

# *Southern Nevada Health District*

## *2016-2019 Strategic Plan*

*— June 2016 —*







The Southern Nevada Health District led this Strategic Planning process.

Community  
Health Solutions



Xerox Community Health Solutions provided assistance with report preparation.

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*Cover photo credit: Miki Sakamura-Low, SNHD Environmental Health Specialist II*

## *Letter to the Community*

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Dear Southern Nevada Community,

Over the course of the past century, public health has grown in both depth and breadth. Today, it addresses a wide range of issues: infectious diseases (including HIV/AIDS), chronic diseases, violence, injury prevention, birth defects, and bioterrorism. Its practitioners are now more varied. In addition to the doctors, nurses, engineers, and nutritionists who hold public health degrees, the field also embraces a wide range of professionals including demographers, communications specialists, specialists in evaluation science, and decision science.

Public Health, often described as being comprised of four pillars — prevention, science, care for the medically underserved, and interdependence — defines its purpose and its role in protecting our community against the threat of disease, epidemics, and bioterrorism.

Knowledge gained through laboratory science, genomics, proteomics, biochemistry, pharmacology, epidemiology, biostatistics, and the social sciences has permitted SNHD to do more and to do it better. Despite the low level of public health spending in the past several decades, the benefits generated have been immense.

In an effort to standardize services and improve performance, public health agencies across the country are moving toward a voluntary national accreditation program. This program will highlight agencies' commitment to service and quality and provide a standard toward which all public health agencies can work.

I am very proud of the fact that the Southern Nevada Health District is pursuing national accreditation. In combination with our Community Health Assessment and Community Health Improvement Plan, this three-year Strategic Plan is a vital element of the accreditation process.

Southern Nevada Health District has weathered a number of storms over the past several years: recession woes, changes in the location of the Health District when our Shadow Lane facility was closed, and leadership changes that have created a highly dynamic environment. I am pleased to say that our employees have more than risen to these challenges.

As we move ahead to implement the goals and objectives outlined in our strategic plan, we look forward to working to continually assess and improve our services to better serve the residents of Clark County and Southern Nevada.

Sincerely,

SOUTHERN NEVADA HEALTH DISTRICT

By: \_\_\_\_\_



Joseph P. Iser, MD, DrPH, MSc  
Chief Health Officer

# Table of Contents

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Executive Summary.....	iv
Acknowledgements .....	v
<b>1 Introduction.....</b>	<b>1</b>
Purpose.....	1
Southern Nevada Health District .....	1
Mission.....	1
Vision .....	2
Values.....	2
SNHD History and Organizational Structure .....	2
Southern Nevada District Board Of Health .....	3
Clark County .....	4
<b>2 Methodology .....</b>	<b>6</b>
<b>3 SNHD SWOT Analysis .....</b>	<b>7</b>
<b>4 Strategic Plan Priority Goals and Workplans .....</b>	<b>8</b>
Goal #1: Strengthen Financial Sustainability for Public Health in Southern Nevada and within SNHD.....	10
Understanding the Issue.....	10
Why is it Important?.....	10
Planning Objectives .....	10
Performance Measures.....	11
Goal #2: Increase Staff Capacity and Workforce Development Utilizing Quality Improvement Methods.....	13
Understanding the Issue.....	13
Why is it Important?.....	13
Planning Objectives .....	13
Performance Measures.....	14
Goal #3: Develop and Implement an SNHD Branding and Marketing Plan .....	16
Understanding the Issue.....	16
Why is it Important?.....	16
Planning Objectives .....	16
Performance Measures.....	17
Goal #4: Increase Capacity to Adopt, Implement, and Enhance Information Management and New Technology.....	19
Understanding the Issue.....	19
Why is it Important?.....	19
Planning Objectives .....	19
Performance Measures.....	20
Goal #5: Continually Assess Progress on Priorities and Improve Public Health Policies, Communication, and Collaboration .....	23
Understanding the Issue.....	23

Why is it important? .....	23
Planning Objectives .....	24
Performance Measures.....	24
<b>5 Implementation And Tracking .....</b>	<b>27</b>

## *Executive Summary*

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This *2016-2019 Strategic Plan* presents the Southern Nevada Health District's (SNHD's) strategic priorities for the next three years, along with details on:

- The process by which the priorities were selected,
- Activities through which the goals will be achieved, and
- How progress and success will be measured.

The plan is based on a composite assessment of SNHD's mission, vision, and values; strengths, weaknesses, opportunities, and threats; community health needs identified in the Southern Nevada Community Health Assessment; and prioritized health improvement strategies detailed in the Southern Nevada Community Health Improvement Plan. A diverse group of SNHD employees and leadership collaborated on developing this shared vision. This plan will serve as a tool to guide future decision-making.

The following five goals were identified for 2016-2019:

<b>Goal #1</b>	Strengthen Financial Sustainability for Public Health in Southern Nevada and within SNHD
<b>Goal #2</b>	Increase Staff Capacity and Workforce Development Utilizing Quality Improvement Methods.
<b>Goal #3</b>	Develop and Implement an SNHD Branding and Marketing Plan
<b>Goal #4</b>	Increase Capacity to Adopt, Implement, and Enhance Information Management and New Technology
<b>Goal #5</b>	Continually Assess Progress on Priorities and Improve Public Health Policies, Communication, and Collaboration

For each goal area, the relevant issues and their importance are explored. Specific objectives and performance measures are presented.

Implementation of this Strategic Plan will be monitored and documented in annual reports, and SNHD will update and revise this plan as needed.

# Acknowledgements

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Special thanks to the Southern Nevada Health District 2016-2019 Strategic Planning participants:

## Southern Nevada Health District Board of Health Members

Bob Beers, Chair, Councilmember, City of Las Vegas  
Richard Cherchio, Councilmember, City of North Las Vegas  
Cyndi Delaney, Councilwoman, City of Mesquite  
Douglas Dobyne, Regulated Business/Industry  
Chris Giunchigliani, Commissioner, Clark County  
Marilyn Kirkpatrick, Commissioner, Clark County  
John Marz, Councilman, City of Henderson  
Frank Nemec, Physician  
Scott Nielson, Gaming  
Lois Tarkanian, Councilwoman, City of Las Vegas  
Rod Woodbury, Mayor, Boulder City

## Southern Nevada Health District Senior Management Team

Joseph P. Iser, MD, DrPH, MSc	Chief Health Officer
Andy Glass, FACHE, MS	Director of Administration
Sharon McCoy-Huber	Financial Services Manager
Annette Bradley, Esq.	General Counsel
Cassius Lockett, PhD, MS	Director of Community Health
Jacqueline Reszetar, MS, REHS	Director of Environmental Health
Deborah Williams, MPA, MPH, CHES	Chronic Disease Prevention & Health Promotion Manager
Jason Frame, MBA	Information Technology Manager
Jay Boyer	Senior Public Health Informatics Scientist
Raymond F Chua	Business Group Supervisor
Mary Ellen Britt, RN, MPH	Emergency Medical Services & Trauma System Manager
Patricia Armour, MPA, MT (ASCP)	Laboratory Manager
Jeffrey Quinn, MPH	Public Health Preparedness Manager
Jennifer Sizemore	Public Information Manager
Marlo Tonge	Communicable Disease Manager
Patricia Rowley, BS, CPH	Disease Surveillance & Vital Records Manager
Paul Klouse, REHS, CP-FS	Environmental Health Manager
Richard Cichy, RN, BSN, MPH	Community Health Nurse Manager

## Southern Nevada Health District Plan Development Team

Veralynn Orewyler	Legal Secretary
Montana Garcia	Human Resource Analyst
Karla Shoup	Environmental Health Supervisor
Joann Rupiper, RN	Community Health Nurse Supervisor
Yolande Benard	Contract Management Analyst
Misty Robinson	Senior Public Health Preparedness Planner

# 1 Introduction

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***“Today, a renewed movement for healthy communities and healthy people is emerging. It recognizes that health and wellbeing begins in communities and that it takes more than healthcare services to make people and communities healthy. It encompasses a new vision for public health.”***

*– Prevention Institute<sup>1</sup>*

## Purpose

This Strategic Plan for the Southern Nevada Health District (SNHD) defines and determines our roles, priority, and direction over the next three years, and will be used as a decision making guide for actions and resource allocation. This document presents SNHD’s goals, how we plan on achieving them, and how we will measure success. This plan builds on the previous assessment, planning, and evaluation work of SNHD and community members, as discussed in the Southern Nevada Community Health Assessment (CHA) and Southern Nevada Community Health Improvement Plan (CHIP).

SNHD’s Strategic Plan was developed with input from staff encompassing upper management, division leaders, and line staff throughout the agency. The Strategic Plan aligns with SNHD’s Performance Management activities, Quality Improvement Plan, and Workforce Development Plan.

## Southern Nevada Health District

The Southern Nevada Health District (SNHD) is the local governmental public health authority for Southern Nevada and one of the largest public health departments in the United States. Since 1962, SNHD has had the statutory authority and responsibility for all public health matters in Clark County, which includes some of Nevada’s largest cities. As of 2015, SNHD serves a 2015 population of over 2 million residents (more than 73% of Nevada’s total population) and safeguards the public health of over 40 million annual visitors to Clark County.

SNHD is governed by an eleven member Board of Health. SNHD public health services are provided through the efforts of approximately 500 employees working in four Divisions: Administrative Services, Community Health Services, Environmental Health Services, and Clinical Services.

## Mission

To assess, protect, and promote the health, the environment, and the well-being of Southern Nevada communities, residents, and visitors.

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<sup>1</sup> Prevention Institute. "Towards a 21st Century Approach: Advancing a Vision for Prevention and Public Health" (2013).



## *Vision*

Healthy People in a Healthy Southern Nevada

## *Values*

SNHD has adopted the following values to guide its work:

- **People:** We will treat the people we serve in a professional, courteous, and prompt manner.
- **Health:** We will craft and implement all programs, services, and regulations with the overarching goal of promoting the health of the community we serve.
- **Integrity:** We will favor fairness and honesty in order to consistently apply all codes, rules, and regulations.
- **Knowledge:** We will commit to share thorough information with all clients and stakeholders. The lines of communication will be kept open for receiving feedback in order to constantly improve and enhance our operations.
- **Excellence:** Based on evidence-based research and best practices, we will provide competent service and make our resources available to our clientele to provide superior long-term performance.
- **Consideration:** We will create an environment that recognizes and respects diversity and allows people to express their concerns without intimidation. Addressing the needs and problems of our patrons will be a priority for all staff members.

## *SNHD History and Organizational Structure*

SNHD was established in 1962, following statutory authorization from the Nevada State Legislature. At this time, the formerly named Clark County Health District (CCHD) had approximately 30 employees, including four sanitarians that inspected 800 eating and drinking establishments. In recent years, the role of public health has expanded to include oversight and participation in areas such as [bioterrorism and disaster and emergency preparedness](#).

SNHD now employs approximately 500 personnel that work in the following four divisions:

### **Administrative Services**

The Administrative Services division includes human resources, information technology, facilities, public information, finance, and is responsible for such programs as the Foodhandler Safety Program. In addition, this division oversees the process for SNHD to receive accreditation from the Public Health Accreditation Board (PHAB).

### **Community Health Services**

The Community Health Services division includes [emergency medical services](#) & trauma system, [epidemiology](#) (disease surveillance and control), public health informatics, [chronic disease prevention and health promotion](#), [public health preparedness](#), vital [statistics](#) (birth and death certificates), disease surveillance (including HIV/AIDS case management), and the Southern Nevada Public Health Laboratory.

## **Environmental Health Services**

The Environmental Health Services division is staffed by a combination of 146 Registered Environmental Health Sanitarians (REHS) Physical Engineers, trainees, and administrative support. This division conducts over 70,000 food safety inspections and over 4,000 aquatic bathing area inspections per year. In addition, the Environmental Health Division is responsible for operational inspections and plan reviews of food and beverage establishments, public accommodations, subdivisions, childcare facilities, body art facilities public water systems, septic tanks and solid waste facilities.

## **Clinical Services**

The Clinical Services division provides approximately 131,000 public health-related clinical services annually at an average cost of \$35. Services are provided regardless of a client's ability to pay. This division administers approximately 53,000 childhood and adult immunizations each year. In addition, it offers maternal and child health services, sexually transmitted disease treatment and control, tuberculosis treatment and control, family planning services, refugee clinics, and [the Kids' Clinics](#).

## ***Southern Nevada District Board Of Health***

SNHD is governed by an 11-member Board of Health (BOH), composed of:

- Two elected officials each from the Board of County Commissioners and the largest city in Clark County (City of Las Vegas)
- One elected representative from each of the four remaining jurisdictions in the county (Boulder City, Henderson, Mesquite and North Las Vegas)
- Three at-large members selected by the Board and meeting the following specifications:
  - One representative who is a physician licensed to practice medicine in this State.
  - One representative of a nongaming/regulatory business or from a business or industry that is subject to regulation by the health district.
  - One representative of the association of gaming establishments whose membership in the county collectively paid the most gross revenue fees to the State pursuant to NRS 463.370 in the preceding year, who must be selected from a list of nominees submitted by the association.

As such, it represents a unique consolidation of the public health needs of Boulder City, Henderson, Las Vegas, Mesquite, North Las Vegas, and Clark County, as well as minority groups, medically underserved populations, and local business and industry. The BOH members serve two-year terms.

SNHD's BOH, through policy development and direction to staff, identifies public health needs and, as mandated by County Ordinance 163, establishes priorities on behalf of local taxpayers, residents, tourists/visitors, and the commercial service industry: "To establish and conduct a comprehensive program of health which shall include the promotion of environmental health, exclusive of air quality matters, maternal and child health, control of communicable diseases, and the further programming of the prolonging of life and the promotion of the well-being of the people of Clark County" (Subsection b of Section 6).

On July 23, 2015, Nevada Revised Statutes were amended to create an additional SNHD Public Health Advisory Board. The Advisory Board consists of:

- One resident of each city in the county selected by the governing board of each city.
- One representative who is a physician licensed to practice medicine in this State, selected on the basis of education, training, experience, or demonstrated abilities in the provision of health care services to minority groups and other medically underserved populations.
- One representative who is a nurse licensed to practice nursing in this State.
- One representative who has a background or expertise in environmental health or environmental health services.

Members of the Advisory Board serve as nonvoting members of the BOH. They have been delegated to make recommendations to the BOH regarding major policy issues, improvement of the delivery of health services, and other duties.

## Clark County

SNHD serves Clark County, Nevada's largest urban county. The county comprises five metropolitan jurisdictions (the Cities of Las Vegas, North Las Vegas, Henderson, Boulder City, and Mesquite), Census-designated places, and unincorporated communities. SNHD also considers the public health needs of the surrounding frontier counties, as many residents of those areas rely on healthcare services provided in Clark County.

Data published in the Southern Nevada 2016 CHA reveals that Clark County is highly racially and ethnically diverse, with large Black/African American, Asian, and Hispanic/Latino populations. As of 2014, 23.8% of the county population were children under age 18, while 13.3% were adults over the age of 65.

In 2014, 21.4% of adults and 9.7% of children in Clark County had no health insurance. Portions of the county have been identified to have provider shortages (including in primary care, dental, and mental health). Chronic diseases are leading causes of death, and often disproportionately impact communities of color. In the surrounding frontier counties, where poverty rates are high, many residents lack health insurance coverage and access to providers, and must travel to Clark County for care.

Within the past 20 years, Clark County has been both the fastest-growing county in the country and also the county hardest hit by the national recession. While the economy is turning around in the county, economic resources remain very limited for both Clark County and SNHD. Effective policy and efficient funding decisions will be crucial to successfully addressing health and community needs in Clark County. (For additional statistics on Clark County demographics and economy, please see the Southern Nevada CHA.)

Accordingly, the three areas prioritized for action in Southern Nevada are:

- Access to Care
- Chronic Diseases, and
- Policy and Funding

Additional details on how these priority areas will be addressed are provided in the Southern Nevada CHIP report.

As many public health services are population-based, Clark County's demographic and economic factors have substantially influenced strategic planning for SNHD. The goal is to both address infrastructure and development needs of SNHD as an organization, and to address the development and implementation of programs and services needed to effectively and pro-actively address community health issues.



## ***2 Methodology***

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To construct this Strategic Plan, four formal SNHD Senior Management Team meetings and three Plan Development Team meetings were held between December 2014 and June 2015. There were additional times for employee input from the end of June through July 2015. This process began with a BOH retreat, during which Dr. Joseph Iser, the SNHD Chief Health Officer, presented a vision for the future. The retreat also included a review of each division and their various programs. This was followed by a leadership/management retreat, during which a full SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was completed. A draft of the Strategic Plan was provided to the leadership/management group in April 2015.

A Plan Development Team was established, with representatives of multiple SNHD departments. This team then reviewed and revised the document in three meetings in May and June of 2015. Managers and supervisors provided additional input through July 2015, which were then incorporated into the plan.

Throughout the process, the SNHD mission, vision, and values were used to guide analysis and planning.

The results were presented and a final discussion with the leadership team/manager/supervisor group occurred in September 2015. The revised draft strategic plan was then presented to the BOH and a newly formed Advisory Board in November 2015.

Additional feedback was solicited from the BOH during an accreditation update at the BOH meeting in November of 2015 and comments from SNHD employees were collected in May and June 2016. This last round of feedback collection and updates allowed the Strategic Plan's Senior Management Team to revisit the CHA and CHIP findings and ensure that they were fully incorporated into the Strategic Plan.

### 3 SNHD SWOT Analysis

An internal analysis of Strengths, Weaknesses, Opportunities, and Threats (SWOT) was conducted and assisted greatly in developing the Strategic Plan. Twenty-six diverse SNHD members formed the Community Steering Committee and participated in the SWOT exercise.

The SWOT analysis table below summarizes what the SNHD Senior Management Team and Plan Development Team identified as key strengths, weaknesses, opportunities, and threats that may affect SNHD and its community partners over the next three years.

This analysis, along with the CHA findings and CHIP priorities and objectives, were used to create the SNHD Strategic Plan. The goal of this plan is to leverage opportunities and reduce or avoid threats, allowing SNHD and the community to collaborate in an efficient and effective manner to address the CHIP priorities and reduce health gaps and inequities in the Southern Nevada community.

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>• Highly trained/specialized workforce</li> <li>• Flexible and adaptable staff</li> <li>• Community integration and collaboration</li> <li>• Diversity of programs and services</li> <li>• Dedicated funding sources</li> <li>• National recognition and services</li> <li>• Independent agency</li> <li>• Good customer service</li> <li>• Well respected and recognized in the community</li> </ul>	<ul style="list-style-type: none"> <li>• Insufficient funding</li> <li>• Understaffed</li> <li>• Lack of understanding of public health</li> <li>• Political make-up of Board of Health</li> <li>• Aging infrastructure</li> <li>• Low employee morale</li> <li>• Leadership turnover/succession planning</li> <li>• Little support for workforce development</li> <li>• Resistance to organizational change</li> </ul>
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• Community collaboration</li> <li>• Improving economic conditions</li> <li>• Accreditation</li> <li>• Ability to participate on national scene</li> <li>• Marketing</li> <li>• New technology</li> <li>• New leadership/new ideas (empowerment)</li> <li>• Reorganize &amp; consolidate services for efficiency</li> <li>• Standardization of regulations</li> <li>• Branding/marketing of public health</li> <li>• Staff training to promote upward movement</li> <li>• Capital improvement – technology and innovation</li> <li>• Improvement of performance measurement</li> <li>• Data-related/informatics</li> </ul>	<ul style="list-style-type: none"> <li>• Politicization of public health</li> <li>• Insufficient funding/increased costs of doing business</li> <li>• Large undocumented population</li> <li>• Low graduation rates</li> <li>• Affordable Care Act – loss of public safety net</li> <li>• Changing value systems</li> <li>• Staff turnover – retirement, replacement, poaching by industry</li> <li>• Changes to SNHD organizational/ governance structure</li> <li>• Lack of stability</li> </ul>

## ***4 Strategic Plan Priority Goals and Workplans***

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The Plan Development Team established the following five goals and associated objectives for the period 2016-2019:

### **Goal 1: Strengthen Financial Sustainability for Public Health in Southern Nevada and within SNHD**

- Inform local/state public health decision-makers of public health challenges, needs, and solutions
- Implement recommendations to increase revenues
- Increase overall grant-based revenues by 15 percent
- Recommend options to sustainably and ethically increase revenue

### **Goal 2: Increase Staff Capacity and Workforce Development Utilizing Quality Improvement methods**

- Implement system-wide In-Service Training Program
- Develop creative opportunities to support continuing education programs
- Implement non-monetary strategies to recognize and reward staff for exemplary performance
- Develop opportunities for healthcare students and interns to learn about and practice public health skills

### **Goal 3: Develop and Implement an SNHD Branding and Marketing Plan**

- Conduct formative research to identify brand strengths and weaknesses
- Adopt a business practice of branding strategy
- Implement consistent branding strategy through multiple channels
- Extend the branding strategy to the Healthy Southern Nevada website and its resources for tracking the SNHD CHIP

### **Goal 4: Increase Capacity to Adopt, Implement and Enhance Information Management and New Technology**

- Increase knowledge and understanding of information technology and informatics benefits
- Implement action to enable a more proactive, systematic, and informed approach to the application of information science and technology
- Recommend tools/techniques to implement the application of information science and technology in SNHD public health practices
- Enhance access to and use of data under an Open Government initiative to improve SNHD and to support improvements for the community
- Enhance access to and use of data on the Healthy Southern Nevada website and Open Data Portal for Access to Healthcare and Chronic Diseases, to promote and provide transparency on the CHIP priorities

### **Goal 5: Continually Assess Progress on Priorities and Improve Public Health Policies, Communication and Collaboration**

- Update CHA findings and continually assess progress on CHIP performance measures in collaboration with partner agencies
- Identify and engage new partners
- Increase communication and collaboration with businesses and business groups
- Support and promote community and stakeholders education about a Health in All Policies (HiAP) approach to formulate policy and drive decision-making
- Improve and refine Access to Care and Chronic Diseases data to support communication, action, improved partnerships, and reduction of health inequities

The following sections provide details and background on each of these goals, along with detailed information on implementation and tracking. For each priority goal, an indicator, baseline, projected long-range goal, and a target date to achieve the goals and objectives are provided. Quality Improvement techniques and the Plan-Do-Study-Act framework will be integrated into Strategic Plan activities as appropriate, as set forth in the SNHD Quality Improvement Plan.



## Goal #1: Strengthen Financial Sustainability for Public Health in Southern Nevada and within SNHD

*“Between 2011 and 2015, SNHD’s overall revenues have fallen by approximately 25 percent, while Clark County’s population has grown by more than six percent during that same time period.”*

*– Joseph P Iser, MD, DrPH, MSc, SNHD Chief Health Officer*

### *Understanding the Issue*

In conducting strategic planning for the SNHD, employees at every level participating in the planning process identified a need to strengthen and enhance funding for public health in Southern Nevada.

### *Why is it Important?*

Inadequate and unsustainable funding for public health impacts all of the core foundational public health capabilities and services that SNHD is expected to provide to ensure the health and safety of residents and visitors in Clark County communities. Inadequate and unsustainable funding impacts employee performance and morale, and staff shortages negatively affect SNHD’s ability to provide high quality public health services. This Strategic Plan goal aligns with CHIP Goal Area 3.2 (Funding), which aims to “establish and promote awareness of Southern Nevada’s public health funding landscape using education and transparent data resources to increase data-driven health policy and funding decision making.”

### *Planning Objectives*

The majority of funding for public health in Clark County combines local, state, and indirect federal funds, federal grant funds, and fees charged for public health services. The four strategic planning objectives below are intended to address shortages in SNHD funding for public health services over the next three years:

- **Objective 1.1:** SNHD will engage in a series of at least three formal programs annually to educate local/state decision-makers about significant health challenges in Clark County and the evidence-based interventions that can be applied to reduce those challenges; SNHD will provide technical assistance to local/state decision-makers in developing and implementing action plans to address and improve public health and financial sustainability for programs.
- **Objective 1.2:** SNHD will increase its potential revenue by establishing a workgroup to explore new revenue channels of sustainable billing and/or contracting for services, with a plan to implement these tools throughout the three years of this strategic plan.
- **Objective 1.3:** SNHD will increase its grant-based revenue by 15 percent through strategic pursuit of local, state, and federal grants that address key health challenges in Clark County, especially around the CHIP priority areas of Access to Care and Chronic Diseases, utilizing best practices and evidence-based strategies to address critical health needs.
- **Objective 1.4:** SNHD will establish an interdisciplinary workgroup to develop a report

regarding options for ethically increasing revenues (e.g., FQHC, taxing district, etc.) while minimizing burden on residents, developing sustainability, and detailing actual cost figures for public health services, so as to enable the agency to better identify and meet financial needs.

### *Performance Measures*

#### **OBJECTIVE 1.1**

**Performance Measure: By June 30, 2019, deliver three formal presentations annually to local and state public health decision-makers to increase knowledge of public health challenges and evidence-based interventions.**

Indicator	Baseline	Long Range Goal	Target Date
-Number of formal presentations made to key decision-makers as to public health challenges and needed evidence-based programs -These are to include a minimum of two presentations based on the CDC's tobacco and nutrition/physical activity/obesity Winnable Battles	0	9 educational events will target a wide range of local and state-level stakeholders and key decision-makers. Pre-and post-tests will show increased knowledge/ awareness of the need to enhance revenue streams and seek new revenue sources to address Clark County's public health challenges	June 30, 2019

#### **OBJECTIVE 1.2**

**Performance Measure: By June 30, 2019, a Revenue and Contracted Services Workgroup will provide a plan containing recommendations to increase revenues through billing and/or contracting services.**

Indicator	Baseline	Long Range Goal	Target Date
Formation of a Revenue and Contracted Services Workgroup	0	Workgroup will be formed and active.	January 30 2017
A plan to increase revenues from billing and contracting services will be reviewed and approved in early 2018	0	A written plan will be disseminated to all employees and key stakeholders.	January 30 2018
Revenues from billing and contracting services will be monitored and evaluated annually for progress/success	FY 2016 Medicaid - \$1,018,536 Contracts - \$1,115,723	FY 2019 Medicaid - \$2,000,000 Contracts - \$2,500,000	June 30, 2019

**OBJECTIVE 1.3**

**Performance Measure:** By June 30, 2019, increase overall grant-based revenue by 15 percent through pursuit of local, state, and federal grants that address key health challenges in Clark County, with a focus on the prioritized CHIP areas of Access to Care and Chronic Diseases.

Indicator	Baseline	Long Range Goal	Target Date
Number of local, state, and federal grants submitted; number funded	2015 grant revenues: \$2,390,002	Grant revenues will increase by 15% to approximately \$2,748,502.	June 30, 2019

**OBJECTIVE 1.4**

**Performance Measure:** By June 30, 2019, SNHD will establish an interdisciplinary workgroup to develop a report regarding options for increasing revenues and detailing actual cost figures for public health services, so as to enable the agency to better identify and meet financial needs.

Indicator	Baseline	Long Range Goal	Target Date
Formation of an interdisciplinary Financial Assessment Workgroup	0	Workgroup will be formed and active.	January 30, 2017
More accurate information relative to the actual costs for SNHD programs and services and recommendations for increasing revenues	0 – only preliminary figures are currently available.	A report will be disseminated among staff and stakeholders relative to the actual costs to provide public health services and options to increase revenues.	June 30, 2019

## Goal #2: Increase Staff Capacity and Workforce Development Utilizing Quality Improvement Methods

*“Efforts to strengthen the public health workforce should be a continuing priority involving well-planned, evidence-based, and coordinated actions from decision makers undaunted by the mission of transforming public health and improving the population’s health while facing the complex landscape of the 21st century.”*

– Fátima Coronado MD, MPH, Denise Koo MD, MPH, and Kristine Gebbie DrPH, RN<sup>2</sup>

### Understanding the Issue

SNHD must have and sustain a highly trained and specialized workforce necessary to meet not only the demands of a 21<sup>st</sup> century public health organization but also make progress towards the goals and objectives outlined in the CHIP. Current staff members are professionally credentialed, bring a wide variety of skills, and demonstrate dedication to their work. SNHD’s staffing includes nurses, epidemiologists, information technologists, environmental specialists, and numerous other health and health-related technically-skilled workers.

### Why is it Important?

Staff shortages, lack of access to affordable workforce development opportunities, and high staff turnover may occur if staff capacity and workforce development are not enhanced. This would lead to frustration among SNHD supervisors, managers, and department heads. Not being able to stay abreast of new and emerging trends and technology would diminish SNHD’s capacity to effectively serve Clark County residents and address the prioritized areas of concern identified in the CHIP.

### Planning Objectives

The planning objectives identified below are intended to address a need to maintain and support the professional skills needed in our public health workforce. These are integrated into the Workforce Development Plan and Quality Improvement Plan, and utilize the SNHD performance management system and the Plan-Do-Study-Act (PDSA) framework (which is also heavily employed in SNHD’s Quality Improvement Plan).

- **Objective 2.1:** To develop and implement an ongoing, system-wide In-Service Training Program to ensure continuity of practice standards for SNHD public health services. This complements the Quality Improvement Plan objective of continuous staff training on Quality Improvement and PDSA techniques.
- **Objective 2.2:** To develop creative opportunities to support costs of significant training/educational conferences/events, etc. to enable SNHD staff to remain abreast of new trends in public health service delivery.
- **Objective 2.3:** To develop non-monetary strategies to recognize and reward staff for exemplary performance.
- **Objective 2.4:** To offer developmental opportunities for healthcare workforce students

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<sup>2</sup> Coronado, Fátima, Denise Koo, and Kristine Gebbie. “The Public Health Workforce.” *American Journal of Preventive Medicine* 47(2014): S275-S277.



and interns. This objective aligns with CHIP Goal Area 1.2, which aims to assess and strengthen the healthcare workforce.

### *Performance Measures*

<b>OBJECTIVE 2.1</b> <b>Performance Measure: By June 30, 2016, develop an ongoing, system-wide In-Service Training Program to ensure continuity of practice standards and core competencies for SNHD public health services.</b>			
Indicator	Baseline	Long Range Goal	Target Date
Completed assessment of employee training needs based on the Core Competencies for Public Health professionals survey	0	An assessment of training needs based on the workforce development plan will be conducted and used to develop a workforce development training plan.	October 1, 2016
A system-wide In-Service training program and training schedule will be developed and become operational	0	At least two in-service trainings will be held annually, with multiple trainings held over the 3-year plan period.	June 30, 2017 and ongoing

<b>OBJECTIVE 2.2</b> <b>Performance Measure: By January 30, 2017 develop creative opportunities to support costs of and access to significant training/educational conferences/events, etc. to enable SNHD staff to remain abreast of new trends in public health service delivery</b>			
Indicator	Baseline	Long Range Goal	Target Date
Funding for travel and registration costs to attend relevant state/national training/educational events	Very limited	To develop at least 2 creative opportunities to cover costs for SNHD personnel to attend important training events.	June 30, 2016
Increased opportunities for SNHD personnel to stay abreast of the field through participation in state and/or national training/educational events	0	SNHD Departments will be able to have staff attend at least one annual training event, recommended and approved by their supervisor.	June 30, 2018

<b>OBJECTIVE 2.3</b> <b>Performance Measure: By September 30, 2016, develop and begin implementing a set of non-monetary strategies to recognize and reward staff for exemplary performance.</b>			
Indicator	Baseline	Long Range Goal	Target Date
Formation of an Employee Recognition Committee	0	Workgroup will be formed and active.	October 30, 2016

This workgroup will identify and recommend a set of appropriate employee incentives to show appreciation to the staff	Very limited	A set of appropriate incentives will be established and implemented to show staff appreciation.	September 30, 2016 and ongoing
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#### **OBJECTIVE 2.4**

**Performance Measure: By September 30, 2016, offer developmental opportunities for healthcare workforce students pursuing careers that improve the quality and quantity of public health and healthcare workforces.**

<b>Indicator</b>	<b>Baseline</b>	<b>Long Range Goal</b>	<b>Target Date</b>
Academic Affairs Committee to develop a formal process to apply for internships and clinical rotations and tracking	Very limited	The ability to evaluate internships and clinical rotations and assess if they are meeting the community needs for healthcare provider shortages	June 30, 2019
Academic Affairs Committee to collaborate with institutions to offer educational opportunities through Memoranda of Understanding (MOUs) for providers and mental health workers	Very limited	Standardized and active MOUs with the at least four colleges and/or universities	June 30, 2019
Continued development of the residency program	Limited	Have a well developed residency program that will be able to accept residents from the local medical schools	June 30, 2019

## Goal #3: Develop and Implement an SNHD Branding and Marketing Plan

*“Public health currently faces unprecedented challenges. It is no longer enough to protect the health of the public. The public health community must work to increase public awareness of the role it plays in our society and to garner support for this role. The primary purpose of the marketing plan is to raise public awareness about the services provided by public health organizations and professionals.”*

– Janet Tietyen and Genie Prewitt<sup>3</sup>

### Understanding the Issue

During the strategic planning process, a strong consensus emerged among SNHD employees that there is a significant awareness and knowledge gap among Clark County stakeholders and decision-makers as to the importance of public health services in keeping the Southern Nevada community healthy and safe.

### Why is it Important?

As noted by Tietyen and Prewitt, there is a critical need for a conscious and continued effort to raise awareness of SNHD’s public health services among key leaders and the community as a whole. An effective, creative, and well implemented marketing plan can increase public and stakeholder understanding of the vital role that public health plays in addressing health and safety concerns in the community.

### Planning Objectives

Objectives listed below identify a plan to increase awareness and understanding of public health services in Clark County/Southern Nevada.

- **Objective 3.1:** To guide the branding effort, SNHD will conduct formative research (e.g., focus groups, surveys) involving SNHD staff and key external stakeholders (e.g., the public, elected officials, partner organizations) to identify attributes of the SNHD that are unique, important, and valued; formative research is also useful for identifying brand weaknesses that can diminish the value and credibility of SNHD.
- **Objective 3.2:** SNHD will adopt the business practice of branding to differentiate its services from other health providers, raise its visibility in the community, and increase its perceived value to the public, policymakers, funders, and other key stakeholders.
- **Objective 3.3:** The SNHD brand will be widely communicated through written materials and visual imagery that are disseminated through multiple channels (e.g., website; traditional media; Twitter, Facebook, and YouTube; e-newsletters).
- **Objective 3.4:** Branding strategies will promote the Healthy Southern Nevada website and its resources for tracking SNHD’s CHIP priority areas of Chronic Diseases and Access to Care.

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<sup>3</sup> Tietyen, Janet and Genie Prewitt. “Marketing Plan for Public Health.” University of Kentucky College of Public Health (2002).

## *Performance Measures*

### **OBJECTIVE 3.1**

**Performance Measure:** By October 30, 2016, to guide the branding effort, SNHD will conduct a branding survey to identify attributes of the SNHD that are unique, important, and valued.

Indicator	Baseline	Long Range Goal	Target Date
A branding survey will be conducted to develop an SNHD brand	0	Research will be conducted with multiple stakeholders and the community to assess current knowledge of SNHD attributes that will shape the SNHD brand.	October 30, 2016

### **OBJECTIVE 3.2**

**Performance Measure:** By January 30, 2017, SNHD will adopt and implement the business practice of branding to differentiate its services from other health providers, raise its visibility in the community, and increase its perceived value to the public, policymakers, funders, and other key stakeholders.

Indicator	Baseline	Long Range Goal	Target Date
Develop a workgroup to analyze findings and develop an organizational branding strategy	0	Develop a cohesive organizational branding strategy	January 30, 2017

### **OBJECTIVE 3.3**

**Performance Measure:** By June 30, 2019, the SNHD brand will be broadly communicated through written materials and visual imagery that are disseminated through multiple channels (e.g., website; traditional media; Twitter, Facebook, and YouTube; e-newsletters).

Indicator	Baseline	Long Range Goal	Target Date
SNHD brand is well publicized throughout Clark County	0	The SNHD brand is disseminated via media methods that have been reviewed as effective for branding	June 30, 2018
Improvements in public awareness and perception of SNHD and its services	0	Recognition of SNHD brand by at least 50% of persons surveyed	June 30, 2019

**OBJECTIVE 3.4**

**Performance Measure:** By January 30, 2017, SNHD will broadly promote the Healthy Southern Nevada website through written materials, visual imagery, and presentations via multiple channels, to encourage key stakeholders and the community to visit the website to access resources and track the CHIP priorities.

Indicator	Baseline	Long Range Goal	Target Date
SNHD website promotes and links to the Healthy Southern Nevada website	0	The community understands that the SNHD brand is linked to the Healthy Southern Nevada website	September 30, 2016
The community views SNHD and Healthy Southern Nevada website as a resource for CHA and CHIP tracking and resources	0	Increased utilization of the Healthy Southern Nevada Website by multiple community members to access resources and track CHIP progress	June 30, 2019

## Goal #4: Increase Capacity to Adopt, Implement, and Enhance Information Management and New Technology

*“Although the concept of health IT (Information Technology) encompasses the use of technology in the field of health care, one can think of health informatics as defining the science, the how and why, behind health IT. For example, health IT professionals should be able to resolve infrastructure problems with a network connection, whereas trained public health informaticians should be able to support public health decisions by facilitating the availability of timely, relevant, and high-quality information. In other words, they should always be able to provide advice on methods for achieving a public health goal faster, better, or at a lower cost by leveraging computer science, information science, or technology.”*

– Thomas G. Savel, MD & Seth Foldy, MD<sup>4</sup>

### Understanding the Issue

SNHD professional Informatics and Information Technology staff identified a need to increase adoption, implementation, and enhancement of information management and new technology that can advance public health information technology and advance public health services. Examples include the use of electronic health records, electronic medical records, web-based technology, Enterprise Resource Program (ERP), and others.

### Why is it Important?

Clark County and Southern Nevada face unprecedented health care demands fueled by an aging population, rising rates of chronic diseases, and persistent health disparities, as identified in the CHA and prioritized in the CHIP. New technologies have the potential to extend the reach of SNHD and other health professionals while improving service quality and efficiency and reducing costs. Integration of healthcare services, improved financial and data transparency, and the ability to increase collaboration, share resources, and improve partnerships are crucial in moving forward. Enhanced data access and utilization will bring new transparency to health care to help spark action to improve performance; help those discovering and applying scientific knowledge to locate, combine, and share potentially relevant information across disciplines to accelerate progress; and enhance entrepreneurial value, catalyzing the development of innovative products and services that benefit the public and fuel the private sector's economic growth.

### Planning Objectives

The planning objectives listed below are designed to help foster the environment and technical capacity required to enable SNHD to take advantage of key initiatives in the adoption and implementation of new technologies.

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<sup>4</sup> Savel, Thomas G. and Seth Foldy. “The Role of Public Health Informatics in Enhancing Public Health Surveillance.” CDC Morbidity and Mortality Weekly Report Supplement 61(2012): 20-24.



- **Objective 4.1:** An SNHD workgroup will explore and provide recommendations to increase knowledge and understanding of the benefits of information technology and informatics for all SNHD staff through an annual orientation/training on current and potential IT services.
- **Objective 4.2:** An SNHD workgroup will explore and provide recommendations to enable the use of a more proactive, systematic, and informed approach to the application of information science and technology to take full advantage of its potential to enhance and facilitate public health activities.
- **Objective 4.3:** SNHD will develop and circulate a report recommending information science and technology tools/techniques (e.g., health call center; health surveys; etc.) to support SNHD's public health improvement efforts.
- **Objective 4.4:** Enhance access to and use of data under an Open Government initiative to improve SNHD programs and the health and wellbeing of Southern Nevadans.
- **Objective 4.5:** Enhance stakeholder and community access to and use of data on the Healthy Southern Nevada website and Open Data Portal to support improvements in the CHIP priority areas of Access to Care and Chronic Diseases.

### *Performance Measures*

<b>OBJECTIVE 4.1</b> <b>Performance Measure: By June 30, 2016, an SNHD workgroup will explore and provide recommendations to increase knowledge and understanding of the benefits of information technology and informatics for all SNHD staff through an annual orientation/training on current and potential IT services.</b>			
Indicator	Baseline	Long Range Goal	Target Date
Level of understanding of Informatics/Information Technology services and needs for SNHD	Undefined	-An interdisciplinary workgroup will be established to increase IT /Informatics services at SNHD. -Increased awareness and understanding of IT and Informatics services through annual in-service trainings	March 31, 2017
Implementation of specific, annual in-service training to raise awareness and understanding of IT and Informatics services	Limited	Increased knowledge and awareness of the role of technology in SNHD services, as measured by pre/post tests	January 30, 2017 and ongoing

**OBJECTIVE 4.2**

**Performance Measure:** By December 31, 2017, an SNHD workgroup will explore and provide recommendations to enable the use of a more proactive, systematic, and informed approach to the application of information science and technology in order to take full advantage of its potential to enhance and facilitate public health activities.

Indicator	Baseline	Long Range Goal	Target Date
Development and implementation of recommendations for improved use of IT/Informatics services by SNHD staff.	0	Increased use of IT and/or Informatics services to increase productivity as measured by increased requests for software and/or technology support.	December 31, 2017

**OBJECTIVE 4.3**

**Performance Measure:** By December 30, 2018, SNHD will develop and circulate a report recommending information science and technology tools/techniques (e.g., health call center, health surveys, etc.) and technology staffing plans to support SNHD's public health improvement efforts.

Indicator	Baseline	Long Range Goal	Target Date
Development and implementation of written recommendations to advance usage of IT and Informatics services to support SNHD public health efforts.	0	More proactive approach to the use of IT and Informatics services at SNHD, as measured by increased staff confidence in using technological solutions.	December, 31, 2017

**OBJECTIVE 4.4**

**Performance Measure:** By March 1, 2016, SNHD will plan, prepare, and begin to implement an Open Government initiative, which will encourage transparency of, participation in, and collaboration on SNHD programs.

Indicator	Baseline	Long Range Goal	Target Date
Create the layout and design of SNHD's Open Data Portal using Socrata.	0	An Open Data Portal on Socrata that matches the overall SNHD Branding	December 30, 2016
Collaborate with all divisions to publish relevant data feeds to the Open Data Portal.	0	Incorporate multiple data feeds from each division, which will also be used for the Open Performance Management dashboards.	March 1, 2016
Incorporate all SNHD financial data from the new ERP into an Open Budget Portal.	0	Using Socrata's Open Budget Portal, publish all financial data for public consumption.	December 2017

**OBJECTIVE 4.5**

**Performance Measure:** By June 30, 2019, updated data will be posted quarterly to the Open Data Portal and Healthy Southern Nevada website, improving dissemination of data on the CHIP priority areas of Access to Care and Chronic Diseases.

Indicator	Baseline	Long Range Goal	Target Date
The Access to Healthcare priority group adds progress-tracking data and graphics to the Open Data Portal or the Healthy Southern Nevada website	0	Quarterly updates are posted to the Healthy Southern Nevada website and the Open Data Portal as appropriate.	First update October 30, 2016, and quarterly
The Chronic Diseases priority group recommends IT/Informatics support that will help promote and track progress, such as developing maps to monitor food deserts in Clark County	0	Quarterly updates occur in the Healthy Southern Nevada website and in the Open Data Portal as appropriate.	First update October 30, 2016, and quarterly

## Goal #5: Continually Assess Progress on Priorities and Improve Public Health Policies, Communication, and Collaboration

*“Public Health Communication is the scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible, and understandable health information communicated to and from intended audiences to advance the health of the public.”*

– Jay M. Bernhardt, PhD, MPH<sup>5</sup>

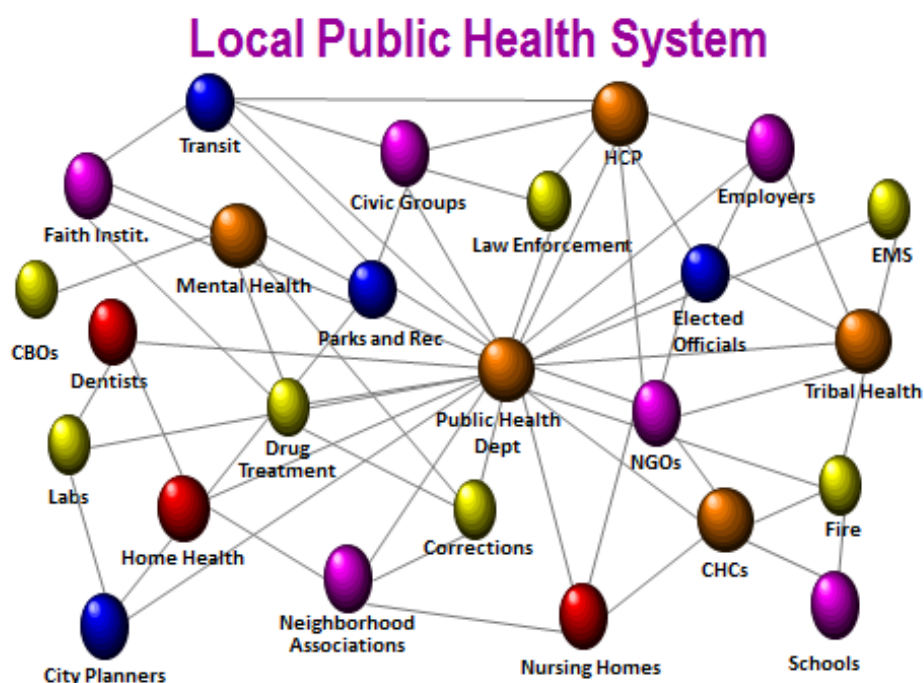
### Understanding the Issue

The CHA/CHIP process helps identify community needs and priority areas for action. In the 2016 CHIP, three issues were selected for targeted improvement, based on evidence presented during the CHA process: Access to Care, Chronic Diseases, and Policy and Funding.

Establishing priorities encourages community partners to come together and collaboratively work towards identified goals. This Strategic Plan goal aligns with CHIP Goal Area 3.1 (Policy), which aims to “educate the community and stakeholders about the influence of public health on the success of Southern Nevada and use health data and a Health in All Policies (HiAP) approach to formulate policy and drive decision-making.”

### Why is it important?

In providing public health services, SNHD often works with community partners that comprise the “local public health system”, as shown in the graphic below:



<sup>5</sup> Bernhardt, Jay M. “Communication at the Core of Effective Public Health.” *American Journal of Public Health* 94(2004): 2051-2053.

However, throughout the strategic planning process, issues around the need to improve communications, both within and external to the Health District, surfaced multiple times, as did numerous references to strengthening and increasing community partnerships. SNHD and the community created a clear blueprint for improving health in Southern Nevada through the collaborative identification of shared priorities and action items (presented in the CHIP). Successfully meeting the CHIP goals requires collaboration between staff and management with the Board of Health, and with community stakeholders.

### *Planning Objectives*

In exploring ways to strengthen and extend community partnerships and collaborations, a series of planning objectives outline new strategies that can enable SNHD to build on its existing collaborative partners and expand partnerships to better meet the needs of Clark County and Southern Nevada communities:

- **Objective 5.1:** Update findings from the CHA and assess progress on CHIP performance measures.
- **Objective 5.2:** Based on updated CHA findings and progress on CHIP measures, identify and engage appropriate new partners with which to enter into formal and/or informal partnerships.
- **Objective 5.3:** Increase communication and collaboration with private businesses and business organizations (e.g., Chambers of Commerce, etc.).
- **Objective 5.4:** Support and promote community and stakeholder education about the influence of public health on the success of Southern Nevada, and use health data and a Health in All Policies (HiAP) approach to formulate policy and drive decision-making.
- **Objective 5.5:** Improve and refine Access to Care and Chronic Diseases data to reveal gaps, inequities, and needs, enabling the CHIP priority groups to support communication, action, improved partnerships and reduction of health inequities.

### *Performance Measures*

<b>OBJECTIVE 5.1</b> <b>Performance Measure: Continually monitor CHA data and assess progress on CHIP priority areas.</b>			
Indicator	Baseline	Long Range Goal	Target Date
Refreshed CHA data and updated progress notes on CHIP priority areas	0	Community needs and progress on addressing identified needs will be continually monitored	Ongoing

**OBJECTIVE 5.2**

**Performance Measure:** By January 30, 2017, based on updated CHA findings and progress on CHIP measures, identify and engage appropriate new partners with which to enter into formal and/or informal partnerships.

Indicator	Baseline	Long Range Goal	Target Date
SNHD's annual identification of new partners	0	SNHD Departments will be surveyed as to potential new partners with which to engage to strengthen SNHD services and programs	January 30, 2017, and annually beyond

**OBJECTIVE 5.3**

**Performance Measure:** By June 30, 2018, increase communication and collaboration with private businesses and business organizations (e.g., Chambers of Commerce, etc.). SNHD staff will join at least three community business organizations, events, etc.

Indicator	Baseline	Long Range Goal	Target Date
SNHD participation in community civic/business organizations.	0	SNHD will join at least three relevant community business organizations, events, etc.	June 30, 2018

**OBJECTIVE 5.4**

**Performance Measure:** By June 30 2019, educate policymakers and the community on the importance of public health and HiAP

Indicator	Baseline	Long Range Goal	Target Date
HiAP education from Policy and Funding priority group for BOH, Advisory BOH and policy makers	0	BOH, Advisory BOH and policymakers have working knowledge of a HiAP approach to policy making and review	September 30, 2017
Support the Policy and Funding priority group local media campaign about public health and what determinants influence health	0	Increased utilization and awareness of a HiAP approach to policy creation and review by policymakers and the community	January 30, 2017, and annually beyond



**OBJECTIVE 5.5**

**Performance Measure:** By January 30, 2017, data to track implementation and progress of the CHIP priority areas of Access to Care and Chronic Diseases will be refined and added to the Healthy Southern Nevada website and Open Data Portal, and accessed by stakeholders and community partners to identify gaps and inequities.

Indicator	Baseline	Long Range Goal	Target Date
Data is refined to enable the priority groups to develop activities and to address health inequities and gaps	0	Development of activities specific to identified CHIP priority area health inequities	October 30, 2016
Priority groups (Access to Care and Chronic Diseases) will utilize new data to communicate gaps, inequities and needs to new and existing stakeholders and community groups	0	Increased education of stakeholders and community members; increased partnerships	January 30, 2017

## 5 Implementation And Tracking

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*“Implementation is the process that turns strategies and plans into actions in order to accomplish strategic objectives and goals. Implementing your strategic plan is as important, or even more important, than your strategy.”*

– Shannon Sage, *On Strategy*<sup>6</sup>

The SNHD Strategic Plan will be tracked and monitored by the Strategic Planning’s SNHD Senior Management Team. Members of this subcommittee were active participants in developing the plan and will collaborate on implementing and tracking progress on the performance measures presented in this document. The Strategic Planning Subcommittee will produce annual reports documenting the implementation of this Strategic Plan.

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<sup>6</sup> Sage, Shannon. “Strategic Implementation.” Last modified February 5, 2015.  
<http://onstrategyhq.com/resources/strategic-implementation/>