



## Symbols Key

GOALS			
	All Targets Met, Score on indicators increasing		Not All Targets Met, Score on indicators increasing
	All Targets Met, Score on indicators equal to last quarter		Not All Targets Met, Score on indicators equal to last quarter
	All Targets Met, Score on indicators decreasing		Not All Targets Met, Score on indicators decreasing

STRATEGIES		
	On Target	> half of scheduled actions completed or in progress
	Caution	≤ half of scheduled actions completed or in progress
	Off Target	> half of scheduled actions not started or behind schedule
	No Information	≥ half of actions with no information or > half of actions not scheduled to begin yet

ACTION / ACTIVITIES	
	Completed
	In Progress
	Not Started / Behind Schedule
	No Information

INDICATORS / MEASURES			
	Target Met, Trend in Right Direction	Score=6	No Information
	Target Met, No Trend	Score=5	Not Yet Defined
	Target Met, Trend in Wrong Direction	Score=4	
	Target Not Met, Trend in Right Direction	Score=3	
	Target Not Met, No Trend	Score=2	
	Target Not Met, Trend in Wrong Direction	Score=1	

# Goals, Indicators, Strategies Summary

Strategic Plan

 Home

 Scorecard

 Indicators

Goal	Indicator	Strategy
 GOAL 1: Strengthen IDPH's infrastructure of core services to promote and protect the health of Iowans in accordance with Healthy Iowans, Iowa's state health improvement plan.	 % of employees that know the IDPH vision (Employee Survey)	 Strategy 1: Identify and communicate needs related to sustaining core services.  Strategy 2: Review programs and services to align with changes in the health delivery system.  Strategy 3: Seek and align funding to support core services.
	 % of employees that know the IDPH mission (Employee Survey)	
	 % of employees that know how their work fits into the IDPH plan (Employee Survey)	
	 % of stakeholders who have a clear understanding of needs related to sustaining core services to ensure the health of Iowans	
	 % of programs that have been evaluated for alignment with changes in the health delivery system	
 GOAL 2: Invest in the right people with the right skills to promote & protect the health of Iowans.	 % of supervisors that find the performance plan useful	 Strategy 1: Enable supervisors to better evaluate and manage performance.  Strategy 2: Assess and document future skill set needs to identify and reduce gaps.
	 % of programs for which a list of needed job skills/competencies is documented	
	 % of job skill sets identified that are filled (out of needed skill sets that are identified in Objective 2)	
	 % of employees that feel "IDPH has the right people with the right skills to do its work" (emp. survey)	
 GOAL 3: Improve the ability to manage, analyze, and act on data to improve operations and health outcomes.	 % of Blueprint activities with a schedule for implementation	 Integrate IT projects to leverage resources for updating IT technology to better manage data.  Strategy 1: Identify/develop a framework, policies, and processes for a department-wide data management program (Data Management Blueprint).  Strategy 2: Identify and implement metrics to improve operations and health outcomes.
	 % of core services with dashboard metrics that can show measureable improvement	
 GOAL 4: Cultivate an organizational culture of Lean/quality improvement.	 % of employees that respond (+) to "We have good processes for doing our work" (employee survey)	 Strategy 1: Identify/develop a framework, policies, and processes for a department wide QI program.  Strategy 2: Conduct department-wide QI activities.
	 % of employees that respond (+) to 'I have influence in improving my work processes' (employee survey)	
	 % of IDPH staff who have had exposure to QI in the last year	
	 % of IDPH staff with QI in their performance plans	



**GOAL 1: Strengthen IDPH's infrastructure of core services to promote and protect the health of Iowans in accordance with Healthy Iowans, Iowa's state health improvement plan.**



Indicators
% of employees that know the IDPH vision (Employee Survey)
% of employees that know the IDPH mission (Employee Survey)
% of employees that know how their work fits into the IDPH plan (Employee Survey)
% of stakeholders who have a clear understanding of needs related to sustaining core services to ensure the health of Iowans
% of programs that have been evaluated for alignment with changes in the health delivery system

Status					
Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
Strategy 1: Identify and communicate needs related to sustaining core services.	Distribute Strategic Operational Plan to staff.	Gerd Clabaugh	7/1/13	7/25/13	Completed.
	Develop an elevator speech which can be the basis for communications to achieve this strategy.		8/1/13	9/3/13	Completed.
	Action 1: Communicate with staff and stakeholders about the IDPH strategic plan (revised in 2014).		8/1/14	8/31/14	Issued announcements in IDPH Quick Reads and on All Staff intranet. Director referred to the plan in remarks during confirmation hearings and budget presentations to legislators, including infrastructure committee supporting Governor's IT request for IDPH. As part of updates on the Performance Plan QI Project (Goal 2, Strategy 1, Action 1), have highlighted the Strategic Operational Plan for all employees, directing them to where the actual document is on the Intranet and highlighting goals #1 and #2. By the end of March 2015, will have talked with 17 different bureaus, and only have one bureau not yet scheduled. APL reviewed January 2015 status report with bureau chiefs at their weekly meeting on 1/12/15.
	Action 3: Communicate with staff and stakeholders about IDPH needs and priorities.		8/1/14	6/30/16	IDPH budget and priorities have been presented to many entities. For example: <ul style="list-style-type: none"> <li>Multiple meetings with lobbyists, non-profits, and other interested stakeholders.</li> <li>Presented to the MCH council on January 8<sup>th</sup> for both policy and budget items.</li> <li>Continue to meet with legislative leadership in both chambers to discuss our ideas for 2015.</li> <li>On October 3<sup>rd</sup>, sent an All Staff communication to IDPH staff to highlight FY16 and FY17 budget request. Policy priorities are included in the weekly legislative update. To subscribe to the IDPH Legislative Update, please send a blank email to <a href="mailto:join-IDPHLEGUPDATE@lists.ia.gov">join-IDPHLEGUPDATE@lists.ia.gov</a></li> <li>Director has spoken with legislators, Governor, affected stakeholders about the financial flexibility aspects of the plan and its affect on IDPH and local agencies in a time of reducing resources.</li> </ul>



<p>Strategy 2: Review programs and services to align with changes in the health delivery system.</p>	<p><b>i</b> Action 2: Complete an initial actuarial study and review using the actuarial approach with IDPH programs.</p>	<p>Gerd Clabaugh &amp; Kathy Stone</p>	<p>8/1/14</p>	<p>6/30/16</p>	<p>IDPH's initial actuarial study of the impact of the Affordable Care Act (ACA) on IDPH-supported direct healthcare services has been completed. Entitled "Iowa Department of Public Health Affordable Care Act Impact Study", the report received in October 2014 projects potential changes in demand for 4 IDPH programs from 2014 through 2017, based on modeled enrollment of the programs' historical service recipients in new ACA health plans. While the transition to these new health plans includes multiple complex considerations, at IDPH's direction, the Milliman actuarial firm focused its analysis in 3 areas: covered populations, covered benefits, and provider networks. In summary, the final report projected the following:</p> <ol style="list-style-type: none"> <li>1. Overall demand for IDPH-funded <b>Substance Abuse Treatment</b> is projected to decrease in 2014 and then remain level through 2017, with IDPH responsible for 19% of outpatient treatment services and all residential treatment.</li> <li>2. Demand for <b>Home Care Aide and Nursing</b> services will not change, primarily because the covered population is generally aged 65 and older and therefore not eligible for ACA enrollment and because of current waiting lists for such services.</li> <li>3. Demand for <b>Tobacco Quitline</b> and related cessation services is projected to increase as such services are not currently available in new health plans.</li> <li>4. Demand for <b>Cervical Cancer Screening</b> and other preventative services is projected to decrease as historically eligible women become enrolled in new health plans.</li> </ol> <p>IDPH will use this initial analysis as well as actual 2014-2017 utilization data to inform program planning and expenditures. The report has been shared with the State Board of Health, key stakeholders, and IDPH staff. IDPH is now working with Milliman on similar analysis of 4 more direct healthcare service programs: Chlamydia Testing and Ryan White Program, Oral Health Sealant Dental Services, Title V Home Visiting, and Title X Family Planning. Plan is to complete analyses by 6/30/15.</p>
<p>Strategy 3: Seek and align funding to support core services.</p>	<p><b>i</b> Action 5: Encourage &amp; support flexibility in how IDPH uses funds &amp; educate stakeholders on why flexibility is necessary.</p>	<p>A5: Gerd Clabaugh &amp; Deborah Thompson A6: Ken Sharp &amp; Brenda Dobson A4: Marcia Spangler</p>	<p>7/1/13</p>	<p>6/30/16</p>	<p>Began conversations to educate policymakers about the need for greater flexibility in light of the substantial number of earmarks in IDPH appropriations. Extensive conversations with the Iowa Primary Care Association, their subcontractors, and interested legislators on several earmarks, among the 72 earmarks in the IDPH appropriations bill.</p> <p><b>EH Funding Consolidation.</b> EH state appropriations has been fragmented into multiple organizational units, many of those units are relatively small dollar amounts resulting in a "jigsaw puzzle" approach to budgeting for EH programs. Furthermore, all of the funding sources were committed to similar and related activities. IDPH advocated for and received support from IGOV to propose legislative changes that will consolidate these various fragments of funding into a single Environmental Health allocation under the Public Protection appropriation. This will allow for more flexibility and less administrative burden in managing environmental health budgets.</p> <p><b>Private Wells Grants to Counties rules.</b> IDPH has initiated rule changes that allow expanded use of the grant funds by LBOH to test private well water for Arsenic.</p> <p><b>Tobacco Commission</b> has had discussions about fewer earmarks.</p>

 Action 6: Identify & implement additional funding strategies that align with and support core services.		7/1/13	6/30/16	Included additional funding strategies in SFY16 & SFY17 budget proposal to support core services. Governor's budget requested a reallocation of GF \$ from previously reverted cervical cancer screening funds to support EMS.
 Review and document use of indirect funds to align with & support core services. (2014)		6/1/14	6/30/14	Executive Team review and allocation for FY2015 completed.
 Action 4: Review and document use of indirect funds to align with & support core services. (2015)		4/1/15	6/30/15	Initial discussions have begun regarding the FY16 indirect budget. Executive Team will be reviewing requests in May 2015 for FY16. Education was provided to LSA staff regarding the use of federal indirect funds.

Indicators
  % of supervisors that find the performance plan useful
  % of programs for which a list of needed job skills/competencies is documented
  % of job skill sets identified that are filled (out of needed skill sets that are identified in Objective 2)
  % of employees that feel "IDPH has the right people with the right skills to do its work" (emp. survey)

Status					
Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
 Strategy 1: Enable supervisors to better evaluate and manage performance.	 Action 1: Use a Performance Evaluation QI Team to recommend strategies to improve the IDPH performance plan and evaluation process.	Kathy Stone, Brenda Dobson, & Jerilyn Oshel	8/1/13	6/30/16	January: IDPH Education Coordinator began updates in bureau meetings about the performance plan template changes with focus on the employee's role in developing their plans and connecting their work with IDPH's goals and functions in the field: <i>Job Contributes to Mission by</i> .  Performance Evaluation QI team has continued work. Management Subcommittee met in January and developed a cause and effect diagram for the evaluation process. An update on the process has been shared at individual bureau meetings by Education Coordinator. To date, this has been shared with all but one bureau. A one page summary of the information has been added as a template to the new employee binder materials.  A re-survey of management staff is being planned for April to determine additional needs for the evaluation process and current perceptions of the performance plan process.
	 Action 2: Assess options to manage span of control, structure, and use of roles.		10/1/14	6/30/16	No information.
	 Action 3: Conduct customized performance management trainings for supervisors.		7/1/15	6/30/16	In process. Will be addressed by the Performance Plan QI Team.
 Strategy 2: Assess and document future skill set needs to identify and reduce gaps.	 Action 1: Determine an assessment process and assess needed and existing skills.	Brenda Dobson & Kathy Stone	3/1/14	8/1/15	A workforce assessment is currently being drafted. The assessment will look at training needs around the Public Health Core Competencies as identified by the Council on Linkages. A very tentative timeline is: <ul style="list-style-type: none"> <li>• Present draft assessment tools with implementation plan at July Bureau Chief meeting</li> <li>• Do a Beta test with a small number of Department-wide IDPH staff in August</li> <li>• Communicate importance of and rationale for the workforce assessment to all IDPH staff in September</li> <li>• Roll out of actual assessment in October 2015</li> </ul>
	 Action 2: Create a workforce plan to direct hiring, development, retention, and succession planning actions to close gaps between current and future skill sets.		8/1/15	6/30/16	In process. A subcommittee has been meeting on PHAB Standards, Domain 8. Workforce plans from other state public health agencies along with past IDPH plans have been gathered. One of the first steps will be to do the workforce assessment.



### GOAL 3: Improve the ability to manage, analyze, and act on data to improve operations and health outcomes.

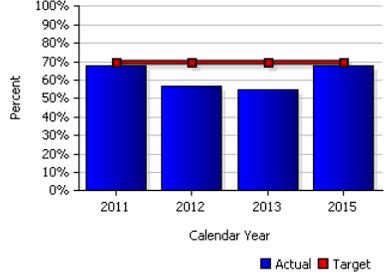
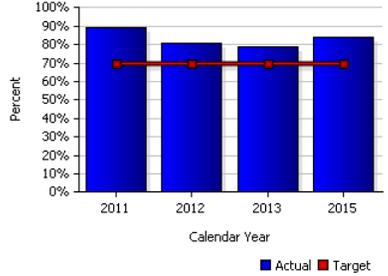
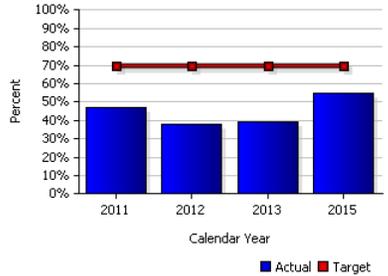
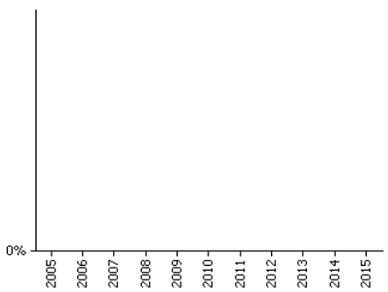


Indicators	
	% of Blueprint activities with a schedule for implementation
	% of core services with dashboard metrics that can show measureable improvement

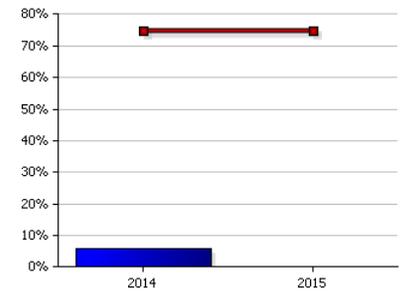
Status					
Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
Integrate IT projects to leverage resources for updating IT technology to better manage data.	Establish a regular agenda item for Executive Team & Bureau Chiefs meetings to improve the connection between IT projects.	Gerd Clabaugh	7/1/13	7/1/13	Completed. Listed on each Executive Team agenda and IDPH Bureau Chiefs Quarterly meeting as standing item effective 7/1/13.
Strategy 1: Identify/develop a framework, policies, and processes for a department-wide data management program (Data Management Blueprint).	Action 1: Identify and implement best-practices in managing data (e.g., from other states and organizations).	Ken Sharp	7/1/14	6/30/16	Using the Preventive Health & Health Services Block Grant, IDPH contracted with the U of Iowa to conduct an evaluation of data management at IDPH and other large public and private entities. The Data Management Work Group is guiding this process. A final report is expected in July 2015.
	Action 2: Identify existing and future barriers to managing and analyzing data.		11/1/14	4/30/15	The Data Management Work Group is working to evaluate current and potential health impacts of IDPH data and key data stakeholders. They are also assisting the external contractor in understanding IDPH's current structures for data management, resourcing, and data processes to help create better informed recommendations for an IDPH data management structure.  A planning retreat was held in March to evaluate the tracking portal's role in making IDPH data available to the public. Three 5-year goals were developed: <ol style="list-style-type: none"> <li>1. Secure dedicated resources, including state funding, to sustain the portal.</li> <li>2. Become the primary resource for public health data in Iowa.</li> <li>3. Strengthen and formalize the governance structure.</li> </ol> Based on these goals, 2-year strategies were developed. The Tracking Portal Admin Team will determine the funding, staff, and other resource needs to achieve these goals as well as existing opportunities and challenges.
	Action 3: Identify and document the risks/benefits of centralized data collection, management, and reporting.		11/1/14	4/30/15	IDPH has requested \$500,000 from the Technology Reinvestment Fund to engage an external entity who is familiar with government operations to determine the optimal number of data systems required to support IDPH functions most efficiently. This request has been included in IDPH's legislative appropriations request.
Strategy 2: Identify and implement metrics to improve operations and health outcomes.	Action 4: Develop an IDPH core services dashboard.	Ken Sharp	10/1/14	6/30/16	In concert with Goal 4, Action 3: APL has identified measures for an IDPH Executive Dashboard and is gathering data during April. ADPER/EH will begin the process in April.

Indicators
 % of employees that respond (+) to "We have good processes for doing our work" (employee survey)
 % of employees that respond (+) to 'I have influence in improving my work processes' (employee survey)
 % of IDPH staff who have had exposure to QI in the last year
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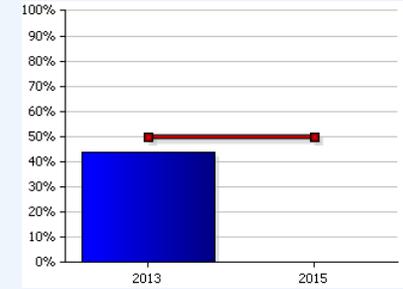
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Strategy	Actions/Activities	Sponsor	Action/Activity Start Date	Action/Activity End Date	Action/Activity Analysis
 Strategy 1: Identify/develop a framework, policies, and processes for a department wide QI program.	 Action 2: Identify/develop a framework for a department wide QI program.	Gerd Clabaugh	4/1/15	6/30/16	Not started. Planning Services staff are reviewing PHAB accredited health departments' QI plans for best practices during the next quarter.
	 Action 1: Assess resource needs for implementing a QI program.		1/1/16	6/30/16	No change – QI Plan is slated to be developed and approved during 1 <sup>st</sup> and 2 <sup>nd</sup> quarter of 2016 as per the IDPH PHAB Accreditation Timeline.
 Strategy 2: Conduct department-wide QI activities.	 Action 3: Include QI goals/activities in division directors' and bureau chiefs' performance plans.	Gerd Clabaugh	11/1/14	6/30/15	In process. QI requirements included in two DD performance plans. APL Division Director and all BC's have worked on developing measurements to include in the IDPH Executive Dashboard and are collecting data during April. BOF has begun planning a QI event regarding the receipt of money. ADPER/EH beginning process in April. Process to systematically incorporate into BC performance plans has not been finalized.
	 Action 4: Identify and apply criteria for conducting department-wide QI projects.		7/1/15	6/30/16	No formal discussions for QI projects have taken place yet. Action is dependent on previous action steps being completed.  Quality Improvement classes are offered to all staff and publicized on the IDPH in-house training calendar. For 2015, the following classes are scheduled: <ul style="list-style-type: none"> <li>• <i>QI Basics:</i> 3/12/15 (held) and 8/4/15</li> <li>• <i>QI Intermediate:</i> 6/9/15 and 10/13/15</li> <li>• <i>QI Practice Workshop:</i> 7/7/15 and 12/1/15</li> </ul>

Goals	Indicator	Charts															
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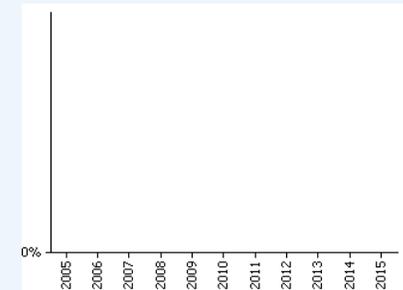
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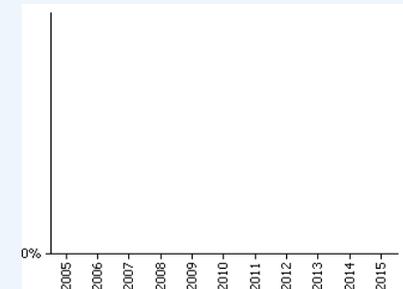


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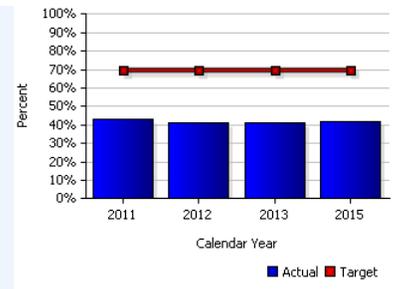


◆ GOAL 2: Invest in the right people with the right skills to promote & protect the health of Iowans.

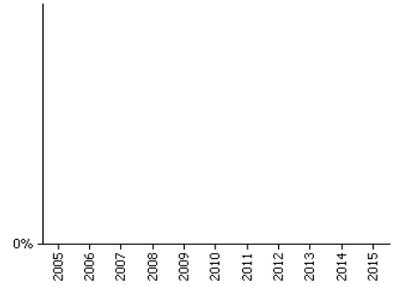
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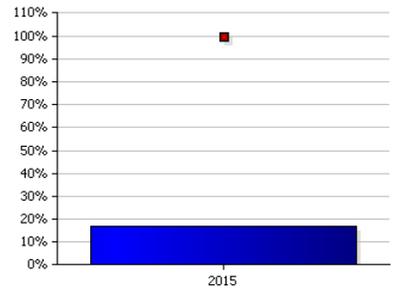


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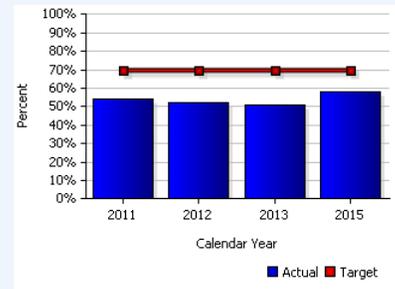


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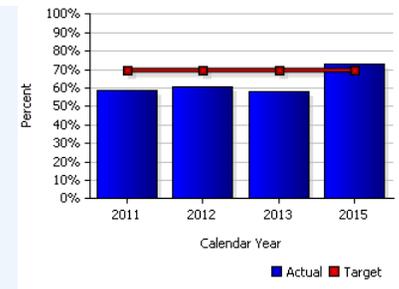


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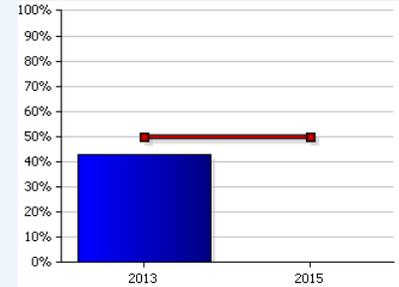


GOAL 4: Cultivate an organizational culture of Lean/quality improvement.

➡ % of employees that respond (+) to 'I have influence in improving my work processes' (employee survey)



➡ % of IDPH staff who have had exposure to QI in the last year



➡ % of IDPH staff with QI in their performance plans

