular department operations and does not need continued annual reporting.

6.2.3 100% of required licensures and certifications will be current. [On-Going]

**Amendment**

Objective will be shown as completed and the designated completion date changed to December 2015. Tracking of licenses and certifications has been internalized into regular department operations and does not need continued annual reporting.

6.2.6 Create a public health core competency curriculum and aging network curriculum and certificate program. [12/16]

**Amendment**

Designated completion date was changed to December 2017 to match completion dates outlined in the Workforce Development Plan.

6.2.7 Develop a project based learning system to cross train employees. [12/17]

**Amendment**

Designated completion date was changed to December 2018 to match completion dates outlined in the Workforce Development Plan.

6.2.8 Review and update the workforce development standard. [On-Going]

**Amendment**

Objective will be shown as complete. The workforce development standard is regularly reviewed with all department standards per the schedule outlined in Standard # 29 Governing Documents. Annual reporting is not needed.

## Priority 7 – Employee Wellness

7.1.6 60% of employees will be in the minimum risk category for blood pressure. [12/18]

### **Amendment**

Objective has been collapsed into new objective that includes 7.1.6, 7.1.7, 7.1.8, 7.1.9. Due to the loss of a dedicated staff member and changes in the county wellness program the objectives were changed to allow monitoring to identify trends over time but not require specific benchmarks.

7.1.7 80% of employees will be in the minimum risk category for cholesterol. [12/18]

### **Amendment**

Objective has been collapsed into new objective that includes 7.1.6, 7.1.7, 7.1.8, 7.1.9. Due to the loss of a dedicated staff member and changes in the county wellness program the objectives were changed to allow monitoring to identify trends over time but not require specific benchmarks.

7.1.8 90% of employees will be in the minimum risk category for glucose. [12/18]

### **Amendment**

Objective has been collapsed into new objective that includes 7.1.6, 7.1.7, 7.1.8, 7.1.9. Due to the loss of a dedicated staff member and changes in the county wellness program the objectives were changed to allow monitoring to identify trends over time but not require specific benchmarks.

7.1.9 40% of employees will be in the minimum to moderate risk category for body fat.

### **Amendment**

Objective has been collapsed into new objective that includes 7.1.6, 7.1.7, 7.1.8, 7.1.9. Due to the loss of a dedicated staff member and changes in the county wellness program the objectives were changed to allow monitoring to identify trends over time but not require specific benchmarks.

7.1.15 **Amendment**

Addition of new objective that combines objectives: 7.1.6, 7.1.7, 7.1.8, and 7.1.9.

7.1.15 Monitor the percentage of employees in the minimum risk categories for blood pressure, cholesterol, glucose, and body fat to identify trends. [12/18]

## 2016 Strategic Plan Monitoring

Changes to the strategic plan monitoring process were also identified in the review meeting. The revised process is outlined below.

### **Quarterly Reporting**

All objectives have a quarterly reporting requirement. Documentation requirements for quarterly reporting differ depending on the objective status and are defined as follows:

#### 2016 Objectives

Objectives with a designated completion date of 2016 are assigned oral quarterly reporting dates of April 11, July 11, and October 10 at the Joint Management Team meeting.

#### On-Going and Future Date Objectives

Objectives with designated completion dates of 2017, 2018, or an on-going status are required to be updated on the Strategic Plan Tracking Spreadsheet one week prior to the April 11, July 11, and October 10 Joint Management Team meetings. Objective leads are not required to provide an oral report at these meetings unless the objective has been deemed by a lead to be off-track. At that time the objective will be placed on the Joint Management Team meeting agenda and discussed.

### **Annual Reporting**

A final annual report will be provided by objective leads for all objectives contained within the strategic plan. Objective leads complete the [Objective Reporting Form](#) which captures information about major accomplishments and milestones for the objective. If the objective is identified as off-track, objective leads are asked to report on why it's off-track, what needs to happen to get it back on-track, and whether or not the objective needs revision. For objectives that are complete, leads also report on successes and barriers that were encountered.

# Snapshot of 2016 Objectives

The 17 objectives identified for 2016 include 3 objectives with target completion dates in 2016; and 14 objectives that are on-going throughout the five year plan but have annual reporting requirements.

Also included in the snapshot are objectives with target completion dates for 2017 and 2018.

## Objectives with identified completion dates in 2016

- ✓ **On-Track** 4.1.2 A department emergency call down list, department directory, and program directory will be updated and shared with staff. [Chris, Cindy]
- Off-Track** 6.2.1 Develop a personal training plan for each employee annually. [Anna]
- ✓ **On-Track** 6.3.2 Provide a curriculum on management principles that current managers are required to attend. [Dee]

## On-going objectives with annual reporting requirements

- ✓ **On-Track** 1.1.1 DCHD staff will regularly participate in meetings for each CHIP action group and will serve in leadership roles when necessary and appropriate. [Isa]
- ✓ **On-Track** 1.1.2 DCHD staff will provide technical support to action group leads and will maintain regular communication. [Isa]
- ✓ **On-Track** 1.1.3 DCHD staff will coordinate grant applications, provide updated data, and assist with any identified assessment needs for CHIP action groups. [Isa]
- ✓ **On-Track** 1.1.4 DCHD staff will promote activities and messages that support the four CHIP priorities through news media, social media, and other channels. [Isa]
- ✓ **On-Track** 1.1.5 DCHD Division Directors will include support for CHIP activities in their division strategic plans. [Dave, Wendy, Ivy, Kristy]
- ✓ **On-Track** 1.1.16a Budget for at least one additional air monitor annually through 2018. [Dennis]
- ✓ **On-Track** 1.1.17 Increase by a least one the number of no idling policies adopted by businesses, cities, and other organizations annually. [Dennis]
- ✓ **On-Track** 1.2.2 Prepare an annual CHIP progress report through 2019. [Isa]
- ✓ **On-Track** 2.1.1 DCHD staff will regularly participate in meetings for at least two of the SHIP goal groups. [Wendy F, Ivy, Marcie C, Anna]
- ✓ **On-Track** 2.2.1 DCHD Division Directors will include support for SHIP activities in division strategic plans. [Dave, Wendy, Ivy, Kristy]
- ✓ **On-Track** 5.2.4 Each DCHD division will identify an area of improvement and will complete and document at least one QI project in this area. [Anna]



- ✓ On-Track 6.3.1b The Workforce Development Team will annually review the employee handbook. [Anna]
- ✓ On-Track 7.1.1 Maintain a standing DCHD wellness committee. [Brian]
- Off-Track 7.1.4 Annually 90% of employees will participate in the HRA. [Brian]

**2017 and 2018 Objectives**

- ✓ On-Track 1.1.7 Document success in meeting at least 70% of long-term CHIP objectives. [12/18 Isa]
- ✓ On-Track 1.1.12 Promote the benefits of comprehensive employee wellness programs to at least five worksites. [12/18 Marcie C.]
- Off-Track 2.2.4 Work with the Davis County School District to implement an employee vaccination policy. [12/17 Brian]
- ✓ On-Track 2.2.5b Increase immunization rates by age 2 (4:3:1:3:3:1) in children receiving WIC services to 90%. (Long-term objective) [12/18 Wendy F.]
- ✓ On-Track 2.2.6 Increase influenza immunization rates of long-term healthcare workers in Davis County from 66% (2012) to 85%. [12/18 John]
- ✓ On-Track 2.2.7 Increase the percentage of Davis County adults ages 65+ who report receiving at least one pneumococcal vaccination from 75.1% in 2011 to 90% (Healthy People 2020 Target). [12/18 Wendy F]
- ✓ On-Track 4.2.2 Update DCHD website with the end user in mind to provide current information, improve ease of use, and offer online services. [12/18 Liz]
- ✓ On-Track 5.1.7 All DCHD bureaus will have fully developed standards, measures, and targets. [8/17 Anna]
- ✓ On-Track 6.1.1 Complete a QI project to measure and improve employees' sense of value and appreciation. [12/18 Anna]
- ✓ On-Track 6.2.6 Create a public health core competency and aging network curriculum and certificate program. [12/17 Anna]
- ✓ On-Track 6.2.7 Develop a project based learning system to cross train employees. [12/18 Anna]
- ✓ On-Track 7.1.14 Establish a physical activity release time policy. [12/18 Brian]
- ✓ On-Track 7.1.15 Monitor the percentage of employees in the minimum risk categories for blood pressure, cholesterol, glucose, and body fat to identify trends. [12/18 Brian]