



# Strategic Plan

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Fiscal Years 2015-2018



*"Planning is bringing the future into the present so that you can do something about it now." Alan Lakein*

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## About Us



Welcome to the Virginia Beach Department of Public Health's Strategic Plan! We are a part of The Virginia Department of Health (VDH); a state agency that works to protect and improve the health of people in Virginia. The VDH Central Office is located in Richmond, Virginia. Local Public Health Departments are spread throughout the state and support the counties, cities and/or regions in which they reside. As such we work with the City of Virginia Beach's governance to provide public health services to our city.

A good way to understand the responsibilities of a Public Health Agency is to look at a federal guidance document that was written in 1994 called *The Essential Services of Public Health*, which outlines the ten essential services that Public Health Agencies must provide. A list of the Ten Essential Public Health Services can be found on the next page. Although local health departments are just one component of VDH; we play a key role in assisting the agency with providing these essential public health services.

We do this through a variety of activities aimed at promoting healthy lifestyles as well as preventing, detecting and controlling infectious diseases. We also have a role in preparing for and responding to emergency situations in our community.

Please visit our website at: <http://www.vdh.state.va.us/lhd/vabeach/> to learn more about the programs and services offered at VBDPH.

## 10 ESSENTIAL PUBLIC HEALTH SERVICES



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 and Prevention

## Executive Summary

It is an exciting time to be in Public Health. The recent legislative changes brought about by the Affordable Care Act (ACA) have made access to health insurance available to many people in our country. An evolution in the focus from just treating disease, to preventing it is a key component of the ACA and will lead to changes in how medical providers operate.

As leadership at the Virginia Beach Department of Public Health (VBDPH) look towards the future, we must consider how the ACA will impact Public Health. In many ways this is still a great unknown to local health departments.

As part of our preparation for the future, we decided that engaging our managers, supervisors and staff in the Strategic Planning Process would be a worthwhile endeavor. It would be a way to plan to address the findings of our Community Health Assessment (CHA) and to help guide the direction of our Community Health Improvement Plan (CHIP). A document that delineates the linkages between our strategic plan and the CHIP is included in Appendix I. Engaging in the process would inspire us to define what our strategic priorities are, outline specific goals to support these priorities, develop objectives and performance metrics to evaluate our progress and keep us on the path to success.

Having an organized plan will not only keep us more focused on those things that we have defined as our current priorities, but about future decisions as well. It is difficult to know the impact that change will bring about if an organization does not have clearly defined priorities; has not outlined what it will do to support those priorities and does not measure how effective these supportive efforts are.



## Our Process



Our management team discussed the best way to approach developing a strategic plan. Options included hiring an outside consultant for assistance or coordinating the process ourselves. It was decided that we would not hire a consultant, but instead work together to develop our plan. Staff investment in the plan is the best way to guarantee not only a successfully drafted plan, but also a

team of people who really understand the components of the plan; are invested in it and are committed to supporting it.

While VBDPH has its unique features like all of the other 34 health districts, we are governed by VDH. In October 2014 the Health Commissioner, Dr. Marissa Levine, presented an overview of the components of VDH's Strategic Plan, this presentation can be reviewed in Appendix V. There is also a VDH Performance Metric Dashboard that can be found on VDH's website, the dashboard lists specific objectives with corresponding performance metrics for VDH as a whole, as well as individual districts within VDH.

It was apparent that our local plan would need to include the applicable elements of VDH's Strategic Plan and dashboard metrics. The first part of our planning process was to identify all of these objectives and metrics. We are located almost 100 miles from our governing entity, which is located in Richmond, Virginia, and as noted earlier 1 of 34 health districts. Involving leadership from VDH in our initial 6 month strategic planning process was not feasible. However by incorporating elements of the VDH Strategic Plan that Dr. Levine presented into our VBDPH Strategic Plan we were able to be sure that her priorities and expectations were represented in our plan.

It was also very important to us that the plan contain distinctive elements that were chosen by our staff and representative of what they believe best defines who we are as a district and what we hope to accomplish. At the time when we began our strategic planning process it was noted that our district's quality improvement process needed to have a more formalized structure. We did have a Quality Improvement Committee that

met quarterly to discuss quality improvement efforts in our district, but better documentation of what the committee was accomplishing as well as how quality improvement projects were implemented was needed. A goal, objective and performance indicator that addresses implementing a Quality Improvement Program in our district was added to our strategic plan.

It was decided that the group that would steer the course of this project would be our District Supervisory Team. This group is made up of our District Director, three Division Managers and their respective direct reports. The goal was for individual department supervisors to communicate and get feedback directly from their support staff.

## Building the Plan



The objectives and performance metrics that we knew would be a part of the strategic plan were presented and discussed with the Supervisory Team at a Supervisor's Meeting held on February 2, 2015.

Strategic priorities and district goals were decided upon and the VDH objectives and measures were grouped in the appropriate category.

At the March 2, 2015 Supervisor's Meeting, each supervisor was asked to work with their individual department to draft objectives and measures that would support our identified goals and priorities.

They were given a specific template to follow and asked to conduct a Strengths, Weaknesses, Opportunities and Threats Analysis (SWOT) for each objective. This would be the information that would assist them with developing an action plan for how they would meet each performance objective and measure.

The Supervisory Team participated in a day-long Strategic Planning Retreat held on March 17, 2015. At this retreat the group participated in a vision, mission and values exercise. From this exercise it was determined that all of these items would be updated.

We discussed different trends that could possibly impact how our district will operate in the future and conducted a district wide SWOT. The results of the district wide SWOT, individual team SWOTs and action plans can be found in Appendix II. An outline of the identified external trends and events can be found in Appendix III.

The group separated into five teams. Each team reviewed a group of objectives, measures and corresponding SWOTs. Teams were comprised of a member that was familiar with the information being discussed as well as people who were less knowledgeable about the

information. Each team had a laptop; the goal was to have them review, change if needed and vet each of the objectives, metrics and action items being presented. During this process all 36 performance objectives and metrics and corresponding action items were finalized.

At our next Supervisor's Meeting, which was held on April 6, 2015, the group utilized information that had been discussed at the Strategic Planning Retreat to vote on the core values that best represent our district and describe how we expect ourselves and others to behave, set standards for us to follow and drive our priorities.

The idea to involve staff in helping to create our new mission and vision was presented to the Supervisory Team. It was decided that a contest among all VBDPH staff would be held to find the vision and mission statements that best exemplify why we are here and where we see ourselves in the future. This contest also yielded a new logo and art work that would be utilized to design a poster with our District Values on it throughout our building.

At our July 31, 2015 All Staff Meeting elements of our strategic plan were unveiled by our District Director and the contest winners were revealed. A list of staff involved in our strategic planning process, both those on the Supervisory Team and those who participated in our mission, vision and logo contest, can be found in Appendix IV.

In October 2015 this document was written with the specific purpose of:

1. Acknowledging those who participated in the plan.
2. Documenting how information from our governing entity was included in our plan.
3. Summarizing the steps involved in creating the plan.
4. Capturing our strategic priorities, goals, objectives and performance measures in one document.

The formalized strategic plan was also created to provide an easily accessible mechanism for our community partners and stakeholders to be able to review what we feel that our purpose is where we hope to be in the future, what steps we will be taking to get there and how what we value will guide the way. With this goal in mind, a link to the VBDPH Strategic Plan was placed on her website in November 2015.

## Components of Our Plan



*"The only thing worse than being blind, is having sight but no vision." ~Helen Keller*

Some questions we discussed as a group when we determined that our Vision Statement should be updated were:

1. Does this represent the mountain top that we are striving to reach?
2. Is it motivating, clarifying the direction that we need to move in?
3. Does the Vision Statement inspire, creating a vivid image in the reader's head?
4. Does it give our employees a larger sense of purpose?
5. Is it marketable? Is it something that we could build a 'brand' on?

This information was shared with staff who then submitted fourteen entries for our Vision Statement Contest. These were voted on by the District Management Team. Some were from individual people and some were from a group. Our new Vision Statement is:

*"A community that lives well, plays well and stays well."*



*“Outstanding people have one thing in common: an absolute sense of mission.”  
~ZigZiglar*

Some questions we discussed as a group when we determined that our Mission Statement should be updated were:

1. Why are we here?
2. Who do we serve?
3. What do we provide?
4. What would happen if we were nothere?

Fifteen entries for our Mission Statement Contest were received and voted on by the District Management Team. As with the Vision Statement submissions, some were from individual people and some were from a group. Our new Mission Statement is actually a combination of two separate entries, it is:

*“Promoting health, preventing disease, and protecting the environment so that all in Virginia Beach are empowered to achieve optimal health and well-being.”*



***Values are like fingerprints. Nobody's are the same, but you leave 'em all over everything you do."***  
***~Elvis Presley***

A group exercise was used to better define our organizational values. These new values support our Vision and Mission, define the organizational culture that we wish to promote and are more reflective of the way in which we strive to serve our community.

**Diversity** – We will maintain an organizational culture extending to service delivery and employment practices; that demonstrate an appreciation of individual differences and talents, where everyone can participate, thrive and contribute.

**Collaboration**- We develop and nurture collaborative partnerships that involve shared responsibility for ensuring the best possible health and happiness of our community.

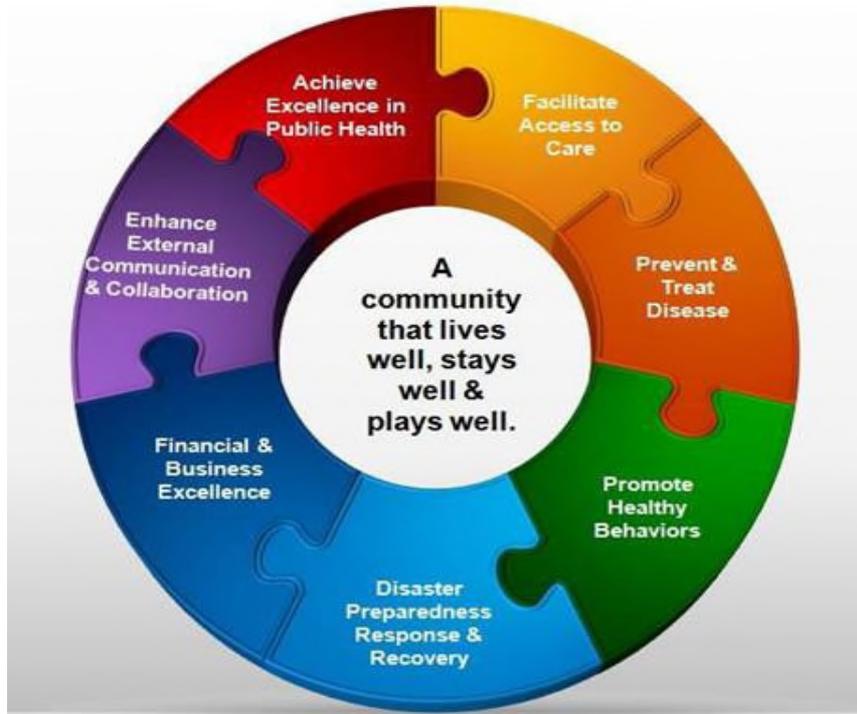
**Learning**- We support the acquisition and practical application of knowledge or skills through means that best suit the individual. By encouraging people to learn in a way that is best for them, we will honor their individuality and in doing so create a strong capable team.

**Customer Service**- We strive to meet the needs of those we serve by providing professional, helpful, high quality service and assistance in a manner that allows them to trust in the integrity of our organization.

**Excellence**- We endeavor to serve our community with distinction and approach every challenge with a determination to succeed at meeting our goals. Excellence for us defines not just the quality our work, but the quality of our interactions with people.

**Respect**- We believe in treating people with the highest degree of dignity and equality. The rights and beliefs of others are acknowledged and valued. We appreciate how each individual's unique backgrounds, viewpoints, skills and talents lead to meaningful contributions in the work that we do.

## Our Strategic Priorities



**Facilitate Access to Care-** Link people to needed health care services and assure the provision of health care when otherwise unavailable.

**Prevent and Treat Disease-** Work to prevent, diagnose, treat and investigate disease related illnesses and health hazards in our community.

**Promote Health Behaviors-** Inform, educate and empower people about their health to reduce preventable diseases and injury.

**Disaster Preparedness, Response and Recovery-** Support citywide efforts to build, sustain and improve the capability to prepare for, protect against, respond to and recover from emergency situations.

**Financial and Business Excellence-** Comply with best financial and business practices as outlined in VDH and other governmental guidance documents.

**Enhance External Communication and Collaboration-** Create partnerships that take action to identify and solve health related issues and improve population health.

**Achieve Excellence in Public Health-** Ensure that VBDPH is in alignment with national standards in order to enhance our ability to contribute to an efficient and effective public health system.



Strategic Priority 1  
Facilitate Access to Care

<b>Goal: 1</b>	<b><i>Work with community partners to ensure appropriate referrals for needed services.</i></b>
	Continue to support and improve the health of all Virginian’s through efficient and effective execution of operations and delivery of services by:
Objective: 1	Increasing the number of Nursing Home Pre-Admission Screenings that are conducted weekly.
<b>Performance Indicator</b>	A minimum of 12 Nursing Home Pre-Admission Screenings will be conducted weekly by December 2016.
Objective: 2	Increasing the number of infants who survive their first year of life.
<b>Performance Indicator</b>	Increase the number of infants seen through home visiting services (Healthy Families, Healthy Start and BabyCare) with a focus on African American infants from our baseline of 88 to 140 by December 2016.
Objective: 3	Meeting VDH Metrics regarding the number of people linked to HIV Care after a positive HIV Test.
<b>Performance Indicator</b>	At least 78% of people who receive a positive HIV test will be linked to care by December 2016.
Objective: 4	Increase the number of children and pregnant women with access to healthy and nutritional food.
<b>Performance Indicator</b>	Increase district caseload to 8,000 infants, children and women who participate in the WIC Program by 12/31/16.

Strategic Priority 2  
Prevent and Treat Disease

<b>Goal: 2</b>	<b><i>Prevent disease through medical screenings, treatment, surveillance and Environmental Health safety activities.</i></b>
Objective: 5	Increase the percentage of cases in which control measures were initiated within Public Health Emergency Preparedness (PHEP) required timeframes for specified reported diseases.
<b>Performance Indicator</b>	At least 90% of specified disease case investigations will have control measures initiated within the PHEP required time frames by December 2016.
Objective: 6	Increase the percentage of active Tuberculosis cases completing a standard treatment regimen within 12 months.
<b>Performance Indicator</b>	At least 90% of active TB cases will complete their standard treatment regimen within 12 months by December 2016.
Objective: 7	Stabilize the incidence of reported cases of chlamydia, syphilis and gonorrhea.
<b>Performance Indicator</b>	The VBDPH will maintain a primary and secondary syphilis incidence rate of 3.9 and will maintain a chlamydia rate of 564.2 and a gonorrhea rate of 99.8 by December 2016.
Objective: 8	Increase the percentage of adolescent women (age 13-17) receiving 3 doses of HPV vaccine.
<b>Performance Indicator</b>	At least 45% of adolescent women (age 13-17) will receive 3 doses of the HPV vaccine by December 2016.
Objective: 9	Increase the percentage of children receiving 4 doses of DTaP by age 2.
<b>Performance Indicator</b>	At least 88% of pediatric patients will receive 4 doses of DTaP by age 2 by December 2016.
Objective: 10	Completing scheduled facility inspections within required time frames.
<b>Performance Indicator</b>	At least 54% of food service establishments will be inspected within required time frames by June 2017 and 60% by June 2019.
Objective: 11	Increasing the percentage of violations corrected at the time of inspection.
<b>Performance Indicator</b>	At least 66% of risk factor violations corrected at the time of inspection by June 2017 and 73% by June 2019.
Objective: 12	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services by increasing the percentage of failing Onsite Sewage Systems corrected within 60 days of local health departments becoming aware of the issue.
<b>Performance Indicator</b>	Completing at least 40% of failing Onsite Sewage Systems within 60 days of our district becoming aware of the issue by June 2017 and 43% by June 2019.
Objective: 13	Maintain the number of low income children and adolescents receiving dental services.
<b>Performance Indicator</b>	Efficiency will be measured in staff hours worked and the number of patients seen. The goal is to see one patient per hour worked by December 2016.

Strategic Priority 3  
Promote Healthy Behaviors

<b>Goal: 3</b>	<b><i>Engage in a variety of health promotion and support activities that will contribute to better community health.</i></b>
Objective: 14	Increase the percentage of mothers reporting not to have smoked during pregnancy.
<b>Performance Indicator</b>	100% of pregnant woman admitted to VBDPH Maternity clinic will be screened for tobacco use at initial visit, 28 week visit, and 36 week visit using the Behavior Health Risk Screening Tool by April 2015. This will then be maintained.
Objective: 15	Reduce the pregnancy rate of women age 15-19 years.
<b>Performance Indicator</b>	All teens admitted to VBDPH family planning clinic will be counseled on negative impacts of unplanned pregnancies by April 2015. This will then be maintained.
Objective: 16	Increase the percentage of Virginia Beach residents reporting physical activity or exercise outside of work in the last 30 days.
<b>Performance Indicator</b>	Virginia Beach will work with partners to create/initiate/provide at least one new campaign or event each year to encourage physical activity by December 2019.
Objective: 17	Increase opportunities available for people over 50 years of age to learn and practice healthy behaviors that enhance quality of life.
<b>Performance Indicator</b>	The VBDPH will conduct a minimum of three programs a year for persons over 50 years of age that promote healthy behaviors. The expectation is that by the end of each fiscal year this goal will be met.
Objective: 18	Reduce the percentage of overweight children.
<b>Performance Indicator</b>	Decrease the percentage by 5% of children (ages 1-5) enrolled in the WIC Program equal to or above the 95 percentile for weight for height by December 2016.

Strategic Priority 4  
Disaster Preparedness, Response and Recovery

<b>Goal: 4</b>	<b><i>Ensure the district's ability to successfully respond to a disaster is in alignment with national standards.</i></b>
Objective: 19	Increase the percentage of VBDPH staff responding to Heath Alert Network (HAN.)
<b>Performance Indicator</b>	Ensure 80% VBDPH staff respond to HAN alerts within one hour by December 2016.
Objective: 20	Collaborate with City agencies & regional partners to identify and respond to Public Health emergencies.
<b>Performance Indicator</b>	VBDPH Emergency Coordinator or representative attends 90% of City and EVHC monthly meetings. This will begin being tracked in April 2015. The results will be reported at the end of each calendar year.
Objective: 21	Provide VBDPH staff with VBDPH specific EP&R training.
<b>Performance Indicator</b>	100% VBDPH staff attend EP&R New Employee Orientation and complete POD, Bioterrorism, IS-22 & Fit Testing. This is currently being tracked (March 2015) the results will be reported at the end of each calendar year.
Objective: 22	Maintain a robust Virginia Beach Medical Reserve Corps.
<b>Performance Indicator</b>	Maintain annual 5% increase in recruiting. This is currently being tracked (March 2015) the results will be reported at the end of each calendar year.

Strategic Priority 5  
Financial and Business Excellence

<b>Goal: 5</b>	<b><i>Utilize best financial and business practices noted in local audit reports as well as VDH Financial Policies and Procedures.</i></b>
Objective: 23	Ensure VDH Prompt Pay Standards are met.
<b>Performance Indicator</b>	Monthly Prompt Pay Standards will be met 11 out of 12 months. This is currently being tracked each month (March 2015) results will be reported at the end of each fiscal year.
Objective: 24	Time and Effort (T&E) is certified and locked in accordance with VDH's T&E Guidelines.
<b>Performance Indicator</b>	T&E will be certified and locked by the 25th of each month at least 11 out of 12 months. This is currently being tracked each month (March 2015) results will be reported at the end
Objective: 25	Ensure VDH Micro SWaM Vendor goals are met.
<b>Performance Indicator</b>	At least 42% of district funds for purchases will utilize Micro SWaM Vendors per Executive Order #20 dated July 22, 2015. This is currently being tracked each month (March 2015) results
Objective: 26	Provide sufficient storage capacity to electronically house all local data files.
<b>Performance Indicator</b>	Data storage capacity on local servers will not exceed 80% of capacity in order to allow for efficient data retrieval on the local network. This is currently being tracked each month (March 2015) action will be taken when storage exceeds 80%.
Objective: 27	New staff members will be provided with network access to requested systems within 2 business days of receipt of their signed application.
<b>Performance Indicator</b>	100% of new staff members are provided with network access and basic computer orientation within 2 business days of receiving their signed written requests. This is currently being tracked each month (March 2015) results will be reported at the end of
Objective: 28	The human resources department will strictly adhere to submitting Worker's Compensation claims by the required deadlines as supported by Executive Order 109.
<b>Performance Indicator</b>	Worker's Compensation claims will be submitted to OHR and MCI within 10 days of the date of injury 95% of the time. This is currently being tracked each month (March 2015) results will be reported at the end of each fiscal year.
Objective: 29	The human resources department will facilitate a workforce development program that will allow employees to enhance or learn new professional skills in a way that best suits their personal learning style.
<b>Performance Indicator</b>	Each employee will be asked to identify one professional learning goal and to utilize their preferred learning style to acquire the needed training during each performance cycle. Data will be compiled and reported in October of each fiscal year.
Objective: 30	Ensure a steady stream of revenue from clinical services by decreasing and maintaining our denial rate from insurance companies.
<b>Performance Indicator</b>	Maintain a 20% or less denial rate from insurance companies by December 2016.

Strategic Priority 6  
Enhance External Communications and Collaboration

<b>Goal: 6</b>	<b><i>Engage Community Partners in collaborative endeavors to improve the overall health of Virginia Beach Citizens.</i></b>
Objective: 31	The VBDPH will bring leadership to (ex. lead, co-lead, facilitate) community partnership committees each year. The overarching goal of each committee will be to work collaboratively to improve the health of the community.
<b>Performance Indicator</b>	The VBDPH will have active involvement in a leadership capacity in at least two multidisciplinary, multiple partner committees a year. This will be tracked and the results will be reported at the end of each calendar year.
Objective: 32	Each committee will have representation from community partners that have been identified as being integral to achieving the goals of the committee.
<b>Performance Indicator</b>	75% of the partners that have been identified will be represented on our community partnership committees by December 2017.
<b>Performance Indicator</b>	Community partnership committee meetings will be held at least quarterly by December 2017.
Objective: 33	VBDPH will work on developing a marketing plan that will include branding.
<b>Performance Indicator</b>	VBDPH will work with community partnership committees to advise and assist with development of at least two forms of public health messaging a year by December 2017.

Strategic Priority 7  
Achieve Excellence in Public Health

<b>Goal: 7</b>	<b><i>Ensure VBDPH is in alignment with national standards.</i></b>
Objective: 34	Ensure VBDPH's ability to successfully respond to a disaster is in alignment with national standards.
<b>Performance Indicator</b>	VBDPH to maintain NACCHO PPHR designation CY2015 and CY2020.
<b>Goal: 8</b>	<b><i>Achieve Public Health Accreditation.</i></b>
Objective: 35	All steps required in order to achieve public health accreditation will be completed.
<b>Performance Indicator</b>	By 2019 the district will have achieved public health accreditation.
<b>Goal: 9</b>	<b><i>Continuously improve the quality of department programs and services.</i></b>
Objective: 36	Implement a district Quality Improvement Program.
<b>Performance Indicator</b>	By 2019 the district will have a standardized Quality Improvement Program.

## Appendix I

### VBDPH Strategic Plan Linkages with both the VDH Strategic Plan & VA Beach CHA/CHIP

VBDPH Strategic Priority Area	Obj. No.	Objective	VDH Dashboard Metric	Local Performance Indicator	Link to CHA/CHIP Strategic Theme
Facilitate Access to Care	Obj. 1	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services.	No	A minimum of 12 Nursing Home Pre-Admission Screenings will be conducted weekly by December 2016..	Access to health care. Health issues related to aging and the elderly.
Facilitate Access to Care	Obj. 2	Increase the number of infants who survive their first year of life.	Yes (Key)	Increase the number of infants seen through home visiting services (Healthy Families, Healthy Start, BabyCare) with a focus on African American infants by December 2016.	Access to health care.
Facilitate Access to Care	Obj. 3	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services.	Yes	At least 78% of those who receive a positive HIV Test will be linked to care by December 2016.	Access to health care.
Facilitate Access to Care	Obj. 4	Increase the number of children and pregnant women with access to healthy and nutritional food.	Yes (Key)	Increase district caseload to 8,000 infants, children and women who participate in the WIC Program by December 2016..	Access to health care. Behavioral risk factors affecting overall health.
Promote Healthily Behaviors	Obj. 14	Increase the percentage of mothers reporting not to have smoked during pregnancy	No	100% of pregnant woman admitted to VBDPH Maternity clinic will be screened for tobacco use at initial visit, 28 week visit, and 36 week visit using the Behavior Health Risk Screening Tool by April 2015. This will then be maintained.	Behavioral risk factors affecting overall health.
Promote Healthy Behaviors	Obj. 15	Reduce the pregnancy rate of women age 15-19 years.	No	All teen clinic patients' will be counseled on negative impacts of unplanned pregnancies by April 2015. This will then be maintained.	Behavioral risk factors affecting overall health.
Promote Healthy Behaviors	Obj. 16	Increase the percentage of Virginians reporting physical activity or exercise outside of work in the last 30 Days.	No	Virginia Beach will work with partners to create/initiate/provide at least one new campaign or event each year to encourage physical activity by December 2019.	Behavioral risk factors affecting overall health.
Promote Healthy Behaviors	Obj. 17	Increase opportunities for people over 50 years of age to learn and practice healthy behaviors that enhance quality of life.	No	The VBDPH will conduct a minimum of three programs a year for persons over 50 years of age that promote healthy behaviors. The expectation is that by the end of each fiscal year this goal will be met.	Behavioral risk factors affecting overall health. Health issues related to aging and the elderly.
Enhance External Communications & Collaboration	Obj. 31	VBDPH will facilitate Community Partnership Committees each year. The over arching goal of each committee will be to work collaboratively to improve the health of the community.	No	VBDPH will facilitate at least 2 community partnership committees a year.	Collaboration
Enhance External Communications & Collaboration	Obj. 32	Each committee will have representation from Community Partners that have been identified as being an integral part of being able to achieve the goals of the committee.	No	75% of the partners that have been identified will be represented on our community partnership committees by December 2017.	Collaboration

## Appendix II SWOTS & Action Plans



**LET'S SWOT**

### Virginia Beach Department of Public Health SWOT

STRENGTHS	WEAKNESSES
1. Competent and compassionate staff.	1. Lack of succession planning.
2. Diverse array of services.	2. Not able to provide competitive salaries.
3. Active collaboration with community stakeholders.	3. Lack of funding.
4. Comprehensive community services.	4. Difficulty in obtaining current/up to date technology.
	5. Public is often not aware of our services.
OPPORTUNITIES	THREATS
1. Pursue national accreditation.	1. Lack of autonomy to make decisions.
2. Health reform emphasis on prevention and wellness.	2. Instability of funding.
3. ACA creation of grant opportunities.	3. Impact of changes in political power structure.
4. Increased ability to bill for services.	4. Privatization of regulatory services that generate revenue.
5. Public Health Informatics.	5. Sea level rise will influence multiple disciplines within our department. Heightened risk of environmental threats (water, soil and food.)

Strategic Priority 1	Facilitate Access to Care
Goal 1	<b><i>Work with community partners to ensure appropriate referrals for needed services.</i></b>
Objective: 1	Continue to support and improve the health of all Virginians through efficient and effective execution of operations and delivery of services by: Increasing the number of Nursing Home Pre-Admission Screenings that are conducted weekly.
	<b>Performance Indicator</b>
	A minimum of 12 Nursing Home Pre-Admission Screenings will be conducted weekly by December 2016.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin		<b>Strengths</b>	<b>Weaknesses</b>
		1. Strong partnerships.	1. Backlog of screening requests.
		2. Dedicated program staff.	2. Change to electronic Nursing Home Pre-Assessment Screen data base.
		3. Staff is experienced, knowledgeable & culturally sensitive.	3. Data errors/omissions.
External Origin		4. Change to electronic Nursing Home Pre-Assessment Screening data base.	
		<b>Opportunities</b>	<b>Threats</b>
		1. Increase numbers of Nursing Home Pre-Assessment Screenings conducted weekly because of new software that will decrease administrative time taken to process PAS Screenings.	1. Pending legislation.
	2. Decrease packet completion time.	2. Changes in screening requirements.	
	3. Decrease in denials secondary to decreased errors.	3. Programs in the private sector that provide the same service.	
	4. Increased revenue.	4. Limited number of DHS program staff.	

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Increase weekly screenings from 12 to 16 (35%) within 15 months.	PAS Screening Team
2	Complete screening package for Director's signature within 2 business days within 3 months.	PAS Screening Team
3	Send completed screening packet within 3 business days to DHS, Xerox, and Nursing Home/Community Based Agency if applicable within 3 months.	Administrative Support
4	Audits excel spreadsheet for compliance monthly within 3 months.	Program Supervisor

Strategic Priority 1	Facilitate Access to Care
Goal 1	<b><i>Work with community partners to ensure appropriate referrals for needed services.</i></b>
Objective: 2	Continue to support and improve the health of all Virginians through efficient and effective execution of operations and delivery of services by: Increasing the number of infants who survive their first year of life.
	<b>Performance Indicator</b>
	Increase the number of infants seen through home visiting services (Healthy Families, Healthy Start, and Baby Care) with a focus on African American infants by December 2016.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin	<b>Strengths</b>		<b>Weaknesses</b>
		1. Dedicated program staff.	1. Limited marketing opportunities.
		2. Staff that is experienced, knowledgeable and culturally sensitive.	2. Non-Competitive.
		3. Strong partnerships.	3. Referral process.
External Origin		4. Addition of programs with similar services and goals.	
	<b>Opportunities</b>		<b>Threats</b>
		1. Increase community awareness of program with targeted marketing strategies.	1. Funding.
	2. Develop partnerships to provide home visiting and/or telephone support to new moms.	2. Community based programs with similar services and goals.	
	3. Community based programs with similar services and goals able to take referrals that we cannot serve due to having a small staff.		

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Establish a baseline for how many clients that have been referred to our program accept the service.	Program Supervisor
2	Revise referral process to expedite screenings and assessments within 9 months.	Program Supervisor and staff
3	Increase marketing to the private sector within 12 months.	Program Staff
4	Compile data quarterly and assess for trends and patterns within 15 months.	Administrative Support and Program Supervisor
5	Based on the data, make changes as appropriate within 18 months and ongoing.	Program Supervisor and staff

Strategic Priority 1	Facilitate Access to Care
<b>Goal 1</b>	<b><i>Work with community partners to ensure appropriate referrals for needed services.</i></b>
Objective: 3	Meeting VDH Metrics regarding the number of people linked to HIV Care after a positive HIV test.
	<b>Performance Indicator</b>
	At least 78% of people who receive a positive HIV test will be linked to care by December 2016.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin		<b>Strengths</b>	<b>Weaknesses</b>
		1. VBDPH has an experienced Disease Intervention Specialist (DIS.)	1. VBDPH only has 1 DIS.
		2. DIS has a strong relationship with partner organizations and resources, including City of Va Beach Human Services.	2. There are no other staff trained to serve as back-up to the DIS.
		3. Strong Epi support of CD/STI and HIV divisions.	3. DIS skill sets not aligned with expectation of administration requirements. (e.g. required paperwork)
External Origin		<b>Opportunities</b>	<b>Threats</b>
		1. Ryan White funding helps pay for services for those without access to care.	1. Funds for DIS could be withdrawn by CDC if goals are not met.
		2. Insurance available for those who qualify under the Affordable Care Act.	2. Ryan White funding dependent upon grant award from HRSA and could be decreased or withdrawn.
		3. DIS has access to Patient Navigators at community AIDS Service Organizations to assist clients in accessing care and resources.	3. Failure of medical providers to report positive HIV results to public health and/or prohibiting public health from contacting their patient.
	4. Continue education of community medical providers to encourage better reporting.		

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Refer patients for care under AAPS guidelines within 30 days of contact.	DIS
2	Work with patient navigators to assist patients to get into care within 60 days.	DIS
3	Re-establish collaborative relationship with the VB City Jail to encourage reporting and obtain permission for DIS to interview HIV + individuals.	DIS, Supervisor

Strategic Priority 1	Facilitate Access to Care
Goal 1	<i>Work with community partners to ensure appropriate referrals for needed services.</i>
Objective: 4	Increase the number of children and pregnant women with access to healthy and nutritional food.
	<b>Performance Indicator</b>
	Increase district caseload to 8,000 infants, children and women who participate in the WIC Program by December 2016.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin	<b>Strengths</b>		<b>Weaknesses</b>
		1. Appointments are available within two weeks of participants notifying the WIC offices.	1. Instability in staffing, ongoing training for new staff.
		2. Staff calls participants to remind them of their appointments.	2. Potential participants are unaware of the program.
		3. Walk-ins accepted if all required information is available.	3. Crossroads inaccessible.
			4. Applicants do not have the required information needed to complete the appointment.
External Origin			5. Delay in certification for Nutritionist Assistants from Office of Family Health Services.
	<b>Opportunities</b>		<b>Threats</b>
		1. Partnering with other VB community agencies.	1. Instability of Federal Funding.
		2. Advertising with TV and movie theaters within the community.	2. Bad Weather may affect appointment cancellations.
	3. Adding extra appointments as necessary.		

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Establish the current baseline for our caseload.	WIC Coordinator
2	Once baseline is established, increase or maintain baseline.	All WIC Staff
3	Run caseload report from Crossroads monthly.	WIC Coordinator

Strategic Priority 2	Prevent and Treat Disease
Goal 2	<i>Prevent disease through medical screening, treatment, surveillance and Environmental Health safety activities.</i>
Objective: 5	Increase the percentage of cases in which control measures were initiated within Public Health Emergency Preparedness (PHEP) required timeframes for specified reported diseases.
	<b>Performance Indicator</b>
	At least 90% of specified disease case investigations will have control measures initiated within the PHEP required timeframes by December 2016.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin	<b>Strengths</b>		<b>Weaknesses</b>
		1. VB health district has 3 public health nurses and one epidemiologist trained to investigate disease reports.	1. PHN's have other clinical and non-clinical duties, which results in delays of initiating investigations. No PHN is assigned to CD/Epi investigations fulltime.
		2. Epidemiologist is primarily responsible for investigation of rapid reports/outbreaks and nurses investigate routine, non-rapid reports.	2. Epidemiologist is not always available to initiate rapid or outbreak investigations.
		3. Ongoing efforts to train PHN's to investigate rapid reports and outbreaks.	3. Communicable disease investigation does not always occur during normal business hours (M-F 8-5). The expectation for staff, other than the epidemiologist, to work outside of non-traditional hours has been low.
		4. In 2010, VBDPH was a pilot site to begin tracking the CDC Public Health Emergency Preparedness (PHEP) metrics. Tracking has been ongoing.	4. VBDPH does not have a designated back-up assigned to support the epidemiologist and/or initiate a rapid reportable case investigation when the epidemiologist is unavailable after hours.
		5. Staff have been educated about the PHEP Surveillance Measures timeframes, expectations and trained on how to utilize the internal tracking form during an investigation.	5. Investigation of non-rapid reports occurs only during traditional business hours.
	6. The epidemiologist reviews internal tracking form and VEDSS for accuracy at case closure.		

Strategic Priority 2	Prevent and Treat Disease
Goal 2 Objective 5 (continued)	

		Opportunities	Threats
External Origin		1. VDH has provided guidance and expectations to districts regarding tracking these PHEP metrics.	1. PHEP timeframes do not take into account weekends/holidays/sick/inclement weather days. Timeframes range from within 24 hours to 72 hours, with only one disease having a 7 day timeframe to implement control measures. This is difficult to achieve and dependent on when the report is received by public health, how many other investigations are pending and staff schedules and availability.
		2. CDC currently monitors 6 diseases Nationally, which are rarely reported to public health providing limited data for our district (Botulism, E. coli, Hepatitis A, Meningococcal Disease, Measles, and Tularemia). Five of 6 diseases are rapid reportable, which must have investigation initiated within 24 hours.	2. VDH added 4 additional diseases to the CDC list for a total of 10 diseases being monitored for control measure implementation (Salmonellosis, Shigellosis, Typhoid Fever, Para-Typhoid Fever). Two of the 4 VDH selected diseases are rapid reports but the other two are non-rapid routine enterics that provide the majority of the data for analysis. Timeframe for initiating control measures is within 3 days for both.
			3. All diseases on the Virginia Reportable Disease List are required to be reported/investigated immediately or, for non-rapid reports, within 3 days. This poses a challenge for all disease reports, not just the diseases being tracked under this metric.
			4. If a lab/morbidity report is reported first to another health district and takes 24-48 hours to reach VBDPH, we have lost a day or two already from our 3 day timeframe.
			5. Clients' failure to respond to public health attempts to interview, nonworking phone numbers, delays in receiving requested medical information from healthcare providers all affect how quickly public health can implement control measures during an investigation.

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Ensure staff availability to initiate investigations within the timeframes.	CD Nurse Supervisor/Epidemiologist
2	Continue with ongoing PHN training for rapid reports and outbreaks.	Epidemiologist w/ CD Nurse Supervisor support
3	Review/update department policy/expectations for working after hours.	Health Director/Nurse Manager/CD Nurse Supervisor/Epidemiologist
4	Develop a plan for assistance/back-up to Epidemiologist during non-business hours.	Health Director/Nurse Manager/CD Nurse Supervisor/Epidemiologist

Strategic Priority 2	Prevent and Treat Disease
Goal 2	<b><i>Prevent disease through medical screening, treatment, surveillance and Environmental Health safety activities.</i></b>
Objective: 6	Increase the percentage of active Tuberculosis cases completing a standard treatment regimen within 12 months.
	<b>Performance Indicator</b>
	At least 90% of active TB cases will complete their standard treatment regimen within 12 months by December 2016.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin	<b>Strengths</b>		<b>Weaknesses</b>
		1. Two dedicated experienced TB RN Case Managers and two Outreach Workers (ORW.)	1. When physician consultant retires, we will be left without a TB expert locally.
		2. Currently have a physician consultant to review treatment, x-rays and provide recommendations to TB staff.	2. DOT and DOPT are only offered during normal business hours M-F and not on weekends, holidays or during inclement weather.
		3. Chest clinic held 2x per month.	3. Limited staff during heavy caseloads. Other staff not trained to investigate TB cases.
		4. Staff builds a strong relationship with patient/family which increases compliance.	4. VBDPH went from 1 FT and 1 PT outreach worker to 2 PT Out Reach Workers.
External Origin		5. Staff provides an emergency dose of medications to patients in case DOT/DOPT is unable to occur due to inclement weather.	5. High complexity (e.g. homeless) of many of the cases.
	<b>Opportunities</b>		<b>Threats</b>
		1. Provide education to clinicians regarding correct treatment of TB.	1. Non-compliant patients.
		2. Strong support by TB Control to ensure patients receives correct treatment.	2. Intolerance to drugs/abnormal blood work.
		3. Guidance from VDH/TB Control.	3. Fear of being ostracized by family or community if diagnosis known.
			4. Physicians in community that do not understand correct treatment for TB.
		5. Clinicians and patients that do not understand role of BCG in prevention of TB	
		6. Patients who leave area without notification or otherwise are lost to follow-up.	
		7. Cultural misconceptions of TB and treatment.	

Strategic Priority 2	Prevent and Treat Disease
Goal 2 Objective 6 (continued)	

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Provide education to patient/family regarding treatment and disease within 48 hours of case notification.	TB Nurse Case Managers
2	Outreach Workers observe patient take each dose of medication to ensure compliance.	TB ORW
3	Collaborate with referring clinicians to provide the most current TB treatment guidelines upon initiation of client's treatment plan.	TBNCM
4	Nurse Case Managers monitor TB treatment and intervene if issues arise that will prevent completion of treatment.	TBNCM
5	Provide at least one community based education presentation to groups with high incidence of TB.	TBNCM

Strategic Priority 2	Prevent and Treat Disease
Goal 2	<i>Prevent disease through medical screening, treatment, surveillance and Environmental Health safety activities.</i>
Objective: 7	Stabilize the incidence of reported cases of Chlamydia, syphilis and gonorrhea.
	<b>Performance Indicator</b>
	The VBDPH will maintain a primary and secondary syphilis incidence rate of 3.9 and will maintain a chlamydia rate of 564.2 and a gonorrhea rate of 99.8 by December 2016.

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin	<b>Strengths</b>		<b>Weaknesses</b>
		1. VBDPH has a physician, nurse practitioner and 3 PHN's trained to work in STD clinic.	1. Clinic schedule is limited with availability only 2 1/2 days per week (no weekend or after-hour clinics.)
		2. VBDPH has lab and medication room onsite to assist with testing for and treatment of STDs.	2. Limited staff availability for additional clinics and/or to locate partners.
		3. One passionate and knowledgeable DIS is available to provide partner notification services for some diseases.	3. Significant military population and little, if any, reporting by the military clinics.
External Origin		4. Good relationship with VERT.	4. Only have one DIS; used to have two.
	<b>Opportunities</b>		<b>Threats</b>
		1. VERT is available to investigate/provide partner notifications services for syphilis cases.	1. Anonymous sex with no way to identify and locate contacts.
		2. Use of social media provides additional means to contact patients/contacts.	2. Increased risk of acquiring HIV if infected with Syphilis/Gonorrhea/Chlamydia.
		3. VDH has a system in place to locate contacts out of area including other states.	3. Syphilis elimination program no longer funded so less effort may be expended to locate and treat syphilis cases and contacts.
		4. Rapid reportable diseases required to be reported to HD within 24 hours of diagnosis by clinician, facility and lab.	4. Refusal of case to name contacts or refer them for treatment
			5. No law requiring case to name contacts.
			6. Failure of clinician, facility or lab to report to public health, as required.

Strategic Priority 2	Prevent and Treat Disease
Goal 2 Objective 7 (continued)	

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Explore appropriate community settings to conduct STD screenings for high risk groups.	DIS and STD program nurse
2	Tailor current Virginia Beach Department of Public Health's website to ensure STD fact sheets and information are easily accessible.	DIS and STD program nurse
3	Work with U.S. NAVY Infectious Disease clinic to get STD civilian partner/contacts screened and treated as needed.	STD clinic staff
4	Explore feasibility of extended hour clinics.	Health Director, Nurse Manager, CD Supervisor

Strategic Priority 2	Prevent and Treat Disease
Goal 2	<i>Prevent disease through medical screenings, treatment, surveillance and Environmental Health safety activities.</i>
Objective: 8	Increase the percentage of adolescent women (13-17) receiving 3 doses of HPV vaccine.
	<b>Performance Indicator</b>
	At least 45% of adolescent women (age 13-17) will receive 3 doses of the HPV vaccine by December 2016.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin		<b>Strengths</b>	<b>Weaknesses</b>
		1. Free vaccinations available.	1. Policy requires parental consent for immunizations.
		2. Mandated by law.	
		3. Staff recommends to all parents/ guardians.	
		4. Education provided/community outreach.	
		5. Staff educated on vaccine promotion.	
External Origin		<b>Opportunities</b>	<b>Threats</b>
		1. Increase HPV series vaccination from other providers.	1. Limited access to target population.
		2. Decrease the spread of HPV virus.	2. Negative stigma toward HPV vaccination.
		3. Increase funding to Health Department to purchase HPV Vaccine.	3. ACA-clients seeing private providers.
		4. Increase education to public & communities.	4. Lack of resources.
			5. Anti-Immunization trend.
			6. Private practice providers not enrolled in VIIS.
		7. Changing laws/mandates.	

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Establish the current baseline for our clients who have received a 3-shot series of HPV vaccine.	FHS Staff
2	Staff continues with annual immunization competency.	FHS Staff
3	Increase awareness of HPV vaccine necessity by attending/conducting at least two (2) community events with in next year.	FHS Staff

Strategic Priority 2	Prevent and Treat Disease
<b>Goal 2</b>	<b><i>Prevent disease through medical screenings, treatment, surveillance, and Environmental Health safety activities.</i></b>
Objective: 9	Increase the percentage of children receiving 4 doses of DTaP by age 2.
	<b>Performance Indicator</b>
	At least 88% of pediatric patients will receive 4 doses of DTaP by age 2 by December 2016.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin		<b>Strengths</b>	<b>Weaknesses</b>
		1. Free vaccinations available.	1. Policy requires parental consent of immunizations.
		2. Required by law/enforced by school before enrollment.	2. No designated well-child clinics through the age of 2
		3. Staff recommends to all parents/guardians.	3. Policy requiring clients to transfer to private provider upon receipt of Medicaid.
		4. Education provided/community outreach.	
External Origin		5. Staff educated on vaccine promotion.	
		<b>Opportunities</b>	<b>Threats</b>
		1. Increase the rate of DTaP vaccinations from other providers.	1. Client adherence, failure to follow up with appointments/immunization schedules.
		2. Increase the funding to purchase DTaP.	2. Difficulty in reaching clients for follow up appointments.
	3. Offer clinics/outreach to community to increase awareness of offering of vaccine.	3. ACA-clients going to private providers.	
		4. Private practice providers not enrolled in VIIS.	
		5. Lack of funding resources.	

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Establish the current baseline for clients who have received 4 doses of DTaP vaccine by age two.	FHS Staff
2	Monitor and update client reminders/recall immunization logs weekly.	FHS Staff
3	Staff continues with annual immunization competency.	FHS Staff
4	Develop partnership with at least 4 private pediatrics' offices to promote vaccine usage and utilization of VIIS to increase awareness of DTaP vaccination necessity within next year.	IAP Coordinator
5	Continue partnership with Virginia Beach Schools Nurse Manager to annually to increase awareness of DTaP vaccination necessity.	IAP Coordinator

Strategic Priority 2	Prevent and Treat Disease
<b>Goal 2</b>	<b><i>Prevent disease through medical screenings, treatment, surveillance and Environmental Health safety activities.</i></b>
Objective: 10	Completing scheduled facility inspections within required time frames.
	<b>Performance Indicator</b>
	At least 54% of food service establishments will be inspected within required time frames by June 2017 and 60% by June 2019.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin	<b>Strengths</b>		<b>Weaknesses</b>
		1. Opportunity to pilot tablets.	1. Unmandated programs compete for EHS' time.
		2. All staff is trained in expectations and policies with regards to restaurant inspection frequency.	2. District not fully staffed & new hires offered lower pay than other districts.
		3. Local IT department provides assistance with problems.	3. Each EHS is responsible for planning and scheduling their own work day.
External Origin		4. Supervisory checks and balances ensuring on time frequency of inspections.	
	<b>Opportunities</b>		<b>Threats</b>
		1. Improvements in the VENIS database regarding scheduling and frequency of inspections.	1. Training new staff on a regular basis is very time consuming.
		2. Availability of VENIS bluejay reports.	2. Rollout of new database interface created many problems. Data not currently reliable.
		3. All staff maintains required credentials.	3. Lack of competitive salary commensurate with private sector.

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Establish the current baseline percentage of restaurants inspected within required timeframes.	Environmental Health Supervisors & Peer review
2	Once baseline is established, maintain or increase baseline.	Environmental Health Supervisors & Peer review
3	Maintain internal audits.	Environmental Health Supervisors & Peer review
4	Set up training with applicable staff.	Environmental Health Supervisors & Peer review

Strategic Priority 2	Prevent and Treat Disease
<b>Goal 2</b>	<b><i>Prevent disease through medical screenings, treatment, surveillance and Environmental Health safety activities.</i></b>
Objective: 11	Increasing the percentage of violations corrected at the time of inspection.
	<b>Performance Indicator</b>
	At least 66% of risk factor violations corrected at the time of inspection by June 2017 and 73% by June 2019.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin	<b>Strengths</b>		<b>Weaknesses</b>
		1. Staff is trained on recognition of risk factors as well as requisite corrections.	1. Corrected risk factor violations not entered into database at the time of inspection.
		2. Strong DSO provides local training to staff at frequent intervals.	2. Staff does not fully utilize available enforcement tools.
		3. Staff uses education of private sector as a preventive tool.	
		4. Daily review of inspections by DSO & Supervisors.	
External Origin	<b>Opportunities</b>		<b>Threats</b>
		1. VENIS identifies risk factor violations in the inspection report.	1. VDH required basic Food Module training not provided in a timely manner.
		2. Bluejay reports in VENIS provide tracking mechanism.	2. Lack of adequate enforcement tools.
		3. VDH career plan has advanced the professionalism of EHS Staff.	3. VDH re-interpretation of local District's authority to suspend permits.
			4. Some risk factors cannot be corrected at time of inspection.

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Establish the current baseline percentage of risk factors being corrected at time of inspection.	Environmental Health Supervisors & Peer Review
2	Once baseline is established, maintain or increase baseline.	Environmental Health Supervisors & Peer Review
3	Maintain internal audits.	Environmental Health Supervisors & Peer Review
4	Set up training with applicable staff.	Environmental Health Supervisors & Peer Review

Strategic Priority 2	Prevent and Treat Disease
<b>Goal 2</b>	<b>Prevent disease through medical screenings, treatment, surveillance and Environmental Health safety activities.</b>
Objective: 12	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services by increasing the percentage of failing Onsite Sewage Systems corrected within 60 days of local health departments becoming aware of the issue.
	<b>Performance Indicator</b>
	Completing at least 40% of failing Onsite Sewage Systems within 60 days of our district becoming aware of the issue by June 2017 and 43% by June 2019.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin	<b>Strengths</b>		<b>Weaknesses</b>
		1. Staff maintains required OSE license.	1. Proper follow-up with property owner.
		2. Staff well trained in onsite regulation and policy.	2. Tracking mechanism for repair applications.
		3. Staff maintains good relationships with property owners throughout the correction process.	3. Lack of required onsite training on a regular basis.
External Origin		4. Staff educates property owners on the public health threat of failing septic systems.	4. Unmandated programs vie for EHS's time.
	<b>Opportunities</b>		<b>Threats</b>
		1. Grant funding opportunities to low income households.	1. Basic onsite training module not offered frequently enough to meet district needs.
		2. Bluejay reports in VENIS are a management tool to monitor the status of the repair application.	2. Lack of good enforcement tool.
		3. House Bill Waivers to required treatment requirements.	3. Property owner cannot afford to repair septic system.
			4. Weather conditions can affect when an onsite sewage system can be installed.
		5. Lack of compatible salary results in loss of experienced EHS's	
		6. VDH imposed unrealistic timeframe.	

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Establish the current baseline of Onsite Sewage Systems completed within 60 days.	EH Management Team
2	Once baseline is established, increase or maintain baseline.	EH Management Team
3	Maintain internal audits by utilizing internal tracking mechanisms.	EH Management Team
4	Set up training with applicable staff.	EH Management Team

Strategic Priority 2	Prevent and Treat Disease
Goal 2	<i>Prevent disease through medical screenings, treatment, surveillance and Environmental Health safety activities.</i>
Objective: 13	Maintain the number of low income children and adolescents receiving dental services.
	<b>Performance Indicator</b>
	Efficiency will be measured in staff hours worked and the number of patients seen. The goal is to see one patient per hour worked by December 2016.

**SWOT for GOAL & OBJECTIVE**

	Helpful to Goal & Objectives		Harmful to Goal & Objectives	
	Strengths	Weaknesses	Opportunities	Threats
Internal Origin	1. Bilingual dentist (Spanish.)	1. Dentists are part-time.		
	2. Two dentist and two dental assistants on staff.	2. No state funding.		
External Origin	1. Financial support from City of VB.	1. Unknown impact of the Affordable Care Act (ACA.)		
	2. Clinics at VoTech and Birdneck Elementary that provide dental patients.	2. Possible limited growth due to funding constraints.		
	3. VoTech provides equipment and supplies for dental clinic operations on site.	3. Loss of city funding.		
	4. Expand outreach and opportunities at VoTech to see more low income children.	4. Dental health not being mandated.		
	5. Other funding sources.			

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Increase marketing efforts at the schools where clinics are held.	Dental Team
2	Monitor patient caseload data in order to provide evidence to the City that a full time dentist is needed.	Dental Team
3	Evaluate patient scheduling to maximize efficiency of dental staff resources.	Dental Team

Strategic Priority 3	Promote Healthy Behaviors
<b>Goal 3</b>	<b><i>Engage in a variety of health promotion and support activities that will contribute to better community health.</i></b>
Objective: 14	Increase the percentage of mothers reporting not to have smoked during pregnancy.
	<b>Performance Indicator</b>
	100% of pregnant woman admitted to VBDPH Maternity clinic will be screened for tobacco use at initial visit, 28 week visit, and 36 week visit using the Behavior Health Risk Screening Tool by April 2015. This will then be maintained.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin	<b>Strengths</b>	1. Information and education provided in New Maternity Patient package about negative effects of smoking on pregnancy. 2. Referral Quit Now Program offered. 3. Behavior Health Risk Screening Tool currently done at initial visit, 28 week visit, and 36 week visit. 4. Staff knowledgeable on the negative effects of smoking on pregnancy and fetus.	<b>Weaknesses</b> 1. Language barriers amongst some maternity populations. 2. Negative influence of VBDPH staff members smoking on premises. 3. Risk of data entry errors.
	<b>Opportunities</b>	1. Adequate community resources for smoking cessation. 2. Develop Non-Smoking policy around VBDPH building.	<b>Threats</b> 1. Lack of patient knowledge about the effects of smoking on the fetus. 2. Decrease compliance to smoking cessation. 3. Funding for Quit Now Program. 4. Lack of knowledge of secondhand smoke. 5. Shared building. 6. Inability to control smoking policy/others in area using our property for smoking. 7. Late entry into care.
External Origin			

Strategic Priority 3	Promote Health Behaviors	
Goal 3 Objective 14 (continued)		

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Complete Behavior Risk Screening at designated bench marks.	FHS staff
2	Quarterly chart audits of maternity charts to monitor completion of risk screen.	FHS staff/Supervisor
3	Monitor at PP visit "Assessment for Tobacco Use".	FHS staff/Supervisor
4	Purchase audio visual aids (DVD) for viewing Wednesday and Thursday in VDH lobby area showing impact of smoking on unborn fetus within one (1) year.	FHS Supervisor
5	Define non-smoking parameters around the VBDPH property to decrease exposure to second-hand smoke within two (2) years.	FHS Supervisor
6	Send out policy to non-clientele that our facility is non-smoking and they cannot come to our property to smoke.	FHS Supervisor

Strategic Priority 3	Promote Healthy Behaviors
<b>Goal 3</b>	<b><i>Engage in a variety of health promotion and support activities that will contribute to better community health.</i></b>
Objective: 15	Reduce the pregnancy rate of women age 15-19 years.
	<b>Performance Indicator</b>
	All teens admitted to VBDPH family planning clinic will be counseled on negative impacts of unplanned pregnancies by April 2015. This will then be maintained.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin		<b>Strengths</b>	<b>Weaknesses</b>
		1. Information and education provided to all teens in FP clinic.	1. Rate of teens attending clinic low.
		2. Community outreach at health fairs.	2. Lack of marketing of teen services.
		3. Partnership with Crisis Home quarterly providing education.	
		4. Knowledgeable staff.	
External Origin		<b>Opportunities</b>	<b>Threats</b>
		1. Community outreach at health fairs.	1. Lack of access to VB Public Schools.
		2. Promote Teen services via Social Media.	2. Personal beliefs.
		3. Enhance education & develop other educational opportunities.	3. Increased social acceptance of teen pregnancy.
		4. Provide education on accessibility to emergency contraceptives.	4. Lack of web information--Face Book, twitter.
		5. Political climate.	

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Initiate collaborative effort with VB Schools Nurse Manager to provide information on VBDPH teen services within 6 months.	FHS staff/Supervisor
2	Initiative collaborative effort with VB Schools Nurse from 6 local high schools to provide literature with teen clinic hours within 6 months.	FHS staff
3	Attend two (2) Community Health Fairs this year to provide information about teen services.	FHS staff
4	Monthly chart audits "Counseling for unplanned pregnancy".	FHS staff/Supervisor

Strategic Priority 3	<b>Promote Healthy Behaviors</b>
<b>Goal 3</b>	<b><i>Engage in a variety of health promotion and support activities that will contribute to better community health.</i></b>
Objective: 16	Increase the percentage of Virginia Beach residents reporting physical activity or exercise outside of work in the last 30 days.
	<b>Performance Indicator</b>
	Virginia Beach will work with partners to create/initiate/provide at least one new campaign or event each year to encourage physical activity by December 2019.

**SWOT for GOAL & OBJECTIVE**

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
<b>Internal Origin</b>	<b>Strengths</b>		<b>Weaknesses</b>
		1. Strong partnerships.	1. Access to real time data not available (latest data 2013.)
		2. Best rates in the region.	2. Location specific data (by zip code) not available.
		3. Staff person dedicated to focusing on these efforts.	3. Funding to support ideas not available.
<b>External Origin</b>		4. Specific committee dedicated to these efforts (Mayor's Action Challenge Committee for a Healthy Lifestyle and Environment.)	4. Outdated Health Department website.
	<b>Opportunities</b>		<b>Threats</b>
		1. Virginia Beach Department of Parks and Recreation takes on a strong leadership role with these efforts.	1. Parks and Rec may not have the ability to track this at the zip code level.
		2. City of Virginia Beach Media and Communications group is a valuable resource to promote messaging.	2. Huge category to tackle. It is multi-factorial problem, (psychological, social and economic.)
		3. City of Virginia Beach Leadership is supportive of these efforts.	3. It is a multifactorial problem for the individual (feeling safe to go out into the community in order to be active, having the motivation to make changes.)
		4. City of Virginia Beach has an overall landscape supportive of encouraging a healthy lifestyle.	4. Not all external partners are willing to take leadership roles.
			5. Burnout of messaging. People are tired of hearing the same message.

Strategic Priority 3	Promote Health Behaviors	
Goal 3 Objective 16 (continued)		

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Introduce metric concept to partners (Mayor's Action Challenge for a Healthy Lifestyle and Environment, HealthyVB, Health Services Advisory Board.)	Health Director: HSAB, FYO Analyst: HealthyVB Steering Committee, MACC-HL&E
2	Gather ideas from partners.	Health Director, Analyst, community partners
3	Oversee, organize and secure support from multiple partners (financial, manpower) for the event.	Health Director, Analyst
4	Promote and market activity through channels including city media resources and community partner media resources.	Health Director, Analyst, community partners
5	Conduct activity.	Health Director, Analyst, community partners

Strategic Priority 3	Promote Healthy Behaviors
<b>Goal 3</b>	<b><i>Engage in a variety of health promotion and support activities that will contribute to better community health.</i></b>
Objective: 17	Increase opportunities available for people over 50 years of age to learn and practice healthy behaviors that enhance quality of life.
	<b>Performance Indicator</b>
	The VBDPH will conduct a minimum of three programs a year for persons over 50 years of age that promote healthy behaviors. The expectation is that by the end of each fiscal year this goal will be met.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin	<b>Strengths</b>	1. Staff trained to provide "A Matter of Balance", Chronic Disease & Diabetes Self-Management program 2. Availability of MRC to help facilitate programs. 3. Existing partnership with Senior Services of Southeast Virginia and Sentara Living	<b>Weaknesses</b> 1. Lack of dedicated funding to maintain programs. 2. Volunteers are not always available when needed. 3. Unknown support from new partners. Unsure what they will bring to the table. Unequal distribution of responsibilities
	<b>Opportunities</b>	1. Increase the health department's visibility in the community 2. Establish additional community partnerships to promote programs 3. Improved the quality of life for Virginia Beach residents over 50 years of age.	<b>Threats</b> 1. Similar programs offered in the community 2. Unstable funding. 3. Rapidly increasing aging population in Virginia Beach. Unable to keep up with demand for services.
	External Origin		

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Train facilitators for the "A Matter of Balance" program by 2016.	Senior Health Educator
2	Partner with SSSVA and Sentara Living to schedule programs.	Senior Health Educator
3	Promote programs to the target population.	Senior Health Educator, SSSVA and Sentara Living
4	Conduct at least 3 programs by the end of 2016.	Senior Health Educator and trained program facilitators

Strategic Priority 3	Promote Healthy Behaviors
Goal 3	<i>Engage in a variety of health promotion and support activities that will contribute to better community health.</i>
Objective: 18	Reduce the percentage of overweight children.
	<b>Performance Indicator</b>
	Decrease the percentage by 5% of children (ages 1-5) enrolled in the WIC Program equal to or above the 95 percentile for weight for height by 12/31/16.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin		<b>Strengths</b>	<b>Weaknesses</b>
		1. Nutrition Education specific to the individual child/family.	1. Parents may become defensive regarding child's weight.
		2. Active Play classes offered monthly.	2. Parents may think "healthy" eating is harder or more expensive.
		3. 2% reduced fat milk no longer offered to children or women, 1% or skim milk only.	3. Parents may not return for follow up appointment.
External Origin		4. Participants can purchase fresh, frozen or canned fruits and vegetables with eWIC card.	
		<b>Opportunities</b>	<b>Threats</b>
		1. Staff attends seminars or webinars to receive continuing education hours.	1. Poor weather may affect the number of appointment cancellations.
	2. Nutrition Education ideas and tips are shared with staff at quarterly staff meetings.	2. Transportation challenges.	

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Establish the current baseline for our caseload of overweight children.	WIC Coordinator
2	Once baseline is established, decrease baselines by utilizing active play classes & increasing nutrition education.	All CPA WIC Staff
3	Run report from Crossroads quarterly.	WIC Coordinator
4	Arrange quarterly nutrition education training for all WIC staff.	WIC Coordinator

Strategic Priority 4	Disaster Preparedness, Response and Recovery
Goal 4	<i>Ensure the district's ability to successfully respond to a disaster is in alignment with national standards.</i>
Objective: 19	Increase the percentage of VBDPH staff responding to Health Alert Network (HAN).
	<b>Performance Indicator</b>
	Ensure 80% of VBDPH staff responds to HAN alerts within one hour by December 2016.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
		<b>Strengths</b>	<b>Weaknesses</b>
Internal Origin		1. Three people capable of sending HAN alerts. All completed HAN training.	1. Staff do not update contact information when it changes.
		2. Follow-up process with staff who do not respond.	2. Staff not responsive to HAN alerts.
External Origin		<b>Opportunities</b>	<b>Threats</b>
		1. User friendly system. System provides current reports.	1. Phone/HAN system could be overloaded during an actual emergency.
		2. Ability to send follow-up messages.	2. Waiting on City decision for closure/delay announcements.
		3. Program can be accessed from any computer anywhere in the country.	3. Inability to call back in to the system to acknowledge receipt of the alert.
	4. Alert can be received by phone call, text or email.		

Action Plan	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Conduct quarterly HAN drills.	Emergency Coordinator
2	Follow-up with staff that does not respond to alerts to identify issues.	Emergency Coordinator
3	Correct issues identified during alert follow-up (i.e., update phone number, remove names from database, counsel staff.)	Emergency Coordinator

Strategic Priority 4	Disaster Preparedness, Response and Recovery
Goal 4	<i>Ensure the district's ability to successfully respond to a disaster is in alignment with national standards.</i>
Objective: 20	Collaborate with City agencies & regional partners to identify and respond to Public Health emergencies.
	<b>Performance Indicator</b>
	VBDPH Emergency Coordinator or representatives attend 90% of City and EVHC monthly meetings. This will begin being tracked in April 2015. The results will be reported at the end of each calendar year.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin		<b>Strengths</b>	<b>Weaknesses</b>
		1. Actively involved with City OEM and EVHC.	1. Two person EP&R staff.
		2. Emergency Coordinator maintains good relationship with partners.	
External Origin		3. Opportunity to educate partners regarding public health value.	
		<b>Opportunities</b>	<b>Threats</b>
		1. VBDPH recognized as valuable team member.	1. Lack of funding.
		Strong City OEM and Regional EVHA.	2. Currently no grant opportunities.

Action Plan	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Ensure MRC Coordinator can attend meetings when Emergency Coordinator not available.	Emergency Coordinator
2	Ensure EC/MRC coordinator bring added value to meetings.	Emergency Coordinator and MRC Coordinator

Strategic Priority 4	Disaster Preparedness, Response and Recovery
Goal 4	<i>Ensure the district's ability to successfully respond to a disaster is in alignment with national standards.</i>
Objective: 21	Provide VBDPH staff with VBDPH specific EP&R training.
	<b>Performance Indicator</b>
	100% VBDPH staff attends EP&R New Employee Orientation and complete POD, Bioterrorism, IS-22 & Fit Testing. This is currently being tracked (March 2015) the results will be reported at the end of each calendar year.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin		<b>Strengths</b>	<b>Weaknesses</b>
		1. Strong HR Dept. to track new employees. 2. Comprehensive new staff EP&R orientation program.	1. New staff delay completing courses.
External Origin		<b>Opportunities</b>	<b>Threats</b>
		1. Courses tracked in TRAIN.	

Action Plan	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Work with HR Dept. to identify new staff and coordinate quarterly training session.	Emergency Coordinator
2	Verify courses completed in TRAIN.	Emergency Coordinator

Strategic Priority 4	Disaster Preparedness, Response and Recovery
Goal 4	<i>Ensure the district's ability to successfully respond to a disaster is in alignment with national standards.</i>
Objective: 22	Maintain a robust Virginia Beach Medical Reserve Corps.
	<b>Performance Indicator</b>
	Maintain annual 5% increase in recruiting. This is currently being tracked (March 2015) the results will be reported at the end of each calendar year.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin		<b>Strengths</b>	<b>Weaknesses</b>
		1. Exceptional MRC Coordinator.	1. One person staff.
		2. Strong orientation/training program.	2. Minimal funding.
		3. Active communication with volunteers.	
External Origin		4. Force multiplier for VBDPH.	
		<b>Opportunities</b>	<b>Threats</b>
		1. Collaborate with other MRC Coordinators to share resources & training.	1. VDH budget cuts - MRC regionalization.
		2. Outstanding support from City.	2. Transient population.
		3. Numerous recruiting opportunities.	

Action Plan	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Continue active recruiting efforts.	MRC Coordinator
2	Continue new volunteer orientation and training program.	MRC Coordinator

Strategic Priority 5	Financial and Business Excellence
Goal 5	<b>Utilize best financial and business practices noted in local audit reports as well as VDH Financial Policies and Procedures.</b>
Objective: 23	Ensure VDH Prompt Pay Standards are met.
	<b>Performance Indicator</b>
	Monthly Prompt Pay Standards will be met 11 out of 12 months.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin	<b>Strengths</b>	1. The fiscal department 'own' the data entry which increases accuracy and efficiency and ensures we meet the deadline. 2. The fiscal department ensures separation of duties which improves accuracy and accountability. 3. The Fiscal Tech will run and verify the Prompt Pay Report monthly to ensure the deadline has been met. 4. Fiscal staff is cross-trained.	<b>Weaknesses</b> 1. A vacancy in the fiscal department can impede the process because there is no longer enough staff to check behind one another in the department. 2. New staff may need to be trained on the process which could impede meeting the deadline.
	<b>Opportunities</b>	1. The voucher process is automated to improve the turn-around time for processing payments. 2. Vendors can accept SPCC payment in lieu of a check which will improve payment processing time.	<b>Threats</b> 1. An invoice can arrive late or after a funding period has ended creating a delay in payment. 2. OFM could process the voucher or an entire batch late creating a delay. 3. Lack of communication regarding policy and procedure changes coming from the Central office. 4. Inaccurate and outdated information in financial database
External Origin			

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Establish a current baseline to see if we are meeting the Prompt Pay Standards set by VDH.	Accountant
2	Ensure coverage for any fiscal vacancy so vouchers are not paid late.	Fiscal Tech/HR
3	Determine if any vendors will accept SPCC payment in lieu of batch payments (checks).	Fiscal Assistants and Fiscal Tech
4	Audit voucher processing times mid-month to ensure vouchers are not being processed late.	Fiscal Tech
5	Run the Prompt Pay Report in F&A and verify/sign all vouchers were processed timely.	Fiscal Tech

Strategic Priority 5	Financial and Business Excellence
Goal 5	<i>Utilize best financial and business practices noted in local audit reports as well as VDH Financial Policies and Procedures.</i>
Objective: 24	Time and Effort (T&E) is certified and locked in accordance with VDH's T&E Guidelines.
	<b>Performance Indicator</b>
	T&E will be certified and locked by the 25th of each month at least 11 out of 12 months. This is currently being tracked each month (March 2015) results will be reported at the end of each fiscal year.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin		<b>Strengths</b>	<b>Weaknesses</b>
		1. The fiscal department 'own' the data entry which increases accuracy and efficiency and ensures we meet the deadline.	1- VBDPH supervisors do not verify codes or accuracy and the T&E must be returned for corrections, which creates delays in meeting the deadline.
		2. The fiscal department ensures separation of duties which improves accuracy and accountability.	2 - The employee or supervisor fails to sign the T&E timesheet which creates a delay.
		3. All VBDPH supervisors are trained on T&E accuracy and timeliness.	3 - There is no back-up for the reconciliation part of T&E.
		4. HR provides employee start and stop dates to the fiscal department to ensure that all are submitted.	4 - There is no back-up for the certification and locking of T&E.
		5. All new employees are trained on how to correctly submit T&E.	
External Origin		6. T&E processing schedule to allow for changes to still meet deadline.	
		<b>Opportunities</b>	<b>Threats</b>
		1. OFM could require all federal grant MOA's to specify the T&E Program Codes.	1. There have been functionality issues with the T&E Module (i.e. PT payroll was calculating incorrectly or the database is down).
		2. VDH provides guidance on T&E reporting, codes and requirements in the Department Administrative Manual.	2. New T&E Program Codes were created but not shared with district for federally funded grants which creates confusion and may cause the wrong codes to be used.
		3. New T&E Program Codes did not 'start' when the grant period began which prevented districts from being able to reconcile these programs during the impacted periods.	

Strategic Priority	Financial and Business Excellence	
Goal 5 Objective 24 (continued)		

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Establish a current baseline to see if we are meeting the T&E Guidelines set by VDH.	Accountant
2	Provide training for all new staff on how to complete T&E accurately and what the deadline for submission is each month.	Hiring Supervisor/Accountant
3	Ensure coverage for any fiscal vacancy so adequate checks will occur to verify accuracy of T&E.	Fiscal Tech
4	Provide training so there is a back-up for the reconciliation of T&E.	Accountant

Strategic Priority 5	Financial and Business Excellence
Goal 5	<i>Utilize best financial and business practices noted in local audit reports as well as VDH Financial Policies and Procedures.</i>
Objective: 25	Ensure VDH Micro SWaM Vendor goals are met.
	<b>Performance Indicator</b>
	At least 42% of district funds for purchases will utilize Micro SWaM Vendors per Executive Order #20 dated July 22, 2015. This is currently being tracked each month (March 2015) results will be reported at the end of each fiscal year.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin		<b>Strengths</b>	<b>Weaknesses</b>
		1. It is a VDH requirement that for procurement staff have their certificate as a Virginia Contracting Associate (VCA.) 2. Strong team that gets along well.	1. Not having staff with the certificates needed to complete all facets of procurement.
External Origin		<b>Opportunities</b>	<b>Threats</b>
		1. Ensure DGS/DPS policies are followed.	1. Not following procurement policies can cause the privilege to purchase for the State of Virginia removed from our district.

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Ensure purchasing staff is aware of goals and trained to meet VDH policies and procedures.	Purchasing Supervisor
2	Ensure purchasing staff works toward obtaining their VCA.	Purchasing Supervisor
3	Train end-users on procedures needed to locate a Micro-Swam Vendor for purchasing needs.	Purchasing Supervisor
4	Contact Small Businesses to provide the information needed to become s State Registered/Micro-SWaM Vendor.	Purchasing Staff
5	Maintain a listing of Micro-SWaM Vendors	Purchasing Staff
6	Prepare stats monthly on spending trends and SWaM usage.	Storekeeper Senior
7	Tracking quality and delivery time of purchased products.	Storekeeper and Storekeeper Senior

Strategic Priority 5	Financial and Business Excellence
Goal 5	<i>Utilize best financial and business practices noted in local audit reports as well as VDH Financial Policies and Procedures.</i>
Objective: 26	Provide sufficient storage capacity to electronically house all local data files. This is currently being tracked each month (March 2015) action will be taken when storage exceeds 80%.
	<b>Performance Indicator</b>
	Data storage capacity on local servers will not exceed 80% of capacity in order to allow for efficient data retrieval on the local network.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin	<b>Strengths</b>	1. 2 Local IT staff members to monitor local server usage, backup when one is out. 2. Local IT resources available to staff in this department can assist each team in their data needs.	<b>Weaknesses</b> 1. Reliance on state IT agency and its partner to provide hardware as needed. 2. Data hoarding/multiple savings of documents.
	<b>Opportunities</b>	1. New servers have already been ordered with adequate storage space for several more years. It can be expanded as needed.	<b>Threats</b> 1. Reliance on state IT partners to complete their component. 2. Future of IT public partner contract at state level.
External Origin			

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Monitor data storage space on local files servers to insure adequate space is available.	IT Staff
2	Work with the various teams within the department to help them meet their electronic storage needs.	IT Staff

Strategic Priority 5	Financial and Business Excellence
Goal 5	<i>Utilize best financial and business practices noted in local audit reports as well as VDH Financial Policies and Procedures.</i>
Objective: 27	New staff members will be provided with network access to requested systems within 2 business days of receipt of their signed application.
	<b>Performance Indicator</b>
	100% of new staff members are provided with network access and basic computer orientation within 2 business days of receiving their signed written requests. This is currently being tracked each month (March 2015) results will be reported at the end of each fiscal year.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin	<b>Strengths</b>		<b>Weaknesses</b>
		1. Two IT staff members, backup when one is out.	1. Lag time in receiving required documentation for new staff members.
		2. Close communication with HR office.	
External Origin		3. Checks and balances between IT and HR.	
	<b>Opportunities</b>		<b>Threats</b>
		1. Decrease new staff member down time by providing access to network accounts and online training modules to speed up their on-boarding process.	1. Reliance on state IT partners to complete their component.
			2. Future of IT public partner contract at State level.

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Monitor incoming requests for new accounts and process them in a timely manner.	IT Staff
2	Provide basic computer orientation to new staff so they can begin to utilize computer resources effectively in their job.	IT Staff

Strategic Priority 5	Financial and Business Excellence
Goal 5	<i>Utilize best financial and business practices noted in local audit reports as well as VDH Financial Policies and Procedures.</i>
Objective: 28	The human resources department will strictly adhere to submitting Worker's Compensation claims by the required deadlines as supported by Executive Order 109.
	<b>Performance Indicator</b>
	Worker's Compensation claims will be submitted to OHR and MCI within 10 days of the date of injury 95% of the time. This is currently being tracked each month (March 2015) results will be reported at the end of each fiscal year.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin	<b>Strengths</b>		<b>Weaknesses</b>
		1. Human Resources Staff members due to their current knowledge of the process.	1. Lack of back-up submission for WC claims if system goes down.
		2. Process to submit claims is electronic and the steps are simple.	2. Employee and supervisor's lack of knowledge on the WC claim process.
		3. VDH provides detailed checklist for HR staff to ensure accurate submissions on WC claims.	3. Employees not providing required documentation as necessary.
External Origin		4. HR Staff has made forms easily accessible to staff members to complete initial paperwork in a timely manner.	4. Lack of communication and timely reporting of incidents formally and informally from employees.
	<b>Opportunities</b>		<b>Threats</b>
		1. Training is available online for HR staff to update or maintain knowledge on WC submission process.	1. Workers Compensation electronic system could experience long downtimes.
		2. Ergonomics Training/Assessments for employees can be implemented in efforts to reduce preventable injuries.	2. Workers Compensation policies and procedures are continuously changing which could cause confusion or inaccurate submissions.
		3. Provide all staff trainings on the Worker's Compensation process annually to ensure staff members are aware of current procedures.	

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Establish the current baseline for timely submissions.	HR
2	Once baseline is established, increase or maintain baseline.	HR
3	Maintain current knowledge on WC processes and procedures.	HR/Staff
4	Provide resources and training to staff members to enhance their knowledge of the WC process.	HR
5	Follow-up with supervisor when deadlines/procedures are not met.	HR

Strategic Priority 5	Financial and Business Excellence
Goal 5	<i>Utilize best financial and business practices noted in local audit reports as well as VDH Financial Policies and Procedures.</i>
Objective: 29	The human resources department will facilitate a workforce development program that will allow employees to enhance or learn new professional skills in a way that best suits their personal learning style.
	<b>Performance Indicator</b>
	Each employee will be asked to identify one professional learning goal and to utilize their preferred learning style to acquire the needed training during each performance cycle. Data will be compiled and reported in October of each fiscal year.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin		<b>Strengths</b>	<b>Weaknesses</b>
		1. Employees will be given the opportunity to enhance or learn new skill sets that will enable them to perform their job more efficient.	1. Trainings could be located outside suitable local commuting area which could be prohibitive in attendance.
		2. New knowledge could be transferred throughout departments and with colleagues to further expand employee skill sets without increased costs.	2. Some trainings are not available in various formats thus not beneficial to an employee if it is not available within their personal preference for learning format.
		3. Employees can identify their own personal needs for training which may be different than the needs of other employees.	3. Employees just participating just to participate.
External Origin		4. The district has a variety of free trainings within different formats to suit the various training needs of the employees.	4. Not all trainings provide an assessment to measure knowledge or skills learned within training.
		<b>Opportunities</b>	<b>Threats</b>
		1. Looking for training resources outside of the agency, employees will be able to access and attend trainings that would not normally be available or required per their job description.	1. Trainings could be cost prohibitive not allowing employee to participate.
		2. Becoming familiarized with new training opportunities within the local community.	2. Training times and dates could interfere with job if training is longer than standard designated time periods.
	3. Keeping up with the latest information and newest methods regarding job responsibilities (i.e. new technological abilities, new procedures and regulations.)	3. Outside trainings may not be readily available (frequency, class becoming full, unscheduled emergencies.)	
	4. Employees will feel as though they are more empowered to perform their job responsibilities as well as appreciate the freedom given to identify their own training needs and means of training.	4. Prerequisites for trainings could prohibit an employee from being able to participate.	

Strategic Priority 5	Financial and Business Excellence	
Goal 5 Objective 29 (continued)		

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Establish an assessment tool to identify training needs.	HR
2	Develop procedure guidance for both employees and supervisors regarding the learning program.	HR
3	Develop a tracking mechanism to ensure employees are completing annual self-identified training.	HR
4	Provide resources to staff members to seek out external trainings.	HR

Strategic Priority 5	Financial and Business Excellence
Goal 5	<i>Utilize best financial and business practices noted in local audit reports as well as VDH Financial Policies and Procedures.</i>
Objective: 30	Ensuring a steady stream of revenue from clinical services by decreasing and maintaining our denial rate from insurance companies.
	<b>Performance Indicator</b>
	Maintain a 20% or less denial rate from insurance companies by December 2016.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
		Strengths	Weaknesses
Internal Origin		1. Billing Specialist on staff.	1. Lack of billing/coding knowledge by clinicians and nursing staff.
		2. Effective process for investigating denials.	2. Only 1 billing specialist that can process so many denials at one time.
		3. Generate Unbilled Revenue report monthly to catch unbilled claims within timely filing.	3. Credentialing with all providers and insurers/scheduling patients with correct providers.
		4. Improving our knowledge and training tools to accurately code office visits and procedures.	4. Data entry errors (demographics, insurance, etc.)
		5. Insurance specific encounter forms.	5. No electronic health record system in place.
External Origin		Opportunities	Threats
		1. Decreasing denials will decrease the delay of payment for services.	1. Insurance company retracting contract due to improper billing/coding.
		2. Increase revenue from insurance companies.	2. Possible implementation of ICD-10 and then ICD 11 in November 2017.
		3. Decrease in denials will provide billing specialist more time to focus on other billing projects.	3. Changing insurance requirements /reimbursement rules.
		4. Decrease in denials will help to increase accuracy of future budget predictions for insurance reimbursement.	4. Not having proper chart documentation to support appeals of denials.
	5. Implementing an Electronic Health Record System.		

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Establish the current baseline for our denial rates.	Clinic Admin Supervisors
2	Once baseline is established, increase or maintain baseline.	Clinic Admin Supervisors
3	Maintain internal audits to prevent denials.	Clinic Admin Supervisors
4	Set up training with applicable staff.	Clinic Admin Supervisors

Strategic Priority 6	Enhance External Communications and Collaborations
<b>Goal 6</b>	<i>Engage Community Partners in collaborative endeavors to improve the overall health of Virginia Beach Citizens.</i>
Objective: 31	The VBDPH will bring leadership to (ex. lead, co-lead, facilitate) community partnership committees each year. The overarching goal of each committee will be to work collaboratively to improve the health of the community. This will be tracked and the results will be reported at the end of each calendar year.
	<b>Performance Indicator</b>
	The VBDPH will have active involvement in a leadership capacity in at least two multidisciplinary, multiple partner committees a year.
Objective: 32	Each committee will have representation from community partners that have been identified as being integral to achieving the goals of the committee.
	<b>Performance Indicators</b>
	75% of the partners that have been identified will be represented on our community partnership committees.
	Community partnership committee meetings will be held at least quarterly by December 2017.

**SWOT for GOAL & OBJECTIVE**

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
<b>Internal Origin</b>	<b>Strengths</b>		<b>Weaknesses</b>
		1. Full time staff devoted to this.	1. No money available. Difficult to entice partners.
		2. Good support system from other internal programs.	2. Not enough staff to implement all ideas.
		3. Strong volunteer base.	3. Overall health is a huge topic. It is difficult to get your arms around it.
<b>External Origin</b>		4. Community Health Assessments and Community Health Improvement Plan provides structure and framework.	
	<b>Opportunities</b>		<b>Threats</b>
		1. There is city leadership and departmental support.	1. Partners not taking a leading role.
		2. We are a single municipality with more concentrated locations compared to other health districts.	2. Rogue individuals within partnerships.
	3. Great community partners (i.e.: volunteer groups, civic league network.)	3. Many key partners are spread thin.	
	4. A lot of framework and guidance available to line up with city goals (Envision 2040, city strategic plan)	4. Losing focus: not ensuring that ideas line up with city framework and goals.	

Strategic Priority 6	Enhance External Communications and Collaboration	
Goal 6 Objectives 31 &32 (continued)		

Action Plan	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Create a formal process for partner engagement on committees (ex: invitation to join, requirements and expectations of members)	Analyst
2	Identify partners integral to achieving committee goals.	Health Director / Analyst
3	Ensure that sufficient opportunities are being provided for partnership engagement and both parties benefit.	Health Director / Analyst
4	Track participation rates of various current committee members.	Analyst

Strategic Priority 6	Enhance External Communications and Collaboration
Goal 6	<b><i>Engage Community Partners in collaborative endeavors to improve the overall health of Virginia Beach Citizens.</i></b>
Objective: 33	VBDPH will use branding within a marketing plan to increase recognition of the health department in the community.
	<b>Performance Indicator</b>
	VBDPH will work with community partnership committees to advise and assist with development of at least two forms of public health messaging a year by December 2017.

**SWOT for GOAL & OBJECTIVE**

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
		Strengths	Weaknesses
<b>Internal Origin</b>		1. Health Department has a lead role in the development and implementation public health improvement messaging efforts.	1. Any VBDPH messaging efforts is done ad-hoc by VBDPH staff in additional to their routine job duties.
		2. Easy communication of messaging through internal partners.	2. Unable to control whether internal partners pass along consistent and accurate messaging to clients and their partners.
		3. Multiple online tools can be used to easily promote public health messaging (ex. social media, websites, etc.)	3. Concerns with maintaining current information on public health messaging due to other daily demands.
		4. VBDPH the subject matter expert in public health related messages.	4. Messaging may be too technical and does resonate with the public.
		<b>Opportunities</b>	<b>Threats</b>
<b>External Origin</b>		1. Multiple community partners that can spread public health messaging throughout the community.	1. Partners not taking a role in public health messaging efforts.
		2. Easy communication of messaging through external community partners.	2. Unable to control whether external community partners pass along consistent and accurate messaging to clients and their partners.
		3. Strong city Media and Communications Group (MCG) devoted to branding, marketing, and communication of public messaging.	3. City MCG staff divided between many city departments and their individual messaging efforts.
		4. Good relationship between VBDPH and city MCG.	4. City MCG may interpret public health messaging differently than what is intended by the VBDPH and community partners.

Action Plan:	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Develop a new logo for the VBDPH.	Public Health Information Committee
2	Ensure current VBDPH online resources are up to date.	VBDPH program supervisors, IT, Analyst
3	Identify the mediums of messaging to be utilized for the upcoming year.	Public Health Information Committee
4	Identify VBDPH messages throughout the year.	Public Health Information Committee

Strategic Priority 7	Achieve Excellence in Public Health
Goal 7	<i>Ensure VBDPH is in alignment with national standards.</i>
Objective: 34	Ensure VBDPH's ability to successfully respond to a disaster is in alignment with national standards.
	<b>Performance Indicator</b>
	VBDPH to maintain NACCHO PPHR designation in CY2015 and CY2020.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin		<b>Strengths</b>	<b>Weaknesses</b>
		1. Experienced Emergency Coordinator.	1. Two person staff for EP&R program.
		2. Robust EP&R program.	
		3. Supportive City OEM and EVHC.	
		4. Strong annual EP&R exercise program.	
External Origin		<b>Opportunities</b>	<b>Threats</b>
		1. Lessons learned from other States.	1. Completed once every 5 years.
		2. Helps standardize VDH Health Districts.	2. Review conducted by "peers" in other States. No "personal contact" with reviewers.
		3. Collaborative effort within VDH.	
		4. Demonstrates collaboration with City agencies and EVHC.	
	5. Meets National standards.		

Action Plan	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Review/update EP&R plans annually.	Emergency Coordinator
2	Continue to collaborate with Eastern Region Emergency Coordinators.	Emergency Coordinator

<b>Strategic Priority 7</b>	<b>Achieve Excellence in Public Health</b>
<b>Goal 8</b>	<b>Achieve Public Health Accreditation</b>
Objective: 35	All steps required in order to achieve public health accreditation with be completed.
	<b>Performance Indicator</b>
	By 2019 the district will have achieved public health accreditation.

**SWOT for GOAL & OBJECTIVE**

		<b>Helpful to Goal &amp; Objectives</b>	<b>Harmful to Goal &amp; Objectives</b>
<b>Internal Origin</b>	<b>Strengths</b>		<b>Weaknesses</b>
		1. Staff member already assigned for this.	1. Accreditation will not be the sole focus for assigned staff.
		2. Good support system from other internal programs.	2. Competing priorities to complete other assignments.
		3. Strong documentation processes already in place internally.	3. Not all programs operate at similar levels for documentation processes.
<b>External Origin</b>		4. Staff's ability to adapt to new processes and expectations based on accreditation standards.	4. Lack of motivation and burnout if adapting to new processes becomes overwhelming.
	<b>Opportunities</b>		<b>Threats</b>
		1. Provides recognition to partners and public of the VBDPH's high level of standards and its accountability to those standards.	1. Maintaining that standard of accountability.
		2. Increased opportunities for communication and collaboration based on some of the PHAB standards.	2. Partners not having an interest or seeing their role in the VBDPH achieving accreditation.
	3. State/city leadership supportive of departments achieving a level of excellence as with accreditation.	3. Additional tangible support (ex. manpower, funding) not provided in order to achieve that level of excellence.	
	4. Momentum toward greater accountability and enhanced credibility to stakeholders, partners and communities.	4. Partners not seeing VBDPH achieving accreditation as having any impact on their accountability and credibility to the community.	

<b>Action Plan:</b>	<b>What steps need to be taken to ensure the GOAL &amp; OBJECTIVE are met?</b>	<b>Responsibility</b>
1	Allocate realistic amount of resources and time to dedicate to the accreditation process.	VBDPH leadership / Analyst
2	Provide effective rollout and consistent messaging of the VBDPH officially taking on the PHAB process.	VBDPH leadership / Analyst
3	Implement timely and effective communication and processes for staff on documentation needed for PHAB standards and measures.	Analyst
4	Timely and efficient participation in providing PHAB standards and measures documentation.	VBDPH staff as assigned for each PHAB standard and measure.

Strategic Priority 7	Achieve Excellence in Public Health
Goal 9	<i>Continuously improve the quality of department programs and services.</i>
Objective: 35	Implement a district Quality Improvement Program <b>*Note this objective was added after the initial strategic plan was published.</b>
	<b>Performance Indicator</b>
	By 2019 the district will have a standardized Quality Improvement Program.

SWOT for GOAL & OBJECTIVE

		Helpful to Goal & Objectives	Harmful to Goal & Objectives
Internal Origin		<b>Strengths</b>	<b>Weaknesses</b>
		1. Recent strategic planning efforts have made staff aware of measuring performance.	1. Current Quality Improvement Committee needs structure and focus.
		2. Many departments within the district actively implement quality improvement activities.	2. Staff may not be documenting quality improvement activities.
External Origin		<b>Opportunities</b>	<b>Threats</b>
		1. VDH is currently working on accreditation, may provide QI guidance.	1. Competing priorities for staff time.
		2. Quality Improvement forum to provide training ideas.	

Action Plan	What steps need to be taken to ensure the GOAL & OBJECTIVE are met?	Responsibility
1	Decide what staff will be involved with QI activities.	Accreditation Coordinator/Supervisory Team
2	Ensure staff have access to training.	Accreditation Coordinator/Supervisory Team
3	Draft QI Plan	Accreditation Coordinator/Supervisory Team

### Appendix III VBDPH Strategic Plan Participants

EMPLOYEE NAME		VBDPH DEPARTMENT	TITLE
Anderson	Lisa	WIC	WIC Program Coordinator
Armstrong	Jillian	Human Resources	Personnel Analyst
Augustine	Latoya	Communicable Disease	Public Health Nurse
Bainbridge	Leigh	Clinic Administration	Office Services Supervisor
Barringer	Laura	Epidemiology	Epidemiologist Sr.
Batakis	Deborah	Community Team	Public Health Nurse Supervisor
Blair	Jeff	Business Administration	Information Technology Specialist
Bourne	Janine	Fiscal Department	Fiscal Assistant
Brawner	Ruby	Purchasing	Purchasing Supervisor
Burgess	Mike	Business Administration	IT Analyst Sr.
Cannon	Akemi	Fiscal	Fiscal Tech
Davidson	Pat	Community Team	Health Educator
DeLashmutt	Bradley	Environmental	Environmental Health Supervisor
Dixon	Anita	Administration	Executive Secretary
Engle	Robert	EP&R	Emergency Planner
Fernandez	Joy	Community Team	Public Health Nurse
Foster	Michelle	Clinic Administration	Clinic Medical Records Specialist
Gaston	Heather	WIC	
Griswold	Amy	Business Administration	Accountant
Harrison	Chelsea	Community Team	Public Health Nurse
Hicks	Courtney	Clinic Administration	Clinic Telephone Specialist
Hockeborn	Margaret	Community Team	Nurse Practitioner
Horne	Dan	Environmental	Environmental Health Manger
Kear	Rebecca	WIC	Office Services Supervisor
Keeley	Jessica	Clinic Administration	Clinic Eligibility Specialist
Kulberg	Dr. Heidi	Administration	District Director
Leonard	Caitlin	Clinic Administration	Clinic Administrative Manager
McKenney	Julia	Clinic Administration	Clinic Cashier
Nejjari	Megan	Community Team	Community Health Worker Network Coordinator
Preisach	Wendy	Communicable Disease	Public Health Nurse
Seals	David	Business Administration	Security Officer
Smith	Victoria	Purchasing	Purchasing Assistant
Spence	Janie	Family Health Services	Public Health Nurse Supervisor
Taylor-Baptiste	Nicole	Administration	Nurse Manager Sr.
Thompson	Valerie	Environmental	Environmental Health Supervisor
Tucker	Jasmine	Clinic Administration	Clinic Telephone Specialist
Turner	Jolynn	Administration	Statistical Analyst Sr.
Turner	Janet	Communicable Disease	Public Health Nurse Supervisor
Warner	Pamela	Environmental	Environmental Health Supervisor
Whitley	Jennifer	Administration	Business Manager

## Appendix IV External Trends & Events

### PESTO ANALYSIS

Political Factors	Economic Factors	Other Factors
Tax base	Tax base.	ICD-11.
Political leadership at the state and local levels.	Pay rate/staff compensation.	Sea Level Rise.
Distrust of government.	Local/State/Federal Funding: Budgets are getting tighter and tighter.	Electronic Medical Records.
Expansion of aircraft carriers (one new carrier coming in and switching one carrier out for another.) More people may be using our services.	Type of staff training suffers (ex. Having Polycoms instead of in-person training.)	Weather-Environmental.
Relying on Richmond to tell localities what the issues are.	More homeless (Positive-new housing resource center.)	Workforce Turnover-Aging Staff.
	Tourism.	Transit System.
	Affordable Care Act.	Media can drive trends.
	Misunderstanding that with the ACA, other organizations will no longer need funding to operate.	24-7 News cycle.
	Increased expectation in staff with less compensation.	Trend towards accreditation.
		More expectations from VDH with fewer resources.
Social Factors	Technological Factors	Groundwater removal.
Staff shortages. We are a transient community	Increase in number of databases (This is good yet arduous.)	
What people eat.	Increase in disparities between those that do or do not have access to technology. (Ex. VITA-our hands are tied.)	
Cultures we are serving.	Data driven organization-but is there a use for the data given?	
Aging population is growing.	Information has become trendy-but no one knows how to use it.	
Emerging diseases / Increase in travel.	Speed versus quality for data.	
Angrier culture due to various circumstances.		
Lack of mental health services.		
Increase in outreach ministries to support the community. A safety net for many.		
The need to link people to resources because resources are more scarce.		
More communication but less clarity.		
Heightened expectation of speed. Quality decreases.		

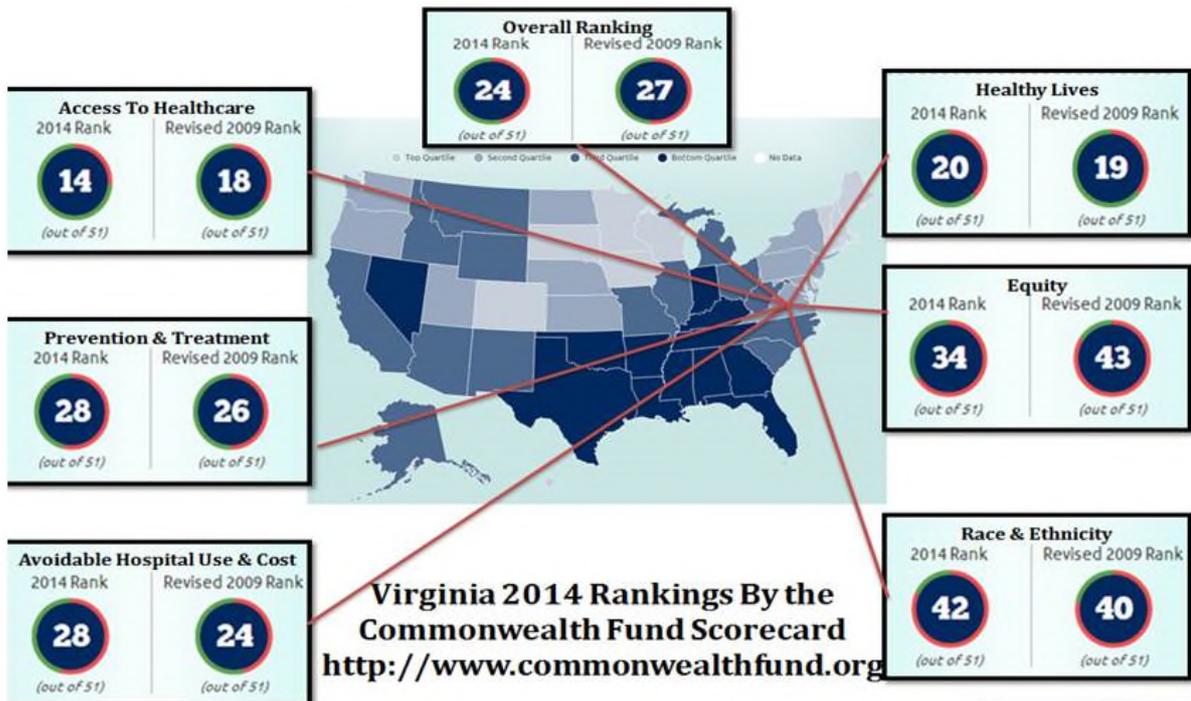
What would you like to see?
Learning more.
Becoming a little more like private practice.
More patient oriented.
Continue to have clinics like we do now.
Do more and go back to grass roots efforts.
Working on removing barriers and attitudes. Making things work for patients.
Change our mindset from "That's not my job" but rather "How can I help?"
Population health and working with other partners to change things on a grand scale.
Going back to grass roots efforts and reaching out to communities making an impact on the micro level.
Concerns: Having staff buy in to our goals and mission. That they do not feel like they are just pushing out numbers.
Like being out in the community more.
Continuing to improve our support for the city with various events (from EP & R).
Making sure that everything we need is in place.
More visible within the community so that the public knows what services we have to offer.
We need to not just be a training ground for employees [who then leave for other employment]. We need to better compensate our staff for the work they do.
"The future takes care of itself when you take care of the present moment."
Global support and accountability for administrative processes and procedures.
Environmental Health: To be able to get out and educated a little more.
Education. We are losing the grass roots. Being in the community more. Community service.
Need to go back to grass roots. It's our niche.
Increase internal and external service delivery.

Current Vision
A little bland/generic
Health Department visions all seem to sound the same.
Maybe have us stand out a little more.
A little complicated. Reading comprehension may be above those we want to reach.
If there were perfect public health, what would that look like?
Pictures to describe our vision (a part of branding).

Current mission
Too wordy.
Who will remember it?
Lame.
The language needs to be more simplified.
Other company missions are one sentence.
Simply, but catchy.
Don't make two competing vision statements. Vision and mission should complement each other.
The vision, mission on down should be like a step process.
Get other staff involved in this process as well. These are a lot of creative minds in our health department.

**Appendix V**  
**Virginia Department of Health October 2014 PowerPoint Presentation**

**Revising the Agency Strategic Plan**  
**VDH Goal: Become The Healthiest State In The Nation**



# Agency Objectives

## •Operations

- Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services

## •Communicable Disease

- Stabilize the incidence of reported cases of Chlamydia, Syphilis and Gonorrhea
- Increase the percentage of active Tuberculosis cases completing a standard treatment regimen within 12 months
- Increase the percentage of children receiving 4 doses of DTaP by age 2
- Increase the percentage of adolescent women (age 13-17) receiving 3 doses of HPV vaccine
- Increase the percentage of cases in which control measures were initiated within Public Health Emergency Preparedness (PHEP) required timeframes for specified reported diseases

## •Maternal & Child Health

- Increase the number of infants who survive their first year of life.
- Increase the number of African American infants who survive their first year of life
- Reduce the pregnancy rate of women age 15-19 years

## •Chronic Disease

- Increase the percentage of Virginians reporting physical activity or exercise outside of work in the last 30 Days
- Increase the number of children and pregnant women with access to healthy and nutritional food
- Increase the Percentage of mothers reporting not to have smoked during pregnancy
- Maintain the Number Of Low Income Children And Adolescents Receiving Dental Services

## •Environmental Health, Health Hazards & Healthcare Facilities

- Complete scheduled facility inspections within required time frames
- Increase the percentage of violations corrected at the time of inspection

## •Emergency Preparedness

- Maintain the Percentage of Districts that are certified by Project Public Health Ready
- Increase the Percentage of VDH employees responding to Health Alert Network (HAN) messages within 1 hour
- Increase the number of licensed EMS agencies that are submitting pre-hospital data with a minimum quality score of 98 to the Virginia Pre-hospital Information Bridge and version 3 National EMS Information System.

## •Chief Medical Examiner

- Complete death investigations within 90 days

## VDH Strategic Enterprise Agreement Metrics

Category	Metric	Metric Type	Baseline	2016 Mid-Term Target	2018 Mid-Term Target	Objective
Chief Medical Examiner	Number of suitable cadavers provided to Virginia medical Schools & research Centers	Other	258	350	400	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services
	Percentage of Death Investigations completed within 90 days	Other	90%	90%	90%	Complete death investigations within 90 days
Chronic Disease	Percentage of Virginians who participated in any physical activities in the last 30 days	Other	78%	85.3%	93.7%	Increase the percentage of Virginians reporting physical activity or exercise outside of work in the last 30 days
	Percentage of women reporting smoking during pregnancy	Other	7.4%	6.60%	5.94%	Increase the percentage of mothers reporting not to have smoked during pregnancy
Communicable Disease	Percentage of children receiving 4 doses of DTaP by age 2	Key	83%	88%	90%	Increase the percentage of children receiving 4 doses of Dtap by age 2
	Percentage of adolescents (age 13-17) receiving 3 doses of HPV vaccine	Other	27.9%	45%	60%	Increase the percentage of adolescent women (age 13-17) receiving 3 doses of HPV vaccine
	Percentage of active Tuberculosis Cases Completing a Standard Treatment Regime within 12 months	Other	84%	90%	93%	Increase the percentage of active Tuberculosis Cases Completing a Standard Treatment Regime within 12 months
	Primary and secondary syphilis incidence rate	Other	3.9	3.9	3.9	Stabilize the incidence rate of reported cases of Chlamydia, Syphilis and Gonorrhea
	Percentage of reported disease cases in which control measures were initiated within PHEP required timeframes	Other	68%	90%	90%	Increase the percentage of reported disease cases in which control measures were initiated within PHEP required timeframes
	Percentage of people linked to HIV care after a positive HIV test	Other	75%	78%	80%	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services
Drinking Water	Percentage of waterworks inspections completed within established time frames	Other	93%	100%	100%	Completed scheduled facility inspections within required time frames
	Percentage of program expenditures for drinking water construction financing spent in expected time frames	Other	TBD	TBD	TBD	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services

## VDH Strategic Plan Metrics

Category	Metric	Metric Type	Baseline	2016 Mid-Term Target	2018 Mid-Term Target	Objective
Emergency Preparedness	Number of licensed EMS agencies that are submitting pre-hospital data with minimum quality score of 98 to the Virginia Prehospital Information Bridge and version 3 National EMS Information system.	Other	72%	85%	88%	Increase by 13% (current baseline 72%) the number of licensed EMS agencies that are submitting prehospital data with a minimum quality score of 98 to the Virginia Prehospital Information Bridge and version 3 National EMS Information System (NEMSIS) by December 31, 2016
	Number of local health districts maintaining NACCHO Project Public Health designation	Key	35	35	35	Ensure that all districts are certified by Project Public Health Ready
	Percentage of staff that response to the health alerting messages within 60 minutes of receiving alerts	Other	59%	70%	80%	Increase the percentage of VDH employees responding to HAN Messages
Environmental Health & Health Hazards	Percentage of Requests for Public Health Consultation or Assessment for Chemical Exposure Responded To Within 48 Hours of Receipt	Other	TBD	95%	95%	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services
	Percentage of Failing Onsite Sewage Systems Corrected Within 60 Days of Local Health Departments becoming Aware of the Issue	Key	37%	40%	43%	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services
	Percentage of food service establishment inspections completed within required time frames	Other	49%	54%	60%	Completed scheduled facility inspections within required time frames
	Percentage of risk factor violations corrected at time of inspection	Other	60%	66%	73%	Increase the percentage of violations corrected at the time of inspection
	Percentage of Shellfish and Crustacea Plant Establishment Inspections Completed Within Required Timeframes	Other	93%	95%	95%	Completed scheduled facility inspections within required time frames
	Percentage of violations corrected within 30 days notification for radioactive material licenses	Other	100%	100%	100%	Increase the percentage of violations corrected at the time of inspection
	Percentage of serious violations corrected within 45 days notification for X-ray registrants	Other	100%	100%	100%	Increase the percentage of violations corrected at the time of inspection

## VDH Strategic Plan Metrics

Category	Metric	Metric Type	Baseline	2016 Mid-Term Target	2018 Mid-Term Target	Objective
Maternal Child & Health	Number of Children with Special Health Care Needs (CSHCN) receiving care coordination services.	Other	6779	8050	8855	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services
	Newborn Survival Rate/Infant Mortality rate	Key	993.68	995.44	997.56	Increase the number of infants who survive their first year of life. ( Reduce the infant mortality rate
	Injury hospitalization for youth 0-19 years of age	Other	135.6	127.7	123.9	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services
	Number of children and pregnant women with access to healthy and nutritional food	Key	299,703	314,688	330,422	Number of children and pregnant women with access to healthy and nutritional food
	Number of low income children and adolescents receiving dental services	Other	9270	4550	4550	Maintain the Number Of Low Income Children And Adolescents Receiving Dental Services
	Pregnancy rate of women age 15-19 years (per Thousand)	Other	12.3	10	10	Reduce the pregnancy rate of women age 15-19 years
Operations	Number of scholarships or loan repayment recipients receiving awards	Other	14	14	14	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services
	Number of months from the close of data to production of the DHS statistical annual report	Other	13 Months	11 Months	9 Months	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services
	Number of data reports automated and available on the data warehouse	Other	0	4	10	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services
	Number of J-1 waiver recommendations	Other	30	30	30	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services
	Number of small rural hospitals receiving technical assistance and funding	Other	23	24	24	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services
	Percentage of health care facilities inspected within the required time frames	Other	84%	95%	99%	Completed scheduled facility inspections within required time frames
	Number of Community-based Nursing Home Pre-admission screens performed	Other	12300	12500	12600	Continue to support and improve the health of all Virginian's through efficient and effective execution of operations and delivery of services