West Virginia Public Health

Building on Progress Through Shared Solutions

A 2002 Progress Report and 2003 Work Plan Developed by the
Local/State Public Health Working Relationship Agreement Oversight Team

December 2002

Dear Public Health Partners:

As members of the Working Relationship Agreement Oversight Team, it gives us great pleasure to present a progress report and work plan stemming from the 2nd Annual Invitational Roundtable on Public Health Partnerships, ***Building on Progress through Shared Solutions*** held on September 5, 2002.

This year, public health has been focused on strengthening West Virginia's ability to respond to new and emerging public health threats such as bioterrorism, disease outbreaks and natural disasters. New partnerships are being formed and new processes are being implemented as we recognize the need to change the way we do business in public health. Teams of state and local public health professionals have been working hard over the past year to

- improve joint planning between state and local public health agencies through the development of a Working Relationship Agreement and an annual Invitational Roundtable on Public Health Partnerships
- improve organizational and strategic planning skills and processes within the Bureau for Public Health and local health departments
- identify and implement process improvements that will enhance the working relationship between state and local public health agencies
- strengthen state and local capacity for addressing public health threats such as bioterrorism, disease outbreaks, and natural disasters

This report captures and communicates state and local progress and accomplishments to date and begins to link and coordinate our future work in the areas identified above and those areas identified by many of you as important in improving working relationships and the public health system in West Virginia. From the results of the 1st Invitational Roundtable held in August of 2001, the 2nd Invitational Roundtable held in September of 2002, and targeted planning sessions, the Working Relationship Oversight Team has drafted the ***Work Plan: Building on Progress through Shared Solutions***.

Developing shared solutions will take a contribution from each of us. We welcome you as an active participant in this process.

Sincerely,

Chris Curtis, M.P.H.
Acting Commissioner
Bureau for Public Health

Stanley Mills, R.S.
President
WV Association of Local Health Departments

IMPORTANT PREFACE NOTES TO THIS DOCUMENT

The Annual Invitational Roundtable on Public Health Partnerships began in August of 2001 as a new approach to strengthening the joint planning process between state and local public health agencies. At the conclusion of the 1st Invitational Roundtable last year, a report was prepared that summarized the results and discussions of the Roundtable.

This year's Invitational Roundtable format and report were designed to take another step toward strengthening the joint planning process. The Roundtable discussion reports were reviewed and discussed by the Working Relationship Agreement Oversight Team during a meeting held on October 23, 2002. The work plan presented in this document is the result of this planning session in which the key issues and concerns from the Roundtable were sorted and assigned by similar topic to an established special WRA subcommittee. Each of these subcommittees, as reflected in this plan, is expected to meet during the first part of 2003 and develop specific steps to address the issues assigned to it. The subcommittees will be made up of both local and state representatives.

Public Health in West Virginia, as in all other states, has taken on significant responsibility related to threats against the United States. Threat preparedness, including bioterrorism, has rightfully taken front stage as priority for everyone working in both local and state public health. Every effort is being made to align these new demands with the on-going expected roles of public health. However, the magnitude of change will consume a majority of focus in the threat preparedness areas over the next few years. In West Virginia, public health is focusing on aligning opportunities in which threat preparedness work can strengthen other public health functions. The WRA Oversight Team recognizes that, due to the new threat preparedness responsibility, some facets of improvement in public health may not advance as fast as desired.

WRA stands for Working Relationship Agreement, which is the term representing the general operating guidelines and set of principles for how local public health departments and the Bureau for Public Health organization desire to work together in a local/state partnership for advancing the public health system in West Virginia.

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ACKNOWLEDGMENTS

All written comments received from the 2002 Invitational Roundtable have been recorded and shared with the WRA Oversight Team.

The WRA Oversight Team extends sincere appreciation to the many local and state public health professionals who attended and participated in the 2002 Invitational Roundtable. Based on all the submitted information, either from direct responses or the work from the various workgroup tables, an open and valued perspective was gained. The simple rating gauge used to benchmark the present status and progress in improving working relationships and operations between local public health and the state level showed some progress has been made. Although not at the progress level needed, there is promise in the direction we are headed based on many of the written comments.

Much groundwork has been put in place in the past year. Every effort is being made by state and local leadership to continue improving the working relationships and the overall public health operations at both the local and state levels. Everyone must take part in this cause in his or her daily work regardless of the task or the location. Appreciation is also extended to the dedicated individuals who are diligently making a difference in how local and state public health staff work together to improve West Virginia's public health system.

BACKGROUND / PURPOSE

As a result of the first Invitational Roundtable in August 2001, a special work group was formed consisting of local and state public health leadership (directory of members attached). This work group through a series of planning sessions, addressed areas of concern regarding relationships between state and local operations. Through this process, the group developed a formal working relationship agreement (WRA) that is now active. The signed agreement can be accessed at www.wvlocalhealth.org by clicking on publications.

As part of this agreement, a standing WRA Oversight Team now exists and serves to monitor the agreement and carry out specific charges as delineated in the agreement. These include, in part, creation of WRA committees, hosting an annual Invitational Roundtable and establishing an annual work plan related to the on-going improvement of local and state working relationships.

This report provides information regarding the work of the WRA Oversight Team and the current committees. Presently, there are six of these committees, each having a specific purpose. The committees are championed by members of the Oversight Team: one from the local level and one from the state level. Committee members come from the WRA Oversight Team or from within any area of public health (state or local) as needed. The champions ensure that the committees are effective and producing results. They serve as a liaison between the WRA Oversight Team and the committees.

On September 5, 2002, the 2nd Annual Invitational Roundtable on Public Health Partnerships was held and included 120 participants representing the Bureau for Public Health and 31 local health departments. The agenda included comments by and dialogue with Governor Bob Wise, Secretary Paul Nusbaum, Acting Commissioner Chris Curtis, and President of the West Virginia Association of Local Health Departments, Stan Mills.

During a planning session in October, the WRA Oversight Team reviewed all the results stemming from the work tables at the Invitational Roundtable 2002. Using this information and knowledge gained from other activities (e.g., threat preparedness, last year' Invitational Roundtable, the Turning Point Process Improvement Initiative), the team sorted issues from the Roundtable into various actions. Issues were categorized as already accomplished, covered under threat preparedness, assigned to a WRA committee, assigned to a group within the public health system, or assigned to a group outside the public health system. The Work Plan provides a summary of issues that were determined to need addressed through the local/state working relationship initiative.

The issues deemed still needing addressed and within the WRA initiative were assigned to one of the present WRA committees. Issues were organized and combined into action goals. The Work Plan 2003 lists the results of this processing. Some of the goals have further language that provides background information or initial areas for focus.

Each of the WRA committees will determine the priority and the specific actions for what has been assigned to it. Again, based on the total demand for threat preparedness and daily workloads, the timing of actual work on any given goal in the attached work plan may vary.

Throughout the year, members of the Working Relationship Oversight Team will

- communicate progress to staff within the Bureau for Public Health and local health departments
- reach out to involve other public health professionals in further development and implementation of the work plan
- support joint recommendations for action
- integrate work of the committees when needed
- assure targeted improvement benchmarks are incorporated in the work of each committee

To learn more about this process or to get involved in the work of a specific committee, contact any member of the WRA Oversight Team. A directory of members can be found attached to this report.

WRA-RELATED ACCOMPLISHMENTS
2001 - 2002

The following are some of the key accomplishments during the past year

- Formation of a formal Working Relationship Agreement (WRA) between the Bureau for Public Health and local health departments that includes
  - an annual Invitational Roundtable on Public Health designed to increase participation in the joint planning process between state and local public health agencies
  - formation of six standing committees in the areas of
    - Policy Development
    - Program/Planning and Resource Development
    - Funding and Resource Allocation
    - Legislative Agenda
    - Performance and Process Improvement
    - Communication
  - development and implementation of a joint annual plan of action

- Alignment of the West Virginia Turning Point Initiative to support joint state and local planning through targeted process improvements such as
  - providing technical support to the Funding and Resource Allocation Committee's work to improve the state/local fiscal reporting process for basic public health services support, state aid to local boards of health, and threat preparedness
  - working with the Division of Public Health Nursing and Administration and local health department staff to develop structured job training tools for new public health nurses

- Design and implementation of Public Health 101, a week-long orientation program for new public health staff.

- Application for and receipt of funding for the Threat Preparedness Initiative. Formed multiple workgroups to address state and local planning efforts involving various traditional and nontraditional public health partners.

WRA OVERSIGHT TEAM WORK PLAN
2003

Presented within each WRA Oversight Team subcommittee responsibility, the following pages provide information from the 2002 Invitational Roundtable. For each subcommittee there is a list of specific issues (goals) or actions to be addressed. In most cases each goal has some specific comments derived from the work of participants at the Invitational Roundtable. These help frame the issue and will be important in the subcommittee work.

Following the work plan pages, more detailed information from the 2002 Invitational Roundtable is found. Included in this is a summary of the quick gauge taken at the Roundtable regarding progress made over the last year. Hopefully, this can serve as a baseline on which to build progress in 2003.

WRA Committee	Planning/Program and Resource Development
WRA Committee Champions	Cathy Slemp and Jim Felsen
Purpose	To explore and assess the external emerging trends and challenges confronting the public health system and develop strategies and recommendations to address them.

GOAL AREAS AND WORK TABLE COMMENTS FROM 2002 ROUNDTABLE

1. **Assess current public health funding streams and guidelines to identify strategies for increasing resources and maximizing limited resources to meet public health needs.**

   Roundtable Comments Included
   (identify sources of funds; under-funded; identify who's responsible for what type of funding; on-going mechanism needs to be established for funding public health; lack of ability to adequately carry out the threat preparedness plan; obtain and secure long-term funding; more incentive-match type funding; investigate options for grants access)

2. **Develop and support strategies for strengthening relationships between local health departments, boards of health, and county commissions.**

   Roundtable Comments Included
   (lack of support from board of health members and county commissioners; engaging community and the board of health in public health)

3. **Determine effective strategies to engage the community in understanding and 'owning' public health locally.**

4. **Increase opportunities for public health to enhance knowledge and develop skills in collaborative planning, decision making, and teaming.**

   Roundtable Comments Included
   (division within local health department – needs leaders that have appropriate knowledge and skills; increase education and communication at the state level)

WRA Committee	Communication
WRA Committee Champions	Ron Forren and Candi Hurd
Purpose	Build and deploy needed communication that raises awareness, fosters understanding, and closes the gap related to local and state staff concerns regarding lack of communication.

GOAL AREAS AND WORK TABLE COMMENTS FROM 2002 ROUNDTABLE

1. **Increase awareness about the importance of adequately providing public health services, targeting policy makers, and funding agencies.**

   Roundtable Comments Included
   (marketing about role of public health to encourage additional funding and maintain current funding; public awareness on policy development and funding – combined legislature and funding grassroots; PR for public health so congress knows benefit of basic public health services)

2. **In conjunction with the Planning/Program and Resource Development Committee, encourage and support joint participation by all public health staff in planning and training activities.**

   Roundtable Comments Included
   (internal communication at the local level; nurses and sanitarians – fosters negative implications)

3. **In conjunction with the Policy Development Committee, examine and assess current communication protocols and methods of communication between the Bureau for Public Health and local health departments.**

   Roundtable Comments Included
   (methods for communications, email, fax, mail phone; efficient use of resources and time while supporting good communication)

4. **Explore strategies for increasing knowledge about office/division/staff roles and responsibilities within the Bureau for Public Health.**

   Roundtable Comments Included
   (little knowledge of people/resources – what they do; develop resource directory that is more than just an address book; internal program training (cross training); better orientation and opportunities for orientation; DHHR newsletter; search engine on DHHR website)

5. **Use the principles and practices encompassed in the WRA to foster improved internal working relationships and communication within both local organizations and at the state and regional levels.**

WRA Committee	Policy Development
WRA Committee Champions	Kay Shamblin and Mike Vickers
Purpose	To develop and support policy that will enhance the working relationships between local and state operations so as to improve the overall delivery of public health programs and services in West Virginia.

GOAL AREAS AND WORK TABLE COMMENTS FROM 2002 ROUNDTABLE

1. **Strengthen procedures and protocols between local health departments and the Bureau for Public Health in areas such as media/risk communication and response to disasters/crisis situations.**

   Roundtable Comments Included
   (Local health departments need to be the voice with guidance; chain of command)

2. **Explore strategies for increasing input into the development and modification of policies affecting local health departments and identify opportunities to strengthening the communication process when new policies are implemented or existing policies are modified.**

   Roundtable Comments Included
   (prior to policy change, state level policy issues (not only state health department) need to be sent to local health department; reportable disease manual training on how to use it and who receives a copy; unfunded mandates – upgrade expectations with no additional money (need consensus, need more local representation, getting better); specific guidelines from state; better/clearer guidelines with local input; all policies should consider size and demographics of health departments; regional differences in policies – prevalence of problem, demographics of population, geographical differences, size of health department, i.e., financial capabilities of department)

WRA Committee	Performance and Process Improvement
WRA Committee Champions	Stan Mills and Amy Atkins
Purpos:	To coordinate the development of performance improvement activities and process improvement initiatives.

GOAL AREAS AND WORK TABLE COMMENTS FROM 2002 ROUNDTABLE

Performance Improvement

1. **In conjunction with the Funding and Resource Allocation Team, identify key public health performance indicators and critical benchmarks to track and monitor for progress.**

   Roundtable Comments Included
   (more facts/data about public health performance and costs so legislators can make educational decisions about resource allocations; program cuts – evaluate programs and their effectiveness; review guidelines for improvement)

2. **Identify expert resource people to assist.**

Workforce Development

3. **Strengthen orientation processes for new public health staff, including options such as enhancing Public Health 101, developing structured job training tools, mentoring and increasing opportunities to work across disciplines.**

   Roundtable Comments Included
   (need training mechanism for all new staff; "on the job" training for nurses, clerical, etc.- state provided to understand procedures, reporting methods, etc.; need electronic (webcast) training; working alongside with public health association to shape annual conference to assist with continuing education needs; to incorporate the issue of effective communication(s), teaming, etc.; environmental manual going to be put on the web; new laboratory services manuals going out now; continue with orientation; employee orientation/mentoring process; public health nursing training/program tools; review sanitarian training course/pursue association with college for credit; training on state expectations for financial staff/adequate training; conduct web-based trainings for staff/clients; stay in line with CDC to take advantage of future trainings; web-base/CD Rom formats and other learning systems; assess training needs-look at learning systems available and develop curriculum to match and deliver; mentoring; training disk-use/train on own time; help desk for nursing questions, financial issues, web-teleconference training (like NEDSS/CDC using); need trained workforce to progress- board of health, health officer, state/local responsibility, etc. i.e., in a TP event, etc.; education of board of

health members (new materials); develop board of health training and health officer training)

4. **Develop strategies for recruiting and retaining public health professionals.**

   Roundtable Comments Included
   (need incentives to entice new staff, how to recruit and retain – need pay equity with private sector, aging workforce, needs to be a career ladder)

Process Improvements

5. **Continue to identify and implement process improvement strategies that enhance and strengthen the working relationship between state and local public health agencies.**

   Roundtable Comments Included
   (process improvement – assessment and diagnosis, plan, implement, evaluation; co-operation model (cost savings sharing), both state and local 'purchasing power' model)

WRA Committee	Legislative Agenda
WRA Committee Champions	Chris Curtis and Omayma Touma
Purpose	To coordinate state and local public health legislative strategies and agendas for the Bureau for Public Health and local health departments which could include developing new legislation and reviewing proposed legislation.

GOAL AREAS AND WORK TABLE COMMENTS FROM 2002 ROUNDTABLE

1. **Work collaboratively to develop and support common legislative initiatives.**

   Roundtable Comments Included
   (simplify fee process – ability to react to market reality; radiological health – propose changes in fees for service; fees for service; pay/fee equity; remove the cap change on code; need equality/standardization; legislative agenda/code change; removal of local portion of fees for service to allow for more flexibility of rates; make sure no pre-emption rule introduced/passed; standardized pay increases, state get the same with adequate funding to local)

2. **In conjunction with the Planning/Program and Resource Development Team, assess current public health funding streams and guidelines to identify strategies for increasing resources and maximizing limited resources to meet public health needs.**

   Roundtable Comments Included
   (mechanism to cover all mandated; unfunded legislative mandates; legislative appropriations; specific taxes to support local health)

3. **Explore options for increasing financial support for community identified programs and interventions.**

   Roundtable Comments Included
   (unmandated service – important to community; additional funding to cover important unmandated services)

WRA Committee	Funding and Resource Allocation
WRA Committee Champions	Mickey Plymale, Julia Kerns and Nancye Bazzle
Purpose	To explore and assess the internal (within the public health system) processes and policies related to funding and resource distribution and accountability and recommending strategic solutions to address them.

GOAL AREA AND WORK TABLE COMMENTS FROM 2002 ROUNDTABLE

1. **Improve the fiscal reporting process between state and local public health agencies that will**
   - include the development of a local health department fiscal tracking tool that will support and be compatible with programmatic reporting and tracking of program performance indicators
   - focus on threat preparedness, state aid to local boards of health, and basic public health services and local reporting in the short term
   - incorporate concepts consistent with an integrated approach to cost accounting and budgeting

   Roundtable Comments Included
   (more flexibility with state aid/BPHS; accounting for time-15 minute segments; environmental, clinical, Report to state; state ability to receive electronic reports, billing (FP, BC, etc.), tracking, GIS information that local can access and view data)

2. **In conjunction with the Performance and Process Improvement and Communications Committees, identify key public health performance indicators and critical benchmarks to track and monitor for progress.**

   Roundtable Comments Included
   (more facts/data about public health performance and costs so legislators can make educational decisions about resource allocation)

3. **Recommend a process for evaluating the current funding distribution methodology.**

   Roundtable Comments Included
   (establish a committee to evaluate funding distribution methodology)

4. **Identify strategies to stabilize and secure adequate funding for public health personnel.**

   Roundtable Comments Included
   (local internal pay equity (need pay increase money to get new nursing staff); same benefit/pay package; equal pay/qualifications; employee salaries, pay raises, and benefits; PEIA inequity, all employees (state/local) should be treated equally; state should give total raise to the county; public health pay scale needs to be upgraded; DOP rules need to be revised to be more public health friendly)

WEST VIRGINIA PUBLIC HEALTH PARTNERSHIP INVITATIONAL ROUNDTABLE

START UP 'PROGRESS GAUGE' INDIVIDUAL RESPONSES

For each of the following overarching areas that were identified last August at the First Roundtable as critical issues needing addressed, rate in your opinion how much progress has been made over the past year with each. If unfamiliar with what is listed, see handout from last year's Roundtable for additional specific information.
Use the following to 10 scale: **1=*No progress at all*** to **10=*Significant progress***

Overarching Area Needing Addressed Based on 2001 Pre-Roundtable Survey	***My Rating Coming into today's session***	***My rating after discussions***
1. Define and sustain the balance of authority, decision-making, and working responsibilities at all levels (state, regional, district and local).	1 2 3 4 5 6 7 8 9 10 NA 2 7 11 10 20 9 11 10 0 2 0 ***Average=5.12*** ***Standard Deviation=2.1***	1 2 3 4 5 6 7 8 9 10 NA 2 6 10 7 18 10 12 10 1 3 3 ***Average=5.38*** ***Standard Deviation=2.15***
2. Develop effective communication models and processes that instill a stronger teaming environment at all levels.	1 2 3 4 5 6 7 8 9 10 NA 0 2 9 10 23 12 9 11 4 1 0 ***Average=5.62*** ***Standard Deviation=1.8***	1 2 3 4 5 6 7 8 9 10 NA 0 3 7 8 23 10 8 13 3 3 3 ***Average=5.78*** ***Standard Deviation=1.965***
3. Provide adequate orientation and training programs for all staff.	1 2 3 4 5 6 7 8 9 10 NA 9 12 15 14 17 1 9 5 0 0 0 ***Average=4.00*** ***Standard Deviation=2.0***	1 2 3 4 5 6 7 8 9 10 NA 6 11 14 14 17 2 8 5 2 0 3 ***Average=4.27*** ***Standard Deviation=2.068***
4. Identify and secure adequate funding for public health.	1 2 3 4 5 6 7 8 9 10 NA 9 22 15 7 14 8 1 2 1 1 0 ***Average=3.49*** ***Standard Deviation=2.1***	1 2 3 4 5 6 7 8 9 10 NA 8 20 9 6 18 9 0 6 0 1 3 ***Average=3.86*** ***Standard Deviation=2.167***
5. Strengthen and foster effective leadership.	1 2 3 4 5 6 7 8 9 10 NA 1 8 7 11 29 10 8 6 0 1 0 ***Average=4.95*** ***Standard Deviation=1.8***	1 2 3 4 5 6 7 8 9 10 NA 2 8 8 8 23 10 8 8 1 1 3 ***Average=5.06*** ***Standard Deviation=1.983***

ADDITIONAL OPEN DISCUSSION/BACKGROUND QUESTIONS

A. *What questions or specific comments would you have regarding the working relationship agreement, its purpose, its contents, the process, etc.?*

- Unfamiliar – where will it be used?
- Good process, excellent effort.
- Reaction – good start, common sense – but needed to be written down.
- Essential.
- State should provide direction and resources. Local health departments need to provide local programming and changes to follow the directions provided.
- This group is not knowledgeable (re: the specifics of the agreement but as a whole feel that this is a positive effect with great outcomes possible).
- While it on the surface seems so "basic/fundamental" it was and is necessary.
- No personal experience with this process. Looks good on paper and I hear comments from those involved that it is a workable solution to an age-old concern.
- What is the process exactly? Whose responsibility is it to share the information to local health department staff?
- An admirable attempt to facilitate the bonding process between all responsible parties.
- Put it to practice!
- A long time in coming – great progress towards clarifying, communicating public health messages at the state and local level.
- Four saw previously, three first viewing. "Interesting document".
- Has made a difference (ex., tp).
- Bringing in more people – local/state.
- Better place to partner.
- Helps to bring up issues to be discussed.
- Will it give more authority to local health department powers to be and for increases?

B. *How would you characterize public health in West Virginia today vs. in the past? What is your vision of public health related to local/state partnership and working relationship in the future?*

- A year ago public health was the core of health for the community. Chase the dollar – basic public health services.
- Funding provided for basic public health services.
- Some services have gone by the way side if money not available.
- State provides leadership, direction and money. Also advocate for locals.
- Local need to provide local programming and changes to meet the needs.
- In the past local health departments were basically all that existed for indigent populations to access care. This has changed with local and community health centers, and private practitioners willing to care for vulnerable populations, who are not insured because of CHIP or Medicaid.
- I would like county health to see themselves not as the provider of service but rather the facilitator/resource coordinator, accessing availability, acceptability, and accessibility of health care. The partnership is that the local voice, speaking to and for community needs.
- Public health remains an "unclaimed resource" for either state or county government.

- Better relationship between local and state health departments.
- More in tune with the needs of the public. Local/state partnership essential.
- Much more sophistication – knowledge needed to perform daily duties.
- Returning to past practices more work required locally.
- Must work together to be successful.
- Respectful – share common goals.
- Common goals and decision making vision.
- Public health is more visible – more credible – has/should have a “place at the table” in shaping health care at state and community level.
- Better workforce, better data – evidence of support of our public health messages.
- Better funding and support of public health infrastructure.
- Vision – evidence to support public health – best practices.
- Older!
- Doing more with less!
- More complex.
- Constant changing – so rapidly!
- Overwhelming.
- More visible difference.
- More sophisticated.
- Better connected.
- Have funds to operate.
- More work (state work filtered to local with money).
- Decrease district sanitarian.
- Vision: Work together to determine how funds can be spent – when new money available (no additional strings).
- Open door policy.
- Performance measures developed.
- Envision system and plan together for it.
- Increase in funding.
- Increase workload with additional funding.
- Better connected today and more visibility.
- We are more visible but we need to be seen not just in emergencies.
- Better connected.
- More work on local health departments – additional workload.
- The responsibility that local health departments have to assume (with backing of state bureau) have increased. Most counties haven’t had to be leaders in the community in this respect.
- Local health departments expectations (in a crisis) must be set.
- Public health is working with a clearer set of guidelines than in the past. Dealing with public health issues not providing medical care.
- United, seamless, supportive, and customer focused.
- Has grown from local, state, global with one day of terrorism.
- Public health can only exist under a partnership. It will not survive at the state level only or at the local level only.

- On the forefront of technology with better prepared for a crisis.
- Continue to increase communication.
- Partnership concept has improved.
- Directions from state.
- State to operate as an advocate.
- Recent past – looked (community) at local health department as a clinical care provider. Now intervening in threats and/or events (real or imagined) to protect the general public.
- Stronger ties to neighboring health departments.
- State identify funding nationally and locally to provide programs locally.
- Currently we are involved in "forced" changes.
- We are all in the same boat.
- If we work together and form strong bonds we would be much more effective.
- Public health is in "spotlight" which is forcing us to pull together in order to make it all "work".
- Continue to grow together and work together including wanted training, etc.
- We provide a lot more services than in the past. We still have to do more with less help. Better communication and more funding to keep good workers in the health department.
- Increase state funding. Decrease local funding.
- Back to public health "roots" – communicable disease, invest in clinical due to Medicaid.

C. *What are the most significant/high priority strengths, weaknesses, opportunities, and threats related to the local/state partnership and working relationship today?*

- Strength – respect from community, state, local, etc.
- Weakness – lack of understanding program continuity, staff turnover. More opportunity for local representatives to work together.
- Being required to do things not trained to do.
- Opportunity – even better opportunity to advance.
- Best working relationship.
- Threats – If we fail to "step up to the plate". Community watching more now.
- Threat is the economy – it means that as providers refuse to see Medicaid/CHIP county health will be called upon. There are no resources for this and the state monies are threatened as reductions in funding occur. All of the above have the potential to threaten the positive, trust building that has occurred.
- Don't know much about what it is. Today is the first time I have heard about it.
- Where is it at (its purpose, its contents, the process, etc.)? Need to distribute.
- Strengths: ability to reach consensus.
- Threats: apathy driven by demoralizing factors such as low pay, rising health care costs, etc.
- One partner proceeding on an issue and direction without the other.
- Strengths – our public health workforce.
- Opportunities – to partner with business, labor, industry to sustain public health. Economic development can help public health.
- Threats – declining economy. Burden of Medicaid.
- Geography (need eyeball to eyeball).

- Unsolvable issues – beyond control.
- Failure to communicate WRA to all levels of staff – state and local.
- Change in leadership.
- One act of not "acting in good faith" could set us back.
- Funding for local health is a weakness.
- Respectful.
- Strengths – experienced workforce.
- Weakness – limited of resources with large scope of work.
- Threats – retiring staff.
- The local health departments is assuming a lot of responsibility related to threat preparedness/response and it may be a difficult challenge for many local health departments.
- Training issue/workforce development issue.
- Improved communication. More inclusion of nurse supervisors in decision making.
- Strength – common goals.
- Weakness – resistance to change.
- Strengthen public health response as a whole.
- Consulting among state employees before making decisions. Not consulting with county health departments before making decisions that affect health departments at a local level.
- A great threat is the loss of personnel due to frustrations over the state being perceived as not caring about local health and staff.

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