



Department of Health and Wellness Promotion

“Your Partner in Good Health”

STRATEGIC PLAN

2006-2010



Mayor Kwame Kilpatrick
City of Detroit

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INTRODUCTION

BACKGROUND

This Strategic Plan was **developed from existing work and thinking** at The Department of Health and Wellness Promotion (DHWP). This **Strategic Plan** is DHWP's **2006 to 2010 roadmap**. Annual updates are planned.

DHWP has not had a Strategic Plan for the past eight years. However, there were Operational Guidelines (Page 7) which all units used to direct service delivery and decision making. It was paramount for DHWP to have a Strategic Plan at this time because of:

- § DHWP's **changing role as a first responder for public health emergency preparedness**. Public health emergency preparedness against an environmental/biological threat* has become a critical area for capacity building.
- § The necessity for DHWP to **address the health problems that plague Detroit**. This is being done through current work, identifying best practices and designing innovative approaches.

PLANNING PROCESS

The general approach to Strategic Planning was to:

1. *Review DHWP's Vision, Mission and Values*
2. *Refine the Operational Guidelines*
3. *Rank DHWP's Priorities*
4. *Assess DHWP's Ability To Deliver Services*
5. *Determine Goals and Specify the Objectives*
6. *Suggest Action Steps*

The Strategic Planning Process **started in May 2006 and concluded in September 2006**. It was an **iterative process**. First, the Strategic Planning Committee (15 members plus the Director, Deputy Director and Administrative Assistant II) was presented DHWP official documents as well as draft documents of current thinking. The Committee's task was to define/refine the Mission, Values, Operational Guidelines, Priorities and Goals, as well as assess DHWP's ability to deliver essential services.

*All hazards: weapons of mass destruction, biological, chemical, radiological, nuclear, natural hazards/weather, technological, mass casualty, special events, and facility emergencies such as fire, evacuation, bomb threat, medical emergency and workplace violence.

Second, the Executive Planning Committee was given the task to further refine the documents resulting from the Strategic Planning Committee’s meeting. The third step was a combined meeting of the two committees to get consensus on the aforementioned documents, write the Objectives, and make suggestions for Action Plans.

Next, all staff individually reviewed the Initial Draft of the Strategic Plan. The last step was the two committees signing-off on the Final Draft in August. During that meeting, the suggested Action Steps for each Objective were prioritized and 120 day Action Plans were outlined.

STRATEGIC PLANNING STAFF

The Strategic Planning Process involved a **spectrum of staff** across the organization.

Strategic Planning Team:	Title	Division
1. Beatrice Alghali	Supervising Nutritionist	Nutrition/WIC
2. Dr. Kanzoni Asabigi	Manager II	Substance Abuse Prevention, Treatment and Recovery
3. Linda Burbank	Nurse Consultant	Communicable Disease
4. Dr. Michael Davis	Manager I	Laboratory
5. Sherry Smith-Edwards	Program Coordinator	STD Clinic
6. Crystal Gilbert	Administrative Assistant III	Planning & Evaluation
7. Leanora Gray	Public Health Nurse	Nurse Family Partnership
8. Yolanda Hill	Coordinator	Village Health Workers
9. Mildred Johnson	Registrar	Vital Records
10. Bridget Lamar	Operations Manager	HIV/AIDS Programs
11. Jametta Lilly	Project Coordinator	Infant Vitality Action Network
12. Paul Max	Associate Industrial Hygienist	Community & Industrial Hygiene
13. Sharon Quincy	Supervising Nutritionist	Nutrition/WIC
14. Olivia Ramsey	Manager I	Social Work
15. Sheraldine Walton	Head Clerk	Community Field Services
Executive Planning Team:		
1. Dr. Phyllis Meadows	Director and Health Officer	Administration
2. William Ridella	Deputy Director	Administration
3. Dr. James Blessman	Medical Director	Administration
4. Arlene Blythe	Manager I	Nutrition
5. Dr. Melinda Dixon	Medical Director	Communicable Disease
6. Karen Boggerty-Hairston	Manager I	Human Resources
7. Donald Hamel	Manager II	Environmental/Community/Industrial Hygiene & Animal Control
8. Bruce King	General Manager	Environmental Health Services
9. Dr. Anita Moncrease	Medical Director	Adolescent Health
10. Susan Parks	Consultant	Human Resources
11. Yvonne C. Rush	Administrative Assistant II	Administration
12. Thea Simmons	Manager II	Grants and Contracts
13. Audrey Smith	General Manager	Community Health Services
14. Dr. Calvin Trent	General Manager	Substance Abuse Prevention, Treatment and Recovery

MISSION STATEMENT

The Department of Health and Wellness Promotion **improves health and quality of life** through the application of **best practices** in the delivery of **public health services**.

“Your Partner in Good Health”

VISION STATEMENT

The Department of Health and Wellness Promotion (DHWP) is a **leader and innovator** in the **delivery of public health services**. DHWP provides an **accessible gateway** to **systems, research and resources** that improve public health practice, finance and policy.

DHWP is a strategic partner in **assuring access to quality health care services**. Our **highly skilled, knowledgeable and competent workforce** applies best practices in the delivery of mandated and necessary public health services.

DHWP works successfully to design, coordinate and deliver **programs and initiatives that positively impact** the health and well being of our citizens.

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VALUES

Certain values or beliefs guide every organization. Our values communicate to all members “what we stand for” and “what is important to us”. These values guide our behavior.*

1. We Respect Life

- § We value the highest quality of life in our workplace and community.
- § We value the health and emotional well being of our employees and customers.

2. We Have Integrity and Accountability

- § We are honest and trustworthy.
- § We are reliable and responsive to each other and to our customers.
- § We always respect the confidentiality of our customers and coworkers.
- § We respond in a timely manner.
- § We follow through on all that we say we will do.

3. We Are Client and Community Centered

- § We provide services that are accessible and customer friendly.
- § We listen to our customers and support them in making appropriate decisions.
- § We are always courteous and respectful to our customers and to each other.
- § We maintain a safe, attractive and clean environment.

4. We Are Committed to Excellence and Continuous Quality Improvement

- § We do every job right the first time using evaluation and quality improvement.
- § We look for new and creative ways to do our work better and more efficiently.
- § We promote innovation, best practice and employee training.

5. We Work Collaboratively and Respect Diversity

- § Our public health solutions are driven by team efforts.
- § We respect each other’s differences and we work as a team with others who are different from ourselves.
- § We believe success is achieved through collaborating with other internal and external groups.

*Hitt, William D. *Management in Action*. Columbus: Battelle Press, 1985.

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OPERATIONAL GUIDELINES

The Operational Guidelines are [foundational concepts](#). As we address our Mission and achieve our Vision, these Operational Guidelines are used to [help inform our decision-making](#).

FISCAL INTEGRITY

[Sustaining well functioning funded programs and maximizing revenue.](#)

Action Steps

- § Understand and apply fiscal and accounting principles, guidelines and requirements.
- § Increase productivity in order for some programs to become self-sustaining.
- § Identify new revenue sources as well as all reimbursable services.

EFFECTIVE COMMUNICATIONS

[Strengthening the public's, public officials', and staff's awareness and understanding of public health and public health services.](#)

Action Steps

- § Become the voice of public health for the media.
- § Become more strategically visible to local, state, federal and funding officials.
- § Increase our impact on public policy as it affects health and wellness promotion.
- § Increase the engagement of other entities in work partnerships.
- § Increase the quality and consistency of communications (written, electronic, oral and broadcast).
- § Redevelop the WEB site to make it more user friendly, interactive with more links, and include downloadable flyers and program brochures.

QUALITY SERVICES

[Improving the ways in which we deliver services to clients.](#)

Action Steps

- § Define quality standards and establish benchmarks.
- § Deliver services in a professional manner that will have a positive impact on clients and health issues.
- § Maintain a process for self-evaluation and correction.

EFFICIENCY

[Performing better and using our resources wisely.](#)

Action Steps

- § Eliminate redundancy; improve coordination.
- § Streamline administrative and service delivery processes.
- § Develop, use and continuously update standard operating procedures.
- § Cross train staff on systems, procedures and services.
- § Use data and technology to assess, measure and improve the overall efficiency of DHWP.
- § Incorporate an annual process of reflection, reassessment and recreation of DHWP plans.

EFFECTIVENESS

[Improving the health status of individuals and populations.](#)

Action Steps

- § Set clear, deliverable and measurable goals for health issues and care services.
- § Determine the types and levels of service impacts (outcomes) based upon data-driven programming.
- § Establish quarterly benchmarks and evaluate annually.

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HEALTH PRIORITIES

These priorities help us to determine how we allocate our resources (staff, finances, technology, collaborations, etc.)

1. **Improve maternal and infant health** as evidenced by the reduction of infant mortality to a rate that is comparable with the rate for the State of Michigan (8.0 deaths/1000 live births) and ideally attain 12/1000 by 2010.
2. **Reduce morbidity and mortality associated with preventable chronic diseases** (cardiovascular disease, diabetes, etc.) by insuring access to primary health care by uninsured and under-insured adults.
3. **Prevent childhood disease and injury, including the elimination of lead poisoning and exposure** by the year 2010.
4. **Enhance and sustain a high level of public health emergency preparedness** against environmental and/or biological threats, including communicable disease outbreaks. This includes training staff and educating the community.
5. **Strengthen safety net services** rendered at DHWP. Ensure the establishment of a network of neighborhood based preventive and primary health care services that provide access to all of our residents and with appropriate care management.
6. Strengthen public health's contribution to **substance abuse prevention, treatment and recovery**.
7. **Strengthen animal control and care services**. Establish partnerships with key organizations that enable DHWP to manage the control and housing of animals.

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OVERARCHING GOALS AND OBJECTIVES

These **overarching** goals and objectives **encompass all units and functions** of DHWP. Unit goals are derived from this list, thereby creating **harmony throughout DHWP**.

Goal 1

Reduce/eliminate health disparities impacting the citizens of Detroit.

Objectives:

- 1. Reduce infant mortality to the rate of 12/1000 live births.**
- 2. Reduce morbidity and mortality associated with chronic disease by 3%.**
- 3. Reduce incidence of childhood disease and injury by 5%.**
- 4. Increase utilization of primary and preventive health services by at least 10%.**

Goal 2

Develop and/or support innovative programs that address health priorities.

Objectives:

1. Obtain funding for at least one program that addresses the *Growing Well Collaborative*.
2. Address one or more health priorities through additional collaborative programs within DHWP.
3. Establish a Resource Clearinghouse* within DHWP.

* Establish a unit for the distribution of resources and materials related to public health.

Goal 3

Strengthen DHWP's role and capacity as a first responder to an environmental/biological threat* .

Objectives:

1. All staff are appropriately trained.
2. Procure and maintain the essential infrastructure resources to assess and contain environmental/biological threats.
3. Develop a DHWP specific response plan that will include an Employee Family Welfare Policy and a communication system to enhance responsiveness.

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Goal 4

Establish key partnerships to advance public health policy, practice and the delivery of services.

Objectives:

1. Establish at least one new contractual agreement with a health system and/or a higher educational institution to expand services to the uninsured and under-insured.
2. Identify and engage at least five new critical stakeholder groups who can advance the health priorities established by the DHWP.
3. Link with at least four advocacy organizations (local, state and/or national) to inform and formulate health policies to impact citizens.
4. Establish at least one relationship with a research entity to build the capacity to do research and evaluation.
5. Engage in at least one collaborative research and evaluation effort that will strengthen and inform public health practice.

Goal 5

Improve the operational infrastructure for public health services.

Objectives:

1. Create a unit dedicated to organizational planning, evaluation and data management.
2. Establish and document a system/platform that enhances the use of data throughout DHWP.
3. Establish an employee training, evaluation and education plan linked to the *Core Public Health Competencies*.
4. Collect 100% of accessible revenue and increase new revenues by 10%.