

Connecticut Department of Public Health

Strategic Map Update 2015-2018

Addendum 1 to Agency Strategic Plan 2013-2018



The Connecticut Department of Public Health
Strategic Map Update
2015-2018
January 1, 2015 – December 31, 2018

The Connecticut Department of Public Health developed its first Strategic Map in 2011. This first Map was finalized on April 11, 2012 (see Appendix A) and was in effect from 2011-2014.

Subsequently in February, 2013 and as part of an update to this original strategic planning effort, a formal agency Strategic Plan 2013-2018 was published that reaffirmed the vision and mission, identified organizational values for the agency, and built consensus around priorities with an additional focus on worksite wellness and the importance of partnerships.

In October 2014, DPH updated the original strategic map in effect through 2014. The Strategic Map is the foundation for the formal agency Strategic Plan and implementation of agency strategic planning efforts. This updated map will become Addendum 1 to the Agency Strategic Plan 2013-2018. The Strategic Plan, including mission, vision, and values, will be formally revisited and updated in 2018.

An overview of DPH's continuous strategic planning process from 2011-2014 is provided in Appendix B on page 16, including number of meetings, duration of the planning process, participants, methods used for review, and steps in the planning process.

The Strategic Map Update in effect for 2015-2018 is depicted on page 3. DPH will revisit the map annually and may update each year or report on progress annually as appropriate. A high level summary of revisions and updates to the map is included on page 2 with additional detail on the pages that follow, organized by Strategic Priority.

Overview of Updates to the Strategic Map

The updated Strategic Map modifies the original Central Challenge (Improve Health Outcomes for All in Connecticut through Leadership, Expertise and Focus) to:

Improve Population Health in Connecticut through Leadership, Expertise, Partnerships and Focus

Population Health replaces Health Outcomes to differentiate between health care and public health (emphasis on population health, rather than individual health outcomes), and *Partnership* is added because collaboration is key to all DPH activities.

The Strategic Priorities remained the same except for Strategic Priority A (Ensure Programmatic Excellence) that was changed to better reflect and support the new Central Challenge and frame the related objectives. Strategic Priority D was also slightly modified to add focus to worksite wellness and its importance to the agency's workforce. The Strategic Priorities are:

- A – Strengthen Approaches and Capacity to Improve Population Health**
- B – Promote the Value and Contributions of Public Health**
- C – Build Strategic Partnerships to Improve the Public Health System**
- D – Foster and Maintain a Competent, Healthy, Empowered Workforce**
- E – Build a Sustainable, Customer-Oriented Organization**

Cross Cutting Priorities were confirmed and a new cross cutting objective was added (Secure Sustainable, Diversified Funding). This was moved from an objective in E-1 to a crosscutting strategic priority because it is a need that cuts across all priorities and objectives. The Cross Cutting Priorities are as follows:

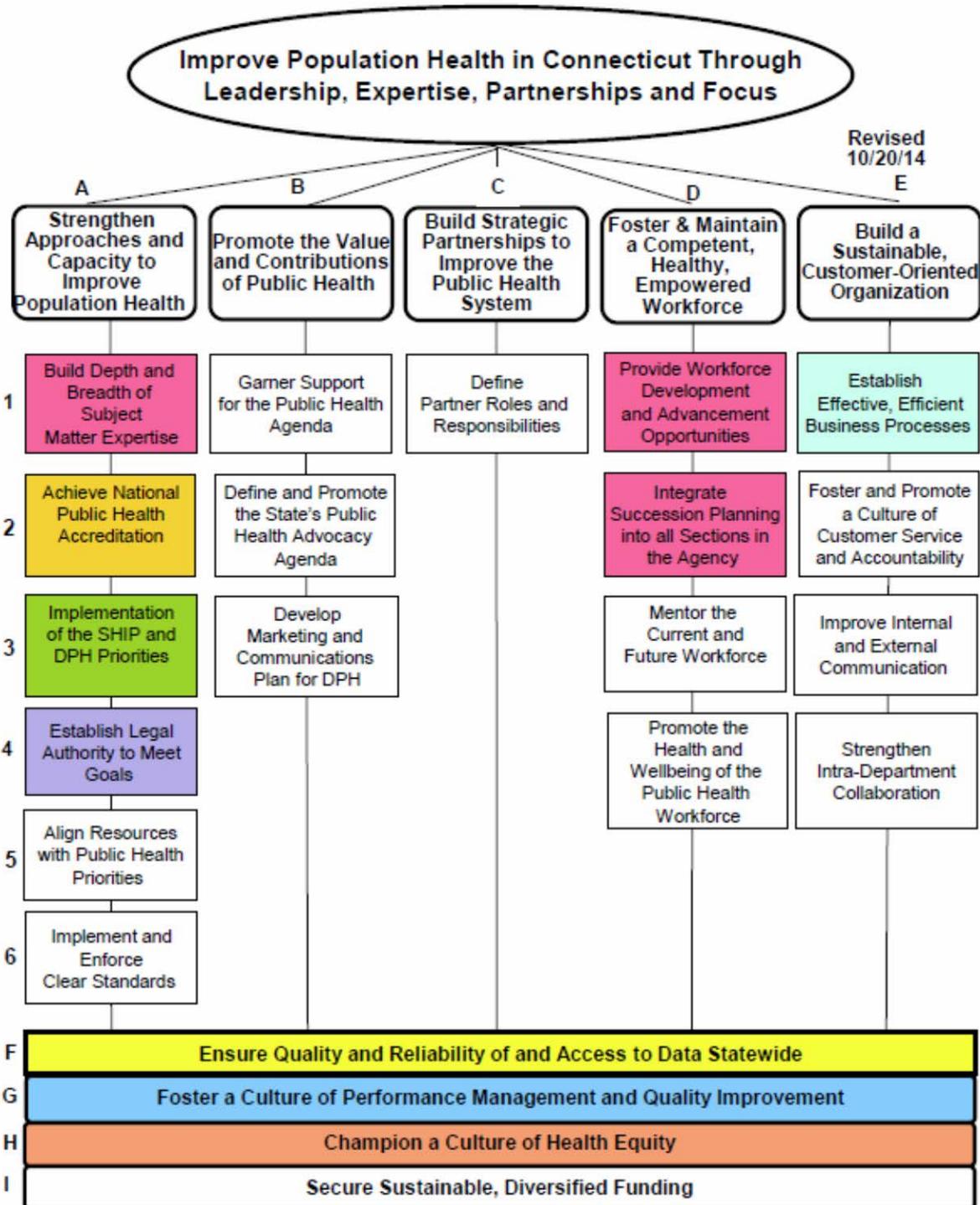
- F – Ensure Quality and Reliability of and Access to Data Statewide**
- G – Foster a Culture of Performance Management & Quality Improvement**
- H – Champion a Culture of Health Equity**
- I – Secure Sustainable, Diversified Funding**

The four 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 health equity, and consideration and ongoing work to ensure funding, as well as quality, reliability, and access to data in order to make data-driven decisions.

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 a voting process and additional discussion. It should be noted that the Public Health Strategic Team was 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 current year. White Objectives/boxes represent areas of importance but ones that will not receive additional emphasis in the current year via the establishment of a committee or new initiatives. Objectives for the Cross Cutting Priorities will be identified by work groups or programs as assigned. Each Strategic Priority is briefly described in the following pages.

**Connecticut Department of Public Health
Strategic Map: 2015-2018**



A
Strengthen Approaches and Capacity to Improve Population Health

Strategic Priority A: Strengthen Approaches and Capacity to Improve Population Health

This strategic priority was changed from “Ensure Programmatic Excellence”. The change to “Strengthen Approaches and Capacity to Improve Health” was made because it better supports the central challenge, and because completion of major activities that support programmatic excellence were completed.

1
Build Depth and Breadth of Subject Matter Expertise

Omitted Objectives: The following objectives were omitted from the map because they were completed in SFY 2014.

Conduct a statewide health assessment (was A1)

Develop a statewide health improvement plan (was A2)

2
Achieve National Public Health Accreditation

Maintained Objectives

A4: Establish Legal Authority to Meet Goals. This was set as Priority Objective. This objective is carried out by various programs in the agency, not one committee. These programs such as Government Relations, Legal, and others, will be asked to report activity to the Public Health Strategic Team (PHST) in order to determine a work plan and monitor progress.

3
Implementation of the SHIP and DPH Priorities

A5: Align Resources with Public Health Priorities

A6: Implement and Enforce Clear Standards

4
Establish Legal Authority to Meet Goals

New Objectives:

A2: Achieve national public health accreditation. This was set as a Priority Objective. This work will be led by Public Health Systems Improvement working with teams assigned to each of the 12 Domains.

5
Align Resources with Public Health Priorities

A3: Implement the State Health Improvement Plan. This was set as a Priority Objective to provide a formal link to health improvement and subsequently added “and DPH Priorities” to reflect alignment of DPH priorities for the SHIP with our agency’s strategic priorities. This work will be led by Public Health Systems Improvement.

6
Implement and Enforce Clear Standards

Adapted Objectives:

A-1: Changed from “Build subject matter expertise” to “Build depth and breadth of subject matter expertise.” Depth and breadth were added to acknowledge that we already have extensive subject matter expertise in all program areas but would benefit from having more than one expert in any given area. This was set as a priority objective and color coded to align with tracks of work relative to the strategic priority D focusing on a competent, healthy and empowered workforce . This work will be carried out by the existing Workforce Development Plan Committee created to develop the agency’s Workforce Development Plan. The committee meets monthly and is an extension of the original Workforce Training Needs Assessment and Workforce Development and Advancement Committees established under the first strategic mapping process.

Other Adjustments: Two other objectives were originally included under Strategic Priority A but after discussion and voting were reassigned as follows:

Continually update the State Health Assessment. This objective was moved under cross-cutting priority *Ensure Quality and Reliability of and Access to Data Statewide* given similar subject matter and association.

Implement Health in All Policies. This objective was removed due to no votes and will be considered during next update.

This Strategic Priority contains four tracks of work as indicated by the different color coding. A work plan will be developed for each track of work either by an existing committee or through reporting to the PHST as identified above.

B

Promote the Value and Contributions of Public Health

Garner Support for the Public Health Agenda

Define and Promote the State's Public Health Advocacy Agenda

Develop Marketing and Communications Plan for DPH

Strategic Priority B: Promote the Value and Contributions of Public Health

This strategic priority recognizes that public understanding of public health and dedicated state resources to promote population health is critical health improvement, and that efforts to increase understanding and value of DPH, its programs, and public health in general is needed to successfully improve the health of our residents. Initial focus of the strategic mapping workgroup included messaging, media outreach and visibility. Accomplishments include, public health forums, initiation of the Lead Public Health Initiative, (creating demand for public health through education, outreach and dialogue, and opportunity to create a vision for an equitable and robust public health system in Connecticut); increased social media presence (Facebook, twitter, videos, e-polling, media site and google hangouts), and other communication enhancements such as launch of the agency intranet page, a communications guidance document, and assignment of a dedicated webmaster.

Maintained Objectives

B1: Garner support for the public health agenda

B2: Define and promote the state's public health advocacy agenda

New Objective:

B3: Develop marketing and communications plan for DPH. This would help to promote consistent messaging developed and disseminated.

Other Adjustments

- *Demonstrate impact and return on investment (was B4).* This Objective did not receive any votes and was removed.
- *Promote DPH Leadership as the Voice for Public Health (was B2)* was changed to Promote DPH as the Voice for Public Health. Leadership was removed because all staff can be leaders and all staff members speak for public health. This Objective did not receive any votes and was removed.

C

Build Strategic Partnerships to Improve the Public Health System

Define Partner Roles and Responsibilities

Strategic Priority C: Build Strategic Partnerships to Improve the Public Health System

This strategic priority recognizes that our partners are central to our work and improving population health, and the term “Partnerships” was included in the central challenge. Much work has been done to identify and build strategic partnerships. Accomplishments include development of a comprehensive listing of agency public health partners used to build a statewide coalition for health improvement planning, partnerships for health equity, and outreach to state agencies and other organizations that play key roles in health promotion and prevention.

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, and new partnerships and outreach efforts such as Lead Public Health, are ongoing. Although there is no centralized coordination for listing our partnerships, it was acknowledged that building new and diverse partnerships will continue through various planning and implementation activities that will also help define roles and responsibilities. For this reason and resource constraints, there will not be a new track of work devoted to this however, this strategic priority will be reviewed next year in context of evolving needs to improve population health and agency resources.

Maintained Objectives

C3: Define partner roles and responsibilities. This is work is ongoing as the agency continues work in improving population health.

Other Adjustments

- *Identify key partners (was C1).* This Objective did not receive any votes and was later removed. Many participants also felt key partners have largely been identified over the past couple of years through planning and other initiatives undertaken by the agency.
- *Establish and implement goals and objectives (was C2).* This Objective did not receive any votes and was removed.

D
**Foster & Maintain
 a Competent,
 Healthy,
 Empowered
 Workforce**

**Provide Workforce
 Development
 and Advancement
 Opportunities**

**Integrate
 Succession Planning
 into all Sections in
 the Agency**

**Mentor the
 Current and
 Future Workforce**

**Promote the
 Health and
 Wellbeing of the
 Public Health
 Workforce**

Strategic Priority D – Foster and Maintain a Competent, Healthy, Empowered Workforce

This strategic priority recognizes that our workforce is our greatest asset and that training, empowerment, and worksite wellness opportunities are key to the agency’s success in being a high performing organization capable of achieving our mission and this central challenge. The term “Healthy” was added to this strategic priority to reflect the importance of providing a safe and healthy work environment.

Omitted Objectives: The following objectives were omitted from the map because they were completed in SFY 2014 unless otherwise specified.

- Conduct a workforce needs assessment (was D1)
- Establish and implement leadership training (was D5)
- Encourage creativity and decision-making (was D6). This was removed because many participants felt it was a value, not an objective. Valuing new ideas, empowered decision making, and learning from mistakes was noted as critical in culture and organizational change.

New Objective:

D4: Promote the health and well-being of the public health workforce. A healthy workforce is essential to carrying out the agency’s mission and it is expected that work will continue by the DPH Wellness, Health and Safety Committees in this area. Several accomplishments include Walking Wednesdays, heart healthy snacks in vending machines, email tips, cafeteria banners and tent cards, tobacco cessation awareness, Weight Watchers awareness, Quiet Room, Tai Chi, Mediation, race awareness, bike to work, Resolved 100% of OSHA citations, cleanup and building improvements.

Maintained Objectives

D1: Provide workforce development and advancement opportunities. This was set as a priority objective and color coded with other workforce development tracks of work. This work will be carried out by the Workforce Development Committee through the creation of the agency workforce development plan with goals and objectives, and training and curricula schedule.

D3: Mentor the Current and Future Workforce

Adapted Objectives:

D2: This objective was changed from “Develop a Succession Plan” to “Integrate succession planning into all sections in the agency.” This reflects the need for agency-wide succession planning, instead of a single succession plan, to ensure continuity and preclude loss of institutional knowledge in all program areas as our workforce ages and key staff retires. This objective is set as a priority objective and color coded with other workforce development tracks of work. This work will be carried out by the Workforce Development Committee.

D5: Changed from “Establish and Implement Leadership Training” to “Promote and monitor effectiveness of leadership training.” Leadership training was established and implemented, so this is the follow-up objective. Later removed for no votes and because it is currently done by Public Health Systems Improvement as part of regular program implementation and evaluation.

E

Strategic Priority E – Build a Sustainable, Customer-Oriented Organization

Build a Sustainable, Customer-Oriented Organization

This strategic priority reflects the importance of meeting our customer’s (internal and external) expectations and responding to their needs. The initial workgroup discussed internal collaboration, stewardship and sharing vs. ownership. An internal customer service survey was conducted and the results shared with the agency.

Establish Effective, Efficient Business Processes

Omitted Objectives:

Improve Data and Information Sharing, Access and Tools (was E4). This was identified as a critical objective and that it would be best addressed as part of *Cross-Cutting Strategic Priority F: Ensure Reliability of and Access to Data Statewide*.

Foster and Promote a Culture of Customer Service and Accountability

Maintained Objectives

Improve Internal and External Communication

E1: Establish Effective, Efficient Business Processes was set as a priority Objective and a track of work. Primary coordination resides with the Administration Branch that will provide discussion of work plan and updates at PHST meetings.

E2: Foster and Promote a Culture of Customer Service and Accountability. Work included results of a customer service survey and identification of customer satisfaction systems around the country and recognizing good work through rewards and incentives.

Strengthen Intra-Department Collaboration

E3: Improve Internal and External Communication.

E4: Strengthen Intra-Department Collaboration

E3 and E4 above are being addressed by: regular Town Hall meetings, cross cutting teams, intranet, and volunteer opportunities outside usual staff duties to name a few, has increased internal agency initiatives and activities. Proactive communications such as press releases and public forums have enhanced external communication.

Adapted Objectives:

Secure sustainable, diversified funding (was E1). This Objective was moved to become *Cross Cutting Strategic Priority I* because sustainable funding sources are needed to support all strategic priorities and goals.

Cross Cutting Strategic Priority F

Ensure Quality and Reliability of and Access to Data Statewide

This cross cutting priority was adapted by adding the word “quality”.

Accomplishments from this group included confidentiality training for data users, a data inventory, and establishment of a computer room including investment in software. The dedicated room is being reassessed given the reported lack of use, and need for office or conferencing space. Additionally, some progress has been made on making data (e.g., CHIME, Medicaid) searchable and more available using a data portal.

A data quality committee meets regularly to discuss data quality issues. This work will be discussed with the Public Health Strategic Team to help identify and resolve data access issues and the need to continuously update and refine the state health assessment and state health improvement plan (particularly indicators, targets and specific data analyses). Other items to address in this area include ways for data epidemiologists and program personnel to connect and work with each other to identify and refine important indicators, and describe data trends and implications. This is important for continued implementation of the Healthy Connecticut 2020 Performance Dashboard. The Dashboard displays how Connecticut is faring in meeting both population health and programmatic objectives.

Cross Cutting Strategic Priority G

Foster a Culture of Performance Management and Quality Improvement

This cross cutting priority was maintained. It is essential to have a performance management system in place so that the agency can measure, monitor, report on, and continuously improve performance. The committee made important progress in this area by helping to develop and put in place a quality framework that includes: a QI Council that meets monthly; completion of a performance management assessment used to inform development of leadership training and quality culture; a Quality Plan that identifies a performance management framework for the agency; training in QI tools and methods and LEAN, and the development and implementation of a Performance Dashboard.

The QI Committee convened by Public Health Systems Improvement will develop a work plan to further this work and report to the PHST on progress. The work plan will include update and refinement of the agency's QI Plan.

Cross Cutting Strategic Priority H

Champion a Culture of Health Equity

Health Equity is an important concept that is critical to improving population health. DPH has incorporated health equity as part of its Mission statement, its organizational values, and one of its goals in its strategic plan. The agency is working to operationalize health equity in its programs, partnerships and policies and health improvement efforts. A cross cutting workgroup identified key terms, established a data surveillance committee to adopt standards for race and ethnicity, developed a staff training toolkit, developed a partnership list and began promoting CLAS Standards to DPH staff (i.e., Culturally & Linguistically Appropriate Standards).

This year, the Office of Health Equity was officially created within DPH and will lead future efforts to champion a culture of health equity. The Office of Health Equity will be the lead on this effort and report work in this area to the PHST focusing on diverse partnerships and promotion of CLAS standards.

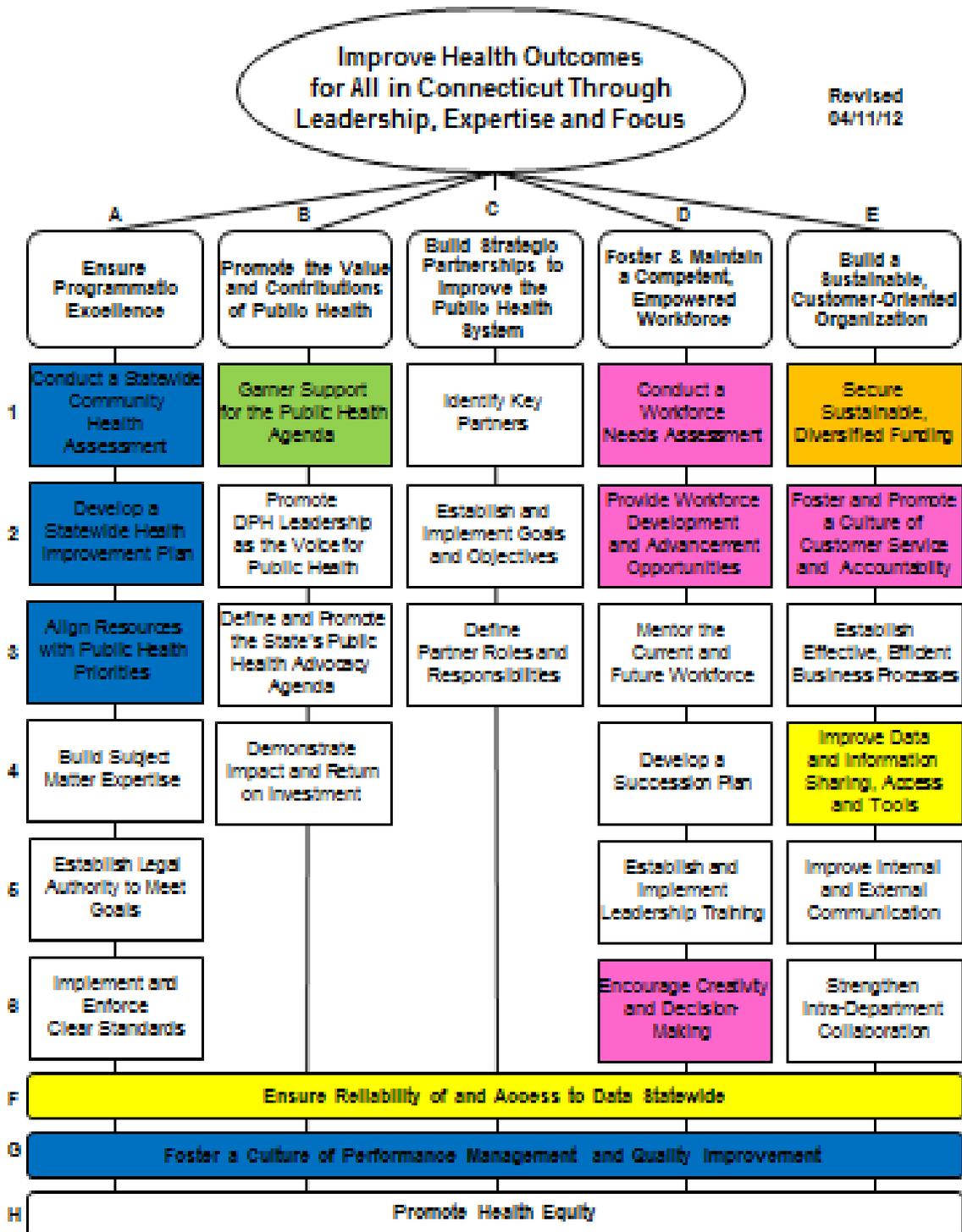
Cross Cutting Strategic Priority I

Secure Sustainable, Diversified Funding

This strategic objective was moved to a cross cutting priority given the importance to population health improvement activities, and also the uncertainty of federal and state funding levels. There are many avenues by which the agency seeks funding – through state appropriations, federal grants, philanthropies, and there are other innovative ways to sustain population health improvement activities such as key partnerships and promoting the value of public health. While agency leadership and programs all play roles and work on this in various ways, it was decided not to convene a special committee to specifically work on this given that 1) agency leadership and programs all play roles and work on this in various ways, and 2) the complexity is beyond the scope of programmatic areas and staff. This will be reassessed next year for feasibility of being able to reasonably address this through committee work.

Appendix A: Strategic Map Finalized 4/11/12

Connecticut Department of Public Health
Strategic Map: 2011-2014



Appendix B: Overview of DPH's Strategic Planning Process 2011 – 2014

Strategic Mapping Process and Implementation, 2011-2013- DPH leadership convened a strategic planning process on September 21 and 22, 2011 that included a group of 29 agency staff and community partners (identified below) with facilitation and technical assistance provided by TSI, Inc. Community partner participation included local health agencies, the Commission on Health Equity, and the CT Public Health Association. The goal of the 2-day meeting was to develop a “good enough” strategic plan. TSI, Inc. led participants through assessing the current situation, setting the future direction, and creating a strategic map that depicts how to move from the current state to the future. To assess the current situation, participants met in small groups to identify the strengths, weaknesses, and the critical issues facing the agency in the next 3-5 years. Next the group reconvened to discuss setting the future direction including development of the agency’s mission, and vision. The group then discussed and developed the agency’s central challenge and strategic priorities. Small groups were used again to identify objectives that support each strategic priority. The group then set implementation priorities by 1) identifying the allocation of the agency’s time and energy that should be devoted to each column of the map, and 2) participating in a straw vote to identify which objectives were the most important to emphasize over the next year. Six tracks of work, a group of related objectives that use the same resources and are of priority, were discussed and agreed upon. Lastly, small groups began developing implementation plans for each track of work including result, deadline and accountability. A detailed meeting summary was prepared by TSI and is available on the agency shared drive: <u:/sharedoc/strategic plan 2013-2018/strategic mapping 2011>. The final strategic map is in Appendix A on page 15..

On January 3, 2012 another half-day session was held at DPH facilitated by TSI, Inc. for all agency staff that volunteered (approximately 100 staff) to serve on committees for each track of work. The purpose of the meeting was to kick-off implementation. TSI took the group through strategic effectiveness concepts and a suggested process for implementation planning. A “review and adjust” process was established. The session is taped and available at <u:/sharedoc/strategic plan 2013-2018/strategic mapping 2011>.

On March 12 and 13, 2012 TSI provided a technical assistance and coaching session by reviewing strategic effectiveness principles and the strategic map, and modeling development of an implementation plan. Then they met with each track of work/committee individually to assist with developing key results. A meeting summary is available at <u:/sharedoc/strategic plan 2013-2018/strategic mapping 2011>.

Co-Chairs were identified for each committee which began to meet monthly or periodically to implement the plan. Communication of the strategic map and status of the work was provided through agency emails, report outs at semiannual town hall meetings in which staff could attend in person, listen by conference call or view a taped version made available on the agency’s shared drive. Posters of the map were made and distributed across the agency. Each Section Chief was also asked to discuss the map and process with their staff.

Strategic Mapping Participants September 21-22, 2011

Olga Armah, Associate Research Analyst, Office of Health Care Access	Marianne Horn, Section Chief Public Health Hearing Office
Judith Bailey, Health Program Assistant 2, Practitioner Licensing and Investigations Section, Health Care Systems Branch	Vanessa Kapral, Section Chief Information Technology Section
Rosa Biaggi, Chief Family Health Section	Katharine Kranz-Lewis, Co-chair, Advocacy Committee, CT Public Health Association; Faculty Expert, University of Hartford (Will attend 9/22 Session only)
Janet Brancifort, Manager Family Health Section	Leonard Lee Deputy Commissioner
Ellen Blaschinski, Chief Regulatory Services	Kim Martone, Director Office of Health Care Access
Tim Callahan, Director Norwalk Department of Health	Patrick McCormack, Local Health Director Uncas Health District
Michael Carey, Human Resources Administrator Administration Branch	Jewel Mullen Commissioner
Renee Coleman-Mitchell, Chief Community Health and Prevention Section	Michael Purcaro, Chief Administration Branch
Jose Cortez, Tech Analyst 2, Information Technology Section	Jane Purtill, Registrar Vital Records
Lisa Davis Deputy Commissioner	Lori Schulte TSI Inc
John Fontana, Director Public Health Laboratory	Tracy Scraba, Counsel, Aetna Law & Regulatory Affair; President, CT Public Health Association (9/21 Session only)
Mary Fuller, Director Fiscal Services	Raja Staggers Hakim, Executive Director Commission on Health Equity
Wendy Furniss, Chief Health Care Systems Branch	Kevin Sullivan, Health Program Associate Family Health Section
Jackie Gaston, Office Assistant Fiscal Services	Kristin Sullivan, Manager Public Health Systems Improvement
Meg Hooper, Chief Planning Branch	Stacey Zawel TSI Inc.

Formal Agency Strategic Plan Development, June 2012 – February 2013 –A first review and update was undertaken starting in June 2012 with the goal of validating previous work, filling in gaps (e.g., agency core values) and developing a formal organizational strategic plan. Since much of the work was done through strategic mapping, a survey was sent to a group of managers and strategic mapping co-chairs in July 2012 to assess the degree to which there was consensus on the mission, vision, strengths/opportunities, and weaknesses/challenges that were identified on a “good enough” basis as part of the initial strategic mapping meeting held last September, identify the agency’s core values, and further prioritize activities. The survey results formed the basis of discussion at a full day retreat held on August 1, 2012 where the mission and vision and were reaffirmed, agency values were agreed upon, and

consensus on priorities was achieved. Contractor JSI, Inc. provided facilitation for the activities and assisted DPH in developing a formal organizational strategic plan that was finalized, posted on the internet and shared with agency partners and the public. The plan reaffirmed the strategic priorities identified with the addition of worksite wellness and a renewed emphasis on the importance of partners/partnerships in achieving the agency’s vision and mission. The [strategic plan](#) was published in February, 2013 and is a five year plan that will be in effect from 2013-2018. The plan is available on the agency’s website and shared drive.

Committees continued to meet to work on priorities and work plans at varying paces through 2014 although some committees finished earlier. All work plans are available on u:/sharedoc/strategic plan 2013-2018/. The agency has continued with communication via town hall meetings. A new Healthy DPH committee took on worksite wellness activities. Additionally, staff in the Commissioner’s Office met with managers and supervisors by section to discuss the contents of the strategic plan and their role in implementing and contributing to the priorities. Brochures were developed and distributed, and a vision, mission and values poster board in both English and Spanish versions, was produced for the customer access points on the ground and first floor.

Strategic Plan Development 2012-2013 (Survey and Retreat Participants)

Chris Andresen, Section Chief TB, HIV, STD & Viral Hepatitis	Wendy Furniss, Chief Health Care Quality and Safety Branch
Olga Armah, Associate Research Analyst, Office of Health Care Access	Jackie Gaston, Office Assistant Fiscal Services
Suzanne Blancaflor, Section Chief Environmental Health	Bill Gerrish, Director Office of Communications
Ellen Blaschinski, Chief Regulatory Services	Leslie Giovanelli, Environmental Sanitarian 2 Environmental Health Section
Marc Camardo, Epidemiologist 2 Family Health Section	Mary Ann Harward, Chief Administration Branch
Michael Carey, Human Resources Administrator Administration Branch	Margaret Hynes, Director Health Equity Research, Evaluation, and Policy
Matt Cartter, Section Chief Infectious Diseases Section	Kim Martone, Director Office of Health Care Access
Renee Coleman-Mitchell, Section Chief Community Health and Prevention	Lori Mathieu, Section Chief Drinking Water Section
Mehul Dalal, Director of Chronic Diseases Community Health and Prevention Section	Jewel Mullen Commissioner
Lisa Davis Deputy Commissioner	Terry Rabatsky-Ehr, Epidemiologist 4 Infectious Diseases Section
Penny Davis, Principal Human Resources Specialist Administration Branch	Shawn Rutchik, Staff Attorney 2 Public Health Hearing Office
John Fontana, Director Public Health Laboratory	Christopher Stan, Health Program Associate Office of Communication
Kenny Foscue, Epidemiologist 4 Environmental Health Section	Kristin Sullivan, Manager Public Health Systems Improvement

Strategic Map Update, August 2014-October 2014 –In August, 2014 the agency began a review and update of the agency’s original strategic map that provides the basis for the agency’s formal agency strategic plan. This time the agency conducted the process through a Public Health Strategic Team (PHST) launched that year as part of the agency’s quality improvement plan and framework. The PHST, a 25-member committee representing most programs and levels of the department, was tasked with advising on all agency strategic initiatives including for example, the state health assessment/state health improvement plan, strategic planning, quality plan, and workforce development plan. It serves to guide and sustain critical planning initiatives that support all areas and activities of the agency.

Five meetings were held in which committee co-chairs provided information on the status of their work and achievements since implementation began in January, 2012. On September 18, 2014 a full day session was held with the PHST to update the map and was facilitated by Joan Ascheim. A similar process was undertaken – reaffirm vision, mission, and values; adapt as necessary the central challenge, strategic priorities, and objectives; and prioritize by straw vote. The PHST reconvened on October 16, 2014 to reflect on the new map and finalize recommendations. The process and outcome of these meetings is documented and contained in the main body of this document. The final map and recommendations for implementation were discussed and approved at a Branch Chief’s meeting on October 21, 2014. The PHST will assist with implementation by reviewing and advising on progress of committees. Committee work plans will be updated and posted on u:/sharedoc/strategic plan 2013-2018/.The updated map was also discussed with staff at the fall town hall meeting. This map update is an addendum to the plan that will be officially updated in 2018. It is available on the agency’s shared drive identified above.

Public Health Strategic Planning Team 2014-2015

Diane Aye, Chief Population Health Statistics and Surveillance	Katharine Kranz-Lewis Deputy Commissioner
Joan Ascheim, Performance Improvement Manager Public Health Systems Improvement	Kevin Krusz, WIC Food Resource Administrator Community Health and Prevention Section
Rosa Biaggi, Chief Family Health Section	Sheila Mayo Brown Tumor Registry
Janet Brancifort Deputy Commissioner	Kim Martone, Director Office of Health Care Access
Ronald Capozzi, IT Analyst Information Technology Section Administration Branch	Richard Melchreit, Health Care Associated Infections Program Coordinator Infectious Disease Section
Renee Coleman-Mitchell, Chief Community Health and Prevention Section	Amy Mirizzi, Early Hearing Detection & Intervention (EHDI) Program Family Health Section
Carmen Cotto, Associate Health Care Analyst Office of Health Care Access	Jewel Mullen Commissioner
Aby Cotto, Secretary Affirmative Action Office	Charles Nathan, Principal Health Care Analyst Public Health Systems Improvement
Wendy Furniss, Chief Health Care Quality and Safety Branch	Alison Rau, Paralegal Specialist Public Health Hearing Office

Mary Ann Harward, Chief Administration Branch	Carol Stone, Supervising Epidemiologist BRFSS Project Director/Principal Investigator Population Health Statistics and Surveillance
Margaret Hynes, Director Office of Health Equity	Kristin Sullivan, Manager Public Health Systems Improvement
Dermot Jones, Certification Officer Regulatory Services Branch	Alex Tabatabai Drinking Water Section Regulatory Services Branch
Fay Larson, Nurse Consultant Newborn Screening Program Public Health Laboratory	