

WRA
Invitational
Roundtable IV
Summary
Report

Fall 2004
Charleston, West Virginia

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Special Notes:

- Again this year table locations were named after famous people who are, in so many respects, good storytellers. You will find, throughout this report, representative quotes selected for the tables for these people.
- Not all written comments from either the individual table’s flip charts done by the facilitators or from individually written comments submitted through worksheets are included in this summary report. Full lists of all comments are available upon request to the Division of Local Health at the Bureau for Public Health.

WRA Invitational Roundtable IV Summary Report

Preface

The WRA Oversight Team and the 2004 WRA Invitational Roundtable Planning Team are pleased to issue this year's Summary Report capturing the background and outcomes of the session. As with the past three annual WRA Invitational Roundtables, this report provides key highlights of the day's activities and documents the continued planning and development results from the local public health and state level public health working relationship efforts.

As the WRA has grown and strengthened, the emphasis on primarily 'listening' to concerns among the participants has shifted to more positive collaborative planning and problem solving based on total public health system development. To this regard, this year's Roundtable was characterized by many participants as the 'best' ever for learning and advancing public health planning.

The vision for the WRA is rooted in two fundamental premises that go hand in hand:

- ❖ *Sustaining a strong productive working relationship between local and state level public health entities, and*
- ❖ *Building a high performance public health system in West Virginia.*

These are the drivers that have guided WRA work to date and will be the major impetus for future activities.

Some of the activities completed at the 2004 Roundtable do not lend themselves to a detailed summary report as in the past. This is, in part, the result of having a special presentation, *Storytelling as a Best Practice*, and more participant-driven discussion at the roundtables. However, the concepts used and a sampling of outcomes are covered in this summary report.

"There are some things you learn best in calm, and some in storm."
Willa Cather

Setting priorities and tracking progress is a cornerstone of sustaining a collaborative planning environment and ensuring accountability. Therefore, while a more detailed review of the Roundtable progress status process will be completed in the next year by the WRA Oversight Team, this summary report does shed light on

areas that are working well and those areas still needing attention based on the use of the progress gauge.

The local and state public health staff who have worked to better the working relationship and advance its efforts are again applauded. Their work represents the vital building blocks on which today's relationship foundation now supports greater opportunities for continued improvement, effectively addressing our challenges, and reaching new milestones.

To individuals in West Virginia's public health system, local or state, who have not attended a Roundtable or participated in WRA work, we urge you to share our vision and invest your skills and creativity in our future work.

Roundtable Background and Profile

The first Invitational 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 identify and document all issues, partly based on advance assessments that provided a clustering of significant concerns within broad categories. The first year, the WRA Oversight Team worked through the issues determined most important.

“Every great mistake has a halfway moment, a split second when it can be recalled and perhaps remedied”
Pearl Buck

The 2001 Roundtable report suggested a focus on the following five key 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.
6. Assure public health system is organized to support efficient and effective interaction between local and state public health agencies.

The local/state Public Health System Working Relationship Agreement (WRA), a recommendation stemming from the first Roundtable, was developed during the year preceding the WRA Invitational Roundtable II.

Roundtable II, while still listening to needs, resulted in the creation of a more formal work plan for the WRA Oversight Team and established six working subgroups in the areas of :

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

“Vitality shows in not only the ability to persist but the ability to start over.”
F. Scott Fitzgerald

Specific projects, as well as general attention to each of these areas, were built into a plan developed and initially implemented by the WRA Oversight Team during 2003.

Roundtable III in 2003 focused on how well these six areas were initially addressed. The majority of that session was spent in assessing progress and setting priorities on suggested actions within the WRA Oversight Team’s plan. This included table discussions and recommendations on worksheets collected from those present at the Roundtable.

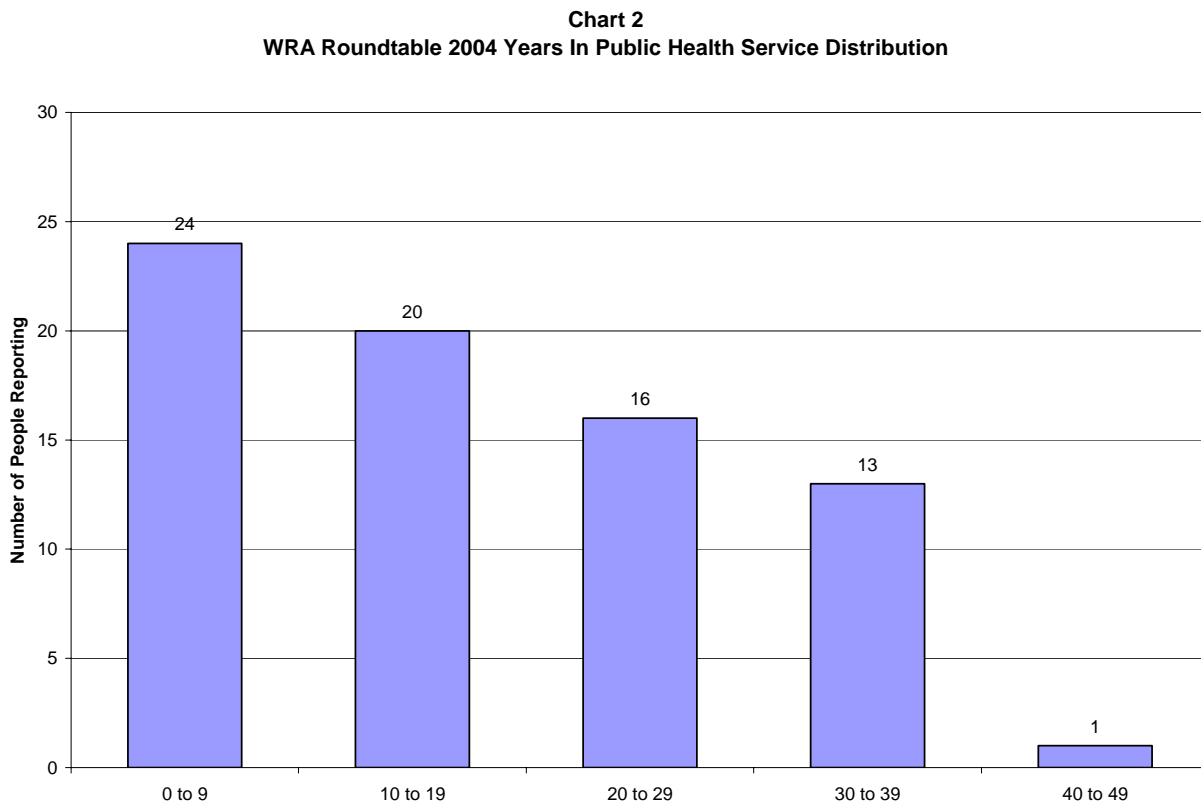
In summary, the first three Roundtables laid the foundation and set the pace for working together on issues that mattered. Although there remains work to be done, the collaboration is at a proven level of effectiveness and promise.

Chart 1 updates the attendance data for the four Roundtables. The table shows the total number of participants broken down by local health departments in the state. The 2004 Roundtable had local representatives from 23 different county health departments.

Chart 1
Roundtable Individual Attendance 2001 – 2004

| Year | LHDs Reps. | BPHs Reps. | Total |
|------|---------------|---------------|-------|
| 2001 | 94 | 21 | 115 |
| 2002 | 70 | 25 | 95 |
| 2003 | 71 | 62 | 133 |
| 2004 | 51 | 49 | 100 |

Of interest this year was the reported years of experience in public health of those who attended the 2004 Roundtable. Chart 2 shows the distribution by year groupings. The average number of years work experience in public health was 17.1 of those present and reporting.



“There are two ways of spreading light: to be the candle or the mirror that reflects it.”
Edith Wharton

Roundtable IV Agenda Highlights

The WRA Roundtable IV Planning Team sought to add to the past Roundtables listening-based, planning format by incorporating learning opportunities both through a professional presentation and in actual roundtable work. This format allowed participants to work through an issue from their own world of work.

For starters, Secretary Paul Nusbaum welcomed the participants, thanking them for their significant contributions over the past three years toward establishing a collaborative working relationship and strengthening the public health system, despite tremendous change in immediate relation to bioterrorism, small pox, budget constraints and other pressing issues. He also discussed the transition to the new Governor's administration.

“Even if you're on the right track, you'll get run over if you just sit there.” Will Rogers

Chris Curtis, Commissioner for the Bureau for Public Health and Mickey Plymale, President of the Association of Local Health

Departments, provided opening remarks focused on planning activities within their respective organizations.

Andy Goodman, a communications consultant and trainer with extensive experience in the value of storytelling, served as keynote presenter to launch the main morning segments. Andy Goodman's talk, entitled “*Storytelling as a Best Practice*,” centered on the elements needed for effective storytelling and the great benefit storytelling can have for public health in getting its message out to a myriad of people and places. All participants received a copy of Andy Goodman's reference material on storytelling. This session was well received by the majority of those present. Some of the written comments included:

Much value in story-telling

- Can better describe the mission/role/purpose of health department
- Brings things to a learning level
- Reinforced what we know - helps to get on a personal mode with people
- How do we tell stories without breaking confidentiality?
- Will probably use stories more
- Excellent/good information
- Will try to make information presented more interesting
- Story-telling makes it relevant to other people
- Story makes facts make sense

More information regarding Andy Goodman and his work can be found at www.agoodmanonline.com.

“How wonderful it is that nobody need wait a single moment before starting to improve the world.” Anne Frank

The remaining agenda items are covered in more detail in the remaining section of this report. In addition, an “open mike” session was included again this year. Few items were covered in this portion of the agenda.

WRA Progress Gauge Results

Appendix A shows the results of the progress gauge ‘ballot’ used at this year’s Roundtable. These scores provide more detail on how those present perceive the status of the key focus areas of the WRA’s work. Caution is advised in the use of these results since many of the participants of this year’s Roundtable are not as familiar with all the issues being addressed. The following are some sample remarks made on the comment section of the progress gauge assessment form.

What has been for you the most significant positive change in the past year related to the local public health/state public health partnership?

1. Increase openness to working together across jurisdictions.
2. Positive attitude and commitment on both sides. New people.
3. Continued respect, understanding, and progressively improving communication.
4. Attitude of state and local toward each other.
5. Getting to know more of the functioning and the people who make it happen.
6. State representative permitted to remain for business meeting of WVLHA.
7. Continued/increased/improve support in epi.

What has been the most significant disappointment to you based on your expectations with the local public health/state public health partnership?

1. The most significant disappointment for me is that we still don’t always approach problems as a partnership.
2. How quickly trust/confidence can be lost when there is a glitch.
3. Decreases in funding are demoralizing at both state and local level.
4. Inability to secure adequate public health funding.
5. We still need to further improve communications to ALL groups.
6. Information not being shared beyond the WRA committee.
7. Lack of training in overall administration.

“If I am to speak ten minutes, I need a week for preparation; if fifteen minutes, three days, if half an hour, two days; if an hour, I am ready now.”
Woodrow Wilson

WRA Progress Report & Assessment Session

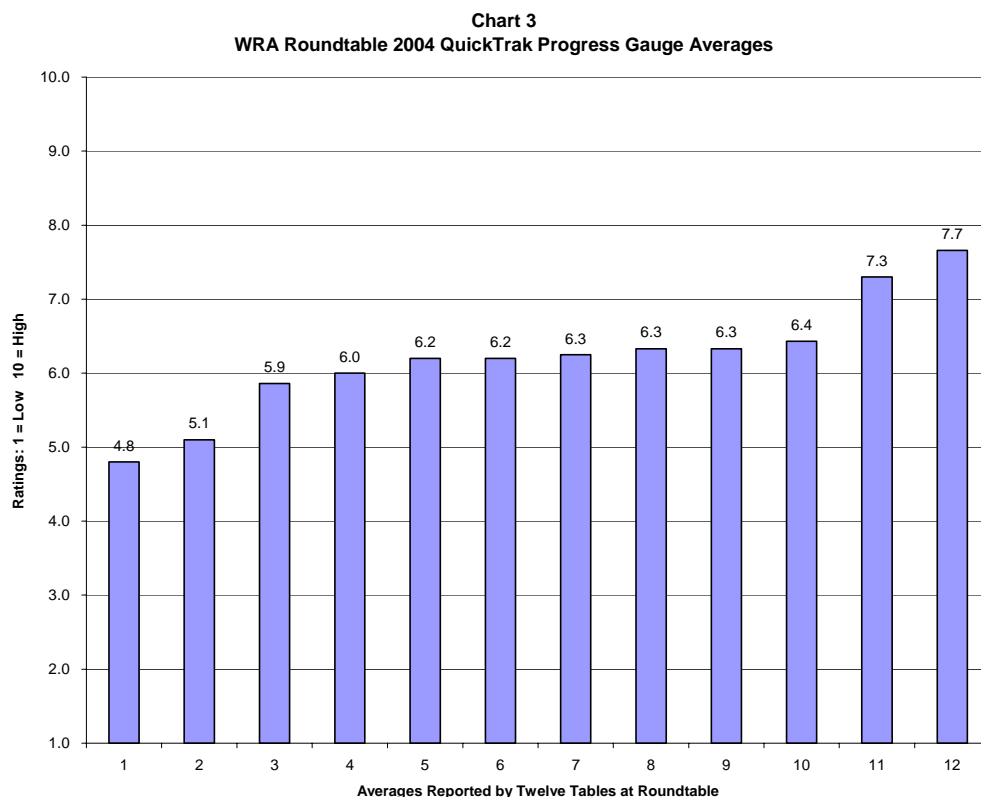
As a progress and planning event, the Roundtable has always made time to report what has been accomplished regarding priorities stemming from the early Roundtables. Likewise, the Roundtable has afforded opportunity to provide specific feedback as to the positive perceptions of work done and to focus on areas still needing the most attention.

The progress update process chosen this year was to provide verbal updates on projects being undertaken by the WRA members on the different working groups. Specific reporting was done on the following: the new PO2 system, new leadership training with the Covey Institute, and the new approach to policy development. Other areas that continue to get attention, such as communication and legislative agenda, were discussed briefly.

Starting with these highlighted progress reports from representatives working in each of the six

“The right to be heard does not automatically include the right to be taken seriously.”
Hubert Humphrey

aforementioned focus areas, the session gave participants an opportunity to gauge the progress to date on the WRA plan. After the updates, at each table, participants were asked to rate the overall progress of the WRA work from 1 to 10. A rating of 1 indicated “**No Progress at All**” with 10 being “**Significant Progress**”. Each table was assigned two facilitators to help with the process. The average score of all ratings was determined for each table. This helped frame the discussion of what was working well regarding the WRA efforts and what still needed changed or attention. Chart 3 shows the average score reported by each table. The results reflect the diverse opinions on progress across the tables.



Based on the ratings, the facilitators collected key discussion points on flip charts at each table. Participants at the table completed a worksheet with three questions that sought feedback on the progress to date.

As to common themes that drive the ratings higher (toward 10), many reported that communication, collaboration, and planning have led to positive changes in both attitudes and actual processes. Many agreed that the working environment between local and state agencies has improved, which leads to opportunities to make changes that will benefit the whole system. Some see the progress to date as more assessment and planning, rather than in actual accomplishments. Others offer positives as to the common vision and mission that is evolving as trust is built and understanding is gained among all involved in the programs and services of the public health system. The overall sense of a stronger working relationship coupled with taking on more collaborative planning have driven ratings higher.

What keeps the progress from being rated higher turns out to be many of the same issues: communication, collaboration, and planning. However, the context gets changed to areas needing greater attention. In the communication area, there is still concern that the “circle of awareness” is too limited, primarily to leadership. Communication must reach down to every staff, not just some. Communication of activities, accomplishments, and concerns needs to be on-going across the entire system. Likewise, although strides have been made in collaboration, there are many places where it is not happening or remains ineffective. The most concern stems from not seeing as much progress being made on some of the priority items.

While the foundation appears in place to work effectively together, there needs to be more “conclusions” in the way of meaningful accomplishments.

Appendix B provides representative comments from the worksheets.

“It is not enough to show people how to *live* better: there is a mandate for any group with enormous powers of communication to show people how to *be* better.”

Marva Mannes

Planning Through Peer Perspectives Activity

During the afternoon of the Roundtable, a special listening session was conducted. The concept was for each person at the table to offer a challenge that was within the suggested criteria (e.g., a professional challenge that could have solutions). The following summary of the intent and process provides background to the results.

Planning through Peer Perspectives Guidelines

As professionals in public health, as in other endeavors, we are often faced with an issue, a challenge, a topic that needs thought through, or a story that reflects the need to address or change something in place. Thinking about how best to improve, change, promote, sustain or address, in some manner, the issue, is a form of planning. This work can be in both areas of strength or positive activities or areas needing attention or development. These can focus on people, process, performance or programs. As a way to develop everyone’s planning and process improvement skills and enhance the potential options you have, gathering perspectives from peers can be a meaningful way to help develop skills or ways to plan.

During the afternoon session, each table will take time to listen to each other present a topic/story/challenge that he or she needs to think how to improve, change, sustain, etc. There are only two minutes allotted to present by the person. Then, going round-robin, each other person at the table can offer, up to one minute, his or her perspective on what was presented.

To honor the overall purpose of the Roundtable, the requested criteria (expected boundaries) for what you will ask the table to provide perspectives on during the afternoon table work include:

- Something within your immediate control or sphere of influence that can be solved, addressed, or discussed with some hope of recommendations that can be tried or put in place in the short term.
- Something that is related to the public health system, the WRA goals or your professional work in public health.
- Something that most participants around the table may have a perspective on or understanding about in general

This activity was well received by the majority of participants. In fact, there were some opinions shared that a summary of topics should have been shared among all the tables. The table facilitators kept the pace moving and recorded in bullet form some of the challenges and the possible solutions/suggestions. An example of one is given below. A greater sampling of the variety of topics covered is found in Appendix C.

| <i>Challenge/Focus Area</i> | <i>Solutions/Suggestions</i> |
|--|---|
| <p>I am in charge of many programs – not able to spend adequate time on any one. What do I do?</p> | <ul style="list-style-type: none"> ▪ Delegate ▪ “Say no?” ▪ Set vision – give tools and provide environ for others to succeed in handling ▪ Empower others ▪ Don’t hold back knowledge ▪ Time management training |

Roundtable IV Evaluation

As in the past, all participants were asked to complete a simple written evaluation of the session. The evaluation assessed what went well or what was most positive for the person and what would they offer to change. The results were compiled and provided to the WRA Oversight Team for review and action. The WRA Oversight Team held a 'debriefing' and planning session the day after the Roundtable this year. At this session, specific discussion centered on the Roundtable event and on the next steps for the WRA effort.

"The need for change bulldozed a road down the center of my mind." Maya Angelou

The following are representative examples of written evaluation feedback:

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

1. Very positive, good interaction. It's always good to share with both state and local staff.
2. Good chance to network, put faces with names, etc. Great speaker on 'storytelling'.
3. I rate this as a tremendous learning session and success. I enjoyed the 'challenge' exercise because I learned from others about their experiences and issues.
4. Great guest speaker! Positive brainstorming. Networking opportunities.
5. Well done. Really enjoyed inclusion of a leadership development session/tool – storytelling. Liked and was rejuvenated in meeting. Some of folks new to the event.
6. Openness/free exchange of ideas.
7. Exercise was good – good information brought forth.
8. It was nice to celebrate success and discuss common issues.
9. Changing teams throughout the day was helpful. The 'grouping' activities that take place prior to the meeting. Speaker was a good addition to the agenda.
10. Learned new ideas on specific problems by discussions around table (by sharing individuals' problems).
11. Open microphone session.
12. Having the time to have open discussion from all areas of public health affirms that we have basically the same issues that we deal with day to day.
13. More people from BPH have participated.
14. Set up was excellent. Format was much better than last year. I got to state my peace.
15. Easy to talk in small groups. Good facilitators.
16. Diverse activities made the day interesting. Great keynote speaker. Opportunity to meet new people.
17. Very up beat. Very good atmosphere. Content was great.
18. Best Roundtable yet!

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

1. More space. The room was crowded making the noise level high. Hard to hear discussion at table
2. Need to look at progress gauge. Do we want to measure change in last year or measure where we are now? Are these still the right questions?
3. AM discussion was disorganized.
4. I would like to see more varied participation from both the state and local levels.
5. Have a larger room for general meeting, then with smaller rooms for discussion.
6. Skip opening talk and get right to discussion.
7. It would be good to have longer and more formal presentation regarding the overall WRA group and the individual subcommittees of the WRA.
8. Not had people change tables at noon. Progress reports need to go out to LHD's prior to Roundtable, or brochures, and each LHD should educate their staff as to process.
9. Add a topic (each year) relating to new technology and the acknowledgement of public health information as on-going topic for future roundtable meetings.
10. Reporting out is not as important as the quality time to talk and listen—real storytelling here.

“If our house be on fire, without inquiring whether it
was fired from within or without, we must try to
extinguish it.”
Thomas Jefferson

General Comments

1. The new names of offices and divisions should have been made public before this meeting. Preferably to health department's in the planning process.
2. Great job/well developed program.
3. Continue WRA meetings.
4. Table names need to be in larger print for easier identification.
5. Should we continue to have annual Roundtables? What format? What participants? What location?
6. Good and continue the process in the future whether funds are available or not.

Next Steps

The WRA Oversight Team met the day after the Roundtable to review early feedback and discuss specifically the Roundtable and overall the WRA work. This meeting provided through brainstorming a number of focuses going forward. These ranged from the direction to take the Roundtable, to sharpening the WRA message. The WRA Oversight Team working groups will continue to work on the projects identified to date. The hope is to engage additional public health, state and local, in the on-going work and in new initiatives that tackle what Roundtable participants urged be addressed.

During the Roundtable, several references were made to the importance of those attending taking away knowledge they could use in their respective organization, be it local or at the state level. This included a

“I would rather try to persuade a man to go along, because once I have persuaded him he will stick. If I scare him, he will stay just as long as he is scared, and then he is gone.”

Dwight D. Eisenhower

commitment to help spread the WRA message and its specific work. Further, the hope was that some of the techniques and tools would be adopted and put to use back at the participants work areas. For example, the peer perspective planning activity can be adapted to use within any organization in a variety of ways. Brainstorming among fellow staff regarding challenges or ways to improve can be very beneficial. Technical assistance from the internal facilitators can be made available for those wishing to learn more or put into practice processes used at the Roundtable IV.

In summary, the sustaining of an effective, successful working relationship among the local and state organizations and the continued improvement of the public health system in West Virginia rests not with a few, but with every one of us.

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APPENDIX A “PROGRESS GAUGE” RATINGS RESULTS

For each of the following overarching areas that were identified in the first Roundtable (2001) as critical issues needing addressed, participants rated how much progress has been made over the past year with each based on the individual’s perception.

Use the following 1 to 10 scale: **1=No progress at all** to **10=Significant progress**

| <i>Overarching Area Needing Addressed Based on 2001 Pre-Roundtable Survey</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 0 | 2 1 | 3 1 | 4 8 | 5 19 | 6 18 | 7 13 | 8 8 | 9 0 | 10 1 | NA 0 |
| | <i>Average=5.87</i> | | | | <i>(2003=5.40)</i> | | | | | | |
| | <i>Standard Deviation=1.40</i> | | | | <i>(2003=1.8)</i> | | | | | | |
| 2. Develop effective communication models and processes that instill a stronger teaming environment at all levels. | 1 0 | 2 0 | 3 5 | 4 6 | 5 17 | 6 19 | 7 14 | 8 6 | 9 2 | 10 0 | NA 0 |
| | <i>Average=5.83</i> | | | | <i>(2003=5.53)</i> | | | | | | |
| | <i>Standard Deviation=1.42</i> | | | | <i>(2003=1.9)</i> | | | | | | |
| 3. Provide adequate orientation and training programs for all staff. | 1 2 | 2 6 | 3 11 | 4 12 | 5 8 | 6 11 | 7 13 | 8 4 | 9 0 | 10 2 | NA 0 |
| | <i>Average=4.99</i> | | | | <i>(2003=4.61)</i> | | | | | | |
| | <i>Standard Deviation=2.05</i> | | | | <i>(2003=2.0)</i> | | | | | | |
| 4. Identify and secure adequate funding for public health. | 1 9 | 2 10 | 3 13 | 4 12 | 5 12 | 6 5 | 7 5 | 8 0 | 9 0 | 10 1 | NA 2 |
| | <i>Average=3.39</i> | | | | <i>(2003=4.38)</i> | | | | | | |
| | <i>Standard Deviation=1.90</i> | | | | <i>(2003=1.8)</i> | | | | | | |
| 5. Strengthen and foster effective leadership. | 1 0 | 2 0 | 3 6 | 4 11 | 5 16 | 6 11 | 7 16 | 8 5 | 9 2 | 10 1 | NA 1 |
| | <i>Average=5.52</i> | | | | <i>(2003=5.01)</i> | | | | | | |
| | <i>Standard Deviation=1.62</i> | | | | <i>(2003=1.8)</i> | | | | | | |
| 6. Assure public health system is organized to support efficient and effective interaction between local and state public health agencies. | 1 1 | 2 0 | 3 0 | 4 7 | 5 10 | 6 16 | 7 18 | 8 12 | 9 3 | 10 1 | NA 1 |
| | <i>Average=6.39</i> | | | | <i>(2003=5.01)</i> | | | | | | |
| | <i>Standard Deviation=1.54</i> | | | | <i>(2003=1.8)</i> | | | | | | |

APPENDIX B

WRA PROGRESS WORKSHEET EXAMPLE RESULTS

The following shows what questions were asked on the progress worksheet given to each participant to complete as he or she determined. Under each question are representative samples of what was submitted.

What are your overall reactions to the WRA progress updates provided this morning?

1. Appears to be a work in process and are very goal focused. Importantly a great stress was placed on continued and comprehensive communication.
2. Good feedback, but would have loved to have a written copy of what was presented from the group.
3. Positive, the long road on this trip has started. However, progress still needs to be made.
4. The process continues to move in a very positive direction. While it appears we are much ahead of where we were three years ago, challenges remain. However, the effort has produced positive results in those three years.
5. We are making new 'in roads' on sharing work/responsibility. Exciting.
6. Finished with assessment and organization phases and starting to produce.
7. Great accomplishments have been made. However, change issues present challenges to cause us to evaluate where we are.
8. It's good to know that the WRA work groups are making progress and that they have identified subgroups in order to place more attention on the issues confronting the WRA.
9. Encouraged by progress and feel that all stakeholders have bought into the process.

From your professional perspective and/or work within the public health system, how do you see the WRA work impacting the overall system? How do you see it affecting your work or the work of the local/state agencies?

1. Extremely important, especially at a time where we all must "do more with less".
2. It is important that clear objectives be established and that resources are allocated toward achieving them.
3. Development of one voice very important for achieving goals statewide.
4. Simple: There is strength in numbers. Collectively local/state can be/should be one voice for our legislators to hear.
5. Adhere to principles between state/local – more respect and open communication. Understand LH officer has a responsibility to that community. Be sure to communicate with coordinator. Come visit the health department and let people know you're there.
6. Having WRA be combined with members from all agencies tends to lend credibility to the mission and goals that are being set forth. When we all work as a team, it makes things happen and I see that our work can become more thorough and efficient and help the general public more effectively.
7. It will be an important means of strengthening the relationship between the local health dept. and state agency and will be instrumental in transmitting information both ways.
8. Improvement of work processes for both agencies (PO2). Communication between state and counties greatly improved.
9. Better collaboration and communication = better services.
10. I think our ability to deal with problems (glitches) in the system is greatly improved.
11. Build trust between state and local entities. Makes job easier at state level when we know partners.
12. The WRA has helped remove barriers to effective collaboration.
13. Communication, coordination, and cooperation resulting in decisions with input from across the board.

What, if any, key focus or activities do you think are vital to improve the working relationship between state and local public health agencies that you feel are missing from the WRA work? That is, what should the WRA focus on during the coming year beyond what you heard today?

1. Emphasize specific avenues of communication.
2. Focus on solving common problems (e.g., in flexible personnel system).
3. How to cross county borders to collectively meet the needs of our communities.
4. Workforce recruitment and retention.
5. Make sure that this concept is articulated to ALL state staff.
6. Better updates to nonleadership people. Info is not always shared.
7. We talk the talk, now to walk the walk. Instead of just communicating policy changes etc. we need to develop and change policy together. When was the last time you asked local health, "How is this program (IDEP, TB, STD, FP, etc.) working for you? How would you change it?"
8. Better definition and focus, with emphasis on "de-politicizing" some very important public health issues.
9. I think WRA work needs to be more effectively communicated to the rank and file. I doubt that most employees know much about the WRA. Committees tend to evolve into organizations that serve themselves without sharing the progress with others.

Based on what you have heard, what will you personally do or plan based on the progress work or general working relationship in your immediate work area or agency in the next year?

1. Continue to learn from 'older' peers.
2. Proactively engage other health care partners (e.g., hospitals, nursing homes, private providers) to be advocate for enhanced public health.
3. Continue to work on strengthening the relationship on the local level with input from the state with an overall focus on building/strengthening the relationship.
4. Will attempt to coincide local efforts with direction of WRA.
5. Take advantage of improvements (training, meetings, etc.).
6. Bring the ideas that have been communicated here today back to my work and see how I can apply them and improve my area of public health as a whole.
7. Incorporate ideas, check into daily activities, and put words to practice.

APPENDIX C

SAMPLING OF PEER PERSPECTIVE CHALLENGES & SOLUTIONS

The following are examples from the notes captured at different tables regarding a challenge/issue that was offered by a participant (1st column) and possible solutions or suggestions offered by others at the table (2nd column).

| <i>Challenge/Focus Area</i> | <i>Solutions/Suggestions</i> |
|---|--|
| I am in charge of many programs – not able to spend adequate time on any one. What do I do? | <ul style="list-style-type: none"> ▪ Delegate ▪ “Say no?” ▪ Set vision – give tools and provide environ for others to succeed in handling ▪ Empower others ▪ Don’t hold back knowledge ▪ Time management training |
| Less funding for preventive care (critically needed programs) | <ul style="list-style-type: none"> ▪ Have story that relates successes to show to budgetary auth. ▪ Explain long-term effects of lowering program funding ▪ Educate law makers legislators ▪ Invite local representatives to management meetings ▪ Alternative sources of funding (grant, etc., nontraditional) ▪ Learn how to manage funds we have more efficiently |
| Work flow – balance | <ul style="list-style-type: none"> ▪ Work as a unit, not silos ▪ Other duties – share ▪ Work more efficiently on routine deadlines ▪ Establish priority list ▪ Cross training ▪ Retreats to educate each other on individual duties--Get to know what others do ▪ Establish policy for response and command and share with all staff |
| Convincing BOH to base decision on public health rather than business issues (e.g., clean air). | <ul style="list-style-type: none"> ▪ Representative could be from business that supports ▪ Educate businesses on why public health issue doesn’t hurt business (concentrate on quality of air – 4000 poisons chems) ▪ Ads on radio (e.g., get media to help get public health message across) |
| How to take info on WRA process to all staff (keep them informed and up to date) | <ul style="list-style-type: none"> ▪ Responsibility is ADM and all staff to share info ▪ Communication from bottom up--Share WRA pamphlet with staff. Middle→down--Staff meetings ▪ All committees that meet need to share information with others (employees). ▪ If info not comm. to others, it is “wasted” |
| Developing Community Health Systems-How? Time? | <ul style="list-style-type: none"> ▪ Use same message – regional networks ▪ See overlapping systems – competition for funds--Public health in charge – takes control?--Someone needs to be “in charge” ▪ Resources are limited ▪ All players have a role in public health ▪ Define mission for each agency |

| <i>Challenge/Focus Area</i> | <i>Solutions/Suggestions</i> |
|--|---|
| Board of Health – need more info and strategies involving board more – better (more) involvement. | <ul style="list-style-type: none"> ▪ Reports from each dept.– financial reports--What problems – folder of information to each member at each meeting ▪ Orientation? ▪ County Commissions need to understand responsibilities of a board member so right people are appointed (education C.C.) ▪ Details on specific problems – programs/progress ▪ Educate on duties/responsibilities ▪ Training on legal responsibilities required? ▪ Educate public |
| Inconsistent and lack of universal public health orientation for new people in public health. | <ul style="list-style-type: none"> ▪ Promote PH101 ▪ Directory of services ▪ PH-101 website with resources ▪ Directory of PH info systems ▪ Acronym definitions glossary – computer based ▪ Board of Health training ▪ Social marketing – health communication ▪ Mentoring program |
| Provide training and ensure performance that emulates training. Emphasis on numbers of inspections rather than quality. | <ul style="list-style-type: none"> ▪ Reinforce training annually ▪ Reinforce the importance of quality to administration ▪ Tie performance appraisals to actual performance ▪ Peer pressure to help the individual understand the importance of their work ▪ Standardization ▪ Program reviews ▪ Provide a structure to use the information to improve the program. ▪ Tie performance to funding |
| Provide leadership that will motivate the low performance staff member. | <ul style="list-style-type: none"> ▪ Peer pressure ▪ Team a low performer with a high production staff member. ▪ Do a team assessment exercise that will illustrate strengths and weaknesses and provide training to help weaknesses ▪ Provide consequences ▪ Strategic plan with the smaller team ▪ The better they know how their contribution fits into the big picture, the more likely they will be to contribute |
| Get buy-in for cross training with program specific staff. Understand how PH fits in. Specialization is a concern. | <ul style="list-style-type: none"> ▪ Provide networking opportunities ▪ Understand the significance of the other programs. ▪ Visit other health departments to learn how they do it ▪ Difference between leader (vision) and managers (day-to-day) |
| Should procedures for immunizations be consistent? | <ul style="list-style-type: none"> ▪ Look for it somewhere in writing ▪ Right now it is an individual issue ▪ Worried about public perception b/c nurses do this differently ▪ Local orientation when you cross county lines |

| <i>Challenge/Focus Area</i> | <i>Solutions/Suggestions</i> |
|--|--|
| How do other counties prioritize or struggle with time management/prioritizing commitments? | <ul style="list-style-type: none"> ▪ Move past status quo – look for other ways to do things ▪ Need staff to buy in to alt. work schedule ▪ Afraid to say no to meetings so can do your job ▪ Could more be done via conference call or other electronic means? ▪ Should be empowered to say no at times ▪ Meetings more effectively planned – meaningful ▪ SM’s making meetings meaningful ▪ Divide meetings up ▪ Lack of time – prioritize smartly by funding or other means ▪ State could integrate/cross train at training events |
| How to keep staff enthused in public health? Rejuvenate the staff. | <ul style="list-style-type: none"> ▪ Link/networking ▪ Remembering the stories ▪ Staff time/laugh together |
| Strengthening/fostering team building | <ul style="list-style-type: none"> ▪ Break out into focus teams ▪ Individual groups then meet again in large groups ▪ Is the ‘elephant’ named? ▪ Find the strengths |
| Breaking down barriers between different programs (financial staff not well liked because are put in role of saying no). | <ul style="list-style-type: none"> ▪ Involvement of program/fiscal staff throughout programs. planning and implementation ▪ Work on improved communication to resolve misunderstandings ▪ Understand program guidelines and work within them ▪ A flat “NO” is negative – fiscal needs to offer suggested solutions |
| Employee retention in an era of no increases. People are moving to other jobs for financial needs. | <ul style="list-style-type: none"> ▪ Identify other ways to reward staff (e.g., travel, training, etc.) ▪ ? Employee satisfaction tied to money ▪ Salaries so low – below poverty level ▪ If money is not tied to performance, then performance suffers ▪ Public health employees do not have a good lobbying group for raises ▪ Not always true there is no money. This is DHHR’s mandate, not the federal grants because raises are built into the grants ▪ New employee orientation and training probably costs as much as the salary adjustment ▪ Even a bonus is better than nothing ▪ DOP classification system needs to be upgraded ▪ When and what is DHHR going to do with Pilot Compensation Plan? |
| How to talk to communities about cancer risk without making community members feel like it is their fault (e.g., behavioral/lifestyle issues). | <ul style="list-style-type: none"> ▪ Easier to blame the environment rather than assuming responsibility for behavioral life styles ▪ Education is the answer, but don’t forget hereditary factors ▪ Money drives some of the concerns. Someone owes them something (Erin Brockovich) ▪ Need to crack down on unnecessary law suits ▪ Need to empower people to take care of their own healthcare. Reinforce educational messages |

| <i>Challenge/Focus Area</i> | <i>Solutions/Suggestions</i> |
|--|--|
| Enact legislation to address cleanup and fund such of meth labs. | <ul style="list-style-type: none"> ▪ Educate LHD re-issues of meth lab/ production ▪ Establish work group of local, state, and environment to set standards ▪ Investigate various funding sources ▪ Contact peers in other states ▪ Legislative advocacy/champion |
| How do you effectively reach public with important public health message without huge expense? | <ul style="list-style-type: none"> ▪ Work of mouth, local, low cost ads (i.e., football programs, etc.) ▪ Find other avenues (i.e., community partners) ▪ Targeted public education ▪ Handbills, fliers, etc. (tob. outlets, lottery vendors) local papers, radio stations, public access TV |