

**Accreditation Prerequisites:
How to conduct processes that yield a CHA, CHIP, and Strategic Plan
Webinar: Thursday, November 15, 2012**

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**Accreditation Prerequisites:
How to conduct processes that yield
a CHA, CHIP, and strategic plan**

Thursday, November 15, 2012

Erinn Monteiro, MPH, CHES
Senior Program Analyst
National Association of County and City Health Officials



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GOAL:

To discuss development of the prerequisites for national accreditation: community health assessment (CHA), community health improvement plan (CHIP), and agency strategic plan

OBJECTIVES:

- Discuss the developments of the prerequisites documents from the point of view of different sized health departments
- Provide tips for getting started with and completing the processes that yield all three of the prerequisites
- Provide examples of successful frameworks and models for prerequisite processes
- Explain the importance of the prerequisites to other aspects of accreditation



NACCHO's Prerequisite Resources

www.naccho.org/prerequisites or

www.naccho.org/chachipresources

Public Health Infrastructure and Systems > Community Health Assessment and Improvement Planning

Resource Center for Community Health Assessments and Community Health Improvement Plans

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The CHA/CHIP Resource Center

The Resource Center for Community Health Assessments and Community Health Improvement Plans (CHA/CHIP Resource Center) provides practical, customizable tools and resources to all local health departments (LHDs) in a central and publicly accessible location. The resource center is intended to support LHDs and their partners in completing community health improvement processes, including the conduct of a community health assessment (CHA) and the development of a community health improvement plan (CHIP), for the purpose of improving the health of local communities. The initial version of this resource center is being populated primarily with the following:

- Existing items that have been deemed high-quality; and
- Items being developed by LHD CHA/CHIP demonstration sites to complete CHAs and CHIPs for accreditation preparation.

The CHA/CHIP Resource Center will be updated on an ongoing basis; by December 2012, it will contain example high-quality CHAs and CHIPs and case studies of communities who have completed CHAs and CHIPs for accreditation preparation and more. Check back frequently for new information and updates.

The tabs below represent the general steps in a community health improvement process. Click on a tab to be directed to trainings; practical, customizable tools; and links to additional, existing resources specific to that topic that will help LHDs and their partners complete a community health improvement process.

Engaging Partners

Getting Started

CHAs

CHIPs

Taking Action

Examples

Accreditation Prep

Additional Factors

Featured Tool of the Week



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NACCHO's Prerequisite Resources

www.naccho.org/prerequisites

Public Health Infrastructure Systems
NACCHO hosted on Nov. 17, 2009.

A few tools that assist LHDs in developing strategic plans for their agencies include:

- **Developing a Local Health Department Strategic Plan: A How-To Guide.** NACCHO has developed a robust how-to guide for undertaking the strategic planning process. Aligned with PHAB's strategic planning requirements, this guide offers step-by-step instructions, important considerations, and modifiable tools and templates for use in any type of LHD. A NACCHO webinar featured the guide in May of 2012.
- **Community Tool Box, Chapter Eight: Developing a Strategic Plan.** The Community Tool Box, created by the Work Group for Community Health and Development at the University of Kansas, provides information on how to build healthier and more equitable communities. Chapter Eight of the tool box ("Developing a Strategic Plan") provides practical, step-by-step guidance on how to embark on the strategic planning process.
- **Strategic Planning for Public and Nonprofit Organizations.** Written by John M. Bryson, this book will help public health leaders understand what strategic planning and management are and how to apply them in their own organizations.
- **Creating and Implementing Your Strategic Plan: A Workbook for Public and Nonprofit Organizations.** This hard-copy workbook, written by John M. Bryson and Farnum K. Alston, is a step-by-step guide on strategic planning in public and nonprofit organizations, and provides easy-to-understand worksheets and clear instructions for creating a strategic plan tailored to the needs of an individual organization.
- **South Central Public Health Partnership (SCPHP) Training.** The SCPHP offers free Internet-based trainings on public health topics such as bioterrorism, risk communication, leadership management, communication skills, and environmental health. Interested public health professionals must register to enroll. The "Leadership, Strategic Planning and Systems Approaches" training provides enrollees with strategic analysis and planning skills.

Examples of strategic plans from LHDs include:

1. Sedgwick County Health Department (KS) Strategic Plan Priorities (2006-2008)
2. Escambia County Health Department (FL) Strategic Plan "Road Map" and Score Card (2008-2011)
3. Harris County Public Health & Environmental Services (TX) Strategic Plan (2005-2010)
4. Orange County Health Department (NC) Strategic Plan (2006-2011)
5. Benton County Health Department (OR) Strategic Plan (2004)



NACCHO/CDC Accreditation Support Initiative

- CDC/OSTLTS funding, through NACCHO
- September 2011 – May 2012
- Purpose: Increase readiness of health departments to apply for PHAB accreditation
 - Prerequisites and other PHAB documentation
 - Accreditation fees
 - Other accreditation readiness activities
- Two initiatives, 18 health departments and support organizations total
 - Nearly \$1 million



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Speakers



Laurie Dietsch & Kathy Cowen
**Accreditation Coordinator &
Director of Epidemiology**
Columbus Public Health (OH)




Ruth Hawkins
**Health Education
Director**
Madison County
Health Department
(KY)

Sabrina Marzouka
**Assistant
Commissioner for
Administration**
Dutchess County
Health Department
(NY)



**Columbus Public Health's
Community Health
Assessment (CHA)
Franklin County, Ohio**

Kathy Cowen – Director of Epidemiology
Laurie Dietsch, MPH – Accreditation Coordinator



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MICHAEL B. COLEMAN, MAYOR

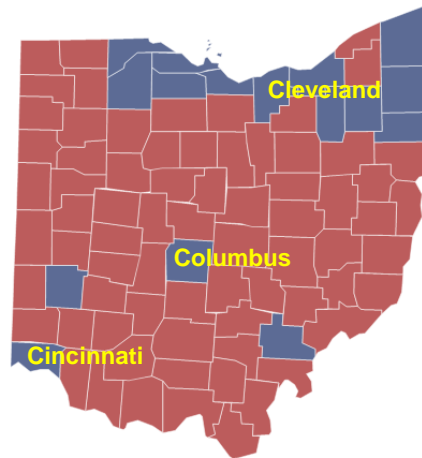
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PUBLIC HEALTH

Overview

- **Background – who we “really” are**
- **History**
- **CHA Process/Model**
- **Tips**
- **Success / Barriers**
- **Importance of CHA in Accreditation**

OHIO

- Decentralized
- Franklin County
- Capital
- Urban/No Tribal

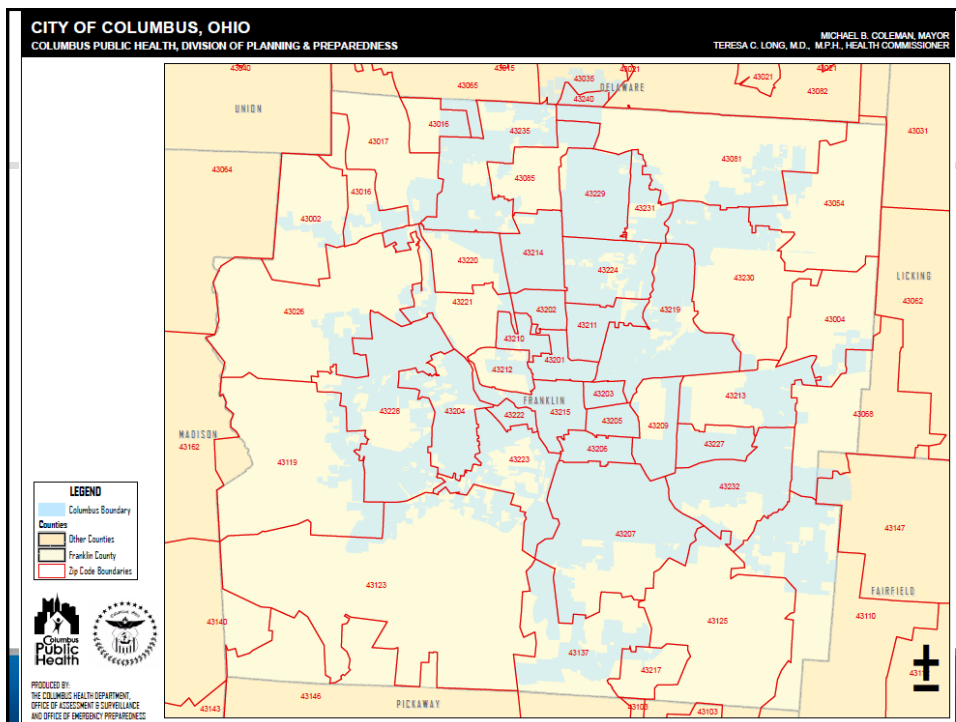


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■ OBAMA WON ■ ROMNEY WON

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Franklin County, Ohio

- Population ~75% urban, 25% suburban
- 2 Health Departments (CPH/FCPH)
- CPH Jurisdictions
- 430 employees - 330 FTE



People of Franklin County

- Franklin County has over 1.1 million residents.
- Population has grown almost 9% since 2000.
- Diversity continues to increase with the non-Hispanic, White population remaining stable while the Hispanic population has increased by 129% in the past 10 years.



Sources:
2010 U. S. Census
Uninsured: 2008 Ohio Family Health Survey



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People of Franklin County

- Franklin County's population is also aging with the highest growth seen in the population age 55 and over.
- Over 200,000 (18%) residents were living below the poverty level in 2009.
- Almost 19% of the residents between the ages of 18 and 64 were uninsured in 2008.



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CHA

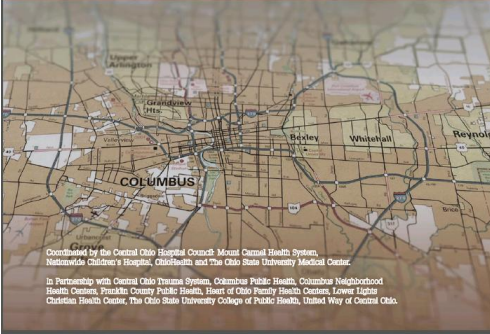
Kathy Cowen
Director,
Office of
Epidemiology

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Embargoed Until Public Release

Franklin County
HealthMap 2013

Navigating Our Way to a
Healthier Community Together






Contributed by the Central Ohio Hospital Council, Mount Carmel Health System, Nationwide Children's Hospital, OhioHealth and The Ohio State University Medical Center.

In Partnership with Central Ohio Trauma System, Columbus Public Health, Columbus Neighborhood Health Center, Franklin County Public Health, Board of Ohio Family Health Centers, Lower Light Christian Health Center, The Ohio State University College of Public Health, United Way of Central Ohio.

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Historical CHAs



HEALTHY NEIGHBORHOOD REPORT:
Near East
"Building Blocks to Health"
July 2004
COLUMBUS HEALTH DEPARTMENT

COLUMBUS HEALTH DEPARTMENT
2000 Columbus Franklin County Community Health Risk Assessment, Assessment Series No. 17

HEALTHY NEIGHBORHOODS
FULL POTENTIAL

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CHA Process: Timeline

- Late in 2010
 - Hospitals approached CPH to determine interest and ability to participate in community assessment
 - CPH was in early stages of readying for Accreditation
 - Some compromise on what was included in CHA in order to meet deadlines

CHA Process

- Two names. Similar Goals. Similar but different timelines.
 - Community Health Assessment
 - For LHD to attain accreditation
 - Community Health Needs Assessment
 - For hospitals to maintain non-profit/tax-exempt status
- Decided to collaborate to meet needs of both
- CHA defined using the PHAB Beta Version

CHA Process: Framework/Model and Resources used

- Framework – loosely based on MAPP
- Resources
 - Hospitals – Central Ohio Hospital Council staff, plus community benefit and strategic planning people from each of 4 hospital systems
 - 2 Local Public Health Depts– Epidemiologists
 - Others: United Way, FQHCs, OSU College of Public Health (consultant)

Roles and Responsibilities

ROLE	PARTNER
Infrastructure – coordination, meeting space, minutes, materials, contract with OSU, access to hospitalization and ED data	Central Ohio Hospital Council
Identification of data sources, data checking, report review and revisions, graphic design of report	Columbus Public Health Franklin County Public Health
Participated in discussions, review and priority-setting throughout	3 adult hospital systems plus 1 children's hospital, United Way, Columbus Neighborhood Health Centers (FQHCs), Central Ohio Trauma System
Established a timeline, provided processes for selection of indicators and prioritizing health needs, pulled data, drafted report	Center for Public Health Practice at The Ohio State University College of Public Health – consultant and graduate student

Tips

- Getting started
 - Focus on common goals
 - Find willing (and necessary) partners
- Getting it completed
 - Don't strive for perfection
 - Set deadlines
 - Start working on next one now

Successes and Challenges

- Deadlines
- Limited funds
- Differences
 - Perspectives
 - Fiscal years
- Lots of local data resource
- Committed people and agencies

Importance of CHA to other aspects of accreditation

Laurie Dietsch, MPH
Accreditation Coordinator



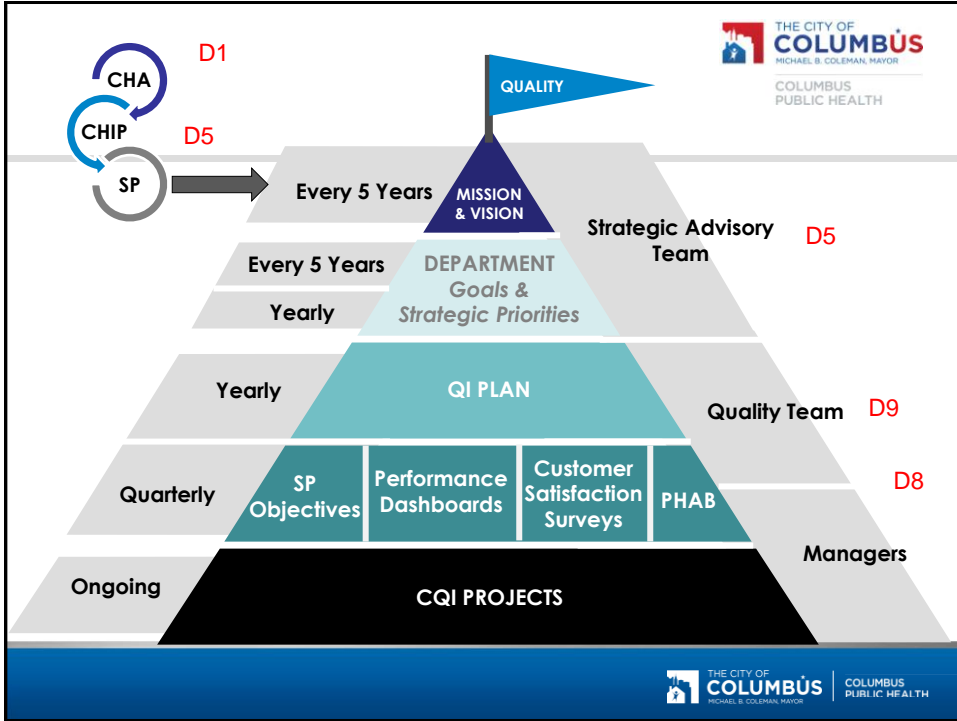
Importance of CHA to Other Aspects of Accreditation



Synergistic



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Domain Impact

- 1 CHA
- 2 CD
- 3 Communication
- 4 Community
- 5 CHIP/SP/ERP
- 6 Laws
- 7 Access to Care
- 8 WFD
- 9 QI
- 10 Evidence Based
- **11 Administration**
- 12 Governance

ALL

Columbus Public Health

Kathy Cowen

Director, Office of Epidemiology

614-645-6252

Laurie Dietsch, MPH

Accreditation Coordinator

614-645-5139



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PROGRESS THROUGH LEADERSHIP

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Madison County Community Health Improvement Plan (CHIP) 2009-2014

Presenter

Ruth R. Hawkins, MSN, RN, MCHES

Health Education Director


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**Madison County
Comprehensive
Community Health Improvement Plan
(MCCHIP)
2009-2014
with 2011 Review and Addendum**



Madison County, Kentucky, U.S.A.
Compiled by
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<http://www.madisoncountyhealthdept.org/Documents/Community/CHIP.pdf>



Process of Developing the CHIP

- 2006 - Chose Mobilizing for Action through Planning and Partnership (MAPP) model for Community Assessment
- 2007 – Initiated health department’s first comprehensive community assessment through collecting statistical data
- 2008 – Conducted series of community forums to garner public input on perceived vision for a healthy county, present health issues, and possible solutions (series of guided questions were used for discussion)

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Process of Developing the CHIP

- **2008 – Conducted full day meeting with key stakeholders**
 - approximately 70 individuals attended representing various agencies, schools, university/college, hospitals, local governments, faith-based, homemakers, & general public
 - discussed assessment data from various sources & defined purpose of CHIP
 - series of guided questions were used to discuss a vision for county related to health & safety, to select priority health issues, goals for improvement, current programs & services being offered and possible interventions needed to address identified health issues
 - set vision for CHIP
 - asked for volunteers to serve on an on-going workgroup to develop the full document



Process of Developing CHIP

- **CHIP Workgroup**
 - Met several times to discuss issues brought forth from larger stakeholders meeting (some communications conducted via e-mails)
 - Set Timeframe for CHIP implementation – 2009-2014
 - Established 3 MAJOR Health Priorities – wanted to have a manageable plan
 - Discussed Goals/Objectives
 - Identified programs/services offered in county addressing Priority Issues
 - Final document prepared late 2009
 - Published on health department website and information about document sent to community partners and leaders

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CHIP Priorities

- **Priority # 1** - Physical Health: Overweight, Obesity and Lack of Physical Activity
Goal: *Reduce the prevalence of overweight and obesity through increased physical activity and improved nutritional intake.*

- **Priority # 2** - Alcohol, Tobacco And Other drugs (ATOD)
Goal: *Reduce the health and financial impact of alcohol, tobacco and other drugs (ATOD) on Madison County.*

- **Priority # 3** - Health Care Disparities: Women At-risk for Pre-Term Deliveries or Low Birth Weight Infants; Uninsured/Underinsured; Spanish Speaking Individuals; and the Health Illiterate.
Goal: *Reduce barriers that interfere or prohibit individuals and families from seeking preventive health and medical care by improving accessibility to health information and services.*



Each Priority has Outcome Objectives, Impact Objectives, Suggested Strategies, Barriers to Overcome, Risk Factors and Evaluation Resources

Example

Priority # 3 – Preterm or Low Birth Weight Infants

GOAL: Reduce barriers that interfere or prohibit individuals and families from seeking preventive health and medical care by improving accessibility to health information and services.

Outcome Objectives

By the year 2014,

- Reduce the number of pregnant women who smoke by 2%, from 22% (2005) to 20%.

Impact Objective

- Reduce the number of infants born preterm or with low birth weights

Suggested Strategy

- **Implement a smoking cessation program at the Richmond Women's Health Care Center**
Madison County Health Department (responsible agency)
Provide a Smoking Cessation on-site at the Center Proposed (implementation date 2010)

Barriers to Overcome

Smoking is part of the social and family culture

Risk Factors

Lack of information about community resources

Evaluation Resources

Attendance at Smoking Cessation groups; number of women who quit smoking; number of women who report smoking during pregnancy (March of Dimes)

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CHIP Review & Update

Fall 2011 – Invited community partners, elected officials, community residents to meeting to:

- discuss new assessment data
- review relevance of each health priority
- report added or deleted programs or services addressing priorities
- identify most important interventions needed
- what is the greatest health or social issue present in the county today?

38 individuals attended, some participated in the original community forums, community stakeholders meeting and part of the workgroup that helped develop the original CHIP

Participants were divided into small groups and responded to guided questions.

Ranking of greatest health and social issues present in county today was conducted.

Participants were provided information from the following documents to aid in the discussion.

- *2011 County Health Rankings Report*
- *Kentucky Health Facts for Madison County*
- *KIDSCount, Madison County Prescription Drug Use/Abuse Report 2011*
- *Madison County Community Health Improvement Plan (CHIP) 2009-2014*



CHIP Review & Update

2012 - Community Assessment

Madison County Health Department conducted County Health & Safety Survey (Jan.-Mar.)

Both local hospitals will have completed community assessments by end of 2012

Conducted Community Conversations around new KIDSCount Data (Sept.)

(72 individuals attended)

Major local school systems will have participated in the Kentucky Incentives for Prevention Survey (KIP Survey)

2013 - Assessment data to review (in addition the above sources)

County Health Rankings

Behavioral Risk Factor Surveillance System

Late 2013 or early 2014 – Evaluation and Revision of CHIP will occur

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Known Uses of the CHIP

- Health department staff and other community partners use as references for grant writing
- Local college and university students reference it for various health and safety writings & projects
- Most recently referenced in the Health Committee of the Madison County Economic Development Committee



KEY Issues Regarding the CHIP

- Built from community assessment data & input from community partners, key stakeholders and residents
- Viable document – important to review and update
- Distribute information to the community so that it can be utilized by a variety of sources
- Requirement for Accreditation application – we have applied, documentation has not been submitted

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Additional Information

Contact

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Berea, KY 40403
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For Information on *Madison County Community Assessment Reports* and
Madison County Community Health Improvement Plan 2009-2014, go to
<http://madisoncountyhealthdept.org/PublicHome.html>

Strategic Planning: A Local Perspective



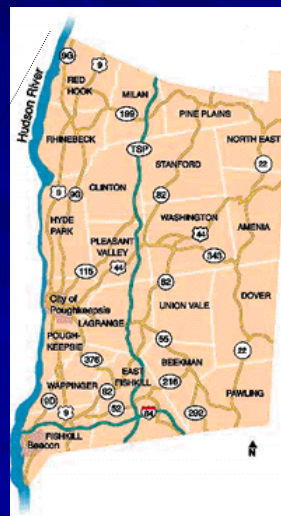
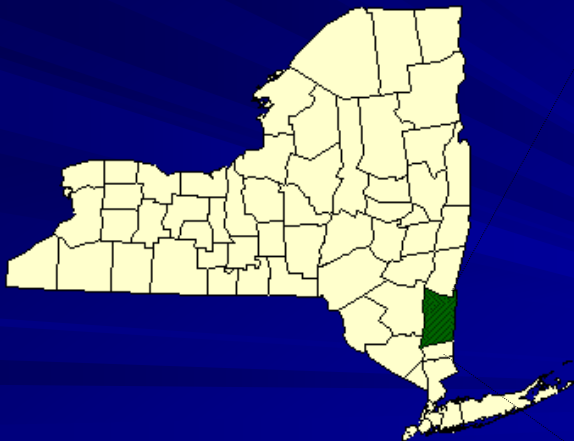
Dutchess County,
NY
Department of
Health

Sabrina Jaar Marzouka, JD,

Dutchess County: At A Glance



Dutchess County, New York



Dutchess County Demographics

	<u>Census 2000</u>	<u>Census 2010</u>
Population Size	280,150	297,488
Population Density	349	374
% Unemployed individuals	3.6%	6.6%
% Individuals below poverty level	7.5%	7.5%
% Seniors 65 and over below poverty level	6.5%	5.4%
% Children < 18 years below poverty level	8.5%	9.1%

Dutchess County Demographics

Population Distribution by Age	2000	2010
Under Age 20	28.3%	25.9%
Between 20 and 64	59.7%	60.6%
Age 65-84	10.6%	11.7%
Age 85+	1.5%	1.9%
Median Age (years)	36.7	40.0
Population Distribution by Race and Ethnicity	2000	2010
White Non-Hispanic	80.3%	74.6%
Black Non-Hispanic	8.9%	9.2%
Asian Non-Hispanic	2.5%	3.5%
Hispanic	6.4%	10.5%

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County Health Rankings

Measures	Dutchess 2012 NYS Rank	Dutchess 2011 NYS Rank
Health Outcomes (overall)	9	13
<i>Mortality</i>	9	13
<i>Morbidity</i>	14	11
Health Factors (overall)	10	11
<i>Health Behaviors</i>	12	14
<i>Clinical Care</i>	21	26
<i>Socioeconomic Factors</i>	10	11
<i>Physical Environment</i>	27	5

University of Wisconsin Population Health Institute County Health Rankings Report (April 2012).
<http://www.countyhealthrankings.com>

Characteristics of the Department of Health

County	Population	Area (mi ²)	% Rural	Poverty	Leadership	Services	Staff
Dutchess	297,488	802	29.1%	7.5%	Commissioner	Full	144
Orange	372,812	816	24.4%	11.1%	Commissioner	Full	160
Putnam	99,710	231	23.9%	7.0%	Commissioner	Full	65
Rockland	311,687	174	0.9%	11.3%	Commissioner	Full	209
Sullivan	77,545	969	71.3%	16.6%	P.H.Director	Partial	78
Ulster	182,496	1,126	49.4%	11.3%	P.H.Director	Full	59
Westchester	949,113	433	3.5%	8.2%	Commissioner	Full	301

Characteristics of the Department of Health

Various Divisions

- Administration (includes EI)
- Planning & Education
- PH Nursing (includes CDC)
- Medical Examiner
- Environmental Services
- Weights & Measures
- Veteran Services

ENVIRONMENTAL REGULATORY SERVICES
Services are carried out in accordance with the provisions of the NYS Public Health Law, NYS and DC Sanitary Codes.

Environmental Health Services: Permits and inspects food service facilities, children's camps, hotels, motels, campsites, temporary residences, mobile home parks, public functions with 500 or more people, swimming pools, bathing beaches, migrant labor camps, daycare centers, and nursery schools.

Additional services include: investigation of complaints regarding foodborne illnesses, rental dwellings, sewage failures, vermin infestations, and offensive materials; and reports of animal bites and human contact with suspect rabid animals.

Engineering Services: Conducts inspections, monitors, regulates, reviews, and approves plans for sewage collection, treatment and disposal systems, water subdivisions, bathing beaches, residential and commercial sewage disposal systems, individual and public water supplies. Conducts a NYSOCH approved certification course for water treatment plant and distribution system operators.

Radiological & Environmental Health: Inspects regulated in-ry facilities, conducts investigations and provides technical assistance regarding radon, radiation and chemical emergency response plans, petroleum and chemical spills, occupational health, hazardous waste disposal sites, indoor air quality, environmental lead assessments and potential exposure to chemicals and hazardous substances.

Tobacco Control Programs: Permits tobacco retailing and conducts inspections (compliance checks) to enforce state and local regulations. Investigates Clean Indoor Air Act complaints at workplaces, schools, and public places. (845) 486-3404

HEALTH EDUCATION PROGRAMS
Health education is provided on request to any group from preschool to senior. Educational programs are age appropriate, culturally sensitive and can be tailored to meet specific needs. (845) 486-3421

COMMUNICABLE DISEASE INFORMATION
Provides information about the prevention and control of infectious disease. (845) 486-3402

MEDICAL EXAMINER OFFICE
Investigates any sudden, unexpected, violent, or suspicious death within Dutchess County, in order to determine cause and manner of death.

General Information (845-543): (845) 486-3414
To Report a Case (247): (845) 431-9177

WEIGHTS & MEASURES
Assure measurement accuracy/commerce throughout Dutchess County in accordance with Article 18 of the NYS Agriculture and Markets Law. Conducts inspections to ensure equity in all commercial transactions involving weight, measure or count. (845) 486-2949

Dutchess County Department of Health
307 Main Street, Poughkeepsie, NY 12501
(845) 486-3400 (fax) (845) 486-3447 (fax)
(845) 486-3417 (toll)
healthinfo@dutchess.ny.us
www.dutchessny.gov

Michael C. Caldwell, MD, MPH
Commissioner of Health

Marcus J. Molinaro
County Executive
(845) 486-3400

Dutchess County
Department of Health's
**Guide to
Programs
and Services**

Dutchess
County
Government
Cares
Service, Support and Information
www.dutchessny.gov

Strategic Planning

- What is it?
- Why we got involved
- What we did & what we learned
- The challenges

Strategic Planning: What is it?

An alternative to crisis management

A process by which we look into the future, formulate strategies to meet the challenges, take advantage of opportunities, and outline the next 3-5 years' definite course for the organization.

Strategic Planning: Why ?

- Leadership – where there is a will...
- Mid-2001 strategic planning process
- Changing landscape
- *Public Health Accreditation*

Strategic Planning: What we did

- First we Planned the Process itself

 - What is the time frame?

 - Who needs to be involved?

 - What resources do we have?

 - What end products are we aiming for?

- Second, we selected the Framework & Tools

 - The framework must be clear and accepted by all.

 - The tools needed to be adjusted to meet the local reality.

Strategic Planning: What we did

- Third, we obtained input

 - Strategic Planning is participatory

 - We surveyed both staff and community members to gather input on our SWOT analysis and identify priorities

- Facilitated several half day retreats to:

 - Review and analyze the surveys

 - Formulate the plan

Selecting the Framework & Tools

- Ten Essential Services
- National P.H. Performance Standards (version 2.0)
http://www.cdc.gov/od/ocphp/nphpsp/documents/07_110300%20Local%20Booklet.pdf
- Adjusted the NPHPS Local Public Health System Assessment Supplemental Questionnaire
- Administered the surveys on line (surveymonkey)

The Two Concurrent Surveys

STAFF SURVEY

Every employee was asked via email from the Commissioner to complete the three part survey.

Because we had engaged in this process previously, we asked staff to determine if our existing mission, and values were still valid.

We then used the edited version of the NPHSP tool for staff to identify priorities.

Finally, we asked staff to name the top 3-5 goals for the department.

STAKEHOLDER SURVEY

Community Stakeholders received an invitation to participate via an email from the Commissioner. The survey included four components:

Previous Mission and Values were presented and participants were asked about their clarity and relevance.

Participants reviewed the previous Vision statement and were asked how successfully the department achieved it?

Using the edited version of the NPHSP tool, we asked for an assessment of the agency's contribution to the local public health system.

Participants provided suggestions relative to the department's goals.

SWOT Results

■ Strengths

- Highly qualified, dedicated and experienced staff
- Quality services
- Good leadership; diverse workforce
- Ability to set and achieve goals

■ Weaknesses

- Decreasing staff capacity and limited resources
- Department is perceived as fragmented and siloed across units
- Internal communication is not as smooth or timely as possible
- Aging workforce
- Frequent policy changes and/or lack of policies to guide staff
- Not utilizing technology effectively or accessing needed technology

SWOT Results

■ Opportunities

- Expanded grant research and writing
- Increase staff training and education
- Enhanced collaborations with community partners
- Strengthen network with other NYS LHDs & government entities
- Federally Qualified Health Clinics
- Regional Collaborations
- Technology-social media, IT solutions to facilitate communication and efficiencies

■ Threats

- Ongoing funding cuts negatively impacting effectiveness
- Loss of staff
- Natural and other disasters
- Changes in state mandates
- Economic environment

Strategic Planning: What we did

- The Strategic Planning Team (SPT) held a “retreat” to review the SWOT data, and came up with revised mission, vision, values, goals and strategies.
- The Strategic Advisory Response Team (START) reviewed and gave input on the information gathered from the SPT, and came up with specific objectives and activities for each goal.
- A second meeting of the SPT was held to finalize the first draft.
- A joint session (SPT and START) was held to make the final adjustments to the draft plan and discuss its implementation, identifying responsible parties and timelines for all of our activities based on the goals and objectives derived.

Mission, Vision and Values

- **Our Mission**
The mission of the Dutchess County Department of Health is to assess, protect, and promote the health of our communities and our environment.
- **Our Vision**
The Dutchess County Department of Health will be a trusted leader, advocate and partner with the community to prevent risks and promote public health.
- **We value:**
 - The pursuit of innovation
 - Adherence to ethical principals
 - Expertise in all areas of public health practice
 - Efficient and dedicated service

Strategic Priorities

■ **Programs and Service Delivery**

Goal: We will expand our focus on system wide planning and coordination to maximize our impact on public health.

■ **Staff Composition & Structure**

Goal: We will maintain a strong, qualified, engaged and well-trained workforce.

■ **Information Technology & Data Management**

Goal: We will maximize effectiveness of data management systems to demonstrate community impact.

■ **Public Communications**

Goal: We will implement diverse outreach, marketing and public relations strategies to maximize education and empowerment.

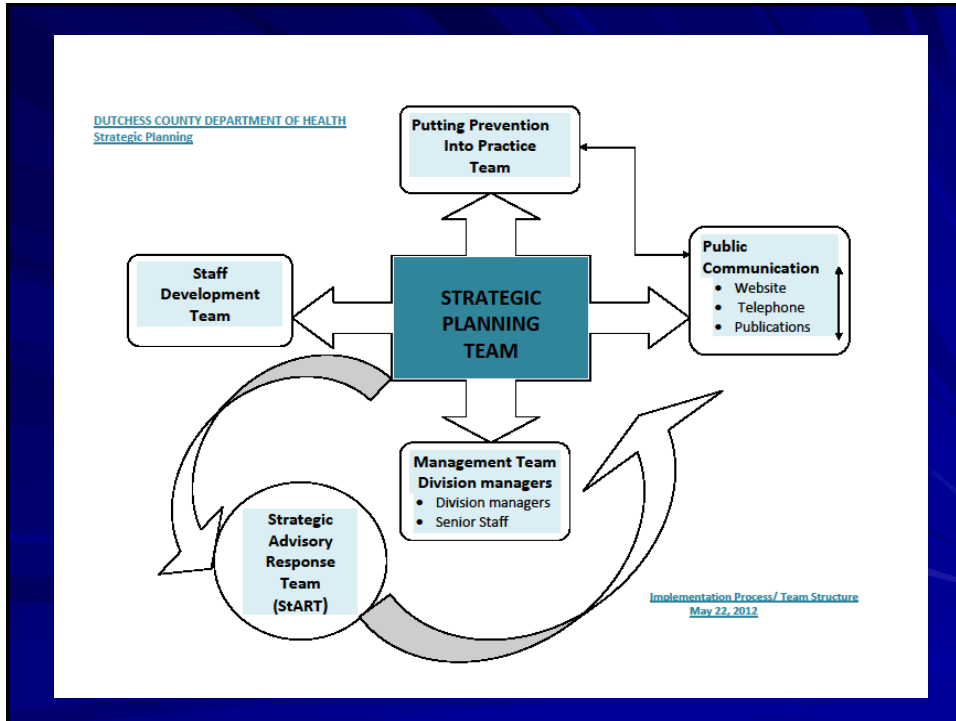
Sample Implementation Plan

1. Programs and Service Delivery

Goal: DCDOH will expand its focus on system wide planning and coordination to maximize our impact on public health.

Strategy	Actions	Responsibility	Timeframe
1. Ensure the Department responds effectively and efficiently to changing health needs by better utilizing data.	a. Educate staff about the process and expectations for the CHA, CHIP, Municipal Plan Health Services Plan, Annual Performance Report, State Aid, & annual contract performance report	Staff development team Facilitator: Sr. Public Education Coordinator	May 2012 - May 2014
	a. Clarify roles and engage staff early in the Department's assessment and planning processes.	Sr. Managers Facilitator: Commissioner	By July 15, 2012 create list of reports/dates due etc.
	a. Use the annual staff meeting to discuss the CHA and CHIP and related program planning.	Sr. Managers Facilitator: Assistant Commissioner for Administration	At annual meeting 2013

**Accreditation Prerequisites:
How to conduct processes that yield a CHA, CHIP, and Strategic Plan
Webinar: Thursday, November 15, 2012**



The Challenges & What we Learned

- Competing interests: mandates and lack of resources combined with limited time frame.
- The SWOT survey tool needed to be tweaked.
- Finding a way to ensure input, feedback, and understanding at every step of the process. A key concept to know is that strategic planning is a cooperative and participatory process.
- The REAL challenge remains the successful implementation of the strategic plan - this requires leadership and individuals' commitment, credibility, and ongoing communication.

Thank you!



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Department of Health

Where to find these documents

CHA and CHIP examples:

- www.naccho.org/CHACHIPresources
- Click on examples tab

Strategic Plan examples:

- www.naccho.org/prerequisites



Click on Strategic Plan tab

NACCHO
National Association of County & City Health Officials

Question & Answer Session

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