

Sheboygan County Division of Public Health



2012 - 2014 Strategic Plan

The purpose of the Sheboygan County Division of Public Health Strategic Plan is to:

- Establish realistic goals, objectives, indicators, and activities consistent with our mission within a time frame and within the organization's capacity for implementation.*
- Communicate goals, objectives, indicators and activities to Division of Public Health staff, the broader community, and community health partners.*
- Compliment the work of community partners implementing the Healthy Sheboygan County 2020 Community Health Improvement Plan.*
- Provide a framework for evaluating ongoing Division of Public Health progress towards long range goals.*
- Provide an organizational focus to guide staff alignment towards Division of Public Health Strategic Goals.*

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Vision Statement

The vision of Sheboygan County is to be recognized as a leader of responsive and cost-effective local government.

Mission Statements

The **mission of Sheboygan County** is to provide courteous, responsive, efficient and effective services to those we serve.

The **mission of Health and Human Services** is to improve the quality of life and self-sufficiency of Sheboygan County residents.

The **mission of the Division of Public Health** is to promote conditions in Sheboygan County in which people can be healthy.

Guiding Principles of Sheboygan County

The guiding principles of Sheboygan County are:

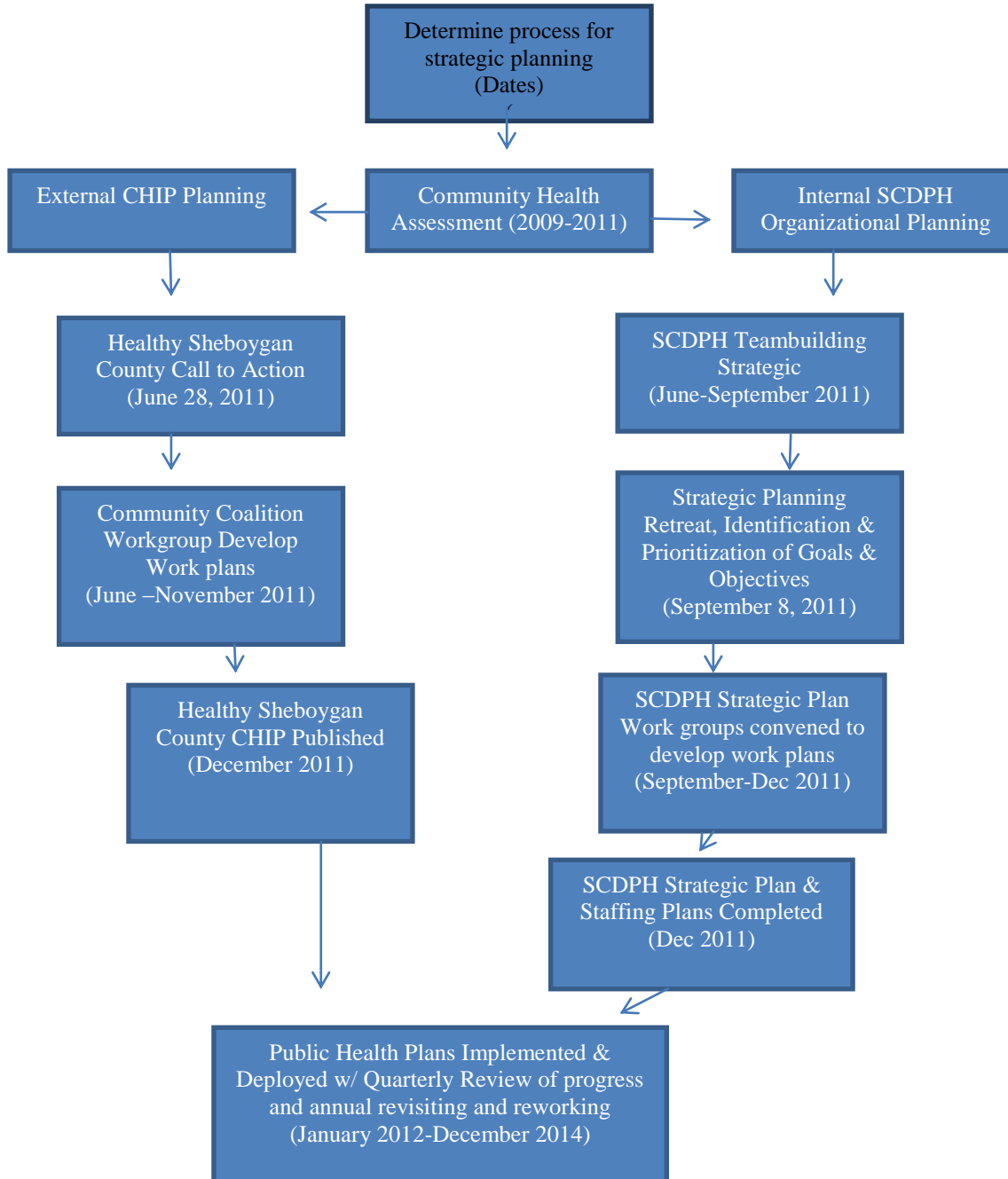
- to provide leadership;
- to be dedicated to the concept of democratic local government;
- to maintain a constructive, objective, and creative attitude;
- to maintain a deep sense of social responsibility as a trusted public servant;
- to be dedicated to the highest ideals of honor and integrity in all public and personal relationships;
- to recognize that the chief function of local government is to serve the best interest of all citizens;
- to improve the quality and image of public service, to encourage regular communication between citizens and county officials;
- to emphasize friendly and courteous service to the public;
- to treat your colleagues and staff with respect and courtesy;
- to foster problem-solving and continuous learning in the work environment;
- to train and empower staff to attain high standards of professionalism; and
- to actively seek shared services opportunities with local, state, and federal agencies.

Background

The Sheboygan County Division of Public Health (SCDPH) is a Level III Health Department (LHD), one of four divisions within a Human Services agency, which has a long history of providing a broad array of services to residents of Sheboygan County. SCDPH has been providing programming in absence of a formalized quality improvement process and program reductions/expansions often occur in response to shifting funding streams rather than primarily driven by community needs and strategic priorities. In light of environmental changes, SCDPH identified an opportunity to work collectively with staff to identify strategic organizational goals, objectives, indicators, and activities. The newly developed strategic plan will be used to align staff with the public health needs of the community and community health improvement efforts of Healthy Sheboygan County 2020.

Strategic Planning Process

Sheboygan County Division of Public Health began the development of its Community Health Improvement Plan (CHIP) and Organizational Strategic Plan in January of 2011 with grant support from the Wisconsin DPH Consolidated Contract Prevention Grant and the CDC Public Health Infrastructure Grant. The CHIP and organizational strategic planning processes were conducted as parallel processes utilizing a staff strategic planning team, an internal communications and team building planning teams and an external facilitator.



Strategic Planning Process (continued)

The Sheboygan County Division of Public Health organizational strategic planning process was kicked off with a series of team building activities on June 2, 2011. On September 8, 2011, DPH staff participated in an all-day retreat, which included a review of Strengths, Weaknesses, Opportunities and Threats survey that staff had completed via a confidential survey conducted in August. Staff also participated in a visioning exercise identifying themes of where they wanted to see the Division of Public Health in 2014. Finally, the staff brainstormed and prioritized a list of strategic priorities. The priorities included:

- Solid internal foundation/structure (28)
 - Integration holistic health
 - Technology
 - Team work
 - Training – equity – sharing back with other staff
 - Support – appreciation – satisfaction
 - Staff connections to HSC 2020
- Staff capacity (21)
 - Dental health hygienist
 - Health educator
 - Grant writers
 - Public Health Nutritionist (community access to nutritionists)
 - Bench strength
 - Both new staff/existing staff
 - Transition
 - Role/responsibilities requiring attention
- Accreditation (17)
- Community partnership (14)
 - Training on coalition building
 - Recruiting and retain partners
- Increase health literacy of community, especially children (14)
 - Messaging
- STD prevention – more (14)
- Quality Improvement and assurance (13)
- Lead abatement (5)
- Air quality (8)
- Pregnancy tests (6)
- Media – approach and using (5)
 - Social networking
- Educating decision makers about health implications to specific policies (i.e. food stamps) (3)
 - Part of accreditation – evaluating effectiveness
 - HSC committees are monitoring and evaluating EVB
- School services – vision, hearing (3)
- Empowering people – staff, partners, patient, outcome (2)

Following the prioritization, the group then broke into two groups to begin to develop specific goals statements, objectives and activities that could be implemented to address staff capacity and accreditation. At the end of the retreat, all staff participated in an activity to address the priority of solid internal foundation and structure. Seven groups were formed to quickly identify the scope of the problems (e.g. integration of services to address holistic health; internal communication; technology; team work; training /equity/ sharing back training information with other staff; increased focus on staff support/ appreciation/satisfaction; and increasing staff connections to Healthy Sheboygan County 2020 efforts).

Strategic planning team members continued to work with the consultant and DPH management to develop an actionable work plan for each of the top priority areas following the September retreat. The plan was completed and shared at a December 9th staff meeting. Staff members voiced positive feedback and a willingness for involvement in implementing the plan. Staff members were offered the opportunity to express their preference as to workgroup participation to carry out the plan.

The strategy rationale and SCDPH Strategic Plan follows:

Strategy Rationale

It is equally important for agency staff, Board of Health Members, public health partners, and the community to understand the rationale or significance for each of the strategies identified in the Strategic Plan. The following is brief overview of each strategy's significance:

Goal 1: Provide Quality Public Health Programming and Achieve National Accreditation

- **Strategy 1.1: DPH staff will work in collaboration with community partners to develop, implement and evaluate a Community Health Improvement Plan designed to address local priority health needs.** LHDs are required by Wisconsin state statute to conduct periodic community health needs assessments with subsequent development of a community health improvement plan. Through the leadership of the Health Department, this process engages the community in consensus building around identified health priorities and necessary action to mutually address health issues of importance in Sheboygan County.
- **Strategy 1.2: Initiate a Quality Improvement Program.** The Division of Public Health has an opportunity to learn from the private sector health care industry by implementing proven quality improvement processes to assure service provision is efficient and producing desired outcomes.
- **Strategy 1.3: Become a nationally accredited public health agency.** With national accreditation available to local health departments, it is important to achieve this designation to demonstrate agency expertise to the public, to attract future grants and to secure and retain quality staff.
- **Strategy 1.4: Update performance management processes.** Performance management is critical to the success of staff and programs. Increased attention to outcomes will further demonstrate the impact public health has in a community.

Goal 2: Strengthen Current DPH Quality Improvement Initiatives

- **Strategy 2.1: Provide regular, timely, and effective health information to the general public.** LHDs are recognized by the public as a consistent source of accurate information regarding local, state and national public health issues. Increasing public awareness of the Sheboygan County Division of Public Health as a consistent and authoritative resource will also assure effective communication in times of community and/or public health emergencies.
- **Strategy 2.2: Strengthen internal organizational communication.** Effective internal communication improves individual staff connectedness to the agency and assures all staff receives the information required to effectively perform their job duties. In 2010, the SCDPH established a communications workgroup to develop strategies to assure all staff receives timely and up to date program, agency and/or county-specific information relevant to agency operation, new partnerships, and pertinent rules and regulations impacting service delivery. Recent SWOT analysis indicates efforts to strengthen internal communication require continued enhancements.
- **Strategy 2.3: Strengthen external communication with public health partners.** Effective communication with community partners helps to establish SCDPH as an authoritative source of information regarding local, state and national public health-related issues and as an active partner in efforts to address community health priorities.

Goal 3: Maximize Workforce Capacity

- **Strategy 3.1: Strengthen workforce competency and capacity.** Competencies are a set of knowledge, skills, and attitudes necessary for the broad practice of public health. Investing in the workforce competency and capacity development will assure that the SCDPH is able to provide effective and efficient public health services.
- **Strategy 3.2: Strengthen workforce satisfaction.** Employees that are happy at work have been found to be more productive, engaged, and contribute to a positive work environment.

SCDPH Goals, Strategies and Objective Plan of Work

Projected Dates - + = ongoing/annual review

Score Key: 0 not started, .5: in progress, 1: complete

Goal 1: Provide Quality Public Health Programming and Achieve National Accreditation

Strategy	Objectives	Base-line	Responsibility	Projected Due Date / Completion Date				Status/Comments/ Suggestions	Score
				11	12	13	14		
Strategy 1.1. DPH staff will work in collaboration with community partners to develop and implement a Community Health Improvement Plan designed to address priority local health needs.	<ul style="list-style-type: none"> SCDPH will support CHIP initiatives through active participation on HSC 2020 and Dental Access Coalition. 	New plan to be completed by 12/31/11	CHIP Committee members – JB, TB, AS, KK	12/31	+	+	+	Wide distribution to occur via media releases, email distribution, website, HSC 2020 meetings, other community meetings.	.5
	<ul style="list-style-type: none"> Increased DPH opportunities for Community Coalition work will be provided as staffing patterns allow. 	50% + of staff currently involved in coalition work	Supervisors to authorize participation		4/1	+	+	Staff interested in participating will be offered opportunities as staffing and back-up staffing allows.	0
	<ul style="list-style-type: none"> All DPH staff will be updated re: CHIP and CHIP strategies on a quarterly basis and prn. 	Updated fall 2011	DPH representatives serving on CHIP committees		1/31	+	+	Health assessment and priorities were shared – Fall 2011, website, HSC 2020. Next update All Division meeting 1/2012.	.5
	<ul style="list-style-type: none"> DPH staff will be encouraged to incorporate CHIP strategies into DPH program plans as appropriate. 	New plan to be unveiled 12/2011	All DPH staff		4/1	+	+	All staff will incorporate CHIP strategies in their DPH activities as appropriate. To be addressed by Workgroups/Lead Workers.	0
	<ul style="list-style-type: none"> SCDPH will report at least annually on the CHIP status to the Board of Health and community. 	New plan	Health Officer or his designee(s)		1/31	+	+	DPH staff to work with HSC Steering Committee to coordinate community CHIP Status reporting.	0

Strategy	Objectives	Base-line	Responsibility	Projected Due Date / Completion Date				Status/Comments/Suggestions	Score
				11	12	13	14		
Strategy 1.2. Strengthen current DPH Quality Improvement Initiatives	<ul style="list-style-type: none"> SCDPH staff to assess current QI efforts already in place and develop a chart documenting these QI processes, periodicity of processes and brief summary of quality findings. 	Some informal QI efforts in place.	Workgroup chairs/ program lead workers to provide input for designated QI staff.		6/1	+	+	*QI workgroup to review PHAB information to assure alignment of documentation with accreditation requirements.	.5
	<ul style="list-style-type: none"> SCDPH will develop a written LHD Quality Improvement plan designed to improve program efficiency and outcomes. 	Work group in place and addressing QI efforts. No written plan in place.	Designated staff assuming lead QI project role.		12/1	+	+	Consider development/use of ongoing client survey process as a measurement to note satisfaction/quality.	.5
Strategy 1.3. Become nationally accredited public health agency	<ul style="list-style-type: none"> SCDPH will identify Accreditation team and lead worker to assume lead role in accreditation preparation. 	QI WG began preassessment process r/t accreditation.	Staff to inform Supervisor of interest. Division Manager/Supervisor to designate.		2/15				0
	<ul style="list-style-type: none"> SCDPH staff will complete the PHAB Local Self Assessment Tool for accreditation preparation. 	“ “	Accreditation team to complete with input from staff/community members as appropriate.		4/1				.5
	<ul style="list-style-type: none"> SCDPH will implement a system to identify and address gaps / weaknesses in PHAB Assessment. 		Accreditation team with input from DPH staff and management.		6/1	+	+		0

Strategy	Objectives	Base-line	Responsibility	Projected Due Date / Completion Date				Status/Comments/Suggestions	Score
				11	12	13	14		
Strategy 1.3. Become nationally accredited public health agency (continued)	<ul style="list-style-type: none"> Accreditation team will establish and implement DPH strategies to meet accreditation standards. 		Accreditation team with input from DPH staff and management.		8/1	+	+		0
Strategy 1.4. Initiate a performance management system	<ul style="list-style-type: none"> 100% of DPH programs will have established specific and measurable goals and outcomes. 	Varying levels of formal/informal goals/outcomes in place.	Lead workers/workgroups.		3/1	+	+	Each workgroup/lead workers to establish annual goals/SMART objectives on an annual basis.	.5
	<ul style="list-style-type: none"> SCDPH will implement ongoing program evaluation process. 	Varying processes related to program evaluation in place.	Supervisors, workgroup chairs/lead workers.		7/15	+	+		.5

Goal 2: Strengthen Communication Effectiveness and Community Awareness regarding Public Health Initiatives

Strategy	Objectives	Baseline	Responsibility	Projected Due Date				Status/Comments	Score
				11	12	13	14		
Strategy 2.1. Provide regular, timely, and effective health information to the general public	<ul style="list-style-type: none"> SCDPH will develop and update annually a marketing, outreach and public education plan designed to increase public awareness of SCDPH services and priority community health messages. 	Workgroup in place and addressing outreach efforts.	Outreach workgroup		4/1	+	+	Annette will serve as liaison between HSC 2020 Literacy and Outreach workgroup.	.5
Strategy 2.2. Strengthen internal organizational communication	<ul style="list-style-type: none"> SCDPH will establish an internal communication plan designed to improve the effective delivery of internal organizational communication. 	Workgroup in place and addressing communication efforts.	Communication workgroup		3/1	+	+	Various communication strategies to be considered beyond sharing of information via staff meetings.	.5
	<ul style="list-style-type: none"> SCDPH will review current staff meeting structure and increase efforts to combine unit meetings when feasible to foster improved communications. 	Various program, unit, division, workgroup, agency meetings occur.	Division Manager/ Supervisors		3/1	+	+	Staff survey to be completed in 2011 re: staff preferences. 2012 all division meeting dates to be announced by December 2011.	0
Strategy 2.3. Strengthen external communication with public health partners	<ul style="list-style-type: none"> SCDPH will actively sustain existing and develop new community partnerships to advance the SCDPH mission and its activities. 	Many partnerships in place.	Outreach/EP workgroups and DPH HSC members.	12/31	+	+	+	To coordinate efforts with HSC as appropriate	.5
	<ul style="list-style-type: none"> SCDPH staff will be contributing members of councils, boards, and committees addressing priority health needs. 	Many staff are members of various groups.	Designated staff	12/31	+	+	+		.5

Strategy	Objectives	Baseline	Responsibility	Projected Due Date				Status/Comments	Score
				11	12	13	14		
2.3 Strengthen external communication with public health partners (continued)	<ul style="list-style-type: none"> SCDPH to survey 25 internal and external partners to identify whether current communication strategies/agency access is meeting their needs. 	Survey conducted in 2006.	Outreach workgroup		4/1	+	+		0
	<ul style="list-style-type: none"> Communication feedback from partners will be shared and outreach plans to be updated based on need. 		Outreach workgroup		4/1	+	+		.5

Goal 3: Maximize Workforce Capacity

Strategy	Objectives	Baseline	Responsibility	Projected Due Date				Status/Comments	Score
				11	12	13	14		
Strategy 3.1. Strengthen workforce competency and capacity strategy	<ul style="list-style-type: none"> The SCDPH will assess 100% of LPHA staff members existing strengths, areas of interest and competencies. 	New	Workforce Development Team		6/1	+	+	New WF team to be established.	0
	<ul style="list-style-type: none"> SCDPH will implement an agency workforce development/ training plan and provide staff with training opportunities to enhance job competencies, leadership skills, and team skills. 	To build on trainings provided related to competencies, team building, etc	Workforce Development Team		10/1	+	+	Consider annual training day to assure coordinated training efforts.	.5
	<ul style="list-style-type: none"> Staffing patterns and plans will be modified to meet service needs within budget parameters. 	Ongoing efforts	Supervisors	+	+	+	+		1.0

Strategy	Objectives	Baseline	Responsibility	Projected Due Date				Status/Comments	Score
				11	12	13	14		
3.1. Strengthen workforce competency and capacity (continued)	<ul style="list-style-type: none"> Annual performance evaluations will be conducted on all public health staff. 	Formal evaluation process is not in place. Feedback currently provided on informal basis.	Supervisors			1/31	+	County policies are currently being revised. To coordinate evaluation tools within county guidelines, etc.	.5
Strategy 3.2. Strengthen workforce satisfaction	<ul style="list-style-type: none"> SCDPH will conduct an annual employee satisfaction survey. 	New	Workforce Development Team		3/1				0
	<ul style="list-style-type: none"> SCDPH will research and identify 2 strategies to improve workforce satisfaction. 	New	Workforce Development Team		6/1				0

Strategic Planning efforts led by Amy Betke, PHN; Elizabeth Abler, PHN; Jean Beinemann, Program Supervisor; and Lynsey Ray, Program Development Director, Wisconsin Primary Health Care Association.