



Healthy Ways

Planning Steps to Make a Difference

2005 - 2010 Strategic Plan

Working Draft July 2005

LETTER FROM THE PLANNING TEAM

As members of the OEHP Strategic Planning Team, we are pleased to present the 2005-2010 strategic plan, *Healthy Ways – Planning Steps to Make a Difference*. Nearly a year in the making, this office-wide plan represents the work of a vast number of our OEHP staff and external stakeholders who provided assessments and shared feedback at stages throughout the planning process. The strategic plan represents a comprehensive, single common plan for all of OEHP to embrace and implement.

Our hope is that the plan accurately reflects those positive aspects of which we are quite proud and desire to continue to do and strengthen. Likewise, the plan draws upon trends and assessments that point to changes required to make us better and build a stronger, more effective organization.

As an integral part of the Bureau for Public Health, OEHP adopts the overall vision and core values developed by the Bureau. We are pleased to have made changes to the OEHP mission statement to encompass all OEHP areas and that better defines what OEHP desires to achieve. The overarching goals provide a broad and encompassing roadmap for our future. The objectives and strategies will guide OEHP to take actions that address all areas of our organization and will lead to OEHP being the best it can be.

Respectfully,

OEHP Strategic Planning Team

STRATEGIC PLANNING TEAM

Joe Barker

Jim Doria

Marie Gravely

Chuck Hall

Keri Kennedy

Paula Legge

Tom Light

Teresa Mace

Andrew Neely

Linn Ohgren

Dena Smith

Note of Appreciation

Appreciation is extended to all the staff and administrators at the Office of Epidemiology and Health Promotion (OEHP) who took time to complete a planning assessment or contributed in other ways to ensure the success of the planning process.

To the representatives who served on the planning team, we are grateful for your work, as well as, your strong commitment to the positive future of OEHP. Likewise, sincere thanks are extended to others external to OEHP who submitted an assessment or offered opinions on what should be considered in the strategic plan.

The planning technical assistance and facilitation through Dr. Carl D. Hadsell from the Center of Entrepreneurial Studies and Development, Inc. (CESD) was very beneficial throughout the planning process from design to final plan development.

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Companion Strategic Planning References and Background Material

During the planning process, extensive internal and external assessments were completed. The original assessment data is available in report form. Further, all notes as to feedback and suggestions from the December 2004 OEHP All Hands Meeting were collected into a single reference document. All internal and external results of the assessment along with the all-hands planning session outcomes are available at the OEHP Director's Office at 304-558-7078.

A BRIEF HISTORY OF THE OFFICE OF EPIDEMIOLOGY AND HEALTH PROMOTION (OEHP)

The Office of Epidemiology and Health Promotion (OEHP) was created in 1986 as a part of the overall state plan to combine the Department of Health and the Department of Human Services. At this time, four offices were placed under the direction of Dr. Roy C. Baron to comprise OEHP: the Division of Surveillance and Disease Control, Richard Hopkins, Director; Health Statistics Center with Alan Holmes as Director; Division of Health Promotion, Robert Anderson, Acting Director; and Agent Orange Assistance Program with Charles Conroy as Director. The Division of Surveillance and Disease Control (DSDC) had been under the Office of Laboratory Services and remained located in South Charleston. The Health Statistics Center (HSC) was originally under the Office of Health Planning and Evaluation and those employees remained in Building 3 at the State Capitol Complex. The Division of Health Promotion and the Agent Orange Program, which came from the Office of Community Health Services, also stayed at Building 3. The Agent Orange Program was eventually put under DSDC and then phased out as these services to Veterans were no longer needed.

The original plan for OEHP was to gather health statistics from Vital Records and other studies through the HSC, the DSDC to investigate outbreaks of certain diseases and work on prevention techniques through their immunization program and other procedures for AIDS, Hemophilia, Tuberculosis, and Sexually Transmitted Diseases, and the Division of Health Promotion (HP) to establish conditions for individuals and communities to be healthy. Health Promotion did work directly with the HSC at that time to prepare the annual *Behavioral Risk Factor Survey (BRFSS)*, created and distributed health brochures to the public, and maintained an extensive lending library for health professionals all over the state of West Virginia.

Dr. Baron left in 1989 and Alan Holmes became Director but also remained Director of the Health Statistics Center until 1996 when Dan Christy was hired for that position (and is still there). Loretta Haddy became DSDC Director in 1987 and also remains in that position today. Vital Registration had two State Registrars before the current one, Gary Thompson (who has been there since 1996) - Art Barthelmess and Chuck Bailey. The Division of Health Promotion and Chronic Disease (name changed in 2003) has had four Directors since 1986: Robert Anderson, Curtis Dickson, Sharon Lansdale, and Tom Sims who took over in 1993. Dale Porter became OEHP's one and only Associate Director in 1989. In the fall of 1999, Larry Chancey was hired as OEHP's first Chief Financial Officer to coordinate the financial efforts of the three Divisions. Larry left the end of 2003 and Michael Ingram is currently handling fiscal operations for the Office. Alan Holmes retired in May of 2003 and Joe Barker became the new OEHP Director in September, 2003.

In 1989, OEHP Administration, Health Promotion and the statistical services part of the Health Statistics Center moved to 1411 Virginia Street East in Charleston. The Vital Registration Office remained at Building 3. In 1990, DSDC was moved from its South Charleston location to 1422 Washington Street East in Charleston. Finally in early 2000, all three Divisions, along with OEHP Administration and its Fiscal staff, were moved to the renovated Diamond Department Store building at 350 Capitol Street (but on different floors) in Charleston.

Since 1986, OEHP has moved from a modest budget of a couple of million dollars and 75 employees (with the bulk of employees working in Vital Registration) to one today of \$36 million, with federal grants making up over 52% of the budget, and 165 employees. DSDC has added three more programs to their original five, including Threat Preparedness/Bio-terrorism, Infectious Disease Epidemiology, and the WV Cancer Registry and has the largest number of employees in OEHP. Even though discussion of Bio-terrorism issues began in the mid 1990's, CDC funding started in 1999 with DSDC taking the lead on the initiative to expand laboratory and epi-capacity and the Health Alert Network to link Bureau programs directly to the local health departments. Following September 11, 2001, federal funding of public health infrastructure to address bio-terrorism and other emerging infectious diseases expanded dramatically and a central Division of Threat Preparedness was created. Many components of OEHP are still a part of this effort including DSDC's vaccination response teams and smallpox preparedness, and HP's Risk Communication component as well as review of local health departments funding applications to include Threat Preparedness initiatives.

Health Promotion has moved its emphasis from attempting to change individual behavior to altering the environment and health policies which hopefully will lead to healthier individuals and communities and is now known (since 2002) as the Division of Health Promotion and Chronic Disease. Their programs include Chronic Diseases (Asthma, Comprehensive Cancer Program, Diabetes Control, and Osteoporosis Prevention) and Community Health Promotion (Cardiovascular Health, Health Promotion Specialists, Injury Prevention, Physical Activity and Nutrition, and Healthy People 2010). The Community-Based Initiatives Grants Program (CBI), which originated through the Office of Community and Rural Health in the early 1990's and was a collaborative effort between that office and OEHP, was administratively moved to the Division of Health Promotion. Although changes have occurred within the funding guidelines and focus areas over the years, the original intent of the CBI Program has always been to provide prevention dollars to grass roots organizations around the state to meet local health needs.

The Health Statistics Center, along with maintaining vital records (birth, marriage, death) for West Virginia citizens through the Vital Statistics Registration Department, does extensive studies on the health habits of our residents. Some of their annual publications include the *Tobacco Surveillance and Evaluation Study*, the *BRFSS*, *West Virginia Vital Statistics*, and *County Health Profiles*.

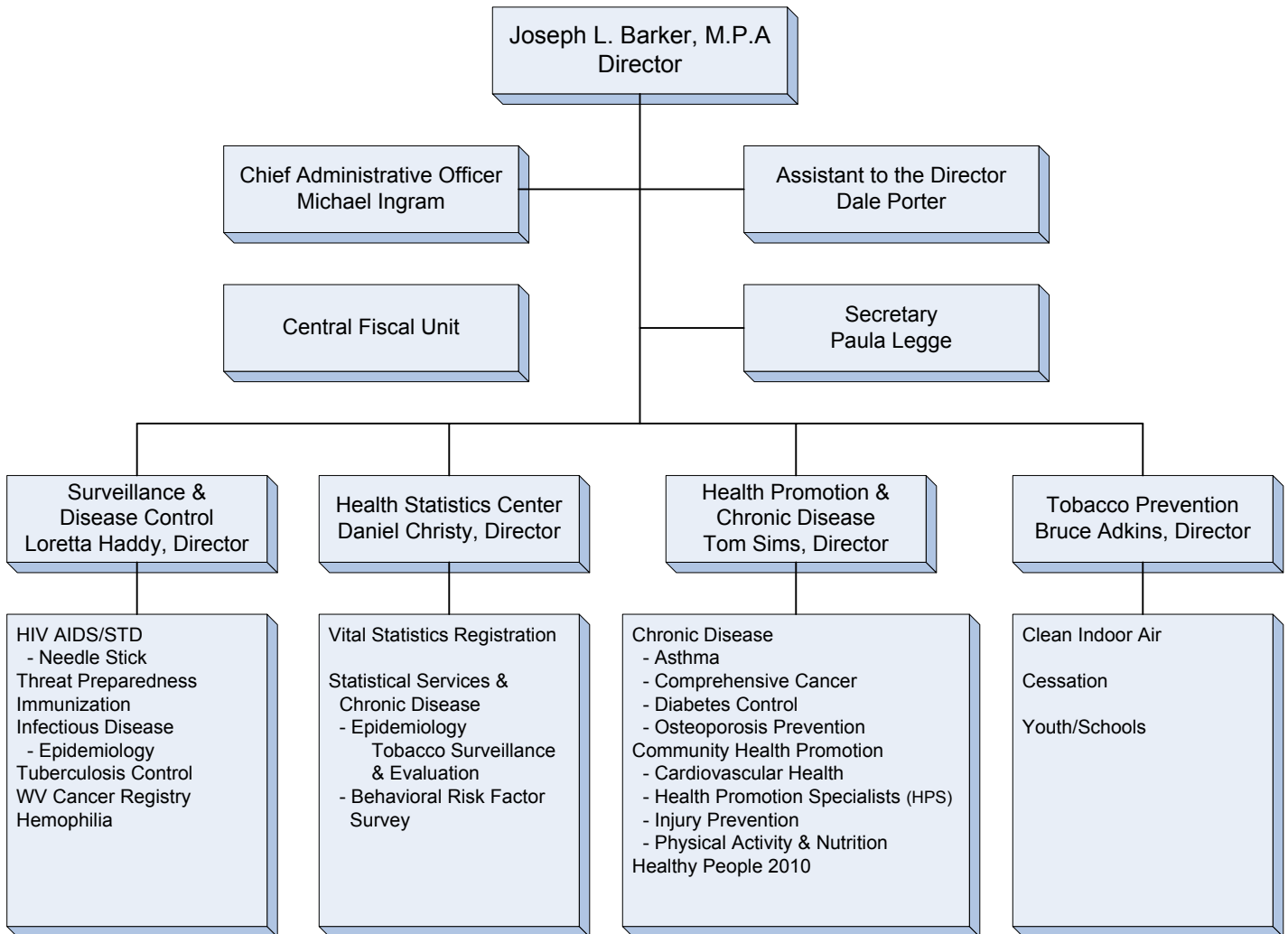
OEHP added a new Division, the Division of Tobacco Prevention (DTP), in July of 2003. Tobacco prevention issues were originally put under Health Promotion in 1989. They received their first federal Tobacco grant in 1992 from the National Cancer Institute and were funded by the Centers for Disease Control and Prevention in 1998. With a multi-million dollar budget, including Tobacco Settlement Funds, and ever-expanding programs in Youth Tobacco Prevention, Clean Indoor Air issues, and Adult Cessation, the administration felt it best they become their own Division. Bruce Adkins is the current Director of DTP.

Today, OEHP is affecting the lives of every West Virginian by monitoring and reducing the prevalence of behavioral risk factors that contribute to chronic disease through surveillance, analysis, and health promotion; by surveillance and immunization of the population for communicable disease, conducting epidemiological studies on disease with high rates of premature deaths; by conducting statewide surveillance targeted towards adverse and preventable disease outcomes, and by developing appropriate interventions and control strategies. With an aging population and the prevalence of many unhealthy lifestyle choices in our population, OEHP is committed to the challenge of making West Virginia a healthier place to live.

OEHP ORGANIZATIONAL CHART

DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH

Office of Epidemiology AND HEALTH PROMOTION



THE PLANNING PROCESS

Background

The Bureau of Public Health (BPH) developed a formal strategic plan 2003-2006 that covered BPH's overall direction and high level strategies. As part of this plan, each office within the Bureau was requested to complete some form of strategic planning.

When Joe Barker became Director of OEHP in 2003, he committed the office to a comprehensive formal strategic plan. Tapping into the policy processes used at the Bureau level, OEHP formed a cross-functional planning team to complete the final design, guide actual planning, and help communicate the value and progress of the planning work. The team brought forth an office-wide perspective.

The initial work of the planning team focused on completing both internal and external assessments to ascertain the strengths, weaknesses, opportunities, and threats of OEHP. This required appropriately defining the "customers" OEHP serves and an understanding of the various organizational staffing as to regional presence from an OEHP perspective. The categories of assessments completed are as follows:

- OEHP Internal Staff
- Regional Staff & Networks
- BPH Leadership Team/Offices
- External Stakeholders
- Coalitions and Other Partners

Initial results were reviewed by the planning team by way of subgroup work evaluated by the full team. The team prepared initial vision and mission statements, and the BPH values were adopted as presently in place. The team researched trends that might impact the future of OEHP and developed a series of critical success factors that represent specific priority areas OEHP desires to ensure are addressed as part of its strategic plan. The intent of the planning team work was to develop suggested goals, objectives, and strategies.

The planning team determined that an "all-hands," day-long planning session would be a significant way to update total staff at OEHP and solicit detailed feedback on the planning draft work. The session was planned and executed by the planning team. The information from this event was summarized and reviewed by the planning team to determine changes needed in the original draft working documents. The final information was fashioned into draft strategic plan and was shared with the entire OEHP staff for formal comments.

VISION, MISSION, & VALUES

The following are the underpinnings that guide OEHP's work from setting priorities to making decisions. The vision, while merely words, represents the desired future state envisioned by OEHP. A number of specific OEHP vision statements were created and offered for consideration by OEHP staff. In doing so, OEHP found the largest number of employees favored adopting the current vision of the Bureau of Public Health. The vision is designed to motivate those with a vested interest in public health, especially health promotion, policy, vital health statistics and reductions of disease.

OEHP Vision

Healthy People in Healthy Communities

The mission offers the concepts and nature of what OEHP is about and describes what we are doing regarding our work in public health.

OEHP Mission

Ensuring healthier communities across West Virginia through promoting healthier lifestyles, managing health information, and decreasing disease, injury, disability, and premature death.

OEHP accomplishes its mission by . . .

1. Providing accurate and comprehensive health statistics and health information.
2. Empowering individuals and communities to help themselves to have healthier behaviors and lifestyles.
3. Pursuing studies and assessments that lead to science-based interventions that garner measurable improvements in public health.
4. Focusing on the health and well-being of those most in need and where identified disparities exist.
5. Managing the state's vital records registration and issuance systems.
6. Conducting statewide surveillance and assuring a responsive public health epidemiology capacity.
7. Offering programs and services that address leading causes of death and disability in West Virginia.
8. Collecting and reporting data of infectious and chronic diseases and other health risks.
9. Collaborating with others to plan strategies, build capacity, and maximize resources.
10. Helping individuals and communities reach their full potential for health.
11. Leading the development of sound public health policy.

Living the BPH Values

Values are the behaviors or characteristics that are held in high regard by our organization in all that is done both within and outside BPH. OEHP has adopted and embraced the core set of values as developed through the BPH-wide planning process. It is important that all OEHP employees reflect these in our words and deeds as we carry out our responsibilities. The core values established in the planning process are essential to maintaining and supporting the desired culture of the organization as we collectively shape behaviors, direct our actions, work with each other, and deliver services to customers. Many defining words exist to describe the desired values to guide our efforts. The following chosen by the overall Bureau make a strong frame work to follow.

- ◆ *Service*—striving to meet the diverse needs of our many internal and external customers with creativity and commitment
- ◆ *Quality*—continuously seeking to enhance the quality of our services and processes
- ◆ *Integrity*—fostering honesty and respect in dealing with ourselves and other; striving for equity and building trust
- ◆ *Accountability*—valuing fiscal and programmatic integrity; practicing good stewardship
- ◆ *Collaboration*—communicating and working together for the overall good of the team, organization, customer, and community, recognizing strength in our diversity

Service ◆ Quality ◆ Integrity ◆ Accountability ◆ Collaboration

CRITICAL SUCCESS FACTORS

The OEHP Planning Team developed a list of 'Success Factors', the team thought were critical to achieve as part of the strategic plan. These critical success factors (CSFs) can be measured (performance) and represent objectives for OEHP to reach as it implements its plan. These CSFs serve as a foundation for building the key goals OEHP will establish in its strategic plan.

Critical success factors to address in OEHP planning and performance metrics

1. Effective allocation of resources across all OEHP programs and services is demonstrated.
2. OEHP deploys state of the art technology for improving work effectiveness, extending OEHP's reach and responsiveness to the public.
3. The right programs and services for the right reasons are in place.
4. The public is aware of what OEHP does and values its programs, products, and services.
5. Professionals rely on OEHP's work.
6. Internal teaming results in resource maximization and expanded reach.
7. Technology is used to extend our reach and responsiveness to the public.
8. Low turnover of qualified staff results in a high quality, experienced workforce.
9. OEHP attracts quality employees.
10. All OEHP employees feel valued and 'want to come to work'.
11. Consistency and fairness exists across the entire organization.
12. Effective programs are adequately funded and sustained.
13. Ability to get policy in place to advance OEHP's mission.
14. OEHP materials, products, and other information are always available when needed.
15. OEHP's programs meet their performance outcomes.
16. OEHP collective efforts (e.g., allocation of resources) are addressing health disparities across West Virginia.
17. OEHP is contributing to positive changes in the public health 'benchmarks' (2010).
18. A high level of customer satisfaction with OEHP programs and services exists.
19. Ease of access to understandable and highly usable public health information.
20. OEHP is called upon as a primary resource for public health information.
21. OEHP is fully engaged in meaningful collaborations and partnerships that advance its mission and program outcomes
22. Communication among programs and partners is standard practice.
23. An integrated, highly effective regional presence extends OEHP's reach.
24. Communities are heard, empowered and assist OEHP advance its mission and accomplish positive outcomes in all programs.
25. All OEHP employees promote and role model healthy lifestyles.
26. OEHP serves as an example of a healthy 'well' workplace.

TRENDS

After looking at a variety of information, the following trends were noted as critical for consideration in OEHP planning.

- 1. There is renewed awareness of the need for strong public health system (capacity, presence, roles).**
- 2. New expectations of public health demand that we strengthen and maintain a strong public health infrastructure that effectively and efficiently responds to public health threats.**
 - Increased need to strengthen the role and involvement of all public health leaders, including public health staff, health officers, boards of health and county commissions.
- 3. A demand for more fiscal and performance accountability by funding sources is evident.**
 - Need to evaluate impact of work and be able to track progress on processes and outcomes beyond simply services delivered.
- 4. Funding and Funding Sources will significantly shape the services we provide.**
 - Significant budget cuts and increasing business costs will require doing more with less
 - The ability to base service priority on need is often limited by lack of flexibility in use of existing funds.
 - New and more flexible funding will need to be found to fill gaps in services/programs
- 5. Roles & responsibilities of the public health workforce are rapidly changing due to increased demand for flexibility as well as accountability in public health.**
 - Periodic review of job functions and clear communication of expectations is increasingly important
 - Structured and formal cross training for all public health staff is increasingly necessary.
- 6. Recruitment, retention & education of the public health workforce will be critical.**
 - Recognizing a significant cadre of skilled and knowledgeable personnel will be gone through retirements over the next decade
 - Requiring formal, and consistent training for all staff and key partners
 - Ready access to continuing education is critical
- 7. There is a greater demand for increased/improved technology and the capacity to utilize it.**
 - Rapid technology changes in areas such as information systems, lab diagnostics, and new treatment options provide new opportunity and challenges.

- 8. Successful public health response will require strong collaborative partnerships.**
- Current and future public health problems will require more effective communication, including risk communication, with the community- at - large
 - There is increased recognition of the role local health departments play in the health and well being of the community. Local health is being seen as a community partner and as a leader.
- 9. Public health agencies will have to plan strategically to effectively prepare and respond to major health threats, be they new or existing.**
- Planning will need to occur locally, regionally and statewide, and nationally.
 - Public Health infrastructure will be challenged to support all additional demands of threat preparedness
 - Disease (both infectious and chronic diseases) threaten the health of the public are increasingly emerging and more rapidly disseminating.
 - Many core public health responsibilities will remain the same but require new and creative strategies for fulfilling them; this will require the need for continually improving internal communication.
- 10. Funds to accomplish expanding public health activities will not increase proportionate to these increasing demands.**

OVERARCHING GOALS

The OEHP strategic planning process surfaced many areas on which to focus energy and resources in order to sustain what presently works well, change current practices not valued or working well, and create new opportunities. Likewise, there new areas that were deemed worthy of development as OEHP moved into the future. All of the results and the pursuing discussions helped shape the priority areas to include in the strategic plan.

The specific results of the planning work range from small detailed process improvements to broader, more global thinking about what work OEHP should be doing in the future. In the end, the results led to nine major – ‘overarching’ – goals that are to serve as the action-planning focal points. These are presented, without priority, in the box below. Although some goals will require greater attention and more strategies, each is important and needs to be integral to OEHP’s planning work. Later sections in this document delineate specific objectives and strategies to help achieve each of these goals.

- Goal A: An exemplary customer services culture exists within OEHP.
- Goal B: Our employees recognize OEHP as an excellent place to work.
- Goal C: OEHP’s mission is supported and sustained through adequate and secured resources.
- Goal D: OEHP is an open, high-performing organization that cultivates leadership.
- Goal E: OEHP offers high-quality programs, products, and services that are needed, effective, and results-oriented.
- Goal F: OEHP is the valued, readied source for health information.
- Goal G: OEHP accountability is evidenced through financial stewardship, quality processes, and performance outcomes.
- Goal H: OEHP is strategically connected to our networks, partners, and communities.
- Goal I: OEHP continually deploys technology and fosters innovation that enhances accessibility and delivery of programs, products, and services.

OBJECTIVES AND STRATEGIES WITHIN GOALS

Within each major goal, specific objectives are defined. For every objective, one or more strategies are developed that will lead to reaching the objective and ultimately addressing the targeted goal. The majority of strategies address issues that were found in the internal and external assessment process. Some strategies may address more than one goal, and in some cases a specific strategy could be placed under more than one goal. However, each is only listed one time and is placed in the goal where it most fits.

For each strategy, specific actions will be developed and implemented as the plan is executed. Actions can be immediate or extend over the period of the planning. OEHP will be flexible in its planning so as to incorporate, as warranted, emerging opportunities or make adjustments to address changing external conditions that relate to it carrying out its mission or fulfilling its vision.

Customer Focus

Goal A: An exemplary customer services culture exists within OEHP.

Rationale and Background

Information obtained from both the internal and external assessments emphasized the need for an exemplary customer service culture to exist within OEHP. Through this planning process OEHP has adopted five core values which we believe to be the behaviors or characteristics that are held in high regard by our organization in all that is done both within and outside of OEHP. Service, which we define as, striving to meet the diverse needs of our many internal and external customers with creativity and commitment is one of our five core values. Based on the comments obtained in the internal and external assessments as well as comments from the OEHP hands-on meeting the Planning team developed the following objectives and strategies to assist OEHP in meeting this goal.

Objectives

- a. A high level of customer satisfaction with OEHP programs and services exists.
- b. All customer segments are identified and regularly asked for feedback.
- c. A common understanding and approach to customer services exists within OEHP.

Strategies

1. Develop and implement high quality customer services practices into daily OEHP activities. (a)
2. Systematically monitor how we treat our customers and put systems in place to correct customer service problems that are revealed. (a)
3. Develop customer services expectations and standards among all OEHP staff that ensure consistent practice throughout OEHP. (a)
4. Develop a process(es) to address across OEHP 'lessons learned' from customer services 'failures' and to share effective OEHP customer 'success stories' for both internal and external customer service. (a,c)
5. Develop mechanisms (e.g., through focus groups or similar approaches) to solicit customer feedback on OEHP programs and services. (b)

Employee Focus

Goal B: Our employees recognize OEHP as an excellent place to work.

Rationale and Background

OEHP employees are the strength of the organization. They are knowledgeable, dedicated, and responsive to the needs of the citizens of West Virginia. Information obtained from the internal and external assessments and the OEHP All Hands meeting stressed the importance of recruiting and sustaining a qualified workforce.

Objectives

- a. Low turnover of qualified staff results in a high quality, experienced workforce.
- b. OEHP attracts quality employees.
- c. All OEHP employees feel valued and 'want to come to work'.
- d. All OEHP employees promote and reflect healthy lifestyles.
- e. OEHP serves as an example of a healthy 'well' workplace.

Strategies

1. Establish a safe and healthy work environment. (a,c)
2. Educate the entire staff in all OEHP programs, products, and services. (a,c)
3. Encourage OEHP staff to promote healthy living (d,e)
4. Support the OEHP workforce through professional development, growth opportunities, and enhanced compensation. (a)
5. OEHP develops an organizational-wide recruiting and hiring processes to attract quality employees. (a,b)
6. Identify and implement specific actions that directly recognize the value of our employees. (a,c)

Resources Focus

Goal C: OEHP's mission is supported and sustained through adequate and secured resources.

Rationale and Background

Information obtained from both the internal and external assessments and the OEHP All Hands meeting emphasized the need for continued funding of programs and activities that reduce the impact of disease, disability, and premature death. These assessments also stressed that new sources of funding be identified and pursued. Employees mentioned several times that training in grant writing was essential to success in meeting this goal.

Objectives

- a. Effective allocation of resources across all OEHP programs and services is demonstrated.
- b. Effective programs are adequately funded and sustained.

Strategies

1. Identify and use new funding sources, beyond the present state and CDC allocations, based on assessed needs in West Virginia. (a,b)
2. Sustain adequate funding for all programs. (a)
3. Ensure accountability of all fiscal resources regarding use in program and service delivery. (a)
4. Enhance organizational-wide capacity to support on-going grant writing, for identifying new grant opportunities and obtaining new grants. (a,b)

Organizational/Leadership Focus

Goal D: OEHP is an open, high-performing organization that cultivates leadership.

Rationale and Background

All the strategies listed under this goal received above the “Medium” score by OEHP employees as communication, leadership, training, consistent policies, and fairness were definitely important to the staff. Employees believe that their supervisors need to follow good leadership models, but also that all employees need to be encouraged to develop their own leadership qualities for the betterment of the whole office. Many feel that State Division of Personnel policies are a challenge to hiring and keeping a qualified staff, but we must keep communicating openly internally and externally to make the system work more efficiently and improve.

Objectives

- a. Internal teaming results in resource maximization and expanded reach.
- b. Consistency and fairness exists across the entire organization.
- c. Uniform policies are in place and consistently applied across all of OEHP.
- d. Internal communication among programs and employees is standard practice.
- e. The number of employees involved in teams is increased

Strategies

1. Make communication a standard practice both internally and externally. (d)
2. Encourage effective management practices and champion more effective leadership by fostering consistent policies across OEHP and adherence to such policies. (a,c)
3. Provide professional development and training as needed for each particular staffing position that also grows the overall knowledge base and skill sets of OEHP. (b,c)
4. Consolidate some of our functions so as to streamline OEHP operations and increase efficiency by cultivating opportunities for intra-office collaboration. (a,c)
5. Foster a work environment that promotes leadership skills in all OEHP employees through on-the-job training, teaming opportunities and special assignments. (a,d,e)

Programs/Products/Services Focus

Goal E: OEHP offers high-quality programs, products, and services that are needed, effective, and results-oriented.

Rationale and Background

This goal is important because we as an office want to provide services and programs that are beneficial to the external customer as well as the internal customer. One thing that came out in the assessment was the concern for overlapping products or programs that other offices may offer. OEHP wants our programs to be of high quality and we want our services to be needed and in return net results that are worthwhile to the office and the customer.

Some comments from the OEHP All Hands meeting were to raise health literacy through education; to make the public aware of our programs and have their support; to increase outreach to schools and colleges and to emphasize that prevention is more cost effective.

Objectives

- a. The right programs and services for the right reasons are in place.
- b. OEHP collective efforts (e.g., allocation of resources) are addressing health disparities across West Virginia.
- c. OEHP regularly informs the public of its programs, products and services.
- d. The health literacy of West Virginia is raised.
- e. Needed public health policy to advance the mission of OEHP is in place.

Strategies

1. Provide quality programs and services that the staff and the community will embrace and fully implement. (a,c,d)
2. Inform and educate the public and OEHP employees on infectious and chronic diseases. (b,d)
3. Develop consistent messages, commit resources and establish policy that focus on the effects of prevention versus treating health problems after-the-fact. (b,c,d)
4. Develop internal process to continually evaluate the need, effectiveness and value of existing programs and when undertaking new programs and make start, stop and change decisions based on standard, objective assessment. (a,b)
5. Enhance OEHP's ability to strategically inform and influence policy development to ensure appropriate policies exist that support OEHP mission and programs. (e)

Health Statistics & Information Focus

Goal F: OEHP is the valued, readied source for health information.

Rationale and Background

The internal and external assessments identified OEHP's publications and products as a strength of the organization. However, the assessments also indicated the awareness of these publications and products was not well-known throughout the state. The OEHP hands-on meeting also emphasized the need to promote OEHP's health information to West Virginia residents.

Objectives

- a. The public and professionals are aware of what OEHP does and values its programs, products, and services.
- b. Professionals rely on OEHP's work.
- c. The ability to have effective policy in place that advances OEHP's mission is demonstrated.
- d. OEHP materials, products, and other information are always available when needed.
- e. OEHP is called upon as a primary resource for public health information.

Strategies

1. Establish OEHP as the primary resource of West Virginia's public health information. (a,e)
2. Raise public awareness of the importance of public health and the ways OEHP contributes to the public's health. (a)
3. Promote the use of data to influence policy and positive health outcomes. (b,e)
4. Proactively report the statistics (e.g., dollars saved, improved overall health status, extended lifespan, reduce injury numbers) resulting from all prevention and cessation programs. (a)

Quality/Accountability Focus

Goal G: OEHP accountability is evidenced through financial stewardship, quality processes, and performance outcomes.

Rationale and Background

Information obtained from both the internal and external assessments and the OEHP All Hands meeting emphasized the need for accountability within OEHP. Based on the comments obtained in both the internal and external assessments the majority of people believe that it is imperative that all programs within OEHP execute financial stewardship, implement quality process and achieve performance outcomes. As to process, the need to address issues and make improvements by involving all staff is an important step to take.

Objectives

- a. OEHP's programs meet their performance outcomes.
- b. OEHP continues to monitor progress toward achieving the HP2010 goals.
- c. OEHP programs and services in place are efficiently operated.

Strategies

1. Empower our employees so as to enhance office effectiveness and efficiency. (a)
2. Form diverse office-wide teams to address cross-cutting issues. (a,b)
3. Deploy an office-wide process to continually examine and improve, as needed, work processes across OEHP. (c)
4. Review internal and external programs and partners to reduce duplication and enhance performance and program outcomes. (c)

Reach/Collaboration Focus

Goal H: OEHP is strategically connected to our networks, partners, and communities.

Rationale and Background

OEHP relies profoundly on a variety of opportunities and avenues to assist us in helping achieve our goals and objectives. Therefore it is imperative that we are strategically connected to our networks, partners, and communities to ensure the best delivery of programs and services and to avoid duplication of efforts.

Objectives

- a. OEHP is fully engaged in meaningful collaborations and partnerships that advance its mission and program outcomes
- b. Communication among programs and partners is standard practice.
- c. An integrated, highly effective regional presence extends OEHP's reach.
- d. Communities are heard, empowered and assist OEHP advance its mission and accomplish positive outcomes in all programs.

Strategies

1. Build strong, effective relationships that advance OEHP's work. (a)
2. Develop existing regional representatives into a regional public health team that represents a comprehensive collaborative statewide public health 'reach' to advance OEHP's mission and work activities. (c)
3. Empower communities to determine their health status and seek OEHP to provide technical assistance in analyzing needs and making positive changes (give tools to do this). (a,d)
4. Ensure all existing OEHP advisory groups and coalitions are actively viable and productive. (a,b)

Technology/Innovation Focus

Goal I: OEHP continually deploys technology and fosters innovation that enhances accessibility and delivery of programs, products, and services.

Rationale and Background

Section E of the internal assessment asked, “In what ways can OEHP improve or change in order to be more effective and better meet the needs our customers?” Two of the top three responses were “*improving communications and collaboration,*” and “*improving inefficient work processes.*” Technology can facilitate communication, act as a conduit of collaboration, automate work processes, increase work efficiencies, and provide OEHP with a way to provide faster and better customer service.

Goal I addresses three commitments we need to make in order for us to see technology’s promises translated into true accomplishments: 1) as technology is continually changing, OEHP must make a concerted effort to ensure that equipment does not fall into obsolescence, 2) staff must apply technology to real work by knowing how to use it effectively, 3) ensure that the information OEHP provides to the public is both easily accessible and understandable.

Objectives

- a. OEHP deploys state of the art technology for improving work effectiveness, extending OEHP’s reach and responsiveness to the public.
- b. OEHP’s uses technology to extends its reach and improve responsiveness to the public.
- c. OEHP’s public health information is easily accessed and understandable

Strategies

1. Enhance OEHP’s on-line presence (website) to have communities directly access and retrieve information (e.g., query databases, vital statistics, public health reports, etc.). (a,b,c)
2. Increase our capacity to use technology. (b)
3. Continue to gather and analyze health data through innovative and upgraded systems. (b,c)

PLAN IMPLEMENTATION

The following are considered vital additional steps for OEHP's planning process to be fully successful.

Action Planning

The OEHP Strategic Plan Oversight Team (SPOT) has been established to assist in the implementation of the plan. This special cross-functional team works with a specific focus on developing the priority action plan process, authoring actions and monitoring outcomes. Appendix A provides information on the Strategic Plan Oversight Team including the Implementation Process Organizational Overview.

Through formal tracking and update procedures, this team meets on a regular basis to determine the status of all actions and address ways to assist where priority actions are not on track. The "protocol" guidelines for creating and monitoring implementation actions can be found under separate cover.

Communication Planning

A critical part of a successful strategic planning process and effective implementation rests in communication both internally and externally of the planning work. OEHP will establish the most effective ways to communicate the overall plan, as well as, on-going progress on plan implementation. The communication process will be designed to fully integrate the vision, mission, and values into OEHP's work and existing communication vehicles (e.g., the website, newsletters, presentations, copies of the Strategic Plan).

As a strategy, information from the plan implementation will be incorporated into the organization's external communication and work activities.

APPENDIX A

STRATEGIC PLAN OVERSIGHT TEAM CHARTER

Purpose

As a method to implement the OEHP strategic plan, the original planning team determined that a permanent Strategic Plan Oversight Team (SPOT) be established both to assist in implementing and monitoring planning outcome actions and to serve as an oversight team for possible cross-functional teaming activities. The team is under the sponsorship of the OEHP Director. The team will work closely with the OEHP director and the OEHP management team. The team will help shape the implementation action plan and periodically review the progress of the strategic plan actions and be responsible for chartering, as warranted, cross-functional 'action teams' to complete specific tasks in support of the plan. Attachment 1 provides an organizational overview diagram of the implementation concept.

Team Membership

The SPOT membership is determined by the OEHP Director. Membership will include 'goal champions' and other representatives. Each overarching goal in the strategic plan will have a 'goal champion' who coordinates the Goal Focus Team for that goal. Champions will be responsible for identifying and coordinating actions that will address strategies identified to fulfill the goal. The champions will work with the entire organization to finalize and implement actions. Each year, the membership of the SPOT will be reviewed and rotated based on changes in the strategic plan or staffing. Rotation also ensures the opportunity to be involved in the organizational planning is shared across the office. During the year, team members will be replaced when warranted.

Goal Focus Teams

To ensure greater direct involvement in the overall implementation planning process and monitoring, each of the overarching goals will have a Goal Focus Team (GFT) named. This team will have a least one representative from each of the OEHP divisions. One person will serve as goal champion (or lead) for this working group. The team will not be responsible for actual implementation; rather this team will help collect the priority actions in the goal focus area. In addition, the team will support the goal champion in monitoring what is happening with each active action. The team will also help in communicating to others in the organization about the activities in the goal focus area they are assisting overseeing.

Specific Roles & Responsibilities

The following are more specific role expectations for SPOT members.

Plan Implementation

- Assist OEHP leadership in developing the action plan for timely and effective implementation of the OEHP Strategic Plan and for the on-going planning process.
- Work as a team to set priorities on actions to implement and the proper assignment and priority of those actions.

- Monitor Performance
- Assist to develop specific performance metrics for OEHP.
- Evaluate, through specific assessments, the OEHP planning process and offer recommendations to the leadership for appropriate adjustments to the design on a regular basis.
- Develop and support an internal 'lessons learned' process for improving future planning and the capability to successfully implement actions from the plan.

Sustain the Process

- Ensure continuous learning across the organization regarding planning by teaching, developing documentation and references as well as coaching individuals and groups.
- Assist with establishing planning as a core competency for all OEHP management positions.
- Provide status reports to keep the organization informed of the implementation process and suggest ways in which staff can assist in the process to ensure its success.
- Provide organizational-wide communication of the OEHP strategic plan and its implementation.
- Develop a communication plan for external dissemination of the planning and implementation to stakeholders and customers.
- Be the keepers of the official plan and action implementation process, both open actions and achieves of completed actions.
- Help update the OEHP Strategic Plan on an annual basis to make sure it is relevant and that emerging issues are incorporated.

Charter the Goal Focus Team (GFT) & Action Teams

- Ensure each overarching goal has an active Goal Focus Team in place.
- Provide policy guidance and resources as needed to deploy cross functional 'action teams' to address specific implementation actions.
- Select and prioritize projects and related task team initiatives that support the overall implementation process.
- Assist in forming and empowering action teams through charter creation and membership selection.
- Ensure appropriate team accommodations and resources for the action team's work.
- Serve as advocates for action teams to ensure that barriers are removed that hamper their efforts to include accepting recommendations from teams related to the implementation process.
- Continually assess the best practices and lessons learned from the actual action team experiences as reported when teams complete their work.
- Encourage the development of team-based awards and recognition opportunities.

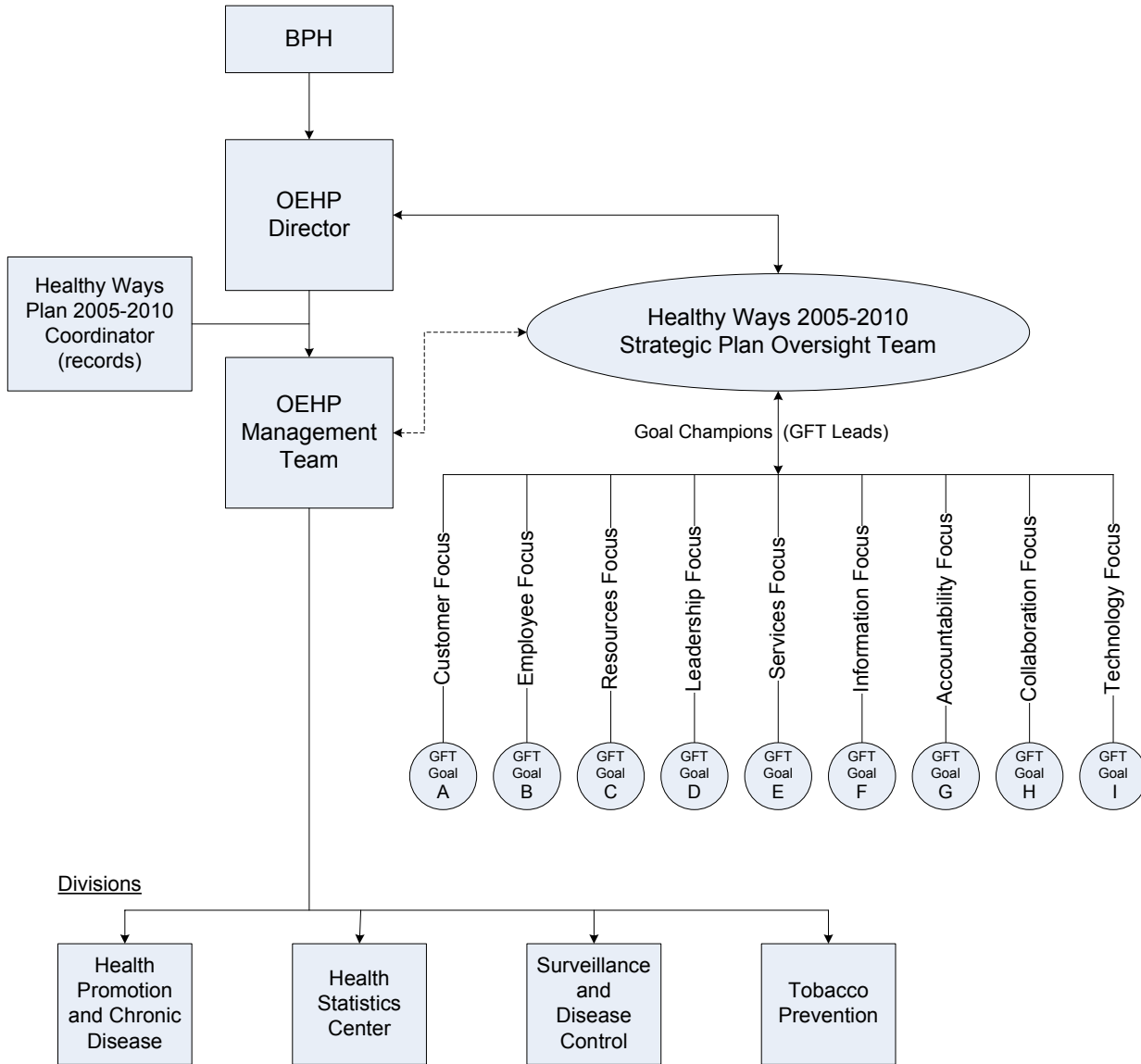
Role Model Team

- Be a role model team in all its work that reflects a high level of collaboration and demonstrate the planning values and principles.
- Understand the basics on OEHP wide initiatives, cross-cutting issues, program planning, change models and other tools & techniques related to planning both long-term strategies, as well as short-term operational.
- Individual team members be role models who demonstrate and coach the planning values and principles on behalf of OEHP in their daily words and deeds.

Team Members List

A current list of OEHP Strategic Plan Oversight Team members is available from the OEHP Director's office.

Office of Epidemiology and Health Promotion
Strategic Plan 2005-2010
Implementation Process Organizational Overview



Notes:

1. GFT – Goal Focus Team for each goal. Each team will attempt to have one representative from each division. Total membership to be five to include a lead named goal champion.
2. The OEHP Strategic Plan Oversight Team will have membership composed of each goal champion, management team representatives, and others, as determined by the OEHP Director.
3. The coordinator's responsibilities include the upkeep of the official data files for the implementation actions. This position is support to the Oversight Team.