
Strategic Plan

2017-2019

Year 3

Originally Prepared by the Strategic Planning Committee: January 10, 2017

Originally Approved by the Department Director: February 28, 2017

Updated: December 28, 2018

Table of Contents

Message from the Director	2
Executive Summary	3
Strategic Planning Process	4
SWOT Analysis.....	4
Strategic Priorities	5
Department Goals, Objectives, Metrics.....	5
Appendix 1 – Vision, Mission and Core Values	9
Appendix 2 – Denver Public Health Strategic Planning Process Overview.....	11
Appendix 3 – SWOT Analysis Summary.....	12

Message from the Director

Staff, partners, and community members,

Denver Public Health provides a wide range of services to our community: specialized clinical services, birth and death records, health data, emergency preparedness, community health promotion, education and training. Across these activities, Denver Public Health is united in our vision that Denver is a healthy community for all people.

Because it is too easy to be consumed by emails, phone calls, and grant deliverables, we use strategic planning to assure that we are intentional in where we are headed *with* our community. Setting aside the time to create a plan, with clearly defined goals and strategies, gives our entire team a framework for aligning their program work.

Our strategic plan is designed to help us develop the relationships, skills, and tools 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, neighborhood-level data on health and the factors that affect health, customer- and community-oriented services, and strong partnerships.

In 2018, we made real progress in each of these areas:

Priority Areas	Our work
Research	<ul style="list-style-type: none"> Released a report on depression through the lifespan Detailed evaluation of some of the effects of the opioid epidemic in Denver
Health Equity	<ul style="list-style-type: none"> Released the Denver Youth Health Assessment, led by Denver's youth Made improvements in HIV control (viral load suppression) among groups experiencing lower rates of control
Public Health Policy	<ul style="list-style-type: none"> Discontinued the sale of sugary beverages in all Denver Health facilities Piloted evaluation of a medical-legal partnership in two Denver Health clinics
Customer-Focused Service	<ul style="list-style-type: none"> Made same-day availability of HIV prevention medication (Pre-exposure Prophylaxis [PrEP]) in our STD and Family Planning Clinic Provided convenient TB treatment using video directly-observed therapy
Partnerships	<ul style="list-style-type: none"> Expanded the partnership to decrease cancer by increasing vaccination for Human Papilloma Virus (HPV) to 15 counties Won a national award for the Metro Denver Partnership for Health (a collaborative group of metro-area health departments)

As we continue this work in 2019, we will begin developing a strategic plan for the next three years, helped by the many suggestions of staff and the community. In doing so we will need to consider how we can both expand healthcare coverage and decrease the costs of healthcare. We must do more to prevent illnesses and injuries, not just treat them when they occur. We must address social and economic factors, such as poor housing and lack of access to healthy food, which have major impacts on health. Public health is a key partner in doing this important work. Thanks for everything you do to make Denver a healthy community for all people.

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 third 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 annual planning process can be found in Appendix 2.

Strategic Planning Team Members

The following members were involved with creating the 2017-2019 Strategic Plan Year 3 Action Plan:

Abbie Steiner, Epidemiologist, Epidemiology and Preparedness
*Alexis Juarez, Program Assistant, Public Health Clinics
Andrew Hickok, Clinic Administrator, STD and Family Planning Clinic
Andrew Yale, Administrative Director, Administration
Ashley Wheeler-Bell, Operations Coordinator, Administration
Bill Burman, Executive Director, Administration
*Chris Bui, Policy and Partnerships Coordinator, Administration
Edward Gardner, Director, Infectious Disease Clinic
Jessica Forsyth, Director, 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
Libby Booth, Program Assistant, Epidemiology and Preparedness
Nicole Steffens, Program Coordinator, Immunization Program
Sarah Belstock, Public Health Planner, Community Health Promotion

*Indicates members who will roll off the committee as of 12/31/18. New members in 2019 include Alex Limas (Health Program Specialist, Community Health Promotion), Armen Tumanyan (Clerical Support Specialist, Infectious Disease Clinic), Greg Budney (Epidemiologist, Epidemiology and Preparedness), Helen Burnside (Director, Denver Prevention Training Center), Ken Scott (Epidemiologist, Public Health Informatics Group), and Santos Diaz (Public Health Program Coordinator, Community Health Promotion).

Former committee members that supported years one and two of the plan include: April Cech, Art Davidson, Chris Voegeli, Dean McEwen, Emily Kraus, Marianne Aguirre-Colon, Nikki Heider, Bob Belknap, Sarah Chambers, Terry Stewart, Theresa Mickiewicz, Tracey Richers Maruyama, and Yumuriel Whitaker.

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.

Strategic Priorities

As we enter the third 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.
Public Health Policy	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, and action items for 2019. 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 strive to grow their teams within quality improvement, customer experience, health equity, and workforce development/engagement.

Goal 1: Promote research, program evaluation, and quality improvement to advance public health knowledge.		
Strategy	Metrics	Action Items
1.1 Develop a culture of research excellence, support and collaboration to advance public health practice.	% of individuals that presented their work at DrCOP that indicate success in moving their project forward based on the advice they received (Target=70%) % increase of department-wide publications from 2018-2019 (Target = 10%)	1.1.1. Continue monthly Data and Research Community of Practice (DrCOP) meetings and monthly planning committee meetings.
		1.1.2. Increase department-wide publications via mentorship program with retired volunteer physicians.
		1.1.3. Define current state of research work.
		1.1.4. Propose future state of research work.
		1.1.5. Make a business case for a 0.5 FTE Denver Public Health (DPH) Research/Education Coordinator.
Goal 2: Strengthen staff capability and organizational capacity to advance health equity in Denver.		
Strategy	Metrics	Action Items
2.1 Foster knowledge of health equity.	% of DPH staff rating DPH health equity culture as a 5 or 6 (Target = 49%)	2.1.1. Implement two trainings: framing training on equity for all managers and health equity committee members and an Equity 201 for all staff.
		2.1.2. Ensure Director's Updates include content and concepts around equity, social and racial justice.
		2.1.3. Align Health Equity Lecture series with key efforts in DPH and Denver Health.
		2.1.4. Present and publish the work that DPH has done around health equity.
		2.1.5. Develop a process for establishing a forum to discuss health equity issues important to staff.
2.2 Operationalize health equity across DPH.		2.2.1. Develop standard work for leadership development and advancement that has a focus on diversity and inclusion.
		2.2.2. Ensure managers are aware of and utilize best operational recruitment and hiring practices for diversity and inclusion.
		2.2.3. Develop health equity recognition program to share success with implementing health equity in program work.
		2.2.4. Incorporate Health Equity into visual management boards.
2.3 Create a structured framework for community engagement.		2.3.1. Share standard work for paying community members to engage and inform programmatic work.
		2.3.2. Perform analysis of the community engagement work happening across DPH to create awareness and build practices around strengths and fill identified gaps.
		2.3.3. Define a purpose and scope of work for a community engagement advisory board that will help DPH shape our work.

Goal 3: Improve the effectiveness of policy work to inform and support transparent collaboration.		
Strategy	Metrics	Action Items
3.1 Identify, define and implement DPH policy process(es).	% of staff engaging in policy work use the policy request form at the outset of policy work (Target = 100%)	3.1.1. Clarify policy work between DPH and DDPHE.
		3.1.2. Operationalize DPH policy tools (process map and policy tracker).
3.2 Support partner policy initiatives	# of partners that provide feedback (Target = 10) % of partners that incorporate the tool into their work (Target = 80%)	3.2.1. Identify partners engaged in policy initiatives that impact DPH staff work areas.
		3.2.2. Engage with identified partners to determine what they need to enable them to incorporate health into policy work.
		3.2.3. Develop/Adopt tool to support identified partners in using a public health approach (health in all policies, public health data) when driving policy change.
3.3 Build organizational capacity to engage in policy work	# of staff trained (Target = 30) % of staff that indicate that the training was helpful to their work. (Target=80%)	3.3.1. Implement framework (as developed in 2018) for capacity building to support policy work across the organization.
		3.3.2. Gather staff feedback on capacity building efforts.
Goal 4: Ensure smooth transitions and follow-up for anyone who interacts with our system to provide customer-focused service.		
Strategy	Metrics	Action Items
4.1 Create a seamless experience for prioritized customer and patient needs.	Utilization of new support staff (# of visits/month) # joint outreach collaborations (Target = 2)	4.1.1. Assess clinic hours and other community resources for clinical services and customer preferences.
		4.1.2. Connect with Denver Health Social Work and Outpatient Behavioral Health Services to learn the Ambulatory Care Services model of integrated care. Determine what can be implemented at current public health clinic locations and what to plan for in the new Outpatient Medical Center (OMC).
		4.1.3. Outreach Collaboration Workgroup will identify opportunities for outreach efficiencies and collaboration.
4.2 Create a seamless experience for staff, partners, patients, and customers at all DPH locations.	% increase in staff readiness scores (Target = 10%)	4.2.1. The Change Management 2 team will continue to meet regularly and develop work and communication plans in preparation for the move to the OMC

Goal 5: Build partnerships and leverage assets to assure successful collaborations.		
Strategy	Metrics	Action Items
5.1 Identify and strengthen partnerships.	% Partnership contacts updated (Target = 70%)	5.1.1. Provide updated contact information in revised internal DPH Partnership and Coalition Matrix.
	% Partner/coalition locations mapped (Target = 50%)	5.1.2. Map partner or coalition locations and service areas.
	# of health outcome data maps (Target = 2)	5.1.3. Map health outcome data to the Partner and Coalition map to determine areas of need in Denver .
5.2 Identify strategic approaches for engaging new business partners.	# of Business partner industry identified (Target = 1)	5.2.1. Identify business partners by industry.
	# of business partner engaged (Target = 1)	5.2.2. Engage with industry business partner to determine public health needs and provide resources and services for identified needs.
	# of PH needs identified (Target = 3)	
# of successes documented (Target = 2)	5.2.3. Assess successes and challenges of support provided with industry business partner and determine sustainable model for providing services to businesses.	
# of challenges documented (Target = 2)		
5.3 Establish formal academic and education affiliation with CO School of Public Health.	# of 'academic to workplace' pipeline best practices identified (Target = 3)	5.3.1. Identify best practices used by academic institutions on 'academic to workplace' pipelines.

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

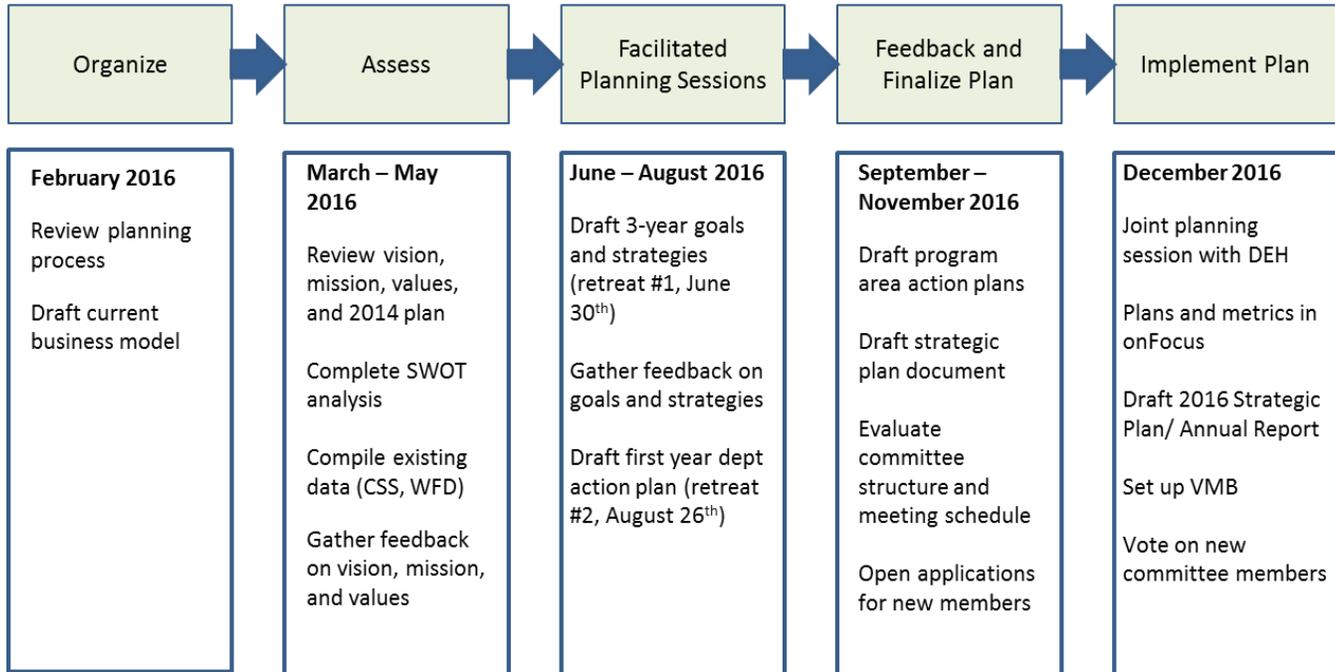
Core Value	Values Statements To establish a culture that reinforces these values we will:
Continuous Improvement and Innovation	<ul style="list-style-type: none"> • Use accurate and timely information to guide and support decisions. • Develop and implement new treatments, information systems, communication 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
---	--

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).