



Strategic Plan

2025

**Le Sueur – Waseca
Community Health
Services**

Timeline

2024 - Review of existing plan began

2025 - Strategic Plan finalized

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Introduction

The Le Sueur–Waseca Community Health Board is a multi-county Community Health Board (CHB) governed under Minnesota Statute Chapter 145A. In 1977, a Joint Powers Agreement was signed by Le Sueur County and Waseca County establishing the Le Sueur–Waseca Community Health Board. Subsequent agreements were approved in 2016 and 2024. The membership includes the five Le Sueur County Commissioners and the five Waseca County Commissioners. A Community Health Advisory Committee was authorized in the 2024 amendment and will begin meeting in June of 2025. Community Health Board meetings are attended by Commissioners, the Community Health Services (CHS) Administrator, Public Health Directors, Public Health Supervisors, and other staff serving Le Sueur and Waseca Counties through the Community Health Branch.

Le Sueur County Public Health and Waseca County Public Health are separate and distinct agencies, each serving the population of their respective counties. Both agencies are guided by the Six Areas of Public Health Responsibility and have developed and maintained programs over the years to meet the needs of their population. There are similarities in the programs in each agency, for example, both Public Health agencies provide WIC, Family Home Visiting, Immunizations, and Disease Prevention and Control (DP&C) activities. Waseca County is the lead agency for the county's waived services and case management activities including, Alternative Care (AC), and Elderly Waiver (EW). Le Sueur County is the lead for the county's AC, EW, Community Access for Disability Inclusion (CADI), Community Alternative Care (CAC), and Brain Injury (BI).

Le Sueur - Waseca Community Health Board has a Delegation Agreement with the state of Minnesota to provide certain Environmental Health Services. These services include the licensing and inspections for Food, Beverage and Lodging, Schools and Pools; Non-Community Water, Recreational Camping, and Manufactured Home Parks. The CHB has worked together on local ordinances for these program with each county passing the ordinances through the local County Board of Commissioners.

Le Sueur County and Waseca County Public Health departments work collaboratively to assess our communities and workforce, then document this for the five year Local Public Health Assessment and Planning cycle required by MDH. Annual reporting is also done together as required by the Local Public Health Act and for many state administered grants. In addition, staffing is shared across Le Sueur and Waseca Counties through the Community Health Branch. This work is formally recognized in the 2024 By-Laws and Delegation agreements. The CHB will be completing a collaborative agreement with Brown–Nicollet CHB to plan and implement Statewide Health Improvement Partnership (SHIP) in October 2025. The Le Sueur–Waseca CHB continue to work with Faribault–Martin Health and Human Services to implement Health Families America (HFA), an evidenced-based family home visiting program. The health departments are also a part of Collaborative for Rural Public Health Innovation (CRPHI), a group working to effectively share resources among regional public health departments and academic institutions.

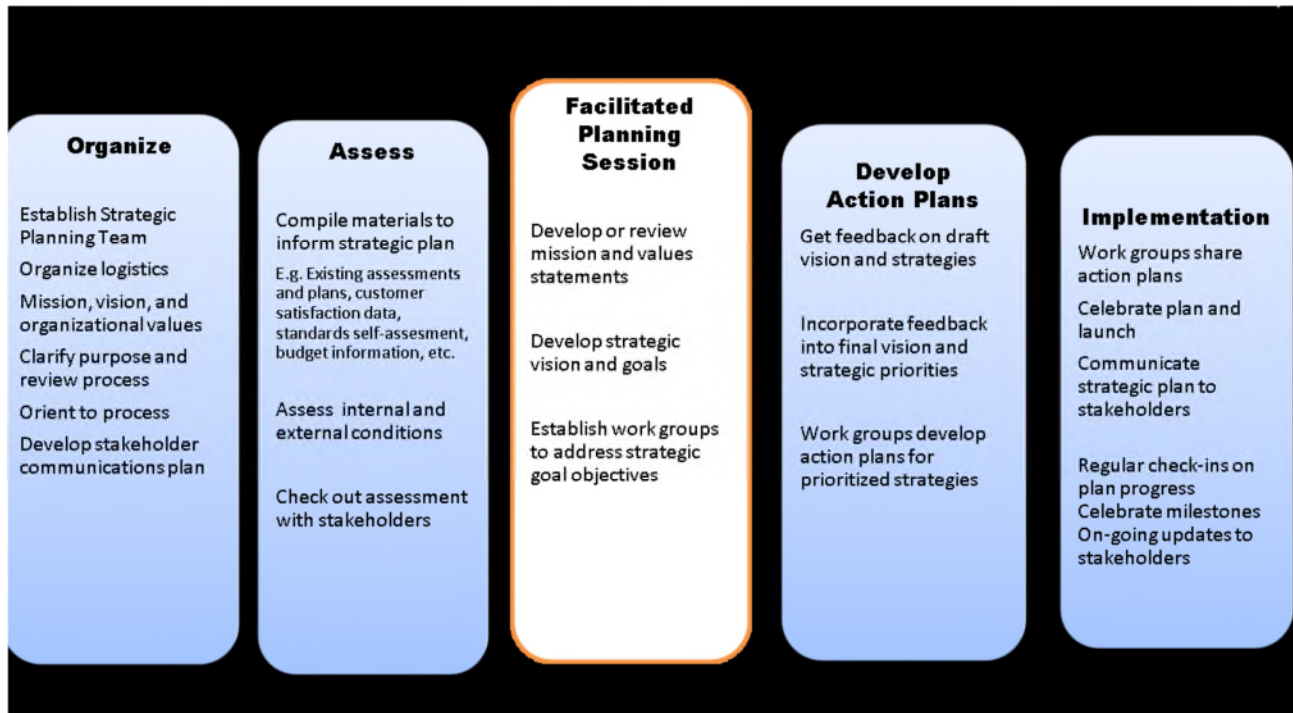
Strategic Planning Background

In Minnesota, the CHS Act of 1976 established a State Community Health Services Advisory Committee (SCHSAC), to advise, consult, and make recommendations to the Commissioner of Health on matters relating to the development, funding, and evaluation of CHS in Minnesota. The CHS Act (later renamed the Local Public Health Act), began the partnership between the Minnesota Department of Health (MDH) and local governments. This state/local partnership has proved to be an effective tool for protecting and improving the health of all Minnesotans.

SCHSAC utilizes workgroups to ensure cohesive, strategic planning for the majority of their work. The Minnesota SCHSAC Performance Improvement Work Group began by identifying strategies to strengthen accountability and improve performance across all Public Health agencies in 2010. Currently work is being done through the Joint Leadership Team to identify additional clarity regarding the state, local and regional reach of public health agencies and where and how the public health system needs strengthening or transformation to amplify outcomes and improve accountability. This strategic plan is seated in that work, and contains goals which will be monitored and revised as needed.

Strategic Planning Process Overview

The strategic planning process developed and facilitated by the MDH was based on national public health accreditation standards issued by the Public Health Accreditation Board (PHAB). Elements and steps of the planning process utilized to develop the Public Health Strategic Plan are highlighted in the following table:



Facilitation of the strategic planning process with the leadership team of the Le Sueur–Waseca CHB occurred in 2024. The process was facilitated by Mary Orban, regional Public Health System Consultant at the MDH. Leadership of Le Sueur–Waseca CHS included:

Megan Kirby	Le Sueur County Public Health Director
Nicole Jarvis	Le Sueur County Adult Health Supervisor
Leah Frederick	Le Sueur County Family Health Supervisor
Sarah Berry	Waseca County Public Health Director and Community Health Services (CHS) Administrator
Sam Holicky-James	Waseca County Public Health Supervisor
Sam Langer	Waseca County Public Health Supervisor
Leah Cameron	Waseca County PH/CHS Business

Through facilitated sessions, the leadership team and the regional Public Health Systems Consultant (PHSC) met to decide on priority goals and objectives as well as complete the first draft of an Action Plan (attached).

The CHS Administrator reports to the governing body (Le Sueur–Waseca Community Health Board), informing, updating and seeking feedback from the Community Health Board on planning documents and implementation efforts. The administrator also seeks input and feedback from the newly formed Community Health Board Advisory Committee which is comprised of a variety of community representatives.

The Public Health Directors of both counties will provide ongoing updates to the identified stakeholders. See the attached communication and stakeholder charts.

Strengths, Weaknesses, Opportunities and Challenges Analysis

During the assessment phase of the strategic planning process, the strategic planning team brainstormed a thorough list of the strengths, weaknesses, opportunities and challenges of the health department; as well as external trends, events and other factors using the Summary of Reports and Key Trends document. The list was revisited for consideration during the facilitated session after which the strategic planning team made additions.

Mission, Value Statements and Vision Elements

Early in the process, the leadership team evaluated the existing mission statement and list of organizational values. The mission and values statement approved by the Commissioners on July 3, 2018 were not changed after review. See below attached image.

Mission

In partnership, the Le Sueur-Waseca Community Health Board protects, promotes, preserves and enhances the health of our community.

Values

Integrity - We are honest, trustworthy and transparent in all we do. We strive to do the right things to achieve the best public health outcomes.

Respect - We demonstrate and uphold a standard of conduct that recognizes and values the contributions and diversity of all. We earn and preserve trust through our behavior and the quality of our work.

Competency - We deliver compassionate services of the highest quality using standards research has proven effective.

Collaborate - We value the diversity and unique contributions of our employees and partners. Teamwork and partnerships produce cost effective health outcomes by bringing people, resources and organizations together to achieve common goals.

To begin brainstorming vision elements specific for the Community Health Board, the leadership team was asked to respond to the following questions, “What do you hope to see in place as a result of your public health organization’s work in three to five years? What will be different?” An affinity grouping process was utilized to collect similar ideas and the following vision elements were identified to capture these main themes.

- Community Engagement
- Trusted Leaders
- Workforce Development
- Regional/CHB Innovative Partnerships
- Effective Data Management

Strategic Priorities

The final series of leadership team meetings was spent brainstorming actions/steps necessary to implement in order to make the vision statements become reality. The team was asked to consider, “What needs to happen in the next 1 - 2 years to make the visions a reality?” Similar to the process used with the vision elements, an affinity grouping was utilized to collect similar action steps; strategy elements were identified to capture the main themes.

Once a list of potential strategies was completed, a dot exercise was used to identify the strategies with the most support, followed by discussion where span of control, interwoven themes, Commissioner input and funding priorities were also considered. Here are the strategies considered:

- Get Into the Community
- Identify Strategies for Regional and County Connections
- Explore Organized Staff Support and Training
- Identify Communication Strategies
- Assess & Develop Data Management Strategies
- Advocate for Investment in Training

Informed by this discussion process the team decided to focus on the first and second strategies. These were defined as follows:

Get Into the Community: Further develop community partnerships by increasing outreach and engagement opportunities. Strengthen internal understanding of all departmental programs. Introduce staff via social media in order to aid community connectivity. Develop practices to utilize when at community events. Introduce and develop one-to-one meet and greets. Introduce external partners during new staff orientation.

Identify Strategies for Regional and County Connections: Attend regional meetings with intentions of making connections (take and distribute business cards). Develop/attend regional PH meetings or opportunities for staff (other than leadership) to participate. Develop regional partner contact lists and develop inter-county networks. Develop regional collaboration meetings to encourage innovation. Develop and share comprehensive orientation. Collaborate with others doing similar work in the county or across the state.

Further development of objectives and action steps for these areas will be done by work groups comprised of a representative staffing collection. The action planning will be completed by developing the appended action plan at the subsequent follow-up meetings of the work groups. The action plan specifies the objectives, actions and ways to monitor progress for these strategic priorities. Work groups will report back to the CHB leadership team where the PDSA cycle will continue .

Use of Plan in the Organization

The CHB leadership team, will continue to meet quarterly to monitor implementation and progress of the plan. Adaptations to the plan will be implemented to ensure continued progression. Upon completion of these priorities, the team will develop and implement action plans for the additional strategies. The team will also adjust or change strategic priorities based on updates to the Community Health Assessment and Improvement Plan (CHIP), and performance management activities.

Linkage with Community Health Improvement Plan

The Strategic Plan will act as the jurisdiction under which the CHIP will be created. The CHIP was finalized for 2024. A Community Health Assessment was conducted, and a report was approved prior to the CHIP creation. Public Health staff from the two counties reviewed the assessment and determined the most important community health issues. Ongoing conversations with leadership staff, Community Health Board, and community conversations resulted in a list of priority health issues and goals. The final product was completed in 2024 by the two Public Health Directors. The CHIP priority goals for mental health improvement and substance abuse prevention will be best accomplished in concert with our community and informed by work done in neighboring jurisdictions, a strong link to this strategic plan.

Linkage with Quality Improvement and Performance Management Plans

The Quality Improvement Plan was implemented in 2014. This plan defines the organization's culture of quality, the desired future state of quality, and how this culture aligns with the organization's mission and vision. Public Health staff from both counties are active participants in revising and implementation of the Plan. Additionally, the organization is revising the Performance Management Plan and Workforce Development Plan. Envisioning a suite of plans that will more closely align and be used to guide the current work is a priority of the Joint Leadership Team.

Future Plan Use

Monitoring and revision of the Strategic Plan will be accomplished using quality improvement tools when needed. Additionally, the strategic priority of revising the Workforce Development Plan will be done during leadership team meetings. The leadership team serves as the Quality Improvement Council for the CHB and as such, will evaluate the revisions under that umbrella.

Strategic Planning: Summary of Reports & Key Trends

Note significant changes for the organization and community over the past 5 years.	Staffing changes - retirements, closing home care, new staff; Technology and remote work - concerns about effects to mental health, pattern of isolation, less teamwork/team feeling; Having staff in office helps build team and results in less miscommunication; This has implications for the community and staff - WIC remote service delivery, Teams meetings with partners, Finding balance between needs/benefits of remote and in-person; Hard to build relationships with new partners when staff changes happen; Trust break or uncertainty with the Public; Political changes and atmosphere - more divided and extremes are vocal. Immunization reluctance. COVID vaccine mandate was hard for Le Sueur County staff. Waseca County - large employers leaving/closing. Very active Waseca County SCHSAC commissioner, others much less involved and understanding of issues and current public health roles. Implementation of Public Health Nurse Clinic in Le Sueur Co. MnPrairie has mental health connector position for gap fill. CHW in Waseca County serving Hispanic population. Influx of undocumented immigrants esp. of Guatemala/Venezuela.
Identify accomplishments the organization has made since the last planning cycle: consider CHIP, Strategic Plan, other work.	Staff additions - CHW, Community Health Educator/Planner; Shared staffing successes and plans for more (not without challenges for billing/reimbursement and staff understanding of the work outputs); Community Conversations to inform the CHA/CHIP. HEDA completion. Social media presence, branding & communications work. SCHSAC Vice Chair 2024 is Waseca County commissioner. Successful transfer of Home Health clients from Le Sueur County to private providers and revisioning the organizational structure of the department. Both departments have relocated to buildings that are designed for our work. Made through COVID pandemic with general support of the community and team support internally. Increased support for staff for resiliency, recovery and networking.
Strengths of the organization: consider cost and capacity assessment, performance measures in annual reporting, programs, staffing, etc.	HFA program is accredited. Ability to work as a team. Many community connections. More open to change, new staff more interest in doing better prevention and community work. Long-standing EH program capacity and Leadership who are strong and committed. Retention of strong staff; Good foundation and smooth retirement/leadership transitions.
Weaknesses of the organization: Consider cost and capacity assessment, performance measures in annual reporting, programs, staffing, etc	Lack of clear direction for organization. Lots of new staff. Differences in reporting/reporting mechanism for two agencies resulting in less clear picture of work. Lots of reliance of direct service work for financial stability. Lack of understanding, bridging direct service and community population health improvement work (true prevention work). Community partnerships are mostly transactional, less networking and planning. Hard to find new staff with the skills that we need. Wages are still behind other agencies who are hiring, increased flexibility in competitors that didn't exist previously makes our offers less attractive/outstanding. Difficult to engage community. Lack of clinical connections and work in that assurance area.
Identify needs or risks the organization has in the next 3-5 years. Consider what you need to move your department forward with the foundational public health responsibilities. Support needed at the: local, regional, state levels. Technical assistance, funding, etc.	Regional work vs local work; Access to services/expertise we can't realistically staff ourselves. Population becoming older and more poor - housing instability, poor stock, transportation barriers, lack employment opportunities. Lack of care facilities (capacity as staff availability wans). Imbalance between reimbursements and staff costs. Legislative decisions - risk for loss of funding or increased mandates. Need - commissioners who as a group understand and are engages about PH Work and how it fits into other county objectives. Challenges in equity work - community perceptions on diversity and income are difficult to overcome.

Identify opportunities for the organization. How can we meet the needs of our customers? What are possible new services or processes? How to reframe challenges to be seen as opportunities?	Different outreach needed - CHW may assist Leadership that would allow trial and error Finances and support the above, Communication work - data to tell the story New funding streams - FPHR and RSG; opioid settlement Resilience building with RSG funds/Em. Prep. Spec Engage staff we have in more foundational roles Healthy housing
What external trends, events or factors might impact the organization?	Increase in diversity of population - undocumented population and the draw on staff time Vaccine hesitancy Increase drug/substance abuse Increase in poor mental health and lack of resources - MnPrairie has put increased staff into AOD and mental health programing Commissioner turnover/larger governmental leader turnover. Disasters/climate change
Consider financial outlook, sustainability.	Larger change needed for state reimbursement process to become more sustainable (what and who is eligible for insurance reimbursement) - move toward better return on preventative work. Health plans require more work to stay compliant, but don't reimburse for that supportive work. Billing is challenging. Need specific codes for PH work that provides better reimbursement. Grant funding is still largely very specific and targeted. Commissioner perspective that new funding is temporary.
Consider workforce issues related to recruitment, retention, or workforce development.	Very competitive. How can we be more successful in hiring workers that reflect the community they serve without the traditional reimbursable degrees. More frequent turnover - challenging to keep engaged and onboarded fast enough to benefit from current reimbursement structures and provide continuity to community. Long required trainings for traditional programing (WIC, FHV, MNChoices). Need for responsive duty adjustments that are not 'ladder climbing.'

Compiled April 2024

Action Planning Worksheet

For assessment and planning guidance, visit: www.health.state.mn.us/lphap.

Remember: [SMART Objectives](#) are specific, measurable, achievable, relevant, and time-bound.

Strategic Priority	Click or tap here to enter text.
Goal	Click or tap here to enter text.

Objective 1: Click or tap here to enter text.

Benchmark and Method of Measuring Success: Click or tap here to enter text.

Action Steps (Deliverables) with Time Frame	By When	Resources Needed	Lead Person	Status with Dates
Click or tap here to enter text.	Choose date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Choose date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Choose date.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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