

**POLK-NORMAN-MAHNOMEN  
COMMUNITY HEALTH SERVICES**

---

**STRATEGIC PLAN**

---

*2015-2019*

*Approved on: July 18, 2014*

**Polk County Public Health  
Norman-Mahnomen Public Health**



**Public Health**  
*Prevent. Promote. Protect.*

## Table of Contents

	<b>Page No.</b>
<b>I. Introduction</b>	<b>3</b>
<b>II. Guiding Statements</b>	<b>3</b>
<b>III. Overview of the Process</b>	<b>5</b>
<b>IV. Strategic Goals and Components</b>	<b>9</b>
<b>V. Tying It All Together</b>	<b>12</b>
<b>VI. Implementation and Action Plan</b>	<b>14</b>
<b>VII. Reporting</b>	<b>21</b>
<b>VIII. Summary</b>	<b>21</b>

## **I. Introduction**

---

The Polk-Norman-Mahnomen Community Health Board (PNM CHB) was formed under a Joint Powers Agreement and includes 7 members (county commissioners, local board of health and lay public members). After nearly two years of pre-planning and a history of informal and formal partnerships, Polk County Public Health (PCPH) and Norman-Mahnomen Public Health (NMPH) have successfully completed one year as a newly formed multi-county community health services entity.

The PNM CHB is responsible by Minnesota Statute 145A for protecting and promoting the health of Polk, Norman and Mahnomen County residents.

Through a formal delegation agreement by the PNM CHB, specified powers and duties are delegated to the respective local Boards of Health (i.e. Polk County Board of Health and Norman-Mahnomen Board of Health). The two public health departments under the PNM CHB are assigned the general authority and responsibility for ongoing planning, development, implementation and evaluation of an integrated system of local community health services.

The PNM Community Health Services had never completed a formal Strategic Plan before this process. This strategic planning process was meant to guide the board and administration as it identifies where it should be going and provides focus for our future efforts. It will serve as a map to guide our staff in allocating resources, developing policies and programs and work effectively with community partners.

## **II. Guiding Statements**

---

Approved by the Community Health Board 10.18.2013:

The vision, mission, and values are the foundation for any strategic plan. Together, they identify why an organization exists, where it wants to go, and how it wants to conduct business.

**Vision Statement:**

Communities where all people achieve their optimum health potential.

**Mission Statement:**

PNM CHB prevents illness, promotes wellness and protects health within our communities.

**Values:****Respect**

We foster and endorse an environment where employees are leaders and treat colleagues, clients and community partners with respect.

**Collaboration**

We work collaboratively, encourage teamwork and adaptability to change among local health departments, partners and communities to improve health and support a strong public health system.

**Community**

As stewards of the community, employees hold themselves accountable for their behavior, performance, and all resources entrusted to public health.

**Integrity**

Integrity guides each employee to uphold professional ethics and serve with honesty, loyalty, and trustworthiness.

**Excellence**

We strive for organizational excellence.

**Advocacy**

We support and respect diversity and health equity.

### III. Overview of the Process

---

#### **Phase 1: Regional Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis completed.**

**May 2012**

#### **Strengths/Accomplishments:**

Local staff & directors/expertise/leadership  
County PH committee/commitment  
LPH respected active partner in preparedness  
Regional networking with LPH- C&TC, MCH, JAIL, SCHOOL  
Valued resource to Medical Community – WIC, LTC, TB case management, MIIC  
Grass roots influence – i.e. SHIP, PSE such as Freedom to Breathe  
Cross Training experts  
Trust & longevity – commitment  
MIIC (CCC) registry  
Collaborative partners  
H1N1 expertise  
Home visiting young and aged 0-3 yr. or >65 yr.  
Good leadership in forming and maintaining partnerships  
MDH Regional office and lab  
Safety net for families  
Meet the needs of consumers outside of traditional health care system  
Across the life span  
Breathe of services  
Evaluation

#### **Weakness/Gaps:**

Lower funds for infrastructure, Electronic Health Records (EHR), computers, software, technology to rural homes  
EHR- coordinated care, define PH role, schools, school health records and MIIC/THOR need to tie into each other  
PH Doc vs CHAMP (\$)  
Technology permissions (value), U tube visits?  
Space- last priority, no waiting room, welcoming stigma of PH, signage  
Funding - adequate staff - ability to hire & retain  
Environmental Health – New and emerging issues

Capacity issues related to 10 Essential Services  
Marketing money needs for LPH  
Elected official awareness/commitment to LPH  
Geography/Frontier status – Travel expenses  
Lack of knowledge of the public – what public health does  
Multi-tasking too much – Spread too thin  
Multitudes of training/Cost/Adequate trained staff-records of training  
Low pay compared to private sector salaries – recruitment of staff  
Language barriers with client population/culture barriers  
Poor economy – seeing more clients in need of services  
Chemical health needs, medical community, behavioral health  
Lack of Providers  
Too many health plans offered to clients and plans within plans

**Opportunities:**

Healthy Families of America (HFA) or Nurse Family Partnership (NFP) – greater opportunity to reach more families  
Board of Commissioners engaged  
Use of data and how we use it, including educate/engage stakeholders  
Evidence based curriculums, models  
Combine into one CHB.  
Emergency Preparedness – Good way to grow local awareness  
Closed pods get involved with any business (local)  
Create Partnerships  
Community assessments – able to identify strengths and weaknesses  
New staff – growth  
Social Media/technology, cell phones  
Online-education/on demand  
SHIP and CTG grant work, outcomes, and partners  
Community Transformation Grant  
Web based communication, how to use in safe & credible ways  
Community assessment & engagement/ with hospitals  
Accreditation  
Towards Zero Deaths and other programs reaching out to LPH

**Threats:**

Lower funds, higher demands –  
Public Health Emergency Preparedness (PHEP), PHAB Accreditation  
DHS + MDH silos, Human services and PH, MN Choices, chemical health  
Changing community structures CAH–  
(clinic/hospital), partnerships, medical buyouts, shift of management  
Changing broad based partners  
Aging population- nursing bed vacancy/assisted living  
Less capable/employable workforce  
Will LPH surveillance funding continue, newborn screening  
Standardized billing and IT systems needed, repayment  
Agency restructuring CHB/CHS Act, Single Public Health Agency (Re-  
design)  
Roll-Ups/Buy-Outs by bigger organizations, calls to Home Health  
agencies “Healthcare Home”  
Multiple Deadlines  
Competing for funding  
Unfunded mandates  
Keeping up with technology  
Politics  
Board of Commissioners if they don’t believe and support  
Rural vs. Urban  
“Watering down of programs” – paramedics-EMT’s making assessment  
HV/CAP agencies  
MN Choices- PCA assessments reimbursements  
Big clinic systems  
IEIC changes- lower funding for PH, no IFA activities & screening, no  
services for families, fall through the cracks/gaps  
Duplication of services  
Bottom line is the money!

**Phase 2: Joint Staff Meeting of Polk County Public Health and Norman-  
Mahnomen Public Health  
July 2012**

Prior to formally becoming a multi-county community health services  
agency, a staff retreat was held for Polk County Public Health and  
Norman-Mahnomen Public Health employees. The retreat titled,

“Creating Our New Community Together” created a safe environment where staff discussed:

- A) The vision for public health, what are the key behaviors/values that will be required of the local public health system, partners, the community and others in the next three years to achieve the vision;
- B) What type of working environment or climate will be necessary to support these behaviors and achieve the vision;
- C) How are we already collaborating?;
- D) The question, “Why not one CHB and one LPHD?”;
- E) Timeframe for changes;
- F) What this will mean for employees daily work flow and
- G) The regional Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis from May 2012 were reviewed.

### **Phase 3: Strategic Planning Facilitated Workshop May 8 and 9, 2013**

Facilitators: Linda Bauck, Brenda Menier and Wendy Kvale, MDH Office of Performance Improvement

Participants: Community Health Board representatives, Public Health Directors and Staff, MDH Nursing Consultant

The purpose of the meeting was to develop knowledge and understanding of the Public Health Strategic Planning process; engage with and contribute to current and future work and build support for our strategic direction.

Draft Mission Statements, Vision Statements, Values, Vision Elements (Progressive Organization, Positive Health Outcomes, Organizational Excellence, Community Engagement, and Sustainable Communities) and Prioritized Strategies (Develop and Implementation of Communication Plan, Innovative Redesign, Engaging Community and Partners, Building Capacity, Creating Health Choices, Focus Resources Wisely, Attain Financial Stability) were identified by the end of the workshop. Follow-up work was delegated to this workgroup under the direction of the local public health directors.

#### **Phase 4: Mission and Vision Statement**

The mission and vision of the organization were reaffirmed and modified only slightly. The Community Health Board approved the Mission and Vision Statement at their October 18, 2013 board meeting.

#### **Phase 5: Strategic Planning Internal Feedback**

Input and feedback received at multiple staff meetings: June 26, Oct 11, Oct 30, Nov 25, 2013 and Feb 14, 2014.

#### **Phase 6: Strategic Plan Presented**

Strategic Plan presented to PNM CHB for approval at their July 18, 2014 meeting.

### **IV. Strategic Goals and Components**

---

PNM CHS began a strategic planning process using a methodology created by the University of Alabama. This methodology uses strategic thinking as the foundation for strategic planning and strategic management. The outcome of this process was not only a strategic plan, but a new and renewed sense of momentum for the next 5 years.

The Strategic Plan consists of eight goals. They are:

- 1. Increase the Awareness and Visibility of the Value and Role of Public Health in the Community*
- 2. Utilize Business Practices and Processes for Sustainable, Adequate Public Health Funding*
- 3. Ensure Optimal Competent Workforce to Fulfill Our Mission*
- 4. Improved Public Health Practice to Prevent, Promote, and Protect Health.*
- 5. Ensure a Progressive Organization that Practices Collaborative, Adaptive Leadership among all staff*
- 6. Commit to Continuous Quality Improvement*
- 7. Utilize Technological Tools to Support Public Health Practice*

8. *Commits to Improved, Informed Governance Capacity through Cross-Jurisdictional Sharing, Policy Development and Advocacy*

The Strategic Plan Wheel shows the eight components of the Strategic Plan and includes “I statements”- actions each local public health employee may do to work toward achieving our goals.

Each goal and actions has a staff member assigned who will serve as the Lead Contact in ensuring progress towards the goal.

A reporting process is being developed to assure that all goals are progressing and accountable for results. Periodic updates will be given to our employees, the Boards of Health and the Community Health Board.

[Insert Wheel- when complete]

## V. Tying It All Together

	3 Core Functions:	Assessment			Policy Development			Assurance				
NATIONAL	<b>10 Essential Services</b>	Monitor health status to identify and solve community health problems.	Diagnose and investigate health problems and health hazards in the community.	Evaluate effectiveness, accessibility, and quality of personal and population based health services.	Develop policies and plans that support individual and community health efforts.	Enforce laws and regulations that protect health and ensure safety.	Research for new insights and innovative solutions to health problems.	Link people to needed personal health services and assure the provision of health care when otherwise unavailable.	Inform, educate, and empower people about health issues.	Assure competent public and personal health care workforce.	Mobilize community partnerships and action to identify and solve health problems.	
	<b>National Accreditation</b>	<b>Domain 1:</b> Conduct and disseminate assessments focused on population health status and public health issues facing the community.	<b>Domain 2:</b> Investigate health problems and environmental public health hazards to protect the community.	<b>Domain 9:</b> Evaluate and continuously improve processes, programs and interventions.	<b>Domain 5:</b> Develop public health policies and plans.  <b>Domain 12:</b> Maintain capacity to engage the public health governing entity.	<b>Domain 6:</b> Enforce public health laws.	<b>Domain 10:</b> Contribute to and apply the evidence base of public health.	<b>Domain 7:</b> Promote strategies to improve access to health care services.	<b>Domain 3:</b> Inform and educate about public health issues and functions.	<b>Domain 8:</b> Maintain a competent public health workforce.  <b>Domain 11:</b> Maintain administration and management capacity.	<b>Domain 4:</b> Engage with the community to identify and address health problems.	
LOCAL	<b>PNM CHS Strategic Plan</b>			<b>Goal 6: Quality</b> Commit to Continuous Quality Improvement	<b>Goal 8: Board</b> PNM CHB Commits to Improved, Informed Governance Capacity through Cross-Jurisdictional Sharing, Policy Development and Advocacy				<b>Goal 1: Awareness</b> Increase the Awareness and Visibility of the Value and Role of Public Health in the Community	<b>Goal 3: Workforce</b> Ensure Optimal Competent Workforce to Fulfill Our Mission  <b>Goal 7: Technology</b> Utilize Technological Tools to Support Public Health Practice		
											<b>Goal 5: Leadership</b> Progressive Organization that Practices Collaborative, Adaptive Leadership among all staff	
		<b>Goal 2: Funding</b> Utilize Business Practices and Processes for Sustainable, Adequate Public Health Funding										
		<b>Goal 4: Focus</b> Improved Public Health Practice to Prevent, Promote, and Protect Health										

<b>PNM CHS Vision:</b>	Communities where all people achieve their optimum health potential.
<b>PNM CHS Mission:</b>	PNM CHB prevents illness, promotes wellness and protects health within our communities.
<b>Values:</b>	Respect, Collaboration, Community, Integrity, Excellence, Advocacy

## **NATIONAL**

### **10 Essential Services**

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

### **National Accreditation**

The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of tribal, state, local, and territorial public health departments.

## **LOCAL**

PNM CHB Strategic Plan Wheel, Vision, Mission and Values

## **VI. Implementation**

The 2015-2019 strategic plan represents an ongoing process of setting priorities, reflecting on what is being learned and taking realistic steps forward. The strategic plan provides the organizational guideposts for administration, staff, county partners and board members to discuss and determine where to focus time and resources. At the broadest level, the implementation of the five year strategic plan occurs through the development, monitoring and updates of the annual work plan. The local public health directors manage this process and oversee communication among agency staff and the CHB.

<b>Goal Statement Action Plan</b>					
<b>Heading</b>	<b>Goal Statement</b>	<b>Objectives</b>	<b>Actions Necessary to Achieve the Goal</b>	<b>Lead Contacts</b>	<b>Time Frame Completion</b>
Awareness	Increase the Awareness and Visibility of the Value and Role of Public Health in the Community	Develop and implement a communication and outreach plan to educate and inform community members, community partners and decision makers of the importance of public health  Build community understanding and investment in public health.	Complete a Stakeholder Communication Analysis  Develop and implement an internal and external communication and outreach plan  Participate in and strengthen networking in community committees/work groups/teams to inform and guide work.	Kirsten/Tammy C. (NM)	2 <sup>nd</sup> Quarter 2015  4 <sup>th</sup> Quarter 2015 and Review Annually  Ongoing
Funding	Utilize Business Practices and Processes for Sustainable, Adequate Public Health Funding	Advocate for adequate public health funding from government entities  Identify and pursue public health funding  Capitalize on financial reimbursements for public health services	Document and provide training on agency guidelines for staff to advocate for public health funding  Staff interact with legislators at local, state, and federal level per agency guidelines  Identify Grant and other revenue source priorities and funding	Karen/Lori	2 <sup>nd</sup> Quarter Annually at a Staff Mtg  Ongoing  Ongoing

		Identify cost saving measures	Identify funding needed to meet identified community needs from the Community Health Assessment and annual review of health data  Determine ways to work more effectively and efficiently yielding financial stability utilizing cross jurisdictional sharing		2 <sup>nd</sup> Quarter Annually after PPMRS and Annual Report for previous year are completed  1 <sup>st</sup> Quarter 2016 and Review Annually
Workforce	Ensure Optimal Competent Workforce to Fulfill Our Mission	Develop and implement an organizational workforce development training plan  Increase staff's awareness of programs and resources throughout the agency and CHB for appropriate referrals  Reinforce and enhance leadership and management skills	Establish and assure implementation of training plan including, but not limited to, skills training, community collaboration, quality improvement, technology, health equity, cultural competency, leadership and customer service.  Update the new employee orientation to be in alignment with the training plan and ensure staff mentorship.  Continue to track staff training for accountability	Shellie/Kathy G.	2 <sup>nd</sup> Quarter 2015  3 <sup>rd</sup> Quarter 2015  Ongoing

			<p>and reporting.</p> <p>Assess recruitment and retaining strategies, such as, flexible work schedules; training for higher education students; and others.</p> <p>Develop and implement interview questions to assure competency in areas, such as technology skills, working in interdisciplinary teams, cultural competency and customer service, and upholding public health philosophies and practices.</p> <p>Provide employee feedback by informal communication and by formally completing annual employee performance evaluations.</p>		<p>4<sup>th</sup> Quarter 2015</p> <p>1<sup>st</sup> Quarter 2016</p> <p>Ongoing</p>
Focus	Improved Public Health Practice to Prevent, Promote, and Protect	<p>Maintain awareness of current local and other health issues</p> <p>Assure staff is adequately trained</p>	Monitor surveillance and disease trend data for new and emerging issues that impact the public's health.	Doreen/Stephanie/Ann	Ongoing

	Health.	<p>to respond effectively and efficiently to any type of emergency or back-up situation.</p> <p>Promote behaviors that protect/and or improve the public's health.</p> <p>Transition agency focus from singular point of service to population based and systems work.</p>	<p>Assure back-up staff is cross trained to various positions appropriate to their professional training.</p> <p>Develop and/or adapt existing competencies for population, policy, systems and environmental work.</p> <p>Train staff on:          -Best practices to do population, policy, systems and environmental work.          -Health equity/ health disparities          -Client resiliency          -Emerging health issues</p> <p>Collaborate, convene and participate in community efforts to inform and guide work that reduce health disparities and support safe/healthy communities.</p>		<p>Ongoing</p> <p>1<sup>st</sup> Quarter 2017</p> <p>Ongoing- at least annually</p> <p>Ongoing- at least annually</p>
--	---------	--	---	--	---

Leadership	Ensure a Progressive Organization that Practices Collaborative, Adaptive Leadership among all staff	Develop leadership as a function for all staff  Demonstrate accountable, transparent leadership	Implement consistent agency-wide leadership opportunities and practices.  Empower all employees to communicate and actively participate in internal and external leadership opportunities.	Sarah R.	Ongoing  Ongoing
Quality	Commit to Continuous Quality Improvement (QI)	Create a culture of quality improvement within the organization.  Review and update the QI Plan annually.  Identify, create, track, and make recommendations on quality improvement (QI) projects.  Identify and meet annual QI staff training needs.  Celebrate QI effort successes.	Review and update QI plan annually.  Maintain a QI Committee that meets at minimum quarterly.  Review project proposals and maintain a reporting system on QI project proposals and further projects/activities (such as national accreditation, customer service and evidenced based practices).  Increase program accountability by tracking, monitoring and reporting QI projects/activities.	Sue/Sarah K.	1 <sup>st</sup> Quarter Annually  At least Quarterly  Ongoing  3 <sup>rd</sup> Quarter 2017

			<p>Identify and provide QI resources and training.</p> <p>As job descriptions are updated, incorporate quality improvement responsibilities into all position descriptions.</p> <p>Celebrate QI successes internally and externally, as applicable.</p>		<p>Ongoing</p> <p>4<sup>th</sup> Quarter 2017 and ongoing</p> <p>Ongoing</p>
Technology	Utilize Technological Tools to Support Public Health Practice	<p>Improve use of technological tools (electronic documentation and social media) and provide staff training necessary.</p> <p>Enhance health information exchange opportunities.</p>	<p>Track, implement and evaluate available tools.</p> <p>Provide staff training necessary to support electronic documentation and use of social media to support public health practice.</p> <p>Implement and evaluate opportunities of health information exchange.</p>	Terri/Angel/Kelsey B.	<p>1<sup>st</sup> Quarter 2016 and ongoing</p> <p>Quarterly and ongoing as advances occur</p> <p>2<sup>nd</sup> Quarter annually and ongoing</p>
Board	Commits to Improved, Informed Governance Capacity through Cross-Jurisdictional Sharing, Policy	<p>Ongoing Education</p> <p>Advance cross-jurisdictional sharing opportunities</p> <p>Advance development of</p>	<p>Create and maintain orientation materials for board members</p> <p>Annually review statutory and legal roles and responsibilities</p>	Jamie	<p>1<sup>st</sup> Quarter 2015 and update annually</p> <p>1<sup>st</sup> Quarter 2015 and review annually</p>

	Development and Advocacy	<p>regional policy and procedures</p> <p>Advance public outreach and legislative advocacy</p>	<p>Conduct ongoing education regarding local public health indicators, community health status, health equity, quality improvement</p> <p>Disseminate timely position statements for public awareness of public health issues</p> <p>Board Members communicate, at least annually, with legislators regarding the public's health.</p>		<p>3<sup>rd</sup> Quarter 2015 and review annually</p> <p>4<sup>th</sup> Quarter 2017</p> <p>1<sup>st</sup> Quarter 2018</p>
--	--------------------------	---	--	--	--

## **VII. Reporting**

To assure goals are progressing, there will be progress reports as follows:

1) The lead staff listed for each goal will send reminders and assure progress updates are made on a quarterly basis.

Overview of and Progress on Activities

March: *Awareness and Quality*

June: *Funding and Workforce*

September: *Leadership and Focus*

December: *Board and Technology*

2) Periodic updates to the local Boards of Health and Community Health Board will be made by the local Public Health Directors.

## **VIII. Summary**

This is a “living document” that establishes strategic direction for the organization while allowing for periodic changes during this ever-changing Public Health environment. This will permit better alignment with our Community Health Improvement Plan and Quality Improvement Plan in order to fulfill our vision where all people achieve their optimum health potential in our communities.