2018 STRATEGIC PLAN
Cobb & Douglas Public Health

Published May 2018
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Dear Reader,

Over the past decade, Cobb & Douglas Public Health (CDPH) has undergone several positive organizational changes, leading to improved services for our communities, achieving health department accreditation by the Public Health Accreditation Board in 2015, earning National Model Practice awards for several of our programs from the National Association of County and City Health Officials (NACCHO) in 2015 - 2018, and achieving financial excellence awards by the Government Finance Officers Association in 2016 and 2017. All our advances have resulted from the teamwork of highly committed health department leadership and staff, Board of Health members, county commissioners and numerous community partners.

On behalf of CDPH and our stakeholders, it gives me immense pleasure to present our second comprehensive CDPH Strategic Plan (2018-2022). Once again, our staff and partners worked tirelessly to develop these goals and objectives, reflecting our high level of commitment to continually improving the health and safety of our communities. We will implement, monitor, and update this dynamic plan annually to ensure we are fulfilling our stated mission to promote and protect the health and safety of our Cobb and Douglas county residents in hopes of achieving our vision of healthier lives for all we are privileged to serve.

We used many resources to align our CDPH Strategic Plan with our communities’ unique needs and with national public health best practices. Included among those resources are: the 2017-2021 Cobb & Douglas Community Health Improvement Plans, the 2016-2021 Georgia Department of Public Health State Health Improvement Plan, the 2016-2019 Georgia Department of Health Strategic Plan, Healthy People 2020 priorities and metrics, the Centers for Disease Control and Prevention’s (CDC) Ten Essential Public Health Services, CDC’s Public Health 3.0 construct, and CDC’s 6-18 and Hi-5 Initiatives.

I hope this document will be useful to our community partners and stakeholders as we work together to improve the quality of life for all our residents. Please join me in thanking our Cobb County and Douglas County Boards of Health, CDPH leadership team and staff, Cobb2020 and Live Healthy Douglas members, Board Members of our Cobb Health Futures Foundation and Douglas Health Futures Foundation, and all our partners for their assistance and commitment to improving the health of our residents. We will appreciate any comments you might have on our plan.

John D. Kennedy, M.D.
District Health Director
Cobb & Douglas Public Health
From 2012 thru 2017, CDPH has made significant improvements in seven priority areas: clinical quality, business process, national public health accreditation (PHAB), internal and external communications, information technology, fiscal management and stewardship, and workforce development. Our new plan will continue the current work in these areas, and additionally focus on new opportunities to advance our mission and vision over the next five years.

As one of the largest public health districts in Georgia, we are responsible for the protection and safety of nearly 900,000 residents in Cobb and Douglas counties. We employ over 330 people who provide services through 30 programs at seven locations. To facilitate strategic management of this extensive portfolio of work, we utilize a “Balanced Scorecard” system as the core of a robust performance management system which assures proper alignment of our plans, systems, and work with our mission, vision and values.

Over the past eight months, our health department engaged our Boards of Health and staff to undertake an extensive review and revision of our inaugural December 2012 CDPH Strategic Plan using a ten-step process which included:

- a thorough review and validation of our mission, vision and values
- a “SWOT” analysis with several groups of stakeholders
- the identification of the key strategic issues facing CDPH
- the formulation of strategies to address those issues
- the development of a new plan and the assurance that the support systems were in place to effectively implement and evaluate our strategies.

While many opportunities for improvement were acknowledged in the 2017 strategic planning process, we identified the need for these five agency-level strategic initiatives:

1. Community Health Improvement
2. Performance Management
3. Workforce Development
4. Information Technology
5. Marketing

The appendices included in this plan contain more specific detail regarding our implementation plans and will be monitored and updated annually.

Our Boards of Health and staff are excited at the prospects that this plan has for helping us achieve healthier lives and healthier communities in Cobb and Douglas counties. We hope that you will join us in working toward that vision.
Cobb & Douglas Public Health (CDPH), also known as District 3-1, functions under the Georgia Department of Public Health as one of 18 local health districts that provide support and management for public health services and programs spanning 159 Georgia counties. CDPH is a suburban and rural health district neighboring northwest metro Atlanta that promotes and protects the health and safety of the 890,374 residents of Cobb (748,150) and Douglas (142,224) counties. To accomplish this, CDPH employs 330+ people across 30 programs that support services delivered to clients in seven locations, listed on page 29.

DISTRICT 3-1 Organizational Chart

Executive Leadership Team

Nathan Deal
Governor

Patrick O’Neal, MD, Commissioner
Georgia Department of Public Health and State Health Office

Jack Kennedy, MD, MBA*
District Health Director

Douglas County Board of Health Members

Office of Human Resources
Cynthia Cox

Office of Information Technology
Jonathan Kemp

Lisa Crossman
Deputy Director

Center for Community Health

Food Service

Jenna Sweet

Pools

Perry Vaughn

Sewage Systems

Tourist Accommodations

Body Art

Nuisance Complaints

Center for Environmental Health

Chris Hutcheson

Center for Administration
Vinji Moon

Office of EP&R

Perry Vaughn

Office of Public Health

Perry Vaughn

Center for Clinical Services

Catharine Smythe

Office of Communications
Valerie Crow

Office of Quality Management
Gurleen Roberts

John Kennedy, MD, MBA*
District Health Director

Cobb County Board of Health Members

Janet Pak Memark, MD, MPH, FACP
will become District Health Director on May 1, 2018.
The balanced scorecard (BSC) is a strategic management framework developed by Robert Norton and David Kaplan in the 1990s. Organizations use this to communicate their mission and vision; align daily employee work to strategy; prioritize projects and services; and measure progress towards strategic targets. The term “balanced” refers to having balance in four perspectives, which CDPH has adapted as follows: Customer, Business Process, Employee Learning & Growth, and Financial. These are depicted in a triangle format (see image 1), communicating that although CDPH is a non-profit organization, it is important to have a solid financial foundation (at the bottom of the triangle) to support employee learning and growth so that the agency can provide high quality public health services (business process) to the residents of Cobb and Douglas counties (customer), depicted at the top of the triangle. This alignment of perspectives allows CDPH to stay focused on the mission and vision statements.

CDPH’s Leadership Team developed the original agency-level BSC in 2009, a robust strategic management system managed manually by the newly developed Office of Organizational Performance and Strategy Management (currently known as the Office of Quality Management) via excel spreadsheets. It worked effectively through 2015, when CDPH earned accreditation status through the Public Health Accreditation Board (PHAB). After this site visit, PHAB recommended that CDPH work on improving alignment of its agency plans prior to reaccreditation in 2020. These recommendations, coupled with time-consuming excel-spreadsheets, staff turnover, and inability to share documents resulting in multiple versions of documents and data inconsistency, pushed CDPH to revamp the BSC in 2016. As a result, CDPH transitioned to a cloud-based system, InsightVision, to align program-level BSCs to the agency-level BSC and more intentionally align agency plans (Community Health Assessment and Improvement Plans, Performance Management, Quality Improvement Plan, Workforce Development Plan, etc.).

The current agency-level BSC objectives and measures are displayed in image 2 (page 8).
MISSION:
Cobb & Douglas Public Health, with our partners, promotes and protects the health and safety of the residents of Cobb and Douglas counties.

VISION:
By 2020, Cobb & Douglas Public Health will be an acknowledged leader among health departments in the United States.

Balanced Scorecard

**CUSTOMER**
- Provide high quality services to our customers
- Promote health and prevent injury and disease to achieve healthy communities

**BUSINESS PROCESS**
- Improve operational effectiveness and efficiency
- Promote effective communication and collaboration
- Promote, develop and evaluate community partnerships

**EMPLOYEE LEARNING & GROWTH**
- Utilize technology to improve service delivery and management decisions
- Attract, develop and retain effective performers
- Build a safe and healthy environment where people feel valued and we celebrate success

**FINANCIAL**
- Allocate resources based on priorities and results
- Diversify, grow and sustain funding sources
- Excel in stewardship and financial accountability

Image: CDPH's Agency-Level Balanced Scorecard Perspectives
## Balanced Scorecard

<table>
<thead>
<tr>
<th>PERSPECTIVES</th>
<th>OBJECTIVES</th>
<th>MEASURES</th>
</tr>
</thead>
</table>
| CUSTOMER (C) | C1: Provide High Quality Services to Our Customers | C1a: Customer Satisfaction Rating  
C1b: Timelines of Service Delivery |
|              | C2: Promote Health and Prevent Injury & Disease to Achieve Healthy Outcomes | C2a: Programs Meeting Activity Targets  
C2b: Programs Meeting Outcome Targets  
C2c: Community Health Metrics Meeting Targets |
| BUSINESS PROCESS (B) | B1: Improve Operational Effectiveness & Efficiency | B1a: Culture of Quality Rating  
B1b: Agency Service Encounters  
B1c: Programs on Track with Process Improvement |
B2b: Internal Communications Rating  
B2c: Website Visits to cobbanddouglaspublichealth.org |
|              | B3: Promote, Develop & Evaluate Community Partnerships | B3a: Partnerships Formed to Fill Strategic Needs  
B3b: Strategic Partners Achieving a Positive Rating |
| EMPLOYEE LEARNING & GROWTH (E) | E1: Utilize Technology to Improve Service Delivery & Management Decisions | E1a: Work Orders Completed Within Month  
E1b: Employee Technology Satisfaction Index |
|              | E2: Attract, Develop and Retain Effective Performers | E2a: Employees Accomplishing Scorecard Goals  
E2b: Employee Retention Rate  
E2c: Employees Meeting Development Goals |
|              | E3: Build a Safe & Healthy Environment Where People Feel Valued & We Celebrate Success | E3a: Employee Satisfaction Rating  
E3b: Employee Value and Success |
| FINANCIAL (F) | F1: Allocate Resources Based on Priorities & Results | F1a: Discretionary Funds Allocated to Agency Mission Goals |
|              | F2: Diversity, Grow & Sustain Funding Sources | F2a: Funding from New Non-Traditional Resources  
F2b: Fund Balance Reserves as % of Next Annual Budget  
F2c: YTD Billing & Collection Rate |
|              | F3: Excel in Stewardship & Financial Accountability | F3a: Budget Status (green, yellow, red) |
Internal

Within the agency, the BSC has been aligned from agency-level to program-level and employee-level performance through cascading and integration of agency plans.

Cascading is a method utilized to translate top-level agency strategy to the program-level and then down to the individual/team-level (see image 3), similar-to a water-fall effect that creates a line of sight between the work employees do and high-level desired results³.

Image 4 summarizes agency plans and IT system linkages as they relate to CDPH’s BSC (image 2).
To ensure CDPH is benchmarking and utilizing best practices from leading public health agencies at the national, state, and local levels, the following concepts were heavily considered in the development of this plan. Additional details about each can be found in Appendix 3.

- Essential Public Health Services
- Healthy People 2020
- Public Health Accreditation Board (PHAB)
- Public Health 3.0
- Georgia Department of Public Health (specifically the Strategic Plan and Good to Great)

### Strategic Planning Process

To conduct the first major revision of CDPH’s 2012 Strategic Plan, the Strategic Planning Team (listed in Appendix 2), adapted John Bryson’s ten-step Strategy Change Cycle outlined in his book, Strategic Planning for Public and Nonprofit Organizations (see Appendix 3). This orderly and deliberative process is designed to organize effective participation; create meritorious ideas for mission, goals, initiatives and actions; build the winning coalition needed to adopt and protect strategies during implementation; provide needed guidance and resources for implementation; and build competence and knowledge to sustain implementation and engage in the next round of strategic planning. The Strategic Planning Team consolidated and adapted Bryson’s Strategy Change Cycle to the following eight steps, which are reflected in the timeline:

1. Initiate and agree on a strategic planning process
2. Identify organization mandates
3. Clarify organizational mission, vision, and values
4. Assess the external and internal environments to identify strengths, weaknesses, opportunities, and threats (SWOT)
5. Identify the strategic issues facing the organization
6. Formulate strategies to manage the issues
7. Develop an effective implementation and evaluation process
8. Review and adopt the strategic plan

#### Timeline

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<tr>
<td>8/10</td>
<td>9/6</td>
<td>10/19</td>
<td>11/16</td>
<td>12/6</td>
<td>1/25</td>
<td>2/15</td>
<td>3/7</td>
</tr>
<tr>
<td>Supervisors (60 Mins) SWOT Mission, Vision, Values</td>
<td>Douglas Board of Health (30 Mins) SWOT Mission, Vision, Values</td>
<td>Leadership Team (60 Mins) SWOT Mission, Vision, Values</td>
<td>Finalize Strategic Initiatives</td>
<td>Leadership Team of Health (15 Mins) Update on Strategic Initiatives</td>
<td>Leadership Team (60 Mins) Final Approval</td>
<td>(15 Mins) Final Approval</td>
<td>Final Approval</td>
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<td>8/24</td>
<td>9/14</td>
<td>10/26</td>
<td>11/29</td>
<td>12/14</td>
<td>12/21</td>
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<tr>
<td>Leadership Team (60 Mins) SWOT Mission, Vision, Values</td>
<td>Front Line Staff (30 Mins) SWOT Mission, Vision, Values</td>
<td>Leadership Team (60 Mins) Discuss New Additions from CBOH Strategy formulation &amp; Adoption</td>
<td>Finalize Strategic Initiatives</td>
<td>Leadership Team (60 Mins) Review Draft Initiatives</td>
<td>Cobb Board of Health (15 Mins) Update on Strategic Initiatives</td>
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<td>9/28</td>
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<td>10/21</td>
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<tr>
<td>Leadership Team (60 Mins) Discuss New Additions from DBOH Stakeholder Analysis Strategic Priority Identification</td>
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Strengths, Weaknesses, Opportunities, Threats (SWOT)

A critical step in developing this plan focused on assessing CDPH’s current strategic challenges and opportunities. Through this identification and discussion, CDPH can leverage its strengths to improve weaknesses and capitalize on opportunities; amidst being aware of external threats that may impact implementation efforts. Below is the agency’s summarized SWOT analysis.

**STRENGTHS**

- Provides diverse array of services to all Cobb/Douglas County residents, and refers/collaborates with community partners for other services.
- Strong financial position, specifically manages resources well so that CDPH can have nice facilities, and support administrative infrastructure (billing, HR, IT communications-branding/website, QI).
- Dedicated, caring, and knowledgeable staff are supported by a complete, strong and committed Leadership team so that CDPH can continuously innovate, improve the agency, and provide excellent customer service.

**WEAKNESSES**

- Limited financial resources lead to lower salaries than competitors.
- High turnover rates and limited staff lead to increased experience gap between new hires and seasoned staff.
- Marketing of programs and services is minimal.
- Room for improvement of internal communications, specifically between departments, from top down (feedback loop), and between tier 3 and tier 1.
- Room for improvement of equity in workplace processes and staff.
- Limited budgets and too many priorities lead to heavy work load. We need more staff or redistribution of work so that when new projects are added, the old ones are removed.

**OPPORTUNITIES**

- Increase new partnerships and further strengthen existing partnerships.
- Increase new, non-traditional/varied funds and resources from City/State/Federal.
- Take advantage of health-related technology advances (apps, scheduling, gamification, outsourcing, etc.).
- Increase outreach and marketing via social media to community health fairs, increase awareness of our services, and to Hispanic/Latino and LGBT populations.

**THREATS**

- Political climate (City/State/Federal) affecting funding cuts.
- Improving economy makes retention more difficult because our competitors can pay higher salaries.
- Competition from other health care agencies offering the same services as us (CVS, Walgreens).
MISSION
Cobb & Douglas Public Health, with our partners, promotes and protects the health and safety of the residents of Cobb and Douglas counties.

We work to achieve healthy people in healthy communities by:

- Preventing epidemics and spread of disease
- Protecting against environmental hazards
- Preventing injuries
- Promoting and encouraging healthy behaviors
- Responding to disasters and assisting in community recovery
- Assuring the quality and accessibility of health care

By excelling at our core responsibilities, we will achieve healthier lives and a healthier community.

VISION
Cobb & Douglas Public Health will be an acknowledged leader among health departments in the United States.

In order to continuously improve our effectiveness and the health of our communities, we will work internally and with community partners to:

- Demonstrate significant improvement on key health and safety indicators
- Achieve operational excellence by exceeding local public health system performance expectations
- Champion workforce enhancement

To achieve these ambitious goals, we will engage, respect and value our staff and partners, thereby creating healthier lives and a healthier community.

Our Values
- Continuous Improvement – We continually evaluate and improve our skills and services
- Service Excellence – We exceed the expectations of those we serve
- Leadership – We lead by example with humility and persistent determination
- Integrity – We are open, honest and accountable
- Teamwork – We collaborate to achieve common goals
The following strategic initiatives were chosen based on feedback collected from various stakeholders (see Appendix 2) in the strategic planning process. CDPH views these strategic initiatives as agency-wide quality improvement efforts that will improve its performance towards achieving its vision statement. To align with the agency’s strategy, these projects are placed into the BSC framework under the “Business Process” perspective, in the B1 objective focusing on “Improving operational effectiveness and efficiency”, with the B1a measure for the “Culture of Quality Rating”, and listed as actions. Each strategic initiative action plan will be inserted and updated in Appendix 1 annually.

1. Community Health Improvement

**Goal 1.1: Community Health Assessment and Improvement Plan (CHA/CHIP)**

<table>
<thead>
<tr>
<th>Objective 1.1.1:</th>
<th>Revise the CHA/CHIP in 2022 for both Cobb and Douglas counties.</th>
</tr>
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<tr>
<td>Objective 1.1.2:</td>
<td>Update metrics and strategies annually by December 31, 2018/9/0/1.</td>
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<tr>
<td>Objective 1.1.3:</td>
<td>Assure CHA/CHIP data and priorities are included in annual CDPH Strategic Planning process in FY 2018/9/0/1/2.</td>
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<tr>
<td>Objective 1.1.5:</td>
<td>Assure that CHIP is included in both Cobb County Government and Douglas County Government Long-Range Strategic Plans by December 2019.</td>
</tr>
<tr>
<td>Objective 1.1.7:</td>
<td>CDPH Center for Community Health will lead an ad hoc group to deliver health equity and cultural competency training to Cobb2020 and Live Healthy Douglas partners by December 31, 2019.</td>
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</table>

**Goal 1.2: Strategic Partnership Plan**

| Objective 1.2.1: | Create annual strategies to fulfill 3-year Strategic Partnership Plan by April 2018/9/0/1/2. |
| Objective 1.2.2: | Review progress on annual Strategic Partnership Plan at least biannually (January & July) with the CDPH Development Committee and annually with the Cobb Health Futures Foundation and Douglas Health Futures Foundation (November). |
| Objective 1.2.3: | Ensure all strategic partnerships/applications/deliverables are tracked in eTapestry by June 30, 2019 and accessible by both Development Office and Administration staff. |
| Objective 1.2.4: | Conduct annual partnership evaluation by June 30, 2018/9/0/1/2. |

2. Performance Management

**Goal 2.1: InsightVision**

| Objective 2.1.1: | Launch InsightVision system for full implementation of the agency-level and all program scorecards by July 1, 2018. |
| Objective 2.1.2: | By September 30, 2018, update Program Summary Tools in InsightVision, focusing on data-driven decision making via the program balanced scorecard, such as data management, alignment of QI projects and actions, information sharing with staff, etc. |
| Objective 2.1.3: | By June 30, 2018, conduct a joint performance management and quality improvement assessment to determine CDPH’s culture of quality and identify projects for improving the performance management system. |
Goal 2.2: Quality Improvement

Objective 2.2.1: By December 31, 2019, share 25% more completed agency QI projects through conference presentations, website/article publications, collaborating with other local health departments, etc.

Objective 2.2.2: By December 31, 2018, conduct 5-year revision of the QI plan, and update annually by December 31, 2019/0/1/2/3.

Objective 2.2.3: By June 30, 2018, create all four parts of the QI IQ training series and train all appropriate staff by June 30, 2020.

3. Workforce Development

Goal 3.1: Workforce Development Plan

Objective 3.1.1: The WFD Team will update the WFD plan, using PHAB and ASTHO guidelines, by December 31, 2018/9/0/1/2.

Objective 3.1.2: HR will monitor implementation of the WFD plan and training schedule annually by December 31, 2018/9/0/1/2.

Goal 3.2: Professional Development

Objective 3.2.1: The agency will establish former partnerships with academic institutions to enhance career development by June 30, 2018.

Objective 3.2.2: HR will do an agency compensation review annually during January 31st and a comprehensive review every 3 years.

Objective 3.2.3: All supervisors will have consistent scoring for individual employee E-Performance by January 31, 2018.

Objective 3.2.4: The WFD Team will establish a formal career development policy to assist with succession planning by June 30, 2018.

Objective 3.2.5: The WFD Team will implement a formal mentorship program by June 30, 2019.

Objective 3.2.6: HR will administer a 360 feedback, or similar-type evaluation for all managers, and provide training by June 30, 2020.

Goal 3.3: Cultural Competence

Objective 3.3.1: HR will work with the Center of Community Health to create a multi-disciplinary health equity committee by August 31, 2018.

Objective 3.3.2: HR will work with the health equity committee to clearly define definitions related to cultural competence and health equity by December 31, 2018.

Objective 3.3.3: HR will work with the health equity committee to create a health equity policy by March 30, 2019.

Objective 3.3.4: HR will work with the health equity committee to create a health equity and cultural competence training for staff by June 30, 2019.
4. Information Technology

**Goal 4.1: Mobile Data Access**

**Objective 4.1.1:** By June 30, 2018, IT will complete SharePoint Site Development for Programs/Departments by creating policies and implementing procedures for use of programspecific SharePoint sites.

**Objective 4.1.2:** By June 30, 2018, IT will develop email encryption and instant messaging expansion policies and implement procedures.

**Goal 4.2: Visual HealthNet (VHN)**

**Objective 4.2.1:** IT will expand electronic health records (eCharts) and workflow enhancements for Capstone Health by June 30, 2018, for Child Health by December 31, 2018, and implement electronic acknowledgment forms for Immunization by September 30, 2018.

**Objective 4.2.2:** IT will implement clinical lab interfaces with State Lab by June 30, 2018, LabCorp Lab Interface by September 30, 2018, and Quest Lab Interface by September 30, 2018.

**Goal 4.3: Munis**

**Objective 4.3.1:** IT will implement a new Munis module for Cash Receipts by December 31, 2018, Applicant Tracking by June 30, 2018, and Fixed Assets by December 31, 2018.

5. Marketing

**Goal 5.1: Marketing Plan**

**Objective 5.1.1:** The Marketing Go Team will develop a marketing plan, including a social media strategy, by July 1, 2018.

**Objective 5.1.2:** Annually by July 1, 2018/9/0/1/2, the Office of Communications will monitor and evaluate implementation of the Marketing Plan, and update the plan, if needed.

**Goal 5.2: Marketing Operations**

**Objective 5.2.1:** The Office of Communications will provide education regarding marketing opportunities to engage staff by June 30, 2019.

**Objective 5.2.2:** The Office of Communications will work with applicable staff to implement the Marketing Plan so that CDPH programs can increase client participation in services and revenue by June 20, 2020.
Implementing and Monitoring the Plan
Although the management of CDPH’s Strategic Management Plan solely resides in the Office of Quality Management, strategic initiatives will be implemented and monitored monthly by individual strategic initiative teams during team meetings and tracked electronically in InsightVision. Quarterly, each strategic initiative owner will present progress to the Leadership Team and discuss plans for the upcoming quarter, all through their InsightVision action plans. Annually during the Leadership Team Retreat, CDPH’s Leadership Team will review progress on the strategic initiatives listed in this plan to evaluate progress and provide guidance for the upcoming year. Any changes that are made during the retreat will be reflected in updated action plans in Appendix 1 and InsightVision by June 30th of each year so that action plans can be effective at the beginning of the next fiscal year (July 1st).

Updating the Plan
During the Annual Leadership Team Retreat, CDPH’s Leadership Team will review this plan to assess relevance of its key components. A review of the mission, vision, values, strategic initiatives, and SWOT analysis may be done to evaluate current state, and compared to the 2017 versions listed in this plan to generate strategic discussion. Any changes that are made during the retreat will be updated in the plan by the Director of Quality Management and reflected in Appendix 4 by June 30th of each year; so that the plan can be effective at the beginning of the next fiscal year (July 1st).

Every five years, the plan will be thoroughly revised during a six-month strategic planning process. This robust process, led by the Office of Quality Management, will occur after the CDPH Community Health Assessment and Improvement Plans are revised so that this information can be incorporated. Additional stakeholder analysis and environmental assessments, such as a SWOT analysis, will be done prior to strategy formulation.

Communicating the Plan
The most recent version of the CDPH Strategic Plan will be posted to the CDPH public website, in the “About Us” section. It will also be shared via social media channels (Twitter, Facebook, etc.), including updates that occur. Progress on strategic initiatives will be shared in the CDPH Annual Report, which will also be posted to the public website.

Internally, the plan and updates to the plan will be shared with staff via the employee intranet and Spotlight newsletter. Progress on strategic initiatives will be communicated to staff through the InsightVision performance management system, and the Spotlight newsletter.
### Initiative 1: Community Health Improvement

#### Goal 1.1: Community Health Assessment and Improvement Plan (CHA/CHIP)

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
<th>Targets</th>
<th>Data Source</th>
<th>Actions</th>
<th>Individuals/Organizations Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1: Revise the CHA/CHIP in 2022 for both Cobb and Douglas counties.</td>
<td>Completed, interactive, electronic documents (Executive CHA, Technical CHA, CHIP) posted to websites and distributed to key partners</td>
<td>2021 – CHA data collection 2022 – CHA/CHIP documents complete</td>
<td>Modified MAPP methods along with local hospital system CHNA sources</td>
<td>National MAPP components modified as needed with Cobb2020/LHD partners</td>
<td>CDPH Epidemiology &amp; Health Assessment Director; CDPH Planning &amp; Partnership Director; CDPH Deputy Director; Cobb2020 and Live Healthy Douglas partners</td>
</tr>
<tr>
<td>1.1.2: Update metrics and strategies annually by December 31, 2018/9/0/1.</td>
<td>Updated primary CHA metrics and CHIP Strategies/Action Steps approved and documented by Cobb2020/Live Healthy Douglas Steering Teams</td>
<td>Dec 31 of each year 2018-2021</td>
<td>National and State credible data sources (e.g., CDC, Healthy People 2020/2030, GA OASIS, US Census)</td>
<td>Review data sources to extract most current, valid metrics beginning in July each year. Review national Best Practice sources to determine relevant and tested strategies that fit with Cobb and Douglas CHIPs</td>
<td>CDPH Epidemiology &amp; Health Assessment Director; CDPH Planning &amp; Partnership Director; CDPH Deputy Director; Cobb2020 and Live Healthy Douglas partners</td>
</tr>
<tr>
<td>1.1.3: Assure CHA/CHIP data and priorities are included in annual CDPH Strategic Planning process in FY 2018/9/0/1/2.</td>
<td>Metrics and Strategies from 1.1.2 above are presented in writing to CDPH Leadership Team for consideration</td>
<td>Jan – March of each year 2018-2022</td>
<td>Documents from 1.1.2 above</td>
<td>Provide written and verbal presentation to Leadership Team in preparation for Annual Strategic Planning process</td>
<td>CDPH Deputy Director, CDPH OQM Director, CDPH Leadership Team</td>
</tr>
<tr>
<td>1.1.4: Improve utilization of Cobb2020, Live Healthy Douglas and foundation websites by June 30, 2018.</td>
<td>4 Redesigned, interactive and current websites launched to public</td>
<td>June 30, 2018</td>
<td>Cobb2020/LHD: Cobb and Douglas 2016 CHAs and 2017-2021 CHIPs and mechanism to get involved CHFF/DHFF: 2017/18 Program and Fundraising Priorities and mechanism to donate online</td>
<td>Work with CDPH Communications Director and S24 Creative Consultant to develop site plans, links and written text</td>
<td>S24 Creative staff, CDPH Communications Director, CDPH Planning &amp; Partnership Director, CDPH Development Director, CDPH Deputy Director/CHFF &amp; DHFF Executive Director, Chairs of C2020/LHD/CHFF/DHFF Boards</td>
</tr>
</tbody>
</table>

This appendix will be updated with annual action plans corresponding to each strategic initiative set forth within the 2018 Strategic Management Plan. Strategic Initiative Teams are responsible for leading the action planning phase for the development of SMART objectives, measures, targets and actions (programs, activities and interventions) to achieve strategic goals.
## Goal 1.1: Community Health Assessment and Improvement Plan (CHA/CHIP) continued...

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
<th>Targets</th>
<th>Data Source</th>
<th>Actions</th>
<th>Individuals/Organizations Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1.5:</strong> Assure that CHIP is included in both Cobb County Government and Douglas County Government Long-Range Strategic Plans by December 2019.</td>
<td>2017-2021 CHIPs are incorporated into written Cobb County Government and Douglas County Government Long-Range Strategic Plans</td>
<td>December 2019</td>
<td>2017-2021 CHIP Strategies and Action Plans; Cobb County and Douglas County Strategic Plans</td>
<td>Provide 2017-2021 CHIP and offer County Strategic Plan edit suggestions to County Planning staff</td>
<td>CDPH District Health Director, CDPH Deputy Director, Cobb County and Douglas County Strategic Planning Directors</td>
</tr>
<tr>
<td><strong>1.1.6:</strong> Add Social Determinants of Health analysis data to Cobb2020 and Live Healthy Douglas websites by December 31, 2018.</td>
<td>Key approved SDOH data and explanations are available through the Cobb2020 and LHD websites</td>
<td>December 2018</td>
<td>2016 CHA, 2017-2021 CHIP; other Georgia DPH and CDC resources</td>
<td>Determine key SDOH data to include, validate source and data, post to websites with public explanations; Utilize a real-time data visualization tool for the presentation of SDOH data.</td>
<td>CDPH Deputy Director, CDPH Planning &amp; Partnership Director, CDPH Epidemiology &amp; Health Assessment Director, Chairs of Cobb2020 and LHD</td>
</tr>
<tr>
<td><strong>1.1.7:</strong> CDPH Center for Community Health will lead an ad hoc group to deliver health equity and cultural competence training to Cobb2020 and Live Healthy Douglas partners by December 31, 2019.</td>
<td>Completed Health Equity 101 lesson plan presented to Cobb2020 and Live Healthy Douglas Steering Teams</td>
<td>December 2019</td>
<td>Georgia DPH, CDC, WHO</td>
<td>Develop Health Equity 101 session pilot for CDPH professionals; Establish annual training plan for all CDPH staff; Adjust lesson plan for Cobb2020/LHD Steering Teams</td>
<td>CDPH Planning &amp; Partnership Director, CDPH Deputy Director, CDPH Training Officer; Cobb2020 and Live Healthy Douglas Chairs</td>
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</tbody>
</table>
### Goal 1.2: Strategic Partnership Plan

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<tr>
<th>Objectives</th>
<th>Measures</th>
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<th>Actions</th>
<th>Individuals/ Organizations Responsible</th>
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</thead>
<tbody>
<tr>
<td>1.2.1: Create annual strategies to fulfill 3-year Strategic Partnership Plan by April 2018/0/1/2.</td>
<td>Annual Strategic Partnership Action Steps linked to 3-year Plan</td>
<td>April of each year for fiscal years 2018-2020</td>
<td>CDPH Development Office/Development Committee and CHFF/DHFF Boards</td>
<td>1.2.2 below and update plan with decisions in April each year.</td>
<td>CDPH Deputy Director/CHFF &amp; DHFF Executive Director; CDPH Development Director, CHFF/DHFF Board Chairs, CDPH Development Committee, John O’Kane Consulting</td>
</tr>
<tr>
<td>1.2.2: Review progress on annual Strategic Partnership Plan at least biannually (January &amp; July) with the CDPH Development Committee and annually with the Cobb Health Futures Foundation and Douglas Health Futures Foundation (November).</td>
<td>Documented progress presentations to CDPH Development Committee, CHFF and DHFF Boards</td>
<td>January, July and November each year 2018-2020</td>
<td>Tracked Strategic partnership contributions through Balanced Scorecard F2a metric and eTapestry</td>
<td>Review the Strategic Partnership Plan accomplishments annually in November with the CHFF/DHFF Boards; Review progress in January each year with Development Committee; Review final new plan and prior year accomplishments in July with CDPH Development Committee</td>
<td>CDPH Deputy Director/CHFF &amp; DHFF Executive Director; CDPH Development Director, CHFF/DHFF Board Chairs, CDPH Development Committee, John O’Kane Consulting</td>
</tr>
<tr>
<td>1.2.3: Ensure all strategic partnerships/applications/deliverables are tracked in eTapestry by June 30, 2019 and accessible by both Development Office and Administration staff.</td>
<td>All strategic partnership contributions are consistently tracked between BSC F2a and eTapestry accounts</td>
<td>June 30, 2019</td>
<td>eTapestry and InsightVision BSC F2a metric</td>
<td>Complete quarterly comparison between F2a metric reported to Development Committee and CDPH Boards with data captured in eTapestry database</td>
<td>CDPH Development Director, CDPH Deputy Director, CDPH Administrator</td>
</tr>
<tr>
<td>1.2.4: Conduct annual partnership evaluation by June 30, 2018/0/1/2.</td>
<td>Results of annual Strategic Partnership e-survey are provided through InsightVision B3b metric to CDPH Leadership Team</td>
<td>June 30 each year 2018-2020</td>
<td>Annual Electronic Survey results from CDPH Strategic Partners</td>
<td>Create and distribute annual partner satisfaction survey to CDPH Strategic Partners; evaluate results; determine new fiscal year actions with each partner based on results</td>
<td>CDPH Planning &amp; Partnership Director, CDPH Deputy Director</td>
</tr>
</tbody>
</table>
## Initiative 2: Performance Management

### Goal 2.1: InsightVision

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<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
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<th>Actions</th>
<th>Individuals/Organizations Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1: Launch InsightVision system for full implementation of the agency-level and all program scorecards by July 1, 2018.</td>
<td># of scorecards completed</td>
<td>30 programs + 1 agency</td>
<td>Insight Vision</td>
<td>Complete phase 1 of InsightVision scorecard development with 26 programs</td>
<td>Director of Quality Management and Program Managers</td>
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<td>Complete agency scorecard refresh for 11 objectives and 26 measures</td>
<td>Director of Quality Management and Leadership Team</td>
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<td>Complete phase 2 of InsightVision scorecard development with 4 remaining programs</td>
<td>Director Of Quality Management And Remaining Program Managers</td>
</tr>
<tr>
<td>2.1.2: By September 30, 2018, update Program Summary Tools in InsightVision, focusing on data-driven decision making via the program balanced scorecard, such as data management, alignment of QI projects and actions, information sharing with staff, etc.</td>
<td># of Program Summary Tools updated, specifically with current data and actions</td>
<td>30 programs</td>
<td>Insight Vision</td>
<td>Update Program Summary Tools</td>
<td>Program Managers</td>
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<td>Update data and actions in InsightVision</td>
<td>Program Managers</td>
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<td></td>
<td>Review of Program Summary Tools and data management</td>
<td>Director of Quality Management</td>
</tr>
<tr>
<td>2.1.3: By June 30, 2018, conduct a joint performance management and quality improvement assessment to determine CDPH’s culture of quality and identify projects for improving the performance management system.</td>
<td>Assesment conducted</td>
<td>Assesment conducted by June 30, 2018</td>
<td>SurveyMonkey</td>
<td>Create a joint survey</td>
<td>Director of Quality Management</td>
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<td>Implement survey</td>
<td>Director of Quality Management</td>
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<td>Analyze results of survey</td>
<td>Director of Quality Management and Quality Council</td>
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<td>Share results of survey with staff</td>
<td>Director of Quality Management and Leadership Team</td>
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</tbody>
</table>
### Goal 2.2: Quality Improvement

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
<th>Targets</th>
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<th>Actions</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2.2.1: By December 31, 2019, share 25% more completed agency QI projects through conference presentations, website/article publications, collaborating with other local health departments, etc.</td>
<td># of QI projects shared externally from CDPH</td>
<td>Target = 4 (for baseline of 37 projects in FY17)</td>
<td>Self-report to Office of Quality Management</td>
<td>Complete 1 QI project per program</td>
<td>Program Managers, Director of Quality Management, Quality Council</td>
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<td>Complete storyboard for all completed projects</td>
<td>QI project leaders, Director of Quality Management</td>
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<td>Submit conference abstracts to share complete projects</td>
<td>Director of Quality Management and QI project leaders</td>
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<td>Make a note in InsightVision for projects shared</td>
<td>Program Managers</td>
</tr>
<tr>
<td>2.2.2: By December 31, 2018, conduct 5-year revision of the QI plan, and update annually by December 31, 2019/2020.</td>
<td>Plan update</td>
<td>Annually</td>
<td>QI Plan</td>
<td>Use results from PM/QI assessment (objective 2.1.3) to guide plan update</td>
<td>Director of Quality Management</td>
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<td>Conduct literature review of best practice QI plans at time of update to use as examples</td>
<td>Director of Quality Management</td>
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<td>Revise QI Plan</td>
<td>Director of Quality Management</td>
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<tr>
<td>2.2.3: By June 30, 2018, create all four parts of the QI IQ training series and train all appropriate staff by June 30, 2020.</td>
<td># of trainings completed and # of staff trained per training</td>
<td>4 trainings developed by June 30, 2018. All staff by June 30, 2020.</td>
<td>Office of Quality Management tracks this</td>
<td>Develop QI 301: Facilitation trainings</td>
<td>Director of Quality Management and Quality Council</td>
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<td>Develop QI 401: Performance Management trainings</td>
<td>Director of Quality Management and Quality Council</td>
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<td>Develop PHAB 101 training</td>
<td>Director of Quality Management and Accreditation Team</td>
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<td>Hold regular trainings to allow staff multiple opportunities for training</td>
<td>Director of Quality Management</td>
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</tbody>
</table>
# Initiative 3: Workforce Development

## Goal 3.1: Workforce Development Plan

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
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<th>Individuals/Organizations Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1: The WFD Team will update the WFD plan, using PHAB and ASTHO guidelines, by December 31, 2017/8/9.</td>
<td>Plan update</td>
<td>Annually</td>
<td>Workforce Development Plan</td>
<td>By June 30, 2021, the WFD Team will create and submit to all CDPH employees a Core Competency Survey based on the Council of Linkages</td>
<td>WFD Team, along with HR</td>
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<td>By December 31, 2021. HR will develop a training schedule based on assessment results to incorporate into the WFD Plan</td>
<td>WFD Team, along with HR</td>
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<td>Review ASTHO template and PHAB requirements, along with WFD Plans from other health departments to use as examples</td>
<td>WFD Team, along with HR</td>
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<td>Draft WFD Plan and send for review</td>
<td>WFD Team, along with HR</td>
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<td>3.1.2: Annually by December 31st, HR will monitor implementation of the WFD plan and training schedule</td>
<td>WFD Team, along with HR</td>
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<td>3-5 training programs developed based on cc survey results</td>
<td>WFD Team, along with HR</td>
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<td>3-5 trainings</td>
<td>WFD Team, along with HR</td>
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<td>Training system or InsightVision</td>
<td>WFD Team, along with HR</td>
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<td>Provide 3-5 trainings quarterly on items such as soft skills, coaching, and management training starting January 31, 2018.</td>
<td>WFD Team, along with HR</td>
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<td>Identify courses available based on training needs</td>
<td>WFD Team, along with HR</td>
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<td>Develop training materials</td>
<td>HR</td>
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<td>Post course enrollment to training website</td>
<td>HR</td>
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</tbody>
</table>
## Goal 3.2: Professional Development

<table>
<thead>
<tr>
<th>Objectives</th>
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<th>Individuals/Organizations Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.1: The agency will establish formal partnership agreements with academic institutions to enhance career development by June 30, 2018.</td>
<td># of partnership agreements developed</td>
<td>5</td>
<td>HR Files</td>
<td>Evaluate current partnerships</td>
<td>HR</td>
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<td>Research potential new partnerships</td>
<td>HR</td>
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<td></td>
<td>Sign agreements with new partners to do trainings</td>
<td>HR</td>
</tr>
<tr>
<td>3.2.2: HR will do an agency compensation review annually by January 31st and a comprehensive review every 3 years.</td>
<td># of compensations reviews conducted</td>
<td>1 annually</td>
<td>HR Files</td>
<td>Gather compensation data and compare with CDPH</td>
<td>HR</td>
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<td>Share results with Leadership and appropriate staff/managers</td>
<td>HR</td>
</tr>
<tr>
<td>3.2.3: All supervisors will have consistent scoring for individual employee E-Performance by January 31, 2018.</td>
<td># of Supervisors that score consistency</td>
<td>90%</td>
<td>E-performance system audit by HR</td>
<td>Send consistent messaging to all supervisors</td>
<td>HR</td>
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<td>Train supervisors on e-performance scoring</td>
<td>HR</td>
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<td>Evaluate how supervisors are scoring in the e-performance system</td>
<td>HR</td>
</tr>
<tr>
<td>3.2.4: The WFD Team will establish a formal career development policy to assist with succession planning by June 30, 2018.</td>
<td>Approved policy</td>
<td>1 policy</td>
<td>HR Files</td>
<td>Collect example career development policies</td>
<td>HR</td>
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<td>Complete draft policy</td>
<td>HR</td>
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<td>Share and incorporate feedback on draft policy</td>
<td>HR</td>
</tr>
<tr>
<td>3.2.5: The WFD Team will implement a formal mentorship program by June 30, 2019.</td>
<td>1 program</td>
<td>1 program</td>
<td>HR Files</td>
<td>Implement a buddy program by 6/30/18</td>
<td>HR</td>
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<td>Draft mentorship program guidelines</td>
<td>HR</td>
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<td>Share draft guidelines for feedback and incorporate edits</td>
<td>HR</td>
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<td></td>
<td>Implement mentorship program</td>
<td>HR</td>
</tr>
<tr>
<td>3.2.6: HR will administer a 360 feedback, or similar-type evaluation for all managers, and provide training by June 30, 2020.</td>
<td>360 evaluations administered</td>
<td>All managers</td>
<td>HR Files</td>
<td>Create internally or partner with external agency to draft 360 evaluation</td>
<td>HR</td>
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<td>Dispense 360 evaluation to all managers</td>
<td>HR</td>
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<td>Evaluate 360 evaluations and process to create next steps</td>
<td>HR</td>
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</tbody>
</table>
## Appendix 1 - Strategic Initiative Action Plans

### Goal 3.3: Cultural Competence

<table>
<thead>
<tr>
<th>Objectives</th>
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</thead>
<tbody>
<tr>
<td>3.3.1: HR will work with the Center of Community Health to create a multi-disciplinary health equity committee by August 31, 2018.</td>
<td>Committee established</td>
<td>1</td>
<td>Charter</td>
<td>HR to meet with Center of Community Health to discuss committee requirements</td>
<td>HR /Center for Community Health</td>
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<td>Form multidisciplinary steering committee</td>
<td>HR /Center for Community Health</td>
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<td>Create team charter</td>
<td>HR /Center for Community Health</td>
</tr>
<tr>
<td>3.3.2: HR will work with the health equity committee to clearly define definitions related to cultural competence and health equity by December 31, 2018.</td>
<td>Definitions established</td>
<td>3-5</td>
<td>Charter</td>
<td>Define definitions</td>
<td>Health Equity Committee</td>
</tr>
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<td>Share results with Leadership and appropriate staff/managers</td>
<td>Health Equity Committee</td>
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<td>Finalize definitions</td>
<td>Health Equity Committee</td>
</tr>
<tr>
<td>3.3.3: HR will work with the health equity committee to create a health equity policy by March 30, 2019.</td>
<td>Approved policy</td>
<td>1 policy</td>
<td>HR files</td>
<td>Research other PHAB-accepted and model practice policies</td>
<td>Health Equity Committee</td>
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<td>Draft a policy</td>
<td>Health Equity Committee</td>
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<td>Test and evaluate training at the CDPH Annual Conference</td>
<td>Health Equity Committee</td>
</tr>
<tr>
<td>3.3.4: HR will work with the health equity committee to create a health equity and cultural competence training for staff by June 30, 2019.</td>
<td>Training built</td>
<td>1 training module</td>
<td>HR Files</td>
<td>Research PHAB-accepted and model practice trainings</td>
<td>Health Equity Committee</td>
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<td></td>
<td>Draft training</td>
<td>Health Equity Committee</td>
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<td></td>
<td>Test and evaluate training at the CDPH Annual Conference</td>
<td>Health Equity Committee</td>
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</table>
### Initiative 4: Information Technologies

#### Goal 4.1: Mobile Data Access

<table>
<thead>
<tr>
<th>Objectives</th>
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<th>Data Source</th>
<th>Actions</th>
<th>Individuals/Organizations Responsible</th>
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</thead>
<tbody>
<tr>
<td>4.1.1: By June 30, 2018, IT will complete SharePoint Site Development for Programs/Departments by creating policies and implementing procedures for use of program-specific SharePoint sites.</td>
<td># of SharePoint sites</td>
<td>1 per program</td>
<td>IT</td>
<td>Develop policies for use of program-specific SharePoint sites by 6/30/2018.</td>
<td>IT</td>
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<td>Implement procedures for use of program-specific SharePoint sites by 6/30/2018.</td>
<td>IT</td>
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<td>Develop email encryption and instant messaging policies by 6/30/2018.</td>
<td>IT</td>
</tr>
<tr>
<td>4.1.2: By June 30, 2018, IT will develop email encryption and instant messaging expansion policies and implement procedures.</td>
<td># of policies and procedures implemented</td>
<td>2</td>
<td>IT</td>
<td>Develop email encryption and instant messaging policies by 6/30/2018.</td>
<td>IT</td>
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<td>Implement instant messaging procedures by 6/30/2018.</td>
<td>IT</td>
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#### Goal 4.2: Visual HealthNet (VHN)

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<tr>
<th>Objectives</th>
<th>Measures</th>
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<th>Data Source</th>
<th>Actions</th>
<th>Individuals/Organizations Responsible</th>
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</thead>
<tbody>
<tr>
<td>4.2.1: IT will expand electronic health records (eCharts) and workflow enhancements for Capstone Health by June 30, 2018, for Child Health by December 31, 2018, and implement electronic acknowledgement forms for Immunization by September 30, 2018.</td>
<td></td>
<td></td>
<td>IT</td>
<td>Implement eCharts and workflow enhancements for Capstone Health by 6/30/2018.</td>
<td>IT</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td>Implement eCharts and workflow enhancements for Child Health by 12/31/2018.</td>
<td>IT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Implement electronic acknowledgement forms for Immunization by 9/30/2018.</td>
<td>IT</td>
</tr>
<tr>
<td>4.2.2: IT will implement clinical lab interfaces with State Lab by June 30, 2018, LabCorp Lab Interface by September 30, 2018, and Quest Lab Interface by September 30, 2018.</td>
<td></td>
<td></td>
<td>IT</td>
<td>Complete State Lab interface by 6/30/2018.</td>
<td>IT</td>
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<td></td>
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<td>Implement LabCorp Lab Interface by 9/30/2018.</td>
<td>IT</td>
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<td></td>
<td>Implement Quest Lab Interface by 9/30/2018.</td>
<td>IT</td>
</tr>
</tbody>
</table>
### Goal 4.3: Munis

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
<th>Targets</th>
<th>Data Source</th>
<th>Actions</th>
<th>Individuals/Organizations Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3.1: IT will implement a new Munis module for Cash Receipts by December 31, 2018, Applicant Tracking by June 30, 2018, and Fixed Assets by December 31, 2018.</td>
<td></td>
<td></td>
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<td>Implement Cash Receipts by 12/31/2018</td>
<td>IT</td>
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<td>Implement Applicant Tracking by 6/30/2018.</td>
<td>IT</td>
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<td>Implement Fixed Assets by 12/31/2018.</td>
<td>IT</td>
</tr>
</tbody>
</table>
## Initiative 5: Marketing

### Goal 5.1: Marketing Plan

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
<th>Targets</th>
<th>Data Source</th>
<th>Actions</th>
<th>Individuals/Organizations Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1.1: The Marketing Go Team will develop a marketing plan, including a social media strategy, by July 1, 2018.</td>
<td>1 Plan</td>
<td>1</td>
<td>Office of Comm.</td>
<td>Form a multi-disciplinary Marketing Go Team</td>
<td>Communications</td>
</tr>
<tr>
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<td></td>
<td>Conduct an external marketing SWOT analysis</td>
<td>Marketing Go Team</td>
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<td>Define target audiences for each CDPH program</td>
<td>Marketing Go Team</td>
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<td></td>
<td>Determine marketing goals for each CDPH program</td>
<td>Marketing Go Team</td>
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<td></td>
<td>Develop a CDPH Marketing Plan based on information gathered during the Situation Assessment</td>
<td>Marketing Go Team</td>
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<td>Establish a Marketing Plan Budget</td>
<td>Communications</td>
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<td></td>
<td></td>
<td>Establish a Marketing Plan Budget</td>
<td>Communications</td>
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<tr>
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<td></td>
<td>Conduct a final review of Marketing Plan</td>
<td>Marketing Go Team</td>
</tr>
<tr>
<td>5.1.2: Annually by July 1, 2018/9/0/1/2, the Office of Communications will monitor and evaluate implementation of the Marketing Plan, and update the plan, if needed.</td>
<td>1 plan review</td>
<td>1</td>
<td>Office of Comm.</td>
<td>Manage all marketing initiatives included in the plan</td>
<td>Communications</td>
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<tr>
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<td>Manage Marketing Plan Budget</td>
<td>Communications</td>
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<td>Manage Marketing Plan Timeline</td>
<td>Communications</td>
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<td></td>
<td>Evaluate implementation progress; Revise goals based on progress and program/service needs.</td>
<td>Marketing Go Team</td>
</tr>
</tbody>
</table>

### Goal 5.2: Marketing Operations

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Measures</th>
<th>Targets</th>
<th>Data Source</th>
<th>Actions</th>
<th>Individuals/Organizations Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.2.1: The Office of Communications will provide education regarding marketing opportunities to engage staff by June 30, 2019.</td>
<td>Opportunities for staff engagement</td>
<td>Increase by 15%</td>
<td>Office of Comm.</td>
<td>Provide information about the Marketing Plan to staff through various channels</td>
<td>Communications</td>
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<tr>
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<td></td>
<td></td>
<td>Provide opportunities for staff engagement</td>
<td>Communications</td>
</tr>
<tr>
<td>5.2.2: The Office of Communications will work with applicable staff to implement the Marketing Plan so that CDPH programs can increase client participation in services and revenue by June 20, 2020.</td>
<td>Program participation</td>
<td>Increase by 10%</td>
<td>InsightVision</td>
<td>Work with program staff to ensure messaging is accurate and communicates a clear message on all marketing materials and social media posts</td>
<td>Communications</td>
</tr>
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<td></td>
<td>Work with staff from programs that fall under Strategy 1 and Strategy 2 in the Marketing Plan to help increase client participation and revenue</td>
<td>Communications</td>
</tr>
</tbody>
</table>
Strategic Planning Team

Sponsor: These individuals guided the process to revise CDPH’s Strategic Plan.
  • Gurleen Roberts, MPH, Director of Quality Management
  • Emily Frantz, MPH, Consultant with the Office of Quality Management

Champions (Tier 3 Employees): These individuals were the key decision makers regarding strategic issues identified through the strategic planning process.
  • Jack Kennedy, MD, MBA, District Health Director
  • Lisa Crossman, MS, Deputy Health Director, Director of Community Health
  • Virgil Moon, CPA, Director of Administration
  • Catharine Smythe, MSN, RN, Director of Clinical Services
  • Chris Hutcheson, BS, Director of Environmental Health
  • Pam Blackwell, RN, Director of Emergency Preparedness & Response
  • Laurie Ross, RN, Director of Family Health Services,
  • Cynthia Cox, BS, Director of Human Resources
  • Jonathan Kemp, MBA, Director of IT
  • Valerie Crow, BS, Director of Communications
Appendix 2 – Acknowledgements

Additional Stakeholders (Internal and External)
These individuals provided additional input during the early planning phases (SWOT, Mission/Vision/Values, etc.) to support CDPH's Strategic Plan revision. The perspectives offered from these key stakeholders are valuable for CDPH to consider in guiding the future of the organization.

Cobb Board of Health Members:
- Carol S. Holtz, PhD, RN - Chair
- W. Wyman Pilcher, III - Vice Chair
- Royden Daniels, MD - Board Member
- Mike Boyce - Board Member
- Chris Ragsdale - Board Member
- Judi Snelson - Board Member
- Mayor Steve Tumlin - Board Member
- Grant Rivera, EdD - Board Member
- Sabrina Mallett - Community Health
- Casey Messer - HIV (Capstone)
- Josefina Moreno - Women, Infants & Children (WIC)
- Aura Morgan - Chronic Disease Prevention
- Wanda Nuckles - Child Health
- Grace Ogunnaie - Women, Infants & Children (WIC)
- Marie Paul-David - Epidemiology
- Viva Price - Injury Prevention
- Latisha Rosado - Women, Infants & Children (WIC)
- Beverly Shatteen - Children 1st, Early Hearing Detection & Intervention
- Kathy Shelley - East Cobb Health Center
- Ka Dana Simmons - Food Service, Swimming Pools, Tourist Accommodations
- Idelia Ulmer - Food Service, Swimming Pools, Tourist Accommodations
- Elisa Van Dyke - Women, Infants & Children (WIC)
- Andre Westfield - Food Service, Swimming Pools, Tourist Accommodations
- Susan Wright - On-Site Sewage Management, Trailer Parks
- Dennis Young - Body Art, Nuisance Complaint

Douglas Board of Health Members:
- Charles Craton, MD - Chairman
- Trent North - Vice Chair
- Mayor Rochelle Robinson - Board Member
- Romona Jackson Jones, PhD - Board Member
- Faymarie Landers - Board Member
- Ron Wilson - Board Member
- QueenEsther Martin, EdS - Board Member
- Donna Moore - Chief Strategy Officer
- MaryKay Brewton - Administration
- Beth Branan - Family Health
- Linda Stradford - Women, Infants & Children (WIC)
- Sherita Stanley - Epidemiology
- Candice Turner - Epidemiology
- Tari Phillips - Administration
- Luciely Paz-Torres - Clinical Services
- Camilla DeVaughn - Human Resources
- Antoinette Jones - Adolescent Health & Youth Development
- Vicky Pittman - Family Health
- Anna Long - Perinatal Case Management
- Susan Jones - Children's Medical Services
- Rebekkah Brown - Medical Records
- Yolanda Hankerson - Douglasville Health Center
- Candace O'Donnell - East Cobb Health Center
- Kim Collins - Pharmacy

Georgia Department of Public Health Staff:
- Donna Moore - Chief Strategy Officer
- Sabrina Mallett - Community Health
- Casey Messer - HIV (Capstone)
- Josefina Moreno - Women, Infants & Children (WIC)
- Aura Morgan - Chronic Disease Prevention
- Wanda Nuckles - Child Health
- Grace Ogunnaie - Women, Infants & Children (WIC)
- Marie Paul-David - Epidemiology
- Viva Price - Injury Prevention
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- Andre Westfield - Food Service, Swimming Pools, Tourist Accommodations
- Susan Wright - On-Site Sewage Management, Trailer Parks
- Dennis Young - Body Art, Nuisance Complaint

CDPH Program Supervisors (Tier 2 Employees)
(Invited to Quarterly Supervisors’ Meeting):
- Jamie Ashe - Immunization
- Karla Ayers - Douglasville Health Center
- Rose Bishop - Perinatal Case Management
- Julie Burns - Babies Can’t Wait, Children’s Medical Services
- Kathy Carter - Early Hearing Detection & Intervention
- Yvonne Carter, MD, MPH - HIV (Capstone)
- Debbie Cochran - Acworth Health Center
- Michele DiSalle - Administration
- Laura Evans - HIV (Capstone)
- Christ Florence - Oral Health
- Rachel Franklin - Epidemiology
- Silvia Frausto - Child Health
- Phyllistine Gardner - Tuberculosis
- Balvina Garcia - Vital Records
- Jan Heidrich-Rice - Grants Development
- Rebecca Henson - Women, Infants & Children (WIC)
- Yvette James - Babies Can’t Wait
- Priti Kolhe - Immunizations
- Dawn Krahwinkel - Breast & Cervical Cancer Prevention
- Carla Lario - Human Resources
- MaryKay Brewton - Administration
- Beth Branan - Family Health
- Linda Stradford - Women, Infants & Children (WIC)
- Sherita Stanley - Epidemiology
- Candice Turner - Epidemiology
- Tari Phillips - Administration
- Luciely Paz-Torres - Clinical Services
- Camilla DeVaughn - Human Resources
- Antoinette Jones - Adolescent Health & Youth Development
- Vicky Pittman - Family Health
- Anna Long - Perinatal Case Management
- Susan Jones - Children’s Medical Services
- Rebekkah Brown - Medical Records
- Yolanda Hankerson - Douglasville Health Center
- Candace O’Donnell - East Cobb Health Center
- Kim Collins - Pharmacy

CDPH Frontline Staff (Tier 1 Employees):
- MaryKay Brewton - Administration
- Beth Branan - Family Health
- Linda Stradford - Women, Infants & Children (WIC)
- Sherita Stanley - Epidemiology
- Candice Turner - Epidemiology
- Tari Phillips - Administration
- Luciely Paz-Torres - Clinical Services
- Camilla DeVaughn - Human Resources
- Antoinette Jones - Adolescent Health & Youth Development
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- Susan Jones - Children’s Medical Services
- Rebekkah Brown - Medical Records
- Yolanda Hankerson - Douglasville Health Center
- Candace O’Donnell - East Cobb Health Center
- Kim Collins - Pharmacy
References


Additional Resources

- Georgia Department of Public Health. DPH Strategic Plan. Atlanta, GA. 2016.
- Office of Disease Prevention and Health Promotion. Healthy People 2020. [https://www.healthypeople.gov/]
For information regarding the CDPH Strategic Management Plan, please contact:

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Director of Quality Management
(770) 514-3104
gurleen.roberts@dph.ga.gov
Cobb & Douglas Public Health Locations

Acworth-Kennesaw Public Health Center
3810 Old Highway 41
Kennesaw, GA 30144
Phone: 770-974-3330
Fax: 770-966-9192

Cobb County Environmental Health
1738 County Services Parkway
Building B
Marietta, GA 30008
Phone: (770) 435-7815
Fax: 770-514-2363

Marietta Public Health Center
Building A
1650 County Services Parkway
Marietta, GA 30008
Phone: 770-514-2300
Fax: 770-514-2363

Marietta Public Health Center
Building B
1738 County Services Parkway
Marietta, GA 30008
Phone: 770-514-2300
Fax: 770-514-2363

Smyrna Public Health Center
3001 South Cobb Drive
Smyrna, GA 30080
Phone: 770-438-5105
Fax: 678-385-5095 (WIC)
Fax: 678-385-5094 (Clinical)

East Cobb Public Health Center
4958 Lower Roswell Road
Suite 120
Marietta, GA 30068
Phone: 678-784-2180
Fax: 678-784-2198

South Cobb Public Health Center
(WIC, Adolescent Health & Youth Development/Health Promotion)
875 Riverside Drive, Building 1
Austell, GA 30168
Phone: 678-385-1360
Fax: 678-385-1376

Douglas Public Health Center
6770 Selman Drive
Douglasville, GA 30134
Phone: 770-949-1970
Fax: 770-942-9469

Douglas County Environmental Health
Douglas County Courthouse
8700 Hospital Drive, 1st Floor
Douglasville, GA 30134
Phone: (770) 920-7311

Cobb & Douglas Public Health
1650 County Services Parkway
Marietta, Georgia 30008
770.514.2300
cobbanddouglaspublichealth.org