



**Webster County**  
**Public Health**  
Prevent. Promote. Protect.

## Strategic Operational Plan

Fiscal Years July 1, 2015-June 30, 2020

September 3, 2015

## **Webster County Health Department Framework**

The strategic plan has been developed by the Webster County Board of Health to provide a disciplined approach to the management of the Webster County Health Department (WCHD) over the next 5 years.

### **Webster County Board of Health Members:**

Kelli Wallace, MD    Mark Campbell    John Dencklau    Linda Opheim  
Lisa Flaherty, PharmD

### **Introductory statement:**

Since 2006, Webster County Board of Health and staff of the designated public health agency have been actively involved in adapting to changes in the local health care environment. The Webster County Board of Health and the Webster County Health Department will respond to needs identified in the 2010 and 2016 Community Health Needs Assessment by following the Health Improvement Plan jointly developed with local health service partners. The health care environment continues to change rapidly. Included is the uncertainty of services that need to be provided, how relationships with customers and stakeholders may change, the flow of federal, state, and local funding, and how success will be measured and valued in the changing health care delivery system.

The vision is developed with input and collaboration from many key groups including elected officials, health service partners, and Webster County Health Department staff. The Healthy Iowans Plan, Iowa's Public Health Standards, and the Public Health Accreditation Board (PHAB) provided important resources on which to build future public health goals, mission and agency structure.

This document is a guide to operation. It is not intended to provide all the answers. This plan gives the vision which will direct decisions when adapting to changes in the Affordable Care Act, changes with the health care delivery system, as well as, changes in federal, state and local funding policy.

### **Background**

In 1908 the county public health system was established in Fort Dodge, Iowa to address tuberculosis, which was the major health care threat. While the earliest efforts to provide public health services in Iowa revolved around the threat of tuberculosis, public health rose to meet a variety of needs including care for small pox victims, the influenza pandemic of 1918, outbreaks of scarlet fever in the 1930's and the spread of sexually transmitted diseases in the 1960's. The Webster County Board of Health was organized in 1967. In 1975 the existing public health structure became part of the county government structure and the implementation of the Webster County Public Health Agency. In 1998 the agency changed the name to the Webster County Health Department to reflect a multitude of services available to the public. In the 1990's the department focused on the core functions of public health which remains a focus today. Driven by spiritual and moral imperatives to care for everyone in society, the nurses and staff at the health department are on the front lines of helping to ensure that everyone in Webster County has

access to health care. The department strives to make Fort Dodge and the surrounding area a healthy place to live, work and play. The department takes pride in being part of the continuing legacy which began over a century ago.

The Webster County Health Department is governed by the Webster County Board of Health. The Webster County Board of Health is under the governmental structure of the Webster County Board of Supervisors.

**Organizational Vision:**

*Promote and improve the health, quality of life and environment for Webster County.*

**Mission statement:**

*Promote and maintain health for all, to prevent disease and disability, and to collaborate, coordinate, develop, and implement community health programs and provide comprehensive care.*

**Core functions of public health:**

- **Assessment-** knowing what needs to be done  
*Identify health problems, resources, and needs of the community.*
- **Policy Development** – provide a solution  
*Increase collaboration, promoting shared responsibility for problem solving.  
Policy development can support public health and help meet community needs.*
- **Assurance** – do what needs to be done, or make sure it is done  
*Assure that private and public services to protect and promote public health are available and accessible to all.*

**Strategic Priorities for all programs and services:**

- Strengthen Webster County Health Department’s infrastructure of core services
- Cultivate an organizational culture of quality improvement for all programs
- Strengthen data collection and trend analysis
- Coordinate communication with community partners
- Coordinate and collaborate with regional local public health departments

**Program Implementation Guidelines:**

- Determine critical services for the community
- Assess if program is unique to public health in authority, skill sets and solutions
- Determine if the program is in the best interest of the Webster County community
- Coordinate services, when appropriate, with neighboring county health departments
- Response to the Community Health Needs Assessment for Webster County

**Program Priorities:**

- Oral health for all populations

- Prevent obesity for all populations
- Prevention activities for all populations
- Child health and safety
- Access to primary care
- Family support for school readiness and educational opportunities
- Access to Maternal Health enhanced services
- Access to Reproductive Health enhanced services
- Access to services to the Elderly

**Program/service goals need to address one of these goals:**

- Promote healthy living
- Prevent injuries and violence
- Protect against environmental hazards
- Prevent epidemics and the spread of disease
- Strengthen the public health infrastructure
- Prepare for, respond to, and recover from public health emergencies

**Guiding Principles for Decision Making:**

- Strive for innovation and continuous improvement in activities to promote and protect the health of the county.
- Activities reflect population health approaches that take a holistic approach to health and social determinants.
- Acceptance of diversity of health in the populations served.
- Encourage and embrace collaboration in activities.
- Utilize evidence, data, and trend analysis to plan and evaluate activities.

**Environmental Scan of agency**

**Strengths:**

- Strong governance structure
- Fiscally responsible agency – separate Public Health Fund
- Competent workforce: staff with longevity and experience
- Aggressive in programming and coordination of care
- Medicare/Medicaid Certified agency coordinated with public health core functions
- Provider for third party payers/credentialed with insurance agencies for services
- Strong relationship with neighboring public health departments
- Several resources are located within the agency
- Strong relationship with community partners
- Contractor for several IDPH Grants
- Quality improvement structure within agency

## Weakness:

- Budgetary constraints/reductions and/or redirection of funding
- Due to the nature of funding through grants, funding is unstable
- Lack of current data by program or target population
- Lack of trending the data collected
- Changing technology and communication methods and access to technology
- Political decisions
- Ongoing need to improve efficiency and effectiveness
- Quality Improvement needs to be embedded into all programs

### Current Programs offered by agency:

- Women Infant and Children (WIC)-WCHD currently administers 4 counties (Webster, Hamilton, Humboldt, and Wright). Evaluate the need to expand when competitive grant application is announced and to align with Accountable Care Organization (ACO) partners.
- Child Health (CH), hawk-i, Childhood Immunizations, Maternal Health (MH) and Oral Health-WCHD currently administers 9 counties (Webster, Hamilton, Humboldt, Wright, Calhoun, Pocahontas, Greene, Palo Alto, and Emmett). Evaluate the need to expand services when competitive grant application is announced and to align with ACO partners.
- Family Planning (FP)-WCHD currently administers 4 counties (Webster, Hamilton, Wright and Humboldt). This is a new service, need to market services and increase clinic numbers in each county.
- Community Care Team (CCT)-WCHD currently administers 8 counties, 6 are implementation (Webster, Hamilton, Humboldt, Wright, Pocahontas, and Calhoun) and 2 counties are developmental counties (Sac and Buena Vista). Continue to partner with Unity Point Health, ACO and Pioneer to coordinate public health services across county lines.
- Breast and Cervical Cancer Early Detection Program (BCCEDP)-WCHD currently subcontracts with Calhoun County. WCHD is a point of contact for services. Continue to braid services with Calhoun County.
- Tobacco Partnership Program-WCHD currently administers 6 counties (Webster, Humboldt, Wright, Calhoun, Hamilton and Hardin). Continue to assess the need to include these counties in the Tobacco Program.
- Childhood Lead Poisoning and Prevention Program (CLPPP)-WCHD currently administers 8 counties (Webster, Pocahontas, Humboldt, Wright, Calhoun, Hamilton, Greene, and Hardin). Continue to assess the need to include these counties in our CLPPP.
- Adult Immunizations-WCHD currently is a provider to provide immunization to the adult populations.

- Family Foundations-WCHD currently subcontracts with Calhoun County to provide family visitation program. WCHD is currently engaged in the accreditation process for the Family Foundations Program.
- **Child Care Nurse Consultant** (CCNC)-WCHD currently provides **.5 FTE CCNC** in **3 counties**, Webster, Pocahontas, and Calhoun. **Also provide .5 FTE in Emmett and Palo Alto**. Continue to seek funding for 1 FTE in each region.
- Home Health-WCHD currently is a Medicare/Medicaid Certified Home Health Agency providing skilled nursing and home care aide services.
- Public Health-WCHD currently provides Health Promotion visits, Health Maintenance visits and homemaker service as an extension of community based services. Continue to assess what are critical services.
- Emergency preparedness-WCHD currently provides .5 FTE to administer public health emergency preparedness federal capability requirements. This is a joint position with Trinity Regional Medical Center (Unity Point Health).
- Environmental Health-WCHD currently provides .5 FTE to administer pool inspections, tanning inspections, well permits, septic inspections, and all environmental code requirements.
- Communicable disease follow-up-WCHD currently provides .25 FTE to investigate reportable and communicable diseases for Webster County.

### **Opportunities**

- Evolving relationship/partnership with Unity Point Health
- **Standardize public health services** across jurisdictional boundaries. Cross-jurisdictional sharing models are **proving to reduce costs and improve quality**.
- Technology and communication styles are changing to provide a more efficient and effective work environment
- Implications of the Affordable Care Act: Shift from provision of clinical care to strengthening population-level services and systems.
- Public Health Accreditation Board allows for local public health agency to obtain accreditation.
- Coordination of community based services as an extension of the public health structure. (i.e. mental health, abuse, and housing)

### **Threats**

- Decision-makers lack sufficient information to make important choices about their community's health creating the need for improved data to monitor progress and drive the decision making process.
- Implications of the Affordable Care Act: Shift from provision of clinical care to strengthening population-level services and systems.

- State and federal funding is inflexible and not aligned with needs. This leads to funding of lower priority activities at the expense of critical social issues, sometimes very complex. Often no care coordination funding opportunities for complex issues. (e.g mental health, abuse, violence, housing, extreme poverty).
- Chronic diseases are an increasing burden on health services.
- Unstable funding streams.

Primary Goals:

1. Executive Director and key personnel will identify and strengthen WCHD infrastructure of core services by June 30, 2017.
  - a. Crosswalk of current structure with Public Health Accreditation Board (PHAB)
  - b. Coordination of care across the continuum is embedded into all programs.
  - c. Provide a holistic assessment addressing all family dynamics which is embedded into all programs across the continuum of care.
  - d. Collaborate, coordinate and contract with neighboring public health departments when applicable.
  - e. Establish and develop a joint Community Health Needs Assessment and Health Improvement Plan with Trinity Regional Medical Center (Unity Point Health).
  - f. Strengthen the public health system with the Accountable Care Organization and the Centers for Medicare and Medicaid Services (CMS) Pioneer Initiative with Unity Point Health.
  
2. Executive Director and key personnel will ensure adequate funding to support core services by June 30, 2018
  - a. Research funding opportunities that coincide with community needs assessment.
  - b. Coordinate funding opportunities with Unity Point Health when appropriate.
  - c. Coordinate, collaborate and contract with neighboring public health departments when applicable.
  - d. Secure funding opportunities provided to local governmental organizations.
  - e. Continue to submit grant applications for grants that are already secure.
  
3. Executive Director and key personnel will cultivate an organizational culture of lean/quality improvement into all programs by June 30, 2018.
  - a. Educate and embed quality improvement processes with the members of the Webster County Board of Health.
  - b. Encourage suggestions and direct involvement of staff in service and program decisions.
  - c. Communication methods encouraged through multiple means
    - General work environment
    - Work space/office changes
    - Focus on teamwork and shared responsibility

- Positive adaptation to the changing health care delivery system
  - Share ideas to work more efficiently
  - Improve outcomes – share ideas on what works and what doesn't work
- d. Quality Improvement activities linked to every program offered by agency
- e. Provide staff development opportunities.

Assessment of the Plan:

- Webster County Board of Health will approve the Strategic Plan by September 30, 2015.
- Webster County Board of Health will review progress of activities annually.
- Documents developed to track the activities and goals of this strategic plan will be reviewed quarterly by the Executive Director.
- Results and progress report will be shared annually with staff at the Webster County Health Department and key community partners. Input from Webster County Health Department staff and community partners will be included and plan updated as needs change in the community.
- Progress and activities in the strategic plan and the review of management and service delivery of the plan will be monitored quarterly by the Executive Director.
- Specific program benchmarks will be assessed quarterly by Executive Director and program staff.
- Executive Director will provide an annual summary of progress to the Webster County Board of Health.

Submitted by:

Kari Prescott, Executive Director

Webster County Board of Health Reviewed and Approved: September 3, 2015