

Strategic Plan 2020-2024

PRINCE WILLIAM HEALTH DISTRICT



Prepared by

STRATEGIC
PLANNING
COMMITTEE



DOCUMENT POINT
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AUTHORIZATION SIGNATURE PAGE

As Health Director of the Prince William Health District, I approve the 2020-2024 Strategic Plan as presented in this document.

Alison Ansher, MD, MPH
Health Director, Prince William Health District

Date

RECORD OF REVISIONS

Date:	Content Changed:	Changed by:
06/03/22	PWHD Divisions, Mission, Organizational Chart, Demographic Data,	Alison Ansher, MD, MPH Stephanie Shortridge

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Executive Summary

The Prince William Health District (PWHD) remains committed to our mission to promote optimum wellness, prevent illness, respond to emergencies, and protect the environment and health of our residents. While our core mission has not changed, our population, environment, and focus is evolving. In order to respond to the changes occurring within the public health system and enhance our local public health infrastructure, the PWHD developed this 2020-2024 Strategic Plan as our roadmap for decision-making over the next four years.

Understanding that our employees are our most valuable resource, the health district has decided, in part, to focus on strengthening our public health workforce. As we continue to focus on population health, we recognize it will require networking and community collaboration in order to address the public health issues impacting our community. This Plan will also be directed toward strengthening those relationships.

The Plan will guide us in continuing to function as a high performing public health agency, with a focus on continuous quality improvement and performance management. PWHD looks forward to the opportunity to better serve our staff and the residents of our community through the implementation of this Plan, and continuing to build a community of healthy people and a healthy environment.

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Background



The Prince William Health District (PWHD) is located in Northern Virginia, approximately 35 miles southwest of Washington, D.C. The Health District is part of the National Capital Region, which includes counties and cities in the Washington, D.C. metropolitan area. PWHD encompasses a total area of 349 square miles and includes Prince William County and the independent cities of Manassas and Manassas Park. PWHD provides public health services to 526,959 residents with diverse cultural and ethnic backgrounds (*U.S. Census Bureau, 2018 population estimates*). See Appendix 1 for the demographic profile of the community.

The PWHD is comprised of five major divisions:



Business Office

Administrative Support
Finance & Budget
Human Resource Services

Community Health Division

Field & Clinical Services
Women, Infants, & Children (WIC)



Environmental Health Division

Consumer Services
Onsite Sewage & Water Services

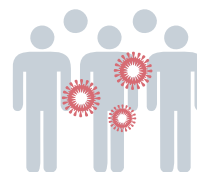
Office of the Health Director

Administrative Support
Emergency Preparedness & Response



Population Health and Disease Prevention

Epidemiology
Community Health



PWHD Employees



12.5%



87.5%

12.5% High school diploma or equivalent

22.5% Some college/technical program

5% Associate's degree

41.3% Bachelor's degree

16.3% Master's degree

2.5% Doctorate or higher

White 43.8%

Black 26.3%

Hispanic 23.8%

Asian 6.3%

PWHD operates multiple programs to protect and improve the health and well-being of its residents. Services include: immunizations; women and teen wellness; long-term care screening; maternal and child services; nutritional education and food vouchers for eligible women, infants, and children; education, diagnosis, treatment, and counseling for sexually transmitted diseases; AIDS Drug Assistance Program; tuberculosis screening and care; refugee screening and referrals; investigation and mitigation of reportable and emerging diseases; environmental health services, including complaint investigations and permitting and inspections of well and septic systems, restaurants and pools; emergency preparedness and response; and processing of birth, marriage, divorce, and death certificates. Services are provided at six different locations in the Greater Prince William Area.



Vision, Mission, and Values

Vision: The Prince William Health District, a community of healthy people and a healthy environment.

Mission: The Prince William Health District (PWHD) is dedicated to promoting optimum wellness and a healthy environment. As the community's Chief Health Strategist, PWHD will work beyond traditional public health programs and services to build strong cross-sector community coalitions that address the social determinants of health to ensure health equity, and to make PWHD the healthiest community in Virginia.

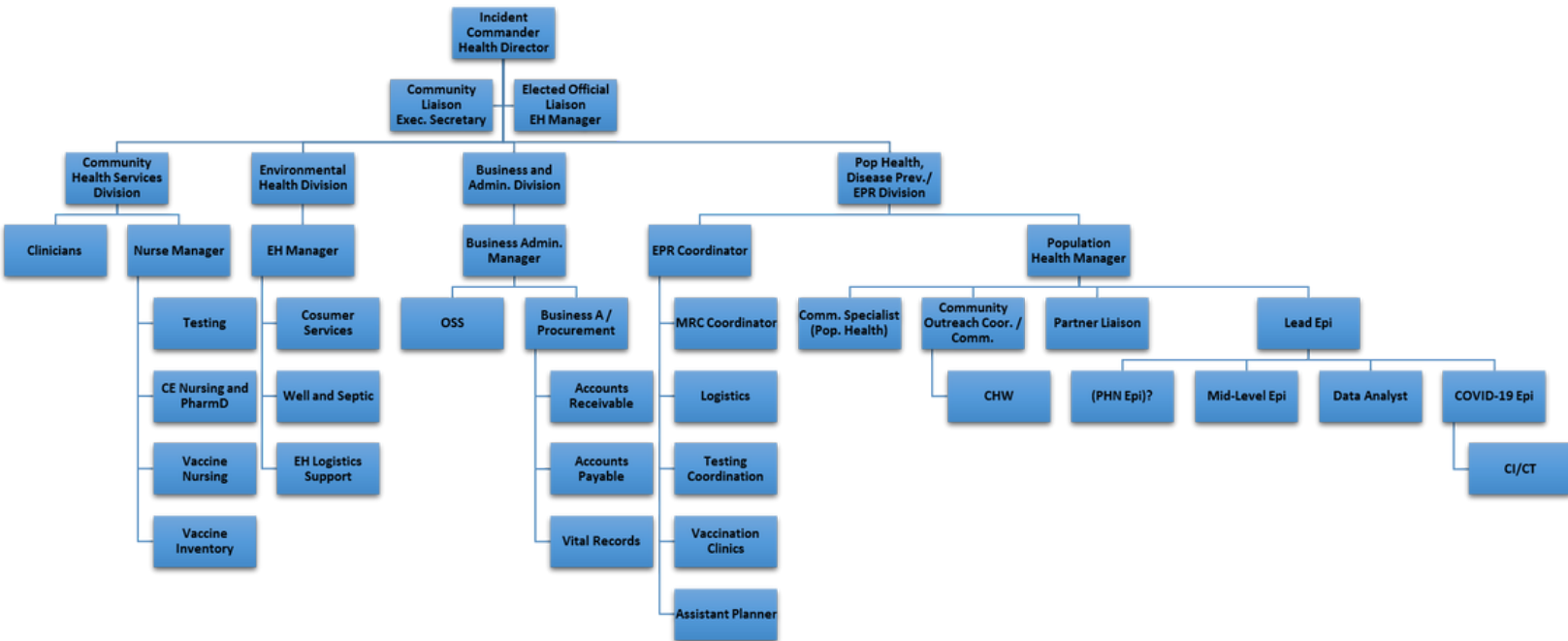
Values:

- Connected
- Robust public health system
- Dynamic partnerships
- Data-driven decisions
- Respect
- Continuous learning organization


Guiding Principles

- Cultivate a thriving public health system
- Engage cross-sector stakeholders
- Serve as a trusted source of public health information and resources
- Foster a healthy and resilient community
- Maintain a competent and valued workforce

PWHD Organizational Chart



Strategic Plan Development: Methodology



The Strategic Planning Committee, which consists of the PWHD Director, Business Manager, EH Manager, Nurse Manager, Executive Secretary, Population Health Epidemiologist, Population Health Planner, EP&R Coordinator, and District Epidemiologist, began meeting monthly in January 2019 to discuss the development of the Health District's third strategic plan. The Committee initially reviewed the Prince William Health District's 2017-2020 Strategic Plan and strategic planning resources.

Guided by the Health District's mission and vision, the Committee drafted goals and objectives to address the needs of the district and community. The Committee made a concerted effort to incorporate feedback and perspectives of general staff during individual program meetings to discuss the draft strategic plan goals and objectives. In addition, the Committee consulted the following resources in drafting the 2020-2024 Plan:

- Prince William County's and Manassas City's Strategic Plans
- Public Health Accreditation Board's Standards and Measures
- PWHD Quality Improvement Initiatives
- Virginia Department of Health's Plan for Well-Being
- Virginia Department of Health's Strategic Goals

The Strategic Plan will be made available on the Health District's website (<http://www.vdh.virginia.gov/Prince-William>) during the winter of 2020. PWHD welcomes input from local and state partners and, as appropriate, will incorporate this feedback into the annual revisions of the PWHD Strategic Plan.

Monitoring and Evaluation Plan

In order to demonstrate accountability and measure the impact of the goals and objectives outlined in the 2020-2024 Strategic Plan, the Committee will develop an accompanying Performance Management Plan. The purpose of the Performance Management Plan will be to monitor progress towards meeting the intended goals and objectives and to identify areas in which the agency can make targeted improvements.

The Performance Management Plan is designed to align the Strategic Plan with specific and measurable action steps for implementing positive changes. It will allow staff and leadership to identify and prioritize quality improvement initiatives based on areas of greatest need, and it will coordinate efforts to participate in the tasks outlined in the Plan. Progress towards action steps will be collected and analyzed annually. Progress reports will be developed and made available on the Health District's website: <http://www.vdh.virginia.gov/Prince-William>.

Strengths, Weaknesses, Opportunities, & Threats

The Prince William Health District's Strategic Planning Team originally conducted a strengths, weaknesses, opportunities, and threats (SWOT) self-analysis in development of the 2017-2020 PWHD Strategic Plan. Appendix 2 is an updated SWOT analysis based on the context under which the Health District is operating currently, as well as an identification of factors that may impact the Health District during the duration of this 2020-2024 Strategic Plan. The analysis of the Health District's internal strengths and weaknesses and external opportunities and challenges contributed to the development of the strategic priorities, goals, and objectives set forth in this Plan.

In some instances, elements included in the SWOT are cross-cutting as both strengths and weaknesses, or opportunities as well as challenges. The information gathered in the analysis will guide discussions about:

- Strategies to maintain, enhance, or leverage strengths;
- Approaches to minimize weaknesses;
- Options for leveraging or taking advantage of opportunities; and
- Potential impacts of challenges and how strengths and opportunities can be used to offset or prepare for them.



STRENGTHS

- Committed and dedicated staff
- Access to many resources (internal and external)
- Teamwork and friendships
- Cultural awareness
- Partnerships



WEAKNESSES

- Staff turnover and retention
- Limited opportunities for advancement
- Lack of communication and transparency
- Separate site locations
- Poor public visibility



OPPORTUNITIES

- Collaboration with external partners
- Cross-agency communications and sharing
- Workforce development
- Outreach and community activities
- Involvement with all three jurisdictions



THREATS

- Culturally and linguistically diverse community
- Political climate and policy changes
- Funding and staffing
- Resistance to change
- Provision of services to three separate localities

2020-2024 Strategic Plan Goals

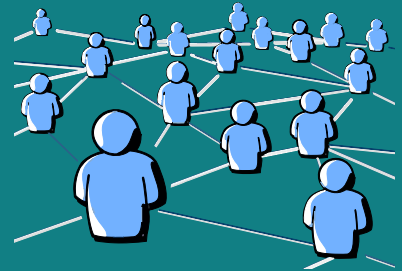
GOAL #1

Workforce Stabilization



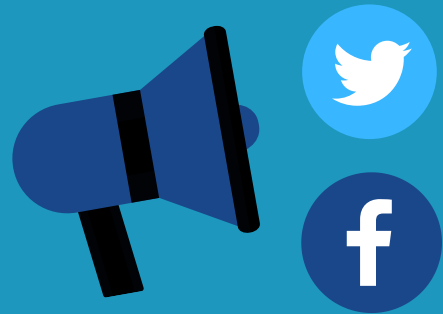
GOAL #2

Staff Connectedness



GOAL #3

Marketing & Outreach



GOAL #4

Capitalize on Partnerships



GOAL #1

Workforce Stabilization



- Get better at hiring
- Get better at keeping good employees
- Get better at making employees feel valued

Strategy 1: Improve our internal hiring process

Action Step: Seek out training from Central Office/ develop internal training for how to develop Employee Work Profiles (EWPs)

Action Step: Standardize district interviewing processes to include motivational/behavioral interviewing and skill set assessments

Action Step: Utilize other methods of recruitment in order to increase scope of reaching out to potential applicants

Refer to VDH's Shared Business Services (SBS) for additional guidance and support:
<http://vdhweb.vdh.virginia.gov/shared-business-services/sbs-workgroups/>

Strategy 2: Increase the number of employees who are engaged and valued

Action Step: Determine methods to gauge what keeps employees and what makes them leave (compile data from stay interviews and exit interviews)

Action Step: Increase the number of employees with appropriate self-development plans

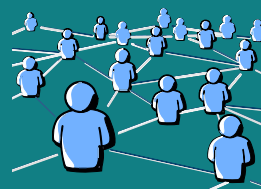
Action Step: Improve methods of making employees feel valued

Action Step: Reinstate the Employee Relations Committee

For the 2020-2024 timeline of strategies, action steps, tasks, and communications, please refer to the Strategic Plan supporting documentation on the shared drive. All documents can be found here:
District Drive (S) --> Plans --> Strategic Plan --> 2020-2024 Strategic Plan

GOAL #2

Staff Connectedness



Strategy 1: Increase connectivity between divisions

Action Step: Increase the number of opportunities for community events that pair up with different divisions

Action Step: Increase the number of opportunities for off-site collaboration and cross-collaboration on public health issues

Strategy 2: Foster a culture of cohesion, team-building, and positive relationships between all employees

Action Step: Continue with the development and distribution of the staff internal newsletter

Action Step: Utilize Polycom/GoToMeetings between sites

Action Step: Incorporate team-building into daily operations

Action Step: Develop a PWHD Community Board

Action Step: Implement internal "Stay Connected" meetings across the district

Strategy 3: Overcome geographical separation of sites

Action Step: Expand capacity of existing sites to accommodate alternate work spaces ("desk swap", Wi-Fi capacity, VPN expansion)

Action Step: Develop a PWHD Community Board

Action Step: Continue with the development and distribution of the staff internal newsletter

Action Step: Make it a priority to have PWHD competitions and events across sites

Action Step: Develop training opportunities during lunch

- Increase connectivity between divisions
- Overcome geographical separation of sites
- Create a culture of cohesion and teamwork

GOAL #3

Marketing & Outreach



Increase community engagement

- Increase social media presence

Improve community perception of health district

Strategy 1: Increase community engagement efforts

Action Step: Increase participation in community events that are worthwhile and incorporate interactive presentations

Action Step: Reinstate the internal Community Outreach Committee

Action Step: Create uniform messaging for community interactions

Action Step: Increase the number of employees who participate in outreach events

Action Step: Re-engage community partners for educational opportunities (work better with the school systems)

Strategy 2: Increase social media presence

Action Step: Assess feasibility of hiring a social media specialist

Action Step: Increase staff buy-in and support for social media channels and committees

Action Step: Build relationships with county and city communications partners

Action Step: Acquire necessary tools and programs to allow social media presence to grow

Action Step: Develop a Communications Standard Operating Procedure (SOP) for the district

Action Step: Develop a list of contacts for communications positions that exist within VDH

Strategy 3: Increase communications with internal staff and external partners to improve the perception of the health district and bring awareness to our work

Action Step: Assess feasibility of hiring a local Public Information Officer (PIO)

Action Step: Update style guide and Communications SOP

Action Step: Create uniform templates and messaging content

GOAL #4

Capitalize on Partnerships



Strategy 1: Partner with community organizations and universities for collaboration on joint training opportunities

Action Step: Partner with workforce development opportunities; joint trainings with other NoVA jurisdictions for workforce development

Action Step: Use year-end funds for training opportunities

Action Step: Work with universities to establish MOAs with non-public health programs (MHA, MBA, Communications, etc.)

Action Step: Plug into the upcoming Prince William County human services coalition (The "Alliance")

- Access to trainings and community resources
- Access to universities, government agencies, and other health districts

Create internship program

Strategy 2: Build partnerships at the local level to increase community capacity to focus on determinants of health

Action Step: Educate community about Community Health Assessment/Community Health Improvement Plan (CHA/CHIP) process and priority issues

Action Step: Develop work groups for our CHIP priority issues

Action Step: Engage traditional and non-traditional partners to work on our identified priority issues within the community

Strategy 3: Increase the number of mutually beneficial partnerships

Action Step: Assess feasibility of hiring an individual responsible for partnership and coalition building

Action Step: Partner with neighboring districts on orientation process

Action Step: Continue to work with universities to establish MOAs with non-public health programs (MHA, MBA, Communications, etc.)

Strategy 4: Develop an internship program

Action Step: Develop process for selection and on-boarding of interns

Action Step: Develop internal projects for positions with high turn-over rates

Action Step: Develop a list on internal projects for each division to match with interns

Action Step: Add internships and requirements to our external website

Strategic Planning Committee



Thank you to all the members on the committee for your time, dedication, and insight into creating our Strategic Plan. A special thank you to John Ringer for his support in the planning process.

Dr. Alison Ansher,
Health Director

Linda Woods,
Nurse Manager

Patrick Jones,
Environmental Health Manager

Anika Wilson,
Business Manager

Carol Dunithan,
Executive Secretary

Sarah Fenno,
Population Health Epidemiologist

Amanda David,
EP&R Coordinator

Andrea Young,
District Epidemiologist

Lisa Britford,
Business Manager A

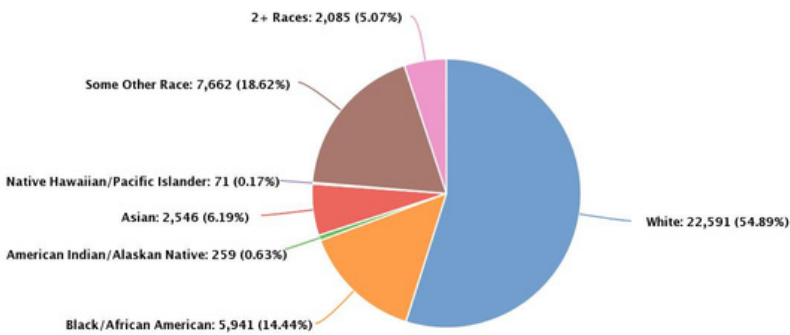
Janine McCormick,
HR Analyst

Appendices

Appendix 1. Demographic Profile

Figure 1. Population by Race

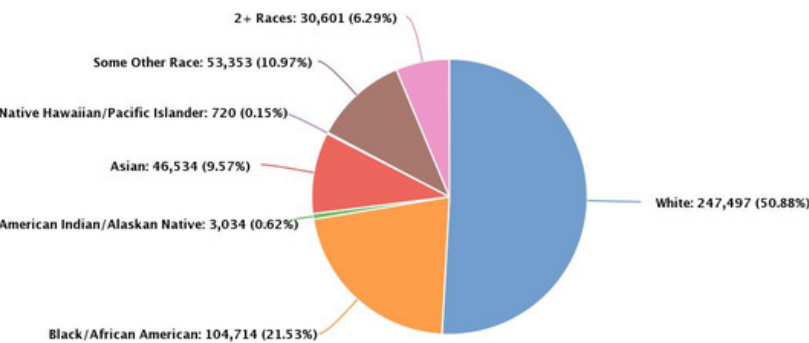
County/Cities: Manassas City



Claritas, 2022. www.behealthybehappyprincewilliam.com

Figure 3. Population by Race

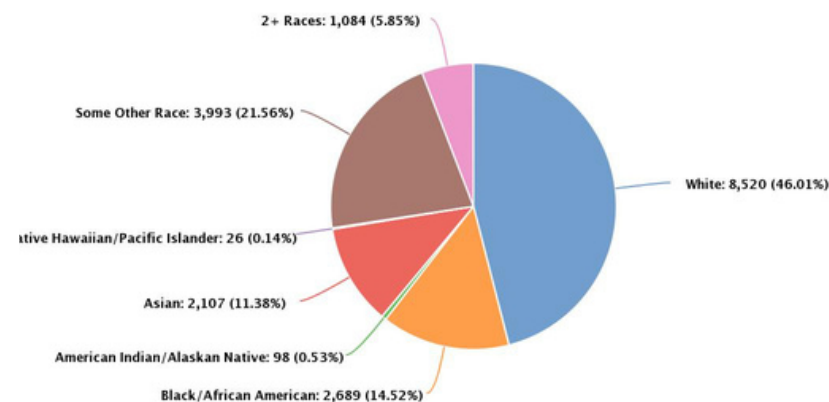
County/Cities: Prince William County



Claritas, 2022. www.behealthybehappyprincewilliam.com

Figure 5. Population by Race

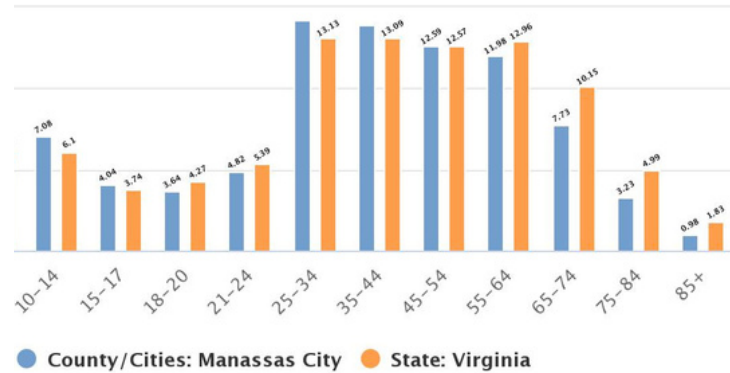
County/Cities: Manassas Park City



Claritas, 2022. www.behealthybehappyprincewilliam.com

Figure 2. Population by Age Group

County/Cities: Manassas City

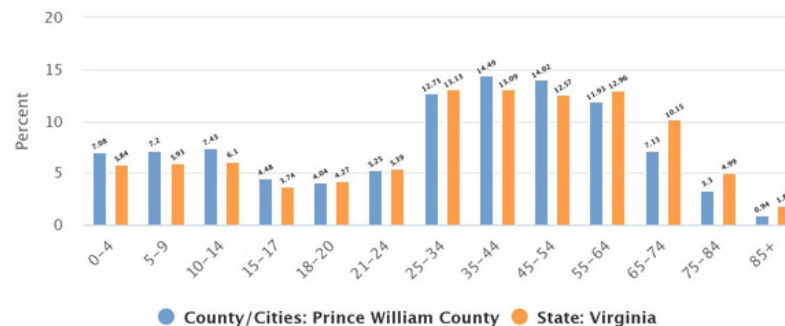


● County/Cities: Manassas City ● State: Virginia

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Figure 4. Population by Age Group

County/Cities: Prince William County

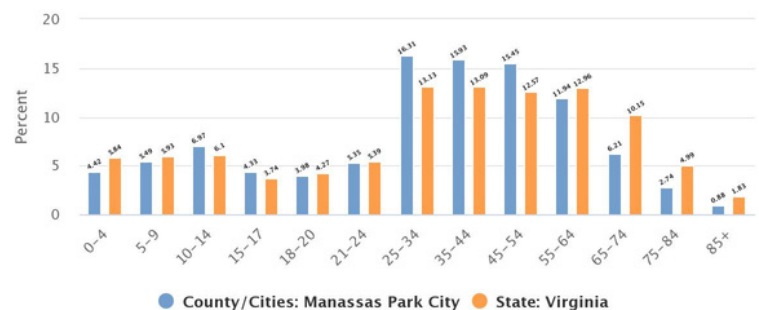


● County/Cities: Prince William County ● State: Virginia

Claritas, 2022. www.behealthybehappyprincewilliam.com

Figure 6. Population by Age Group

County/Cities: Manassas Park City



● County/Cities: Manassas Park City ● State: Virginia

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Appendix 2. Strengths, Weaknesses, Opportunities, & Threats

Office of the Health Director

Strengths

- Small business atmosphere
- Resource management
- Access to NIH Digital library
- Access to employee development opportunities (e.g., formal CQI training)
- Diverse areas of expertise and historical knowledge; culturally diverse staff
- Cohesive workforce with educated, talented, and dedicated staff
- Access to resources in the Washington Metro area
- Strong partnership with other NoVA health departments
- Community focused
- Willingness to address new and emerging issues
- Health equity
- Prevention and wellness
- Interdisciplinary practice
- Community health assessments
- Value and diversity of services
- Culturally and linguistically diverse
- Increased use of social marketing
- Access to non-profits and volunteers
- Regional collaboration
- Good relationships with many local and regional partners for assurance of access to care in the community
- Access to knowledge resources through a statewide network of local Health Districts and VDH Central Office

Weaknesses

- Inflexible organizational structure; limited opportunities for advancement; workforce focused on historical public health roles
- Standardization of processes/ procedures
- Vulnerable political climate and impact on long-term planning
- Staff dissatisfaction
- Inadequate staff to match population growth
- Recent/expected retirements, resulting in loss of knowledge; new staff in need of significant training
- Development of alternative leadership roles for future public health needs
- Difficulty hiring and maintaining skilled professionals for various positions
- Increased dependence on grant funding
- Financial and personnel contracts compromising ability to sustain clinical programs compatible with standards of care
- Resources for culturally diverse population
- Separate locations of some divisions
- Insufficient state information technology support (i.e., technology costs, maintenance and training); outdated technology
- Employee capacity to use social media/public health marketing to provide general public with information about services
- Community/public visibility
- Engagement of localities in the community health process
- IT support and databases; connectivity between partnering agencies
- Relationship with other County and State agencies
- Inconsistent and untimely data collection

Opportunities

- Relationships with new hospitals and development of a community coalition (CHCGPW)
- Partnerships with learning institutions (e.g., George Mason University)
- Live Well! Coalition and related health promotion efforts
- Relationships with non-profits and foundations in the community
- Access to multi-jurisdictional resources; partnerships with other local health districts, county agencies, state agencies, private sector, etc.
- Relationships with healthcare community to improve coordinated care
- Improvements in relationships with County and State agencies
- Experience and expertise to advise stakeholders on assurance of care
- Involvement in professional organizations
- Medicaid expansion
- Census 2020
- Recognition from health care and business leaders that data is crucial and prevention-focused interventions save money
- Community understanding of health equity and health in all policy
- Public Health Department Accreditation
- Ability to provide positive health messaging through social media outlets
- Expansion of population-based services
- Increasing diversity of health
- District's employees and community population
- Well-educated and affluent population
- Positive perception of PWHD by the community
- BeHappyBeHealthyPrinceWilliam.com data dashboard
-

- Possibility of additional funding streams through new grants (e.g., hospital foundation grants)
- Interns, Centers for Disease Control and Prevention workforce programs, and volunteers
- Access to external training opportunities
- Access to the NIH digital library
- Washington Metro and Regional professional opportunities
- MCOG public health work force development planning
- GMU public health workforce development

Threats

- Public Health Department Accreditation (process, funding, implications, etc.)
- Implementing the Census 2020 survey
- Political and policy changes
- Policy, systems, and environmental changes to consider SDoH
- Culturally & linguistically diverse community
- Federal, State and local budget reductions
- Emerging public health concerns
- Increased competition for funding sources among community partners
- Unfunded mandates
- Understanding and communicating community Human Services resources
- Evaluating and demonstrating the value and effect of prevention services
- Lack of local salary supplements
- resulting in staff turnover
- Competition for skilled employees with other Health Districts and Federal gov't Workforce hiring process
- Less desire of the future workforce to work for government entities
- Impact of Federal government shutdowns
- Impact of a lack of agreed upon Federal or state budgets

Environmental Health Division

Strengths

- Good work environment; understanding administration staff
- Quiet environment to work for data entry and/or reviewing plans
- Have good IT support and the right tools to accomplish the work product expectation
- PWC initiated database for documents. Front facing (public access) with all existing historic On-Site information only a few mouse-clicks away
- Technology assets to manage the database, review applications, track progress, complete field inspections, and interact with the population.
- Institutional experience on staff
- Good regional partnerships (other districts, agencies), knowledgeable staff, credentialed staff, diverse staff
- Management style at DSB and Kao are great
- Job Stability
- Benefit Package
- All-staff meetings help with moral
-

Weaknesses

- Having realistic goals and expectations that cannot be met
- The manpower is always lacking for two reasons -- lack of proper internal training and low wages
- The individual that is hired in this office is expected to gain knowledge by more or less "osmosis" that is pick it along the way from other more experienced Environmental Health Specialists
- It would be prudent to have the right internet speed matching hardware provided to accomplish the proper use of the new software being launched
- Certified professionals will not apply for this post because of low wages
- Focus of staff needs to be more about accommodation and less on misapplying regulations to find ways to deny
- Position vacancies are difficult to fill due to State pay practices and licensure requirements
- Lack the total positions necessary to fulfill the mandated program tasks
- Office is not centrally located in the county or where the workload is highest, leading to longer travel times
- Not enough Environmental Health Specialists and when we do get them, we lose them
- Our office cannot keep up and the restaurants, schools, day cares, etc.; they keep growing but we are not

Opportunities

- Communication with our “partners” and the private sector in accomplishing the same goals; having sound designs based on realistic evaluations that will give the home owner a healthy septic system and safe water supply
- Establish in this district regular meetings that are mandatory to work here, in order to establish communication and a voice for hearing each other out and fostering an area of mutual benefit
- Positive relationship with local agencies and departments – PWC Building, PWC Zoning, PWC GIS, PWC DoIT, DEQ, etc.
Regulations and Policies offer transparency
- to customers. Act as a guidebook for stakeholders
Access to multiple locations within the
- county – COOP, ease of access
Regulation changes, grant funding for
- training, equipment, lack of growth based on organizational structure, three jurisdiction district, Mobile Unit/Food truck trend
New college graduates could be looked at for
- the entry level positions

Threats

- Lack of working association as a team with the private sector, promotes the “us and them” culture
- Private sector currently views the health district as a hindrance to achieving their goals, be it safe or unsafe based on some AOSE’s greed
- Virginia legislature – Responsibilities can change on a yearly basis
- County Board of Supervisors – support could disappear after elections, or wane throughout the year
AOSE/PE’s can act as opponents rather than partners
- Political climate, policy/legal changes (laws, regulations, etc.), OEHS (often feels like they are working against us)
- Emerging public health concerns
- Affordable Care Act or healthcare changes which impact district
- Poaching of staff by nearby employers
- Housing costs in or near Prince William
- County; long commuting times

EP&R and Epidemiology Division

Strengths

- Our work intersects with all divisions of the Health District
- Partnerships have expanded and strengthened locally and regionally
- Familiarity of the work we do has increased among our partners, and partners know when and how to reach out
- Information sharing has improved, including automatic notification processes
- Improved technical capabilities (VHASS, eICS, Hazmat notifications, NCR Watch Desk, HHS notifications, EpiX, etc)
- Autonomy to manage programs

Opportunities

- Ability to capitalize on expanded notification, coordination, and communication requirements with the healthcare community
- Ability to benefit from existing agreements and MOU relationships for improved logistical capabilities to support response
- Involvement within all three jurisdictions covered
- Increased engagement with hospital infection prevention department due to expanded HAI initiative

Weaknesses

- Staff turnover
- Staff shortages resulting in lack of depth and redundancy during emergency response
- Facility capabilities to support emergency response (i.e., no generator, limited phone jacks, etc)
- Limited SME for emerging or expanding program areas (i.e., emerging infectious diseases, fourth generation chemical agents)
- Being left off of some communications or notifications (shelter activations)
- Epi and public visibility due to limited staffing

Threats

- Navigating different systems and structures between jurisdictions served
- Funding and staffing
- Degree of SME expected and available
- Maintaining relevance to response partners as focus areas shift
- PAHPA has not been renewed by Congress

Nursing Division

Strengths

- Planning
- Friendships
- Teamwork
- Cultural diversity; cultural awareness
- Educational opportunities
- Communication
- Open door policies; able to talk with everyone across agency
- Adaptability
- Committed/dedicated/professional staff
- Workforce partnerships
- Knowledge

Opportunities

- Human services partners/resources
- More private sector partnerships (especially for treatments and disease surveillance protocols)
- Educate private sector regarding adequate STI treatments and TB referrals
- Job fairs at local colleges
- Collaboration with other entities such as area hospitals and doctors' offices
- More outreach
- Improve awareness of what we do to outside agencies and to the public; what is public health
- Community email about opportunities, testing, and events throughout area
- Changing more to positive local politics
- External help/ask
- Richmond for higher salaries to improve retention; competitive wages
- With new hires focus on possible group restructures
- Development of electronic medical records system
- Shifting attitudes towards public health
- outreach and community activities;
- Lack of in-services for clinical staff
-

Weaknesses

- Workload prioritization
- Retention of staff; inadequate staff
- Limited storage space
- Capacity; burn out
- Training for orientation is lacking
- Inefficiency
- Apathy; no morale
- Ineffective leadership & management
- Staff departures; lack of nursing staff
- Lack of communication; no transparency
- Lack of health education/prevention during appointments
- Need adequate time to train and develop for different program
- Taking of sexual history of every patient and not being shy about it
- Ability to recruit
-

Threats

- Staffing shortage; all duties cannot be done in a timely manner and full quality
- Public perception of public health
- Workforce retention
- Lack of funding; budget cuts
- Private sector pay
- Political environment (ex: government shutdown, extended period of time)
- Inability to reach those with health disparities, lack of time for nursing
- Pay practices and HR processes
- Outbreaks and epidemics
- Direction of VDH; lack of change
- Lack of competitive salaries with other counties and other areas of nursing
- Other entities stepping into the public health role/gap
- Resistance to change (internal & external)
- Increase in Medicaid enrollees
- Changing demographics in the community



Prince William Health District

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Questions? Email pwhd@vdh.virginia.gov