

# **SHAWNEE COUNTY HEALTH DEPARTMENT**

## **STRATEGIC PLAN 2017-2021**

### **2019 UPDATE**



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

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**Shawnee County Health Department**

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Shawnee County Health Department

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## Mission, Vision and Core Values

### Mission

Shawnee County Health Department is committed to working in partnership with our community to promote and protect the optimal health of all people by bridging gaps to eliminate health inequities, respecting the diversity of our community, through adaptive and innovative processes.

### Vision

Healthy People – Healthy Environment – Healthy Shawnee County

### Core Values

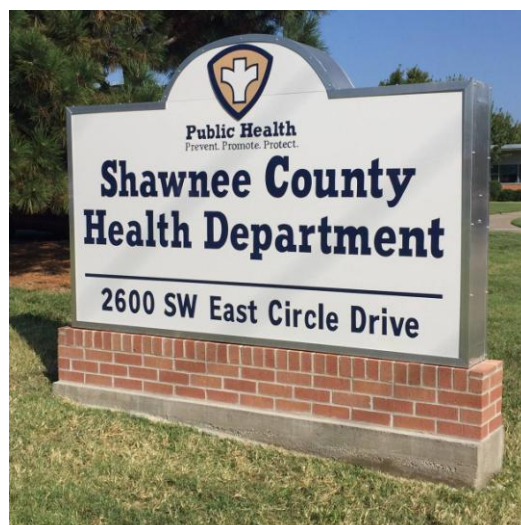
As Shawnee County Health Department staff, we commit to guiding our decisions, our behaviors, and our partnerships by these core values:

**Compassion** – We have caring staff who are dedicated to their work and making a difference in the lives of Shawnee County residents.

**Respect** – We welcome diversity, and treat all people and ideas with dignity.

**Inclusion** – We work with all people to improve the health of our community.

**Integrity** – We uphold high ethical standards and maintain accountability to our stakeholders and aim to provide the highest quality products and services.





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## Letter from the Director

February 8, 2019

I am pleased to present the Shawnee County Health Department's (SCHD) 2019 update to the 2017-2021 Strategic Plan as well as new Mission and Vision statements and new Core Values. 2018 brought a lot of changes to SCHD, accomplishing some of the goals set out in the original Strategic Plan. The Community Health Outreach and Planning Division was expanded by the addition of a Health Promotion Coordinator and Epidemiologist. Also at the end of 2018 the Shawnee County Board of Commissioners approved the addition of a Community Health Planner, which is jointly funded by a Topeka Community Foundation grant to Heartland Healthy Neighborhoods and SCHD. These additions have enabled SCHD to move toward implementation of Public Health 3.0. We have added objectives and strategies to keep progressing toward Public Health 3.0.

Another addition to the Strategic Plan is a stronger focus on health equity. The new Mission and Vision Statements as well as new Core Values reflect SCHD's commitment to working with all community partners to help every citizen achieve their optimal health. SCHD will continue focusing on Social Determinants of Health as the most effective way to improve the health of our community.

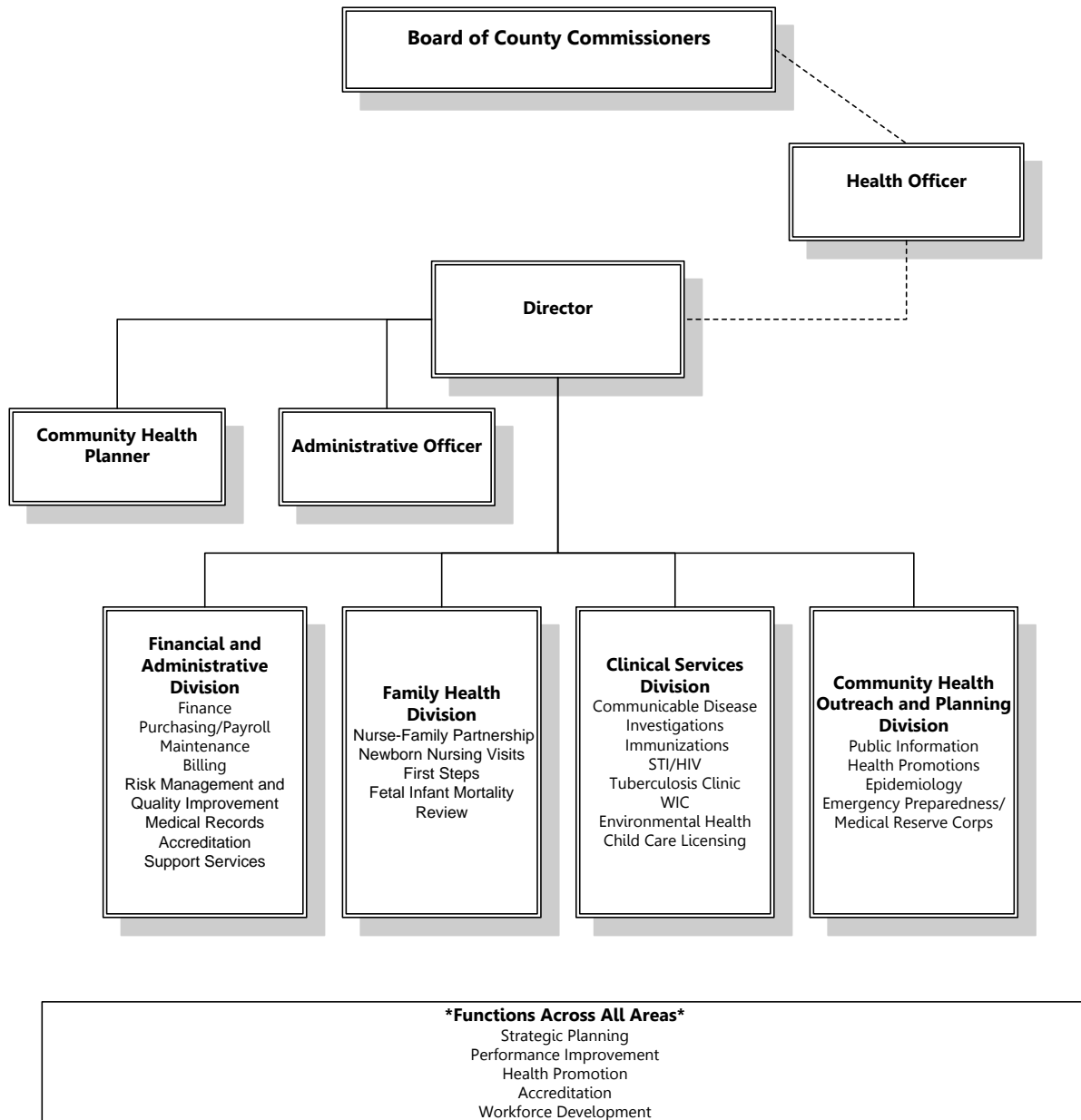
As outlined in the 2018 Strategic Plan SCHD planned to apply for PHAB Accreditation by October 1. The application was submitted July 1, three months ahead of schedule. This year SCHD has set a goal of final submission of documents by July 1. Every staff member is involved in the work to achieve Accreditation.

This update to the SCHD Strategic Plan was created with input from all staff members, County Commissioners and community partners. This will be the last update based on the 2015 Community Health Improvement Plan. SCHD in partnership with Stormont Vail Health, Heartland Healthy Neighborhoods and Kansas Health Institute will create the 2019 Community Health Improvement Plan.

*Linda K. Ochs*

Linda K. Ochs, LMSW

## FUNCTIONAL ORGANIZATIONAL CHART FOR SHAWNEE COUNTY HEALTH DEPARTMENT

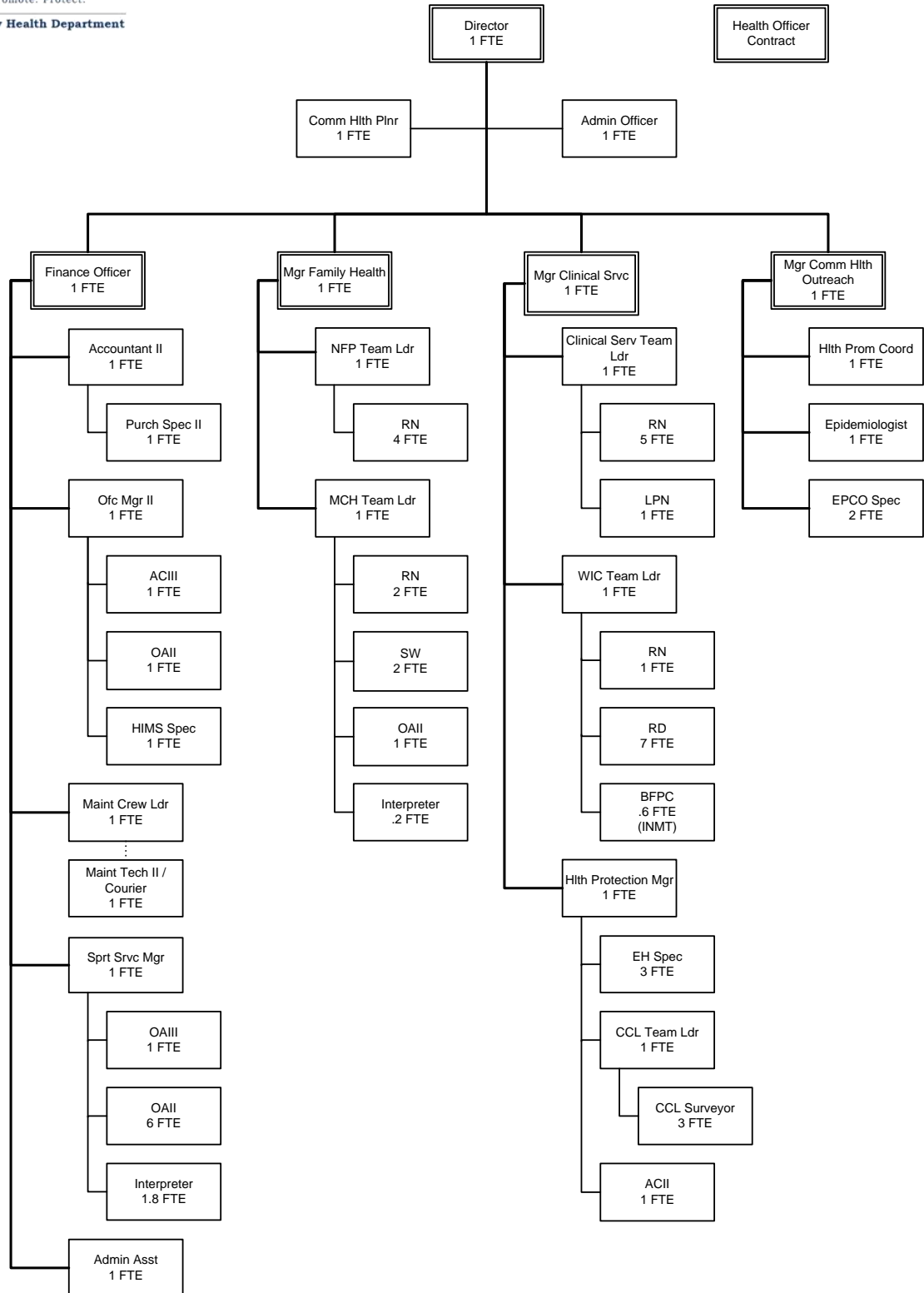




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# ORGANIZATIONAL CHART FOR SHAWNEE COUNTY HEALTH DEPARTMENT



**SHAWNEE COUNTY HEALTH DEPARTMENT S.W.O.T. ANALYSIS  
2018**

Internal	
Strengths	Weaknesses
<ul style="list-style-type: none"> <li>• Long-term, caring, experienced staff</li> <li>• Leadership has great ideas</li> <li>• Employees' retention, experienced</li> <li>• Fiscal reserves, grants, funding, allocation</li> <li>• Knowledge of other organizations</li> <li>• Good employee benefits and environment</li> <li>• Open to addressing racism to improve health equity</li> <li>• Committed to high quality</li> <li>• Providing good customer service</li> <li>• Supportive County Commissioners</li> <li>• Promoting staff internally</li> <li>• Community Outreach</li> </ul>	<ul style="list-style-type: none"> <li>• Parking and safety concerns including no tornado shelter at North Annex</li> <li>• Communication within the department</li> <li>• Time constraints – too much to do and not enough time</li> <li>• Lack of Grant Writer</li> <li>• Website</li> <li>• Staff does not understand all programs in the Health Department</li> <li>• Too many changes at one time</li> <li>• Outdated software</li> <li>• Lack of home visitation support</li> </ul>
External	
Opportunities	Threats
<ul style="list-style-type: none"> <li>• Good working relationships and reputation with community partners</li> <li>• Momentum 2022</li> <li>• Policy makers discussing health</li> <li>• Being in the capitol city</li> <li>• Pilot agency for many things due to size of community and proximity to partners</li> <li>• Good working relationship with Shawnee County departments (<i>i.e.</i>, legal, human resources)</li> <li>• Grant opportunities</li> <li>• Accreditation</li> <li>• Collaboration with the City of Topeka</li> <li>• Grants and Tax money</li> </ul>	<ul style="list-style-type: none"> <li>• Parking</li> <li>• Legislative changes/politics</li> <li>• Changes in funding availability and requirements</li> <li>• Competition for services in the community especially GraceMed</li> <li>• Miscommunication with KDHE</li> <li>• Small pool of qualified applicants for some vacant positions</li> <li>• Community perception and misunderstanding of the Health Department</li> <li>• Technology</li> <li>• Poor health of the community - County Health Rankings and social determinants driving the health ranking</li> <li>• Political climate</li> </ul>

# PRIORITY GOALS

**Health Equity**  
Promote and protect the optimal health of all people in Shawnee County

**Community Engagement**  
Optimize strategies to improve the health of the community

**Organizational Excellence**  
Be an effective and accountable organization by meeting high quality standards

## Objectives and Strategies

**Objective 1**  
Support the goals and objectives identified in Community Health Improvement Plan (CHIP)

Strategy 1.1  
Increase breastfeeding initiation and duration rates among SCHED program participants

Strategy 1.2  
Continue Fetal Infant Mortality Review (FIMR) process

Strategy 1.3  
Increase access to and usage of tobacco use prevention efforts in Shawnee County

Strategy 1.4  
Create 2019 Community Health Improvement Plan

**Objective 2**  
Coordinate health promotions, outreach activities, and programs to enhance community health and well being

Strategy 2.1  
Enhance and sustain the Community Health Outreach and Planning (CHOP) Division

Strategy 2.2  
Use the SCHED Branding and Marketing Plan to implement health promotions and community outreach

Strategy 2.3  
Disseminate public health information

Strategy 2.4  
Ensure Public Health preparedness and readiness

**Objective 3**  
Address Social Determinants of Health by following the guidelines of Public Health 3.0

Strategy 3.1  
Hire and orient a Community Health Planner

Strategy 3.2  
Use granular and actionable data to guide policy and programmatic development

Strategy 3.3  
Engage a wide cross section of partners, including policy makers, to progress toward health equity

**Objective 4**  
Create a culture of quality

Strategy 4.1  
Achieve Public Health Accreditation Board (PHAB) designation

Strategy 4.2  
Develop and implement plans for Performance Management and Quality Improvement using PHAB standards and measures

Strategy 4.3  
Develop and implement plans for workforce development using PHAB standards and measures

Strategy 4.4  
Maintain strong and sustainable fiscal management



## ACTION PLAN

<b>Objective 1</b> – Support the goals and objectives identified in Community Health Improvement Plan (CHIP)					
<b>Date Completed</b>	<b>Action Step</b>	<b>Action Leader(s)</b>	<b>On-going</b>	<b>1-2 Years</b>	<b>3-5 Years</b>
<b>Strategy 1.1</b> Increase breastfeeding initiation and duration rates among SCHED program participants					
	1.1.1 Educate pregnant women on the benefits of breastfeeding	Breastfeeding Lead Dietitian, Maternal Child Health Team Leader, Nurse Family Partnership Team Leader			
	1.1.2 Connect WIC clients with Breastfeeding Peer Counselors	WIC Team Leader			
	1.1.3 Serve on breastfeeding coalition	Breastfeeding Lead Dietitian			
	1.1.4 Require staff training on breastfeeding	Clinical Services Division Manager, Family Health Division Manager			
<b>Strategy 1.2</b> Continue Fetal Infant Mortality Review (FIMR) process					
	1.2.1 Continue Case Review Team (CRT) meetings who provide recommendations to the FIMR Community Action Team (CAT)	Maternal Child Health Team Leader			
	1.2.2 Identify FIMR CAT members who develop strategies for action plan/policy changes	Family Health Division Manager			
	1.2.3 Orientation for FIMR CAT & CRT members	Maternal Child Health Team Leader			

	1.2.4 Continue to implement strategies based on recommendation from CRT	Maternal Child Health Team Leader			
<b>Strategy 1.3</b> Increase access to and usage of tobacco use prevention efforts in Shawnee County					
	1.3.1 Increase participation in Kansas Tobacco Quitline	Health Promotions Coordinator			
	1.3.2 Educate community policy makers and advocate for Tobacco 21 policies in all of Shawnee County	Director, Health Promotions Coordinator			
	1.3.3 Increase number of active living spaces that are tobacco free	Health Promotions Coordinator			
	1.3.4 Decrease exposure to secondhand smoke for Shawnee County residents	Health Promotions Coordinator			
<b>Strategy 1.4</b> Create 2019 Community Health Improvement Plan					
	1.4.1 Assemble Collaborative Group including Stormont Vail Health, SCHD and Heartland Healthy Neighborhoods (HHN)	Director			
	1.4.2 Determine best method of completing CHIP, either using consultant or creating CHIP in-house	CHIP Collaborative Group			

	1.4.3 Publish CHIP and implement recommendations	Community Health Planner			
<b>Objective 2</b> – Coordinate health promotions, outreach activities, and programs to enhance community health and well being					
<b>Date Completed</b>	<b>Action Step</b>	<b>Action Leader(s)</b>	<b>On-going</b>	<b>1-2 Years</b>	<b>3-5 Years</b>
<b>Strategy 2.1</b> Enhance and sustain the Community Health Outreach and Planning (CHOP) Division					
12/18/18	2.1.1 Lead Community Collaborative Team in conducting the 2019 Community Health Needs Assessment	Community Health Outreach and Planning Division Manager			
	2.1.2 Strategize efforts around the Community Health Needs Assessment (CHNA), CHIP, County Health Rankings, and other areas of need	Leadership Team, Health Promotions Coordinator			
	2.1.3 Engage Epidemiologist in community efforts to improve the health of the community by gathering data and recommending interventions	Community Health Outreach and Planning Division Manager			
	2.1.4 Select health observance days to spotlight	Leadership Team			
	2.1.5 Work with divisions to develop activities	Community Health Outreach and Planning Division Manager			

<b>Strategy 2.2</b> Use the SCHED Branding and Marketing Plan to implement health promotions and community outreach					
	2.2.1	Employee wellness	Community Health Outreach and Planning Division Manager		
	2.2.2	Develop tools/education to use in outreach	Community Health Outreach and Planning Division Manager		
	2.2.3	Train staff to do presentations	Community Health Outreach and Planning Division Manager		
<b>Strategy 2.3</b> Disseminate public health information					
12/18/18	2.3.1	Develop policies and procedures as applicable for communication	Leadership Team		
	2.3.2	Maximize social media opportunities	Community Health Outreach and Planning Division Manager		
	2.3.3	Maximize opportunities for paid and earned media advertisement	Community Health Outreach and Planning Division Manager		
	2.3.4	Improve website usability for consumers	Community Health Outreach and Planning Division Manager		
<b>Strategy 2.4</b> Ensure Public Health preparedness and readiness					
	2.4.1	Develop and maintain All Hazards Emergency Operations Plan (EOP)	EPCO Specialist(s) Community Health Outreach and Planning Division Manager		

	2.4.2	Assure that Fit Testing for PPE and PAPR training is completed for staff in case of an outbreak or public health emergency	EPCO Specialist(s)			
	2.4.3	Participate or assist in planning 3 community exercises annually	EPCO Specialist(s)			
	2.4.4	Ensure that all SCHED staff have completed NIMS and ICS required trainings	EPCO Specialist(s)			
<b>Objective 3</b> – Address Social Determinants of Health by following the guidelines of Public Health 3.0						
<b>Date</b>	<b>Action Step</b>		<b>Action Leader(s)</b>	<b>On-Going</b>	<b>1-2 Years</b>	<b>3-5 Years</b>
<b>Strategy 3.1</b> Hire and orient a Community Health Planner (CHP)						
	3.1.1	Interview candidates with a community interview panel	Director			
	3.1.2	Create and implement an orientation plan with department and community information	Director			
	3.1.3	CHP will make their first presentation to a community group or policy makers within 90 days of hire	Community Health Planner			

<b>Strategy 3.2</b> Use granular and actionable data to guide policy and programmatic development					
	3.2.1	Epidemiologist will work with Leadership Team to establish a project to evaluate one program	Epidemiologist and Community Health Outreach and Planning Division Manager		
	3.2.2	Epidemiologist will create one issue brief on a topic related to public policy chosen by the Leadership Team	Epidemiologist and Leadership Team		
	3.2.3	Epidemiologist will continue monthly Epi-Surveillance Newsletter to Shawnee County Medical Community	Epidemiologist		
<b>Strategy 3.3</b> Engage a wide cross section of partners, including policy makers, to progress toward health equity					
	3.3.1	SCHD will establish a Health Equity Council to review internal policies and procedures	Finance Officer/ Director		
	3.3.2	SCHD/HHN will co-host an annual community meeting to discuss County Health Rankings, CHIP and progress toward goals	Director/Community Health Outreach and Planning Division Manager		
	3.3.3	SCHD will participate in community efforts to improve health equity	Community Health Planner, HHN Leadership, SCHD Leadership		

<b>Objective 4 – Create a culture of quality</b>					
<b>Date Completed</b>	<b>Action Step</b>	<b>Action Leader(s)</b>	<b>On-going</b>	<b>1-2 Years</b>	<b>3-5 Years</b>
<b>Strategy 4.1</b> Achieve Public Health Accreditation Board (PHAB) designation					
12/18/18	4.1.1 Set timeline for accreditation	Accreditation Coordinator			
	4.1.2 Gather required documents	Accreditation Coordinator			
12/18/18	4.1.3 Create PHAB account	Accreditation Coordinator			
12/18/18	4.1.4 Submit application	Accreditation Coordinator			
	4.1.5 Submit all documents for PHAB review and site visit	Accreditation Coordinator			
	4.1.6 Continue accreditation tasks to maintain and re-accredit	Accreditation Coordinator and all staff			
<b>Strategy 4.2</b> Develop and implement plans for Performance Management (PM) and Quality Improvement (QI) using Public Health Accreditation Board (PHAB) standards and measures					
12/18/18	4.2.1 Assemble PHAB team for Domain 9	Finance Officer			
12/18/18	4.2.2 Have an orientation/education session on Domain 9	Finance Officer			
	4.2.3 Complete PM assessment in Survey Monkey	Finance Officer			
	4.2.4 Write PM and QI plans	Risk Management and Corporate Compliance Coordinator			

01/18/19	4.2.5 Assemble QI Committee	Risk Management and Corporate Compliance Coordinator			
02/15/19	4.2.6 Choose QI projects	Risk Management and Corporate Compliance Coordinator			
	4.2.7 Gather documents and place in PHAB folders	Risk Management and Corporate Compliance Coordinator			
<b>Strategy 4.3</b> Develop and implement plans for workforce development using Public Health Accreditation Board (PHAB) standards and measures					
12/18/18	4.3.1 Develop action plan and timeline for workforce development plan preparation	Community Health Outreach and Planning Division Manager			
	4.3.2 Complete and implement workforce development plan, including succession planning	Community Health Outreach and Planning Division Manager			
	4.3.3 Implement Succession Plan as experienced staff members retire	Director			
	4.3.4 Maintain and improve workforce development plan	To be Determined by Leadership Team			
<b>Strategy 4.4</b> Maintain strong and sustainable fiscal management					
	4.4.1 Implement CDP's ezEMRx electronic health records software	Finance Officer			



	4.4.2 Monitor and address Finance and Administrative program indicators for measures needing improvement	Finance Officer			
	4.4.3 Continue checkout process in Clinical Services to improve patient pay collections	Finance Officer			
	4.4.4 Reduce Clinical Services Clerical errors to decrease insurance payer denials	Finance Officer			



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## SHAWNEE COUNTY HEALTH DEPARTMENT PROGRAM INDICATORS

<b>Program</b>	<b>Data Source</b>	<b>Target Goal</b>
<b>WIC</b>		
1 % of WIC women delivering an infant weighing <to 2500 grams	KWIC	< 7%
2 % of WIC infants born <36 6/7 weeks gestation	KWIC	<9%
3 % of WIC children 2-5 years old who are overweight (>85% BMI for age)	KWIC	< 15%
4 % of WIC infants ever breastfed	KWIC	>82%
5 % of WIC Infants who breastfed for 6 months	KWIC	> 61%
<b>Immunizations</b>		
1 % of 2-year clients completing the primary immunization series	COCASA	> 80%
2 % of adolescent clients in compliance for ACIP recommended vaccination	COCASA	≥ 80%
3 % of WIC children who are up to date on vaccinations	KWIC	≥90%
<b>Communicable Diseases</b>		
1 % of communicable disease case control measures began within the target date set by KDHE for each disease	Epi-TRAX	90%
2 % of communicable disease case investigations completed within KDHE timelines	Epi-TRAX	90%
3 % of contacts to active TB patients evaluated	Epi-TRAX	≥90%
4 % of patients with latent TB complete treatment	Epi-TRAX	>80%
<b>Environmental Health</b>		
1 % of complaint childcare licensing investigations initiated within 5 days	KDHE Timeliness Report	100%
2 # of Outreach activities to recruit new childcare providers	SCHD Calendar	5
3 % of on-site investigation conducted within 3 working days of complaint receipt*	Access-Nuisance Database	≥ 90%
<b>Nurse Family Partnership</b>		
1 The % of NFP clients who have subsequent pregnancies within 24 months of first delivery.	Penelope and Team Leader Records	≤ 25%
2 Of women who smoked cigarettes during pregnancy, the % who decreased smoking between intake to 36 weeks gestation	Penelope and Team Leader Records	≥ 50%
3 The % of NFP clients who initiate breastfeeding	Penelope and Team Leader Records	≥ 90%
4 Of women who initiated breastfeeding, the % who were still breastfeeding their infant at 6 months of age	Penelope and Team Leader Records	≥ 40%
5 Of women who have a child of at least 6 months of age, the % who demonstrate adequacy of involvement with their child, according to the results of HOME I-T Inventory	Penelope and Team Leader Records	> 80%
<b>Maternal and Child Health</b>		
1 The Baby Basics program will have 50 participants finishing 4 out of 6 classes in the calendar year	DAISEY database/Team Leader records	50 participants
2 % of Baby Basics clients that initiated breastfeeding	DAISEY database/Team Leader records	≥ 90%
3 MCH staff will participate in 10 community outreach events during the calendar year	Team Leader records	10 events
4 % of First Steps clients enrolled prenatally that initiate breastfeeding	Team Leader records	> 80%
5 Of First Steps clients who initiated breastfeeding the % who were still breastfeeding their infant at 6 months of	Team Leader records	> 50%
6 % of First Steps clients enrolled prenatally that report a decrease in smoking from enrollment to delivery	Team Leader records	≥ 50%
<b>Health Outreach and Planning</b>		
1 Number of community presentations given	Database/Log/Outlook	8 per quarter
2 Number of community events attended	Log/Outlook	8 per quarter
3 Number of referrals to the Kansas Tobacco Quitline	KDHE Quitline Reports	15 per
4 % of press releases that receive media coverage	Media Log	≥ 90%
<b>Finance and Administration</b>		
1 % of required grant documents stored in the Grants(ALL) folder	HACOMMON	≥ 90%
2 % of errors that are entered in OneSolution when processing invoices	Purchasing Records	≤ 5%
3 % of errors found through monthly billing audit	Billing Records	≤ 10%
4 % of annual performance evaluations completed timely	HR Records	≥ 90%
5 % of errors found through monthly clerical data entry audit	Clerical Records	≤ 10%
6 % of maintenance inspections completed timely	Maintenance Records	> 90%