2015 Strategic Plan

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Introduction and Process Summary

The following pages include a brief introduction to the process used to develop this document, including information related to meetings and planning sessions.

Introduction

In September 2014 the Montgomery County Health Department began a process to develop a strategic plan to guide the organization during the next three years. To ensure the process resulted in a comprehensive plan it incorporated the evaluation of national trends expected to impact the provision of public health services, an analysis of the local dynamics and health needs of Montgomery County, and an assessment of MCHD's own capabilities and vulnerabilities as it relates to its ability to fulfill its mission.

These assessments were completed and reviewed during the course of a nine month timeline that included multiple meetings and culminated with completion of the MCHD 2015-2018 Strategic Plan in May 2015. The pages that follow summarize the major points of the process and associated information.

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Steering Committee Members

MCHD would like to specifically thank members of the Strategic Planning Steering Committee who leveraged their time and expertise to guide this planning process. Committee members include the following:

County and MCHD Representation:

- Lauren Lambrugo, COO/Chief Clerk
- Michael Laign, Board
- Dr. Joseph DiMino, Medical Director
- Denise Wallin, Deputy Director of Administration
- Mike Baysinger, Deputy Director of Personal Health Services
- Julie Paoline, Director, Comm. Disease Control
- Ruth Cole, Director, Clinical Services and Public Health Nursing
- Brandi Chawaga, Director, Health Promotion
- Dawn Batman, Supervisor, Health Promotion
- Kyle Schmeck, Director, Water Quality Management

- Pam Lawn, Director, Environmental Field Services
- Tammy Tarloski, Senior Administrator

Hospital/Other Representation:

- Kathryn Connelly-Conallen, Mercy Health System
- Beth Duffy, Einstein Healthcare Network
- Lydia Hammer, Main Line Health
- Kathryn McCarter, Abington Health
- Dr. Michael Mittalman, Salus University
- Tina Fitz-Patrick, Mercy Health System
- Barbara Tantum, Holy Redeemer Health System

Process Kick-Off
Meeting Date: October 2, 2014

Discussion Topics:

- Introductions

- Principles of Strategy and Execution

- Process Summary

- Initial Situation Assessment Findings

- Next Steps

Attendees: Steering Committee, Ascendient Healthcare Advisors

Situation Assessment
Meeting Date: November 20, 2014

Discussion Topics:

- Situation Assessment Findings:

  - Previous Findings

  - Staff Survey Results

  - SWOT Analysis

- Organizational Direction Discussion:

  - Mission and Vision

  - Values

- Next Steps

Attendees: Steering Committee, Ascendient Healthcare Advisors

Strategic Direction (Part 1)
Meeting Date: December 16, 2014

Discussion Topics:

- Mission, Vision, and Values

- Strategy Development

- Operational Planning

- Next Steps

Attendees: MCHD Leadership, Ascendient Healthcare Advisors

Strategic Direction (Part 2)
Meeting Date: January 20, 2015

Discussion Topics:

- Community Leader Survey Findings

- Draft Mission, Vision, and Values

- Preliminary Strategies

- Next Steps

Attendees: Steering Committee, Ascendient Healthcare Advisors

Planning Retreat: February 18, 2015

Discussion Topics:

- Session 1 – Progress To-Date:

  - Introduction and Process Review

  - Situation Assessment Findings

  - Strategic Direction & SWOT

  - Mission, Vision, and Values

  - Priority Strategies

- Session 2 – Implementation Planning Break-outs

- Next Steps

Attendees: MCHD Leadership, MCHD staff, community health leaders, Ascendient Healthcare Advisors

Final Plan
Meeting Date: March 25, 2015

Discussion Topics:

- Process and Findings Review

- Implementation Planning:

  - Key Initiatives

  - Target Areas

  - Action Steps, Lead Person(s), and Timelines

- Next Steps

Attendees: Steering Committee, Ascendient Healthcare Advisors

Report Development
Process Dates: March-May 2015

Key Components:

- Compiled input from retreat

- Summarized implementation plans developed by MCHD

- Reviewed all information and meeting materials compiled during the process

- Developed MCHD 2015-2018 Strategic Plan, including Implementation Plan

Key Process Inputs:
Summary

This section provides a summary of the key components of the project, including information sources and process framework.

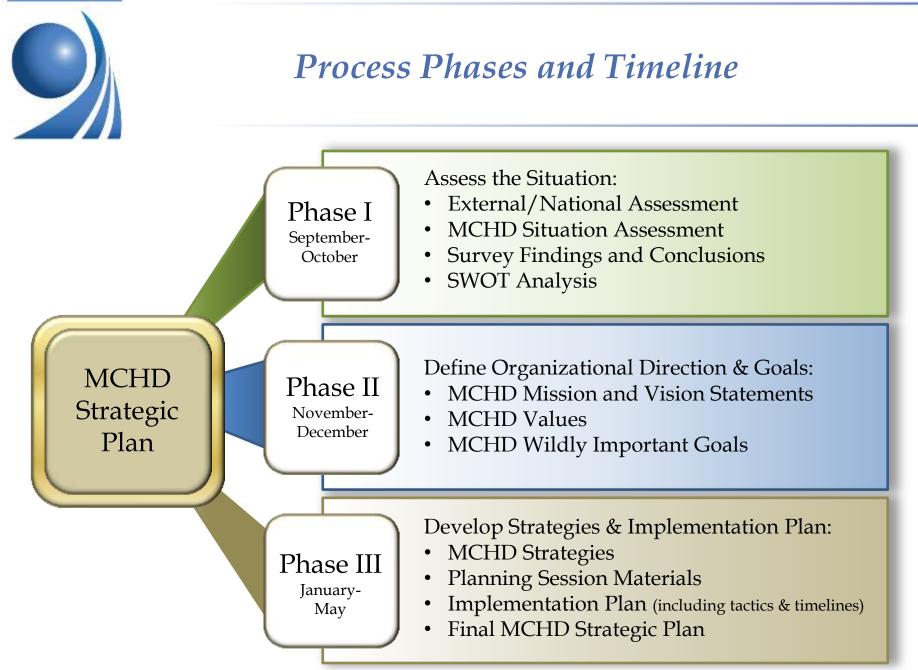# *Key Components*

External/National Factors

Pressure

Local/Montgomery County Health

Support

Internal/MCHD Activities

Process Phases and Timeline

Phase I
September–October

Assess the Situation:
- External/National Assessment
- MCHD Situation Assessment
- Survey Findings and Conclusions
- SWOT Analysis

Phase II
November–December

Define Organizational Direction & Goals:
- MCHD Mission and Vision Statements
- MCHD Values
- MCHD Wildly Important Goals

Phase III
January–May

Develop Strategies & Implementation Plan:
- MCHD Strategies
- Planning Session Materials
- Implementation Plan (including tactics & timelines)
- Final MCHD Strategic Plan

MCHD Strategic Plan

Strategic Planning Process Intent

The process was structured to result in a Strategic Plan that:

- Accounts and prepares for external/national factors while...

- Identifying linkages between local and internal strengths/ weaknesses in order to...

- Prioritize those strategies that will ultimately allow MCHD to improve the health and well being of Montgomery County

Key Process Inputs:
External Assessment/National Factors

During the planning process MCHD analyzed and discussed a number of different national trends anticipated to impact the provision of public health services in the coming years. This portion of the report includes highlights of key national trends and concludes with a summary of the anticipated implications of those trends on MCHD.

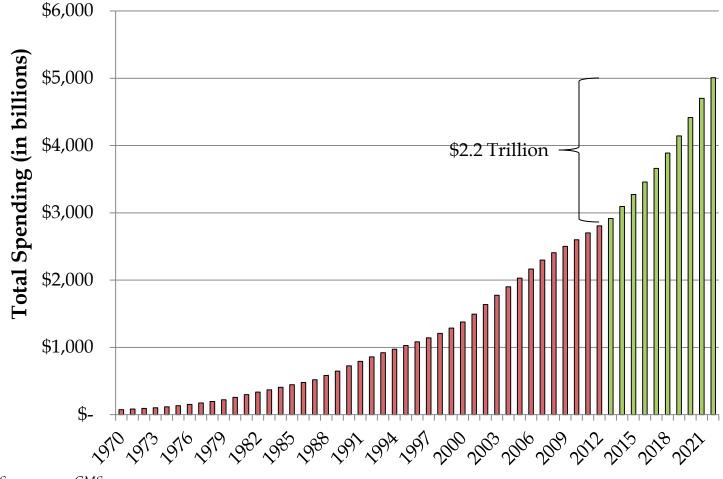# *Increasing Importance and Focus on Public Health Departments*

- PHAB's public health department accreditation process seeks to advance quality and performance within public health departments.

- Health department performance and activities are evaluated against PHAB Standards & Measures
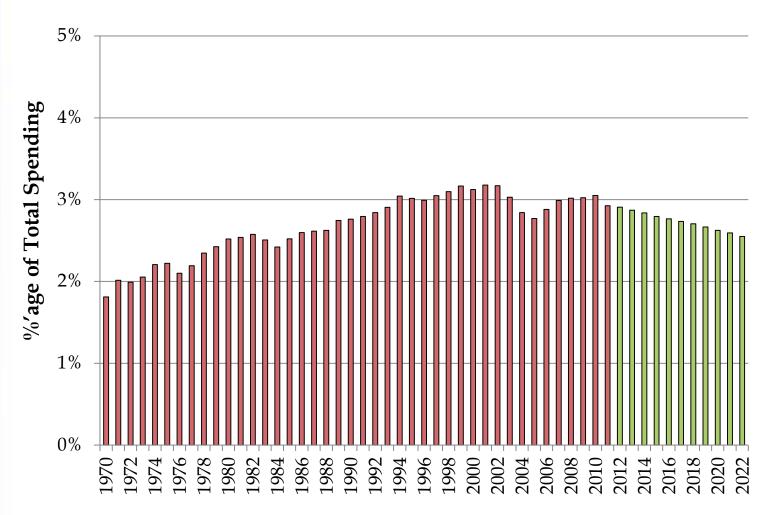
Total U.S. Healthcare Expenditures

It has taken us nearly 25 years to add the same amount of expenses expected in the next decade alone...this growth is not sustainable
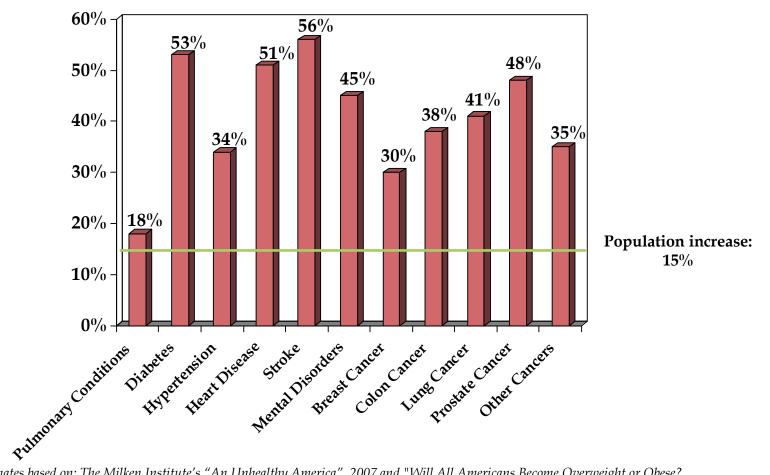
Total U.S. Healthcare Expenditures: Percentage Public Health Activity

Source: www.CMS.gov

Continued Growth in Chronic Diseases

Projected Rise in Cases of Chronic Disease and Cancer Incidence: 2010-2025
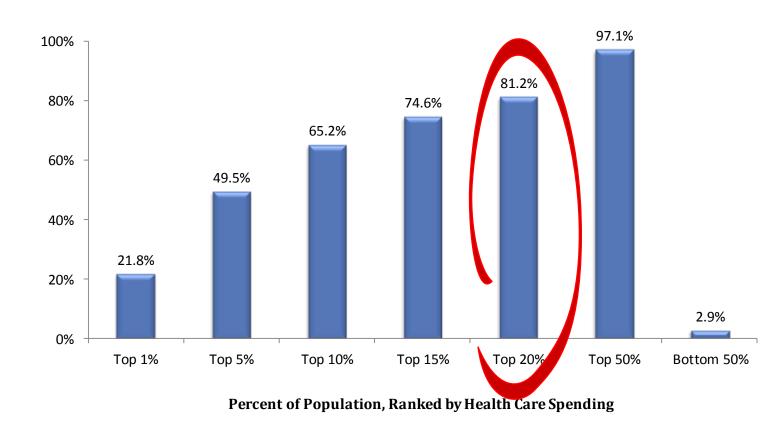

Population increase: 15%

Estimates based on: The Milken Institute's "An Unhealthy America", 2007 and "Will All Americans Become Overweight or Obese? Estimating the Progression and Cost of the US Obesity Epidemic." Obesity 16.10 (2008): 2323-330.

Majority of Cost is "Centralized"

Percent of Population, Ranked by Health Care Spending

Chart data:
- Top 1%: 21.8%
- Top 5%: 49.5%
- Top 10%: 65.2%
- Top 15%: 74.6%
- Top 20%: 81.2%
- Top 50%: 97.1%
- Bottom 50%: 2.9%

Note: Population is the civilian noninstitutionalized population, including those without any health care spending. Health care spending is total payments from all sources (including direct payments from individuals and families, private insurance, Medicare, Medicaid, and miscellaneous other sources) to hospitals, physicians, other providers (including dental care), and pharmacies; health insurance premiums are not included.
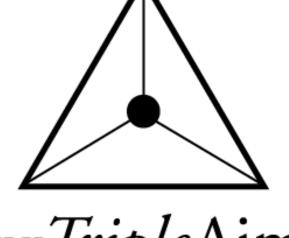
Source: Kaiser Family Foundation calculations using data from U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey (MEPS), Household Component, 2009.

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Care Has to be Delivered Differently

Improving the Health
of Populations

Reducing the Per
Capita Cost of Care

Improving the Patient
Experience of Care

IHI *Triple*Aim

External/National Factors: Implications for MCHD

- Health reform is expected to change the "role" of LHDs
- Continued cost/spending growth is not sustainable...care must be "shifted" to lower cost settings
- Prevention will become more of a priority...transitioning focus from sick care to true health care
- Near-term the volume of direct care services likely to be impacted given increased insurance coverage/access
- Increased patient accountability/participation is essential... but limited incentives and/or penalties likely present in the short-term
- Increased coordination within LHDs, the community, and other governmental non-governmental organizations will be critical.

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Key Process Inputs:
Local/Montgomery County Health

After gaining a better understanding for the implications of national trends, MCHD then more closely examined the needs of its community to ensure its strategic priorities accounted for the uniquenesses of Montgomery County. This portion of the reports summarizes some of the information that was reviewed and incorporated into the planning process.

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Market Profile: Growth and Demographics

Montgomery County

Age Group	2014 Est.	2019 Est.	CAGR
<15	146,479	142,230	-0.6%
15-44	299,049	299,745	0.0%
45-64	235,761	233,637	-0.2%
65+	132,090	152,390	2.9%
Total	813,379	828,002	0.4%
Median Age	41.2	42.2	
% Below Poverty (2012)*	6.1%		

Pennsylvania

2014 Est.	2019 Est.	CAGR
2,218,379	2,161,151	-0.5%
4,858,943	4,837,892	-0.1%
3,593,618	3,483,832	-0.6%
2,120,363	2,416,147	2.6%
12,791,303	12,899,022	0.2%
40.5	41.3	
13.1%		

Source: Claritas & American Community Survey (US Census Bureau)
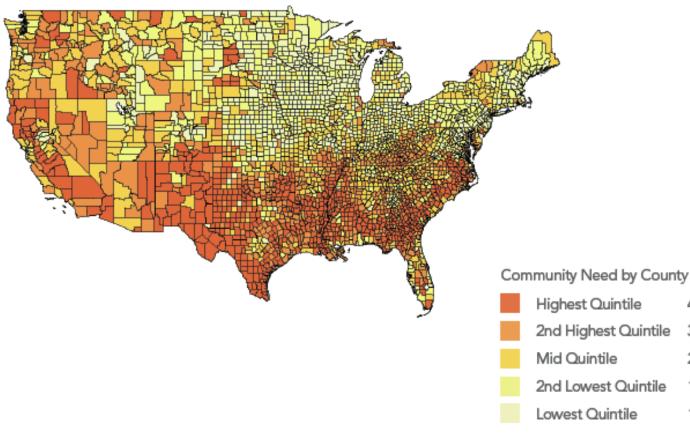*American Community Survey 5-Year Estimate (2008-2012)

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Market Profile:
Community Need Index (CNI) Introduction

- Nation's first standardized Community Need Index
- Identifies the severity of health disparity for every zip code in the U.S. based on multiple social and economic factors known to limit health care access
- Indicator scores are obtained for the areas of income, culture, education, insurance, and housing and a barrier score of 1.0 (low need) to 5.0 (high need) is applied
- Communities with a higher CNI are generally shown to utilize care at a higher rate...for example, admission rates of 5.0 CNI communities are 60% higher than 1.0 CNI locations

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Market Profile:
U.S. CNI by County

Community Need by County

	Highest Quintile	4.2 – 5.0
	2nd Highest Quintile	3.4 – 4.1
	Mid Quintile	2.6 – 3.3
	2nd Lowest Quintile	1.8 – 2.5
	Lowest Quintile	1.0 – 1.7

Source: Dignity and Truven Health Community Need Index

Market Profile:
U.S. Highest and Lowest Need Counties

Highest Need Communities in the U.S.
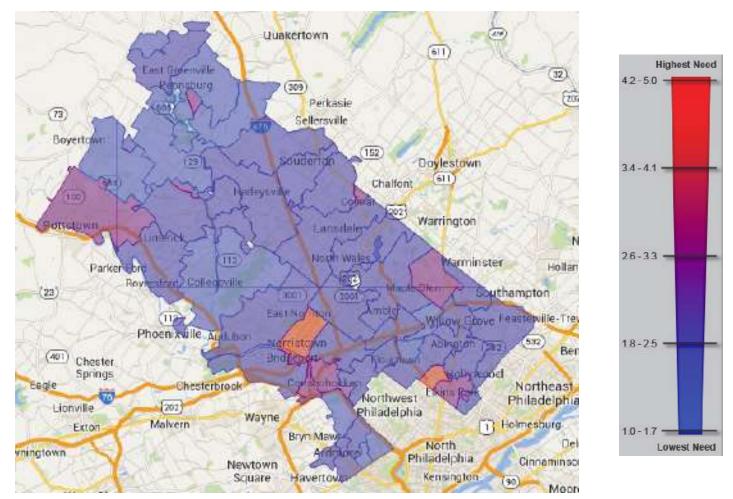### (pop. > 500,000)

	Community	CNI Score
1.	Bronx, NY	4.76
2.	Kings, NY	4.67
3.	Hidalgo, TX	4.64
4.	Baltimore City, MD	4.60
5.	Hudson, NJ	4.53
6.	Kern, CA	4.34
7.	Fresno, CA	4.34
8.	El Paso, TX	4.32
9.	Philadelphia, PA	4.29
10.	San Joaquin, CA	4.24

Lowest Need Communities in the U.S.
(pop. > 500,000)

	Community	CNI Score
1.	Bucks, PA	1.99
2.	Norfolk, MA	2.13
3.	Will, IL	2.19
4.	Dupage, IL	2.21
5.	Nassau, NY	2.22
6.	Montgomery, PA	2.24
7.	Oakland, MI	2.26
8.	Suffolk, NY	2.35
9.	Jefferson, CO	2.36
10.	Gwinnett, GA	2.36

Source: Dignity and Truven Health Community Need Index

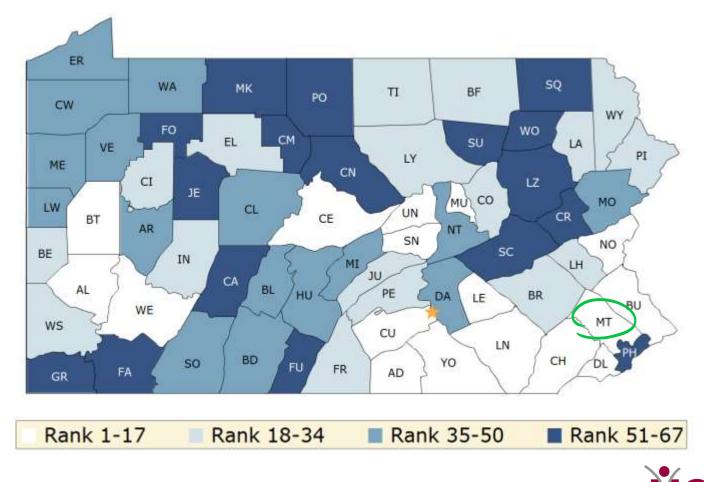# *Market Profile:*
Montgomery County CNI by Zip Code

Source: Dignity and Truven Health Community Need Index

Market Profile:
2014 Health Factor Rankings

Montgomery Ranked 2nd For Health Factors in Pennsylvania

Rank 1-17   Rank 18-34   Rank 35-50   Rank 51-67

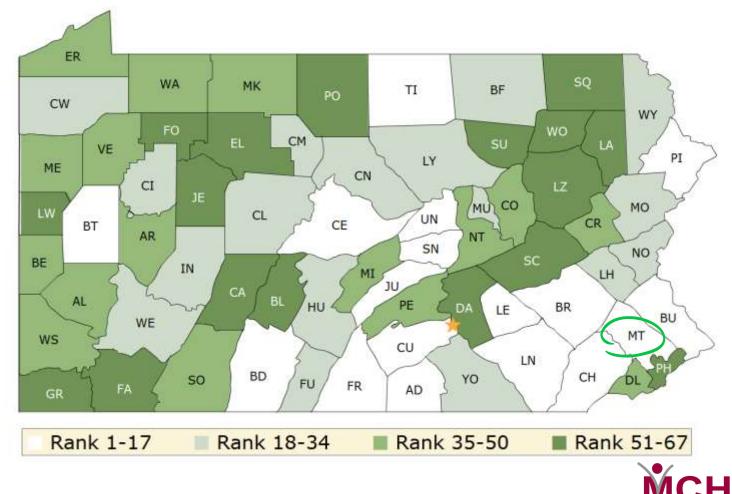Source: Robert Wood Johnson Foundation, County Health Rankings

Market Profile:
2014 Health Outcomes Rankings

Montgomery Ranked <u>5</u>th For Health Outcomes in Pennsylvania

Source: Robert Wood Johnson Foundation, County Health Rankings

Market Profile:
Priority Needs – Hospital CHNAs

Of the over 100 potential needs evaluated the following were considered priorities by three or more area hospitals:

<u>Health conditions and factors:</u>

- Cardiovascular health*

- Obesity/Diabetes*

- Smoking*

<u>Education, outreach and screening:</u>

- Smoking prevention and cessation programs*

- Heart disease education*

- Cancer screening and education*

* Also considered a MCHD 2014 Health Priority

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Access:

- Linguistically and culturally appropriate services, including translation

- Primary and preventive health care, particularly for low income populations*

- Behavioral health and mental health treatment services, particularly for low income

* Also considered a MCHD 2014 Health Priority

- The anticipated rapid growth of the 65+ community will continue to have a significant impact on the health needs of the county

- Surface level indicators position Montgomery County as a health leader across both the state and nation...

- ...However, "pockets" of need clearly exist from the perspectives of select disease states, sub-geographies, and population groups

- Specifically, need appears to be greatest in areas of cardiovascular health, obesity/diabetes, smoking, cancer, as well as general access for low income and non-English speaking populations

Key Process Inputs:
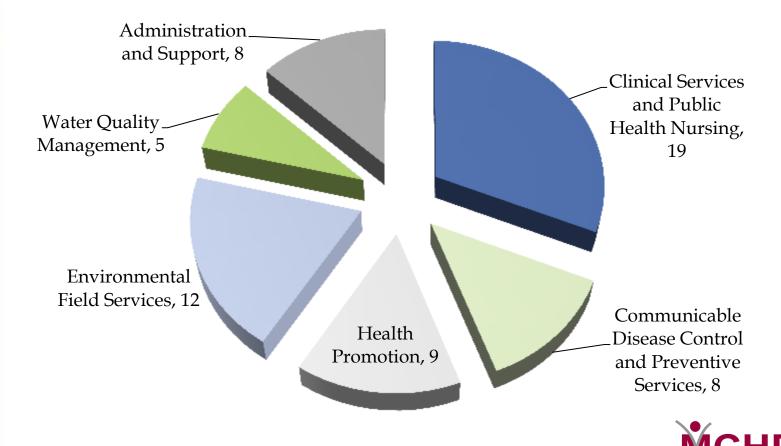# *Internal/MCHD Situation*

In addition to external considerations MCHD also analyzed its internal performance, capabilities, and needs. This process included a review of recent planning documents, an online survey of its staff, and a separate survey of key community leaders to better understand MCHD's key strengths and priority areas for improvement based on multiple perspectives. A summary of these findings is included in the following pages.

MCHD Employee Survey: Respondents

Respondents by Division (61 Total Respondents*)

*As of November 6th, 2014.
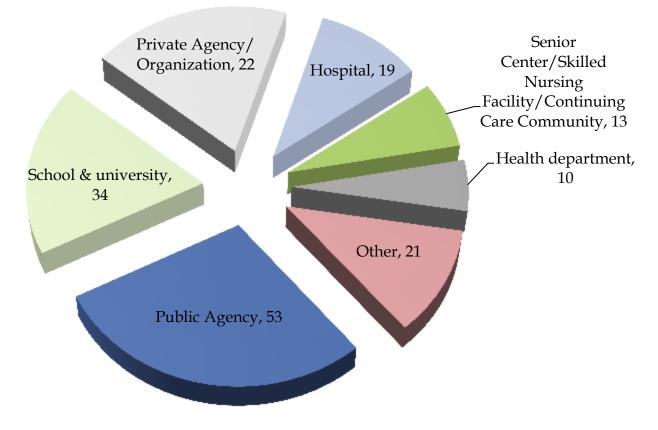
MCHD Employee Survey:
Key Takeaways

- Staff believe MCHD is generally moving in the right direction

- …At the same time they are concerned for the future and desire more proactive efforts to prepare for that future

- MCHD does a lot of things really well, but understands to succeed going forward will require additional focus in the following areas:

  - Communication – Internally and with external partners

  - Training and education – To increase capabilities of MCHD

  - Collaboration – Redefine how MCHD has partnered with stakeholders in the past

  - Technology – Leverage technology to improve performance

  - Focus - Prioritization of efforts based on common understanding of areas of greatest need

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Health and Community Leader Survey: Respondents

Total respondents: 185

Health and Community Leader Survey: Key Findings

Perception…MCHD primarily exists to:

- Link people to personal health services, assure provision of health care, and educate, empower, and protect the population re: health issues
- Lowest priority relates to researching new insights and innovative solutions to health problems

Community Need:

- Key areas for improvement relate to behavioral health (#1 by far) and ensuring primary/preventative care for disadvantaged populations

MCHD Strengths:

- MCHD's staff (experiences/expertise) considered its #1 strength
- Community outreach/awareness and collaborative efforts/partnerships also seen as strength by over half those surveyed

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Key Process Outcomes:
S.W.O.T. Analysis and Strategic Position

All information compiled to this point in the process was summarized into an assessment of MCHD's strengths, weaknesses, opportunities, and threats. Information from the S.W.O.T. was then leveraged to establish MCHD's current strategic position, as the foundation for strategy development.

Key Inputs to Strategy Development

Market Analysis & Research

National Trends

MCHD Leadership Input

Community Leader Survey

Employee Survey

Steering Committee Input

Where are we today? - S.W.O.T./Strategic Position

Where are we going? - Mission, Vision, & Values

What must we focus on to get there? - Wildly Important Goals (WIGs)

How do we get there? - Strategies

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MCHD Strengths and Weaknesses

MCHD Strengths	MCHD Weaknesses
• Service mix and accessibility	• Internal communication
• Grants and Act 315	• Staffing capacity relative to other organizations
• Community outreach and awareness	• Limited training and education
• Staff commitment and experience	• Use of information technology
• Community partnerships	• Duplication of services/efforts
• Outcome measures	• Data collection and analysis
• Collaboration within departments	• Prioritization
	• Lack of staff mobility

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External Opportunities and Threats

External Opportunities	External Threats
• Expanded/Improved partnerships with community organizations	• Decrease/Loss of funding
• New grants	• Affordable Care Act
• New services; fee-for-service volume	• General uncertainty re: election results and leadership changes
• Changing/Aging demographics	• Emerging public health issues
• Affordable Care Act	• Duplication of services/efforts with other organizations
	• Salaries at of other organizations

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Strategic Position Matrix

How is MCHD positioned based on S.W.O.T. analysis?

External Opportunities:

- Community organization partnerships
- New grants
- New services; fee-for-service volume
- Changing/Aging demographics
- Affordable Care Act

External Threats:

- Decrease/Loss of funding
- Affordable Care Act
- Uncertainly/Leadership change
- Emerging public health issues
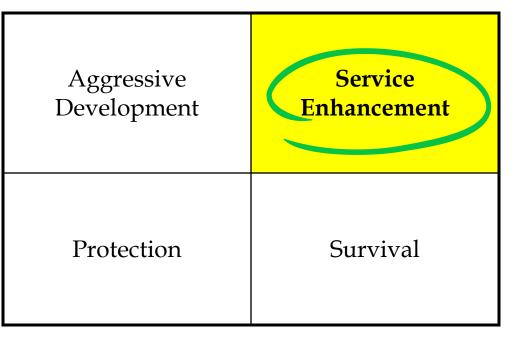- Service duplication
- Salaries at other organizations

MCHD Strengths:

- Service mix
- Grants; Act 315/12
- Staff
- Community outreach & awareness
- Partnerships
- Outcome measures

MCHD Weaknesses:

- Internal communication
- Staffing shortages/satis.
- Training/Education
- Use of I.T.
- Duplication of services
- Data collection & analysis
- Prioritization

Aggressive Development	**Service Enhancement**
Protection	Survival

Key Process Outcomes:
Future Strategic Direction

After establishing its current strategic position, MCHD identified who it wanted to become in the years ahead. To do this MCHD developed a new mission and vision statement, as well as the core values that will guide it as it executes on that mission and vision. MCHD also identified the Wildly Important Goals (WIGs) that it believes must be achieved to succeed during the next three years.

Mission and Vision Statement

MCHD's Mission

To provide public health services and foster collaborative actions that empower our community to improve its health and safety

MCHD's Vision

To optimize the health and wellness of individuals and families through innovative practices

Core Values

- Proactive – We are committed to anticipating the needs of those we serve by being prepared and acting on the plans we establish to meet those needs.

- Collaborative – We work together as an organization, with community partners, and with our customers.

- Excellence – We are committed to continuous improvement, the use of best practices, and changing our approach when necessary to improve outcomes.

- Compassionate – We are committed to serving our community and each other with respect, kindness, fairness and equity.

Wildly Important Goals (WIGs)

- Better leverage data and information, improve technology, and develop processes to make prioritized decisions

- Deepen stakeholder partnerships and establish truly collaborative relationships

- Enhance public awareness and satisfaction of our programs and services

- Expand the organizational capacity of MCHD, through employee development, enhanced program efficiencies, and improved communication

Key Process Outcomes:
MCHD Priority Strategies

This portion of the report defines MCHD's priority strategies and associated rationale.

Strategies

1. **<u>Transform</u>** Public Health Service Delivery

2. **<u>Enhance</u>** Community Awareness and Experience

3. **<u>Promote</u>** a Culture of Innovation and Engagement

Strategy 1:
Transform Public Health Service Delivery

Proactively lead efforts to impact our community's model for delivering public health services – driven by deepened stakeholder partnerships, improved health provider integration, and utilization of the most current evidence-based processes.

Rationale:
- Provides foundation for accelerating the improvement of our community's health through innovative approaches
- Challenges the traditional/status quo public health system
- Assists MCHD and its community partners with implications of ACA and ongoing future changes
- Puts priority on continual improvement, rethinking traditional approaches, and the use of current best practices
- Limits unnecessary duplication of efforts through increased meaningful collaboration across the community
- Leverages technology to enhance "links" with other community stakeholders
- Strengthens MCHD's relevance in a rapidly evolving environment

Strategy 2:
Enhance Community Awareness and Experience

Expand the public's awareness of MCHD's services and pursue excellence in the area of customer experience. Accelerate measurable, sustainable improvement in outreach and customer satisfaction.

Rationale:
- Provides platform for making community more aware of our programs, services, and community partnerships
- Supports mission of improving community health by first making the community more aware of MCHD
- Establishes foundation necessary for communicating efforts to transform public health services for our community
- Leverages technology to expand efforts to reach the community "where they are"
- Establishes culture of service excellence as foundation for future MCHD growth and development
- Enhances community's perception of MCHD
- Further increases MCHD's effectiveness at impacting health among multiple culture

Transform the culture of MCHD in preparation for ongoing change by further empowering employees, refining roles and decision making processes, fully leveraging technology, and enhancing communication methods.

Rationale:
- Strengthens required foundation to support and advance other strategies
- Positions MCHD to better adapt to future changes by empowering MCHD employees to impact change
- Elevates the importance of utilizing data and information to prioritize and drive decision making
- Responds to need for efficiency within reformed system, including expanded use of technology
- Enhances divisional coordination and communication
- Expands the organizational capacity of MCHD
- Further develops employees to fulfill roles most necessary for MCHD to achieve its mission
- Further combats status quo mentality to maximize effectiveness

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Leveraging Strategies to Address WIGs

WIG Components	Preliminary Strategies		
	Transform Public Health Delivery	Enhance Community Awareness & Experience	Promote Culture of Innovation & Engagement
Data and information	✔	✔	✔
Technology	✔	✔	✔
Prioritized decision making	✔		✔
Collaboration	✔	✔	✔
Public awareness	✔	✔	
Customer satisfaction		✔	✔
Employee development	✔	✔	✔
Program efficiencies			✔
Improved communication	✔	✔	✔

Appendix

MCHD 2015 Strategic Plan
Summary

Mission Statement:
To provide public health services and foster collaborative actions that empower our community to improve its
health and safety

Vision Statement:
To optimize the health and wellness of individuals and families through innovative practices

Core Values: Proactive, Collaborative, Excellence, Compassionate

Strategies:
1.) <u>Transform</u> Public Health Service Delivery
2.) <u>Enhance</u> Community Awareness and Experience
3.) <u>Promote</u> a Culture of Innovation and Engagement

Measures of Success:

Our Strategic Plan will have been a success if by April 1, 2018 we have:

- Implemented/enhanced five collaborative programs/initiatives with community leaders
- Conducted a Community Health Assessment with broad stakeholder input
- Administered customer satisfaction surveys for 25% of MCHD programs and services
- Increased participation in staff satisfaction survey by 10% (baseline 66%)
- Had 100% of staff attend at least one training offered by Human Resources/Department per year
- Attended/Presented at a minimum of five community events to share data and promote MCHD services
- Obtained and entered all contact information for 100% of identified external partners
- Increased mobile resources from 20% to 40% of staff
- Increased MCHD's services webpage traffic by an average of 15%
- Increased the amount of Facebook likes (baseline 897) by 20%
- Increased the percentage of staff responding positively in the staff satisfaction survey to cross-divisional
communication from 20% to over 50%