
West Virginia Invitational Roundtable on Public Health Partnerships

Charleston, West Virginia
August 30, 2001

Facilitated by Jack Byrd, Jr.
Center for Entrepreneurial Studies and Development, Inc., (CESD)

Session Notes and Outcomes

Compiled by CESD

September 12, 2001

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Recommendations and Reference Document

Notes and Background Materials

This document contains the compilation and reporting of information generated at the Invitational Roundtable held August 30, 2001. The Center for Entrepreneurial Studies and Development, Inc., (CESD), pulled together the session reports from the tables and other submitted comments in compiling the information. Every effort has been made to assure that all information gathered has been reported in this document. Further, there remains a full Access database of all original survey information. This is available for review by contacting Kay Shamblin at the Bureau for Public Health, (BPH). Every attempt was made to translate all written comments accurately and objectively to the data files printed in this document. Possible errors in reading some handwriting may have occurred.

CESD provided summary analysis of the written evaluations.

Materials Contained in This Document

Attachment A

The key recommendations generated within the six major themes are listed in Attachment A as transcribed by CESD from the 'flipchart' notes the Roundtable representatives presented at the end of the session. Two tables initially discussed the same major theme. The reports reflect the combined recommendations related to the major theme.

Attachment B

Open Discussion Summary Notes provided by each table can be found in this attachment. Each table was given the opportunity to discuss further issues in an open discussion format. Tables were asked to provide summary notes on the discussions completed at each table. CESD had distributed a work sheet for collecting this information. The summary information was not separately processed or organized, but rather reported as submitted. CESD did review these comments in preparing its overall assessment and in making observations and suggestions.

Attachment C

The information in this attachment was derived from written comments submitted on a form provided to participants so they could give additional comments. The discussion summary forms were submitted at the end of the session. These have not been processed or organized in any fashion, but rather reported as submitted by combining all the table results into one attachment. However, these have been reviewed by CESD as part of the overall feedback from the Roundtable Session.

Attachment D

In preparation for the Roundtable Session, a survey was sent to local health departments, (LHD), and appropriate BPH staff. Attachment D provides background to the survey process and the resulting handout prepared for the Roundtable Session. The handout identified the major focus areas that were derived from the original survey results and actual survey comments for these key issues.

Attachment E

This attachment lists all the written evaluations submitted at the end of the Roundtable Session. These are grouped by positive, changes, and general comments.

Major Focus Areas/Themes

The following were the major themes/issues discussed at the roundtables. Each table had one of these themes to address and make recommendations.

1. Define and sustain the balance of authority, decision-making, and working responsibilities at all levels (state, regional, district and local).
2. Develop effective communication models and processes that instill a stronger teaming environment at all levels.
3. Assure the public health system is organized to support efficient and effective interaction between local and state public health agencies.
4. Provide adequate orientation and training programs for all staff.
5. Identify and secure adequate funding for public health.
6. Strengthen and foster effective leadership.

Overall Themes from Participant's Evaluation of Roundtable

Notes: Not everyone completed an evaluation. Overall positive comments were twice as frequent as comments suggesting changes. Many change comments were not negative about the event but were more about continuing the meetings. Overall the session was considered successful and positive – provided that action comes from the outcomes.

Positive:

- Well prepared and executed – format, preparation, summary of survey material, organization of event, facilitation, very proactive activity.
- Discussions –small groups, mix of BPH and LHD at tables, full participation, good reports.
- Networking opportunities names to faces.
- Secretary (DHHR), Commissioner (BPH) and Chris Curtis –present during day.
- Got at public health issues, especially local health departments.
- State willing to listen/ open communication.
- Place – good atmosphere and food.
- A number of outright thank-yous.

Change:

- More time.
- Advance material would have been helpful.
- Some tables not as successful as others.
- Some logistics issues (right food, sign up for tables, etc.).

General:

- Strong desire to get something done – action.
- More meetings of this nature on regular basis.

CESD FEEDBACK AND SUGGESTIONS

As part of pulling together the notes and summary reports from the Roundtable Session, CESD was asked to provide insights related to the process and possible next steps. Based on CESD's extensive experience working with organizational issues and more specifically its history with supporting initiatives within state government, the observations and suggestions that follow are offered for consideration. CESD recommends that BPH prepare an action plan detailing specific steps it will take as a result of the Roundtable Session.

Overall Assessment/Key Observations

- Roundtable Session was well received and productive within itself. General call for change that will truly signal a “different and lasting way of doing business” between state and local public health in the future.
- Greater attention (on-going) to actively listen to each other and working together to identify problems and find solutions to issues is strongly valued among the participants.
- Education through more formalized and significant training and development initiatives was contained in many solutions.
- There is genuine support for true collaboration among all stakeholders in advancing public health.
- Top leadership is expected at the table to provide commitment and to facilitate overall planning.
- There continues to be a strong need to differentiate among: What is solely a local health issue/role? What is solely a state health issue/role? and What is the “mixture” of issues/roles? This both relates to day-to-day operational issues as well as driving the public health agenda (e.g., policy, priorities, processes). There is a sense that some issues raised really exist only at the local level and are rooted in local situations. Thus, these are more likely successfully addressed at the local level.
- The set of major themes presented at the Roundtable Session continues to be the critical focal point needing attention. These continue to cluster around people, processes, and planning. Some of the offered solutions or recommendations for action, if done, will address multiple themes based on Roundtable Session outcomes.
- Even though the data collected is not supported with scientific methods, it does offer enough “customer” requirements to make sound decisions for actions. There needs to be continued verification as proposed solutions become implementation actions.

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- Engaging all levels of both BPH and LHDs in this type of process and on-going related processes is not only wise, it brings greater perspective and offers the greatest potential for true change.
 - Although communication was a frequently cited word of concern, there are underlying principles of teaming, leadership, sharing of information, empowerment, and partnering that help delineate the total communication concerns.
 - Many concrete recommendations were offered during the Roundtable Session. There are many additional thoughts, suggestions, and ideas expressed in the surveys submitted. BPH needs to continue to process these by distributing them to the most appropriate BPH areas for additional evaluation and action.

Suggestions from CESD

The following are the key focus areas suggested as possible next steps for attention by BPH:

1. BPH/LHD Working Relationships Commitment
2. Organizational/Structural Staffing Enhancements
3. Infrastructure/Facilities Support
4. Communication Plan Creation
5. Training and Development Plan
6. Process/Performance Improvement Initiative
7. Planning

BPH/LHD Working Relationships Commitment (Leadership)

A working relationship agreement should be developed and put in place quickly by BPH and LHD leadership. Not only will this signal continued momentum from the Roundtable Session, but it serves as a good way to articulate the forward actions. It will solidify a framework and commitment for addressing both short-term and long-term relationships. DHHR, through BPH, and the appropriate LHD representation, should develop a “working relationship” document. This document, while informal, will represent a commitment that addresses expectations, the scope of actions, etc.

This document can also address overall resource issues, over roles and responsibilities, and specifics as to training and development initiatives, etc.

As an initial framing of the working relationship agreement, there should be attention given to defining the vision and guiding principles that both state and local health staff can support and live by.

Organizational/Structural Staffing Enhancements

BPH needs to address organizational/structural issues to improve the visibility and direct service levels of the interaction between BPH and LHDs. This would include consideration of both organizationally restructuring as well as improving channels of communication involving advisory type groups. Included in this review and possible changes to the organization should be:

- Present BPH organizational placement of direct support for LHDs
- Access channel(s) for LHDs to BPH
- “Regional” structure/staffing
- “Standing” advisory type groups
- Integration of service delivery both as an organization and in public health services

Infrastructure/Facilities Support

BPH working with LHDs needs to identify current gaps in infrastructure and support, and areas where facilities are not adequately equipped for being an effective partner in the public health of West Virginia. This can be part of a total assessment approach across the entire state. This can also be tied to process/performance improvement initiatives.

Communication Plan

BPH should work with the appropriate staff within BPH/DHHR and at LHDs to create an effective communication plan. (A Task Force to do this may be the best route). The plan should incorporate the use of technology. The communication plan should include:

- Communication values
- Content
- Methods (memos, e-mail)
- Frequency
- Use of technology (intranet, e-mail)
- Best channels (who)
- In-person vs. other (type)

Training and Development Plan

Over the years, BPH worked with and on behalf of the LHDs, have developed communication plans, and addressed many training and development issues. The

Roundtable Session outcomes signal BPH to fully assess what is in place, what works, and what areas are in need of attention presently.

The 'fresh look' approach affords both BPH and LHDs the opportunity to truly assess the needs and develop an effective training and development plan.

BPH working with LHDs (again, a special task force may be appropriate here) should assess current training and development activities as to content, value, frequency, etc. A new or updated comprehensive plan needs created that addresses all potential audiences and aspects of training and development including the specifics that surfaced within the Roundtable Session. There is an opportunity to adapt technology in this area.

Process/Performance Improvement Initiative

Numerous references were made to processes that were not working or needed improved. In addition, there were comments focused on the need to address performance improvement in a variety of areas. The Turning Points project might be an effective way to start a formal initiative in this area.

Planning

Proactive and collaborative planning can serve as an excellent tool to not only address the more systematic and deep rooted issues, but in developing the capacity for both state and local health organizations to sustain gains made in training, process improvement, communication and leadership. Planning is the tool to augment and help guide the dynamic changes and growth happening in the public health arena. It is not a substitute for decisive action, nor should it hamper the required agility of the organizations involved. Yet, proactive planning can help ensure the right priorities are addressed and the wisest use of resources occurs.

BPH (and DHHR) are moving toward more formal planning processes as part of operational expectations within its culture. Effective planning can be very empowering and a catalyst for listening to the "customer" and integration of operations. BPH should provide leadership in principles and practices of planning, both by being a role model in planning, and by developing tools to assist local public health in its planning.

ATTACHMENT A

ROUNDTABLE SESSION RECOMMENDATION REPORTS BY MAJOR ISSUES

Define and sustain the balance of authority, decision-making, and working responsibilities at all levels (state, regional, district and local).

In order to achieve this improvement goal, we need to...

1. Develop a training program for BOHs and HOs.
2. Develop and distribute guidelines for County Commissions about BOH roles, responsibilities and appointments.
3. Survey BOH to determine what they do and do not know about their responsibility for public health functions.
4. Defined process for problem solving issues that were identified and unresolved.
5. Campaign to educate the public about public health role and increase support.
6. Respect local boards as the entity charged with assessing the public health needs of the community. Remove restrictions on funding for local health.
7. Communicate roles/responsibilities of regional and district staff to every LHD.

Develop effective communication models and processes that instill a stronger teaming environment at all levels.

In order to achieve this improvement goal, we need to...

1. Develop and implement an effective orientation program for both state and local staff.
 - CEU's available
 - Held often/throughout the state
 - Reference manuals with other state agencies
2. Involve LHDs in policy formation at earliest level
3. Implement peer review/system performance improvement
 - State
 - Local
 - Mixed
4. To avoid the appearance of "take over" by state, discuss program changes in advance.

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5. Involve LHDs and other state agencies on changes or requirements or bookkeeping/financial records.

Assure public health system is organized to support efficient and effective interaction between local and state public health agencies.

In order to achieve this improvement goal, we need to...

1. Elevate and reconfigure PHNA
 - Professional support/development state and local professional by discipline
 - Basic PH service funding operational personnel at LHDs and SHDs.
 - HITH Assessment/planning/resource development SHD and LHD to be determined. Would need \$1/4 mil to do (would consider whole pyramid) at LHD aggregates.
 - Develop a defined mechanism for policy and procedure development and approval.

Provide adequate orientation and training programs for all staff.

In order to achieve this improvement goal, we need to...

1. Orientation
 - Centralized program
 - Comprehensive training manual
 - Public health 101 video
 - Train the trainer
 - Mentoring program for new employees
 - Could be delivered by Internet/Satellite/Video/Manual – assure everyone has access.
2. Training
 - Regional training to reduce travel costs.
 - Need for program-specific training i.e., sanitarian/RFTS/family planning/nursing (laws, PH mission)
 - PH/DHHR workforce database, know who we are; help us assess needs; deliver better training.
 - Train the trainer courses.
 - Consider purchase of satellites - \$500 or less – allows you to control access/time/reduce travel costs/convenient.
 - Competency-based training.

Identify and secure adequate funding for public health.

In order to achieve this improvement goal, we need to...

1. Legislative
 - Make everyone a lobbyist (local & state)
 - Do cost analysis and comparisons
2. Local funding
 - County commission
 - Awareness through publicity and education
3. Grants
 - Clearinghouse
 - Resource person
4. Contractual Services
 - HMO's, PEIA, other insurers.
5. Fees for service (permits)
 - Update fee levels
 - More infrastructure for expanded reimbursable services.

Strengthen and foster effective leadership.

In order to achieve this improvement goal, we need to...

1. LHD voice in PH at state level:
 - Program leaders notify (e-mail) LHD of changes that will impact LHD
 - LHD administration notify staff and facilitate/provide feedback.
2. Training - BOH/HO/Staff
 - Manuals
 - Videos
 - Meeting at LHD (BOH/HO/staff) certificate one year.
 - HD role in community and community responsibility.
Area staff training program training:
 - Advance notice
 - Not cancel
 - County to county
 - Fees for service (billing, staff)

3. Identity of LHD

- Educate County Commission/Community/Legislators, etc. of LHD role and responsibilities.

4. Funding - secure.

ATTACHMENT B
OPEN DISCUSSION SUMMARY NOTES

Topic	Discussion Summary	Recommendation
Assessment	Peer assessment needs to be completed for the other 49 counties.	Institute & complete.
Funding	Legislative activities by WVALHD and other organizations.	Strengthen & support.
Communication	Lower level employees are afraid to discuss issues with upper level employees and instead discuss in small groups (eliminate layers). Make more use of liaison committees – broaden their roles = See Action	Breakdown walls.
Communication	Computer access.	Increase computers in LHD's with few.
PO2	A statewide meeting with all persons that complete PO-2's for local HD's. We are not using the same playbook for completion.	
Respect	Local health departments should be treated as peers, not children, of the state staff.	Allow LHD's to become involved with policy development.
Providing service	Re-open Chapter 16 – SB542's restriction of use of money ties Board of Health's hands in providing needed, unmet services within the community. Permit some discretion by board's to provide such service as determined by properly conducted community health needs assessment.	

Topic	Discussion Summary	Recommendation
Communication	More dialog between state and local agencies regarding issues that impact local programs.	<ul style="list-style-type: none"> • Orientation when new staff comes on board • Introduction to key contact persons at state level • Awareness of what programs are available for local health to provide (new staff may be willing to expand services that were declined in the past) • Notification of local departments of any legislation, programs being planned, etc. in a timely manner – not a one day response time • If grants are involved provide a model that can be expanded on – we do not have the time and financial resources available to do this.
Board of Health Training (include health office state/regional telephone list current)	<ul style="list-style-type: none"> - Mandate chairperson to attend. - Specific requirement. - Need current and regular update of telephone 	<p>State to provide BOH training on a regular basis in accessible location (regional)</p> <p>State to provide</p>
Nursing Procedure Manual (orientation manual also).	Need current manual.	State to provide.
Coverage for when only staff person on LOA – Vacation	Could this be the “regional” role.	State to look at regional roles. Funding for P/T.

Topic	Discussion Summary	Recommendation
State Mandated training	Required on program plan, but not provided by the state.	States require each program (i.e., STD, BCCSP) to provide the training required.
Increased funding and staff – how to obtain	More ideas – ways to increase funding.	Assistance from the state. Network with other LHD.
Assure PH system is organized to support efficient and effective interaction between local and state health agencies.	<p>Need to have professional support for each discipline.</p> <p>Strengthen local networks to define needs of communities in order to meet those needs.</p>	<p>Change name and establish professional support for each discipline.</p> <p>Identify common problems and coordinate similar communities with like needs.</p>
Communication	More dialog between state and local agencies regarding issues that impact local programs.	<ul style="list-style-type: none"> • Orientation when new staff comes on board • Introduction to key contact persons at state level • Awareness of what programs are available for local health to provide (new staff may be willing to expand services that were declined in the past) • Notification of local departments of any legislation, programs being planned, etc. in a timely manner – not a one day response time • If grants are involved provide a model that can be expanded on – we do not have the time and financial resources available to do this.

Topic	Discussion Summary	Recommendation
Enhancing Internal Communication	All people within LHD who should have information do not receive it. LHD employees are not aware of organizations such as WVPHA.	
Training/ meetings by state organizations	More advance notice (at least three months).	
Transitions (steering, sub-committees, and standing committees)	Broader representation of different disciplines, small and large HD and SHD. Clear roles for each committee, clear lines of authority defined for each committee.	
Consolidation of service, description and reporting	Services are looked at differently, (how local health looks at services). Reporting these services is all over the place.	State needs to take a level role in defining these services. State needs to have a centralized place for receiving data and information.
Gap Filling Services	Areas of state where local health department is only "game in town" - if they weren't there it would go without care. Can't continue the gap filling services without money resources.	Look at budgetary options to support gap filling services that are identified on the community needs assessment.
Managed Care	Voiced concern that this also is a threat to local health departments, who are frequently not encouraged to participate as a network provider.	
Communication	Really important to have a joint discussion, but spend more time trying to achieve consensus and the identification of problems.	

Topic	Discussion Summary	Recommendation
Reconsider staffing, fund's formula	Need to take into account the uniqueness of each county - for example, 30,000 people in county but there is an exorbitant number of restaurants/hotels, etc. to be inspected. We believe credibility of state (BPH) has improved with locals. The state has demonstrated a commitment to follow through on specific issues. We do get good advice from the BPH, local health department.	Need flexibility of the policy.
Onsite Visits	Bureau staff to do site visits to get to know local HD staff, roles and functions to better facilitate communication, need identification and problem resolution.	Bureau staff to do site visits.
Strategic planning training.	Public health departments need to do strategic planning also and need the training in how to do this.	Strategic planning training needs to be made available to local HD's.
Computerization of data on patients to facilitate filling out patient data forms and billing.	Computer training of staff to facilitate the computerization of forms and billing. Make the computers talk with consistent systems. Giving HD's current data to use.	IS involvement.

APPENDIX C

ADDITIONAL COMMENTS SUBMITTED AT THE ROUNDTABLE

In addition to the suggestions previously submitted I would like to recommend the following.

- I suggest that the district sanitarians or other state officials come to a board of health meeting. The purpose to give the board of health an orientation of their purposes and goals.
- Quality assurance surveys should be done on all of the programs offered by the local health departments.
- The state should look at each county as being unique and deal with each county on a county by county basis.
- Complete peer assessment.
- Allow LHD's to develop a performance plan and to have input on the type of help that they need.
- Improve communication by having someone knowledgeable available to answer telephone calls at all times during normal business hours (state & local).
- Teaming = action (respond to others needs).
- Eliminate the layers of red tape.
- Respect each other's views, situations.
- Training for Administrators, (there have been some) Human Resource, Finance/Budget, Time Management, etc.
- More training for nurses and sanitarians together.
- Clarity and consistency from the state regarding the use of funding.
- Better public relations at the state level.
- Need more flexibility within the state personnel system.
- People tend not to communicate to the top people because of fear. This causes them to talk behind their backs. Without input, the top leaders don't have a "pulse" of what concerns may be present.
- Make more use of liaison committees, broaden their roles.
- OOP training that is required located where parking isn't a problem – offered more than once a semester.
- More local control on how monies are spent based on the needs of the area/community.

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- More partnering between different programs - possibly shared inservices indifferent regions.
 - Regionalized meetings and training with costs paid.
 - Address funding issues.
 - Communication from the state to local should be full disclosure. Example: rewriting chapter 16 - at no time was the local health association told that the state aid funds would fall under the same restrictions as transition funds - if that would have been the case, you would not have attained 100% approval for local health administration section.
 - Don't do this again. The faces change, but the problems and lack of concrete solutions remain - administration after administration after administration. It may help "the leaders" feel better but I can't see many successful changes. The problems remain: Uncontrollable bureaucracy - too many chiefs and not enough firepower for the Indians. Communication concerns. Lack of resources - personnel and financial and technological. I heard Secretary Nusbaum say, "There will be a new day". I sincerely hope this will happen.
 - For new employees an orientation program (meeting, video) that describes BPH/DHHR and all the diverse activities. Key personnel, commissioner, office directors, and program administrators could give a brief overview of their area and information about key people to call if there are problems could be given out.
 - Re-evaluate pay scales to make state positions attractive to individuals.
 - All clinics: Family, cancer control, immunizations through public health should be offered by local health departments only. Not local doctors!
 - All programs such as immunization or SIIS should work the same in each county. Someone should visit health departments to see where work is needed to comply all local health departments be at the same level.
 - All health departments should have enough income in health department from state aid, transitions, etc. to have enough employees for work that is being ask done of the health department.
 - Need a training center. This is not discipline specific. New employees need training into public health.
 - Revising training into public health - similar to the program set for Environmental Health.
 - Design more public awareness for public health departments - help us with media relations.
 - Any overtime issue for health department employees.
 - Support for increased numbers of public health nurses.

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- Raise standards and salaries that help retain employees.
 - Work with county financial officers to design and train them on the most efficient and least cumbersome PO2 reporting.
 - Provide training for RN's, similar to sanitarians.
 - Organize the "system" by following - goal, objective and task - structure with the state fulfilling the goals - broad direction; regional offices providing the objectives - measurable results to meet the states goals; and local HD's meeting the specific programming necessary to fulfill the local, regional, and state objectives.
 - Provide training modules for different professions - specifically, there is no training available for P.H. nurses to train and orient. Same for the other professions.
 - Determine a way to provide TB directly observed therapy (DOT) for weekends and holidays. No provisions for monetary support or coverage of staff involved.
 - Help develop mechanism that will allow citizens of the county to help determine and define the basic needs for that particular county. Citizens now feel they have little or no say in what's good for them.
 - Clearly define roles and scope of transitions - related committees!
 - Assure broad representation (both state & local) on all committees, task forces, etc.
 - Revise "standards" to reflect outcomes instead of process (CHP especially) - move toward QI.
 - Create a state/local liaison committee with a mix of membership - not all BPH leadership, not all board of health but a group of various disciplines. Consider sanitarian liaison committee or sewage advisory board as model(s).
 - Develop electronic newsletter of state/local health topics that could be emailed or posted on BPH website & LH website.
 - Establish meaningful goals re: orientation & training in order to adequately meet these needs.
 - Foster the idea of joint responsibility on all public health issues. Neither state nor local has all the answers.
 - Training goals need to be developed (statewide) and offer guideline and resource lists to obtain the most effective use of established opportunities.
 - Find someway to stress the importance of local communication i.e., each health department must hone methods, such as staff meetings and memo's to keep everyone "up to speed" on issues.
 - Meeting or training in which different state peoples explain what their job is and how it affects the local health department person.
 - Motivation of public employees to healthier lifestyles that could then be a model for the communities.

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- Develop standardized tool for ongoing quality measures for local health services.
 - Statewide training for CQI concepts/practices (I attended previous APEX training – I don't think the regional person presenting understood the purpose of the program).
 - Schedule meetings, etc. at least three months in advance – local health clinical schedules are often booked that far in advance.
 - To be effective, regional positions must be filled by qualified, experienced individuals in their respective fields.
 - Continue with focus group and come back with some real solution to these problems and not refer them as recycled issues. These are not recycled issues, but unresolved problems.
 - Continue to allow us to attend these focus groups.
 - Make local health nursing administration a division of local health support and administration.
 - Association of LHD's and state could co-sponsor billing training for local health departments.
 - Better communication between bureau programs i.e.; FP, CCP, immunization, etc., before changes are in procedures. Now you are informed one or two weeks before a change is to take place. It seems that sometimes decisions are made by state without realizing the financial impact it will have on LHD.
 - Improve communication between the division of personnel and LHD. The state is aware of new procedures/requirements but LHD's are left out of the loop and find out information two-six months later.
 - Leadership training for administrators, whether that person is a sanitarian, nurse, or office manager.
 - LHD's need performance accountability for themselves-some health departments are much more productive, taken into account staff.
 - I feel we need a regional health educator. We lost ours in Region 6 – assigned another one with too large an area that knows our community and are more accessible for finding us grants. Community needs and assessments.
 - LHD's I feel were meeting the mandated core functions when screening clinics are performed now. I feel the groups of people we need to be reaching and falling between the cracks. Are we really changing people's lives (targeting the needed groups)?
 - Training for Board of Health Officer and members (duties, responsibilities, etc.).
 - Provision of incentives (financial, cola's, otherwise).
 - Computer availability to all health departments (training).

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- PR campaign to promote public health.
 - Cross communication between different disciplines.
 - Coordination of health training events so that different entities can travel together if necessary.
 - Local HD's should be able to determine programs due to local need -not what is defined as "basic public health services."
 - Funding needs are not met if local health departments are to function at 100% compliance.
 - Unwillingness of county commission to fund local health departments.
 - Where is our disc?
 - Leadership training geared to less experience and more experienced managers (different training).
 - More of a career "ladder" to help us to advance and thus retain good people.
 - Local health departments should have a voice in public health at the state level.
 - A. All program leaders making changes that will impact local health departments should notify them in advance and get feedback.
 - B. Essential that local health administrator communicate with staff impacted and get feedback.
 - Health Officer Manual/Board of Health Manual
 - A. Training
 - 1. Manuals
 - 2. Videos
 - 3. Meetings (trainer to LHD) include all HD staff.
 - Identify (not state - not county employees)
 - A. Funding
 - B. Personnel
 - 1. Benefits
 - 2. Increment pay
 - Develop technical manuals for each discipline ex: sanitarian, nurse, clerical and payroll. Have a training manual for each.
 - Make training mandatory or incentive based.
 - Take a look at other states salary's, are ours inline with theirs? Is ours inline with others in our state?
 - PO2's, what good do they do?
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- Getting answers from state on questions in a timely manner.
 - Total revamping of PO2 report.
 - Requirements for mandatory board of health and health officers training or orientations.
 - If we're to use health stat - funds should be provided to make the necessary and timely changes to that program as state program changes occur - example: data form for breast and cervical cancer changes and no change made to program.
 - Public health department employees need to be either county or state employees.
 - When a program/department makes new demands, either increase funding to compensate for the time or delete a previous program requirement of equal time/staff commitment.
 - Give each health department employee a Groupwise address.
 - Give HD employees a better method to increase salary. We seldom change our job descriptions like those in Charleston can do, but we often have tremendous increases in our responsibilities/job duties. It's all but impossible to convince an administrator that a merit raise is warranted. We also don't often receive experience increments or optional raises.
 - Remove the food code - replace it with something that will work and is not so time consuming labor intensive.
 - Need more emphasis on what public health is supposed to do. We are no longer medical care "preventive" in the local area.
 - I feel that even though some counties do not provide or ignore policies and procedures and fail to meet the mandated inspections they still receive the same funding every year while the counties that do "go by the book" receive no extra funding. I am strictly speaking from one sanitarians point of view. Regarding environmental health.
 - Set up regular meetings between local health leadership and BPH leadership.
 - Develop public health orientation program/institute or all new local health employees, BOH members and bureau staff.
 - Develop leadership/management training opportunities for local health administrators and local health association members.
 - Develop a "Communication Plan" with the state and local representatives that will achieve a "no surprises" environment.
 - Avoid information "over load".
 - Continue to provide timely, informative press releases for the public that the local HD may use.
 - Make communications as brief as possible - two pages or less if possible.

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- Avoid costly, unnecessary, redundant meetings and training, and consider sectional sites to decrease driving distances and overnight stays to help local HD's control educational exposure and to increase participation.
 - Delineate roles and responsibilities between state HD and local boards of health - Whose line stops where?
 - Implement orientation training ASAP.

ATTACHMENT D

ADVANCE SURVEY PROCESS & INFORMATION SUMMARY

Survey Process

The following points refer to the process of developing and processing the advance surveys used at the Roundtable Session.

1. The survey purpose was “.. to gather input to define opportunities for strengthening the state and local public health partnership”.
2. Local and state representatives met to draft survey questions
3. Surveys were mailed to all LHD administrators with memo encouraging them to circulate to their BOH members and all staff.
4. Surveys were mailed to BPH leadership with memo encouraging them to circulate to any of their staff who worked closely with LHD’s
5. 116 surveys were returned with 600 comments/responses
6. Comments were entered into a database
7. Review team was formed that consisted of 4 BPH staff and 2 representatives nominated by the President of the LHA. The team included: Stan Mills and Rhonda Kennedy who represented LHA and Cathy Slemper, Amy Atkins, Myrna Jordan, Kay Shamblin who represented the BPH.
8. Review team read each comment and assigned a category to the comment
9. Review team pulled representative quotes from each focus area to serve as examples of submitted concerns/suggestions
10. From the results created six major themes or focus areas
11. Percentage of comments submitted by category:

5.3%	Balance of Authority
6%	Miscellaneous
6.8%	Organization
6.8%	Orientation and Training
7%	Funding
13%	Leadership
55%	Communication models and teaming environment

Summary Survey Comments within Focus Areas (Major Themes)

Purpose: *The following pages are meant to assist in the logical discussion of focus areas related to the roundtable's purpose. The focus areas were developed based on a team review of the individual responses from each survey. To increase your understanding of each focus area, several direct quotes from the surveys have been provided.*

1. Define and sustain the balance of authority, decision-making, and working responsibilities at all levels (state, regional, district and local).

- “Remember counties are ultimately responsible for problems, questions, etc. that arise in their county.”
- “Allow local board of health to make local decisions and reorganize the value and expertise of local staff.”
- “As a board of health member, I feel the state has often tried to control local health departments. Local boards of health and local staff should be recognized as equals to state and fully empowered to make decisions.”
- “LISTEN to local health department input before instituting new programs.”
- “Define lines of working.”
- “Support the decisions and recommendations of your office and division directors and their staffs. Trust in their ability to make fair decisions on their education, training and years of experience in the field of public health. Their decisions are not made arbitrarily, but are based on what is best for the majority. Every change will incur some complaints from the local health departments. Look at the big picture.”
- “Decrease bureaucracy.”

2. Develop effective communication models and processes that instill a stronger teaming environment at all levels.

- “More interaction between state and local health, such as, state officials visit local health departments to get a better understanding of local health responsibilities and activities. Local health employees should have some type of orientation at the state level for the same reasons. Local health should have representation and input at meetings with state health regarding issues that affect local health.”
- “It would be beneficial to have the Bureau conduct site visits, and possibly attend board meetings to become more informed of the unique characteristics of each local health department.”
- “The Bureau for Public Health should create forums for obtaining broad based input from local health department’s on applicable programs, policies, and related activities.”

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- “Consider developing a team of Bureau folks who could conduct semi-annual regional meetings to discuss issues/concerns/problems.”
 - The Bureau for Public Health should coordinate across programs and offices regarding local health department activities so that policies are more consistent, communication is clearer, time demands on local staff are minimized, etc. Perhaps have Bureau Transitions Team develop overarching policies/guiding principles related to our work with and for local health departments.”
 - “Improve communication between the Bureau and local. Example: Releases about health department functions, new programs, etc. seen in papers before we even get information. Even with all new technology available.”
 - “Answer phone messages more promptly.”
 - “Communication is the key to a good working environment between all organizations. We need to know proper procedures, new laws, etc. – keep us up to date.”
 - “Be a part of the decision making process. Keep informed and provide input on the issues that affect your programs. Become actively involved in public health organizations and make sure they represent the interests of the majority.”
 - “Keep local health departments informed early and not expect faxed/information/answers within a day or less – too short notice.”
 - “These are the people with “their fingers on the pulse”. Use these groups to disseminate information or to find out unforeseen problems with changes/proposals.”
 - “Rotate the place of the local health department’s meetings so the attendance goes up. Every region should be able to send someone to a meeting. Minutes of all the meetings should be sent out.”
 - “I have found that some health departments do not even know these committees exist. I do not know if the break down is with the committees not getting information to local health departments or if administration of local health departments are not sharing information with employees.”
 - “Actively support other parts of the health department – know schedule of services provided by other associations and organizations. It is like each part is in a shell.”
 - “Attendance of meetings should not be the only way for members to be informed.”
 - “We need to be better connected electronically to share more information, faster.”
 - “To respond completely to this question more, we would have liked to gather staff and our Board of Health together to discuss these questions. However, the brief notice given just before a holiday week made this impossible.”
 - “The local health must remember state health goals may differ from their local ones. But, together we can work to meet both goals for West Virginia people.”

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- “More programs/advertising to increase public awareness.”
 - “The state needs to be proactive in board of health education so that the goals of community surveillance and assessment and planning are understood from a public health perspective.”
 - “Each group should always ask whether a particular problem, issue or project impacts other health departments and keep others advised as to planned events and outcomes.”
 - “The Bureau for Public Health should consider the local health department as the center which provides public health services in any given community. The Bureau for Public Health should consider them as a partner in any public health initiative in that particular county.”
 - “When I came to work for the state health department in 1971, the relationship between the state and the local health departments was very poor. Over the past thirty years, this relationship has improved 100%. For some time now, our office has enjoyed a very productive and amicable relationship with the local health departments, which has been very beneficial to both parties. Now it seems to be deteriorating due to the actions and demands of a few individuals. I am hopeful that the Secretary will fully consider all sides of an issue, trust in his staff’s recommendations, and not allow a few individuals to dictate how our programs will be conducted.”

3. *Assure public health system is organized to support efficient and effective interaction between local and state public health agencies.*

- “Regional positions should be paid by the state.”
- “WVALHD’s: Support participation in joint development of a performance improvement system, incorporating concepts of self assessment and constructive peer assessment, and fostering progressive dialogue between state and local staff.”
- “The organizational structure of the Bureau is very cumbersome for local health. Many of the departments under Dr. Taylor impact local health in some way. However, local health administration is under the Division of Public Health Nursing and Administration that is not a separate department with a direct link to Dr. Taylor. For example, not all local health administrators are sanitarians; therefore, those non-sanitarian administrators are never contacted with sanitation issues. Those issues go directly to the sanitarian in the local health department and hopefully are dealt with appropriately, but that depends upon the particular sanitarian. The organizational structure at the state level makes it appear the sanitarians stand-alone at the local level and are not part of the team. The same is true for Epidemiology and Health Promotion on a smaller scale. It is difficult to pull this all together at the local level when it is so departmentalized at the state level. Most health departments provide services that are related to Public Health Nursing

and Administration, Office of Environmental Health Services, Office of Epidemiology and Health Promotion, Office of Laboratory Services, Office of Maternal and Child Health Services and each of these departments is a separate entity with its own organizational maze that local health must manipulate if there is a concern or a question. This is very time consuming and frustrating.”

- “We currently have district sanitarians, regional epidemiologists, and regional health promotion specialists whose positions and roles need to be defined. Regional nurses and regional administrators could vastly strengthen the state and local partnership.”
- Potential state control of all the health departments.”
- “Being new to the system, it was helpful to be involved in some of the Transitions Committee work. It was also helpful to have some standards for guidance.” “I think in my county, as well as many other counties, basic public health services were not a priority before this Transitions Project.” “Now we are caught between the old way and the new way. The old way which was doing things our way without much accountability. The new way which is providing basic public health services with standards and accountability. This change is threatening and uncomfortable for many of us in local health. I think the process has begun to strengthen public health in West Virginia, but we still have a long way to go.” “...the public health standards that have been developed are good, but they are only process standards. We need outcome-based standards to deal with the magnitude of public health issues that face West Virginia. There is so much work to do it is disappointing that we have had to stop the process.”
- “Assign a state person to a health department. That state person would make quarterly visits and stay an entire eight-hour day, attending a staff meeting or board meeting – getting to know the site and the personnel. This would forge a one on one relationship and easier access to each other.”
- “The DHHR personnel office directed to assist local health is not effective and creates problems for the health departments. For example, local health is not kept updated on new policies that affect us. Examples of this were new evaluation guidelines and forms that were implemented three to four years ago and local health has only become aware of them this past year, and the requirement for supervisors training was only related to local health last year. Questions are not always answered correctly. An example, a few years ago we had a very serious personnel problem at our health department (many of our employees had not been classified and hired completely under the Division of Personnel). Resulting from that there was a change in administration and board of health. In trying to solve the problems, administration would be given certain answers to questions and board of health members would be given different answers to the same questions by the same person. For those of us in small health departments with limited expert human

resources in personnel, we rely on the Division of Personnel to assist us to deal with personnel issues correctly.”

- “The Bureau for Public Health should resume development of a joint performance improvement system, incorporating peer and self assessment, and fostering communication between state and local staff.”

4. Provide adequate orientation and training programs for all staff.

- “Cross training. [BPH] We could hold workshops and training seminars to familiarize and train the local agencies in our job duties.”
- “Need a statewide orientation program for health department staff. There are classes for environmental health, but not others (nurses, fiscal officer, personnel staff).”
- “The state needs to educate board members on the mission of public health.”
- “Encouragement from the state level to local county commissioners on how important their role is in providing their county with a public health department.”
- “Ensure each office establish, implement and make sure all employees have knowledge of the proper procedure to follow when working with county health departments.”
- “Fully fund state-provided training programs for local health department staff. Funding is needed to purchase training materials and audiovisual equipment; hire additional trainers; and assist the counties with expenses associated with training. Establish a lending library of training materials that the local health departments could utilize for public health education and industry training. This would be especially useful to the local sanitarians who could utilize the materials to train food service workers, sewage system installers, and the staff at schools, child care centers, organized camps, etc.”
- “Monthly teleconference on public health issues broken down by regions.”
- “Increased involvement of local health departments to attend and participate in meetings with state and local officials.”
- “Integrate public health nurses training continuing education with sanitarian continuing education where the lines of communication often cross.”
- “Nurse Liaison Committee: Continue leadership in development of such items as nursing manual, PH nursing orientation, take leadership role in developing a mentoring system for new PH nurses, etc.”
- “WVPHA Strengthen agenda WVPHA meeting. Perhaps put out public call for topics/ideas/suggested speakers both to members, LHD’s and BPH. Consider moving to a format which better integrates disciplines at meeting.”

5. Identify and secure adequate funding for public health.

- “Reclassify to bring salaries up to compare similar to salaries outside of state and local agencies.”
- “Assure adequate funding for adequate staff.”
- “Secure stability in funding for local health departments, adequate to meet the needs above minimum requirements.”
- “Not asking local health departments to fund their “Healthy People” programs through writing grants. They don’t have the time or personnel to do so. If we do have to use grant money, have the state prepare the basic grant application and each county plug in their individual numbers.”
- “Need for more money to provide all the requirements that state mandates. Send more money to local level to provide services instead of state keeping most of the money to “administer the programs.”
- “Fully fund local health departments for its functions, holding them accountable.”
- “Local health departments should be included in raises that are given state employees since local health departments have to comply with state DHHR and DOP regulations and rules.”
- “We need more local support for funding and personnel for programs.”
- “Do not pass legislation/mandates without funding for programs to be done.”

6. Strengthen and foster effective leadership.

- “To be open and willing to change with the national and state direction of public health. The old ways are comfortable. Example, it is much more comfortable to sit in the health department and do a clinic than it is to meet with a group of local folks to discuss public health issues and develop a plan to deal with them.”
- “Increase awareness of public health in every community. Local health departments need to be involved in communities – not just at health fair.”
- “Provide competent leadership at local level.”
- “The health officers and the board of health need to take a more active part in the local health departments.”
- “The local level needs to be reminded of the “big picture” to community health not just individual county agendas.”
- “Local health departments need to clarify their chain of command also.”
- “Associations need to be strong voices and more attendance of each health department staff at these organizations.”

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- “Sanitarians Association: Reach out to Nurse Liaison Committee in an effort to, from a leadership standpoint, foster sanitarian-nursing relationships. Regularly include nurses in training opportunities when possible.”
 - “Internal issues within these organizations need to be resolved before any relationship strengthening can take place.”
 - “The key roles of these organizations should be to inform their members of current dialogue with DHHR, the Bureau and other agencies, key decisions or decisions being considered and report on other activities.”
 - “Nurse Liaison Committee: Reach out as an organization in an effort to, from a leadership standpoint, foster nursing-sanitarian relationships. Include sanitarians in developed training as appropriate.”
 - “Basically many county health departments have no real supervision at this time. Health Officers are in the majority of the cases just figure heads, and board of health just deal with keeping the health department running.”

ATTACHMENT E

SESSION EVALUATIONS

To assist with future sessions like this one, what feedback and evaluation would you offer?

**What did you like about this session or the overall process related to the session?
What worked well, what was significant for you, etc.?**

- Very good. Getting state and local together. At the tables having a mixture of both state and local staff.
- Small group discussions were a good idea. Overall concept was good.
- The format allowed for open discussion and facilitated better understanding on both the state and local levels. Continued discussions!
- I believe this session did address many of the needs of local health departments. Most stated there was a need to define the common problems in writing and we will be looking forward to future opportunities to work together. The session was very well planned and executed. It is good to be able to connect faces with names.
- Need more of these meetings with more question and answer debates. Will help all of us!
- Session was valuable in that it gave the new DHHR Secretary an opportunity to meet staff of local health departments. Other than that samo, samo – but it never hurts to talk.
- Interactions – and a sincere desire for the input.
- Everyone seemed to be receptive of new ideas and was pleased that at the state level they were all very interested in hearing what the county health department had to voice.
- I think this was a good idea. The problem I see is there 55 local health departments and 1 public health department. It is hard to set all on same page.
- That all have realized we have to work together for the good of public health.
- Open discussions on subjects. The compiling of information and brought before the whole group.
- It's good to know we aren't progeny of questionable origin.
- Great to have such a diverse group of state and local to get together and interact! Group discussion after opening remarks and overall process excellent!
- Open communication. Good local and state participation.
- Good atmosphere for discussion.

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- The idea that Paul Nusbaum himself offered to help our health department talk with the county commissioners about funding.
 - I thought it was good to mix the tables with both bureau people and LHD people and also to mix the tables geographically. It led to a lot of open discussion and a chance to see the issues from a number of different angles. I think it gave people a forum to air their frustration.
 - Everyone was listening for a change.
 - Good process.
 - I liked this process.
 - I liked the openness of the session. Honest answers for real problems.
 - The fact that the session was held. The broad representation of all disciplines from LHD. The way people were divided up into groups. It “forced” you to communicate with different people than you normally would. The way the sessions (subjects) were divided out.
 - Table top discussions were good and the group reports were good.
 - The small group discussions worked well – you could see a consensus between groups as well.
 - I enjoyed the group work. I was pleased that Dr. Taylor and Mr. Nusbaum were present and available for comment. I appreciate their interest.
 - I liked the informal meeting with the dividing up of local groups to allow them to speak and development of issues.
 - I liked the fact that the process included all parties involved (state, county) and included input for all. The mixture at each table was a great idea.
 - Much better than I anticipated. Very good!
 - The secretary’s involvement with local health departments. Open dialogue.
 - Presentation of roundtable reports – brainstorming at individual tables. Thanks to Mr. Nusbaum and Dr. Taylor for their time and attendance.
 - At first, I didn’t like the roundtable but it was great idea for networking. Felt the bureau was open to comments and acceptable. Thank you.
 - A good way to get a lot of specific feedback from the LHD workers and to reinforce each other. We heard consistent reports on needs and abilities at both the state and local level.
 - Improved communication. Felt a commitment to address issues, not just raise new issues – hope commitments are fulfilled. We commit support as well from LHD.
 - Roundtable discussions excellent idea – great information provided. Hope it continues on a regular basis.

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- Very well planned – process was good at breaking up into varied groups. Kay did an excellent job – very eloquent, enjoyed Secretary Nusbaums remarks and goals. Was nice to have state level staff present.
 - This is a good beginning – a foundation that needs developed. As with any relationship communication.
 - It was nice to hear our Secretary, Paul Nusbaum – in 30 years I don't ever remember having a meeting between all of us that made us feel our concerns really mattered.
 - It allows us to speak our minds and what problems we try to deal with on the county level.
 - Workgroups were effective. Relationship between state and locals was remarkable.
 - As a newcomer to Public Health, I valued the opportunity to connect with others from LHD and with staff from the Bureau so that in the future we can pick up these newly established relationships in the working process.
 - -We were allowed to network and it was defined that it seems that all health departments seem to be on the same page re: problems and problem-solving.
 - It stimulated discussion by multiple health department staffers and the bureau staffers. This was a very pro-active activity and should be a continued process to keep the doors of communication open.
 - Pre-assigned groups. Two groups working on an issue, then joining to combine input.
 - Working each table and occupants together worked well. I liked the informality and camaraderie.
 - The group that was present was appropriate to discuss the problems addressed. Brainstorming at the tables worked well, but ideas developed were the same ones we have been saying for a long time.
 - That Secretary Nusbaum/Dr. Taylor/C. Curtis felt it was important to attend. Everyone worked together. Send copies to everyone about the results.
 - The willingness of State HD to improve working relationships with LHD's. Thank you. The group interaction worked well.
 - I think the process was well thought out and planned. The categories of issues seemed to fit well with the comments. It might have been good to have a local representative at the head table.
 - Small group input, much more conducive to sharing opinions. The fact that local health/BPH/Secretary Nusbaum communicated importance of this meeting (this allowed many people to participate who might not have had an opportunity). Just that we were given this opportunity (self-validation).

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- I am so grateful that Secretary Nusbaum and BPH staff gave so much of their time and let us discuss issues/concerns.
 - Good (healthy) food/snack choices. Dividing us so mixed friends/HD's/job class/local and state mixing very good. Putting us all on level ground.
 - It seems there are a few self-appointed people who think they speak for all of us. It was reassuring that my comments were given just as much weight as theirs were.
 - Communication, one on one discussions.
 - I liked being assigned to a table with different disciplines. The process worked well. The topic my group discussed was especially important to me (training and orientation).
 - I liked that it included both state and local levels. I liked that the Secretary took the time to spend the full day. This confirmed his commitment to this.
 - Roundtables, breakout reports.
 - Openness, broad participation, dialogue.

What would you have changed or done differently with this session or the overall process?

- Topic #1 was very broad, and not very well defined.
- Nothing just more of them!
- Nothing (4)
- This should be held annually!
- No changes, but think this type of meeting should be held no less than semi-annual.
- More meetings like this. Presently, it's fine the way it is today.
- Less time group. Less time open discussion.
- More time allotted for group discussions to develop solutions. More time for general discussions. Dr. Taylor needs to quit rambling.
- Faster pace.
- Better sound system. A little more space between tables – it was somewhat hard to hear when all tables were holding discussions.
- More of the specific comments or a better summary. Longer lead-time on survey.
- More of same – annually.
- Let the small health departments speak.
- This was a good start – let's finish the process soon.
- Maybe send to participants ahead of time. The survey quotes and process of day so we could've been better prepared.

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- Maybe if the questions to be worked on could be mailed out earlier so we could think about these more.
 - Move things on a little quicker.
 - Planned joining to discuss plan developed.
 - More time to cover issues.
 - I would have sent out survey results prior to the meeting to allow thought before the day of the meeting.
 - I think we skirted a few problems. Didn't talk about what was already in progress (Performance Committee, manuals, orientation, etc.).
 - More frequent at least yearly or every two years.
 - More quantifiable, less open ended evaluation process.
 - Although I believe BPH was primarily to "listen" during this meeting. However, at least at my table state folks didn't really have the same level of opportunity to provide input in this process. A more equal representation of local/state staff may be helpful. It would also assist in bringing more BPH staff along relative to building a relationship with local health.
 - Allow a sign-up for the discussion table you want to join (prior to the meeting), rather than random assignment.
 - Need annual meetings.

General Comments

- Need to do this at least once a year
- We can learn much by listening to others comments. Thanks for a good day.
- An excellent forum.
- Was a very good session.
- Let's do this again next year.
- Continue having these roundtables and continue the commitment to improve communication.
- Let's hope we continue to see progress.
- I do hope our recommendations are put to action. I really want to see the fruits of our labor.
- It's good to have the leadership present all day, which shows a commitment to change.
- What's next? When will there be a follow up? By whom? Now you have our ideas - lets see some action plan!!!
- Thank you. Lunch was great as well as refreshments, facilitators nice.

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- Offer vegetarian option for lunch.
 - Food and breaks were great – just a little rushed.
 - I feel that having a bureau person at individual tables was helpful and I feel they did seem concerned.
 - Good sessions.
 - Committees need to set up to address problems – also need to set a timeline.
 - Its amazing – I've been in public health 20 plus years. Some problems 20 years ago. I hope we will be able to accomplish more.
 - Good step forward.
 - Did I say thank you? Thank you. There's an old hymn, "Love lifted me" about a person who is drowning and "love" helped save him/her. I was having a sense of "sinking", but I feel like someone has thrown me a life raft.
 - Worthwhile day, hope for the future!
 - It was great that Chris, Dr. Nusbaum and Dr. Taylor floated to listen. The summary of groups was enlightening. The topics that were noted have all been thought about before – but maybe this time, something will be done.
 - Continue dialogue – annual roundtable? community/LHD forums? Assure ongoing broad input/participation in developing and implementing plan (surveys, full meetings, etc.).