

2014

ANNUAL STRATEGIC PLAN REVIEW  
2014-2018



Davis County  
Health Department



January 2015

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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 2015, guide budgeting practices and fiscal management, evaluate staff capacity and effectiveness, and increase transparency around successes and challenges.

## Strategic Plan Monitoring

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. Objective leads provide quarterly progress reports in a combined leadership and management team meeting. Key performance measures were identified to be tracked by the Quality Council to ensure regular and consistent monitoring. In December of each plan year objective leads complete the Objective Reporting Form that captures information about the major accomplishments/milestones for the objective. If the objective is 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 it needs to be modified. For objectives that are completed, leads also report on successes and barriers that were encountered.

Information from Objective Reporting Forms is compiled and analyzed for the annual progress report, which is used to inform decisions made at the annual strategic plan retreat. The retreat will occur in January of each plan year so that senior leadership, the management team, and objective leads have the opportunity to review progress, modify objectives if necessary, and set priorities for the upcoming year.

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

## Overall Status of Strategic Plan Objectives

Of the 83 objectives in the 2014-2018 Strategic Plan, the department has shown significant progress toward established goals in 60 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.

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

- Lack of resources such as time and staff
- Inconsistent or insufficient processes
- Failed to meet intent of the objective
- Failed to set priorities
- Delays in receiving needed data.

Ten objectives have not been started at this time.

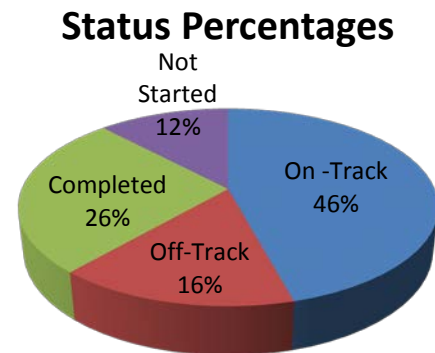
The department was dedicated to developing and implementing the needed framework for

performance management, quality improvement, and

workforce development programs during the first

year of the plan. Several objectives required this pre-requisite work to be completed before work could begin on meeting them. These objectives will increase in priority as the plan moves forward.

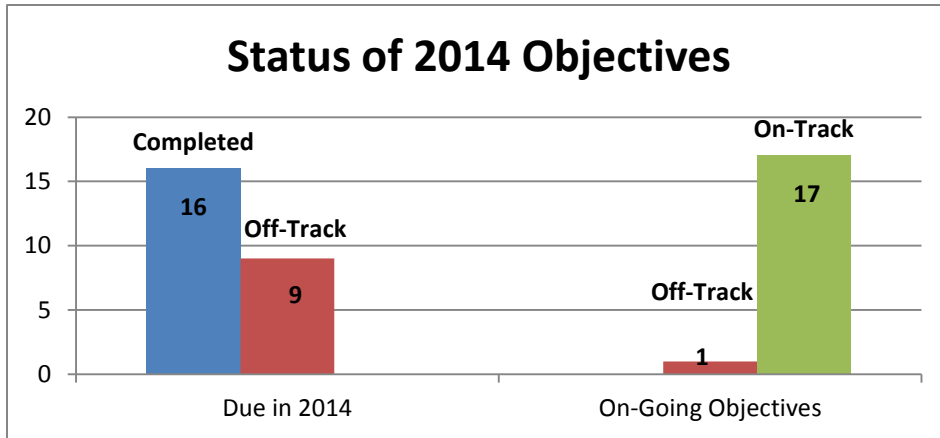
Other objectives designated as a low priority the first year such as updating the department website will be focused on in 2015. This objective will require close collaboration and coordination with other county resources.



**84% of all Strategic Plan objectives are either On-Track, Completed, or Not Started.**

## 2014 Overview

The 43 objectives identified for 2014 include 25 objectives with target completion dates in 2014 and 18 objectives that are on-going throughout the five year plan but have annual reporting requirements. Of those 43 objectives, 33 were either completed or are on-track and 10 have been identified as off-track.



## Highlights

- Six objectives completed one or more years in advance
  - Create community garden on county property
  - Ten staff attended Mental Health training
  - Increased the number of deployable particulate matter monitors to 20
  - Increased the number of no idling policies to three
  - Promoted Healthy Family Meal Time message through two avenues
  - Employees received department updates through a new communication tool
- Significant progress shown in objectives supporting the Community Health Improvement Plan (CHIP) and State Health Improvement Plan (SHIP)
- Launch of the Health Resource Locator that can now be built upon to expand accessibility
- Successful implementation of a Social Media Plan that has increased the departments visibility
- Successful implementation of plans and improvement projects to improve the working environment and processes of the department
  - Wellness Plan
  - Workforce Development Plan
  - Quality Improvement Plan
    - Val-You Project
    - Employee Distinction Awards Project
  - Quarterly functions
  - Annual department and division in-services
- Results show a positive increase in collaboration between the department and community stakeholders and partners

**77% of FY 2014 Strategic Plan objectives were completed on-time.**

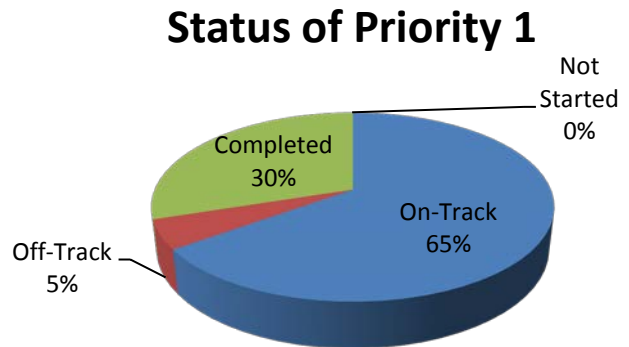
# Priority 1 – Davis County Community Health Improvement Plan

**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]



**Highlights:**

- Conducted behavioral health provider survey/assessment.
- Conducted healthcare access assessment.
- Worked with DCHD staff and community partners to assist with and/or coordinate 15 grant applications supporting CHIP priorities – suicide (8), obesity (4) behavioral health (2), air quality/asthma (1).
- Provided air quality action group lead with updated asthma data
- Requested 2013 suicide data from UDOH, VIPP

✓ **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]

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

**Highlights:**

- Created social media posts for all CHIP priorities

CD/EPI

Suicide

- Implemented suicide/depression screening tool for clients

Access to Behavioral Health Services

- Provided mental health first aid training for staff

Community Health

Suicide

- Identified suicide prevention as a priority injury prevention focus
- Trained staff in evidence-based suicide prevention programs and interventions

Obesity

- Assisted in developing a health resource locator
- Promotion of Spark program

Air Quality

- Provided an education campaign and outreach to school

**Highlights Continued:**

Environmental Health

*Air Quality*

- Led air quality action group
- Increased air monitoring capacity and provided real-time results to community

Family Health & Senior Services

*Obesity*

- Provided active living, healthy eating info through TCM program
- Provided healthy weight counseling for WIC families
- Promoted breastfeeding
- Increased fruit & veggies through meals on wheels and community gardens
- Provided healthy lifestyle activities in senior activity centers
- Increased chronic disease prevention programs

*Access to Behavioral Health Services*

- Provided postpartum depression screening
- Increased access to mental health services at senior activity centers
- Increased individuals participating in congregate meals

- ✓ On-Track 1.1.6 Document success in meeting at least 80% of short-term CHIP objectives. [12/15]
- ✓ On-Track 1.1.7 Document success in meeting at least 70% of long-term CHIP objectives. [12/18]
- ✓ Completed 1.1.8 Two staff will be trained as Question, Persuade, Refer (QPR) Gatekeeper Instructors. [6/14]
- Off-Track 1.1.9 All identified DCHD staff will participate in the QPR Gatekeeper training. [12/14]

**Why are we Off-Track?**

*The objective calls for “all identified staff” to participate in QPR training. No training exemptions were submitted, meaning all department staff is identified to attend QPR training. This requires an unrealistic requirement of 100% compliance. Current compliance levels show that 97.5% of staff attended QPR training in 2014.*

**Recommendations:**

- Amend the objective to apply the same compliance level as other Department required trainings of 85%
- Decide if/when refresher courses will be needed

- ✓ On-Track 1.1.10 At least one staff will participate in monthly Davis County Active Transportation Committee meetings. [On-Going]
- ✓ Completed 1.1.11 Start at least one community garden project at a county facility. [9/15]

**Highlights:**

- Objective completed 1-year in advance
- Coordinated and assisted Davis Governing Youth Council in planting and maintaining a community garden on DCHD grounds

- ✓ On-Track 1.1.12 Promote the benefits of comprehensive employee wellness programs to at least five worksites. [12/16]
- ✓ On-Track 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]
- ✓ Completed 1.1.14 At least ten staff will receive Mental Health First Aid Training. [12/15]
- ✓ On-Track 1.1.15 At least one program will pilot a depression/suicide screening tool for clients. [12/15]
- ✓ Completed 1.1.16 Increase the number of deployable particulate matter air monitors in Davis County from 0 to 12. [12/15]

**Highlights:**

- *Objective completed 1-year in advance*
- *The number of deployable monitors increased to 20*
- *Coordinated with the Davis School District to identify schools where monitors could be deployed*

- ✓ Completed 1.1.17 Increase number of no idling policies adopted by businesses, cities, and other organizations from one (2013) to three. [12/18]

**Highlights:**

- *Objective completed 4-years in advance*
- *Acquired funding to purchase 250 “No Idle” signs*
- *Three school agencies have sent letters to parents promoting their no idle policies, (DSD, St Olaf, Legacy Prep)*

**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]
- ✓ 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]



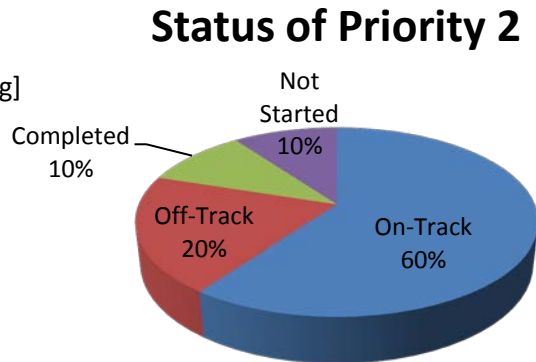
## Priority 2 – Utah State-Wide Health Improvement Plan

**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]



### **Highlights:**

#### CD/EPI

- *Included immunization information in education campaigns and disease investigations*
- *Coordinated with licensed daycares to implement employee vaccination program*
- *Increased efficiency when working with Utah Public Health Lab*
- *Ensured at risk staff were immunized*
- *Encouraged health living among staff*

#### Community Health

- *Increased awareness of benefits of immunizations*
- *Worked with schools to increase physical activity*
- *Promoted healthy family meals*
- *Educated staff on Principles for Effective Local and State Partnerships*
- *Participated in developing a Public Health System Orientation*
- *Sought additional funding for the DCHD wellness program*

#### Environmental Health

- *Ensured at risk staff were immunized*
- *Distributed immunization tools while in the field*
- *Participated in DCHD wellness activities*
- *Participating in and leading state-wide associations (UEHA, CLEHA)*
- *Seeking additional grant funding opportunities*

#### Family Health & Senior Services

- *Increased collaboration between immunization, WIC, and TCM programs to promote client immunizations*
- *Continued work on increasing immunization rates among Long-Term Care employees*
- *Incorporated nutrition and healthy eating education in TCM, WIC, and senior programs*
- *Promoted breastfeeding*
- *Promoted wellness and physical activity through education and evidence-based programs for seniors.*

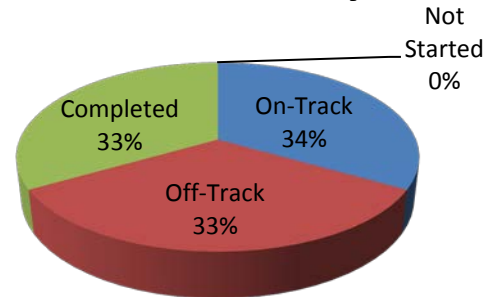
- ✓ **On-Track** 2.2.2 Increase regular structured physical activity each day in school children by expanding the SPARK program in at least six additional Davis School District schools. [12/15]
- ✓ **Completed** 2.2.3 Promote shared healthy family meal time messages through at least two avenues. [12/16]
- Highlights:**
- *Objective completed 2-years in advance*
  - *Partnered with USU Botanical Gardens Farmers Market in promotion efforts*
  - *Submitted press release published by two local newspapers promoting family meal time*
- Off-Track** 2.2.4 Work with the Davis County School District to implement an employee vaccination policy. [6/15]
- Why are we Off-Track?**  
*Davis School District officials are not interested in implementing an employee vaccination policy at this time. However, they did express an interest in reevaluating possible implementation of an employee vaccination policy in the future.*
- Recommendations:**
- *Continue to provide school officials with immunization information and promote the importance of employee vaccination policies*
- 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?**  
*Management failed to gather or incorporate feedback that is critical to success from front line staff "doing the work". Staffing shortages and high turnover rates have caused the institutional knowledge regarding the recall/reminder processes to be lost.*
- Recommendations:**
- *Develop written step-by-step processes (flowcharts)*
  - *Prioritize training*
- Not Started** 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]
- ✓ **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]
- ✓ **On-Track** 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]

## 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.

- ✓ **On-Track** 3.1.1 Conduct local public health system assessment. [12/15]
- Off-Track** 3.1.2 DCHD will participate in bringing health and human services agencies together to assess county human services needs, determine appropriate human services coordination structure, and assist with human services improvement plans. [12/15]

### Status of Priority 3



#### **Why are we Off-Track?**

*The Commissioner that was a driving force behind this initiative has left office and a new champion has not been identified. Also, department staffing resources have not been designated to coordinate this effort.*

#### **Recommendations:**

- *Re-evaluate if the objective is still a priority*
- *Identify and designate needed staffing resources*

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

- ✓ **Completed** 3.2.1 DCHD will launch and manage an online health resource locator to promote and educate about existing health resources and services in Davis County. [12/14]

#### **Highlights:**

- *Resource Locator was developed and url purchased in November 2014*
- *Continued efforts are being made to add additional resource pages to increase information accessibility*

## Priority 4 – Communication

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

**Off-Track** 4.1.1 Through the Management Team, evaluate communication needs using SWOT survey results and identify areas for improvement. [12/14]

**Why are we Off-Track?**

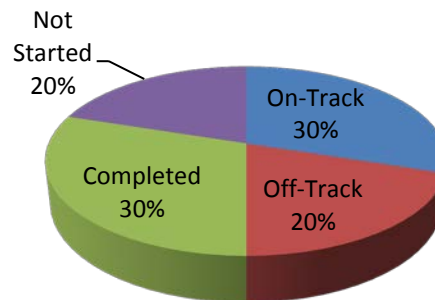
*The intent of the objective was not met. A written report or evaluation of communication needs from the SWOT that identifies areas of improvement has not been provided.*

*Improvement efforts such as a DCHD employee phone list and call routing list have been completed but no written correlation or link to a weakness identified in the SWOT has been provided.*

**Recommendations:**

- *Provide written evaluation through either a report or from meeting minutes that identifies areas for improvement and next steps to begin improvement efforts*
- *Correlate current improvement efforts to identified weaknesses*

### 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]

**Not Started** 4.1.3 Management Team will implement at least one communication QI project. [12/15]

**Off-Track** 4.1.4a DCHD will assess a variety of new tools to communicate with employees (may include video updates, newsletters, etc.). [12/14]

**Why are we Off-Track?**

*The intent of the objective was not met. A written assessment or evaluation of new communication tools has not been provided. Improvement efforts such as a DCHD newsletter have begun but no information supporting the use of the new tool has been provided.*

**Recommendations:**

- *Provide written evaluation through either a report or from meeting minutes that assesses new communication tools*

- ✓ **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]
- ✓ **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]

**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]

**Highlights:**

*The Social media plan was completed on 3/20/14 and outlines initial steps to increase DCHD social media presence across six social media channels: Facebook, Twitter, Pinterest, Google+, YouTube, LinkedIn.*

*Facebook*

- 194% increase in followers
- 774 total followers

*Twitter*

- 38% increase in followers
- 701 total followers

*Pinterest*

- 146 followers
- LHD with 2<sup>nd</sup> highest number of followers (1<sup>st</sup> is SLCHD with 203)

*Google+*

- 27 followers
- Tied with TCHD for most Google+ followers among LHDs in Utah

*YouTube*

- 146% increase in highest single video views
- Most frequently watched video has 570 views
- In process of developing an Environmental Health “Man on the Street” series

*LinkedIn*

- 18 followers
- Only LHD in Utah currently on LinkedIn.

- Not Started** 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]

## 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]

**Off-Track** 5.1.2 Develop a performance management framework. [7/14]

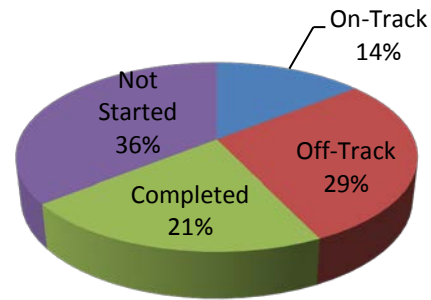
**Why are we Off-Track?**

*Progress has been made in developing and implementing a performance management system, however, additional refinement of the system needs to occur before this objective is complete.*

**Recommendations:**

- Set new target completion date in 2015

### 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]

✓ **On-Track** 5.1.4 Provide basic performance management training to 90% of DCHD employees. [3/15]

**Not Started** 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]

**Not Started** 5.1.6 Each DCHD bureau will develop at least two measures for monitoring. [8/15]

**Not Started** 5.1.7 All DCHD bureaus will have fully developed standards, measures, and targets. [8/17]

**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]

**Off-Track** 5.2.2 Develop and provide advanced QI training to Quality Council members, senior leadership and the management team. [9/14]

**Why are we Off-Track?**

*There was not enough time to complete this objective. Priority training topics were identified in the QI Plan, which was not finalized and adopted until the end of September. Also, senior leadership, management team, and key staff member's time has been devoted to other priorities leaving little time for training.*

**Recommendations:**

- New target completion date set for 2015 that corresponds with QI Plan timeframes

**Not Started** 5.2.3 Provide ongoing training opportunities for QI, at least one training every three years for each employee. [Every 3 Years]

**Off-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]

**Why are we Off-Track?**

*Improvement projects have been initiated in each division however none were completed by the end of 2014. The department's process for selecting and initiating QI projects wasn't developed and communicated until the fall of this year.*

**Recommendations:**

- *New annual target completion timeframe be set on an on-going basis*


**Off-Track** 5.2.5 Provide basic QI training to 90% of DCHD employees. [12/14]

**Why are we Off-Track?**

*There has not been enough time to develop and provide training to staff. Key staff member time has been dedicated to other priorities.*

**Recommendations:**

- *Set new target completion date in 2015*

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

**Highlights:**

*Two department-wide projects focused on improving an employee's sense of value were started this year, however, only one was completed by the end of 2014.*

*Employee Distinction Awards Program Improvements*

- *300% Increase in nominations*
- *Improved the proportion of peer nominations to 72%*

**Not Started** 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]

## Priority 6 – Workforce Development

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

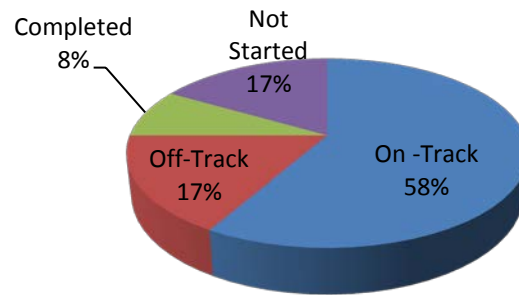
- ✓ **On-Track** 6.1.1 Complete a QI project to measure and improve employees' sense of value and appreciation. [6/15]

**Highlights:**

*Project Val-You – On-going*

- *Developed six principles of employee satisfaction*
- *90% respondent rate to the developed and administered survey*
- *Coordinated focus groups to gather qualitative data about communications within DCHD*

### Status of Priority 6



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

**Highlights:**

*Several department-wide projects focused on improving an employee's sense of value were started this year. For example, the Employee Distinction Awards program was revamped to provide a relevant and meaningful award to employees. Improvements have led to increased employee engagement as the number of nominations received increased by 300% with 72% of those nominations coming from peers rather than supervisors.*

*A DCHD newsletter was also created that spotlights several employees in each publication.*

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

- ✓ **On-Track** 6.2.1 Develop a personal training plan for each employee in conjunction with yearly performance appraisals. [12/15]

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

**Why are we Off-Track?**

*Training percentages for department standards failed to meet the identified benchmark due to inconsistent training, reporting, and tracking processes. New employees are asked to review all department standards, however, no form or training confirmation is then submitted for tracking purposes.*

**Recommendations:**

- *Implementation of a department-wide consistent training, reporting, and tracking method*



- ✓ 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]
- ✓ On-Track 6.2.5 Provide essential functions training opportunities. [12/15]
- Not Started 6.2.6 Create a public health core competency curriculum and certificate program. [12/16]
- Not Started 6.2.7 Develop a project based learning system to cross train employees. [12/17]
- ✓ On-Track 6.2.8 Review and update the workforce development standard. [On-Going]

**Goal 3** Develop and improve DCHD managers.

- Off-Track 6.3.1 Develop an orientation manual for new employees to be implemented department-wide. [12/14]

***Why are we Off-Track?***

*The management team sub-committee has not had enough time or resources made available to complete this objective. Initial attempts to complete this objective did not meet needs identified by senior leadership.*

***Recommendations:***

- *Set new target completion date in 2015*
- *Sub-Committee members should be held accountable for completion of objective*

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

## Priority 7 – Employee Wellness

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

✓ **Completed** 7.1.1 Establish a standing DCHD wellness committee. [1/14]

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

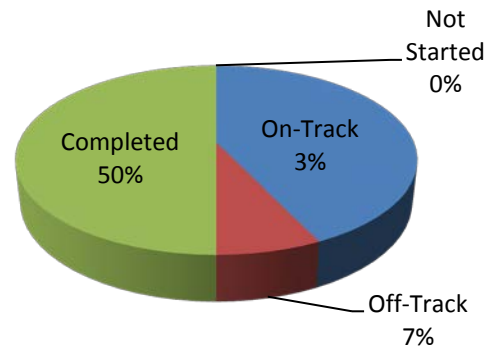
**Highlights:**

*Created, implemented, developed and adopted Mission - To promote a healthier worksite, by creating a culture that encourages social and environmental change for a healthy lifestyle.*

*The committee also developed the slogan “MOVE Forward” and the following logo.*



### Status of Priority 7



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

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

✓ **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]

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

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

✓ **On-Track** 7.1.9 40% of employees will be in the minimum to moderate risk category for body fat. [12/18]

**Off-Track** 7.1.10 50% of employees will receive at least 150 minutes of physical activity in a week. [12/14]

**Why are we Off-Track?**

*Final data to measure this objective will not be available until January 2015.*

**Recommendations:**

- Set new target completion date in 2015

- ✓ Completed 7.1.11 The DCHD Clearfield campus will make one infrastructure change to increase physical activity. [12/14]

**Highlights:**

- *DCHD staff purchased a flat bench for the onsite fitness facility*
- *DCHD staff created and purchased an 8 X 10 walking path sign for each health department campus. Golden Years, Autumn Glow, Weatherization, and the DCHD campus each received a unique mapped path that was hung onsite*
- *DCHD staff purchased free weights, benches, and a stationary bike for Golden Years Senior Center.*

- ✓ 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. [12/15]

# Annual Strategic Plan Retreat Results

The annual strategic plan retreat was held on Thursday, January 8 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 2015 objectives, and implement amendments to objectives as needed to ensure they remain on-track. The following is a summary of the amendments made to the strategic plan based on recommendations identified in the progress report and at the retreat.

## Priority 1 – Davis County Community Health Improvement Plan

1.1.9 All identified DCHD staff will participate in the QPR Gatekeeper training. [12/14]

### **Amendment**

*Objective designated completion date was changed to on-going and rewritten to apply the same compliance levels as other department required trainings.*

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

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

### **Amendment**

*Objective rewritten to reflect the committee's new meeting schedule.*

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

1.1.16 Increase the number of deployable particulate matter air monitors in Davis County from 0 to 12. [12/15]

### **Amendment**

*The objective was completed a year in advance. To ensure continued improvement in this area the objective was rewritten to expand the original goal, include website monitoring, and designate a new completion date of December 2018.*

1.1.16a Purchase at least one additional air monitor in yearly budget through 2018. [12/18]

1.1.16b Ensure Davis Clean Air Network website ([daviscleanairnetwork.com](http://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]

- 1.1.17 Increase number of no idling policies adopted by businesses, cities, and other organizations from one (2013) to three. [12/18]

**Amendment**

*Objective was completed four years in advance. Objective designated completion date was changed to an on-going status to ensure continued improvement and rewritten to reflect this change.*

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

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

- 2.2.3 Promote shared healthy family meal time messages through at least two avenues. [12/16]

**Amendment**

*Objective designated completion date was changed to December 2018 with a designated status of on-going to ensure continued improvement and rewritten to reflect this change.*

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

- 2.2.4 Work with the Davis County School District to implement an employee vaccination policy. [6/15]

**Amendment**

*Objective designated completion date was changed to December 2015. During initial meetings district leadership indicated they would be willing to reassess the proposal in 2015.*

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

**Priority 3 – Public Health System Coordination**

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

**Amendment**

*Objective was removed from the 2014-2018 strategic plan. Elective official championing the effort has left office and the department currently does not have sufficient resources to address the initiative. The objective will be reassessed during development of the 2018 community health improvement plan.*

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

**Amendment**

*Goal was rewritten to encompass all department activities including those in senior services.*

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

3.2.1 DCHD will launch and manage an online health resource locator to promote and educate about existing health resources and services in Davis County. [12/14]

**Amendment**

*Initial objective activities were completed, however, due to expansion of the resource locator the designated completion date was changed to December 2015. This will allow for additional resource pages to be added as well as county-wide promotion of the tool.*

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]*

**Priority 4 – Communication**

4.1.1 Through the Management Team, evaluate communication needs using SWOT survey results and identify areas for improvement. [12/14]

**Amendment**

*Objective was rewritten to properly reflect the Project Val-You quality improvement team as the objective lead. The team analyzed the SWOT and created an additional survey to further identify areas of improvement.*

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

4.1.3 Management Team will implement at least one communication QI project. [12/15]

**Amendment**

*Objective was rewritten to properly reflect the Project Val-You quality improvement team as the objective lead. The team conducted an initial survey to measure an employee's sense of value as well as the effectiveness of current communication processes. Employee focus groups and individual interviews were also held to discuss current communication processes and needs. Results from the survey and focus groups/interviews are guiding department communication improvement activities.*

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

- 4.1.4a DCHD will assess a variety of new tools to communicate with employees (may include video updates, newsletters, etc.). [12/14]

**Amendment**

*Objective was rewritten to properly reflect the Project Val-You quality improvement team as the objective lead. The team is in the process of identifying and implementing communication improvement activities. The designated completion date was extended to December 2015 to allow for continued improvement efforts.*

- 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]*

## **Priority 5 – Performance Management & Quality Improvement Culture**

- 5.1.2 Develop a performance management framework. [7/14]

**Amendment**

*Objective designated completion date was extended to June 2015.*

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

- 5.1.4 Provide basic performance management training to 90% of DCHD employees. [3/15]

**Amendment**

*Training compliance levels were adjusted to apply the same compliance levels as other department required trainings. Objective designated completion date was extended to December 2015.*

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

- 5.1.5 Provide training opportunities for performance management on an ongoing basis, at least one training every three years for each employee.

**Amendment**

*Objective was removed from the strategic plan due to redundancy with objective 5.1.5*

- 5.2.2 Develop and provide advanced QI training to Quality Council members, senior leadership and the management team. [9/14]

**Amendment**

*Objective designated completion date was extended to September 2015.*

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

- 5.2.3 Provide ongoing training opportunities for QI, at least one training every three years for each employee.

**Amendment**

*Objective was removed from the strategic plan due to redundancy with objective 5.2.5.*

- 5.2.5 Provide basic QI training to 90% of DCHD employees. [12/14]

**Amendment**

*Training compliance levels were adjusted to apply the same compliance levels as other department required trainings. Objective designated completion date was extended to December 2015.*

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

## **Priority 6 – Workforce Development**

- 6.1.1 Complete a QI project to measure and improve employees' sense of value and appreciation. [6/15]

**Amendment**

*Objective designated completion date was extended to December 2018 to ensure continued improvement efforts.*

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

- 6.2.1 Develop a personal training plan for each employee in conjunction with yearly performance appraisals. [12/15]

**Amendment**

*Objective was rewritten to reflect current process which does not require the plan to be developed in conjunction with the employee's performance appraisal.*

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

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

**Amendment**

*Objective was rewritten to encompass all department activities including those in senior services.*

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

- Goal 3** Develop and improve DCHD managers.

**Amendment**

*Goal was rewritten for clarification.*



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

6.3.1 Develop an orientation manual for new employees to be implemented department-wide. [12/14]

**Amendment**

*Objective wording was changed to reflect that the actual document is an employee handbook. The designated completion date was extended to June 2015. The Workforce Development Team will conduct annual review of the employee handbook to ensure it is current.*

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

6.3.1b *The Workforce Development Team will annually review the employee handbook. [On-going]*

**Priority 7 – Employee Wellness**

7.1.1 Establish a standing DCHD wellness committee. [1/14]

**Amendment**

*Designated completion date was extended to December 2018 and the status changed to on-going to ensure continued wellness efforts.*

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

7.1.10 50% of employees will receive at least 150 minutes of physical activity in a week. [12/14]

**Amendment**

*Designated completion date was extended to April 2015 to allow final data results not available until January to be analyzed.*

7.1.10 *50% of employees will receive at least 150 minutes of physical activity in a week. [4/15]*

7.1.14 Establish a physical activity release time policy. [12/15]

**Amendment**

*Designated completion date was extended to December 2018 to allow department leadership time to further discuss the initiative with County leadership.*

7.1.14 Establish a physical activity release time policy. [12/18]

