



Harris County  
**Public Health**  
Building a Healthy Community

**2013-2018  
STRATEGIC PLAN  
Annual Progress Report**

**Year 1  
(March 2014 – February 2015)**

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## Introduction

### Purpose

The 2013-2018 HCPH Strategic Plan (*Strategic Plan*) outlines priority issues for advancing both organizational effectiveness of Harris County Public Health (HCPH) and population health in the Harris County jurisdiction. The Strategic Plan serves as a foundation for the planning and implementation of activities in HCPH that ensure a healthier Harris County and it sets forth direction for improving overall organizational structures, program design, and resource allocation. The purpose of this Annual Report is to summarize the status of Strategic Plan implementation per year by describing key accomplishments for each identified priority as well as next steps.

### Prioritization of Strategies

In January 2013, the HCPH Executive Leadership Team conducted a prioritization process at a Strategic Planning retreat that resulted in the selection of four strategies from the Strategic Plan for priority implementation. Although only four have been prioritized for current implementation, all strategies from the Strategic Plan are interrelated. Therefore, each of the prioritized Strategic Directives have identified *Dependent Strategies* that will also be addressed through implementation. See graphic below for detail:

#### Strategic Directives for Year 1

#### Dependent Strategies for Year 1

1b - Upstream Solutions

- 1a - Surveillance and Assessment
- 1c - Health Equity
- 1d - Systematic Process Evaluation
- 2a - Critical Workforce Competencies
- 3c - Best Practices
- 4b - Partnership Building
- 5a - Systematic Department-Wide Evaluation
- 5d - Alternate Funding Sources

2b - Workforce Development

- 2a - Critical Workforce Competencies
- 3b - "Go-To" Source
- 2e - Mentoring and Cross-Training

4c - Leverage Partnerships

- 4b - Partnership Building
- 3b - "Go-To" Source
- 3c - Best Practices

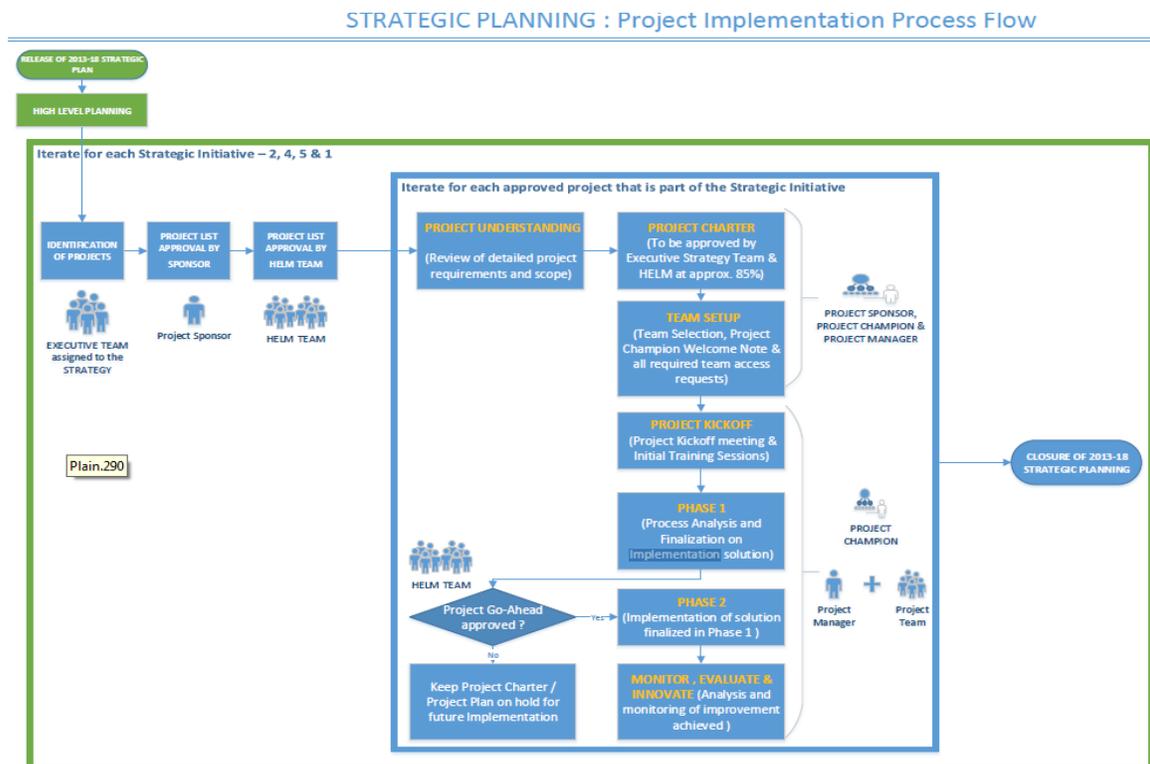
5a - Optimize Resources

- 1a - Surveillance and Assessment
- 1d - Systematic Process Evaluation
- 2a - Critical Workforce Competencies

## Process

To implement each Strategic Directive prioritized for Year 1 implementation, specific projects were also identified by the HCPH Executive Leadership Team. For each Strategic Directive, a project list was generated and approved; Executive-level project sponsors were assigned; and the projects launched into the development phase during which project requirements were identified and a project charter was drafted. Upon approval of the charters, official staff project teams were formed.

To populate the project teams, a public call for nominations was sent via email to all HCPH staff, and staff volunteered or were recommended. After the teams were formed and following a standard kickoff meeting, Phase 1 implementation began and included: (1) process analysis and mapping of current processes and (2) identification of recommendations for future desired solutions. The HCPH Executive Leadership Team in the process of approving/disapproving Phase 1 recommendations now. Once approved, the project will move into Phase 2 for implementation of solutions using a Monitor, Evaluate, and Innovate cycle. See graphic below for detail:



## Staff Engagement

In addition to project team participation, all HCPH staff were engaged in and informed about Strategic Plan implementation through:

- Quarterly “all staff “Public Health Matters” meeting updates;
- Key informant interviews conducted with staff serving as subject matter experts; and
- Staff surveys as part of the information-gathering stage for each project team.

In total, 88 HCPH staff at all levels participated in Year 1 Strategic Plan implementation.

## **Strategic Directive 1B: Enhance capacity to assess and proactively respond to current and emerging public health issues in a manner that optimizes population health and achieves health equity.**

BACKGROUND: It is of importance to HCPH to have departmental efforts that align with the mission of public health as well as serve the ever-evolving health needs of the population in Harris County. Reflecting national trends, the leading causes of death have shifted from infectious diseases to chronic diseases. It has also become evident that in addition to individual behaviors, healthy choices are shaped by the choices one has access to. Consequently, it is imperative that HCPH uses situational awareness to effectively respond to current and emerging health issues as well as ensure equal opportunities to all Harris County residents through the use of health equity principles.

The following three projects were established to address Strategic Directive 1B:

1. **Health Equity** – Work towards the goal of eliminating health inequities by assessing the extent to which inequities exist among Harris County populations and preventing additional inequities that could occur as an unintended consequence of work by HCPH or community partners.
  - Launched the HCPH Health Equity Learning Collaborative series based on NACCHO’s Roots of Health Inequity web-based course. The Learning Collaboratives are intended as Train the Trainer courses for infusing health equity knowledge and leadership throughout HCPH.
  - Chartered the Phase 1 Health Equity Project Team to create and operationalize a Health Equity Policy for HCPH in accordance with accreditation measures. The Phase 1 team will review current examples of health equity work in HCPH, review model health equity policies, approve a health equity staff training model, and make recommendations for the initial components of a Health Equity Policy for the department.
2. **Upstream Solutions** - Emphasize population-based approaches with “upstream solutions” that shape policy, educate, and build capacity among targeted groups and various sectors to bring about system-wide improvements in health.
  - Conducted an all-staff survey and focus group series with the following goals: begin shifting the culture at HCPH toward viewing Upstream Solutions as a natural and prioritized role alongside individual and community health services; and identify opportunities to support HCPH staff and management through a culture change process that emphasizes innovation and a search for Upstream Solutions. The survey was based on the nationally-recognized BARHII organizational self-assessment tool. Results will be used to identify opportunities for increased upstream focus and to develop an effective upstream model or scale.
3. **Priority Public Health Issues** – Enhance HCPH capacity to conduct local surveillance and assessment activities in order to monitor health and environmental conditions with an emphasis on the priority public health issues.
  - Created an inventory of current population based services and programs across HCPH to serve as a guide for a future project team.

**Strategic Directive 2B: Establish a structure that fosters leadership development for current and future leaders; ongoing professional development opportunities that align with strategic priorities; and opportunities to apply newly acquired skills and knowledge.**

BACKGROUND: The economic recession in 2008 caused unprecedented budget cuts and workforce reductions in the public health sector both nationally and locally. As a result, HCPH lost 30% of its workforce and substantial budget decreases came from national, state, and local levels. HCPH must now make efforts to strengthen its current workforce by investing in its people as well as in the work environment in order to increase productivity and retention. HCPH must also align and develop worker skill sets with strategic priorities in order to effectively improve population health.

The following projects were established to address Strategic Directive 2B:

1. **Pre-Employment Transformation** – End to end process to identify open positions and corresponding skillset requirements, recruit the most qualified candidates, and assess, onboard, and effectively train new HCPH employees.
  - Completed the Phase 1 Project Team, which analyzed current processes, activities, and gaps related to Pre-Employment, including: Open Position Skills Review, Job Posting, Recruitment, Pre-Employment Testing and Assessment, Onboarding, and Orientation. Prioritized recommendations were approved by the HCPH Executive Leadership Team for implementation.
2. **Employee Development Program** –End to end processes to train, mentor, and develop employees throughout the organization.
  - Completed the Phase 1 Project Team, which analyzed current processes, activities, and gaps related to Employee Development, including: Training Plans, Job Descriptions, Goal Setting and Performance Evaluation, Competency Development, Cross-Training, Skills Training, Team Building, and Coaching. Prioritized recommendations were approved by the HCPH Executive Leadership Team for implementation.
3. **Employee Development Plans** – End to end processes to develop a Leadership Development Plan (LDP), Individual Learning Plan (ILP), and Individual Development Plan (IDP) for employee development.
  - Completed the Phase 1 Project Team, which brainstormed recommendations for a holistic Workforce Development Plan that includes the LDP, ILP, and IDP frameworks. Prioritized recommendations were approved by the HCPH Executive Leadership Team for implementation.
4. **Employee Exit Management** – End to end off boarding process set into motion when an employee leaves the organization.
  - Completed the Phase 1 Project Team, which analyzed the current Exit Management process as well as activities related to Succession Planning. Prioritized recommendations were approved by the HCPH Executive Leadership Team for implementation.
5. **Recognition Program** – All activities that would enhance employee, team, and departmental recognition across HCPH.
  - Completed the Phase 1 Project Team, which compiled and prioritized Recognition Programs. Prioritized recommendations were approved for implementation.

**Strategic Directive 4C: Actively pursue opportunities to leverage and share resources among partners, avoid duplicative effort and facilitate sustainable public health practice through internal and external capacity-building efforts across community organizations.**

BACKGROUND: The primary objective of Strategy 4C is to improve partnership engagement efforts – both internally and externally. Harris County public health officials and businesses actively work together to take advantage of the expertise and resources that can be collectively used to improve population health – workforce, families and community. Leveraging partnership opportunities and maximizing resources within other business sectors will allow for the advancement of the public health mission in Harris County, while also allowing for more sustainable public health improvement overall.

The following four projects were established to address Strategic Directive 4C:

1. **Repository of Branding/Marketing Resources** – Create a repository of branding materials, which allows the opportunity to broaden staff awareness of HCPH activities and Public Health overall.
  - Chartered the Phase 1 Project Team, which obtained samples of Branding/Marketing resources by Division and Office and conducted a Situational Analysis and Needs Assessment to broaden staff awareness of how to create marketing materials. Activities also included a review of accreditation requirements related to branding.
2. **Stakeholder/Partnership Data Centralization** – Consolidate stakeholder and partnership information used across HCPH.
  - Completed the Phase 1 Project Team, which created a centralized tool that will be used to store the stakeholder and partnership contact information used by Divisions and Offices.
3. **Partnership Integration** – Strengthen HCPH partnerships and networks through integration of enhanced partnership engagement activities across the health department.
  - Completed the Phase 1 Project Team, which identified and prioritized “Rules of Engagement” where partnership integration must exist and/or be expanded.
  - Also, identified a framework model, “Collective Impact,” which will be implemented to leverage and maximize partnership engagement efforts by HCPH and identified processes and systematic changes to be used within the “Collective Impact” model.
4. **Best Practices Resources** – Improve the positioning of HCPH and its respective Divisions/Offices; promote HCPH as the “Go-To” source for staff and external stakeholders.
  - Completed the Phase 1 Project Team, which identified best practices currently in use in HCPH and the adoption of the “Community of Practice” model for diffusing best practices throughout HCPH going forward. Activities also included a review of accreditation requirements related to the use of and contribution to best practices in public health.

**Strategic Directive 5A: Invest in systems that support ongoing, department-wide evaluation and quality improvement (QI) initiatives to identify opportunities to maximize existing resources and acquire needed resources.**

BACKGROUND: The 5a strategic directive places emphasis on the maximization of existing resources and making use of emerging tools and technologies. HCPH conducted an initial assessment and evaluation of the organization to identify and prioritize resource gaps. The organization will address disparities by reallocation of existing resources or acquisition of new resources. It is necessary for HCPH to balance the need to maximize the potential uses of current technology with the ongoing need for efficiency and effectiveness that emerging technologies provide.

The following projects were established to address Strategic Directive 5A:

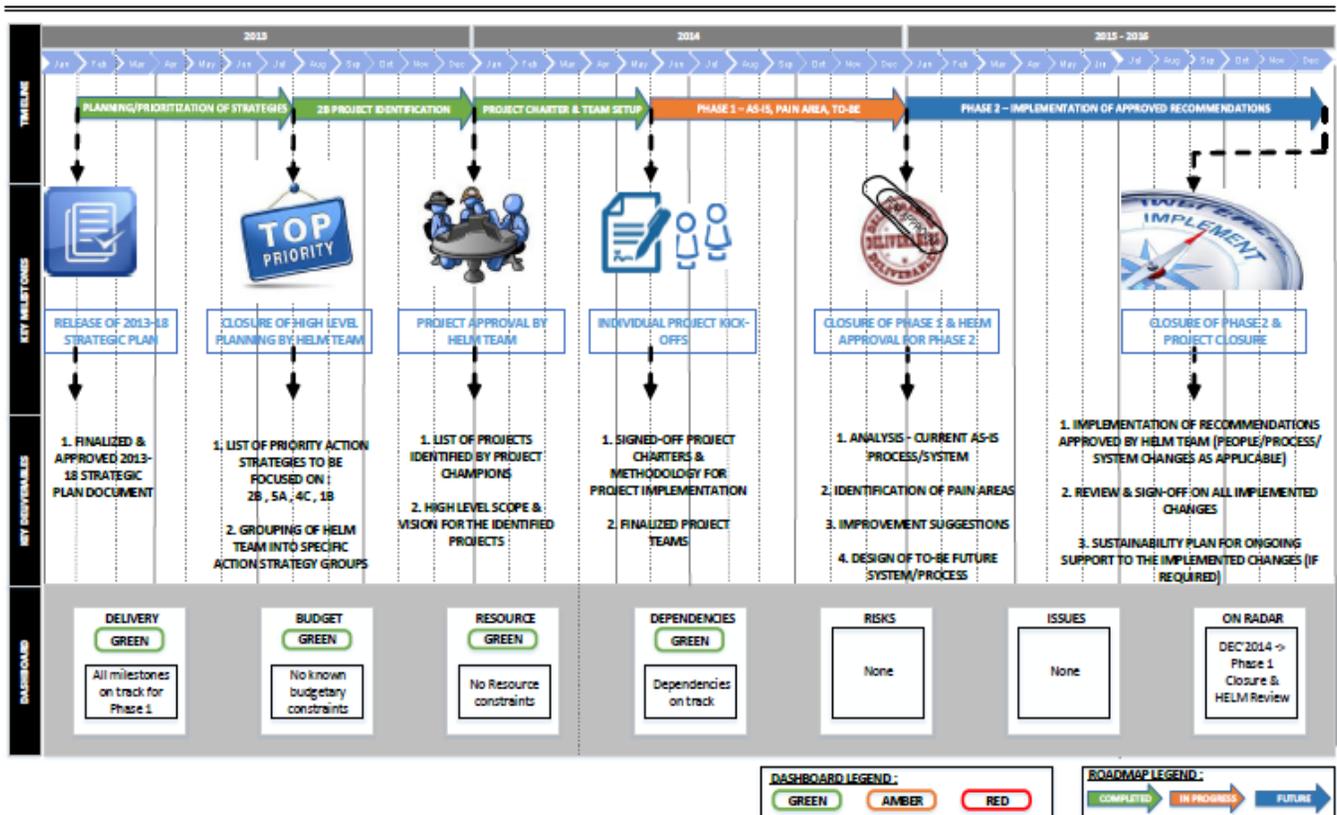
1. **Investment in Systems** – Invest in systems that support ongoing, department-wide evaluation and quality improvement initiatives to identify opportunities to maximize exiting resources and acquire new ones.
  - Completed the Phase 1 Project Team, which assessed HCPH IT Governance and utilization of best practices to identify actions to strengthen the IT Governance structure.
  - Also, evaluated the HCPH IT Technology Capability Framework (specifically Service Management, Project Management, and Resource Management) and utilized best practices to develop a proposal for improving current capability framework.
  - Conducted a department-wide evaluation of existing quality improvement methodologies, examined various available quality improvement methodologies, and selected Lean Six Sigma as the recommended department-wide program for HCPH.
2. **Local Surveillance & Assessment** - Enhance the capacity within HCPH to monitor health and environmental conditions.
  - Completed the Phase 1 Project Team, which identified department-wide methods of data collection, storage, and analysis to establish a foundation for creating effective dashboards that will augment local surveillance and assessment.
3. **Systematic Evaluation** – Systematic evaluation of processes and impact of population based approaches that HCPH employs.
  - Completed the Phase 1 Project Team, which conducted a department-wide high-level process evaluation and identified opportunities to improve effectiveness and efficiency.
4. **Critical Workforce Competencies** – Focus on the technological aspects of critical workforce competency building.
  - Completed the Phase 1 Project Team, which conducted a department-wide assessment of HCPH workforce competencies in the areas of technology, data analytics, and quality improvement as well as identified opportunities for improvement at the organizational and departmental levels.

## Summary

In Year 1 of HCPH Strategic Plan Implementation, 14 project teams made up of 88 HCPH staff from all levels, Divisions, and Offices were chartered to address four prioritized Strategic Directives. Of those 14 teams, five fully completed their Phase 1 processes, made recommendations for department-wide improvements, and were approved for implementation by the HCPH Executive Leadership Team. Seven additional teams will do the same in the first quarter of Year 2.

For those projects that are approved to move forward in Year 2, new project teams will be formed using subject matter experts in the implementation process. Year 2 will also focus on moving the chartered teams still in Phase 1 into Phase 2, chartering the remaining projects for the four prioritized Strategic Directives, continuing to engage all HCPH staff in the strategic plan implementation process, and continuing to monitor our strategic planning and other department-wide performance improvement initiatives, including ongoing efforts toward public health accreditation. See story board below for a summary of the implementation process:

### STRATEGIC PLANNING ROADMAP & DASHBOARD



## Participants in Strategic Plan Implementation

### Project Sponsor: Les Becker

#### **Project 1 Planners:**

Project Champions: Dr. Umair Shah, Les Becker, Linda Forys

#### Team Members:

- Roberto Gorena
- Jennifer Hadayia
- Shalon Jones
- Diana Martinez
- Sarah Milligan
- Harrison Ndetan
- Jannell Pesquera
- Kelly Reed-Hirsch
- Jenny Varghese

#### **Project Team 2B:**

Project Champions: Les Becker, Michael R. Schaffer, Gwen Sims, Dr. Brian Arenare

#### Team Members:

- Shawnveal August
- Jeanett Castillo
- Claire Cutts
- Sandra Davis
- Amelia Day
- Crystal Eisner
- Kyle Flatt
- Veronica Garza
- Roberto Gorena
- Carol Harris
- Akilah Hicks
- Laura Hildebrand
- Les Howard
- William Hudson
- Deborah Johnson
- Kelly Johnson
- Luis Lopez
- Danielle Macicek
- Ana Milan
- Jolene Norbert- Harrell
- Dalal Pasha
- Jordan Pope
- Rebecca Riley
- Renee Robinson
- Sabrina Salinas
- Gloria Smith
- Sable Ward
- Myriam Zambrano

#### **Project Team 5A:**

Project Champions: Les Becker, Michael “Mac” McClendon, Rocaille Roberts, Michael Schaffer

#### Team Members:

- Michael Allan
- Patty Batcheler
- Kathy Blackwell
- Marilyn Christian
- Tamara Cook
- Deanna Copeland
- Merci Cruz
- James Dennett
- Ashly Drexler
- Harold Dutton
- Kimberly Fields
- Bryon Ferro
- Chris Fredregill
- Roberto Gorena
- Brenda Howard
- Anne Marie Hunt
- Sherry Jin
- Jeffrey Keeler
- Carin Martin
- Jolene Norbert-Harrell
- Sherill Pirsamadi
- Jeraine Root
- Vence Salvato
- Corey Steele
- Max Vigilant
- Gopi Wadhwa
- Keith Wright

#### **Project Team 4C:**

Project Champions: Rita Obey, Rocaille Roberts, Dr. Michael White

#### Team Members:

- Raul Camarillo
- Albert Cheng
- Catherine Chennisi
- Victoria Cummings
- Varoy Davis
- Michelle Flores
- Andrew Foland
- Jennifer Hadayia
- Felicia Irving
- Janis Jefferson
- Heather Keizman
- Janet Lane
- Martha Marquez
- Jennifer Ochoa
- Saulette Omeke
- Jamal Phillips
- Marcia Reed
- Martin Reyna
- Danny Sanchez
- Melissa Shelton
- Jacqueline Smith
- April Stafford
- Pam Stark
- Martha Vieco-Garcia
- Lauren Wilkerson
- Richard Williams

#### **Project Management Team**

- Claire Cutts
- Shannon Gabrysch
- Janee Hebert
- Shweta Kullachanda
- Anthony Leatherwood
- Gopi Wadhwa

#### **Accreditation Team**

- LaPorcha Carter
- Jennifer Hadayia