



**Delaware County Board of Health, Delaware County Health Department  
Draft Implementation Action Plan**

**September 2024**



## Making the Most of the Draft Implementation Action Plan

Baker Tilly has developed the attached draft Implementation Action Plan to assist the Delaware County Board of Health (Board) and Delaware County Health Department (DCHD) with the phasing and scheduling of strategies and initiatives in the accompanying strategic plan document. That report sets forth the analysis leading to each recommendation. The work involved in implementing the strategies will need to be integrated into the other work of the DCHD along with appropriate assignments of responsibility, and the identification of specific planned completion dates.

This draft Action Plan begins that process with guidance in establishing recommended priority assignments. Urgency 1 strategies are those that are the most important to accomplish without delay or require minimal effort but may need substantial time and resource investment. Urgency 2 strategies have less importance in the near term, have an added element of complication to complete, or require a significant investment of resources to assist with completion. Urgency 3 strategies, have a lower level of immediacy than identified as Urgency 1 or 2, however, are important to reaching the Board's vision. The Board and DCHD must use this document to prepare a final Action Plan for the Health Department to execute. In doing so, the Board, Health Department Director, and the management team will need to identify specific target dates for completing implementation activities for each priority. Additionally, modifying the suggested activities in this draft Action Plan, based on internal experience, knowledge, and/or work capacity, is advisable to further ensure the successful implementation of the proposed strategies.

Where a draft task calls for an event to occur "regularly" or with a pre-set frequency (e.g., quarterly, monthly), DCHD leadership will want to assure that the implementing procedure or policy is written to accomplish that objective. Prudent implementation of most recommendations will require "circling back" after the implementation phase has begun to fine-tune the activities or the milestones based on experience. This step, while not explicitly stated for each priority and strategy, is necessary for assessing the progress of implementation (via "circling back") and should be a part of the normal management practice.

**To turn this draft into a final Implementation Action Plan that is used to direct operations, replace the column titled "Urgency" with actual completion dates for each strategy.** Target dates can be specific (e.g., September 1), or by month or quarter (e.g., 3Q 2023), as appropriate to the individual action.

The work necessary to implement the strategies in the draft Implementation Action Plan is in addition to the normal work of Board members and Health Department staff.

The discipline of successful project planning is essential to successful execution of the work ahead. The draft Implementation Action Plan can be a useful tool to pursue the goals and objectives adopted by the Delaware County Board of Health.

**Priority A: ENHANCE COMMUNICATION**

No	Strategies	Implementation Steps	Timing <sup>1</sup>	Person Responsible <sup>2</sup>	Comments
A-1	DCHD operates with an established communication plan.	<ol style="list-style-type: none"> <li>1. Review draft communications plan.</li> <li>2. Revise communications plan, with first release in 2024.</li> <li>3. Educate staff members and partners who communicate with DCHD on the plan.</li> <li>4. Set an updated schedule, a minimum of every 2 years.</li> </ol>	1	Director, Communications Specialist	Plan for the first update to the communications plan to include steps to enhance accessibility for all DCHD communications, including website and published documents.
A-2	BOH members act as DCHD Ambassadors.	<ol style="list-style-type: none"> <li>1. Establish clear goals and expectations for Board members as Ambassadors</li> <li>2. Align Ambassador roles for Board members based on interests and/or physical proximity</li> <li>3. Develop reporting procedures for Board members to share concerns or success stories</li> </ol>	2	Director	Work with Board members to make assignments.
A-3	DCHD monitors and continuously improves upon community awareness and customer satisfaction with DCHD.	<ol style="list-style-type: none"> <li>1. Identify and test polling tool</li> <li>2. Define topics and polling schedule</li> <li>3. Conduct periodic polls</li> <li>4. Assess data and determine the impact of Health Department messaging on community awareness (i.e., has awareness increased, remained steady, or decreased?)</li> <li>5. Transparency to public stakeholders, effective communication vs. just communicating specific/measurable/achievable/relevant/time-bound (SMART). Consistent in messaging.</li> </ol>	2	Director, Population Health Administrator, Communications Specialist, Epidemiologist	Report to board analytics; tie into CQI and AchieveIT.
A-4	DCHD operates with clear roles and procedures for grants, contracts, and procurement that is clear to internal staff.	<ol style="list-style-type: none"> <li>1. Develop SOPs and policies</li> <li>2. Disseminate and train staff</li> </ol>		CFO	
A-5	DCHD develops relationships and conducts outreach with health providers.	<ol style="list-style-type: none"> <li>1. Build on relationship with Delaware County Medical Society</li> <li>2. Continue to build health provider contact lists</li> <li>3. Identify areas of interest/concern to the health provider community</li> </ol>		Deputy Director, Epidemiologist	

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<b>A-6</b>	DCHD revitalizes and leads the Delco Immunization Coalition.	<ol style="list-style-type: none"> <li>1. Implement quarterly coalition meetings</li> <li>2. Engage in outreach activities (e.g., with libraries)</li> </ol>		Personal Health Administrator	
<b>A-7</b>	DCHD communicates and engages with local municipalities.	<ol style="list-style-type: none"> <li>1. Provide email updates.</li> <li>2. Engage in outreach activities (e.g., support municipal outreach events upon request and when feasible, particularly those that complement CHIP activities)</li> <li>3. Engage more multicultural organizations, creating more diverse health promotion material. Engage hospitals at executive level; broadcasting on international mediums (radio, tv, etc.); non-social media marketing; utilize WhatsApp, especially Call Center.</li> <li>4. Building transparency and engaging ALL of the community, being more inclusive</li> <li>5. Better ability to reach individuals in their own language. <ul style="list-style-type: none"> <li>• ASL (sign language)</li> <li>• Start building long-term relationships with community leaders, attend community meetings. Better integration into community; community needs to be aware DCHD is here for them.</li> </ul> </li> <li>6. Improve current systems already in place, such as: <ul style="list-style-type: none"> <li>• Social support systems, meet public where they are, more mobile rather than brick and mortar, help improve access to information, more campaigns/market to public, changing mindsets/changing behaviors</li> </ul> </li> </ol>		Deputy Director, Population Health Administrator, Environmental Health Administrator	
<b>A-8</b>	DCHD functions as “one department” with communications flowing across departments and work units, and to the public via the Wellness Line.	<ol style="list-style-type: none"> <li>1. Maximize All DCHD staff meetings to share and collaborate across the department.</li> <li>2. Implement and promote use of internal DCHD SharePoint site.</li> </ol>		Director	

<sup>1</sup>Urgency 1: Important to accomplish without delay and/or easy to accomplish.

Urgency 2: Second Tier of importance to accomplish and/or may involve some degree of complexity or an investment of resources to complete Urgency 3: Least urgent to complete and/or may take longer to set-up or execute due to involvement by a third-party

<sup>2</sup>To establish clear accountability there should be a single director or manager assigned responsibility for completing implementation of each recommendation. If more than one manager is identified in this column, responsibility should be clarified when the Final Action Plan is prepared.

Priority B: GREATER USE OF DATA					
No.	Strategies	Implementation Steps	Timing	Person Responsible	Comments
B-1	Complete the Community Health Assessment Report.	<ol style="list-style-type: none"> <li>Analyze assessment and determine greatest needs based on the results.</li> <li>Present assessment results and recommendations to the Board for Action.</li> <li>Strengthen trust and relationships with local partners including providers.</li> </ol>	1	Director	Ongoing data analysis by Epidemiology, which complements/adds to the CHA.
B-2	Empower BOH with public health data informing Board's decision-making.	<ol style="list-style-type: none"> <li>Identify data reports BOH would like to review/receive.</li> <li>Create program reporting process (2 reports minimum).</li> <li>Discuss data reports with BOH in executive sessions and/or public meetings.</li> </ol>	1	Director, Epidemiology	
B-3	Create routine data reports (i.e., inspections analytics, defined audiences, etc.).	<ol style="list-style-type: none"> <li>Review data reports with staff and Board members.</li> <li>Establish baseline data for programs/divisions and identify trends and changes quarterly, including financial reporting.</li> <li>Identify/address key areas of performance and monitor solutions/enhancements over time.</li> </ol>	2	Director	Work with DCHD Epi division and future data modernization and Performance Management Specialists
B-4	Evaluate and implement data modernization projects that enhance DCHD operations.	<ol style="list-style-type: none"> <li>Evaluate intake systems for client demographics and services</li> <li>Enhance epi surveillance data connections (especially for CHIP)</li> <li>Inventory, assess gaps, and make recommendations regarding existing data collection and mgt systems (EMR, CDP, Qualtrics, public health financial management systems).</li> <li>CHA Survey, Research, Community Improvement Plan.</li> <li>Accurately gauge the needs of communities.</li> <li>Centralized application for resident to receive health updates/information, increased community outreach, continuous updates on a dashboard.</li> </ol>	3	Administrator of Operations, Data Modernization Specialist	

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**Priority C: 21<sup>st</sup> CENTURY PUBLIC HEALTH MODEL**

No.	Strategies	Implementation Steps	Timing <sup>3</sup>	Person Responsible <sup>4</sup>	Comments
<b>C-1</b>	Prepare DCHD for accreditation with appropriate pillar plans.	<ol style="list-style-type: none"> <li>1. Develop a Public Health Emergency Response Plan building upon current MCM/DES plans.</li> <li>2. Release and update Communication Plan.</li> <li>3. Continue to update &amp; enhance the Community Health Assessment.</li> <li>4. Continue to implement the Community Health Improvement Plan.</li> <li>5. Implement BOH strategic plan.</li> </ol>	1	Director, Deputy Director, Administrators, Epidemiology, Communications Specialist	Continue to work with County emergency response partners and identify peer examples and best practices.
<b>C-2</b>	Integrate department plans (CHIP, BOH strategic plan, Program Plan) to lay groundwork for accreditation.	<ol style="list-style-type: none"> <li>1. Drive measurable outcomes for AchieveIT performance management</li> <li>2. Begin utilizing AchieveIT for routine reporting to BOH, elected officials, and stakeholders</li> </ol>		Deputy Directors, Administrators	
<b>C-3</b>	Support employee recruitment and retention by prioritizing workforce development.	<ol style="list-style-type: none"> <li>1. Complete regular check-ins with staff in addition to formal evaluations.</li> <li>2. Determine strengths and opportunities for staff.</li> <li>3. Develop learning opportunities to bolster strengths</li> <li>4. Assign stretch assignments, where possible</li> <li>5. Develop/offer training to encourage skill refinement, staff development and growth.</li> <li>6. Conduct a core competencies assessment.</li> <li>7. Build a workforce training plan.</li> </ol>	2	Division Administrators	1-5 reflect current activities until we are able to formalize WFD activities in 6 & 7
<b>C-4</b>	Create a culture of continuous quality improvement (CQI).	<ol style="list-style-type: none"> <li>1. Develop a practice of identifying more effective ways of service delivery and operations (including using AchieveIT) .</li> <li>2. Reward the adoption of efficiencies and innovation.</li> <li>3. Use research to ensure applicable best practices are adopted.</li> <li>4. Adopt a CQI system for sustainability (e.g., Plan, Do, Study, Act).</li> </ol>	2	Division Administrators	Work with staff to determine procedures to evaluate work and processes. Coordinate with Strategy C-4.
<b>C-5</b>	Implement performance management (i.e., “Achieve It”).	<ol style="list-style-type: none"> <li>1. Develop performance goals and success indicators for key programs and services.</li> <li>2. Develop performance management system that includes regular monthly check-ins with staff and regular reports.</li> <li>3. Hire a performance management specialist and integrate them</li> </ol>	1	Division Administrators	Involve Board members to ensure that performance management aligns with overarching goals. Coordinate with Strategy C-3

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		<p>across DCHD operations.</p> <p>4. Integrate performance management across DCHD’s pillar plans and programmatic activities.</p>			
<b>C-6</b>	Diversify and braid funding streams.	<p>1. Assign staff to identify federal, state, and local funding opportunities that address current goals.</p> <p>2. Strategize across existing grants to maximize program funding.</p> <p>3. Evaluate and apply for appropriate grants.</p> <p>4. Continue focus on Grant Team – more creativity in sources of funding, training development of staff, leadership. Aggressive recruitment of youth; change leadership style to meet needs.</p>	3	Director, CFO	Work with County Executive Director and grants consultant.
<b>C-7</b>	Promote care coordination and advocacy by the Board (i.e., long-term case coordination strategy).	<p>1. Leveraging Board connections, develop partner relationships for care coordination and opportunities for Board members to demonstrate support.</p>	2	Director, CHIP co-chairs	Work with County and service partners.
<b>C-8</b>	Operate as ‘Chief Health Strategist’ prioritizing data-driven decision making.	<p>1. Identify team to evaluate data, record, and monitor emerging trends</p> <p>2. Identify and implement programs and/or service enhancements</p> <p>3. Use data to develop projections for County and regional social determinants of health and collaborate with partners to align services</p>	2	Director	
<b>C-9</b>	Infuse diversity, inclusivity, and equity principles and practices throughout DCHD.	<p>1. Conduct department-wide trainings</p> <p>2. Establish DEI Champions employee workgroup</p> <p>3. Evaluate progress and promote:</p> <ul style="list-style-type: none"> <li>a. Strategic Plan, CQI, Workforce Development</li> <li>b. CHA; data drives actions</li> </ul>	1	Director, Deputy Directors	
<b>C-10</b>	Create public health programming that incorporates health in all policies approach.	<p>1. Expand childhood lead poisoning prevention and environmental justice programming</p> <p>2. Build on maternity/parental programming</p> <p>3. Grow mental and behavioral health prevention programming</p> <p>4. Program planning and evaluations (internal), harm reduction expand, education from survey results.</p>	3	Deputy Director	See below in D/CHIP

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Priority D: COMMUNITY HEALTH IMPROVEMENT PLAN					
No.	Strategies	Implementation Steps	Timing	Person Responsible	Comments
D-1	Leverage Community Health Assessment information into the future.	<ol style="list-style-type: none"> <li>1. Collect data to assess key elements of community health</li> <li>2. Prepare reports and evaluations to track community health over time</li> <li>3. Use data reports and findings to guide and direct grant requests, partnership development, etc.</li> </ol>	2	Epidemiology	
D-2	BOH Strategic Plan is linked with CHIP and Program Plan.	<ol style="list-style-type: none"> <li>1. Work with Administrators to assess current work plans and priorities</li> <li>2. Incorporate priorities into existing and proposed work plans</li> <li>3. Establish measurable milestones and reporting intervals</li> </ol>	1	Division Administrators	Coordinate with strategy B-2.
D-3	Engage community partners in CHIP initiatives.	<ol style="list-style-type: none"> <li>1. Develop a list of current partners</li> <li>2. Meet with partners to determine mutual goals and outcomes</li> <li>3. Environmental inspections, vaccines, community outreach, clinics, data collection/analysis, building relationships/trust; provide education to resident, business owners, and community partners.</li> <li>4. Working on the CHA priorities; inviting people to the table; EOC/EHR platform; working on mobile unit</li> <li>5. Implement initiatives to address goals</li> </ol>	3	Division Administrators	
D-4	Develop community health improvement plan (CHIP) by 2024.	<ol style="list-style-type: none"> <li>1. Use data to determine current and future needs</li> <li>2. Engage community leaders and partners to establish goals</li> <li>3. Assess potential funding sources</li> <li>4. Improve health/safety of community; building on strengthening above; eliminate silos within DCHD; using Wellness Line data to improve work we do; collaboration between divisions and other health departments; improved communication, cross-training/resources.</li> <li>5. Complete plan</li> </ol>	1	CHIP co-chairs	



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<b>D-5</b>	Maintain CHIP as a living document.	<ol style="list-style-type: none"> <li>1. Prepare data reports assessing the need for changes and plan modifications</li> <li>2. Conduct an annual review of the plan</li> <li>3. Meet with partners to develop recommendations</li> <li>4. Present assessment recommendations to the Board and modify the plan, as needed</li> <li>5. Communicate plan revisions to stakeholders and the public</li> </ol>	2	Director	
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