
Strategic Plan

2017-2019

Year 2

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Message from the Director

Staff, partners, and members of our community,

Denver Public Health, an integral part of Denver's public health system, provides access to a wide range of services, including birth and death certificates, clinical care, health data and information, emergency preparedness and response, and community health promotion, education, and training services, among others. Despite the diversity among our team, everyone at Denver Public Health is united in achieving our vision: that Denver is a healthy community for all people.

Because it's easy to get caught up in daily work, we use strategic planning to develop an intentional approach to making our vision become reality. Setting aside the time to create a plan, with clearly defined goals and strategies, is important, because it gives our entire team a framework with which to align.

2017 was a year of change at many levels, from national debates about medical coverage to local discussions about the availability and affordability of housing. Our strategic plan was an important anchor during this year of change, keeping us focused on the community and the ways that we can improve our services. Our plan helps us develop the capabilities *to improve the health of the entire community*. To improve the health of all people in Denver, we need a departmental culture of health equity, detailed data on health and the factors that affect health, customer- and community-oriented services, and strong partnerships.

We made substantial progress in each of these areas. We learned more about health equity and how to incorporate its concepts into our work, from initial planning through to an assessment of our services. Our Informatics team made major progress on a system called CHORDS that allows us to use data from electronic health records of more than a million residents in the metro area to provide detailed, timely data on important health issues. We worked with the diverse populations we serve to find out how we can improve our services. Our partnerships with other metro area health departments and human service providers deepened through collaborative work. Research and education have always been important parts of Denver Public Health, and we worked to extend them throughout all of our activities.

For the next year, we will continue to work on these capabilities needed to improve the health of all people in Denver:

- Research
- Health Equity
- Policy Work
- Customer-Focused Service
- Partnerships

We can't wait to get started on 2018. Thanks for your work to advance public health in Denver.

Sincerely, Bill Burman, MD
Executive Director

Executive Summary

Denver Public Health is an innovative, nationally recognized public health department that collaborates with partners to inform, educate, offer services, and promote policy change to make Denver a healthy community for all people. The department issues birth and death certificates; monitors and creates reports about the health of Denver; promotes data sharing to improve Denver's capacity to assess disease, conditions, and behaviors; trains the next generation of public health professionals; and responds to disease outbreaks and other health emergencies. With many partners, Denver Public Health supports policy and systems change, promotes healthy behaviors, and prevents health problems, such as unintentional injuries, tobacco-related illnesses, and obesity. The department also provides specialty clinical services to the most vulnerable community members in the following areas: STD, family planning, routine and travel immunizations, tuberculosis, Hepatitis C, and HIV/AIDS.

The 2017-2019 Strategic Plan lays out priorities for Denver Public Health's three year strategic plan and activities for the first and second year of implementation. Denver Public Health will use this plan to work towards achieving its vision and executing its mission:

Vision: Denver is a healthy community for all people.

Mission: Improving health *with* our community.

This plan is to be carried out in an organizational culture that reinforces the following core values:

Continuous Improvement and Innovation
Excellence
Collaboration
Equity

See Appendix 1 for additional information on Denver Public Health's Vision, Mission and Values.

Strategic Planning Process

Progress on the 2017-2019 Strategic Plan is tracked in the performance management system, onFocus, and reviewed at the monthly Visual Management Board meetings with the Strategic Planning Committee. Planning for 2017-2019 began in February 2016 and spanned through December 2016. An annual action plan is developed each fall for the upcoming year. All divisions/strategic areas participate in fall program planning sessions to identify ways that they can support and roll-up to the department plan. An overview of the planning process can be found in Appendix 2.

Strategic Planning Team Members

The following members were involved with creating the 2017-2019 Strategic Plan and/or annual action plans:

Alexis Juarez, Program Assistant, Public Health Clinics
Andrew Hickok, Clinic Administrator, STD and Family Planning Clinic
Andrew Yale, Administrative Director, Administration
April Cech, Clinic Administrator, Infectious Disease Clinic
*Art Davidson, Director, Informatics, Epidemiology and Preparedness
Ashley Gallegos, Operations Coordinator, Administration
Bill Burman, Executive Director, Administration
Chris Bui, Policy and Partnerships Coordinator, Administration
*Dean McEwen, Data Applications Supervisor, Informatics
Edward Gardner, Director, Infectious Disease Clinic
*Emily McCormick, Epidemiologist, Epidemiology and Preparedness
Jessica Forsyth, Program Administrator, Community Health Promotion
Judy Shlay, Associate Director, Administration
Katie Amaya, Planning and Performance Improvement Manager, Administration
Laura Weinberg, Research Projects Coordinator, HIV/STD Prevention and Control
*Marianne Aguirre-Colon, Nursing Clinical Coordinator, Immunization and Travel Clinic
Nikki Heider, Marketing and Public Relations Manager, Administration
*Robert Belknap, Director, Denver Metro Tuberculosis Control Program
Sarah Belstock, Public Health Planner, Community Health Promotion
*Sarah Rodgers, Clinic Administrator, Immunization and Travel Clinic
*Terry Stewart, Manager, Prevention Training Center
Theresa Mickiewicz, Senior Data Applications Analyst, Informatics
*Tracey Richers Maruyama, Public Health Planner, Community Health Promotion
Yumuriel Whitaker, Registered Nurse, Tuberculosis Clinic

*Indicates members who have rolled off the committee as of 12/31/17. New members in 2018 include Abbie Steiner (Epidemiologist, Epidemiology and Preparedness), Chris Voegeli (Data Applications Analyst, Prevention Training Center), Libby Booth (Program Assistant, Epidemiology and Preparedness), and Nicole Steffens (Program Coordinator, Immunization Program).

SWOT Analysis

Part of our planning process included engaging twenty partners in our Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis and inviting them to participate in the strategic planning retreat held on June 30, 2016. Results of the SWOT Analysis and a list of partners able to attend the retreat can be found in Appendix 3.

Joint Strategic Planning Process

Starting in December 2016, Denver Public Health and Denver Department of Public Health and Environment (DDPHE) began participating in an annual joint planning session to identify a joint strategic effort that both agencies can align to for the upcoming year. The area of focus chosen for 2017 was to build cross-agency knowledge and relationships. A joint workgroup formed in the first quarter of 2017 and continued to meet monthly throughout the year to draft and execute a joint action plan.

A second annual joint planning session was held in October 2017 to review progress on the 2017 action plan and plan for 2018 to further our efforts of alignment to move the needle on critical public health issues for Denver.

Strategic Priorities

As we enter the second year of our three year strategic plan, Denver Public Health plans to continue to focus on five priority areas. The strategic plan aligns to the work of the Community Health Improvement Plan, the Performance Improvement Plan, and the Workforce Development Plan. The goals in the five priority areas are:

Priority Areas	Goals
Research	1. Promote research to advance public health knowledge.
Health Equity	2. Strengthen staff capability and organizational capacity to advance health equity in Denver.
Policy Work	3. Improve the effectiveness of policy work to inform and support transparent collaboration.
Customer-Focused Service	4. Ensure smooth transitions and follow-up for anyone who interacts with our system to provide customer-focused service.
Partnerships	5. Build partnerships and leverage assets to assure successful collaborations.

Department Goals, Objectives, Metrics

Below are Denver Public Health's goals, strategies, metrics, action items and achievement indicators for 2018. The performance management system, onFocus, lists specific staff assigned to implement these action items and monitor metrics. In addition, all nine Denver Public Health Divisions/Strategic Areas have annual plans that align with the departmental goals and strategies.

Research

Goal 1: Promote research to advance public health knowledge.				
Strategy	Outcome Metrics	Process Metrics	Action Items	Achievement Indicator
1.1 Develop a culture of research excellence, support and collaboration.	% research projects entered into the research database by PIs (Target=75%) # of new grants written in 2018 based on feedback and collaboration from research support meetings (Target = 2)	% of department staff attending all-staff QI/PE/R meetings (Target=10%)	1.1.1 Provide quarterly quality improvement, program evaluation, and research (QI/PE/R) meetings for all staff to share and learn about the current research within Denver Public Health.	Quarterly all staff quality improvement, program evaluation, and research meetings held.
		# of PI/PL meetings held (Target=1/quarter)	1.1.2 Keep the research database up-to-date by simplifying the data entry requirements and reminding Principal Investigators to update and add information to the research database on a quarterly basis.	Database simplified and quarterly reminders sent.
		# of research support meetings held (Target = 2/quarter)	1.1.3 Hold quarterly research meetings for Principal Investigators (PI) and Project Leaders (PL) to support research efforts.	Principal Investigator and Project Leader research meetings held.
		# of quality improvement projects presented (Target=1) # of program evaluation projects presented (Target=1)	1.1.4. Hold research support meetings to allow DPH researchers to brainstorm, troubleshoot, and support research development and growth.	Research support meetings held.

Health Equity

Goal 2: Strengthen staff capability and organizational capacity to advance health equity in Denver.				
Strategy	Outcome Metrics	Process Metrics	Action Items	Achievement Indicators
2.1 Foster knowledge of health equity.	% of DPH staff rating DPH health equity culture as a 5 or 6 (Target = 40%)	# of trainings offered (Target = 3) Incremental increase from pre to post confidence related to knowledge/ skills after supervisor training (Target= baseline + 1 or more) % supervisors trained (Target = 80%)	2.1.1 Ensure an advanced level health equity training is provided for supervisors.	Training held.
			2.1.2 Communicate available internal and external health equity trainings and learning opportunities.	Trainings and opportunities communicated consistently (biweekly).
			2.1.3 Determine a targeted source of funding for ongoing health equity trainings and develop a process for staff to access that funding to further health equity knowledge.	Source determined.
2.2 Operationalize health equity across DPH.	% of staff reporting working with diverse staff (Target = baseline + 5%)	All strategic areas have a 2019 HE plan (Target= 9)	2.2.1 Assess and develop policies and best practices to recruit and hire a diverse staff.	Best practices and tools developed.
			2.2.2. Assess and develop best practices for the leadership advancement of diverse staff.	Best practices and tools developed.
			2.2.3. Develop common health equity language for grants and add to grant huddle checklist.	Common language developed, shared, and added to grant huddle checklist.
			2.2.4. Standardize health equity 101 training for new hires.	Training provided for all new hires.
2.3 Create a structured framework for community engagement.		# of CoP meetings (Target = 4) # of projects following a structured process (Target = 2)	2.3.1. Establish Community of Practice (CoP) based on 2017 CBPR training.	Community of practice established and meetings held.
			2.3.2. Inform DHHA Community Engagement Strategy and align with the enterprise efforts.	Participation at DHHA Community Engagement meetings.
			2.3.3. Connect with two community-based, community driven organizations to understand and align with their priorities	Meeting held with two community based organizations.

Policy Work

Goal 3: Improve the effectiveness of policy work to inform and support transparent collaboration.				
Strategy	Outcome Metrics	Process Metrics	Action Items	Achievement Indicators
3.1 Identify, define and implement DPH policy process(es).	% of policy requests made by internal staff that are approved by Denver Health Government Relations (Target = 50%)	# of policy requests made by internal DPH staff that go through the policy process (Target = 2)	3.1.1. Develop process map for how DPH handles policy initiatives from internal DPH staff and from external partners' requests.	Process map developed.
	% of policy requests made by external community partners that are approved by Denver Health Government Relations (Target = 50%)	# of policy requests made by external community partners that go through the policy process (Target = 2)	3.1.2. Develop and utilize a tool for tracking internal and external policy requests and outcomes.	Tool developed.
			3.1.3. Conduct internal DPH policy audit to document all policy work at the state, local, and organization by DPH program area.	Audit completed.
3.2 Communicate DPH policy work within the context of partner agendas.	% of key community partners with similar policy focus areas as DPH (Target = 33%)	# of key partner policies aligned with DPH (Target = 3)	3.2.1. Compare internal DPH policy audit to key partner policy agendas for purposes of determining possible DPH policy support.	Alignment with at least 3 key partners' policy agendas.
			3.2.2. Create standard response to policy inquiries utilizing policy process map and highlight related policy agendas that may exist among other key partners.	Response language created.
3.3 Distribute information highlighting the value of prioritized policies.		# of communications highlighting the value of prioritized policies (Target = 4)	3.3.1. Add 'value of prevention' question to policy priorities template that asks for literature reviews and summaries of empirical data.	Policy priorities template updated.
			3.3.2. Incorporate relevant messages into communications channels.	Messages communicated.

Customer-Focused Service

Goal 4: Ensure smooth transitions and follow-up for anyone who interacts with our system to provide customer-focused service.				
Strategy	Outcome Metrics	Process Metrics	Action Items	Achievement Indicators
4.1 Create a seamless experience for prioritized customer and patient needs.	% of customers satisfied for receiving a seamless experience (Target = 80%)	# of resources created (Target = 3) % of staff satisfied with resources (Target = 80%)	4.1.1. Implement department wide seasonal activity and evaluate effectiveness.	Activity implemented.
			4.1.2. Finish, distribute, and evaluate two previously identified top customer resources for clinics.	Resources evaluated.
			4.1.3. Identify central storage of resources created and revised. Roles and responsibilities documented.	Central storage created.
			4.1.4. Work on one additional customer resource identified by staff.	Resource created.
4.2 Create a seamless experience for staff, partners, patients, and customers at all DPH sites and locations.		# of issues addressed after change readiness survey conducted in summer 2018 (Target=100%)	4.2.1. The Change Management Team (CMT) will continue to meet regularly with a focus on cohesion in all public health program areas and physical locations. The team will help celebrate successes, analyze and assist with any performance issues, collect Outpatient Medical Center feedback and address gaps, and provide resources, information, and updates.	Meetings held and assistance provided.
			4.2.2. CMT membership will be re-evaluated and an application process will be used to bring on new members.	Membership updated.
			4.2.3. An assessment of the 601 move will be conducted using Procsi tools.	Assessment conducted.
			4.2.4. The communication plan will be continued in 2018.	Communication plan completed.

Partnerships

Goal 5: Build partnerships and leverage assets to assure successful collaborations.				
Leaders: Judy Shlay, Bob Belknap, Andrew Hickok				
Strategy	Outcome Metrics	Process Metrics	Action Items	Achievement Indicators
5.1 Identify and strengthen partnerships.	% of DPH programs utilizing standard approach (Target = 50%)	# of programs applying standard approach for strengthening partnerships (Target = 3) # of resources accessed on SharePoint (Target = 3)	5.1.1. Adopt standard approach using (toolkit) to strengthen partnership(s).	Standard approach adopted.
			5.1.2. Share adopted standard approach/toolkit with program areas.	Standard approach shared.
			5.1.3. Develop SharePoint resource library for partnership engagement, frameworks, and reaching common, shared objectives.	Resource library created.
5.2 Identify approaches for engaging new partners.	Environmental scan completed (Target = 1)	# of public health-focused entities that work with business partners engaged and studied (Target = 3)	5.2.1. Conduct environmental scan/survey on how public health-focused entities define and engage with business partners.	Environmental scan/survey completed.
5.3 Develop shared objectives.	Standard work template created (Target = 1)	# of times standard template downloaded from SharePoint (Target = 3)	5.3.1. Create standard template that guides DPH staff when working with partners to identify shared objectives for partnership work.	Standard work template created.

Appendix 1 – Vision, Mission and Core Values

Vision

Denver is a healthy community for all people.

Mission

Improving health *with* our community.

Core Values

- **Continuous Improvement and Innovation**
- **Excellence**
- **Equity**
- **Collaboration**

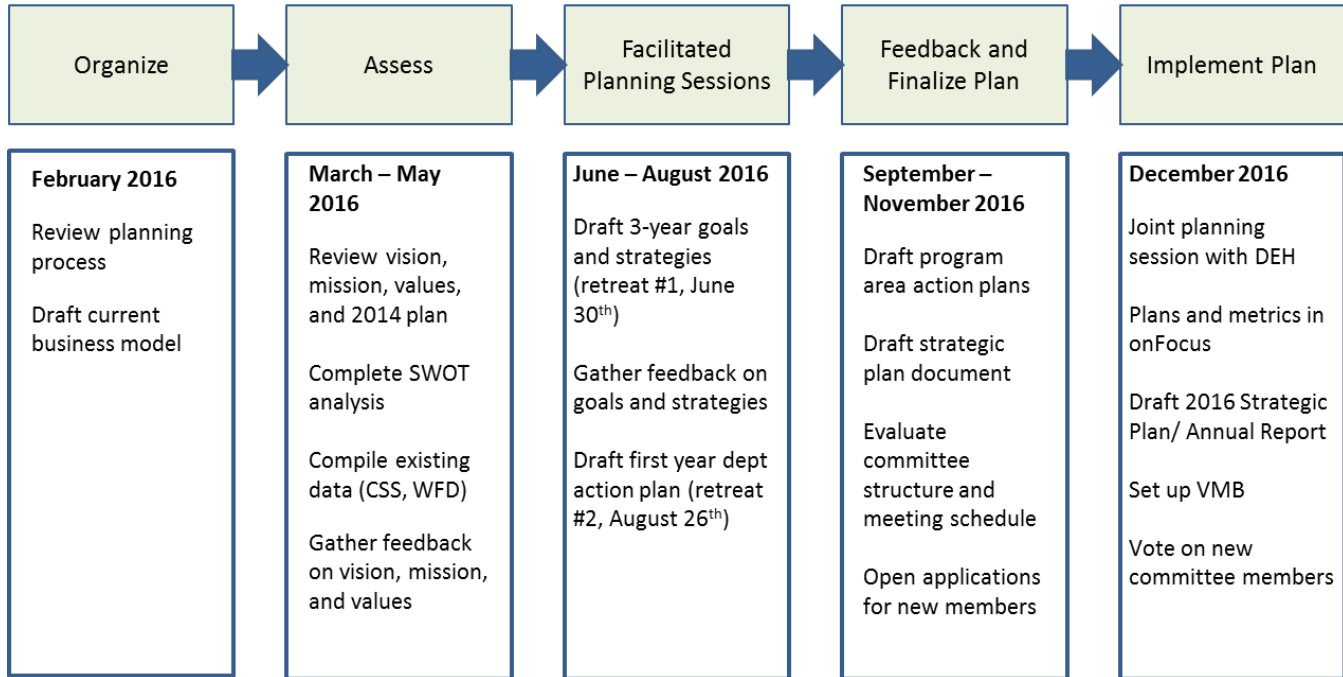
Core Value	Values Statements To establish a culture that reinforces these values we will:
Continuous Improvement and Innovation	<ul style="list-style-type: none"> ● Use accurate and timely information to guide and support decisions. ● Develop and implement new treatments, information systems, communication techniques, interventions, and ways to frame issues. ● Leverage research opportunities. ● Support innovative projects and programs that advance public health and our mission.
Excellence	<ul style="list-style-type: none"> ● Lead with integrity and humility. ● Achieve Public Health Accreditation in collaboration with Denver Environmental Health. ● Train the future public health workforce (e.g. residents, interns, students). ● Use public health core competencies to promote a highly skilled workforce. ● Provide opportunities and support for continual learning and professional growth, with defined career paths for all positions. ● Create a supportive working community that is engaged and diverse. ● Develop high-functioning teams that teach and inspire each other.
Collaboration	<ul style="list-style-type: none"> ● Work to effectively collaborate with community, government, private, and nonprofit partners. ● Work internally across program areas to improve effectiveness. ● Ensure that community needs set department priorities and that efforts are community driven. ● Establish trusting relationships with partners dedicated to improving health.

Equity

- Serve all communities and patients, with compassion, according to their needs.
- Assure the delivery of culturally and linguistically responsive health services.
- Advocate for and define public policy to address social determinants of health.
- Commit to quality health care and health promotion for all.
- Address social determinants of health through population based efforts.
- Ensure programs and clinical services are inclusive in their design and implementation.

Appendix 2 – Denver Public Health Strategic Planning Process Overview

Strategic Planning Process Overview



Annual Plan Maintenance and Update



Appendix 3 – SWOT Analysis Summary

Denver Public Health (DPH) contracted with Coldspring Center to conduct a SWOT Analysis in order to inform their strategic planning process. DPH’s Strategic Planning Committee identified 20 key informants within the community to interview and drafted the interview guide. Coldspring Center conducted the key informant interviews (in-person or by phone) with 19 of the 20 key informants and asked each key informant eleven questions. Each interview took approximately thirty minutes to one hour to gather all of the information.

1. When you hear someone say “Denver Public Health,” what is the first thing that comes to mind?
2. Please briefly talk about what separates Denver Public Health from other public health departments, either in state or nationally.
3. Please briefly talk about any weaknesses you see with, or associated with, Denver Public Health. How could they improve?
4. What do you think are the top two public health concerns within the City and County of Denver?
5. Over the next few years, what do you think will be the emerging and new issues for public health to tackle?
6. In your opinion, what additional services should Denver Public Health be providing?
7. Please describe any strengths or areas for improvement related to the way DPH collaborates.
8. Please describe any current or coming political, legislative, or financial environments in Denver that could impact DPH.
9. Is there anything else you would like to share with the strategic planning committee? Is there something they should be aware of?
10. Who else should we speak with?
11. Is there anything about Denver Public Health you or your organization would like to know more about?

The results of the key informant interviews are summarized below.

<p>Strengths (Factors to Maintain) What does DPH do well?</p> <ul style="list-style-type: none"> • STD/ID Clinic (HIV/TB) excellence • Progressive, Innovative, Mission Driven • Strong, thoughtful, risk-taking leadership • Leaders in informatics, vital stats, data informed decision making • Expertise – clinical & diverse subject matter • Denver Health model – benefits support, resources, clinical work • National accreditation process (with DEH) • Relationship with DEH is stronger than in the past • Regional health collaborations <ul style="list-style-type: none"> ○ Mile High Health Alliance ○ Metro Directors Meeting 	<p>Weaknesses (Factors to Address) In what ways is DPH lacking?</p> <ul style="list-style-type: none"> • Accepting recognition for accomplishments • Denver Health Model – Overseeing hospital DPH is connected to, fairness for other hospitals • Historical misunderstanding of DEH vs. DPH <ul style="list-style-type: none"> ○ Confusion whether one is the local public health agency ○ Unclear what distinct roles are ○ Partners don’t know who to contact for specific issues, unclear operations for emergency response • Plan for continuity of leadership • Balance between clinical and population health work
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Opportunities (Factors to Maintain)

What external factors help facilitate DPH's activities?

- Increase focus/partnerships on current/emerging issues:
 - Behavioral health – mental health and substance abuse
 - Obesity – childhood obesity and family obesity
 - Built environment (with DEH) –access to nutrition, exercise, education
 - Tobacco – tax vs. license to sell
 - Social Determinants of Health
 - Climate change
 - Housing
 - Violence/Gun Violence
 - Marijuana – regulation, odor codes, health impact
- Take credit for current accomplishments publically, media coverage, information distribution
- Better define policy agenda, communicate with city council, focus on legislative and policy issues
- Continue collaboration for regional health planning
- Consider collaborations with business community
- Continue building relationship with DEH, explain roles to public, address emergency response process

Threats (Factors to Address)

What external factors hinder DPH's activities?

- Amendment 69 – Colorado Care
- National Election
 - CDC funding
 - State budget issues
 - Elected officials' impact on Medicaid expansion
 - Elected officials' impact on Women's health issues
- Tobacco Tax vs. License
- Funding sustainability
 - Emergency preparedness funds may go to Zika
 - Medicaid reimbursement structures
 - Grant funding
 - Federal mental health investment
- Housing market
- The public doesn't know what DPH does beyond clinical work
- Public confusion regarding relationship between DPH/DEH, frustration about not knowing who to contact when

The following partners were able to attend the June 30, 2016 retreat:

Rob Borland (Denver Health), Ned Calonge (Colorado Trust), Dede De Percin (Mile High Health Alliance), John Douglas (Tri-County Health Department), Simon Hambidge (Denver Health), Paula Herzmark (Denver Health Foundation), Shannon Kolman (CALPHO), Corina Lindley (Centura), Dana Niemela (Denver Human Services), Scott Romero (Denver Public Schools), Deb Roybal (St. Joseph Hospital), Michele Shimomura (Denver Environmental Health), Liz Whitley (Colorado Department of Public Health and Environment).