

IDPH

IOWA Department
of PUBLIC HEALTH

Strategic Plan Status Report January 2022 – June 2022

Revised July 2022

Protecting and Improving the Health of Iowans

Acknowledgements

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
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515-452-5766

Symbols Key

INDICATORS/MEASURES

-  Target met, Trend in the right direction
-  Target met, No trend
-  Target met, Trend in the wrong direction
-  Target not met, Trend in the wrong direction
-  Target not met, No trend
-  Target not met, Trend in the wrong direction

ACTIONS/ACTIVITIES

-  Completed
-  In progress
-  Not started/Behind schedule

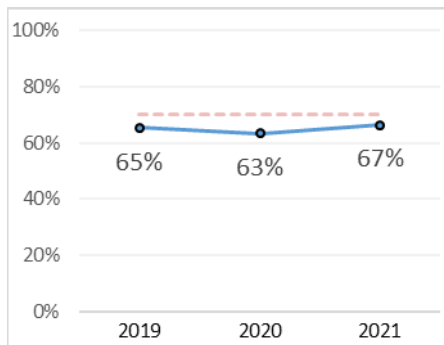
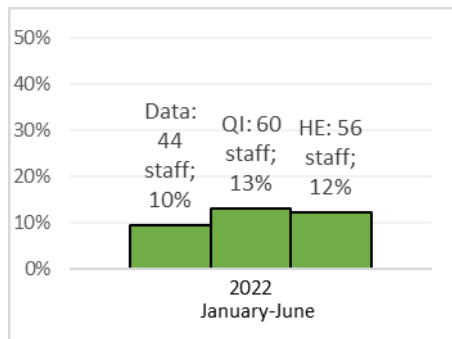
Goal 1: Strengthen the department's role as Iowa's chief health strategist (CHS).

Summary of Progress

Training in CHS tactics and including CHS tactics in individual employee performance plans has grown. IDPH has met all the requirements to maintain national accreditation.

Goal 1 Indicators of Progress

1. Maintain national public health accreditation. **STATUS:** PHAB accepted the required Year 3 report to maintain accreditation
2. Increase the use of CHS tactics within IDPH programs. **STATUS:** see Indicators 3&4
3. Percent of IDPH staff attending one or more internal training/workshop on CHS tactics (data, quality improvement (QI), health equity (HE)). **STATUS:** target not met, no trend
4. Percent of employee performance plans with CHS tactics identified. **STATUS:** target not met, trend in right direction (increase since baseline)



Progress on Goal 1 Strategies and Actions

| Strategies | Actions/Activities | Action/Activity Progress |
|--|---|--|
| Strategy 1.1: Strengthen department capacity in CHS tactics. 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. | Develop/adopt definitions for CHS tactics. | IDPH chose three CHS tactics to focus on in the 2017-2022 strategic plan. These three tactics are essential ways to protect and improve health in any situation. |
| | Train staff in CHS tactics. | Ongoing activities: CHS is part of new employee orientation. Trainings continue in data analysis and presentation, health equity, quality improvement, performance management, and for topics identified during workforce development planning. |
| | Develop and support a data equity workgroup to provide resources to help staff improve their use of data for health equity efforts. | The Health Equity Drivers Forum and the Data and Informatics Community of Practice continue to explore this area of work. |
| | Assess the strength/quality of existing partnerships using the IDPH Partnership Assessment Tool. | Several programs have used or are using the tool. The Tobacco Division is using the tool with its community coalitions. Bureaus and offices that have used the tool since 2021 include Disability, Injury & Violence Prevention; Family Health; Nutrition & Physical Activity; and Oral Health & Delivery Systems. |
| | Bring together a Healthy Iowans partnership group to guide the process of developing and implementing the state health improvement plan (SHIP). | The Healthy Iowans Partnership Steering Committee meets at least every two months. The partnership will develop the SHIP by the end of 2022 with implementation occurring from 2023 through 2027. |
| Strategy 1.2: Prepare for Public Health Accreditation Board (PHAB) reaccreditation. | Convene reaccreditation teams to facilitate the documentation collection process. | Some reaccreditation teams have been convened to begin the documentation collection process. |

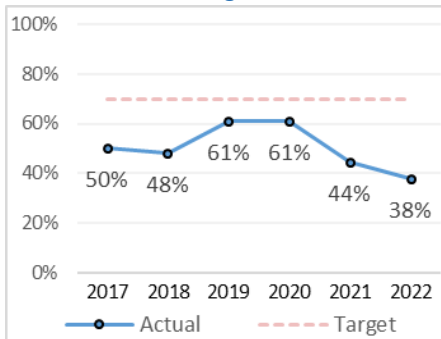
Goal 2: Strengthen the department’s capability and capacity to improve population health through communications, workforce development, performance improvement (PI), and health equity (HE).

Summary of Progress

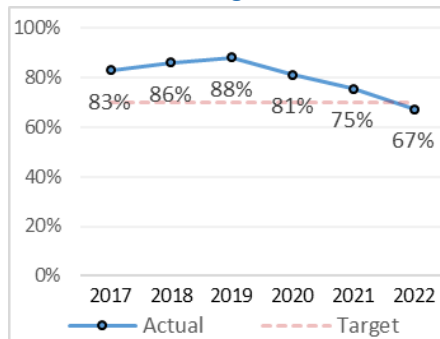
STATUS: Workforce development and performance improvement indicators have improved from 2017 to 2022. However, every indicator in the strategic plan that uses results from the annual employee survey had a lower value (decline in performance) in 2022. Communication indicators dropped the most – to levels below their 2017 baseline values—reversing improvements seen in 2018 and 2019. It is likely that the move to remote work environments and the increased focus on communicating with external partners and the public about COVID-19 led to additional challenges with internal communication beginning in 2020. In 2021 and 2022, the work to increase alignment between IDPH and DHS programs and services and, ultimately, to create a single department of Health and Human Services may have led to additional uncertainty about mission, vision, and strategic planning as well as created communication challenges that often exist for large organizations.

Goal 2 Indicators of Progress

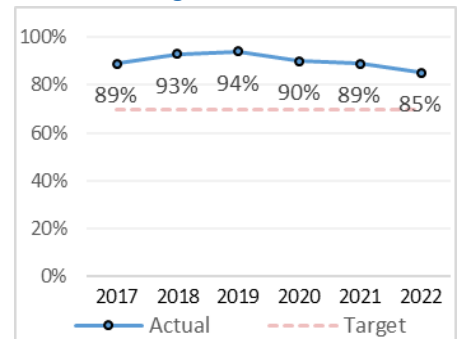
1. Communication: Percent of employees that are satisfied with the information they receive about what's going on in other parts of the department (Employee Survey). **STATUS:** 🚫 Target not met, trend is in the wrong direction



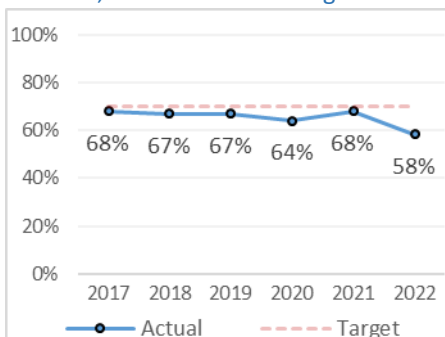
2. Communication: Percent of employees that know the IDPH vision (Employee Survey). **STATUS:** 🚫 Target not met, trend is in the wrong direction



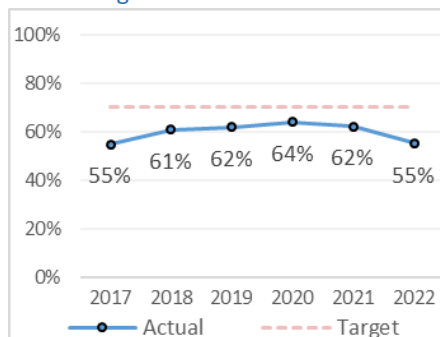
3. Communication: Percent of employees that know the IDPH mission (Employee Survey). **STATUS:** ✅ Target met, trend is in the wrong direction



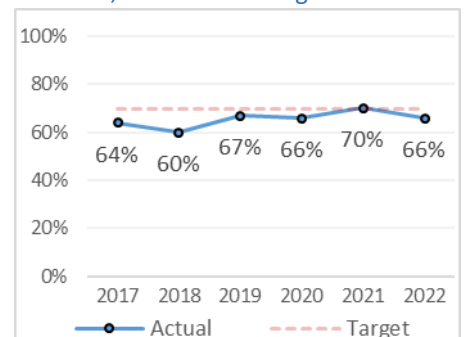
4. Communication: Percent of employees that see a clear link between their work and the department's strategic plan (Employee Survey). **STATUS:** 🚫 Target not met, trend is in the wrong direction



5. Workforce Development: Percent of employees that agree, "IDPH has the right people with the right skills to do its work" (Employee Survey). **STATUS:** 🚫 Target not met, trend is in the wrong direction

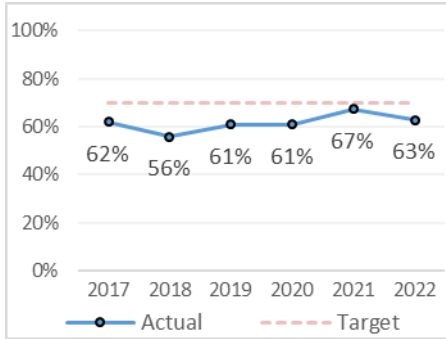


6. Workforce Development: Percent of employees that agree, "Department management encourages me to develop my job skills so I can advance my career" (Employee Survey). **STATUS:** ⚠️ target not met, trend is in the right direction

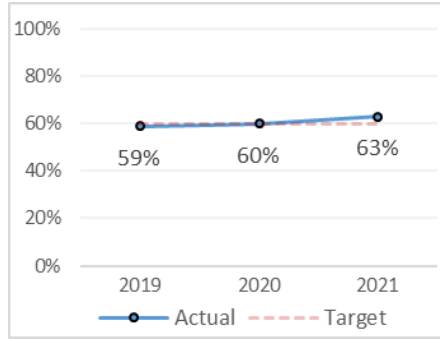


7. Workforce Development: Percent of employees that Agree, "I am recognized for my work" (Employee Survey).

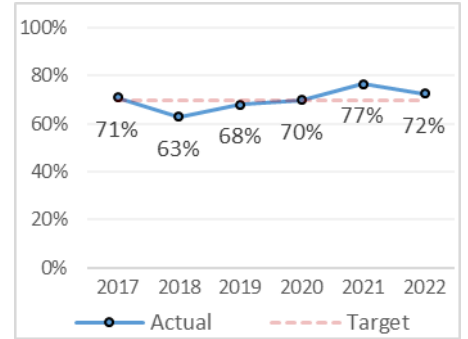
STATUS: 🟡 target not met, trend is in the right direction



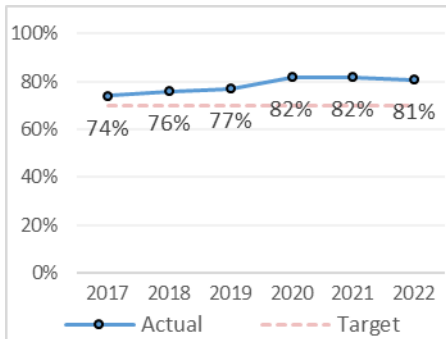
8. Workforce Development: Percent of staff who attended at least one internal training. **STATUS:** 🟢 Target met, trend is in the right direction



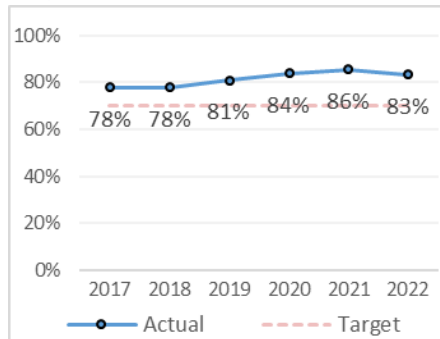
9. PI: Percent of employees that agree, "We have good processes for doing our work" (Employee Survey). **STATUS:** 🟢 Target met, trend is in the right direction



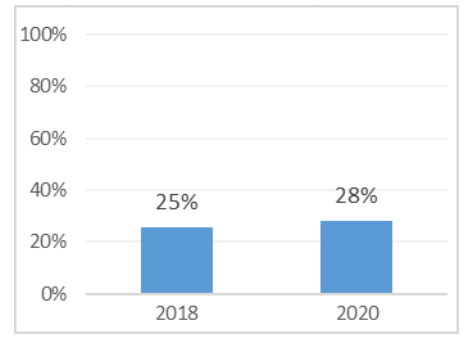
10. PI: Percent of employees that agree with "I have influence in defining my work processes" (Employee Survey). **STATUS:** 🟢 Target met, trend is in the right direction



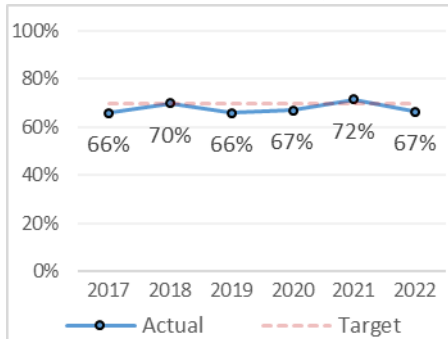
11. PI: Percent of employees that agree with "I have influence in improving my work processes" (Employee Survey). **STATUS:** 🟢 Target met, trend is in the right direction



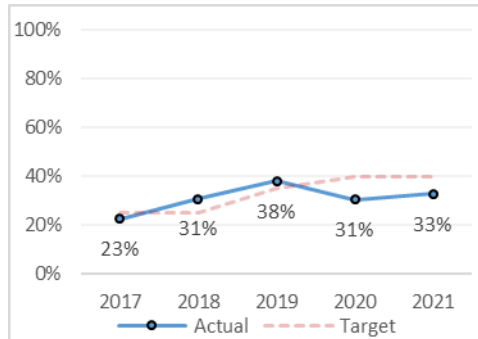
12. PI: Percent of respondents who selected, "In Place" for "performance improvement institutionalization" prompt (PI Culture Survey). **STATUS:** 🟡 target not met, trend in right direction



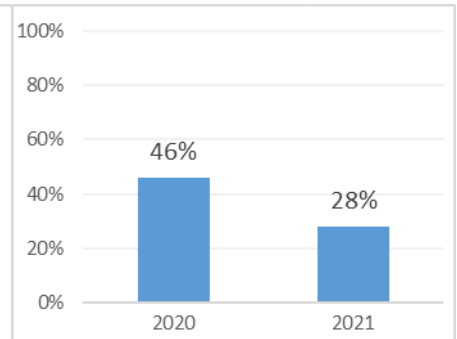
13. PI: Percent of employees who agree with "I know how the measures I use in my work fit into the department's overall measures of improvement" (Employee Survey). **STATUS:** 🟡 target not met, trend is in the right direction




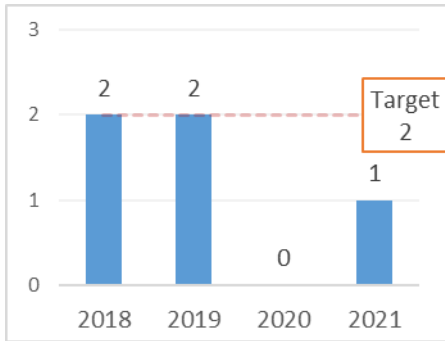
14. PI: Percent of employees formally participating in quality improvement (QI) activities. **STATUS:** 🟡 target not met, trend is in the right direction



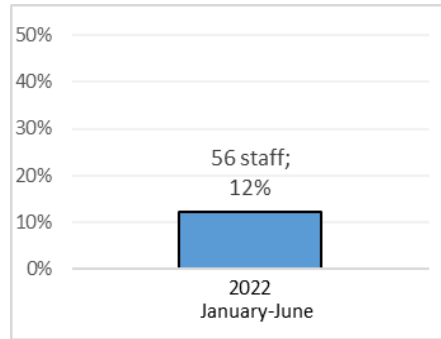
15. PI: Percent of employees participating in performance management activities. **STATUS:** 🟠 Target not met, trend is in the wrong direction



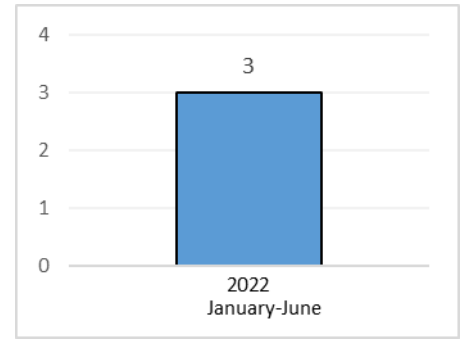
16. PI: Number of quality improvement (QI) adventures resulting from performance management. **STATUS:**  target not met, trend is in the right direction



17. HE: Percent of IDPH staff participating in health equity training. **STATUS:** New baseline










18. HE: Number of teams that have identified a performance measure addressing population health disparities. **STATUS:** New baseline – 3 of 74 identified IDPH teams











19. HE: Increase communication to staff on health equity efforts at IDPH.

STATUS: TBD - IDPH health equity update monthly newsletter launched in April 2022

Progress on Goal 2 Strategies and Actions

| Strategies | Actions/Activities | Action/Activity Progress |
|--|---|--|
| Strategy 2.1: Enhance internal and external communications, including IDPH branding; improving how we communicate and what is communicated. |  Communicate with staff and stakeholders about the IDPH strategic plan. | IDPH Deputy Director resumed sending monthly updates to all staff regarding strategic plan activities. Strategic plan and biannual status reports are available on the IDPH Strategic Planning web page . Status reports provide updates on current progress on goals, objectives, strategies, and actions. |
| |  Continue established (e.g. monthly emails from Deputy Director, all staff meetings) and develop/use new communication methods to inform staff about important organizational functions/processes. | IDPH Deputy Director resumed sending monthly updates to all staff regarding strategic plan activities. Staff receive regular HHS Alignment updates and opportunities to provide feedback via email. All-staff Zoom meetings were held in March 2022. All-staff Zoom meetings are scheduled for July 2022. |
| |  Provide training to staff on internal and external communication and meeting facilitation. | The new facilitator series is being offered from August through December 2022. |
| Strategy 2.2: Implement workforce development strategies to assure human resource capabilities match needs today and in the future. |  Provide department-wide support on data visualization techniques and quantitative and qualitative data collection methods. | The Education Coordinator is working with University of Iowa to create a tackling data series for IDPH staff. |
| |  Implement the department's Workforce Development Plan. | The Education Coordinator reviewed individual bureau results with bureau chiefs. Action plans were created and are being implemented. For example, the Bureau of Radiological Health put together a team retreat to understand each other better using the Enneagram as a tool (contracted with an outside facilitator). |
| Strategy 2.3: Improve organizational practices using performance improvement. |  Engage in PI activities such as quality improvement (QI) and performance management (PM) trainings, QI adventures, and scheduled PM meetings. | From Jan. to June, offered 11 QI trainings with 83 employees (60 unique) attending 1 or more trainings. 4 QI adventures: one cross-department effort, one with the state medical examiner's office, one in nutrition and physical activity, and one with the health statistics bureau. 28 staff participated in the adventures. |
| |  Identify one population health QI adventure related to PHAB reaccreditation. | Pick a Better Snack program completed a QI adventure in Feb. 2022. Objectives were to increase the number of contractors implementing optional PSE activities and the number of school sites with healthy nutrition and physical activity environments, and to decrease barriers to PSE delivery. |

| Strategies | Actions/Activities | Action/Activity Progress |
|--|---|--|
| <p>Strategy 2.3: Improve organizational practices using performance improvement. (continued)</p> | <p> Identify QI opportunities using the performance management structure.</p> | <p>The QI Coordinator attends all quarterly performance management workshops to support teams by recommending QI tools and identifying QI adventure opportunities. For example, the Gantt tool was shared with Title X family planning team to help implement an on-boarding project for contractors.</p> |
| | <p> Establish an Information Management Project Management Office (PMO) to build project governance, standards, resource capacity, and tools to improve the effectiveness of project delivery.</p> | <p>Agile and waterfall methodologies are documented. Product governance implementation is underway using Agile principles. 3 project management tools procured and implemented (WorkOtter PPM, Jira, Confluence). Project intake and approval process is implemented. Implemented a sponsor and stakeholder onboarding deck to be reviewed with new project sponsors as projects begin. Hired 2 project management consultants and 4 business analyst consultants. PMO and IM staff attended Scrum Master training to aid in Agile adoption.</p> |
| | <p> Build PMO project portfolio communication dashboards to demonstrate project alignment to strategy and overall project portfolio health.</p> | <p>Project portfolio built in WorkOtter and status reported on at least a bi-weekly basis. PMO Intranet site was established. Status of the entire portfolio is published bi-weekly. Standards in status reporting were established to provide the health of each project and any corrective action steps being deployed.</p> |
| <p>Strategy 2.4: Implement communications, workforce development, PI, and health equity strategies in alignment with Public Health Accreditation Board (PHAB) standards and measures.</p> | <p> Update the communications, workforce development, and PI plans in alignment with version 2022 of the PHAB standards and measures.</p> | <p>Version 2022 requirements for these plans have been reviewed and are a consideration in determining the timeframes for the work going forward.</p> |
| <p>Strategy 2.5: Build staff knowledge, understanding, and capacity to apply tools and concepts related to health equity and the social determinants of health.</p> | <p> Formalize commitment to health equity by adopting the IDPH Health Equity Framework.</p> | <p>Environmental scan from Jun. to Nov. 2021 identified foundational efforts and current work to support health equity. Reviewed the efforts of other local and state public health agencies. Identified and vetted primary focus areas through internal stakeholders. Executive team adopted health equity framework in Dec. 2021.</p> |
| | <p> Track progress on the IDPH health equity implementation plan.</p> | <p>August 2021: Draft health equity implementation plan developed and presented to executive team for review. Progress updated quarterly; most recent projects and activities updated in June 2022 to reflect changes through the HHS alignment process. Completed activities: health equity framework developed and approved, health equity trainings developed, IDPH health equity monthly newsletter launched in April 2022, and IDPH health equity webpage updated.</p> |
| | <p> Implement a health equity assessment tool to assess current IDPH health equity efforts and identify areas for improvement.</p> | <p>Through the IDPH/DHS alignment process, it was decided to plan and implement a health equity assessment tool in 2023, to meet PHAB reaccreditation standards as well as to set a baseline for equity across the entire HHS agency.</p> |
| | <p> Support the integration of health disparities data with IDPH performance measures.</p> | <p>The Health Equity Coordinator attends all quarterly performance management workshops to support teams in identifying and addressing health disparities. Teams facilitate their workshop strategy sessions with RBA Performance Accountability Questions 4-7. The Performance Management Coordinator has added a sub-question to question 4 that directly addresses disparities among customer populations.</p> |

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




Summary of Progress

Status: Improvement since 2017. Since 2016, 28 of the 55 indicators (51%) tracked in the 2017-2021 Healthy Iowans SHIP related to obesity, nutrition, and physical activity have improved. The results of a community health needs assessment for the Des Moines Oakridge Neighborhood informed priorities for an initial plan to close gaps in social determinants of health and chronic disease needs. The IDPH Wellness Committee hosted five “Wellness Wednesday” virtual sessions from January to June 2022 that covered holiday de-stressing, heart health, diabetes prevention, results from the public health workforce mental health survey, and employee burnout.

Goal 3 Indicators of Progress

1. Documented outcomes/metrics of progress in Healthy Iowans (SHA/SHIP) progress reports showing changes in the selected population health issues.
STATUS: Healthy Iowans SHIP 2017-2021 is tracking 55 indicators related obesity, nutrition, and physical activity. Since 2016, 28 indicators (51%) have improved from their baseline value.
2. Number of linkages identified and established (for strategy 3.1.2).
STATUS: Not yet available. Will be determined during the next reporting period.
3. Staff participation in Wellness Committee activities.
STATUS: Overall, 140 staff attended at least one Wellness Wednesday discussion in 2021.

Progress on Strategies and Actions

| Strategies | Actions/Activities | Action/Activity Progress |
|---|--|---|
| Strategy 3.1: Develop and implement collaborative activities throughout the department related to addressing obesity and other chronic diseases in Iowa. |  Include in Healthy Iowans (SHA & SHIP) a process to track and report on outcomes/metrics of progress toward improvement of the selected population health issues. | <p>The Healthy Iowans team is tracking 55 indicators related obesity, nutrition, and physical activity in the Healthy Iowans SHIP 2017-2021. Since 2016, 28 indicators (51%) show improvement.</p> <p>The 55 indicators were analyzed as part of the 3,500 indicators analyzed for the 2021-2022 Healthy Iowans SHA. A process for tracking measures for the 2023-2027 SHIP will follow SHIP completion scheduled for January 2023.</p> |
| |  Use information from the “Oakridge Neighborhood Plan: Closing the Gap on Social Determinants of Health (SDOH) and Chronic Disease Needs in Polk County, Iowa” project to identify and establish linkages among relevant department programs and services for Oakridge residents. | <p>The Oakridge Neighborhood community health needs assessment report was received from PRC in January. The report was discussed with the Oakridge Leadership team in February and additional questions were developed. The report and questions were used to complete 6 focus groups with 53 Oakridge residents in May. The third leadership team meeting was held in May to discuss preliminary findings from the focus groups. In June, the fourth leadership team meeting was held to set priorities for the accelerator plan. This information will be shared with the Obesity, Nutrition and Physical Activity Strategies Team (strategic plan goal 3 workgroup) during the July meeting to help identify areas where department programs should be involved. A draft of the accelerator plan will be presented to the leadership team in July.</p> |
| |  Use the IDPH Wellness Committee to identify, develop, and implement wellness activities for department staff. | <p>New committee members will be joining the committee in July 2022. In 2022, 66 different employees have attended one or more sessions of the 5 virtual “Wellness Wednesday Discussions” hosted by the Wellness Committee. Topics included holiday de-stressing, heart health, diabetes prevention, results from the public health workforce mental health survey, and employee burnout.</p> |