



Protecting and Improving the Health of Iowans

Strategic Plan
2017 – 2021

A Message from the Iowa Department of Public Health Director

In October 2016, the Iowa Department of Public Health's (IDPH) leadership began meeting to create a vision for the future of the department. The intent of this visioning was to consider the many changes occurring in health and healthcare in America, and to consider the implications for public health in Iowa. Important to this effort was aligning with the Governor's goals to improve efficiency, reduce the cost of government and lead Iowa to becoming the healthiest state in the nation. As a part of this process, hard questions were asked, trends were examined, and needs were considered. The result of this work is the development of our 2017-2021 IDPH Strategic Plan.

The IDPH Strategic Plan is not a stagnant expression of one point-in-time. It is the foundation upon which future reflection and adjustments can be built. It reflects a movement toward an integrated flow of programs and services, all of which build upon a vision of Healthy Iowans in Healthy Communities and keeps us moving forward on the path to becoming the healthiest state in the nation. And, in fulfilling our vision for IDPH as Iowa's Leader for Population Health, we reaffirm our mission of Protecting and Improving the Health of Iowans. In particular, our goals to strengthen our role as Iowa's chief health strategist (Goal 1) and strengthen our capability and capacity to improve population health through partnerships, communications, workforce development, and quality improvement (Goal 2) reflect our commitment to providing the services Iowans need to be healthy in the most cost-effective manner.

I am proud to present the IDPH Strategic Plan, a reflection of our department's vision for the future with a commitment to the continued strengthening of our ties with local public health and other critical public and private partners.

Sincerely,

Gerd W. Clabaugh, MPA
Director, Iowa Department of Public Health
January 1, 2017

VISION for Iowa

Healthy Iowans in Healthy Communities

MISSION

Protecting and Improving the Health of Iowans

VISION for IDPH

Iowa's Leader for Population Health

GUIDING PRINCIPLES

ACCOUNTABILITY

We act with integrity and strive for fairness in all we do.

COLLABORATION/TEAMWORK

We value internal and external partnerships, and remain flexible to new and diverse ideas.

COMMUNICATION

We use timely, effective, and open dialogue to increase collaboration and participation in protecting and improving health.

HEALTH EQUITY

We promote health for all by working to reduce health disparities and focusing on health where people live, learn, work, and play.

QUALITY

We are dedicated to efficiency, effectiveness, and the continuous improvement of our processes and services.

RESULTS ORIENTED

We strive for excellence through decision-making that is priority-focused, data-driven, and evidence-based.

WORKFORCE DEVELOPMENT

We continually work to develop the skills and competencies of our workforce.

Focus Area: Population Health Leadership

Goal 1

Strengthen the department's role as Iowa's chief health strategist (CHS).

Indicators/Objectives

Options (to be developed during continued action planning):

1. Iowa's top health issues identified/published
2. Data score (TBD), e.g., percent of health issues with data assessed, identified, analyzed, distributed
3. Strategy score (TBD), e.g., percent of health issues with statewide strategy developed, adopted, adapted
4. Percent of staff performance plans with CHS practice identified

Strategies

1. Define and communicate chief health strategist (CHS) practices.
2. Develop, implement, and evaluate models for addressing health issues using CHS practices.
3. IDPH staff demonstrate CHS practices in carrying out health priorities.

Action	Lead*	Date Due
Strategy 1 1. Develop/adopt definitions for CHS practices. 2. Train staff in CHS practices. 3. Designate CHS mentors/champions.	1. Director/Deputy Director 2. Deputy Director 3. Deputy Director	1. Jul-2017 2. Dec-2017 3. Jul-2018
Strategy 2 1. Develop model frameworks to assess and evaluate implementation of CHS practices. 2. Implement model frameworks for selected health issue(s) [Goal 3]. 3. Evaluate and revise model frameworks.	Acute Disease Prevention, Emergency Response & Environmental Health Division Director/Health Promotion & Chronic Disease Prevention Division Director	1. Dec-2017 2. Jul-2018 3. Dec-2018
Strategy 3 1. Include CHS practices in employee performance plans.	1. Deputy Director	1. Jul-2018

* Leads are responsible for facilitating department-wide participation in implementing the strategies/actions. See [page 13](#) for a complete description of their roles.

Focus Area: Foundational Capabilities

Goal 2

Strengthen the department's capability and capacity to improve population health through partnerships, communications, workforce development, and quality improvement (QI).

Indicators/Objectives

Options (to be developed during continued action planning):

Partnerships

1. Partnership score (TBD), e.g., coalition/partnership strength for selected issues (Goal 3)
2. Percent of local public health agencies with staff that have attended CHS training

Workforce

1. Employee Survey indicates IDPH has the right people & skills to meet needs
2. Percent of staff participating in training
3. Percent of staff participating in informatics and analytical skills training

Communications

1. Employee survey indicates IDPH staff receive adequate and timely communications.
2. Employee survey indicates IDPH staff know the IDPH vision and mission.
3. Employee survey indicates IDPH staff know how their work links with the IDPH strategic plan.

QI

1. Increase the percentage of IDPH staff with exposure to QI in the last year.
2. Increase the percentage of IDPH staff with QI responsibilities in performance plans.
3. Employee survey indicates IDPH staff agree/strongly agree: "We have good processes for doing our work."
4. Employee survey indicates IDPH staff agree/strongly agree: "I have influence in defining/improving my work processes."
5. Increase the department's quality culture score.

Strategies

1. Strengthen partnerships.
2. Implement workforce development strategies to assure human resource capabilities match needs today and in the future.
3. Enhance internal and external communications: improve how people communicate & what is communicated.
4. Improve organizational practices using QI processes.

Action	Lead*	Date Due
Strategy 1 1. Assess the strength/quality of existing partnerships for the selected health issues [Goal 3]. 2. Identify and implement partnership-building activities for the selected health issue(s). 3. Educate/train local public health on CHS role.	Behavioral Health Division Director/Tobacco Use Prevention & Control Division Director	1. Oct-2017 2. Mar-2018 3. Jan-2019
Strategy 2 1. Develop at least one cross-sectional team for the selected health issues [Goal 3]. 2. Identify and provide training to staff on informatics and analytical skills. 3. Review and update the department's Workforce Development Plan.	Administration & Professional Licensure Division Director	1. Oct-2017 2. Jan-2019 3. Aug-2017
Strategy 3 1. Communicate with staff and stakeholders about the IDPH strategic plan. 2. Provide training to staff on internal and external communication and meeting facilitation. 3. Continue monthly <i>Bus Stop</i> sessions on important organizational functions/processes.	Deputy Director	1. Feb-2017 2. Jan-2019 3. Monthly
Strategy 4 1. Establish a department-wide QI Council. 2. Review and update the QI Plan. 3. Provide QI training to staff. 4. Complete at least one formal QI project annually.	Deputy Director	1. Feb-2017 2. Oct-2017 3. Bi-annually 4. Annually

* Leads are responsible for facilitating department-wide participation in implementing the strategies/actions. See [page 13](#) for a complete description of their roles.

Focus Area: Iowa's Top Health Issues

Goal 3

Implement a collaborative, department-wide approach to addressing Iowa's top health issues.

Indicators/Objectives

Options (to be developed during continued action planning):

1. Outcomes/metrics of progress toward improvement of the selected health issues
2. Percent of IDPH programs that have activities to address the selected health issues
3. Percent of programs that incorporate data for the selected health issues into grants, promotions, activities, etc.
4. Resources used for the selected health issues (expenditures & receipts)

Strategies

1. Develop and implement collaborative, department-wide activities related to decreasing obesity.
2. Develop and implement collaborative, department-wide activities related to improving nutrition.
3. Develop and implement collaborative, department-wide activities related to increasing physical activity.

Action	Lead*	Date Due
Strategy 1 1. Document existing department strategies for addressing obesity. 2. Develop and implement new collaborative strategies for addressing obesity. 3. Communicate to and educate staff/partners on obesity-related issues. 4. Assess, identify, analyze, and distribute data related to obesity. 5. Document existing funding sources for obesity-related strategies. 6. Identify potential sources of funding for obesity-related strategies.	Health Promotion & Chronic Disease Prevention Division Director	1. Mar-2017 2. Jul-2017 3. Aug-2017 4. Aug-2017 5. Mar-2017 6. Quarterly

Action	Lead*	Date Due
<p>Strategy 2</p> <ol style="list-style-type: none"> 1. Document existing department strategies for improving nutrition. 2. Develop and implement new collaborative strategies for improving nutrition. 3. Communicate to and educate staff/partners on nutrition related issues. 4. Assess, identify, analyze, and distribute data related to nutrition. 5. Document existing funding sources for nutrition-related strategies. 6. Identify potential sources of funding for nutrition-related strategies. 	<p>Health Promotion & Chronic Disease Prevention Division Director</p>	<ol style="list-style-type: none"> 1. Mar-2017 2. Jul-2017 3. Aug-2017 4. Aug-2017 5. Mar-2017 6. Quarterly
<p>Strategy 3</p> <ol style="list-style-type: none"> 1. Document existing department strategies for increasing physical activity. 2. Develop and implement new collaborative strategies for increasing physical activity. 3. Communicate to and educate staff/partners on physical activity-related issues. 4. Assess, identify, analyze, and distribute data related to physical activity. 5. Document existing funding sources for physical activity-related strategies. 6. Identify potential sources of funding for physical activity-related strategies. 	<p>Health Promotion & Chronic Disease Prevention Division Director</p>	<ol style="list-style-type: none"> 1. Mar-2017 2. Jul-2017 3. Aug-2017 4. Aug-2017 5. Mar-2017 6. Quarterly

* Leads are responsible for promoting department-wide participation in implementing the strategies/actions. See [page 13](#) for a complete description of their roles.

IDPH's Strategic Planning Process

IDPH used the following process to conduct its strategic planning process. It was adapted from the 2014 ASTHO: Strategic Planning Guide¹.



¹ Association of State and Territorial Health Officials. [“Strategic Planning Guide: Guidance and Resources to Assist State and Territorial Health Agencies in Developing a Strategic Plan”](#), 2014.

Strategic Planning Timeline (Fiscal Year 2017)

Task	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
Select Strategic Plan Committee												
Mission, Vision, Guiding Principles	a	b	b	c								
Environmental Scan/SWOT	a	b	b	c								
Strategic Priorities/Work Plans		b	b	c	d	d,e						
Documentation, feedback, finalization					d	d,e	d,f					
Implementation												
Review, Evaluate, & Revise (ongoing – quarterly minimum)												

a=Training on Public Health 2030 and foundational capabilities

b=Distribute environmental scan materials. Survey public, staff, contractors, State Board of Health.

c=Planning retreat on Oct. 4th & 5th; **d**=Documentation subcommittee; **e**=Full committee feedback; **f**=Employee feedback

Environmental Scan

The IDPH strategic planning committee ([Appendix A](#)) used a variety of resources to inform its decision-making during the strategic planning process. First, committee members reviewed and reflected upon a compilation of important documents (**Table 1**) provided prior to a two-day strategic planning meeting. Second, committee members were encouraged to have discussions with their staff, partners, and other stakeholders about priorities for the future. Finally, committee members engaged in strategic discussions during the meeting based on their own experiences and expertise.

Table 1. Background Materials for Environmental Scan

<ul style="list-style-type: none"> 2014-2016 IDPH Strategic Plan & Final Strategic Plan Status Report
<ul style="list-style-type: none"> 2015 Iowa State Health Profile
<ul style="list-style-type: none"> 2016 Employee Survey Summary (comparing results from 2011-2016)
<ul style="list-style-type: none"> 2016 Strategic Planning Survey results: Over 500 staff, partners, & other stakeholders responded to a survey asking for input on vision, mission, guiding principles, & SWOT.
<ul style="list-style-type: none"> Department Strategic Framework with Goals, Strategies, & Program Areas to Meet Goals
<ul style="list-style-type: none"> Existing IDPH mission, vision, and guiding principles
<ul style="list-style-type: none"> Foundational Public Health Services Factsheet
<ul style="list-style-type: none"> FY2017 YTD department budget
<ul style="list-style-type: none"> <i>The High Achieving Governmental Health Department in 2020 as the Community Chief Health Strategist</i>
<ul style="list-style-type: none"> IDPH Table of Organization
<ul style="list-style-type: none"> IDPH Workforce Development Plan 2016
<ul style="list-style-type: none"> Public Health 2030 Scenarios
<ul style="list-style-type: none"> Top Health Issues in Iowa infographic (from <i>Healthy Iowans</i> state health assessment)

During the two-day meeting, the IDPH strategic planning committee identified the issues from the environmental scan they believed were most important to consider in driving improvement for IDPH over the next several years (Table 2). As is common in planning processes, the results focused heavily on weaknesses and threats, but also showed important strengths to consider and offered many opportunities for improvement. In addition, one theme was particularly important in driving the discussion over the two days: the idea that the public health system is at a crossroads. Whether from the perspectives of the public health workforce, or partners, or other stakeholders, there does not seem to be a clear unifying vision for IDPH or for the public health system for the future. While this is certainly a threat to what the public health system does and how it does it, it also presents an opportunity for IDPH to strengthen its role as the chief health strategist in defining the role public health should and must play in *Protecting and Improving the Health of Iowans* and in assuring *Healthy Iowans in Healthy Communities*. The following table summarizes the top strengths, weaknesses, opportunities, and threats identified by the IDPH strategic planning committee.

Table 2. Environmental Scan Top Issues	
Strengths	
<ul style="list-style-type: none"> • Communication and Collaboration: working with partners and bringing together resources, partners, and data sources to respond to important issues. • Workforce: staff are competent, knowledgeable, and dedicated. Employees are responsive and respected; they are subject matter experts. 	
Weaknesses	
<ul style="list-style-type: none"> • Communication and Collaboration: internal communication and coordination is inconsistent department-wide and across programs. IDPH functions primarily in silos. Need to improve communication to funders and licensees about the value of regulatory processes and how to navigate them. • Data: IDPH needs to be the source for data to measure results. There is a need for more and better data to monitor progress and to drive decision-making; decision-makers lack sufficient information to make important choices about their community's health. • Funding: IDPH chases funding. Requirements of funding influence the department's staffing structure rather than an overall staffing strategy. • Leadership: IDPH lacks a single, unified brand. The role IDPH plays on issues is inconsistent, from being a leader to only serving as a resource. There is confusion on why the focus is on certain areas. • Technology: using technology effectively or having access to needed technology. There is an inconsistent knowledge base and use across the department. • Workforce: IDPH has great staff, but tries to be everything to everybody. Concern whether IDPH has the right staff in the right places and staff ability to change to meet new challenges. 	

Table 2. Environmental Scan Top Issues (continued)

Opportunities

- **Communication and Collaboration:** timelier, improved communication and collaboration. Assure additional information about local public health activities & needs is shared across the department.
- **Data:** be the source for data to measure results. Market what is available and how to use it to monitor progress and drive decision-making.
- **Funding:** negotiate with funders & policy makers regarding policy recommendations/resources. Conduct a thorough review of grant capabilities & use focused intentional creative thinking. Leverage funding across programs.
- **Leadership:** pick a direction & commit to it. IDPH should be the strategist/leader. Take on more risk and be more goal-oriented.
- **Workforce:** continue supporting & educating the workforce.

Threats

- **Communication and Collaboration:** not being able to communicate department & program decisions effectively.
- **Funding:** state and federal budgetary constraints/reduction and/or redirection of funding. Lack of funding flexibility may result in funding lower priority activities at the expense of more critical activities. How does IDPH fund being the strategist rather than working within silos? How does the public health system match services/activities with available resources?
- **Leadership:** public health is at a crossroads. How can IDPH facilitate change in the public health system still driven by what funding sources require? Funders dictate to IDPH; IDPH dictates to recipients what public health is. It is a constant challenge to assure the capacity to respond to health crises while maintaining normal operations: federal grant obligations cannot be put aside when an emergent event takes time and resources.
- **Population Changes:** include diversity, aging, education, income, health behaviors, and disease trends. Customer/client/public expectations and disparate needs (e.g., rural versus urban).
- **Technology:** changing technology and communication options. Greater need for data.
- **Workforce:** changes in skills necessary to work efficiently and effectively. Changing local public health structure – staff turnover/retirements, shrinking workforce/capacity, organizational changes, foundational capabilities, and accreditation. Increased focus on population level services and systems; decreased need for providing clinical care.

Vision, Mission, Guiding Principles

The next step was to revisit the department’s vision, mission, and guiding principles to ensure they represent the most current and applicable values IDPH follows and that they will lead the department and Iowa to a healthier future. The vision (Vision for Iowa) and mission statements were modified slightly from previous statements. Guiding principles were revised to reflect current priorities and terminology. And, for the first time, IDPH developed an organizational vision statement (Vision for IDPH) that reflects what IDPH needs to become to achieve the Vision for Iowa and to best implement the mission.

IDPH Strategic Priorities

The results from the environmental scan discussion and the new vision, mission, and guiding principles formed the basis for identifying IDPH's key strategic priorities for the next five years. The IDPH strategic planning committee identified three areas of focus, with initial goals, indicators, strategies, and action steps that will provide a solid foundation for achieving *Healthy Iowans in Healthy Communities*.

Strategic Plan Implementation Structure

Strategic plan implementation will develop a more collaborative, cohesive department structure for addressing strategic issues. Doing this will require broad participation from staff at all levels. In many cases, it will require teams that interact with other teams. In addition, teams may include external partners as appropriate.

TEAMS

Each action requires a team to implement it and to spread the goals, strategies, and actions throughout/across the department. Teams will include representation from across the department. The size of the team will depend on the action, but the intent is to collaborate across the department, break down silos, and improve understanding across the department of the issues included in the strategic plan. The teams may include division directors, bureau chiefs, and program staff.

LEADS

The leads serve as champions for the strategies/actions and the teams (similar to a committee chair or coach). The leads are responsible for making sure the teams have the right 'players', have clear goals everyone on the team is moving toward, and ensuring that the team gets the support it needs to achieve those goals. The leads are not expected to be subject matter experts. Instead, they should encourage broad, department-wide perspectives on their assigned strategies/actions. The leads will communicate with IDPH management about their team's progress.

FACILITATION

Initially, Planning Services staff will facilitate the teams. Ultimately, teams will develop roles within the team and define their own responsibilities for keeping the team moving forward and ensuring the work gets done. Planning Services staff will maintain quarterly progress reporting and will consult on procedural, cross-team, and other planning-related issues.

Appendix A: IDPH Strategic Planning Committee

Gerd Clabaugh	Director
Sarah Reisetter	Deputy Director
Dennis Klein	Iowa State Medical Examiner
Deborah Thompson	Legislative Liaison

Division Directors

Brenda Dobson	Health Promotion & Chronic Disease Prevention
Jerilyn Oshel	Tobacco Use Prevention & Control
Ken Sharp	Acute Disease Prevention, Emergency Response & Environmental Health
Marcia Spangler	Administration & Professional Licensure
Kathy Stone	Behavioral Health

Bureau Chiefs

Melissa Bird	Health Statistics
Don Callaghan	Immunization & TB
Cheryl Christie	Finance
Rebecca Curtiss	Emergency & Trauma Services
DeAnn Decker	Substance Abuse
Martha Gelhaus	Planning Services
Marcus Johnson-Miller	Family Health
Lon Laffey	Information Management
Jill Lange	Nutrition & Health Promotion
Angela Leek	Radiological Health
Randy Mayer	HIV, STD & Hepatitis
Jill Myers-Gaedelmann	Chronic Disease Prevention & Management
Bob Russell	Oral & Health Delivery Systems
Carmily Stone	Environmental Health Services

Facilitators

Amanda Beckett	Bureau of Planning Services
Jennifer Caskey	Director's Office
Jonn Durbin	Bureau of Planning Services
Martha Gelhaus	Bureau of Planning Services

Documentation Subcommittee

Sarah Reisetter	Deputy Director
Kathy Stone	Division of Behavioral Health
Martha Gelhaus	Bureau of Planning Services
Marcus Johnson-Miller	Bureau of Family Health
Lon Laffey	Bureau of Information Management
Jonn Durbin	Bureau of Planning Services
Amanda Beckett	Bureau of Planning Services