



**Strategic Plan Status Report
July 2021 – December 2021**

Revised January 2022

Protecting and Improving the Health of Iowans

Acknowledgements

Suggested Citation:

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Symbols Key

GOALS			
	All Targets Met, Score on indicators increasing		Not All Targets Met, Score on indicators increasing
	All Targets Met, Score on indicators equal to last quarter		Not All Targets Met, Score on indicators equal to last quarter
	All Targets Met, Score on indicators decreasing		Not All Targets Met, Score on indicators decreasing

STRATEGIES		
	On Target	> half of scheduled actions completed or in progress
	Caution	≤ half of scheduled actions completed or in progress
	Off Target	> half of scheduled actions not started or behind schedule
	No Information	≥ half of actions with no information (not scheduled to begin yet)

ACTION / ACTIVITIES	
	Completed
	In Progress
	Not Started / Behind Schedule
	No Information (Not scheduled to begin yet)

INDICATORS / MEASURES			
	Target Met, Trend in Right Direction	Score=6	No Information
	Target Met, No Trend	Score=5	Not Yet Defined
	Target Met, Trend in Wrong Direction	Score=4	
	Target Not Met, Trend in Right Direction	Score=3	
	Target Not Met, No Trend	Score=2	
	Target Not Met, Trend in Wrong Direction	Score=1	

Goal 1: Strengthen the department's role as Iowa's chief health strategist (CHS).

Summary of Progress

Status: Improvement since 2017. IDPH chose three CHS tactics to focus on in the 2017-2021 strategic plan. These three tactics are essential ways to improve health in any situation.










1. **What do we know? Data.** Gathering and analyzing the best data available.
2. **What can we do? Strategies.** Applying strategies based on scientific evidence from a variety of sources and situations.
3. **Who can help? Partnerships.** Engaging as many partners as possible to support tactics 1 and 2 and to ensure the entire population gets access to needed services.

During 2020 and 2021, IDPH's role as Chief Health Strategist for acute infectious disease has been vital. As a result, IDPH is continuing to strengthen the use of the three tactics in response to the COVID19 pandemic.

Indicators

- Use of CHS tactics within IDPH programs
- Percent of employee performance plans with CHS tactics identified (partnerships, performance improvement, health equity)
- Percent of IDPH staff trained in CHS tactics

Progress on Strategies and Actions

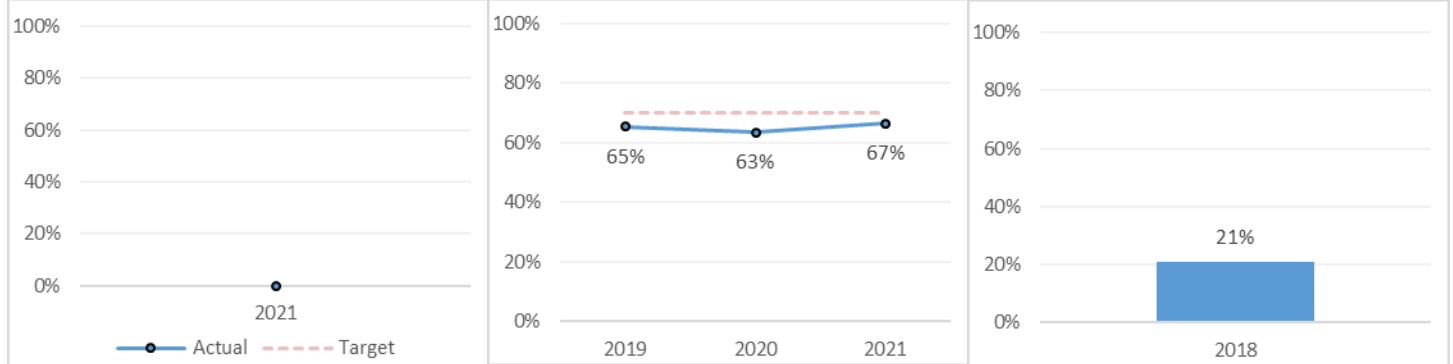
Strategies	Actions/Activities	Action/Activity Progress
 Strategy 1.1: Communicate with staff about CHS tactics.	 Develop/adopt definitions for CHS tactics.  Train staff in CHS tactics.	An initial set of definitions for what a chief health strategist role means for IDPH was approved by the IDPH executive team in August 2017 and rolled out to staff via an all staff meeting on September 6, 2017. Two trainings were offered to staff in 2018. CHS has been added to new employee orientation. CHS definitions and resource contacts have been placed in IDPH conference rooms. Continuing to offer trainings for quality improvement, performance management and training on the CHS climate and tactical assessment tools.
 Strategy 1.2: Strengthen department capacity in CHS Tactic 1: What do we know? Data.	 TBD	Work has been delayed due to COVID-19 response.
 Strategy 1.3: Strengthen department capacity in CHS Tactic 2: What can we do? Strategies.	 TBD	Work has been delayed due to COVID-19 response.
 Strategy 1.4: Strengthen department capacity in CHS Tactic 3: Who can help? Partnerships.	 Assess the strength/quality of existing partnerships using the IDPH Partnership Assessment Tool.	The Bureau of Public Health Performance conducted a webinar training on the partnership assessment tool as part of a community health assessment training series for local public health administrators in November 2020. The Partnership Assessment Tool was added to the department's Community Health Needs Assessment and Health Improvement Plan (CHNA&HIP) guidance page .

Goal 1 Indicator Dashboard

↘ Percent of employee performance plans with CHS tactics identified (partnerships, performance improvement, health equity)

↘ Percent of IDPH staff trained in CHS tactics

■ Use of CHS tactics within IDPH programs



Goal 2: Strengthen the department's capability and capacity to improve population health through communications, workforce development, and performance improvement.

Summary of Progress

Status: Improvement since 2017. Many of the indicators for this goal improved significantly in 2021. Workforce development and performance improvement indicators showed the most improvement. Over 270 staff attended at least one of the 93 trainings offered in 2021. The 2021 Workforce Skills Assessment found multiple gaps related to informatics and analytical skills. The Assessment led the development of the 2021-23 Workforce Development Plan that will influence offered trainings through 2023.



The ongoing COVID response still appears to be affecting communication indicators as well as in-person performance improvement activities, especially quality improvement adventures. Nevertheless, the QI Council held 14 training sessions on using QI tools with 86 participants. In 2022, the QI Council will continue the current training structure, pilot hybrid courses, and implement a facilitator series open to all staff. The QI Council also completed three adventures between July 1 and December 31, 2021 with two others started. In 2022, the two adventures that were started in December 2021 will be completed with two additional QI adventures kicked off.

Indicators


- Communication: Percent of employees that are satisfied with the information they receive about what's going on in other parts of the department (Employee Survey)
- Communication: Percent of employees that know the IDPH vision (Employee Survey)
- Communication: Percent of employees that know the IDPH mission (Employee Survey)
- Communication: Percent of employees that see a clear link between their work and the department's strategic plan (Employee Survey)
- Workforce Development: Percent of employees that agree "IDPH has the right people with the right skills to do its work" (Employee Survey)
- Workforce Development: Percent of employees that agree "Department management encourages me to develop my job skills so I can advance my career (Employee Survey)
- Workforce Development: Percent of employees that agree "I am recognized for my work" (Employee Survey)
- Workforce Development: Percent of staff participating in internal training
- PI: Percent of employees that agree "We have good processes for doing our work" (Employee Survey)
- PI: Percent of employees that agree with "I have influence in defining my work processes" (Employee Survey)
- PI: Percent of employees that agree to "I have influence in improving my work processes" (Employee Survey)
- PI: Percent of employees who report that performance improvement institutionalization is in place
- PI: Percent of employees who agree with "I know how the measures I use in my work fit into the department's overall measures of improvement (Employee Survey)
- PI: Percent of employees formally participating in quality improvement (QI) activities
- PI: Percent of employees participating in performance management activities
- PI: Number of quality improvement (QI) adventures resulting from performance management

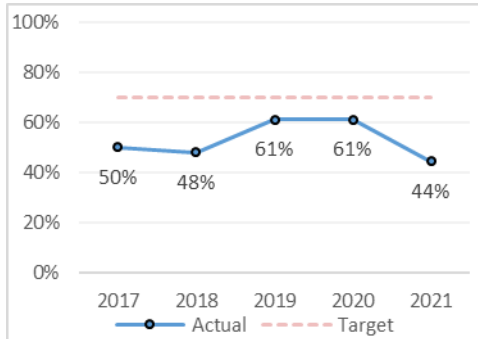
Progress on Goal 2 Strategies and Actions


Strategy	Action/Activity	Action/Activity Progress
<p>↑ Strategy 2.1: Enhance internal and external communications, including IDPH branding: improve how people communicate and what is communicated.</p>	<p>i Communicate with staff and stakeholders about the IDPH strategic plan.</p>	<p>In November 2021, the IDPH Strategic Planning Team met to refresh the goals, strategies and actions for each focus area in the strategic plan. The revised plan is available on the IDPH Strategic Planning web page.</p> <p>Biannual status reports are also available on this page. The status reports provide an update on current progress on goals, objectives, strategies and actions.</p>
	<p>i Continue to use established communication methods (e.g. weekly emails from Deputy Director, Bus Stop sessions, all staff meetings), and develop and use new communication methods to inform staff about important organizational functions/processes.</p>	<p>An IDPH Staff PHAB Reaccreditation update was held for all staff on November 17. Staff learned about initial accreditation, activities since accreditation in 2018, and preparation for work on reaccreditation.</p> <p>Staff received HHS Alignment updates and opportunities to provide feedback via email several times throughout 2021.</p>
	<p>i Provide training to staff on internal and external communication and meeting facilitation.</p>	<p>QI training will implement a facilitator series in 2022, open to all staff.</p>
<p>↑ Strategy 2.2: Implement workforce development strategies to assure human resource capabilities match needs today and in the future.</p>	<p>i Develop at least one cross-sectional team for the selected health issues [Goal 3].</p>	<p>The existing Obesity, Nutrition and Physical Activities Strategies Team will meet in 2022 to support new Goal 3 work.</p>
	<p>i Identify and provide training to staff on informatics and analytical skills.</p>	<p>The 2021 Workforce Skills Assessment indicated multiple gaps related to informatics and analytical skills. These skill gaps included need for improvement in data visualization techniques, disaggregating data by subpopulation to identify health disparities, using data from public health surveillance systems and surveys to draw conclusions about population health, qualitative data collection methods and creating data collection tools. The IDPH Data Community of Practice (COP) will be discussing how to address some of these skill gaps in the upcoming months/year. In addition, it has been noted through Workforce Division/Bureau Report meetings that individual bureaus would like to work on data visualization skills.</p>
	<p>✓ Review and update the department's Workforce Development Plan.</p>	<p>Executive team reviewed and approved the IDPH Workforce Development Plan in August 2021. The plan runs from July 1, 2021 through June 30, 2023.</p>
<p>↑ Strategy 2.3: Improve organizational practices using performance improvement.</p>	<p>✓ Establish a department-wide QI Council.</p>	<p>The QI Council met for bi-monthly meetings from July to December 2021 to discuss trainings in 2022, QI participation across the Department, Accreditation and Reaccreditation, QI and PM integration, and collecting customer satisfaction after QI Adventures. The QI Council will accept applications for new QI Council Members in April 2022.</p>
	<p>i Review and update the QI Plan.</p>	<p>The new QI Coordinator reviewed the QI plan upon hire. No edits were made. The Performance Improvement Plan, which includes the QI Plan, will be reviewed and updated in 2022.</p>

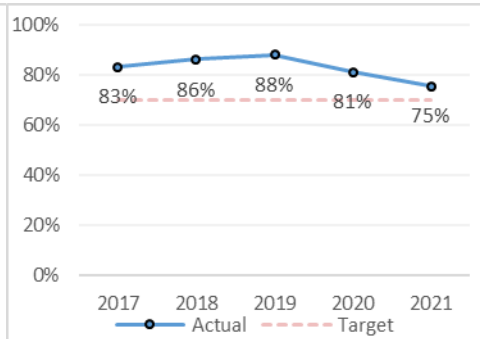
Strategy	Action/Activity	Action/Activity Progress
	 Provide QI training to staff.	The QI Council held 14 training sessions on the use of QI tools with 86 participants. Six staff earned the first project management series badges. The Project Management series includes four sessions on prioritization, organization, RASCI and force field analysis. In 2022, the QI Council will continue the current training structure, pilot hybrid courses, and implement a facilitator series open to all staff.
	 Complete at least one formal QI project annually.	The QI Council completed 3 adventures between July 1 and December 31, 2021 with two others started. In 2022, the two adventures that were started in December 2021 will be completed with two additional QI adventures kicked off.


Goal 2 Indicator Dashboard

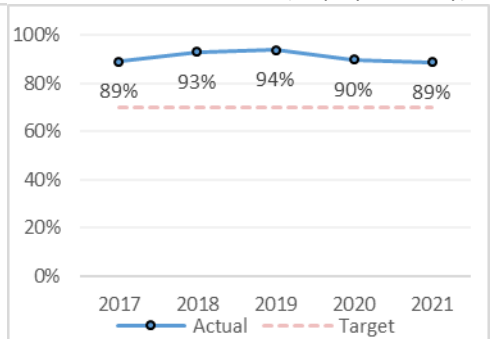
 Communication: Percent of employees that are satisfied with the information they receive about what's going on in other parts of the department (Employee Survey)




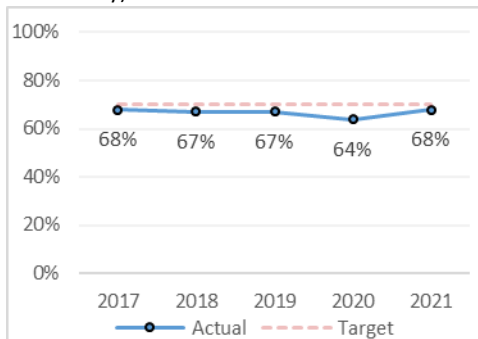
 Communication: Percent of employees that know the IDPH vision (Employee Survey)




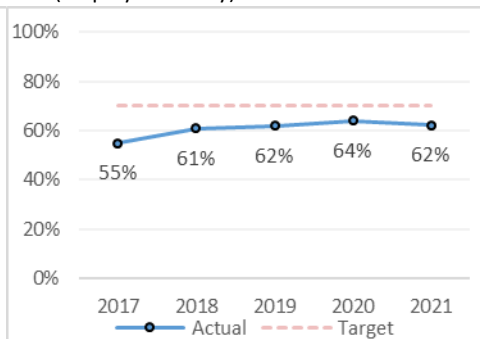
 Communication: Percent of employees that know the IDPH mission (Employee Survey)




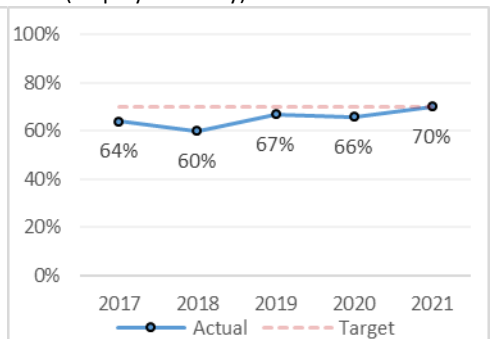
 Communication: Percent of employees that see a clear link between their work and the department's strategic plan (Employee Survey)



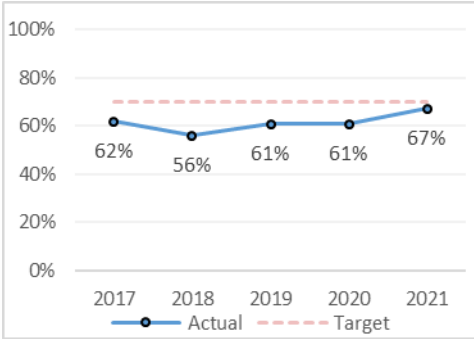
 Workforce Development: Percent of employees that agree, "IDPH has the right people with the right skills to do its work" (Employee Survey)



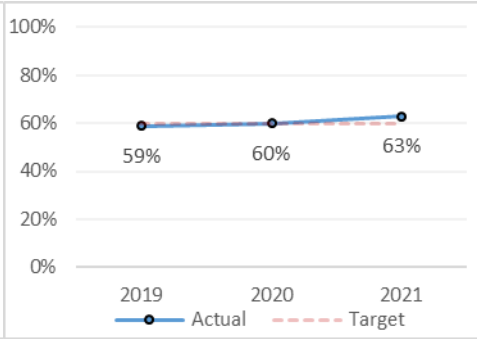
 Workforce Development: Percent of employees that agree, "Department management encourages me to develop my job skills so I can advance my career" (Employee Survey)



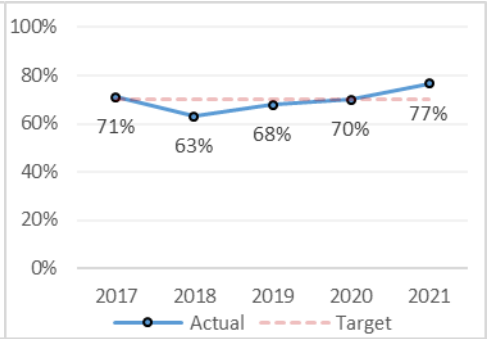
Workforce Development: Percent of employees that Agree, "I am recognized for my work" (Employee Survey)



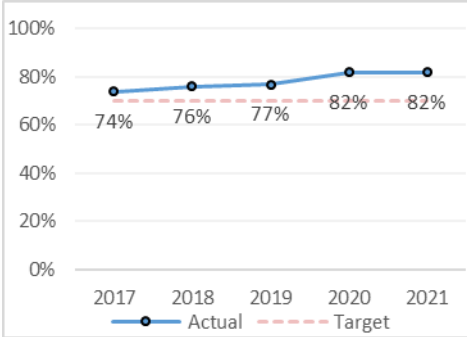
Workforce Development: Percent of staff who attended at least one optional training



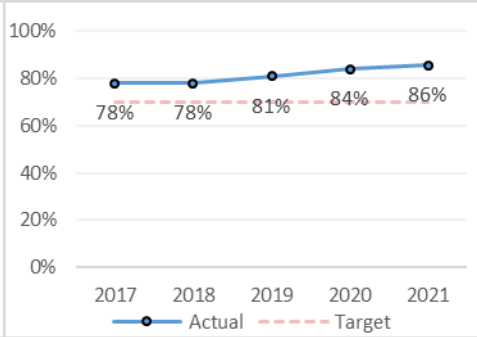
PI: Percent of employees that agree, "We have good processes for doing our work" (Employee Survey)



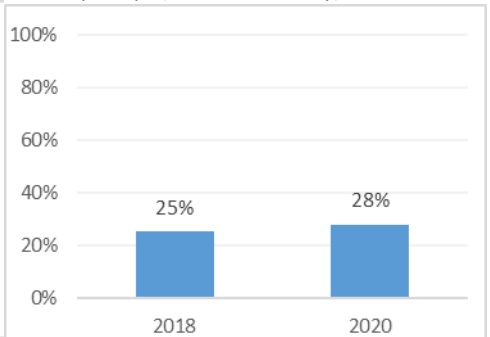
PI: Percent of employees that agree with "I have influence in defining my work processes" (Employee Survey)



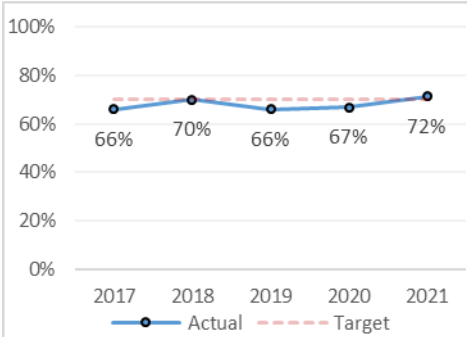
PI: Percent of employees that agree to "I have influence in improving my work processes" (Employee Survey)



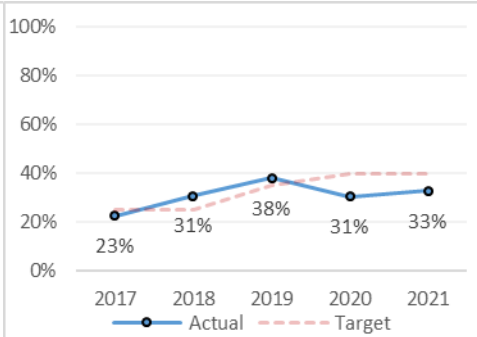
PI: Percent of respondents who selected, "In Place" for the "performance improvement institutionalization" prompt (PI Culture Survey)



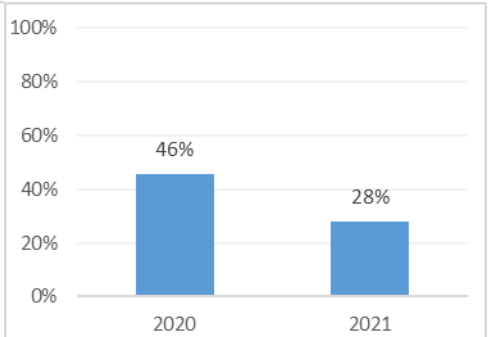
PI: Percent of employees who agree with "I know how the measures I use in my work fit into the department's overall measures of improvement" (Employee Survey)



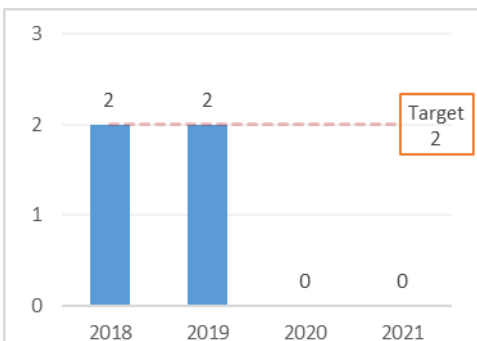
PI: Percent of employees formally participating in quality improvement (QI) activities



PI: Percent of employees participating in performance management activities



PI: Number of quality improvement (QI) adventures resulting from performance management



Goal 3: Implement a collaborative approach to addressing Iowa's top health issues throughout the department.








Summary

Status: Improvement since 2017. The IDPH Wellness Committee has been a successful outcome of the collaborative team developed to work on Goal 3. Wellness Committee activities have covered physical, mental, and financial health and wellness topics. The IDPH Bureau of Nutrition and Physical Activity is focused on promoting healthy eating and active living strategies (HEAL), showing health factors and outcomes data trends, and developing a plan to address the social determinants of health (SDOH)

Indicators

- Percent of outcome and policy, system, environment (PSE) measures showing improvement for the selected health issues (obesity, nutrition, physical activity)
- Number of IDPH programs that have activities or data to address obesity, nutrition & physical activity

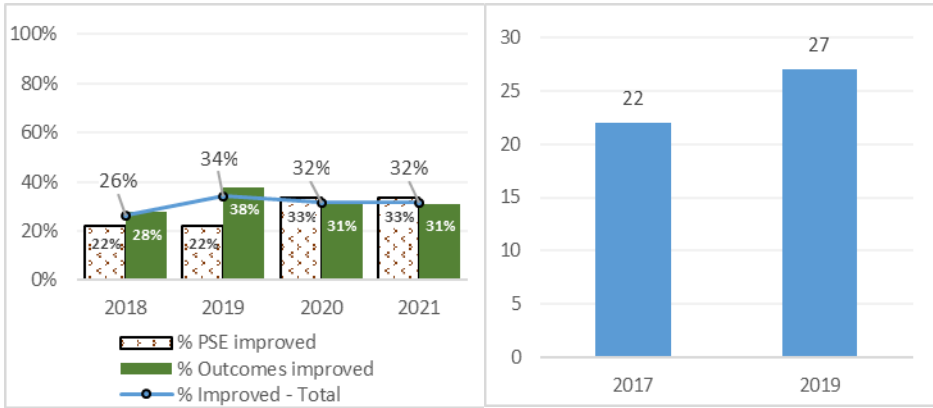
Progress on Strategies and Actions

Strategy	Action/Activity	Action/Activity Progress
 Strategy 3.1: Develop and implement collaborative activities throughout the department related to addressing obesity in Iowa.	 Document how IDPH programs may impact and be impacted by obesity	The cross-sectional Obesity, Nutrition and Physical Activity Strategies Team met on multiple occasions to map current IDPH programming that impacts obesity.
	 Communicate to and educate staff/partners on obesity-related issues and on strategies to address the issues.	The Obesity, Nutrition, and Physical Activity Strategies Team revised a set of HEAL strategies outlining policy, systems and environmental practices (PSE) that early care and education, schools, communities, and worksites can implement to improve nutrition and physical activity. The strategies have been shared with all 5-2-1-0 Healthy Choices Count contractors and are part of an upcoming PSE-changes series of webinars.
	 Identify and implement program strategies to address obesity.	The IDPH Wellness Committee hosted 20 virtual weekly "Wellness Wednesday Discussions" in 2021. 604 staff (not including those who called in via phone) participated in the 20 events. Overall, 140 staff attended at least one Wellness Wednesday discussion. Topics included physical, mental, and financial wellbeing. The committee also began hosting wellness challenges in September 2020. Topics for these challenges included water intake, physical activity, stress cleanse, and sleep hygiene. In 2021, the challenge topics included nutrition, kindness, self-care, and physical activity.
	 Assess financial sustainability and identify potential sources of funding for obesity-related strategies.	The Division of Health Promotion and Chronic Disease Prevention was awarded \$125,000 to develop a Social Determinants of Health (SDOH) accelerator plan in conjunction with the Oakridge Neighborhood in Des Moines, Iowa.
	 Assess, identify, analyze, and distribute data related to obesity.	The Bureau of Nutrition & Physical Activity contracted with Altarum to assist in writing a summary document regarding BRFSS data associated with obesity. The report will specifically show trends around overweight/obesity, fruit and vegetable consumption and physical activity.
	 Identify the social health determinants of health (SDOH) that impact obesity.	The Oakridge Neighborhood Project is designed to identify and address the social determinants of health and chronic disease needs of the Des Moines neighborhood.

Goal 3 Indicator Dashboard

Percent of outcome (29) and policy, system, environment (PSE, 9) measures showing improvement for the selected health issues (obesity, nutrition, physical activity)¹

Number of IDPH programs that have activities or data to address obesity, nutrition & physical activity



¹ Percent of 38 measures with values after 2017 tracked on [NPAO Trend and Maps](#). Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity, and Obesity.