



Public Health
Prevent. Promote. Protect.

Carlton-Cook-Lake-St. Louis Community Health Board (CCLStL)

Strategic Plan 2012 – 2015
Approved on: December 17, 2012



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I. Introduction

The Carlton-Cook-Lake-St. Louis Counties Community Health Board (CCLStL CHB) was formed under a Joint Powers Agreement in 1977 and is comprised of nine members (county commissioners and health professionals/lay public members). The Board has its administrative offices in Duluth. It was one of the first community health boards established after the passage of the 1976 Community Health Services Act. The administrative structure of the CHB is that of a multi county CHB charged with plan, program & grant development, administration, and evaluation functions. It also serves as the lead agency for the Statewide Health Improvement Program (SHIP) and the Community Transformation Grant (CTG) which covers not only the four counties but Aitkin, Itasca and Koochiching Counties as well. In 2011-2012, the CHB entered into over 200 contracts with counties, community agencies and independent contractors. Local public health departments are charged with the delivery of all direct services and work side by side with the CHB in plan and grant development activities.

The Community Health Board had never completed a strategic plan before this process. This strategic planning process was meant to guide the board as it identifies where it should be going, provides focus for our future efforts and helps direct the work of the CHB staff. The Minnesota Department of Health provided an incentive grant (funding and technical assistance) to pilot a strategic planning process. The CCLStL CHB became the first multi-county community health board in the state to complete this process.

II. Overview of Process:

Phase 1: Retreat – January 5-6th, 2012

C-C-L-St. L CHB volunteered to pilot the strategic planning process developed by MDH for use by CHBs around the state. As a pilot, the CHB needed to move quickly to get ready for this meeting, and was not able to involve stakeholders in advance. The quad group participated in this retreat. Participants included lead public health staff from the four counties, CHB administrative staff, MDH Regional Nursing Consultant, Facilitator- Barb Deming, MMB. However, the group recognized that communicating with stakeholders would be a key next step as they continue to refine and develop a strategic plan.

Assessment review

Participants reviewed a number of documents relevant to the needs facing the CHB.

1. CHB mission & vision statement; List of roles and services provided by the CHB agency
2. Minnesota Local Public Health Assessment and Planning Process
3. CHAAP (Community Health Assessment and Action Plan 2005 – 2009 process & plans.
4. CCLStL CHB PHAB (Public Health Accreditation Board) Self-assessment results
5. Impact and Value of the CHB organization
6. “Our State of Redundancy” by Jim Mulder Star Tribune article; Mulder challenges the way units of government currently do their work and help us think about possibilities.

Phase 2: Updated Mission & Vision; Approved principles

The CHB approved the updated Mission and Vision Statements with the Guiding Principles at their June 18, 2012 board meeting.

Phase 3: Internal and External Key Stakeholder Feedback:

Internal and External Key Stakeholder Feedback sought through a Survey in August 2013.

Examples of Stakeholders:

CHB Members, Medical Consultant , Regional MDH Consultants, Public Health and Human Services Directors, Lead County Public Health Staff, Numerous External Partners (e.g., Arrowhead Regional Development Commission -ARDC, Arrowhead Health Alliance, AHA, Generations Healthcare Initiative, Aitkin-Itasca-Koochiching Community Health Board, etc.).

Phase 4: September 7, 2012: Strategic Planning Meeting

Facilitator: Karen Keenan

In attendance: Community Health Board reps, County Public Health and Human Services Directors, Lead Public Health County Staff, CHB Administrative Staff, MDH Nursing Consultant

The purpose of this meeting was to develop knowledge about the role CHB plays in public health; engage with and contribute to CHB's current and future work; and build support for CHB's strategic direction. Draft priorities and goals were identified by the end of the meeting. Follow-up work was delegated to a working group comprised of the Quad (lead public health staff, CHB staff and regional MDH consultant) and a Human Services Director representative.

Phase 5: Strategic planning workgroup

Met multiple times: September 20, October 11, and November 9, 2012

September 28, 2012: Input and feedback received from HS Directors

Phase 6: Strategic Plan presented to CHB for approval at their December 17, 2012 meeting.

III. Guiding Documents: Mission and Vision, Principles and Value Statements:

Updated and Approved by the Community Health Board 6.18.12:

A. Mission:

The Community Health Board adds value to the region and to local public health departments by working collaboratively to prevent illness and injury, and protect and promote the public's health at the individual, community and system levels.

B. Vision:

The health of the entire population will be optimized through joint efforts of the Community Health Board and its counties to increase their capacity and effectiveness in addressing prioritized public health issues.

C. Key Elements:

Strong Collaboration with sufficient staffing and capacity
 Engaged decision makers
 Visible in the region
 Dynamic and high quality organization

On August 7, 2012, quad members under the guidance of Karen Keenan a local expert in organizational development, worked through a values clarification process.

Cook-Carlton-Lake-St. Louis Community Health Board embraces the following values:

- **Integrity:**

We do what is right. We are honest. We are fair. We are respectful and ethical.

- **Quality:**

We incorporate science and evidence into decision making and actions. We strive to continuously improve. We uphold the principles of public health.

- **Development:**

We respond to community health needs. We demonstrate courage through cutting edge, progressive programming. We foster creative, innovative, strength-based approach to public health programs. We encourage professional & personal growth.

- **Advocacy:**

We strive to improve and protect the health of all populations, especially the most vulnerable by addressing inequities that affect health. We seek to maintain strong public health systems in the NE MN region.

- **Community:**

We work together to engage and collaborate with the entire community to address the common good of all people.

These CHB values will provide focus, drive us, be visible, encourage and re-energize us. These value statements were shared with the Community Health Board at their October 15th meeting.

IV. Strategic Goals, Objectives, and Action Steps

Strategic Goal:

Build an aligned and integrated system focused on primary prevention and population health that will result in healthy communities by Dec 31, 2015

Objective 1: Develop strategies to create an integrated governmental system that will impact population health in the four counties (Carlton, Cook, Lake and St. Louis) by December 31, 2015

Objective 2: Identify how this “integrated system” will connect with the broader healthcare system in this era of reform by December 31, 2015

Objective 3: Develop a plan for public health and social services to address one of the top identified health issues by December 31, 2013.

IV. Implementation

The 2012 – 2015 strategic plan represents an ongoing process of setting priorities, reflecting on what is being learned, and taking realistic steps forward. The strategic plan provides the organizational guideposts for CHB staff, county partners and board members to discuss and determine where to focus time and resources. At the broadest level, the implementation of the five year strategic plan occurs through the development and monitoring of the annual work plan. The strategic planning team manages this process and oversees communication with agency staff and the CHB.

In addition to reviewing the work plan annually, the strategic planning team will review health indicator data every two years. Upon review of this data, the strategic plan will be updated or changed as needed.

Quarter/Year	Activity
Q4 - 2013	Review 2013 Work Plan Develop 2014 Work Plan
Q4 – 2014	Review 2012 – 2015 Strategic Plan Review 2014 Work Plan Develop 2015 Work Plan
Q2 – 2015	Review Health Indicator Data Begin development of 2016 – 2019 Strategic Plan
Q3 - 2015	Review 2015 Work Plan
Q4 2015	Finalize 2016 – 2020 Strategic Plan Develop 2016 Work Plan

Carlton-Cook-Lake-St. Louis Community Health Board (CHB) 2012 – 2015 Action Plan

Strategic Priority:

Build an aligned and integrated system focused on primary prevention and population health that will result in healthy communities by December 31, 2015

1. Objective: Develop strategies to create an integrated governmental system that will impact population health in the four counties (Carlton, Cook, Lake and St. Louis) by December 31, 2015		Benchmark and Method of Measuring Success: Integrated system articulated		
Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
1. Develop a plan for Health and Human Services (HHS) Directors (or their designee) to attend CHB board meetings	December 31, 2012	Staff Time Meetings	Ann Busche, St. Louis Co.	Busche designated for calendar year 2013
2. Develop stronger connections between CHB and the AHA (Arrowhead Health Alliance) i.e., identify methods such as share agendas, minutes, attend both meetings, etc.	March 31, 2013	Staff Time Meetings	Busche	
3. Hold Discussions around common goals/different roles between social services and public health e.g., <i>"We all want pregnant moms to be drug free and have healthy babies, what does social services do to achieve this? What does public health do to achieve this? What does the community do to achieve this?"</i>	September 30, 2013	Staff Time Meetings	Julie Myhre – CHB & Marie Margitan – MDH (MN Dept of Health)	
4. One HHS Director will be identified as the liaison representative to the Quad Committee and will attend Quad meetings regularly. (Quad Committee: lead public health – PH staff from the four counties, MDH and CHB staff)	January 30, 2013	Staff Time Meetings	Busche	
	December 31, 2013	Staff Time Meetings	Busche & Myhre	
5. Hold two joint Quad and HHS Director meetings in 2013; planned around Region 3 HS director meetings	January 1, 2014	Staff Time Meetings	Myhre	
6. Revisit Action Plan for next phase				

2. Objective: Identify how this “integrated system” will connect with the broader healthcare system in this era of reform by December 31, 2015			Benchmark and Method of Measuring Success: Connection can be articulated	
Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
1. Quad and PHHS Directors hold joint training on health reform with Michael Scandrett, a MN expert. Also consider inviting one another (Quad and HS Directors) to other trainings that may be scheduled over the year that would pertain to both PH and HS.	March 31, 2013	Money: Scandrett presentation Location	Busche Myhre	
2. Complete Four County Community Health (CH) Assessment jointly with hospitals and health care providers around the region.	January 31, 2013	Attendance at Mtgs Costs:food/supplies	Myhre Margitan	
3. Develop Regional Improvement Plan to collaboratively address identified top health issues.	June 30, 2013	Staff Time Meetings	Myhre Margitan	
4. Develop a plan to build relationships between PHHS, CHB, AHA, MDH and ACOs (Accountable Care Organizations) to better work across systems (e.g., EssentiaHealth currently developing an ACO)	December 31, 2013	Staff Time Meetings	Myhre, Lee	
5. Convene a discussion forum to complete an environmental scan This scan will highlight the current and potential future realities at the national, state and local levels as well as the implications to “Get on the same page”. (public health and social services)	March 31, 2013	Staff Time Meetings	Myhre Margitan	
6. Revisit Action Steps for 2014	December 31, 2013	Staff Time Meetings	Myhre	

3. Objective: Develop a plan for public health and social services to address one of the top identified health issues by December 31, 2013.			Benchmark and Method of Measuring Success: Articulate how this integrated system addresses one or more identified health issues. One joint plan written.	
Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
1. Identify the different roles that PH and HS staff play in addressing the top community health issues/needs identified through the 2012 Community Health Assessment Process i.e., common goals – different roles.	September 30, 2013	Meetings Staff Time	Myhre	