

COLUMBUS PUBLIC HEALTH

# STRATEGIC PLAN

2018-2022 • EXECUTIVE SUMMARY

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**The Columbus Public Health 2018–2022 Strategic Plan** outlines high level departmental strategy, as well as specific improvement activities to advance the mission of protecting health and improving lives.

**The strategic planning process** began in January 2018. The Balanced Scorecard, an integrated strategic planning and performance management framework, was used to guide planning efforts. This framework requires organizations to consider overall strategy across four perspectives: financial stewardship, organizational capacity, internal processes, and the customer. Columbus Public Health colleagues, from the Board of Health to front line staff, were engaged in the process which included the following key steps:

- Confirm existing mission, vision, values.
- Conduct environmental scan through a Strengths, Opportunities, Aspirations, and Results (SOAR) assessment.
- Identify strategic priorities.
- Establish strategic goals and associated performance measures.
- Develop an annual operational workplan with measurable objectives.

**Columbus Public Health’s strategy includes** four strategic priorities (Workforce & Technology, Resource Allocation, Leadership, and Mental Health & Addiction), 12 strategic goals, and a set of associated key performance measures that are integrated into a performance dashboard. This high level strategy is presented in the attached Strategy Map.

**An Operational Workplan**, updated annually, includes specific improvement activities that break down the strategic goals into smaller, measurable, actionable components. A copy of the annual Operational Workplan is available upon request.

**The new Strategic Plan provides an opportunity** for staff to better align day to day activities with the strategic direction, identify and implement cross-cutting initiatives that advance the mission, and provide a framework for decision making that consistently focuses on what is most important to the department and community.



COLUMBUS  
PUBLIC HEALTH

# COLUMBUS PUBLIC HEALTH • STRATEGY MAP • 2018–2022

**MISSION:** Protecting Health, Improving Lives

**VISION:** The Columbus community is protected from disease and other public health threats, and everyone is empowered to live healthier, safer lives. Columbus Public Health is the leader for identifying public health priorities and mobilizing resources and community partnerships to address them.

**VALUES:** Customer Focus • Accountability • Research/Science Based • Equity & Fairness





## STRATEGIC PRIORITIES

**Workforce & Technology:** We have a strong infrastructure that supports internal operations. Human resource functions ensure we have a highly competent and skilled workforce, and we leverage cutting edge technology to make our work more efficient and effective to public health issues.

**Leadership:** We provide leadership on high profile, emerging public health concerns and social determinants of health and engage our partners, stakeholders and residents in the work. We are a leading source for local, timely, accurate information on public health issues and are regarded as a leader both locally and nationally.

**Resource Allocation:** We strategically allocate resources for meaningful impact. We ensure high priority programs and services and new service lines that address gaps are appropriately supported. Funds are re-allocated as needed to accomplish this priority.

**Mental Health & Addiction:** We address the intersection of public health and mental health and addiction by identifying gaps and capitalizing on opportunities for cross-collaboration. We strive to reduce the stigma associated with these conditions and understand the impact that mental health and addiction has on chronic disease and other health issues.

PERSPECTIVES	STRATEGIC GOALS	KEY PERFORMANCE MEASURES
<b>CUSTOMER</b> 	<b>C1:</b> Improve quality and safety of service to our customers <b>C2:</b> Improve health promotion and prevention of diseases and injury to achieve healthy outcomes	<ul style="list-style-type: none"> <li>• % of CPH 311 service requests with work order in progress within 5 days (C1)</li> <li>• Agency-wide customer satisfaction score (C1)</li> <li>• % of applicable program areas screening for core determinants of health/Social Work Scripts (C2)</li> <li>• % of clients entering resource room receiving assistance w/ insurance enrollment (C2)</li> </ul>
<b>INTERNAL PROCESSES</b> 	<b>I1:</b> Improve operational effectiveness and efficiency <b>I2:</b> Improve internal communication and teamwork <b>I3:</b> Improve external communication & community collaboration <b>I4:</b> Enhance practices to maintain PHAB accreditation	<ul style="list-style-type: none"> <li>• Organizational culture of quality score (I1, I4)</li> <li>• % of CPH programs meeting quarterly programmatic performance measures (I1)</li> <li>• Agency-wide internal customer satisfaction rating (I2)</li> <li>• Effectiveness rating of collaborations addressing CHIP priorities (I3)</li> <li>• # of quarterly social media impressions (I3)</li> <li>• # of PHAB domains with annual improvement initiative completed (I4)</li> </ul>
<b>ORGANIZATIONAL CAPACITY</b> 	<b>O1:</b> Improve use of technology for service delivery & management <b>O2:</b> Improve safety and health of work environment <b>O3:</b> Attract, develop and maintain effective performers	<ul style="list-style-type: none"> <li>• # of manual/paper-based processes that are automated (O1)</li> <li>• % of staff who agree/strongly agree that CPH is a good place to work (O2)</li> <li>• Ratio of % of CPH FTE minority female staff to % of minority female clinic clients in NexGen (O3)</li> <li>• Employee turnover rate (O3)</li> </ul>
<b>FINANCIAL STEWARDSHIP</b> 	<b>F1:</b> Effectively allocate resources based on priorities and results <b>F2:</b> Achieve financial stewardship and accountability <b>F3:</b> Diversify, grow and sustain funding sources	<ul style="list-style-type: none"> <li>• % of total budget allocated toward mandated public health services (F1)</li> <li>• Cost per visit for clinical services (F1)</li> <li>• # of materially significant audit findings (F2)</li> <li>• Ratio of clinical revenues received to claims billed (F2, F3)</li> <li>• Ratio of private grant/non-ODH grant exp. to total department exp. (F3)</li> <li>• Ratio of grant funds applied for vs. received (F1, F3)</li> </ul>