



*Mineral County Health Department*  
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**Strategic Plan (SP)**

**To improve health by implementing the  
Community Health Improvement Plan (CHIP) for  
Mineral County, Montana 59872  
Mineral County Health Department (MCHD) - Montana**

**HB 173; June 29, 2011**

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HB 173: Public Health Coordinator

*It is assumed that the goal of any government entity is the responsible allocation of available resources toward the goal of quality of life for all citizens*



## **Mission and Vision Statements for Mineral County Health Department (MCHD)**

<http://www.mineralcountyhealth.com/index.htm>

### **Mission Statement:**

It is the mission of the Mineral County Health Department to protect, maintain and improve the health of Mineral County Residents.

Mineral County Health Department will employ best practices and work to achieve nationally identified health benchmarks - in accordance with the Healthy People 2020 initiative from the US Department of Health and Human Services:

Healthy People 2020 strives to:

- Identify countywide health improvement priorities
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress
- Provide measurable objectives and goals that are applicable at the local level
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge
- Identify critical research, evaluation, and data collection needs

### **Vision Statement:**

A county in which all people live long, healthy lives.

### **Framework for Public Health/Community Health (PH/CH) Practice in Mineral County:**

The overarching framework directing operations, policy development, collaboration, and practice across all PH/CH levels and disciplines is based on the Public Health Accreditation Board's (PHAB) standards – identified in their eleven domains and their 103 plus measures. Further, the *Operational definition of a functional local health department* from the National Association of

City County Health Officials (NACCHO), the National Public Health Performance Standards Program (NPHPS), the Core Competencies for PH/CH from the WHO Global Competency Model<sup>1</sup> and the WHO Millennium Development Goals<sup>2</sup> will guide all PH/CH practice decisions.



**Values:**

Stated values of the MCHD are integrity, compassion, lifelong learning, community, collaboration, leadership, empowerment, evidenced based practice and quality.

**The Strategic Planning Process:**

The Strategic Planning (SP) process is based on the findings of the CHA – that is completed every five years – with a piece of the CHA being assessed yearly so as to better manage available human, time and financial resources. Once the CHA is completed, the CHIP is developed. The

<sup>1</sup> [http://www.who.int/employment/WHO\\_competencies\\_EN.pdf](http://www.who.int/employment/WHO_competencies_EN.pdf)  
<sup>2</sup> <http://www.un.org/millenniumgoals/>

SP then seeks to identify the highest impact efforts yielding the highest impact quality results to make effective and sustainable progress toward the goals established in the CHIP.

For the ensuing five year period for this CHA-CHIP-SP cycle, three cardinal population health determinants were identified by the team (please see the CHA; April 2011<sup>3</sup>).

**Top three priorities identified in the CHA 2011 based on determinants of health:**

**Obesity, Substance Abuse and Unemployment**

**Project Leader:**

Barb Jasper, BSN, RN, PHN – Project Manager  
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**Calendar – July 2011 – June 2016:**

**Years 1 – 5:**

Highest impact issue to be addressed maximizing all resources (time, personnel, money, facilities and equipment): **Obesity**

**Five Year Target (Goal):** less than 10% of total population will be overweight (with a BMI<sup>4</sup> of 25-29.9) and 0% will be ‘obese’ (BMI of 30 or greater)

**Year 1 – July1, 2011 – June 30, 2012:**

**Year 1 Goal:** Reduce number of persons who are overweight (OW) (BMI of 25-29.9) by 20%

- **July 1 – August 30:**
  - Study, apply, test, develop best practices for methodologies planning (employ Deming’s Cycle)
  - Marketing plan – including ‘branding’
  - Charters – job descriptions – ‘job descriptions’
  - Communication plan

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<sup>3</sup> <http://www.mineralcountyhealth.com/index.htm>

<sup>4</sup> <http://www.nhlbisupport.com/bmi/>

- Budget – grants
- Documentation and policy & procedures templates
- Develop champions
- **September 1 – February 28, 2012:**
  - Targeted population Stage I: MCHD staff and partners apply and test methods
  - Communications
  - Marketing
  - Documentation – publishing
  - Developing policies & procedures – measurement & evaluation tools: Assess; problem solve; course correction
  - Develop strategic partners and participants
  - Consider visiting Shelby, MT
  - Continue to study best practices
  - Continue to develop champions
- **March 1 – June 30, 2012:**
  - Targeted population Stage II: ‘The Face of Healthcare in Mineral County’
  - Replicate strategies form lessons learned in Stage I – adopt/apply to Stage II
  - Continue marketing, communication et al from Stage I
  - Project evaluation and assessment: Assess; problem solve; course correction
  - Continue to develop champions

**Year 2 Goal:** Continue reduction in number of persons OW in Mineral Co. – set year two goal based on lessons learned from Year 1.

- **July 1, 2012 – December 31, 2012:**
  - Work with stakeholders in all three population centers in Mineral County
  - Project evaluation
  - Project sustainability – and health benefits maintenance
  - Policy development: e.g. – sidewalks, vending machines, formal and informal policies
  - Targeted population: Stage III – ‘Cardinal Healthcare Workforce – Auxiliary Healthcare Staff
- **January 1 – June 30, 2013:**
  - Evaluate customer satisfaction
  - Evaluate Stage III progress toward goals
  - Assess; problem solve; course correction
  - Create policies and procedures

**Year 3 Goal:** Continue project and weight reductions countywide, but move toward a sustainable community centered/community based model.

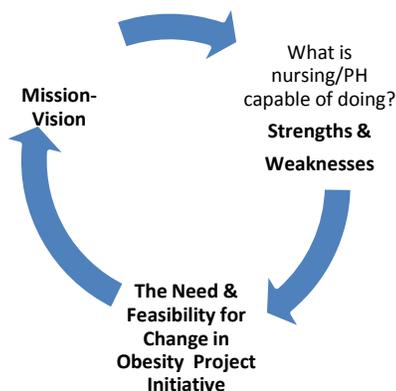
- **July 1 – December 31, 2013:**
  - Develop a train-the-trainer program to transition from a HD based project to a community based project
  - Develop target areas in populations with high resistance (Stage IV)
  - Develop methodologies – based on lessons learned/evaluations
  - Planning for next 30 months of the five year CHIP
- **January 1 – June 31, 2014:**
  - Expand targeted populations
  - Continue strategies outlined above, but with course corrections based on findings

**Year 4 – 5:** Goals based on years 1 – 3 and project findings. Team will consider moving to a second priority area (substance abuse and or unemployment) depending on the team’s assessment of the obesity health improvement initiative.

### **Strategic Planning Template for Nurse/PH Managed Projects**

- I. Vision – what will the ‘obesity initiative’ like; who what, where, when & how
  - who: MCHD staff and community partners
  - what: Address Mineral County’s extreme OW and obesity problem
  - where: Start with narrow focus – test – then expand to larger audiences
  - when (length of plan & project): 3 – 5 years
  - how: EBP – HP 2020 and benchmark guidelines and standards
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- II. Purpose/mission:
  - a. Less than 10% OW;
  - b. 0% obese
- III. Population Served: Stage I: MCHD staff; Stage II: High visibility HC workers; Stage III: High impact HC workers; Stage IV: High resistance populations
- IV. Community Role, Administration Role & Nursing’s Role:
  - a. Community: Collaborative, partner and leadership
  - b. Administration: Fiscal support, leadership and management
  - c. Nursing: Project management, education and group processes
- V. Programs, Services & Products Offered:
  - a. Programs: Education, policy and change management

- b. Services: Nutrition, weight reduction strategies and fitness/healthful physical movement
  - c. Products: Guidelines, tips, counseling, education materials, presentation materials
- VI. Resources needed:
- a. People: MCHD staff, MCH Admin., UM health related masters program volunteers, MC Nutritionist
  - b. Money: **assess July – August 2011**
  - c. Knowledge/expertise: Exercise physiology, Nutrition, Change management, health promotion & education, team processes & collaboration
  - d. Partnerships: **assess July – August 2011**
  - e. Facilities/lab & ‘classroom’: **assess July – August 2011**
  - f. Technology: **assess July – August 2011**
  - g. Equipment: **assess July – August 2011**
  - h. Time: **assess July – August 2011**
- VII. How can these resources be combined to accomplish the purpose/mission?  
**assess July – August 2011**
- VIII. How will the project be evaluated and problems addressed & solved?  
**assess July – December 2011**
- a. Evaluation:
  - b. Problems addressed:
  - c. Problem solving paradigm:
- XI. Determining the ‘fit’/alignment for project success for each strategy:  
**assess July – August 2011**





**SWOT Analysis for MCHD (Strengths, Weaknesses, Threats and Opportunities):**

<b>Strengths</b>	<b>Weaknesses</b>
<p><b>Strong PU and CH backgrounds</b>  <b>Established in the community - well respected</b>  <b>Commissioner &amp; BOH support</b>  <b>Passion and energy for the work</b>  <b>Passion and energy for the community</b>  <b>Staff representing every population center</b>  <b>Business skills</b>  <b>Organizational and grant writing skills</b>  <b>Group process skills</b>  <b>Education skills</b>  <b>Positive working relationships</b></p>	<p><b>Time</b>  <b>Workload</b>  <b>Nature of PH – such as HINU outbreak and time management</b>  <b>Documentation</b>  <b>QI efforts</b>  <b>Change management</b>  <b>Subject matter experts</b></p>
<b>Threats</b>	<b>Opportunities</b>
<p><b>Time</b>  <b>Nature of PH</b>  <b>Budgets</b>  <b>Community resistance and will</b>  <b>Loss of staff</b>  <b>Political process resistance</b></p>	<p><b>National standards and accreditation</b>  <b>Improve quality</b>  <b>Work with UM educational resources</b>  <b>Develop PH/CH partners</b>  <b>Evidenced based – quality</b>  <b>Improved health and length of life in Mineral County</b>  <b>More attractive place to live = improved economy</b>  <b>Improved status and funding for PH/CH</b>  <b>Models for rural and frontier</b>  <b>Rural &amp; frontier leadership</b></p>

**Conclusions:**

The team at the MCHD is highly motivated and skilled. They have a realistic view of the challenges to initiating a community health improvement plan of this scale. Developing partnerships will be key to this project's success. On ongoing learning – accessing best practices and innovations will be essential. Many factors affect the OW and obesity problem in Mineral County – such as cultural beliefs and patterns, economy, education and co-morbidity factors. The team has therefore chosen to focus their efforts on this one health indicator for Mineral County in order to achieve success and create a model for health promotion for resource challenged settings – such as this frontier community. The staff has the capacity and capability to implement, evaluate and innovate this exciting change project for the benefit of their community. They are dedicated to employing the PHAB standards and other success frameworks to reach their highest possible levels of project success and quality. They are vested in and compassionate about their community. They believe in this change effort.

Peggy Stevens, Director, MCHD

Barb Jasper, School Nurse and Project Director

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Beth Price, Administrative Assistant

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Michele Sare, Public Health Specialist