

Introduction

The goal of this “Strengthening Public Health Infrastructure for Improved Health Outcomes” program (Component I) is to systematically increase the performance management capacity of Delaware Division of Public Health (DPH) in order to ensure that public health goals are effectively and efficiently met. This program will increase the capacity and ability of DPH to meet national public health standards, such as those of the National Public Health Performance Standard Program (<http://www.cdc.gov/od/ocphp/nphpsp/index.htm>), Public Health Accreditation Board (<http://www.phaboard.org/>), and the National Quality Forum (<http://www.qualityforum.org/>).

In public health, a strong infrastructure provides the capacity to prepare for and respond to both acute and chronic threats to the states’ and Nation’s health, whether they are bioterrorism attacks, emerging infections, disparities in health status, or high rates of chronic disease and injury. Such an infrastructure serves as the foundation for planning, delivering, and evaluating public health programs. The Nation’s public health infrastructure is the foundation needed to deliver the 10 Essential Public Health Services and critical programs to every community (<http://www.cdc.gov/od/ocphp/nphpsp/essentialphservices.htm>).

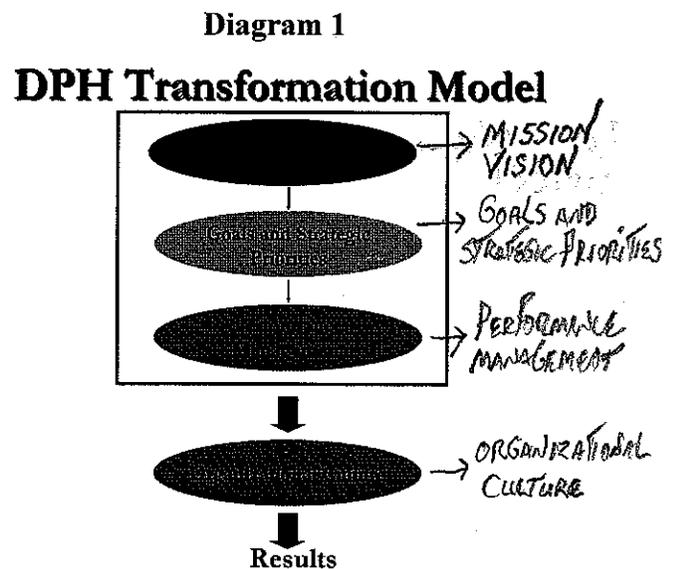
A. Summary of Funding Request

This funding request is for Component I in the amount of \$100,000. A Component II proposal, in the amount of approximately \$2.5 million, is also being prepared to address the following core public health infrastructure categories: (a) Performance Management; (b) Public Health Systems Development/Redevelopment; and (c) Policy and Workforce Development. This proposal builds on recently initiated quality improvement efforts in DPH by augmenting training and consultation, establishing a performance management scorecard through web-based technology, and institutionalizing performance management systems through policy and procedure.

B. Background

DPH, in 2009, embarked on a multi-year process to strengthen the ability to function effectively in the twenty-first century – A Performance Improvement Initiative (PII) (Diagram 1).

This process involved developing the leadership team, improving the work place environment and culture of the organization, establishing and focusing on the agency’s mission, vision, values and strategic priorities, and designing and implementing a performance management system. With the active leadership of Karyl Rattay, MD, DPH Director, DPH re-engineered its Office of Work Force Development to be the locus of responsibility for organizing and overseeing the



performance improvement initiative and to continue its role in workforce development. The office name was changed to the Office of Performance Management (OPM). Paul Silverman, DrPH, Associate Deputy Director, was designated executive champion for the initiative. Dr. Rattay has charged her leadership team to be the steering committee for the initiative and has engaged the full organization through interactive processes to educate and gather input from all

employees. She has conducted town hall meetings across the state as a forum for employee involvement.

Performance Improvement Initiative Goals

1. Implement agency wide strategic priorities that bring value to the DPH mission and its customers.
2. Develop a sustained performance management system that aligns with day-to-day work, promotes accountability, and measures progress.
3. Develop an organizational culture that maximizes the potential to succeed.
4. Demonstrate excellence by becoming nationally accredited.

Additional resources have been focused on the effort including acquiring consultation and technical assistance from ASTHO (Jim Pearsol) and the Results That Matter Team (Paul Epstein); engaging a culture change consultant, Marc Sasscer, to help instill renewed leadership principles, values, and communication processes across the organization; and contracting with a Delaware public health performance management consultant to expand the capacity of the Office of

Performance Management to develop strategy maps, performance objectives, measures, and data collection, analysis, and reporting requirements.

To start the development of strategy maps, DPH decided to focus on one of its strategic priorities to gain experience with the mapping and objective development process. Over the next two years, DPH plans to have an overarching division-wide strategy map and cascading maps for each of its strategic priorities, which are:

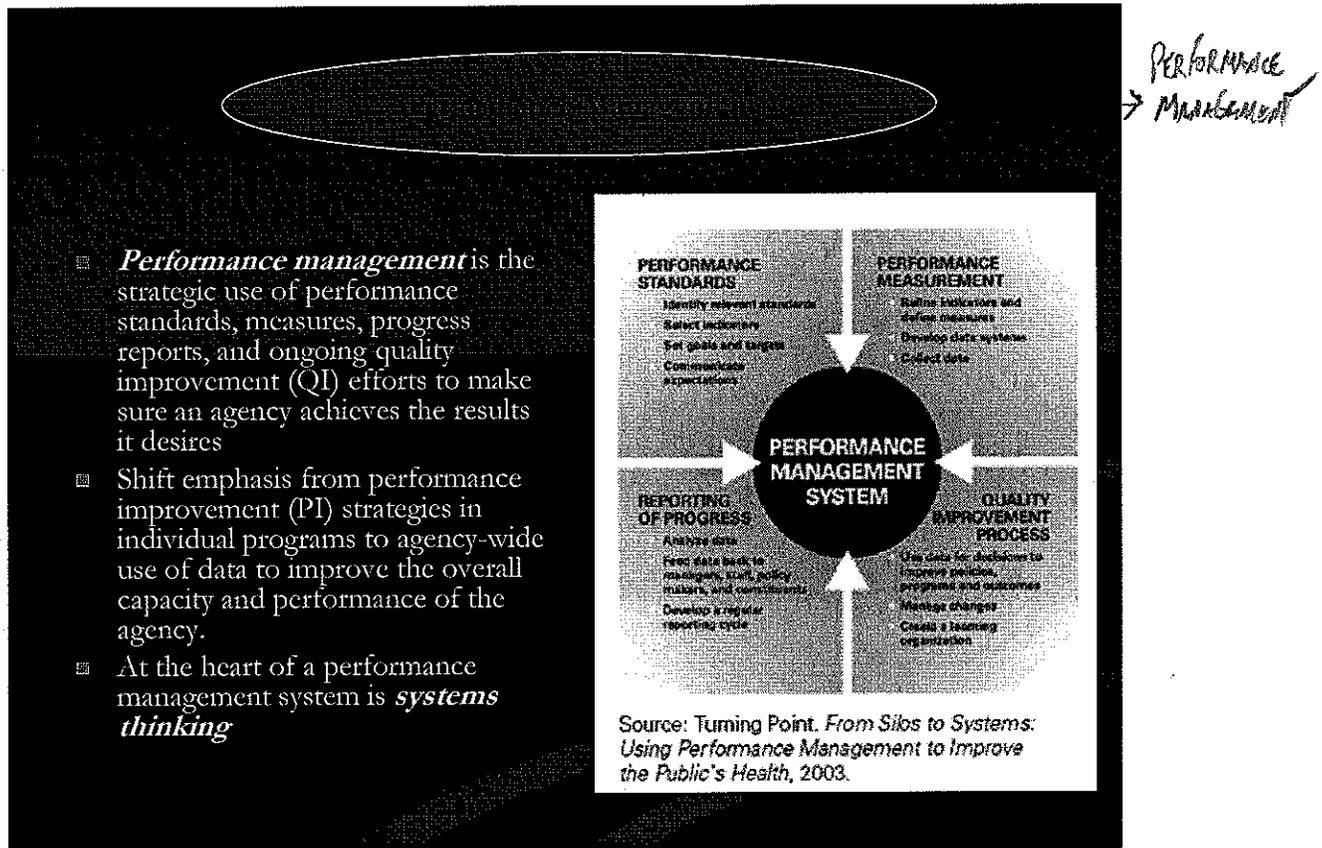
- I. Healthy Lifestyles**
- II. Health Equity**
- III. Health Reform**
- IV. Core Public Health Services**

This funding opportunity is timely for DPH as it will accelerate the PII that is already underway. The State of Delaware is under a hiring freeze and severely constrained state funding for public health, therefore the funding provides critical resources.

Prior to the PII, DPH had minimal systematic performance management capacity that spanned the full agency and aligned each section with overarching organization-wide strategic goals. The performance management and quality improvement capacity that existed tended to be in programmatic silos directed toward meeting the directives of categorical federal funding. At the service delivery level there was no uniform continuous quality improvement process that assured high quality services to customers. With the resources provided by the cooperative agreement, combined with an allocation of existing resources, DPH proposes to increase its capability to

build a comprehensive performance management system with all the components as described in Diagram 2.

Diagram 2



DPH proposes, via OPM, to establish and implement a standardized and ongoing performance measurement process and reporting across all of its programs. DPH also proposes to hire performance management and evaluation staff or consultants to provide guidance, tools, and training to employees on systematic program performance planning, measurement, and reporting among and across the four key areas designated by CDC.

- Four Key Areas Important to Successful Health Reform**
- A. Health Promotion and Disease Prevention
 - B. Public Health Policy and Public Health Law
 - C. Health IT and Communications Infrastructure
 - D. Workforce and Systems Development

DPH will address key areas A and B through its strategy mapping of DPH designated strategic priorities. Policy and regulation will be performance objectives in each of the strategic priority cascading strategy maps. Key areas C and D will be the focus of deliberate capacity building as part of the performance management system.

While the main objectives of this cooperative agreement are to increase the capacity and skills of the OPM and implement a division-wide performance management system, there are several sub-objectives. The activities for each objective will be included in the next section.

Cooperative Agreement Objectives:

- Increase the number of staff and programs dedicated to performance management
- Increase the number of staff trained in performance management and quality improvement
- Improve controls to ensure that sub-grantee and contractual relationships are consistent with program purposes and performing to achieve results
- Increase program interactions to address efficiency of use and leveraging of grant funds
- Connect the performance management system to budgeting processes in order to review obligation and expenditure patterns, budget redirection processes, carry-forward balances, and the amount of federal, state and local dollars that are dedicated to achieving complementary program goals
- Become a nationally accredited health department

C. Activity Plan

DPH intends to use the cooperative agreement funds to invest in several areas of infrastructure: enhance performance management capacity for OPM; information systems for managing strategy maps, measures and reporting using the web-based service of InsightVision 2.0 for Strategic Performance Management; and training for all public health staff. The specific activities are displayed in a five year plan (Table 2).

Partnerships: DPH will engage its sister Divisions in the Department of Health and Social Services and Department leadership in its processes at appropriate points. Communications plans will be developed to keep community partners informed of the initiative and to invite input about DPH's strategic plan and priorities. Delaware does not have local health departments, therefore local health services will be fully integrated in this process as part of the state public health agency. Other local partners, such as community health centers, hospital systems, and community-based service agencies, will be included in appropriate components of planning, measurement and data collection.

Staffing: OPM currently includes a Director, a performance management specialist/trainer, two public health trainers, and one administrative assistant. The Office Director, Dave Walton, will serve as the responsible overall manager for PII and this cooperative agreement. He will serve as the performance improvement manager. He will be provided leadership support from the executive champion, Dr. Paul Silverman, Associate Deputy Director of DPH. About 70% of Mr. Walton's time will be dedicated to the cooperative agreement. Mike Rudis, Training Administrator, will coordinate the training activities of the cooperative agreement, dedicating about 30% of his time. DPH also intends to contract with Marihelen Barrett, a local public health performance management consultant, for up to 20 hrs per week in year one to help the OPM develop its internal skills and implement various tools for measurement, analysis and reporting. Ms. Barrett's goal will be to coach Mr. Walton and Mr. Rudis as well as DPH's leadership team

during the first two years of the cooperative agreement so that DPH can build internal skills and confidence to take over the full process. The backgrounds and qualifications of the staff and consultant are included in resumes in the appendix. The long-range staffing goal will be to expand OPM to include a full time performance improvement manager working under the OPM Director, a performance measurement analyst and at least one more trainer/quality improvement technical assistance provider to help DPH program and local service delivery units implement quality improvement processes.

Project Management: Day-to-day management of the project will fall to OPM. Additional monitoring and management activities will occur via a steering committee consisting of the DPH leadership team, which includes all the Section Chiefs for DPH. Work groups, consisting of members from all parts of the organization, will be formed to develop strategy maps, objectives and measures for each of DPH's strategic priorities. The strategy map reporting process will take place monthly at leadership team meetings. Monthly progress reports and briefings with the PII executive champion and DPH Director will track progress. Barriers to success will be addressed and resolved by the leadership team.

Project Activities: Table 2 displays annual objectives and activities and designates the accountable person or group. DPH has organized its work using the framework of triple loop learning as articulated by the Results That Matter Team (Paul Epstein) – building the capacity for the first loop and then systematically moving to build capacity for loops two and three. Year 1 and 2 will focus on loop one, year 2 will begin to bring in loop two. Year 3 will focus on loop two and year 4 will focus on loop three (See Diagrams 3 and 4).

Diagram 3

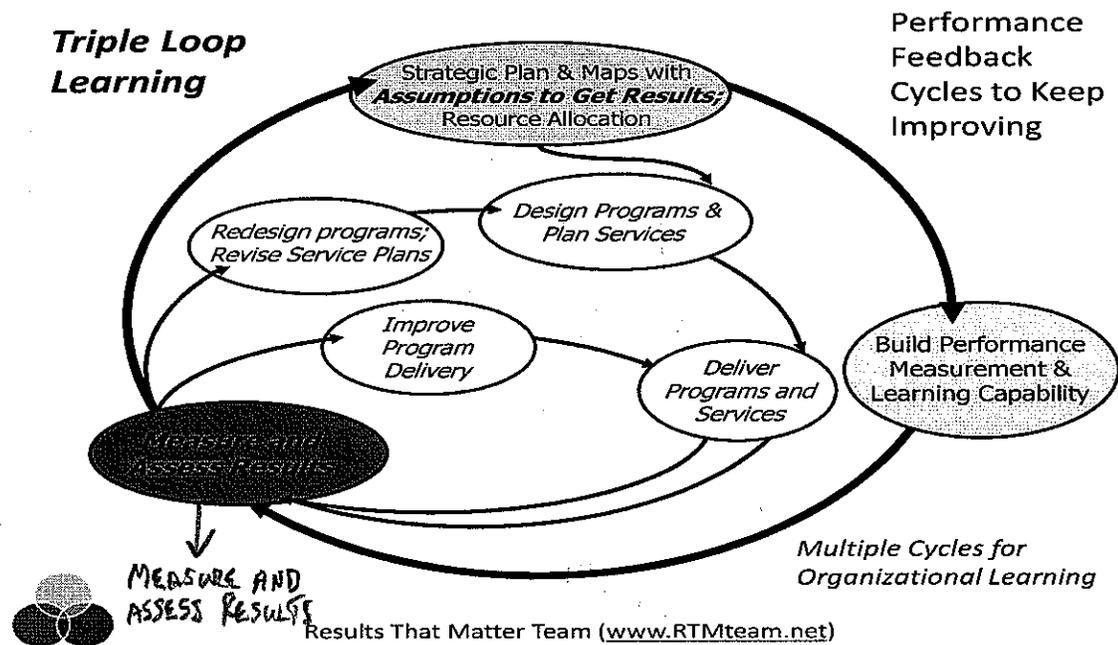
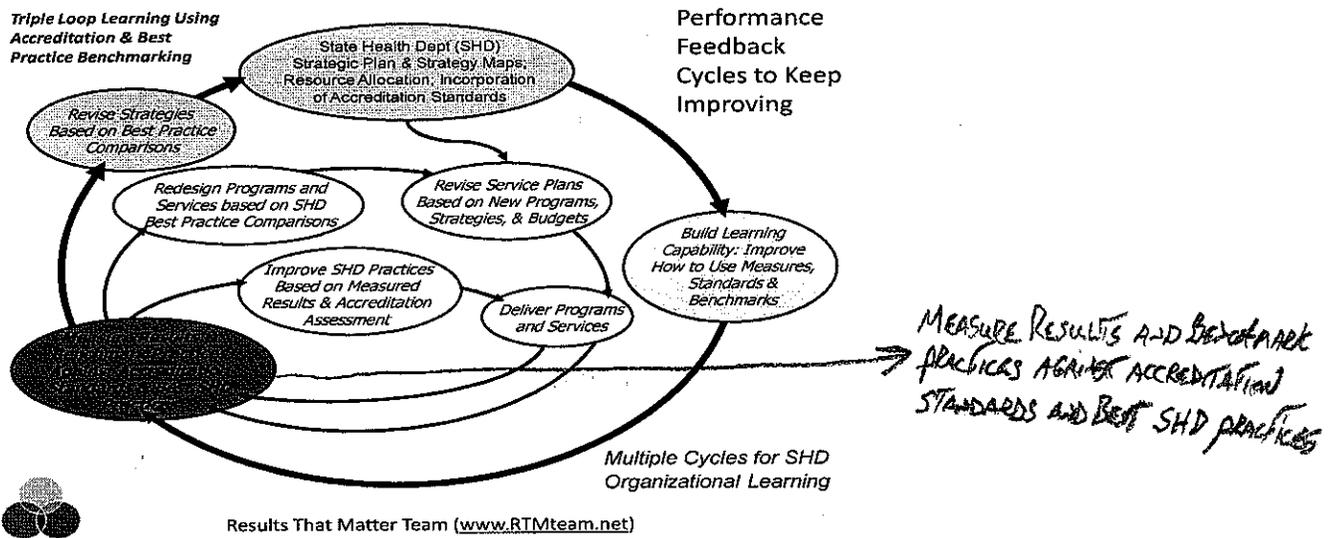


Diagram 4



D. Performance Plan

DPH will use a variety of methods to monitor progress and evaluate overall results. The activity chart includes operational steps for monitoring and reporting on project milestones. In addition, DPH will periodically conduct employee surveys for participant feedback on training and skill building, assessment of employee skills, and site visits to assess quality improvement processes. Monthly reporting on strategy map objectives and measures will be a key component of on-going performance review. External program and OPM audits may be used to look in more depth at capacity and quality improvements, assess overall DPH alignment with strategy priorities, and assess improvements in use of resources, efficiency, and using data for strategic purposes. Mid-year and annual project reports will be submitted to CDC.

The overarching program indicator that DPH will assess is how well DPH has established sustainable new or expanded continuous performance improvement efforts, as evidenced by dedicated staff, systems, and routine reporting for organizational performance and public health outcomes. This overarching indicator is linked to the Public Health Accreditation Board's (PHAB's) Domain 9 (Table 1). The documentation listed will be used to demonstrate progress toward achieving this overarching program indicator.

TABLE 1

PHAB Domain 9: Evaluate and continuously improve processes, programs, and interventions.

Measure	Documentation
Standard 9.1: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.	
9.1.2B Establish agency policy and capacity to implement a performance management system	<ul style="list-style-type: none"> • Relevant agency policies and proof of updates • Documented staff availability and/or involvement to support evaluation of agency performance and quality improvement • Quality improvement committee charter, minutes
9.1.3B Establish goals, objectives and performance measures for processes, programs and interventions	<ul style="list-style-type: none"> • Two examples of goals, objectives and related quantifiable performance measures with time-framed targets for a process, program, or intervention
9.1.4B Monitor performance measures for processes, programs and interventions	<ul style="list-style-type: none"> • For the two examples in 9.1.3, documentation of monitoring actual performance (e.g. data reports, statistical summaries, graphical presentations of performance on the measures).
9.1.5B Evaluate the effectiveness of processes, programs, and interventions and identify need for improvement	<ul style="list-style-type: none"> • For the two examples in 9.1.3, documentation of analysis of goals, objectives, actual performance on measures compared to time-framed targets, and use of quality improvement tools (e.g. root cause analysis) to identify areas of improvement
9.1.7S Provide training and technical assistance regarding evaluation methods and tools	<ul style="list-style-type: none"> • Documentation of evaluation training, attendance rosters • Documentation of availability of staff with evaluation skills for technical assistance
Standard 9.2: Implement quality improvement of public health processes, programs and interventions.	
9.2.1B: Establish a quality improvement plan based on organizational policies and direction	<ul style="list-style-type: none"> • Quality Improvement plan with specified components • Documentation of implementation of the quality improvement plan such as quality improvement project reports • Annual evaluation and revision of the quality improvement plan
9.2.2B: Implement quality improvement efforts	<ul style="list-style-type: none"> • Two examples of implementing quality improvement (e.g. quality improvement project work plan, evidence of improvement actions and follow up monitoring).
9.2.3S: Provide training and technical assistance regarding quality improvement methods and tools	<ul style="list-style-type: none"> • Documentation of quality improvement training, attendance and rosters • Documentation of availability of staff with quality improvement skills for technical assistance

E. Five Year Plan

TABLE 2
Delaware Performance Improvement Initiative Five Year Project Plan

<p>Five Year Goals</p>	<p>Indicators of Success:</p>
<p>Overarching Goal: Systematically increase the performance management capacity of the Delaware Division of Public Health (DPH) in order to ensure that public health goals are effectively and efficiently met and that national public health standards are met.</p>	<p>Established sustainable new or expanded continuous performance improvement efforts, as evidenced by:</p>
<p>Subgoals:</p>	<ul style="list-style-type: none"> • Aligned DPH strategic priorities with strategy maps and budget processes connected
<p>1. Increase DPH's capacity to routinely evaluate and improve the effectiveness of the organization, practices, partnerships, programs, use of resources, and the impact via these improvements on the public's health.</p>	<ul style="list-style-type: none"> • Dedicated staff
<p>2. Develop staff capacity and skills of DPH's Office of Performance Management (OPM) to oversee the performance management system and work force development for DPH</p>	<ul style="list-style-type: none"> • Regularly monitored systems
<p>3. Establish the Triple Loop Planning Cycle that creates a dynamic strategic plan, strategy maps, objectives, and measures using the balanced score care technology</p>	<ul style="list-style-type: none"> • Routine performance reporting for organizational performance and public health outcomes
<p>4. Develop strategic plan and strategy maps into effective communication tools for communicating strategies and objectives internally, with the Department of Health and Social Services and externally with partners and community</p>	<ul style="list-style-type: none"> • Processes to select and implement quality improvements at the program and service level
<p>5. Increase management and staff capacity to use quality improvement methods and data through all layers of the organizations – connect with budget process, strategic decision making, and daily operations</p>	
<p>6. Establish routine periodic reporting of performance measures to gauge progress</p>	
<p>7. Establish an electronic performance management system that enables data analysis and access to measures and reporting in real time</p>	
<p>8. Obtain national public health accreditation for DPH</p>	

Year 1 Objectives		Monitoring and Evaluation:
<ol style="list-style-type: none"> 1. Designate staff for project and build the internal performance management skills of DPH's Office of Performance Management (OPM) 2. Begin to use InsightVision web service to manage strategy maps and measurement data 3. Complete strategy maps, objectives and measures for each of DPH's strategic priorities 4. Develop and initiate the Strategy Map reporting process at leadership team meetings 5. Carry out communication and training plans to begin to orient all employees to the PII 	<ul style="list-style-type: none"> • Monthly briefings and progress reports to track activities • Workgroup reports and feedback • Assessment of training needs and training evaluations by participants • Periodic requests for staff feedback on communications 	
Year 1 Activities (focus on planning loop 1)		
<ol style="list-style-type: none"> 1. Establish and communicate DPH's Mission, Vision and Values 	Leadership Team (consultant coaching)	Accountable Person/ Unit
<ol style="list-style-type: none"> 2. Establish overarching DPH Strategy Map and cascade map for each division level strategic priority with related objectives and measures, benchmarks and targets 	Work Groups for each map	
<ol style="list-style-type: none"> 3. Produce strategic planning and performance management policy and standard operating procedures manual 	OPM with consultant support	
<ol style="list-style-type: none"> 4. Use off-the-shelf web-service balanced score card data management system recommended by ASTHO and CDC – InsightVision 2.0 	OPM	
<ol style="list-style-type: none"> 5. Develop OPM Staffing Plan and hire consultant to support capacity development and coach existing and new staff when hired (likely year 2) 	OPM	

<p>6. Train leadership team in strategy management/performance management systems theory, tools and techniques</p>	<p>Executive Champion, consultant, TA from CDC, ASTHO, Results that Matter Team and Insight Vision</p>	
<p>7. Develop process action teams for each strategy map; operationalize data collection and reporting on objectives and measures</p>	<p>OPM and Work Groups</p>	
<p>8. Conduct assessment of current program and service delivery quality improvement capacity</p>	<p>OPM</p>	
<p>Year 2 Objectives</p> <ol style="list-style-type: none"> 1. Initiate an annual planning cycle 2. Expand performance management training to all DPH employees 3. Expand system to include external partners and stakeholders 4. Begin preparing for national accreditation 		<p>Monitoring and Evaluation: As described previously plus accreditation assessment with PHAB/ASTHO support</p>
<p>Year 2 Activities (focused on planning loops 1 and 2)</p>		<p>Accountable Person/Unit</p>
<p>1. Begin annual planning cycle process; functional cycle management under OPM</p>	<p>OPM and Leadership Team</p>	
<p>2. Train all departments and units in performance management/ strategy management and quality improvement methods; including analysis and use of data</p>	<p>OPM</p>	
<p>3. Establish routine reporting of performance measures at leadership team meetings</p>	<p>OPM</p>	
<p>4. Develop and implement communication plan to disseminate performance reporting</p>	<p>Communications Director</p>	
<p>5. Begin to address pre-requisites for achieving national accreditation (community health assessment and self assessment)</p>	<p>Deputy Director</p>	

6. Establish mechanisms to include external partners and stakeholders in strategic planning and performance management processes	OPM
7. Recruit and hire staff for OPM if state budget and policy permits	OPM
Year 3 Objectives	
<ol style="list-style-type: none"> 1. Conduct a community health assessment (begin 3 or 4 year cycle) 2. Begin to connect individual performance plans and performance management system 3. Complete preparations for national accreditation 	Monitoring and Evaluation: As described previously plus accreditation process reporting with PHAB/ASTHO support
Year 3 Activities (focused on planning loop 2)	
1. Develop and implement a community health assessment	To Be Determined
2. Review and refine strategic priorities based on community health assessment and evaluate strategic planning process and performance reporting at leadership team level	Leadership Team
3. Assist program managers and operational managers to implement cascaded strategy maps, data collection and reporting	OPM
4. Implement quality improvement methods for program and service delivery levels	OPM and Managers
5. Complete requirements for application for national public health accreditation	OPM
6. Connect performance management process (objectives and measures) to individual performance plans and individual performance reviews; conduct trial run	To Be Determined
7. Assess performance management system for weaknesses and needed refinements; work on data deficiencies and process improvements	OPM
8. Redesign programs and service delivery based on quality improvement data, staff and	Leadership Team and Managers

community input		
9. Codify governance and institutional planning and performance management system; Maintain Triple Loop planning cycle		OPM
10. Implement annual skill building/ work force development cycle via OPM		OPM
11. Complete annual reporting to CDC, Department and community		OPM
Year 4 Objectives		
1. Apply for national accreditation	Monitoring and Evaluation: As described previously plus accreditation process reporting with PHAB/ASTHO support	Accountable Person/Unit
2. Fully establish quality improvement processes and cycles		
3. Fully establish connection between strategy maps and individual performance plans		
Year 4 Activities (focused on planning loop 3)		
1. Fully implement new individual performance plan and review processes using objectives and measure in individual performance plans, reviews, and recognition/rewards		To Be Determined
2. Apply for national public health accreditation		OPM
3. Fully operationalize quality improvement process (loop 3 capacity)		OPM
4. Assess system functioning and refine as needed		OPM with others
5. Expand data capacity as needed		OPM
6. Complete annual reporting to CDC, Department and community		OPM

Year 5 Objectives		Monitoring and Evaluation: As described previously plus accreditation process reporting with PHAB/ASTHO support
Year 5 Activities (focused on planning loop 3 and overall refinement of system)		
1. Evaluate system functioning		OPM
2. Update community assessment(3 year cycle); gather community input		To Be Determined
3. Audit personnel performance plans for alignment with strategy maps		To Be Determined
4. Achieve national accreditation		Leadership Team
5. Complete annual reporting to CDC, Department and community		OPM