



Countryside Public Health

Strategic Plan 2013-2018

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Introduction

Countryside Public Health (CPH) is a fully integrated, joint powers agency serving Big Stone, Chippewa, Lac qui Parle, Swift, and Yellow Medicine Counties. The agency began the process of regionalization long before it became an economic and political necessity. In 1970, Chippewa and Yellow Medicine Counties combined to form a nursing service. They were joined by Swift County in 1973, Lac qui Parle County in 1974, and Big Stone County in 1980. The 2010 census data reports the population in the five counties at 45,190 within 3,346 square miles. According to national measures, our service area is classified as “frontier” in population rate. The administrative structure of the agency consists of an administrative team of an Administrator, two Assistant Directors, the agency Fiscal Officer/Director and Data Systems Manager. Staff includes professional Nurses, Environmental Health, Informatics, Financial Specialists, Office Support, and a Bilingual Community Health worker providing services Monday through Friday in each of the individual county offices.

The mission of CPH is “to facilitate a safe and healthy future for all the residents of Big Stone, Chippewa, Lac qui Parle, Swift, and Yellow Medicine counties.” Our goal is to support all individuals to reach and/or maintain an optimal level of well-being in his/her place in society. CPH strives to promote, plan, cooperate, and coordinate with other agencies and institutions to develop this optimal level, and to be a leader in the development of a comprehensive community health program. CPH provides support to our community in six major program areas: Family Health, Environmental Health, Emergency Preparedness, Infectious Disease, Disability and Decreased Independence, and Health Promotion. These major program areas align with the document “Defining and Constituting Foundational Capabilities and Area V1”.

Background

In Minnesota, The Community Health Services (CHS) Act of 1976 established a “State Community Health Services Advisory Committee” (SCHSAC), to advise, consult with and make recommendations to the Commissioner of Health on matters relating to the development, funding, and evaluation of community health services in Minnesota. The CHS Act (later renamed the Local Public Health Act) began the partnership between the Minnesota Department of Health (MDH) and local governments. This state/local partnership has proved to be an effective tool for protecting and improving the health of all Minnesotans.

SCHSAC develops annual work plans to focus their activities, but much of their work is accomplished through workgroups. The SCHSAC Performance Improvement and Accreditation Work Group identified strategies to strengthen accountability and improve performance across public health agencies in Minnesota in 2010. In 2011, SCHSAC approved a recommendation from the “Performance Improvement Steering Committee” that Community Health Boards in Minnesota be required to submit three plans in February 2015. These new requirements are:

1. Community Health Improvement Plan
2. Strategic Plan
3. Quality Improvement Plan

Strategic Plan Process Overview

The Strategic Planning Process was developed and facilitated by MDH and based on National Public Health Accreditation Standards issued by the Public Health Accreditation Board (PHAB). Elements and steps of the planning process utilized to develop the Countryside Public Health Strategic Plan highlighted in the following diagram:



Facilitation of the Strategic Planning process occurred June 18th and 19th of 2012 and conducted by two regional Public Health Nurse Consultants (PHNCs) with the Office of Performance Improvement (OPI) at the MDH. Membership of the Countryside Public Health Strategic Planning team included: Elizabeth Auch, PHN-CHS Administrator, Commissioner Kenneth Koenen, Commissioner Peter Peterson, Commissioner Todd Patzer, Lay Board Member Vern Silvernale, Brenda Jergensen, Business office, Cindy Skulstad, RN, Wanda Ness, PHN, Julie Kunrath, RN, Kris Boike, PHN, Gloria Tobias, RN, Shelly Aalfs, Informatics, Sandy Macziewski, Data Systems Manager, and Linda Norland, Deputy Administrator.

Following the facilitated sessions, the strategic planning team and Public Health Nurse Consultant (PHNC) have continued to meet for development and implementation of the Strategic Plan. The CHS Administrator is responsible for ongoing communication regarding strategic planning progress to the Countryside governing board. Additionally, the CHS Administrator will share updates and progress with the community as necessary.

Summary of Reports and Key Trends

Countryside Public Health did the Strategic Planning Process before our Community Health Assessment was fully completed. In 2013, Countryside Public Health has completed our Community Health Assessment in partnership with the nine area hospitals in our five counties. Countryside Public Health has informed all five county boards with data analysis of our population. Countryside Public Health shared the data with the five County Family Service Directors.

Countryside Public Health statistics differ notably from the state in the following areas:

- An aging population
- Change in the distribution of people of color
- Lack of medical providers(dental, physicians,)
- Higher motor vehicle accidents

Countryside Public Health has formed a group called the Program Advisory Committee (PAC) that meets and holds discussions on the external and internal trends that impact the health of the community. The team discussed the significance of the data and health issues brought forward by the nine area hospitals. Countryside Public Health also discussed how to move forward with the trends found in our Community Health Assessment.



Strengths, Weaknesses, Opportunities and Challenges (SWOC) Analysis

During the assessment phase of the strategic planning process, the strategic planning team worked through a list of the strengths, weaknesses, opportunities and challenges of Countryside Public Health as an agency. The list was discussed during the facilitated session and the planning team was asked to determine which ideas/themes were particularly important to consider with the context of the environment of the strategic plan will be operating within.

Strengths/Accomplishments	Weaknesses and Challenges
<ul style="list-style-type: none"> • Robust Family Health, WIC, CTC Program • Clients receiving the most public health services with the dollars allocated • Know and are using resources (fiscal management very good) • Program work plans as one agency • Stable knowledgeable workforce • Strong Governing Board • Community Partners view PH agency reputation as really good/partners see the five counties as one entity • Increased regional work • A visible resource in the counties 	<ul style="list-style-type: none"> • Money/legislation view PH as a step-child. More difficult/changes with allocating resources/political • Increased poverty, age • Losing middle class • Migration to rural areas for cheap housing • Staff/losing PH experience (retirement) • Grant dollars spread out over five counties • Distance as a rural disparity • Measureable outcomes, evaluation and impact. Difficulty measuring, and clarity of purpose • Cost of evidence-based programs
Opportunities <ul style="list-style-type: none"> • Community Health Assessment is an opportunity to engage others- enhance understanding • Identify where goals and priorities merge • Southern Prairie Health Alliance- where will this lead Countryside Public Health • Health Plans – Inject PH into process • Reassess our Role – opportunities for improving • Better mentoring of staff 	

Countryside Public Health concluded from the discussion that public health will always continue to evolve and change. Public health should not work with the thought that we are in competition with our providers but a partner to help our population be healthy. The future will consist of stronger partnership with the health care system.

Mission, Vision and Value Statements

Following review of the summary of reports/key trends and the SWOC analysis, the group reviewed the current mission, value statements and visions for Countryside Public Health.

The mission of Countryside Public Health is to facilitate a safe and healthy future for the residents of Big Stone, Chippewa, Lac qui Parle, Swift and Yellow Medicine counties.

Countryside Public Health noted facilitating as a word encompasses the role of a public health agency. A public health agency can not solve all the health issues in a community but its presence is the help be



the facilitator of change for a safe and healthy community. The Strategic Plan will be used for all our materials.

The next session the team worked on was identifying a vision for Countryside Public Health. The question we asked ourselves “what does Countryside Public Health hope to see within the community and our organization as a result of this work in the next 3-5 years?” An affinity grouping process was utilized to collect similar ideas; vision elements were identified to capture the main themes. During the follow up meetings with the PHNC, the team refined the brainstormed elements into vision statements with descriptive words and actions to describe the meanings and intentions of the visions to the Countryside Governing entity, community partners and other key stakeholders.

Vision Elements:

- **Reliable community resource:** Countryside Public Health has a vision and belief that the role of public health is being the content expert for our counties on the resources available to our population. It is the intention by interacting with our partners with the Community Health Assessment this vision element will be met.
- **Effective Collaboration:** Public Health leaders must have the ability to create and maintain trust with partners. By creating trust and partnerships with community partners this leads to effective collaborative efforts for the population being served.
- **Maintain a dedicated, competent versatile staff/board:** Countryside Public Health will lose 25% of its public health employees in the next year. The Countryside Community Health Board and Administration hold firm that an educated and competent staff will lead Countryside Public Health in the right direction. As public health continues to evolve and change each year our staff needs to be nimble and knowledgeable to the public health environment.
- **Public Understanding:** It has always been a long standing challenge for the public to understand the role public health has in their communities. Countryside Public Health looks at this vision element as a constant challenge. Countryside will look to the public and PAC group to navigate ways to create a better understanding of the value of public health to our population.
- **Program quality improvement:** Countryside Public Health has a long tradition of viewing data and quality when providing public health services. Countryside Public Health has two informatics employees and a team of employees who believe quality and data will drive the future of public health. However, Countryside Public Health needs to do better with the outcomes of the data analyzed. Administration will attend QI training in 2014 and plan to have QI training for all employees in 2015.



- **Improved Community Health outcomes:** Countryside Public Health will use the Community Health Assessment Data and continued work with our partners to create health prevention strategies which will enable the population to have the ability to choose a healthier lifestyle.

Core Values

- **Clients are the focus of everything we do.** Our agency's primary reason for existence is to try to meet the identified needs of those who come to us for help. The clients best interests need to continuously be kept in mind especially for those who are most vulnerable.
- **Quality is important.** It is important that what we do, we do well. It is also important that we do the "right thing" within our limitations and within ethical, moral, and legal constraints.
- **Continuous improvement is essential to success.** We must strive for excellence in everything we do: in the services we provide or arrange; in their safety and value; and in our interactions with others.
- **Employee involvement is a way of life.** We are a team. We must treat each other with respect, trust and support.
- **Society benefits when all members are able to fully participate in their communities.** Full integration into the mainstream of life is important.
- **A healthy, well-balanced staff is necessary for high quality service delivery.** Employees need to work in an environment that is conducive to positive emotional and physical well-being.
- **Collaboration with other organizations is essential.** Solving problems and coping with challenges necessitates that a posture of cooperation and coordination with other organizations be present.
- **An informed citizen is necessary for good government.** An enlightened public is essential to a democratic process and good decision-making. We are committed to providing the general public with relevant, accurate and timely information about our goals, services and decisions that will affect the public.
- **Employees must be well trained.** Given societal complexity and the diversity of problems with which employees are challenged, it is essential that all employees receive adequate training and opportunities for development.



Strategic Priorities

The final portion of the facilitated session was spent brainstorming actions necessary to do in order the make the vision elements become a reality at Countryside Public Health. Much like the vision process, an affinity grouping was done to collect similar action steps; strategy elements were identified in to operational strategies. The compilation of strategies identified for our agency is:

- Complete and communicate strategic plan interactively
- Build and strengthen competent, knowledgeable staff
- Communicate effectively based on assessment of community readiness
- Engage partners in full community health assessment
- Collaborate with partners based on common ground
- Develop and implement a full QI program.
- Purse and manage sustainable funding

Countryside decided the first strategic priority developed for our agency is to build and maintain a dedicated, competent versatile staff and board. This decision was based on 25% of our professional staff retiring in the next 12 months. The Program Advisory Committee will continue to meet on at regular interval to monitor implementation and progress of the action plan. Countryside Public Health has hired the University of Minnesota Extension to provide year long leadership training for 2014 to start the building of a competent workforce.

The other two strategic priorities that were identified in the affinity process for the next 1-3 years is:

- Complete and communicate strategic plan interactively
- Communicate effectively based on assessment of community readiness

Once the Leadership training is completed in 2014 with the University of MN Extension, Countryside Public Health will begin the next steps of the communicating the strategic plan and communicating the community health assessment to our population. Countryside Public Health has planned Omaha training for staff in 2015.

The PAC continues to meet quarterly to advise the agency on how to move forward with the Countryside's strategic plan and community health assessment. Each meeting has an agenda with assignments for each of the staff members on the committee.

Countryside Public Health is still in the midst of the Community Health Assessment (CHA) and Community Health Improvement (CHIP) plans. As we move forward with our community health assessment, Countryside Public Health will be able to take the next steps in our Strategic Plan in the next few years.

Linkage with community Health Improvement Plan



(once the CHIP is completed, I will insert the link to go between the Strategic Plan and the Quality Improvement plan).

Linkage with Quality Improvement Plan

(Once the QI plan is completed I will have a link between the Strategic Plan and the QI Plan)