

# MAHONING COUNTY DISTRICT BOARD OF HEALTH

# STRATEGIC PLAN 2017 - 2022



**Public Health**  
Prevent. Promote. Protect.



Board Approved Date: October 18, 2017

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# 1. EXECUTIVE SUMMARY

## 1.1 Vision, Mission, and Values (2017-2022)

**Vision Statement:** We aspire to be the leader in population health improvement. Through the use of innovative, proactive, and collaborative approaches we will ensure conditions in which all people can be healthy.

**Mission Statement:** The mission of the Mahoning County District Board of Health is to promote and protect the health of individuals and communities. We do this by educating, mobilizing, and collaborating with the public to prevent disease, reduce health disparities, and enhance the quality of life in Mahoning County.

**Values:**

- |                       |                        |
|-----------------------|------------------------|
| Competence            | Respect                |
| Trust                 | Professional integrity |
| Honesty               | Equity                 |
| Fairness              | Accountability         |
| Collegiality/teamwork | Initiative             |
| Partnerships          | Reliability            |

## 1.2 Strategic Plan (2017 -2022)

### 1.2.1 Goals, Objectives, and Strategies

The Mahoning County District Board of Health (MCDBOH) has established three goals, ten unique objectives, and thirty-one supportive strategies for the 2017-2022 Strategic Plan.

The complete details of the Strategic Plan, including identification of partner agencies, responsible MCDBOH parties with respect to each strategy, timeline for completion, and measure(s) of success are shown in the 2017-2022 Strategic Planning Matrix (Appendix A).

<b>Goal 1: Uphold the highest professional standards in public health</b>
<b>Objective 1: Maintain PHAB accreditation annually and renew PHAB accreditation in 2019</b>
<p><b>Strategy 1:</b> Maintain standards required for PHAB accreditation and submit annual reports</p> <p><b>Strategy 2:</b> Implement reaccreditation guidelines</p> <p><b>Strategy 3:</b> Successfully renew PHAB accreditation in 2019</p>
<b>Objective 2: Maintain financial stability and fiscal responsibility to all stakeholders</b>
<p><b>Strategy 1:</b> Educate internal and external stakeholders regarding fiscal realities of local public health funding</p> <p><b>Strategy 2:</b> Develop IT capability to provide improved financial reporting and forecasting</p> <p><b>Strategy 3:</b> Analyze cost per unit of service for all service lines</p> <p><b>Strategy 4:</b> Evaluate how building space impacts delivery of local public health services</p>
<b>Objective 3: Ensure customer focused services</b>
<p><b>Strategy 1:</b> Each MCDBOH program will develop a mechanism to regularly solicit customer satisfaction</p> <p><b>Strategy 2:</b> All program staff will undergo CLAS training to ensure cultural competence of staff delivering services</p> <p><b>Strategy 3:</b> MCDBOH branding team will approve program customer satisfaction mechanisms</p> <p><b>Strategy 4:</b> Implement, monitor and evaluate continuous consumer satisfaction assessments</p>

<b>Goal 2: Improve population health outcomes</b>	
<b>Objective 1:</b>	Continue to implement, monitor, evaluate and revise the Mahoning County Community Health Improvement Plan (CHIP) to address identified community health priorities: infant mortality, healthy eating and active living, chronic disease (diabetes), substance use disorders and health outcome inequity.
	<b>Strategy 1:</b> Follow the Mahoning County CHIP 2017 Implementation and Evaluation plans.
<b>Objective 2:</b>	Align Community Health Assessment (CHA) and Community Health Improvement Planning (CHIP) cycles with hospital Community Health Needs Assessments (CHNA) and Improvement Planning (IP) cycles as required by the Ohio Department of Health (ODH) by 2020.
	<b>Strategy 1:</b> Investigate CHA alignment with local hospital CHNAs <b>Strategy 2:</b> Formalize a CHA/CHNA and CHIP/IS process to comply with ODH requirements <b>Strategy 3:</b> Conduct CHA/CHNA and CHIP/IS in unison with local hospitals as directed by ODH
<b>Objective 3:</b>	Provide high quality, timely public health education which uphold the National Standards for Culturally and Linguistically Appropriate Services (CLAS standards).
	<b>Strategy 1:</b> Ensure that all staff receive cultural competence training annually <b>Strategy 2:</b> Continue/expand website based education efforts by ensuring that content is current, complete and relevant <b>Strategy 3:</b> Implement a process for publication of inspection reports for all MCDBOH inspection services <b>Strategy 4:</b> Develop an unique brand for the organization <b>Strategy 5:</b> Develop and implement a coordinated social media/public education campaign
<b>Objective 4:</b>	Expand collaborative partnerships to improve the integration of a Health in All Policies (HiAP) approach to decision making across all sectors in Mahoning County.
	<b>Strategy 1:</b> Each division will educate one community agency/ organization/ sector regarding the integration of health considerations into policy making and programming to improve the health of all communities <b>Strategy 2:</b> Increase community engagement in the CHA/CHIP process by creating a CHIP Advisory Team composed of underrepresented populations <b>Strategy 3:</b> Engage community members prior to development or revisions of programs or services
<b>Objective 5:</b>	Reduce health outcome inequity
	<b>Strategy 1:</b> Implement CHIP health equity strategies <b>Strategy 2:</b> Convene health data providers to develop mechanisms for providing health inequity data indicators

<b>Goal 3: Ensure an atmosphere of professional enrichment for MCDBOH staff</b>	
<b>Objective 1:</b>	Support the personal and professional development of MCDBOH staff
	<b>Strategy 1:</b> Implement semiannual all-staff meetings <b>Strategy 2:</b> Implement, monitor and evaluate a revised MCDBOH Workforce Development plan <b>Strategy 3:</b> Investigate the feasibility of an annual “State of the Board” meeting <b>Strategy 4:</b> Conduct and evaluate inter-departmental meetings among all department divisions
<b>Objective 2:</b>	Acknowledge staff commitment to excellence
	<b>Strategy 1:</b> Implement, monitor and evaluate a revised MCDBOH Workforce Succession plan <b>Strategy 2:</b> Create a Labor/Management committee to develop and implement a formal employee recognition program

## 2. INTRODUCTION

In the fall of 2016, the MCDBOH contracted with Kent State University’s College of Public Health (KSU) to conduct a comprehensive strategic planning process and update of the department’s previous Strategic Plan, which was effective through 2016. Throughout this process, KSU facilitators, Peter Leahy, PhD and Matthew Nichols MPH (PhD candidate) worked directly with the MCDBOH Strategic Planning Team chaired by Patricia Sweeney, MCDBOH Health Commissioner. The Team contained program staff and supervisory personnel as well as members of the Board of Health. The members of the Strategic Planning Team and their respective roles are as follows:

- |   |  |
|---|--|
| Tabbatha Bennett – <i>WIC Breastfeeding Peer Helper</i>                   | Tina Schneider – <i>Secretary</i>                    |
| Scott Bolam – <i>Director of Laboratory Services</i>                      | Janine Soubra – <i>Laboratory Technician</i>         |
| Laura Bryer – <i>Prescription Drug Overdose Coordinator</i>               | Patricia Sweeney – <i>Health Commissioner</i>        |
| Daljeet Dhillon – <i>WIC Nutrition Educator/Breastfeeding Coordinator</i> | Ryan Tekac – <i>Director of Environmental Health</i> |
| Michelle Edison – <i>Pathways HUB Coordinator</i>                         | Julie Thompson – <i>Administrative Specialist</i>    |
| Loretta Floyd-Pleas – <i>WIC Director</i>                                 | Beverly Fisher – <i>Board Member</i>                 |
| Carrie Hagan – <i>Special Projects Fiscal Manager</i>                     | Dr. Michael Miladore – <i>Board Member</i>           |
| John Hallas – <i>Deputy Director of Environmental Health</i>              | Dr. Nancy Mosca – <i>Board Member</i>                |
| Erica Horner – <i>Director of Nursing</i>                                 | Leonard Perry – <i>Board Member</i>                  |
| Ed Janik – <i>Director of Finance &amp; Human Resources</i>               | Donald Somers – <i>Board Member</i>                  |
| Kari Jones – <i>Registered Sanitarian</i>                                 |  |

## 3. METHODS

### 3.1 Strategic Plan Chronology

The strategic planning process was characterized by a series of meetings, discussions and e-mail exchanges. The process began with a SWOT analysis that identified **internal** agency strengths (S) and weaknesses (W), or areas in need of improvement, as well as **external** opportunities (O) in the environment and threats (T), or challenges that the MCDBOH could face in the coming years. The results of the SWOT are shown below.

### 3.2 SWOT Analysis

<u>Internal Organizational Strengths</u>	<u>Internal Organizational Weaknesses</u>
<ul style="list-style-type: none"> <li>• Knowledge / expertise of staff</li> <li>• Credentials</li> <li>• Qualified staff</li> <li>• Diverse set of staff skills</li> <li>• Good reputation in community and field</li> <li>• “Looked to” to provide answers (media)</li> <li>• Accredited</li> <li>• Good relationship with stakeholders and township</li> <li>• Good teamwork</li> <li>• Good at communicating with the public via social media and news media</li> <li>• Solid process in place for program review</li> <li>• Fiscally sound</li> <li>• Success in grant writing</li> <li>• Passionate staff, committed to service</li> <li>• Knowledge and experience on the Board of Health</li> <li>• Promotion from within</li> </ul>	<ul style="list-style-type: none"> <li>• Need to improve documentation of staff procedures, especially for new personnel</li> <li>• Minimal management tiers</li> <li>• Union management</li> <li>• Too broadly focused</li> <li>• Reliance on grants</li> <li>• Departmental silos</li> <li>• Internal (inter-departmental) communication</li> <li>• Space limitations</li> <li>• Tight finances / healthcare costs</li> <li>• Building safety and security</li> <li>• Community’s understanding of the Health Department</li> <li>• Low pay scale</li> <li>• Board changes</li> <li>• Personality conflicts</li> </ul>

### External Organizational Opportunities

- Equity is included in MC CHIP
- Area Agency on Aging senior levy
- FDA food grants
- Relationship with health care system
- Pathways HUB
- RX Overdose grant
- To build issue-specific coalitions
- To provide more community education at township meetings Rotary, etc.
- KSU public health practicum opportunities
- To provide more community education
- To perform above minimum requirements

### External Organizational Threats

- Union Contract
- Finances
- ODH change to reimbursement for grant deliverables
- Healthcare costs / reform
- Population health services provided by pharmacies and hospitals
- Changing survey methodology by State
- Medicaid provides case management services
- State Legislature “whims”
- ACA Public Health provisions being eroded/cut
- Medicaid expansion reversal
- ODH rule changes
- Limited staff due to limited funds

The Strategic Planning Team then reviewed the current MCDBOH vision and mission statements, as well as the values associated with the organization. An updated vision statement, mission statement, and values statement were adopted.

### 3.3 Vision, Mission, and Values

#### **MCDBOH Vision Statement:**

We aspire to be the leader in population health improvement through the use of innovative, proactive, and collaborative approaches to ensure conditions in which all people can be healthy.

#### **MCDBOH Mission Statement:**

The mission of the Mahoning County District Board of Health is to promote and protect the health of individuals and communities. We do this by educating, mobilizing, and collaborating with the public to prevent disease, reduce health disparities, and enhance the quality of life in Mahoning County.

#### **MCDBOH Values:**

~ Competence ~ Trust ~ Honesty ~ Fairness ~ Respect ~ Professional Integrity ~ Equity  
~ Partnerships ~ Collegiality/Teamwork ~ Accountability ~ Initiative ~ Reliability

### 3.4 Strategic Plan Matrix Development

Traditionally, a strategic planning process entails the initial identification of goals or broad statements that identify what the agency hopes to accomplish over the life of the strategic plan. Goals are designed to move an organization towards the realization of their respective mission statement and, ultimately, their vision statement. As such, goals can have several objectives during the plan period. These objectives must be realistic, achievable during the specified timeline, and include the organizational strategies necessary to achieve the objective. Objectives may have many associated strategies.

As part of the needs assessment, KSU and the Strategic Planning Team decided to replicate both an internal staff survey and an external stakeholder survey, which had been utilized during previous strategic planning cycles. The KSU team also prepared a matrix template to guide the Strategic Planning Team during the process of identifying goals, objectives, and strategies. Additionally, the identification of the implementing agency and partners, the MCDBOH lead, an implementation timeline, funding implications, and measure(s) of success were included for each strategy. A template for the strategic planning matrix is shown in Figure 1.

*Figure 1. Strategic Plan Matrix Template*

Goal 1:

Objective 1:						
Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1.						
2.						
Etc.						
Objective 2:						
Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1.						
2.						
Etc.						

### 3.5 Internal Survey

As part of a needs assessment process, the Strategic Planning Team established that surveys would be distributed to both staff members and external stakeholders. In order to initiate this process, questions regarding staff satisfaction from the prior MCDBOH Strategic Plan were reviewed for their continued relevance. Items not currently pertinent to MCDBOH were omitted and items needing modification were revised. The majority of the survey items were preserved verbatim in order to allow a direct comparison between the current and previous results. Additionally, the Strategic Planning Team suggested eighteen new items for inclusion. As with the previous survey, a ten-point Likert Scale was used to measure item agreement, with “1” indicating *strongly disagree* and “10” indicating *strongly agree*.

A total of fifty-three total items, across ten agency dimensions, were included in the final version of the survey (Appendix A). The items included six sets of questions probing several aspects of the employee work environment. Several questions were reverse worded at random to discourage response bias. All responses to questions related to the employee work environment that indicated agreement (7-10) or disagreement (1-4) triggered a follow-up open-

ended question: “Why did you disagree with this statement?”, or “Why did you agree with this statement?”. Another question probed whether current services should be discontinued, continued, or expanded. Finally, 3 additional qualitative questions included: (1) “What would you identify as our three most important strengths?” (2) “What would you identify as our three most important opportunities for improvement?”, and (3) “If you could change anything about our organization, what would it be?”

The internal survey was distributed to all MCDBOH employees on May 25, 2017 via an email-based electronic survey link to KSU that enabled completely anonymous data collection. A follow-up email reminder was sent to all employees on June 5. The survey closed on June 9, 2017.

### **3.6 External Survey**

The Strategic Planning Team also developed a survey for distribution to external MCDBOH stakeholders (Appendix B). The initial questions identified thirty-eight current MCDBOH services, asking respondents to answer: (1) “Yes” if you use or have used the service in the past 12 months”, (2) ‘No’ if you have not used the service in the past 12 months”, and (3) “I did not know the service was available”.

For each respondent indicating “Yes”, a follow-up question asked the respondent to rate the (1) quality, (2) convenience of access, (3) service value, and (4) affordability of each service using a ten-point Likert Scale, where “1” indicated *Poor* and “10” indicated *Excellent*. For respondents responding “Yes” to having used “Environmental Health Inspections” in the past 12 months, a follow-up question requesting the type of health inspection was triggered.

An additional question, “Please indicate if any of the following services the Mahoning County District Board of Health is not currently providing should be provided” (1) newborn home visiting, (2) contracted school nurse services, (3) sharps collection containers, (4) childhood lead poisoning screening, (5) radon testing for schools/homes/offices, and (6) mold testing/indoor air quality evaluation. For each respondent indicating “Yes”, a follow-up question asked why that service should be provided. Additional open-ended questions asked respondents to identify MCDBOH strengths and weaknesses, as well as the respondent’s MCDBOH affiliation (community resident, partner agency, or licensed or regulated entity), and personal and household demographics. A final question asked about geographic location.

The external stakeholder survey was in the field between May 22, 2017 and June 16, 2017. The survey invitation was sent to community partner agencies, licensed/regulated businesses or individuals, and community residents across Mahoning County. External stakeholders were provided access the survey via a link embedded in employee email signatures or were directed to the survey on the MCDBOH website. The external survey was promoted through numerous methods: (1) the distribution of approximately 800 postcard mailers, (2) newspaper notices announcing the survey in both *The Alliance Review* on May 20, 2017, and the *Youngstown Vindicator* on May 21, 2017, (3) several public speaking engagements conducted while the survey was in the field, and (4) a follow-up email reminder to the initial distribution list on June 12, 2017. A total of 279 responses were recorded. As the exact number of potential respondents is unknown given the mixed-method survey distribution approach, a response rate cannot be calculated.

### **3.7 Populating the Strategic Planning Matrix Template**

The KSU facilitation team and the MCDBOH Strategic Planning Team spent two, three-hour sessions reviewing the survey results, considering preliminary goals and objectives suggested by the facilitation team, and suggesting their own recommendations for the strategic plan. The result was a preliminary 2017-2022 Strategic Plan that contained goals, objectives, and strategies.



### 3.8 Focus Groups

KSU then facilitated two focus groups with MCDBOH staff, to share the draft of the MCDBOH Strategic Plan and to receive feedback from a larger group of staff. During the focus groups, MCDBOH staff were informed of the overall process used in developing the plan and were asked to review the SWOT results along with the vision and mission statements, and the identified organizational values. Focus group participants were also presented with summary results from the internal and external surveys, as well as draft goals, objectives, and strategies that had been developed to-date for the strategic planning matrix. Each focus group was 75 minutes in length. The first focus group was conducted on August 16, 2017, and consisted of nine participants, while the second focus group was conducted on August 21, 2017, with eight participants; both groups engaged in lively conversation. Several recommendations, especially with respect to strategies, were made by the two focus groups (see 4.3).

Focus group recommendations were presented to the Strategic Planning Committee on August 25, 2017 at which time the team finalized the Strategic Plan Matrix, identified implementation partners, MCDBOH lead personnel, the timeline for implementation, and measure(s) of success (See Section 5).

## 4. RESULTS

### 4.1 Internal Staff Survey

A total of 67 complete responses were recorded during the survey period. With a total of 70 MCDBOH employees receiving the survey, the completion represents a 96% employee response rate.

Overall, MCDBOH staff rated the agency favorably across the majority of content areas. Table 1 presents the results from the internal survey and compares the results to those of the staff survey conducted as part of the previous MCDBOH Strategic Plan. Shown in Table 1 are the mean responses for each Likert Scale item. The higher the mean score, the more the employee agreed with the item statement. Questions that were not asked in the 2009 survey are indicated by “-----” in the 2009 mean column. The most notable finding from Table 1 is the improvement in MCDBOH staff ratings across all of the dimensions surveyed. It is important to note that even lower rated items from the current survey display stronger levels of agreement than disagreement.

Table 1. Question Content	2017 Mean	2009 Mean
“We know our customer's needs”	8.8	7.5
“We are a customer service focused organization”	8.7	7.5
“MCDBOH identifies external trends, events, and other factors that may impact community health and/or the health department”	8.5	-----
“I generally feel that my manager respects me as a person and values the work that I do”	8.4	6.1
“My division's decision-making processes are well defined” <i>(recoded)</i>	8.4	4.8
“I have the tools I need to meet my customer's needs” <i>(recoded)</i>	8.4	-----
“My specific job responsibilities (in my program) are clear and appropriate”	8.3	5.1
“Overall, MCDBOH encourages diversity and inclusion in staffing” <i>(recoded)</i>	8.3	-----
“I would recommend MCDBOH as an employer” <i>(recoded)</i>	8.3	-----
“My work team has opportunities to discuss issues of concern to us with our manager”	8.3	5.4
“My manager works with staff effectively together as a team”	8.2	5.6
“My manager is frequently accountable” <i>(recoded)</i>	8.2	-----

“Clear performance measures exist that link my work to my division's mission and goals”	8.1	6.2
“My responsibilities to MCDBOH are clear and appropriate (QI teams, etc)”	8.1	5.1
“I feel empowered to work effectively and efficiently within our organization”	8.1	6.9
“I am proud to tell people that I work for the MCDBOH”	8.1	-----
“My manager encourages staff to take initiative in support of the organization's mission”	8.0	-----
“As an employee of MCDBOH, I am encouraged to make business decisions that are consistent with the agency mission and vision”	7.9	-----
“Information seems to be viewed as a resource and is shared”	7.7	4.5
“Employees are encouraged to develop new ideas and to improve operational efficiency and effectiveness”	7.7	6.5
“Overall, MCDBOH respects and values individuals and their differences”	7.6	-----
“The purpose and function of each program is effectively communicated and understood”	7.6	5.3
“MCDBOH plans ahead for anticipated changes in the fiscal, legislative, or policy environment”	7.5	5.7
“I would like to be working here in three years”	7.4	-----
“Employees' actions that support MCDBOH strategies are acknowledged”	7.4	5.0
“Information seems to be viewed as a resource and is shared”	7.4	4.5
“Overall, I am a satisfied employee”	7.4	7.0
“MCDBOH employees are given the opportunity to work across agency divisions to achieve agency goals” ( <i>recoded</i> )	7.4	5.7
“Overall, I am satisfied with the professional development opportunities offered by MCDBOH”	7.3	-----
“Overall, I am satisfied with the training I have received related to my specific job duties”	7.3	-----
“People here seem willing and able to work collaboratively, openly, and respectfully with one another”	7.3	5.0
“I generally feel that leadership respects me as a person and values the work that I do”	7.3	6.1
“Overall, the work environment at MCDBOH is supportive”	7.2	-----
“MCDBOH uses technology effectively in organizational management”	7.2	6.1
“MCDBOH employees have the technology needed to do our work effectively”	7.2	-----
“Agency leadership understands my division's stakeholders and their needs”	7.1	-----
“MCDBOH provides opportunities during which my agency staff can discuss issues of concern with leadership”	7.1	5.4
“Individuals are held accountable”	7.0	4.2
“Employees in my division are given the opportunity to work across programs to achieve agency goals”	7.0	5.7
“Overall, I am satisfied with the distribution of work load in my division”	7.0	-----
“The allocation of MCDBOH staff and dollars are clearly lined to the Community Health Improvement Plan (CHIP)”	7.0	-----
“MCDBOH monitors changes in our physical work environment” ( <i>recoded</i> )	6.9	4.4
“MCDBOH decision-making processes are well defined” ( <i>recoded</i> )	6.9	4.8
“Employees are encouraged to develop new ideas and to improve operational efficiency and effectiveness”	6.9	6.5
“Decision-making processes are consistently followed”	6.9	4.6
“The MCDBOH budgeting process is clearly defined, communicated, or consistently followed” ( <i>recoded</i> )	6.8	4.0
“MCDBOH decision-making processes are consistently followed”	6.7	4.6
“The allocation of MCDBOH staff and dollars are clearly aligned with the department's mission, vision, and values”	6.7	5.4
“There are many opportunities for advancement at MCDBOH” ( <i>recoded</i> )	6.4	3.6
“Employees' actions that support MCDBOH strategies and goals are acknowledged”	6.4	5.0
“Decision-making and control seem delegated to the lowest appropriate levels”	6.3	5.6
“I would not leave MCDBOH if I was offered a similar position at a slightly higher pay somewhere else” ( <i>recoded</i> )	5.7	-----
“My level of compensation is appropriate for my work”	5.5	4.0

Overall, internal survey responses suggest that compensation and increased staff acknowledgement may be areas where increased MCDBOH focus is needed. For example:

- “Employees' actions that support MCDBOH strategies and goals are acknowledged”
  - 49% Agree; 28% Disagree; 23% Neither Agree nor Disagree
- “Decision-making and control seem delegated to the lowest appropriate levels”
  - 46% Agree; 16% Disagree; 38% Neither Agree nor Disagree
- “My level of compensation is appropriate for my work”
  - 37% Agree; 37% Disagree; 26% Neither Agree nor Disagree

Table 2 illustrates the MCDBOH staff support for the continuation of all current MCDBOH services, with support ranging from a high of 93.4% (travel immunization clinics) to a low of 64.4% (smoking compliant investigations).

Table 2. Current MCDBOH Programs	N	Stop	Continue	Expand
Smoking Compliant Investigations	59	23.7%	64.4%	11.9%
Tobacco Cessation Programs	59	13.6%	69.5%	16.9%
Safe Sleep Program	60	6.7%	76.7%	16.7%
Diabetes Education Classes	60	8.3%	80.0%	11.7%
Chronic Disease Self-management Classes	60	8.3%	81.7%	10.0%
Project Dawn	58	12.1%	75.9%	12.1%
The Pathways HUB	59	10.2%	72.9%	16.9%
HIV/STD Case Management	58	5.2%	89.7%	5.2%
Environmental Lab Services	60	5.0%	80.0%	15.0%
Prescription Drug Abuse Prevention Program	60	3.3%	73.3%	23.3%
Infant Mortality Prevention Program	60	1.7%	75.0%	23.3%
Tuberculosis Treatment	61	13.1%	86.9%	0%
Travel Immunization Clinics	61	1.6%	93.4%	4.9%
Flu Clinics	61	3.3%	90.2%	6.6%
Well Water Testing	61	0%	86.9%	13.1%
WIC Supplemental Nutrition Program	60	0%	80.0%	20.0%
Downspout (Clearwater) Complaints	59	10.2%	86.4%	3.4%
Housing Complaint Investigations	61	8.2%	85.2%	6.6%

The three most common MCDBOH **strengths**, as identified by the staff, included:

- The dedication of the employees
- The quality of the MCDBOH workforce
- Strong leadership presence

The most common areas identified as **improvement needed** included:

- Need for better cross-departmental communication
- Improve employee collaboration
- Establish a standardized method for employee recognition
- Increase MCDBOH visibility in the community
- Increase employee compensation

Complete internal staff survey results are located in Appendix C

## 4.2 External Survey

Of the 279 external questionnaires that were started, 170 were fully completed and 109 were partially completed. Respondents consisted primarily of licensed/regulated business or individuals (40.6%), followed by community residents (32.5%), and community partner agencies (26.9%). The majority of respondents were female (65.2%), white (77%), and approximately 52 years of age, with no children under 18 (69.6%) or adults over 65 (82%) living at home, respectively. Respondents were geographically distributed across the county: Youngstown City (20%), Boardman (15%), Austintown (14%), Canfield (11%), and Poland (6%). As the exact number of potential respondents is unknown given the mixed-method survey distribution approach followed, a response rate cannot be calculated.

Licensed or regulated entities were presented with a list of 14 licensing services and 37 community-based services, and asked if they had used these services within the past 12 months. Community residents were asked about their use of the 37 community based services offered by the MCDBOH. For each service utilized, by either licensed or regulated entities or community members, respondents were then asked to evaluate the (1) quality, (2) convenience of access, (3) service value, and (4) affordability for each service, on a scale from 1 to 10, with 1 indicating “poor” and 10 indicating “excellent”.

Results outlining the use of regulated services are included in Table 3. Food service inspection (30%), plumbing (16%), and private water system inspection (14%) were the most utilized regulated services used in the past 12 months (See Table 3).

Table 3. Type of Health Inspection Service Utilized	N	Percentage of Reported Utilization
Food Service Operator	13	30%
Plumbing	7	16%
Private Water Systems	6	14%
Grants for Home Sewage System Repairs	4	9%
Restaurant	4	9%
School Inspections	3	7%
Wells	2	5%
Residential Lead Hazard Investigations	2	5%
Swimming Pool	1	2%
Tattoo and Body Piercing Establishment	1	2%
Disease Vector Control	1	2%
Campground	0	0%
Bathing Beaches	0	0%
Landfill	0	0%

Table 4 includes the percentage of services used in the past 12 months for all survey respondents.

Table 4. Percentage of Current Services Utilized	Yes	No	I Did Not Know This Service Was Available
Public Education via our Website	23%	68%	9%
Agency Publications and Reports	23%	66%	10%

Consultation on Public Health Questions	21%	71%	8%
Drinking Water Quality Testing	18%	73%	9%
Environmental Health Inspections	17%	76%	7%
Public Education via the Media	16%	73%	11%
Community Health Assessment and Community Health Improvement Planning	15%	72%	14%
Flu Clinics	15%	71%	14%
Wastewater Testing (Including Septic Systems)	12%	75%	13%
Childhood Immunizations	11%	76%	14%
Emergency Preparedness Information, Training, and Exercises	11%	71%	18%

For each of the 52 services, survey respondents were asked to rate the following:

- The **quality** of the service
- The **convenience** of access to the service
- The **value** of the service
- The **affordability** of the service

Mean scores were calculated for each rating dimension (quality, convenience of access, value and affordability). The lowest possible mean score was 1, while the highest was 10.

Dimension	Received a mean score of 10
<b>Quality</b>	Well Inspections School Inspections Disease Vector Control Healthy U Chronic Disease Self-Management Program
<b>Convenience of Access</b>	Children with Medical Handicaps Well Inspections School Inspections Disease Vector Control
<b>Service Value</b>	Well Inspections School Inspections Disease Vector Control
<b>Affordability</b>	Adult Immunizations Children with Medical Handicaps School Inspections Disease Vector Control

Next all rated dimensions were combined to determine an overall mean score for all 52 MCDBOH services. The results showed that 22 services earned a mean score between 9.0 and 10, 1 service, nuisance complaint and investigation earned a mean score in the 7.0 to 7.9 range, no services scored between 6.0 and 6.9 and 1 service, residential lead hazard investigation, earned the lowest mean score of 5.5. (See Table 5 below).

Table 5. Mean Rating of All Current Services

Service	N	Mean	Service	N	Mean
Tuberculosis Testing and Treatment	12	8.83	Tattoo and Body Piercing Establishment Inspections	1	8
Travel Immunizations	5	9.2	Landfill Health Inspection	0	---
Adult Immunizations	12	9.77	Grants for Home Sewage System Repairs	3	9.33
Childhood Immunizations	16	8.89	Private Water System Inspections	6	8.17
Flu Clinics	25	9.97	Residential Lead Hazard Investigations	2	5.50
Children with Medical Handicaps	4	9.63	School Inspections	2	10
WIC Nutrition Education	11	8.39	Disease Vector Control	1	10
WIC Supplemental Food and Formula	10	8.95	Baby and Me Tobacco Free Cessation Program	7	8.43
WIC Farmers Market Coupons	5	8.4	Community Health Assessment and Community Health Improvement Planning	24	9.11
WIC Voter Registration	4	8.94	Cribs for Kids Safe Sleep Education	9	8.44
WIC Applications for Expedited Medicaid	3	8.33	Emergency Preparedness Information, Training, and Exercise	17	8.93
WIC Breastfeeding Education and Peer Support	8	8.44	HIV/STD Service Coordination	4	9.46
Nuisance Complaint Investigations and Abatement	13	7.71	My Baby's 1 <sup>st</sup> Infant Mortality Coalition	13	9.25
Agency Publications and Reports	40	8.92	Project DAWN	5	8.70
Consultation on Public Health Questions	32	9.04	Healthy U Chronic Disease Self-Management Program	4	9.75
Communicable Disease Investigations	12	9.10	Diabetes Education/ Empowerment Program	8	9.4
Animal Bite Reports and Investigations	11	8.53	Mahoning County Pathways HUB	12	9.17
Home Sewage System Evaluations	14	8.18	Prescription Drug Abuse Prevention Program	8	9.03
Septic System and Well Inspections for Real Estate Transfers	13	8.02	Drinking Water Quality Testing	30	8.89
Restaurant Inspections	3	9.33	Wastewater Testing	17	8.20
Food Service Operator Inspection	12	9.02	Pond and Surface Water Quality Testing	7	9.29
Swimming Pool Inspections	1	9.0	Soil Testing	7	8.15
Plumbing Inspections	5	9.4	Lead Testing Services	15	8.84
Campground Inspections	0	---	Public Education Via the Media	27	8.83
Well Inspections	2	9.75	Public Education Via Our Website	38	9.14
Bathing Beaches Inspections	0	---			

Complete external survey results are located in Appendix D.

### 4.3 Staff Focus Groups

A total of seventeen MCDBOH staff members participated in the two focus groups. The following bullet points represent the main themes and additional commentary presented during both focus groups.

**Summary:** Participants felt that the goals and objectives developed to-date for the Strategic Plan are appropriate. They did not have additional recommendations for new goals or objectives. Participants agreed that the MCDBOH

was a good place to work, and that staff are generally passionate about working there. They were impressed that the employee rankings of satisfaction have improved since the previous MCDBOH Strategic Plan. Participants did, however, offer the following comments:

- Increase management training
- Improve employee recognition
- Building space is impacting service delivery
- Continue/expand public education efforts
- Improve knowledge of diversity of program available through MCDBOH
- Brand the agency
- Improve upward mobility within the workforce

## 5. 2017-2022 STRATEGIC PLAN

### GOAL 1: UPHOLD THE HIGHEST PROFESSIONAL STANDARDS IN PUBLIC HEALTH PRACTICE

#### Objective 1: Maintain PHAB accreditation annually and renew PHAB accreditation in 2019

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			<i>Begin</i>	<i>End</i>		
1. Maintain standards required for PHAB accreditation and submit annual reports	MCDBOH Board, Leadership Team, Staff	Health Commissioner and Accreditation Coordinator	Sept each year	Aug each year	Board allocated support	PHAB acknowledgement of continued accreditation annually
2. Implement reaccreditation guidelines	MCDBOH Board, Leadership Team, Staff	Accreditation Coordinator	Summer 2017	Sept 2019	Board allocated support	Application submitted for re-accreditation
3. Successfully renew PHAB accreditation	MCDBOH Board, Leadership Team, Staff	Accreditation Coordinator		Dec 2019	Board-allocated support	MCDBOH successfully re-accredited by PHAB

#### Objective 2: Maintain financial stability and fiscal responsibility to all stakeholders

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			<i>Begin</i>	<i>End</i>		
1. Educate internal and external stakeholders regarding fiscal realities of local public health funding	MCDBOH Leadership – HC, Fiscal Division Director, Board, DAC and staff	Health Commissioner and Fiscal Division Director	Fall 2018	Dec 2018 and on-going	None/ staff time paid by general fund	Staff receive fiscal updates DAC receives annual update and community receives Annual report
2. Develop IT capability to provide improved financial reporting and forecasting	MCDBOH Leadership Team, Board and IT Team	IT Team	Jan 2018	Dec 2018	Baldwin Group fees and/or IT system cost TBD	HDIS or similar IT system will be in place to generate needed reports
3. Analyze cost per unit of service for all service lines	MCDBOH Leadership Team	Fiscal Division Director and Leadership Team	May 2018	Dec 2019	None	Managers will conduct cost analysis of each service line

4. Evaluate how building space impacts delivery of local public health services	MCDBOH Leadership Team	HC and Fiscal Division Director	Sept 2017	Dec 2017	TBD	MCDBOH Lease signed for next 5-10 years
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### Objective 3: Ensure customer focused services

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			<i>Begin</i>	<i>End</i>		
1. Each MCDBOH program will develop a mechanism to regularly solicit customer satisfaction	MCDBOH program staff	Division directors	Sept 2017	March 2018	None	Mechanism is identified for each respective MCDBOH program
2. MCDBOH branding team will approve program customer satisfaction mechanisms	MCDBOH branding team	PIO team	Jan 2018	May 2018	None	MCDBOH approval of brand
3. Implement, monitor and evaluate continuous consumer satisfaction assessments	MCDBOH program staff	Division directors and staff	May 2018	On-going	TBD; within budget	Consumer satisfaction program reports

## GOAL 2: IMPROVE HEALTH OUTCOMES ACROSS MAHONING COUNTY

### Objective 1: Continue to implement, monitor, evaluate and revise the Mahoning County Community Health Improvement Plan (CHIP) to address identified community health priorities: infant mortality, healthy eating and active living, chronic disease (diabetes), substance use disorders and health outcome inequity

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			<i>Begin</i>	<i>End</i>		
1. Follow the Mahoning County (MC) CHIP 2017 Implementation and Evaluation plans	MC CHIP Team	MCDBOH	2017	2022		Outcomes identified in the 2017 MC CHIP are achieved
Priority One: Increase opportunities for Healthy Eating/Active Living	MCDBOH and community partners – Mercy Health, Steward Health North Side Hospital, local Social service agencies, WIC, local Area Agency on Aging, YMCA and the Ohio Well-Being Collaborative	MCDBOH, Mercy Health and ACHMV	2017	2022	ODH – MCHP  Area Agency on Aging  WIC	Objectives for this CHIP priority are met or moving in a favorable direction



Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			<i>Begin</i>	<i>End</i>		
Priority Two: Reduce Infant Mortality and birth outcome inequity	MY Baby's 1 <sup>st</sup> Coalition and the MC Pathways HUB, MCDBOH PH nurses, ODH, Ohio Dept. of Medicaid, Medicaid Managed Care Plans, Akron Children's Hospital MV, Mercy Health, Mahoning Valley Safe Kids Coalition, FIMR Team, and Steward Health Northside Medical Center	MY Baby's 1 <sup>st</sup> Coalition and ODH	2017	2022	Ohio Department of Medicaid  ODH -MCHP  Ohio Commission on Minority Health	Objectives for this CHIP priority are met or moving in a favorable direction
Priority Three: Reduce incidence of and reduce morbidity from Diabetes	YMCA Youngstown, MCDBOH, Mercy Health Physicians and Mercy Regional Tobacco Treatment Center, and MC Pathways HUB	Mercy Health and Ohio-Well Being Collaborative	2017	2022	Area Agency on Aging	Objectives for this CHIP priority are met or moving in a favorable direction
Priority Four: Decrease deaths from substance use disorders	Coalition for a Drug Free Mahoning County, MCDBOH, MC MHRB, MC Prescription Drug and Opiate Task Force, MC Coroner's Office, MC Pathways HUB, Mercy Health, ACHMV, Steward Health North Side Hospital and NAS Task Force	Prescription Drug and Opiate Task Force	2017	2022	ODH	Objectives for this CHIP priority are met or moving in a favorable direction
Priority Five: Reduce health outcome inequities	The Community Foundation of Mahoning Valley, YCHD Office of Minority Health, ACHMV and MCDBOH	YCHD Office of Minority Health	2017	2022	Foundation funding and continued ACHMV support for <i>Bridges Out of Poverty</i> training	Objectives for this CHIP priority are met or moving in a favorable direction

**Objective 2: Align Community Health Assessment (CHA) and Community Health Improvement Planning (CHIP) cycles with hospital Community Health Needs Assessments (CHNA) and Improvement Planning (IP) cycles as required by the Ohio Department of Health (ODH) by 2020**

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. Investigate CHA alignment with local hospital CHNAs	MCDBOH, YCHD, Mercy, Akron Children's MV	Health Commissioner	Fall 2017	Spring 2018	None	Agreement on cycle alignment
2. Formalize a CHA/CHNA and CHIP/IS to comply with ODH regulations	MCDBOH, YCHD, Mercy, Akron Children's MV	CHA/CHIP CHNA/IS Committee	Spring 2018	Fall 2020	To be determined	Formal commitment to conduct CHA/CHIP CHNA/IS together
3. Conduct CHA/CHNA and CHIP/IS in unison with local hospitals as directed by ODH	MCDBOH, YCHD, Mercy, Akron Children's MV	CHA/CHIP CHNA/IS Committee	Fall 2019	Summer 2020	To be determined	Published collaborative CHIP/IS

**Objective 3: Provide high quality, timely public health education which uphold the National Standards for Culturally and Linguistically Appropriate Services (CLAS standards)**

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. All program staff will undergo CLAS training annually to ensure cultural competence of staff delivering services	MCDBOH Leadership Team	Health Commissioner	Oct 2017	On-going	TBD	Documentation denoting 98% of staff trained in CLAS annually
2. Continue/expand website education efforts by ensuring program content is current, complete, and relevant	MCDBOH Division Directors and staff	Admin Specialist	Jan 2018	On going	None	The agency website will contain up to date, accurate information for every program and service MCDBOH provides
3. Implement a process for publication of inspection reports for all MCDBOH inspection services	IT Team and representatives from all inspection programs	IT Team Leader	2018		TBD	Options for web-based publishing of all inspections conducted by MCDBOH staff will be presented for Board consideration
4. Develop an unique brand for the organization	Branding Team	Branding Team Leader	Jan 2018	March 2018	TBD – cost of marketing materials	Branding materials and a branding strategy is approved by the MCDBOH
5. Develop and implement a coordinated social media/public education campaign	PIO and Branding Team, MCDBOH Leadership Team and Media	PIO Team Leader	Apr 2018	Dec 2018	TBD	A social media /public education programs has begun to be implemented

**Objective 4: Expand collaborative partnerships to improve the integration of a Health in All Policies (HiAP) approach to decision making across all sectors in Mahoning County**

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. Each division will educate one community agency/ organization/ sector regarding the integration of health considerations into policy making and programming to improve the health of all communities	MCDBOH Leadership Team	Health Commissioner	Jan 2018	Dec 2020	TBD	Two community agencies/ organizations/ sectors will incorporate a health in all policies approach to their work
2. Increase community engagement in the CHA/CHIP process by creating a CHIP Advisory Team composed of underrepresented populations	CHA/CHIP Team, Media	Health Commissioner	Jan 2018	Dec 2022	TBD	CHIP Advisory Team will be representative of Mahoning County demographics
3. Engage community members prior to development or revisions of programs or services	MCDBOH Leadership Team	Health Commissioner	Oct 2017	Dec 2022	TBD	Documentation which demonstrates community input prior to MCDBOH service changes

**Objective 5: Reduce health outcome inequity**

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. Implement CHIP health equity strategies	CHIP Planning Team	Health Commissioner	Oct 2017	Dec 2022	TBD	CHIP Equity standards are fully implemented
2. Convene health data providers to develop mechanisms for providing health inequity data indicators	CHIP Planning Team	Health Commissioner	Jan 2018	June 2019	TBD	Health outcome data by race is collected by partner organizations in the county and is reported to MCDBOH

**GOAL 3: ENSURE AN ATMOSPHERE OF PROFESSIONAL ENRICHMENT FOR MCDBOH STAFF**

**Objective 1: Support the personal and professional development of MCDBOH staff**

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			Begin	End		
1. Implement semiannual all-staff meetings	Rotating Staff Management Committee	Admin. Specialist	Aug 2017	Nov 2017	Board funds have been allocated	Semi-annual All-staff meetings are evaluated favorably

2. Implement, monitor and evaluate a revised MCDBOH Workforce Development plan	Labor Management Team	HC, Union Officers	Oct 2017	Dec 2018	TBD	A fully implemented Board-approved Workforce Development plan
3. Investigate the feasibility of an annual "State of the Board" meeting	MCDBOH Board	Health Commissioner	Aug 2017	Apr 2018	TBD	"State of the Board" meeting is evaluated favorably
4. Conduct and evaluate inter-departmental meetings among divisions	MCDBOH Division Leaders	Health Commissioners	Sept 2017	Sept 2022	Staff time	Meeting evaluations demonstrate staff has knowledge of all agency services

### Objective 2: Acknowledge staff commitment to excellence

Strategy	Implementing Partners	Lead	Implementation Timeline		Funding Implications	Measure of Success
			<i>Begin</i>	<i>End</i>		
1. Implement, monitor and evaluate a revised MCDBOH Workforce Succession plan	Labor Management Team	Health Commissioner, Union Officers	Oct 2017	Dec 2018	TBD	A fully implemented Board-approved Workforce Succession plan
2. Create a Labor/Management committee to develop a formal employee recognition program	Labor Management Team	Health Commissioner, Union Officers	Oct 2017	Dec 2017	TBD	Program plan is approved by MCDBOH Board members

## 6. 2017 – 2022 STRATEGIC PLAN EVALUATION

### 6.1 Strategic Plan Implementation

The Strategic Planning Team meets quarterly to assess progress toward Plan implementation. Team participants include staff at all levels of the organization and includes representation from all divisions as well as the labor union and management. The team is led by the MCDBOH Health Commissioner. The Strategic Planning Team monitors progress and facilitates issues that impede progress. They conduct all evaluations, collect and analyze data, report findings and update the plan as indicated.

#### STRATEGIC PLANNING TEAM MEETING SCHEDULE:

2017	2018	2019	2020	2021	2022
March 23	March 22	March 28	March 26	March 25	March 24
June 22	June 28	June 27	June 25	June 24	June 23
Sept. 28	Sept. 27	Sept. 26	Sept.24	Sept. 23	Sept. 12
Dec. 14	Dec. 13	Dec. 19	Dec.17	Dec. 16	Dec. 15

## 6.2 Strategic Plan Evaluation

Quarterly, the Strategic Plan monitors implementation of the Plan’s strategies. Annually, the Team collects and reviews data to assess progress toward the plan’s stated goals and objectives. When evaluating progress and considering revisions to the Plan, the Team considers changes in local, state and national priorities and the adequacy of available or accessible resources. As indicated, plan objectives may be altered in response to what the data reveals. A yearly Strategic Plan status report is published and presented to the Board and the community. When revised, the updated Strategic Plan is made available to community stakeholders.

### STRATEGIC PLAN EVALUATION TIMELINE

Annual Strategic Plan Evaluation Activity Timeline	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Collect Data					X	X	X	X				
Analyze Data					X	X	X	X				
Present Data to CHIP Team									X			
Present Data to Public									X			
Evaluate Plan Progress			X			X			X			X
Update/Revise Plan									X	X	X	X
Publish Evaluation Report												X