

**OHIO DEPARTMENT OF HEALTH
STRATEGIC PLAN
SFY 2009 TO SFY 2011**

TABLE OF CONTENTS

	PAGE
INTRODUCTION AND OVERVIEW	1
MISSION AND VISION.....	1
CORE PRINCIPLES.....	3
ORGANIZATION AND STRUCTURE.....	5
DEVELOPMENT OF THE STRATEGIC PLAN	7
IMPLEMENTATION PRIORITIES AND PLANS	10

INTRODUCTION AND OVERVIEW

Public health is critical to Ohioans; it touches every life from cradle to grave. This is an exciting time for the Ohio Department of Health (ODH). Our vision and mission are clear, and this strategic plan is a road map to our future.

VISION

“Optimal Health for All Ohioans”

MISSION

“To Protect and Improve the Health of All Ohioans by Preventing Disease, Promoting Good Health and Assuring Access to Quality Health Care”

Strategic Planning Process

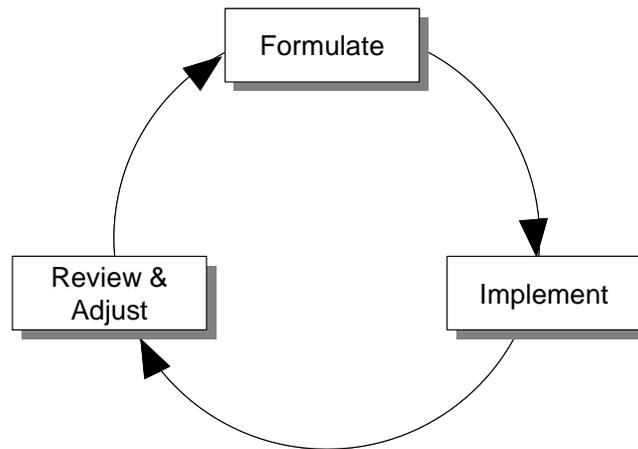
The ODH strategic planning process focused on:

- Customer service
- Teamwork
- Accountability
- Transparency
- Communicating our message to the public

As depicted in the schematic on the following page, strategic planning can be viewed as a three-step process. Organizations with high strategic effectiveness typically:

- Quickly formulate a strategic plan
- Immediately move to implementation – letting implementation teach them the ways the strategy is on target and ways it needs to be improved
- Regularly review progress, making adjustments as needed
- Consistently focus on results, not activities

Strategic Planning Process Schematic



The ODH strategic plan covers the period from state fiscal year (SFY) 2009 to SFY 2011. The plan provides direction for ODH efforts to protect and improve the health of all Ohioans by preventing disease, promoting good health and assuring access to quality health care, and addresses emerging threats to the health and well-being of Ohioans.

The strategic plan encompasses ODH's four major focus areas and lays out the primary strategies for achieving these goals. It does not, however, include all actions ODH might take to achieve any one objective. Given the size and breadth of ODH and its programs, it would be impractical to provide a comprehensive list of all ODH supported strategies and activities. The strategic objectives are not meant to catalog potential implementation plans; they merely indicate the priorities and general directions ODH intends to take.

Each of ODH's offices, divisions, bureaus and units contributed to the development of this strategic plan, from the strategic objectives to the methodologies, measures and indicators of success. ODH representatives provided expert knowledge of ODH's programs, priorities and performance indicators. ODH's external partners and customers were also engaged in this process. This process emphasized creating alignment between the long-range strategic plan and the biennial budget, the Governor's Flexible Performance Agreement, local health department needs, program needs and objectives and the broader objectives of the Ten Essential Public Health Services.

These Ten Essential Services are:

- Monitor health status to identify community problems
- Diagnose and investigate health problems and health hazards
- Inform, educate and empower people about health issues
- Mobilize community partnerships and action to solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws/regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure competent public and persona health care workforce
- Evaluate effectiveness, accessibility and quality of health services
- Research for new insights and innovative solutions to health problems

CORE PRINCIPLES

The director of ODH has developed core principles that are the philosophical backbone of ODH. These ten principles describe our values and frame the way we treat each other and our partners. Therefore, the core principles will be incorporated into other ODH planning documents.

ODH's Ten Core Principles:

- **Equity and Social Justice**

In our collective resolve, we promote and demonstrate equity and social justice in our actions, as we engage communities in achieving optimal health for all Ohioans.

We are committed to the following:

- a) Empower communities
- b) Work across agencies and departments
- c) Recognize and honor culture differences
- d) Identify and address the conditions at the root of inequities
- e) Actively seek out and promote decisions and policies aimed at equity
- f) Raise and sustain visibility of equity and social justice, and aim for long-term, permanent change

- **Excellence**
We are committed to the highest standards of service and make every effort to ensure the most effective use of our resources on behalf of communities.
- **Integrity**
We bring honesty, professionalism and ethics to our work environment.
- **Sound Science**
We use scientific data and adopt national performance standards to guide public health in Ohio.
- **Accountability**
We are committed to personal responsibility for our actions and for achieving outcomes.
- **Collaboration**
We value teamwork and strive to reach our goals by building partnerships.
- **Fiscal Responsibility**
We are committed to the efficient use of our fiscal and human resources to achieve better health and better lives for all Ohioans.
- **Transparency**
We promote open access to information, participation and decision making.
- **Respect**
We are committed to a supportive environment where employees have the opportunity to reach their full potential and everyone is treated with respect and dignity.
- **Diversity**
We celebrate diversity and treat all people with fairness and compassion.

ORGANIZATION AND STRUCTURE

Public health has undergone many changes since 1886 when the State Board of Health – a precursor to ODH – was established mostly to help coordinate the fight against tuberculosis (TB). In 1917, the Ohio General Assembly created ODH and it spent the first half of the 20th century working to control the spread of infectious disease.

With the development of antibiotics and other treatments in the 1970s, a premature victory was declared against diseases such as TB, gonorrhea and others caused by antibiotic-resistant bacteria. However, those diseases are re-emerging and newly recognized illness such as *E-coli* and emerging pathogens such as MRSA, Drug Resistant Tuberculosis and the threat of pandemic flu, continue to be public health threats that ODH takes seriously.

New responsibilities were added to public health at the dawn of the 21st century – the role of first responder and prevention and response to bioterrorism events. ODH's mission remains unchanged – to protect and improve the health of all Ohioans. This is accomplished through educating the public on healthy behaviors, analyzing data, identifying and correcting unhealthy conditions in workplaces and homes and promoting access to quality care.

ODH is truly a cradle-to-grave service agency and not just because it issues birth and death certificates. If you go out for a meal, an ODH-regulated local program inspected the restaurant. ODH provides the first vaccines for many Ohio children. It offers family-planning services. In addition, ODH inspects nursing homes to ensure a safe environment for residents.

As Ohio's flagship of public health, ODH works with 130 local health departments to provide local services and has some 150 programs of its own. The agency is divided into three divisions – Family and Community Health Services, Prevention and Quality Assurance – and works with the seven-member Public Health Council to adopt enforcement rules for laws such as Ohio's indoor smoking ban. Governor Ted Strickland's Healthy Ohio Program is also housed at ODH.

Division of Family and Community Health Services works to assure access to community-based services. Highlights include:

- Women, Infants and Children Program ensures pregnant women, young mothers and their children receive proper nutrition and provides help to women who breastfeed
- The Bureau for Children with Medical Handicaps provides a safety net for families and helps diagnose and treat children with medical handicaps when no other help is available
- The Infant Mortality Reduction Initiative strives to decrease mortality for African-American babies
- The Ryan White and Ohio AIDS Drug Assistance programs help people with HIV/AIDS

Division of Prevention responds to outbreaks and prevents and controls injuries and diseases. Highlights include:

- Providing immunizations against such illness as influenza, whooping cough and measles, mumps and rubella, preventing a number of childhood diseases and reducing health care costs
- Investigating outbreaks of diseases and coordinating the public health response during disasters and acts of terrorism
- Monitoring Ohio's bathing beaches for bacteria and recommending posting of signs should counts exceed state standards
- Regulating nuclear power plants on behalf of the Nuclear Regulatory Commission

Division of Quality Assurance protects Ohioans' health by assuring the quality of public health and health care systems. Highlights include:

- Licensing many health care facilities including nursing homes, laboratories, free-standing surgical centers, dialysis centers and others
- Overseeing quality standards for services such as cardiac catheterization and open heart surgery, pediatric intensive care, organ transplants and other services
- Certifying or licensing workers employed as nurse aides and lead and asbestos abatement firms

Healthy Ohio works to improve the health and wellness of Ohioans through prevention, health equity, coordination and accountability. Highlights include:

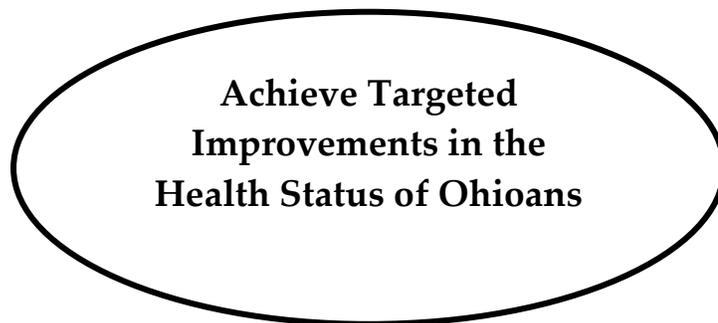
- Enhancing health promotion and disease prevention activities through identifying gaps, establishing priorities and improving coordination in services

- Reducing health disparities in access, quality and outcomes among vulnerable populations through targeted prevention and care coordination programs
- Developing a comprehensive strategy addressing childhood obesity through increased physical activity, better nutrition and healthier communities
- Promoting performance measurements by establishing specific objectives and desired outcomes across programs

DEVELOPING THE STRATEGIC PLAN

The strategic map is a schematic that depicts the central challenge to be addressed in the short term, along with the priority strategies and actions. Each component of the map is discussed below and the final map is presented on page 8.

Central Challenge:



The central challenge is the focused goal that ODH faces for the short term (next 1 to 3 years). Four strategic priorities and three cross-cutting priorities define the key few things we need to do to achieve our central challenge. Each priority will receive significant energy and attention over the next three years.

The three cross-cutting priorities are depicted at the bottom of the strategic map because they are foundational to our success. No plan to implement the other strategic priorities will be complete unless it considers the three cross-cutting priorities.

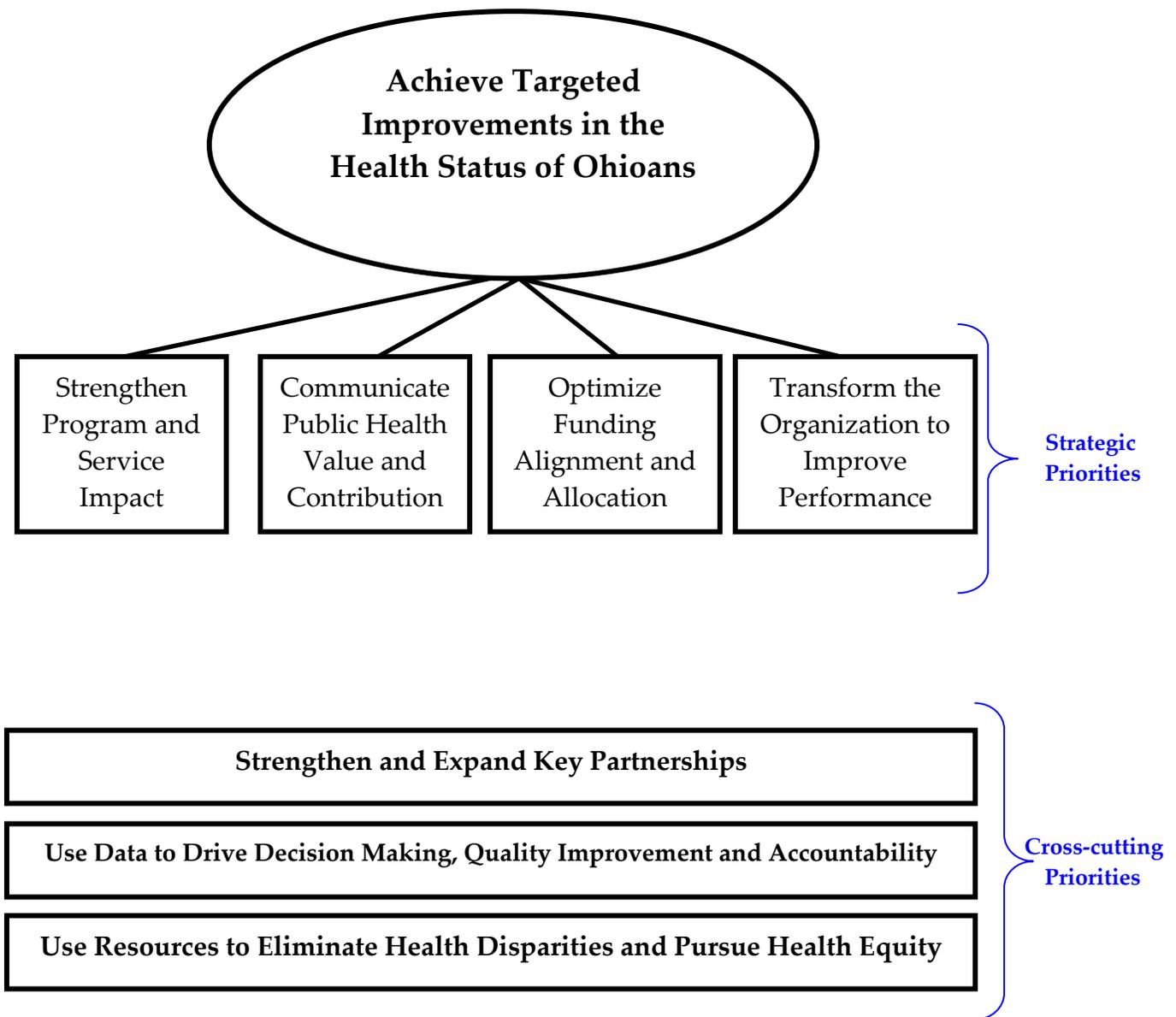
Evaluation of the governor's plans and priorities showed previous strategic plans inadequately addressed health disparities and achieving health equity, leading to responses that were inadequate, reactive and uncoordinated. Because health disparities and health inequity affect all areas of public health, suggestions are made to reflect these issues as cross-cutting priorities. This made sense, given that the other cross-cutting priorities, "Strengthen and Expand Key Partnerships" and "The Use of Data to

Drive Decision-Making, Quality Improvement and Accountability” are important requirements, to address health disparities and health equity in a proactive manner.

The other cross-cutting priorities emphasize the importance of including our partners and stakeholders in the implementation of the strategic plan, and in using data and reliable science in developing policies and making decisions on public health for Ohio.

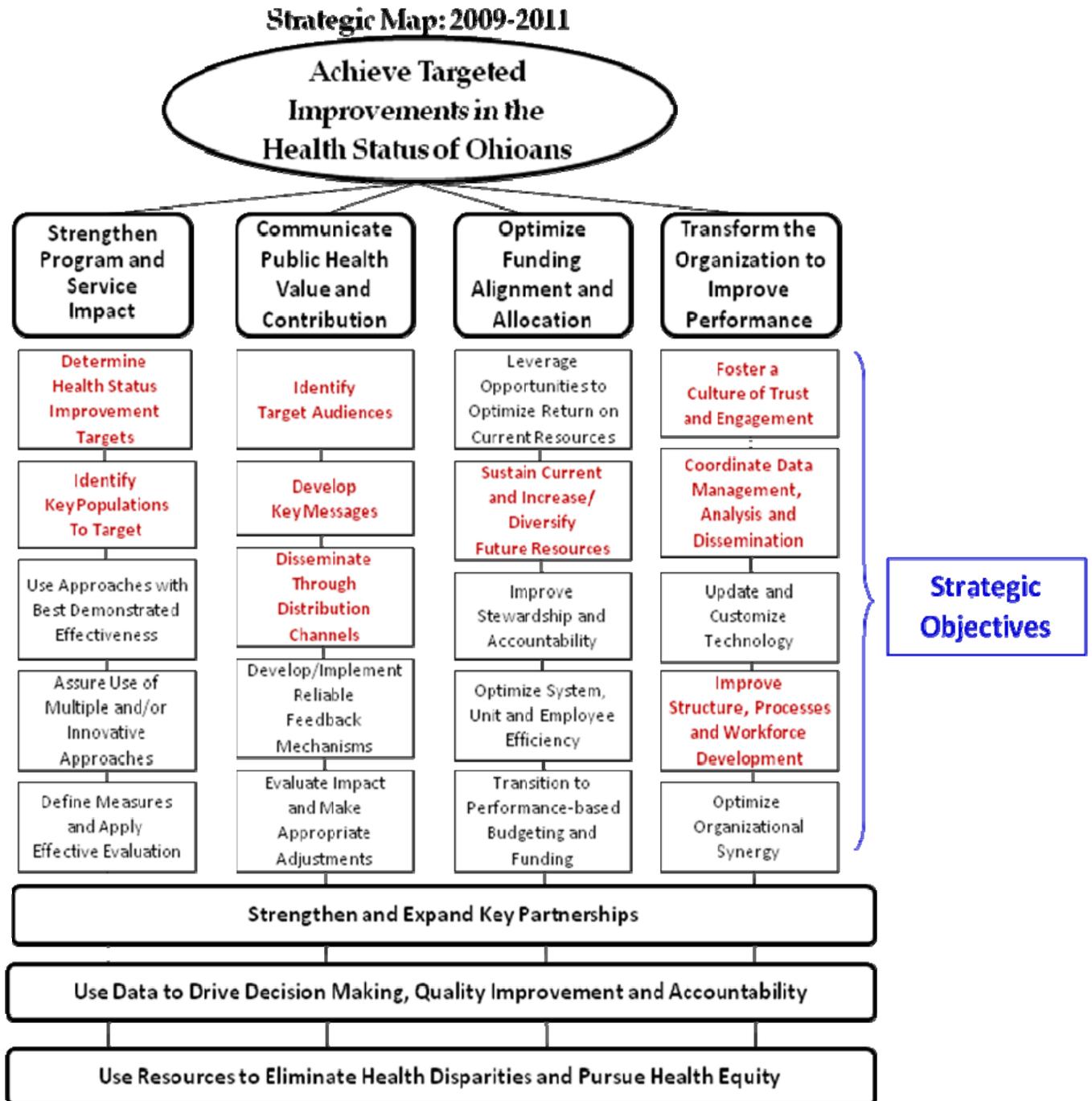
STRATEGIC PRIORITIES:

STRATEGIC MAP: 2009-2011



STRATEGIC OBJECTIVES:

The strategic objectives are the key activities defined for each strategic priority. Because every activity must consider the cross-cutting priorities, there is no separately identified strategic objective for those items. The Strategic objectives represent the transition from planning to implementation.



IMPLEMENTATION PLANS FOR ODH STRATEGIC PRIORITIES:

The following strategic objectives (highlighted in red in the strategic map) will receive emphasis during the next 9 to 10 months (SFY 2009).

Strengthen Program and Service Impact (strategic priority/theme)

- Determine health status-improvement targets
- Identify key populations to target

Director's specific Priorities (strategic objectives)

- Early Intervention
- Prevention
- Obesity Prevention w/ focus on child/adolescent
- Health Equity

Communicate Public Health value and Contribution

- Develop key messages
- Identify target audiences
- Disseminate through distribution channels
- Evaluate message effectiveness

Director's specific Priorities (strategic objectives)

- Raising Awareness of Public Health

Optimize Funding Alignment and Allocation

- Sustain current resources and increase/diversify future resources

Transform the Organization to Improve Performance

- Coordinate Data management, analysis and dissemination
- Foster a culture of trust and engagement
- Improve processes and workforce development

Director's specific Priorities (strategic objectives)

- Workforce Development
- National Public Health Accreditation
- Transform ODH into organization that is:
 - Lean and efficient
 - High performing and focused on the bottom line: optimal health for all Ohioans
 - Is structured to meet its core priorities
 - Makes informed, data-driven decisions

The plans were developed with these guidelines:

- Result:** “What” – a specific outcome to be achieved.
- Measure:** “How well” – indicators that demonstrate results achievements based on quality, quantity, time or cost.
- Key Activities:** “How” – the specific process steps required to produce the result.
- Deadline:** “When” – the date the activity will be completed.
- Accountability:** “Who” – the person or group responsible.

THE OHIO DEPARTMENT OF HEALTH STRATEGIC IMPLEMENTATION PLAN EXECUTIVE SPONSORS

This executive sponsors will be responsible for the monitoring and reporting of the Strategic Implementation Plan (SFY 2009 to SFY 2011) for the Ohio Department of Health.

EXECUTIVE SPONSORS FOR THE IMPLEMENTATION PLANS

#1	#2	#3	#4	#5
Strengthen Program and Service Impact	Communicate Public Health value and Contribution	Optimize Funding Alignment and Allocation	Transform the Organization to Improve Performance Organizational engagement, culture and workforce development	Transform the Organization to Improve Performance Coordinate Data management, analysis and dissemination
DR. MICHELE SHIPP, NAN MIGLIOZZI	ROBERT JENNINGS, RAY CAROL	KYLE DUPER, SHANNON GINTHER	DIDI ANEKWE, JOYCE TATE	MARTIN TREMMEL, ROBERT BRZEZINSKI

Comments:

The comments below explain changes between the ODH strategic plan finalized in September 2008 and its current version.

The original implementation plans were updated to reflect the Director's specific strategic objectives (priorities).

The original implementation plans were amended to better align implementation plans' objectives with responsibilities of the executive sponsors.

The responsibility for plans' execution was changed from implementation team members to executive sponsors. By elevating the responsibility level to executive management, we are increasing emphasis on strategy implementation. The executive sponsors will be required to report on the progress of strategy execution on a quarterly basis.

The strategic map, respective strategic priorities and objectives may evolve and will be revisited after biennial budget is signed.

While the overarching mission and vision of ODH is most likely to remain the same for next few years, the revisions to the strategic plan are necessary to make the strategic priorities and objectives reflect economic realities and priorities of public health.

The implementation plans are being updated in Excel format to enable dashboard reporting and monitoring of strategy execution, they will be published shortly.

Strategy is about doing the right thing



Operations are about doing things right

Strategy execution is everything!

ODH - IMPLEMENTATION OF STRATEGIC PRIORITIES (THEMES)

6/16/2009

green (dot) > 67%
 33% < yellow (triangle) < 67%
 red (square) < 33%

EXEC_SPONSOR (All)

STRATEGIC PRIORITY (DOMAIN/THEME)	Values		DASHBOARD TARGET INDICATOR
	Average of Initiative Actual	Average of Target	Average of Target
1. Strengthen Program and Service Impact	53%	100%	▲
2. Communicate Public Health Value and Contribution	44%	100%	▲
3. Optimize Funding Alignment and Allocation2	46%	100%	▲
4. Transform the Organization to Improve Performance Organizational engagement, culture and workforce development	41%	100%	▲
5. Transform the Organization to Improve Performance Coordinate Data management, analysis and dissemination	40%	100%	▲
Grand Total	43%	100%	▲

ODH - IMPLEMENTATION OF STRATEGIC PRIORITIES (THEMES)

OBJECTIVES DASHBOARD

6/16/2009

green (dot) > 67%
 33% < yellow (triangle) < 67%
 red (square) < 33%

STRATEGIC PRIORITY
 (DOMAIN/THEME)

(All)

EXEC_SPONSOR

(All)

OBJECT_ID	OBJECTIVE	Values		DASHBOARD TARGET INDICATOR
		Average of Initiative Actual	Average of Target	
1.1	Reduce the number of Ohio children hospitalized with asthma	20%	100%	
1.2	Improve Local Capacity to report Outbreaks using NORS	10%	100%	
1.3	An increased number of persons in charge in food service operations will have completed food safety training.	0%	100%	
1.4	Increase the number of nursing home residents who receive influenza and pneumococcal immunizations. Immunization rates will increase by 2 percent in 12 months.	92%	100%	
1.5	Improve early childhood development by increasing developmental screenings in primary care settings.	0%	100%	
1.6	More Ohioans are engaging in healthier lifestyles through an increase to 75% engaging in regular physical activity,30% eating healthy diets including at least 5 fruits and vegetables per day and 78% and not using tobacco by 2011.	66%	100%	
1.7	The percentage of Ohioans aged 50 and over who are receiving recommended screenings and preventive care has increased. Data for this measure will be derived from the BRFSS and Commonwealth Scorecard in 2004, Ohio ranked 34th with a rate of 38.1%. The best state's rate was 50.1%;	50%	100%	
1.8	The percentage of adults with diabetes receiving recommended preventive care has increased. By 2011, Ohio is performing at or above the state median rate	25%	100%	
2.1	Identify Target Audiences	95%	100%	
2.2	Develop key messages for the result above, please indicate which section of the Flexible Performance Plan and/or the Health People 2010 plan applies in the tables below:	40%	100%	
2.3	Disseminate Messages Through Appropriate Distribution Channels	50%	100%	
2.4	Reliable feedback mechanisms developed and implemented to assess the level of awareness	33%	100%	
2.5	Evaluate impact and make appropriate adjustments	0%	100%	
3.1	Sustain ODH's Current Budget	60%	100%	
3.2	Diversify Revenue Opportunities	0%	100%	

ODH - IMPLEMENTATION OF STRATEGIC PRIORITITES (THEMES)

OBJECTIVES DASHBOARD

6/16/2009

green (dot) > 67%
 33% < yellow (triangle) < 67%
 red (square) < 33%

OBJECT_ID	OBJECTIVE	Average of Initiative Actual	Average of Target	DASHBOARD TARGET INDICATOR
3.3	Identify and Obtain Additional Federal Funds.	68%	100%	
3.4	Cultivate Private Industry/Public Partnerships	6%	100%	
4.1	Workforce Development Develop a comprehensive plan to attract and retain talented public health workforce.	27%	100%	
4.2	By the end of the second quarter 2009 most ODH employees will be aware of the important values and desired culture change. Vision "Optimal Health for All Ohioans" Mission: "To Protect and Improve the Health of all Ohioians by Preventing Disease, Promoting Good Health and Assuring Access to Quality Health Care"	100%	100%	
4.3	By the end of 2009, employees at all levels will know of opportunities to receive training for career development and self development at ODH.	83%	100%	
4.4	By the end of the SFY 09, a series of effective measures of organizational culture and of individual performance would be developed and available to evaluate outcomes of activities within the agency.	0%	100%	
4.5	By the end of 09, evaluation tools will be developed to assess the effectiveness of agency activities to improve individual performance	5%	100%	
4.6	By December 2011, ODH will have a high performing, competent workforce where 80% of all employees will meet 90% of the competencies established for their positions.	0%	100%	
4.7	Employees will understand their jobs and where they fit within ODH and within the public health network and State	100%	100%	
4.8	Employees will know and meet the performance expectations for their jobs and the competencies assigned to their positions, once established.	0%	100%	
4.9	Employees will maintain professional skills, licenses (as appropriate) and other job skills needed to meet performance expectations.	0%	100%	
4.10	Supervisors and managers will demonstrate the ability to set expectations for and coach employees toward achievement of performance standards and/or competencies	0%	100%	
4.11	Job classifications for ODH positions will facilitate recruiting and retaining of the most qualified staff	0%	100%	
5.1	Establish CPHSI in a manner that assures a general sense of Ohio public health ownership by creating a structured advisory process for internal and external customers by June 2009.	87%	100%	

ODH - IMPLEMENTATION OF STRATEGIC PRIORITITES (THEMES)
OBJECTIVES DASHBOARD

green (dot) > 67%
33% < yellow (triangle) < 67%
red (square) < 33%

6/16/2009

OBJECT_ID	OBJECTIVE	Average of Initiative Actual	Average of Target	DASHBOARD TARGET INDICATOR
5.2	Conduct a comprehensive assessment of ODH data, data processes (administrative, programmatic and health) and data needs, initially assessing health information both currently available and needed by customers by Jun 2010.	30%	100%	
5.3	Develop and implement a comprehensive data policy for ODH by Jun 2010.	78%	100%	
5.4	Establish and maintain a staged implementation plan to prioritize and coordinate ODH health information collection, analysis and dissemination by Dec 2009.	40%	100%	
5.5	Assess, develop, implement and coordinate data collection and dissemination channels, prioritizing the ODH secure and public data warehouse by Jun 2010.	17%	100%	
5.6	Create web based collection and dissemination mechanisms for hospital performance measure and cost data (HB-197) by Sep 2009.	63%	100%	
5.7	Improve access to fundamental public health data sets by Dec 2009	58%	100%	
5.8	Implement internal data integration and dissemination initiative by Dec 2009	49%	100%	
5.9	Ohio population health and personal information systems will have required health data by Dec 2011.	11%	100%	
5.10	Ohio Healthy People 2020 will be planned and implemented by ODH by Dec 2010.	10%	100%	
5.11	Transform ODH Strategic Planning into continuous process, update current ODH Strategic Plan and introduce the Balanced Scorecard (BSC) approach to ODH.	34%	100%	
5.12	Link ODH Strategic Plan to agency operations by implementing sound strategy execution process incorporating performance metrics in a comprehensive, agency wide approach using Balanced Scorecard (BSC)	21%	100%	
5.13	Collaborate with local partners towards adopting PHAB National Accreditations Performance Standards for Ohio and creating framework for standards implementation.	43%	100%	
Grand Total		43%	100%	