

# Fillmore-Houston Community Health Service Strategic Plan 2020



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


Prepared by the Fillmore-Houston Performance Management Team

Implemented: February 25, 2020

Reviewed and Revised: February 14, 2020

Approved by the Executive Team and Joint Board of Health: February 25, 2020

Fillmore-Houston CHS Administrator:

  
\_\_\_\_\_  
*Jessica Erickson 2/25/2020*

Fillmore-Houston Joint Board of Health Chairperson:

  
\_\_\_\_\_

## **Strategic Plan Development Process**

The Fillmore-Houston Community Health Service (FHCHS) embarked on the strategic planning journey in 2017. An eight-member team consisting of two public health directors, two health educators, three nurses, and one business manager participated in the process with assistance from the Minnesota Department of Health. The team convened on several occasions to complete a visioning process, stakeholder analysis, and Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis. Public Health Directors from both counties worked with specialists from the Minnesota Department of Health to complete the Organizational Self-Assessment in March 2019. Information gathered during these processes concluded with the creation and implementation of the Fillmore-Houston CHS Strategic Plan.

## **Vision Statement**

The vision of the Fillmore-Houston Community Health Service is “Partnering for a Healthy Bluff Country.” Vision elements identified were partnerships and collaboration, rich resources, competent staff, community leadership, increased quality of health and life, engaged elected officials, and application of evidence-based practices.

## **Mission Statement**

The Fillmore County Public Health mission is “Supporting healthy lifestyles among Fillmore County residents through performance, prevention, promotion, and protection.”

The mission of Houston County Public Health is “Bringing people together to create a healthy future for everyone in Houston County.”

## **Guiding Principles and Values**

The Fillmore-Houston Community Health Service values:

- **Prevention and promotion.** Strategies that prevent disease and promote healthy living in healthy environments lead to long term benefits for everyone.
- **Collaboration.** County and community partnerships produce well-supported and cost-effective health outcomes by bringing people, resources, and organizations together.
- **Data-driven, evidence-based services.** Effective public health interventions depend on the best and most accurate, up-to-date research and information available.
- **Social justice with a holistic approach.** A healthy community recognizes that everyone’s health matters equally, and that services and solutions must be accessible, affordable and appropriate for all.
- **Customer service and accountability.** As vigilant stewards of the public’s trust, we provide services that are responsive and accountable to the community’s needs.

- **A skilled, flexible, innovative, and professional staff.** A well-trained, creative and dedicated workforce is the foundation of our ability to assess and address the health of our communities.

**Organization Self-Assessment**

Public Health Directors within the Fillmore-Houston CHS completed an organizational self-assessment process with assistance from the Minnesota Department of Health during March 2019. This self-study was an assessment of FHCHS ability to meet Public Health Accreditation Board (PHAB) Domains, Standards, and Measures and determine areas of strength and opportunities for improvement within the community health service. The three areas in which the FHCHS could work more effectively to demonstrate conformity within the PHAB standards were:

- Domain 8: Maintain a Competent Public Health Workforce.
- Domain 12: Maintain Capacity to Engage the Public Health Governing Entity
- Domain 3: Inform and Education About Public Health Issues and Functions

A Stakeholder Analysis completed in January 2020 identified twenty-three stakeholders that have the potential to impact or intersect with the Fillmore-Houston CHS initiatives (Table 1).

Table 1: Stakeholders of the Fillmore-Houston CHS.

Businesses/Work Places	Health Plans	People with Disabilities
Clients	Joint Board of Health	Public Health Advisory Groups
Clinics	Long-Term Care Facilities	Schools
Daycare Providers	MDH	Schools of Nursing/Students
Diverse Populations	Media	Semcac
Elected Officials	Medical Professionals	Staff
Emergency Food Programs	Mental Health Services	Visitors/Tourists
Emergency Medical Services	Non-Profit Organizations	Volunteer Organizations
Fellow County Departments		

In January 2020, an additional prioritization process identified the level of stakeholder influence on public health and potential strategic priority success (Table 2).

Table 2: Fillmore-Houston CHS Stakeholder Prioritization.

<b>More Influential</b>	<b>More Interested</b>
Businesses/Work Places Joint Board of Health Clinics Diverse Populations Elected Officials Fellow County Departments Health Plans MDH Media Medical Professionals Mental Health Services People with Disabilities Staff	Joint Board of health Clients Elected Officials Emergency Food Programs Health Plans Long-Term Care Facilities MDH Media Non-Profit Organizations Public Health Advisory Committees Schools Schools of Nursing/Students Semcac Staff Volunteer Organizations
<b>Less Influential</b>	<b>Less Interested</b>
Clients Daycare Providers Emergency Food Programs Emergency Medical Services Long-Term Care Facilities Non-Profit Organizations Public Health Advisory Committees Schools Schools of Nursing/Students Semcac Visitors/Tourists Volunteer Organizations	Businesses/Work Places Clinics Daycare Providers Diverse Populations Emergency Medical Services Fellow County Departments Medical Professionals Mental Health Services People with Disabilities Visitors/Tourists

Strategic Planning Meetings were held January to March 2017. A Summary Report of Key Trends was completed that noted the significant trends and accomplishments of the Fillmore-Houston CHS. Significant trends are noted on Table 3 and Accomplishments noted on Table 4.

Table 3: Significant Trends within the Fillmore-Houston CHS.

- Ability to maintaining skilled, qualified workforce due to competitive work environment and employee transitions.
- Access to safety and affordable housing.
- Ongoing need for public transportation options.
- Increased need for mental health services.
- Administrative, leadership, and elected official changes.
- Agency integration.
- Increased integration and collaboration with the Fillmore-Houston CHS
- Complying with state and federal mandates without increased compensation.

Table 4: Accomplishments of the Fillmore-Houston CHS.

- Ongoing community partner engagement and collaboration.
- Collaboration and partnership with fellow health departments within the region, state, and adjoining states.
- Institution of performance management strategies.
- Expanded communication and efforts between public health and social services.
- Shared grant writing and grant implementation such as the Peer Breast Feeding Support Grant, Evidence-Based Family Home Visiting, Statewide Health Improvement Program (SHIP) Grant, and Toward Zero Death Safe Roads Grant.
- Implementation of policies and procedures to assure CHS Administration and Financial transitions from county to county.

In January 2017, the Fillmore-Houston CHS underwent SWOT Analysis process with assistance from the Minnesota Department of Health. Findings from the SWOT Analysis were prioritized and can be reviewed in Table 5.

Table 5: SWOT Analysis Results of the Fillmore-Houston CHS.

<b>Strengths</b>	<b>Weakness</b>
<ul style="list-style-type: none"> <li>• Communication</li> <li>• Resource sharing</li> <li>• Collaborative mindset, attitude, and relationships</li> <li>• Supportive leadership and elected officials</li> <li>• Improved health outcomes and indicators</li> </ul>	<ul style="list-style-type: none"> <li>• Visibility in the community</li> <li>• Decreased home care client levels being served by public health and increased Medicare regulations.</li> <li>• Lack of funding and funding uncertainties</li> <li>• Access to skilled, qualified workforce to address employee transitions</li> <li>• Staff cross training and capacity</li> </ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"> <li>• Social media use</li> <li>• Expanding in connecting programs</li> <li>• Connections with human services</li> <li>• Offering student preceptorships</li> <li>• Cross jurisdictional partnership and collaborative efforts</li> <li>• Staff training and development</li> </ul>	<ul style="list-style-type: none"> <li>• Loss of funding sources and increased operation costs</li> <li>• Maintaining community programs when other sustainable private or public options are available.</li> <li>• Miscommunication or lack of communication with community partners</li> <li>• Technological competency</li> <li>• Lack of success planning</li> </ul>

**Strategic Priority Selection and Implementation**

Based upon findings from the organizational assessment and strategic planning process, the Fillmore-Houston Performance Management Team selected the priority of maintaining capacity to engage the public health governing entity for the strategic plan. This strategic priority aligns with Public Health Accreditation Board (PHAB) Domain 12. The implementation plan in Appendix A outlines goals, objectives, and activities related to the Fillmore-Houston CHS strategic priority.

### **Community Health Improvement Plan and Quality Improvement Plan Linkages**

The FHCHS Community Health Improvement Plan, Quality Improvement Plan, and Strategic Plan are all part of the Local Public Health Assessment and Planning process. Collaboration with governing entities is critical in maintaining communication, financial stability, and the public health workforce. These plans require the support, resources, and policy-making ability that governing entities provide to create an effective health department and healthy community. Boards of Health are accountable for health departments achieving missions, goals, and objectives to protect and preserve the health of the population within its jurisdiction. An example is a Board of Health approving a lead-testing grant application, assuring staff are available to manage lead testing and follow-up, or addressing lead through policy efforts.

### **Strategic Plan Monitoring**

The plan undergoes annual review and revision by the Fillmore-Houston Performance Management Team (Appendix A). All staff responsible for understanding and striving to reach Strategic Plan goals and objectives. Content staff working on the specific priority and activities assist by providing outcome reports. Updates to the plan occur in base plan and associated appendix, which addresses strategy implementation, action steps, revisions, and revision justifications. Resources for assessing benchmarks and indicators for Domain 12 are located in Appendix A Sharing of Strategic Plan updates occurs with governing bodies, advisory committees, and staff via annual reporting and ongoing programmatic updates.

**Appendix A: Fillmore-Houston CHS Strategic Priority 2020-2021: Maintain Capacity to Engage the Public Health Governing Entity**

**Goal 1:** Increase understanding of public health and governing entity responsibilities amongst Fillmore and Houston County leadership.

**Objective 1:** By February 2021, provide information to elected officials regarding public health and the official responsibilities of the Fillmore-Houston Community Health Service and Fillmore-Houston Joint Board of Health (PHAB Domain 12).

Evidence Based Actions	Responsible Staff	Progress Benchmarks <sup>B</sup>
Communicate Minnesota State Statute 145A.04 Powers and Duties of Community Health Board.	Directors PH Supervisor Health Educators	Provide one example of documentation via reports, documents, testimonies, speeches, presentations, emails, or meeting minutes. (Standards 12.1.1.A.1 and 12.2.1.A.1.a)
Communicate Minnesota State Statute 145.882 MCH Block Grant or 145.986 Statewide Health Improvement Partnership.	Directors PH Supervisor Health Educators	Provide one example of documentation via reports, documents, testimonies, speeches, presentations, emails, or meeting minutes. (Standards 12.1.1.A.1 and 12.2.1.A.1.a)
<p>Orient new and educate existing elected officials. Assemble and provide education materials that address:</p> <ul style="list-style-type: none"> <li>• Public Health Authority and Responsibility</li> <li>• Fillmore-Houston Joint Powers Agreement</li> <li>• Public Health Priorities as defined by the MDH, Local Public Health Association (LPHA), Statewide Community Health Services Advisory Committee (SCHSAC) and Association of Minnesota Counties (AMC).</li> <li>• Public Health Funding Allocations</li> <li>• Public Health Definitions</li> <li>• Local Public Health Assessment and Planning Process</li> <li>• 10 Essential Public Health Services</li> <li>• Programs, Resources, and Emerging Issues</li> </ul>	Directors PH Supervisor Health Educators	<p>Provide two examples of documentation with the description of the governing entity, its structure, composition, and authority. (Standard 12.1.2.A.1 and 12.1.2.A.2)</p> <p>Provide one example this process via orientation agenda, meeting minutes, or orientation materials. (Standard 12.2.1.A.1.b) Resource: Public Health Leader Orientation and Resource Guide <a href="https://www.health.state.mn.us/communities/practice/ta/phncounselants/guide-leader.html#iv">https://www.health.state.mn.us/communities/practice/ta/phncounselants/guide-leader.html#iv</a></p> <p>Provide two examples of communications about public health issues or actions (Standard 12.3.1.A.1)</p>
Document implementation of mandated processes, programs, interventions, and performance assessment and improvement shared with elected officials.	Directors PH Supervisor Health Educators	<p>Provide one example via service descriptions, annual reports, reports, or meeting minutes. (Standard 12.2.1.A.2.)</p> <p>Provide two examples regarding performance plans and processes and two examples about performance improvement. (Standards 12.3.3.A.1 and 12.3.3.A.2)</p>



**Appendix A: Progress Report for Fillmore-Houston Strategic Priority 2020-2021: Maintain Capacity to Engage the Public Health Governing Entity**

**Goal 1:** Increase understanding of public health and governing entity responsibilities amongst Fillmore and Houston County leadership.

**Objective 1:** By February 2021, provide information to elected officials regarding public health and the official responsibilities of the Fillmore-Houston Community Health Service and Fillmore-Houston Joint Board of Health (PHAB Domain 12).

Strategic Plan Activities	Progress Benchmarks <sup>B</sup>	Strategic Plan Progress	Revision Description	Revision Rationale
Communicate Minnesota State Statute 145A.04 Powers and Duties of Community Health Board.	Provide one example of documentation via reports, documents, testimonies, speeches, presentations, emails, or meeting minutes. (Standards 12.1.1.A.1 and 12.2.1.A.1.a)			
Communicate Minnesota State Statute 145.882 MCH Block Grant or 145.986 Statewide Health Improvement Partnership.	Provide one example of documentation via reports, documents, testimonies, speeches, presentations, emails, or meeting minutes. (Standards 12.1.1.A.1 and 12.2.1.A.1.a)			
<p>Orient new and educate existing elected officials. Assemble and provide education materials that address:</p> <ul style="list-style-type: none"> <li>• Public Health Authority and Responsibility</li> <li>• Fillmore-Houston Joint Powers Agreement</li> <li>• Public Health Priorities as defined by the MDH, Local Public Health Association (LPHA), Statewide Community Health Services Advisory Committee (SCHSAC) and Association of Minnesota Counties (AMC).</li> <li>• Public Health Funding Allocations</li> <li>• Public Health Definitions</li> <li>• Local Public Health Assessment and Planning Process</li> <li>• 10 Essential Public Health Services</li> <li>• Programs, Resources, and Emerging Issues</li> </ul>	<p>Provide two examples of documentation with the description of the governing entity, its structure, composition, and authority. (Standard 12.1.2.A.1 and 12.1.2.A.2)</p> <p>Provide one example this process via orientation agenda, meeting minutes, or orientation materials. (Standard 12.2.1.A.1.b) Resource: Public Health Leader Orientation and</p> <p>Provide two examples of communications about public health issues or actions (Standard 12.3.1.A.1)</p>			

<p>Document implementation of mandated processes, programs, interventions, and performance assessment and improvement shared with elected officials.</p>	<p>Provide one example via service descriptions, annual reports, reports, or meeting minutes. (Standard 12.2.1.A.2.)</p> <p>Provide two examples regarding performance plans and processes and two examples about performance improvement. (Standards 12.3.3.A.1 and 12.3.3.A.2)</p>			
--	--	--	--	--