



## The Strategic Plan for Salem City Health District November, 2017 - 2022

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## **ABOUT THE CITY OF SALEM**

Salem is in northeast Ohio, in Perry Township, Columbiana County. It is situated about 60 miles southeast of Cleveland, 60 miles northwest of Pittsburgh, 20 miles southwest of Youngstown, and 25 miles east of Canton.

Salem, Ohio was founded by Zadok Street from New Jersey and John Straughan (pronounced Strawn) from Pennsylvania on April 30, 1806. The city was named after Salem, NJ, where Zadok Street originally immigrated. The word 'Salem' comes from the word 'Jerusalem' which means 'city of peace' and many of the early townspeople were Quakers. Salem was a major hub in the American Underground Railroad and was the headquarters for the Ohio American Anti-Slavery Society, later known as the Western Anti-Slavery Society that published THE ANTI-SLAVERY BUGLE. These papers are available for research at the Salem Historical Society. In April 1850, Salem hosted the first Women's Rights Convention in Ohio, the second such convention in the United States. At that time, over 200 years ago, there were approximately 100 people in Salem and now there are over 12,000.

The Salem Historical Society was formed in 1947, with Roy W. Harris as president. The Salem Historical Society Museum is a nonprofit volunteer organization that maintains four buildings to house and display many historical artifacts. Its purpose is to collect, explain, and preserve Salem's history.

In December, 1971, W. Ray Pearce donated the first museum, Pearce Building, at 208 South Broadway Avenue in memory of his wife, Elizabeth. The corner brick building, Schell Building, was purchased in 1974 and the two were then connected. In 1979 a meeting room was added in the back of the Schell Building with a grant from the Salem Community Foundation.

Freedom Hall was built in 1987 as a replica of Liberty Hall, a carpenter shop once used by abolitionists to have secret meetings in an upstairs room above the shop. Freedom Hall houses memorabilia relating to Salem's anti-slavery movement. It houses items from the local abolitionists as well as artifacts from World War I, World War II, and the Vietnam War.

Our newest addition, The Dale Shaffer Research Library, was the dream of Dale Shaffer, noted Salem historian and author. He helped to plan the design and then left his entire estate to the Historical Society to ensure its construction. It was dedicated August 7, 2012. The Library houses the research room, a staff working room, offices, the Gift Shop, the Meeting Room, and the Industrial Display.

There are hundreds of special artifacts on display at the Salem Historical Museum. These objects, legacies of yesteryear, give life to the past including old photos, antique industrial products, ethnic collections, and articles of daily life from yesteryear. Over 12 rooms in the four buildings offer theme contents. The collections are a meaningful and tangible part of our Salem heritage and cover a wide range of topics:

## **ABOUT SALEM CITY HEALTH DISTRICT**

### **Where We Have Been**

Prior to June 1, 1994, the Salem City Health Department was in full effect to handle all public health related programs. Between June 1, 1994 and May 31, 2009, the Columbiana County Health Department handled all public health related programs for the City of Salem. The Salem City Health Department was reformed on June 1, 2009.

The profile of Health Protection at SCHD has increased significantly in recent years with issues such as immunizations, and communicable diseases regularly being in the public eye. It is a term used to encompass a set of activities within the Public Health function. It involves:

- Ensuring the safety and quality of food, water, air and the general environment
- Preventing the transmission of communicable diseases
- Managing outbreaks and the other incidents which threaten the public health.

The quality of public protection from hazards demands a workforce, educated and trained to the highest standards. A registered sanitarian and a registered nurse deal with ensuring that school aged children have the required immunizations, food borne infections are investigated along with communicable diseases. Such reportable diseases are investigated and reported to the Ohio Disease Reporting System. A Registrar provides birth and death certificates for the Bureau of Vital Statistics.

Salem City Health District infrastructure provides the community with the capacity to prevent disease, promote health, and prepare for and respond to both acute (emergency) threats and chronic (ongoing) challenges to health.

The four key components of SCHD are:

A capable and qualified workforce

Up-to-date data and information systems

Capabilities of assessing and responding to public health needs

Partnerships to extend our assessments and response capabilities

### **Where We are Going**

The health department is renewing its focus on quality improvement during this strategic plan's duration to make certain the department is making the most effective use of resources and to ensure programs and services are functioning optimally.

As one instrument of improvement, the strategic plan does not represent the entire scope of current health department services, but instead reflects on areas that have a documented need for expanded health department involvement or improvement. Since some of the capacities, operations, and services measured by Salem City Health District are also state mandated local

health department functions, SCHD will continue to provide these programs and services, regardless of whether they explicitly appear in the strategic plan.

The 2017 – 2020 Strategic Plan represents SCHD’s priority internal and external concerns based on the 2016 Community Health Needs Assessment data, 2017 Employee Survey data, results of a department Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, and other areas of needed improvement.

Looking to the future, the 2017-2020 Strategic Plan will guide SCHD’s decision-making related to program development, strategic investments, establishing new priorities and fulfilling the department mission. This plan is the first step in charting the future course for the health department.

## Need for a Plan

The purpose of this strategic plan is to define roles, responsibilities, priorities and the direction of SCHD for the next five years. There are a number of reasons why it was time to engage in a strategic planning process. These factors include:

- **National Public Health Accreditation:** With the launch of the mandatory Public Health Accreditation Board’s (PHAB) national accreditation program for local, state, and tribal health departments in fall 2016, SCHD leadership and staff have been working to ensure that the department is well-positioned to submit an application to PHAB in 2018. The lack of a current and functional strategic plan was identified as a significant gap in accreditation readiness.
- **Focus on Accountability:** SCHD is committed to demonstrating to the public, partners and funders that the department has the capacity and commitment to continuously improve public health programs and service delivery to positively affect the health of Salem City residents.
- **Need for New Approaches:** Health departments have learned a great deal from translating research findings into practice during the last decade. We need to begin moving away from the “business as usual” mindset and increase emphasis on policy development, creating healthy environments, strengthening community partnerships and considering root causes of health conditions in order to make achieving a healthy life easier for all people who live, work, learn, and play in Salem City.
- **Effective Use of Available Resources:** The current economic situation has led to significant reductions in public health funding over the past several years. This type of environment requires us to evaluate what services and programs are provided by the

“A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it”  
– Public Health

health department, while also ensuring that we make strides to do our work in a more efficient and effective manner to meet customer and client expectations.

- **Importance of Continuous Learning and Improvement:** Constantly monitoring progress and making necessary adjustments in program and service delivery are critical actions for ensuring we are achieving intended public health outcomes. Establishing an organizational culture of continuous learning and quality improvements guided by research and identified needs of partners, clients, and customers is imperative.

## **Commitment to Achieving Health Equity**

Public health research convincingly illustrates the differing levels of health risks, disease burden and poor health outcomes among populations based on demographic, geographic and socioeconomic factors. These health disparities<sup>1</sup> are persistent and affect the health of the people living in the cities we serve.

Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices and the elimination of health and healthcare disparities<sup>2</sup>. SCHD needs to take steps to educate and engage staff, as well as community partners in dialogue around health equity and social justice issues by providing workshops throughout 2018 and continue to do so during 2019. Encouraging conversation on this sensitive subject is the first step in a long journey toward changing the way we think about health issues in our city.

Addressing health disparities and working toward achieving health equity in Salem City is an overarching priority on the health department. Beginning with the implementation of this strategic plan, the health department will make concerted efforts to integrate health equity considerations into new and existing programs and services as we work to achieve optimal health for all who live, work, learn, and play in Salem City.

## **Planning Process**

The SCHD Strategic Plan is the product of an inclusive planning process initiated in August 2017 and completed in November and adopted by the Board of Health on November 15, 2017. Since then the plan has been revised. A series of planning sessions that included SCHD leadership, and board of health resulted in the development of this revision. See Appendix A for a complete listing of strategic planning participants.

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<sup>1</sup>Health disparity: a particular health difference that is closely linked with social or economic disadvantage.  
(<http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34>)

<sup>2</sup><http://minorityhealth.hhs.gov/npa/teplates/browse.aspx?lvl=1&1vlid=34>

## **Communication**

Messaging themes provide effective marketing for the Salem City Health District brand. When working to market the Salem City Health District to community partners and the public, it is important to use our mission, vision, and tagline as key messages. Salem City Health District is promoted in a clear, accurate, consistent, and professional manner to community partners and the public by using our tagline, “Your local public health partner – working to protect our community,” and our logo in full color



Our Mission, vision and guiding principles are communicated to the public via our website.

## **Vision, Mission and Guiding Principles**

The Strategic Plan of Salem City Health District aims to further the organizational vision, mission, goals and priorities.

### **VISION**

We envision the City of Salem under the best circumstances to be:

- A city that capitalizes on the diversity of its people, its geography, and its economy to create a board range of choices for its residents in how they live, work, and play.
- A vibrant economy with a skilled workforce that attracts employers who seize the opportunities presented by the city’s unique advantages and provides opportunities that create citywide prosperity.
- A sustainable system of high-quality education, community health, public safety, housing, retail, recreation, arts and culture, and infrastructure, in which development complements our natural resources and environment.
- A model community which is governed in an open and ethical manner, where great ideas are replicated and brought to scale, and all sectors work collaboratively to reach standard goals.
- A city that is a destination for visitors and a home for anyone seeking a sense of community and the best life has to offer.

### **MISSION STATEMENT**

The Salem City Health District exists for the residents of the City of Salem, Ohio:

- to protect people from disease and injury;
- to monitor the health status of the city;
- to assure a safe and healthy environment;
- to promote healthy lifestyles;
- to address the need for personal health services and
- to administer the health district code as required from Chapter 3709 of the Ohio Revised Code.

## **GUIDING PRINCIPLES**

## **SCHD SWOT Analysis<sup>4</sup>**

The Salem City Health District (SCHD) conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis to determine internal strengths and weaknesses, and external opportunities, threats, and challenges for the department. The results from the survey will be used to assist in the development of the department's strategic plan.



| Strengths   |            |                        |
|---|------------|------------------------|
| Key Themes  | Staff SWOT | Senior Management SWOT |
| SCHD Employees, Workforce                               |            | X                      |
| Programs, Infrastructure                                |            | X                      |
| Technology, service delivery                            |            | X                      |
| Response, Community Collaboration, Partners             |            | X                      |
| Facilities  |            | X                      |
| Customer Service  |            | X                      |
| Weaknesses  |            |                        |
| Key Themes  | Staff SWOT | Senior Management SWOT |
| Culture   |            | X                      |
| Communication   |            | X                      |
| Data Use and Sharing                                    |            | X                      |
| Technology  |            | X                      |
| Infrastructure, sustaining financially                  |            | X                      |
| Staff Satisfaction, Retention, Professional Development |            | X                      |
| Opportunities   |            |                        |
| Key Themes  | Staff SWOT | Senior Management SWOT |
| National Accreditation                                  |            |                        |
| Data Sharing/Better Analysis                            |            |                        |
| Technology  |            | X                      |
| Using Social Media/Networking                           |            | X                      |
| Collaboration   |            | X                      |
| Integrating Health Equity                               |            |                        |
| Increase services                                       |            | X                      |
| Increasing Revenues                                     |            | X                      |
| Marketing   |            | X                      |
| Community Transformation Grant                          |            |                        |
| Smart Development                                       |            |                        |
| Relationship Building                                   |            | X                      |
| Education   |            | X                      |
| Increased Access to Care                                |            |                        |

| Threats                   |            |                        |
|---------------------------|------------|------------------------|
| Key Themes                | Staff SWOT | Senior Management SWOT |
| Non Competitive Pay Scale |            | X                      |
| Achieving Health Equity   |            |                        |
| Diminishing Need          |            | X                      |
| Communication             |            | X                      |
| Language Barriers         |            |                        |
| Budget                    |            | X                      |

<sup>4</sup>Appendix D for complete SWOT analysis results

## KEY HEALTH INDICATORS

On April 5, 2016, the Columbiana County Health Partners' Steering Committee met to review the primary and secondary data collected through the needs assessment process and discussed needs and issues present in the county and region.

Collaboration between local health departments, county hospitals, major health providers, and community partners beyond the health sector; was a key underpinning in developing the 2016 Community Health Needs Assessment (CHNA) findings, with the consensus that the county's population health priority areas should be aligned with Ohio's recommended evidence-based strategies and quality measures whenever possible. See 8. Prioritization Process on pages 57 – 68 of the Columbiana County Health Needs Assessment (CHNA).

- **Resource Assessment**

Based on the chosen priorities, the Columbiana County Health Partners were asked to complete a resource inventory for each priority. The resource inventory allowed the committee to identify existing community resources, such as programs, exercise opportunities, free or reduced cost health screenings, and more. The committee was then asked to determine whether a program or service was evidence-based, a best practice, or had no evidence indicated based on the following parameters:

An **evidence-based** practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A **best practice** is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. A **non-evidence based** practice has no documentation that it has ever been used (regardless of the principals it is based upon) nor has been implemented successfully with no evaluation.

Each resource assessment is provided within the corresponding priority section and can be found on the following pages of the Community Health Improvement Plan (CHIP):

- Obesity, *pages 19-23*
- Mental Health and Substance Abuse, *pages 35-45*
- Tobacco Use/Cancer Prevention, *pages 58-60*

## **SCHD Strategic Priorities**

Through the strategic planning process, the health department identified 6 strategic priorities.

1. Partner with Columbiana County partners to decrease obesity.
2. Increase healthcare awareness and wellness for tobacco use and cancer prevention.
3. Monitor health status to identify community health problems.
4. Diagnose and investigate health problems and health hazards in the community
5. Enforce laws and regulations that protect environmental health and ensure safety
6. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
7. Assure competent public health and personal health care workforce

Below, the strategic directions are listed with their accompany goals and SMART<sup>5</sup> objectives. Key strategies were proposed by SCHD staff and were later adopted by SCHD management to address each objective. A Division and lead staff person have been identified for each strategy's action plan<sup>6</sup>. As we move forward in implementing the 2017 – 2020 SCHD Strategic Plan, these action plans will be drafted and added to Appendix

<sup>5</sup>SMART specific, measurable, achievable, realistic, time-bound

<sup>6</sup> Appendix F

### **Strategic Priority #1**

#### **Partner with Columbiana County partners to decrease obesity**

## **GOAL 1: Increase breastfeeding practices.**

### **Objectives**

- 1.1.1 Survey employers about current breastfeeding policies by November, 2017.\*

- 1.1.2 Provide education and sample policies by November, 2017.\*
- 1.1.3 Assist in implementing breastfeeding policies in at least two businesses/organizations in the City of Salem by November, 2018.\*
- 1.1.4 Assist in implementing breastfeeding policies in at least 10% of the businesses/organizations in the City of Salem by November 2019.\*

*\*Indicates objective derived from the 2016 Columbiana County Community Health Improvement Plan*

**Strategic Priority #2**  
**Increase healthcare awareness and wellness for tobacco use and cancer prevention.**

**GOAL 1: Implement Tobacco 21 Policies**

**Objectives**

- 2.1.1 Research the Tobacco 21 Initiative. Raise awareness of Tobacco 21 by November, 2017.\*  
 Research the feasibility of local jurisdictions adopting this policy by November, 2017.\*
- 2.1.2 Begin efforts to adopt smoke-free policies in Salem City parks, fairgrounds, schools and other public locations by November 2017.\*
- 2.1.3 Reach out to other communities who have implemented these policies to learn the best way to approach decision makers and to learn of potential barriers and challenges by November 2017.\*
- 2.1.4 Present information to City Council on both the Tobacco 21 initiative and smoke free outdoor public locations by November 2018\*
- 2.1.5 Continue efforts from Years 2017 and 2018 by November 2019.\*

*\*Indicates objective derived from the 2016 Columbiana County Community Health Improvement Plan*

**GOAL 2: Decrease Barriers to Treatment**

- 2.2.1 Create an informational brochure/guide that highlights all organizations in City of Salem that provide tobacco cessation and cancer prevention services. Include information on transportation options and which organizations offer free services; offer a sliding fee scale, and which insurance plans are accepted by November 2017.\*
- 2.2.2 Create a presentation on available tobacco cessation and cancer prevention services and present to City of Salem area churches, law enforcement, chamber of commerce, city council, service clubs, and businesses. Include information on benefits of screenings and early detection to increase community awareness by November 2017.\*

- 2.2.3 Enlist organizations to update the brochure/guide on an annual basis and increase dissemination of the information by November 2018.\*
- 2.2.4 Continue efforts of years 2017 and 2018 and expand outreach by November 2019.\*
- 2.2.5 Determine on an annual basis, who will update and print the guides for the next three years by November 2019.\*

*\*Indicates objective derived from the 2016 Columbiana County Community Health Improvement Plan*

**Strategic Priority #3**  
**Monitor health status to identify Salem City health problems**

**GOAL 3: Maintain Vital Statistics section to report leading causes of death**

**Objectives:**

- 3.1.1 Establish the leading cause of death in the City of Salem by September 2018.
- 3.1.2 Decrease the leading cause of death (Division of Vital Statistics) by September 2019.
- 3.1.3 Increase community awareness by September 2020

**Strategic Priority #4**  
**Diagnose and investigate health problems and health hazards in the community**

**GOAL 4: Maintain protocols for disease source, investigation and contact tracing**

**Objectives**

- 4.1.1 Establish the leading communicable disease in the City Salem by September 2018
- 4.1.2 Decrease the leading Communicable Disease (Nursing Division) by November 2019
- 4.1.3 Increase community awareness by September 2020

**Strategic Priority #5**  
**Enforce laws and regulations that protect environmental health and ensure food safety**

**GOAL: 5 Improve Food safety**

**Objectives**

- 5.1.1 Decrease failed food inspections by 50% by September 2018.

- 5.1.2 Decrease critical violations by 50% by September 2018
- 5.1.3 Educate REF/RSO 100% by September 2019
- 5.1.4 Decrease failed food inspections by 100% by 2020

**Strategic Priority #6**

**Link people to needed personal health services and assure the provision of health care when otherwise unavailable.**

**GOAL 6: Improve immunization clinics**

**Objectives**

- 6.1.1 Increase the number of HPV immunizations given by 80% consistently.
- 6.1.2 Decrease STD's in City of Salem by 50% by September 2019.(Nursing Division)
- 6.1.3 Increase Community Awareness of STD's and HPV immunizations by September 2020

**Strategic Priority #7**

**Assure competent public health and personal health care workforce from Workforce Development Plan**

**GOAL: 7 Competencies and education requirements**

**Objectives**

- 7.1.1 Maintain public workforce standards of professional licensure and Credentials 100% of the time.
- 7.1.2 Staff to maintain competency in prospective division 100% of the time as shown on annual evaluation.

**Strategic Priority #8**

**Encourage and provide opportunities for professional development, training, and leadership from Workforce Development Plan**

**GOAL: 8 Health equity and training needs**

**Objectives**

- 8.1.1 Encourage and provide opportunities for professional development, training, and leadership 100% of the time.

## **Connection to Community Health Improvement Plan**

There is a clear and intentional link between the SCHD 2017\*2020 Strategic Plan and the 2016 Columbiana County Health Improvement Plan (CHIP). As a partner organization in the development, implementation and evaluation of the CHIP, SCHD has a responsibility for ensuring that goals, objectives, and strategies for which we are identified as one of the lead agencies are completed successfully and according to the timeline prescribed by the CHIP.

Contained within the SCHD 2017-2020 Strategic Plan, there are objectives that are clearly identified as “derived from the CHIP”. This is our way of easily identifying the areas we have taken leadership in and have woven the objectives into our department-specific plan.

## **Continuous Learning and Improvement.**

With fewer resources and increased emphasis on accountability in public health, it no longer remains economical to wait until the end of a program or process to determine if it is effective in achieving its intended objective. It is imperative that SCHD and its employees become engaged in a process of continuous learning, allowing for the identification of problems and solutions throughout the implementation of a program or process rather than waiting for the conclusion.

To that end, SCHD will regularly collect information to decide whether or not progress is being made toward the objectives contained within this 2017-2020 Strategic Plan. Progress toward achieving identified performance measures will be evaluated and the SCHD Performance Management Committee will determine what is working, what is not working and why. Through this process of regular review, the goal is improved department effectiveness, efficiency, and customer satisfaction.

Goals and objectives contained within this plan will be adjusted as they are met. This part of SCHD’s work is so critical that a separate plan, the SCHD Performance Management & Quality Improvement Plan, has been developed to help guide these important efforts.

## **Financial Commitment and Sustainability**

The SCHD received funding for the preparation of PHAB accreditation deliverables and has allocated management and administrative support time to the creation, implementation, monitoring, reporting and updating of district-wide plans. Performance management and continuous quality improvement is not an addition to the way the SCHD currently performs business, it is a replacement. For that reason, staff will receive training on the PDSA cycle and respective documentation. Programs will be expected to contribute performance management/ continuous quality improvement activities to the SCHD plan.

The goal of the SCHD is to have each staff member dedicate at least one out per month initially, to PM and CQI while learning the philosophy, methodology and tools. As employees gain knowledge and apply PM and CQI principles, they will gradually incorporate these principles into their daily work.

## **Data Systems**

SCHD will use tools currently available and familiar to staff, such as MS Office applications to record and track performance management data. Programs will gather performance indicator data that can be used to measure progress toward their goals from various sources such as program databases, customer surveys and city health rankings.

## **Appendix A: List of Participants**

**Thank you to the Commissioner and Board of Health who participated in the 2017 strategic planning process and 2018 revision.**

Alanna Stainbrook  
Lynle Hayes  
Judy Sicilia  
John Berlin



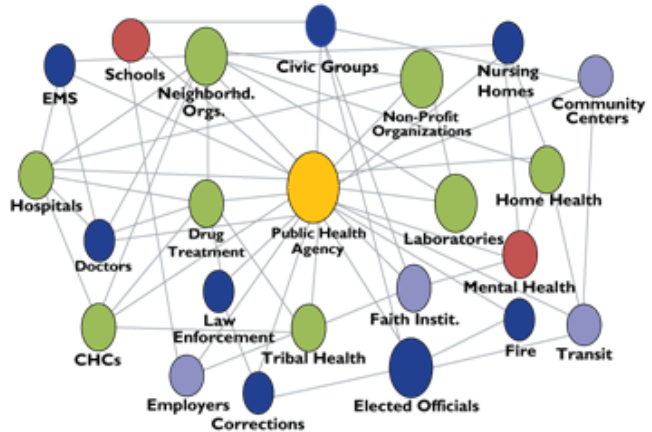
Newt McKnight  
Bill Watkins  
Cami Jackson  
Steve Faber

## **APPENDIX B**

Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This concept ensures that all entities’ contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.

The public health system includes

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations



### The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

Public health systems should:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.



9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

*(Source: Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services;*  
<http://www.cdc.gov/nphpsp/essentialservices.html>)

The Local Public Health System Assessment (LPHSA) answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument**.

## **APPENDIX C**

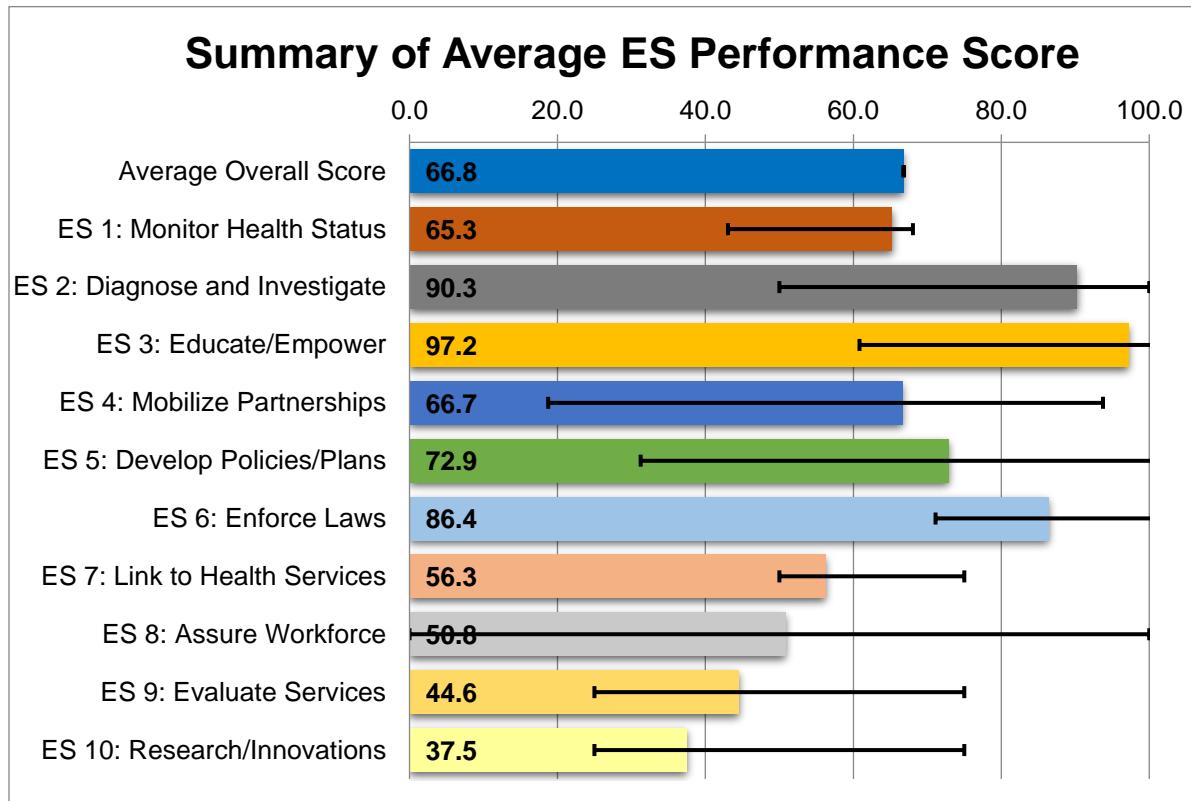
Members of the Columbiana County Health Department completed the performance measures instrument. The LPHSA results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed and the group came to a consensus on responses

for all questions. The challenges and opportunities that were discussed were used in the action planning process.

The CHIP committee identified 15 indicators that had a status of “minimal” and 3 indicators that had a status of “no activity”. The remaining indicators were all moderate, significant or optimal.

## Columbiana County Local Public Health System Assessment

### 2016 Summary



## **APPENDIX D**

### **Salem City Health Department's Ten Essential Public Health Services Processes**

1. Monitor health status to identify community health problems.
  - Maintain Vital Statistics section to report leading causes of death
  - Assure epidemiological protocols for disease identification, reporting and follow-up
  - Identify environmental health risks by inspection of food services, schools, camp grounds, mobile home parks, pools, and nuisances
2. Diagnose and investigate health problems and health hazards in the community
  - Maintain protocols for disease source, investigation and contact tracing
  - Cooperate with local agencies in conducting the community risk assessment
  - Monitor and contain possible rabies cases
3. Inform, educate and empower people about health issues
  - Maintain Department's web site
  - Educate community on health issues through individual and group instruction and local fair displays
  - Publish annual reports
  - Promote healthy lifestyles at public events
  - Expand the health alert network
  - Provide the media with public health information
4. Mobilize community partnerships to identify and solve health problems
  - Participate in the Homeland Security meetings
  - Membership in the Local LEPC
  - Member of the Safe Kids Coalition
  - Participant of the Tri-State Consortium
  - Member of the Mahoning /Columbiana County Medical Reserve Corps unit
  - Partner with Job and Family Services in the Help Me Grow Program
  - Represented on the Child Fatality Review Board
5. Develop policies and plans that support individual and community health efforts
  - Plan, exercise and improve upon the existing and future disaster plans
  - Participate in all disaster plans with key partnering agencies
  - Provide responsible fiscal policies
  - Develop effective Specific Operational Guidelines (SOGs)
6. Enforce laws and regulations that protect environmental health and ensure safety
  - Enforce and regulate state and local environmental laws for the protection of the public's health
  - Food safety
  - Health Nuisances
  - Rabies enforcement
  - Mobile home parks
  - RV/Campgrounds
  - Pools
  - Tattoo establishments

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
  - Immunization clinics
  - Referrals to appropriate agencies
  - Flu clinics
8. Assure competent public health and personal health care workforce
  - Maintain public workforce standards of professional licensure and credentials
  - Encourage and provide opportunities for professional development, training, and leadership
  - Participate in the coordination of the Medical Reserve Corps training opportunities
9. Evaluate effectiveness, accessibility and quality of personal and population based environmental health services
  - Submit the required Ohio Department of Health reports
  - Evaluate disaster planning in drills and exercises at the after-action meetings
  - Compile the annual report and submit to the advisory council
  - Participation in local, regional, and state health assessments
10. Research for new and innovative solutions
  - Participate in local, regional, state, national committee meetings and conference calls
  - Participate in neighboring jurisdictions tabletops and exercises as observers and participants
  - Continue to upgrade our technical equipment for more efficient communication Capabilities

## Appendix E

### SCHD SWOT Analysis

The Salem City Health District (SCHD) conducted a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis to determine internal strengths and weaknesses, and external opportunities, threats, and challenges for the department. The results from the survey will be used to assist in the development of the department's strategic plan.

#### Division Descriptions

SCHD has three divisions: Community Health Services, Environmental Health Services, and Bureau of Vital Statistics. Administrative Services staff were a fourth group. Administrative services manage accounting, budget, purchasing, travel, and personnel functions for the entire health department. Community Health is responsible for the detection, control, and prevention of communicable diseases, plans and implements healthy lifestyle programs and conducts immunization clinics. Environmental Health Services is made up of two bureaus: air quality; food services and facilities; and environmental response. The Bureau of Vital Statistics certify and issue birth and death certificates. The number of employees for each division at the time of the survey are as follows: Administration – 1, Community Health – 1, Environmental Health Services— 1, and Bureau of Vital Statistics – 1.

#### Methods

The SWOT surveys were created as a hardcopy. Each employee was given a survey. Four surveys were received.

| Strengths  |  |
|--|--|
| Key Themes   | Actual Statements  |
| SCHD Employees, Workforce<br>Programs, Infrastructure<br>Technology, service delivery<br>Response, Community Collaboration, Partners<br>Facilities<br>Customer Service | <ul style="list-style-type: none"><li>• Strong VFC program</li><li>• Community Partner Support</li><li>• Support from County Health Department</li><li>• Competency, the staff is very knowledgeable.</li><li>• Customer Service, interaction between customer and staff is amazing.</li><li>• Location, our location is centralized within the community we serve.</li><li>• Staff and board are extremely supportive of the department.</li><li>• Access to births statewide</li><li>• Good relationships with funeral homes and hospital</li><li>• Death Certificates are able to be filed electronically from any funeral home.</li><li>• We are able to process requests over the phone with a credit card.</li></ul> |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>• Ability to produce birth certificates immediately</li> <li>• Interest and commitment to cause</li> <li>• Knowing the stakeholders in the community</li> <li>• Building upon legacy policies</li> </ul>   |
| <b>Weaknesses</b>  |   |
| <b>Key Themes</b>  | <b>Actual Statements</b>  |
| Culture<br>Communication<br>Data Use and Sharing<br>Technology<br>Infrastructure, sustaining financially<br>Staff Satisfaction, Retention, Professional Development  | <ul style="list-style-type: none"> <li>• Unable to bill for administration of vaccines</li> <li>• Do not cater to adult population for immunizations</li> <li>• Professional Development Opportunities, due to all employees working part time there is a small window for professional development.</li> <li>• Communication with the community, website and other avenues of communication are not updated regularly.</li> <li>• Ability for community health to be self sustaining financially.</li> <li>• Death Certificates are not statewide, only able to be processed at the location of death</li> <li>• Inability to use HDIS sufficiently</li> <li>• Lack of training of software</li> <li>• Resources</li> <li>• Computer systems link to HDIS/need for improved technology</li> <li>• Not included with decision making process with City departments: ie splash pool, mobile vendors at super cruise</li> </ul> |
| <b>Opportunities</b>   |   |
| <b>Key Themes</b>  | <b>Actual Statements</b>  |
| National Accreditation<br>Data Sharing/Better Analysis<br>Technology<br>Using Social Media/Networking<br>Collaboration<br>Integrating Health Equity<br>Increase services<br>Increasing Revenues<br>Marketing | <ul style="list-style-type: none"> <li>• Car seat technician</li> <li>• Vaxcare immunizations</li> <li>• Vaccine administration fee</li> <li>• Decrease tobacco smoking</li> <li>• Decrease obesity</li> <li>• Work with County on substance abuse and mental health</li> </ul>   |



| Relationship Building<br>Education   | <ul style="list-style-type: none"> <li>• Large population needing TB testing in this area.</li> <li>• Marketing the department more to the community.</li> <li>• Office Opportunities - We need to take advantage of local activities to make people aware of our office and what we have available</li> <li>• Strengthen SCHD leadership in City as well as perspectives</li> <li>• Engage with city stakeholders</li> </ul>   |
|--|---|
| Threats  |   |
| Key Themes   | Actual Statements   |
| Non Competitive Pay Scale<br>Achieving Health Equity<br>Diminishing Need<br>Communication<br>Language Barriers<br>Budget | <ul style="list-style-type: none"> <li>• Lack of additional nursing help</li> <li>• Lack of hours</li> <li>• Accreditation and funding for accreditation sustainability.</li> <li>• Other health department acquiring this department due to inability to meet standards and funding.</li> <li>• Staffing turnover.</li> <li>• Biggest threat is the fact that people are not knowledgeable about our office, where it is located and what we have to offer.</li> <li>• Being absorbed back into Columbiana County</li> <li>• Visibility of SCHD within all sectors of community</li> <li>• Will SCHD fail to thrive</li> <li>• Individuals and civic leaders expecting immediate action and results</li> </ul> |

## APPENDIX F: Continuous Quality Improvement

| <b>Priority #1</b> Partner with Columbiana County partners to decrease obesity                      |   |                      |                      |
|---|---|----------------------|----------------------|
| Goal  | Objective   | Responsible Division | Lead Staff           |
| <b>GOAL 1:</b><br>Increase breastfeeding practices.   | 1.1.1 Survey employers about current breastfeeding policies by November, 2017.*<br>1.1.2 Provide education and sample policies by November, 2017.*<br>1.1.3 Assist in implementing breastfeeding policies in at least two businesses/organizations in the City of Salem by November, 2018.*<br>1.1.5 Assist in implementing breastfeeding policies in at least 10% of the businesses/organizations in the City of Salem by November 2019.*<br>*Indicates objective derived from the 2016 Columbiana County Community Health Improvement Plan  | Community Health     | Alanna Stainbrook RN |
| <b>Priority #2</b> Increase healthcare awareness and wellness for tobacco use and cancer prevention |   |                      |                      |
| Goal  | Objective   | Responsible Division | Lead Staff           |
| <b>GOAL 1:</b><br>Implement Tobacco 21 Policies   | 2.1.1 Research the Tobacco 21 Initiative. Raise awareness of Tobacco 21 by November, 2017.*<br>Research the feasibility of local jurisdictions adopting this policy by November, 2017.*<br>2.1.2 Begin efforts to adopt smoke-free policies in Salem City parks, fairgrounds, schools and other public locations by November 2017.*<br>2.1.3 Reach out to other communities who have implemented these policies to learn the best way to approach decision makers and to learn of potential barriers and challenges by November 2017.*<br>2.1.4 Present information to City Council on both the Tobacco 21 initiative and smoke free outdoor public locations by November 2018*<br>2.1.5 Continue efforts from Years 2017 and 2018 by November 2019.*<br>*Indicates objective derived from the 2016 Columbiana County Community Health Improvement Plan | Community Health     | Alan Masters SIT     |
| <b>GOAL 2:</b><br>Decrease Barriers to Treatment  | 2.2.1 Create an informational brochure/guide that highlights all organizations in City of Salem that provide tobacco cessation and cancer prevention services. Include information on transportation options and which organizations offer free services; offer a sliding fee scale, and which insurance plans are accepted by November 2017.*<br>2.2.2 Create a presentation on available tobacco cessation and cancer prevention  | Community Health     | Alanna Stainbrook RN |

|  |  |  |  |
|--|--|--|--|
|  | <p>services and present to City of Salem area churches, law enforcement, chamber of commerce, city council, service clubs, and businesses. Include information on benefits of screenings and early detection to increase community awareness by November 2017.*</p> <p>2.2.3 Enlist organizations to update the brochure/guide on an annual basis and increase dissemination of the information by November 2018.*</p> <p>2.2.4 Continue efforts of years 2017 and 2018 and expand outreach by November 2019.*</p> <p>2.2.5 Determine on an annual basis, who will update and print the guides for the next three years by November 2019.*</p> <p>*Indicates objective derived from the 2016 Columbiana County Community Health Improvement Plan</p> |  |  |
|--|--|--|--|

**Priority #3 Monitor health status to identify Salem City health problems**

| Goal  | Objective   | Responsible Division | Lead Staff   |
|---|---|----------------------|--------------|
| <b>GOAL 3:</b><br>Maintain Vital Statistics section to report leading causes of death | <p>3.1.1 Establish the leading cause of death in the City of Salem by September 2018.</p> <p>3.1.2 Decrease the leading cause of death by September 2019.</p> <p>3.1.3 Increase community awareness by September 2020</p> | Vital Statistics     | Terri Hunter |

**Priority #4 Diagnose and investigate health problems and health hazards in the community**

| Goal   | Objective  | Responsible Division | Lead Staff           |
|--|--|----------------------|----------------------|
| <b>GOAL 4:</b><br>Maintain protocols for disease source, investigation and contact tracing | <p>4.1.1 Establish the leading communicable disease in the City Salem by September 2018</p> <p>4.1.2 Decrease the leading Communicable Disease (Nursing Division) by November 2019</p> <p>4.1.3 Increase community awareness by September 2020</p> | Community Health.    | Alanna Stainbrook RN |

| <b>Priority #5 Enforce laws and regulations that protect environmental health and ensure food safety</b>                                      |   |                      |                   |
|---|---|----------------------|-------------------|
| Goal  | Objective   | Responsible Division | Lead Staff        |
| <b>GOAL: 5</b><br>Improve Food safety   | 5.1.1 Decrease failed food inspections by 50% by September 2018.<br>5.1.2 Decrease critical violations by 50% by September 2018<br>5.1.3 Educate REF/RSO 100% by September 2019<br>5.1.4 Decrease failed food inspections by 100% by 2020             | Environmental        | Alan Masters SIT  |
| <b>Priority #6 Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</b>         |   |                      |                   |
| Goal  | Objective   | Responsible Division | Lead Staff        |
| <b>GOAL 6:</b><br>Improve immunization clinics  | 6.1.1 Increase the number of HPV immunizations given by 80% consistently.<br>6.1.2 Decrease STD's in City of Salem by 50% by September 2019.(Nursing Division)<br>6.1.3 Increase Community Awareness of STD's and HPV immunizations by September 2020 | Community Health     | Marilyn Wilson RN |
| <b>Priority #7 Assure competent public health and personal health care workforce from Workforce Development Plan</b>                          |   |                      |                   |
| Goal  | Objective   | Responsible Division | Lead Staff        |
| <b>GOAL: 7</b><br>Competencies and education requirements   | 7.1.1 Maintain public workforce standards of professional licensure and Credentials 100% of the time.<br>7.1.2 Staff to maintain competency in prospective division 100% of the time as shown on annual evaluation.                                   | Administration       | Lynle Hayes       |
| <b>Priority #8 Encourage and provide opportunities for professional development, training, and leadership from Workforce Development Plan</b> |   |                      |                   |
| Goal  | Objective   | Responsible Division | Lead Staff        |
| <b>GOAL: 8</b><br>Health equity and training needs  | 8.1.1 Encourage and provide opportunities for professional development, training, and leadership 100% of the time   | Administration       | Lynle Hayes       |