INTRODUCTION

Goodhue County Health and Human Services (GCHHS) is an integrated public health and human service agency. Services include public health, child support, economic support, social services and mental health. In partnership with local service providers, regional, state and federal partners, GCHHS is educating people through public health efforts and providing safety and protection to the most vulnerable children and adults. Other services include care for addictions and mental health and enabling people in Goodhue County to live independently.

GCHHS reports directly to the Goodhue County Health and Human Services Board which operates in accordance with Minnesota Statute 145A.09-17 and Minnesota Statute 393.01-13. The Goodhue County Health and Human Service board consists of 5 County Commissioners and 2 Lay Board members. There is approximately 100 staff employed in the various divisions of the agency.

The Public Health Division of GCHHS provides services to promote healthier and safe living for Goodhue County residents. These services include disease prevention and control, Women’s Infants and Children program, long term care consultation, personal care assessments, emergency preparedness, maternal and child health, and community health improvement priorities. In collaboration with community partners, the Public Health division is responsible for determining and addressing local public health needs as well as community health priorities.

BACKGROUND

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

SCHSAC develops annual work plans to focus their activities, but much of their work is accomplished through workgroups. The SCHSAC Performance Improvement and Accreditation Work Group in 2010 identified strategies to strengthen accountability and improve performance across public health agencies in Minnesota. In 2011, SCHSAC approved a recommendation from the “Performance Improvement Steering Committee” that Community Health Boards in Minnesota be required to submit three plans for the 2010 – 2014 assessment and planning cycle. These were:

1. Community Health Improvement Plan
2. Strategic Plan
3. Quality Improvement Plan
As a result of this recommendation, the Office of Performance Improvement (OPI) from the Minnesota Department of Health (MDH) issued an application for a Strategic Planning Facilitation Project in 2012. The goal of the project was to help facilitate a strategic planning process with at least 8 local or tribal health departments. GCHHS applied and were chosen to receive technical assistance from trained staff. The technical assistance provided by MDH was funded to work only with local and tribal health departments. This strategic plan will link to the full GCHHS strategic plan in the future.

**Process Overview**

Below is the graphic that was followed for the Strategic Planning Process. MDH followed the guidelines issued by the Public Health Accreditation Board (PHAB) to align with the accreditation standards.
In Goodhue County, the strategic planning team was established and included:

- Director of Health and Human Services
- Joint Deputy Director of Health and Human Services
- Board Member of Health and Human Services
- Public Health Nursing Supervisor – Adult Division
- Public Health Nursing Supervisor – Maternal Child Health Division
- Case Aide
- Emergency Preparedness Coordinator
- Healthy Communities Supervisor and Facilitator
- Minnesota Department of Health Public Health Nurse Consultants

The strategic planning team met from June 2012 through November 2012 for a total of 8 meetings of the whole team. Two additional meetings were held with subgroups of the team to further develop action plans. A stakeholder analysis was completed that identified those who may be interested in the strategic planning process and who have a “stake” in the outcome. Based on this analysis, a communication plan was developed on information stakeholders would need and the method and frequency of communication. Information from the 2012 Community Health Assessment, recent Customer Satisfaction surveys and the recent Emergency Preparedness Risk Assessment were reviewed to identify key issues. A written synopsis of quantitative data was reviewed by team members to provide a picture of the county demographics and other social, economic and health related data.

A one and half day training session was facilitated by the MDH Nurse Consultant and a Planner with the Office of Performance Improvement of MDH. A SWOC (Strengths, Weaknesses, Opportunities and Challenges) analysis was completed. Values were identified that guide staff in their work. The next step of the process led to draft vision elements. The vision elements were further clarified to develop language for communication with stakeholders. A vision statement was developed and value statements were chosen. An affinity grouping of goals and strategies was developed to help further refine outcomes.

There were eight overarching goals identified with corresponding strategies. Team members were asked to prioritize goals and strategies based on impact and ease of implementation. Three priority goals were chosen and action planning began. The goals were further refined into objectives that were Specific, Measurable, Attainable, Relevant and Time-Based (SMART). For each objective developed, an action plan was created that included tasks, identification of staff responsible for implementation and a timeline. Implementation of the action plans has begun and the team will plan to meet again in 6 months and one year to assess the progress towards reaching the goals and objectives. Benchmarks and methods of measuring success has been identified for some of the objectives.
**Stakeholder Analysis**

A stakeholder analysis was completed by having each team member identify the stakeholders unique to their duties as well as their interest in the strategic planning process. Stakeholders identified are listed in the graphic below:

When identifying the interests of the various stakeholders, items seemed to fall into four basic categories:

**Services and Programs** – will services continue, change and be what is needed, eligibility, technical assistance, prevention programs, telephone screens, healthy children and families, etc.

**Oversight** – regulations, rules, mandates, reports, appropriate staffing and services, using funds correctly, etc.
Partnerships – mutual work, need each other, helping the community, assist each other with services, assessment and improvement planning

Quality Improvement – increase efficiencies and effectiveness, meeting standards, job satisfaction and quality in work, electronic improvements and capacity building, etc.

Members of the strategic planning team then identified what stakeholders could do to help make sure their interests/concerns are addressed. Broad categories included:

<table>
<thead>
<tr>
<th>Funding</th>
<th>Technical assistance</th>
<th>Advocacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sustainability</td>
<td>Accountability</td>
<td>Follow recommendations</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Decision making</td>
<td>Willingness to listen</td>
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<tr>
<td>Communication</td>
<td>Participation</td>
<td>Service options</td>
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</tbody>
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The analysis concluded with how stakeholders would be involved in the strategic planning process and action steps for the communication plan. All stakeholders need information and education about the strategic planning process and how this benefits the agency and community. Other stakeholders will need a copy of the report and still others may be involved with action planning.

**Summary of Reports and Key Trends**

The strategic planning team received a report from the 2012 Community Health Assessment completed in June 2012. This included results from the Local Public Health Assessment that was completed in November of 2011. Qualitative data from the assessment was reviewed that included results from a randomized survey, key informant interviews and natural focus groups. A written synopsis of quantitative data was given to team with some of the corresponding data tables, graphs, maps and charts. This included information on:

Population  | Behavioral Risk Factor Surveillance System
Income      | Obesity
Employment | Physical activity
Children    | Morbidity and Mortality
Housing     | Diabetes
MFIP        | MN Student Survey – BMI, Nutrition and PA
SNAP        | Natality
WIC         | Oral Health
Public Health Care | Mental Health
Chemical Health | Infectious Disease
Student data | Environmental Health
MN Student survey – Selected Data | Asthma
Traffic | Quality of Care
Client satisfaction survey results were shared from 2007 through 2010. Results from the most recent Emergency Preparedness Assessment Programmatic Duty #5 was shared which included assessing risk with the human concern for the community and how those risks should be addressed.

After receiving all of the information, the MDH Nurse Consultant led the group through a discussion summarizing the reports and key trends. Key changes in the organization included eliminating home care services within the agency, losing the jail health contract, integrating with human services within the county, increasing workloads, leadership changes and losing staff. External trends that will affect the agency’s future included more need for services, loss of funding, more and different state and federal mandates, population changes, increase in diversity, impact on social determinates of health and a growing movement toward less governmental services.

SWOC Analysis

Based on the review of the summary of reports and key trends, the strategic planning team brainstormed a list of strengths, weaknesses, opportunities and challenges. This information was used to help further refine the vision, value statements and strategic issues. The team reviewed the strengths that could be useful in addressing the opportunities. They also identified that many of the challenges could be viewed as opportunities for the agency. Consistent themes identified through the SWOC analysis were quality improvement, staff commitment, communication, technology, human service integration and partnerships. Listed below are the issues identified by the team members.

**Strengths/Accomplishments**
- Regional coordination with SHIP
- Plan for homecare took long, but once the decision was made, did well with getting a home care agency and staff employed,
- Lots of great media for HHS,
- Putting the public back into public health
- Shoring up the healthy communities division
- H1N1 response
- Electronic everything
- Quality Improvement activities, i.e., paperless committee, front desk
- Staff commitment, loyalty, flexibility, knowledge and experience
- Community becoming more diverse

**Weaknesses/Challenges**
- Staff training and competencies – need to document and identify training needs
- Minimal access to use social media
- Location of staff on 4 floors
- Regional Redesign
- Emotional impact of environmental change
Having the community and the health and human services board understand public health
Continuous quality improvement
Change is a challenge
People are really struggling emotionally – stress and anxiety related to the economy – these probably do not need medication – not mental illness but mental health
Meeting the need for services given the demand
Keeping the 10 essential Public Health activities even with Human Services work
Retirement of staff
Decision makers may make decisions based on financials not on public health priorities
Communication – internally, community, etc.
Less government, less taxes, but more need for service
H and HS integration – position and align PH and HS in community

Opportunities

Many of the items listed in weaknesses/challenges could be opportunities
Evidence based programs – be able to show what we are doing
Outcome based, performance management system, identifying outcomes
Increase in the number of Quality Improvement projects
Participate outside county see bigger picture to increase capacity experience of staff
Health disparities – connection between health and socioeconomic conditions
Staff feeling the power of addressing Quality Improvement – change can be exciting
Retiring staff – option to look at things differently
Communications – emergencies, internal, external, clients, community, etc.
Working with nonprofits and other community partners – collaboration
Enhancing partnerships
Position health and human integration services to best serve the community
Affordable Health Care Act
Collaborative work and volunteer base
Working with the new Mayo system

Mission, Vision and Value Statements

After review of the summary of reports, trends and SWOC analysis, the team spent time reviewing, revising and writing a vision and value statements. A separate workgroup from GCHHS had spent time developing the mission statement that was adopted by the Goodhue County Health and Human Services Board on September 18, 2012.

Mission

Promote, Strengthen and Protect the Health of Individuals, Families and Communities.
Vision

We are a trusted and innovative public health agency committed to working for a safer and healthier Goodhue County.

Value Statements

RESPECT - We respect all people, communities and contributions while celebrating differences.

PREVENTION - We value prevention as a cost effective investment that impacts the health of individuals, families and communities.

COLLABORATION - We value collaborative work to utilize expertise and resources to achieve better health in our communities.

INNOVATION - We value innovative strategies to promote continuous improvement.

TEAMWORK - We value teamwork because we get better results when working together.

Broad Goals/Objectives

Development of the goals and objectives took place over multiple meetings, but started with the question “Keeping in mind the assessment conclusions and mission, what does the agency need to look like in 3-5 years?” Summary phrases were developed to further refine vision elements. An affinity grouping of strategies was also completed along with a priority setting activity to identify priorities. Action plans were developed with subgroups. Duplications were identified among the action plans and the team spent time identifying these similarities and grouping them together. The final step was to put the action steps and timelines into a Gantt chart. Following are the final broad goals and objectives.

1. **Collaborate and Empower the Community**
   a. **Findings from the 2012 Goodhue County Community Health Assessment will be used by Goodhue County Health and Human Services and the Community Health Improvement Plan (CHIP) partners to develop an action plan for two of the 10 strategic health priorities by September 2013.**
   b. **Goodhue County Health and Human Services will work in partnership with others to create a resource hub to be available to all community members by December 1, 2015.**
   c. **Goodhue County Health and Human Services will work in partnership with an agency, community group or others to strengthen or modify a policy that will improve the health of the community by June 2014.**

2. **Improve Use of Technology**
   a. **A technology needs Assessment process will be developed to assess IT needs and training for Goodhue County Health and Human Services by January 2014.**
b. A technology policy will be approved by Health and Human Services Board that allows the HHS staff to use social media for work related purposes by January 2014.

3. **Develop Effective Communication Plans**
   a. By December 31, 2015, GCHHS will increase external communication by 50% through collaborative partnerships, educational presentations and educational capacity building among staff.
   b. Goodhue County Health and Human Services will increase external communication through at least two new communication venues by March 2014.
   c. By June 2015, GCHHS will have a contact list that is current and a standardized procedure in place for updates.
   d. Through internal communication methods, GCHHS administration will increase by 50% HHS staff’s knowledge of each other and agency current events.

**Community Health Improvement Plan Linkages**

GCHHS finished its Community Health Assessment in June of 2012 using the MAPP (Mobilizing for Action through Planning and Partnership) process. After one year of once per month meetings, ten health priorities were selected. In February 2013, a new community group has been formed to continue the MAPP process to develop an action, implementation and evaluation plan for the identified health priorities. While this plan is still in development, an overall vision for the process has been formed: *Every human being in Goodhue County is connected, included, safe and educated in achieving healthy outcomes.*

The broad goals of the strategic plan of “Collaborate and Empower the Community” and “Develop Effective Communication Plans” relate directly to the vision of connection, inclusion, safety and education. The specific objectives of “creating a resource hub” and “standardizing contact lists” relate to the theme of connection and inclusion. In addition, “increasing external communication” relates to educating the residents of Goodhue County. As the Community Health Improvement Planning process continues, staff from GCHHS – Public Health Division will continue to highlight for the group how the Strategic Plan may support the implementation of an action plan for the Community Health Improvement Plan.

**Quality Improvement Plan Linkages**

GCHHS has identified staff from the agency who will participate on a newly formed Quality Improvement Committee. Committee members include both management and line staff. The first task for the committee is to develop the Quality Improvement Plan. The committee will provide ongoing leadership of quality improvement activities within the agency and develop measurable objectives and indicators. While this committee has not yet met, this Strategic Plan will provide a guide for their work as they review how strategic plan implementation is progressing and identify possible improvement activities. As the Quality Improvement committee identifies quality improvement initiatives, priority will
be given to services and activities identified in the strategic plan. Eventually, the Quality Improvement Plan, the Community Health Improvement Plan and the Strategic Plan will be used to help develop a performance management system for the agency.

**Next Steps**

For each objective listed in the strategic plan, an action plan has been developed. The action plan identifies a project lead as well as a timeline for implementation. Those leads are responsible for action plan implementation and tracking progress. The strategic planning committee will be meeting at six month intervals to hear reports on implementation and progress of action plans. At that time, barriers will be identified and changes in direction will be implemented if it is determined to be necessary for effective implementation.