



# STRATEGIC PLAN

CHICAGO DEPARTMENT OF PUBLIC HEALTH 2016 - 2020

Dear Colleagues,

After 150 years as a public health department, we are working more strongly than ever with our fellow city agencies and community partners to prevent health problems and create a city in which all residents are able to live healthy lives. I am incredibly proud of our collective efforts in these areas, which resulted in the March 2016 launch of our community health improvement plan, *Healthy Chicago 2.0*. In order to fulfill the significant promise of this cross-sector, community driven plan, we must set out a common vision for the Chicago Department of Public Health (CDPH), too.

This CDPH strategic plan is designed to serve as an inspirational guide for all CDPH employees. Over the period of many months, the planning team has reached out to you – through surveys, focus groups, committees, and feedback sessions – to make sure that your voice, your priorities are included in the selected goals and objectives. Now I challenge each of you to participate actively in the implementation and evaluation of our strategic plan.

Whether you're a nurse, a program director, a clerk, an epidemiologist, a contract or human resources administrator, or one of the many other roles that keep CDPH humming each and every day, there is an important part for you to play. We must strive for health equity to make sure that everyone has the opportunity to fulfill their potential, and that health outcomes aren't determined by where you live. We must keep our skills and infrastructure current to meet the demands of an evolving public health department. We must communicate effectively across CDPH and with external stakeholders so that our services respond to the needs of our department, our partners, and Chicago residents. We must seek new sources of funding to start, sustain, and scale programs and initiatives that promote better health. And, most significantly, we must raise our voice as public health leaders for the city.

It is my great honor and privilege to work alongside you at this transformational moment for CDPH and for Chicago. I am deeply grateful for all that you do every day to achieve our vision: a city of thriving communities where all residents are able to lead healthy lives.

Julie Morita, M.D.  
Commissioner



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A national and citywide review of social and economic conditions shows clearly that structures and policies often support inequitable conditions and make it harder for traditional public programs to be effective. Increasingly, health departments, nonprofit organizations, foundations, advocacy groups, and service providers are recognizing that a narrow focus on health care alone is treating symptoms rather than the problem. As a result, these entities are looking for ways to address the root causes of health – and Chicago Department of Public Health (CDPH) is no exception.

*Healthy Chicago 2.0*, our community health improvement plan, emphasizes working with community partners to create policy, systems, and environmental changes that impact entire organizations and communities. To do this effectively, we had to first examine our own department practices and identify areas for improvement.

CDPH began a comprehensive, in depth strategic planning process in August of 2015. The process collected staff and stakeholder input through a variety of channels, including:

- three strategic planning committee retreats;
- an environmental scan and SWOT assessment;
- review of the community needs assessment and the community health improvement plan;
- a staff survey about new mission, vision, and values;
- one Board of Health input session;
- an employee satisfaction survey; and
- two rounds of in-person employee input sessions.

Through this planning process, we found that CDPH employees are passionate about public health and highly motivated by a shared mission, vision, and values. Staff members are particularly focused on improving our understanding of the root causes of health inequities, and using this knowledge to create programming that makes Chicago a more equitable city. Thus the overarching priorities of this strategic plan are:

- 1. Work Towards Health Equity**
- 2. Develop our Workforce**
- 3. Improve Internal and External Communication**
- 4. Create a Responsive Department Infrastructure**
- 5. Secure More Funding**
- 6. Raise our Public Health Voice**

We dedicate staff to implement the strategic plan over the next five years. Strategic Plan objective owners will develop detailed work plans for each goal, which will link directly to each employee's individual performance plan goals. Each year work plans and individual performance plans will be updated to reflect the next steps in implementation. Objective owners will provide bi-annual progress reports to the Executive Team and staff. By making progress in each of the Strategic Plan's priority areas, CDPH will be positioned to better serve the city and achieve the ambitious goals of *Healthy Chicago 2.0*.

The Chicago Department of Public Health (CDPH) serves 2.7 million people living in 77 community areas and millions of commuting workers and visitors each year. In 2016, our operating budget was \$157 million dollars with a budgeted staff of 614 located at 23 different work sites to improve the health outcomes of Chicago residents through policies and programs. We are led by a Commissioner who reports directly to the Mayor. The Commissioner has a complementary relationship with the Chicago Board of Health, sharing regulatory and police powers, information, and advice.

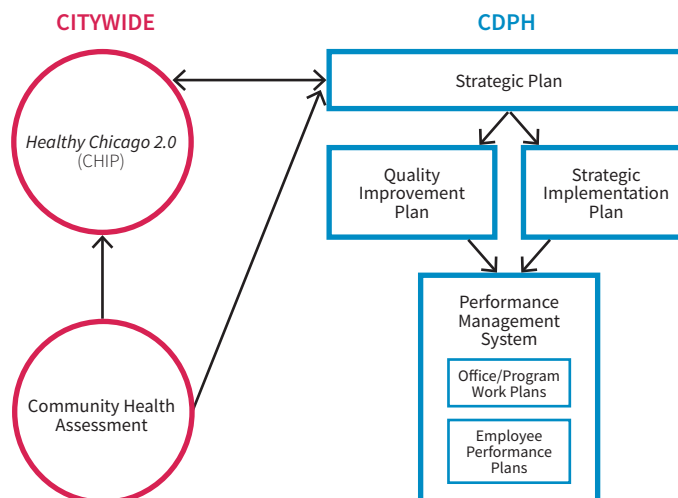
We conduct strategic planning at least every five years. The strategic plan aligns personnel, resources, policies, and practices for a united vision for the future of the department according to the Public Health Accreditation Board requirements (Standard 5.3) and the Illinois Administrative Code for Public Health Practice Standards (Section 600.400-410).

The previous CDPH strategic plan covered a term from 2012 to 2017. To implement that plan, we established an overarching Workforce Committee to coordinate the work of three sub-committees focused on communications, institutional knowledge management, and staff development. Each sub-committee had an executive sponsor, and developed a team charter and annual work plan with goals and objectives. Notable accomplishments under the previous strategic plan led by these sub-committees include: launching a new and improved SharePoint site (knowledge management), instituting bi-monthly management meetings (staff development), and developing employee recognition programs (communications).

Based on the results of the 2014 employee satisfaction survey, the Executive Team added three more sub-committees: IT governance, policies and procedures, and space and safety. Achievements of these three sub-committees include: upgrading some of our facilities and transferring staff out of old buildings (space and safety), collecting all existing policies and procedures in one place (policies and procedures), and establishing a consistent process for review of proposed IT projects (IT governance). All six sub-committees continued to meet throughout 2015, using input from the annual employee satisfaction survey to inform their work.

Following the Mobilizing for Action through Planning and Partnerships (MAPP) process, CDPH conducted the Chicago community health assessment (CHA) and the related community health improvement plan (CHIP), *Healthy Chicago 2.0*, during 2014 and 2015. Chicago's CHIP orients the public health system towards health equity, concentrating resources for those who need them most. Chicago's CHA and CHIP were the primary building blocks of this strategic plan's environmental scan. Figure 1 illustrates the alignment between *Healthy Chicago 2.0* and other CDPH plans.

**Figure 1. Alignment of Healthy Chicago 2.0 and other CDPH Plans**



To guide our strategic planning process, we referenced *Developing a Local Health Department Strategic Plan: A How-To Guide*, prepared for the National Association of County & City Health Officials by the Illinois Public Health Institute (IPHI). We contracted with IPHI’s Center for Community Capacity Development to provide technical assistance and facilitation.

We committed from the outset to interactive involvement in strategic planning by employees from all levels of the organization: leadership, supervisors, direct service providers, and support staff. We strove to include staff from every bureau and program area. The CDPH Executive Team designated the Managing Deputy Commissioner as the champion of the strategic planning process. She assigned a Coordinating Planner from the Planning Unit as the lead planner, with assistance from Planning Unit staff and interns on committee facilitation, research, and writing. The Managing Deputy Commissioner and the Executive Team appointed employees from each bureau and from diverse programs, locations, and staff levels to be on the Core Strategic Planning Committee.

Figure 2 shows that of the approximately 540 CPDH employees in service during the strategic planning process, almost 50 actively participated in meetings and discussions. Many more participated in surveys and staff input sessions. All committee members are listed in the Acknowledgments section.

We used the CDPH internal SharePoint site to store all research, documents, and Internet links related to the development of the Strategic Plan. These resources are and will continue to be available to all employees.

The following section explains in more detail how each step in the needs assessment and planning process included employees and stakeholders. See Appendix A for a timeline of events.

#### Step 1: Retreat One

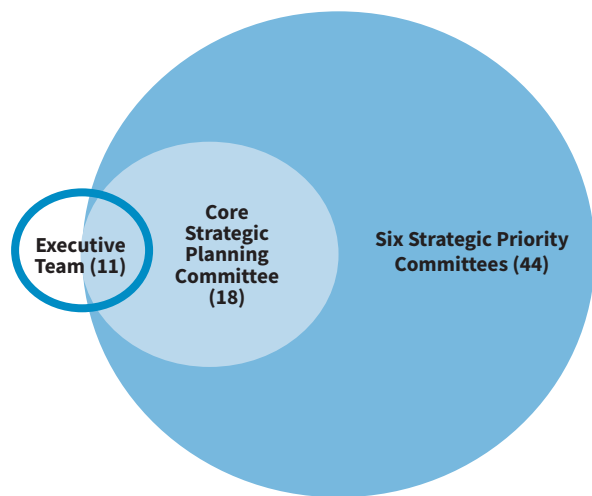
Core Strategic Planning Committee members met for the first time in August 2015 to discuss the projected timeline, stakeholder roles, and the building blocks of a strategic plan. Each member volunteered for one of three sub-committees: Mission and Vision, Values, and Data. See Appendix B for the presentation from this retreat.

#### Step 2: Sub-Committee Work

##### *Mission and Vision Sub-Committee*

This committee met to review the current mission and vision, and drafted a new version of each. They worked with the Values Committee to conduct an employee survey in March 2016. See Appendix C for the Mission, Vision, and Values Survey. The committee used this feedback to revise and expand the proposed mission and vision.

**Figure 2. Employee Involvement in Strategic Planning**  
**All CDPH Employees (538)**



**Values Sub-Committee**

This committee reviewed the current value statements, added new ideas, and created four proposed values. They used the aforementioned survey input to further refine the value statements.

**Data Sub-Committee**

This committee met four times to discuss available data sources, analyze their usefulness for the planning process, and extract needed information to present to the Core Strategic Planning Committee. The Data Sub-Committee conducted an environmental scan (January to March, 2016) covering the areas of community, state and national conditions, organizational, financial, and capacity for learning and growth. The environmental scan examined data from national, state, regional, and local sources ranging from law based mandates to influential foundation reports. Planning staff also collected human resources and financial data about CDPH, data from the annual employee satisfaction survey, national Public Health Accreditation goals and gaps, performance and quality improvement (PQI) system results, and CHA data. Data Sub-Committee members critically assessed and summarized these data sources and stored them in a SharePoint list. See a summary chart in Table 1 and the full environmental scan in Appendix D.

**Table 1. Environmental Scan Data**

COMMUNITY	STATE AND NATIONAL	ORGANIZATION (CITY OF CHICAGO/CDPH)	FINANCIAL	LEARNING, GROWTH AND CAPACITY
Community Health Assessment	Policy and Legislation	Staff Characteristics	CDPH Budget Analysis	Workforce Competency Assessment
Healthy Chicago 2.0	State Health Improvement Plan/ Other State Plans	Stakeholder Input/ Customer Feedback	CDPH Grant Funding Analysis	Employee Satisfaction Survey Results
Stakeholder Analysis and Public Health System Assessment	National Plans	IT Systems and Data Inventory		PQI Results/Findings
				Accreditation Gaps/Goals

**Step 3: SWOT Input Sessions**

CDPH staff participated in five strengths, weaknesses, opportunities and threats (SWOT) analysis input sessions held at Lexington, Englewood, Uptown, and DePaul during March 2016. (Figure 3 is an example of the flyer emailed and posted at CDPH sites for the SWOT input sessions.) Forty employees attended these sessions and participated in robust conversations. A Board of Health input session, held in February 2016, provided information about CDPH strengths and weaknesses, and evaluated the Board's contributions to CDPH. See Table 2 for the SWOT assessment findings, summarized and grouped into themes that emerged during the five discussions.

**Figure 3. Flyer for SWOT Input Sessions**



Table 2. SWOT Themes from Employee and Board of Health Input Sessions

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• Improved <b>Internal Communication</b></li> <li>• <b>External Communication and Collaboration</b> (e.g., CDC, CPS, universities, hospitals)</li> <li>• <b>Responsive</b> to Community</li> <li>• <b>Staff Expertise, Connection to Community, Professional, Institutional Knowledge</b></li> <li>• Experienced and Accessible <b>Leadership</b></li> <li>• <b>Quality</b> (strong city department)</li> <li>• <b>Innovative</b></li> <li>• Improved <b>Operational Procedures</b></li> <li>• <b>Data Driven/Credible</b></li> <li>• <b>Broad Reach</b> of Our Work</li> <li>• <b>Staff Involvement in Strategic Planning</b></li> <li>• Leader in Community Planning (<b>HC2.0</b>)</li> <li>• <b>Emergency Response</b></li> <li>• <b>Diversity, Cultural Competence</b> and Focus on <b>Health Equity</b></li> <li>• <b>PHAB Accreditation/Re-accreditation</b></li> <li>• <b>CDPH Board of Health</b> (e.g., accountability, leveraging resources, advocacy, educating partners on PH)</li> </ul>	<ul style="list-style-type: none"> <li>• Need Further Improvements with <b>Internal Communications</b></li> <li>• Use of the <b>Media</b></li> <li>• <b>Branding and Visibility</b> Needs to be Improved</li> <li>• Need Improved <b>Internal and External Customer Service</b></li> <li>• <b>Funding</b> Challenges (e.g., Changes, Decisions, Categorical, Lack of)</li> <li>• <b>IT</b> (e.g., website, SharePoint, lack of equipment/support, billing system transitions, data integration issues)</li> <li>• Lack of <b>Innovation/Creativity</b></li> <li>• <b>Leadership</b> Needs to See All Programs More Equally</li> <li>• Need to <b>Streamline/Speed Up Many Finance and HR Operations</b> (e.g., Billing, Paying Vendors, Hiring)</li> <li>• Need to Improve <b>Internal Emergency Response and Risk Management</b></li> <li>• <b>Service Challenges</b> (e.g., Co-located services that may be unsafe, not set up for continuity of care, integration of MH/STD and others needed)</li> <li>• <b>Ability to Achieve Mission</b> (e.g., impacted by some grant mandates, moved away from prevention)</li> <li>• <b>Facilities</b> Need Updates/Maintenance</li> <li>• <b>Automated External Defibrillator</b> Needed in Facilities</li> <li>• <b>Staff Attrition</b> (e.g., Losing good resources, unstable org chart, not filling positions or too long to fill-gaps, needs more nurses)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Leverage Media and Social Media</b> (as well as current media events like Flint)</li> <li>• <b>Increase Funding</b> (e.g., CMS, Hospital CHNAs, Federal funding sources like Transportation, HUD, Education, private foundations, sell City buildings, write more grants)</li> <li>• Forge/Leverage <b>New Partnerships</b> (e.g., Faith Leaders, CCDPH and other LHDs, Safety, Urban Planning, youth, etc.)</li> <li>• Seize the Moment - <b>PH is Hot!</b></li> <li>• <b>Political Change</b> (election year)</li> <li>• Affordable Care Act (<b>ACA</b>)</li> <li>• Advancing <b>Healthy Chicago 2.0</b></li> <li>• Public Health <b>Research</b></li> <li>• Leverage <b>Technology</b> to Advance Goals (e.g., Data Systems, Client Tracking, Communication, Identification/Surveillance of Infectious Diseases like STIs, Conserve-Go Paperless)</li> <li>• Abundance of <b>Data and Information</b> (need to leverage and make sure correct ,up-to-date info is in public's hands)</li> <li>• <b>Diversity</b> of Chicago</li> <li>• <b>Home Health</b> (Immunizations)</li> <li>• <b>Green Environment</b> (e.g., Urban Gardening, Composting, Enhanced Green Spaces)</li> <li>• <b>Health in All Policies</b> Initiative</li> </ul>	<ul style="list-style-type: none"> <li>• Affordable Care Act (<b>ACA</b>) (e.g., access to healthcare, health systems integration, clients being referred out)</li> <li>• <b>Climate change</b></li> <li>• <b>Poor Community Infrastructure</b> (South and West Side) and Vast <b>Health Disparities</b></li> <li>• <b>Education Disparities</b> (e.g., lack of access to higher education, CPS closings and instability of system)</li> <li>• <b>Housing Needs and Homelessness</b></li> <li>• <b>Food Insecurities/Poverty/Transportation</b></li> <li>• <b>Mental Health Issues</b> (e.g., lack of services, stigma, PTSD, community trauma)</li> <li>• <b>Violence</b> in City of Chicago (community safety, shootings near worksites, gangs)</li> <li>• Emerging <b>Infectious Disease/Outbreaks</b></li> <li>• <b>Segregated Communities/Perceptions of North</b> Receiving More Funding than <b>South Side</b></li> <li>• <b>Terrorism</b></li> <li>• Changing Community Demographics (Aging Population, Other Community Population Changes due to Displacement)</li> <li>• <b>Political Change</b> (election) and <b>Local Politics</b> (Alderman, Mayor's Office, City Council lacks understanding of role of CDPH)</li> <li>• <b>Competition</b> with CDPH</li> <li>• <b>Lack of Focus on Prevention/Lack of Support for Public Health</b></li> </ul>

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Table 2. SWOT Themes from Employee and Board of Health Input Sessions (continued)

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
	<ul style="list-style-type: none"> <li>• <b>Training and Professional Development</b> (e.g., Managers need training, restricted funding, not supporting prof dev, lack of new staff orientation, certifications not kept up as mandated by state)</li> <li>• Inefficient (and sometimes ineffective ) <b>Hiring/ Transfer Practices</b></li> <li>• <b>Appreciation and Recognition</b> Could Improve</li> <li>• Service Area is Broad with Many Issues, Cultures, Languages and Priority Populations-<b>Need for Prioritization of Efforts</b></li> <li>• Need to Consider <b>Staff Input More in Decision Making</b> (e.g., Billing, WIC/ FM Integration)</li> </ul>		<ul style="list-style-type: none"> <li>• <b>Media and Social Media</b></li> <li>• Other <b>Funding</b> Issues (State Budget Impasse, Low State WF Per Capita, Unfunded Mandates, Privatization eliminating city services and staff, CDPH revenue not being recouped, Service Cuts-Ripple Effect)</li> <li>• <b>Data Systems</b> (Siloed Info, Data Transparency and Sharing Threats)</li> </ul>

**Step 4: Annual Employee Satisfaction Survey**

In early 2015, CDPH conducted a voluntary survey among staff to assess satisfaction across 14 domains as well as overall job and organizational satisfaction. See Appendix E for the survey. Each domain consisted of two to six statements, which were scored on a seven point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The overall scores for both job and organizational satisfaction were 4.9. The lowest scoring domains were accountability, appreciation and recognition, and development and training. These findings informed the 2015 workplans for the Executive Team and workforce committees.

**Step 5: Retreats Two and Three: Strategic Priority Identification**

The Core Strategic Planning Committee participated in two retreats to understand the data collected through the environmental scan, SWOT analysis, and staff input, and to identify strategic priorities. The committee ultimately agreed upon the following priority areas:

*Priority Area 1: Health Equity*

The new mission for the Chicago public health system states, “To promote and improve health by engaging residents, communities, and partners, in establishing and implementing policies and services that prioritize residents and communities with the greatest need.” SWOT participants called for prioritization and alignment of services and CDPH programs to better serve the communities with the greatest need. Threats to community health were recognized as coming from social determinants of health and inequities in community infrastructure such as housing and transportation, unequal access to education, segregation, and community-level violence.

### ***Priority Area 2: Workforce Development***

Competency building, knowledge, skills, and attitudes assessments, performance management and quality improvement, staffing, and customer service improvement were identified as important focus areas during both the environmental scan and SWOT input sessions. Building a strong and empowered workforce is needed to drive innovation and to elevate CDPH's presence in policy-making. Staff satisfaction survey data showed opportunities for improvement in the areas of workforce development training, staff appreciation, accountability, and empowerment.

### ***Priority Area 3: Communication***

SWOT contributions showed that both internal and external communications had some strengths, but require improvement. The environmental scan and staff input sessions called for integration of media, strengthening CDPH's brand identity, and establishing a new mechanism for community outreach as strategic improvements. The *Healthy Chicago 2.0* goal of widespread, coordinated dissemination of public health research requires stronger communication both within CDPH and with partners across Chicago.

### ***Priority Area 4: Responsive Infrastructure***

Information technology and information/data systems emerged as a prominent weakness during the SWOT, as did barriers to data sharing and siloed information systems. Human resource and finance operations were recurring themes calling for responsive infrastructure to support capacity building, innovation, and improved workforce competence. Staff raised questions about whether our services meet community needs and are properly integrated with other CDPH and public agency resources. *Healthy Chicago 2.0* goals include increasing community input on data used to develop services and policies.

### ***Priority Area 5: Funding***

CDPH's budget consists of over 70% restricted grant funding. Funding challenges originate from a decline in flexible local funding and an increase in restricted grant funding observed over the past decade. Lost revenue also emerged as a weakness. Staff input sessions illustrated that funding challenges may stifle ability to support our mission and new *Healthy Chicago 2.0* initiatives.

### ***Priority Area 6: Our Public Health Voice***

CDPH strives to be the model of health equity principles in the greater healthcare system, and aspires to expand its reputation for innovative public health leadership in Chicago and beyond. Staff called for making better use of media and improved visibility as an expert in public health. Board of Health and staff feedback celebrated staff expertise and dynamism but called for stronger outreach. *Healthy Chicago 2.0* identifies partnerships as a means for strengthening our organizational capacity to lead public health actions through empowerment and outreach.

**Step 6: Work Committees**

The Core Strategic Planning Committee approved six priority areas, as well as the final versions of the vision, mission, and values. The committee then developed goal statements and measurable objectives for each priority area, which were passed on to strategic priority committees for further refinement.

We established six strategic priority committees that met two to three times between May and July 2016, to evaluate the proposed strategic priorities and further develop the goals and objectives. Committees consisted of three members from the Core Strategic Planning Committee, one of which served as team lead, a Planning Unit staff member to facilitate the meetings, and four to six additional employees who volunteered or were recruited to provide more input from a variety of programs and work locations. Team leads encouraged their committees to connect the strategic plan’s goals and objectives to the relevant *Healthy Chicago 2.0* goals, objectives, and strategies.

**Step 7: Second Employee Input Sessions**

In June 2016, more than 100 employees attended at least one of five input sessions held at various CDPH sites: West Side Center for Disease Control (WSCDC), Lexington, DePaul Center, Englewood, and Austin. See Table 3 for attendance at input sessions by bureau. Posters were displayed in the session rooms: one summarizing the strategic planning process and showing the proposed mission, vision, and values, and six posters showing the draft goals and objectives for each priority area. Strategic Priority Committee members were prepared to answer questions about their priority area, and ask for comments and advice about objectives and activities.

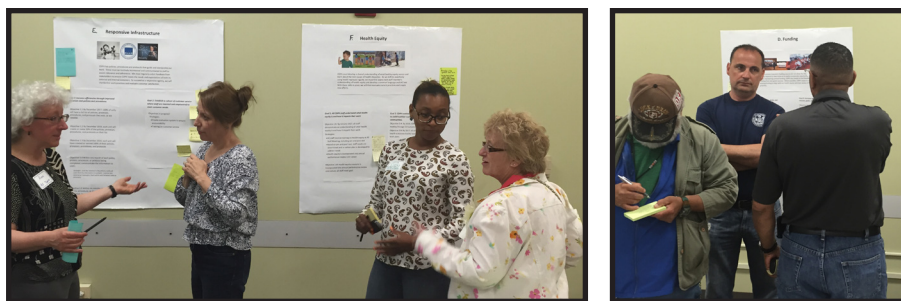
**Table 3. Number of Employees Attending Input Sessions**

BUREAU/DIVISION	NUMBER
Clinical Care	13
Communicable Disease	18
Emergency Preparedness	6
Environmental Health	23
External Affairs	7
Finance & Administration and Commissioner's Office	6
HIV/STI	14
Maternal, Infant, Child & Adolescent Health	12
Planning & Strategy	17
Total	116

Employees were invited to walk around, read the posters, and discuss the material with Strategic Priority Committee members and each other. (See Figure 4.) Employees wrote comments and questions on post-it notes that were stuck to the related posters. Over 350 notes were collected and shared with strategic priority committees. The committees then met to review the notes and incorporate the feedback into their work.

After many months of planning, we are pleased to adopt the following mission, vision, values, and strategic goals and objectives as the guiding framework for CDPH in the years to come.

**Figure 4. Photos from Employee Input Session at Lexington**



### VISION

A city of thriving communities where all residents are able to live healthy lives.

### MISSION

To promote and improve health by engaging residents, communities, and partners in establishing and implementing policies and services that prioritize residents and communities with the greatest need.

### VALUES

#### Diversity

We respect and appreciate our differences and affirm our range of experiences, values, traumas, and strengths. We work to constantly improve our cultural competence and seek out underrepresented views.

#### Excellence

We are a responsive workforce that strives to meet needs and exceed expectations. We deliver work with integrity and hold each other accountable for increasing health equity among Chicagoans.

#### Informed Decision Making

We collect, analyze, and disseminate data. In collaboration with community partners, we use data to inform program, policy, and funding decisions.

#### Teamwork

We work together, learning from and valuing staff and community partners. We aim to act responsibly, ensure effective communication, and encourage each other to achieve our common goals.

**“In all four of these values, we are continuously aware of the need to work to improve on where we are and where we want to be, that's a big part of enhancing the level of health, starting with self.”**

#### DEFINITIONS

**Communities** means 1) the physical neighborhoods in which people live and 2) groups of people with common characteristics, for example: the LGBT community, or a community of retired persons. CDPH staff work with representatives of both types of communities, depending on the interest and needs.

**Diversity** refers to the full spectrum of human variety: gender, gender identity, birthplace, language, race-ethnicity, religion, age, sexual orientation, immigration status, class, disability, and other characteristics.

**Health equity** means achieving the conditions in which every person has the opportunity to reach their highest level of health possible, without limits imposed by structural barriers.

**Healthy lives** means that, to the greatest extent possible, an individual is free from disease and at their highest strength and ability.

*These definitions were developed by the strategic priority committees, borrowing pieces from many sources such as CDC, WHO, and other health departments and refining them into final statements for CDPH.*

**GOAL 1: WORK TOWARDS HEALTH EQUITY**

CDPH must develop a shared understanding of what healthy equity means and learn about the root causes of health inequities. As we shift to assertively using health equity as a guide for our work, we must first assess each staff member's understanding of health equity and develop a common language and skill set. With these skills in place, we will then evaluate current practices and create new initiatives. Staff will feel inspired and engaged in advancing CDPH's mission and the vision of *Healthy Chicago 2.0*, our community health improvement plan.

**Objective 1.1**

By December 2017, 90% of all CDPH staff report that they **understand what health equity is** and how it impacts their work.

**Objective 1.2**

By December 2018, 80% of CDPH programs and staff report that they **use a health equity lens** to inform their work, as applicable.

**Objective 1.3**

By December 2019, 90% of CDPH programs demonstrate that they **achieved the *Healthy Chicago 2.0* strategies** related to their program.

**GOAL 2: DEVELOP OUR WORKFORCE**

CDPH employees are our most important resources and interact regularly with the community. We depend on the expertise and experience of our staff to effectively deliver essential public health services. We must continually enhance strengths and train to improve staff skills and capacity in order to develop a workforce culture which empowers staff as part of a learning organization.

**Objective 2.1**

By June 2018, 80% of staff report that they **contribute to decisions** about how CDPH does its work.

**Objective 2.2**

By December 2019, 90% of staff meet or exceed expectations for **core workforce competencies**.

*"Poverty is the greatest issue here. Social and cultural issues and a valid, historic distrust of government health systems are barriers we have yet to address properly. Public health policies that do not consider or incorporate these issues will result in continued inequities."*

— Lexington staff member

*"Many job titles aren't comparable to current job needs. IT was not required 20 years ago, but positions now need that. How do you improve staff competency if they are in a position for many years and do not have the skill set for current job needs?"*

— DePaul staff member

### GOAL 3: IMPROVE INTERNAL AND EXTERNAL COMMUNICATION

CDPH employees want to make sharing information in a timely manner with co-workers, managers, and customers the rule, not the exception. Managers will seek opportunities to share information with their staff at all levels. We will widely disseminate information and data from CDPH to the public, and will seek the opinion of community members and organizations to involve them in public health decision-making. We will be mindful of issues and opportunities arising from the community and will support those that align with our vision and mission.

#### Objective 3.1

By December 2019, 80% of programs with external stakeholders will **incorporate community input into their planning and programs** and let the community leaders or community-based organizations know what changes were made as a result of their input.

#### Objective 3.2

By December 2020, 90% of CDPH staff will report being **satisfied with the internal communication** at CDPH.

### GOAL 4: CREATE A RESPONSIVE DEPARTMENT INFRASTRUCTURE

CDPH has policies, procedures, and protocols that guide and standardize our work. These guidelines must be routinely reviewed, updated, and communicated to staff to assure relevance and adherence. Support functions such as finance, contracting, human resources, communications, and information technology are of particular importance. We must strengthen our culture of customer service by regularly soliciting feedback to ensure we are meeting the needs and expectations of both our external and internal customers.

#### Objective 4.1

By December 2018, 100% of CDPH **policies, procedures and protocols are up to date and available** on SharePoint.

#### Objective 4.2

By December 2018, 100% of CDPH offices/programs **collect customer satisfaction data**.

#### Objective 4.3

By December 2020, 100% of CDPH offices/programs **meet or exceed their targets for customer satisfaction**.

*"Meetings should be held with all team members, to make decisions. Field workers should be involved in decisions that will affect field work and the clients"*

— WSCDC staff member

*"Measure individual customer service style when appropriate at a point in time."*

— Englewood staff member

**GOAL 5: SECURE MORE FUNDING**

CDPH's current primary, long term funding sources do not allow flexibility to quickly respond to emerging issues or to easily incorporate new best practices. While maintaining current funding, CDPH also needs to find diverse, non-restrictive, and sustainable funding from non-grant sources. Where possible, CDPH needs to revise use of existing funding to align with our health equity and root causes of health priorities. Funding plans should include supportive infrastructure (information technology, data management, finance, human resources, etc.) to allow CDPH to function optimally and to develop CDPH as an innovative health department.

*"CDPH needs to look for funding that aligns with current programs and future direction and not funding because it is available."*

— Austin staff member

**Objective 5.1**

By December 2017, 100% of all new and continuing **grant applications are aligned** with the CDPH Strategic Plan and *Healthy Chicago 2.0*.

**Objective 5.2**

By December 2020, **increase grant funding** by 10% to \$105 million per year.

**Objective 5.3**

By December 2020, **increase non-grant funding** (i.e. public health taxes, dedicated revenue, income from billing, etc.) to \$2 million.

**GOAL 6: RAISE OUR PUBLIC HEALTH VOICE**

CDPH is committed to boldly leading Chicago to a future with more equitable health among communities. We will encourage our partners and city residents to speak up about the importance of public health so that "health in all policies" is the norm in Chicago. We need to educate the public about how factors beyond healthcare (housing, economic development, public facilities, etc.) have an effect on health. Sharing our knowledge widely is essential to this effort.

*"We need to find ways to increase recognition and utility in the communities."*

— Austin staff member

**Objective 6.1**

By December 2020, 80% of stakeholder organizations report that they **recognize CDPH as a public health expert**.

**Objective 6.2**

By December 2020, stakeholders report that CDPH is an important partner in at least three **collaborative initiatives with healthcare system partners** to efficiently improve health outcomes.

**Objective 6.3**

By December 2020, the **Health in All Policies Task Force will achieve at least 80% of the objectives** included in its 2017 report.

The Strategic Plan will require a sustained effort to ensure effective implementation and hold CDPH accountable to monitor and achieve its objectives, including progress on our CHIP, *Healthy Chicago 2.0*. We commit to dedicating a team of staff to implement the Strategic Plan over the next five years. The Managing Deputy Commissioner will continue as the Strategic Plan champion, with the support of the Executive Team. To align with day-to-day job functions, the Executive Team has identified an ‘owner’ for each objective that matches the scope of a current role within the Department (Table 4, p. 15). Each owner is empowered to convene ad hoc implementation teams as needed to carry out the objectives, provided that such teams consist of a balance of staff from across worksites, levels of reporting, and program areas.

The Executive Team and objective owners will make communication with employees an integral part of implementation, rolling out the new vision, mission, and values, and ensuring that the Strategic Plan is a part of everyday work. The Executive Team will develop regular opportunities for employees to discuss the Strategic Plan both within their programs at their own sites, and across programs and sites.

The Managing Deputy Commissioner will convene the objective owners for an initial kickoff retreat in November 2016, and will meet with objective owners at least quarterly from that point forward. Each objective owner will develop a detailed implementation plan. Beginning in 2017, Strategic Plan objectives will be incorporated through the CDPH Performance Management System in each program’s annual work plan and performance measures. (See Figure 1 for alignment diagram.) Programmatic work plans will link to the goals and objectives in each employee’s annual performance plan. Each year programmatic work plans and individual performance plans will be updated to reflect the next steps in strategic plan implementation.

Each objective owner will prepare and present a bi-annual progress update to the Executive Team. Evaluation data will be collected through the annual employee survey, a newly created partner survey, the performance management system, and related evaluations and reports as shown in Table 5. We anticipate making significant improvements in information technology for data collection and analysis that will assist evaluation efforts. We expect the Implementation Plan to be a living document, with updated strategies and activities reflecting progress towards the goals and objectives of the Strategic Plan and *Healthy Chicago 2.0*, and revisions as we move forward and learn from our work.

In addition, the Department’s Quality Improvement (QI) Plan will align with strategic plan implementation through the aforementioned monitoring and evaluation. If objectives and related measures are not meeting target or critical milestones are not met, the annual QI Plan will be updated to include the prioritization of resources and effort towards those QI projects addressing Strategic Plan deficiencies.

**Table 5. Strategic Plan Data Collection Methods by Objective**

DATA COLLECTION METHOD	OBJECTIVES
Bi-annual Strategic Plan Updates	5.1
Employee Survey	1.1, 1.2, 2.1, 3.2
Health in All Policies Task Force Reports	6.3
Partner Survey	6.1, 6.2
Performance Management System	1.3, 3.1, 4.1, 4.2, 4.3, 5.2, 5.3
Workforce Assessment	2.2



Table 4. Owners of CDPH Strategic Plan Objectives

GOAL	OBJECTIVE	OWNER(S)
1. Work towards health equity	1.1 By December 2017, 90% of all CDPH staff report that they understand what health equity is and how it impacts their work.	Director of Health Equity & Strategic Partnerships
	1.2 By December 2018, 80% of CDPH programs and staff report that they use a health equity lens to inform their work, as applicable.	Director of Health Equity & Strategic Partnerships
	1.3 By December 2019, 90% of CDPH programs demonstrate that they achieved the <i>Healthy Chicago 2.0</i> strategies related to their program.	Director of Health Equity & Strategic Partnerships
2. Develop our workforce	2.1 By June 2018, 80% of staff report that they contribute to decisions about how CDPH does its work.	Director of Performance Improvement
	2.2 By December 2019, 90% of staff meet or exceed expectations for core workforce competencies.	Director of Performance Improvement
3. Improve internal and external communication	3.1 By December 2019, 80% of programs with external stakeholders will incorporate community input into their planning and programs and let the community leaders or community-based organizations know what changes were made as a result of their input.	Director of Community Engagement
	3.2 By December 2020, 90% of CDPH staff will report being satisfied with the internal communication at CDPH.	Public Information Officer
4. Create a responsive department infrastructure	4.1 By December 2018, 100% of CDPH policies, procedures and protocols are up to date and available on SharePoint.	Managing Deputy Commissioner
	4.2 By December 2018, 100% of CDPH offices/programs collect customer satisfaction data.	Director of Performance Improvement
	4.3 By December 2020, 100% of CDPH offices/programs meet or exceed their targets for customer satisfaction.	Executive Team
5. Secure more funding	5.1 By December 2017, 100% of all new and continuing grant applications are aligned with the Strategic Plan and <i>Healthy Chicago 2.0</i> .	Director of Health Equity & Strategic Partnerships
	5.2 By December 2020, increase grant funding by 10% to \$105 million per year.	Director of Health Equity & Strategic Partnerships
	5.3 By December 2020, increase non-grant funding (i.e. public health taxes, dedicated revenue, income from billing, etc.) to \$2 million.	Executive Team
6. Raise our public health voice	6.1 By December 2020, 80% of stakeholder organizations report that they recognize CDPH as a public health expert.	Deputy Commissioner for External Affairs
	6.2 By December 2020, stakeholders report that CDPH is an important partner in at least three collaborative initiatives with healthcare system partners to efficiently improve health outcomes.	Managing Deputy Commissioner
	6.3 By December 2020, the Health in All Policies Task Force will achieve at least 80% of the objectives included in its 2017 report.	Director of Policy & Legislative Affairs, Chief Planning Analyst

### **CORE STRATEGIC PLANNING COMMITTEE**

Allison Arwady, *Chief Medical Officer, Health Protection and Health Promotion, Depaul and WSCDC*  
Gerrin Butler, *Director of Food Protection, Food Protection, Lexington*  
Jamie Dirksen, *Managing Deputy Commissioner (former), External Affairs and Strategy & Development, DePaul*  
Reginald Garrett, *Labor Relations Supervisor, Human Resources & Labor Relations, DePaul*  
Dave Graham, *Assistant Commissioner, Environmental Permitting & Inspection, Depaul*  
Daniel Jean, *Director of Mental Health, Mental Health, Englewood and Greater Lawn*  
Jesse Lava, *Director of Policy & Legislative Affairs, Policy & Legislative Affairs, DePaul*  
Chandra Logan, *Public Health Nurse II, Nursing & Support Services, Uptown*  
Julie Morita, *Commissioner, DePaul*  
Massimo Pacilli, *Quality Assurance Manager, Communicable Disease, WSCDC*  
Nik Prachand, *Director of Epidemiology, Epidemiology, DePaul*  
Ivonne Sambolin, *Director of Community Engagement, Community Engagement, DePaul*  
Frankie Shipman, *Director of Research & Planning, Emergency Preparedness, DePaul*  
Cristal Simmons, *Epidemiologist IV, Informatics & IT, DePaul*  
Patrick Stonehouse, *Program Director, Community Services: HIV Prevention, DePaul*  
Tonya Tucker, *Deputy Commissioner, Finance, DePaul*  
William Villalona, *Building Inspector, Lead Poisoning Prevention & Healthy Homes, Lexington*  
Marlita White, *Director of Administration, Behavioral Health, DePaul*

### **STRATEGIC PRIORITY COMMITTEES**

#### **Health Equity**

Allison Arwady, *Chief Medical Officer, Health Protection and Health Promotion, Depaul and WSCDC*  
Charlayne Guy, *Communicable Disease Investigator II, Communicable Disease, WSCDC*  
Kevin Hansen, *VFC Vaccine Manager, Immunization, WSCDC*  
Jesse Lava, *Director of Policy & Legislative Affairs, Policy & Legislative Affairs, DePaul*  
Cristal Simmons, *Epidemiologist IV, Informatics & IT, DePaul*  
Yaa Simpson, *Epidemiologist II, Surveillance, Epidemiology & Research: HIV Surveillance, DePaul*  
Joan Weaver, *Public Health Administrator III, Behavioral Health: Substance Abuse, DePaul*

#### **Workforce Development**

Delrice Adams, *Program Development Coordinator, Behavioral Health, DePaul*  
Reginald Garrett, *Labor Relations Supervisor, Human Resources & Labor Relations, DePaul*  
Julia Grimmert, *Training Officer, Emergency Preparedness, Besley*  
Rick Ortiz, *Public Health Administrator II, Community Services: Ryan White Quality Assurance, DePaul*  
Luella Owens, *Sanitarian II, Food Protection, Lexington*  
Dave Graham, *Assistant Commissioner, Environmental Permitting & Inspection, Depaul*  
Massimo Pacilli, *Quality Assurance Manager, Communicable Disease, WSCDC*  
Natalie Raketich, *Public Health Informatics Specialist, Informatics, DePaul*  
Kingsley Weaver, *Epidemiologist IV, Epidemiology, DePaul*

**Communication**

Renu Gupta, *Regional Nutrition Coordinator, Nutrition & WIC Services, Austin, Lower West, Friend Family and Greater Lawn*  
 Edgar Gutierrez, *Public Health Administrator II, Community Services: Ryan White, DePaul*  
 Chandra Logan, *Public Health Nurse II, Nursing & Support Services, Uptown*  
 Raed Mansour, *Assistant to the Commissioner, Innovation, DePaul*  
 Nik Prachand, *Director of Epidemiology, Epidemiology, DePaul*  
 Brian Richardson, *Deputy Commissioner, External Affairs, DePaul*  
 Ivonne Sambolin, *Director of Community Engagement, Community Engagement, DePaul*  
 Ganiat Sarumi, *Public Health Nurse II, Nursing Services, Uptown*  
 Ken Scott, *Senior Environmental Inspector, Environmental Permitting & Inspection, DePaul*

**Infrastructure**

Erika Harding, *Public Health Administrator, III HIV Prevention, DePaul*  
 Otis Omenazu, *Supervising Environmental Engineer, Environmental Permitting & Inspection, DePaul*  
 Matthew Roberts, *Project Manager, Informatics & IT, DePaul*  
 Tonya Tucker, *Deputy Commissioner, Finance, DePaul*  
 William Villalona, *Building Inspector, Lead Poisoning Prevention & Healthy Homes, Lexington*  
 Marlita White, *Director of Administration, Behavioral Health, DePaul*

**Funding**

Mahita Bobba, *Grants Research Specialist, Emergency Preparedness, DePaul*  
 Gerrin Butler, *Director of Food Protection, Food Protection, Lexington*  
 Deborah Henry-Walker, *Public Health Nurse I, Nursing Services, Englewood*  
 Julie Morita, *Commissioner, DePaul*  
 Patrick Stonehouse, *Program Director, Community Services: HIV Prevention, DePaul*  
 Andre Williams, *Assistant Program Director, Emergency Preparedness, DePaul*

**Public Health Voice**

Melissa Buenger, *Policy Analyst, Policy & Legislative Affairs, DePaul*  
 Angela Calhoun, *Public Health Administrator II, STI HIV, DePaul*  
 Carmelita Connor, *Public Health Nurse II, Nursing & Support Services, Woodlawn Outpost*  
 Marcie DeLoach, *Public Health Nurse II, Nursing & Support Services, Woodlawn Outpost*  
 Jamie Dirksen, *Managing Deputy Commissioner (former), External Affairs and Strategy & Development, DePaul*  
 Daniel Jean, *Director of Mental Health, Mental Health, Englewood and Greater Lawn*  
 Frankie Shipman, *Director of Research & Planning, Emergency Preparedness, DePaul*

**GOVERNING BODY REPRESENTATIVES**

Rosa Escarano, *Chief of Operations, Mayor's Office*  
 Carolyn Lopez, *Chair, Board of Health*

**EXECUTIVE SPONSORS**

Megan Cunningham, *Managing Deputy Commissioner, DePaul*  
 Jaime Dirksen, *Managing Deputy Commissioner (former)*  
 Joe Hollendonner, *First Deputy Commissioner (former)*  
 Fikirte Wagaw, *First Deputy Commissioner, DePaul*

### **LEAD PLANNER**

Ann Cibulskis, *Coordinating Planner, Planning, DePaul*

### **CONTRIBUTING STAFF**

Kirsti Bocskay, *Director of Performance Improvement, Organizational Development, DePaul*

Sheri Cohen, *Coordinating Planner, Planning, DePaul*

Janis Sayer, *Chief Planning Analyst, Planning, DePaul*

Marlee Hendricks, *Intern, DePaul University*

Georgia Tankard, *Intern, Occidental College*

### **CONSULTATION AND FACILITATION**

Laurie Call, *Director for Community Capacity Development, Illinois Public Health Institute*

Strategic planning process materials and documentation are included in the following appendices:

**A. Timeline**

B. Retreat #1 Presentation

**C. Mission, Vision, and Values Survey**

D. Retreat #2 Presentation

**E. Employee Satisfaction Survey**

F. Retreat #3 Presentation

G. Board of Health Presentations

H. Selected Email Messages and Meeting Invitations\*

Appendices A, C, and E are printed within the Strategic Plan document (pp. 20-33). Due to their length, Appendices B, D, F, G, and H are available for review and download at [CDPH's SharePoint site for strategic planning](#).

Additional materials and documentation related to the strategic planning process and implementation are also located on [CDPH's SharePoint site for strategic planning](#). This includes a more detailed timeline, all meeting agendas and minutes, the full environmental scan summary, member lists, draft versions of surveys and the plan, sample meeting invitations and emails to committee members, and implementation work plans.

\*To demonstrate communication with staff regarding strategic planning.

<b>STRATEGIC PLANNING PROCESS TIMELINE</b>	
<b>KEY MEETINGS AND ACTIVITIES</b>	<b>DATE(S) [ALL DATES ARE 2016 EXCEPT WHERE NOTED]</b>
Core Strategic Planning Committee Retreat #1	August 25, 2015
Executive Team and Mayor's Office Monthly Updates	Beginning September 1, 2015
Values Sub-Committee Meeting	December 14, 2015
Data Sub-Committee Meeting	December 15, 2015
Mission & Vision Sub-Committee Meeting	January 5
Data Sub-Committee Meeting	January 7
Mission & Vision Sub-Committee Meeting	January 21
Vision, Mission, and Values Staff Survey	January 27 - February 12
Employee Satisfaction Survey	February 15 - March 4
Board of Health Update and Input Session	February 17
On-site Staff Input Sessions (4) for SWOT	March 1 at Lexington March 4 at Englewood March 9 at Uptown March 11 at DePaul
Data Sub-Committee Meeting	March 2
Values Sub-Committee Meeting	March 10
Core Strategic Planning Committee Retreat #2	March 23
Values Sub-Committee Meeting	April 5
Mission & Vision Sub-Committee Meeting	April 7
Core Strategic Planning Committee Retreat #3	April 12
Board of Health Update and Input Session	May 18
Strategic Priority Committees (6) Draft Goals and Objectives	May 19 - July 7
On-site Staff Input Sessions (5) about Goals and Objectives	June 2 at Lexington and WSCDC June 7 at DePaul June 15 at Englewood June 16 at Austin
Strategic Plan Writing and Review	June 25 - October 19
Strategic Plan Review Meetings	August 3 August 16 September 26
Board of Health Update and Input Session	October 19
Strategic Plan Publication and Dissemination	December 6

## MISSION, VALUES, AND VISION STAFF SURVEY

*(The survey was formatted in the Health Alert Network (HAN) and emailed to all staff to complete on-line.)*

The Chicago Department of Public Health (CDPH) is embarking on a department-wide strategic planning process. A diverse Strategic Planning Team has been formed, and will continue meeting until the strategic plan is developed and a monitoring system is in place. A critical piece of strategic planning is engaging staff in the process. A mission, values, and a vision statement are important foundational components of a strategic plan. We have identified three early options for collecting staff input: this anonymous all-staff survey about mission, values, and vision; the anonymous annual employee satisfaction survey; and a series of five on-site discussions.

For this initial opportunity for staff input, we would like your feedback on the new draft mission, values, and vision. Input from all staff is critical to the process. Please take a few minutes to thoughtfully contribute to this survey. Your feedback will be the basis of discussion at a Strategic Planning Team Retreat. All results from the retreat will be shared with you as well. The survey is open through February 12th and should take 10-15 minutes to complete. Thank you in advance for your time.

### MISSION

A mission statement should clarify the organization's purpose and indicate what the organization does and why. It should answer the question, "Ultimately, what are we here to do?" A mission statement is intended to be shared with clients, customers, and the larger community to communicate the purpose and function of our organization. A mission statement usually describes:

- Impact: What do you want to achieve in the long run?
- Audience: Who is the target group or beneficiaries of your work?
- Methods: How do you reach the audience and achieve the impact?

The proposed mission statement is: "To increase equity in the health of Chicago residents and improve community conditions through policies, programs, and system coordination."

**Required Q.1** CDPH's proposed mission statement accurately describes our purpose in terms of impact, audience, and method.

Strongly Agree   Agree   Slightly Agree   Uncertain   Slightly Disagree   Disagree   Strongly Disagree

**Optional Q.2** If you have suggestions for revisions to the mission:

**Optional Q.3** What priority needs exist in the community that CDPH is best suited to address?

### VALUES

Value statements represent the core priorities in the organization's culture, including what drives staff members' priorities and how they act and provide their services. Values include principles, beliefs, and underlying assumptions that guide the organization. Values are important in strategic planning as they often serve as drivers and establish framework. Values statements should articulate how the organization will conduct itself and should answer the questions: "How do we want to treat others?, How do we want to be treated ourselves?, What do we believe? and "What do we stand for?"

The CDPH Strategic Planning Team created the following four values statements. Please indicate how strongly or not each value reflects how you feel about the work that you do. Is this value carried out in your unit today? Would thinking about this value inspire you to change anything about how you do your work?

**Required Q.4** Please read the four value statements in the table below and indicate at what level the value inspires and motivates you.

<b>Value</b>	<b>This value inspires and motivates me:</b>						
<b>Diversity:</b> We respect, appreciate, and affirm diversity.	Strongly Agree	Agree	Slightly Agree	Uncertain	Slightly Disagree	Disagree	Strongly Disagree
<b>Excellence:</b> We have a workforce that strives to improve and exceed customer needs and expectations, deliver work with integrity, and hold each other accountable.	Strongly Agree	Agree	Slightly Agree	Uncertain	Slightly Disagree	Disagree	Strongly Disagree
<b>Inclusive Informed Decision Making:</b> In collaboration with partners, we collect, analyze, and disseminate data that informs program development, policy, and funding decisions.	Strongly Agree	Agree	Slightly Agree	Uncertain	Slightly Disagree	Disagree	Strongly Disagree
<b>Teamwork:</b> We leverage the abilities and perspectives of all involved partners to promote and support ourselves as a diverse team to best contribute to, learn from, and encourage each other towards our common goals.	Strongly Agree	Agree	Slightly Agree	Uncertain	Slightly Disagree	Disagree	Strongly Disagree

**Optional Q.5** Choose one of the four values — diversity, excellence, inclusive informed decision-making, teamwork — and write a few sentences about **how you see this value demonstrated in your workplace today**.

**Optional Q.6** Choose one of the four values — diversity, excellence, inclusive informed decision-making, teamwork — and write a few sentences about **how you see this value is not demonstrated in your workplace today**.

**Optional Q.7** Choose one of the four values — diversity, excellence, inclusive informed decision-making, teamwork — and write a few sentences about **how you plan to demonstrate this value at work in the future**.



**VISION**

A vision statement describes what the organization should look like as we successfully implement strategies and achieve our full potential. A vision statement answers the question, "Where and what do we want to be?" It is intended to be inspirational and a picture of the future. A vision statement articulates dreams and hopes for what CDPH aspires to create or change in a realistic yet challenging statement. The vision statement is for members of the staff and Board of Health as inspiration and direction. The proposed vision statement is:

“A city of thriving communities where all residents live healthy lives.”

**Required Q.7** Level of agreement with vision

	Level of Agreement						
The proposed vision statement is motivating and inspirational to me.	Strongly Agree	Agree	Slightly Agree	Uncertain	Slightly Disagree	Disagree	Strongly Disagree
The proposed vision statement accurately reflects how the community, public health system, and organization will be different or changed in the future if we are successful in achieving our purpose.	Strongly Agree	Agree	Slightly Agree	Uncertain	Slightly Disagree	Disagree	Strongly Disagree

**Optional Q.8** Please enter any suggestions for improving the vision statement:

**Optional Q.9** Please provide any additional feedback or questions regarding the mission, values, and vision.

**RESPONDENT INFORMATION**

This is an anonymous survey, there will not be any way to track who entered the answers you provide. The following questions will be used for analysis purposes only.

**Optional Q.10** Do you supervise staff? Yes or No

**Optional Q.11** Are you a member of a union? Yes or No

**CONCLUSION AND THANK YOU**

Your written responses may be used in the final plan, or in the Commissioner’s Update or other internal communication to provide examples of how staff members understand the mission, vision, and values. If you would like to be credited for any quotes used, please enter your name below, otherwise, your response will remain anonymous.

**Optional Q. 12** Full Name, if you wish to be recognized:

Thank you for participating in the survey—results will be shared later in the planning process.

**2015 CDPH Employee Satisfaction Survey**

*(Administered online by University of Illinois School of Public Health through Qualtrics.)*

We ask that you please take a moment to reflect on your own experiences at the Department, and then answer the following survey questions about employee satisfaction. This survey takes approximately 15 minutes to complete. The confidentiality of your answers will be protected in the following ways:

- All responses are collected through an independent party, not through CDPH or the City. An intern from UIC will be responsible for administering the survey through an external, online survey management system called Qualtrics.
- You do not have to answer any questions in the survey that you do not wish to answer.
- No information that could be used to identify your specific computer (e.g., its IP address) will be collected.
- Responses will be grouped in a variety of ways that will not allow identification of individuals, and CDPH will not receive any original survey data.

Thank you, in advance, for your participation!

Click the forward button ( >> ) on the bottom left side of each screen to move forward.

Please note: In the questions that follow, “the Department” and “CDPH” both refer to the Chicago Department of Public Health. In addition, the terms “program” and “team” both refer to the specific program or unit in which you work (for example, Food Protection or Contracts).

Please remember: You can choose to skip any question you do not want to answer. All of your responses will remain confidential. This information will be used to help improve employee satisfaction at CDPH.

Please rate the extent to which you agree or disagree with the following statements.

**Appreciation & Recognition**

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
Employees are recognized for providing high quality products and services.							
In my program or work unit, differences in performance are recognized in a meaningful way.							
I am satisfied with the recognition I receive for doing my job.							

**Accountability**

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
I am held accountable for achieving results.							
In my program or work unit, steps are taken to deal with a poor performer who cannot or will not improve.							
I see internal policies applied fairly.							

**Communication**

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
I know what is expected of me on the job.							
I have a clear understanding of the goals and priorities of the Department.							
I know how my work relates to the Department's goals and priorities.							
I am satisfied with the information I receive from management about what's going on at CDPH.							
I receive useful information about program news and events via the Commissioner's Update.							
The department's website has information about my program or work team for the public that is useful and easy to find							
I use SharePoint for the work that I create.							
I find information that I need in SharePoint.							

You can choose to clarify or comment on any of your responses above in the space provided below.

## E. EMPLOYEE SATISFACTION SURVEY

Please rate the extent to which you agree or disagree with the following statements.

### Diversity

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
Supervisors/team leaders work well with employees of different backgrounds.							
In my program or work unit, Diverse perspectives are valued at the Department.							
My co-workers interact in ways that respect diversity.							

### Motivation & Commitment

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
When it is needed I am willing to put in the extra effort to get a job done.							
I feel a strong sense of commitment to CDPH.							
My own personal values are demonstrated in the work that the Department does.							

### Person-Position Fit

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
My talents are used well at the Department.							
The work I do is important.							
My work gives me a feeling of personal accomplishment.							

You can choose to clarify or comment on any of your responses above in the space provided below.

Please rate the extent to which you agree or disagree with the following statements.

**Innovation**

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
I feel encouraged to come up with new and better ways of doing things.							
My program has a climate that supports me sharing new ideas for accomplishing our goals.							
I am encouraged to take the initiative in solving problems.							

**Within-Program Issues**

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
The people I work with cooperate and share knowledge in order to get the job done.							
I find I have to work harder at my job than I should because my co-workers are not effective in their positions.							
Work is distributed fairly across all employees in my program or work unit.							

**Between-Program Issues**

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
I know who to go to for help when I interact with other programs or work units.							
People in other programs understand what my job is and know when to come to me for help.							
The Department's work environment promotes partnership and collaboration between programs.							
Communication and collaboration between CDPH programs is effective.							
My manager encourages collaboration with other programs or work units.							

You can choose to clarify or comment on any of your responses above in the space provided below.

Please rate the extent to which you agree or disagree with the following statements.

**Leadership**

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
The Department's leaders support collaboration across programs to accomplish work objectives .							
I feel that the manager directly above my immediate supervisor/team leader is doing a good job.							
Managers above my supervisor recognize my program or work unit's accomplishments.							

**Work Conditions & Environment**

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
I have sufficient resources (for example, people, materials, budget) to get my job done.							
My workload is reasonable.							
The level of stress associated with my job is acceptable.							
The policies and practices regulating the CDPH workforce are too rigid and inflexible.							
I am satisfied with my ability to work a flexible schedule (for example, start and end times).							
I am satisfied with the physical working conditions of my primary office or workspace.							
The level of IT support that I receive allows me to do my job effectively and efficiently.							
I am satisfied with the level of support I receive from CDPH's Finance and Revenue unit in completing my job duties.							
I am satisfied with the level of support I receive from CDPH's Human Resources & Labor Relations unit.							
I am satisfied with the level of support I receive from CDPH's Contracts unit.							
I am satisfied with the level of support I receive from CDPH's Communications unit.							
I am satisfied with the level of support I receive from CDPH's Epidemiology and Public Health Informatics unit.							
I am satisfied with the level of support I receive from CDPH's PQI unit.							
I am satisfied with the level of support I receive from the Grants unit.							

## E. EMPLOYEE SATISFACTION SURVEY

### Supervision

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
My supervisor/team leader provides me with opportunities to demonstrate my leadership skills.							
My supervisor/team leader provides me with constructive suggestions to improve my job performance.							
I receive support from my supervisor/team leader to accomplish my work objectives.							
I have sufficient flexibility in determining how to accomplish my daily tasks.							

You can choose to clarify or comment on any of your responses above in the space provided below.

Please rate the extent to which you agree or disagree with the following statements.

### Development & Training

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
I am given a real opportunity to improve my skills at the Department.							
My training needs are assessed regularly.							
Our workforce has the job-relevant knowledge and skills necessary to accomplish the Department's goals.							



**Compensation & Promotion**

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
I feel I am being paid a fair amount for the work I do.							
I am satisfied with how pay raises are awarded at CDPH.							
I am satisfied with the opportunities I have to get a better job at the Department.							
I am satisfied with the benefits package that I receive (for example, health insurance, vacation time, retirement planning).							

**Organizational Satisfaction**

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
CDPH is successful at accomplishing its mission.							
I recommend the Department as a good place to work.							
CDPH is effective at serving the people of the City of Chicago.							

You can choose to clarify or comment on any of your responses above in the space provided below.

## E. EMPLOYEE SATISFACTION SURVEY

Please rate your general sense of satisfaction with your job and with the Department.

### Overall Job Satisfaction

	Very Dissatisfied	Moderately Dissatisfied	Slightly Dissatisfied	Neither Dissatisfied nor Satisfied	Slightly Satisfied	Moderately Satisfied	Very Satisfied
Considering everything, how satisfied are you with your job?							
Considering everything, how satisfied are you with your pay?							
Considering everything, how satisfied are you with the job security that you have?							
Considering everything, how satisfied are you with the job you feel is being done by your immediate supervisor/team leader?							
Considering everything, how satisfied are you with CDPH?							

You can choose to clarify or comment on any of your responses above in the space provided below.

**Quality Improvement**

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
I understand the CDPH Performance and Quality Improvement expectations.							
Customer satisfaction information is routinely used by many individuals responsible for programs and services at CDPH.							
My manager encourages our work team to engage in quality improvement in our work.							
CDPH currently has a culture that focuses on continuous quality improvement.							

You can choose to clarify or comment on any of your responses above in the space provided below.

**Staff Demographics and Job Role**

Which Program do you primarily work in?

- Administration & Finance: Finance & Revenue, Human Resources & Labor Relations, Contracts, Operations Support
- Clinical Services: Mental Health, Breast Health, STI Clinics, HIV Primary Care
- Commissioner's Office: Compliance, First Deputy, Commissioner and Commissioner's direct reports
- Disease Control: TB, Immunization, Communicable Disease
- Emergency Preparedness
- Environmental Health: Food Protection, Vector Control, Lead, Permitting and Inspection
- External Affairs: Community Engagement, , Public Information, Policy and Legislative Affairs, Tobacco Prevention & Control
- Maternal, Infant, Child and Adolescent Health: Public Health Nursing, WIC, Adolescent and School Health Programs
- STI/HIV: Prevention, Ryan White, Housing, Surveillance, Partner Services
- Strategy and Development: PQI, Epidemiology & Public Health Informatics, Innovation, Planning, Grants, Violence Prevention and Behavioral Health, Ryan White Quality Management
- Not Sure

What is your age?

- 18 - 39
- 40 - 49
- 50 - 59
- 60 +

**E. EMPLOYEE SATISFACTION SURVEY**

In total, how many years have you worked at CDPH?

- 0 - 2 years
- 3 - 5 years
- 6 - 10 years
- 11 - 20 years
- 21 - 30 years
- 31 + years

In total, how many years have you worked with the City of Chicago? (including time at CDPH)

- 0 - 2 years
- 3 - 5 years
- 6 - 10 years
- 11 - 20 years
- 21 - 30 years
- 31 + years

What is your position's union/non-union designation?

- AFSCME
- Carpenters
- Nurses (INA)
- Teamsters 700
- Teamsters 743
- Non-Union

Do you supervise any staff?

- No
- Yes

You can choose to clarify or comment on any of your responses above in the space provided below.

**Summary Questions on Satisfaction at CDPH**

**Satisfaction Survey**

	Strongly Disagree	Disagree	Slightly Disagree	Neither Disagree nor Agree	Slightly Agree	Agree	Strongly Agree
I believe the results of this survey will be used to make the Department a better place to work.							

Is there anything else you would like to share about your own job satisfaction at CDPH?

Is there anything else you would like to share about employee satisfaction, in general, at the Department?

Do you have any suggestions for how to improve employee satisfaction at the Department?