

- What we do for Washington state
- How we do our work

WASHINGTON STATE DEPARTMENT OF HEALTH

Strategic Plan Update 2014-16



Vision • Mission • Strategy • Foundation • Models • Guiding Principles

Washington State Department of Health Strategic Plan Overview

VISION

People in Washington enjoy longer and healthier lives because they live in healthy families and communities.

STRATEGY

Through collaborations and partnerships, we will leverage the knowledge, relationships and resources necessary to influence the conditions that promote good health and safety for everyone.

MISSION

The Department of Health works with others to protect and improve the health of all people in Washington State.

WHAT WE DO FOR WASHINGTON STATE



Protect from communicable disease and other health threats

- Ensure effective communicable disease prevention, surveillance and response systems
- Prepare for, respond to and recover from public health threats
- Ensure the safety of our environment as it impacts human health
- Become leaders in addressing public health impacts of climate change

Prevent illness and injury and promote ongoing wellness

- Give all babies a planned, healthy start in life
- Increase immunization rates for all age groups
- Support healthy weight in children and adults
- Promote tobacco-free living
- Prevent or reduce the impact of adverse childhood experiences on children and families
- Protect people from violence, injuries and illness in their homes, neighborhoods and communities
- Raise awareness and implement strategies to promote mental health

Improve access to quality, affordable, integrated healthcare

- Increase access to affordable healthcare
- Ensure safe, quality healthcare
- Incorporate public health and prevention practices in the reforming healthcare system

HOW WE DO OUR WORK

Integrate continuous quality improvement and performance management systems across the agency to best serve our customers

- Improve customer satisfaction and use of customer feedback
- Ensure performance management systems are used throughout the agency to measure progress toward agency and program goals
- Use Lean and other quality improvement principles to build a culture of continuous quality improvement

Ensure core business services are efficient, innovative and transparent

- Develop and initiate appropriate policies and legislation to support our goals and objectives
- Work toward optimal public health funding and assess return on investment
- Make financial and business processes transparent; always seek customer engagement and input, and respond to customers' business needs and feedback
- Develop and implement an agency-wide, comprehensive communication and marketing plan for internal staff, external partners and groups across the lifespan
- Enhance our technological capabilities to meet current and future business needs

Improve organizational health and expand workforce development

- Improve the skills and capabilities of our workforce to advance agency priorities
- Develop and implement an agency succession plan
- Improve the organizational health of the agency
- Integrate workplace health and wellness into agency activities and policies
- Ensure a robust and collaborative partnership with academia

FOUNDATIONS

MODELS: Socio-Ecological • Determinants of Health • Life Course • Place Matters

GUIDING PRINCIPLES: Evidence-Based Public Health Practice • Partnership • Transparency • Health Equity • Seven Generations



For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

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A Message from the Secretary



The Department of Health's Updated Strategic Plan for 2014-16 provides our agency's direction and critical actions over the next two and one-half years. This is a time of rapid change in health. The transformation of the health care delivery system as Washington State embraces Medicaid expansion, the implementation of a health insurance marketplace, paying for health outcomes rather than procedures, a drive toward healthcare quality as a way of reducing health care cost, the integration of physical and behavioral health, and, finally, a focus on population health are providing new challenges and opportunities for public health. In addition, rapid changes in technology and the development of wearable biometric devices, the promising use of big data for health benefits, the obesity epidemic driving diabetes, heart disease, stroke and cancer, and the legalization of marijuana in Washington State all require the public health network to expand its partnerships, realign and expand its resources, and drive itself toward results.

To drive the Department of Health during this time of rapid change, we have updated our strategic plan. Central to this has been the creation of our overarching strategy that states: **Through partnerships and collaborations, we will leverage the knowledge, relationships and resources necessary to influence the conditions that promote good health and safety for everyone.** This is important because it says we in public health must work with and through others to create an overall culture of health to improve the public's health. The intentionality of this strategy as we work to influence policy, systems, and environments that create a culture of health cannot be understated.

Our vision that - *People in Washington enjoy longer and healthier lives because they live in healthy families and communities*- is one we invite you to share. For our part in achieving this vision, we are embarking on implementing the following strategic plan, and in doing so, will engage many partnerships and collaborations. Please join us—for the health of all Washingtonians.

A handwritten signature in black ink that reads "John Wiesman". The signature is written in a cursive, flowing style.

John Wiesman
Secretary of Health

Washington State Department of Health

Strategic Plan Update 2014-2016

September 2014

Introduction

This updated Strategic Plan outlines the agency's direction and critical priorities for the next two and a half years. The updated *Strategic Plan* reflects the priorities of the Secretary of Health, is influenced by the *Agenda for Change* and the *Governor's Strategic Framework and Results Washington*.

Agency Vision: People in Washington enjoy longer and healthier lives because they live in healthy families and communities.

Agency Mission: The Department of Health works with others to protect and improve the health of all people in Washington State.

Agency Values:

Ethics: We explicitly identify and debate the principles and values that guide our public health decision making, and we identify and include stakeholders in that process.

Diversity: We actively seek to understand the life and work experiences, skills, talents, cultures, ancestries and histories of our employees and the public to better serve everyone.

Respect: We take the time to ask "questions for understanding" and fully consider other points of view before we make decisions.

Communication: We engage in timely, responsive, effective and open information sharing to improve our work and maintain our reputation as a trusted source of health information.

Collaboration: We work side-by-side with partners, communities and individuals to improve health and support a strong public health system.

Department Overview

The Washington State Department of Health was created in 1989 (Chapter 43.70 RCW) as an executive branch agency of state government. The secretary is appointed by and reports to the governor and is accountable to the legislature and the people of Washington.

The department works with federal, state, tribal and local governments and non-governmental organizations to:

- Protect and improve health of people in Washington.
- Promote healthy behaviors.
- Maintain high standards for quality health care delivery.

Our main campus is located in Tumwater. Our Public Health Laboratories are located in Shoreline and we have satellite offices in Richland, Kent and Spokane. The department employs over 1,600 people and, with a combined operating and capital budget of nearly \$1.3 billion is divided into five functional divisions:

1. Disease Control and Health Statistics
2. Environmental Public Health
3. Health Systems Quality Assurance
4. Prevention and Community Health
5. Central Administration

The Department partners with the state's 35 Local Health Jurisdictions (LHJs) and 29 federally recognized Tribes to deliver public health services to the people of Washington State. Together these entities make up the decentralized public health system. This system is characterized by strong relationships and shared leadership. This partnership is strengthened by the collaborative Public Health Improvement Partnership and the jointly developed Public Health Improvement Plan that guides the work of the Partnership.

Guiding Principles: Foundational Influences for our Work

Our agency's strategies, programs and policies are guided by the following principles:

1. **Evidence-based Public Health Practice:** We will use evidence-based approaches in developing, implementing and evaluating programs and policies.

2. **Stakeholder and Partnership Engagement:** Public health solutions require collaboration with a variety of partners and stakeholders. We will engage stakeholders and partners in the development implementation and evaluation of strategies, policies and programs to advance the public's health.
3. **Transparency:** We will work to ensure trust and establish a system of transparency, public participation and collaboration. Transparency promotes accountability, builds trust and keeps stakeholders and partners informed of our activities.
4. **Health Equity:** Health equity exists when all people have the opportunity to attain their full health potential and no one is disadvantaged. We will proactively pursue the elimination of health inequities and preventable differences in health among groups based on gender identity, sexual orientation, race and ethnicity, education, income, disability and geographic location.
5. **Seven Generations:** Borrowing from Native American cultures, we hold a vision of seven generations; we are mindful in our work of the history of the past three generations, the lives of the current generation and protecting the future of the next three generations.

Foundational Public Health Services

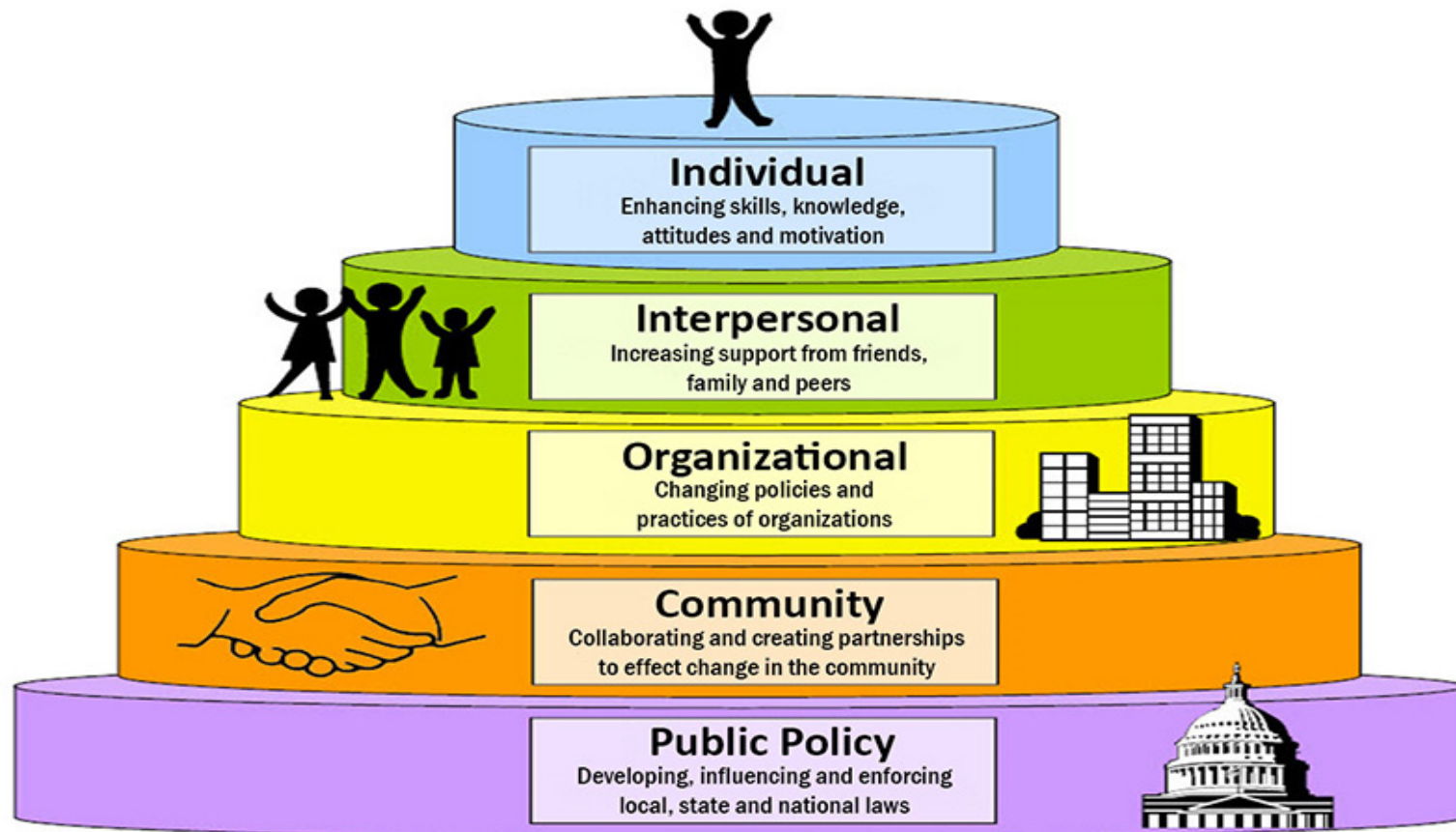
Foundational Public Health Services (FPHS) are services that people depend on government to provide and like other public infrastructures, must be available everywhere in order to work anywhere. Given current economic conditions and declining local, state and federal revenues, a long-term strategy is under development for predictable and appropriate levels of financing for our public health system. Foundational Public Health Services workgroups are working with nationally recognized experts to define core capacities, core activities and services that are to be available statewide and funded by state and local funds. Costs to deliver such services have been identified. Foundational Programs are: Communicable Disease Control, Chronic Disease and Injury Prevention, Environmental Public Health, Maternal/Child/Family Health, Access/Linkage with Clinical Health Care and Vital Records.

Theoretical Models: Guiding our Work

We approach our work with a common set of theoretical models. These models lay the foundation on how best to move the public health system forward. These models have interrelated concepts and illustrate the complexity and evolution in public health.

The Socio-Ecological Model shows the multiple levels of influence on a person's health. These include relationships with other people; the policies and practices of organizations such as schools and worksites; community services and environment; and local, state and national laws that impact our behavior. While helping individuals make healthy choices is important, we must also support these choices at all levels, from worksites to communities to state law.

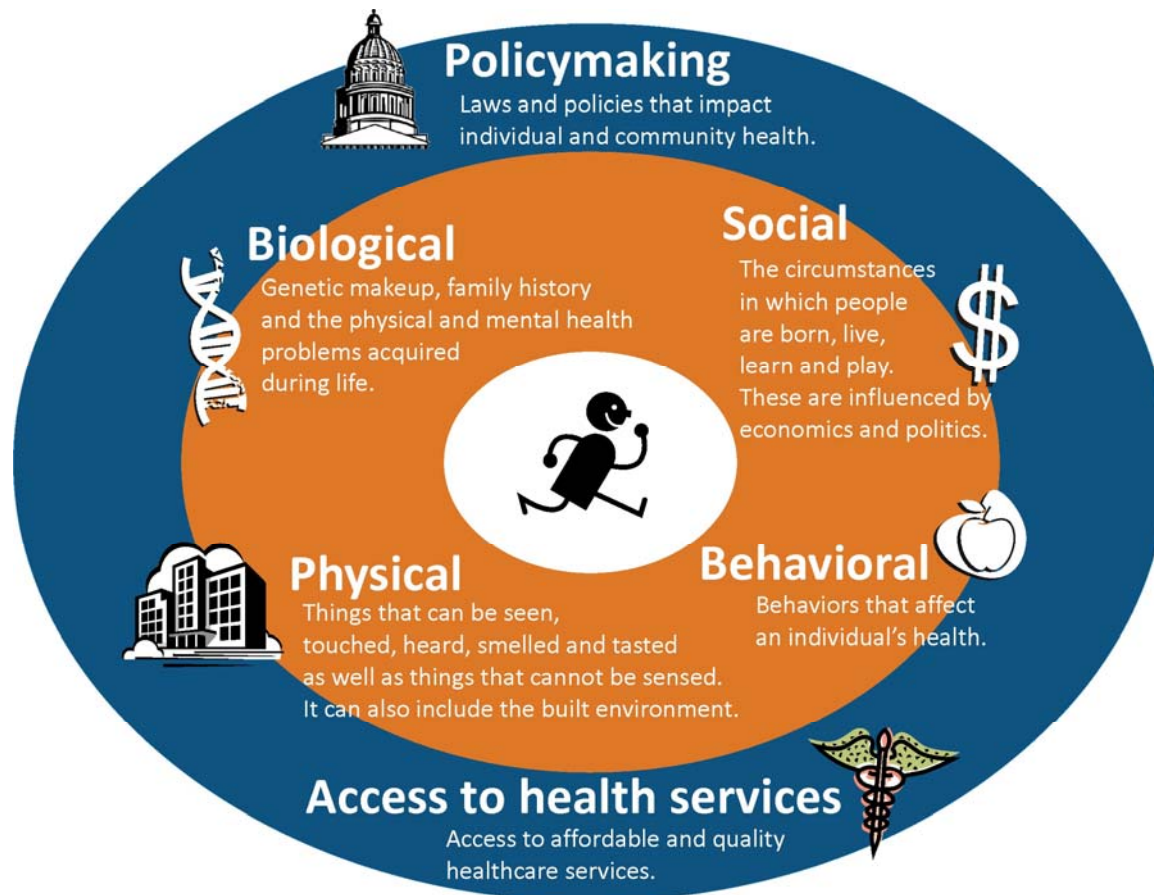
Socio-Ecological Model



Kendrick, S; Inman, K; Hoskins, S. Clark County Public Health, 2010. Adapted from McLeroy, K.R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. *Health Education Quarterly*, 15(4), 351-377; Bronfenbrenner, U. 1979. *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA; Harvard University Press.

The Determinants of Health are things that influence our health. Determinants of Health include: our biology/genetics, behaviors, physical environments and socioeconomic environment, which are influenced by policy and interventions and access to healthcare. These factors also represent individual differences. The societal response to these differences has a significant impact on health outcomes.

The Determinants of Health



Kendrick, S; Inman, K; Hoskins, S. Clark County Public Health, 2011. Adapted from Determinants of Health, Healthy People 2020, US Department of Health and Human Services. <http://www.healthpeople.gov/2020/about/DOHAbout.aspx>. Accessed 9/6/11; Social Determinants of Health, World Health Organization. http://www.who.int/social_determinants/en. Accessed 9/6/11; and Social Determinants of Health, Centers for Disease Control and Prevention. <http://www.cdc.gov/socialdeterminants/definitions.html>. Accessed 9/6/11.

The Life Course Perspective suggests that many factors, experiences and exposures across our entire lifespan affect our health and development. For example, the stress caused by neglect or abuse experienced as a young child can result in illness or disability as an adult. This perspective also suggests that a baby's health is affected by not only his or her mother's health during pregnancy but also her health prior to that pregnancy. With almost half of pregnancies unplanned, women's health during potential childbearing years becomes especially important.

Place Matters is the concept that the conditions, policies and practices where we live, learn, work, recreate, seek healthcare and worship influence our health. Simply put, our choices and behaviors are shaped by the places in which we spend our time. For example, the health of school-aged children is affected by the quality of the food and beverages served at school. Health inequities result when the food and beverages are unhealthy; a child living in poverty may rely solely on school meals without the resources to bring healthier food from home.

Major Factors Impacting Our Work

External Factors

A Changing Environment

Our ability to meet our public health responsibilities depends partly on how well we identify opportunities and threats in the state's environment. We operate in a constantly changing environment that presents many challenges. Among them are the rapid movement of people, animals and disease organisms; a growing, diverse population; terrorism threats; and an increasingly complex system of partners. The introduction of clean water, antibiotics and vaccines has made the world safer and significantly improved the quality of life. Yet not all of the threats to public health come from infectious diseases. For example, unhealthy eating habits and low levels of physical activity are resulting in a dramatic increase in the rate of obesity. Continued strong population growth, in addition to environmental changes such as global climate change, is stressing the quality of our air, drinking water and natural resources. Heat waves, air pollution, infectious disease, extreme weather, rising sea levels and stress from climate change threaten public safety and could potentially overwhelm the public health system. We are developing strategies to support enhanced emergency preparedness and response, with a focus on developing community and individual resilience. We are also looking at ways to enhance how we track air quality and disease to detect and address public health threats. Prevention and mitigation efforts include partnering with communities to create environments that support healthy families and communities.

A Changing Population

Washington's population is aging. This is a major demographic shift that will have profound implications for policy-making and planning at all levels of government. In 2014, there were about 977,738 persons age 65 and older, representing 14 percent of Washington's total

population. Growth in this age group will increase as the baby boom generation enters retirement years. Projections suggest that almost 50,000 people per year will be turning 65 by 2020. By 2040, the elderly population is forecast to reach 1,860,390 people, representing 21 percent of the state’s total population. The following table compares 2014 with the projected 2020 population of Washington, by age group.

AGE	2014	2020 - Estimated
0 – 4 years	438,672	465,220
5 – 9 years	446,265	460,806
10 – 19 years	1,317,448	1,377,036
20 – 29 years	949,339	971,505
30 – 49 years	1,853,052	1,924,774
50 – 64 years	1,406,030	1,418,728
65+	977,738	1,247,128

A Changing Healthcare System

The Affordable Care Act is shifting the landscape of public health. In this new era, encouraging wellness, preventing disease and injuries, preventing hospital-acquired infections and preventing hospital readmissions are vital to improving America’s health. To accomplish this we must work with our healthcare, human services and public health partners. **This work centers on three core processes:**

- Influence the system to serve the people.
- Be the bridge between the people and the system.
- Measure the effect, influence and effectiveness of the health system on the people.

Budget Resources and Outlook

The Department of Health is responsible for a \$1,075 million biennial operating budget. Over half of the agency's operating budget is from federal funding, 24% is from fees, 11% is from state funds and 14% is from other sources. Over the last two biennia the department's state funding has decreased by \$37 million (30.8%), while fee based funding has increased by \$47 million (5%). Most of our budget (57%) is invested in the local health jurisdictions and communities for direct service delivery. We anticipate seeing further decline in both general fund-state and federal support of our programs over the next biennium.

One of the key approaches we are taking over the next two years is to focus on a set of strategic priorities with essential partners to deliver the most impact for the investment and effort. These priorities will move the public health system toward increased consistency in business practices and will fulfill public expectations for consistent services from government agencies across the state.

Federal Funding Trends

To address the broad and complex issues of public health successfully, we must be prepared to meet organizational challenges within a very competitive environment. Funding for public health is very dependent on federal funds. Over the past two years we have felt the impacts of sequestration and other reductions at the federal level. Our federal funds have declined by 3% and are anticipated to continue to decline, particularly in health care related programs as a result of the Affordable Care Act.

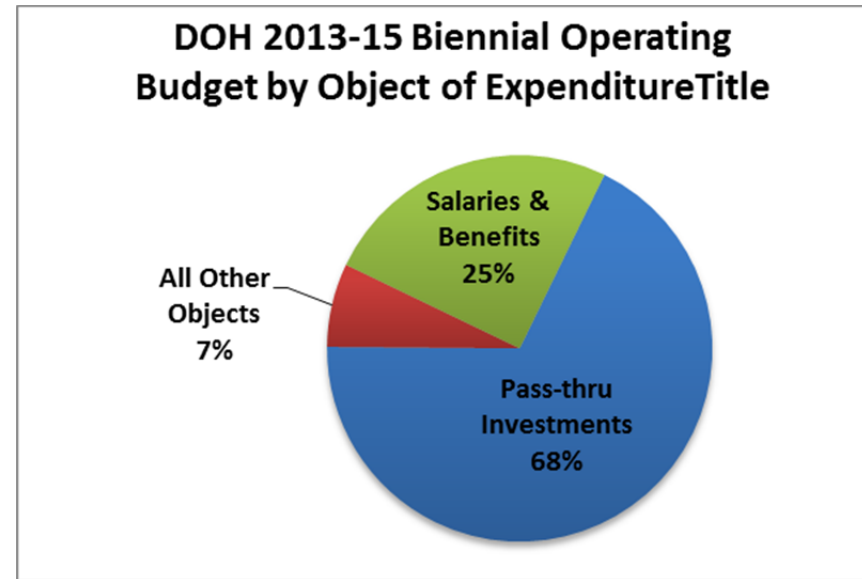
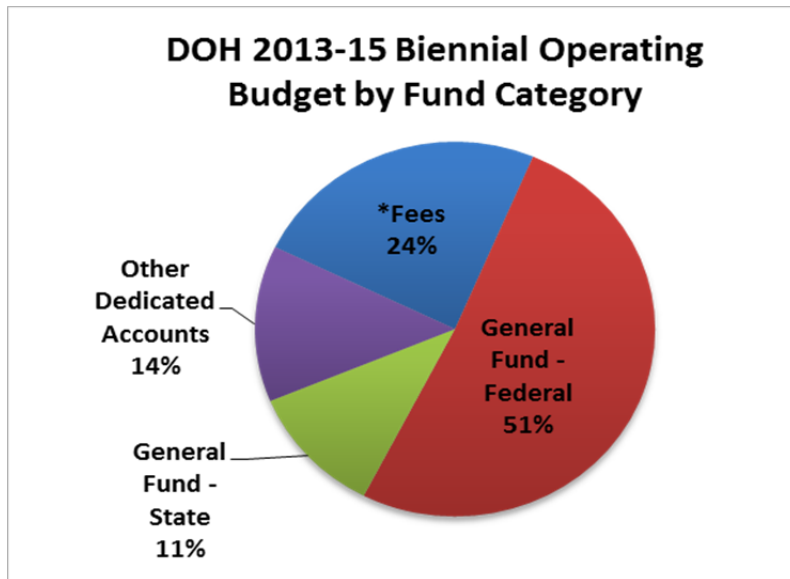
State Funding Trends

The recovery to the national economic downturn that began in 2008 has been slow, especially in Washington State. Our unemployment rate hovers around 6.1% and state and local governments are continuing to manage within declining revenues. While state revenues are expected to grow by more than \$2 billion over the next biennium, nearly \$1.8 billion is needed for mandatory case load programs. In addition, the court decision to fully fund K-12 education, known as the McCleary Decision, is expected to require \$1.5 to \$2 billion or more in the next biennium. The department is preparing for additional decreases in state funding for Public Health.

Fee and Dedicated Funding Support

Many of our public health programs rely on fees to recover the cost of services. Fee support as a percentage of our total budget has increased for two reasons. First, we have made our programs as self-supporting as possible through fees. Second, the public is requesting that more health professions and facilities be regulated, thus increasing the number of our fee-supported programs. Effectively managing program costs and being clear about how fees are calculated are strategies we are implementing.

Operating Budget



Internal Capacity

Centralizing Services

In an effort to increase the efficiency and effectiveness of state government there has been a trend in recent years to move toward centralizing some business and IT services across state agencies. Significant resources have been used to replace outdated systems that provide the basic infrastructure for state agencies in the areas of information technology, human resource management and contract management. These changes are resulting in the need for additional funding, business process redesign, project management and change management expertise within the department. We are actively involved in consolidation efforts to best meet our business and service delivery needs. We are implementing a significant IT transformation initiative within the department that centralizes our information technology services and staff, creates an IT governance structure and clarifies roles and responsibilities for department and statewide IT projects and maintenance which will significantly improve our efficiency in developing and maintaining data systems.

Workforce

Compensation - Every two years, through negotiation between management and labor representatives, we adjust compensation for selected classifications and/or those positions that are covered by collective bargaining agreements. Those positions not in the collective bargaining agreement are also typically affected at the same time through legislative activities.

Maintaining competitive classification and compensation is a key component in effective recruitment. Agencies evaluate internal classification or compensation issues and prepare proposals. The Office of the State Human Resource Director and the Labor Relations Office review the proposals. They may approve proposals for inclusion in negotiations. In this process, we may use workforce information, including recruitment or retention data, to identify and request classification and compensation changes to meet our strategic and business needs.

Staff/Recruitment and Retention - The department focuses on recruiting diverse and competent applicants who match our business needs and the populations we serve. In May 2013, the department completed a lean event for our recruitment process. As a result, we implemented changes to our processes that result in providing larger pools of diverse and qualified applicants for supervisors to hire from. We are working to ensure we hire people who are able to adapt to the changing face of public health.

Workforce Development - At the Department of Health, we understand that workforce development is an essential component in creating, sustaining and retaining a viable workforce to carry out the agency priorities articulated above in a skilled and professional manner. The workforce development program was established to raise staff exposure to training and development opportunities. To further this important effort, DOH has launched a succession planning workgroup that will, in coordination with the workforce development program, ensure that key positions have succession plans. In addition, skill assessments and learning and development plans will be implemented agency-wide. The workforce development program will enhance employee skill sets and to provide growth and development opportunities focused on agency priorities.

Health and Wellness - The health and wellness of DOH employees is a key driver in the agency's productivity level. We are developing an integrated health and wellness program, increasing communication to employees about wellness opportunities and including health and wellness in employment policies. This work will lead to engaged employees who are healthier and more productive.

Aging Workforce - As many workers in the baby boomer population reach retirement age, we are challenged to retain institutional knowledge and experience. The succession planning cross-agency workgroup is tasked with recommending a succession planning program, working in concert with human resources to provide succession planning and knowledge transfer tools along with mentoring opportunities.

Goals, Objectives, Strategies and Performance Measures

Primary Goals for Improving Public Health

Six goals in our updated *Strategic Plan* will be used to focus and drive our Agency’s work. The first three goals focus on **what** we do, our agency mission. The next three goals focus on **how** we do our work.

1. **Protect everyone in Washington from communicable diseases and other health threats.**
2. **Prevent illness and injury and promote ongoing wellness across the lifespan for everyone in Washington.**
3. **Improve access to quality, affordable and integrated healthcare for everyone in Washington.**
4. **Integrate continuous improvement and performance management systems across the agency to best serve our customers.**
5. **Ensure core business services are efficient, innovative and transparent.**
6. **Improve organizational health and expand workforce development.**

Goal 1: Protect everyone in Washington from communicable diseases and other health threats.

Protecting the public from communicable diseases and other health threats has always been a core responsibility of the public health system. We must prevent disease when we can, establish robust surveillance systems to rapidly identify and respond to outbreaks and be ready to respond to emergencies. The sooner we can identify health threats, the sooner we can engage our partners and take action that can prevent or mitigate health impacts. Many health threats can be prevented by ensuring the safety of our environment. We must not only continue our long-standing efforts to keep our food, water and air clean, but also work to prevent emerging environmental health impacts such as those due to climate change.

Objective 1: Ensure effective communicable disease prevention, surveillance and response systems.

In Washington State, notifiable conditions are reported to Washington’s local health agencies by healthcare providers, facilities and laboratories so public health can take action to control the spread of disease. Our current disease data collection systems are out of date and must be modernized. These updates will improve early detection and response time and help staff and statewide partners with effective communicable disease prevention efforts.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Increase our capability to receive laboratory data through the Health Information Exchange	Communicable Disease – Epidemiology (CD-Epi)	95% of laboratories reporting notifiable conditions through HIE by 1/2016	<ul style="list-style-type: none"> • Complete validation for non-clinical laboratories submitting electronic messages via old system (e.g. LabCorp and Quest) by 8/31/2014 	<ul style="list-style-type: none"> • Washington State Hospital Assoc. • Commercial and hospital labs

(HIE) into Public Health Reporting of Electronic Data (PHRED)			<ul style="list-style-type: none"> • Increase percentage of hospitals in queue for “Meaningful Use” validation of electronic lab reporting 	<ul style="list-style-type: none"> • Local health jurisdictions • DOH Programs
Modernize the integrated infectious disease data collection system	Infectious Disease & CD-Epi	<p>100% of new system built that replaces existing functionality by 2016</p> <p>100% of local health jurisdictions using new electronic data collection system for notifiable conditions by 12/2016</p>	<ul style="list-style-type: none"> • Build or purchase by 7/30/2014 • Implementation, 7/1/2014 – 12/30/2015 • Train local health jurisdictions on new electronic data collection system by 2/2016 	<ul style="list-style-type: none"> • Local Health Jurisdictions • Federal health agencies • Clinical laboratories • Healthcare providers • Washington residents

Objective 2: Prepare for, respond to and recover from public health threats.

Our agency develops and maintains emergency preparedness and response capabilities to save lives and protect people in our state during public health emergencies. This requires a focused effort to build strong and diverse partnerships, develop and validate plans and procedures, equip and train for emergency response roles and engage the public to build resilience across our communities.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Develop and sustain operational readiness within DOH	Office of Emergency Preparedness and Response	Total number of assigned roles within DOH Incident Management Teams (IMT)	<ul style="list-style-type: none"> • Solicit interest in participation in Agency IMTs by 7/2014 • Conduct position specific IMT training for DOH staff and partner agencies by 10/2014 • Assign successfully trained candidates to an IMT by 1/2015 	<ul style="list-style-type: none"> • Local Health Jurisdictions • Tribal Partners • Local, State and Federal response agency partners • All DOH
		Total number of DOH staff trained on the John’s Hopkins, Public Health Infrastructure Training (PHIT)	<ul style="list-style-type: none"> • Identify instructors for delivering PHIT training by 9/2014 • Schedule training by 11/2014 • Complete training and exercise for staff by 6/2015 	DOH Divisions
		Percent functional of DOH All Emergency Response Teams participating in exercises	<ul style="list-style-type: none"> • All functional response teams participate in quarterly drills by 11/2014 • All functional response teams 	Local, State and Federal response agency partners

			participate in a full-scale, functional or table top level exercise by 2/2015 <ul style="list-style-type: none"> All functional response teams participate in regular response team based drills by 5/2015 	
Ensure the Department of Health has an effective plan for communicating with agency staff, partners and the public to respond to public health threats	Communications Office	Public Health Emergency Response (PHER) plans and procedures related to emergency communications reviewed and updated by 6/30/2015	<ul style="list-style-type: none"> Initial gap assessment and internal review of PHER communications plans and procedures by 12/2014 Update the plans and procedures 3/1/2015 Key partners to review by 5/1/2015 Finalize the plans and procedures; share with partners by 6/30/2015 	<ul style="list-style-type: none"> Communication Office Office of Emergency Preparedness and Response

Objective 3: Ensure the safety of our environment as it impacts human health.

From ensuring the lowest possible exposure to radiation to evaluating toxic chemical exposures in the natural and created environment to core programs promoting safe food, water and air, environmental public health activities are essential to improved health for everyone.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Restore shellfish beds in Puget Sound	Environmental Public Health (EPH)	Results Washington: Increase improved shellfish classification acreage in Puget Sound from a net increase of 3,038 acres from 2007-13 to a net increase of 8,614 acres by 2016 Results Washington: Increase percentage of inspections that are current for on-site sewage systems in marine recovery areas and other specially designated areas from 37% to 50% by 2016	<ul style="list-style-type: none"> Continue to fund pollution identification and correction programs Convene agency directors to identify strategies by 7/2014 Convene program experts to address agricultural barriers by 12/2014 Recommend funding strategy for Onsite Sewage Systems program by 10/2014 	<ul style="list-style-type: none"> Departments of Ecology and Agriculture Puget Sound Partnership Washington Conservation Commission Tribes, local governments, conservation districts Shellfish industry and landowners

Objective 4: Become leaders in addressing public health impacts of climate change.

Climate change has been identified as one of the biggest threats to public and environmental health of the current generations. Our changing climate is already beginning to take its toll, affecting shellfish safety and toxicity in our marine waters. More frequent severe weather events such as droughts and floods will affect our state’s water supply. We’re seeing larger and longer-lasting wildfires that impact the air we breathe. These and other examples threaten our health and quality of life and will cost businesses and communities millions in lost revenue.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Reduce the Department’s carbon footprint	Agency Climate Change Workgroup	Percent reduction of agency carbon footprint	<ul style="list-style-type: none"> Identify baseline and targets for DOH carbon footprint by 2/2015 Complete an energy audit of the Tumwater campus by Complete Implement at least 2 projects by 7/2015 Identify funding to complete an investment grade audit for the Public Health Lab by 12/2015 Create an implementation plan for improvements based on the audit 	<ul style="list-style-type: none"> Office of Facilities and Business Services Divisions
Reduce CO2 Emissions	Agency Climate Change Workgroup	Percent reduction of agency CO2 emissions	<ul style="list-style-type: none"> Identify baseline DOH fleet annually by 12/2014 Identify baseline for employee private vehicle from commute trips by 4/2015 Evaluate best practices and incentive programs designed to reduce CO2 emission by 9/2015 Develop strategies and measure to be considered by 12/2015 	<ul style="list-style-type: none"> Office of Facilities and Business Services Divisions
Track public health indicators of climate change	Agency Climate Change Workgroup	<p>Percent of proposed indicators with available data</p> <p>Percent of data sets accessible in Washington Tracking Network (WTN)</p>	<ul style="list-style-type: none"> Assemble experts from across DOH to identify indicators by 10/ 2014 Identify data and indicators by 3/2015 Identify data system needs to accommodate tracking by 6/2015 Implement data tracking in WTN and a process for internal review by 12/2015 	<ul style="list-style-type: none"> State agencies Local Health Jurisdictions Academia Researchers Other partners

Goal 2: Prevent illness and injury and promote ongoing wellness across the lifespan for everyone in Washington.

Focusing on preventing disease, illness and injury before they occur will help to increase the number of people who are healthy at every stage of life. Today’s children are in danger of becoming the first generation in American history to live shorter, less healthy lives than their parents. Investing in the prevention of illness and injury and by promoting ongoing wellness is a common sense way to improve the health and well-being of all people in our state.

Objective 1: Give all babies a planned, healthy start in life.

All babies deserve a planned, healthy start to life. This is best accomplished when women of childbearing age are at a healthy weight, don’t smoke, have access to services such as family planning and are in a safe and stable environment with early and continuous access to prenatal care and services.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Help women quit using tobacco before and during pregnancy	Prevention and Community Health, Office of Healthy Communities	Increase the number of Medicaid Managed Care Health Plans that actively promote cessation coverage from 0 to 5 Results Washington: Decrease the percentage of pregnant women who smoke cigarettes during their third trimester in pregnancy from 9% to 8% by 2016	<ul style="list-style-type: none"> Assess current Medicaid plans for coverage and promotion of cessation services by 8/2014 Hold strategic meetings with Healthcare Authority quarterly through 2015 Develop a pregnancy-focused tobacco cessation and treatment module for the Washington Healthcare Improvement Network (WHIN) by 6/2015 	<ul style="list-style-type: none"> American Indian Health Commission Department of Early Learning Health Care Authority Office of Insurance Commissioner
Support breastfeeding mothers in child care settings, hospitals, healthcare settings and worksites.	Prevention and Community Health, Office of Healthy Communities, Office of Nutrition Services	Increase the number of birthing hospitals recognized through Breastfeeding Friendly WA from 0 to 25	<ul style="list-style-type: none"> Pilot a web-based application for the voluntary recognition program, “Breastfeeding Friendly Washington” by 11/2014 Finalize products for hospitals recognized as Breastfeeding Friendly by 6/2015 Develop or support legislation to expand the childcare recognition program by 1/2016 	<ul style="list-style-type: none"> Department of Early Learning Health Care Authority Washington State Hospital Association

Develop and enhance systems and policies that support sexual and reproductive health to reduce teen pregnancy	Prevention and Community Health, Office of Healthy Communities	Implement teen pregnancy prevention program (PREP) with youth involved with juvenile justice and foster care in 4 new sites Results Washington: Decrease the rate of teen pregnancy for 15-17 year olds from 19.4 in 2011 to 17.5 per 1,000 by 2016	<ul style="list-style-type: none"> • Contract with organizations working with youth in juvenile justice and foster care by 12/2014 • Train new PREP sites by 6/2015 • Implement PREP at new sites by 8/2015 • Conduct site visits by 9/2015 	<ul style="list-style-type: none"> • Boys and Girls Clubs • Cardea Services • Department of Social and Health Services • Superintendent of Public Instruction
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Objective 2: Increase immunization rates for all age groups.

Vaccines are among the most effective ways to protect our children and communities against many diseases. In recent years, misinformation about the benefits and safety of vaccines has led to increased concern from parents. Some parents are deciding to delay or skip immunizations for their children. Immunization rates are also impacted by lack of access to healthcare and missed opportunities to vaccinate during non-preventive healthcare visits. When fewer children get immunized, more people are at risk for contracting dangerous diseases. Continued efforts are needed to increase immunization rates for all age groups.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Increase Human Papilloma Virus (HPV) immunization rates for teenagers	Office of Immunization and Child Profile	Conduct public outreach with at least 75% of all providers enrolled in the vaccine program	<ul style="list-style-type: none"> • Begin implementation Prevention and Public Health Fund Grant by 12/ 2015 • Create an HPV Task Force and hold regular meetings by 12/2015 • Conduct training for providers by 12/2015 • Conduct media campaign to educate parents by 12/2015 • Develop a set of strategies and actions to increase HPV coverage rates by 12/2015 • Share communication materials with local health jurisdictions and enrolled providers by 12/2015 	<ul style="list-style-type: none"> • American Indian Health Commission • WithinReach • Washington State Pharmacy Association • Office of Superintendent of Public Instruction
Improve school coverage rates and decrease	Office of Immunization	Increase the number of schools that are reporting	<ul style="list-style-type: none"> • Provide technical support to schools to improve reporting completeness and 	<ul style="list-style-type: none"> • American Indian Health Commission

exemption rates	and Child Profile	<p>kindergarten immunization rates by 2% each year</p> <p>Add at least five new schools per year who are reporting through the Immunization Information System</p>	<p>quality by end of 2014-15 school year</p> <ul style="list-style-type: none"> • Get input from stakeholders to identify strategies to increase school reporting by end of 2015-16 school year • Complete Immunization Information System (IIS) school use pilot activities and start adding additional schools by 12/2015 	<ul style="list-style-type: none"> • WithinReach • Washington State Pharmacy Association • Office of Superintendent of Public Instruction
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Objective 3: Support healthy weight in children and adults.

Promoting healthy weight for children and adults, with a focus on preventing childhood obesity, is a vital investment for the long-term reduction of chronic disease and other conditions associated with being overweight. To be successful, we must take a place-based approach and work with partners to reach children and adults where they live, work, play and learn.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Improve access to safe and healthy food for low-income women and families	Office of Nutrition Services	Maintain caseload participation in the Women, Infants and Children (WIC) Nutrition Program at 183,000 clients per month	<ul style="list-style-type: none"> • Implement WIC outreach plan through employers by 6/2015 • Develop a WIC module for training of Community Health Workers training by 6/2015 • Include WIC participation in as a wellness activity in Medicaid Managed Care Plans by 12/2015 • Open three new WIC sites in high need areas by 3/2016 	<ul style="list-style-type: none"> • Department of Agriculture • Department of Social and Health Services
Give children safe and healthy meals (including snacks and beverages) in schools, child care settings and after-school programs	Office of Healthy Communities	<p>Add at least 10 new schools with systems in place to improve access to healthy food and drinks</p> <p>Results Washington: Increase the percentage of 10th graders with healthy weight from 75% in 2012 to 76% in 2016</p>	<ul style="list-style-type: none"> • Contracts in place with local health jurisdictions by 10/2014 • Communities identify participating schools by 12/2014 • Identify school-based strategies to increase healthy eating through the Healthiest Next Generation workgroup by 12/2014 • Train school districts on creating 	<ul style="list-style-type: none"> • Action for Healthy Kids • Superintendent of Public Instruction

			healthy nutrition environments by 12/2015	
Provide opportunities for physical activity before, during and after school and in child care settings	Office of Healthy Communities	Add at least 15 new schools with changes to their environments that increase physical activity Results Washington: Increase the percentage of 10 th graders with healthy weight from 75% in 2012 to 76% in 2016	<ul style="list-style-type: none"> Identify school-based strategies to increase physical activity through the Healthiest Next Generation workgroup by 12/2014 Provide funding and technical assistance to school districts implementing a Coordinated School Physical Activity Program by 1/2015 Provide training and technical assistance to schools on implementing the Safe Routes to School Program by 12/2015 	<ul style="list-style-type: none"> Department of Transportation Feet First Superintendent of Public Instruction Society of Health and Physical Educators Washington (SHAPE WA)

Objective 4: Promote tobacco-free living.

Tobacco is a leading cause of preventable disease and death in Washington State. It kills about 7,600 people every year. Studies show most adult smokers start smoking in their youth. Efforts at preventing youth smoking have impacts across the lifespan. New challenges include youth using e-cigarettes or other “vaping” devices.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Prevent youth from using tobacco products	Office of Healthy Communities	Add at least four additional youth coalitions conducting Community Assessments of Neighborhood Stores Results Washington: Decrease the percentage of 10 th graders who report smoking cigarettes in the past 30 days from 10% in 2012 to 9% by 2017	<ul style="list-style-type: none"> Execute contracts with eight regional agencies to complete youth tobacco prevention activities by 8/2014 Implement Community Assessment of Neighborhood Stores (CANS) in 20 counties by 6/2015 Educate policy makers on the impact of tobacco marketing using CANS results by 9/2015 	<ul style="list-style-type: none"> Department of Social and Health Services Liquor Control Board Superintendent of Public Instruction
Protect employees, customers, patrons and others from secondhand smoke	Office of Healthy Communities	Increase the percentage of reported comprehensive smoking bans on landlord properties to 20%	<ul style="list-style-type: none"> Execute external contract to operate a website by 10/2014 Conduct Landlord survey determining how many rental units have no- 	<ul style="list-style-type: none"> Apartment owners Comprehensive Health Education Foundation

		<p>Results Washington: Decrease the percentage of adults who smoke cigarettes from 17% in 2011 to 15% by 2017 Decrease the percentage of persons who smoke cigarettes among low education adults from 26% in 2011 to 23% in 2016</p>	<p>smoking policies by 1/2015</p> <ul style="list-style-type: none"> Promote results of survey by 4/2015 	<ul style="list-style-type: none"> Health and Human Services Region X Housing Authorities National Association of Housing and Redevelopment Officials
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Objective 5: Prevent or reduce the impact of adverse childhood experiences, such as abuse and neglect, on children and families.

The mistreatment of children, including physical, sexual and emotional abuse and neglect, is a significant public health problem. It often impacts long-term physical, psychological and behavioral health. We must work with our partners to promote safe, stable and nurturing environments for children and families.

Strategies	Lead	Performance Measures	Milestones	Key Partners
<p>Screen young children for developmental and social-emotional issues and connect them with appropriate community services</p>	<p>Office of Healthy Communities</p>	<p>Increase the number of communities participating in <i>Community Asset Mapping</i> from 9 to 11</p> <p>Increase the rate of children that receive standardized developmental screening from 30% to 33% by 2016</p>	<ul style="list-style-type: none"> Contract with Medical Home Partnership Project to provide technical assistance for Community Asset Mapping by 10/2014 Identify two additional communities interested in organizing local stakeholders around universal developmental screening by 6/2015 	<ul style="list-style-type: none"> Department of Early Learning Health Care Authority Thrive by Five American Academy of Pediatrics WithinReach

Objective 6: Protect people from violence, injuries and illness in their homes, neighborhoods and communities.

Preventing injuries and illness in homes and communities is critical to health. Public health works to combat injuries and poisonings, respiratory illnesses, asthma, lead poisoning, drug overdoses and cancer. Our programs strengthen partner networks by providing technical assistance, training, funding, lead poisoning prevention education, workforce development and environmental health surveillance.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Develop a statewide suicide prevention plan	Health Systems Quality Assurance	Plan approved by 11/ 2015	<ul style="list-style-type: none"> Steering committee formed by 7/2014 Steering committee reviews draft statewide plan by 3/1/2015 Draft statewide plan ready for internal review steps by 6/1/2015 Secretary approves plan by 10/2/2015; submit to OFM for review Plan is submitted by the Secretary to the governor and legislature and posted on the department website by 11/15/2015 	<ul style="list-style-type: none"> DOH/PCH Social and Health Services Veterans Affairs Tribal governments Suicide prevention advocates Primary care providers Local health departments
Prevent marijuana use by youth in Washington State	Office of Health Communities	Results WA: Decrease percentage of 10 th graders who report smoking marijuana in the past 30 days from 19.3% in 2012 to 18% by 2017	<ul style="list-style-type: none"> Public education campaign for parents started 6/12/14 Public education website developed for youth by 4/2015 Funding Educational Service Districts (ESDs) and cross-cultural agencies to update school policy and provide youth advocates in the schools by 6/2015 	<ul style="list-style-type: none"> Why Coalition Social and Health Services Liquor Control Board Traffic Safety Commission Superintendent of Public Instruction

Objective 7: Raise awareness and implement strategies to promote mental health.

Studies estimate almost 20% of adults in the United States report having a mental illness in the past year. People with some types of mental illness live, on average, 25 years less than those without mental illness because of chronic conditions such as cardiovascular disease, obesity, diabetes and cancer.¹ To address this significant health issue in Washington, the agency will partner to identify and implement strategies to prevent mental illness, promote mental health and support the integration of mental health and primary care.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Under development	Health Officer		<ul style="list-style-type: none"> Workgroup created by 10/2014 	

¹ National Association of State Mental Health Program Directors, “Morbidity and Mortality in People with Serious Mental Illness,” <http://www.nasmhpd.org/docs/publications/MDCdocs/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf>

Goal 3: Improve access to quality, affordable and integrated care for everyone in Washington.

The Institute of Healthcare Improvement has described the goals of health reform as the Triple Aim—improving patient experience of care, improving the health of populations and lowering per capita cost.² Our agency plays an important role in assuring the quality of our health providers and health system and provides data and information necessary for research and resource planning. We also provide funding and technical assistance to partner organizations working on key prevention issues.

Objective 1: Increase access to affordable healthcare.

Health coverage has become available for Washington residents who were without coverage. Healthcare services provided must be affordable, accessible, safe and culturally appropriate. This has increased the demand for healthcare services. Using our regulatory assurance and licensing role, we will work with our partners to maintain a robust, well-organized healthcare delivery system with an adequate supply of healthcare providers.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Assure that people diagnosed with HIV have access to care and antiretroviral therapy	Infectious Disease	Increase percent of people with HIV who have suppressed viral loads from 56% to 75% by 12/2016 Reduce the number of new HIV diagnoses from 513 per year to 385 per year by 1/2017	<ul style="list-style-type: none"> • Generate statistics by 7/31/2014 • Report progress to HIV Planning Steering Committee by 12/31/2014 • Identify changes/additional activities to undertake by 12/31/2014 • Create/revise scopes of work and contracts to conduct activities by 6/1/2015 	<ul style="list-style-type: none"> • LHJ/Community based organizations • Medical case managers • Harborview Medical Center • Health Care Authority
Develop and implement online demographic collection system to improve health systems planning	Health Systems Quality Assurance	All health care providers will be able to provide demographic information as part of license renewal by 6/30/2016	<ul style="list-style-type: none"> • Identify provider demographic information and collection requirements by 12/31/2014 • Develop business requirements for collection of demographic information by 12/31/2014 • Secure online application solution by 9/30/2014 • Solution acquisition for online applications by 3/30/2015 	<ul style="list-style-type: none"> • Information Resource Management • Healthcare professionals • Healthcare associations • Healthcare Personnel Shortage Task Force

² Institute for Healthcare Improvement, “IHI Triple Aim Initiative,” <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>

Objective 2: Ensure safe, quality healthcare.

While increasing access to affordable healthcare is important, it is equally vital that this care be consistently provided in a safe, high-quality manner. Working through our healthcare professional boards, commissions and committees, we must strive for continuous improvement in standards of care. When standards of care are not met, we must promptly respond to and resolve allegations of misconduct or unsafe care.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Improve systems that impact patient care	Health Systems Quality Assurance	Increase the percentage of prescribers registered to use the Prescription Monitoring Program (PMP) to 32% by 6/30/2014 and 35% by 12/31/2014	<ul style="list-style-type: none"> • Provide ongoing education and outreach for providers through strategic partnerships (ongoing) • Encourage use of the Health Information Exchange to provide seamless access for providers (ongoing) • Update the provider training videos for use of the PMP by 9/1/2014 • Contract with the University of WA to complete an evaluation study of the program by 6/30/2015 	<ul style="list-style-type: none"> • Prescribers • Medical/nursing associations • Pharmacists • Pharmacy associations • Law enforcement • Medical examiner /coroners • HCA (Medicaid) • Labor and Industry
Review barriers and streamline regulatory processes	Health Systems Quality Assurance	Decrease the time to process a military related application	<ul style="list-style-type: none"> • Expand crosswalk of military training equivalency to state requirements for six additional professions by 6/30/2016 • Continue to educate and train division staff ,Board and other members to use crosswalk, ongoing through 6/2016 • Continue to participate in Credentialing Steering Committee and Exception Application Subcommittee meetings to identify and address systemic problems, ongoing through 6/2016 • Compare processing times for military-trained applications to other application types, through 6/2016 	<ul style="list-style-type: none"> • Department of Defense • Washington Department of Veteran’s Affairs • Joint Base Lewis-McChord • Community and technical colleges • Non-profit veterans affiliated organizations

Objective 3: Incorporate public health and prevention practices in the reforming healthcare system.

The Affordable Care Act is shifting the landscape of public health. In this new era, encouraging wellness, preventing disease and injuries, preventing hospital-acquired infections and preventing hospital readmissions is vital to improving America’s health. To accomplish this we must work with our healthcare, human services and public health partners.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Increase the number of health systems that adopt CDC screening recommendations for HIV and/or hepatitis as standard practice	Infectious Disease	Increase the number of health systems that adopt CDC screening recommendations from 2 to 5 by 12/31/2014	<ul style="list-style-type: none"> Identify mechanisms to share updated CDC screening recommendations for adoption by primary care practices by 8/1/2014 Cultivate relationship with health delivery systems and fund project to assess strategies that can influence adoption of screening recommendations by 10/1/2014 Develop methods to assess strategies for success, scale and reach by 12/31/2014 	<ul style="list-style-type: none"> UW/Harborview Medical Center AIDS Education Training Centers Seattle STD/HIV Prevention Center Primary care associations Health care associations Community health centers Washington Healthcare Improvement Network
Improve access to patient-centered health homes	Office of Healthy Communities	Increase the number and proportion of Washington Healthcare Improvement Network (WHIN) enrolled clinics that are Patient-Centered Medical/Health Homes by 2% each year Results Washington: Increase percentage of adults who report they have a personal care doctor or healthcare provider from 75% to 82% by 2016	<ul style="list-style-type: none"> Enroll 15 clinics in medical home regional collaboratives by 2/2015 Offer 18 training events to primary and behavioral clinics to facilitate health medical/health home development by 12/2015 	<ul style="list-style-type: none"> Critical Access Hospital Clinic Network Heath Care Authority MacColl Center for Healthcare Innovation Qualis Health Rural Clinic Assoc WA Assoc of Community and Migrant Health

Develop and finalize State Health Improvement Plan	Office of Partnership, Planning and Performance	Completed SHIP	<ul style="list-style-type: none"> • Workgroup develops draft plan by 8/30/2014 • Draft plan presented to PHIP on 9/15/2014 • Draft plan presented to LHJs on 9/19/2014 • SHIP finalized by 12/2014 • SHIP published by 1/2015 	<ul style="list-style-type: none"> • Public Health Improvement Partnership • State Health Care Improvement Plan • Tribes • DOH Divisions
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Goal 4: Integrate continuous improvement and performance management systems across the agency to best serve our customers.

To deliver on our mission-critical work we must invest in our infrastructure, systems and processes. We have set key agency support service priorities that we must accomplish in order to provide the tools and infrastructure to support the agency mission and goals.

Objective 1: Improve customer satisfaction and use of customer feedback.

Our goals, priorities and programs must reflect the needs of the people we serve. To ensure our customers are always an important part of our decision-making process, we will explore new ways of engaging them in two-way communication. We will also develop meaningful metrics to measure our success in incorporating customer feedback into our agency- and program-level goals and priorities.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Ensure that customer feedback is collected and used across the department	Office of Partnership, Planning and Performance	Increase the number of programs obtaining customer feedback from 43 programs in 2011 to 50 programs in 2015	<ul style="list-style-type: none"> • Update customer satisfaction policy to align with Lean/QI principles by 9/2014 • Begin tracking collection and use of customer feedback across the department in 10/2014 • Identify performance improvement activities based on customer feedback beginning in 12/2014 • Report results at 1/2015 Performance Meeting and annually thereafter • Post results on DOH website 2/2105 	<ul style="list-style-type: none"> • DOH Divisions • DOH partners and stakeholders • DOH customers

Measure staff compliance with Culturally and Linguistically Appropriate Standards (CLAS) of service on communication and outreach	Communications Office Health Equity Workgroup	All-staff survey, target of 40% response by 10/2014 At least 20 key informant interviews completed by 2/2015 Review and cataloging of current resources and materials by 2/2015	<ul style="list-style-type: none"> • All-staff survey sent out 9/2014 • Key information interview subjects scheduled by 11/2014 • Survey analysis completed by 2/2015 • Key informant interview analysis completed by 4/2015 • Results incorporated into agency CLAS plan by 7/2015 	<ul style="list-style-type: none"> • DOH Divisions • DOH partners and stakeholders • DOH customers
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Objective 2: Ensure performance management systems are used throughout the agency to measure progress toward agency and program goals.

We must continue to develop a performance management system that uses performance measurement, quality improvement and public health accreditation to improve our services and programs.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Ensure DOH progress on Results Washington indicators and activities	Office of Partnership, Planning and Performance	Number of action plan items completed for each DOH outcome and leading indicator	<ul style="list-style-type: none"> • Results Washington Action plan tracker populated by 9/2014 • Develop process to monitor progress on action steps by 9/2014 	<ul style="list-style-type: none"> • DOH Divisions • Results WA
Update and assess current performance metrics across the agency	Office of Partnership, Planning and Performance	100% of agency wide performance metrics identified and reported by 11/2014	<ul style="list-style-type: none"> • Performance Metrics (from Strategic Plan and Activity inventory) identified by 10/2014 • Update dashboard with performance metrics by 11/2014 	
Increase usability and access to Department-wide performance management displays	Office of Partnership, Planning and Performance	Dashboard redesign completed by 1/2015	<ul style="list-style-type: none"> • Revise action plan/status update templates by 9/2014 • Finalize measures and milestones in updated strategic plan by 10/2014 • Identify IT Platform for dashboard by 10/2014 • Develop dashboard mockup by 11/2104 • Build new dashboard by 1/2015 • Make available on intranet by 3/2015 	<ul style="list-style-type: none"> • Senior Leadership • Division of Information Resource Management • Performance and Accountability Liaisons (PALS) • Lean Team

Objective 3: Use Lean and other quality improvement principles to build a culture of continuous quality improvement.

Building on past efforts, we will develop a comprehensive quality improvement system to enhance overall agency performance. Our quality improvement system is based on Lean principles. We will empower and engage all employees to identify and drive improvements and we will support managers in implementing Lean leadership tools and principles.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Assess current department capacity to implement lean tools, awareness of Lean/QI principles and organizational adoption of a Lean management culture	Office of Partnership, Planning and Performance	Percent of DOH Staff responding to the survey	<ul style="list-style-type: none"> • Survey administered in 9/2014 • Results analyzed by 10/2014 • Lean plan developed by 12/2014 • Training and technical assistance identified by 1/2015 • Notify staff of training opportunities by 2/2015 • Training begins 3/2015 	<ul style="list-style-type: none"> • Lean team • All staff • Department of Enterprise Services and other learning institutions
Develop and implement leadership training, mentoring and coaching experiences to embed coaching and visual management throughout the Agency	Office of Partnership, Planning and Performance	Number of Leadership team members using visual management and coaching techniques	<ul style="list-style-type: none"> • Planning with Executive Team started in 7/2014 • Educational site visits scheduled by 8/2014 • Training modules finalized by 10/2014 • Training plan completed by 12/2014 • Training, coaching mentoring activities begin by 1/ 2015 	<ul style="list-style-type: none"> • Senior Leadership • Results WA staff
Develop a mentorship program for DOH Lean practitioners	Office of Partnership, Planning and Performance	Increase the number of DOH Green Belt students receiving mentoring from DOH Black Belts	<ul style="list-style-type: none"> • Identify staff who are or will be taking Green Belt training by 10/2014 • Identify a DOH black belt mentor for every student by 11/2014 • Develop mentor tracking by 12/2014 • Mentor students through their training and project through 12/2015 	<ul style="list-style-type: none"> • DOH Lean Black belts • Staff interested in Green Belt training • Department of Enterprise Services
Introduce Lean/QI principles to all DOH employees	Office of Partnership, Planning and Performance	Number of staff receiving Lean basic course	<ul style="list-style-type: none"> • Basic Lean trainings identified, modified or developed by 2/2015 • Notify staff of training opportunities by 3/2015 • Training begins 3/2015 	<ul style="list-style-type: none"> • All DOH staff • Lean team

Improve usability and access to current Lean trainings, information, projects and information	Office of Partnership, Planning and Performance	Decrease time spent finding Lean information within DOH intranet and shared drives	<ul style="list-style-type: none"> • Baseline assessment: completed • Restructure shared drive by 8/2014 • Restructure intranet pages by 10/2014 	<ul style="list-style-type: none"> • Lean Team • Information Resource Management
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Goal 5: Ensure core business services are efficient, innovative and transparent.

The values, strategies and goals set forth in this document can only be accomplished and sustained if our authorizing environment supports and legitimizes them and provides operational capacity to see them through.

Objective 1: Develop and initiate appropriate policies and legislation to support our goals and objectives.

We have an authorizing environment that encompasses federal, state and local government. Many of our programs are implemented through local health jurisdictions at the county level. One of our key objectives is to be an effective voice for health in all policies. We will look for opportunities to develop and maintain constructive relationships in the legislative environment.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Ensure a coordinated approach to legislative and executive communications about public health issues and resource needs	Office of Policy, Legislative and Constituent Relations	<p>Number of request bills sponsored and introduced in both houses</p> <p>Number of Bills are passed by the legislature and signed by the governor</p>	<ul style="list-style-type: none"> • Draft written plan and time line • Plan submitted to Secretary by 10/2014 • Conduct training on working with the legislature for agency leaders by 11/2014 • Regular meeting schedule with divisional legislative liaisons by 11/2014 • Stakeholder work plans by divisions reviewed and coordinated by 12/2014 	<ul style="list-style-type: none"> • Divisional legislative liaisons and leadership • Governor's policy office • Legislators • Other state agencies • Advocacy partners

Objective 2: Work toward optimal public health funding and assess return on investment.

The local, tribal and state governmental public health system has inadequate funding to keep pace with rising costs and population changes to ensure the people in our state receive the public health services necessary to protect them from preventable illness, injury and death. To address these challenges, we must work at identifying a stable funding base to deliver a uniform level of foundational public health services statewide.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Create and adapt tools to calculate Return on Investment (ROI)	ROI workgroup	<p>Number of tools developed</p> <p>Percent of staff that rate tools as useful</p> <p>Number of “case studies” developed</p> <p>Satisfaction with training curriculum and materials</p> <p>Number of recommendations adopted by agency leadership</p>	<ul style="list-style-type: none"> • Create and adapt tool(s) to calculate Return On Investment (ROI) analyses by 10/2014 • Complete one (or more) ROI analysis pilot projects by 12/2014 • Develop training curriculum and materials for Department of Health staff and programs by 5/2015 • Develop an ROI training and implementation plan for agency staff by 5/2015 • Develop a communication plan about ROI by 3/2015 • Identify and recommend ROI priorities, strategies and implementation plans to agency leadership by 12/2015 	<ul style="list-style-type: none"> • DOH Divisions • Other state agencies and partners with experience with ROI analysis
Develop and implement Foundational Public Health Services Policy to deliver a uniform level of public health services across the state	Office of Partnership, Planning and Performance	<p>Policy workgroup convened</p> <p>Recommendations published</p>	<ul style="list-style-type: none"> • Policy options proposed by Technical workgroup by 8/2014 • Policy group reviews options and makes final policy recommendations by 12/2014 • Technical work published by 12/2014 • Contractor deliverables completed by 3/2015 	<ul style="list-style-type: none"> • Local Health Jurisdictions • Tribes • Elected Officials • Office of Financial Management • Governors’ Office
Develop principles to guide funding of the public health system	<p>Fiscal Office</p> <p>Office of Partnership, Planning and Performance</p>	Principles completed	<ul style="list-style-type: none"> • Scope project by 8/2014 • Convene workgroup by 9/2014 • Review past funding formula principles for distribution of LHJ funds by 10/2014 • Revised funding principles to increase transparency by 3/2015 	<ul style="list-style-type: none"> • DOH leadership • Local Health Jurisdiction leaders • Tribal health leaders

Objective 3: Make financial and business processes transparent, always seek customer engagement and input and respond to customers' business needs and feedback.

The Department of Health is building greater transparency and accountability into key enterprise support services.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Build a new budgeting transparency process that will inform and involve our partners	Fiscal Office	Establish a centralized budgeting web page on the agency's internet	<ul style="list-style-type: none"> Budgeting web page will be live on the agency internet by 9/15/2014 	<ul style="list-style-type: none"> DOH Leadership Local Health Jurisdictions Legislators Enterprise Services Governor's office
Improve fiscal reporting systems use by local health partners	Fiscal Office Office of Partnership, Planning and Performance	QI project completed	<ul style="list-style-type: none"> Identify key issues with the Budgeting, Accounting and Reporting System (BARS) by 9/2014 Convene workgroup by 10/2014 Align coding and definitions with Foundational Public Health Services by 10/2014 Develop reporting protocols and training by 4/2015 Provide training during 4/2015 	<ul style="list-style-type: none"> Local Health Jurisdictions
Increase access to contracts data on the agency external website	Fiscal Office	Percentage of contracts posted on internet site	<ul style="list-style-type: none"> Develop parameters for data collection by 7/30/2014 Develop system for capturing contract data by 6/30/2015 Provide an opportunity to submit feedback on internet site by 9/30/2014 Establish infrastructure to connect public with staff to provide more specific information by 12/31/2014 Use public feedback to identify additional data elements by 6/30/2015 	<ul style="list-style-type: none"> Executive Team Leadership Team Finance & Operations Managers Local Health Jurisdictions Legislators and staff Enterprise Services Governor's office
Conduct Quality Improvement project to	Office of Partnership,	QI project completed	<ul style="list-style-type: none"> Identify key issues by 7/2014 Survey LHJs in 7/2014 	<ul style="list-style-type: none"> Financial Services Contracts

improve the Consolidated Contract	Planning and Performance		<ul style="list-style-type: none"> • Convene workgroup in 8/2014 • Prioritize issues in 8/2014 • Resolve issues for next contracting cycle in 9/2014 	<ul style="list-style-type: none"> • Local Health Jurisdictions
Develop and implement a formal Information Governance (IG) structure within the department	Enterprise Records Management/ Division of Information Resource Management	Initiate formal Information Governance committee in the department by 1/1/2015	<ul style="list-style-type: none"> • Draft Information Governance Committee charter and structure by 11/30/2014 • Implement Information Governance Committee by 12/31/2014 	<ul style="list-style-type: none"> • Office of Chief Information Officer • Consolidated Technology Services • Secretary of State • DOH Divisions
Expand on-line business capabilities to improve user experience	Health Systems Quality Assurance	140 professional license types and 5 facility license types are able to make initial application online by 6/30/2016	<ul style="list-style-type: none"> • Complete requirements gathering on health professions and facilities applications by 12/31/2014 • Secure online application solution by 9/30/2014 • Solution acquisition for online applications by 3/30/2015 	<ul style="list-style-type: none"> • Division of Information Resource Management • Boards & Commissions • Application vendors

Objective 4: Develop and implement an agency-wide comprehensive communication and marketing plan for internal staff, external partners and groups across the lifespan.

Communications have an important role in the work of public health. The public must see the department as a credible source of information about choices that impact their health. Agency staff must also be informed about agency priorities and major public health issues. Effective communication is critical during times of crisis, such as natural disasters, outbreaks or other public health emergencies. DOH must communicate in a way that informs people what they must do to keep themselves and their families safe.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Develop and implement a communication and marketing plan that will advance DOH and public health across the state into the future	Communications Office	A plan for DOH's communication and marketing will be completed by 1/ 2015	<ul style="list-style-type: none"> • Complete a comprehensive assessment of communication elements across DOH and partners by 9/30/2014 • Present a draft report of the assessment and recommendations for DOH communication and marketing to the Executive Team by 11/7/2014 	<ul style="list-style-type: none"> • DOH Divisions • General public • Other state agencies • Policy makers • Local Health Jurisdictions

			<ul style="list-style-type: none"> • Present the final report to the Executive Team for approval by 12/15/2014 • Implementation started by 1/2015 	<ul style="list-style-type: none"> • Businesses
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Objective 5: Enhance our technological capabilities to meet current and future business needs.

To accomplish our goals it is critical that we make technology and information a priority. We need to focus on data-informed decision making, building business intelligence and data analytic programs and formalizing our work around informatics for the agency and the state’s public health system.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Consolidate Department of Health (DOH) data centers into the State Data Center (SDC) and secure Government Cloud	Division of Information Resource Management	Number of systems and/or applications moved from DOH data centers to the state data center (SDC) and secure government cloud Target: Complete DOH Data center migration by 6/30/2019	<ul style="list-style-type: none"> • Research requirements from state and federal policy, migration plans, DOH business requirements, IT capacity and investment realization by 9/ 2015 • In collaboration with Consolidated Technology Services (CTS) develop a migration plan by 3/2016 • Develop decision package to fund the DOH data centers migration to SDC and government cloud providers by 6/2018 • Finalize communications plan by 7/2018 • Implement DOH data center migration by 9/2018 • Complete DOH migration by 6/2019 	<ul style="list-style-type: none"> • Federal Partners • DOH Divisions • Office of Chief Information Officer • Consolidated Technology Services • Government Cloud Provider • Local Health Jurisdictions and Tribes • Other state agencies
Ensure all mission critical systems managed by DOH are available within their recovery time objective (RTO)	Division of Information Resource Management	Established Disaster Recovery site available by 6/2015 50% of DOH-managed mission critical systems (RTO of 72 hours) will be operational within that timeframe by 6/30/2017 100% of DOH-managed mission critical systems (RTO	<ul style="list-style-type: none"> • Disaster recovery plans for all mission critical systems are current and tested at least once each year by 10/31 of each year • Identify and establish all mission critical systems managed by DOH at a disaster recovery alternate site facility by 10/2015 • Determine plans for renewal of lease; upgrade options on the current Disaster Recovery Site by 11/2014 	<ul style="list-style-type: none"> • Federal Partners • DOH Divisions • Office of Chief Information Officer • Consolidated Technology Services • Government Cloud Provider • Local Health

		of 72 hours) will be operational within that timeframe by 6/30/2019	<ul style="list-style-type: none"> • Research using government private/public cloud for the disaster recovery alternate site by 10/2015 	Jurisdiction and Tribes
Transform DOH IT into an IT-as-a-Service (ITaaS) organization	Division of Information Resource Management	Achieve ITaaS Capabilities Maturity Level 3.8 (implemented over 50% of service catalog) by 6/30/2017	<ul style="list-style-type: none"> • Develop the ITaaS Operational Model by 8/2014 • Develop and implement the IT Governance Model by 10/2014 • Develop and Implement a single Service Desk by 10/2014 • Develop and Implement the Service Catalog and portal by 11/2014 • Develop and implement the IT Funding Model by 6/2015 • Provide training to IT staff to support the new business model by 3/2015 • Implement the ITaaS Operational Model by 3/2017 	<ul style="list-style-type: none"> • Federal Partners • DOH Divisions • Chief Information Officer (OCIO) • Consolidated Technology Services
Replace, upgrade or reduce legacy applications and systems with enterprise solutions in DOH	Division of Information Resource Management	Replace, upgrade and/or reduce legacy applications/systems in DOH by 10 percent annually	<ul style="list-style-type: none"> • Identify all legacy applications/systems by 11/2014 • Work with business to determine which applications/systems can be sunset, upgraded, replaced by 10/2015 • Develop a roadmap for all applications/systems with triggers for replacement by 7/2016 	<ul style="list-style-type: none"> • Federal Partners • DOH Divisions • Chief Information Officer (OCIO) • Consolidated Technology Services • Local Health Jurisdictions
Implement Enterprise Content Management	Enterprise Records Management Division of Information Resource Management	Implement Enterprise Content Management in DOH by 7/2017	<ul style="list-style-type: none"> • Research cost and develop schedule for agency ECM pilot by 1/2015 • Research cost and develop schedule for enterprise BI pilot by 3/2015 • Research cost and develop schedule for eForms solution by 4/2015 • Research and develop Open Data plan by 6/2015 	<ul style="list-style-type: none"> • Federal Partners • DOH Divisions • Chief Information Officer (OCIO) • Consolidated Technology Services • Government Cloud Provider

				<ul style="list-style-type: none"> Local Health Jurisdictions and Tribes
Implement core components of an Enterprise Architecture (EA) Program	Division of Information Resource Management	Blueprint created by 8/2015	<ul style="list-style-type: none"> Identification of boundaries and ownership of the six EA domains (business, network, security, platform, software and data/information) <ul style="list-style-type: none"> Boundaries identified by 6/2015 Ownership and Primary staff identified by 7/2015 Create roadmaps/blueprints for technology solutions by 4/2015 Create portfolio by 12/2014 Business domain blueprint by 8/2015 	<ul style="list-style-type: none"> DOH Divisions

Goal 6: Improve organizational health and expand workforce development.

Defining our agency culture and value system is important for us as employees, as well as for our partners and the customers we serve. Our agency culture defines how we interact with each other and our partners to determine priorities and set expectations on how we accomplish our work.

Objective 1: Improve the skills and capabilities of our workforce to advance agency priorities.

Workforce development is an essential component in creating, sustaining and retaining a viable workforce to carry out agency priorities in a skilled and professional manner. The Workforce Development Program was established to raise staff exposure to training and development opportunities. We will continue to enhance these opportunities in the next two years.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Continue to develop a Leadership Training Track in concert with other state agencies	Office of Human Resources- Workforce Development	Supervisors will have 20 hours of leadership training in 2015 Courses offered per quarter will be enrolled and attended	<ul style="list-style-type: none"> Implement policy and procedure related to mandatory leadership training for all supervisors by 1/2015 Communicate with Program Management Team (PMT) regarding Leadership Track Trainings for DOH 	<ul style="list-style-type: none"> Leadership Team State HR Department Department of Ecology Department of

		at 85% capacity Evaluations of classes will reflect a 4.4 or higher on questions about improving work performance and useful materials	supervisors and managers by 10/2014 <ul style="list-style-type: none"> All supervisors will have 20 hours of supervisory training noted in their Performance and Development Plan by 12/2014 Finalize Leadership Track offerings and open for enrollment by 2/2015 	Labor and Industries <ul style="list-style-type: none"> DOH Policy Committee
Develop a standardized onboarding system and program for new employees and new supervisors	Office of Human Resources-Workforce Development	All divisions will have an onboarding plan ready for pilot by 3/2015 We will show a 4.4 or higher rating on the effectiveness of the onboarding process through survey results by 1/2016	<ul style="list-style-type: none"> Conduct a series of focus groups of employees hired 1/1/2014 - 6/30/2014 to determine what should be included in division onboarding by 11/2014 Submit draft onboarding plan and tool to Deputies group for feedback, input and use in developing division pilots by 1/2015 Division On-boarding pilots begin by 3/2015 A report on the pilot and tools available and sent to all supervisors by 9/2015 Final onboarding plans will be in place by 10/2015 	<ul style="list-style-type: none"> Deputies Group Deputy appointed Ad Hoc committee of department contacts
Provide training and tools and resources on fundamental HR skills for supervisors	Office of Human Resources	Number of supervisors trained	<ul style="list-style-type: none"> Survey Program Management Team (PMT) to prioritize tools/resources and supervisory training needs by 8/2014 Begin developing a Supervisory Toolbox by 9/2014 Develop short trainings on Human Resource specific subjects for supervisors and managers by 11/2014 Create a Human Resource intranet page for the Supervisor Toolbox by 11/2014 Communication regarding Supervisor Toolbox to divisions and offices during 11/2014 	<ul style="list-style-type: none"> Agency Supervisors and Managers Human Resource offices in other state agencies
Develop and provide	Office of	Orientation to DOH for LHJs	<ul style="list-style-type: none"> Continue in-person training for LHJ's, 	<ul style="list-style-type: none"> DOH Divisions

public health orientation for DOH Staff, LHJ Leaders and Tribes	Partnership, Planning and Performance	& Tribes is delivered at least annually All new LHJ Leaders are individually contacted, welcomed and oriented	Tribes and DOH staff. <ul style="list-style-type: none"> By 7/2015, develop on-line versions of: <ul style="list-style-type: none"> Orientation to DOH for LHJs and Tribes Orientation to Public Health for new LHJ leaders Orientation to LHJ's and Tribes for new DOH staff 	<ul style="list-style-type: none"> Local Health Jurisdictions Tribes
Facilitate Government to Government Trainings	Office of Partnership, Planning and Performance	Percent of DOH employees receiving Government to Government training	<ul style="list-style-type: none"> Training plan for reaching all managers and supervisors developed by 9/2014 	<ul style="list-style-type: none"> All DOH Staff Governor's Office of Indian Affairs
Create agency-wide training and mentoring opportunities for staff on Culturally and Linguistically Appropriate Standards (CLAS) of service	Communications Office	At least one division mentor trained by 6/2015 40% of staff trained on CLAS by 6/2016	<ul style="list-style-type: none"> Intranet site for CLAS with training opportunities, calendar and resources launched by 1/2015 1st tier courses developed and scheduled by 1/2015 2nd tier courses developed and scheduled by 6/2015 Mentor program launched by 1/2015 Ongoing updates published in Sentinel beginning 1/2015 	<ul style="list-style-type: none"> Health Equity Workgroup Multi-cultural Workgroup DOH leadership DOH divisions Board of Health Interagency Council on Health Disparities

Objective 2: Develop and implement an agency succession plan.

DOH has launched a Succession Planning Workgroup that will, in coordination with the Workforce Development Program, ensure we have a pool of employees ready to assume key positions. We will also ensure that skill assessments and learning and development plans are fully utilized at the agency. We will continue to seek opportunities to develop employee skill sets and support employee growth and development.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Provide guidance and tools to implement the succession plan	Office of Human Resources-Workforce Development	60% of managers and supervisors will be trained in the use of the guidance and tools	<ul style="list-style-type: none"> Conduct educational workshops with managers and supervisors on the succession plan by 8/2015 Draft succession planning policy and procedure to Deputies group by 3/2015 	<ul style="list-style-type: none"> Cross Agency Succession Planning Workgroup Deputies Group

<p>Establish plan for developing the Succession Planning Program in DOH</p>	<p>Cross Agency Succession Planning Workgroup</p>	<p>Plan for Succession Planning Program completed by 2/2015</p>	<ul style="list-style-type: none"> • Identify Best Practices and Current DOH Practices in succession planning by 12/2014 • Identify gaps in DOH succession planning 12/2014 • Identify options for succession planning training, processes, procedures and tools by 12/2014 • Create plan for developing succession planning program in DOH 2/2015 • Deliver plan to executive leadership by 6/2015 	<ul style="list-style-type: none"> • Executive leadership • Communications office • Program Managers Team • Cross-agency workgroups • State HR Workgroup • Local Partners • Labor Unions
<p>Raise awareness of succession planning activities</p>	<p>Cross Agency Succession Planning Workgroup</p>	<p>Number of employees who are aware of succession planning activities</p>	<ul style="list-style-type: none"> • Develop communication plan for reporting succession planning workgroup activities and progress by 9/2014 • Develop Succession Planning webpage for DOH website by 7/2014 • Develop training for workgroup members by 9/2014 • Develop and maintain key succession planning resources by 12/2014 • Evaluate employee awareness of succession planning activities using employee survey by 12/2014 	<ul style="list-style-type: none"> • HR office, including Workforce development • Communications office • Program Managers Team • Other cross-agency workgroups • State HR Workgroup • Labor Unions

Objective 3: Improve the organizational health of the agency.

Organizational *culture* is developed by learning how to get our work done successfully. Organizational *health* is when an organization’s management, operations, strategy and culture fit together and make sense. Improving public health in the 21st century will require changing our organizational culture and improving our organizational health. Healthy organizations create a structure and priorities that are clear and make sense. They empower individuals and teams at every level by asking questions and seeking to understand difference. They are adaptable and work collectively across the system.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Create a cross agency workgroup to improve the health of the organization through increased employee engagement	Organizational Health Workgroup	Increase percent of DOH employees answering employee engagement questions in the employee survey Improve DOH employees' perception of engagement by 10% in 2 years (from 66% to 76%)	<ul style="list-style-type: none"> • Conduct interviews with DOH staff across the agency-Complete • Identify core themes from interview responses-Complete • Validate findings with interviewees by 8/2014 • Develop high level strategies to address themes by 9/2014 • Share strategies and seek approval from Executive Team by 11/2014 • Support strategy development and implementation of programs in 2015 	<ul style="list-style-type: none"> • All DOH employees • Agency HR office, • State Office of Human Resources • State HR Workgroup • Governor's Office • Other cross-agency workgroups
Develop a diversity program that will assist in increasing diversity and inclusion in the workplace	Office of Human Resources	Diversity and inclusion training will be available for all employees and supervisors by 2/2015	<ul style="list-style-type: none"> • Establish and hire a diversity manager position by 1/2015 • Update the agency's Affirmative Action plan and policies by 3/2015 • Solicit input from the Multi-Cultural Workgroup by 1/2015 • Work with Divisions and Offices to establish diversity strategies by 1/2015 	<ul style="list-style-type: none"> • State HR Diversity Committee • Department of Enterprise Services • Department of Social and Health Services • Deputies Group
Develop an agency wide mentorship program	Office of Human Resources – Workforce Development		<ul style="list-style-type: none"> • Work with labor partners to create a mentorship policy by 1/2015 • Select a Division/Office to pilot a mentorship program by 3/2015 • Work with Division/Office to identify and develop criteria and implement pilot by 5/2015 	<ul style="list-style-type: none"> • Deputies Group • Management Team • Labor Partners
Develop and implement an effective plan for DOH staff communications encouraging engagement and transparency	Communication Office	Improved internal communication process will be implemented by 1/6/2015	<ul style="list-style-type: none"> • DOH staff will provide feedback and recommendations on current communications processes by 11/2014 • Communication staff will implement new processes beginning 1/2015 	<ul style="list-style-type: none"> • DOH staff
Create a comprehensive diversity and inclusion	Jessica Todorovich	All current staff to take mandatory training by	<ul style="list-style-type: none"> • Identify diversity and inclusion training curriculum by 11/2014 	<ul style="list-style-type: none"> • DOH leadership team

training program for the agency	Agency Multicultural Workgroup	December 2015 Create a requirement for supervisors and managers to attend at least one additional training course by 3/2015 Complete training assessment by 1/2016	<ul style="list-style-type: none"> • Require all employees to receive training by 12/2014 • Develop policy that all new staff will be trained within 6 months of hire by 1/2015 • Identify additional comprehensive training curriculum by 3/2015 • Recommend supervisor and manager training on diversity and inclusion focused leadership by 3/2015 • Assess success of the training program by 1/2016 • Revise training program by 2/2016 	<ul style="list-style-type: none"> • Department of Enterprise Services • Office of Human Resources
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Objective 4: Integrate workplace health and wellness into agency activities and policies.

As the state’s public health agency, we have a critical role to play in setting the standard for health and wellness in the workplace. We have launched a Health and Wellness Workgroup to bring attention to this area and to make changes happen. It is important that as employees we participate in and model healthy worksite activities.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Develop a comprehensive and sustainable Worksite Wellness Program Plan	Health and Wellness Workgroup	Conduct an evaluation in 7/2015 to assess the effectiveness of program	<ul style="list-style-type: none"> • Collect information from other state agencies about worksite wellness activities and sustainability by 10/2015 • Develop worksite wellness activity and program structure by 11/2014 • Establish procedures for staff disease prevention, healthy food and wellness programs by 12/2014 	<ul style="list-style-type: none"> • Health Care Authority • State agency insurance providers • Risk Management Organizational Health Workgroup
Establish a two-way communication and engagement process on health and wellness topics for all DOH employees	Health and Wellness Workgroup	Launch agency health and wellness branding campaign Launch health and wellness SharePoint site	<ul style="list-style-type: none"> • Create a brand by 10/2014 • Develop an agency health and wellness SharePoint site by 11/2014 • Re-launch the current health and wellness website by 11/2014 • Create a resource library by 1/2016 	<ul style="list-style-type: none"> • Communications Office • Health Care Authority • Executive Team Leadership Team

Objective 5: Ensure a robust and collaborative partnership with academia.

We have collaborative relationships with academia throughout the agency and will develop a formal framework to support those activities. The framework will ensure we leverage our academic partners' ability to help us shape current public health practice and the public health workforce of the future.

Strategies	Lead	Performance Measures	Milestones	Key Partners
Develop a framework and strategies to enhance academic partnerships with the Department	Academic Health Department Workgroup	Work group fully developed with completed charter and work plan with detailed strategies by 9/15/2014 Number of strategies completed by 6/30/2015	<ul style="list-style-type: none"> • Charter completed by 6/30/2014 • Identification of strategies by 8/15/2014 • Action plan developed by 9/15/2014 • Article for Sentinel by 9/2014 • Review of strategy implementation by 6/2015 	<ul style="list-style-type: none"> • State Universities • Technical Colleges • Community Colleges • Tribal Colleges • Financial Services • Human Resources

Next Steps

Performance-based organizations rely on data to make decisions. Now that we have defined goals, objectives, strategies and performance measures, we must measure our progress. We have established data collection methods along with analysis and reporting mechanisms to collect data, examine progress and report results. Senior management will track progress on our action plans, address barriers to progress and determine if a change of direction is needed. When our efforts are not having the desired effect, we analyze the reasons and identify if we should make a change in our strategy or target. Enacting change based on data is the hallmark of a performance-based organization.

Our strategic plan aligns with and influences two other plans that drive systemic improvements across the public health system in Washington State and contribute to our State's ability to achieve national accreditation. These two plans, the Department of Health Quality Improvement Plan and the State Health Improvement Plan (SHIP) drive work at both the state and local level and strengthen the strong working partnerships that DOH has with local communities. The updated strategic plan will inform and influence the strategies outlined in both of these plans.

Links between the Agency Strategic Plan and Quality Improvement Plan

The DOH Quality Improvement Program is a disciplined approach that includes organizational strategic planning, performance management and accountability, operational/business planning and focused quality improvement efforts. Strategic planning defines

our organizational role, priorities and direction. Quality improvement focuses on how we can be most efficient and effective in implementing those things. The DOH Quality Improvement Plan is guided by the mission and vision statements and will focus on initiatives and strategies outlined in the updated strategic plan.

Links between the Agency Strategic Plan and the State Health Improvement Plan

We enjoy a strong collaborative partnership with our 35 local health jurisdictions. The Public Health Improvement Partnership formalizes this collaboration and designs and implements statewide public health improvements. A workgroup under this partnership, co-chaired by a state and a local representative, is developing the State Health Improvement Plan (SHIP). The SHIP is based on the department's Strategic Plan, the State Health Assessment, Community Health Assessments and stakeholder input. The strategic plan is aligned with the SHIP so that the Department of Health can support and drive ongoing statewide system improvements.