

Norwalk Health Department

2017-2019 Strategic Plan



Last Updated January 25, 2019

Table of Contents

	<u>Page #</u>
1. Overview of the Process	2
2. Strategic Planning Process Flowchart	3
3. Strategic Plan Participants	4
4. Vision, Mission, and Value Statements	5
5. Strategic Priorities	5
6. Operational Plan (goals, objectives, strategies/actions, deliverables/measures, responsibilities, and timeframes)	6-9
7. Current Strengths, Weaknesses, Opportunities, and Threats	10
8. Weighted Balanced Scorecard Goals	11
9. Appendices	
a. Prioritization Matrix	12
b. Meeting Notes (9/22/16 & 10/6/16)	13-14

Overview of the Process

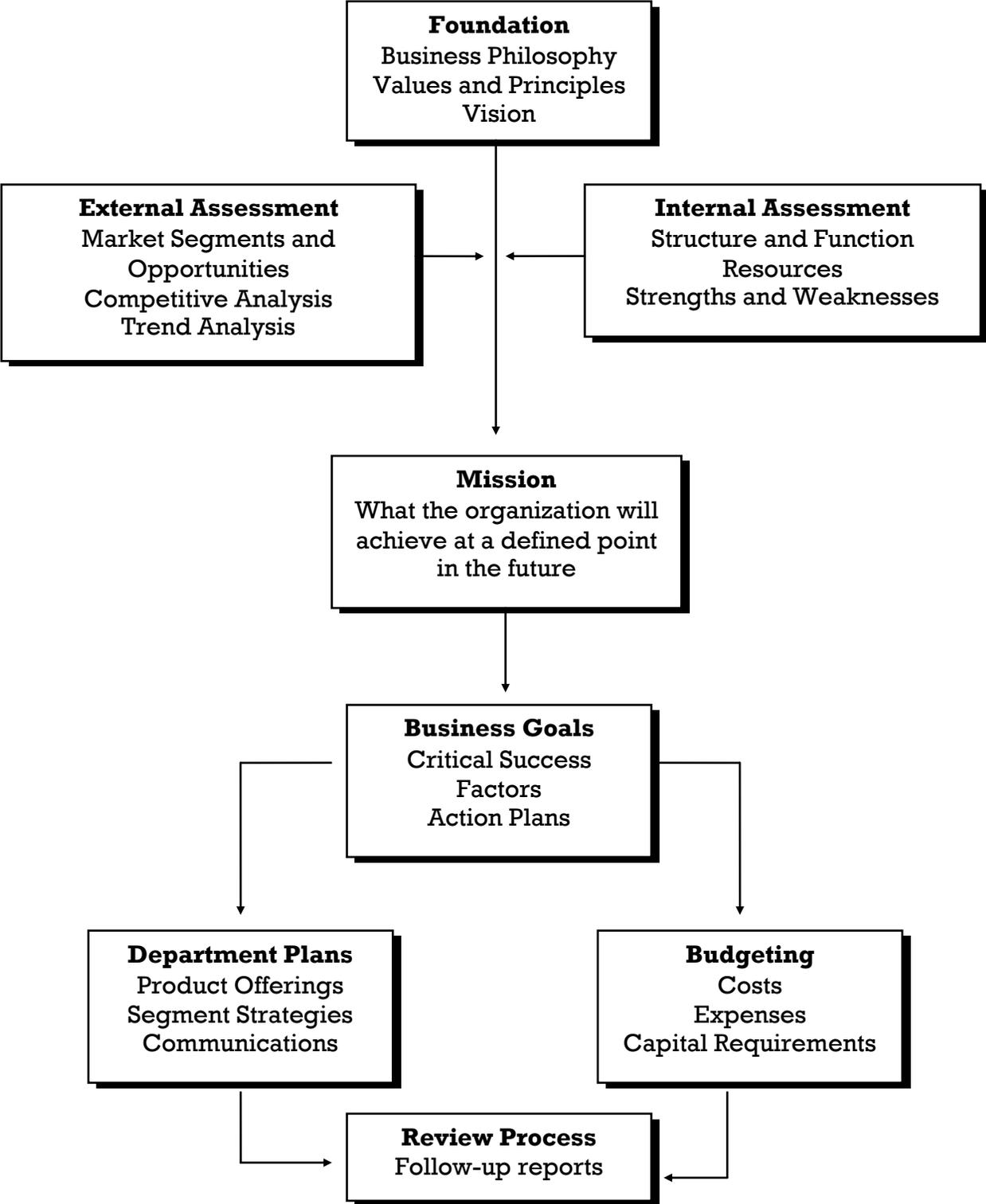
On September 22, 2016, staff of the Norwalk Health Department and members of the Norwalk Board of Health met to begin updating the strategic plan for 2017-2018. The session began with words of welcome by Tim Callahan, Director of Health. Then, Jim Fairfield-Sonn, Consultant, provided an overview of the process that would be used in this year's strategic planning effort. After this overview, Jim Fairfield-Sonn facilitated a review of the organization's current Vision Statement, Value Statements, and Mission, which were determined to not need any changes at this time. Deanna D'Amore then presented the findings from an environmental scan of information on the current organizational context and the future outlook. Findings included data on community health, health department revenue and expenditures, strategic plan implementation progress, performance management results, customer satisfaction, state/national/legislative updates, and the health department's workforce assessment.

Next, the group identified a number of major Opportunities and Threats in the external environment that could have an impact on the organization moving forward. This discussion was followed by an identification of current major Strengths and Weaknesses within the organization. Based on the above reviews, a set of tentative strategic areas of focus were identified by the group and then an initial discussion of strategic area prioritization criteria was provided by Deanna D'Amore. The group assigned weights for seven prioritization criteria (required service/function; value to customer; fiscal return on investment; health return on investment; strategic alignment; readiness; and importance to risk mitigation). The session concluded with a request from Tim Callahan for the participants to review the work of the group with their colleagues between now and the next meeting and to think about what the major strategic focus areas should be for the next two years.

On October 6, 2016, the group reconvened to continue working on the strategic plan. This session began with a review of the previous session and then the group discussed the list of possible strategic areas of focus. Deanna D'Amore discussed how a matrix tool would be used to narrow down the list of strategic priorities. The group evaluated the five possible strategic focus areas against each of the criteria and assigned ratings on a scale from 1 to 5 on how well they fit the criteria. The ratings were placed within the matrix and calculated with the previously assigned weights (Appendix A). Based on this analysis the three top strategic areas were identified. The group then used a brainwriting exercise and brainstorming to develop draft goal statements and identify objectives and strategies within each of the goals. The session concluded with the identification of new "Balanced Scorecard Weights" for the organization's financial, operational, customer satisfaction and learning/innovation goals.

Staff members met on October 27, 2016 to clarify the goals and then outlined objectives. The plan was finalized in November. The workplan was updated in January 2019.

Strategic Planning Process Flowchart



Strategic Plan Participants

Theresa Argondezzi, MPH, CHES, Health Educator

Cindy Bermudez, Administrative Assistant

Tim Callahan, MPH, RS, Director of Health

Tom Closter, RS, Director of Environmental Services

Deanna D'Amore, MPH, Project Coordinator

Patricia DiPietro, Business Manager and Lab Technician

Darleen Hoffler, RN, Supervisor of Clinical Services

Glenn Iannaccone, MPA, Public Health Emergency Preparedness Coordinator

Kaitlin Latham, Health Education Associate

Kestine Osbourne, MS, RD, CLC, WIC Nutritionist

Theresa Quell, Ph.D., Board of Health Member

David M Reed, MD, MPH, MBA, Medical Director

Liz Rusk, RS, Sanitarian

Edward Tracey, MD, Board of Health Member

Facilitator:

James W. Fairfield-Sonn, Ph.D.

President

Fairfield-Sonn Associates, LLC

Vision

Excellence with Efficiency

Mission

The Mission of the Norwalk Health Department is to prevent and control the spread of disease, promote a healthy environment, and protect the quality of life within our changing community.

Value Statements

We value our role in providing opportunities for all members of our diverse community to be healthy.

We value quality and consistency by incorporating public health standards and best practices into our operations.

We value ethical behavior, accountability and integrity.

We value high levels of customer satisfaction.

We value the development and growth of our staff.

We value collaboration and partnerships to improve community health by sharing information, resources and ideas.

Strategic Priorities

Public Health Leadership

Adapting to Changes in Public Health Practice

Workforce Capacity and Development

Communications & Community Awareness

Goal 1: Continue to be Leaders in Public Health Practice

Objective		Strategies/Actions	Deliverables/ Measures	Responsibility	Timeframe
1.1	Track and evaluate developments in national and state public health practice and adapt to changes.	1.1.1: Develop list of areas to track (for example, state regionalization, national and state budgets, health care, insurance billing, chronic disease management programs, emerging outbreaks, FDA model food code)	<ul style="list-style-type: none"> ➤ List of subjects/topics to track and evaluate 	Senior Management Team/All Supervisors	1/17 – 3/17
		1.1.2: Report any new developments monthly and implement changes as necessary	<ul style="list-style-type: none"> ➤ Supervisors meeting notes 	Senior Management Team/All Supervisors	4/17 – 12/19
1.2	Maintain core functions.	1.2.1: Meet state and local mandates	<ul style="list-style-type: none"> ➤ Performance Management measures ➤ Monthly Management Report measures 	Director of Environmental Services & Supervisor of Clinical Services	1/17 – 12/19
		1.2.2: Meet program and grant requirements	<ul style="list-style-type: none"> ➤ % of program and grant requirements completed within required timeframes ➤ Progress reports/updates ➤ Performance Management measures ➤ Monthly Management Report measures 	Business Manager, Supervisor of Clinical Services, Health Educator, PHEP Coordinator, Laboratory Director	1/17 – 12/19
		1.2.3: Review and update all policies and procedures at least once every two years	<ul style="list-style-type: none"> ➤ Revised policies ➤ Board of Health minutes 	Senior Management Team/All Supervisors	1/17 – 12/19
		1.2.4: Develop and implement new policies as necessary	<ul style="list-style-type: none"> ➤ New policies ➤ Board of Health minutes 	Senior Management Team/All Supervisors	1/17 – 12/19

Objective		Strategies/Actions	Deliverables/ Measures	Responsibility	Timeframe
1.3	Maintain PHAB accreditation.	1.3.1: Meet reaccreditation standards	<ul style="list-style-type: none"> ➤ %/# new measures met ➤ New documentation 	Project Coordinator	1/17 – 6/19
		1.3.2: Update and implement department-wide plans <ul style="list-style-type: none"> ○ Quality Improvement Plan ○ Workforce Development Plan ○ Emergency Operations Plan ○ Community Health Improvement Plan 	<ul style="list-style-type: none"> ➤ Revised plans ➤ Performance Management measures ➤ Individual plan measures/action plans 	Project Coordinator, Health Educator, PHEP Coordinator	1/17 – 6/19 CHIP – 12/19

Goal 2: Maximize Capacity of Staff and Volunteers

Objective		Strategies/Actions	Deliverables/ Measures	Responsibility	Timeframe
2.1	Enhance staff knowledge on different programs and services throughout the Health Department.	2.1.1: Division updates and trainings at staff meetings	<ul style="list-style-type: none"> ➤ Staff meeting agendas, sign-in sheets, PowerPoint presentations, evaluations 	Senior Management Team/All Supervisors	Lab: 1/17 EH: 3/17 EP: 5/17 HE: 7/17 Admin: 9/17 PD: 11/17
		2.1.2: Shadowing coworkers (for example, inspectors, receptionist, health educators)	<ul style="list-style-type: none"> ➤ # staff members who have shadowed their coworkers ➤ Staff personal professional development plans 	Senior Management Team/All Supervisors	1/18 – 6/18
2.2	Expand staff capacity to adapt to changes in public health practice.	2.2.1: Professional development activities, which can include continuing education, training opportunities, mentoring, cross-training in different areas, etc.	<ul style="list-style-type: none"> ➤ Staff personal professional development plans ➤ Training materials 	Senior Management Team/All Supervisors	1/18 – 12/19
		2.2.2: Utilize technology to assist and support workers to better perform duties and to improve efficiency of the operation	<ul style="list-style-type: none"> ➤ Resolving outstanding issues and completing all features of environmental and clinical software 	Director of Environmental Health & Supervisor of Clinical Services	1/17 – 12/19
2.3	Develop and utilize a volunteer base.	2.3.1: Develop a written policy and system for recruiting, training, and assigning tasks for Health Department volunteers (including student volunteers/interns)	<ul style="list-style-type: none"> ➤ Policies/Procedures ➤ Forms 	Health Educator, Project Coordinator, PHEP Coordinator	1/17 – 6/19
		2.3.2: Coordinate the Emergency Response Team	<ul style="list-style-type: none"> ➤ # members ➤ % completing training ➤ Meeting minutes ➤ Progress reports 	PHEP Coordinator	1/17 – 12/19
		2.3.3: Provide quality opportunities for volunteers (for example, flu clinics, emergency preparedness drills and exercises, health fairs, community programs)	<ul style="list-style-type: none"> ➤ # volunteers ➤ # programs/events with volunteers 	Senior Management Team/All Supervisors	1/17 – 12/19

Goal 3: Strengthen Public Awareness of Health Department Programs and Services and Effectively Communicate their Value

Objective		Strategies/Actions	Deliverables/ Measures	Responsibility	Timeframe
3.1	Develop and implement a branding strategy.	3.1.1: Develop a Health Department Branding strategy	➤ Branding Strategy	Health Educator	1/17 – 12/18
		3.1.2: Incorporate branding into the Health Department communications and operations	➤ Communications materials	Health Educator	7/18 – 12/19
3.2	Market and communicate the work of the Health Department.	3.2.1: Enhance relationships with the media	➤ Current and up-to-date press distribution list	Health Educator	1/17 – 12/19
		3.2.2: Send out press releases	➤ # press releases by quarter and annually	Health Educator	1/17 – 12/19
		3.2.3: Improve media coverage of significant public health events	➤ 3 featured stories a year	Health Educator	1/17 – 12/19
		3.2.4: Utilize social media to promote our work (for example, Facebook and Twitter)	➤ # Twitter followers ➤ #Facebook likes	Health Educator	1/17 – 12/19
3.3	Increase customer satisfaction.	3.3.1: Customer satisfaction training for staff	➤ Training materials	Project Coordinator	By 3/19
		3.3.2: Implement building sign-in and staff in-out board	➤ Sign-in sheets ➤ Software program	Business Manager	1/17 – 6/17
		3.3.3: Survey at least one customer group per year	➤ WIC survey ➤ Internal customer satisfaction survey of staff	Supervisor of Clinical Services Project Coordinator	By 6/17 By 4/19
		3.3.4: Use customer satisfaction survey findings to make improvements	➤ QI project results and materials	Supervisor of Clinical Services Senior Management Team/All Supervisors	7/17- 12/19

Strengths

- Strong collaboration with partners
- Accredited
- Experienced staff
- New staff with fresh perspectives
- Focus on education/collaboration
 - Problem solving
- Very good customer service
- Putting new systems in place with training

Weaknesses

- Technology
 - Systems
 - Knowledge
- Lack of City buy-in for and knowledge of certain programs
- Security (for the building and the occupants)
- Because we are doing more with less, staff believe they are not producing as high quality of work as they would like.
- High cost provider
- Cannot move fast enough (system)

Opportunities

- Leader and convener of chronic disease prevention and management strategies for the community
- Our position as leaders within the state and nation for public health practice
 - Accreditation, Regionalization
- Utilizing the workforce in different ways to increase our public health capacity
 - Staff, Volunteers, Students
- Economic development within Norwalk and the increased need for environmental public health (i.e. restaurants & housing) and increased revenues
- Emerging public health issues provide opportunities for new areas of focus
 - Zika & Climate Change
- Insurance billing for vaccines
- Better data availability for local and state-wide analysis to drive program development
- Expand NHD's brand/city's brand

Threats

- Funding
 - State budget cuts to grants
 - City's lack of support for increased staff
 - Insufficient budget to support staffing and additional accreditation requirements
- Regionalization of local health departments
- Decreased clinical revenues due to increase in competition from private sector
 - Private sector competition for chronic disease management programs
- Poor public opinion of government & lack of understanding of NHD services
- Maintain long-term leadership for the department
- Climate change bringing new diseases/threats to the area
- Information/IT security (malware)
- Creation of new hotels/short stay (Air B&B, VRBO)
- FDA Code and changes to inspections and methods

Balanced Scorecard Weights

**Customer
Satisfaction
(20%)**

Financial (10%)

**Learning &
Innovation (10%)**

**Operational
(60%)**

Appendix A: Priority Issues Matrix

Potential Strategic Issues/Areas of Focus

A= Information Technology

B= NHD as Leaders in Future Public Health Practice

C= Develop/Utilize Staff and Volunteers in New and Different Ways to Enhance our Capacity

D= Improve Public Perception and Understanding of NHD and our Programs & Services

E= NHD as a Convener/Leader in Community Collaboration and Connecting People to Resources

How well does the issue/area fit each criteria? (Rate on scale of 1-5, 1 being a low fit and 5 a very high fit)	Criteria Weight (1-5)	Criteria Fit Rating for Issue/Area (1-5)				
		A	B	C	D	E
CRITERIA						
Required Service/Function	5	5	5	5	5	4
Criteria Score (Weight X Fit Rating)		25	25	25	25	20
Value to Customer	4	4	5	5	5	5
Criteria Score (Weight X Fit Rating)		16	20	20	20	20
Importance to Risk Mitigation	3	5	5	5	5	4
Criteria Score (Weight X Fit Rating)		15	15	15	15	12
Return on Investment - Financial	2	3	5	3	5	2
Criteria Score (Weight X Fit Rating)		6	10	6	10	4
Return on Investment - Health	4	2	5	4	3	4
Criteria Score (Weight X Fit Rating)		8	20	16	12	16
Strategic Alignment	5	5	5	5	4	5
Criteria Score (Weight X Fit Rating)		25	25	25	20	25
Readiness	3	3	4	3	4	4
Criteria Score (Weight X Fit Rating)		9	12	9	12	12
TOTAL SCORE		104	127	116	114	109

Appendix B: Meeting Notes

Norwalk Health Department 2016 Strategic Planning Session #1

Date: Thursday September 22, 2016

Time: 4:30 PM – 6:30 PM

1. The meeting began with words of welcome by Tim Callahan. Then, Jim Fairfield-Sonn, the Consultant, provided an overview of the process to be used in this year's strategic planning process. Specifically, Session 1 of this year's formal planning effort will begin with a review of the current Vision Statement, Mission Statement and Value Statement to see if any of these statements needed to be updated. This review will be followed by Deanna D'Amore providing background "environmental scan" information on the current organizational context and the future outlook. Following this review, attention will be directed at identifying the organization's current external Opportunities and Threats as well as the current internal Strengths and Weaknesses. Based on the above reviews, a list of potential strategic areas of focus will be generated. These areas will then be tentatively prioritized and weighted. In Session 2 the evaluation of all the strategic focus areas will be finalized, major themes will be identified, and then three-to-five draft goal statements will be developed. The planning sessions will conclude with the establishment of a new set of "balanced scorecard" goals.
2. Following the above overview, the group reviewed the current organizational Vision Statement to see if any refinements were necessary at this time. The consensus opinion was that the vision statement did not need to be changed at this time.
3. Next, the group turned its attention to the review of the Department's Mission Statement to see if any refinements were necessary at this time. The consensus opinion was that the mission statement did not need to be changed at this time.
4. Next, the group turned its attention to the review of the Department's Value Statements. This review led to the conclusion that it did not need to be refined at this time.
5. After the above reviews, Deanna D'Amore led the group through a discussion of important environmental scan data on the current organizational context and the future outlook.
6. The next discussion focused on the identification of major external opportunities and threats in the external environment followed by the identification of major internal strengths and weaknesses.
7. Based on the above analysis, a set of tentative strategic areas of focus were identified by the Group and then an initial discussion of strategic area prioritization criteria and weights was provided by Deanna D'Amore.
8. The session concluded with a request from Tim Callahan for the Participants: to review the work of the Group with their colleagues between now and the next meeting; to identify ways that it might be enhanced; and to think about what the major strategic focus areas as well as priority Goals and Objectives should be for the next two years.

Norwalk Health Department
2016 Strategic Planning Session #2

Date: **Thursday October 6, 2016**

Time: **4:30 PM – 6:30 PM**

1. The meeting began with words of welcome by Tim Callahan followed by a review of the Minutes from the first Strategic Planning Session. Then, Jim Fairfield-Sonn provided an overview of the process that would be used in the second Strategic Planning Session. Specifically, the session would begin with a review of all the potential areas of strategic focus. These potential strategic focus areas would then be evaluated to identify the top priority areas. Then, Goals associated with each of the top areas of strategic focus would be identified. The session will conclude with the development of a new set of weights for the organization's "Balanced Scorecard Goals".
2. Following the above overview, the group reviewed the three potential areas of strategic focus that were generated in the first Strategic Planning session as well as two additional areas of possible strategic focus that had been identified during the intervening two weeks.
3. Working with this list of five potential areas of strategic focus, Deanna D'Amore led the group through an analysis to prioritize the potential areas of strategic focus. Based on this analysis, the top three areas of strategic focus were identified.
4. Next, the group developed a set of key Goals associated with each of the three top priority areas of strategic focus.
5. The session concluded with the development of a new set of "Balanced Scorecard Goal Weights" for the next two years.