

La Crosse County
Health Department

STRATEGIC PLAN

2021 - 2025

Revised: 10/16/2023



LA CROSSE COUNTY
Health Department
Nationally Accredited



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Acknowledgements

Thank you to everyone who assisted in updating the La Crosse County Health Department Strategic Plan planning process including community partners and employees. A special thank you to Kristy Waltz, Confluence Consulting, for facilitating planning activities. Thank you to the Strategic Plan Updating Committee. Your insights will help the Health Department to prioritize our efforts in meaningful ways to improve health throughout La Crosse County.

Members of the Strategic Plan Updating Committee

La Crosse County Community Stakeholders:

- **Dr. Robyn Borge** – Health Department Medical Advisor and Gundersen Health System
- **Lindsey Purl**– Great Rivers United Way/Great Rivers HUB
- **Karl Green** –UW-Extension
- **Jason Witt**– Health & Human Services Director
- **Ebony Hyter** – St. Claire Health Mission/Health and Human Services Board Member
- **Ya Sayaovang** – Little Feet & Helpful Hands Childcare & Preschool/Health & Human Services Board
- **Garrett Donaldson** – Gundersen Health System (Family Medicine Resident)

La Crosse County Health Department Representatives:

- **Maggie Smith** – Health Educator
- **Jennifer Gallagher** – Lab staff
- **Amanda Ramos** – Environmental Health staff
- **Gretchen Lindahl** - Nutrition Educator
- **Jennifer Loging** – Nutrition Manager
- **Jennifer Mullin** – Fiscal Manager
- **Paula Silha** – **Health Education**
- **Jen Rombalski** – Former La Crosse County Health Director
- **Jacque Cutts** – Public Health Nursing Manager
- **Audra Martine** – Health & Human Services, Deputy Director

Mission, Vision & Values *(updated 1/2022)*

Mission Statement:

Collaboratively promoting a healthful community for all people.

Vision Statement:

Holistically healthy people in a thriving community.

Values:

- Advocacy
- Collaboration
- Equity



Introduction

The La Crosse County Health Department (LCHD) Strategic Plan for 2021 -2025 will guide our department's strategic direction and priorities over the coming five years. This strategic plan shifts the timeline from a 3-year to a 5-year strategic plan, to better align with public health accreditation requirements and other department plans including the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

The previous 3-year plan for 2018-2020 plan had four priority areas:

1. Invest in La Crosse County Health Department Employees
2. Build intentional relationships (internally and externally)
3. Programs and Staff (assignments) with intention
4. Improve visibility and transparency (of the Health Department)

For this strategic plan, results from employee and community surveys along with a PESTLE (Political, Economic, Social, Technological, Legal, and Environmental) analysis and SCOT (Strengths, Challenges, Opportunities, and Threats) analysis showed the continued importance of these four areas in conjunction with other priorities. The influence of the COVID-19 Pandemic beginning in March 2020 had much influence on the work of public health departments, which can be seen in results and strategic planning activities conducted beginning in June 2020 for the new plan to take place in 2021.

Results from this strategic planning process showed a need to continue to build on strategies affecting internal operations of the LCHD. The 2021-2025 strategic plan incorporates staffing changes internally which in turns influences how the La Crosse community is best served by the La Crosse County Health Department.

Prevention has been and will continue to be the cornerstone of public health. The LCHD works to protect the public's health in countless ways ranging from restaurant inspections to the WIC Supplemental Food Program, to disease investigation and more. Disease Investigation has taken a front seat since the COVID-19 Pandemic surfaced in 2020. The LCHD (along with all local health departments), has been challenged in ways far beyond normal public health operations. This plan will circle back to influence of COVID-19, but first, the results of phase I, II, and III, of the Strategic planning process.

Phase I: Assemble the Team

Phase I of the strategic planning process consisted of bringing the new team together. The team consisted of LCHD staff of all levels (employees and managers), as well as other community stakeholders. The team members are listed above in the acknowledgement section. The initial meeting occurred in June 2020. Topics discussed included an overview of the strategic planning process and planning for next steps.



Phase II: Surveys

Phase II included completing staff and community surveys. A total of 32 LCHD staff completed an electronic employee survey, and 86 community partners completed an electronic survey.

Employees were asked to answer three questions (results are below):

1. What should we keep doing?
2. Stop doing?
3. Start doing?

Keep doing

- ▶ COVID response (n = 8)
- ▶ Positive LCHD culture and climate
 - ▶ Supportive work environment (n = 10)
 - ▶ Cross-section work (n = 7)
 - ▶ Recognizing and valuing staff (n = 6)
 - ▶ Staff training and development (n = 5)
- ▶ LCHD health priorities
 - ▶ Social determinants of health (n = 7)
 - ▶ Substance use (n = 3)
 - ▶ Mental health (n = 3)
- ▶ Evaluation and data-driven decision making (n = 5)
- ▶ Non-COVID work
 - ▶ Addressing basic public health needs (n = 6)
 - ▶ Water testing (n = 4)
 - ▶ Chronic disease (n = 2)
 - ▶ Immunizations (n = 2)
 - ▶ Restaurant safety (n = 1)
- ▶ Building partnerships (n = 3)
- ▶ Accreditation (n = 2)
- ▶ Transparency in communication with public (n = 2)

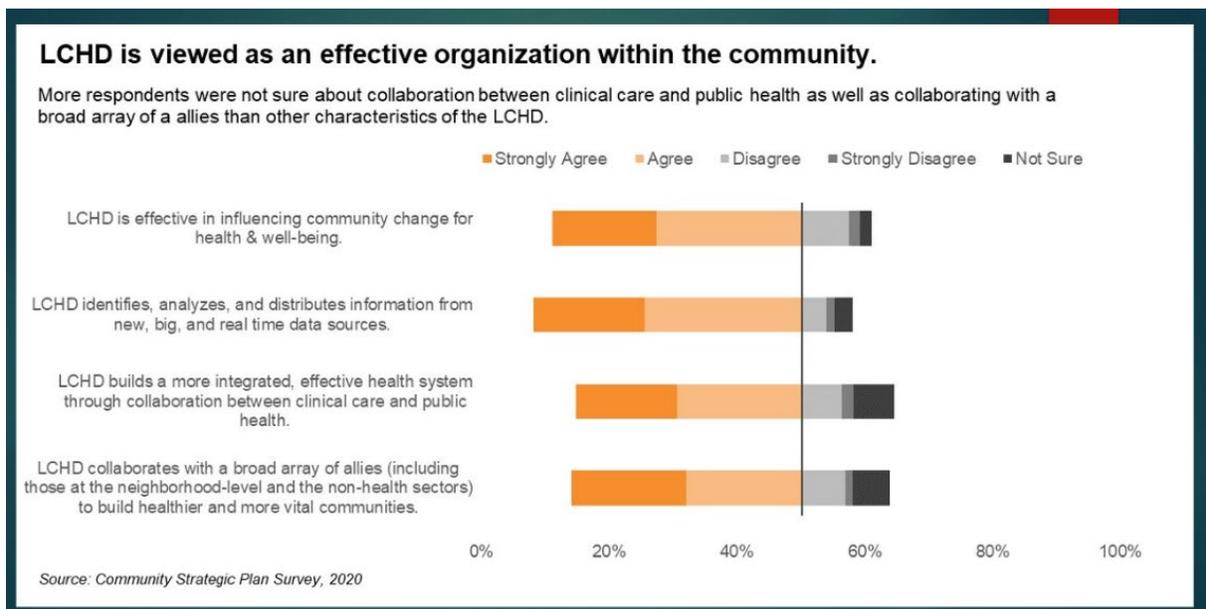
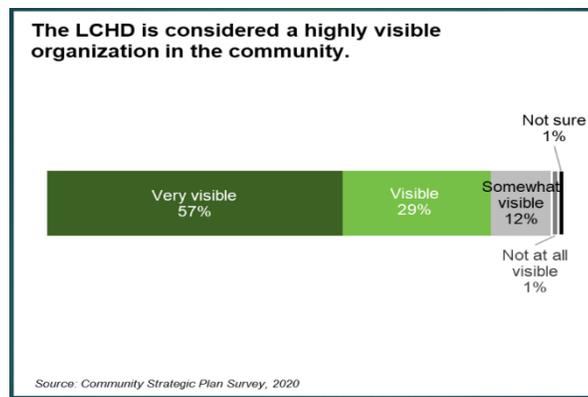
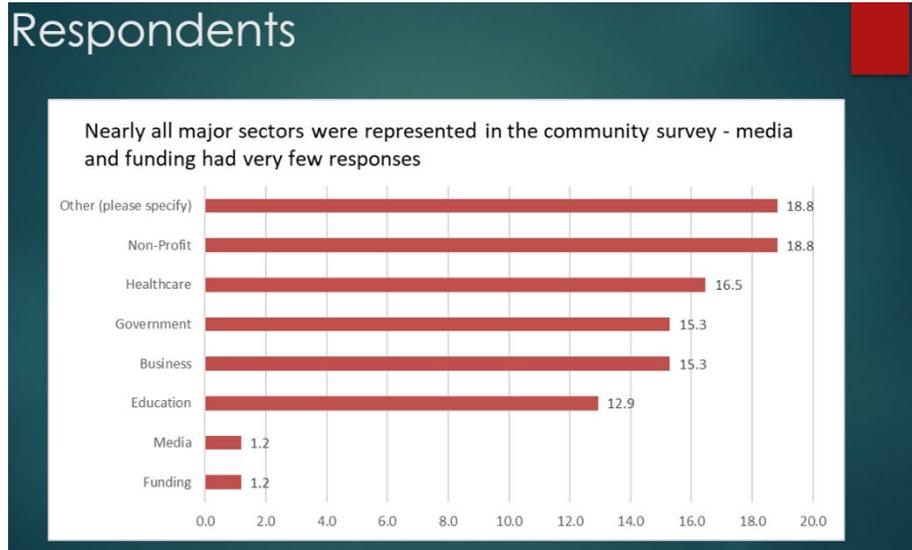
Stop doing

- ▶ Budgeting and programming/focus areas based on divisions, grants, etc.
 - ▶ Rather, do it based on need, experience of staff, etc. (n = 5)
- ▶ Negative, unprofessional work climate (n = 5)
- ▶ Duplication of work that is already occurring in the community (n = 4)
- ▶ Too many ICS/COVID response meetings (n = 2)
- ▶ Other (n = 7; these included themes that only one respondent mentioned)

Start doing

- ▶ Utilizing the strengths and talents of staff members, including growing them in skills, responsibilities, and leadership roles; getting the right staff (n = 9)
- ▶ Straightforward, consistent communication with staff (n = 3)
- ▶ Health equity work (n = 2)
- ▶ Addressing what programming will look like post-COVID and how to help during COVID times (n = 2)
- ▶ More data collection and evaluation (n = 2)
- ▶ Active listening to the community/those we serve (n = 2)
- ▶ Other (n = 8; e.g., climate health, chronic disease, cost effective programming, community relationships)

A total of 86 community partners responded to 22 questions in an electronic survey including open and closed-ended questions. Results are below.



What could LCHD do better?

- ▶ COVID-related work and response (n = 19)
- ▶ Communication (n = 13)
- ▶ Collaboration with community partners (n = 7)
- ▶ Transparency (n = 3)
- ▶ Community education to combat misinformation (n = 2)
- ▶ Other themes

How to best partner or work with community partner

- ▶ Enhance communication (n = 25)
- ▶ Enhance existing collaborations and expand (n = 20)
- ▶ Continue doing what you're doing (n = 14)
- ▶ COVID response and supplies (n = 11)

Needed to improve health of community

- ▶ Work on health issues (e.g., mental health, substance use, chronic disease, health equity, housing; n = 21)
- ▶ COVID response (n = a lot)
- ▶ Stronger collaborations (n = 14)
- ▶ Stronger community/resident connections (n = 9)
- ▶ Trust-building (n = 2)
- ▶ Funding (n = 2)
- ▶ Non-partisanship (n = 2)

Phase III: PESTLE & SCOT

A. The **PESTLE** activity was designed to investigate how specific areas affect the work completed at LCHD. Specific strategic plan members were assigned an area of research as follows:

- Political = Audra Martine
- Economic = Karl Green
- Socio-cultural = Ebony Hyter
- Technological = Maggie Smith
- Legal = Jason Witt
- Environmental = Amanda Ramos

Key Questions explored for each area:

- Political: How does city government influence our mission/work? County? State? National?
- Economic: How are we impacted by the current economic state? What do projections tell us about how our funding sources may be impacted in the future?
- Sociocultural: What are the demographic trends we're seeing in our service area? How do the social determinants of health influence our work?
- Technological: What new resources are available to help us do our work? What are the barriers to accessing those resources?
- Legal: What are the impacts of legislation? Laws? Policies? Orders?
- Environmental: What is the impact of the surrounding physical environment (e.g., climate, weather, geographical location, global changes to climate)?

The group discussed how each of these areas impact and correlate to the strengths and challenges from the lists above.



B. Strengths, Challenges, Opportunities and Threats (SCOT) results:

Strengths

- ▶ Communication (n = 24)
- ▶ Professional and knowledgeable staff (n = 20)
- ▶ Community connections and support, collaboration (n = 17)
- ▶ Leadership (n = 15)
- ▶ Dedication to community wellbeing (n = 14)
- ▶ Transparency (n = 14)
- ▶ COVID response (n = 12)
- ▶ focus on prevention, planning, nimble/responsive to needs (n = 8)
- ▶ Non-partisan (n = 4)
- ▶ Broad reach across community (n = 3)
- ▶ Results-oriented (n = 3)

Challenges

- ▶ COVID, including how LCHD has responded to it (n = 28)
- ▶ County residents' attitudes & opinions (e.g., lack of respect and trust, unsupportive; n = 19)
- ▶ Politics (and it undermining PH authority; n = 16)
- ▶ Lack of funding (n = 13)
- ▶ Communication with public (mainly about COVID; n = 12)
- ▶ Understaffed (n = 10)
- ▶ Availability of misinformation (n = 5)
- ▶ LCHD attitude (e.g., rigid, bossy, timid; n = 4)
- ▶ Need to prioritize work (n = 3)
- ▶ Other (n = 5)

Opportunities

- ▶ Expand community collaborations (including business, schools, healthcare/hospitals, universities, law enforcement); use partners to help deliver "interventions;" find creative ways of sharing funding (n = 35)
- ▶ Additional areas to work on (e.g., environment, climate change, homelessness, food deserts, public transit, SDOH; n = 11)
- ▶ Be a stronger leader in the community (n = 8)
- ▶ Change the COVID response (n = 7)
- ▶ Capitalize on having the community's attention and your successes (n = 6)
- ▶ Train/educate community residents and leaders about PH and PH issues (n = 6)

Threats

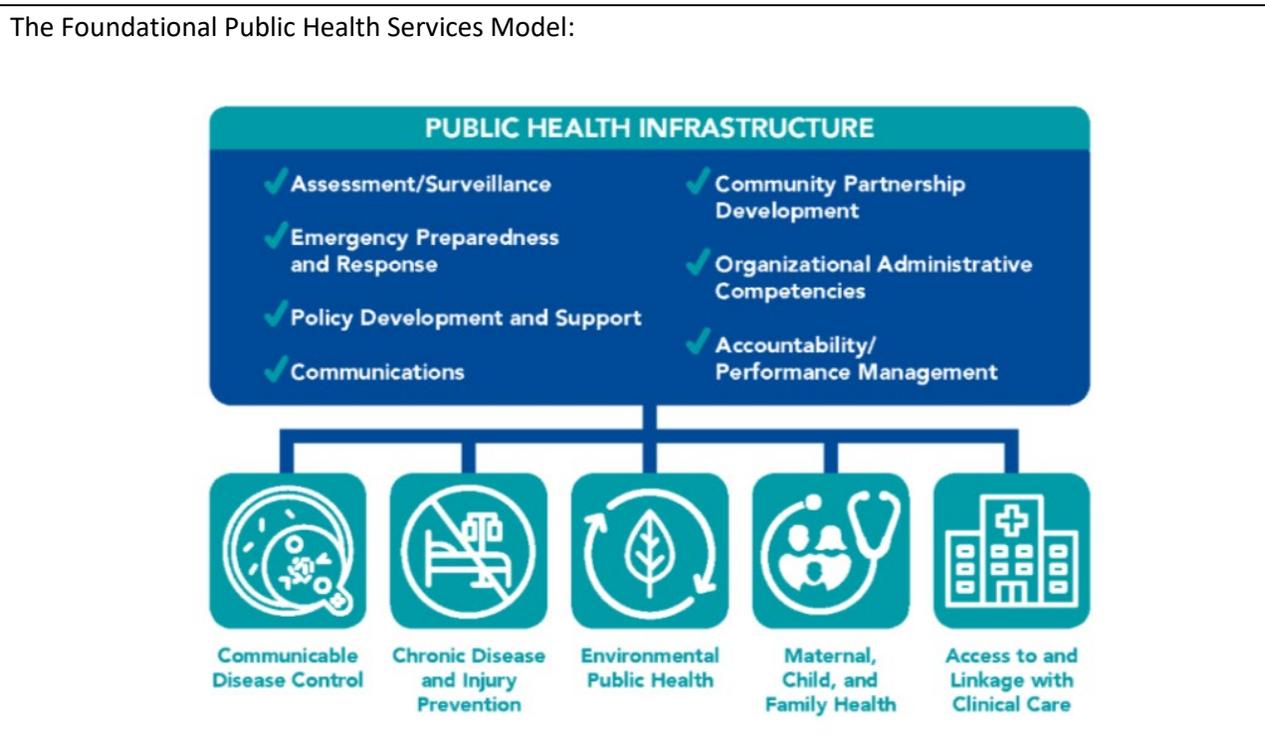
- ▶ Politics (small and big p; n = 25)
- ▶ Lack of public support for LCHD (low trust, loss of credibility; n = 21)
- ▶ Lack of funding (n = 20)
- ▶ Availability of misinformation (n = 11)
- ▶ Lack of staff (n = 6)
- ▶ Non-transparency (n = 2)
- ▶ Other themes related to programming for certain public health issues

Summary of primary themes

	Communication	Staff	Collaboration	Leadership	Transparency	COVID response	Politics/ partisanship	Residents' opinions	Funding	Misinformation
Strengths	X	X	X	X	X	X				
Challenges	X	X				X	X	X	X	X
Opportunities			X	X		X		X		
Threats		X					X	X	X	X
Do better	X		X			X				

Foundational Public Health Services Model

The idea for changes to department structure were being considered, even before the COVID-19 pandemic occurred. The Foundational Public Health Services model (<https://phnci.org/national-frameworks/fphs>), promoted by the Public Health National Center for Innovations, had been adapted by other health departments. This framework outlines the unique responsibilities of governmental public health and defines a minimum set of capabilities that must be available to every community.



Prior to the pandemic, staff often worked across different sections of LCHD (Public Health Nursing, Health Education, Nutrition, Environmental & Lab, Administration). When the pandemic occurred a significant expansion of working together occurred. Public Health Nurses, Health Educators, Dietitians, and Environmental/Lab staff were moved into other roles including disease investigation, COVID communications, logistical planning, testing support, vaccination, community education, and data management. The great number of changes in staffing roles, and changes in programming secondary to pandemic response, solidified that a new foundation model would be of great benefit to the department. This new model would re-title section areas to those based on the titles at the bottom of the image above.

Strategic Priorities, Goals and Objectives

Four themes emerged from the data gathered from internal staff and partners:

1. La Crosse County Health Department has grown a strong and dedicated staff that is experiencing challenges resulting in burn out.

The speed of change in 2020 necessitated LCHD staff to quickly adopt and master new skills and technologies including tools supportive to working from home such as virtual meetings (i.e.-Zoom) and document storage/sharing (i.e.-SharePoint). The pandemic response has created overstretched workloads and competing priorities, testing existing staff and requiring additional capacity. Staff are dedicated and strong but have experienced and remain at risk of burnout with the extended period of stress. Burnout causes negative feelings towards the mission and work, can cause irritability, and can decrease enjoyment at/with work.

Discovery: This theme from the SCOT analysis highlighted the need to be intentional about talent acquisitions and management; specifically, utilizing the strengths and talents of staff including growing skills and attracting the right staff.

2. Lessons from COVID can be leveraged to prevent local challenges that negatively impact health and make an even greater positive impact on health in La Crosse County residents.

The COVID environment has proven that the LCHD staff is flexible and adaptive. They can shift quickly to address changing needs. Working with different people in new structures (i.e.-Incident Command) is one example. Many staff have been successful in taking on completely different roles and cross-departmental collaboration highlighted that we are a stronger department and make a greater impact when we do interdisciplinary work. The team was strengthened through overcoming challenges faced during the pandemic and they grew their change management skills. An interconnected staff makes a stronger impact on positive community change.

Discovery: This theme from the SCOT analysis revealed that a shift in the organizational structure of the department will capitalize on and support interdisciplinary work. Interdisciplinary work makes a positive impact on staff and those living and working in La Crosse County.

3. La Crosse County Health Department is successful in initiating, building, and sustaining community partnerships.

The key to successfully assuring a health community is strong (dynamic and impactful) partnerships including those with other County departments and in the community (schools – Farm to School, Safe Routes to School), healthcare and non-profits (i.e.-Alliance to Heal, Great Rivers HUB). LCHD has been strategic in leading, designing and supporting partnerships that target key health concerns and realign resources in more effective ways to achieve health improvement through shared responsibility.

Discovery: This theme from the SCOT analysis underscored the opportunity to maximize interdepartmental and community collaborations and leverage partnerships to help deliver interventions and creatively share resources.

4. La Crosse County Health Department communicates effectively to inform and educate the community amidst pervasive misinformation, disinformation, and polarization.

LCHD prioritizes communication and the pandemic response has provided the opportunity to build on relations with media partners and presence on social media platforms to increase our reach with accurate and timely information. Accurate information includes sharing data in a way that the community can understand and easily translate into action. LCHD has enhanced skills in data collection, analysis, and visualization. We also have heightened utilization of communication channels to share information with the community

Discovery: This theme from the SCOT analysis emphasized the importance of continuing to prioritize and strengthen internal, interdepartmental, and external communication and enhance skills in data collection, analysis, and visualization.

Phase IV: Priorities

Priorities are high level goals that act as a motivating factor, as well as a measure of performance and achievement, for an organization. The three priorities that follow link to the four themes and discoveries listed above. Next steps will identify measurable objectives and strategies for achieving the priorities.

This 2021-2025 Strategic Plan is rooted in key partnerships with LCHD employees and La Crosse County community partners and residents; LCHD cannot do this important work single-handedly. Collaboration has been and will continue to be important to the health of La Crosse County.

Priority #1: Assure a profoundly talented team to optimize efforts in improving community health.

Objective: By 12/31/2025, the talented, well-trained, and diverse LCHD staff will demonstrate, through services provided, upholding the mission, vision, and values of the Department.			
Strategies:	Person/Group Responsible:	Timeline:	Indicator/Measure:
1.1a: Review, revise, and operationalize foundation of Mission, Vision, and Values	Director, Section Managers with input from all staff and support from facilitator.	1/2021-1/2022	Updated Mission, Vision, and Value statements.

1.1B: Align Mission, Vision, and Values with talent acquisition and departmental practices.	Director, Section Managers, HR.	1/2021-12/2025	Staff positions are filled with talented staff.
1.1C Attract a talented pool of staff that is representative of the community we serve (diversity, equity, inclusion)	HR, Staff, Section Managers	1/2021-12/2025	Staff positions are filled with diverse staff.

Priority #2: Build and nurture key partnerships to maximize positive impact on health in the community.

Objective 2: By 12/31/2025, LCHD will build upon and strengthen internal and external partnerships and maintain a list of those partnerships including agency, names, and contact information.			
Strategies:	Person/Group Responsible	Timeline	Indicator/Measure:
2.1: Identify a diverse group of individuals with the skill set necessary to enhance partnerships for positive outcomes.	HR, Director, Section Managers, staff	1/2021-12/2025	List of effective partnerships. HHS Board engagement.
2.2 Assess and prioritize existing (interdepartmental and external) partnerships to nurture.	Section Managers, staff	1/2022 – 1/2023	List of effective partnerships. HHS Board engagement.
2.3: Identify new strategic partners and build relationships needed to achieve our mission and health priorities.	Director, Section managers, staff	1/2021-12/2025	List of effective partnerships. HHS Board engagement.

Priority #3: Build foundational capabilities for an effective county health department.

Objective: By 12/31/2025, strategies will be used to build structure and accountability to the work of the La Crosse County Health Department.			
Strategies:	Person/Group Responsible	Timeline	Indicator/Measure:
3.1a: Explore the Foundations Model and determine which staff fit in which section	Director, Section Managers	1/2021 – 12/2021.	Foundation Model in place as identified by new section titles and shifting of some staff to different sections.

3.2b: Plan of how to inform staff of changes and inform staff	Director, Section Managers	10/2021	Staff informed of changes.
3.2c: Plan for how section name changes affect other areas including IT, HR, and Finance	Director, Section Managers	6/2021-12/2021	Other County Departments are aware of changes; Necessary adjustments in software/programs are made.
Strategies:	Person/Group Responsible	Timeline	Indicator/Measure:
3.2a: Update the Communications Plan	Director, Management staff, and IT.	1/2021 – 12/2022	A written Communications Plan.
3.2b: Establish department-wide communication strategy and assure goals are met ³	Director, Management staff	1/2021 – 12/2022	A written Communications Plan.
Strategies:	Person/Group Responsible	Timeline	Indicator/Measure:
3.3a: In alignment with the Foundational Model, improve data skills/Epidemiology ability.	Director, Management Team.	2021- 2022.	Enhanced Data Team and/or added epidemiologist capacity.
3.3b: Updating the Monitoring/Evaluation process to assess and evaluate programs and initiatives ²	Director, Management Team.	2021-2025	Dashboard reports showing outcomes.
3.3c: Assess staff competencies.	Director, Management Team.	2021-2025	Workforce Development assessment and training plans.
3.3d: Develop a plan to address skills gaps and capitalize on assets	Director, Management Team.	2021-2025	Workforce Development assessment and training plans.
Strategies:	Person/Group Responsible	Timeline	Indicator/Measure:
3.4a: Develop a Team to coordinate Re-Accreditation reporting documents	Staff, Section Managers	1/2021 -3/2022	Team, with a coordinator identified.
3.4b: Evaluate the process for review of topics such as ethics and PM/QI.	PHAB Team and Director, & Section Managers	1/2021 – 12/2022	There will be processes in place to guide decisions and work.
Strategies:	Person/Group Responsible	Timeline	Indicator/Measure:
3.5.1: Develop a Team to coordinate completion of the DHS 140 review (due in 2022).	Director and Section Managers, staff.	Team formed by 3/2022	Review is completed

Monitoring the Strategic Plan

The [LCHD Strategic Plan 2021-2025 Tracking Tool](#) will be used to monitor progress related to the priorities and objectives of the Strategic Plan. Strategies follow each objective, to indicate who, what, when, and the measure, for each action. The Strategic Plan and the Tracking Tool will be reviewed at least annually by the Leadership Team. Also, updates will be provided to staff and the governing board annually.

Existing plans that support the priorities: Workforce Development Plan¹, [Performance Management Plan](#)², Communication Plan³

Linkages with the CHIP and PM/QI Plan

As a nationally accredited health department by the National Public Health Accreditation Board (PHAB), the LCHD strives to achieve the highest quality plans and outcomes in accordance with accreditation requirements.

The LCHD's Strategic Plan is linked with the LCHD Improvement Plan (CHIP) and Performance Management/Quality Improvement (PM/QI) Plans.

The Community Health Assessment (CHA) and the CHIP are being conducted in 2021 and 2022. **Update 10/16/2023:** No additions were made to the current Strategic Plan (SP) priorities or objectives; originally identified SP priorities, objectives, and strategies remain pertinent.

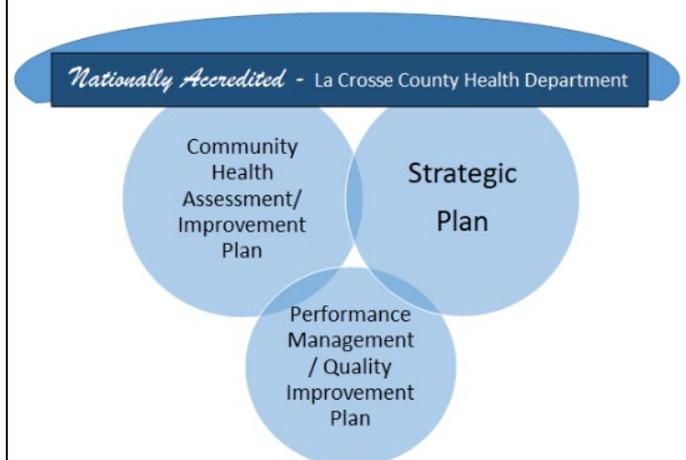
The CHIP 2022 – 2024 identified three health priority areas:

1. Behavioral Health (mental health and substance use)
2. Healthy Environment (safe housing, food, and physical activity)
3. Access to Care (health care, mental health care, dental care)

Image below shows connections between CHA/CHIP, Strategic Plan, and PM/QI.

The LCHD 2021-2025 Strategic Plan supports the 2022-2024 CHIP priorities in several ways:

- a. Assuring LCHD staff are trained and competent.
- b. Supporting diversity and equity in hiring of staff.
- c. Building internal and external partnerships to maximize community impact.
- d. Ensuring a structure (Foundational Public Health Services Model) to support staff.
- e. Establishing communication strategies internally and externally.
- f. Identifying internal and external partners in community health.





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