

Tulsa Health Department Strategic Plan: 2016-2020

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Introduction to the Planning Process

AIM Statement:

An opportunity exists to create the enhanced 2016-2020 THD Strategic Map that will benefit the department and the community that it serves. This process will begin on August 28, 2015 and conclude by December 31, 2015, with an overall goal of creating consensus, communication and understanding of the steps used in the creation of the 2016 THD Strategic Map.

The AIM Statement was developed as a planning process tool, and did not include additional components that affected the implementation of the Strategic Plan such as organizational structure changes, alignment to the Foundational Public Health Services and the coinciding implementation of a Performance Management Process (PMP).

Membership

The Tulsa City-County Board of Health (BOH), THD's senior leadership (known henceforth as Division Chiefs or DCs), and key organizational team members participated in a Strategic Planning Retreat in September 2015. Participants included:

- Board of Health
 - o David Johnson, Chair
 - o Christine Bell, JD, Vice Chair
 - o Deborah Greubel, DNP, APRN, CNP
 - o Regina Lewis, DO
 - o Patrick Grogan, DVM
 - o James O. Goodwin, JD
 - o Kian Kamas, MS
 - o Larry Lander, DDS, JD
 - o Bill Schloss, MBA
 - o Geraldine Ellison, PhD, RN, Emeritus
- Tulsa Health Department Leadership Team
 - o Bruce Dart, PhD, Executive Director
 - o Reggie Ivey, MHR, Chief Operating Officer
 - o Tery DeShong, JD, Legal Counsel
 - o Kaitlin Snider, MPH, Marketing Director
 - o Scott Buffington, MHRM, PHR, Human Resources Director
- o Elizabeth Nutt, MPH, Environmental Public Health Division Chief
- o Pam Rask, MPH, Health Promotion and Community Engagement Division Chief
- o Priscilla Haynes, MS, RN, Community Health Services Division Chief
- o Kelly VanBuskirk, MPH, Health Data and Evaluation Division Chief
- o Jumao Wang, CPA, MS, Finance Department Division Chief
- Additional Retreat Participants
 - o Chanteau Orr, JD, MPH, Assistant Public Health Attorney
 - o Leslie Carroll, MPH, Resource Development Coordinator
 - o Jessica Cowles, Organizational Development Coordinator

- Karla Benford, Executive Assistant to the Director's Office
- Facilitators
 - Jill Almond, Quality Improvement and Customer Service Manager
 - Joani Dotson, MPH, Policy and Health Analytics Manager

Strategic Planning Process Steps

THD leadership learned from a previous strategic planning process and implementation, as well as from an employee engagement survey that was conducted in 2015, that THD team members did not feel as though they were part of the overall success of the agency's goals, and decisions were made largely by senior leadership (DCs) and program managers without the input of the overall department.

To ensure employee engagement throughout the strategic planning development process and implementation, a framework for managing complex change was followed. The following values were placed in each decision and process step in the development of the strategic plan:

Vision | Consensus | Skills | Incentives | Resources | Action Plan

Facilitators, THD team members Jill Almond and Joani Dotson, managed the strategic planning process beginning in August 2015 and ending April 2016, utilizing an AIM Statement to focus discussions. Steps in the process included:

- Awareness level training of Foundational Public Health Services with the BOH and DCs
- Homework and discussions one-on-one with DCs on Strengths and Challenges in the near and long term future
- Public Health Foundation Quality Improvement tools utilized in group sessions with DCs
 - Control & Influence to prioritize goals
 - Affinity Diagram to develop the Central Goals (overarching and more immediate goals) and Strategic Map
- Feedback meetings with division chiefs, program managers and supervisors
- Vision meetings with all staff in division or program staff meetings

All Vision meetings placed a strong focus on the connection to THD's newly developed Performance Management Process (PMP) and Emergenetics, a framework for consideration of thinking and behavioral preferences and attributes THD utilizes to ensure a holistic approach to collaborative projects and programming efforts.

The Strategic Plan

THD's Strategic Plan is a five-year plan that focuses on five Central Goals in the first two years of the strategic planning cycle and that have an impact on all team members, programs and divisions. The last three years of the plan will focus on nine Specialized Goals that depend on the foundational elements of the Central Goals to be completed (or developed into on-going implementation).

Mission & vision principles and core values

The strategic map emphasizes how THD's Mission & Vision Principles and Core Values are the backbone for the agency's success. THD's Mission & Vision Principles are:

- Health Equity
- Community Empowerment & Respect
- Healthy People
- Healthy Environment

THD carries out the mission by upholding four Core Values:

- Accountability
- Collaboration
- Effectiveness
- Empowerment

Often referred to as ACE²

Strategic Priorities, Goals and Objectives

Through the strategic planning process, THD leadership identified five Central Goals that modify the nine Specialized Goals. The Central Goals are integrated goals, complementary of one another and completed by all programs and divisions. They also support the Specialized Goals, acting as foundational components required before development of the Specialized Goals. The Specialized Goals are more specific to certain divisions or groups of programs, but may have overall impact on agency growth and sustainability. The Central Goals are expected to be completed in the first one to two years of the strategic planning cycle; the Specialized Goals, in the three to five years of the cycle. These strategic priorities are illustrated through the Strategic Map, which denotes the pathways for Specialized Goals from the Central Goals (Figure 1).

Central Goals: 2016-2017

Agency Sustainability:

Definition: A plan by which THD would implement methodologies to ensure endurance of operations.

Context: Employee engagement, Performance Management Process (PMP), succession planning, capital improvements, evolving technology

- Approximately 25 percent of THD staff will be eligible to retire in the next five years.

- By 2020, almost half of our workforce will be Millennials. Turnover, retention and recruitment will be included in an Agency Sustainability Plan.
- THD has maintenance and structural needs that will require high cost capital improvement.
- Technologies continue to evolve and adoption of new technologies need to be considered with discernment and cost-benefit analysis.

<i>Central Goal: Agency Sustainability</i>					
Objective	Specific	Measurable	Attainable	Resources	Time
Succession Plan	Develop and implement a succession plan	Prepare for the potential 25% retirees in the workforce	Knowledge available from management, those approaching retirement, and HR	<ul style="list-style-type: none"> - PMPs - Existing succession planning activities - Mentoring/ coaching in place 	Plan development – 6 months; implementation within 1 year (March 2017)
Recruitment & Retention Plan	Prepare for influx of Millennial workforce	Assess millennial workforce trends	<ul style="list-style-type: none"> - Agency leadership education / awareness of millennial workforce characteristics needed - Ability to develop policy and procedure to encourage stability of millennial workforce 	<ul style="list-style-type: none"> - Employee engagement survey results (career development #1 priority) - Existing millennial workforce - Workforce retention best practices 	Plan development – 6 months; implementation within 1 year (March 2017)
Capital Improvement Plan	Monetarily prioritize infrastructure improvement	Rank, budget and schedule capital improvement needs	Ability to choose most cost efficient method without comprising quality	<ul style="list-style-type: none"> - Tulsa County bid process - Existing partnership from previous projects - In-house purchasing expertise 	<ul style="list-style-type: none"> - Proposal of rank, budget and schedule by July 2017 - Completion of Capital Improvement Plan by January 2017 (in preparation for FY 18 budget development)
Evolving Technologies	Ensure all programs are up to date with efficient,	<ul style="list-style-type: none"> - Assess inventory of current hardware and software versus needs - Assess information management systems 	In-house ITS manages current inventory of software and hardware	<ul style="list-style-type: none"> - In-house ITS and Purchasing expertise - Leadership buy-in for technology centralization 	- Completion of assessment by January 2017

	electronic tools				- Schedule of upgrades ready for FY 18 budget development
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Modifies: WE Teams, Compensation System, Potential Broadening Reach of Authority, Conduct Hazard Risk Assessment

Program Efficiency:

Definition: The incorporation of Service Excellence as the foundation for ensuring organizational structure and efficiency. Measurement of efficiency can determine how THD needs to invest or divest in programming.

Context: THD Way, incorporating Quality Improvement (QI) processes, return on investment strategies, evaluation of new/replacing staff positions

- THD’s Culture is defined as the “THD Way.” Service excellence is of utmost importance as public health and THD evolve.
- All THD sites can be assessed for capacity to serve clients.
- Public Health Accreditation and the FPHS align where THD needs to ensure investment is sustained. All programs, projects or work needs to be assessed to ensure a positive ROI, especially those that are ‘above the line’ in the “Additional Important Services.”
- THD continues to build upon its Quality Improvement capabilities and will be able to utilize these tools to assure efficiency.

<i>Central Goal: Program Efficiency</i>					
Objective	Specific	Measurable	Attainable	Resources	Time
The THD Way	Develop a THD culture focused on treating all customers with respect and dignity	Develop and implement a service excellence plan	All THD programs serve internal and/or external clients and can improve customer service	<ul style="list-style-type: none"> - Manger of QI and Customer Service - PMP support to require Service Excellence training and accountability 	Implementation is ready immediately; first PMP measurements January 2017
Customer Friendly THD Sites	Ensure all THD Sites are efficiently and effectively supporting communities	Conduct environmental audits of all THD Sites	<ul style="list-style-type: none"> - Inventory is managed at all sites of all THD property - QI team trained in clinic and process flow 	<ul style="list-style-type: none"> - Ability to survey clients - Access to sites - M&O team expertise of facilities’ capacities and capabilities 	Top five prioritized program evaluations complete by December 2017

				- QI and Health Data and Evaluation (HDE) teams	
Ensure an ROI of All Programs	Ensure all programs maintain a positive ROI, particularly the services 'above the line' of FPHS	Assess the Return on Investment of all programs, including the Foundational Areas, Foundational Capabilities, and Additional Important Services	Each program (and even some activities) can be assessed for ROI, whether by profit margin, reach/impact on community health, or prevention of negative health outcomes	- FPHS and tools - Finance Department skills - Shrinking budgets require prioritization - of higher ROI programming - Service Excellence program evaluations	- Initial FPHS assessment occurring in 2016. - Annual management of ROI reporting implemented by December 2017
Quality Improvement	Update and enhance the Quality Improvement Plan	Move from a level 3 QI to a level 4 QI.	QI projects across department have improved efficiency and removed barriers, redundancies, and waste	- Manager of QI and Customer Service - Trained QI team - Networking with national organizations on QI	Complete QI plan update by December 2016

Modifies: WE Teams, Community Health Worker Model, Compensation System

Prevention Strategy:

Definition: THD will develop and implement a plan to ensure primary prevention receives priority attention and resources.

Context: New position at NRHC, capacity at NRHC, strategies closely tied to Marketing

- THD has made a new investment in a Community Engagement and Prevention Coordinator focusing on North Tulsa.
- THD needs to assess current internal prevention efforts to find how we are investing in primary, secondary and tertiary prevention (primary prevention should be highest priority).

<i>Central Goal: Prevention Strategy</i>					
Objective	Specific	Measurable	Attainable	Resources	Time
Community Engagement	Expand reach of the NRHC	Develop and implement a strategic plan for	THD has received focus group information about	- Focus Group data	Plan development – 6 months; implementation

	site amenities through Community Engagement	community engagement in North Tulsa	perceptions of the North THD site	- Community Engagement and Prevention Coordinator - HDE & QI to measure effectiveness / efficiency of the interventions at NRHC	within 1 year (March 2017)
Primary Prevention Prioritization	Ensure all THD primary prevention programs receive priority funding	Assess all THD programs, interventions and activities by prevention level (primary, secondary, and tertiary)	THD documents program activities in T&E, prepares grant reports and prioritizes funding each budget year	- Documentation of all activities - Finance Department expertise	Incorporate into budget develop process for FY 18

Modifies: Community Health Worker Model, Prevention Plan in North Tulsa, Expand Marketing

Communication Plan:

Definition: THD will develop a comprehensive communication plan for addressing all messaging policy, procedure and evaluation that is supported by and held accountable to THD policy and leadership.

Context: Comprehensive plan for THD, event planning for THD programs through Creative Services & Marketing

- THD practices a comprehensive strategy to communications, but needs to establish a reference document that holds all THD team members accountable to the methods by which messaging is developed and implemented.
- Several THD programs regularly utilize messaging through Creative Services & Marketing, and as the Strategic Goals are developed and implemented, and THD evolves into the changing Public Health paradigm, difficult or adaptive information will require communication expertise to ensure messages are received and interpreted correctly. This is especially important in consideration of the audience, whether peer, technical partners, the public or on the national stage.
- Currently, THD programs do event planning in silos, which creates confusion, overlap and unnecessary cost. Streamlining event planning through Creative Services & Marketing is needed.

<i>Central Goal: Communication Plan</i>					
Objective	Specific	Measurable	Attainable	Resources	Time
Communication Plan	Develop comprehensive communication plan	Ensure communication plan is accessible to all THD employees and includes reference materials	<ul style="list-style-type: none"> - Process owner buy-in - Many THD programs already practice plan elements - Many elements already developed but need to be collapsed into one comprehensive plan 	<ul style="list-style-type: none"> - Creative Services & Marketing team - THD Intranet - QI for process development 	Plan development – 6 months
Comprehensive Utilization of Creative Services & Marketing	Ensure all THD team members are accountable to communication processes	Marketing project management tools can assess time and process follow-through	Marketing manages communications for the Health Department and can improve communication efficiencies and reduce waste	<ul style="list-style-type: none"> - Creative Services & Marketing team - QI for process development - Project management software - Leadership buy-in and accountability - Policy and Procedures handbook 	Implementation within 1 year (March 2017)

Modifies: Expand Marketing, Health Analytics, Expansion of Land Use Planning

Policy Strategy @ Equity / Disparity:

Definition: Tulsa County faces a broad spectrum health equity issues and disparities that impact overall health and quality of life. Policy development and implementation methods need to be integrated into primary prevention strategies of THD programs.

Context: Life expectancy project and its next steps, projects/interventions that could address poverty and socioeconomic factors/barriers, and integrating a Health in All Policies approach

- With the ACA and accessibility of healthcare, the Life Expectancy project has shown that other factors coexist and prevent communities from engaging in preventive behaviors. THD will need to engage with community partners to leverage the most effective methods of prevention where communities are at greatest risk.
- Accessibility of data and analytics will highlight risk and protective factors in communities where policy can be implemented to create positive health impact.
- Data of value includes, but is not limited to: social determinants of health, health outcomes, quality of life indicators, and social and environmental justice. These data can be assessed not only on the individual behavior level, but also from system and environmental perspectives.
- THD has programs in different divisions with different goals working on Health in All Policies incorporation in communities, businesses, schools, and other entities, but needs to manage these efforts in an integrated, collaborative way.

<i>Central Goal: Policy Strategy for Equity / Disparity</i>					
Objective	Specific	Measurable	Attainable	Resources	Time
Improve Life Expectancies	Continue to decrease the gap between North Tulsa and South Tulsa ZIP codes	Model the correlation between the effects of interventions and life expectancies in Tulsa County	- Community partners and health data expertise buy-in - Data sharing	- HDE expertise - MyHealth Access Network and the data analytics sandboxes - Community partnerships	Model development – 1 year (March 2017); implementation on-going thereafter
Utilize Data to Prioritize Interventions	Ensure interventions are prioritized both in type and target population based on greatest need and potential impact	Measure risk and protective factors of sub-populations and communities to target and measure success of interventions	- Community partners and health data expertise buy-in - Data sharing	- HDE expertise - MyHealth Access Network and the data analytics sandboxes - Community partnerships	Ready to immediately implement
Utilize Policy, Systems and Environmental	Ensure the Tulsa County Community	PSE interventions will be measured individually and in association with	The CHIP will be developed and published	- Accreditation team expertise	- CHIP by October 2016 - Annual measurements starting October 2017

(PSE) Interventions for Health Improvement	Health Improvement Plan (CHIP) incorporates PSE interventions	health outcomes or protective factors	in October 2016 and measured annually	<ul style="list-style-type: none"> - Mobilizing Action through Planning and Partnerships (MAPP) Assessments - Best practices - Community partnerships 	
Health in All Policies	Ensure THD has an established definition and platform for addressing health inequity in Tulsa County	<ul style="list-style-type: none"> - Develop framework for how THD addresses Health Equity - Implement framework to ensure policy is assessed through a public health lens 	THD programs address community interventions in areas of disparity and can collaborate with community partners to ensure funding for health equity improvement is prioritized	<ul style="list-style-type: none"> - In-house programming expertise (MKT, HDE, HLP, policy-focused programs) - Leadership buy-in from partnerships 	<ul style="list-style-type: none"> - Completion of framework in 1 year (March 2017) - Implementation of Health in All Policies practice begin March 2017

Modifies: Conduct Hazard Risk Assessment, Expansion of Land Use Planning

Specialized Goals: 2018 – 2020

Potential Broadening Reach of Authority:

Definition: THD will determine, plan and implement strategies to increase organizational autonomy and broad policy adoption in Tulsa County.

Context: THD has limited reach of authority in fiscal management, Information Management Systems, and other technologies that are handled by Tulsa County; Municipalities can opt into regulations and policy supporting public health, but have no county-wide requirements.

<i>Specialized Goal: Potential Broadening Reach of Authority</i>					
Objective	Specific	Measurable	Attainable	Resources	Time

Fiscal Management	Determine need to implement autonomous fiscal management	Assess the capabilities and capacity to house all fiscal management responsibilities in house	<ul style="list-style-type: none"> - Process owner buy-in - Reduce redundancies with the County fiscal processes 	<ul style="list-style-type: none"> - Finance Department expertise - QI for process development 	TBD – Based on the establishment of the Central Goals
Information Management Systems	Determine electronic reporting requirements to state health department	Assess ability to manage in-house electronic health record system while still meeting state reporting requirements	<ul style="list-style-type: none"> - Buy-in to remove waste created by paper-centered systems - Partner organization creating EHR through MyHealth 	<ul style="list-style-type: none"> - ITS and HDE in-house expertise - MyHealth and Oklahoma City-County Health Department (OCCHD) partnerships 	
Human Resource Technology Permissions	Assert need to expand HR permissions in MUNIS to Tulsa County	Measure cost-effectiveness of a Learning Management System and other capabilities in MUNIS through removal of permission restrictions	<ul style="list-style-type: none"> - Process owner buy-in - QI focused agency 	<ul style="list-style-type: none"> - HR and ITS in-house expertise - Access to MUNIS - QI and HDE program evaluation tools 	
Municipal Support of Public Health Policy	Assert need to incorporate health into municipal law	Measure impact of policy adoption and implementation on health improvement or prevention benefit	Makes the case for THD policy programs, policy surveillance and health impact assessments to encourage continued growth in Health in All Policies (HiAP)	<ul style="list-style-type: none"> - THD Policy programs' expertise - HDE data analysis - Environmental Public Health Division (EPHD) experience and in-house expertise - Existing partnerships with municipalities 	

WE Teams & WE Approach:

Definition: Utilizing the Emergenetics model of the “Meeting of the Minds,” THD will implement a process where projects, programs and teams consist and consider all thinking and behavior preferences.

Context: WE Teams are groups that have all thinking preferences, conceptual, analytical, structural and social, and all behavioral attribute, levels of expressiveness, assertiveness and flexibility, are included in the group’s aggregate profile. A WE Approach is a process where projects, programs or initiatives are developed with consideration to all the thinking and behavior preferences to ensure audiences of varying thinking preferences are included in the messaging.

<i>Specialized Goal: WE Teams and WE Approach</i>					
Objective	Specific	Measurable	Attainable	Resources	Time
WE Teams & WE Approach	Institutionalize process of developing WE Teams and following a WE Approach to project management	<ul style="list-style-type: none"> - Assess the capacity to manage the process within the QI and Customer Service program - Assess need to expand Emergenetics management 	<ul style="list-style-type: none"> - Process owner buy-in - Ensure programs operate with all thinking preferences and behavior attributes 	<ul style="list-style-type: none"> - Customer Service expertise - QI for process development - Emergenetics 	TBD – Based on the establishment of the Central Goals

Compensation System

Definition: THD will complete a compensation system analysis and develop a strategy to address disparities.

Context: THD does not have a merit based salary system, but has instituted the Professional Development Incentive Program as a method for team members to earn pay increases and engage in professional development through trainings, conferences, webinars and volunteer work. However the program does not address equity gaps in compensation.

<i>Specialized Goal: Compensation System</i>					
Objective	Specific	Measurable	Attainable	Resources	Time
Compensation Analysis	Develop a strategy to ensure THD provides fair	<ul style="list-style-type: none"> - Assess productivity of PDIP through increased 	<ul style="list-style-type: none"> - Process owner buy-in - Ensures team members have equal 	<ul style="list-style-type: none"> - Finance Department expertise - QI for process development 	TBD – Based on the establishment of the Central Goals

	compensation for positions and expected skills and abilities	development and increased wages - Evaluate comparability of wages with fair market values	opportunity for career development		
Compensation Equity	Develop a strategy to ensure THD provides fair compensation regardless of gender, race, age and in light of education, responsibilities and experience	Assess equity across all pay grades and position responsibilities	- Process owner buy-in - Ensures THD is an equitable employer	- ITS, HDE, Finance Department and HR in-house expertise - Best practices	

Community Health Work Model

Definition: THD will adopt a best practice Community Health Worker Model to address needs of the community.

Context: THD has managed an outreach program and has been developing a community engagement strategy in areas of greatest health disparity across the county. A Community Health Worker Model will expand the ability to reach communities where they are needed and in a fiscally responsible way.

<i>Specialized Goal: Community Health Worker Model</i>					
Objective	Specific	Measurable	Attainable	Resources	Time
Community Health Worker Model	Develop and implement strategy to employ Community Health	Assess all high risk communities and ensure ability to access at least one CHW	- Ensure appropriate education / experience and connections to community align with CHW	- Community Engagement and Prevention Coordinator - HDE data analysis - Best practices - Leadership buy-in	TBD – Based on the establishment of the Central Goals

	Workers (CHWs)		- High risk communities or sub-populations need access to CHW	- Langston University has developed model	
Outreach Strategy	Align the strategies of the CHW Model and the Community Engagement to redefine the Outreach strategy	- Assess the capabilities of Outreach Team - Assess funding requirements of Outreach from state health department contract	- Ensure appropriate education / experience and connections to community align with Outreach Team - Reorganize programs to align with responsibilities and span of control, as needed	- Existing Outreach team - Funding requirements - Leadership buy-in	

Prevention Plan in North Tulsa

Definition: North Tulsa will be first priority in the community health improvement planning efforts THD develops and coordinates in Tulsa County.

Context: The northern parts of the City of Tulsa and in the unincorporated community of Turley, the communities face the most disparity and severe health outcomes, social and environmental justice issues. THD has a location and partnerships in North Tulsa that will be utilized and strengthened to address health improvement.

<i>Specialized Goal: Prevention Plan in North Tulsa</i>					
Objective	Specific	Measurable	Attainable	Resources	Time
Community Health Improvement Plan in North Tulsa	Develop a CHIP specific to the needs of the North Tulsa community	Metrics in alignment with the Tulsa County CHIP annual measurements	- Community partners and THD invested in addressing the health needs of North Tulsa community - Pathways to Health works to find resources for addressing CHIP needs	- Focus Group information from the North Tulsa Focus Groups for the MAPP assessments - Pathways to Health - Community Partners - Community Engagement and	TBD – Based on the establishment of the Central Goals and in conjunction with the CHIP

				Prevention Coordinator	
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Expand Marketing

Definition: THD will incrementally increase funding for the Creative Services and Marketing division.

Context: THD is fortunate to have a fully operational marketing department that has provided valuable insight and support in market research, graphic design, communications, community engagement and event planning. The resources needed far outreach the resources available; therefore, intentional investment is vital to the continuity as well as to strengthen the capacity of the department.

<i>Specialized Goal: Expand Marketing</i>					
Objective	Specific	Measurable	Attainable	Resources	Time
Expand Marketing Budget	Ensure overall increase in Marketing's operational budget	Assess market diffusion of THD brand and measure impact of increased budget appropriations	THD's Marketing division acts as a micro-PR firm and needs to ensure all THD communication and marketing needs are met	<ul style="list-style-type: none"> - Finance Department and Marketing in-house expertise - Decreased investments in non-priority programming - Leadership buy-in 	TBD – Based on the establishment of the Central Goals
Expand Marketing Capabilities	Address gaps in Marketing capabilities	Assess gaps of Marketing's capabilities and develop plan to address with increased staff, training or program development	THD's Marketing division acts as a micro-PR firm and needs to ensure all THD communication and marketing needs are met	<ul style="list-style-type: none"> - Marketing in-house expertise - Decreased investments in non-priority programming - Leadership buy-in 	
Expand Pathways to Health	Ensure support is developed in Pathways to Health as the non-profit grows	Develop a business plan to prepare for growth of the Pathways to Health organization	Pathways to Health has been successful in recent years and continues to operate at maximum capacity through THD team members, in addition to regular job duties	<ul style="list-style-type: none"> - Pathways to Health Board - CHIP - Community Partners 	

Health Analytics

Definition: In partnership with MyHealth Access Network, THD will use health analytics and data visualization techniques to inform health intervention focus areas and subpopulations.

Context: THD has a strong relationship to the MyHealth Access Network and connectivity to the aggregate data contained within its health information exchange. Through the development of data sandboxes, THD will be able to inform community partners as well as internal programs of populations and groups that will most benefit from health interventions and initiatives.

<i>Specialized Goal: Health Analytics</i>					
Objective	Specific	Measurable	Attainable	Resources	Time
Publicly Accessible Health Data	Create a publicly accessible web-based interface for health data visualization for Tulsa County	Incorporate all of the MyHealth data sandboxes, Community Health Needs Assessment and Tulsa County Health Profile data into a single platform	<ul style="list-style-type: none"> - THD can assist MyHealth in the data cleaning and social / behavioral data collection standardization - Maintaining a central source for data visualization for the community is widely needed 	<ul style="list-style-type: none"> - HDE in-house expertise - Arc-GIS and Tableau software and trained team members - Leadership buy-in 	TBD – Based on the establishment of the Central Goals

Expansion of Land Use Planning

Definition: Through partnerships with the municipalities of Tulsa County, THD will inform and recommend land uses and facilities that promote healthy, active lifestyles.

Context: THD has worked with the Metropolitan Planning Organization in Tulsa to assist in the review of development applications to ensure health impact is assessed through every development or plan design. THD will work with cities across Tulsa County to implement this capability in each community to ensure healthy places are developed.

Specialized Goal: Expansion of Land Use Planning

Objective	Specific	Measurable	Attainable	Resources	Time
Institutionalize Inclusion of Health into Municipal Process	Develop relationships and establish processes with local cities in their policy development to have the inclusion of health impact analysis	<ul style="list-style-type: none"> - Assess readiness of cities to employ a health impact analysis into policy development - Standardize the metrics of the health impact analyses 	THD has established a process to review planning applications in the City of Tulsa and is adapting the process through the Plan4Health grant	<ul style="list-style-type: none"> - THD Policy program in-house expertise - Existing relationships with municipalities - Tobacco Settlement Endowment Trust (TSET) policy initiatives 	TBD – Based on the establishment of the Central Goals
Review Proposed Land Use and Development for Health Impact	Strengthen relationship with municipalities to institutionalize review of all planning, development, and land use proposals	Analyze data from Plan4Health grant successes to develop prioritization schedule for planning, development and land use health impact	THD has established a process to review planning applications in the City of Tulsa and is adapting the process through the Plan4Health grant	<ul style="list-style-type: none"> - THD Policy program in-house expertise - Existing relationships with municipalities - TSET policy initiatives 	

Conduct Hazard Risk Assessment

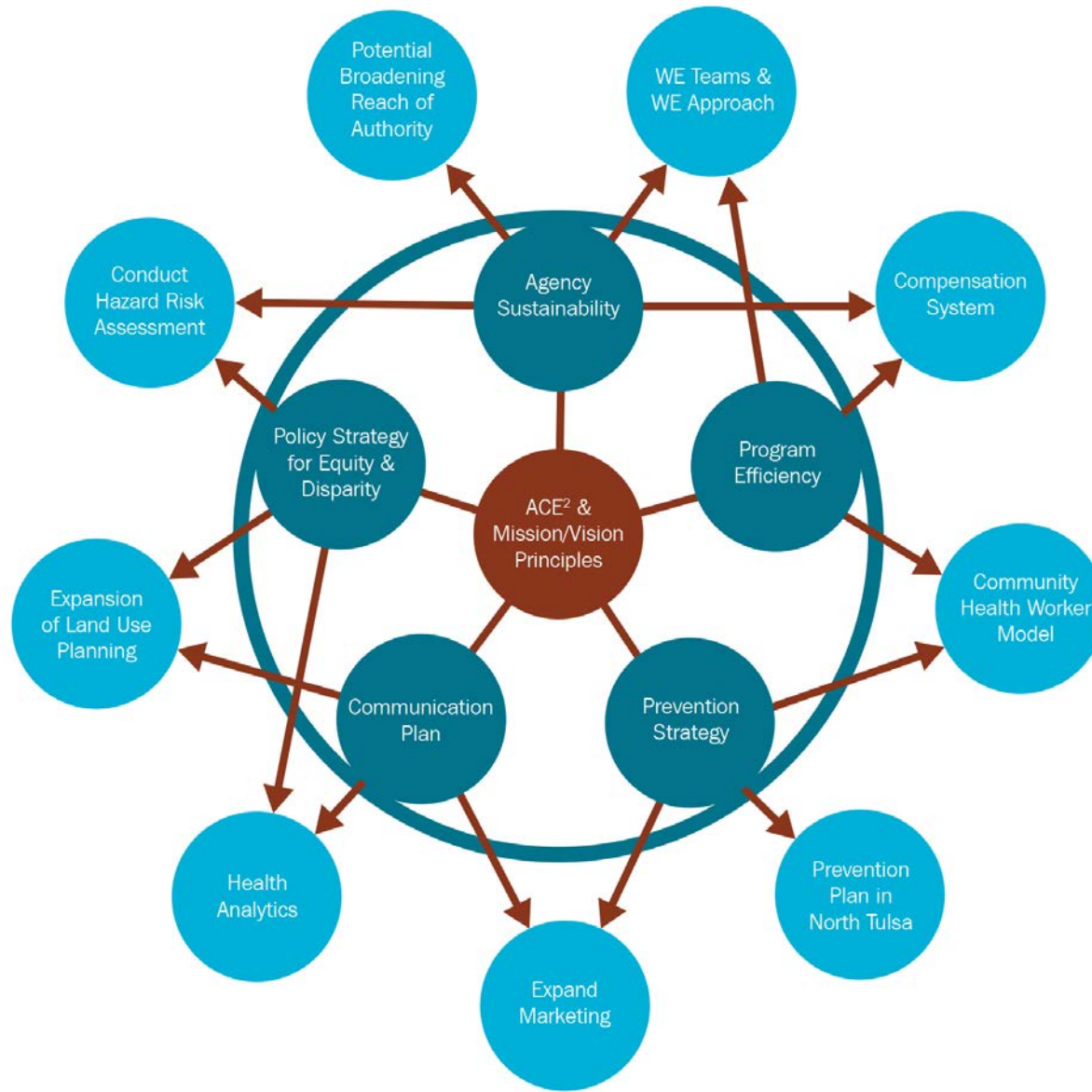
Definition: Going beyond the scope of emergency preparedness, THD will work with community partners to conduct a county-wide hazard risk assessment to ensure preparedness and mitigation efforts are appropriately planned.

Context: THD has a strong emergency preparedness and response program that maintains close and strong relationships with emergency management, first responder, and healthcare agencies in Tulsa County and the region. This provides an opportunity to ensure all players are engaged and reach consensus on risks the community needs to address.

Specialized Goal: Conduct Hazard Risk Assessment

Objective	Specific	Measurable	Attainable	Resources	Time
Conduct Hazard Risk Assessment	Complete a Hazard Risk Assessment of Tulsa County with broad range of community partners	Ensure that all Public Health Emergency Preparedness grant deliverables are analyzed in the assessment	THD has strong relationships with emergency response and mitigation partners, and all will benefit from a comprehensive assessment	<ul style="list-style-type: none">- EPRP, in-house expertise- Community Partners- Best practices	TBD – Based on the establishment of the Central Goals

Figure 1. Tulsa Health Department Strategic Map: 2016-2020



Efficiency and effectiveness key support functions

- THD's Strategic Plan also considers capacity for and enhancement of information management, workforce development, communication (including branding), and financial sustainability, by including the following considerations:
 - o Continuous Quality improvement (CQI) and program evaluation are key players in improving health department functions
 - o PMPs are available as a measurement and accountability tool
 - o Communications of the strategic map/plan across the department and
 - o The Foundational Public Health Services as an integral part of the Strategic Plan, particularly as it relates to the Program Efficiency Central Goal and associated Specialized Goals.

External trends

During the development of the 2016 Community Health Improvement Plan, THD engaged in the MAPP assessments, including the incorporation of a National Association of County and City Health Officials (NACCHO) Forces of Change analysis. The following trends and other factors that may impact the health of Tulsa's include:

- o Funding, particularly in relation to the state of Oklahoma's fiscal year 2016 budget deficit, which at one time was over \$1.3 billion (April 2016). Funding from federal grants is also facing opposition and cuts, and several THD programs must consider needs over wants. The Program Efficiency Central Goal and its associated Specialized Goals illustrate opportunities to reduce waste and work on improving processes. It is understood and supported by leadership that this may mean layoffs, hiring freezes, or absorption of positions as they are vacated.
- o Workforce recruitment and retention, with a strong focus on the millennial generation.
- o Economic development across Tulsa County, especially in diversified fields and not heavily affiliated with energy organizations.
- o Changes in service delivery, particularly as THD expands its ability to bill private insurance for services.
- o Continuing to strengthen collaboration with healthcare and academia.

Strengths and challenges

During the planning process, each DC had a private meeting with the facilitators to discuss strengths and challenges their division and the overall department would be facing in the short (next one or two years) and long term (three years or more). DCs brought completed homework that contained information about these strengths and challenges, as well as the organizational chart of their division, budgets, and ideas for ways the BOH could support their success. Through this process, many overlapping goals were identified across divisions that addressed challenges and exploited strengths. This process set into motion the development of the Central Goals.

Strengths & Opportunities:

Workforce development; regarding marketing and communications, use of plain language and focus on prevention and mass media; succession planning can create surplus to fund capital investments; the THD Way; ability to bill insurance for services; on-boarding new team members with focus on culture and core values; learning management system, a THD University; WE Team and WE Approach to recruitment; implementation of Service Excellence; Quality Improvement culture; ability to change (increase) fees as source of revenue; access to health information exchange; new position to focus on community engagement and prevention in North Tulsa; Resource Development has allowed agency to collaborate more on grant opportunities.

Challenges & Weaknesses:

Retention and market competition; chronic disease prevention and analytics; partnerships with academia; team members are not held accountable to a set of communications procedures and marketing tools; team members not aware of budget and funding processes; potential cuts in funding at federal and state level; large capital costs on horizon; old technologies; reach of authority limited at state level (tied to program funding and state laws) and local level (county: fiscal and technology management; city: adoption of housing and food codes); succession planning for those approaching retirement; cross-training team members that are categorically funded; connecting clients to resources in the community; shift in resources from clinical services to community services and support functions (capabilities) within department.

Linkages to health and quality improvement plans

During the last Strategic Planning cycle, THD implemented an Accreditation team to manage the development of certain plans and assessments required under the Standards and Measures of the Public Health Accreditation Board (PHAB). This team of cross-disciplinary public health officials ensures that plans are developed to be complimentary, and to prevent potential contradictory activities or priorities across multiple plans.

- THD's Accreditation team manages the development of several agency-wide or community-wide plans:
 - o The MAPP Assessments (Community Health Needs Assessment, Local Public Health System Assessment, Focus Groups and Forces of Change)
 - o The Community Health Improvement Plan (CHIP)
 - o Accreditation documentation according to PHAB Standards and Measures

The Accreditation team encompasses membership from several disciplines within THD, including:

- o Creative Services and Marketing
- o Organizational Development
- o Quality Improvement and Customer Service
- o Policy and Health Analytics

- Health Data and Evaluation
- Resource Development
- Pathways to Health
- Legal and Public Relations (*as needed*)

This team serves as the lead on project management for Accreditation activities, including the development of the draft documentation of this Strategic Plan. By ensuring that Accreditation documentation activities are linked through this team, all agency plans, including the CHIP, Quality Improvement Plan and Strategic Plan are not only in alignment, but are complimentary of each plan's objectives.

Implementation

To ensure accountability to the Strategic Plan, THD leadership will report progress to the BOH semi-annually in a regularly scheduled meeting.

Tools for implementation

To complete the tasks of each goal and be successful, DCs will consider best fit approaches and strategies for individual goals of the course of the five year strategy. The following strategies may be appropriate tools to utilize, though the possible options are not limited to this list.

QI Tools

The Public Health Foundation's (PHF) Public Health Quality Improvement Encyclopedia contains many QI tools that have proven effective for managing process and procedures change and development. Here are some examples of tools that might effectively apply to strategic goals

Betterment Timeline Principle

This concept challenges improvement teams to accept the idea that change is constant and a continual refinement process into solutions must be in pace to anticipate future needs. This tool is useful to include in projects concerning technologies, economic changes, and political needs. A Gantt chart sets the stage, and a table of four columns is attached. Column headings are Betterments, Responsible, Action, and Timing. A team leader manages the team members responsible for each betterment, which should each have a project plan for implementation.

Impact Effort Plot

This tool helps to choose among potential solution to implement based on the level of impact (high or low) a solution will have with the amount of effort (high or low) its implementation requires. This is useful when multiple solutions need to be prioritized and to identify which solutions have the highest customer impact with the least amount of effort.

Cause & Effect Diagram and Solution & Effect Diagram

These two QI tools together can help teams explore a priority rote cause and consider alternative and created ways to solve a problem.

Tree Diagram

A tool that breaks down broad improvement objectives into specific tasks and metrics. Useful when a large goal needs to be separated into smaller achievable tasks. It can also be used after an Affinity Diagram to determine a root cause of a problem.

Gantt Chart

Activities are listed on a timeline, with start and stop dates indicated for each activity. This tool is used to plan projects, monitor progress, communicate a project timeline, and assess interdependencies among tasks.

Assignment Techniques

Project Manager (individual or small group)

- A single individual or small team can be established to manage the project. This can follow an Incident Command System structure, or a small group of two to nine, with no more than seven (ideally five) people under the command of any one individual. Even in teams, a single individual is recommended to ensure leadership and accountability of the overall team.

Outside facilitation

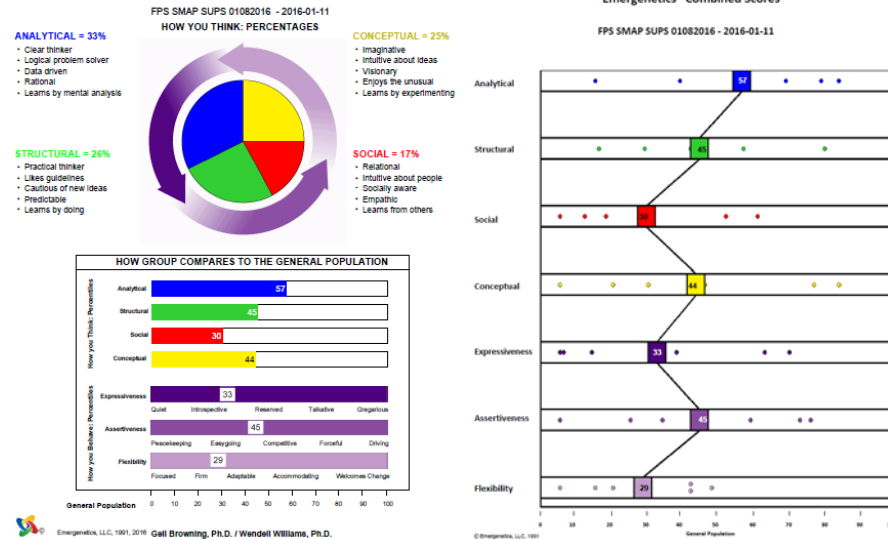
- Through a quality improvement or program evaluation process, it may be beneficial in some instances to utilize an outside facilitator to alleviate any concerns about subjectivity or blaming in a process or program improvement. Facilitators act as neutral parties with an established set of responsibilities, however, the results or steps of improvement must be completed and accountable to the team requesting facilitation. In other words, implementation is a result of the work of the team, not the facilitator.

WE Team and WE Approach

Whether directly assigning an individual, team or program a set of activities of a single Strategic Plan objective, a WE Team or WE Approach can be utilized. The first example below illustrates a WE Team. WE Team graphs can be prepared to ensure an understanding of the attributes that the team represents is considered, and any “gaps” (attributes of less than 23% preference for a thinking preference or lack of diversity of behavioral attributes) can be addressed intentionally.

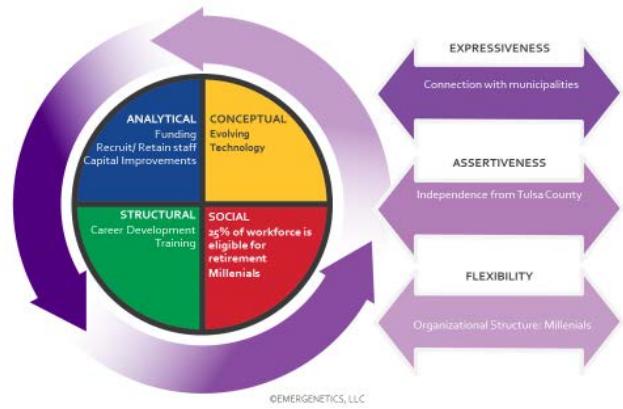
Additional QI Tools, such as Betterment Timeline Principle and others can guide leadership to assign strategic planning work appropriately across multiple divisions, grade levels or disciplines.

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- The second examples illustrates a WE Approach, an exercise in which goals or activities can be plotted to be relatable to all thinking and behavioral attributes.

Emergenetics Plot: Agency Sustainability



Conclusion

The Tulsa Health Department, among its peer local health departments, has experienced much change in the last five years, and prepares to not only continue changing, but to become a health department that evolves constantly. This plan outlines the goals and objectives the agency will support over the next five years and the factors and resources that facilitate its implementation. THD will continue to develop strategic planning strategies every five years, always evolving to meet the next set of challenges and opportunities.