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# West Virginia Public Health



## *Navigating the Course for Change*

*A Summary Report from the  
WRA Annual Invitational Roundtable III  
held August 26 & 27, 2003*

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## ***INVITATIONAL ROUNDTABLE III 2003***

Dear Public Health Partners:

We are pleased to issue this summary document on proceedings of the 2003 Public Health WRA Invitational Roundtable. We were gratified at the total number in attendance including the good balance of local and state representatives. We continued to be pleased that many different areas of the state were present, as well as, different occupational backgrounds from the public health arena.

This year's planning session, themed *Navigating the Course for Change*, featured a look to the future through capturing significant trends facing public health. Thinking about trends that affect our work is important to best determine where to put our resources and how to develop strategies that advance public health in our state.

The constructive feedback to confirm or modify the WRA Oversight Team work plan will prove beneficial in focusing our efforts to improve relationships, communication, and address specific public health processes between the local and state organizations.

Beyond capturing the highlights of Roundtable, you will find the progress gauge results and the written evaluation of the planning session. Although some progress on our identified performance measures has been noted, more work is needed.

One message that came through this year was the strong desire to move beyond planning to that of action. We pledge our energy to take what has been heard and turn it into concrete action across a number of fronts.

To the many who took time to participate in the Roundtable and help foster effective working relationships among our organizations, we thank you.

Sincerely,

Chris Curtis  
Acting Commissioner  
Bureau for Public Health

Julie Kerns  
President  
WV Association of Local Health Departments

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## **INVITATIONAL ROUNDTABLE III BACKGROUND & PROCESS OVERVIEW**

The 2003 Invitational Roundtable marks the third year of bringing together public health professionals from local public health departments around the state and staff from throughout the Bureau for Public Health (BPH). A review of the attendance for the combined three years reflects a good mix of participation both as to organizations and locations.

Although the Roundtable started as a 'listening session with local health departments' for the WVDHHR Secretary, it has grown to become a significant annual planning event. The event helps foster continued attention to effective working relationships and helps shape direction and priorities for furthering excellence in public health practices and services.

*Never discourage anyone... who continually makes progress, no matter how slow.*

*Plato*

The WRA Oversight Team, composed of local and state representatives, help plan the Roundtable as a primary planning activity between local and state public health. The current membership of this Oversight Team is found in appendix A.

Every local health department is asked to send up to five representatives. The WRA Oversight Team hopes that over the years different representatives will attend providing opportunities for everyone's involvement. The Bureau for Public Health invites staff that work directly with local health departments.

### **The Roundtable Progression**

The first Roundtable, held in 2001, was primarily a forum to hear first-hand issues and concerns from local public health department representatives. Roundtable 2001 incorporated a facilitated structural process to capture all issues (including those submitted in advance) and work through the ones determined most important. External technical assistance was provided by the Center for Entrepreneurial Studies and Development, Inc. (CESD).

The Roundtable report for the first year included a summary of the outcomes of the process. As part of its work, CESD provided recommendations that included the following five key focus areas:

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. Provide adequate orientation and training programs for all staff.
4. Identify and secure adequate funding for public health.
5. Strengthen and foster effective leadership.

One recommendation of the first year's 'listening' led to the development of the Working Relationship Agreement (WRA). Leadership from the West Virginia Association of Local Health Departments (WVALHD) and representatives from the Bureau for Public Health (BPH) held WRA sessions throughout the next year. The results of this important work were the Working Relationship Agreement and a plan to hold a second Roundtable.

The 2002 Roundtable was targeted to introduce the WRA and work on the common issues identified as critical to the success of the working relationship between state and local public health organizations. Issues centered on the overall effectiveness and quality of public health programs and services were also addressed.

The result of Roundtable II was a work plan for the WRA Oversight Team and its established special focus groups in the areas of

- Policy Development
- Program/Planning and Resource Development
- Funding and Resource Allocation
- Legislative Agenda
- Performance and Process Improvement
- Communication

The year leading up to the third annual Roundtable (III) was one filled with significant focus on threat preparedness that deferred some of the anticipated actions from the plan derived from Roundtable II. However, a status of progress was made as part of Roundtable III. To ensure future work was on target to the priority needs the following activities were completed at the Roundtable:

- Review of the Roundtable II WRA work plan for accuracy and priority
- Discussion of future trends that will impact public health
- Specific recommendations on established priority focus areas

Roundtable III results as covered in this report and in the collected work products of the day's planning provide a clear roadmap for the WRA Oversight Team. The committee now must work to empower those most capable to take action.

### **Participant Attendance Count**

The following summary shows the total and breakdown of attendees to the first three Roundtables.

2001: 94 Local Health Departments	21 BPH Representatives	Total 115
2002: 70 Local Health Departments	25 BPH Representatives	Total 95
2003: 71 Local Health Departments	62 BPH Representatives	Total 133

### **Roundtable III Process**

To facilitate the Roundtable planning work this year, the participants were separated into twelve different groups and assigned to tables with a quote on 'change' attributed to a famous person. The quotes used are found in boxes throughout this report.

*The chief obstacle to the progress of the human race is the human race.*

*Don Marquis*

Selected members of the WRA Oversight Team served as facilitators for the tables.

Each table had a blend of state and local public health representatives. Where possible, the mixture of functions represented at each table was varied. The WRA Oversight Team had designed a series of structural planning assignments to accomplish during the Roundtable. The summary results of this work are found in this report. All material generated during the day has been captured and will be given to the appropriate WRA committee for processing.

The following summarize the assignments completed:

- Public Health Trends Identification and Analysis
- WRA Planning Update and Priority Setting
- Focused Topic Discussions and Recommendations

All of these activities generated significant observations and direction for addressing the working relationship with local and state public health and improving the public health system in West Virginia. The following sections provide insights into the topics covered and the results generated by the teams at the twelve tables.

*The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore all progress depends on the unreasonable man.*

*George Bernard Shaw*

### **Progress Gauge**

Table 1 provides the results of this year's 'progress gauge' compared to last year's. The gauge concept is intended to afford each attendee rate programs on five areas deemed critical to the success of the WRA and the public health system. The WRA Oversight Team's working plan is targeted to improve the ratings in these areas.

**TABLE 1**  
**'PROGRESS GAUGE' INDIVIDUAL RESPONSES**

Five overarching areas were identified in the first Roundtable (2001) as critical issues needing addressed. Participants at this year's Roundtable were given a 'ballot' style survey to rate at the beginning of the session how they thought each area was progressing during the past year. Then, at the end of the Roundtable, another 'ballot' was given for rating based on hearing the planning session progress updates.

**Scale: 1=No progress at all to 10=Significant progress**

(Under each rating value (1-10), the total number of responses for that rating is given).

<i>Overarching area needing addressed</i>	<i>My rating coming into today's session</i>	<i>My rating after discussions</i>
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 2003 Average=5.6 Standard Deviation=1.9 2002 Average=5.1 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 2003 Average=5.4 Standard Deviation=1.8 2002 Average 5.4 Standard Deviation=2.2
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 2003 Average=5.6 Standard Deviation=1.8 2002 Average=5.6 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 2003 Average=5.5 Standard Deviation=1.9 2002 Average=5.8 Standard Deviation=2.0
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 2003 Average=5.0 Standard Deviation=2.4 2002 Average=4.0 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 2003 Average=4.6 Standard Deviation=2.0 2002 Average=4.2 Standard Deviation=2.1
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 2003 Average=5.1 Standard Deviation=2.2 2002 Average=3.5 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 2003 Average=4.4 Standard Deviation=1.8 2002 Average=3.9 Standard Deviation=2.2
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 2003 Average=5.4 Standard Deviation=1.9 2002 Average=5.0 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 2003 Average=5.0 Standard Deviation=1.8 2002 Average=5.1 Standard Deviation=2.0

## **Focus Topic Discussion/Recommendations**

Six focused topics rooted in the planning issues being addressed by the WRA Oversight Team were chosen for discussion at the Roundtable. Each topic was assigned to two different tables. Thus, twelve tables covered the six topics.

*Things do not change, we change.*

*Henry David Thoreau*

The following are summary recommendations/comments presented in the report-outs by the tables. This information will be provided to the appropriate WRA Oversight Team committee working on the issue discussed.

### **Topic 1 – *How do we work collaboratively to develop the legislative agenda?***

1. Why should this be a critical topic for discussion?
2. List underlying issues, concerns, opportunities  
(none listed)
3. Recommendations
  - a. Utilize new committee structure – combined WVPHA/LHA sections, with WRA legislation committee representation on new committee
  - b. Assure broad-based membership with active participation
  - c. Use private citizen (employees) to support issues
  - d. Unified/achievable/prioritized legislative goals
  - e. Develop a communication (two-way) process – to and from the legislature
  - f. Common Agenda
  - g. Legislative Committee work together
  - h. WVPHA
  - i. WVALHD
  - j. WRA
  - k. Committees need to be active and needs of groups communicated
  - l. Proactive and unified voice
  - m. Shared lobbyist at Association's levels

**Topic 2**— *What are some strategies to stabilize and secure adequate funding for public health personnel?*

1. Why should this be a critical topic for discussion?
  - a. funding is necessary for public health to survive
  - b. energy expended in trying to secure funding could be redirected
  - c. creates morale problems
  - d. recruitment and retention issues
  - e. necessary to recruit/retain qualified staff
  - f. difficult to perform functions without well-trained staff
  - g. secure funding essential hard to hire with soft money
  - h. to have high quality public health need high quality and well-trained staff

*They always say time changes things,  
but you actually have to change them yourself.*

*Andy Warhol*

2. List underlying issues, concerns, opportunities
  - a. availability of state, local, federal funds
  - b. inadequate valuing of public health
  - c. have to prove accountability
  - d. lack of legislative leadership
  - e. meet existing needs before funding other programs
  - f. lack of efficiency in government duplication of programs
  - g. lack of communication
  - h. capitalize on public concern for public health issues
  - i. eliminate nonessential services
  - j. threat preparedness money

*There are two types of people in the world –  
those who take the best and enjoy it  
and those who wish for something better  
and try to create it. The world needs the appreciation  
of the first and the discontent of the second.*

*Florence Nightingale*

3. Recommendations
  - a. new public health per capita tax – legislature
  - b. shared resources
  - c. combine duplicative programs consolidate
  - d. require County Commission to financially support public health
  - e. redirect milk tax to public health
  - f. more Medicaid accountability
  - g. education for legislature
  - h. bill 3<sup>rd</sup> party payers when available shared central billing
  - i. WRA should take leadership with evaluating employee classifications and present to DOP recommendations for establishing more appropriate classifications for public health and push for upgraded salary scales
  - j. Taxes – liquor or property taxes dedicated to public health
  - k. Legislation – increased funding

**Topic 3**—*How can local and state agencies work together to increase our ability to develop naturally beneficial policies?*

1. Why should this be a critical topic for discussion?
  - a. Difference in perspective. Same programs, different eyes. Natural, not bad
  - b. Focus is specific, not global – hard to see both sides
  - c. Local only one taking risk, but not consulted re: policy development and implementation
  - d. Establish review committee to review any new policies effecting public health prior to implementation (committees made up of state/local)
  
2. List underlying issues, concerns, opportunities
  - a. Communication between state and local
  - b. WRA principles used
  - c. Identify stabilized money
  - d. Marketing
  - e. Recruitment and retention
  - f. Committee agrees performance improvement is important – can't agree of impact or difference
  
3. Recommendations
  - a. identify policies needs by state or local health departments
  - b. determine the process
  - c. involve all disciplines in determining who needs to be at the table
  - d. make sure state and locals are involved in the initial process and know why change/policy is necessary
  - e. be sure to involve those people impacted by new policy or policy change
  - f. communication and cooperation

*We are what we repeatedly do.  
Excellence, then, is not an act,  
but a habit.*

*Aristotle*

**Topic 4**—*How can we strengthen and develop leadership in public health?*

1. Why should this be a critical topic for discussion?
  - a. provide guidance
  - b. team development
  - c. advocate
  - d. set visions/goals
  - e. empowerment to the team
  
2. List underlying issues, concerns, opportunities
  - a. hire for the traits you need
  - b. no "I" in team

*What lies behind us and what lies before us are  
time matters compared to what lies within us.*

*Oliver Wendell Holmes*

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### 3. Recommendations

#### 1. Create Public Health Institute

- a. core curriculum specialized training – nurse, sanitarian, admin, clerical
- b. more than orientation – ongoing development/continuing education
- c. some on-site/some distance (online, calls, etc.)

#### 2. Mentoring Program within and between agencies

#### 3. Create incentives/ladder for developing leadership skills – fiscal other

#### 4. Finding ways to support and develop other partnerships/linkages for input and ideas/tips/mentoring/consultation

- a. Business
- b. Community leader
- c. Consultant

#### 5. Foster state health departments and boards of health linkages – annual visit for state update/vision/etc.

#### 6. Regular training/development session for administration on leadership related skills

- a. Communications
- b. Conflict resolution
- c. Development communication partnership
- d. Ideas – brown bag lunch video conf/call/on-site
- e. Quarterly or every other month
- f. Onsite or distance

*Things which matter most  
must never be at the mercy  
of things which matter least.*

*Goethe*

#### 7. Identify expert resource list on various leadership skills

- a. Locally
- b. State
- c. Identify locally resources and support and encourage staff to attend
- d. Training tracks thru WVPHA-different each year
- e. Leadership
- f. Technical – ID, VPD, etc.
- g. Risk communications
- h. Partnership development/negotiation
- i. Threat prep

#### 8. Provide structured leadership training programs

- a. setting clear goals and expectations state and local roles clarified
- b. accountability
- c. listen
- d. communication

### **Topic 5—How do we improve internal communications?**

1. Why should this be a critical topic for discussion?
  - a. Important – right hand needs to know what left hand is doing
  - b. Allows other viewpoints
  - c. Ownership in goals = retention of employees
  - d. Flipside – lack of internal communication leads to distrust
  - e. Enhanced trust 1<sup>st</sup> = better decision making

2. Recommendations

- a. Market WRA – educate
- b. Invest in leadership training
- c. Add excitement to issues – enthusiasm
- d. External training options
- e. Everyone has needs individual Group Wise accounts
- f. Newsletter – still need a hard copy
- g. Tie CEU and CEHE trainings
- h. Why don't the nurses have a training officer?
- i. Make sure everyone gets copies of memos and policies
- j. Improve our listening skills
- k. Employee manuals
- l. Local employee directory regular updates, beeper number, cell phones etc.
- m. Voicemail
- n. Regular updates from all divisions

*The real act of discovery consists of not in finding new lands  
but seeing with new eyes.*

*Marcel Proust*

### **Topic 6—What should be the process for performance improvement?**

1. Recommendations

- a. Whole story needs to be told – not just what management wants to hear
- b. Identify the problems or shortcomings
- c. Don't punish the masses for the transgressions of a few
- d. Benchmarks are often based on quantity not quality
- e. Thorough brainstorm on the problem
- f. Use of SWOT (Strengths, Weaknesses, Opportunities, Threats)
- g. Have to know where you are going (roadmap)
- h. Need way to measure progress
- i. Establish an evaluation process
- j. Pilot projects can be good approach

*You can tell that a man is clever by his answers.  
You can tell whether a man is wise by his answers.*

*Naguib Mahfouz (Nobel Prize Winner)*

The same group looked at it from improving personnel performance and offered the following recommendations.

- a. Assess what you know
- b. Training
- c. Valid and consistent performance evaluations
- d. Pay scale improvement
- e. MERIT raises
- f. Decrease turnover
- g. Tuition reimbursement
- h. Acknowledgment recognition awards

### **Thinking of Trends**

A morning activity was targeted to base future planning within a framework of key trends or changes facing public health. Each table was asked to list the specific trends that affect the work or outcomes of public health today. The trends could be ones already being experienced or ones those at the table would desire to happen.

*Sometimes when I consider what tremendous consequences come from little things... I am tempted to think... there are no little things.*

*Bruce Barton*

The following table captures the essence of the results from the tables. Following the 'trends' list creation, table participants were asked to complete a force field analysis on one of the trends. The purpose was to obtain a greater appreciation for understanding what forces or actions drive the trend. Further, the analysis seeks what forces are working against the specific trend. As part of problem-solving, the results can help public health better improve performance by addressing specific issues based on the force field analysis. The original work will be provided to the WRA Oversight Team for use in developing its work plan.

The following are examples of some of the trends listed by the Roundtable.

#### ***Funding/Economic Issues***

- Increased cost of insurance litigation personal and business
- Funding streams have changed focus on specific programs
- Budget cuts, asked to do more for less

#### ***Accountability***

- More accountable (in serious ways) fiscal, public, staff
- Local health has to be more accountable for public health functions via events of 2001
- More fiscal and performance accountability

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### *Training & Development*

- Cross-training – local and state, state and state, state and local
- Structured/formal training (PHN, administration, epidemic, risk, communication)
- More emphasis on provider education

### *Threat Preparedness*

- Need to keep up with national occurrence of threat preparedness, small pox.
- Increase in diseases that threaten health of the public – exotic diseases that require training of the workforce, collaboration with others in the medical community to build the capacity for care, public response development

### *Technology*

- Technology to enable fast communication, especially risk communication
- More dependable computers

### *Image of Public Health/PR*

- A more educated public expect more from local health departments
- Increased recognition of role of local health departments play in health and well being of the community – local health seen as a community partner

### *Communication*

- Need for increased communications and additional partners at the table

### *Collaboration*

- Improved/expanded relationship between local and state
- Cooperation of local health department with local agencies establish working relationship/education

### *New Health Issues*

- Better prepared to deal with new health issues as they arise
- Globally new emerging disease

### *Staff Issues*

- Job retention issues
- Additional expectation of knowledge from health department staff
- Role of nurses changing

### *Other*

- Need for a 24/7 coverage
- More flexibility required “we’ve become more flexible”
- Aging population and population loss
- Restructure changes in organizations

### **Force Field Analysis**

Each roundtable group was asked to use the Force Field process tool to think through the forces that drove the trends and the forces that may work against the trend. The purpose was to generate discussion and better understanding of how to navigate changes in public health. The completed force field diagram below is representative of the twelve completed at the Roundtable. The full output of the force field work will be provided to the appropriate WRA Oversight Team special focus team.

#### ***Increased Funding/Accountability Driving Forces***

<i>Things driving trend</i>	<i>Things resisting trend</i>
Need to provide services. →	← Resistance from other health providers
Need more staff (better qualified). →	← Competition from other agencies - state and local level
Expectation from public that they are protected. →	← Not developed a significant message
New technology. →	← Limited dollars
Increased expectations from funding bodies. →	← Lack of leadership
Board of health involvement. →	← Implied negative impact of increased fees
Threat preparedness. →	← Lack of game plan to get funding
Public expectations that dollars are spent correctly. →	← Public expectations
Need for data collection to report to legislation bodies. →	← Can't articulate the need for change
	← Public awareness of our work
	← Don't want to change
	← Complacency by some
	← Actually have to do the work
	← DHHR more social service driven
	← Identity crisis

### **Roundtable III Evaluations**

At the end of Roundtable III, each participant was asked to evaluate what worked well and what they would change about this year's event. Appendix B lists all the statements provided by those completing the evaluation.

# APPENDIX A

## WRA OVERSIGHT TEAM MEMBERSHIP

**September, 2003**

Amy Atkins  
Public Health Nursing Administration  
350 Capitol Street Room 515  
Charleston WV 25301  
[amyatkins@wvdhhr.org](mailto:amyatkins@wvdhhr.org)  
Phone: 558-0581 Fax: 558-1437

Nancy Bazzle  
Bureau for Public Health - OCRHS  
350 Capitol Street Room 515  
Charleston WV 25301  
[nancyebazzle@wvdhhr.org](mailto:nancyebazzle@wvdhhr.org)  
Phone: 558-3211 Fax: 558-1437

Chris Curtis  
Bureau for Public Health  
350 Capitol Street Room 702  
Charleston WV 25301  
[chriscurtis@wvdhhr.org](mailto:chriscurtis@wvdhhr.org)  
Phone: 558-2971 Fax: 558-1035

Ron Forren  
Bureau for Public Health  
350 Capitol Street Room 702  
Charleston WV 25301  
[rforren@wvdhhr.org](mailto:rforren@wvdhhr.org)  
Phone: 558-2971 Fax: 558-1035

Loretta Haddy  
Bureau for Public Health - DSDC  
350 Capitol Street Room 125  
Charleston WV 25301  
[lorettahaddy@wvdhhr.org](mailto:lorettahaddy@wvdhhr.org)  
Phone: 558-5358 Fax: 558-6335

Pat Moss  
Bureau for Public Health - OMCFH  
350 Capitol Street Room 427  
Charleston WV 25301  
[patmoss@wvdhhr.org](mailto:patmoss@wvdhhr.org)  
Phone: 558-5388 Fax: 558-2866

Kay Shamblin  
Public Health Nursing Administration  
350 Capitol Street Room 515  
Charleston WV 25301  
[kayshamblin@wvdhhr.org](mailto:kayshamblin@wvdhhr.org)  
Phone: 558-8870 Fax: 558-1437

Joe Barker  
OEHP  
350 Capitol Street, Room 319  
Charleston, WV 25301  
Email: [joebarker@wvdhhr.org](mailto:joebarker@wvdhhr.org)  
Phone: 558-7078 Fax: 558-1553

Cathy Slep  
Bureau for Public Health  
550 Capitol Street, Room 125  
Charleston WV 25301  
[cathyslep@wvdhhr.org](mailto:cathyslep@wvdhhr.org)  
Phone: 558-5358 Fax: 558-6335

Joe Wyatt  
Public Health Sanitation  
815 Quarrier Street, Suite 418  
Charleston, WV 25301  
Email: [jwyatt@wvdhhr.org](mailto:jwyatt@wvdhhr.org)  
Phone: 558-6730 Fax: 558-6020

John Bertram  
Brooke County Health Department  
632 Main Street  
Wellsburg WV 26070  
[johnwbertram@wvdhhr.org](mailto:johnwbertram@wvdhhr.org)  
Phone: 737-3665 Fax: 737-3689

Candace Hurd  
Beckley-Raleigh Health Department  
1602 Harper Road  
Beckley WV 25801  
[candyhurd@wvdhhr.org](mailto:candyhurd@wvdhhr.org)  
Phone: 252-8531 Fax: 252-0466

Julia Kerns  
Grant County Health Department  
Post Office Box 608  
Petersburg WV 26847  
[juliakerns@wvdhhr.org](mailto:juliakerns@wvdhhr.org)  
Phone: 257-4922 Fax: 257-2422

Stan Mills  
Cabell-Huntington County Health  
Department  
1336 Hal Greer Boulevard  
Huntington WV 25701  
[stanleymills@wvdhhr.org](mailto:stanleymills@wvdhhr.org)  
Phone: 523-6483 Fax: 523-6482

Mickey Plymale  
Wayne County Health Department  
Post Office Box 368  
Wayne WV 25570  
[mplymale@ezwv.com](mailto:mplymale@ezwv.com)  
Phone: 272-6761 Fax: 272-6763

Omayma Touma M.D.  
Cabell-Huntington County Health  
Department  
1336 Hal Greer Boulevard  
Huntington WV 25701  
[omaymatouma@wvdhhr.org](mailto:omaymatouma@wvdhhr.org)  
Phone: 523-6483 Fax: 523-6482

Mike Vickers  
Boone County Health Department  
Post Office Box 209  
Madison WV 25130  
[mikevickers@wvdhhr.org](mailto:mikevickers@wvdhhr.org)  
Phone: 369-7967 Fax: 369-2832

Karen Dawson  
Clay County Health Department  
P. O. Box 36  
Clay, WV 25043  
[karendawson@wvdhhr.org](mailto:karendawson@wvdhhr.org)  
Phone: 587-4269 Fax: 587-7415

Kerry Gateley M.D.  
Kanawha-Charleston Health Department  
P. O. Box 927  
Charleston, WV 25323  
Phone: 348-8069 Fax: 348-6821

Bill Kearns  
Morgan County Health Department  
187 South Green Street, Suite 2  
Berkeley Springs, WV 25411  
[billkearns@wvdhhr.org](mailto:billkearns@wvdhhr.org)  
Phone: 258-1513 Fax: 258-6148

Linda Saunders  
Randolph-Elkins Health Department  
201 Henry Avenue  
Elkins, WV 26241  
[lindasaunders@wvdhhr.org](mailto:lindasaunders@wvdhhr.org)  
Phone: 636-0396 Fax: 637-5902

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## **APPENDIX B**

### **ROUNDTABLE III PARTICIPANT EVALUATION COMMENTS**

#### ***What worked well? What was positive?***

1. Night before was good.
2. Mixing participants at tables
3. Very well organized. Amy and all did a great job. Thanks.
4. Guidance for table facilitators
5. Networking is the one positive that comes from this meeting.
6. Good for state and local people to talk and listen. Relevant issues considered. Would help morale is state and LH Association could identify key solutions to be addressed and implemented for key problems.
7. It was interesting and informational.
8. Talk about marketing public health and local health dept.
9. The open discussions. The sharing of ideas. The need to carry through with the objectives.
10. We had a good mix of different areas at our table. The meeting area was very nice.
11. Interaction and communication!
12. Great ideas to take back.
13. I learned a great deal about what is already working.
14. The group exercises were good and worked well.
15. Assigning each group with subjects to provide suggestions.
16. Group discussions were good.
17. Table discussions were productive.
18. The roundtables have consistently improved over the years. I think people are more open with each other and are more willing to work with each other and to listen and respect each other's opinions.
19. I am more knowledgeable about the issue of concern to local health staff. Program was run efficiently.
20. Well organized. Appointing people to tables worked well. Good ideas presented by each group. Good way to discuss ideas/issues, freedom to discuss.
21. Very good! Continue placement of Bureau personnel at tables.
22. Topics were excellent. Timing was important.
23. Continue discussion
24. Good mix on small work groups.
25. Very good table discussions. Excellent facilitators.
26. Environment, team spirit, food, materials
27. Good group discussion.
28. Breaks/lunches. Meet new folks.
29. Sharing of input.
30. Opportunity to network with others who have the same problems that all local health depts. face.
31. Structure of meeting, location, hospitality, facilitated training helpful.

32. Very valuable. Good input from everyone at table.
33. Dialogue. Sense of accomplishment visible over time.
34. Opportunity to talk directly with folks I usually don't work with at state/local level.
35. Increased collaboration, respect for one another on state and local level.
36. The group I was in. Overall, casual informal exchange.
37. Group collaboration
38. Good people at table – gave a lot of input.
39. Openness and cooperation
40. Good interaction and participation.
41. Table discussions are excellent, but we cannot discuss issues specific to small offices (programmatic) comfortably in such a large venue. Form a committee to resolve ongoing discussions, not just go to a WRA member.
42. Realizing that more needs to be done in terms of funding, communication, etc.
43. Open discussions. Ron Foreen, our facilitator leading our discussions and encouraging each person at our table for ideas and opinions. Excellent Roundtable!
44. It was a productive meeting. The meeting was in the spirit of cooperation and reflective thoughtful input from participants. Excellent meeting.

### ***What would you change or do differently?***

1. More open discussion about local/state problems (i.e., communications, etc.). Should have separate meetings for part of Roundtable to discuss specific problems in different sections (e.g., nursing, env. health).
2. Time constraints too tight for the scope of the needed discussions.
3. Format for table discussions maybe should be smaller focused – not as big topics.
4. Balance the tables. I was the only RN among 6 sanitarians and 3 state people. I was told we would be discussing environmental issues.
5. Training for table “monitors” should have been earlier.
6. Give the tables different topics. We all touched on the same issues.
7. I'm not sure how identifying trends and dissecting them makes our working relationship better.
8. I wish there was a way to pose topics to be discussed anonymously. The open forum was not comfortable, and by then I was too tired to bring it up.
9. Shorten initial speeches.
10. Continue earlier year's efforts to list the most serious problems.
11. I felt as if many of the topics (not the discussions) are poorly defined. Much of what I read is very, very abstract. We (at our table) spent too much time sorting through verbiage and that limited our time in actually addressing issues.
12. Planning of the agenda should not be done at facilitation training. Would like to see serious action taken on issues identified as priorities. Complete a project.
13. More separation between tables – very difficult to hear with so many voices.
14. It seems like the subjects were vague; I wonder if anything will actually come of this work.
15. Separate the tables more to eliminate some of the background noise.
16. 10 am – 4 pm. Less break time.
17. It would be helpful to have the ratings separated into local and state responses. It would be interesting to see if the perceptions are significant.
18. Individuals may have more input if they could select topic, but probably not possible.

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19. Same old crap. We just keep rehashing. Need top leadership to be more proactive!
  20. I would eliminate the first evening meeting. It was a nice meeting – now I expect more action from the WRA.
  21. One day format rather than two.
  22. If I'd have had time to review blue sheets (report and work plan) ahead, could have been more prepared for discussion.
  23. Quotes were good idea, but not incorporated into program and discussions.
  24. From all three years of the Roundtable "providing effective communication and processes" has been shown to be a priority. When is it going to 'actually' be addressed? Communications 101. Technology upgrades (everyone doesn't have Groupwise yet!). Opportunities for networking/educating/enhancing communications have been and are being missed!
  25. Change back to one day.
  26. Less time.
  27. Watch the balance of professions at each table.
  28. Identify few key topics and focus the discussions within these topics.
  29. I would have eliminated the first night dinner/update. I didn't think it was worth the effort it took to drive here and then return home afterward. I also think it would be better to rank the items in the exercises numerically rather than high, medium, and low, so that none come across as "unimportant".
  30. Do not have an evening session – make it earlier on Tues. for those not staying the night.
  31. It was just a bit intense, but valuable. Shorten maybe next year.
  32. Many subjects are repetitious!
  33. Spend more time on how to accomplish objectives and how to implement.
  34. Many problems were raised. Hope the solutions do not fall on deaf ears.
  35. Most of discussion was rehash from last Roundtable.
  36. I would not have been a table facilitator.
  37. Speed up the implementation of the changes. These are such good ideas discussed today.
  38. Work too vague. Would rather deal with the meat of the issues.
  39. Too much work for one day. Half year progress may be useful to motivate action.