

ZANESVILLE-MUSKINGUM COUNTY HEALTH DEPARTMENT

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Public Health
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Zanesville-Muskingum County

2018 STRATEGIC PLAN


ADOPTED: 12-21-2017

This Strategic Plan for 2018-2020 was approved and adopted by the Zanesville-Muskingum County Board of Health:


James Shepherd, M Ed, CET, Board of Health President

12/21/2017

Date


Corey Hamilton, MS, RD, LD, Health Commissioner
and Board of Health Secretary

12/21/2017

Date

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Message from Leadership

In today's results-oriented and resource-limited environment, there may be nothing more foundational than strategic planning to guide an organization to achieve valuable outcomes within its capabilities. Our strategic planning process has enabled us to look broadly at our community's health needs and assess our capacity to influence them within our resource limitations.

This plan is an evolution from our previous version in that it reflects both the continuous improvements we have realized, and some adjustments we made after reflecting on the areas where our progress fell short of our goals previously. It also links our agency's work with the work of other partners in our community toward improved population health. We are proud of this body of work that demonstrates our commitment and emphasis on performance management and a new level of engagement in continuous quality improvement, which we believe, will enable us to become an accredited local health department under the Public Health Accreditation Board.

Thank you to the Ohio Department of Health for funding which allowed us to receive strategic plan training from The Ohio State University College of Public Health, Center for Public Health Practice staff, Joanne Pearsol and Meredith Cameron. We are indebted to Community Health Planners, Kylie Jones and Ann Hollingsworth for their fresh perspectives into this level of organizational planning and their enthusiasm for accomplishing a large and important task expeditiously; and, to the ZMCHD Directors, Carol Howdyshell, Bonnie Kirsch, and Ed Shaffer for their passion to serve our community and their dedication to excel at it. Other key staff who offered valuable feedback and guidance in the planning process included Jennifer Hiestand, Tiffany McFee, Heather Rice, Jody Shriver, and Erin Wood. We could not have completed this task without the constant encouragement and apt schedule coordination of our organizer, Dedra Parsons. Our newest Director, Lisa King, joined us just at the right time to offer an outside viewpoint and help us with the final additions to our plan. Finally, we are grateful to the Ohio Public Health Association and Anne Goon, our consultant, who cheerfully and confidently helped us easily maneuver through the steps of our planning where we have tended to struggle in the past. Finally, each staff member had the opportunity to contribute input to this plan. We are grateful for their insights and suggestions.

Prevent. Promote. Protect
Public Health is our Passion!

Corey Y. Hamilton, MS, RD, LD
Health Commissioner

INTRODUCTION

Strategic planning is a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does. This deliberate decision-making process results in a strategic plan, which defines where an organization is going and how it will get there. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.

Over the course of seven months (June to December 2017), Zanesville-Muskingum County Health Department (ZMCHD) undertook an intentional process of planning for the future health of our organization and residents. Our strategic planning efforts involved Health Department staff, management, Health Commissioner, and Board of Health members. During the course of this planning, we updated our mission, vision, and values and analyzed agency strengths, opportunities, aspirations, desired results, and the challenges we face. We considered what our agency and county look like today and how we would like them to be in the future. These steps helped us identify strategic priorities and define specific goals, objectives, and action steps to help us move strategically forward.

The Zanesville-Muskingum County Health Department Strategic Plan defines for Muskingum County residents, partnering agencies and organizations, and staff where our agency is headed over the next three years (2018 to 2020), what we plan to achieve, how we will achieve it, and how we will monitor and measure our progress. This Strategic Plan provides a guide for making decisions and appropriately allocating resources to meet local needs and priorities.

The 2018-2020 Strategic Plan is grounded in the Balanced Scorecard model, a common performance management framework used in both the private and public sectors. Our balanced scorecard considers four broad perspectives:

- Customer & Partner Perspective: How do our customers, partners, and residents see the Zanesville-Muskingum County Health Department? What do they need and expect from us?
- Learning & Growth Perspective: How can we continue to improve and create value for our customers, partners, and residents? How do we need to change our culture and/or capacity so that we can improve and innovate?
- Internal Processes Perspective: What must we excel at as a health department? What must we do to meet our customers, partners, residents, and staff's needs and expectations more effectively and efficiently?
- Financial & Governance Perspective: How do we look to our investors- both local taxpayers and funders? How do we ensure we are being good stewards of the finances we receive?

This Strategic Plan specifically connects to and addresses priorities identified in the Muskingum County Community Health Improvement Plan (MCCHIP), as well as our Workforce Development and Quality Improvement Plans. MCCHIP priorities are the focus of the Customer & Partner Perspective, while the Learning & Growth Perspective addresses workforce development needs. Quality improvement links to three Perspectives- Customer & Partner (e.g., How do we use customer feedback to improve our services?), Internal Processes (How can we operate more effectively and efficiently?), and Financial & Governance (How can we allocate funds more strategically?). Several objectives within the Internal Processes and Customer & Partner Perspectives link to agency branding and marketing strategies.

ZMCHD will also use this strategic plan to pursue and achieve national accreditation through the Public Health Accreditation Board (PHAB), the national accrediting body for Tribal, state, local and territorial public health departments. A strategic plan is so fundamental to effective management that it is a major prerequisite that must be completed before a local health department can apply for accreditation.

ABOUT US

Governance

The Zanesville-Muskingum County Board of Health is comprised of seven members representing our community. Three members are appointed by the mayor of the City of Zanesville, three members are appointed by the District Advisory Council (comprised of elected officials from all villages and townships within the county), and one member represents the District Licensing Council (i.e., business activities licensed by the Board of Health). As required by the State of Ohio, Board of Health members must obtain 2 hours of continuing education per year. Opportunity for continuing education is provided to Board members as part of its regular monthly meetings.

Demographics

Population, Age, and Growth

As of July 1, 2015, Muskingum county had 86,290 residents, having grown overall by 2% over the last fifteen years. Across gender, there have been no changes of significance, with females making up 51.6% and males 48.4% of the population. Muskingum county's characteristics are consistent with aging patterns seen elsewhere in the state and nation, with a steady increase in the older population coupled with declines in the young adult (-1.3%) and child populations (-0.7%). Since 2000, the median age has risen steadily from 37 to 40.6 years. This exceeds state and national averages of 37.8 and 37.7 years respectively.

Racial and Ethnic Diversity

Muskingum county is predominantly white or Caucasian, accounting for 93% of the population. Blacks or African Americans make up 4% of the population, with Hispanics/Latinos claiming another 1%. The remaining 2% is split among Asians (0.4%), American Indians/Alaskan Natives (0.2%), and people of other races (0.2%). There has been a significant increase in diversity since 2010, with the multiracial population increasing by 25.5% over the course of five years. A majority of multiracial residents describe themselves as Caucasian and African American (60%) or Caucasian and American Indian/Native Alaskan (16%).

Educational Attainment

Among Muskingum county residents over the age of 25, 88.2% have at least a high school diploma (or equivalent). One in four adults (24.9%) has an associate, bachelor or master's degree. Current educational attainment rates indicate almost a 1% decrease in high school graduation. About 10% of Muskingum county residents are classified as lacking Basic Prose Literacy Skills (BPLS), limiting the ability to perform simple and everyday tasks.

Income, Poverty, and Employment

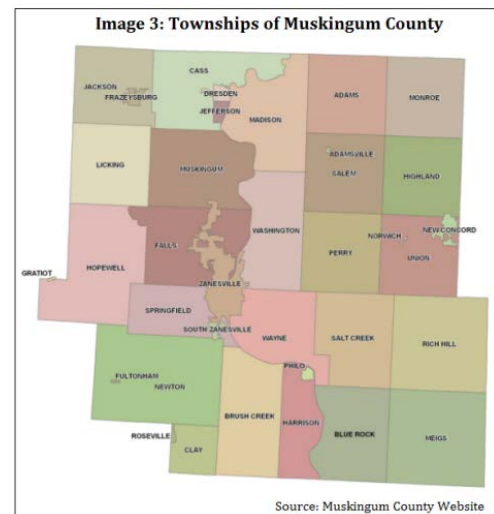
18.6% of Muskingum county residents live below the Federal Poverty Level (FPL). Children are disproportionately affected, with over 28% living in poverty. The median household income in Muskingum county for 2015 was \$41,130 (per capita \$21,274), in comparison to \$49,429 in the state of Ohio and \$53,889 for the entire nation. The county's unemployment rate is 6.1%, slightly higher than the state (5.7%) and the nation (5.2%). However, only 74% of employed residents work full-time (defined as at least 35 hours per week), while 22% worked 15 to 34 hours weekly.

Geography



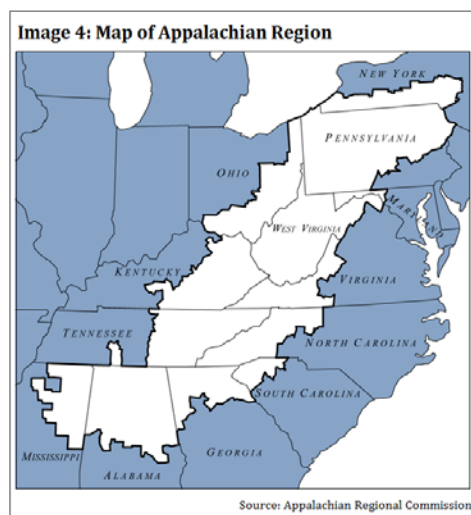
Muskingum County is located in southeastern Ohio, covering a land area of 673 square miles, eight of which is covered by the Muskingum River. It is surrounded clockwise by Coshocton, Guernsey, Noble, Morgan, Perry and Licking counties. The county makes up part of the Columbus Statistical Area.

Zanesville is the county seat and sole city located within Muskingum county. There are 10 incorporated villages- Adamsville, Dresden, Fazeysburg, Fultonham, Gratiot, New Concord, Norwich, Philo, Roseville, and South Zanesville- and 28 unincorporated communities. Muskingum county is made up of 25 townships, having both the state's largest (Newton) and smallest (Jefferson) townships in square miles.



Muskingum as an Appalachian County

Muskingum County is identified as an Appalachian county. Appalachia is a cultural region in the Eastern United States stretching southwest from the southern tier of New York to northern Alabama, Georgia, and Mississippi. As of the 2010 census, the region was home to approximately 25 million people. Since its recognition as a distinctive region in the late 19th century, residents of Appalachia have often been negatively stereotyped.



While endowed with abundant natural resources, Appalachia has long struggled and been associated with poverty. Adults in Appalachian counties are more likely to live in poverty, lack a high school diploma, be unemployed and uninsured, and have unmet health needs. Children in Appalachian counties face unique health disparities that include poverty, food insecurity, obesity, and poor access to pediatric care.

OUR PROCESS

ZMCHD began its strategic planning process in June 2017 through an 11-jurisdiction award from the Ohio Department of Health to receive planning and facilitation support for strategic planning purposes. Joanne Pearsol, M.Ed, MCHES, Associate Director, and Kelly Bragg, MPH, CHES, Program Manager, of the Center for Public Health Practice at The Ohio State University College of Public Health (OSU) provided guidance and support using a seven-step planning approach. Our core planning team completed an introductory training webinar June 6, 2017, and two in-person work sessions (June 28 and August 1, 2017) provided by OSU personnel.

Our agency also worked with public health consultant and former Henry County Health Commissioner Anne Goon, MS, RD, LD, contracted through the Ohio Public Health Association (OPHA). She facilitated four on-site planning sessions (October 16, October 26, November 20, and December 19, 2017) with the planning team and worked closely with the writing team via telephone and computer over this three-month period.

A summary of activities related to each step of the planning process follows.

STEP ONE - PLANNING

The strategic planning process began with the designation of a core planning team made up of the health commissioner, directors, community health planners, and human resources officer; these individuals are designated below with an asterisk after their name. The core team participated in a live introductory webinar by OSU on June 6, 2017. During this training, the team reviewed the phases of the planning process and created a timeline for completing a new strategic plan for implementation in January 2018.

The planning team expanded its membership to program managers and select staff as it moved through the strategic planning process. The input of Board of Health members and all ZMCHD staff was sought at multiple points in the process as well.

Our planning team

Corey Hamilton, MS, RD, LD, Health Commissioner*

Carol Howdyshell, RN, MSN, Director of Nursing*

Lisa King, Director of Business and Information Systems

Bonnie Kirsch, MA, CHES, Director of Community Health Promotion and Planning*

Ed Shaffer, RS, Director of Environmental Health*

Tiffany McFee, RN, MSN, Assistant Director of Nursing

Jody Shriver, BS, WIC Project Coordinator

Heather Rice, BA, Help Me Grow Project Coordinator

Erin Wood, Fiscal Officer

Jennifer Hiestand, MS, Public Information Officer

The planning team also included members of the writing team.

Our writing team

Dedra Parsons, SHRM-CP, PHR, Human Resources Officer*

Kylie Jones, DTR, Community Health Planner*

Ann Hollingsworth, MAE, RS, Community Health Planner*

Anne Goon, MS, RD, LD, OPHA Consultant

*Members of the Core Planning Team

STEP TWO - ENVIRONMENTAL SCAN

In 2013, the Ohio General Assembly passed a law granting the state's director of health the authority to require local health districts to apply for accreditation by July 1, 2018, and to become accredited by July 1, 2020, as a condition to receive state funding. The legislature views national accreditation by the Public Health Accreditation Board (PHAB) as validation that a public health department is capable of providing public health services at an appropriate scale for its community.

PHAB requires a local health department to work with its local partners to complete a community health assessment (CHA) and create a community health improvement plan (CHIP) at least every five years. These processes then inform a health department's strategic planning efforts.

A new state law took effect in 2016 requiring tax-exempt hospitals and local health departments to work together to develop local community health assessments and local community health improvement plans (CHIPs) every three years to meet the timeframe established by the IRS for tax-exempt hospitals. Additionally, local health departments and hospitals must align their CHIPs with the State Health Improvement Plan (SHIP) by 2020.

ZMCHD and its community partners completed an assessment of Muskingum County's health in 2016 and created the Muskingum County Community Health Improvement Plan (MCCHIP) in 2017. Despite the current strategic plan covering the time period of 2014 to 2018, ZMCHD leadership made the decision to begin the strategic planning process again in 2017 so that all of its planning and accreditation deadlines and efforts aligned,

SOAR/C Analysis

As part of our overall strategic planning process, the core planning team conducted a SOAR/C analysis in June 2017 to assess agency strengths, opportunities, aspirations, results, and challenges.

In preparation for this analysis, team members were given access to the following documents:

- Ohio 2016 State Health Assessment
- Ohio 2017-2019 State Health Improvement Plan
- 2016 Muskingum County Community Health Assessment
- 2017 Muskingum County Community Health Improvement Plan priorities and strategies
- Genesis HealthCare System's Improvement Strategies
- *"Public Health Futures: Considerations for a New Framework for Local Public Health in Ohio"* (Association of Ohio Health Commissioners, June 2012)

- 2017 County Health Rankings
- 2017 ZMCHD annual staff survey results

In addition to these documents, each participant was expected to contribute insights from his or her area of public health practice and expertise (e.g., knowledge of SHIP priorities, pending legislation or program changes, etc.).

The entire ZMCHD workforce was invited to participate in the SOAR/C analysis through an electronic survey. The writing team reviewed the results together and identified the following themes:

Strengths	Opportunities
<ul style="list-style-type: none"> • Knowledgeable Staff • Customer/Community Focused • Customer Service • Community Partnerships/ Collaboration • Informing and Educating the Public • Financially Stable 	<ul style="list-style-type: none"> • Expand on Community Partnerships • Base Programming on Community Need • Focus on Alternate Funding Sources • Achieve National Accreditation • Increase Community Outreach and Presence • Increase Focus on Staff Appreciation
Aspirations	Results
<ul style="list-style-type: none"> • National Accreditation • Healthier Community • Decrease in Drug Use and Related Issues • Greater Collaboration with Community Partners • Engaged and Appreciated ZMCHD Employees 	<ul style="list-style-type: none"> • PHAB Accredited Health Department • Improved Health Outcomes for Muskingum County Residents • Expanded Resources to Address Community Need • Improved Teamwork through Internal Collaborations
Internal Weaknesses/Challenges	External Challenges
<ul style="list-style-type: none"> • Accreditation • Employee Morale/Retention • Responding to community needs with limited budget and resources 	<ul style="list-style-type: none"> • Levy Support/Public Perception • Awareness of Public Health • Changing Funding Requirements • Decreased Funding Opportunities

STEP THREE - MISSION, VISION, AND VALUES

The core planning team then reviewed ZMCHD's current mission, vision, and values at its June 28, 2017, session with OSU. Input from the entire staff, gathered during the environmental scan, was used to revise the agency's mission, vision, and values statements. The proposed changes were presented for review and feedback to the full planning team on August 15, 2017, and the Board of Health on August 17, 2017. (Additional work to create an agency vision was completed October 26, 2017, with the OPHA consultant. This is described in Step Four.)

The revised agency mission, vision, and value statements are:

Our Mission

Prevent. Promote. Protect.
Public Health is our Passion!

Our Vision for Our Agency

One Team, Striving for Excellence, Educating, and Empowering with Every Encounter.

Our Vision for Our Community

Muskingum County is the healthiest place to live, learn, work, and play.

Our Core Values

Work Together

We engage with our community to establish common goals and achieve desired results.

Help Others

We are helpful, adaptive, and take pride in providing excellent service.

Do the Right Thing

We are fair, honest, ethical, and accountable.

Improve

We continually look for ways to improve our efficiency and effectiveness.

Respect

We accept diversity and practice kindness.

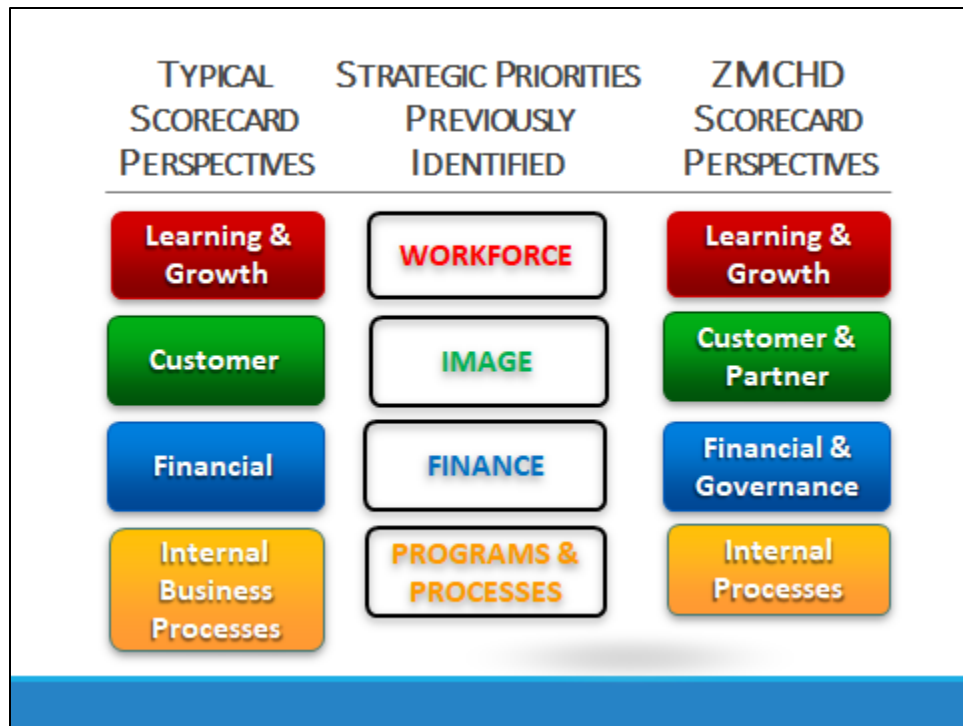
STEP FOUR - STRATEGIC PRIORITIES

Taking the draft mission, vision, and values and other environmental scan results into account, the core team met August 1, 2017, to discuss all inputs and identify major themes. From these themes, four strategic priorities were identified: Workforce, Image, Finance, and Programs & Processes.

A gallery walk was conducted with the entire ZMCHD staff during a regularly scheduled staff meeting on August 15, 2017, to share the draft mission, vision, and values, as well as the proposed strategic priorities, and to get feedback on possible objectives. Facilitators were assigned to lead conversations about a specific strategic priority not falling within their usual area of responsibility. Each facilitator was located in a separate room. Staff was strategically placed into four groups to ensure each had a diversity of strengths (from previous Clifton StrengthsFinder assessments), knowledge, and experiences. The groups circulated between the four rooms, taking 10 minutes to provide feedback on each strategic priority.

Based upon the four identified priorities, OPHA consultant Anne Goon recommended adopting the Balanced Scorecard (BSC) as the framework for ZMCHD's performance management system before finalizing the Strategic Plan. She presented this recommendation to the core planning team and the writing team October 16, 2017, demonstrating how the four gallery walk priorities aligned with the BSC's four perspectives and sharing draft goal statements based upon the gallery walk results. This group agreed the BSC would be a great fit for our strategic plan and performance management system.

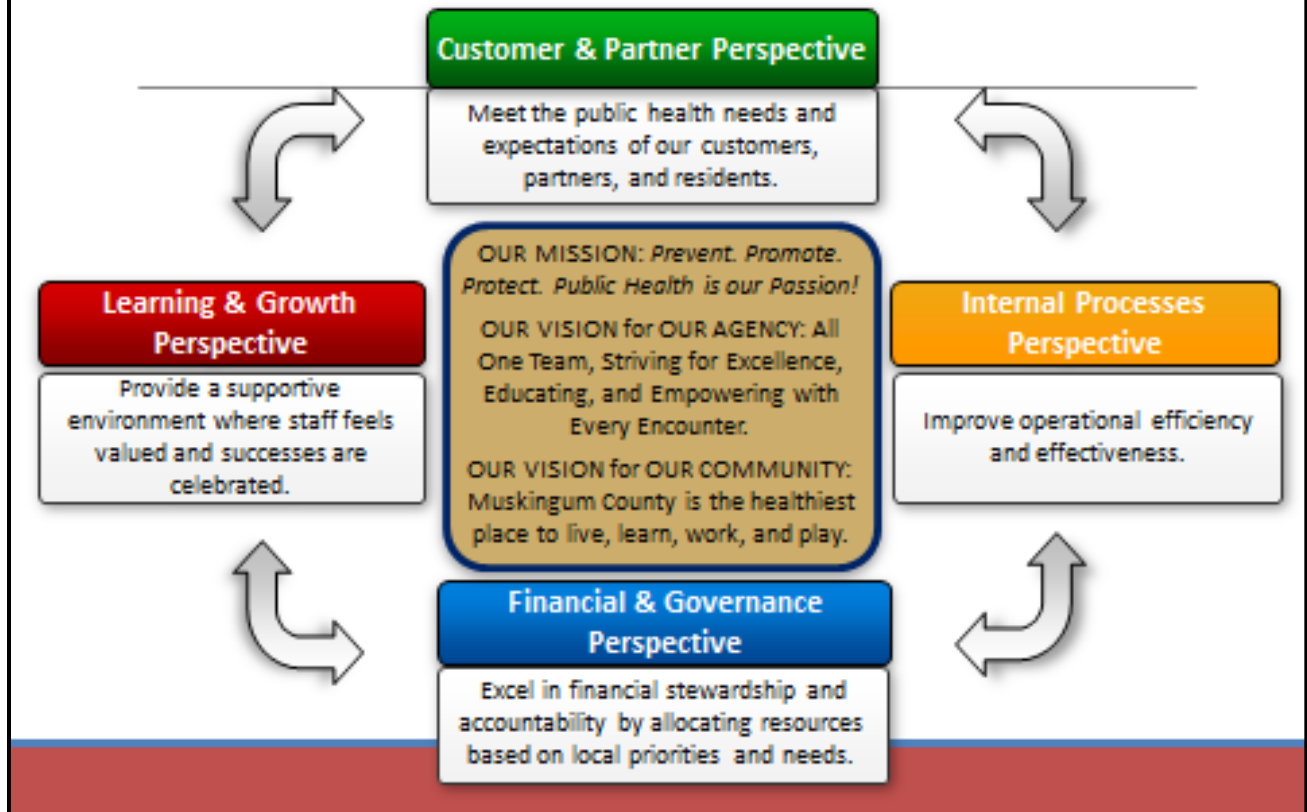
The four perspectives represent ZMCHD's four strategic priorities, as shown below:



STEP FIVE - GOALS AND OBJECTIVES

Ms. Goon met with the entire planning team in October 26, 2017, to clarify the agency's vision statement. This resulted in the creation of a vision statement for the agency itself (shown on page 11), distinct from the vision for the community. She led the group through defining the current "As Is" and desired "To Be" states for ZMCHD, which yielded numerous strategic initiatives to consider for inclusion in the Strategic Plan. After this session, Ms. Goon created a possible objective corresponding to each "As Is/To Be" statement created by the planning team. Team members then individually ranked the possible objectives via an electronic survey to identify the top two or three in each perspective. Our consultant and writing team used this information to refine the goal statements for each perspective, as shown below.

2018-2020 STRATEGIC PLAN STRATEGY MAP



Our consultant met with the entire planning team in November 20, 2017, to provide more training about the Balanced Scorecard performance management framework and to share the top 2-3 objectives they identified for each perspective (through the prioritization survey). The team made a few revisions to the wording of the final objectives. These objectives are shown on pages 14 and 15.

Customer & Partner Perspective

Goal: Meet the public health needs and expectations of our customers, partners, and residents.

OBJECTIVES	STRATEGIC INITIATIVES
Collaborate with community partners to achieve at least 10 of 13 (77%) of Community Health Improvement Plan objectives addressing determinants of health by December 31, 2020.	<ul style="list-style-type: none"> • Screening and referral for food insecurity • CHW healthcare navigation services • Health literacy program
Staff will annually demonstrate the ability to appropriately refer customers to other ZMCHD services.	<ul style="list-style-type: none"> • In-depth orientation and introduction to agency services for new employees • Reference document with contact person for questions and referrals • Annual staff training on ZMCHD services
Collect, analyze, report, and take action on customer service feedback from at least two different customer groups annually.	<ul style="list-style-type: none"> • Identification of key customer groups • Development of 3-yr schedule for collecting feedback from all customer groups • Customer Experience Surveys with common core questions • Intentional analysis and sharing of feedback • Intentional use of customer feedback for QI

Learning & Growth Perspective

Goal: Provide a supportive environment where staff feels valued and successes are celebrated.

OBJECTIVES	STRATEGIC INITIATIVES
Increase percentage of staff reporting they feel appreciated from 19.2% in 2017 to 50% by December 31, 2020.	<ul style="list-style-type: none"> • Annual organizational review of employee satisfaction • Intentional use of “stay” questions during employee quarterly reviews • Introduction of formal staff recognition program
All staff will be able to connect their daily duties to the agency's mission by December 31, 2020.	<ul style="list-style-type: none"> • Internal marketing campaign to promote new mission, vision, and values at agency and service area levels • Intentional conversations during employee quarterly reviews about how job connects to agency mission
All staff will demonstrate completion of their annual personal professional development plan beginning in 2018.	<ul style="list-style-type: none"> • Policy and procedure for completing annual personal professional development plans addressing individual and agency competency gaps • Training and education for managers and staff • Implementation of professional development plans as part of Workforce Development Plan

Internal Processes Perspective

Goal: Improve operational efficiency and effectiveness.

OBJECTIVES	STRATEGIC INITIATIVES
Incorporate sound business and financial management practices into program evaluation and decision-making processes by December 31, 2020.	<ul style="list-style-type: none"> • Cost allocation practices • Profit and breakeven cost analyses • Fees and charges policy • Business planning and evaluation policy incorporating financial analyses, financial and non-financial factors for program evaluation
Routinely inform staff, Board of Health, and District Advisory Council members of changes being made to improve program evaluation and decision-making processes through 2018-2020.	<ul style="list-style-type: none"> • Communication plan for routinely updating these stakeholder groups about changes being made to improve program evaluation and decision-making practices

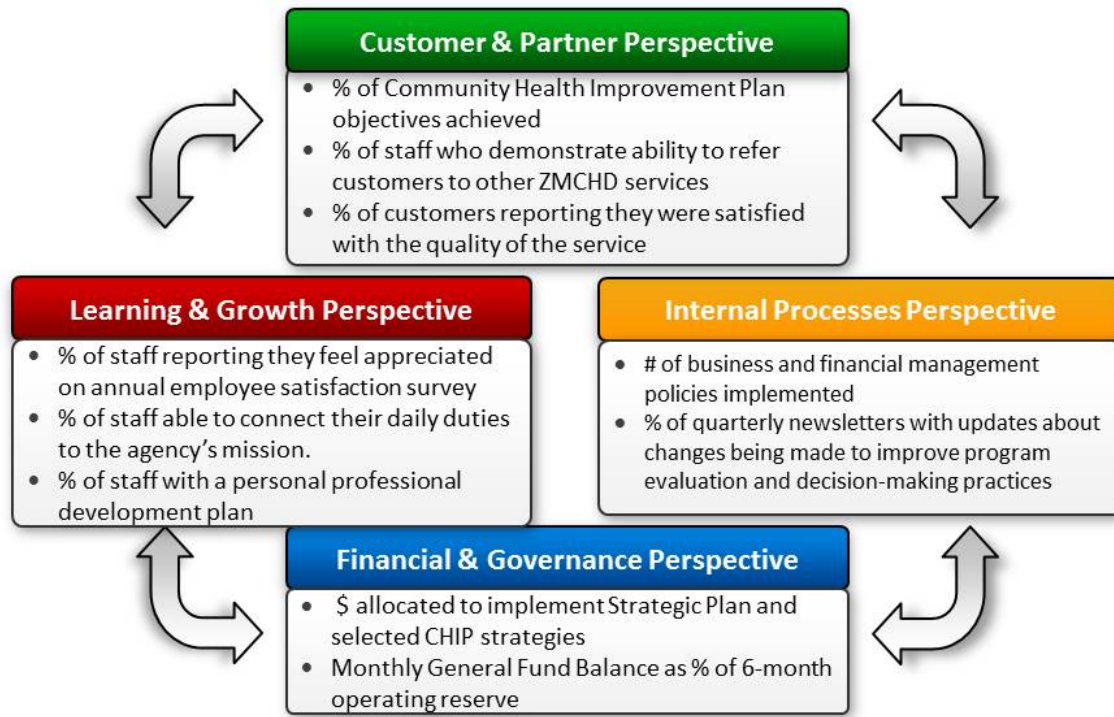
Financial & Governance Perspective

Goal: Excel in financial stewardship and accountability by allocating resources based on local priorities and needs.

OBJECTIVES	STRATEGIC INITIATIVES
Allocate funds annually for implementation of Strategic Plan and selected Community Health Improvement Plan strategies.	<ul style="list-style-type: none"> • Creation of financial planning/budgeting allocation policy • Identification of needs and expectations for monthly program financial reports and analyses • Regular financial review meetings with directors and managers • Adoption and implementation of budgeting allocation policy
Maintain at least 6 months of operating reserves in the General Fund throughout each calendar year.	<ul style="list-style-type: none"> • Creation of formal General Fund balance policy with trigger points and related actions • Board adoption of policy • Implementation of policy

Our consultant also led the planning group through an exercise to identify potential performance measures. The consultant and writing team refined these to reflect the objectives finalized by the planning team at the November 20 meeting. These performance measures were then reviewed with the entire planning team at its December 19, 2017, session. The agency performance measures appear on page 17.

2018-2020 STRATEGIC PLAN PERFORMANCE MEASURES



STEP SIX - IMPLEMENTATION

During the November 20 meeting, the planning group broke into four teams (one per perspective) to develop action plans for each objective. After this session, our consultant and writing team reviewed and refined the draft action steps to add timeframes, accountable persons (referred to as “leads”), team members, and metrics, as necessary. A complete list of proposed action steps, leads, team members, timeframes, and metrics was presented to the entire planning team for final review and revision December 19, 2017; these are located in Appendix A.

STEP SEVEN - TRACKING OUR PERFORMANCE

The planning team established responsibilities for monitoring and reporting progress with strategic plan implementation at its December 19 meeting. The Quality Improvement Council will monitor completion of action steps on a quarterly basis; this group will establish an efficient method for gathering this documentation. The core planning team described on page 8 will review the status of implementation efforts annually; revise action steps, timeframes, or other details as needed; and document these decisions in a manner that meets PHAB standards.

APPENDIX A: ACTION PLANS