



Strategic Plan

January 2017 – December 2021

Revised January 2020

Protecting and Improving the Health of Iowans

Acknowledgements

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A Message from the Director

In October 2019, the Iowa Department of Public Health's (IDPH) leadership team met to review our progress on the 2017 - 2021 strategic plan. Our discussion celebrated the progress we've made towards achievement of the goals articulated in the plan and focused on what updates and additional action steps should be made as we move into the plan's final two years.

It is clear that the IDPH Strategic Plan has been embraced by IDPH employees because it provides a framework for action and for connecting individual employees' work to the larger goals of the department. It continues to reflect the department's desire to be an integrated flow of programs and services, all building on our collective vision of Healthy Iowans in Healthy Communities, which we see as essential 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. The plan's three goals continue to be vitally important to ensuring healthier Iowans; and, research shows that healthier people are better learners and better workers/entrepreneurs.¹ Thus, this plan specifically supports three of Governor Reynolds' goals for Iowa:

- Creating a competitive business environment;
- Educating our children for the knowledge economy; and
- Training Iowans for the jobs of tomorrow.

I am proud to present this update of the 2017-2021 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 to protect and improve the health of all Iowans.

Sincerely,

Gerd W. Clabaugh, MPA
Director, Iowa Department of Public Health
January 6, 2020

¹ Read [Why Healthy Communities Matter to Business](#) (May 2016) by the Robert Wood Johnson Foundation for a brief introduction to the connections between health, education, and the business environment.

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.

**Prepare for,
Respond
to, and
Recover from
Emergencies**

**Protect Against
Environmental
Hazards**

**Promote
Healthy Living**

**Prevent
Epidemics and
the Spread of
Disease**

**Prevent
Injuries and
Violence**

**Improve
and Support
Public Health
Performance**

**Assure Access
to Quality
Health
Services**

What We Do to Fulfill Our Mission

Public health is a partnership of local public health, IDPH, non-profit organizations, health care providers, policymakers, businesses and many others working together to protect and improve the health of Iowans. Public health strives to improve the quality of life for all Iowans by assuring access to evidence-based population-health programs, services and activities in the following areas:

Prepare for, Respond to, and Recover from Emergencies

- Build public health and hospital capacity to prepare for, respond to and recover from emergencies such as disease outbreaks, epidemics and natural or man-made disasters.

Protect Against Environmental Hazards

- Monitor and regulate environmental health hazards.
- Monitor for environmental-related diseases.
- Protect Iowans from excessive exposure to radiation.

Promote Healthy Living

- Promote healthy living for all ages.
- Prevent and treat addictive behaviors.
- Advance healthy eating and active living.
- Prevent and manage chronic disease.
- Prevent and treat dental disease while promoting positive oral health practices.

Prevent Epidemics and the Spread of Disease

- Monitor for diseases.
- Detect and investigate diseases.
- Provide disease prevention and control services, such as immunizations, or STD and HIV/AIDS screening and treatment.

Prevent Injuries and Violence

- Monitor for intentional (violent behaviors) and unintentional injuries.
- Support the EMS system and trauma programs.
- Provide education and services to prevent unintentional injuries.
- Provide education and services to promote the health of people with disabilities and to reduce the amount and severity of disability-related secondary conditions.
- Provide education and services to prevent violent behavior.

Improve and Support Public Health Performance

- Collect, maintain, analyze and distribute public health data.
- Assess and improve operational procedures and management systems.
- Assure an adequate and competent public health workforce.
- Build communication and information technology capacity.
- Support community assessment, planning and evaluation systems.
- Support local public health system development.

Assure Access to Quality Health Services

- License and regulate health professionals.
- Support health care system development.
- Assist in linking people to physical, mental and oral health services.
- Assess health service availability.
- Provide health-related services when they are not available.

Our Plan for Improving What We Do

Focus Area: Population Health Leadership

Goal 1

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

Objectives/Indicators

1. Increase the use of CHS tactics within IDPH programs.
2. Increase the percentage of staff performance plans with CHS tactics identified (Partnerships, Performance Improvement, Health Equity).
3. Increase the percentage of IDPH staff trained in CHS tactics.

Strategies

- 1.1 Communicate with staff about CHS tactics.
- 1.2 Strengthen department capacity in CHS Tactic 1: What do we know? Data.
- 1.3 Strengthen department capacity in CHS Tactic 2: What can we do? Strategies.
- 1.4 Strengthen department capacity in CHS Tactic 3: Who can help? Partnerships.

Action

See [Strategic Plan Status Reports](#).

Focus Area: Foundational Capabilities

Goal 2

Strengthen the department's capability and capacity to improve population health through communications, workforce development and performance improvement.

Objectives/Indicators

Communications

1. Increase IDPH staff agreement with "I am satisfied with the information I receive about what's going on in other parts of the department."
2. Increase IDPH staff agreement with "I know the IDPH vision and mission."
3. Increase IDPH staff agreement with "I know how my work links with the IDPH strategic plan."

Workforce

1. Increase IDPH staff agreement with "IDPH has the right people & skills to meet needs."
2. Increase IDPH staff agreement with "Department management encourages me to develop my job skills so I can advance my career."
3. Increase IDPH staff agreement with "I am recognized for my work."
4. Increase IDPH staff participation in internal training.

Performance Improvement

1. Increase IDPH staff agreement with "We have good processes for doing our work."
2. Increase IDPH staff agreement with "I have influence in defining/improving my work processes."
3. Increase IDPH staff agreement with "I know how the measures I use in my work fit into the department's overall measures of improvement."
4. Increase the overall average scores in each focus area of the department's performance improvement culture assessment.
5. Increase IDPH staff participation in formal QI activities.
6. Increase IDPH staff participation in performance management activities.
7. Increase the number of QI adventures stemming from performance management.

Strategies

- 2.1 Enhance internal and external communications, including IDPH branding: improve how people communicate and what is communicated.
- 2.2 Implement workforce development strategies to assure human resource capabilities match needs today and in the future.
- 2.3 Improve organizational practices using performance improvement.

Action

See [Strategic Plan Status Reports](#).

Focus Area: Iowa's Top Health Issues²

Goal 3

Implement a collaborative approach to addressing Iowa's top health issues throughout the department.

Objectives/Indicators

1. Improve outcomes/metrics of progress toward improvement of the selected health issues.
2. Increase the percentage of IDPH programs that have activities or data to address the selected health issues.

Strategies (Obesity, Nutrition & Physical Activity)³

- 3.1 Develop and implement collaborative activities throughout the department related to addressing obesity in Iowa.

Action

See [Strategic Plan Status Reports](#).

² According to the Healthy Iowans state health assessment and health improvement planning process. See [Appendix A](#) for an infographic listing the top health issues identified by [Healthy Iowans](#), Iowa's health assessment and health improvement planning process.

³ **Obesity, nutrition & physical activity** combined were rated as the top health issue in Iowa during the Healthy Iowans state health assessment and are addressed by multiple stakeholders in [Healthy Iowans: Iowa's Health Improvement Plan 2017-2021](#). See the [Healthy Living section](#) for detailed goals, objectives and strategies to address these issues.

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 Guide.⁴ Each step is described in detail on the following pages. The timeline for the development of the plan is also provided.



⁴ 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 (2016-2021)

Task	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Jul 2017	Jan 2018	Jul 2018	Jan 2019	Jul 2019	Oct 2019	Jan 2020	Jul 2020	Jan 2021	Jul 2021	Oct 2021
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						d	d,e,f				
Implementation																		
Ongoing Review, Evaluate, & Revise (biannual minimum)																		
Strategic Planning Retreat																		

Note: Boxes are shaded to show when the task occurred/will occur. The following key provides details about the tasks.

a=Training on Public Health 2030 and foundational capabilities; **b**=Distribute environmental scan documents (Table 1). Survey public, staff, contractors/stakeholders, State Board of Health (bullet 4); **c**=Planning retreat Oct. 4 - 5, 2016; **d**=Documentation subcommittee; **e**=Full committee feedback; **f**=Employee feedback

IDPH Strategic Planning Committee and Initial Environmental Scan

The IDPH strategic planning committee ([Appendix B](#)) used a variety of resources to inform its decision-making during the initial strategic planning process. First, as part of a comprehensive environmental scan, 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. Important Documents reviewed for the Environmental Scan, 2016
<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 through 2016)
<ul style="list-style-type: none"> 2016 Strategic Planning Survey results: Over 500 staff, partners and other stakeholders responded to a survey asking for input in reviewing the plan's main elements (vision, mission, guiding principles) and for their opinions about department strengths, weaknesses, opportunities and threats (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 and health improvement planning process)

During the two-day meeting, the IDPH strategic planning committee identified the issues from the environmental scan documents that they believed were most important to consider in driving improvement for IDPH over the next five years (Table 2). As is common in planning processes, the results of these discussions focused heavily on weaknesses and threats, but also documented 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, 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 Iowa's 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 chosen by IDPH Strategic Planning Committee, 2016

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 chosen by IDPH Strategic Planning Committee, 2016 (continued)

Opportunities	
<ul style="list-style-type: none">● 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 & policymakers 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	
<ul style="list-style-type: none">● 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 collective voice of IDPH staff and stakeholders, and reflect the most current and applicable values that IDPH must follow in leading 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 and Work Plans

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

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. Some teams may be longer-term than others, depending on the strategies and actions they are working to achieve.

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

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,” for having clear goals everyone on the team is moving toward, and for 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, Public Health Performance 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 is done. Public Health Performance staff will maintain quarterly progress reporting and will consult on procedural, cross-team and other planning-related issues.

Strategic Plan Evaluation and Revisions

EVALUATION

Public Health Performance staff will develop biannual status reports using input from teams and leads. Reports will include status indicators showing progress on goals, objectives, strategies and actions, as well as narrative reports on the actions taken to implement strategies. The status reports will be published on the IDPH website to ensure availability to staff, stakeholders and the public. The IDPH strategic planning committee will review the plan and develop any required revisions based on these status reports.

REVISIONS

To keep the plan relevant and responsive, minor revisions to the plan (e.g., timelines, leads, adding or revising actions/strategies) may be approved by the department’s executive team (director, deputy director and division directors) and will be made as necessary following biannual status reports. Major changes (i.e., vision/mission/guiding principles/focus areas/goals/objectives) require approval by the IDPH strategic planning committee. Following approval, the revised plan will be published to the IDPH internet website noting the month and year of the revisions.

Appendix A: Infographic - Iowa's Top Health Issues



2016 Top Health Issues in Iowa*

- Health Equity & the Social Determinants of Health
- Life Course
- Health System Improvement & Evidence-Based Decision Making



* Based on Iowa's State Health Assessment coordinated by the Iowa Department of Public Health, Bureau of Planning Services. The size of text represents the number of counties that mentioned the issue in their Community Health Needs Assessment (CHNA) & the number of times the issue was identified as a priority by statewide committees, organizations, or state agencies.

Iowa Department of Public Health

August 2016

Overarching Themes



Health Equity is the principle that all people deserve the opportunity to achieve their optimal health. It involves the reduction of health disparities within population groups such as people with disabilities, minorities, or rural/urban populations. Achieving health equity also requires addressing the various **Social Determinants of Health**, including economic stability, education, health services access, neighborhood and the built environment, & the social & community context (e.g., community awareness of health issues/health literacy).



Life Course approaches address health throughout the various stages of life including maternal, infant & child health, early & middle childhood, adolescence, early & middle adulthood, & older adulthood.

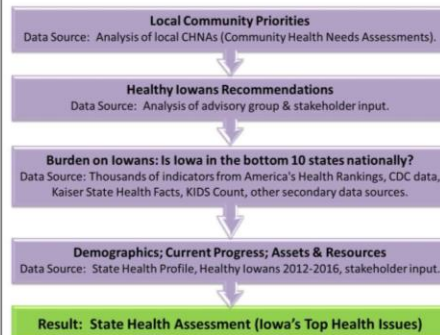


Health System Improvement & Evidence-Based Decision Making as described by Iowans during the assessment process include care coordination, partnerships, patient engagement, accreditation, care transitions, workforce development (recruitment, training, retention, succession), & the use of data, information technology, & best practices.

Top Health Issues

- **Obesity, Nutrition & Physical Activity:** weight status, healthy eating, access to healthy food, food security, levels of physical activity, & access to outlets for physical activity
- **Mental Health, Illness & Suicide:** general mental health, illnesses such as depression & Alzheimer's disease, access to mental health services (providers/facilities), & suicide
- **Substance Abuse:** alcohol & binge drinking, prescription, illegal, & other drugs
- **Tobacco/Nicotine Use:** smoking & other tobacco use
- **Transportation:** transportation to health services & to other daily activities
- **Water Quality:** surface & ground water/storm & waste water
- **Cancer:** all types, breast, & colorectal
- **Diabetes:** prevention, education, & living with it
- **Lack of Oral Health/Dental Services:** providers/facilities
- **Falls:** prevention & older adults
- **Adolescent Immunizations:** recommended vaccines (Human papillomavirus [HPV] & others)
- **Motor Vehicle Crashes:** all, alcohol-related, & rural
- **Disaster Preparedness:** network infrastructure, planning, & notification
- **Income/Poverty:** all ages
- **Sexually Transmitted Diseases:** chlamydia, gonorrhea, & syphilis
- **Radon:** awareness & mitigation, rural
- **Adverse Childhood Experiences:** foster care & juvenile detention rates, child abuse, domestic violence, & trauma-informed care
- **Heart Disease:** prevention & living with it
- **Safe, Affordable Housing:** dilapidated/nuisance properties & affordability
- **Insurance Affordability & Coverage:** uninsured & underinsured
- **Lack of Primary Care Services:** providers/facilities
- **Flu Immunizations:** all ages
- **Occupational & Farm Safety:** work-related injuries/deaths & safety in agricultural settings

State Health Assessment Methods:



To learn more about Iowa's state health assessment, visit <http://idph.iowa.gov/healthy-iowans> or contact the Healthy Iowans program at HealthyIowans@idph.iowa.gov

Iowa Department of Public Health

August 2016

Download this document as a PDF at [Top Health Issues in Iowa](#)

Appendix B: IDPH Strategic Planning Committee

Gerd Clabaugh	Director
Sarah Reisetter	Deputy Director
Caitlin Pedati	State Medical Director
Dennis Klein	Iowa State Medical Examiner
Amy McCoy	Legislative Liaison
Kent Nebel	Board of Medicine
Kathy Weinberg	Board of Nursing
Andrew Funk	Board of Pharmacy
Jill Stuecker	Dental Board
Ann Garvey	Center for Acute Disease Epidemiology

Division Directors

Ken Sharp	Acute Disease Prevention, Emergency Response & Environmental Health
Marcia Spangler	Administration & Professional Licensure
Jeff Kerber	Behavioral Health
Nalo Johnson	Health Promotion & Chronic Disease Prevention
Jerilyn Oshel	Tobacco Use Prevention & Control

Bureau Chiefs

Jill Myers-Geadelmann	Chronic Disease Prevention & Management
Rebecca Curtiss	Emergency & Trauma Services
Carmily Stone	Environmental Health Services
Marcus Johnson-Miller	Family Health
Lori Conner	Finance
Melissa Bird	Health Statistics
Randy Mayer	HIV, STD & Hepatitis
Don Callaghan	Immunization & TB
Lon Laffey	Information Management
Jill Lange	Nutrition & Health Promotion
Bob Russell	Oral & Health Delivery Systems
Susan Dixon	Policy and Workforce Services
Mike Marshall	Professional Licensure
Marisa Roseberry	Public Health Performance
Angela Leek	Radiological Health
DeAnn Decker	Substance Abuse