



**CERRO GORDO COUNTY  
DEPARTMENT OF PUBLIC HEALTH**

# 2019-2021 STRATEGIC PLAN

**Adopted: 25 March 2019**

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## EXECUTIVE SUMMARY

The Public Health Accreditation Board (PHAB) defines strategic planning as "a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does. The process of assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment, based on its mission, strengths, and weaknesses; then setting in motion a plan of action to position the organization."

In August of 2018, the Cerro Gordo County Department of Public Health began an in-depth strategic planning process whereupon staff and Board of Health input was collected through a variety of methods, including:

- A review of the community health assessment and health improvement plan;
- Review of the previous Strategic Plan priorities and progress;
- An environmental scan survey;
- One-on-one conversations with various levels of employees and Board members;
- Two workshops; and
- Data and information clarity phone calls.

Throughout this process, it became clear that Cerro Gordo County Department of Public Health employees are passionate about public health and eager to add to the development of this Department. Staff members were particularly interested in improving communication and collaboration, and working on endeavors that meet their ideas of what this is.

As a result, the overarching priorities of this Plan are:

1. **Access & Impact**
2. **Staff Development**
3. **Chief Health Strategist Role**
4. **Integrated Academic Health Department**
5. **Technology**

Please continue reading for more information on what these categories mean and the direction each will take. Each priority has goals, objectives, and actions developed to ensure progress is being made and measured and responsible employees will report quarterly on initiatives. This Department will continue to use documents like this Plan to prevent health problems and create communities where all residents and visitors are able to live healthy lives.

## BACKGROUND

In northern Iowa, the Cerro Gordo County Department of Public Health (CGCDPH) serves approximately 43,000 people living in 10 cities and rural areas along with tens of thousands of commuting workers and visitors annually. In 2018, the operating budget was \$5.3 million with a staff of 48 to improve the health outcomes of Cerro Gordo County residents through policies, education, and programs. Led by a Health Director who reports directly to the Board of Health, this Department currently has six divisions.

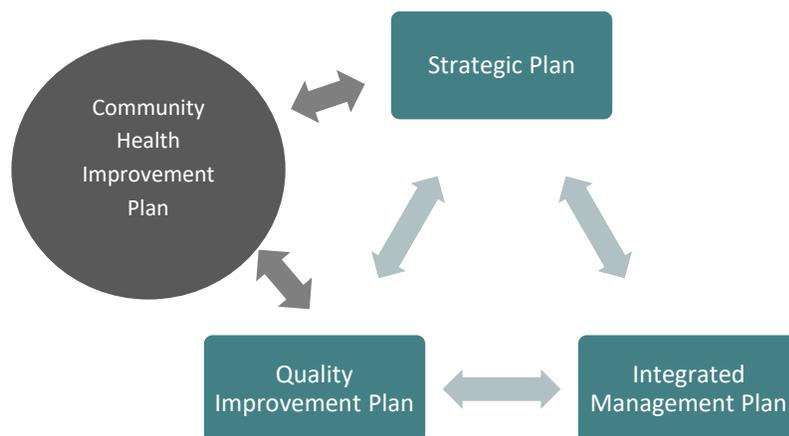
Strategic planning is conducted every three years to align personnel, resources, policies, and practices for a united vision for the future of the Department (Public Health Accreditation Board Standard 5.3).

The previous plan covered May 2015 through December 2018. Notable accomplishments of that plan included launching a new website, completing revision of every job description, establishing a Centers for Disease Control and Prevention recognized diabetes prevention program, ensuring HIPAA compliance through a proven framework, establishing a formal quality improvement program, and underseeing work space revisions.

Through the Mobilizing for Action through Planning and Partnerships (MAPP) process, the CGCDPH conducted the community-led community health assessment and the community health improvement plan (CHIP) March through May of 2016. The CHIP orients the public health system toward pressing issues County residents face while placing a lens of health equity over the work accomplished. The CHIP along with the CGCDPH's other valuable plans, quality improvement and integrated management, were referenced to gather data, provide opinion, and ultimately create this Strategic Plan.

See Figure 1 to view the plan interactions.

Figure 1: Community & Health Department Plan Interaction



## PLANNING PROCESS

To guide the strategic planning process, we contracted with Bluebird Sky Solutions, LLC, a leader in non-profit strategic planning in Iowa. We utilized Bluebird Sky Solutions recommendations along with PHAB requirements (Standard 5.3) to guide the process. From the beginning, we committed to including as many staff members as possible from all levels of the organization: support staff, direct service providers, management, leadership, and the governing board. The Organizational Development and Research Manager led the process along with support from the Public Health Strategist and the Administrative Operations & Business Support Assistant. The Health Director selected employees for involvement in the two workshops. Figure 2 shows that all staff were invited to participate at some point throughout the process.

Below are the details of the process undertaken and involved participants.

Step 1: In August, the Organizational Development and Research Manager, Public Health Strategist, and Health Director (Lead Team) met to discuss potential facilitators and made a selection.

Step 2: In September, employee and Board participants were selected for workshop participation and workshop logistics were determined.

Step 3: In September, all staff and Board members were recruited to participate in an online Strengths, Weaknesses, Opportunities, and Threats (SWOT) survey. A total of 44 of the 53 total possible participants, or 83%, provided input for the survey. Table one details survey findings.

Figure 2: Participant Involvement

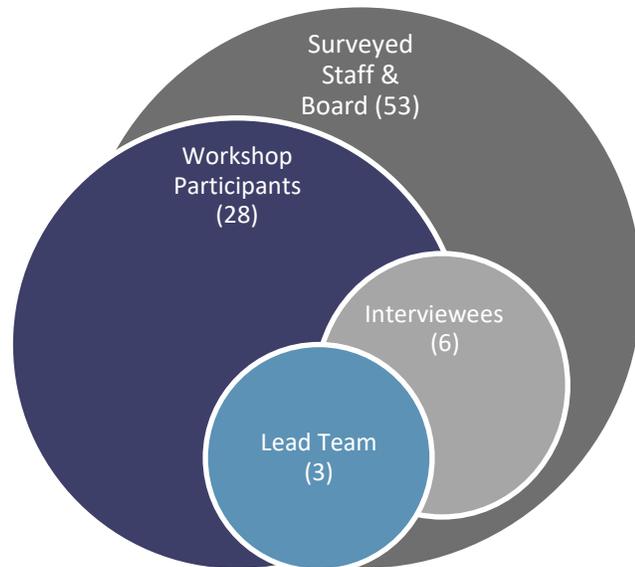


Table 1: SWOT Survey Results

Strengths (internal)	Weaknesses (internal)	Opportunities (external)	Threats (External)
<ul style="list-style-type: none"> <li>• <b>Staffing:</b> (e.g. commitment to CGCDPH, expertise, connection to community, quality of staff)</li> <li>• <b>Leadership:</b> there is current good leadership within the Department; the CGCDPH is a community leader</li> <li>• <b>Strategy:</b> (e.g. innovative, takes chances, enjoys challenge, leads in public health)</li> <li>• <b>Marketing:</b> (e.g. branding, social media, website presence); great quality of work</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Political Factors:</b> respondents felt this is the current largest threat to the future success; need to be collaborative</li> <li>• <b>Financial Resources:</b> (e.g. changes, political issues, less traditional grant funding available, grant writing is labor intensive, perceived value of finance division, no strong business model); no strong shift to social determinants of health work</li> <li>• <b>Staffing:</b> uncertain about continuing to find good, well-qualified staff; need to foster better internal collaboration and team-building</li> <li>• <b>Leadership:</b> (e.g. uncertainty with leadership changes/retirement, lack of new leader development)</li> <li>• <b>Active Board participation:</b> staff do not feel connected to Board</li> <li>• <b>Internal communication:</b> needs improvement</li> </ul>	<ul style="list-style-type: none"> <li>• Regionalization; additional regional leadership</li> <li>• Advance epidemiology</li> <li>• Collaboration with outside entities, especially with direct service staff and those entities</li> <li>• Strengthen a business model/increase funding/leverage IT</li> <li>• Public Health research: connect to other agencies &amp; universities</li> </ul>	<ul style="list-style-type: none"> <li>• Political climate</li> <li>• Emerging issues (CAFO, climate change, infectious disease etc.)</li> <li>• Aging population</li> <li>• Mental health needs/issues (lack of providers, stigma, etc.)</li> <li>• Substance use disorder/opioid</li> <li>• State grant funding decline</li> </ul>

Step 4: In October, personal interviews with the facilitator were held. After the survey data were analyzed and key themes identified, a series of hour-long one-on-one phone conversations were held with six key stakeholders. The purpose of these conversations was to gain additional insight into the identified themes. The six people represented different parts of the organization and different levels of staff to provide a diversity of viewpoints. Among the six, the longest tenure with the public health department was the entire life of the department, and the shortest tenure was about two years.

Step 5: In November, the Current State Report was created using the aggregated input of the six interviewees together with the survey results. This formed the design of a series of two strategy workshops. The Report was disseminated to all employees and Board members.

Step 6: In November, both workshops were held to determine the decision making framework, future vision, innovation, and priorities. The workshops were held two weeks apart in November, and about 25-28 staff and Board members participated in each. Participants were asked to complete preparatory thinking and reading prior to each workshop. Topics for this preparation included the survey results and key themes from the current-state research; demographic data and other statistics for Cerro Gordo County; mission, vision, and core values; and innovations in public health that may be useful to the CG Health planning process.

Workshop 1: Objectives included to 1) review and reflect on the progress of the Department on its 2015–2018 strategic plan, and develop a shared understanding of the current state of the department; 2) clarify and develop consensus about the CG Health mission, future vision, and the core values by which it operates; and 3) identify issues to address in the new strategic plan.

Workshop 2: Objectives included to 1) fine-tune the decision-making framework of mission + vision + core values; 2) identify primary areas of focus for the new strategic plan; and 3) develop preliminary plans for executing the new strategic plan.

Step 7: In December, the facilitator produced a report and recommendations for use to develop the final strategic plan.

Step 8: In January, strategic priority teams were created involving all levels of staff; team leaders were chosen by the Health Director with input from the Organizational Development and Research Manager and the Public Health Strategist. Team leaders recruited participants and built teams for each of the priorities.

Step 9: In January & February, strategic priority teams developed goals and objectives to lead change for each of the priorities.

Step 10: In March, the Strategic Plan was adopted by the Board of Health.

## **MISSION**

Supporting healthy communities through prevention, promotion, and protection.

## **VISION**

A safer and healthier tomorrow.

## **VALUES**

As we carry out the public health responsibilities of prevention, promotion, and protection, we will be a role model and leader.

### **Collaboration**

We amplify the positive impact of our work by strengthening the internal connections within our organization and by thoughtfully connecting and coordinating with other organizations in our communities.

### **Innovation**

We foster a spirit of creative problem-solving as we take on the challenges of our mission.

### **Adaptability**

Acknowledging that the world and communities we serve are changing at an ever-increasing rate, we change and flex to accommodate new developments.

### **Social responsibility**

Supporting the health of our communities requires inclusivity, relationship-building, and respect for the self-determination and well-being of all.

### **Financial stewardship**

Fulfilling our mission in a sustainable manner demands responsible management of existing resources and continual effort to secure appropriate new resources.

### **Clarification**

Boiling the future vision down to this essence allows for the vision to be both ambitious and attainable in large part because the target metrics to be identified should be largely within the control of the department.

“Healthy communities”: By not specifying a particular marker for healthy, the suggestion is that this is a state that we will continuously work to improve. The word “communities” encompasses all municipalities; subgroups within the cities, towns, and countryside of Cerro Gordo County; and the environment and ecosystems within it.

## STRATEGIC PRIORITIES' GOALS AND OBJECTIVES

### 1) Access and Impact

Effective health outcomes must take into consideration the whole person and their environment; factors that determine health are not found in medical institutions. To better serve the people of Cerro Gordo County, we will adapt to create easier access to care and better connections among the wide range of services offered internally and those offered in the community. A recurring theme throughout the strategy process was a desire and need for more collaboration, both within the Department and between the Department and other entities. Connecting and developing collaborative efforts among the various elements of public health will only strengthen the impact on the population health of Cerro Gordo County.

**Goal 1:** Increase client access and utilization of public health services and partnership services to address social determinants of health.

**Objective 1.1:** By June 30, 2020 a fully functional internal referral model will be in place to help clients access public health services.

**Objective 1.2:** By June 30, 2021 a fully functional external referral model will be in place to help clients access social determinants of health services.

**Objective 1.3:** By June 30, 2021 an enhanced public health delivery system model and feasibility plan will be complete.

**Objective 1.4:** By June 30, 2020 a fully functional extra-agency partnership and collaboration model will be in place.

### 2) Staff Development

Cerro Gordo County employees are our most important resource; we depend on the expertise and experience of our staff to effectively deliver essential and innovative public health services. We must continually enhance strengths and train to improve skills and capacity to develop a culture that empowers staff. Radical departmental changes will be occurring in the near future. Department employees want to make sharing information in a timely manner with co-workers, managers and customers/clients the rule, not the exception.

**Goal 2:** Maintain and promote staff member competency and morale.

**Objective 2.1:** By July 2019, the CGCDPH will have real-time succession and chain of command plans in place and communicated to personnel.

**Objective 2.2:** By December 2021, 80% of staff will achieve continuing education requirements posted in their respective job descriptions.

### 3) Chief Health Strategist Role

The Cerro Gordo County Department of Public Health is committed to boldly leading the County to a future with more equitable health among communities. This requires a shift from organizational thinking to community-focused thinking. We will lead a multi-sector approach to focus community resources on improving specific health outcomes. Part of a community multi-collaborative health approach, a Community Chief Health Strategist is an engaged change leader (or group of leaders) who builds community coalitions that investigate and take action to make meaningful progress on a community health issue.

**Goal 3:** Create a culture of health by increasing the Department's ability to recognize emerging trends, adapt to community needs, champion data, and become the go-to, trusted resource for all residents.

**Objective 3.1:** By the end of 2020, the team will determine the Cerro Gordo County Chief Health Strategist structure and design framework.

**Objective 3.2:** By the end of 2021, our Department will be the anchor institution for health by increasing by at least two, the number of multi-sector initiatives drawn directly from our community health assessment that involve numerous community stakeholders.

### 4) Integrated Academic Health Department

This priority will focus on systemic integration to improve the effectiveness and efficiency of the health care delivery ecosystem. According to the Public Health Foundation, “(a)n academic health department (AHD) partnership is formed by the formal affiliation of a health department and an academic institution that trains future health professionals.” These partnerships can enhance public health education and training, research, and service and offer a variety of benefits, both for the organizations involved and for the community as a whole. “Academic Health Department Partnerships help to strengthen the links between public health practice and academia and to lessen the separation between the education of public health professionals and the practice of public health.” We will serve as a site for joint education, research, and practice, enabling the practice and academic communities to work together to develop the current and future public health workforce, build the evidence base for public health, and better deliver the Essential Public Health Services.

**Goal 4:** Establish the Cerro Gordo County Department of Public Health as an Academic Health Department.

**Objective 4.1:** By January 2020, this priority team will adopt a model or plan to become an Academic Health Department.

**Objective 4.2:** By December 2021, the Cerro Gordo County Department of Public Health will connect with selected university/college to submit one collaborative grant application that allows the Department to contribute to the field of learning for public health.

## 5) Technology

The demands of a changing workforce including the aspects related to increasing numbers of remote employees and flexible hours as well as the ever-increasing data demands of health in general will require significant attention to and investment in technology in the next few years.

**Goal 5:** Increase staff efficiency through technology.

**Objective 5.1:** By December 2021, obtain holistic input on tech needs and reach an 80% staff comfort level with current and emerging technologies.

**Objective 5.2:** By September 2021 increase percent of staff who have the flexibility to work from home/mobile employees from 12.5% (Nursing) to 37.5%.

### IMPLEMENTATION

This plan requires sustained effort and dedication to ensure effective implementation. This Department and its staff members will be held accountable to monitor and achieve its objectives, revise targets as necessary based on changing environment. We are committed to all staff being involved in implementing the Plan over the next three years. Oversight will be through the Organizational Development and Research section of the Department. Teams 'own' each priority and are empowered to meet and/or host ad hoc teams needed to carry out the objectives.

Leadership will ensure that all staff, the Board, and the community are part of rolling out the new mission, vision, and value statements. The Plan will naturally become a part of everyday work. Regular opportunities will be made available for employees to discuss the Plan within their programs and across the Department. Each team will develop a detailed action plan and metrics that show progress on performance measures. Metrics will be gathered quarterly from the teams and kept on an internal Excel workbook, available to all staff members. Progress reports will be available at a minimum annually and will be shared with the Board of Health.

Work in this plan will align with or be incorporated with the Department's Integrated Management Plan, will feed into the Quality Improvement Plan and aid in implementation of the Community Health Improvement Plan. As needed, if objectives and related measures are not meeting target or critical milestones, QI activities will ensue.

## **ACKNOWLEDGEMENTS**

### **CORE STRATEGIC PLANNING COMMITTEE**

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### **GOVERNING BODY REPRESENTATIVES**

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Sydney Bermel, *Secretary, Board of Health*

Barb Kellogg, *Board of Health*

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**CONSULTATION AND FACILITATION**

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Figure 3: (clockwise) Iowa corn fields, Mason City walking mall, Clear Lake boardwalk, Rockwell post office, Rock Falls covered bridge.



## **APPENDICES**

A. Timeline

B. PHAB Planning Requirements

## Timeline

Key Activities	Dates
Lead team initial meeting	August 9, 2018
Facilitator selection	August 28, 2018
Participant determination meeting	September 11, 2018
Workshop date selection	September 13, 2018
Online SWOT of staff & Board members	September 26, 2018
One-on-one conversations with stakeholders for clarification of SWOT findings & data gathering	October 9, 2018 October 10, 2018 October 11, 2018
Current State Report delivered from facilitator	November 2, 2018
Analysis of Current State Report (all staff)	November 2, 2018 – November 16, 2018
Pre-workshop assignments sent to workshop participants & all staff asked to contribute	November 5, 2018
Workshop #1: 1) review and reflect on Department progress of on its 2015–2018 strategic plan, 2) develop a shared understanding of the current state of the department; 3) clarify and develop consensus about the CG Health mission, future vision, and the core values by which it operates; and 3) identify issues to address in the new strategic plan.	November 16, 2018
Analysis of Workshop #1 data	November 17, 2018 – November 29, 2018
Workshop #2: 1) fine-tune the decision-making framework of mission + vision + core values; 2) identify primary areas of focus for the new strategic plan; and 3)develop preliminary plans for executing the new strategic plan	November 30, 2018
Facilitator report delivered outlining priorities, draft mission, vision and value statements	December 12, 2018
Finalization of mission, vision and value statements	December 21, 2018
Strategic Plan Priority Teams developed & approved	January 3, 2019
Strategic Plan Priority Teams draft goals & objectives	December 21, 2018 – February 21, 2019
Communication Plan delivered	January 17, 2019
All-Teams direction & actions refining meeting	February 14, 2019
Strategic Plan writing	December 20, 2018 – February 26, 2019
Strategic Plan adopted	March 8, 2019

**PHAB Alignment**

<b>Mandatory Focus Area</b>	<b>Objective</b>
Information Management	3.1, 3.2
Workforce Development	2.2
Communication	1.1, 2.1
Financial Sustainability	3.2, 4.2