

DIVISION OF PUBLIC HEALTH

STRATEGIC PLAN

2017 – 2021

Table of Contents

Section	Page #
Message from the Director and Acknowledgements	3
Mission, Vision, Values and 2017-2021 Priorities	4
Background	5
Strategic Plan Phases	6
Appendix A: Division of Public Health Senior Leadership Team, Focus Group Participants, and Strategic Plan Leadership Retreat Participants	13
Appendix B: Supporting Materials	15
Appendix C: Brief Summary of Assessment Findings	16

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Message from the Director

To the dedicated employees in the Division of Public Health, this is our plan. You provided input during focus groups and through surveys, and this plan is based on key themes that you identified.

The Division of Public Health's Strategic Plan for 2017–2021 provides strategies to help the Division of Public Health increase our organizational capacity to continue to help Nebraskans live healthier lives now and into the future. The plan outlines a course of action that will help make our vision a reality by identifying our highest priority initiatives. The Division's vision statement provides the motivation for what we strive for every day: A Healthy and Safe Nebraska – Everyone, Everywhere, Every Day.

We have made great strides in improving the health of Nebraskans, but there's more work to do. To remain part of an effective public health system we need to continue to develop a culture of quality and performance improvement, continue the effective programs that are currently in place, and focus work on our priority strategies.

In carrying out the strategies in this plan, the Division remains committed to working with our partners and communities across the state to achieve our mission of helping Nebraskans live healthier lives.

With this plan, we build on our successes and look forward to the future.

Tom Williams, M.D.

Chief Medical Officer

Director, Division of Public Health

Nebraska Department of Health and Human Services

Acknowledgements

This document was developed by the Office of Community Health and Performance Management with administrative and technical guidance provided by the Division of Public Health Senior Management Team. This work reflects the contribution of many team members across the Division who dedicated their time and expertise to this strategic plan for the Division of Public Health.

A special thank you to everyone for their assistance. A specific list of those who contributed to the priority selection process including the Strategic Plan Leadership Retreat Participants and the Senior Leadership Team can be found in Appendix A. Focus Group Participants names are not listed in order to respect the confidentiality of the process.

Mission, Vision and Values

Mission	Helping People Live Healthier Lives
Vision	A Healthy and Safe Nebraska – Everyone, Everywhere, Every Day
Values	<p>Integrity: Assuring honesty in our dealings with others. We can be counted on to be reliable, responsible, and consistent.</p> <p>Commitment: Investing, personally and organizationally, in our work to achieve quality outcomes.</p> <p>Quality: Striving to achieve excellence by setting high standards, being prepared, using accurate data, being equitable, and using evidence-based strategies. We continuously improve and measure our performance. We are effective and innovative, and do not accept mediocrity.</p> <p>Stewardship: Respecting the valuable resources placed in our trust. The public good is our goal; caring and cared-for employees are our promise. We acknowledge and honor diversity among ourselves and those we serve.</p>

Division of Public Health 2017-2021 Strategic Plan Priorities

Culture and Communication	The Division of Public Health has a thriving culture and consistent, seamless communication.
Data	The Division of Public Health is a trusted source of timely and accurate public health data.
Equity	The Division of Public Health promotes equity in all activities, programs and services.
Planning and Performance	The Division of Public Health has a performance management system that integrates planning, measurement and improvement strategies.
Policies	The Division of Public Health has updated, accessible and standardized policies.
Workforce	The Division of Public Health has a healthy, engaged and effective workforce.

Background

The Division of Public Health is one of six divisions within the Nebraska Department of Health and Human Services (DHHS), and serves as the state health department. The Division of Public Health includes nine Units to address all ten public health services through the implementation of a variety of programs and activities. The Division of Public Health has recently achieved national public health accreditation and continues to pursue excellence in meeting national standards, which are supported through efforts like comprehensive planning and performance management.

The Division of Public Health has successfully concluded the 2013-2016 Strategic Plan, achieving over 90 percent completion of planned activities. This effort contributed to the achievement of meeting national public health standards, and has been a component of broader planning processes within the Division of Public Health.

During 2015, an update of the comprehensive State Health Assessment began. The assessment, involving both internal and external stakeholders, was designed to identify the key health and public health systems issues in the state. The State Health Assessment was based on the Mobilizing for Action through Planning and Partnerships (MAPP) model. The MAPP model consists of four major assessments: 1) health status assessment; 2) forces of change (trends, factors, and events) assessment; 3) statewide themes and strengths assessment; and 4) state public health system assessment. The results of the assessment served as the foundation for developing the priorities in the Nebraska State Health Improvement Plan.

In the summer of 2016, statewide partners selected priorities for the Nebraska State Health Improvement Plan 2017-2021 which include:

- Nebraska will have an integrated health system that values public health as an essential partner.
- Nebraska will have a coordinated system of care to address depression and suicide.
- Nebraskans will have decreased rates of obesity.
- Nebraskans will experience improved utilization and access to healthcare services.
- Nebraskans will experience health equity and decreased health disparities.

The Division of Public Health strategic planning process included the review of the Nebraska State Health Assessment results and consideration of the Nebraska State Health Improvement Plan priorities as they impact the role of the state health department in the public health system. The process also included a review of local community health improvement plans and national public health priorities.

The full Nebraska State Health Assessment and Nebraska State Health Improvement Plan reports can be found on www.dhhs.ne.gov.

Strategic Plan Phases

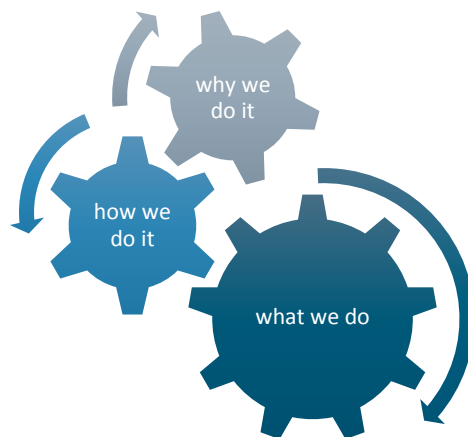
The Division of Public Health Strategic Plan is designed to address organizational capacity to ensure an effective and efficient state health department. Strategic plans confirm what we do, how we do it, and why we do it. Planning is intended to reinforce organizational vision and review the fundamental elements of organizational culture, efficiency and effectiveness. The Division of Public Health facilitates strategic planning with commitment to functioning as a high performing organization that reflects these cultural characteristics:

- Establishing clear, strong and meaningful core values
- Developing and maintaining a performance driven culture
- Creating a culture of shared openness and trust
- Creating a shared identity and a sense of community
- Developing an adaptive culture to achieve long-term success

The strategic plan process includes four phases to move from assessment to priority selection to implementation, with consideration of the primary mission, vision and values for the organization. These four phases are as follows:

- ✓ Phase 1: Conduct Assessments
- ✓ Phase 2: Select Priorities
- ✓ Phase 3: Develop Plan of Action
- ✓ Phase 4: Implement and Report Performance

The Division of Public Health Strategic Plan 2017-2021 is a result of a data informed and deliberate decision making process to serve as a guide for improvement opportunities prioritized over the next five years. The commitment to serving Nebraska as a high performing organization is supported by dedicated employees and reflected in the daily work of the state health department.

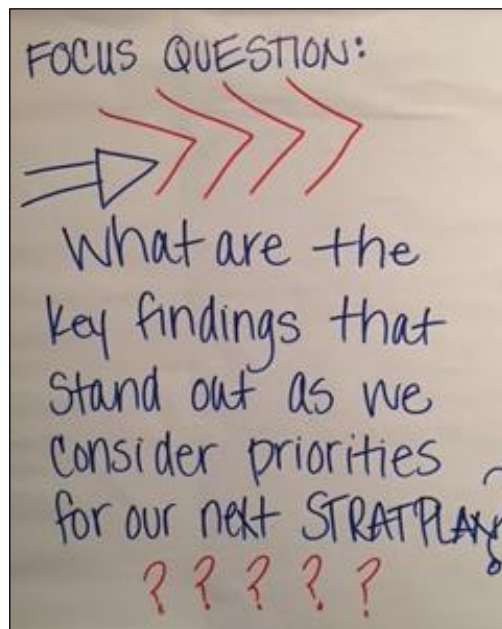


Phase 1: Conduct Assessments

During Phase 1 the data collection and analysis of relevant and available quantitative and qualitative data were completed. This process serves to assess readiness, consider motivation for action, and build support. Multiple data sources were used in the initial assessment including:

- Nebraska State Health Assessment and State Health Improvement Plan
- DHHS Employee Survey
- DHHS Human Resources data
- Division of Public Health Brand Survey
- Division of Public Health Workforce Survey
- Public Health Workforce Interests and Needs Survey
- Results of the Division of Public Health accreditation process
- Focus groups to gather employee input on the following domains:
 - Data (including recommendations carried forward from the 2013-2016 Strategic Plan)
 - Disparities and Equity (including recommendations carried forward from the 2013-2016 Strategic Plan)
 - Workforce (e.g. training, retention, onboarding and satisfaction)
 - Operations (e.g. planning, performance, policies, contracts and budgeting)
 - Culture and Communication (e.g. wellness, environment and morale)
 - Collaborating to Implement Public Health (e.g. working together and communities of practice)

The focus groups were an integral component of the assessment process, ensuring the inclusion of employee perspective and also to facilitate an initial review of data and provide recommendations for action. This information served a vital contribution to the Phase 2 priority selection process.



Phase 2: Select Priorities

During Phase 2, findings from Phase 1 were presented in order to identify priority themes and prepare recommendations for action. In order to achieve this, a leadership retreat was facilitated in December 2016 including representation from every Unit within the Division of Public Health and senior leadership Deputy Directors and Director. See Appendix A for a list of the Strategic Plan Leadership Retreat Participants.

At this retreat, participants reviewed and reconfirmed the Division of Public Health mission, vision and values. The Office of Community Health and Performance Management facilitated the retreat including the review of findings and steps to narrow priority themes, selection of final priorities, the provision of recommendations for action, and the creation of an initial plan to communicate the initiatives.

Leadership Retreat (Day 1) began with a review of the strategic plan purpose, an overview of the current environment, related context including commitments and givens, and the essential elements of a high performing organization.

Current Commitments and Givens:

- ✓ Governor Ricketts Mission: “Create opportunity through more effective, more efficient, and customer focused state government.”
 - Priorities: Efficiency and Effectiveness, Customer Service, Growth, Public Safety, Reduced Regulatory Burden
- ✓ DHHS Business Plan which includes commitment to meeting public health standards via:
 - Public Health Accreditation- including the implementation of a brand strategy, creating a standardized policy process, utilizing a performance management system, conducting comprehensive planning processes, and facilitating a workforce development plan.
 - Nebraska State Health Improvement Plan
 - Division of Public Health Strategic Plan
- ✓ Division of Public Health Strategic Plan 2013-2016: Priorities providing carry forward action for Data and Equity

Consideration of Essential Elements of a High Performing Organization:

- Clear Mission, Vision and Values
- Communication
- Culture
- Data and Technology
- Equity
- Ethics
- Strong Leadership
- Performance and Quality
- Planning
- Operations and Policy
- Resources
- Workforce

During Day 1 retreat participants completed a prototype activity in which small groups created a model of a high performing organization to reflect these essential elements.

In addition, assessment findings were presented with opportunity for the participants to reflect on this data in consideration of the Day 1 Focus Question: *“What are the key findings that stand out as we consider priorities for our next strategic plan?”*

Day 1 Focus Question:	What are the key findings that stand out as we consider priorities for our next strategic plan?
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Based upon this initial review, the group identified key findings as important for consideration for potential priorities. This process informed the next round of priority selection.



Closing conversation for Day 1 included reflections on what stood out about the findings and the environmental context that might impact our planning:

<ul style="list-style-type: none"> ➤ Percentage of upcoming retirements ➤ New Director ➤ Resources, budget ➤ Different federal landscape 	<ul style="list-style-type: none"> ➤ Agency policies, procedures ➤ Changes in operations and support services ➤ General engagement of employees 	<ul style="list-style-type: none"> ➤ Employee awareness ➤ History ➤ State Health Improvement Plan ➤ Humor ➤ Workloads
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Leadership Retreat (Day 2) kicked off with a review of Day 1 and a condensed view of the priority themes that emerged. Participants worked through a prioritization process using a specific criteria to answer the Day 2 Focus Question: “What actions will help the Division of Public Health become and sustain a high performing organization?”

Day 2 Focus Question:	What actions will help the Division of Public Health become and sustain as a high performing organization?
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Criteria to Select Priorities:

- ✓ Promotes Division of Public Health Mission, Vision and Values
- ✓ Readiness
- ✓ Urgency
- ✓ Leadership support
- ✓ Vital to ensure a high performing organization

By the end of the priority selection process, the participants identified six key priority themes for the Division of Public Health 2017-2021 Strategic Plan:

Culture and Communication	The Division of Public Health has a thriving culture and consistent, seamless communication.
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Planning and Performance	The Division of Public Health has a performance management system that integrates planning, measurement and improvement strategies.
Policies	The Division of Public Health has updated, accessible and standardized policies.
Workforce	The Division of Public Health has a healthy, engaged and effective workforce.

The group went on to clarify recommendations for action by answering the following questions:

- What is the end we seek?
- What is our goal?
- What course of action is recommended?

These recommendations for action will inform the development of action plans and implementation efforts. Participants also proposed brief talking points in reflection of the Strategic Plan Leadership Retreat events, in order to be equipped to share information with other Division of Public Health employees.



Phase 3: Develop Plan of Action

Phase 3 engages change leaders, prepares for action and creates a plan for change. This phase begins after the Strategic Plan is finalized. Kick-off meetings will be held with representation of team members across the Division to discuss the recommendations for action provided by the Strategic Plan Leadership Retreat. In February 2017, workgroups for each priority will review relevant data and develop action plans, formalize implementation teams and create performance measures to track progress. Plans must be formed with consideration for equity, ethics, employee engagement, and resources to equip action. Action plans will include expectations for the first year and draft planning for the remaining years of the Strategic Plan period. Implementation Teams will update action plans annually.

Phase 4: Implement and Report Performance

Phase 4 serves to manage the implementation processes and ensure transparency in reporting successes and lessons learned. With a commitment to being a high performing organization, utilizing high performing teams to lead implementation is crucial. High performing teams include goal-oriented professionals with expertise who collaborate and produce consistent results, focusing on short term and long term wins. These teams pursue excellence through shared goals, shared leadership, open communication and a strong sense of accountability and trust among members. Clarity among roles and outcomes developed in the action plans and team charters inform practices for implementing the Strategic Plan to ensure success.

Performance dashboards will be utilized to provide consistent updates toward performance goals and promote accountability. The Division of Public Health performance management leadership team will meet quarterly for guidance, support and updates. Additionally, a plan for communication will be enacted to ensure frequent and consistent updates to all Division of Public Health employees.

Appendix A: Division of Public Health Senior Leadership Team, Focus Group Participants, and Strategic Plan Leadership Retreat Participants

Division of Public Health Leadership Team		
Dr. Williams Director	Judy Martin Deputy Director	Jenifer Roberts-Johnson Deputy Director
Stan Cooper Unit Administrator, Vital Records	Russ Fosler Unit Administrator, Investigations	Sue Medinger Unit Administrator, Community & Rural Health Planning
Sara Morgan Unit Administrator, Lifespan Health Services	Ming Qu Unit Administrator, Epidemiology & Informatics	Sue Semerena Unit Administrator, Environmental Health
Eric Sergeant Unit Administrator, Public Health Preparedness & Emergency Response	Kay Wenzl Unit Administrator, Health Promotion	Becky Wisell Unit Administrator, Licensure

Focus Group Participants			
<p>Eight Focus Groups were held with confidentiality to ensure an open, honest and safe space to consider opportunities for improvement. Representation from every Unit and from a variety of team member roles were included. Participants were assured Focus Group data would be provided in aggregate and no commentary would be attributed to individuals. In order to respect this confidentiality, Focus Group participant names are withheld.</p>			
Culture and Communication: 16 participants	Collaborating to do Public Health: 16 participants	Workforce: 17 participants	Operations: 16 participants
Virtual Focus Group 1: 12 participants	Virtual Focus Group 2: 5 participants	Data: 4 participants	Equity: 11 participants

Strategic Plan Leadership Retreat Participants

Dr. Williams Director	Judy Martin Deputy Director	Jenifer Roberts-Johnson Deputy Director
Vital Records Unit: Stan Cooper	Investigations Unit: Russ Fosler Melissa Weyer	Community & Rural Health Planning Unit: Sue Medinger Josie Rodriguez Tim Wilson
Lifespan Health Unit: Jennifer Severe-Oforah Shannon Twist	Epidemiology & Informatics Unit: Ming Qu Bryan Rettig	Environmental Health Unit: Doug Gillespie
Public Health Preparedness & Emergency Response Unit: Russ Wren	Health Promotion Unit: Kay Wenzl Gwen Hurst	Licensure Unit: Becky Wisell Matt Gelvin
Communications and Legislative Services:	Leah Bucco-White	
Facilitation Leads:	Maya Chilese Jeff Soukup Colleen Svoboda	
Facilitation Support:	Jeff Armitage Patti DeLancey Monet Goudreault Greg Moser	

Appendix B: Supporting Materials

- Public Health Foundation
- Strategic Planning Guide: Guidance and Resources to Assist State and Territorial Health Agencies in Developing a Strategic Plan (ASTHO)
- Workforce Development Plan Toolkit (ASTHO)
- Brand Identity and Recommended Strategies; Employee Study Results (Firespring, 2015)
- Organizational Capacity Assessment Tool (US-Aid, CDC): Assesses domains – Governance, Administration, Human Resources, Financial Management, Organizational Management, Program Management, Project Performance Management
- Organizational Culture of Quality Self Assessment Tool (NACCHO): Assesses Employee Empowerment, Teamwork and Collaboration, Leadership, Customer Focus, Quality Improvement Infrastructure, Continual Process Improvement
- Organizational Capacity Assessment Tool (Marguerite Casey Foundation): Assesses Leadership, Adaptive, Management, Operational
- Massachusetts Cultural Council: Assesses Mission/Vision, Strategic Planning and Evaluation, Programming, Community Participation, Public Relations, Marketing, Benchmarks of Financial Health, Financial Planning Monitoring and Reporting, Governance, Management, Human Resources, Information Technology Systems, Facilities Management
- Facilitating Organizational Change (Olson & Euyang, 2001)
- Organizational Culture and Leadership (Schein, 2010)
- The Five Dysfunctions of a Team (Lencioni, 2002)
- The Fifth Discipline: The Art and Practice of a Learning Organization (2006)
- Transformational Strategy (Staples, 2013)

Appendix C: Brief Summary of Assessment Findings

Communications

Expressed Ideals

- Solution oriented
- Transparent
- Timely
- Inclusive
- Across all levels, up and down
- Respectful
- Effective collaboration
- Use of various modes

Communications: Recommendations

- Frequent, clear and open communication from leadership
- Promote public health consistently, have purposed messaging campaign
- Ensure information and leadership get to all locations
- Better technology and use of virtual meetings
- Recognition should be more frequent
- Use deliberate communication strategy to promote awareness, celebrations, successes
- Encourage and conduct collaborative meetings, invite all staff to contribute
- Improve efforts to ensure staff feel included and are informed
- Support cross program engagement, collaboration

Culture and Leadership

Expressed Ideals

- Employees are valued
- Every opinion counts
- Open and clear communication
- Celebrate successes
- Proactive and flexible
- Employees are empowered to make decisions
- Leadership that is open, communicative and flexible
- Strong teamwork, effective collaboration

Culture: Recommendations

- Uniform culture across programs, team building, improve morale, celebrate together
- Enlist practices to support a culture of ethics, ethical decision making and resolution
- Engage internal and external partners to gauge satisfaction, enact opportunities for improvement
- Leadership prioritize culture and engagement
- Support activities that enhance understanding of public health, programs; improve connectivity
- Improve communications; spotlight successes, programs and people
- Attend to inconsistencies among workloads, ensure routine team meetings
- Empower employees to make decisions, engage staff more

Operations and Policy

Expressed Ideals

- Streamlined processes and centralized practices
- Standard policy process
- Effective and consistent communications
- Technology for automated processes, data collection, reporting, etc
- Fair and equitable personnel policy
- Defined expectations, clear mission, roles and responsibilities
- Decentralized decision making, shared authority, less silos

Operations/Policy: Recommendations

- Create standardized approach for policies and procedures; host summit for all employee input
- Simplified procedures, critically evaluate
- Empower employees and managers to make decisions
- Leadership be more open minded
- Improve communication about operations
- Help addressing agency challenges
- Provide forum for employee feedback, involvement at all levels
- Ensure roles and responsibilities are clear
- Sufficient resources (meeting space, logistics, digital age, improved technology, updated software, staffing, etc)
- Ensure inclusion of equity in all programs and policies

Planning

Expressed Ideals

- Inclusiveness of internal and external stakeholders
- Shared goals, vision
- All voices are valued
- Effective and transparent
- Open communication
- Cooperation and preparation
- Shared resources
- Diversity of partners
- Measurable outcomes

Planning: Recommendations

- Utilize a comprehensive planning process for public health vision to inform programs, budgets, etc
- Require all programs to do collaborative planning and performance measures; report consistently
- Recommend strategy for whole agency health planning
- Need to establish a collective vision and agenda for public health to reflect state and local public health systems
- Support programs, offices, units to do routine assessments and strategic planning
- Ensure protocol for engaging community, target population, in developing programs, planning, etc

Performance and Quality: Recommendations

- Develop evaluation measures for CLAS standards
- Formalize Performance Management system
- Implement customer satisfaction surveys and use feedback to make improvements
- Develop written program monitoring protocols
- Formalize quality improvement practices
- Ensure all programs utilize performance measurement practices for work plan and program outcomes

Workforce

Expressed Ideals

- Zero tolerance for bullying
- Flexible work hours, ability to work from home
- Team building
- Training opportunities
- Competency employees and leadership
- Safe and nice work space
- Classifications and compensation match skill
- Merit and longevity raises
- Fair, transparent, two way performance review
- Accountability of management
- Appropriate use of talent, people in right positions
- Accepting of diversity, celebrating culture
- People connect to public health work
- Mobility, opportunity to grow, advance
- Sustainable workforce, retention and succession planning

Workforce: Recommendations

- Address space needs, consider flex schedules, work from home
- Address compensation, incentives, stipends
- Foster health, wellness focus, Wellness Plan
- Tackle HR issues, conduct exit interviews, hiring delays
- Attention to workloads, realistic evaluation of staffing needs and ability to gauge fair and distributed workloads
- Empower staff and managers to make decisions
- Create standard DPH new employee orientation
- Allow for inter-office transfers to support talent fit, mobility
- Establish methods to capture institutional knowledge, ensure sustainability, continuity of operations
- Culturally competent staff, guidance docs, training
- Prepare for retiring workforce
- Engage existing staff building on strengths, staff development, promote continuing education, support for career advancement

Commitments: Data Strategy

Strategic Plan 2013-2016 Recommendations:

- Leadership prioritize data; Ensure data is driving force behind DPH decisions
- Create data governance plan
- Develop centralized data query/warehouse system*
- Prioritize and facilitate formalized statute analysis for public health data; propose revisions and additions
- Take action to understand data needs of partners and stakeholders
- Strengthen workforce to meet changing data needs; improve capacity and structure of DPH to adapt; training, informatics, real time data, technology
- HIE plan/strategy, data inventory, data collection needs

Commitments: Equity

Strategic Plan 2013-2016 Recommendations:

- Implement demographic data standards
- Enforce consistent training for cultural intelligence, CLAS, assessment tools; engage a community of practice
- Create standardized language and approach for implementing CLAS in contracts/subgrants
- Create equity plan for SHIP and division wide equity framework
- Utilize evidence based practices to address equity
- Implement and measure health equity in all policies
- Create data warehouse to promote access to data

