

# Tuscarawas County Health Department Strategic Plan 2023-2025



**Public Health**  
Prevent. Promote. Protect.

**Tuscarawas County Health Department**



Plan approved by the Board of Health on: December 21, 2022

Questions about this plan may be addressed to:

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## Foreword

I am pleased to present the Tuscarawas County Health Department (TCHD) Strategic Plan for calendar years 2023-2025. The critical role that TCHD plays in protecting and improving the health of our community has rarely been more evident than it has the past 2 years. The novel coronavirus (COVID-19) pandemic has brought public health to the forefront, challenging us to re-evaluate our approaches to providing health services and examining the need to reduce health disparities.

Therefore, TCHD felt it necessary to revise and improve our Strategic Plan ahead of the scheduled 2023 end of year revision. The plan assesses the Department's strengths and challenges and identifies areas of opportunity and improvement. It was developed with input from TCHD staff, administration, stakeholders, and community.

Public health is continuing to evolve and TCHD must evolve with it. This strategic plan was drafted to complement the health priorities identified in the Tuscarawas County Community Health Needs Assessment (2021), the Community Health Improvement Plan (2022) and other internal plans of the Tuscarawas County Health Department including but not limited to the Workforce Development Plan (2022) and Quality Improvement Plan (2022).

TCHD has identified our Department's priorities and developed specific goals and objectives to guide our work over the next three years. This plan allows us to focus our organization towards addressing the strategic priority issues that have been articulated through several assessments, plans and data sets. The strategic plan is intended to be a roadmap for the Health Department's current and future efforts.

A handwritten signature in black ink that reads "Katie Seward". The signature is written in a cursive, flowing style.

Katie Seward MPH, CHES, CRHCP  
Tuscarawas County Health Commissioner

## **Executive Summary**

The Public Health Accreditation Board Standards and Measures for Reaccreditation (Version 2022) guide the creation and implementation of this plan. “Strategic planning is a process for defining and determining an organization’s roles, priorities, and direction” (PHAB reaccreditation manual, page 220).

To aid in the creation of this plan, the Tuscarawas County Health Department’s administrative team elicited the feedback from TCHD staff at all levels, Tuscarawas County Board of Health members, Tuscarawas County District Advisory Council, partners and stakeholders, and members of the Tuscarawas County community. Based on information obtained from an employee satisfaction survey, Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, stakeholder survey and public perception survey; as well as other qualitative and quantitative data, TCHD has established the following Strategic Priorities and Goals for 2023-2025:

### **Strategic Priority #1: Community Focus and Engagement**

**Goal 1: Improve communication processes and increase capacity of TCHD promotional services; and implement department-wide promotional strategies to inform the public about the importance and value of public health**

**Goal 2: Strategic Partnerships**

**Goal 3: Increase Access to Public Health Services**

### **Strategic Priority #2: Organizational Infrastructure**

**Goal 1: Increase operational knowledge of fiscal processes across the Department**

**Goal 2: Maintain a highly qualified, professional, and diverse workforce that supports the Department’s Mission, Vision, and Values**

**Goal 3: Increase safety, security, and functionality of the Health Department’s physical facility**

These priorities were selected with linkages to the 2022 Tuscarawas County Community Health Improvement Plan (CHIP), 2020-2022 State Health Improvement Plan (SHIP), 2022 TCHD Workforce Development Plan and TCHD’s 2022 Quality Improvement and Performance Management Plan in mind.

This plan is reviewed annually, and quarterly progress reports are provided to the TCHD staff, Board of Health, and District Advisory Council.

This plan was presented to the Tuscarawas County Board of Health on December 21, 2022 and approved for implementation thereafter.

## **Tuscarawas County Health Department Background**

The constitution and laws of the State of Ohio establish the rights and privileges of the Tuscarawas County Health Department, Tuscarawas County, (the Health Department) as a body corporate and politic. The Tuscarawas Combined Health District, dba Tuscarawas County Health Department (TCHD), has a seven-member Board of Health, established under Ohio Revised Code (ORC) Chapter 3709.

The Board of Health governs the Health Department and appoints a full time Health Commissioner to carry out the day-to-day activities of the Department. The Tuscarawas County Board of Health is appointed by the Tuscarawas County District Advisory Council (DAC). The duties of the Board of Health and the Health Commissioner are outlined in ORC Chapter 3707.



The Tuscarawas County is a combined Health District as it represents villages, townships and the municipalities of Dover and Uhrichsville. All municipalities in the State of Ohio are required under Revised Code to create and fund a public health department or contract for services via a combined health district. The City of New Philadelphia remains independent of the Tuscarawas County General Health District.

**The Tuscarawas County Health Department is a Nationally Accredited Health Department via the Public Health Accreditation Board.**

**Mission Statement**

As a leader in public health, the Tuscarawas County Health Department prevents disease, promotes health, protects the environment, and strives to create health equity for all through education, enforcement, and empowerment.

**Vision Statement**

Sustainable Environment.  
Healthier Families.  
Thriving Communities.

**Values**

**Professionalism:** Demonstrate knowledge and skill while providing respectful, courteous treatment to all.

**Leadership:** Accountability for your actions by courageously inspiring others to succeed.

**Attitude:** Supportive and compassionate to all.

**Communication:** Sharing ideas to promote understanding and information.

**Ethics:** Honesty and integrity that create an inclusive environment.



## Purpose

### Prevent

The Tuscarawas County Health Department helps to prevent the start and spread of outbreaks and disease. We work diligently to keep food and physical environments safe, prevent and respond to disease spread in the community and prepare for and respond to disasters and emergencies. The Tuscarawas County Health Department is designated as the Public Health Emergency Preparedness and Response Unit for the County. Prevention works and access to healthcare services cuts cost and spending for everyone.

### Promote

The Tuscarawas County Health Departments works to assure a healthcare safety net and champions proven practices to foster better health for all. TCHD helps children and young adults stay well by promoting health education and services to reduce chronic illness and injury. The Health Department also assures access to quality healthcare services through our Rural Health Clinic, reproductive healthcare services, and immunizations for all ages.

### Protect

The Tuscarawas County Health Department protects the community through policy and community partnerships. Examples of public health policies that have improved the health of our community include Tobacco 21, smoke-free workplaces, and requiring healthier food choices in our schools. The Health Department continues to assess the needs of our community to improve capacity to promote better health. This goal is accomplished through many community partnerships that pool resources to work together towards the same goals.

The 2021 estimated population served by the Tuscarawas County Health Department for mandatory programs is 79,000. Tuscarawas County Health Department serves all of Tuscarawas County and surrounding areas with supplemental programs and services.

There are 5 Bureaus located within the Department and include the following:

- Bureau of Administrative Services
- Bureau of Community Health Services
- Bureau of Environmental Health Services
- Bureau of Maternal and Child Health Services
- Bureau of Prevention Services

The agency is directed by a Health Commissioner and a leadership team that is comprised of a Director of Administrative Services, Director of Informational Services, Director of Promotion & Community Relations, Director of Environmental Health Services, Director of Nursing, Director of WIC and Maternal & Child Health Services, and Director of Prevention Services.

Locally, the Health Department works in cooperation with the Ohio Department of Health, the Ohio Environmental Protection Agency, and other state agencies to ensure the health and safety of our community.

The Tuscarawas County Health Department (TCHD) prevents disease, promotes health, protects the environment, and strives to create health equity for all through education, enforcement, and empowerment. This is completed through disease surveillance (outbreak investigation and response), food safety programming (restaurant inspections), maintenance of a sanitary environment (nuisance abatement), injury reduction services (car seat checks), and through individual and family health programs (medical clinic). These services are available to everyone regardless of ability to pay.

**Mandatory programs of local public health departments in the State of Ohio include the following:**

- Vital statistics (birth and death records)
- Environmental Health Services including food service program, water quality program (well and septic), body art program, animal bite investigation program, solid waste program and recreational programs (pools, spas and campgrounds)
- Child Fatality Review
- Communicable disease investigation
- Immunization services

**Supplemental programs of the Tuscarawas County Health Department include the following:**

- Public health emergency response
- Operation of a rural health clinic for acute and chronic medical care
- Reproductive health and wellness medical clinic
- COVID-19 testing
- Car seat safety checks and provision of car seats to income-eligible families
- Early childhood safety program (known as “Safe Beginnings”), which provides safety equipment to income-eligible families to keep infants and children safe
- Women, Infant and Children (WIC) supplemental nutrition program
- Project DAWN (Deaths Avoided With Naloxone) program (Narcan)
- Safe Communities program aimed at increasing traffic safety and reducing traffic fatalities in Tuscarawas County
- Cribs for Kids program, providing safe sleep equipment to income-eligible families
- Tobacco use prevention program
- Mosquito control program
- General health education program

**2021 TCHD Program and Service Statistics:**

- 17,765 Vaccines Administered
- 15,600 Mosquitoes Collect for ODH Surveillance
- 8,769 Disease Reports Investigated
- 5,340 WIC Appointments Completed
- 3,870 COVID-19 Tests Administered
- 2,600 Medical Clinic Appointments Completed
- 971 Food Inspections Conducted
- 190 Families Served via Safety Programming
- 157 Animal Bites Investigated

The Tuscarawas County Health Department is also home to the TCHD Rural Health Clinic. The rural health clinic program is intended to increase access to primary care service for patients in rural communities. Demographically, rural health clinics must be located in rural, underserved areas and are required to use a team approach of physicians, nurse practitioners and physician assistants to provide services. The Centers for Medicare and Medicaid certify the Tuscarawas County Health Department as a rural health center and provide monitoring through regular site visits. The TCHD is the only health department in the State of Ohio that houses a rural health clinic. In 2021, at the TCHD rural health center 25% of the patient encounters were from persons with Medicaid insurance, 13% from Medicare and 9% from patient encounters who paid out-of-pocket for services. This equates to 47% of all patient encounters. Sliding scale fee adjustments for self-pay persons in 2021 totaled \$41,676.00.

Public health systems are critical for keeping Americans safe and healthy through prevention, preparedness, and surveillance programs, and for serving as the first line of defense against disease epidemics. The public health response to the COVID-19 pandemic was weakened by chronic underfunding of these systems at the state and national levels.

Public health program spending represents around 10% of all health care spending in most countries, yet its impact can be substantial. An investment of \$10 per person per year in evidence-based community health programs could save the country more than \$16 billion annually. That is a potential savings of \$5.60 for every \$1 invested.

“Public health strategies are responsible for much of the dramatic increase in life expectancy over the past 100 years. Public health leaders are adapting these strategies to address the current threats to health, including the growing burden of chronic diseases such as diabetes, heart disease, and depression, and risk factors such as obesity and exposure to violence. Recent research has demonstrated the value of public health and prevention in saving lives and controlling health care costs.”

There is a common quote that, “When public health works, we’re invisible.” The COVID-19 pandemic thrust public health into the spotlight. Despite the controversy surrounding the pandemic, local health departments remained on the forefront of the crisis, undoubtedly slowing the initial spread of this novel virus.

On a routine basis, the Tuscarawas County Health Department is quietly assessing threats by monitoring the community health status and investigating health hazards in the community. From regular community health assessments to community health improvement plans, our Health Department continues to partner with outside agencies and organizations to identify the unique needs of our community. This community engagement has allowed our department to increase the impact of our programs and services and improve social determinants of health.

The Health Department’s current staffing capacity is 70 individuals with personnel growth anticipated in the next 5-10 years.

### **Essential Public Health Services (Revised, 2020)**

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of *all people in all communities*. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism,

gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.



### Department Financials

The Health Department’s financial statements consist of a combined statement of receipts, disbursements, and changes in fund balances (regulatory cash basis) for all governmental fund types organized on a fund type basis.

The Health Department uses funds to maintain its financial records during the year. A fund is defined as a fiscal and accounting entity with a self-balancing set of accounts. The funds of the Health Department are presented below:

General Fund: The general fund accounts for and reports all financial resources not accounted for and reported in another fund. The general fund balance is available to the Health Department for any purpose provided it is expended or transferred according to the general laws of Ohio.

Special Revenue Funds: These funds account for and report the proceeds of specific revenue sources that are restricted or committed to expenditure for specified purposes other than debt service or capital projects.

Capital Project Funds: These funds account for and report financial resources that are restricted, committed, or assigned to expenditure for capital outlays, including the acquisition or construction of capital facilities and other capital assets. The Permanent Improvement Fund is the Health Department’s only capital project fund.

The Department was funded by the following sources in FY 2021:

<b>Source</b>	<b>FY21 Total</b>	<b>% of Income</b>
<b>Local Levy</b>	\$1,340,764.20	24.8%
<b>Medical Clinic Fee for Service</b>	\$490,440.90	9.0%
<b>Environmental Health Fee for Service</b>	\$806,524.50	14.9%
<b>Vital Statistics Fee for Service</b>	\$150,458.00	2.8%
<b>Grants</b>	\$1,892,613.31	35.0%
<b>Other (total amounts 1% or less)</b>	\$730,593.93	13.5%

The table below represents the Health Department's cost breakdown for all expenses during the period of January 1, 2021, through December 31, 2021:

<b>Category</b>	<b>Total</b>	<b>Percent of All Expense</b>
<b>Audit</b>	\$18,000.00	.40%
<b>Automobiles</b>	\$32,214.52	.70%
<b>Building Cleaning</b>	\$49,339.02	1.0%
<b>Building Maintenance</b>	\$16,279.64	.40%
<b>City of Dover Utilities</b>	\$44,234.17	1.0%
<b>Contracted Employees</b>	\$26,392.50	.60%
<b>Department of Agriculture</b>	\$3,724.00	.01%
<b>Information Technology Services</b>	\$97,418.17	2.1%
<b>Laboratory Services</b>	\$36,915.50	0.8%
<b>Legal Counsel</b>	\$7,539.00	0.2%
<b>Liability Insurance</b>	\$24,850.00	0.5%
<b>Public Awareness</b>	\$60,898.26	1.3%
<b>Medical Clinic EMR</b>	\$55,038.06	1.2%
<b>New Philadelphia City Health Dept</b>	\$324,367.00	7.0%
<b>Ohio Division of Real Estate</b>	\$927.50	.01%
<b>Ohio EPA</b>	\$55,227.64	1.3%
<b>Ohio Guidestone</b>	\$8,000.00	0.1%
<b>Printing</b>	\$34,415.88	0.8%
<b>Postage</b>	\$20,075.65	0.4%
<b>Salary &amp; Fringe</b>	\$2,654,045.00	58.5%
<b>State of Ohio</b>	\$174,345.40	3.8%
<b>Supplies (Medical including vaccines)</b>	\$187,817.98	4.1%
<b>Supplies (Office)</b>	\$51,606.52	1.1%
<b>Tuscarawas County Commissioners HR</b>	\$11,666.60	0.3%
<b>Tuscarawas County Treasurer</b>	\$91,467.27	2.0%
<b>Miscellaneous other expenses</b>	\$447,706.05	10.38%
<b>Total</b>	<b>\$4,534,511.33</b>	<b>100%</b>

## Tuscarawas County Demographics

While Tuscarawas County shares many similar socio-demographic indicators with the state of Ohio, there are several key indicators that set the county apart:

- Tuscarawas County is a rural Appalachian County
- Lower median household and per capita income than the state
- Lower level of educational attainment than the state

Tuscarawas County is the 30th populous county out of 88 counties in the state of Ohio (ODH). It is notable that the distribution of White fell by 2.5% from the census estimates in 2014 and the Two or More race increased by .6% in 2020. The ethnic distribution of Hispanic or Latino individuals also increased by 1.1% during the same time-period.

Data from U.S. Census Bureau (2020). American Community Survey. Retrieved from Census Reporter

	Ohio		Tuscarawas	
	Count	%	Count	%
<b>Total Population</b>	<b>11.7M</b>	<b>100</b>	<b>92,165</b>	100
<b>Persons under 5 years</b>	692,983	5.9	5,825	6.3
<b>Persons under 18 years</b>	2.5M	22.2	21,180	23.0
<b>Persons 65 years and over</b>	1.9M	17.0	17,999	19.5
<b>Median Age</b>	39.5		40.9	
<b>Gender</b>				
<b>Male</b>	5.7M	49.0	45,472	49.3
<b>Female</b>	5.9M	51.0	46,693	50.7
<b>Race</b>				
<b>White</b>	9.1M	78.3	86,745	94.1
<b>Black or African American</b>	1.4M	12.2	474	0.5
<b>American Indian/Alaskan</b>			77	0.1
<b>Asian</b>	268k	2.3	360	0.4
<b>Other Pacific Islander</b>			0	0.0
<b>Two or More Races</b>	338k	2.9	1,651	1.8
<b>Ethnicity</b>				
<b>Hispanic or Latino</b>	445k	3.9	2,806	3.0



The median value of owner-occupied housing units in Tuscarawas County is \$136,700 which amounts to about 10% less than the amount in Ohio (\$151,400). Home value in Tuscarawas County is significantly less than that of the median house value in the United States which stood at \$229,800 in 2020.

	<b>Count</b>	<b>Percent</b>
<b>Total Households</b>	<b>36,906</b>	<b>100</b>
<b>Married Family Households</b>		
<b>Married Couple Family</b>	19,262	64.5
<b>With Own Children Under 18</b>	6,321	71.9
<b>Other Family Households</b>		
<b>Male Householder</b>	6,662	7.3
<b>With Own Children Under 18</b>	1,043	10.5
<b>Female Householder, No Male</b>	10,471	11.5
<b>With Own Children Under 18</b>	1,812	17.6
<b>Non-Family Households</b>		
<b>Non-Family Households</b>	15,471	16.7
<b>Householder Living Alone</b>		
<b>Living Alone</b>	10,407	28.2
<b>Housing</b>		
<b>Total Housing Units</b>	40,247	100
<b>Occupied</b>	36,906	91.7
<b>Vacant</b>	3,341	8.3

Source: U.S. Data from U.S. Census Bureau (2020)

The 2020 census estimates almost Half, or 46%, of Tuscarawas County residents who work make less than 50K per year. The household income for Tuscarawas County in 2020 was \$54,451; which is slightly below the Ohio median household income of \$58,116; and about 80% of the average amount in United States. The national average income per year in the United States was \$64,994 for the same time.

Source: U.S. Data from U.S. Census Bureau (2020)

<b>Household Income</b>	<b>Count</b>	<b>Percent</b>
<b>Less than \$10,000</b>	2,051	5.6
<b>\$10,000 to \$14,999</b>	1,793	4.9
<b>\$15,000 to \$19,999</b>	1,846	5.0
<b>\$20,000 to \$24,999</b>	2,071	5.6
<b>\$25,000 to \$34,999</b>	3,660	9.9
<b>\$35,000 to \$49,999</b>	5,570	15.1
<b>\$50,000 to \$74,999</b>	7,439	20.2
<b>\$75,000 to \$99,999</b>	5,217	14.1
<b>\$100,000 to \$124,999</b>	5,243	14.2
<b>\$150,000 or More</b>	2,016	5.5
<b>Median Household Income</b>	<b>\$54,451</b>	

Tuscarawas County, 12.9% of persons live under the poverty line which is a little less than the rate of 13.6% observed in Ohio, and about the same as the national rate of 12.8%. Of the 12.9% persons living under the poverty line in Tuscarawas County, 18.5% are children under the age of 18 and 10.8% are seniors (65 and over). While the rate for children in poverty is less than that of Ohio (19.1%), it is higher than that of the United States (17.5%). Ohio has a lower rate for seniors living in poverty at 8.2% compared to the national average of 9.3%. Tuscarawas County senior citizens living in poverty is higher than both the state and national average.

	Tuscarawas County		Ohio		United States	
	Poverty	Non-Poverty	Poverty	Non-Poverty	Poverty	Non-Poverty
	18.5	81.5	19.1	80.9	17.5	82.5
<b>Seniors</b>	10.8	89.2	8.2	91.8	9.3	90.7

Source: U.S. Data from U.S. Census Bureau (2020)

The rate of high school diploma or higher in Tuscarawas County is slightly less than the rate in Ohio (90.8%) but is on par with the national rate of 88.5%. On the other hand, Tuscarawas has significantly fewer adults with a bachelor’s degree at 17.9% compared to Ohio (28.9%) and about half the rate in the United States.

Tuscarawas County Education Attainment	Count	%
No degree	8,203	12.9
High School	28,820	45.2
Some College	15,322	24
Bachelor’s	7,522	11.8
Post-Grad	3,863	6.1

Source: U.S. Data from U.S. Census Bureau (2020)

## Strategic Planning Process: Planning to Plan

Phase	Questions Considered	Action Steps
<b>Phase 1: Plan to plan</b>	What needs to be addressed from your readiness assessment before you begin? Who will you involve in the process? Who will lead the process? When will you need Board of Health approval? Timeframe?	The Board of Health and administration will be involved with the development and the Board of Health will make approvals throughout the process. The lead will be taken on by the Health Commissioner.
<b>Phase 2: Articulate mission, vision, values</b>	Do you have a current mission, vision and values? What can help with this phase?	The health department has elected to not revise the mission, vision or values with this Strategic Plan revision.
<b>Phase 3: Assess the situation</b>	How will you approach your environmental scan? What other inputs will you use? What data do you have?	Internal and external data sources will be reviewed, and a SWOT analysis will be completed. County health rankings, department finances, community health assessment data, SWOT data will all be valuable sources of inputs.
<b>Phase 4: Agree on strategic priorities</b>	Who needs to be involved? When will your board be involved? What processes will you use?	The administrative team will develop priorities and Board of Health will have final approval rights. Surveys, group discussions and voting will all be used to aid in this process of the plan development.
<b>Phase 5: Write the plan</b>	Who will write your plan? What approach will you use?	The plan will be written by the health commissioner and then reviewed, edited, and approved by the administration team before needing board of health final approval.

# Qualitative and Quantitative Data Considerations

## Environmental Scan (SWOT Analysis)

SWOT (strengths, weaknesses, opportunities, and threats) analysis is a framework used to assist agencies and organizations with the development of their strategic plan. SWOT analysis assesses internal and external factors, as well as current and future potential.



A SWOT analysis is designed to facilitate a realistic, fact-based, data-driven look at the strengths and weaknesses of an organization, initiatives, or within its industry.

As a part of the strategic planning process, TCHD conducted an online SWOT analysis to identify strengths and weaknesses as well as opportunities and threats (SWOT). The analysis was conducted in March 2022 among TCHD staff and board of health members.

The results of the SWOT analysis are identified in the table below.

**Employee responses totaled 27 (Response Rate = 54%)**

Strengths	Weaknesses
<p>Cultural Competency                      Variety of Services Offered                      COVID Vaccines and Vaccines in General                      Teamwork                      Prompt Response to Issues                      Good Customer Service                      External Communication                      Public Health Education                      Adaptable                      Positive Attitude Among Employees                      Efficient Workforce                      Knowledgeable Staff                      Working Environment                      Exceptional Medical Providers</p>	<p>Public Awareness of Services is Lacking                      Promotion of Services                      Internal Communication                      Cross Training                      Levy Dependency of Medical Clinic                      Customer Service                      Turn Around Time for Medication Refills                      No Outreach to Homebound Population                      Promptness of Returning Phone Calls                      Field Equipment is Outdated                      More Training for Medical Billing and Coding                      Building Security                      More Culturally Competent Educational Materials                      Long Wait Time in the Medical Clinic                      Political Polarization of the COVID-19 Pandemic</p>

Opportunities	Threats
Providing Mental Health Services Addressing Health Inequities Lead Testing and Home Assessments Dental Services Drug and Alcohol Services Parenting Education Increase Health Education Services Increase Clinic Outreach Increase Medical Clinic Hours Provide Laboratory Services Dietician Appointments Dermatology Services Increase Medical Providers Update Equipment Focus on Employee Retention Increase Advertising of Services Seek Additional Grant Funding	Other Sliding Fee Scale Medical Clinics in the Area Competition from other Primary Care Providers Public Perception of the Health Department Levy Renewal Public Opinions on COVID-19 Staffing Finances Lack of trust from the Hispanic Community Lack of public knowledge of the Health Department

## Employee Satisfaction Survey

TCHD recognizes employee satisfaction as a vital component to health department success. Each year employees are presented with an employee satisfaction survey. The last survey was completed at the end of 2022. A total of 41 employees responded to the survey which was a response rate of 89%.

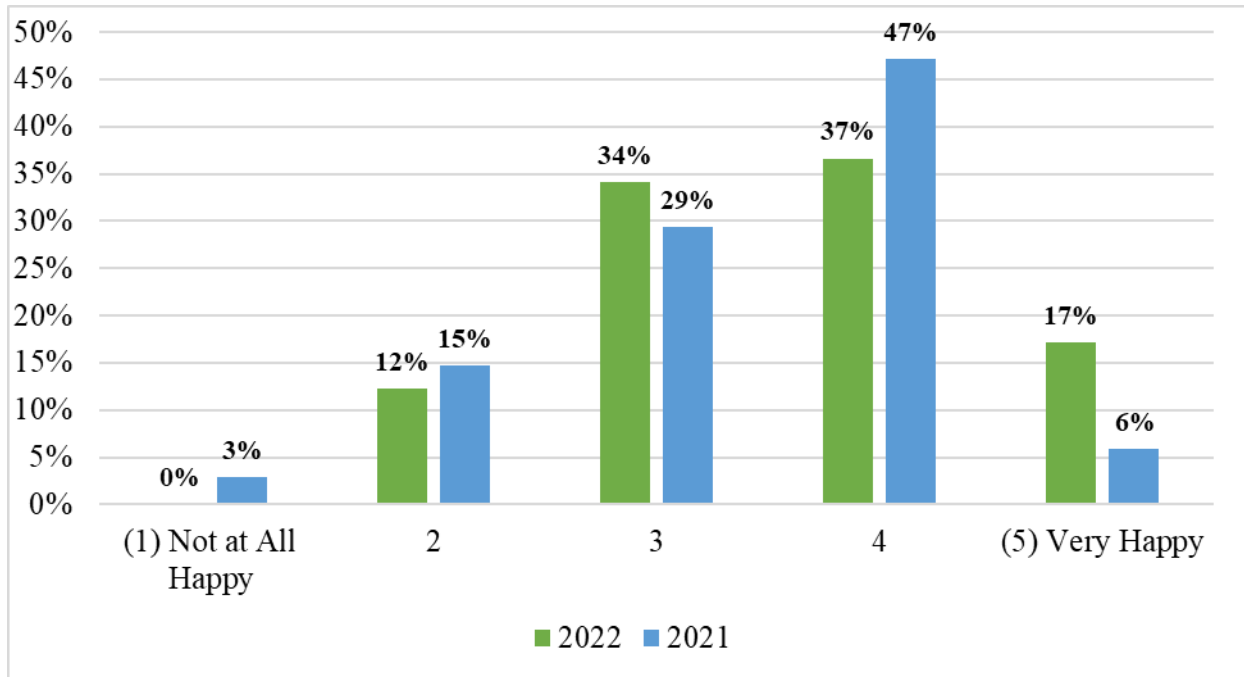
**Respondents reported the following as internal strengths of the department:**

- Compassion for the community
- Friendly staff
- Willingness to work together as a team
- Well-educated workforce
- Staff that like to help others

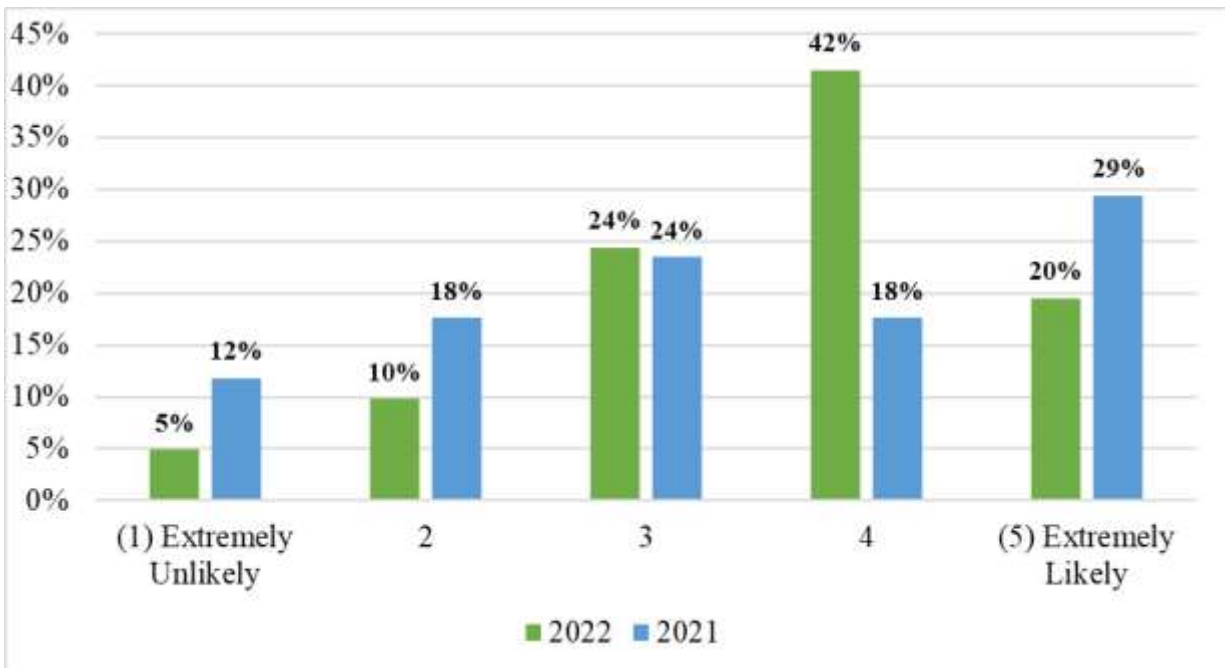
**Respondents reported the following as internal weaknesses of the department:**

- Disconnect between departments
- Micromanagement
- Internal Communication
- Physical location and space limitations
- Employee retention

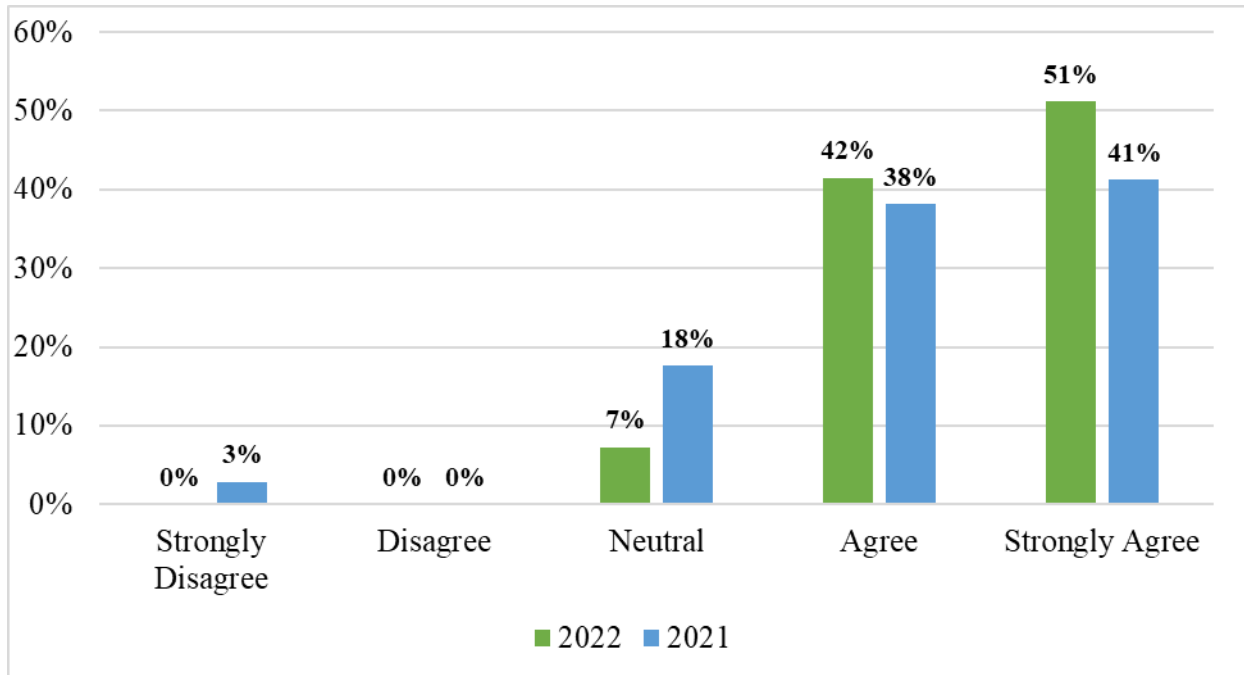
Employees were generally satisfied with their job at the health department. 54% reported being “happy” or “very happy” at work.



62% of the respondents stated that they would likely or very likely refer someone to work at the Health Department, which was a significant improvement from 2021 responses in which only 38% selected they would be likely to refer someone to TCHD.

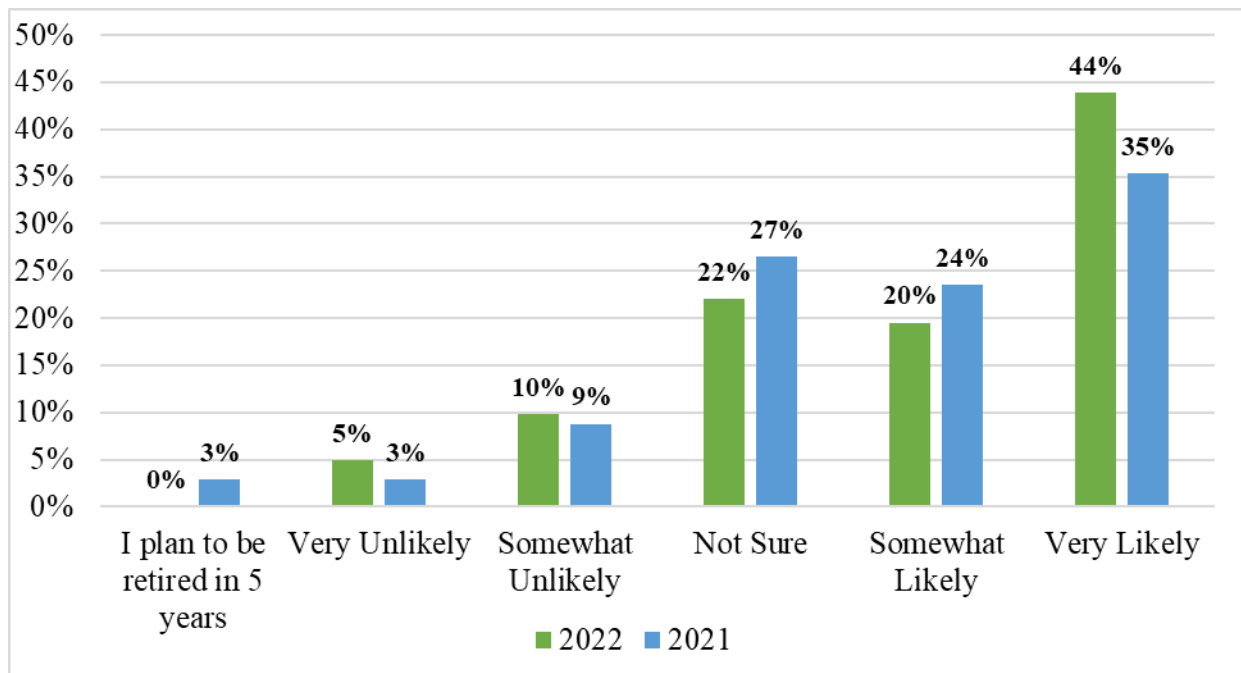


93% of the respondents “agreed” or “strongly agreed” that they worked well with their direct supervisor. This was an increase of 14% from 2021.



Staff were “satisfied” or “very satisfied” with their work schedule (78%), benefits (59%), pay (51%) coworkers (77%), and management team (63%).

**64% of respondents felt it was “somewhat likely” or “very likely” that they would still be working for TCHD in 5 years.**



## 2022 Workforce Development Plan

TCHD's workforce development plan is reviewed and revised on an annual basis.

Components of the plan include:

- Workforce Capacity
- Public Health Workforce Needs
- Recruitment and Retention
- Competencies and Education Requirements
- Training Needs
- Core Competency Assessments
- Health Equity
- Workforce Development Goals

The 2022 workforce development goals are as follows:

1. By May 2024, TCHD will complete the objectives listed which include:
  - a. Onboarding training plan for new employees
  - b. Ensure employees are setting annual development goals
  - c. Develop or obtain a training for all staff on Health Equity
  - d. Develop or obtain a training for all staff on Leadership
  - e. Develop or obtain a training for all staff on Community Health Partnership skills
  - f. Develop or obtain a training for all staff on management and financial planning
2. By May 2024, TCHD will implement the objectives listed to build a supportive work environment and evaluate staff satisfaction:
  - a. Employee recognition via employee newsletters
  - b. Create an employee wellness program

## Community Perception Survey

The Tuscarawas County Health Department enlisted the service of Center for Marketing and Opinion Research, LLC (CMOR) to conduct a community perception survey in the Summer of 2022. The Center for Marketing & Opinion Research provides public opinion research services to colleges and universities, hospitals and healthcare organizations, businesses, and community-based organizations and government agencies. We ask the right questions to the right people the right way using telephone, web, and mail surveys. A sample of 400 responses were obtained, resulting in an oversampling error of 5.0%, within a 95% confidence interval. A high-level overview of the survey results is outlined below:

**Top 3 services you are aware that the Health Department offers:**

1. Immunizations (96)
2. WIC (73)



3. Medical Appointments (70)

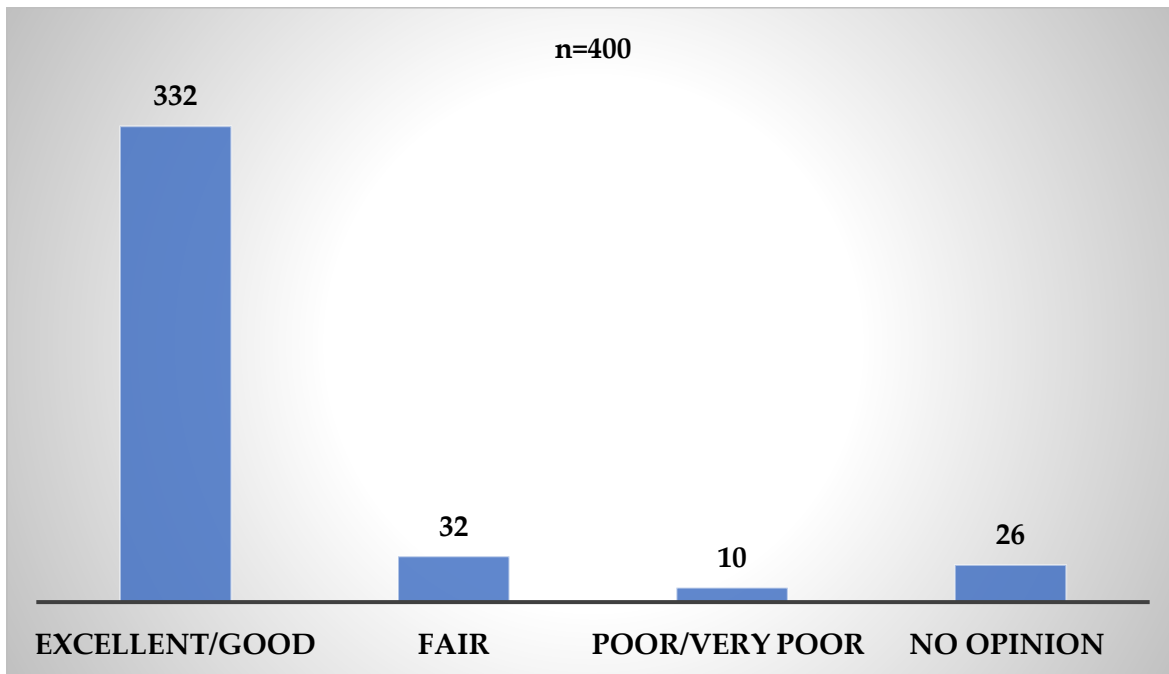
**Most Important Issues facing Tuscarawas County:**

1. Covid (98)
2. Addiction (50)
3. Unaffordable Healthcare (17)

**Words to describe the Health Department:**

1. Community Asset (54)
2. Satisfactory (50)
3. Helpful (47)

**Overall Opinion of TCHD:**



**Stakeholder Survey**

An online community stakeholder survey was sent to community partners in late July 2022. The survey solicited 46 responses. A summary of the results has been provided below:

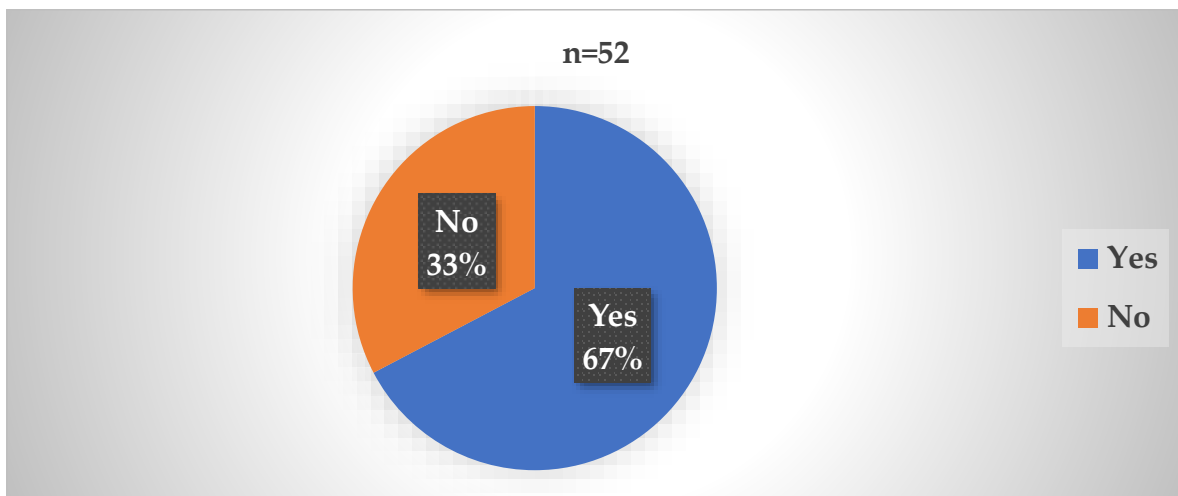
**Q1. What services are you aware that TCHD provides to the community? (Please list as many as you can)**

- Vaccines, including COVID-19 (32)
- Medical Services (23)
- WIC (18)
- Birth and Death Certificates (16)
- Health Information and Awareness (13)
- Environmental Health Services (12)
- Well and Septic Permits (12)

- Car Seat Safety (11)
- Health Education (11)
- Restaurant Inspections (8)
- Tobacco Cessation (8)
- COVID-19 Testing (8)
- Wellness and Sports Physicals (7)
- Disease Monitoring, including COVID-19 (7)
- Dental Services\* (6)
- Mosquito and Tick Prevention (6)
- Baby and Child Safety (6)
- Project DAWN (4)
- Prenatal Care\* (4)
- Emergency Preparedness (3)
- Safe Communities (3)
- Reproductive Health Services (3)
- Tobacco Prevention (2)
- Animal Bites and Rabies Prevention (2)
- Quarantine
- Translation Services
- Services for Low Income Population
- Campground Permits
- Addiction Services\*
- Health Crisis Management\*
- HIV Testing\*
- Pest Control\*
- Help Me Grow\*
- Vivitrol\*
- Medication Assistance\*
- Housing Program\*
- Nuisance Complaints

\*Denotes services not provided by TCHD

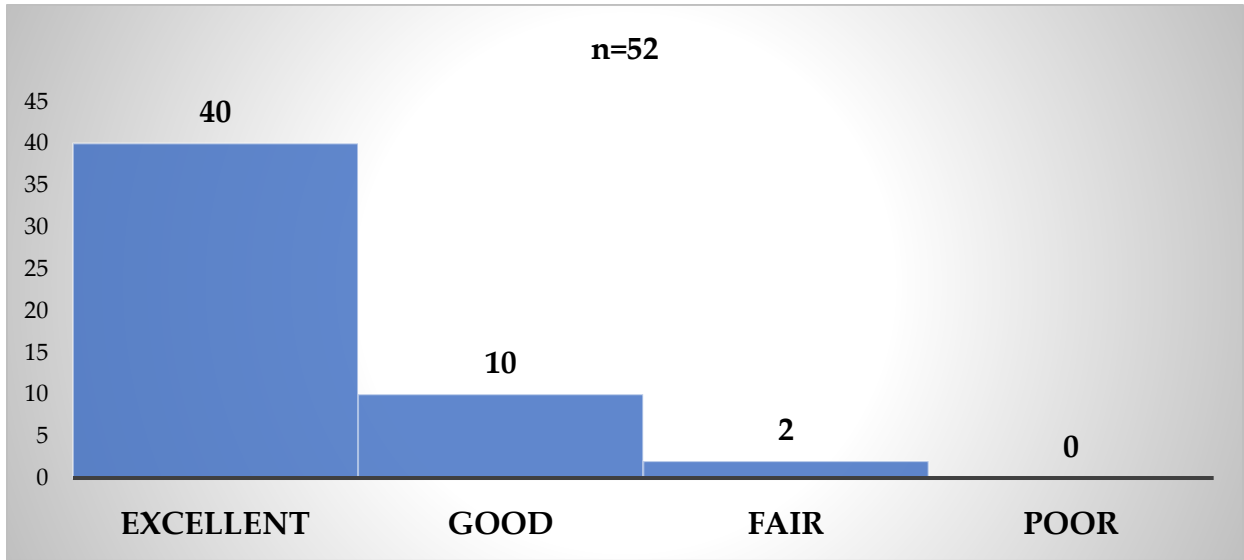
**Q2. Have you utilized any of the services provided by TCHD in the last year?**



**Q3. If you answered yes to the above question, please specify which programs and/or services you utilized:**

- COVID Vaccines (12)
- COVID-19 Testing (8)
- Vaccines (7)
- COVID-19 Guidance (5)
- Environmental Health Inspections (4)
- Birth and Death Certificates (4)
- Data Information (3)
- Safe Communities (2)
- Mosquito Control
- Sports Physicals for Family
- WIC
- Medical Services
- Project DAWN

**Q4: How would you rate the services that TCHD provides to the community?**



<b>Q5: What are the 3 greatest strengths of the TCHD?</b>	<b>Q6: What are the 3 greatest weaknesses of the TCHD?</b>
<ul style="list-style-type: none"> <li>• Community Education/Communication with the Public (20)                             <ul style="list-style-type: none"> <li>○ Patience with Public</li> </ul> </li> <li>• Staff (17)</li> <li>• Location/Accessibility (11)</li> <li>• Committed Leadership (5)                             <ul style="list-style-type: none"> <li>○ Leadership Empowers Staff</li> </ul> </li> <li>• Fact/Science Based (5)</li> <li>• Responsive (4)</li> <li>• Variety of Services (4)</li> <li>• Vaccines (3)</li> <li>• Collaboration (4)</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of Awareness of Services (8)</li> <li>• Budget/Financial Constraints (7)</li> <li>• Exhausted/Short Staffed (4)</li> <li>• Limited Hours (3)</li> <li>• Lack of Support/Trust (3)</li> <li>• Lack of Dental Services (3)</li> <li>• Emails and communications are too lengthy (2)</li> <li>• Lack of Understanding</li> <li>• Abuse</li> <li>• Difficult to Work with the Water Quality Program</li> </ul>

<ul style="list-style-type: none"> <li>• Flexibility (2)</li> <li>• Healthcare Services</li> <li>• Vital Stats</li> <li>• Tracking Communicable Diseases</li> <li>• Advocacy for Population Served</li> </ul>	<ul style="list-style-type: none"> <li>• Communication Effectiveness with Drug Abusers</li> <li>• Not Getting Consistent Information from Staff</li> <li>• Phones Not Being Answered</li> <li>• Lack of Timeliness in Decisions Relating to Health Protocols</li> <li>• Governing Restrictions</li> <li>• Not Visible Outside of COVID-19</li> <li>• Lack of OB Services</li> <li>• Politics</li> <li>• Biased Perceptions from Some Community Partners</li> </ul>
<p><b>Q7: What are the 3 most pressing public health issues in our community that the Health Department will need to address in the next 3 to 5 years?</b></p>	<p><b>Q8. What 3 opportunities or available resources outside of TCHD do you feel the Department should invest in moving forward?</b></p>
<ul style="list-style-type: none"> <li>• Substance Use/Addiction (19)     Marijuana, if approved by voters (3)</li> <li>• COVID-19 (16)</li> <li>• Mental Health (10)</li> <li>• Obesity/Physical Activity (7)</li> <li>• Vaccine Hesitancy (6)</li> <li>• Health Disparities and Minority Populations (5)</li> <li>• Public Health Misinformation (5)</li> <li>• Emerging Infectious Diseases (5)</li> <li>• Public Communication (3)</li> <li>• Lack of Primary Healthcare Services (3)</li> <li>• Youth Tobacco Use (2)</li> <li>• Nutrition and Food Insecurities (2)</li> <li>• Reproductive Health (2)</li> <li>• Healthy Behaviors (2)</li> <li>• Environmental Health Issues (2)</li> <li>• Aging Population</li> <li>• Women’s Health Issues</li> <li>• Traffic Safety</li> <li>• Food Service Inspections</li> <li>• Sexual Violence</li> <li>• Lack of Funding or Resources</li> <li>• Dental Care that Accepts Medicaid</li> <li>• Fetal Alcohol Syndrome</li> <li>• Inflation</li> <li>• Increasing Community Health Workers</li> <li>• Increased need for OB and Infant care due to overturning Roe v Wade</li> <li>• Politics vs. Public Health</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation (4)</li> <li>• Mental Health Services (3)</li> <li>• Maternal Healthcare (2)</li> <li>• More Local Funding (2)</li> <li>• Partnerships with Faith-based Community (2)</li> <li>• More Partnerships in General (2)</li> <li>• Partnerships with Hospitals (2)</li> <li>• Social Media Partnerships with Hospitals</li> <li>• Partnerships with Senior Center (2)</li> <li>• Dental Services</li> <li>• Expand or Extend Hours</li> <li>• Harm Reduction for SUD</li> <li>• Community Public Health Information</li> <li>• Partnerships with Human Trafficking Coalition</li> <li>• Partnerships with YMCA</li> <li>• Access to Primary Care</li> <li>• Childcare</li> <li>• Mobile Medical Clinic</li> <li>• Walk-in Urgent Care</li> <li>• Translation Services</li> <li>• Telehealth</li> <li>• Expansion of Physical Space</li> <li>• Merge with New Philadelphia City Health Department</li> </ul>

**Q9: What is your perception of TCHD?**

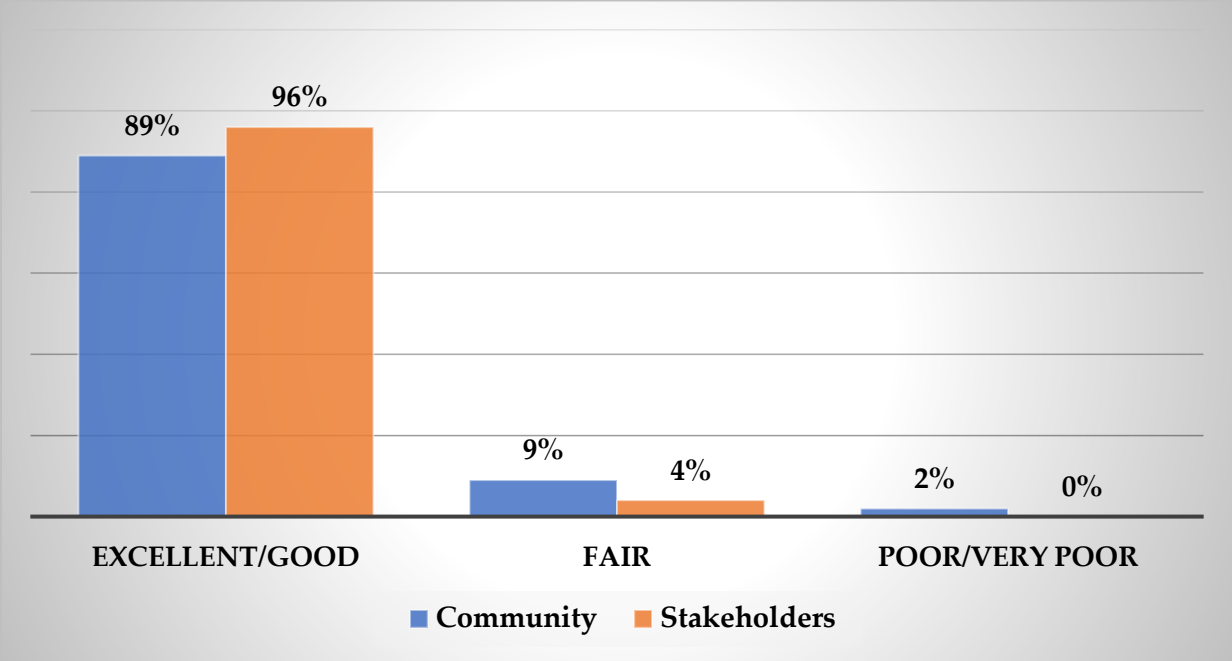
- Positive (5)
- Great (3)
- Helpful (2)
- Very Good/Good (2)
- Collaborator (2)
- Appreciated (2)
- Do Not Get the Respect they Deserve (2)
- Caring (2)
- Hard-Working (2)
- Professional (2)
- Excellent
- Average
- Essential
- Necessary Health Provider
- Leader
- Important Resource
- Grace
- Kind
- Competent
- Strong Leadership
- Respected
- Brave
- Passionate
- Community Asset
- Committed
- Dedicated

**Community and Stakeholder Survey Comparisons**

<b>Most known programs or services of the Tuscarawas County Health Department</b>	
<b>Community</b>	<b>Stakeholders</b>
1. Immunizations/Vaccines (41%) 2. WIC (31%) 3. Medical Services (30%)	1. Immunizations/Vaccines (73%) 2. Medical Services (50%) 3. WIC (42%)
<b>Perception of the Tuscarawas County Health Department</b>	
<b>Community</b>	<b>Stakeholders</b>
1. Community Asset (16%) 2. Satisfactory (15%)	1. Positive (10%) 2. Great (6%)

3. Helpful (14%)	3. Helpful (4%)
<b>Three most important public health problems affecting Tuscarawas County</b>	
<b>Community</b>	<b>Stakeholders</b>
1. COVID-19 (29%) 2. Substance Use/Addiction (15%) 3. Unaffordable Healthcare (5%)	1. Substance Use/Addiction (37%) 2. COVID-19 (31%) 3. Mental Health (19%)

How would you rate the overall programs and services offered by the Tuscarawas County Health Department?



### 2022 County Health Rankings

The County Health Rankings and Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual County Health Rankings measure vital health factors including but not limited to high school graduation rates, obesity, smoking, and access to healthy foods in nearly every county in America. The annual County Health Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. For more information on County Health Rankings please visit:

<http://www.countyhealthrankings.org/>

Below is a list of 2018-2022 County Health Rankings results in which Tuscarawas County is ranked, per measure, out of 88 counties in Ohio:

	2022	2021	2020	2019	2018
<b>Health Outcomes Overall Rank</b>	34	26	18	23	28
<b>Length of Life</b>	29	23	15	14	19
<b>Quality of Life</b>	43	28	29	35	38
<b>Health Factors Overall Rank</b>	42	46	42	48	49
<b>Health Behaviors</b>	43	49	24	49	52
<b>Clinical Care</b>	71	64	68	73	69
<b>Social &amp; Economic Factors</b>	34	39	42	42	38
<b>Physical Environment</b>	25	48	22	24	43

## Leading Causes of Death in Tuscarawas County

The life expectancy in Tuscarawas County is currently 76.6.

## Top 10 Causes of Death in Tuscarawas County Residents

(5-Year Age Adjusted Rates)

The leading causes of death in Tuscarawas County residents under the age of 75 in 2021 included:

1. Cancer
2. Heart Disease
3. Accidents
4. Chronic Lower Respiratory Diseases
5. Diabetes

Causes of Death	Tuscarawas	Ohio
Heart Disease	192.1	192.6
Cancer	163.9	170.5

Accidents (Unintended injures)	73.1	63.1
Chronic Lower Respiratory Diseases	45.8	50.1
Cerebrovascular Diseases	44.0	36.4
COVID-19	41.4	66.2
Alzheimer's Disease	34.4	50.1
Diabetes Mellitus	26.7	57.8
Suicide	14.7	13.7
Kidney Disease	14.5	11.6

## 2021 Community Health Assessment

Building on the 2018 Tuscarawas County Community Health Needs Assessment, the 2021 assessment represents a shift from a focus on individual clinical conditions to include a larger social determinants of health review. The community health needs assessment is conducted every 3 years through a local multi-agency, county-wide collaborative called Healthy Tusc.

There is a wealth of quantitative data which allows Health Tusc and the Tuscarawas County Health Department to fulfill our commitment to the community by prioritizing their needs in our assessment.

Due to the COVID-19 Pandemic, obtaining qualitative data for the community was limited due to multiple factors including limited participation of surveys for both the youth and adult populations.

Major data points from the adult portion of the 2021 Tuscarawas County Community Health Assessment included:

- 13% of Tuscarawas County adults were without health insurance in 2021 (9% Tuscarawas County, 2018)
- 12% of Tuscarawas County adults did not see a dentist in the past year due to cost
- 14% of Tuscarawas County adults have been told they have diabetes (12% Tuscarawas County, 2018; 12% Ohio)
- 43% of Tuscarawas County adults are obese (36% Tuscarawas County, 2018; 36% Ohio)

Major data points from the youth portion of the 2021 Tuscarawas County Community Health Assessment included:

- 27% of Tuscarawas County youth were obese, according to Body Mass Index by age (16% Tuscarawas County, 2018; 17% Ohio)
- 18% of Tuscarawas County youth were bullied on school property in the last 12 months (14% Ohio)
- 19% of Tuscarawas County youth have utilized an electronic vapor product



- 13% of Tuscarawas County youth had seriously considered attempting suicide in the past year, and 6% attempted suicide in the past 12 months
- 52% of Tuscarawas County youth had visited a doctor for a routine check-up in the past year (65% Tuscarawas County, 2018)

## **2022 Tuscarawas County Community Health Improvement Plan**

The 2022-2025 Community Health Improvement Plan (CHIP) is Tuscarawas County’s roadmap to address the many challenges identified in the 2021 Community Health Assessment (CHA). Given the scope and complexity of health challenges, the CHIP calls for cross-sector partnerships and alignment to meet a manageable set of measurable goals. The TCHD strategic plan is linked to the CHIP by the following: identifying most needed/utilized public health service(s) (Objective 01-03-01) and looking at increasing access to care by expanding services (Objective 01-03-02).

The CHIP priority factor(s) are:

1. Health Behaviors
  - a. Community-wide physical activity campaign
  - b. Policies for smoke free environments for tobacco/nicotine/vaping/smokeless tobacco
  - c. Access to cessation for tobacco/nicotine/vaping/smokeless tobacco
  - d. Licensure for retailers for tobacco/nicotine/vaping/smokeless tobacco
2. Access to Care
  - a. School-based health centers
  - b. Community resource guide
  - c. Expand broadband internet access to rural areas
  - d. Community health workers

The CHIP Priority Health Outcome(s) are:

1. Mental Health and Addiction
  - a. Universal school-based suicide awareness and education programs
  - b. Collaborate with schools to support the implementation of Social Emotional Learning (SEL) standards and ongoing Behavioral Health (BH) support.
  - c. Mental Health First Aid
  - d. Increase county awareness signs and symptoms of alcohol addiction and local resources

## **2020-2022 Ohio Department of Health State Health Improvement Plan**

The 2020-2022 State Health Improvement Plan (SHIP) is Ohio’s roadmap to address the many challenges identified in the 2019 State Health Assessment (SHA). Given the scope and complexity of Ohio’s health challenges, the SHIP calls for cross-sector partnerships

and alignment to meet a manageable set of measurable goals. The 3 State Health Improvement Plan priority factors are:

1. Community Conditions
  - a. Housing affordably and quality
  - b. Poverty
  - c. K-12 student success
  - d. Adverse childhood experiences
2. Health Behaviors
  - a. Tobacco/nicotine use
  - b. Nutrition
  - c. Physical activity
3. Access to Care
  - a. Health insurance coverage
  - b. Local access to healthcare providers
  - c. Unmet need for mental health care

## **2020-2022 Ohio Department of Health Strategic Plan**

The Ohio Department of Health (ODH) Strategic Plan highlights 4 strategic priorities including:

1. Strategic Partnerships
  - a. Ensuring that exhibiting partnerships and productive and strong
  - b. Creation of new, non-traditional partnerships
  - c. Collaboration of State agencies to address the State Health Improvement Plan
  - d. Trusted leader in Ohio and nationally
2. Flexible & Sustainable Funding
  - a. Maximize existing resources and finding through federal sources
  - b. Flexible funding to support innovation
  - c. Support public health service delivery through performance-based funding models
3. Organizational Capacity and Infrastructure
  - a. ODH is a model place to work
  - b. Ensure effective and diverse talent is recruited, promoted, retained, and honored
  - c. Employees and partners have access to timely, reliable, actionable data to inform their work
  - d. ODH communication is state of the art
4. Community Conditions/Social Determinants
  - a. Health equity is fully integrated into planning and delivery of public health services
  - b. Health in all polices
  - c. Social determinants are addresses through community engagement and collective action



## 2023 TCHD Quality Improvement and Performance Management Plan

The purpose of the Tuscarawas County Health Department (TCHD) Quality Improvement and Performance Management (QI/PM Plan) is to provide context and framework for Quality Improvement (QI) and Performance Management (PM) activities at the Tuscarawas County Health Department. The TCHD Strategic plan is linked with the performance management by advancing using performance management concepts and QI methods among staff. Strategic Priority #2 is an organizational infrastructure when looking at recruitment, retention, and transparency which align with the quality improvement goals of strengthening workforce capacity and sharing lessons learned across the department.

### The 2023 Quality Improvement Goals are as follows:

- Goal 1: Expand the use of QI projects to achieve TCHD goals and objectives
- Goal 2: Strengthen the workforce capacity of support organizational excellence
- Goal 3: Share lessons learned and make improvement teams and activities visible across the Department

### 2023 Department Benchmarks (Performance Indicators) include the following:

	Program	Benchmark	Target	Numerator	Denominator	Alignment
Administrative Services	Promotion and Community Engagement	Engagement Rate on TCHD's Facebook Page	10%	<b>Bureau</b>	Total number of followers on Facebook	Strategic Plan
Administrative Services	Promotion and Community Engagement	Number of unique visitors to the TCHD website	500	Number of unique visitors to the TCHD website		Strategic Plan
Administrative Services	Human Resources	Percent of new staff who have completed their new staff training requirements in 180 days	100%	Number of new staff	Number of new staff in their 180-day probationary period	Workforce Development Plan
Administrative Services	Finance	Combined fund balance	Balanced Budget	YTD Revenue	Subtract YTD Expenses	Strategic Plan

Environmental Health Services	Nuisance Complaints	% of nuisance complaints responded to within 10 business days	100%	Total number of nuisance complaints responded to	Total number of nuisance complaints received	Strategic Plan
Environmental Health Services	Food Safety Program	Tracking Enforcement Activities and other program data				Strategic Plan
Environmental Health Services	Water Safety Program	Tracking Enforcement Activities and other program data				Strategic Plan
Environmental Health Services	Pool and Spa Program	Tracking Enforcement Activities and other program data				
Environmental Health Services	Campground Program	Tracking Enforcement Activities and other program data				
Environmental Health Services	Solid Waste Program	Tracking Enforcement Activities and other program data				
Environmental Health Services	Animal Bite and Rabies Surveillance Program	Tracking Enforcement Activities and other program data				
Environmental Health Services	Nuisance Complaint Program	Tracking Enforcement Activities and other program data				

Environmental Health Services	Mosquito Control Program	Tracking Enforcement Activities and other program data				
Community Health Services	Rural Health Center (RHC)	Encounters per Provider FTE based on Ohio RHC averages	220 monthly visits per month Provider FTE	Total monthly provider visits	Provider FTE	Strategic Plan, Workforce Development Plan, Community Health Assessment
Community Health Services	Reproductive Health and Wellness	Reproductive Health encounters	176 visits per month	Number of Reproductive Visits		Reproductive Health and Wellness Grant FY 22, Strategic Plan, Community Health Assessment
Community Health Services	Immunizations	Total Immunizations provided per month (excluding COVID-19 vaccines)	250 per month	Total vaccines provided per month excluding COVID-19		Strategic Plan, Community Health Assessment
Maternal and Child Health Services	WIC Program	Number of infants breastfed at 6-11 months of age among WIC participants	48%	Total WIC participants that are breastfed at age 6-11 months	Total WIC participants that are aged 6-11 months	Healthy People 2030, Strategic Plan
Maternal and Child Health Services	WIC Program	Maintain consistent caseload	1,343			WIC ODH grant, Strategic Plan
Prevention Services	Funding	Additional funding opportunities	2 per year	Total RFPs submitted		Strategic Plan, Community Health Improvement Plan

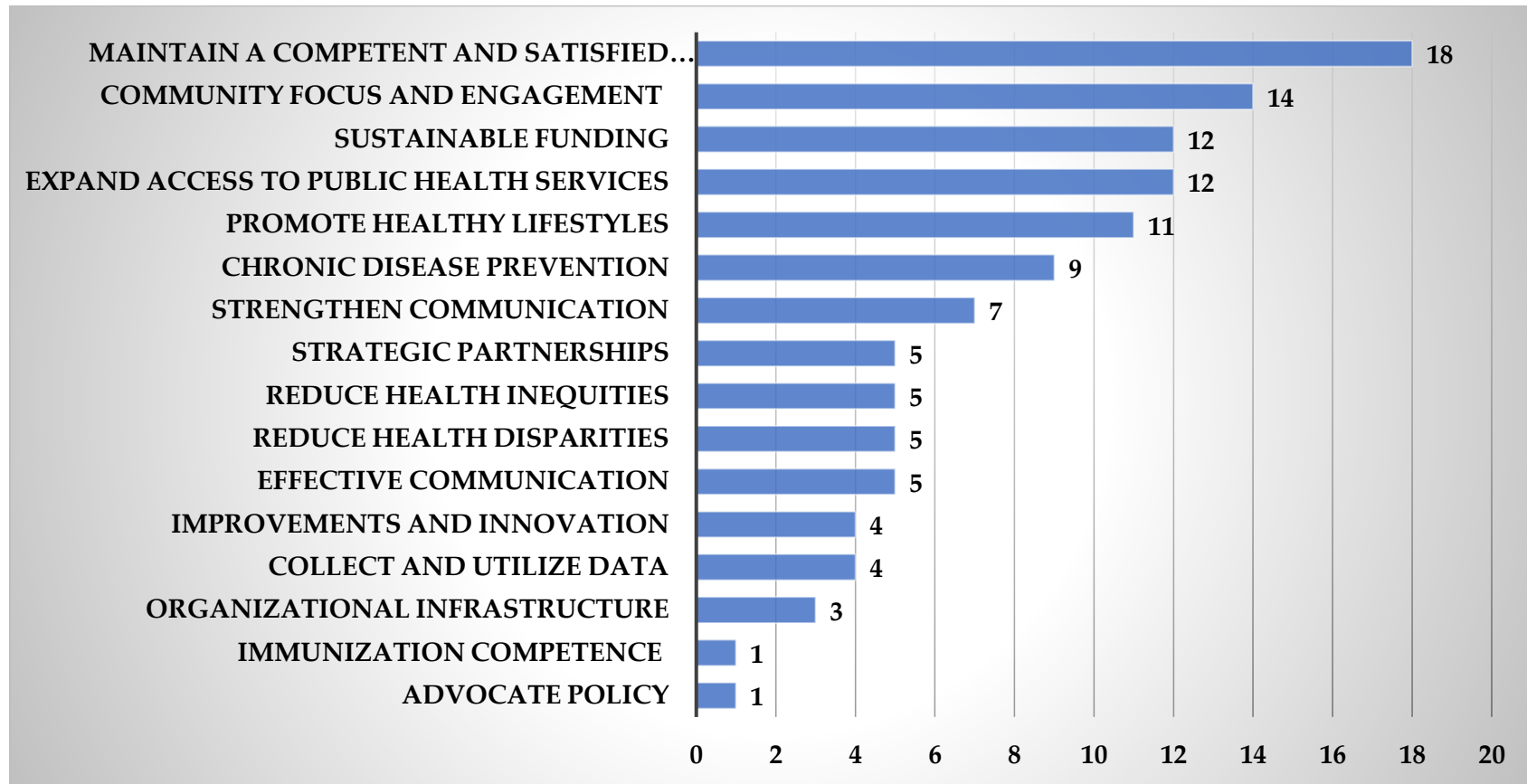
Prevention Services	Injury Prevention	Number of families served	5 per month	Total families served with prevention education and/or safety equipment		Strategic Plan, Community Health Assessment, Community Health Improvement Plan
Prevention Services	Community Engagement	Representation of TCHD in the Community	Participate in a minimum of 3 community events per quarter	Total community events attended		Strategic Plan

# Strategic Priority Selection

## Employee Input

A survey was completed in July 2022 with all employees of the Health Department seeking their input on what the Strategic Priorities of the Health Department should be for 2023-2025. A total of 32 employees responded, resulting in a 62% response rate.

The results are outlined below:





## Potential Linkages

Plan Document Input	Mental Health	Substance Use/ Addiction	Access to Affordable Care	Workforce Competency	Workforce Retention	Community Engagement	Health Inequities	Community Conditions	Sustainable Funding	Healthy Behaviors	QI and Infrastructure	Chronic Disease
Employee SWOT	X	X	X		X	X	X					
Employee Priority Survey			X	X	X	X			X			
2022 TCHD Workforce Plan				X	X							
Community Input Survey		X	X									
Stakeholder Input Survey	X	X				X						
2022 County Health Rankings	X		X					X		X		X
2021 Tuscarawas County CHA	X	X	X							X		X
2022 Tuscarawas County CHIP	X	X	X							X		
2020-2022 ODH SHIP			X					X		X		
2020-2022 ODH Strategic Plan						X	X		X		X	
2022 TCHD QI Plan				X	X						X	
2022 Performance Measures			X	X		X		X	X			

## Strategic Plan Terminology

**Strategic Priority:** highest level of thinking about what needs to be accomplished; core themes

**Goal:** broad, major initiatives that need to be undertaken to address the priority area

**Objectives:** interim steps that address the goal; should be SMART

**Action Steps:** specific steps that need to be taken to meet the objective

**Timeline:** timeframe during which activities will take place

**Responsible Party:** individual(s) responsible for ensuring the objective is met

## Strategic Priorities, Goals, and Objectives

### Strategic Priority #1: Community Focus and Engagement

**Goal 1: Improve processes and increase capacity for TCHD promotional services; and implement department-wide promotional strategies to inform the public about the importance and value of public health**

Strategic Priority # 1: Community Focus and Engagement				
Goal 1: Improve communication processes and increase capacity for TCHD promotional services; and implement department-wide promotional strategies to inform the public about the importance and value of public health				
Linked to: Employee SWOT, Employee Priority Survey, Stakeholder Survey, 2020-2022 ODH Strategic Plan, 2022 Performance Measures				
Objective	Action Steps	Timeline	Responsible Party	Status Update
<b>Objective 01-01-01:</b> Identify a Promotional Champion for each Bureau by December 31, 2023	Evaluate current staff for assignment and identify gaps in knowledge, skills and abilities that may allow for hiring of additional promotional staff, if needed	By July 31, 2023	Lead: Director of Promotion and Community Relations Director of Administrative Services  HR Coordinator Bureau Directors Health Commissioner Board of Health	The TCHD Director of Health Promotion and Community Relations and the TCHD Director of Administrative Services met in February of 2023 to discuss staff options for promotional champions and discuss what the responsibilities might include. A brief follow-up meeting took place in March. As a result of these meetings, it was decided to work on encouraging more active participation from the TCHD Communication Committee members as some members have the potential to

				become champions for their respective bureaus. It was concluded that not all committee members are well-suited to the "champion" position. Further, those identified as the best candidates for champion have little to no capacity to help with promotional work due to current staffing shortages in several TCHD bureaus.
	Establish the responsibilities of the Promotional Champions	By September 1, 2023	Lead: Director of Promotion and Community Relations and Director of Administrative Services  HR Coordinator Bureau Directors Health Commissioner Board of Health	Jan 1 – March 31, 2023 – No action
	Identify & train the Promotional Champions	By December 31, 2023	Lead: Director of Promotion and Community Relations  HR Coordinator Director of Administrative Services Bureau Directors Health Commissioner Board of Health	Jan 1 – March 31, 2023 – No action

<b>Objective 01-01-02:</b> Create and implement a comprehensive promotional toolkit that utilizes various media sources by December 31, 2024	Create a comprehensive toolkit and obtain Board approval for implementation	By July 31, 2024	Lead: Director of Promotion and Community Relations  Bureau Directors Health Commissioner Board of Health	Jan 1 – March 31, 2023 – No action
	Monitor data to evaluate promotional plan (reach, engagement, listenership, utilization)	Ongoing after implementation	Lead: Director of Promotion and Community Relations  Bureau Directors Health Commissioner	Jan 1 – March 31, 2023 – No action
	Create library of standardized templates for the most requested types of promotional materials (flyers, posters, event notices, billboards, PSAs, news releases, etc.)	By December 31, 2025	Lead: Director of Promotion and Community Relations  Bureau Directors Health Commissioner	Jan 1 – March 31, 2023 – No action

<p><b>Objective 01-01-03:</b> Develop a procedure for ongoing, non-emergency communications. The procedure should include the following: a process for ensuring information is timely and accurate, a description of how messages are tailored to different audiences, a process for coordinating with community partners to disseminate unified messages, a process for maintaining a contact list of key stakeholders and communicators, and identification of the Department's PIO and his/her responsibilities by December 31, 2023</p>	<p>Draft completed and presented to Bureau Directors</p>	<p>By July 31, 2023</p>	<p>Lead: Director of Promotion and Community Relations</p> <p>Bureau Directors Health Commissioner</p>	<p>Samples of communication procedures from other LHDs in Ohio have been solicited and received; research into communication procedures of other organizations has taken place; and work is in progress to establish a reliable and secure process for communicating with key stakeholders and communicators (this process has been hampered by numerous challenges with TCHD email listserv technology).</p>
	<p>Suggested edits are incorporated into draft and final version is presented for approval to the Board of Health</p>	<p>By December 31, 2023</p>	<p>Lead: Director of Promotion and Community Relations</p> <p>Bureau Directors Health Commissioner Board of Health</p>	<p>Jan 1 – March 31, 2023 – No action</p>

<p><b>Objective 01-01-04:</b> Review and revise the Department's Branding policy by December 31, 2023</p>	<p>Review and revise policy to ensure it conveys the Department's brand, its functions, and services to the entire community</p>	<p>By December 31, 2023</p>	<p>Lead: Director of Promotion and Community Relations  Bureau Directors Health Commissioner Board of Health</p>	<p>The current branding policy has been reviewed and samples of branding policies from other Ohio LHDs and other non-LHD organizations have been solicited and received for review. Completion of this task will correlate with the completion of the communication procedure of Objective 01-01-03.</p>
<p><b>Objective 01-01-05:</b> TCHD will redefine and develop its website to engage the community and provide accurate information by December 31, 2025</p>	<p>Identify potential improvements with the website</p>	<p>By December 31, 2023</p>	<p>Lead: Director of Promotion and Community Relations  Bureau Directors Health Commissioner</p>	<p>A "wish list" for potential TCHD website improvements has been created, and updates will be made as the communication procedure and the branding policy come to fruition.</p>
	<p>Identify potential website contractors</p>	<p>By March 1, 2024</p>	<p>Lead: Director of Promotion and Community Relations  Bureau Directors Health Commissioner Board of Health</p>	<p>Jan 1 – March 31, 2023 – No action</p>
	<p>Design and format the website to increase user traffic and usability</p>	<p>By December 31, 2024</p>	<p>Lead: Director of Promotion and Community Relations  Bureau Directors Health Commissioner</p>	<p>Jan 1 – March 31, 2023 – No action</p>

	Revise and update website to provide accurate information regarding programs and services	By July 1, 2025	Lead: Director of Promotion and Community Relations  Bureau Directors Health Commissioner	Jan 1 – March 31, 2023 – No action
	Identify and develop electronic forms useful to the public	By December 25, 2025	Lead: Director of Promotion and Community Relations Health Commissioner  Bureau Directors Health Commissioner	Jan 1 – March 31, 2023 – No action
	Streamline and improve employee portal section of website to facilitate better internal communication messages	By December 25, 2025	Leads: Director of Promotion and Community Relations Director of Administrative Services  Bureau Directors Health Commissioner	Jan 1 – March 31, 2023 – No action

## Goal 2: Strategic Partnerships

<b>Strategic Priority # 1: Community Focus and Engagement</b>				
<b>Goal 2: Strategic Partnerships</b>				
<b>Linked to: Employee SWOT, Employee Priority Survey, Stakeholder Survey, 2020-2022 ODH Strategic Plan, 2022 Performance Measures</b>				
<b>Objective</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Status Update</b>
<b>Objective 01-02-01:</b> TCHD will cultivate new and existing relationships to advance public health, reduce health disparities, and improve access to care in Tuscarawas County by December 31, 2025	Conduct an agency wide assessment to identify existing traditional and non-traditional partners, identify gaps and opportunities for collaboration	By September 1, 2023	Lead: Director of Prevention Services  Bureau Directors Health Commissioner	Jan 1 – March 31, 2023 – No action
	Identify priority populations and/or agencies for strategic partnerships	By December 31, 2023	Lead: Director of Prevention Services  Bureau Directors Health Commissioner	Jan 1 – March 31, 2023 – No action
	Establish partnerships to address identified gaps and priorities	By December 31, 2025	Lead: Director of Prevention Services  Bureau Directors Health Commissioner	Jan 1 – March 31, 2023 – No action



**Goal 3: Increase Access to Public Health Services**

<b>Strategic Priority # 1: Community Focus and Engagement</b>				
<b>Goal 3: Increase Access to Public Health Services</b>				
<b>Linked to: Employee SWOT, Employee Priority Survey, Community Input Survey, 2022 County Health Rankings, 2021 CHA, 2022 CHIP, 2020-2022 SHIP, 2022 Performance Measures</b>				
<b>Objective</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Status Update</b>
<b>Objective 01-03-01:</b> Research and identify most needed/utilized public health services in Tuscarawas County by November 1, 2023	Evaluate current and potential public health services, areas of disparities by geography and population, gaps in resources	By November 1, 2023	Lead: Director of Prevention and Director of Nursing  Bureau Directors Health Commissioner Board of Health	Jan 1 – March 31, 2023 – No action
<b>Objective 01-03-02:</b> Research and determine feasibility of existing models in Ohio to expand services by July 1, 2024	Identify and research various models of service expansion already in existence at Ohio local health departments such as mobile clinics, permanent satellite offices, pop up satellite locations, etc.  Identify and research various community partnerships that	By November 1, 2023	Lead: Director of Prevention and Director of Nursing  Bureau Directors Health Commissioner	Jan 1 – March 31, 2023 – No action

	may aide in service expansion.			
	Identify, research (for feasibility, cost, access, etc.), and secure locations for expansion. Whenever possible, implement trial “pop-up” services at the potential location to assist in evaluation of location.  Identify and secure partners for each location	By September 1, 2024	Lead: Director of Prevention and Director of Nursing  Bureau Directors Health Commissioner	Jan 1 – March 31, 2023 – No action
	Make recommendation to Board of Health for model to implement with proposed budget and services to be expanded	By December 31, 2024	Lead: Health Commissioner  Bureau Directors Board of Health	Jan 1 – March 31, 2023 – No action
<b>Objective 01-03-03:</b> Secure funding for project by July 1, 2025	Identify potential funding streams such as DAC, County Commissioners, local foundations,	By December 31, 2024	Lead: Director of Prevention, Director of Nursing, and Health Commissioner  Bureau Directors	Jan 1 – March 31, 2023 – No action

	State or Federal funders, general funds, or fee for service		Board of Health	
	Apply for funding as appropriate	By July 1, 2025, or established funding deadline	Lead: Health Commissioner  Bureau Directors	Jan 1 – March 31, 2023 – No action
<b>Objective 01-03-04:</b> Expand services into at least 2 locations by December 31, 2025	Formalize partnerships and locations through formal agreements  Procure necessary equipment and resources to expand services  Appropriate staff for service expansion, hire as needed  Promote new locations	By November 30, 2025 to have all resources in place to meet December 31, 2025 objective	Lead: Director of Nursing Health Commissioner Director of Promotion & Community Relations  Bureau Directors Board of Health	Jan 1 – March 31, 2023 – No action

## Strategic Priority #2: Organizational Infrastructure

### Goal 1: Increase operational knowledge of fiscal processes across the Department

Strategic Priority # 2: Organizational Infrastructure				
Goal 1: Increase operational knowledge of fiscal processes across the organization				
Linked to: Employee Priority Survey, 2020-2022 ODH Strategic Plan, 2022 Performance Measures				
Objective	Action Steps	Timeline	Responsible Party	Status Update
<b>Objective 02-01-01:</b> Create fiscal handbook/training manual by December 31, 2023	Determine broad topics that need to be included in manual	By March 31, 2023	Lead: Health Commissioner	Jan 1 – March 31, 2023 – List of Topic Created
	Create draft of manual	By June 30, 2023	Lead: Health Commissioner	Jan 1 – March 31, 2023 – No action
	Have draft reviewed by fiscal staff and complete final version	By September 30, 2023	Lead: Health Commissioner  Director of Administrative Services HR Coordinator Fiscal Coordinator County Auditor’s Office Bureau Directors	Jan 1 – March 31, 2023 – No action
	Have manual approved by Board of Health	By December 31, 2023	Lead: Health Commissioner  Board of Health	Jan 1 – March 31, 2023 – No action
<b>Objective 02-01-02:</b> Distribute and train all Bureau Directors on agency fiscal processes with the	Distribute copy of manual to Bureau Directors	By March 1, 2024	Lead: Health Commissioner	Jan 1 – March 31, 2023 – No action

use of the fiscal handbook/training manual by July 31, 2024	Train Bureau Directors on manual	By July 31, 2024	Lead: Health Commissioner  Bureau Directors	Jan 1 – March 31, 2023 – No action
<b>Objective 02-01-03:</b> Hold regular meetings between fiscal staff, Bureau Directors, and other necessary staff by December 31, 2024	Integrate information into regularly schedules management/staff meetings	By December 31, 2024	Lead: Health Commissioner Director of Administrative Services  Bureau Directors	Jan 1 – March 31, 2023 – No action
<b>Objective 02-01-04:</b> Conduct annual trainings on most utilized financial processes for all staff by December 31, 2025	Develop and implement annual training for all staff	By December 31, 2025	Lead: Health Commissioner  Bureau Directors	Jan 1 – March 31, 2023 – No action

**Goal 2: Maintain a highly qualified, professional, and diverse workforce that supports the Department’s Mission, Vision, and Values**

<b>Strategic Priority # 2: Organizational Infrastructure</b>				
<b>Goal 2: Maintain a highly qualified, professional, and diverse workforce that supports the Department’s Mission, Vision, and Values</b>				
<b>Linked to: Employee SWOT, Employee Priority Survey, 2022 TCHD Workforce Development Plan, 2022 TCHD QI Plan, 2022 Performance Measures</b>				
<b>Objective</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Status Update</b>
<b>Objective 02-02-01:</b> Increase employee recruitment activities by advertising job openings on 2 additional recruitment sites by December 31, 2023	Determine recruitment sites currently utilized by the Department	By July 31, 2023	Lead: Director of Administrative Services  HR Coordinator	As of March 31, 2023, recruitment sites are currently utilized, Indeed, TCHD website, Kent State Tusc Campus student message board. Open positions are also shared with local organizations such as Puentes, Access Tusc, and Healthy Tusc.
	Research and determine additional sites for employment postings	By December 31, 2023	Lead: Director of Administrative Services  Director of Promotion & Community Relations  HR Coordinator	As of March 31, 2023, recruitment sites are currently utilized, Indeed, TCHD website, Kent State Tusc Campus student message board. Open positions are also shared with local organizations such as Puentes, Access Tusc, and Healthy Tusc.
<b>Objective 02-02-02:</b> Update the employee annual performance evaluation to be	Research and obtain examples for implementation	By July 31, 2024	Lead: Director of Administrative Services  HR Coordinator	Jan 1 – March 31, 2023 – No action

implemented by December 31, 2024	Present options to Bureau Directors	By September 30, 2024	Lead: Director of Administrative Services  HR Coordinator Bureau Directors Health Commissioner	Jan 1 – March 31, 2023 – No action
	Implement revised annual employee performance evaluation	By December 31, 2024	Lead: Director of Administrative Services  HR Coordinator Bureau Directors Health Commissioner	Jan 1 – March 31, 2023 – No action
<b>Objective 02-02-03:</b> Increase employee retention rate by 5% by December 31, 2025	Establish a baseline retention rate through monthly data collection	By December 31, 2023	Lead: Director of Administrative Services  HR Coordinator	Tracking via monthly dashboard and reported via performance indicators.  Ongoing through Dec 2023
	Provide a method for employees to voice issues and concerns to be addressed in monthly newsletter	By December 31, 2023	Lead: Director of Administrative Services  HR Coordinator	In lieu of a physical suggestion box, an online employee suggestion tab was set up on the website under the employee portal. Concerns are already being addressed via the employee newsletter and staff emails  <b>Completed March 2023</b>

	Develop benchmark and track monthly/annual retention rates	By December 31, 2024	Lead: Director of Administrative Services  HR Coordinator Health Commissioner	Jan 1 – March 31, 2023 – No action
	Establish Department Awards and Employee Recognition Program	By December 31, 2025	Lead: Director of Administrative Services  HR Coordinator Health Commissioner Bureau Directors Board of Health	Jan 1 – March 31, 2023 – No action
	Measure job satisfaction annually and adjust as needed.	Annually	Lead: Director of Administrative Services  HR Coordinator Health Commissioner Bureau Directors Board of Health	As of March 31, 2023, the annual satisfaction survey had been completed by staff and reviewed by management. Management held a meeting on February 22, 2023, to discuss the satisfaction survey and how to address issues. Ideas were discussed on how to improve morale, internal communication, and give staff avenues to express concerns and suggestions throughout the year.



	<p>Maintain transparency in internal staff communication through communication channels such as staff newsletter, email, all staff meetings, committee meetings, etc.</p>	<p>Ongoing</p>	<p>Lead: Director of Administrative Services</p> <p>HR Coordinator Health Commissioner Bureau Directors Board of Health</p>	<p>Transparency with staff is ongoing through the employee newsletter and all staff emails. All staff and committee meetings are scheduled for the entire year and staff are asked ahead of time to bring topics of concern to the meetings. The online suggestion box has also given staff an immediate and streamlined way to give their insights on how to better improve the work environment.</p>
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**Goal 3: Increase safety, security, accessibility, and functionality of Health Department’s physical facility**

<b>Strategic Priority # 2: Organizational Infrastructure</b>				
<b>Goal 3: Increase safety, security, accessibility, and functionality of Health Department’s physical facility</b>				
<b>Linked to 2020-2022 ODH Strategic Plan, 2022 TCHD QI Plan2</b>				
<b>Objective</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Status Update</b>
<b>Objective 02-03-01:</b> Appropriately expend the full amount (\$300,000) of the Department’s American Rescue Plan (ARPA) awarded funds for capital improvements to the current facility by December 31, 2025	Obtain quotes for all wish-list projects	By March 1, 2023	Lead: Maintenance Coordinator	Jan 1 – March 31, 2023 – Completed
	Present quotes and prioritize projects	By June 30, 2023	Lead: Maintenance Coordinator  Health Commissioner Bureau Directors Board of Health	Jan 1 – March 31, 2023 – No action
	Bid projects according to ARPA guidelines	By September 1, 2023	Lead: Health Commissioner  Board of Health	Jan 1 – March 31, 2023 – No action
	Start physical work on selected projects	By March 1, 2024	Lead: Maintenance Coordinator  Health Commissioner	Jan 1 – March 31, 2023 – No action
	Have all projects completed	By December 25, 2025	Lead: Maintenance Coordinator  Health Commissioner	Jan 1 – March 31, 2023 – No action

## **Implementation Monitoring**

The TCHD monitors the implementation of the 2023-2025 strategic plan objectives in a variety of methods. Depending upon how the objectives are linked, they may be monitored through the performance management system (benchmarks/performance measures); regularly scheduled meetings (CHA/CHIP). For each of the action steps listed above, they will each be provided a status update. This status update will also monitor the implementation.