

Connecticut Department of Public Health

Agency Strategic Plan Update: 2019-2023 Summary and Process



The Connecticut Department of Public Health

Agency Strategic Plan Update: 2019-2023

Summary and Process

Background and Introduction

This document serves as the formal description of the process and key decisions made by participants in developing the next iteration of the agency's strategic plan for the five-year period 2019-2023. As part of the Connecticut Department of Public Health's (DPH) ongoing strategic planning efforts, in June 2018 agency staff and external partners and stakeholders participated in a facilitated, half-day session to review and update the agency's strategic plan and strategic map based on progress made towards goals since the previous strategic plan was adopted in 2013. Participants reaffirmed the agency's vision, mission, and organizational values, conducted an environmental scan, and set priorities and direction for the agency for the next five years. In September 2018, DPH made final edits to the strategic map to take effect in 2019. An overview of the agency's strategic planning process, participants, methods used for review, and steps in the planning process are provided below.

The Strategic Map is the foundation for the formal agency Strategic Plan and facilitates implementation of agency strategic planning efforts. It is updated every other year as part of the agency's continuous strategic planning process to reflect emerging public health issues and changes in the operating environment. The Strategic Map Update in effect for 2019-2020 is depicted on page 4.

The strategic plan and subsequent updates to the map are also available on the agency internet and intranet as follows:

- Agency Strategic Plan 2019-2023
- Strategic Map 2019-2020
- Agency Strategic Plan 2019-2023: Summary and Process

DPH's Strategic Planning Process 2018

The strategic planning process for 2018 consisted of updating both the formal agency Strategic Plan for 2019-2023 and the Strategic Map for 2019-2020 which is the foundation for the Plan. In May, members of the DPH Public Health Strategic Team (PHST), senior staff, executive managers, and external partners completed a survey evaluating DPH's vision, mission, values, internal strengths and weaknesses, and external opportunities and challenges. Results from the survey were used to inform the discussion at the first strategic planning session in June. Participating external partners included local and tribal health directors, community partners, legislators, and representation from the governing entity (i.e. Office of Policy and Management). Prior to the first strategic planning session, participants received copies of the Implementation Worksheets that tracked the prioritized objectives from the year before and demonstrated the progress made on those priorities.

On June 27, 2018, 53 DPH staff and managers and 11 external partners, participated in the first of two half day strategic planning sessions facilitated by DPH's Performance Improvement Manager. After

expectations for the strategic plan update were established, participants reviewed the results of the survey and voted to maintain DPH's current vision, mission, and seven value statements for the next Strategic Plan. Participants were then led through an environmental scan of emerging issues at the national, local, and agency level, including the PHAB reaccreditation measures, Public Health 3.0, the CDC 6|18 initiative, "Health in All Policies" concept and principles, Community Health Improvement Plan priorities, and DPH's results of the 2017 Public Health Workforce Interests and Needs Survey prepared by the Association of State and Territorial Health Officials (ASTHO). In addition, a representative from the Office of Policy and Management provided the Governor's Office perspective on opportunities and challenges facing the state in the next few years. Participants then selected three attributes for each component of the Strengths, Weaknesses, Opportunities and Challenges (SWOC) analysis for inclusion and further discussion in the Strategic Plan update.

Next, the group turned its focus to the Strategic Map to review and update the central challenge, strategic priorities, and strategic objectives. The Central Challenge was revised and a draft statement was proposed to allow the conversation to move to setting strategic priorities. The Strategic Priorities also underwent revision, though the theme of each one was preserved. The Cross-Cutting Priorities were not addressed during this session. Once the strategic priorities were discussed and drafted, participants met in small groups and were assigned a Strategic Priority area to brainstorm, revise, and identify potential strategic objectives.

On August 22, 2018, the PHST and Senior Staff reconvened for another half-day session to complete the Strategic Map and prioritize objectives for 2019-2020. The group voted to affirm the Central Challenge, Strategic Priorities, and Cross Cutting Strategic Priorities. Then, based on the established Strategic Priorities, the group discussed each strategic objective, adjusted those that needed revision, and voted to establish each objective as part of the 2019-2020 Map. Using electronic polling software (i.e., Turning Point technology) each participant was given seven "yes" votes to apply to the objectives they thought should be prioritized. In selecting their priorities, participants were asked two guiding questions, 1) "What objectives are needed to support the strategic priorities?" 2) "What objectives could be reasonably expected to have progress in the next year? (i.e. are the necessary resources available?)".

Based on the outcome of the August meeting, a strategic map with tracks of work were proposed and discussed with the Commissioner's Office. On October 16, a final meeting was held with senior staff/PHST to verify the strategic priorities and objectives, agree on the tracks of work, identify leads, and develop implementation worksheets that contain strategies and performance measures. The strategic priorities, strategic objectives, and strategies are included in the formal agency strategic plan. Implementation and monitoring of progress will be conducted through the QI Council and periodic senior staff/PHST meetings.

Overview of Updates to the Strategic Map for 2019-2020

The Central Challenge or the focal point of the department's strategy and what the department must do to support its mission, vision and values, has been written to ensure that it is succinct and clear to staff, stakeholders, and partners. This is responsive to comments made by internal and external stakeholders about the complexity and ambiguity of the prior central challenge. The revision also reflects the key areas of interest to the stakeholders including moving Health Equity from a cross cutting priority to the central challenge. It was important to participants that this be part of a central focus, and that given the agency's progress in "creating a culture of health equity", moving to implementing strategies that ensure measurable progress toward health equity. The updated Strategic Map modifies the previous Central Challenge (Improve Population Health in Connecticut through Engagement, Innovation, Expertise, Leadership and Action) to:

Improve Health in Connecticut through Collaboration, Accountability and a Focus on Health Equity

The five strategic priorities were revised and updated from the 2017-2018 Strategic Priorities. The updated Strategic Priorities are:

- A – Strengthen Capacity to Improve Population Health**
- B – Provide Quality, Reliable, Secure Data and Information**
- C – Promote Health Equity by Reducing Health Disparities for SHIP & 6 | 18 Key Health Indicators**
- D – Recruit, Retain & Develop a Competent Public Health Workforce**
- E – Promote a Culture of Customer Service**

The Cross Cutting Priorities were reviewed and modified. The shift in focus to include emphasis on evaluation, partnerships and communication reflects feedback received from external stakeholders and agency interest in becoming more accountable (as articulated in the new Central Challenge). The updated Cross Cutting Priorities are:

- F – Use Performance Management and Quality Improvement to Improve Process and Outcomes**
- G – Strengthen and Expand Key Partnerships**
- H – Effectively Promote the Value and Contributions of Public Health to All Key Stakeholders**

The three Cross Cutting Priorities are depicted at the bottom of the Strategic Map indicating that they are foundational for all efforts to implement the Strategic Map, that they are embedded in actions to implement all other strategic priorities, and that no plans to implement the other strategic priorities will be considered complete unless they include an emphasis on performance management and quality improvement, partnerships, and promoting the value and contributions of public health.

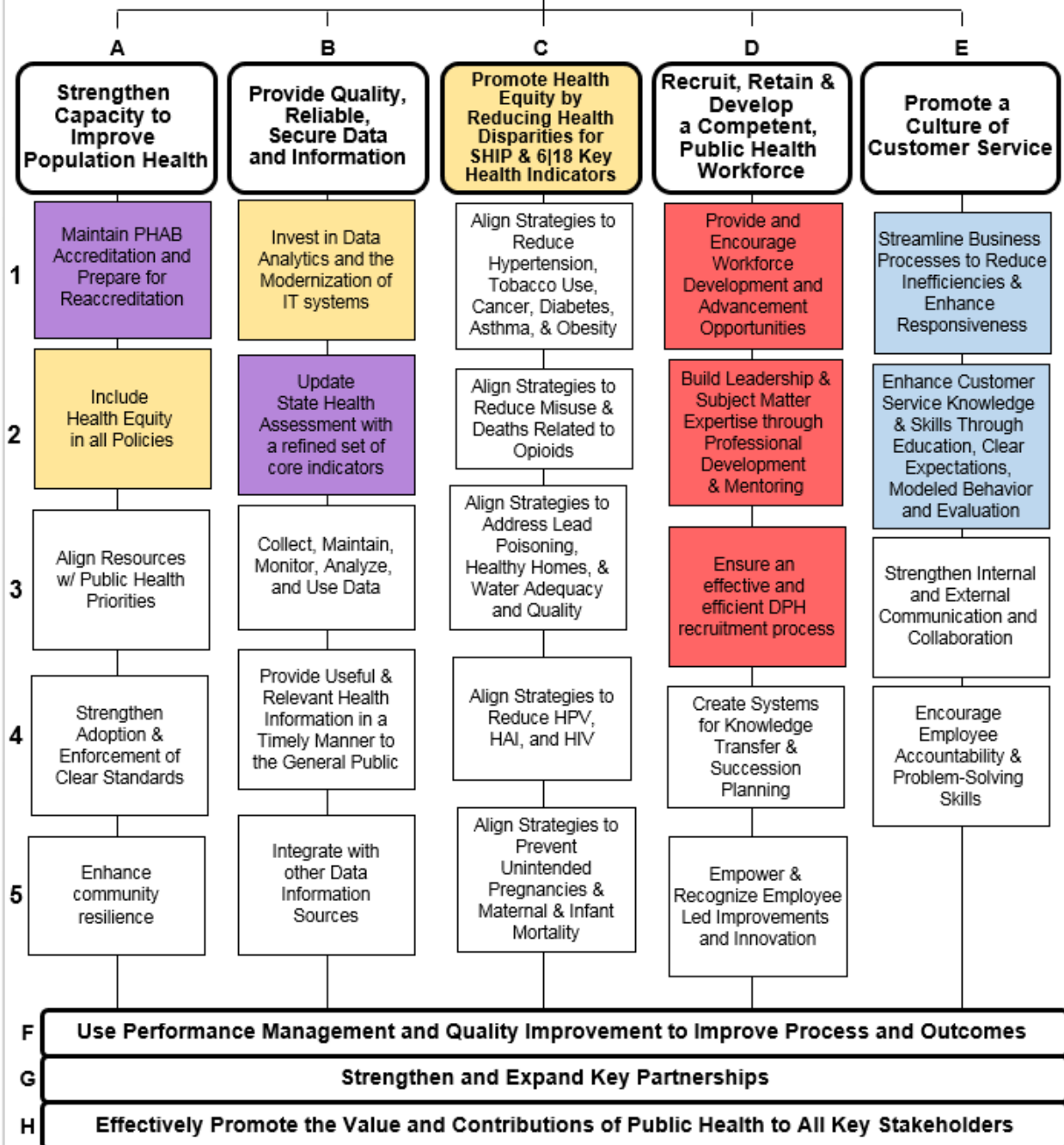
The Objectives depicted in boxes under each Strategic Priority describe the key actions that will be taken to carry out these strategies. The Objectives are listed in order of importance as assigned by the agency through the electronic polling process and additional discussion. Participants were judicious in selecting priority objectives in deliberate effort to be strategic in its focus rather than comprehensive.

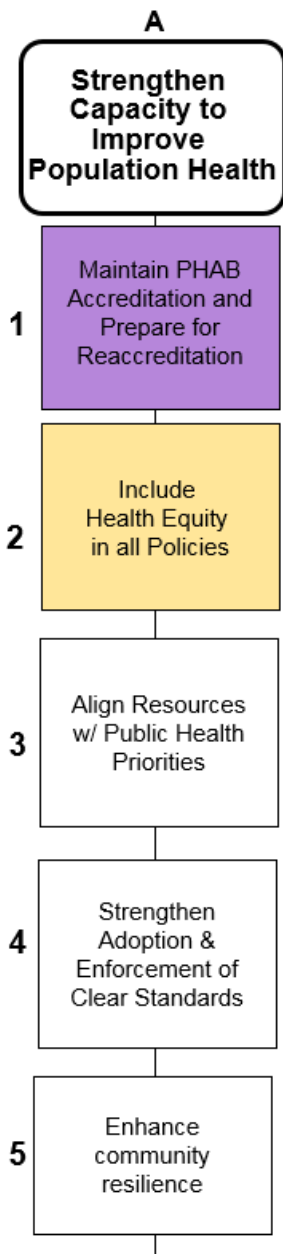
Objectives/boxes in color are those for which activity is anticipated in the two years. Boxes that are the same color are considered tracks of work that align with one another and will likely be addressed by the same group, committee or program. White Objectives/boxes represent areas of importance in support of the strategic priorities, but ones that will not receive additional emphasis in the current year and will not be tracked as a part of the implementation plan review process. It is important to note that Strategic Priority C (yellow box) is colored indicating that all strategic objectives that fall under this are priority for the next two years. Each Strategic Priority is briefly described in the following pages.

Connecticut Department of Public Health Strategic Map: 2019-2020

**Improve Health in Connecticut through
Collaboration, Accountability and a Focus on
Health Equity**

10/16/18





Strategic Priority A: Strengthen Capacity to Improve Population Health

This strategic priority highlights DPH’s work to enhance Connecticut’s capacity to improve population health outcomes through public health planning, policy development, and leveraging of resources. Major activities are completed each year in support of this strategic priority and objectives are added or modified based on progress made to date. The language was adapted from the previous Strategic Map by removing “approaches”.

A1: Maintain PHAB Accreditation and Prepare for Reaccreditation

After achieving accreditation in 2017, DPH continues to work towards ensuring the health department remains in conformity with the PHAB standards and measures. In addition to the Annual Reports submitted to PHAB attesting to DPH’s work in maintaining accreditation, DPH is preparing for Reaccreditation by addressing opportunities for improvement and continuously building its culture of quality improvement. This objective was maintained from the previous year.

A2: Include Health Equity in all Policies

This new objective was added to the Strategic Map in an effort to promote greater awareness of and strengthen DPH’s approach to “health in all policies” with a specific focus on advancing health equity in support of the Central Challenge.

A3: Align Resources with Public Health Priorities.

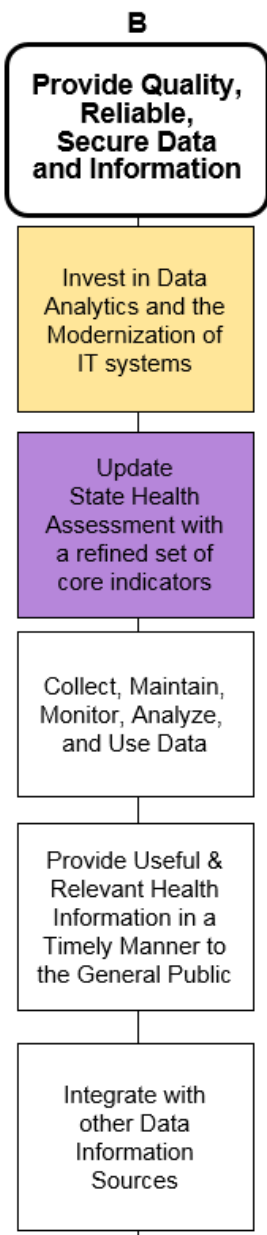
This objective is an adaptation of what was previously “Align Diversified Resources with Public Health Priorities”. The goal is to creatively share/align our existing and new resources to support DPH’s strategic priorities and objectives where possible.

A4: Strengthen Adoption and Enforcement of Clear Standards.

This is a revision of a previous objective. It supports the need to have strong legislative and regulatory authority that reflects current practice and evidence to protect health. It also supports work related to an opportunity for improvement cited in the 2016 PHAB Site Visit Report.

A5: Enhance Community Resilience

This is an addition to support capacity to improve population health. It is important to help build resilience in our communities so that they can resist, respond to, and recover from adversity and “bounce forward” to better socioeconomic and environmental conditions. It also reflects critical work that is conducted with our local and state partners related to public health emergency preparedness and response.



Strategic Priority B: Provide Quality, Reliable, Secure Data & Information

This strategic priority was revised to focus on DPH’s capacity to provide staff, partners and stakeholders with quality and reliable data and information to inform decision-making around the development and management of public health programs. Participants specifically added “secure” to reflect the need to protect personal health information that may be shared or transmitted electronically for purposes of health improvement. A previous objective under this strategic priority, “Refine a Core Set of Indicators to Track Population Health Improvement” was combined with the State Health Assessment update objective under Strategic Priority A because the two objectives are interdependent.

B1: Invest in Data Analytics and the Modernization of IT Systems

This new objective highlights the importance of updating and modernizing DPH’s IT and data systems to ensure the agency maintains and improves its capacity to provide quality, reliable, and secure data and information, as well as enhancing our capacity to analyze and utilize greater amounts of electronic data for health improvement and better health outcomes. This may include for example, moving from paper to electronic processes, enhancing capacity to support transport and storage of more novel data sources and health outcomes data through electronic health records, system interoperability to support field work, and electronic data collection for surveys and vital records registration.

B2: Update State Health Assessment with a refined set of core indicators

The State Health Assessment (SHA) is due to be updated in 2019 and work is currently underway agency-wide to develop a refined set of core indicators to inform the new assessment. This objective is new this year.

B3: Collect, Maintain, Monitor, Analyze, and Use Data.

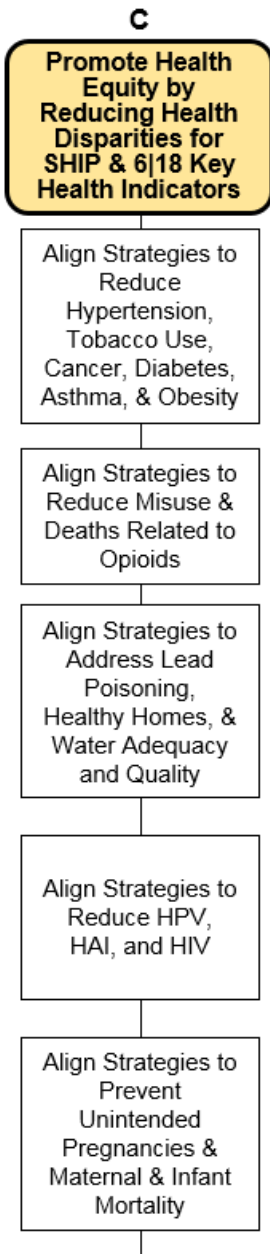
This objective was adjusted from the previous map to emphasize the importance of gathering and utilizing data for public health programming. “Collect” and “Use” were added to clearly define the role of DPH as a central repository of quality data and support data driven decision making.

B4: Provide Useful & Relevant Health Information in a Timely Manner to the General Public

This objective was added to ensure that the data maintained by DPH is promptly shared with the relevant populations, communities, and partners who need the information to better understand an issue and drive decision-making.

B5: Integrate with other Data Information Sources

This objective was maintained from the previous Strategic Map in order to support intra-department collaboration and data-sharing, and address potential data gaps related to social determinants of health and prevention activity.



Strategic Priority C: Promote Health Equity by Reducing Health Disparities for SHIP & 6|18 Key Health Indicators

The theme of Strategic Priority C has essentially been maintained from the previous Strategic Map, with the addition of “Promote Health Equity” in support of the Central Challenge, and to articulate a distinction between health equity and health disparities. This strategic priority establishes a linkage between the State Health Improvement Plan (SHIP) and the Strategic Plan, and reflects agency priorities from the SHIP and the CDC’s 6|18 initiative. The objectives in support of this priority are largely unchanged, and reflect ongoing SHIP activity and DPH program efforts to address health disparities and/or at-risk populations.

C1: Align Strategies to Reduce Hypertension, Tobacco Use, Cancer, Diabetes, Asthma, & Obesity

This objective was maintained and slightly revised to include “Cancer” as a reflection of the ongoing work at the state and national level to reduce cancer rates and associated health disparities. Programs addressing hypertension, tobacco use, cancer, diabetes, asthma, and obesity are aligning work with the 2019 SHIP Chronic Disease Action Agenda and CDC 6|18 initiatives related to diabetes, asthma, tobacco use, and high blood pressure.

C2: Align Strategies to Reduce Misuse and Deaths Related to Opioids

This objective was maintained from the previous Strategic Map. DPH programs working to reduce misuse and deaths related to opioids are aligning their strategies with the 2019 Mental Health, Alcohol, and Substance Abuse SHIP Action Agenda.

C3: Align Strategies to Address Lead Poisoning, Healthy Homes, and Water Adequacy and Quality

This objective was maintained from the previous Strategic Map and focuses on the alignment work between DPH Environmental Health programs and the strategies on the 2019 Environmental Health SHIP Action Agenda. Quality housing and drinking water are important as a social determinant of health.

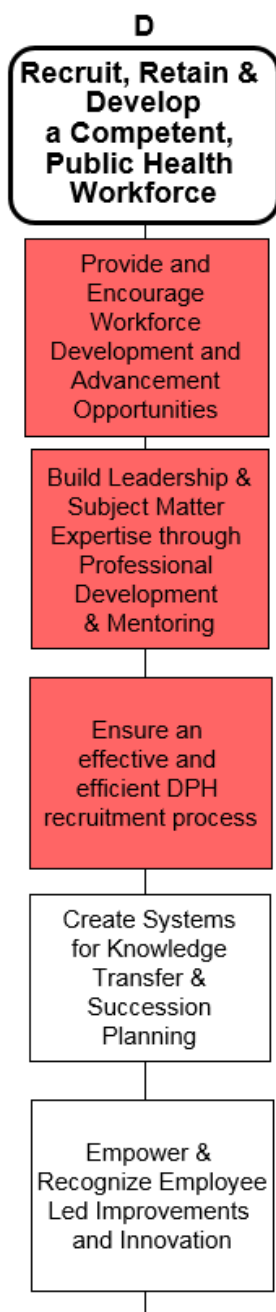
C4: Align Strategies to Reduce HPV, HAI, and HIV

This objective was maintained from the previous Strategic Map and aligns DPH program work with the 2019 Infectious Disease SHIP Action Agenda and the CDC 6|18 initiative for preventing healthcare-associated infections.

C5: Align Strategies to Prevent Unintended Pregnancies & Maternal & Infant Mortality

This objective was adjusted from the previous map to also include maternal and infant mortality because current data is indicating that there are significant health disparities in Connecticut related to these mortality rates. DPH programs are aligning strategies with the 2019 Maternal, Infant and Child Health SHIP Action Agenda and CDC 6|18 initiative for preventing unintended pregnancies.

Strategic Priority D – Recruit, Retain & Develop a Competent, Public Health Workforce



This strategic priority recognizes that our workforce is our greatest asset and that recruitment, training, empowerment, mentoring, and professional development opportunities are vital to the agency’s success in being a high performing organization capable of achieving our mission. The language was modified from the previous Strategic Map to underscore the importance of improving DPH’s recruitment and retention system to ensure adequate resources in a changing environment.

D1: Provide and Encourage Workforce Development and Advancement Opportunities

This maintained objective is intended to continue to improve development and advancement, and stimulate participation in workforce development and advancement opportunities already offered at the department. In addition, DPH’s Workforce Development Committee is addressing this objective through implementation of the agency’s Workforce Development Plan.

D2: Build Leadership & Subject Matter Expertise through Professional Development & Mentoring

This objective combines a previous objective under Strategic Priority D, “Build Leadership Competencies for All Workers”, with the “Build Depth and Breadth of Subject Matter Expertise” objective from Strategic Priority A. Implementation of this objective is an important component to fostering and maintaining a competent public health workforce and is being addressed in the agency’s Workforce Development Plan.

D3: Ensure an Effective and Efficient Recruitment Process

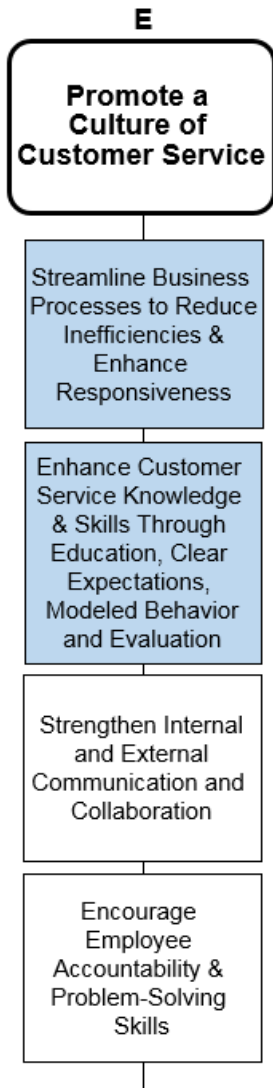
DPH recognizes that the recruitment process can be a barrier to hiring the best candidate in an efficient and timely manner. This is a new objective intended to build off quality improvement work that began in June 2017 to streamline the hiring process.

D4: Create Systems for Knowledge Transfer & Succession Planning

Internal surveys and current workforce trends suggest DPH could lose many staff members to retirement. In response, this combines two previous objectives to focus activities on developing a system for preserving institutional memory and integrating succession planning into agency processes.

D5: Empower & Recognize Employee-Led Improvement and Innovation

This new objective encourages program supervisors and managers to support employee-led initiatives in quality improvement and innovation. Empowering staff to take calculated risks, explore solutions, and problem-solve not only builds the agency’s capacity, it also improves staff morale leading to the retention of a competent public health workforce.



Strategic Priority E – Promote a Culture of Customer Service

This strategic priority reflects the importance of meeting our customer’s (internal and external) expectations and responding to their needs. The DPH Customer Service Subcommittee defines “Customer” as any individual or group that receives a service, information, or funding from any DPH staff member and/or program.

E1: Streamline Business Processes to Reduce Inefficiencies & Enhance Responsiveness

This objective was previously “establish effective, efficient processes” and revised to focus DPH efforts to improve organizational processes. The goal of this objective is to identify and address opportunities to improve service delivery.

E2: Enhance Customer Service Knowledge & Skills through Education, Clear Expectations, Modeled Behavior and Evaluation

This objective was added to the map to ensure that staff are provided with the tools and resources necessary to deliver quality service consistently. The Customer Service Subcommittee of the Quality Improvement Council is developing standards of service and guidance for the collection, analysis, and reporting of customer service feedback.

E3: Strengthen Internal and External Communication and Collaboration

This objective was maintained. The intent is to continue implementation and evaluation of the internal communication protocol, cross program communication and collaboration, and development and implementation of customer service policies (internal/external).

E4: Encourage Employee Accountability & Problem-Solving Skills

This objective was added at the recommendation of external partners, and supported by DPH staff, to empower agency employees to actively seek resolutions to issues advanced by internal and external customers.

Cross Cutting Strategic Priority F

F **Use Performance Management and Quality Improvement to Improve Process and Outcomes**

After a discussion, this Cross Cutting Strategic Priority was modified to build off steps taken to advance the previous strategic priority, “Fostering a Culture of Quality Improvement and Performance Management”. The Strategic Planning group agreed that this priority needed to reflect evaluation and continuous improvement as it related to business processes and health outcomes.

An agency’s performance management system is essential for effective data-driven decision making and programming so that the department can measure, monitor, report on, and continuously improve performance. Awareness of, and intent to utilize appears to be in place throughout the agency, This priority is written to support the explicit use of the performance management system to drive program development and process improvement consistently across the agency.

Cross Cutting Strategic Priority G

G **Strengthen and Expand Key Partnerships**

The previous Priority G: Champion a Culture of Health Equity was incorporated into Strategic Priority C and into the Central Challenge. This new Cross Cutting Strategic Priority was adapted from an objective previously under Strategic Priority A and the Strategic Planning group voted to add it as a cross cutting priority focused on improving internal and external partnerships, since success in achieving all of the strategic priorities are dependent upon strong partnerships.

Building strategic partnerships takes place throughout the agency on an ongoing basis. Many collaborative planning efforts are ongoing in areas such as chronic disease, maternal and child health, environmental health to name a few. In addition, DPH leadership continues to facilitate key relationships with other state agencies and community partners to improve data sharing and collaboration on identifying and addressing emerging issues, and to enhance performance of the agency.

Cross Cutting Strategic Priority H

H **Effectively Promote the Value and Contributions of Public Health to All Key Stakeholders**

The focus and theme of this Cross Cutting Strategic Priority remained the same as the previous Cross Cutting Priority H, recognizing that stakeholder understanding of the value of DPH, its programs, and public health in general is needed to successfully improve the health of our community.

This cross cutting strategic priority aims to improve communication with the public, partners, sister agencies, and DPH’s governing entity. Example activities could include orienting the governing entity to the health department’s mission, roles, and responsibilities, goals and objectives, authorities and quality improvement efforts, educating policy-makers on public health’s role in reducing health disparities, investments in prevention that save lives and resources, or communicating to stakeholders the value of public health and its continuing contributions to keeping communities healthy and safe.

Appendix A: 2018 Strategic Planning Update Participants

Senior Staff/Managers

Yvonne Addo <i>Commissioner's Office</i>	Maura Downes <i>Communications</i>
Chukwuma Amechi <i>Fiscal Office</i>	Abdi Elmi <i>Fiscal Services</i>
Chris Andresen <i>Practitioner Licensing & Investigation</i>	Linda Ferraro <i>Drinking Water</i>
Amanda Anduaga-Roberson <i>Affirmative Action</i>	Elizabeth Frugale <i>Vital Records</i>
Matt Antonetti <i>Legal Compliance</i>	Ewa Heppner <i>Human Resources</i>
Dan Aubin <i>Government Relations</i>	Vanessa Hinton <i>Information Technology</i>
Diane Aye <i>Health Statistics and Surveillance</i>	Kim Hriceniak <i>Facility Licensing & Investigation</i>
Steven Beaupre <i>Human Resources</i>	Susan Isch <i>State Public Health Laboratory</i>
Rosa Biaggi <i>Community, Family Health & Prevention</i>	Heidi Jenkins <i>TB, HIV, STD, & Viral Hepatitis</i>
Suzanne Blancaflor <i>Environmental Health</i>	Mark Keenan <i>Community, Family Health & Prevention</i>
Ellen Blaschinski <i>Operational Support Services</i>	Jill Kennedy <i>Government Relations</i>
Janet Brancifort <i>Commissioner's Office</i>	Kathy Kudish <i>Immunizations</i>
Michael Carey <i>Human Resources</i>	Susan Logan <i>Injury Prevention</i>
Stephen Carragher <i>Practitioner Licensing & Investigation</i>	Adrienne Manning <i>State Public Health Laboratory</i>
Matt Cartter <i>Infectious Disease</i>	Lori Mathieu <i>Drinking Water</i>
Anthony Casagrande <i>Legal Compliance</i>	Stephen McConaughy <i>Information Technology</i>
Barbara Cass <i>Health Care Quality & Safety</i>	Amy Mirizzi <i>Injury Prevention</i>
Marjorie Chambers <i>Woman, Infants & Children</i>	Susan Morin <i>State Public Health Laboratory</i>
Raffaella Coler <i>Emergency Medical Services</i>	Anthony Muyombwe <i>State Public Health Laboratory</i>
Jeffrey Curran <i>State Public Health Laboratory</i>	Donna Ortelte <i>Facility Licensing & Investigation</i>
Stephen Dahlem <i>Environmental Health</i>	Justin Peng <i>Community, Family Health & Prevention</i>
Mehul Dalal <i>Chronic Disease</i>	Cathryn Phillips <i>Tumor Registry</i>

Senior Staff/Managers (continued)

Raul Pino <i>Commissioner's Office</i>	Lynne Tinyszin <i>Contracts & Grants Management</i>
Francesca Provenzano <i>Preparedness and Local Health</i>	Brian Toal <i>Environmental Health</i>
Terry Rabatsky-Ehr <i>Infectious Disease</i>	Orlando Velazco <i>Health Equity</i>
Jafar Razeq <i>State Public Health Laboratory</i>	Krista Veneziano <i>Environmental Health</i>
Robert Scully <i>Environmental Health</i>	Laurie Ann Wagner <i>Public Health Systems Improvement</i>
Lynn Sosa <i>Infectious Disease</i>	Bruce Wallen <i>Contracts & Grants Management</i>
Kristin Sullivan <i>Public Health Systems Improvement</i>	Brie Wolf <i>Government Relations</i>
Ryan Tetreault <i>Environmental Health</i>	

Public Health Strategic Team (PHST)

Chantelle Archer <i>Public Health Systems Improvement</i>	Etienne Holder <i>Public Health Systems Improvement</i>
Marianne Buchelli <i>TB, HIV, STD, & Viral Hepatitis</i>	Monica Jensen <i>Community, Family Health and Prevention</i>
Stewart Chute <i>Environmental Health</i>	Stephanie Poulin <i>Community, Family Health & Prevention</i>
Randy Domina <i>Public Health Systems Improvement</i>	Katie Shuttleworth <i>Community, Family Health and Prevention</i>
Sandra Gill <i>Public Health Systems Improvement</i>	Ahmadali Tabatabai <i>Drinking Water Section</i>
Christine Hahn <i>Environmental Health</i>	Melissa Touma <i>Public Health Systems Improvement</i>

External Partners

Elizabeth Beaudin <i>Connecticut Hospital Association</i>	Mollie Melbourne <i>Community Health Center Association of CT</i>
Representative Whit Betts <i>Public Health Committee, Ranking Member</i>	Kelly Sinko <i>CT Office of Policy and Management</i>
Maritza Bond <i>Bridgeport Health Department</i>	Scott Sjoquist <i>Mohegan Tribe Health Department</i>
Representative Mike Demicco <i>Public Health Committee, Member</i>	Senator Heather Somers <i>Public Health Committee, Co-Chair</i>
Senator Terry Gerratana <i>Public Health Committee, Co-Chair</i>	Morgan Spencer <i>Connecticut Public Health Association</i>
Byron Kennedy <i>CT Association of Directors of Health</i>	Sue Starkey <i>Northeast District Department of Health</i>
Sharon LaFargue <i>CT Department of Social Services</i>	Representative Jonathan Steinberg <i>Public Health Committee, Co-Chair</i>
Kim Martone <i>CT Office of Health Strategy</i>	Kathi Traugh <i>New England Public Health Training Center</i>