ALEXANDRIA HEALTH DEPARTMENT

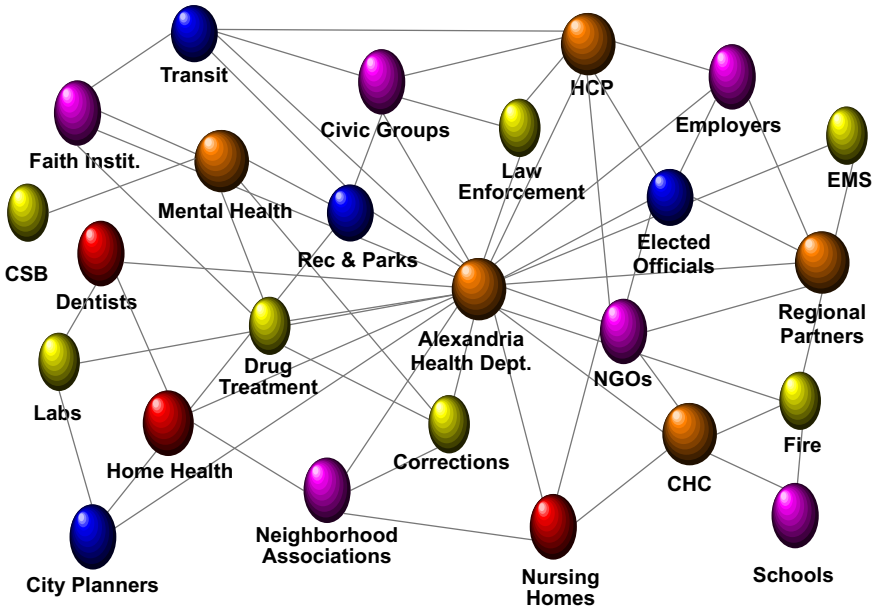
STRATEGIC PLAN 2019 - 2022

VDH VIRGINIA DEPARTMENT OF HEALTH

To protect the health and promote the well-being of all people in Virginia.

Table of Contents

Local Public Health System



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1

The health of our community depends not only on the health department but also on the ways that our entire community touches the well-bring of its residents.

While this strategic plan focuses on the strength of the health department, we recognize that we are just one part of a larger whole.

I. Message from the Health Director

September 26, 2019

Dear Colleagues,

We began our strategic planning journey just over a year ago. Recognizing that multiple, major changes were occurring throughout our region, we knew that our ability to effectively serve our community meant that we needed to create and adopt a long-term, strategic view about how best to do that. What does our community need? What do the City of Alexandria and the Commonwealth of Virginia require of us? How can we optimize our ability to meet those requirements as well as those needs?

With our decennial Community Health Assessment (CHA) already in progress, we undertook strategic planning as both a parallel and integrated endeavor. Parallel, because the timelines and methodologies were separate; integrated, because the results of the CHA helped to inform the work of the strategic plan.

As our work progressed, two things became evident: First, that the core of the work – promoting health, preventing the spread of disease and protecting our community – remained the same. Second, that while we might not be able to mitigate the changes and conditions that impact our residents' needs, we can maximize our ability to serve them. By proactively and routinely assessing our communities' health needs, and by focusing on the AHD workforce, our services and our systems, we can ensure that our work will be as effective and efficient as possible.

I am very excited about this Strategic Plan. It provides us a direction and focus for the next three years. Each of its goals is related to key components identified during the process; each of the action steps describes a part of the work needed to help achieve that goal.

This is not a report that will be placed on a shelf until the next review; it is a living document that will guide us as we continue to serve our communities, as we work and live our AHD Values: Working Together, Improving Continuously, Making a Difference.

Sincerely,

Stephen A. Haering, MD, MPH, FACPM
Health Director


ALEXANDRIA HEALTH DEPARTMENT
Protecting and Promoting Health


Celebrating
1919
2019
ALEXANDRIA HEALTH DEPARTMENT
100 YEARS

II. Background

City of Alexandria

Located in close proximity to the nation's capital, the City of Alexandria is comprised of approximately 16 square miles and is bound by Interstate 495 to the south, the Potomac River to the east, and Arlington and Fairfax counties to the north and west. The City of Alexandria is one of 38 independent cities in the Commonwealth of Virginia and thus interacts directly with the Commonwealth (and not with a county or with the Commonwealth through a county). The City government operates under a council/manager form of government; the City Council, comprised of the Mayor and six Council members, is elected every three years and it appoints the City Manager.

With a population of about 154,710 people, the City is a vibrant, diverse community known for its waterfront locations, welcoming neighborhoods, and historic buildings and characteristics. Alexandria's population is racially and ethnically diverse; it has a lower proportion of White, Non-Hispanics than the Commonwealth of Virginia does. 52% of the population is Non-Hispanic White, 22% Non-Hispanic Black, 17% Hispanic, 6% Asian or Pacific Islander, and 4% is other races. 26% of Alexandrians were foreign-born (twice the national average) and 31% speak a language other than English at home (the Alexandria City Public Schools have determined that they serve students from more than 114 countries speaking 119 languages).

52% of Alexandrians are female and the median age is 36.4, with a similar age distribution between males and females. Alexandrians, as a whole, are highly educated, with 33% holding a graduate or professional degree or higher and more than 62% holding at least a Bachelor's degree. The median household income is $93,400 and 76% of Alexandrians earn more than $50,000 annually; however, this is in stark contrast to the reality that about one in ten residents live in poverty, including almost one in five children. Approximately 1 in 14 Alexandrians live with a disability: the most common disabilities among residents are ambulatory difficulty (4.0% of the population), independent living difficulty (3.4%), cognitive difficulty (3.1%) and hearing difficulty (2.5%). Other vulnerable populations include homeless persons, individuals who are culturally isolated and persons with limited proficiency in reading and speaking English.

Alexandria Health Department

Alexandria Health Department (AHD) is one of 35 health districts in the Commonwealth of Virginia and is one of 33 health districts that fall administratively under the Virginia Department of Health (VDH) (two neighboring health departments, Arlington and Fairfax, are administered locally by their respective governing bodies). AHD derives its public health authority through state law, through the delegated authority of the State Health Commissioner and through various City of Alexandria ordinances in domains over which the City has been authority by the Commonwealth of Virginia. AHD's Health Director reports to the VDH Deputy Commissioner of Community Health Services (who reports to the State Health Commissioner) and liaises with one of the Deputy City Managers (who reports to the City Manager).

Prior to the end of the Civil War, ad-hoc boards of health were formed to address outbreaks of yellow fever, cholera and smallpox (in which quarantine and rudimentary vaccines were used). An Alexandria Health Officer was hired in the 1890's, and the Alexandria Health Department was formally founded in 1919 when a full-time Health Director and support staff were hired. A century of public health service – including preventing the spread of infectious diseases, administering vaccines, monitoring and protecting environmental health and foodborne illnesses, protecting maternal, child, and adolescent health, helping communities to prepare and respond to public health emergencies, monitoring and analyzing data to inform community health efforts, understanding essential human rights and social determinants of health, developing policies and system changes that affect entire populations, and much more – was celebrated in April 2019. The modern AHD now has 134 employee positions, representing a mix of full-time positions and part-time: 116 positions are State/City-funded (91 full-time and 25 part-time) and 18 are City funded (15 full-time and 3 part-time. The AHD budget of $13,366,933 (FY2020) consists of the State/City cooperative budget of $8,265,273 (State share of $3,517,676 and City share of $4,747,597); City-only funding of $2,332,950; grants totaling $1,913,674 (State grants of $1,726,717 and City $186,957); and revenues of $855,036 (State $570,225 and City $284,811).

Organizationally, the Health Director oversees the four divisions: Nursing/Clinical; Environmental Health; Deputy Director's Office; and Administration. These divisions provide for a variety of Public Health Clinics, such as Nutrition Prevention WIC, Immunizations, Sexual and Reproductive Health (Family Planning, Sexually Transmitted Infections, Rainbow Tuesdays), and Tuberculosis Treatment and Prevention. Specialty services include BabyCare and High-Risk Maternal Case Management and HIV/AIDS prevention. AHD provides vital records (birth, death, marriage, and divorce). AHD Environmental Health Services help to ensure food safety, aquatic health and vector control throughout the City of Alexandria. AHD, through its Public Health Emergency Management and Medical Reserve Corps, helps Alexandria communities prepare for, respond to, and recover from public health emergencies. AHD's Epidemiology Team helps to prevent and control communicable diseases; it monitors health trends, and analyzes data to guide program and policy development. AHD's Population Health provides public health leadership through the community through support of policies, research and system changes to provide opportunities for all Alexandrians to enjoy complete physical, mental, social, and spiritual well-being.

III. Strategic Planning Process

The Alexandria Health Department identified the need to undertake a strategic planning process, the purpose of which is to maximize AHD's ability to clearly identify its most pressing issues and then devise and implement strategies to address them. Underlying the work of this strategic plan is the need to assure that it: 1) meets its mandates from the Commonwealth of Virginia, Virginia Department of Health and the City of Alexandria; 2) supports the Virginia Plan for Well Being; 3) reflects the priorities of the Virginia Department of Health; 4) serves its clients and community appropriately and effectively; and 5) optimizes efficiency and effectiveness, through its personnel and systems, to accomplish same.

This work builds on the Mission, Vision and Values already in place for AHD:

Vision
Healthy People, Healthier Communities

Mission
Protecting & Promoting Health and Well-Being In Our Communities

Values
Working Together
Improving Continuously
Making a Difference

The strategic planning process began in late 2018; AHD's decennial Community Health Assessment (CHA) was already underway, having also been initiated in 2018. The CHA focused on the health status of the community; the strategic planning process focused primarily on strengthening AHD. Although conducted separately, the information gathered through the CHA informed the strategic plan, and some components of the strategic plan were created in direct response to it. As the Alexandria Community Health Improvement Plan (CHIP) is created and implemented, it, too, will influence the plan.

The strategic plan focuses on a three (3) year window: October 2019 – September 2022. It lays out four (4) Strategic Priorities and, within them, nineteen (19) goals. Of those 19, eight (8) are recognized as the highest priorities. Key indicators, action steps and "owners" of the work are cited for each goal.

Methodology: AHD engaged a consultant to lead its team through the strategic planning process. Experienced in public health leadership as well as management of other health systems, the consultant led the team through a systematic approach to creating the plan.

Beginning in September 2018, the AHD Leadership Team dedicated a portion of each of its bi-weekly meetings to the strategic planning effort. Between then and July, 2019 they not only engaged in robust discussions but also incorporated information from the CHA and input from the supervisors (see Appendix V.3 for list of team members). Supervisors were invited into the process via (approximately) monthly updates and discussions; their input added to the overall considerations and contributed to the creation of the four Strategic Priorities. After draft goals and action steps were written, supervisors again reviewed and discussed the materials and their input resulted in additions/modifications.

The planning process included four (4) phases: assess, design, build and implement.

Assess: The assessment phase included reviews of both internal and external factors affecting the health department. External factors were considered via a "PEST" analysis, that is, consideration of the **P**olitical, **E**conomic, **S**ocial and **T**echnological facts and trends which exist in the community, over which AHD has no control, but all of which influence both what work may need to be done and what resources AHD may have available to do that work. Within the "political" portion of the review, particular attention was given to reviewing and "crosswalking" the various federal, state and city mandates for which AHD is responsible – either by conducting the work itself or by assuring that it is implemented by some other means in the community. The CHA's "Forces of Change" analysis – similar to the PEST but obtained via input from the community – was conducted at about the same time. The results of this work were added to the PEST analysis rather than conducting a separate community survey. Examples of the factors identified are:

> Political – Virginia Medicaid expansion may bring more clients and require additional resources to provide services
>
> Economic – Low unemployment rate, combined with relatively low health department salaries and high cost of living in/near Alexandria, contributes to staff turnover
>
> Social – Increasing distrust of government leads more immigrant clients to go "underground" and not seek services
>
> Technological – Impact of social media on clients, community

The full list of PEST factors is in Appendix V.1.

Assessment also included a review of AHD's internal environment via a "SWOC" analysis. It included discussion of AHD's **S**trengths, **W**eaknesses, **O**pportunities, and **C**hallenges. The Opportunities and Challenges sections incorporated information from the PEST analysis. The Strengths and Weaknesses sections included specific input from the supervisors as well as

from the Leadership Team. Client feedback from annual satisfaction surveys was also considered, as was informal information from key partners such as Neighborhood Health and VDH.

These important factors, along with key components of them, were identified through the assessment reviews:

- A strong and stable **workforce** is key to AHD's ability to accomplish its mission. AHD experienced considerable staff turnover during several of the years prior to the initiation of the strategic planning process and its recruitment efforts took considerable time. Therefore, **recruitment, retention and staff support** activities are important to AHD's success.
- Being a **"trusted source of public health information and services,"** as stated in the VDH strategic plan, prompted a focus on creating and/or strengthening the measures by which that trust can be described and measured. This means working on **community responsiveness, audit results, timely, reports, credentialing, and, possibly, accreditation**.
- The **community health and well-being** focus at VDH provides a framework within which to embrace and delineate actions related to social determinants of health and health equity and, through those lenses, to remain focused on assuring that we are responsive to community needs and working proactively to integrate community systems. This work must include measurable actions in the areas of **population health, referrals, emergency management and community partnerships.**
- Strong **systems** – including data systems, communication and policies/procedures - are needed to assure a strong foundation from which to accomplish change and measure results. Areas of focus in this regard include **communication, data systems, standard operating procedures and continuous quality improvement.**

A summary of key SWOC factors may be found in Appendix V.2

Design: During the design phase, the leadership team reviewed, discussed, and integrated the results of meetings/discussions with the supervisors, the PEST and SWOC analyses, the status of (or gaps in) baseline data, feedback from clients and partners, information from the CHA, and the current "Mission, Vision, Values" statement.

The overall principles derived from the design phase were:

- The current Mission, Vision, Values statement remains strong and relevant. It represents who we are and what we do and does not need to be revised.
- It is critical to focus on a reasonable number of strategic priorities that address what we CAN control, and which are actionable and measurable.
- Being data-driven will enable us to not only obtain/use objective information about the work ahead but will also enable us to measure our progress. We will use baseline data where we have it; where we do not, our goal(s) will

include obtaining it, reviewing it, and learning from it to inform our next steps.

- Flexibility is key. Recognizing that new initiatives, mandates or other requirements, or emerging and urgent public health issues may arrive with little or no warning, how can we assure that we can be nimble enough to stay focused on the most important elements of the Plan while retaining sufficient "bench strength" to implement these requirements?
- Two major changes in AHD operations are imminent: the transfer of Prenatal/ Obstetric clinical services from AHD's Casey Clinic to Neighborhood Health, and the move of King Street offices and clinics to the new facility co-located with the Alexandria Department of Community and Human Services and Neighborhood Health. These are part of the need for flexibility, described above and, as such, are not explicitly included in this Strategic Plan.

With all of this in mind, the four Strategic Priorities that will guide AHD's work over the next three (3) years are:

Strategic Priorities
2019 - 2022

Maintain a valued and professional workforce
Be a trusted source of public health information and services
Support conditions that protect and promote community health and well-being
Provide internal systems that deliver efficient, dependable and responsive support

Build: The next part of the process was to build the plan. Having created the four Strategic Priorities, the Team then built objectives and action steps for each one, assigned a member of Leadership Team as the lead staff member for each objective, and created a timeline for completion.

The Strategic Priorities tables that follow (see pp. 12-17) cite these priorities along with the goals and action steps for each one. Each goal statement begins with a word or phrase (in capital letters and boldface type) that identifies the key component (see p. 9) that it is

meant to address.[1] Then, the goals are listed in priority order and a portion of the table is color-coded to identify the top two in each category. For example, Strategic Priority # 1 has five goals, identified as 1.1, 1.2, 1.3, etc., and its action steps number column is the darkest shade of blue. The medium hue identifies the second highest priority goal and its action steps. Only the top two priorities are identified per Strategic Priority.

Identifying the "priorities within each priority" was a critical step. Components of that thought process included 1) focusing on goals that appeared to have the greatest potential for achieving the overall work of each priority; 2) utilizing (or collecting, if not already extant) the data needed to understand the issue and/or measure the success of the work; 3) as per the overall principles cited earlier, remaining flexible and focusing on what CAN be controlled. The assessment of priority was conducted by reviewing and considering all 19 goals together (not individual Priority by Priority) and determining, overall, which were likely to have the greatest impacts. Only after that assessment was complete was it clear that these determinations had indeed fallen into the pattern presented herein.

Having identified these top priorities does not mean that the work of the other goals is unnecessary or unimportant. It is simply a way to stay focused on the areas of highest likely impact despite the unexpected things that may happen and require attention during the next three years.

Implement: Finally, a word about implementation. The entire plan was presented to staff at an All-Staff meeting on September 26, 2019. The four Strategic Priorities are posted widely throughout the department. A copy of the timeline hangs on the wall in each lead staff member's office as a continuous reminder of the work to be accomplished. Leadership Team will continue working with the consultant to assure that deadlines are met (or appropriately modified, if needed) and the work moves forward. The Team will review its progress on the work at least quarterly; annually, the overall Plan will be reviewed and adjustments made as needed.

The full timeline for the Strategic Plan implementation, including the lead team member and a month-by-month workplan for the action steps, is available on-line at alexandriava.gov/Health.

IV. Strategic Priorities

The tables that follow cite the four Strategic Priorities, along with the Goals and Action Steps for each.

[1] Please note: while each key component may have more than one goal that addresses it, the goals are listed in priority order rather than in order of the key components.

Strategic Priority #1

Maintain a valued and professional workforce

Goal 1.1 RECRUIMENT
Achieve "average days to fill vacant positions" time of between 102-120 days

1.1.1	Identify needed, key resources; implement/obtain same
1.1.2	Review current processes and timeline for HR & hiring supervisors
1.1.3	Obtain input from Alexandria Health Department Human Resources, Virginia Department of Health Office of Human Resources, and other Virginia Local Health Districts on hiring processes and bottlenecks
1.1.4	Create flowsheet to guide, and spreadsheet to track, key timelines for hiring mangers' actions throughout hiring processes; use system to increase transparency and communication
1.1.5	Update processes if needed. Train hiring managers in updated processes and use of spreadsheet
1.1.6	Monitor; modify flowsheet if needed; review results
1.1.7	Use results to modify actions; if appropriate, create new goal for measuring recruitment "vacancy-to-fill" time
1.1.8	Utilize new processes (if modified in 1.1.5), monitor & report results

Goal 1.2 RETENTION
Create & implement mechanisms to improve understanding of turnover and enable informed response

1.2.1	Obtain professional HR consultation re: effective exit interviews
1.2.2	Design and administer annual "why do you stay?" survey; analyze results.
1.2.3	Conduct exit interviews (see 1.2.1); analyze results.
1.2.4	Conduct periodic review of results of exit interviews; look for trends
1.2.5	Obtain industry standards and data from peer jurisdictions re: averages for staff turnover
1.2.6	Consider potential re-classifications of positions, adding career growth, if appropriate to business needs
1.2.7	Review and consider continued employee engagement activities

Strategic Priority #1 (continued)

Maintain a valued and professional workforce

Goal 1.3 RECRUITMENT
Create & monitor system for utilization of recruitment incentive program

1.3.1	Obtain & review information about current utilization of incentives over which we already have control; discuss with hiring managers
1.3.2	Obtain approval from VDH Community Health Services to list incentives in job announcement (s)
1.3.3	Measure relationship between using incentives and improving recruitment
1.3.4	Create new goal for measuring impact of using incentives

Goal 1.4 SUPPORT
Create & implement program to obtain and utilize additional data about employee support/training

1.4.1	Define what counts as "required" or "additional" training
1.4.2	Measure dollars spent on training and number of trainings offered
1.4.3	Track who goes to which trainings via TRAIN
1.4.4	Identify professional trainings and resources for supervisors on how to be a supervisor
1.4.5	Create peer mentoring program for interested supervisors
1.4.6	Create clear processes for establishing training and orientation, including templates

Goal 1.5 SUPPORT
Increase utilization of onboarding template to standardize and improve new employee experience

1.5.1	Create and conduct survey of supervisor utilization of template
1.5.2	Review & update checklist/template
1.5.3	Train supervisors on use of updated template
1.5.4	Obtain input from new employees re: perception (to date) of onboarding/supervision
1.5.5	Repeat survey to supervisors

Strategic Priority # 2

Be a trusted source of public health information and services

Goal 2.1.1 COMMUNITY RESPONSIVENESS
Assure that systems are reviewed annually for responsiveness to community needs

Goal 2.1.2 COMMUNITY RESPONSIVENESS
Assure that clinic delivery models are responsive to community needs & optimize both client care AND Alexandria Health Department resources

2.1.1.1	Use CHA/CHIP priorities in annual assessment of how program services may be able to address identified priorities; set action plans as indicated
2.1.2.1	Assure that all nurses are trained for blended clinic model
2.1.2.2	Implement blended clinic model
2.1.2.3	Develop updated client satisfaction surveys, both clinical & non-clinical
2.1.2.4	Conduct staff survey re: impact of blended clinic model on staff perception of effectiveness and efficiency
2.1.2.5	Review financials re: impact of blended clinic model
2.1.2.6	After CHA/CHIP completed, create and implement list of "no wrong door" priority screening questions and system to track if right referrals are being made consistently
2.1.2.7	Incorporate relevant portions of Centers for Disease Control & Prevention (CDC) "6/18" initiatives into workflow processes

Goal 2.2 STANDARDS
Results of VDH 2020 audit will be no more than nine (9) findings overall.

2.2.1	Conduct Alexandria Health Department internal audit
2.2.2	Implement corrective actions to reduce internal audit findings to single digits for entire agency.
2.2.3	Continue cycle of "audit, find, correct, re-audit."
2.2.4	Develop measure(s) to demonstrate effectiveness of Environmental Health programs
2.2.5	Review all measures currently provided to City of Alexandria and/or to Virginia Department of Health, assess priorities based on their congruence with Strategic Priorities; suggest adjustment as appropriate
2.2.6	Create databases to capture needed information for studies/ reports
2.2.7	Create and pilot tracking system for near-adverse events
2.2.8	Develop peer review process for adherence to selected standards
2.2.9	Consider AHD readiness to initiate processes to obtain accreditation via the Joint Commission Standards for Ambulatory Care

Strategic Priority # 2 (continued)

Be a trusted source of public health information and services

Goal 2.3 REPORTS
Implement a functioning tracking database for public reports

2.3.1	Create a draft database
2.3.2	Catalog all reports and determine periodicity of review
2.3.3	Create a process for review and a set of explicit standards to which reports must comply

Goal 2.4 ACCREDITATION
Make decision about pursuing Public Health Accreditation Board (PHAB)

2.4.1	Perform cost-benefit analysis of PHAB accreditation
2.4.2	Make decision about pursuit of PHAB accreditation in subsequent strategic plan cycle

Goal 2.5 CREDENTIALS
Increase percent of credentialed staff with credentials beyond EWP

2.5.1	List types of potential additional credentials
2.5.2	Explore funding mechanisms
2.5.3	Create database to capture continuing acquisitions of staff credentials

Strategic Priority # 3

Support conditions that protect and promote community health and well-being

Goal 3.1: POPULATION HEALTH
Create and implement action plan for population health

3.1.1	Fill Population Health Manager vacancy
3.1.2	Create Organizational Structure for Population Health Division
3.1.3	Create goals and guiding principles of Population Health Division
3.1.4	Conceptualize possible resources, additional positions needed and implement as able
3.1.5	Facilitate development of Alexandria Community Health Improvement Plan (CHIP)
3.1.6	Support and facilitate implementation of Alexandria's CHIP
3.1.7	Consider amending schedule for Community Health Assessment

Goal 3.2 REFERRALS
Institutionalize referral system to optimize client care and break down silos within Alexandria Health Department and among partners

3.2.1	Initiate viable database to capture & update referral information
3.2.2	Assign database maintenance to specific position
3.2.3	Disseminate updated community referral networks to partners and community
3.2.4	Strengthen communication with partners to maximize opportunities for action

Goal 3.3: EMERGENCY MANAGEMENT
Optimize Public Health Emergency Management

3.3.1 Achieve PPHR re-accreditation
3.3.2 Achieve stabilized funding for all positions
3.3.3 Assess community readiness reliability [e.g., Medical Reserve Corps (MRC)]

3.3.1.1	Complete Project Public Health Ready (PPHR) Accreditation application
3.3.1.2	Address findings as required
3.3.2.1	Health Director, Business Manager & City Fiscal Officer discuss & plan
3.3.2.2	Submit required documents to City by required deadline
3.3.3.1	Measure community readiness, e.g., define "active member" of MRC

Goal 3.4 COMMUNITY PARTNERSHIPS
Create and implement methodology for establishing and maintaining partnerships

3.4.1	Review and update current list of partner groups and meeting schedules
3.4.2	Create and implement Partner and Meeting Database(s)
3.4.3	Update AHD priorities based on analysis (CHA/CHIP and Subject Matter Expert)
3.4.4	Develop criteria for maintaining/adding partnerships
3.4.5	Identify partnerships that need restructuring

Strategic Priority # 4

Provide internal systems that deliver efficient, dependable and responsive support.

Goal 4.1 COMMUNICATION
Develop and maintain effective internal communication systems

4.1.1	Inventory all internal communication systems / platforms and the purpose for which they are used
4.1.2	Determine which systems are required regardless of their effectiveness, and which are optional
4.1.3	Create system to evaluate utilization and/or effectiveness of each
4.1.4	Determine which systems to use and which to delete or allow to become dormant
4.1.5	Develop utilization criteria for each of the items that will be used
4.1.6	Communicate outcome to staff
4.1.7	Monitor for actual utilization and effectiveness, adjust as needed

Goal 4.2 DATA SYSTEMS
Install EHD and Bandwidth improvements; Implement monitoring/reporting system

4.2.1	Create monitoring & reporting/review system (EHD)
4.2.2	Implement EHD reporting/review system
4.2.3	Create monitoring & reporting/review system for implementation of greater bandwidth
4.2.4	Implement expanded bandwidth system
4.2.5	Create monitoring & reporting/review system for data filing system (cloud)
4.2.6	Implement Cloud system

Goal 4.3 STANDARD OPERATING PROCEDURES (SOP's)
Develop & inventory all necessary SOPs & Guidance documents

4.3.1	Inventory all current SOPs and Guidance Documents
4.3.2	Identify which current SOPs and Guidance documents to keep, which to abolish and which are missing and need to be created
4.3.3	Revise SOPs and Guidance Documents as indicated (see 4.3.2)
4.3.4	Create and implement new SOPs and Guidance Documents that were identified as being needed

Goal 4.4 QUALITY IMPROVEMENT
Undertake improvement projects only if they align with strategic plan & CQI principles

4.4.1	Determine team compositions for 2020 QI projects
4.4.2	Continue use of QI panel to guide teams in completing strategic plan-oriented QI projects
4.4.3	CQI panel guides/assesses project progress annually
4.4.4	Measure number of projects completed in support of strategic plan and percent of staff involved annually

Appendix V.1

PEST ANALYSIS (including Forces of Change factors from the CHA process)

Summary and combination of selected
PEST characteristics
by AHD Leadership Team and Supervisors, late 2018
Forces of Change factors
By the Community Health Assessment Steering Committee, August 2018

POLITICAL	**ECONOMIC**
○ Virginia Medicaid expansion may bring more clients, require additional staff to provide service ○ Upcoming elections may bring changes in state, City priorities ○ Changes at VDH (staffing & priorities) will impact local operations	○ Low unemployment rate, non- competitive) salaries & rising cost to live in/near Alexandria contribute to staff "churn" ○ VDH requiring more revenue collection for services that were previously free may lead to changes (decreases) in service utilization
SOCIAL	**TECHNOLOGICAL**
○ Shifting attitudes, distrust of government more immigrants "going underground" and not seeking services ○ Focus on social determinants of health and health equity at state level ○ Aging and other demographic changes may require shift in service offerings ○ Lack of affordable housing	○ Impact of social media on clients, community ○ Approaching advent of Electronic Health Record via VDH ○ Changes in other VDH tech platforms (increased bandwidth, Environmental Health programs)

Appendix V.2

SWOC ANALYSIS

Summary of SWOC characteristics,
identified by AHD Leadership Team and Supervisors, late 2018

STRENGTHS	**WEAKNESSES**
○ Current financial health, stable budget ○ Strong partners (City & community) ○ Staff– creativity, expertise & commitment to public health	○ High turnover (includes multiple retirements) ○ Prolonged vacancies ○ Need for more staff training, development & support ○ Communication – maintaining in face of fast-paced change
OPPORTUNITIES	**CHALLENGES**
○ Design & implement programs to meet specific AHD staff needs ○ CHA/CHIP renews, updates community perspective, population focus ○ Upcoming co-location could further strengthen ties to community, other City agencies ○ Turnover can inspire fresh ideas, skills, energy	○ Two systems (State & City), requirements not always aligned ○ Maintaining strategic, long term focus in the face of urgent/immediate needs (e.g., outbreaks, political pressures) ○ Aging IT and infrastructure, dependence on State/City overall plans

Appendix V.3

Strategic Planning Team

AHD Leadership Team

Stephen A. Haering, MD, MPH, FACPM, *Health Director*
Deborah Bowers, MSN, RN, ACRN, *Nurse Manager Senior*
Juan Martinez, *Business Administrator*
Rachel Stradling, BSc, JD, MCIEH, CP-FS, REHS, *Environmental Health Manager*
Kim Luk, MD, MPH, *Medical Director*

Supervisors

Emily Astorga, RN, MSN
Felicia R. Bendolph-Simmons, RN, BSN
Tony Cuadros
Lisa Davenport
Tasha Dickerson
Gloria Dillard
Deborah Dimon, RN, MPH
Cheryl Farino, RN
Marilyn Z. Foster, MSN, FNP-C
Tiyia Jean-Pierre, MSN, MPH, FNP-BC
Rohini Kubendran, RD
Kim Luk, MD, MPH
Janine McCormick
Erin Miller, MPH, CP-FS
Suma Nair, RN, MSN
Kieu Nguyen
Senay Ozbay
Maritza Rosa
Marcella Sikon, CP-FS
Effie Tetteh
Jandira Trevino
Alan Whitehead, RPh

Consultant

Lyn S. Hainge, MS

Strategic Priorities

2019 - 2022

Strategic Priority # 1

Maintain a valued and professional workforce

Strategic Priority # 2

Be a trusted source of public health information and services

Strategic Priority # 3

Support conditions that protect and promote community health and well-being

Strategic Priority # 4

Provide internal systems that deliver efficient, dependable and responsive support