

Delaware Division of Public Health

2019-2023 Strategic Plan



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

A message from the Delaware Division of Public Health Director



Karyl T. Rattay, MD, MS

The Division of Public Health 2019 – 2023 Strategic Plan provides a clear and proven path for the division to continue to lead the state's public health system.

In March 2016, the Delaware Division of Public Health (DPH) became a Nationally Accredited State Public Health agency. National public health peers assessed us as being highly effective at delivering state level public health services for Delawareans. I believe that this is one of the greatest achievements in our history. Achieving accreditation is validation for our dedicated Public Health staff that the work we do is high quality and the work we do does matter. Our mission remains, "to protect and promote the health of all people in Delaware," and we have a heightened focus to work collaboratively with our partners to achieve this mission. Our vision and our employee-inspired values also remain fundamental to our work (Figures 1 and 2).

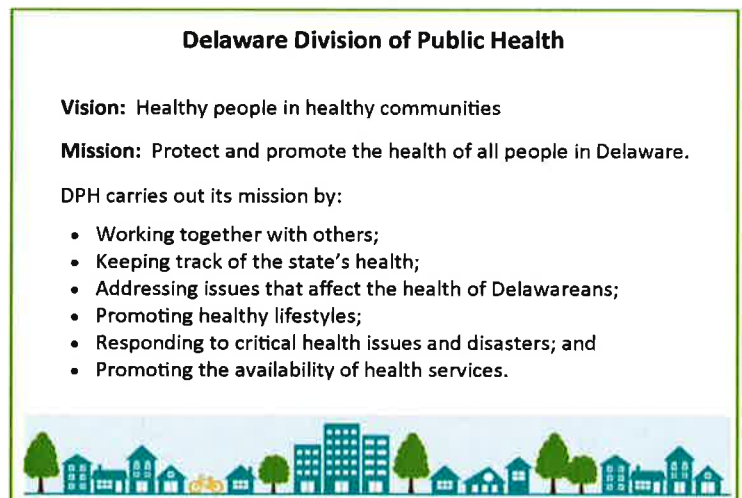
2019 and future years are bringing new challenges and opportunities to Delaware and we wanted to ensure our strategic plan reflects the work ahead of us. DPH is embarking on the Public Health 3.0 approach. Public Health 3.0 refers to a new era of enhanced and broadened public health practice that goes beyond traditional public health department functions and programs. Cross-sectoral collaboration is inherent to the Public Health 3.0 vision. We are partnering across multiple sectors and leveraging data and resources to address policies as well as social, environmental, and economic conditions that affect health and health equity. We spent the better part of eight months researching and analyzing our existing goals, strategies, and data; examined current national and local public health challenges; and considered future public health challenges. As a result, we have identified four strategic priorities, of which this strategic plan is based: **Promote Healthy Lifestyles; Improve Population Health and Reduce Health Care Costs; Achieve Health Equity; Reduce Substance Use Disorder and Overdose Deaths.** The DPH is doubling its efforts to work collaboratively alongside Delaware state agencies and external stakeholders to address the immediate and long-term health consequences of substance use disorder and violence in communities. To tackle these complicated issues, DPH sees its role as providing prevention expertise, as well as technical assistance related to evidence-based population health practices.

Critical to this transformational effort is continually improving the organizational culture by investing in our workforce. The DPH values every employee and I am honored to serve with, and continue to be humbled by, the selfless dedication of the public health workforce. Our staff will actively implement this strategic plan by improving our services, participating in robust workforce development activities, and practicing the LeadQuest 10 Principles of Personal Leadership (Appendix A).

Public Health has a unique lens. Our guiding principles call upon us to engage in population-based activities to strengthen community-based public health. Research continues to tell us that while 95 percent of our health care dollars are spent on acute care, these dollars account for only 10 percent of improvements to our health status. For sustainable results, our future efforts must include partnering with communities to improve their ability to identify the most important determinants of health, to develop strategies to address them, and to implement those strategies. This strategic plan is evidence of our commitment to working strategically with our partners to achieve our vision of healthy people in healthy communities.

Yours in health,

Figure 1. DPH Mission and Vision



Source: Office of Workforce Development, December 2010

Figure 2. DPH Values

Delaware Division of Public Health Values

We conduct our work and our interactions with others using the 10 Principles of Leadership (LeadQuest) and these values as guideposts for our personal behavior, professional practice, and public health decisions.

Integrity

We hold ourselves to the highest standards of honesty, professionalism, ethics, and fiscal responsibility.

Respect

We create a supportive environment where everyone has the opportunity to reach his or her full potential and is treated with dignity. We respect the dignity and cultural diversity of each other and the people we serve. We value individuals and honor their contributions.

Participation

We provide open access to information and everyone has opportunities to participate in decision making. We ask each other and the people we serve for input and feedback so that we can better meet their needs. We take initiative and participate in activities that foster personal and professional growth.

Accountability

We accept personal responsibility for our actions and our efforts to achieve outcomes. We are diligent stewards of the public trust. We hold ourselves responsible for understanding the needs of people and communities in Delaware. We take action to address injustices and inequities.

Teamwork

We view collaboration with others as essential to reach our goals. We build partnerships internally and with agencies, communities, and families to create sustained improvements in health.

Excellence

We endorse the highest standards of quality for our services. We strive to use sound science and best practices and commit to continuous quality improvement.

Source: Delaware Division of Public Health

Table of Contents

Introduction	4
How the Plan is Organized	5
DPH Strategic Priorities	7
Key Support Functions	9
Summary	12
Contributors and Resources Used to Develop the Strategic Plan	13

Appendices

- Appendix A — 10 Principles of Personal Leadership
- Appendix B — Strategic Plan Process and Timeline
- Appendix C — Top Level Strategy Map Objectives and Measures
- Appendix D — Trends and Opportunities, Strengths and Challenges
- Appendix E — Crucial Connections
- Appendix F — DPH Organizational Chart
- Appendix G — Strategic Leadership Group (SLG) and Mission
- Appendix H — One Page Description of DPH Mission, Vision, Values and Strategic Priorities
- Appendix I — Strategic Plan Reviews, Updates, and Replacement



Introduction

The process to revamp the Division of Public Health (DPH) strategic plan for the period 2019 to 2023 began in August 2017. At that time, the DPH Strategic Leadership Group agreed to form a Strategic Plan Action Committee to begin the process of updating the organizational strategic plan. The Strategic Plan Action Committee consisted of these leadership team volunteers:

- Cassandra Codes-Johnson, Associate Deputy Director
- Awele Maduka-Ezeh, MD, Medical Director
- Tabatha Offutt-Powell, Section Chief, Epidemiology, Health Data, and Informatics
- Cort Massey, County Health Administrator, Northern Health Services
- Paul Hyland, Section Chief, Office of Medical Marijuana
- Lucy Luta, Section Chief, Bureau of Health Equity
- Dave Walton, Section Chief, Office of Performance Management
- Leah Woodall, Section Chief, Family Health Systems

Over a period of four months (September to December 2017), the committee conducted six meetings, which included the following activities:

1. Mapping the strategic planning process with a timeline (Appendix B);
2. Reviewing the existing strategic plan and Public Health Accreditation Board Standard 5.3 – Develop and Implement a Health Department Organizational Strategic Plan;
3. Reviewing the updated State Health Assessment and Health Improvement plans;
4. Reviewing existing strategic plans from other health agencies;
5. Reviewing local, state, and national public health periodicals and reports;
6. Completing a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis; and
7. Completing a draft strategic plan for a much wider review by DPH and the Department of Health and Social Services (DHSS).

The DPH strategic planning process called for a much larger group to review and provide input to the plan.

This larger group included the full DPH Leadership Team, DPH employees, and DHSS leadership. Once

the Strategic Plan Action Committee drafted the plan, the full DPH leadership team was given the opportunity to review and provide input.

The plan was then updated and the final draft was provided to DHSS leadership and DPH employees for review and input. Final updates were made and the *DPH 2019-2023 Strategic Plan* was formally adopted by the DPH Division Director on January 1, 2019.



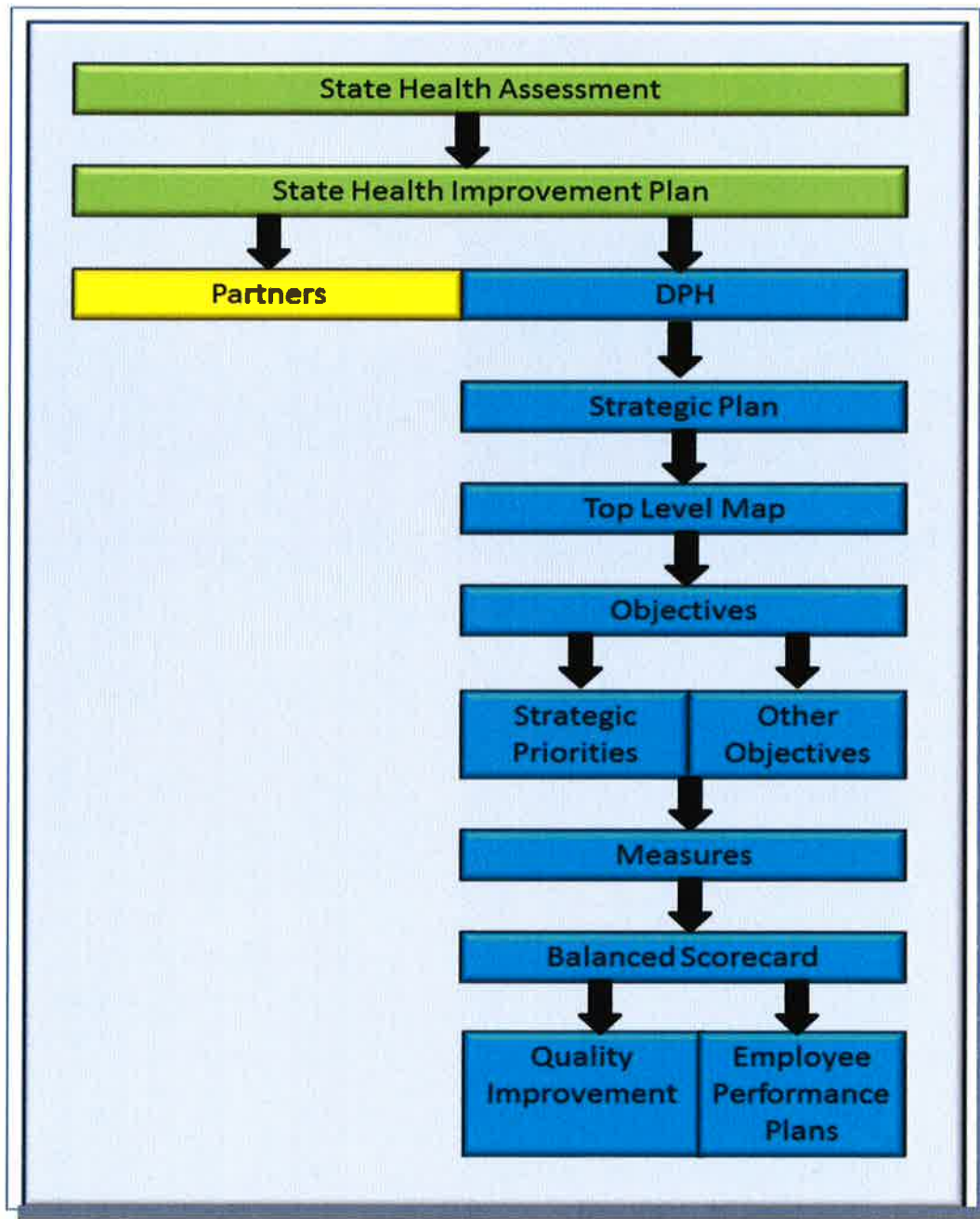
Delaware Division of Public Health photo

How the Plan is Organized

Figure 3 describes DPH's strategic planning and performance model. It begins with a State Health Assessment (SHA), which was updated in early 2017 and made part of the Delaware State Health Improvement Plan (SHIP), which was completed in December 2017.

Both can be found on the DPH website: www.dhss.delaware.gov/dhss/dph. These reflect community health issues and goals as described by our public health system partners. Because DPH desires to be an organization that is responsive to community needs, these documents form the foundation of our strategic plan.

Figure 3. The Planning and Performance Model



Source: Adapted by Division of Public Health, from the Association of State & Territorial Health Officials (ASTHO) presentation on the ASTHO Strategic Planning Guide, June 24, 2014.

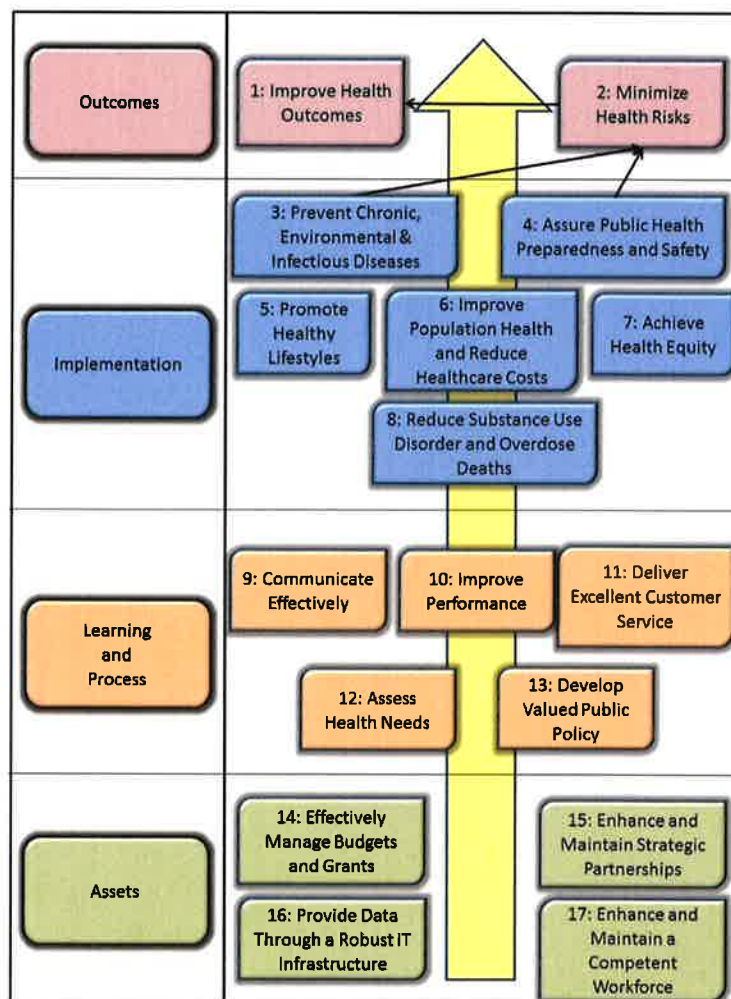
The first important component of this strategic plan is DPH's "Top Level Map." This strategy map (Figure 4) is the framework for our overall planning, including the development of measurable objectives and the organization of our performance management activities. Collectively, objectives on this map form the basis for all of DPH's work. We are tracking progress toward implementing these strategies through progress measures (see Appendix C).

Four objectives on the Top Level Strategy Map (**numbers 5, 6, 7, and 8**) house the DPH's strategic priorities, so called because during this plan period they will receive special emphasis: **Promote Healthy Lifestyles (5); Improve Population Health and Reduce Health Care Costs (6); Achieve Health Equity (7); and, Reduce Substance Use Disorder and Overdose Deaths (8)**. Aligning DPH's resources to address the four strategic priorities is critical to successfully accomplishing our mission. Because of their importance, these four strategic priorities are highlighted in this plan.

Also highlighted are several other Top Level Map objectives (**numbers 9, 10, 14, 15, 16, and 17**) as key support functions, which are especially important for DPH to address. Supporting each of the Top Level Map objectives are measures, which comprise our Division-wide performance management system (balanced scorecard). These measures evaluate our progress.

As depicted in Figure 3, achieving the objectives on the Top Level Map requires quality improvement. DPH maintains a separate plan for quality improvement. Finally, our objectives cannot be achieved without the support and work of our employees. Our individual performance plans add a layer of accountability to assure that our work connects to DPH's overall objectives.

Figure 4. The Top Level Strategy Map



November 2011; Revised August 2012; Revised September 2013; Revised August 2014; Revised November 2015; Revised March 2018

Source: Delaware Division of Public Health, 2017

DPH Strategic Priorities

DPH's strategic priorities fall under objectives from the Top Level Map that are intended to receive special emphasis. What follows is a description of each strategic priority, its performance measure(s), and its executive sponsor(s), the person(s) in DPH with overall responsibility.

Strategic Priority: Promote Healthy Lifestyles

DPH Top Level Map objective number 5

Description: The vision of this strategic priority is that *all Delawareans live, work, learn, and play in healthier communities, live healthier lives, and maintain healthier behaviors.* The outcome objectives are to decrease morbidity and premature mortality, and increase health-promoting behaviors and environments.

Performance Measure 5-1: Number of DPH priority interventions implemented with partners.

Executive Sponsor: The Chief of Health Promotion and Disease Prevention, who will report progress at the monthly Strategic Leadership Group meetings.



Delaware Division of Public Health photo

Strategic Priority: Improve Population Health and Reduce Health Care Costs

DPH Top Level Map objective number 6

Description: The vision of this strategic priority is to support Delaware's goal to be one of the top five healthiest states in the nation. Delaware is engaged in ongoing efforts to transform how we pay for health care, improve population health, improve patient experience, and increase access to quality care, while reducing health care costs. This work is being led by the Delaware Health Care Commission through the State Innovation Model award. DPH plays a critical role in supporting the development of population health strategies to address multiple determinants of health and improve the overall health of communities.

Performance Measure 6-1: The number of new medical, dental, and/or mental health providers placed and practicing in medically underserved areas through the Conrad¹ State 30/J1 Physician Visa Program and National Health Service Corp (NHSC) Loan Repayment Program.



Delaware Division of Public Health photo

Performance Measure 6-2: The number of designated healthy neighborhoods under the State Innovation Model that have invited DPH to engage in their processes to address chronic diseases, mental health and substance abuse, maternal and child health, and healthy lifestyles.

Performance Measure 6-3: Percent of Delawareans having a medical home/primary care provider.

Executive Sponsor: The Chief of the Bureau of Health Planning and Resources Management, who will report progress at the monthly Strategic Leadership Group meetings.

¹ Conrad is a federal program that places foreign-born medical graduates in medically underserved areas.

Strategic Priority: Achieve Health Equity

DPH Top Level Map objective number 7

Description: The vision of this strategic priority is *health equity for all Delawareans where everyone will achieve their full health potential*. Health equity can be defined as the ²absence of systematic disparities in health (or in the major determinants of health) between social groups who have different levels of underlying social advantages/disadvantages — that is, different positions in the social hierarchy. This priority includes partnering with identified communities to implement violence prevention activities.

Performance Measure 7-1: The number of communities engaged in processes to improve the social determinants of health and health equity.

Performance Measure 7-2: Reduce number of firearm injuries and deaths among individuals 16-24 years old in Wilmington by 50 percent by 2022.

Performance Measure 7-3: By 2020, reduce factors that influence violence for youth ages 12-24 years old.

Executive Sponsor: The Chief of Bureau of Health Equity, who will report progress at the monthly Strategic Leadership Group meetings.



Delaware Division of Public Health photo

Strategic Priority: Reduce Substance Use Disorder and Overdose Deaths

DPH Top Level Map objective number 8

Description: The vision of this strategic priority is to eliminate overdose deaths and reduce the prevalence of Substance Use Disorder (SUD) in Delaware. This priority also aims to create a coordinated Substance Use Disorder care system focused on evidence-based practices to prevent, detect, treat, and support all those impacted using a Centers of Excellence framework. The work includes efforts to align all partners and stakeholders working together (collective effort/impact) to build a responsive, effective, and permanent solution to the addiction and SUD crisis in Delaware.

Performance Measure 8-1: All-drug overdose mortality rate.

Performance Measure 8-2: Opioid drug overdose mortality rate.

Executive Sponsors: The directors of DPH and Division of Substance Abuse and Mental Health (DSAMH), who will report progress at the monthly DPH Strategic Leadership Group meeting and the DHSS Director meeting.

² Braveman, P. and Gruskin, S., Defining Equity in Health, J Epidemiol Community Health 2003; 57:254-258.

Key Support Functions

These objectives from the Top Level Map are highlighted because of their importance to achieving the strategic priorities and other objectives.

Communicate Effectively

DPH Top Level Map objective number 9

To effectively deliver public health services in Delaware, DPH captures the interest of, and establishes trust and confidence with, Delawareans by proactively engaging in open and meaningful communication on matters of public health. This includes communication aimed at promoting healthy behaviors and activities across the lifespan. DPH accomplishes this by using effective communication methods with particular audiences. Those communication methods include, but are not limited to, website updates, public health reports, Health Alert Network messages, press releases, television/radio interviews, advertising, and/or social media (Twitter, YouTube or Facebook) to reach younger and more diverse customers. The audiences of public health communication can be external governing bodies, health and health care partners, visitors to Delaware, and, of course, Delaware residents. DPH also engages in activities to enhance its communications through partnering with and seeking feedback from the public health customers and the branding of public health in Delaware. Additionally, DPH engages in direct communication connecting Delawareans to available health care resources and services.



Delaware Division of Public Health photo

The Chief of the Office of Health and Risk Communications leads DPH efforts to communicate effectively through established measures, standards, target setting, and progress tracking, which is reported at monthly Strategic Leadership Group meetings.

Improve Performance

DPH Top Level Map objective number 10

The vision of this objective is to create a division-wide culture (day-to-day practice) that uses performance management and quality improvement methods to monitor and improve performance. The focus is on learning and implementing methods and practices that improve performance. Progress is measured by the number of employees trained in basic performance management and quality improvement methods, and the number of DPH quality improvement (QI) projects that are successfully completed.



The Chief of the Office of Performance Management leads the efforts to improve performance through established measures, standards, target setting, and progress tracking at monthly Strategic Leadership Group meetings.

Effectively Manage Budgets and Grants

DPH Top Level Map objective number 14

Over the past several years, DPH has been financially challenged by scarce resources caused by a poor economy. To meet the fiscal challenges, staffing and budget cuts ensued. Most recently, federal funds were drastically cut in the Maternal and Child Health programs. Additionally, several state-funded appropriations were cut by 7 to 10 percent in FY 2018. As a result, DPH is exploring ways to transform services it delivers. Now more than ever, DPH must strategically embrace financial sustainability at every opportunity.

Future strategies to address financial sustainability include improved tracking of expenses against annual state budgets; improved grant application quality to increase the success rate of grant awards; improved management of the hiring process, and more efficiently using current employees. The DPH is working to improve third party billing capabilities to increase revenue. These and other activities will be driven by performance management practices which include establishing standards, creating progress measures, and regular progress reporting.

The Support Services Section Chief leads DPH efforts to effectively manage and sustain funds through established measures, standards, target setting, and progress tracking, which is reported at monthly Strategic Leadership Group meetings.

Enhance and Maintain Strategic Partnerships

DPH Top Level Map objective number 15

DPH alone cannot protect the health of Delawareans. The public health system includes partners such as health care providers, hospitals, elected officials, faith institutions, laboratories, non-profit organizations, schools and universities, and civic organizations. Other state agency partners include Delaware Department of Transportation (DelDOT), Delaware Authority for Regional Transit, Delaware State Housing Authority, Delaware Department of Natural Resources and Environmental Control (DNREC), and many more. DPH's partners are important and valuable resources that contribute to the overall public health mission. Developing and enhancing these partners is a strategy that we will deliberately address. DPH trains, educates, and supports managers on effective partnerships to galvanize collective efforts to improve health outcomes in Delaware.

The Chief of the Office of Performance Management (OPM) leads partnership efforts through established measures, standards, target setting, and progress tracking, which is reported at monthly Strategic Leadership Group meetings.

Provide Data Through a Robust IT Infrastructure

DPH Top Level Map objective number 16

Federal funding creates a silo approach to data, resulting in fragmentation and the potential for a slow response to emerging needs. DPH is challenged to address cross-cutting issues such as analyzing the health needs of communities, supporting health improvement efforts, integrating primary care and public health initiatives, and addressing the social determinants of health. These issues, along with the need to contribute to health information exchanges, improve interoperability, and support Meaningful Use creates additional challenges. Meaningful Use refers to the use of certified electronic health record (EHR) technology in a meaningful manner (for example, electronic prescribing); and ensuring that certified EHR technology is connected in a manner that provides for the electronic exchange of health information to improve quality of care. The DPH Epidemiology, Health Data, and Informatics Section uses a strategic approach to creating interoperability of data, an interdisciplinary approach to data analysis, and turning data into timely information that is usable by internal and external partners. Steady progress has been made, and resource opportunities to collect and use data more effectively in Delaware are constantly emerging. Additionally, the section has successfully implemented an online data request and response system that is more responsive to customer data needs.

Some improvements in progress include:

- The establishment of an Open Data Portal within DHSS at <https://data.delaware.gov/>.
- An Environmental Public Health Tracking Network.

The Epidemiology, Health Data, and Informatics Section Chief leads information technology efforts for DPH and reports progress at monthly Strategic Leadership Group meetings.

Enhance and Maintain a Competent Workforce

DPH Top Level Map objective number 17

DPH places great value on its workforce, so much so that it established a section — the Office of Performance Management (OPM) — dedicated to workforce development and organizational improvement. The current OPM mission is to partner with DPH leadership to implement:

- An effective performance management system using performance standards, measures, progress reports, and ongoing quality improvement actions to enhance the capacity and improve performance of the division;
- A dynamic and actionable strategic plan;
- Effective organizational workforce development programs; and
- Activities that will lead to and support accreditation by the Public Health Accreditation Board (PHAB).

The DPH uses a strategic Workforce Development Plan process to address training needs revealed in timely Public Health Core Competency and Training Needs Assessments. The DPH also uses a Quality Improvement Policy and Plan to create expectations of continuously improvement throughout public health. Established Quality Improvement Council and Quality Improvement Facilitator Team structures keep improvement activities and professional growth at the forefront for all public health employees.

The OPM Chief leads DPH efforts to improve workforce competence and organizational performance through established measures, standards, target setting, and progress tracking, which is reported at monthly Strategic Leadership Group meetings.



Delaware Division of Public Health photo

Summary

The Top Level Strategy Map provides a framework for planning in DPH. Four of the Top Level Strategy Map strategies house the DPH strategic priorities:

1. Strategic Priority — **Promote Healthy Lifestyles** (DPH Strategy 5)
2. Strategic Priority — **Improve Population Health and Reduce Health Care Costs** (DPH Strategy 6)
3. Strategic Priority — **Achieve Health Equity** (DPH Strategy 7)
4. Strategic Priority — **Reduce Substance Use Disorder and Overdose Deaths** (DPH Strategy 8)

Six of the Top Level Strategy Maps strategies are identified as key support functions:

1. Communicate Effectively (DPH Strategy 9);
2. Improve Performance (DPH Strategy 10);
3. Effectively Manage Budgets and Grants (DPH Strategy 14);
4. Enhance and Maintain Strategic Partnerships (DPH Strategy 15).
5. Provide Data Through a Robust IT Infrastructure (DPH Strategy 16); and
6. Enhance and Maintain a Competent Workforce (DPH Strategy 17).

All of these strategies from the Top Level Strategy Map, plus others, have measurable objectives and identify responsible individuals. They collectively provide a way to monitor DPH's performance and hold staff accountable.

Implementing many of the strategies in the Top Level Strategy Map and reaching the targets in the measurable objectives will require quality improvement initiatives. The Top Level Strategy Map also provides a framework for DPH's Quality Improvement Plan.

Finally, the plan is responsive to the public health needs of Delaware's communities. It takes into consideration external trends, next steps, and the key goals identified in the current State Health Improvement Plan.



Contributors to the Strategic Plan

- Kara Odom Walker, MD, Secretary, Department of Health and Social Services (DHSS)
- Molly Magarik, Deputy Secretary, DHSS
- Karyl Rattay, MD, MS, Director, Division of Public Health (DPH)
- Crystal Webb -- Deputy Director, DPH
- Cassandra Codes-Johnson -- Associate Deputy Director, DPH
- Awele Maduka-Ezeh, MD -- Medical Director, DPH
- Nicolas Conte, DMD -- Dental Director, DPH
- Helen Arthur -- Chief, Health Promotion and Disease Prevention Section, DPH
- Steve Blessing -- Chief, Emergency Medical Services and Preparedness Section, DPH
- Jennifer Brestel -- Chief of Community Relations, Office of Health and Risk Communication, DPH
- April Cleveland -- Training Administrator, Emergency Medical Services and Preparedness Section, DPH
- Lisa Henry -- Chief, Community Health Services, DPH
- Paul Hyland -- Chief, Office of Medical Marijuana, DPH
- Sergio Huerto, MD -- Director, Public Health Laboratory, DPH
- Rebecca King -- Nursing Director, DPH
- Christi Lancellotti -- Deputy County Health Administrator, Northern Health Services, DPH
- Mark Letavish -- Chief of Administration, DPH
- Lucy Luta -- Chief, Bureau of Health Equity, DPH
- Jamie Mack -- Chief, Health Systems Protection, DPH
- Cort Massey -- County Health Administrator, Northern Health Services, DPH
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- Tabatha Offutt-Powell -- Chief, Epidemiology, Data
- Marcy Parykaza -- Manager, Bureau of Public Health Informatics, DPH
- Christina Pleasanton -- Deputy Director, Public Health Laboratory, DPH
- Michael Rudis -- Training Administrator, Office of Performance Management, DPH
- Donna Sharp -- Planner III, Office of Health and Risk Communication, DPH
- Wayne Smith -- County Health Administrator, Southern Health Services, DPH
- Dave Walton -- Chief, Office of Performance Management, DPH
- Andrea Wojcik -- Chief, Office of Health and Risk Communication, DPH
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- Mary Peterson, Director, Division of Health Care Quality, DHSS
- Lisa Bond, Director, Division of Management Services, DHSS
- Stephen Groff, Director, Division of Medicaid and Medical Assistance, DHSS
- Dava Newman, Director, Division of Services for Aging and Adults with Physical Disabilities, DHSS
- Ray Fitzgerald, Director, Division of Social Services, DHSS
- Renee Beaman, Director, Division of State Service Centers, DHSS
- Elizabeth Romero, Director, Division of Substance Abuse and Mental Health, DHSS

Resources Used to Develop the Strategic Plan

- Delaware State Health Assessment, October 2017
- Delaware State Health Improvement Plan, December 2017
- Healthy People 2020 www.healthypeople.gov
- Public Health Accreditation Board Standards and Measures, Version 1.5, Adopted December 2013
- U.S. Department of Health and Human Services 2018-2022 Strategic Plan
- Delaware County Health Rankings 2017
- Delaware DPH 2014-2017 Strategic Plan
- Delaware DPH Cultural Competence Assessment, 2014
- Public Health 3.0 www.healthypeople.gov/ph3

Appendix A – 10 Principles of Personal Leadership



The 10 Principles of Personal Leadership

A Commitment to Continuous Improvement

- 1. Be In The Moment**
- 2. Be Authentic & Humanistic**
- 3. Volunteer Discretionary Effort Constantly**
- 4. Model High Performance -
Desired Behaviors that Drive Desired Results**
- 5. Respect & Leverage Separate Realities**
- 6. Be Curious vs. Judgmental**
- 7. Look in the Mirror First - Be Accountable**
- 8. Have Courageous Conversations**
- 9. Provide Timely, Clear & Specific
Performance Expectations & Feedback**
- 10. Teach, Coach & Mentor -
Spend at Least Half of Your Time
Developing Others**

Remember, “It’s about progress, not perfection.”



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Appendix B – Strategic Plan Process and Timeline

Strategic planning is a process for defining and determining an organization's roles, priorities, and direction over three to five years.

A Strategic Plan:

- ⇒ sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it.
- ⇒ provides a guide for making decisions on allocating resources and taking action to pursue strategies and priorities.
- ⇒ focuses on the entire health department.
- ⇒ may have program-specific strategic plans that complement and support the health department's organizational strategic plan.

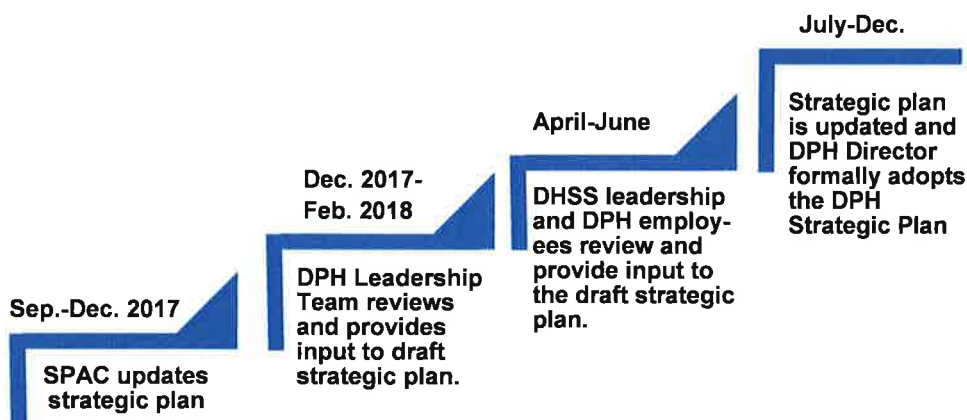
DPH Strategic Planning Process Assumptions:

- ⇒ Will include a process to capture opinions and knowledge from across DPH.
- ⇒ Will include a process to assess the larger environment in which DPH operates (State Health Assessment).
- ⇒ Will include a process to use organizational strengths to address weaknesses.
- ⇒ Will include a link to the *Delaware State Health Improvement Plan*.
- ⇒ Will include a link to the *DPH Quality Improvement Plan* adopted by DPH.
- ⇒ Will be conducted from September 2017 to December 2018.

DPH Strategic Plan Planning and Review Group

- ⇒ DPH Strategic Plan Action Committee (SPAC);
- ⇒ DPH Leadership Team;
- ⇒ DHSS leadership; and
- ⇒ DPH employees.

DPH Strategic Planning Steps (September 2017 - December 2018)



Appendix C - Top Level Strategy Map Objectives and Measures

DELAWARE DIVISION OF PUBLIC HEALTH
STRATEGY MAP: WORKING SET OF MEASURES FOR EACH OBJECTIVE

Executive Sponsor: Karyl Rattay

OUTCOME PERSPECTIVE	Objective Owner
See Separate Detail Chart	
1. Improve Health Outcomes	T. Offutt-Powell
2. Minimize Health Risks	T. Offutt-Powell
IMPLEMENTATION PERSPECTIVE	
3. Prevent Chronic, Environmental and Infectious Diseases	See below
<p>TL 3-1-1: Infectious – Implement a community-based participatory approach to preventing infections with community groups.</p> <p>Baseline: To Be Determined Target: Four community groups in 2019 Frequency: Semi-annual</p> <p>TL 3-1-2: Infectious – In 2019, provide technical assistance to eight health care facilities on set up or improving existing antimicrobial stewardship programs.</p> <p>Baseline: 0 Target: Eight Frequency: Semi-annual</p>	R. Hong
<p>TL 3-2: Environmental – Percent of regulatory complaints that receive an initial response within 48 hours</p> <p>Baseline: To Be Determined Target: 95% in 2019 Frequency: Quarterly</p>	S. Spiegel
<p>TL 3-2-1: Environmental – Office of Animal Welfare (OAW) Number of dogs that are licensed in Delaware.</p> <p>Baseline: 28,878 (2017) Target: 15% increase, 33,210 (2019) Frequency: Annual</p>	C. Motoyoshi

DPH Top Level Map – Measures Chart September 2013; Revised November 2015; Revised May 2017;
Revised March 2018; Revised June 2018; Revised December 2018

IMPLEMENTATION PERSPECTIVE	Objective Owner
<p>TL 3-2-2: Environmental – Office of Medical Marijuana (OMM) Increase on-line patient application participation in the medical marijuana program.</p> <p>Baseline: 0 (2017) Target: 100 (2018), 400 (2019) Frequency: Semi-annual</p>	<p>P. Hyland</p>
<p>TL 3-3: Chronic – Proportion of health care systems reporting on NQF 0018 the percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90 mmHg) during the measurement year.</p> <p>Baseline: 52% in 2016 Target: 75% of practices working with Quality Insights by 2020 Frequency: Semi-annual</p>	<p>H. Arthur</p>
<p>4. Assure Public Health Preparedness and Safety</p>	<p>T. Cooper</p>
<p>TL 4-1: Number of staff members who attend WebEOC trainings provided by DEMA/DPH.</p> <p>Baseline: 0 Target: 45 in 2019 Frequency: Semi-annual</p> <p>TL 4-2: Number of acute care hospitals that have HAM radios and a base station radio.</p> <p>Baseline: 0 Target: Six in 2019 Frequency: Annual</p> <p>TL 4-3: Number of Delaware Health and Social Services (DHSS) staff members recruited as shelter managers to support shelters with mass care and medical station operations.</p> <p>Baseline: 0 Target: 40 in 2019 Frequency: Annual</p>	

DPH Top Level Map – Measures Chart September 2013; Revised November 2015; Revised May 2017; Revised March 2018; Revised June 2018; Revised December 2018

IMPLEMENTATION PERSPECTIVE	Objective Owner
<p>TL 4-4: Number of user groups who receive the training of the DE-Trac system.</p> <p>Baseline: 0 Target: Five in 2019 Frequency: Semi-annual</p>	
<p>5. Promote Health Related Lifestyles</p>	<p>H. Arthur</p>
<p>TL 5-1: Number of DPH priority interventions implemented with partners.</p> <p>Baseline: Not available Target: Three priority interventions implemented (2019) Frequency: Semi-annual</p>	
<p>6. Improve Population Health and Reduce Health Care Costs (Cascade Map)</p>	<p>K. Collison</p>
<p>TL 6-1: The number of new medical, dental, and/or mental health providers placed and practicing in medically underserved areas through the Conrad State 30/J1 Physician Visa Program and National Health Service Corp (NHSC) Loan Repayment Program.</p> <p>Baseline: 13 and four, respectively (2016) Target: 15 total (2019) Frequency: Semi-annual</p> <p>TL 6-2: The number of designated healthy neighborhoods under the State Innovation Model that have invited Division of Public Health to engage in their processes to address chronic diseases, mental health and substance abuse, maternal and child health, and healthy lifestyles.</p> <p>Baseline: One Target: Two (2019) Frequency: Quarterly</p> <p>TL 6-3: Percent of Delawareans having a medical home/primary care provider.</p> <p>Baseline: 0 Target: 80% in 2019 Frequency: Semi-annual</p>	

DPH Top Level Map – Measures Chart September 2013; Revised November 2015; Revised May 2017; Revised March 2018; Revised June 2018; Revised December 2018

IMPLEMENTATION PERSPECTIVE	Objective Owner
<p>7. Achieve Health Equity</p> <p>TL 7-1: The number of communities engaged in processes to improve social determinants of health and health equity.</p> <p>Baseline: One Target: Three (2019) Frequency: Annual</p> <p>Note: Measures below established by the Wilmington Violence Advisory Council, of which DPH is a member.</p> <p>TL 7-2: Reduce number of firearm injuries and deaths among individuals 16-24 year-olds in Wilmington by 50% by 2022.</p> <p>Baseline: Wilmington Police Department statistics Target: In measure Frequency: Annual</p> <p>TL 7-3: By 2020, reduce factors that influence violence for youth ages 12-24 years old.</p> <p>Baseline: Under development Target: Under development Frequency: Annual</p>	<p>L. Luta</p>
<p>8. Reduce Substance Use Disorder and Overdose Deaths (Cascade Map)</p> <p>TL 8-1: All-drug overdose mortality rate</p> <p>Baseline: 2017 - 37.9 per 100,000 Target: 2020 - TBD Frequency: Annual</p> <p>TL 8-2: Opioid drug overdose mortality rate</p> <p>Baseline: 2017 - 31.8 per 100,000 Target: 2020 - TBD Frequency: Annual</p>	<p>R. Rattay</p>

DPH Top Level Map – Measures Chart September 2013; Revised November 2015; Revised May 2017; Revised March 2018; Revised June 2018; Revised December 2018

LEARNING AND PROCESS PERSPECTIVE	Objective Owner
9. Communicate Effectively TL 9-1: Percent of public health community e-newsletter recipients that find DPH health messages beneficial to themselves or the population they serve. Baseline: January 2019 – baseline measure for satisfaction Target: July 2019 – increase satisfaction from baseline by 5% Frequency: Semi-annual TL 9-2: Percent of DPH press releases that generate news coverage. Baseline: 77% in 2017 Target: 70% in 2019 Frequency: Semi-annual	A. Wojcik
10. Improve Performance TL 10-1: Percentage of employees trained in basic performance management and quality improvement methods (n=650). Baseline: 10% in 2013 Target: 75% in 2019 Frequency: Semi-annual TL 10-2: Number of DPH quality improvement (QI) projects successfully completed and documented using a QI Project Storyboard. Baseline: Nine in 2016 Target: 15 in 2019 Frequency: Semi-annual	D. Walton
11. Deliver Excellent Customer Service TL 11-1: Percentage of customers providing feedback who are satisfied-very satisfied with public health service. Baseline: 95 percent in 2017 Target: 96 percent in 2019 Frequency: Semi-annual	D. Walton
12. Assess Health Needs TL 12-1: Percent of milestones completed for implementation of the new State Health Improvement Plan. Baseline: Not Applicable Target: 100% in 2019 Frequency: Annual	L. Luta

DPH Top Level Map – Measures Chart September 2013; Revised November 2015; Revised May 2017; Revised March 2018; Revised June 2018; Revised December 2018

LEARNING AND PROCESS PERSPECTIVE	Objective Owner
13. Develop Valued Public Policy	A. Mozeik
<p>TL 13-1: Percent of policy priorities that were successfully passed.</p> <p>Baseline: 0 Target: 75% over 2019-2020 legislative session Frequency: Annual</p>	
ASSETS PERSPECTIVE	
14. Effectively Manage Budgets and Grants	M. Letavish
<p>TL 14-1: The combined denial rate for all payers on the first submission of patient's bills is not greater than 10%.</p> <p>Baseline: 40% in January 2017 Target: <10% in December 2019 Frequency: Semi-annual</p> <p>TL 14-2: Success rate on new grant funding opportunities.</p> <p>Baseline: 67% in 2015 Target: 90% in 2019 Frequency: Semi-annual</p> <p>TL 14-3: Of those grant applications not funded, 100% of applications are critiqued with granting agency to determine score at which funding was approved.</p> <p>Baseline: 0 Target: 100% in 2019 Frequency: Semi-annual</p> <p>TL 14-4: The number of DPH employee vacancies that are "repurposed" for a strategic priority.</p> <p>Baseline: Three in 2013 Target: 10 in 2020 (cumulative) Frequency: Semi-annual</p>	
15. Enhance and Maintain Strategic Partnerships	D. Walton
<p>TL 15-1: Number of employees involved with partners who receive partnership training.</p> <p>Baseline: 0 Target: 40 in 2019 (cumulative) Frequency: Annual</p>	

DPH Top Level Map – Measures Chart September 2013; Revised November 2015; Revised May 2017;
Revised March 2018; Revised June 2018; Revised December 2018

ASSETS PERSPECTIVE	Objective Owner
16. Provide Data Through a Robust IT Infrastructure	T. Offutt-Powell
<p>TL 16-1: Percent of information systems developed and/or procurement that is done in collaboration with the Bureau of Public Health Informatics.</p> <p>Baseline: 33% in 2015 Targets: 100% in 2019 Frequency: Annual</p>	
17. Enhance and Maintain a Competent Workforce	D. Walton
<p>TL 17-1a: Number of financial planning and management skills training made available to the DPH workforce.</p> <p>Baseline: One in 2016 Target: Three in 2019 Frequency: Quarterly</p> <p>TL 17-1b: Number of Cultural Competence Skills trainings made available to the DPH workforce.</p> <p>Baseline: Five in 2016 Target: Eight in 2019 Frequency: Quarterly</p> <p>TL 17-1c: Number of Public Health Science Skills trainings made available to the DPH workforce.</p> <p>Baseline: Six in 2016 Target: 25 in 2019 Frequency: Quarterly</p> <p>TL 17-2: Completion rate for mandatory employee cultural competence classroom training (n=650).</p> <p>Baseline: 80% in 2016 (number trained/number of employees) Target: 100% in 2019 Frequency: Semi-annual</p> <p>TL 17-3: Completion rate for mandatory employee Health Equity training (Online – DE TRAIN).</p> <p>Baseline: 62% in 2016 (number trained/number of employees) Target: 100% in 2019 Frequency: Semi-annual</p> <p>TL 17-4: Completion rate for mandatory manager Health in All Policies training (Online – DE TRAIN).</p> <p>Baseline: 34% in 2016 (number trained/number of employees) Target: 75% in 2019 Frequency: Semi-annual</p>	

DPH Top Level Map – Measures Chart September 2013; Revised November 2015; Revised May 2017; Revised March 2018; Revised June 2018; Revised December 2018

ASSETS PERSPECTIVE	Objective Owner
<p>TL 17-5: Number of public health practitioners trained in researching promising practices.</p> <p>Baseline: 27 in 2016 Target: 60 in 2019 (cumulative) Frequency: Semi-annual</p>	

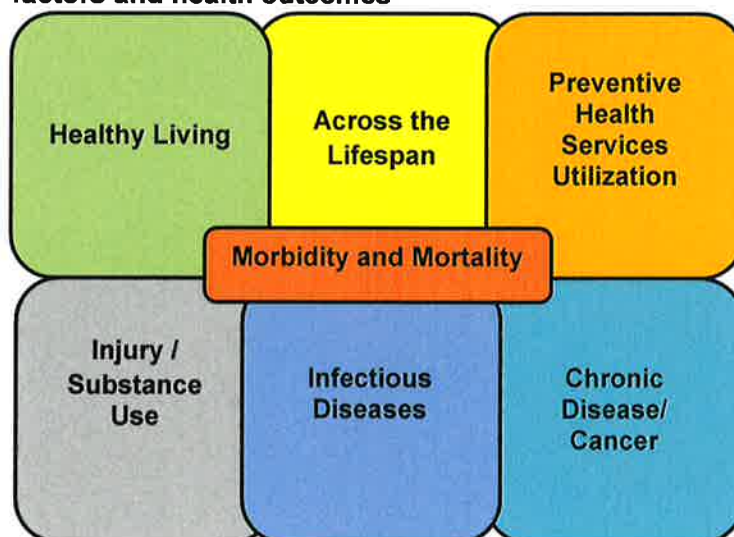
DPH Top Level Map – Measures Chart September 2013; Revised November 2015; Revised May 2017;
Revised March 2018; Revised June 2018; Revised December 2018

Appendix C.1 - Division of Public Health Top Level Map Outcome Measures

The Division of Public Health (DPH) identified key public health measures that will be monitored and tracked over time to describe the changing landscape of the priority health outcomes and contributing factors (risk and protective) that affect the public's health. These measures and their definitions are presented in Table 1 and Table 2. A detailed description of the measures and their definitions are available at <http://dhss.delaware.gov/dhss/dph/toplevelmap.html>.

The primary domains of the top level measures reflect the broad areas affecting population health. DPH understands that population health is multifactorial and is impacted by social, political, and contextual factors of the environment in which we live. The agency conducts surveillance and operates programs across a broad spectrum of population health areas. These are not intended to serve as an exhaustive list of all domains; instead these domains provide a high level snapshot of the key focus areas for DPH leadership to monitor the public's health. Figure 1 illustrates the primary domains addressed by the top level measures contained in Table 1 and Table 2.

Figure 1. Primary domains of the top level contributing factors and health outcomes



The domains and top level measures are not intended to measure the depth and breadth of our complex health ecosystem. This work is achieved within public health programs and across public and private sectors. Additionally, it should be noted that fluctuations and changes in trends, whether positive, negative, or neutral, can result from factors not under the influence of public health.

Therefore, detecting and describing these changes in the context of current policies, programs, interventions, and other potential contributing factors may help public health better understand potential lever points to affect change. These measures are thus not intended to measure public health's success but can serve as indicators of the momentum of change, whether the movement is in a positive, negative, or neutral direction; and what future approaches may be necessary to impact that momentum.

Table 1. Top level health outcome measures and definitions, Delaware Division of Public Health 2019-2023 Strategic Plan.

HEALTH OUTCOMES	
Measure Title	Measure Definition
ACROSS THE LIFE SPAN	
TL 1-1 Years of potential life lost (YPLL)	The number of years of potential life lost by each death occurring before age 75. Number per 100,000 population under age 75.
TL 1-2 Health-related quality of life	Includes 4 measures: (1) Percentage of adults reporting that they are in fair or poor health. (2) Percentage of adults reporting 14 or more mentally unhealthy days. (3) Percentage of adults reporting 14 or more physically unhealthy days. (4) Percentage of adults reporting 14 or more days of activity limitation.
CHILDREN and ADOLESCENTS	
TL 1-3 Infant mortality	The number of deaths among children less than one year of age per 1,000 live births. Delaware uses a five-year rolling average due to the small number of annual deaths.
TL 1-4 Infants diagnosed with Neonatal Abstinence Syndrome (NAS)	Fetal exposure to licit or illicit substances during pregnancy. Diagnosed cases per 1,000 births.
TL 1-5 Pre-terms births	Percentage of live births with < 37 weeks of gestation.
Injury - Substance use	
TL 1-6 Intentional injury deaths	The number of intentional injury deaths per 10,000 population among children < 18 years.
TL 1-7 Unintentional injury deaths	The number of unintentional injury deaths per 10,000 population among children < 18 years.

Healthy living	
TL 1-8 Overweight and Obesity prevalence	Percentage of children age 10-17 years who are overweight or obese (BMI for age at or above 85th percentile).
TL 1-9 Oral health problems	Percentage of children (1-17 years) whose parent reported that the child had oral health problems such as toothaches, bleeding gums, decayed teeth or cavities during the past 12 months.
ADULTS	
Injury - Substance use	
TL 1-10 Intentional injury deaths	The number of deaths from intentional injuries per 100,000 population.
TL 1-11 Unintentional injury deaths	The number of unintentional injury deaths per 100,000 population.
TL 1-12 Drug overdose deaths	The number of deaths from poisonings by and exposure to drugs per 100,000 population. Drug overdoses exclude deaths from adverse events caused by drugs in therapeutic use, death indirectly related to drug use (e.g., motor vehicle accident).
Chronic disease - Cancer	
TL 1-13 Cancer mortality	The number of deaths from cancer per 100,000 population.
TL 1-14 Lung cancer mortality	The number of deaths from lung cancer per 100,000 population.
TL 1-15 Diagnosis of local stage colorectal cancer	Percentage of colorectal cancer cases diagnosed at the local stage.
TL 1-16 Diabetes prevalence	Percentage of adults responding yes to the question: "Has a doctor, nurse or other health professional ever told you that you have diabetes?"
Healthy living	
TL 1-17 Overweight and Obesity prevalence	Percentage adults who are overweight or obese (BMI for age at or above 85th percentile).

Infectious Disease	
TL 1-18 Incidence of HIV infection	Diagnosis of HIV infection per 100,000 population.
TL 1-19 Incidence of Chlamydia infection	Diagnosis of chlamydia infection per 100,000 population.
TL 1-20 Incidence of Lyme disease	Annual percentage of new cases of Lyme disease.
Preventive health services utilization	
TL 1-21 Mortality amenable to health care	Number of deaths per 100,000 before age 75 from causes that are potentially treatable or preventable with timely and appropriate health care
TL 1-22 Preventable hospital stays	Hospital admissions for ambulatory sensitive conditions per 100,000 patients.

Table 2. Top level contributing factor measures and definitions, Delaware Division of Public Health 2019-2023 Strategic Plan.

CONTRIBUTING FACTORS	
Measure Title	Measure Definition
CHILDREN and ADOLESCENTS	
Injury - Substance use	
TL 2-1 Intentional nonfatal injuries	The number of nonfatal intentional injuries resulting in emergency department visit or hospitalization among children ≤ 18 years.
TL 2-2 Prevalence of suicide plan attempts in youth	Percentage of students that reported making a plan to commit suicide.

TL 2-3 Unintentional nonfatal injuries	The number of nonfatal unintentional injuries resulting in emergency department visit or hospitalization among children
TL 2-4 Recent use of prescription pain medicine without a prescription	Percentage of children and adolescents that reported taking prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it during the past 30 days.
TL 2-5 Youth current electronic vapor product use	Adolescents who report using an electronic vapor product (e-cigarettes, e-cigars, e-pipes, vaping pens, e-hookahs, and hookah pens) on at least one day during the 30 days before the survey (YRBS).
Healthy living	
TL 2-6 Teen pregnancy	Number of pregnancies among adolescent females age 15 to 19 years per 1,000 population.
TL 2-7 Children and adolescents who meet current federal physical activity guidelines	Children and adolescents who get regular physical activity meeting current CDC recommendations for both aerobic and muscle strengthening activity.
TL 2-8 Daily vegetable intake for youth	Percentage of public high school students who report eating vegetables two or more times a day during the past week.
TL 2-9 Healthy weight	Percentage of children age 10-17 years who have a healthy BMI for age (below 85th percentile).
Preventive health services utilization	
TL 2-10 Children age 19-35 months with recommended vaccines	Percentage of recommended vaccines received (defined as ≥ 4 doses of DTaP, ≥ 3 doses of poliovirus vaccine, ≥ 1 doses of measles vaccine, full series of Hib (3 or 4 doses, depending on product), ≥ 3 doses of HepB, ≥ 1 doses of varicella vaccine, and ≥ 4 doses of PCV).
TL 2-11 Children receiving developmental screening	Percentage of children age 10 months to 5 years who received a standardized screening for developmental and behavioral problems
TL 2-12 Oral health care visit	Percentage of children (age 1-17 years) who saw a dentist or other oral health care provider for any kind of dental or oral health care during the past 12 months.

TL 2-13 Children age 1-17 who receive dental care	Percentage of children age 1-17 who received one or more preventive dental care visits during the last 12 months.
ADULTS	
Injury - Substance use	
TL 2-14 Intentional nonfatal injuries	The number of nonfatal intentional injuries resulting in emergency department visits or hospitalization among adults.
TL 2-15 Unintentional nonfatal injuries	The number of nonfatal unintentional injuries resulting in emergency department visits or hospitalization among adults.
TL 2-16 Suspected nonfatal drug overdoses	Number of emergency department visits caused by suspected drug overdoses per 100,000 population.
TL 2-17 Adults who are current cigarette smokers	Adults who report currently smoking cigarettes every day or some days.
TL 2-18 Adults who currently use tobacco products	Percentage of adults who report being current smokers.
TL 2-19 Adults who engage in excessive drinking	Percentage of adults who report binge drinking (drinking 5 or more drinks on occasion for men or 4 or more drinks on occasion for women) or heavy drinking (drinking 15 or more drinks per week for men or 8 or more drinks per week for women).
Chronic disease - Cancer	
TL 2-20 Adults with hypertension	Adults who have been told by a doctor, nurse, or health professional that they have high blood pressure.
Healthy living	
TL 2-21 Unintended pregnancy	Incidence of pregnancies that are either unwanted or mistimed (occurred earlier than desired)
TL 2-22 Adults who meet current federal physical activity guidelines	Adults who get regular physical activity meeting current CDC recommendations for both aerobic and muscle strengthening activity.

TL 2-23 Daily intake of five or more fruits and vegetables	Adults who eat vegetables three or more times a day.
TL 2-24 Healthy weight	Percentage of adults with a self-reported BMI of >18 and ≤25.
Preventive health services utilization	
TL 2-25 Adults who have had a colorectal cancer screening	Adults age 50 and older who respond "yes," to the question: "Have you ever had a colonoscopy or sigmoidoscopy to screen for colorectal cancer?"
TL 2-26 Adults who get flu vaccine	Adults who answer yes to the question "During the past 12 months, have you had either a season flu shot or a seasonal flu vaccine that was sprayed in your nose?"
Healthy Living	
TL 2-27 Water Fluoridation	Percentage of population served by community water systems with optimally fluoridated water (0.7 mg/L).
TL 2-28 Adequate sleep	Percentage of adults that reported adequate sleep (≥ 7 hours of sleep per 24-hour period).

Appendix D - Trends and Opportunities, Strengths, and Challenges

During the strategic planning process, the Strategic Plan Action Committee reviewed and used many resources to inform our organizational strategic plan. Those included: the State Health Assessment, *The Delaware State Health Improvement Plan*, Priorities of Governor John Carney and DHSS, national organization public health reports, public health journal reports, and other health entity strategic plans. One area studied was the external trends that impact public health. Although there are many public health trends informing public health work in Delaware, trends outlined below are the focus for Delaware's strategic plan and inform the selection of strategic priorities.

Table 1: External Trends Impacting Public Health in Delaware.

External Trends Impacting Public Health in Delaware		
<i>Trend</i>	<i>Health Impact</i>	<i>Opportunity</i>
Healthy Lifestyles	Excessive body fat; increases in and early onset of chronic health conditions and disease; premature death	To promote and invest in evidence-based prevention strategies; influence policy and environment decisions that will stop/reverse chronic health conditions and disease trends; improve health outcomes
Health Equity	Preventable disease and death	To partner with and empower communities to identify and eliminate social determinants that negatively impact health (education, housing, employment, health care, access to nutritious food, transportation, safety and security); improve health outcomes
Transformation of Delaware's Health Care System	Decrease in chronic disease conditions; increase access to affordable, integrated health care services	To ensure all Delawareans have access to quality preventive, coordinated and integrated health care services to improve health outcomes and realize optimal health
Continually improve quality of services (PHAB requirement)	Increase in those achieving optimal health; improved health outcomes	To improve public health services, improve health outcomes, and increase in healthy years and increase in quality of life over the lifespan
Addiction and Substance Use Disorder epidemic in Delaware	Significantly contributes to costly social, physical, mental, and public health problems that have cumulative effects on individuals, families, and communities	To reduce substance abuse, non-fatal overdoses, and overdose deaths; improve the treatment, support, and engagement system to effectively mitigate addiction and unhealthy behaviors; improve health outcomes
Violence	Premature death, years of potential life lost; disability; poor mental health and high medical costs	To develop strategies that address multiple forms of violence; increase community safety; decrease incidents of violence; increase community resiliency; improve health outcomes

Source: Delaware Division of Public Health, 2017

Another activity that the Strategic Plan Action Committee undertook was to identify and analyze organizational strengths, weaknesses, opportunities, and threats (SWOT) during the strategic planning process. The SWOT worksheet used is available in the DPH SharePoint site. As a result, it produced the organizational strengths and challenges below to gain understanding of factors impacting the implementation of the strategic plan.

Table 2: External Trends Impacting Public Health in Delaware.

Strengths and Challenges Impacting Public Health in Delaware	
Strengths	Challenges
<p>Highly regarded for public health expertise</p> <ul style="list-style-type: none"> experienced workforce dedicated to mission ability to respond rapidly to health issues trusted provider of public health data 	<p>Improve fiscal performance and accountability</p> <ul style="list-style-type: none"> increase ability to secure competitive grants and ability to translate funding into effective programs and activities improve ability to recoup revenue for services
<p>Strong leadership and management</p> <ul style="list-style-type: none"> emphasis on performance management emphasis on quality improvement emphasis on workforce development and growth 	<p>Improve workforce resiliency and development</p> <ul style="list-style-type: none"> create depth and continuity in positions; implement succession planning implement innovative ways to attract and retain talent advocate for competitive compensation improve manager capacity to implement grants and contracts
<p>Strong network of statewide partnerships</p> <ul style="list-style-type: none"> external public health support and resources relationships with other organizations relationships with other state agencies 	<p>Improve internal communication and alignment across division</p> <ul style="list-style-type: none"> deepen understanding of strategic vision update and align public health information and data create innovative ways to communicate across division
<p>High quality services focused on people</p> <ul style="list-style-type: none"> strong regulatory and compliance system strong communications infrastructure 	<p>Using performance management methods</p> <ul style="list-style-type: none"> create an internal performance-driven culture implement innovative ways for understaffed sections/offices to embrace quality improvement methods to simplify and improve services

Source: Delaware Division of Public Health, 2017

Appendix E - Crucial Connections

State Health Assessment (SHA) and The Delaware State Health Improvement Plan (SHIP) – DPH Strategy 12

In 2016-2017, a consortium of stakeholders conducted a SHA and determined four statewide health priority areas should be addressed. Those priority health challenges include:

1. Chronic Conditions ([diabetes](#); [heart disease and hypertension](#); and [asthma](#))
2. Maternal and Child Health ([premature births](#); [low birth weight](#); and [teen pregnancy and contraception](#))
3. Substance Abuse ([accidental overdose](#); [the opioid epidemic](#); [cigarette smoking and e-cigarette/vaping use](#))
4. Mental Health ([suicide and suicide ideation](#); [increase in mental health diagnoses – especially in youth](#); and [impact of trauma across the lifespan](#)).

All of the SHIP priority areas directly connect to DPH strategic priorities:

- [Diabetes, heart disease and hypertension, and asthma](#) are active initiatives under the DPH Promote Healthy Lifestyles priority.
- [Premature births, low birth rates, teen pregnancy and contraception](#) are long-time priority initiatives in DPH
- [Overdose, the opioid epidemic, and cigarette smoking and vaping](#) are active initiatives under the DPH Reduce Substance Use Disorder and Overdose Deaths and Promote Healthy Lifestyles strategic priorities.
- [Suicide, mental health, and trauma across the lifespan](#) fall under the DPH Reduce Substance use Disorder and Overdose Deaths and Achieve Health Equity strategic priorities.

View the [State Health Assessment and Delaware State Health Improvement Plan](#).

Quality Improvement Policy and Plan – DPH Strategy 10

The Quality Improvement Council created a Quality Improvement Policy and Plan to guide division performance and quality improvement activities. The DPH Quality Improvement Policy and Plan links with, and supports, the strategic plan by providing a structure, guidance, methods, and a process to deal with less-than-favorable progress toward meeting established strategic plan goals and progress measures. The DPH Quality Improvement Plan also creates an expectation for a continuous process improvement culture in DPH. The current Quality Improvement Policy and Quality Improvement Plan can be accessed through this link: [DPH QI Policy and QI Plan](#) (Internal SharePoint Site).

Healthy People 2020 – All DPH Strategies

Healthy People 2020 is a national initiative to promote science-based, 10-year national objectives to promote health and prevent disease. It encompasses four overarching goals:

1. Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
2. Achieve health equity, eliminate disparities, and improve the health of all groups.
3. Create social and physical environments that promote good health for all.
4. Promote quality of life, healthy development, and health behaviors across all life stages.

This plan is informed by and supports the *Healthy People 2020* goals such as engaging in community-specific activities and improving social determinants that negatively impact health, and influencing population-level health behaviors and policies to positively impact health. This plan moves both Delaware's health and the nation's health forward. www.healthypeople.gov

Public Health 3.0 – DPH Strategies 7 and 15

Public Health 3.0 is a significant upgrade in public health practice to a modern version that emphasizes cross-sectoral environmental, policy- and systems- level actions that directly affect the social determinants of health. Public health leaders function as “Chief Health Strategists” for communities engaging multiple sectors and community partners to generate collective impact and improve social determinants of health.

The DPH strategic priority/strategy 7 - Achieve Health Equity connects directly with the Public Health 3.0 concept. DPH has built relationships with and engaged communities since 2014 and is working upstream with three communities in Delaware to improve social determinants of health. Cross-sectoral policy and systems activities are overseen by our Bureau of Health Equity, which works with a public health team to implement this priority work through the 2018-2023 strategic plan period.

www.healthypeople.gov/ph3

Office of the Governor Priority Health Action Items – All DPH Strategies

The administration led by Governor John Carney and Lt. Governor Bethany Hall-Long has established health priorities for Delaware. DPH does work under all of these priorities, and many directly connect with DPH strategic priorities in this strategic plan period:

1. Create a Substance Abuse and Mental Health Consortium to develop a statewide integrated plan to address prevention and treatment of substance use and mental health – connects directly with the DPH Reduce Substance Use Disorder and Overdose Deaths strategic priority work.
2. Fully implement the Delaware Center for Health Innovation Model grant plan to include 1) Payment reform, 2) Practice transformation, 3) Health information technology, 4) Healthy neighborhoods, and 5) Workforce development – connects directly with the DPH Achieve Health Equity strategic priority community work and the DPH Improve Population Health and Reduce Health Care Costs priority.
3. Develop a statewide policy and procedure protocol that ensures the safety and well-being of, and reduces rate of, substance exposed infants – connects directly with DPH Reduce Substance Use Disorder and Overdose Deaths strategic priority work and the DPH maternal and child health work.
4. Launch statewide effort to reduce impact of obesity and chronic disease – connects directly with DPH Promote Health Lifestyles strategic priority work to increase physical activity, healthy vending choices in state facilities, and intensive efforts to educate Delawareans on healthy ways to prevent and reduce the burden of diabetes.
5. Evaluate and implement the recommendations of the Delaware Cancer Consortium – closely partners with and connects directly with ongoing DPH Comprehensive Cancer Control work.

DPH Cultural Competence Assessment Implementation Plan – All DPH Strategies

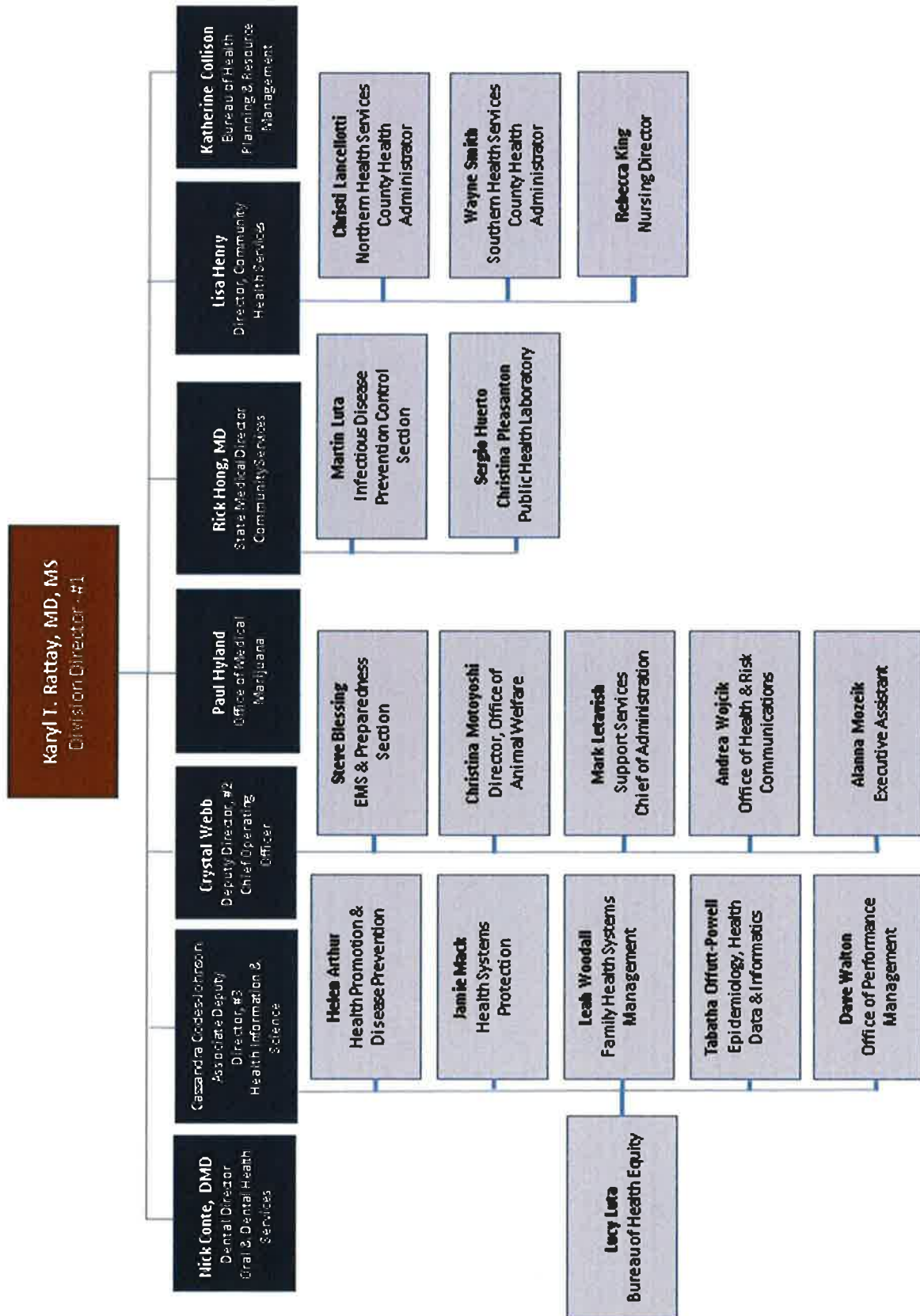
In 2014, DPH completed an organizational cultural and linguistic assessment conducted by George Washington University and has subsequently developed a cultural competence implementation plan to address gaps identified in the assessment. While DPH has been actively involved in growing workforce cultural competence since 2009, cultural competence is an ongoing journey which requires constant and evolving learning. The bottom line is that DPH is committed to bringing optimum health to all through informed and culturally appropriate interactions. This directly connects with the DPH Achieve Health Equity strategic priority.

CLC Report and Implementation Plan

Appendix F - DPH Organizational Chart

Figure 1: DPH Organizational Chart.

Appendix F – DPH Organizational Chart



Appendix G – Strategic Leadership Group and Mission

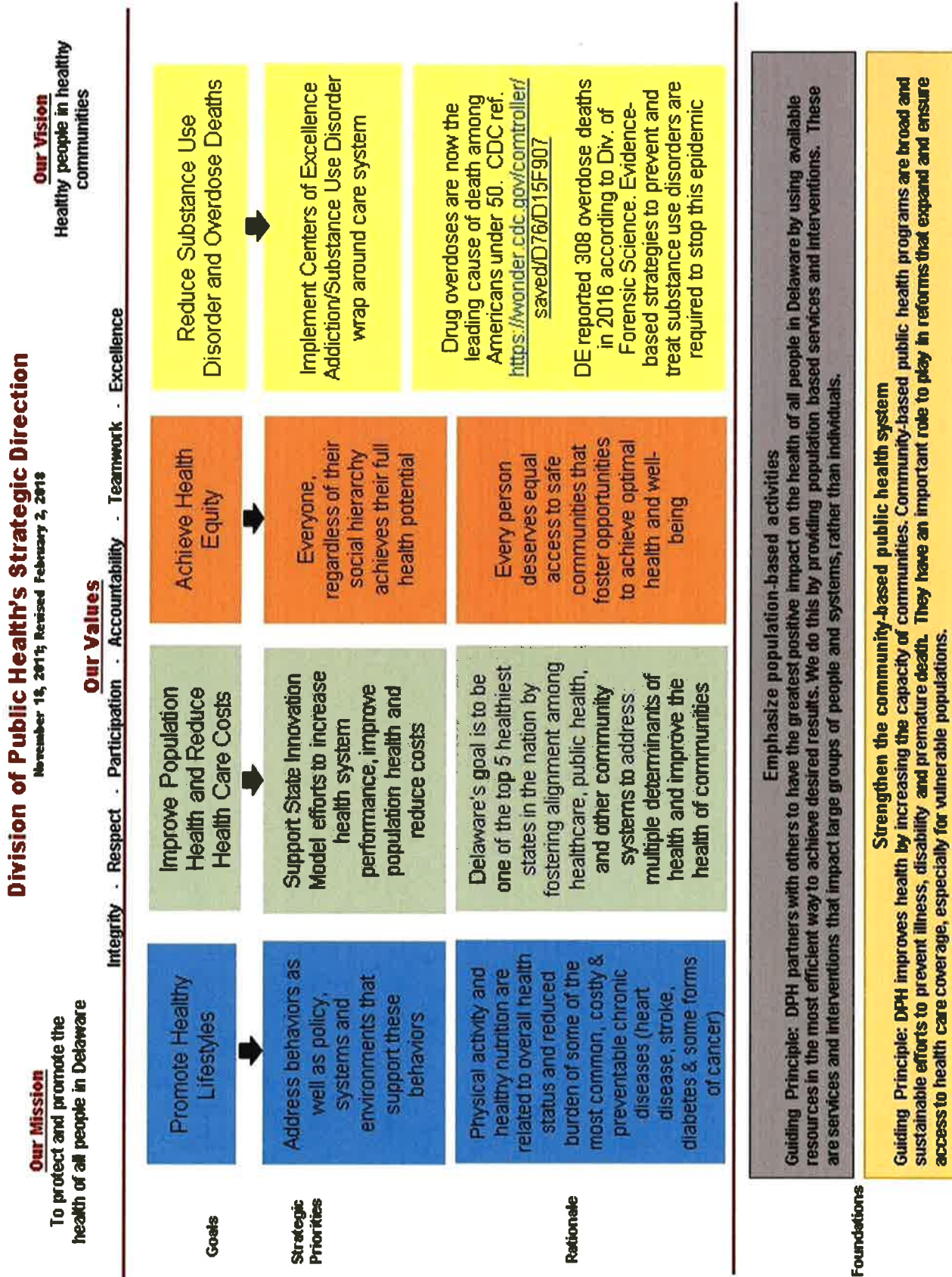
The Strategic Leadership Group (SLG) was established in July 2013 and is led by the DPH Director. The SLG is a sub-set of the DPH Leadership Team. This group leads and oversees the development, implementation, and progress of the DPH strategic plan. It meets monthly to receive performance reports on strategic priorities and Top Level Strategy Map objectives. The SLG members include:

- Director, Division of Public Health
- Deputy Director, Division of Public Health
- Associate Deputy Director, Division of Public Health
- State Medical Director
- Dental Director
- Nursing Director
- Director, Community Health Services
- Chief of Administration
- Policy Lead and Technical Advisor, Division of Public Health
- Section Chief, Health Promotion and Disease Prevention
- Section Chief, Office of Health and Risk Communication
- Section Chief, Epidemiology, Health Data and Informatics
- Section Chief, Family Health Systems
- Section Chief, Bureau of Health Equity
- Section Chief, Bureau of Health Planning and Resource Management
- Section Chief, Office of Performance Management



Appendix H – One Page Description of DPH Mission, Vision, Values and Strategic Priorities

Figure 1: Division of Public Health's Strategic Direction



Appendix I – Strategic Plan Reviews, Updates, and Replacement

Strategic Plan Annual Progress Reviews and Updates

1. January-March 2020
2. January-March 2021
3. January-March 2022
4. January-March 2023

Strategic Plan Replacement

Not later than September 2022, the DPH Leadership Team, facilitated by the Office of Performance Management (OPM) will assemble a Strategic Plan Action Committee (SPAC) to plan and develop a new DPH strategic plan for the period 2024 to 2027.



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health