

CENTER FOR HEALTHY COMMUNITIES



Strategic Plan

2018 – 2020

Leading the way toward healthy communities and safe environments for all

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Executive Summary

The Center for Healthy Communities (formerly known as the Center for Chronic Disease Prevention and Health Promotion) is one of five primary organizational groups within the California Department of Public Health (CDPH). Though its central operations are largely based in Sacramento and Richmond, the policy and programmatic impact of the Center can be felt in every corner of the state by both residents and visitors. With 38 programs covering a range of health and safety issues, 450 full-time staff and more than \$450 million in federal, state and local funds, the Center works to ensure all Californians have the healthiest possible communities in which to live, work and play.

In the summer of 2017, the Center for Healthy Communities undertook an extensive strategic planning process that included the identification of a Center vision and values, and selection of Center strategic priorities and goals. To best support these strategic priorities and goals, the Center also identified opportunities for improved alignment across programs and functions as well as a new organizational structure to pilot.

Vision & Values

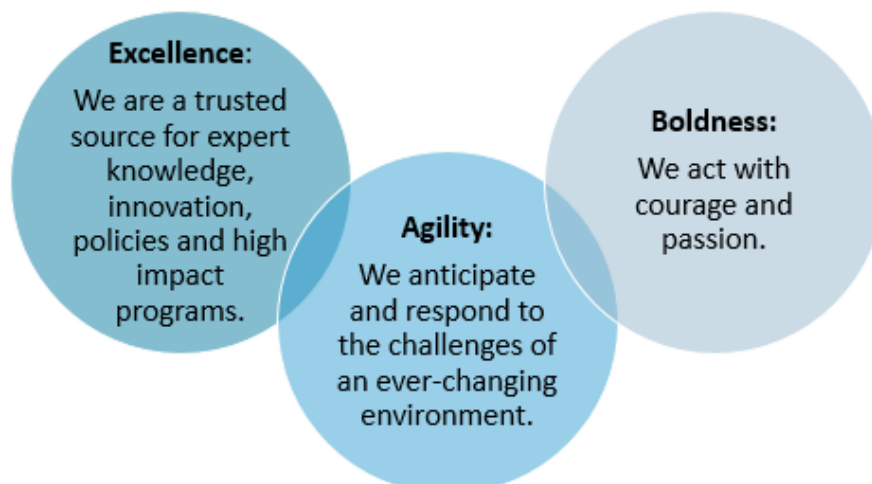
Through a facilitated discussion, the Strategic Planning Team examined how to incorporate perceptions and perspectives about the Center's work. The Strategic Planning Team identified the Center as a "[s]ought-after, trusted leader empowering healthy people and safe communities that voices health concerns, challenges the status quo through evidence-based, innovative solutions, and maximizes impact through knowledge-sharing and broad-based collaboration." These perspectives were distilled and further refined into Vision and Values statements.

Vision

Leading the way toward healthy communities and safe environments for all

Values

In addition to the values identified by the department, the Center identified **Excellence**, **Boldness** and **Agility** as core values.



Strategic Priorities and Goals

Following the identification of the vision and values, the Strategic Planning Team determined strategic priorities, goals, objectives and strategies.

Policy and Research through Partnership: In alignment with Public Health 2035 pillars of strategic partnership and leadership, this priority focuses on setting a shared Center policy and research agenda.

- **Goal One:** Set a shared policy and research agenda among Center programs and partners
- **Goal Two:** Strengthen the role of the Center in tracking the impact of industries on the health of Californians
- **Goal Three:** Create a Center-wide Burden of Disease (Healthy Communities) report that can be used for inquiry and media response, as well as for marketing and outreach

Communication with Purpose: In alignment with the Public Health 2035 pillars of leadership and workforce development, this priority focuses on improving Center communication both internally and externally.

- **Goal One:** Improve external and internal communication
- **Goal Two:** Improve alignment of program communication and outreach

Optimize Organizational Performance: In alignment with the Public Health 2035 pillars of leadership and workforce development, this priority focuses on proactive, inclusive decision making and developing and strengthening the workforce.

- **Goal One:** Pilot, implement and evaluate an alternative organizational structure to increase organizational performance
- **Goal Two:** Develop and strengthen the workforce

Looking to the Future

Across the many sources of feedback about the Center, respondents echoed that the staff of the Center for Healthy Communities is knowledgeable, dedicated and committed to excellence. This was evident in the work of the Strategic Planning Committee as they thoughtfully considered and incorporated the information gathered through the various assessments and interviews into the strategic plan (see Appendix C for a table illustrating this). The strategic plan, pilot organizational structure, vision and values reflects a forward-thinking Center ready for the challenges posed by an everchanging political, social and economic environment.

Introduction

The Center for Healthy Communities (formerly known as the Center for Chronic Disease Prevention and Health Promotion) is one of five primary organizational groups within the California Department of Public Health (CDPH). Though its central operations are largely based in Sacramento and Richmond, the policy and programmatic impact of the Center can be felt in every corner of the state by both residents and visitors. With 38 programs covering a range of health and safety issues, 450 full-time staff and more than \$450 million in federal, state and local funds, the Center works to ensure all Californians have the healthiest possible communities in which to live, work and play by promoting, for example, policies that increase access to healthy foods and ensure clean air and providing access to essential programs to support individuals and families in making healthy choices.

The Center has six key areas of work: Environmental Health, Occupational Health, Chronic Disease Control, Injury and Violence Prevention, Oral Health and Problem Gambling. The Center's nearly 40 different programs cover interventions at multiple levels of the social ecology, including policy and environmental changes. Programs range from in-home visiting, surveillance, evaluation and policy papers to specimen testing and analysis.

In the summer of 2017, the Center for Healthy Communities undertook an extensive strategic planning process that included the identification of a Center vision and values, and selection of Center strategic priorities and goals. To best support these strategic priorities and goals, the Center also identified opportunities for improved alignment across programs and functions as well as a new pilot organizational structure.

To guide the strategic planning process, a planning team (herein identified as the Strategic Planning Team) was established; comprised of the Center leadership (the CDPH deputy director, acting assistant deputy director, division chiefs, assistant division chiefs, office and branch chiefs), as well as five Center line staff members to ensure a diverse set of organizational perspectives were represented on the Strategic Planning Team. Additionally, the Center engaged Health Management Associates (HMA) to facilitate the Strategic Planning Team, design and implement data collection strategies, and provide technical assistance to plan implementation.

To ensure the Center's new strategic plan was informed by staff input and leveraged existing resources, HMA employed a mixed methods experimental approach including both quantitative and qualitative elements. The Strategic Planning Team participated in a Strengths, Weaknesses, Opportunities and Threats (SWOT) Assessment. The Strategic Planning Team also utilized information from the National Association of Chronic Disease Directors STAR (STate Activation and Response) assessment of organizational capacity. More than a quarter of the Center's staff completed a survey gauging their experiences, perspectives, hopes and concerns for the Center's programs, impact and culture. To complement the survey, nine focus groups were conducted with Center staff in Sacramento and Richmond. Additionally, ten in-depth interviews were conducted with external stakeholders (e.g. Local Health Jurisdictions) and four with internal (CDPH) stakeholders (e.g. Human Resources, Fiscal and Contracts, Legal Services) of the Center. Finally, to capture the shared qualities and impact of Center programs, HMA developed a Center program crosswalk.

Inputs to the Development of the Strategic Plan

The Center for Healthy Communities aligned its strategic planning process with two pre-existing efforts within CDPH: Public Health 2035 and the National Association of Chronic Disease Directors' State Activation and Response (STAR) assessment and action planning process.

HMA conducted several layers of assessments with the Center for Healthy Communities leadership and staff, as well as with key internal and external stakeholders of the Center. Information was gathered using a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats), a staff survey, staff focus groups and key informant interviews with stakeholders.





Information gathered through these methods was used to inform the identification of strategic priorities, opportunities for alignment and an organizational structure to pilot. A summary of findings from these assessments is included below. More detailed information on findings, as well as the tools used can be found in Appendix A.

Public Health 2035

According to the US Department of Health and Human Service's *Public Health 3.0 Report*, the public health department of the future is one that plays the role of chief health strategist, convening a multitude of sectors to ensure health in all policies and wellbeing for all. Furthermore, the report calls for the creation of internal cross-disciplinary teams to create a horizontal leadership structure and a center unit housed within the department dedicated specifically to external relations, strategic development and community engagement. The CDPH was an early adopter of this model through the creation of its Public Health 2035 initiative. Public Health 2035 establishes a vision and framework for becoming the public health department of the future—one which is proactive, transparent, collaborative, outcome-driven and able to respond to constantly changing conditions. The Public Health 2035 initiative maintains the Department's core mission of optimizing the health and well-being of the people of California, while simultaneously establishing nimble systems of operation.

A foundational element of Public Health 2035 is agility and the Public Health 2035 initiative evolved concurrently with the Center's Strategic Planning process. The four pillars of the Public Health 2035 initiative are: **Leadership and Workforce**, **Strategic Partnerships**, **Agile Business Operations** and **Data and Evaluation**. These pillars describe a public health department that is agile, transparent, collaborative and not afraid of new approaches and embracing new technologies. Moving forward, the CDPH will use the four pillars to guide daily operations and program planning as shown in Figure 1.

Figure 1: Public Health 2035 Pillars

Strong Workforce & Leadership 	Strategic Partnerships 	Agile Business Operations 	Data & Evaluation 
<ul style="list-style-type: none"> • Collaborate Across Programs and Disciplines • Leadership At All Levels • Diversity & Inclusivity • Nimbleness & Flexibility • Transparency • Robust On-Boarding & Training 	<ul style="list-style-type: none"> • Collaborate Across Programs, Departments & Agencies • Address Root Causes of Complex Health Problems • Seek & Implement Blended and Braided Funding Models • Include Equity & Health In All Policies • Build Trust Within Communities 	<ul style="list-style-type: none"> • Streamline Processes • Start with Human Centered Design • Be Transparent • Adapt & Respond to Emerging or Shifting Priorities & Needs • Maximize Technology 	<ul style="list-style-type: none"> • Organized and Central Data Storage • Data Access & Sharing • Communicating Impact Through Data Visualization • Improving & Evolving IT Solutions • Comprehensive Impact & Process Evaluations • Predictive Analytics

STAR (STate Activation and Response)

In 2017 the National Association of Chronic Disease Directors released an application to support six states in addressing organizational capacity in a peer learning environment called STAR. This process involved assessing organizational capacity to identify opportunities around improving organizational capacity. Table 1 shows the STAR measures of focus. A total of 250 Center staff responded to the survey. Utilizing the information gathered in the survey, a short-term quality Improvement (QI) plan was developed. HMA and the Strategic Planning Team incorporated the results of the survey and QI plan into the development of the Center strategic plan.

Table 1: STAR Measures

STAR Framework Component and Definition	
Partnerships and Relationships: Establishes strong working relationships with diverse partners (10 indicators).	Management and Administration: Provides consistent financial, communications, and staff support necessary to maintain successful programs (10 indicators).
Workforce Development: Employs a strategic and systematic approach to learning and professional development (11 indicators).	Organizational Climate and Culture: Provides a culture that supports life-long learning, balance, and a diverse workforce (6 indicators).
Leadership: Is the underlying voice for the prevention and control of chronic disease (6 indicators).	Evidence-based Public Health Practice: Promotes the use of evidence-based public health practice and decision making (5 indicators).

Center Staff and Stakeholder Assessments

The Center prioritized the gathering of feedback from staff, and internal and external stakeholders to inform the development of three strategic priorities: Policy and Research Through Partnership, Communication with Purpose and Optimize Organizational Performance.

Across the assessments of staff and stakeholders the most commonly expressed issues needing improvement included:

- Communication within the Center and between the Center and internal stakeholders of CDPH;
- Efficiencies in administrative processes within the Center and between the Center and both internal and external stakeholders; and
- Coordination and collaboration across programs in the Center and in service of external stakeholders and partners.

STRATEGIC PRIORITIES	Policy and Research Through Partnership	Communication with Purpose	Optimize Organizational Performance
INPUTS			
Staff Focus Groups	-Functional units don't work to serve the mission of the department	-Lack of communication; no formal channels to share information from the Center down	-Value -add of the Center is not clear -The Center is a part of the funnel; gatekeepers, bottleneck; layered approval -Center manages up but not down
Staff Survey	-Executing grant agreements, contracting and report dissemination appear to be the biggest pain points	-Overarching or unifying goals are not clearly communicated by Center leadership	-Staff feel connected and generally supported within their work units -Coordination across branches is limited
Internal (CDPH) Functional Unit Interviews	-There is a lack of timely responsiveness and urgency since things get bogged down in the processes within the Center -Lack of collaboration early in a process	-Communication between the Center and functional units is not bi-directional; Center staff is not fully listening	-There is a lack of accountability; Center staff place blame on the functional units but do not take responsibility for the aspects of a problematic process or negative encounter that are their doing
Center SWOT	-Efficiencies exist in administrative processes within the Center and with internal and external stakeholders	-Need to increase communication within the Center and between the Center and internal stakeholders of CDPH	-Increase coordination and collaboration across programs in the Center and in service of external stakeholders and partners

STRATEGIC PRIORITIES	Policy and Research Through Partnership	Communication with Purpose	Optimize Organizational Performance
INPUTS			
External Stakeholder Interviews	-There needs to be a more systematic and defined approach to external collaboration and engagement across a spectrum of functions	-Engage new partners -Engage old partners more effectively -Need to be more strategic in use and deployment of data	-Internal streamlining and cross-pollination of programs should occur -Turnover is a concern
Center Strategic Planning Team	-The Center should leverage the exceptional staff that are leaders in their fields	-Need for identifying shared stakeholders, data, and external points of contact	-Core Center functions need to be identified and streamlined

Alignment

The Strategic Planning Team worked with HMA to create a program crosswalk to inform the development of a communications plan for the Center, as well as to inform the identification of additional opportunities for program alignment. Detailed information from the crosswalk and findings from the review can be found in Appendix B.

Discussions of the Center Strategic Planning Team highlighted the importance of creating a Center culture in which program alignment opportunities are continually assessed and acted upon as a way of doing business. Creating and sustaining an alignment culture is closely tied to the core values of the Center (described below). Strategic alignment allows for:

- Leveraging of knowledge and innovation;
- Impactful policies and programs that consider shared risk and protective factors;
- Agility and harnessing of resources in a changing public health landscape;
- Strategies for going beyond the normal way of doing business (programmatic silos).

The alignment of Center administrative functions to improve the effectiveness and efficiency of the Center were also highlighted in the Center’s strategic priorities described below. Implementation of the Center’s strategic plan includes maximizing opportunities for programmatic and function alignment. One example of this alignment is to expand the program matrix developed in the strategic planning process into a database of program level information that can be queried by Center staff. This would provide a resource for regularly identifying and operationalizing alignment.

Vision & Values

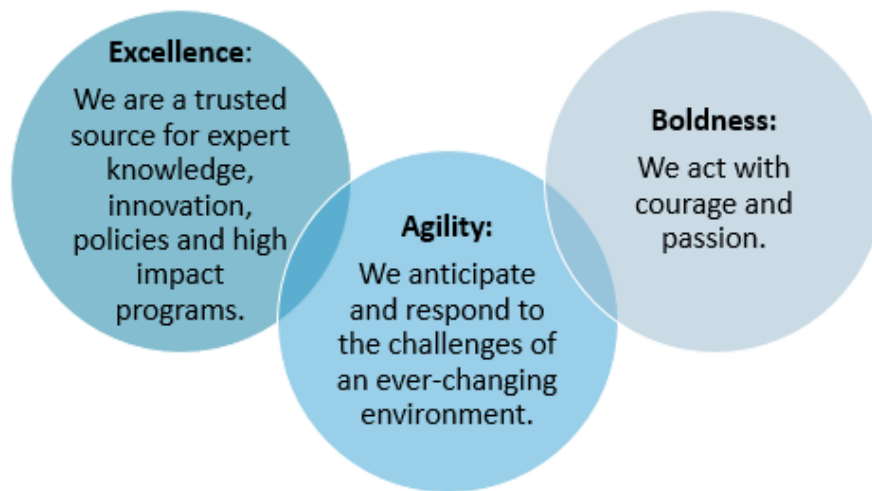
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Vision

Leading the way toward healthy communities and safe environments for all

Values

In addition to the values identified by the department, the Center identified **Excellence**, **Boldness** and **Agility** as core values. These values, along with the department values, are described below:



Respect: We treat all people with respect, courtesy and understanding.

Equity: We foster policies and programs that promote fairness, social justice, equity and cultural competence.

Integrity: We adhere to high ethical and professional standards in our work and relationships. We are honest in our interactions and conscientious stewards of the resources entrusted to us.

Collaboration: We value our partners. We reach out to diverse groups and external stakeholders. We foster both internal and external collaboration. We empower and engage our staff.

Trust: We foster an atmosphere of trust by modeling consistent and professional behaviors and valuing them in others. We strive for transparency in our actions and communications.

Competence: We strive for excellence in all we do. We invest in our staff and value and reward competence.

Responsibility: We follow through on commitments. We hold ourselves and others accountable for results.

Strategic Priorities, Goals, Objectives and Strategies

Following the identification of the vision and values, the Strategic Planning Team determined strategic priorities, goals, objectives and strategies.

Priority 1: Policy and Research through Partnership
[Public Health 2035 Pillar: Strategic Partnerships, Leadership and Workforce]

Goal One: Set a shared policy and research agenda among Center programs and partners

Objective 1: By December 2018, the Center will publish a shared policy and research agenda.

Strategies:

1. Form one Center workgroup for policy and research.
2. Assess shared policy and research directions within the Center.
3. Engage CDPH Directorate, Centers and Offices to identify opportunities for collaboration.
4. Engage external stakeholders to advise on policy and research priorities.
5. Craft final policy and research agenda.
6. Disseminate policy and research agenda to internal and external stakeholders and communicate opportunities for collaboration or integration.

Objective 2: Between January 2019 and December 2019, all Center programs will integrate relevant Center policy and research agenda elements into initiatives and partnerships.

Strategies:

1. Implement a periodic accountability process and review of progress in integration of policy and research agenda into program work.

Goal Two: Strengthen the role of the Center in tracking the impact of industries on the health of Californians

Objective 1: Between March 2018 and December 2020, Center programs will conduct surveillance and strategy alignment to identify powerful industries as a potential source of negative health outcomes.

Strategies:

1. Form a subgroup of the workgroup in Goal One to lead alignment of Center program strategies.
2. Gather information to describe the problem, and the efforts programs are currently engaged in to address the problem.
3. Develop Center approach to addressing health outcomes.

Goal Three: Create a Center-wide Burden of Disease (Healthy Communities) report that can be used for inquiry and media response, as well as for marketing and outreach

Objective 1: By June 2018 update the Burden of Disease Report with the addition of Center programs and begin planning for a future Center-wide Healthy Communities Report.

Strategies:

1. Finalize current updates to the 2013 Burden of Disease Report.
2. Plan for future Center-wide report.

Objective 2: By June 2019 finalize a framework for development and publication in 2020 of a Center for Healthy Communities Report.

Strategies:

1. Create a framework for development of the Center for Healthy Communities Report.

Priority 2: Communication with Purpose

[Public Health 2035 Pillars: Leadership and Workforce, Agile Business Operations]

Goal One: Improve external and internal communication

Objective 1: By November 2018, develop and implement an external and internal communication plan for Center staff.

Strategies:

1. Form a communications workgroup.
2. Conduct assessment of existing external and internal communication processes.
3. Create and execute an internal Center communication plan to improve information sharing and support program alignment.
4. Create and execute an external Center communication plan to enhance coordination and efficiency in external messaging.

Goal Two: Improve alignment of program communication and outreach

Objective 1: By December 2018, create a database of key program information across the Center stratified by communities and populations that can be accessed and queried by all Center staff for the purpose of identifying opportunities for alignment.

Strategies:

1. Form an internal workgroup to lead development of database.
2. Gather information to expand the program matrix.
3. Build database.

Priority 3: Optimize Organizational Performance
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[Public Health 2035 Pillars: Leadership and Workforce, Agile Business Operations]

Goal One: Pilot, implement and evaluate an alternative organizational structure to increase organizational performance

Objective 1: By April 2018, define roles, responsibilities, and approval processes and begin pilot for restructuring.

Strategies:

1. Convene a workgroup to lead pilot implementation of a new organizational structure.
2. Pilot new organizational structure beginning with implementation of quality improvement (QI) processes.

Objective 2: By November 2018, implement, scale and monitor new organizational structure and systems.

Strategies:

1. Implement, scale and monitor new systems.
2. Develop and implement quality improvement tools.

Goal Two: Develop and strengthen the workforce

Objective 1: By December 2018, develop a Center workforce development plan.

Strategies:

1. Engage staff to review existing systems and identify gaps and opportunities for improvement (based on model systems and/or best practices).
2. Give opportunities for upward mobility, stretch assignments, and empower all staff.
3. Explore new opportunities for recruitment.
4. Create a culture that supports staff professional development.
5. Support succession planning, mentoring, and knowledge transfer.

Organizational Structure

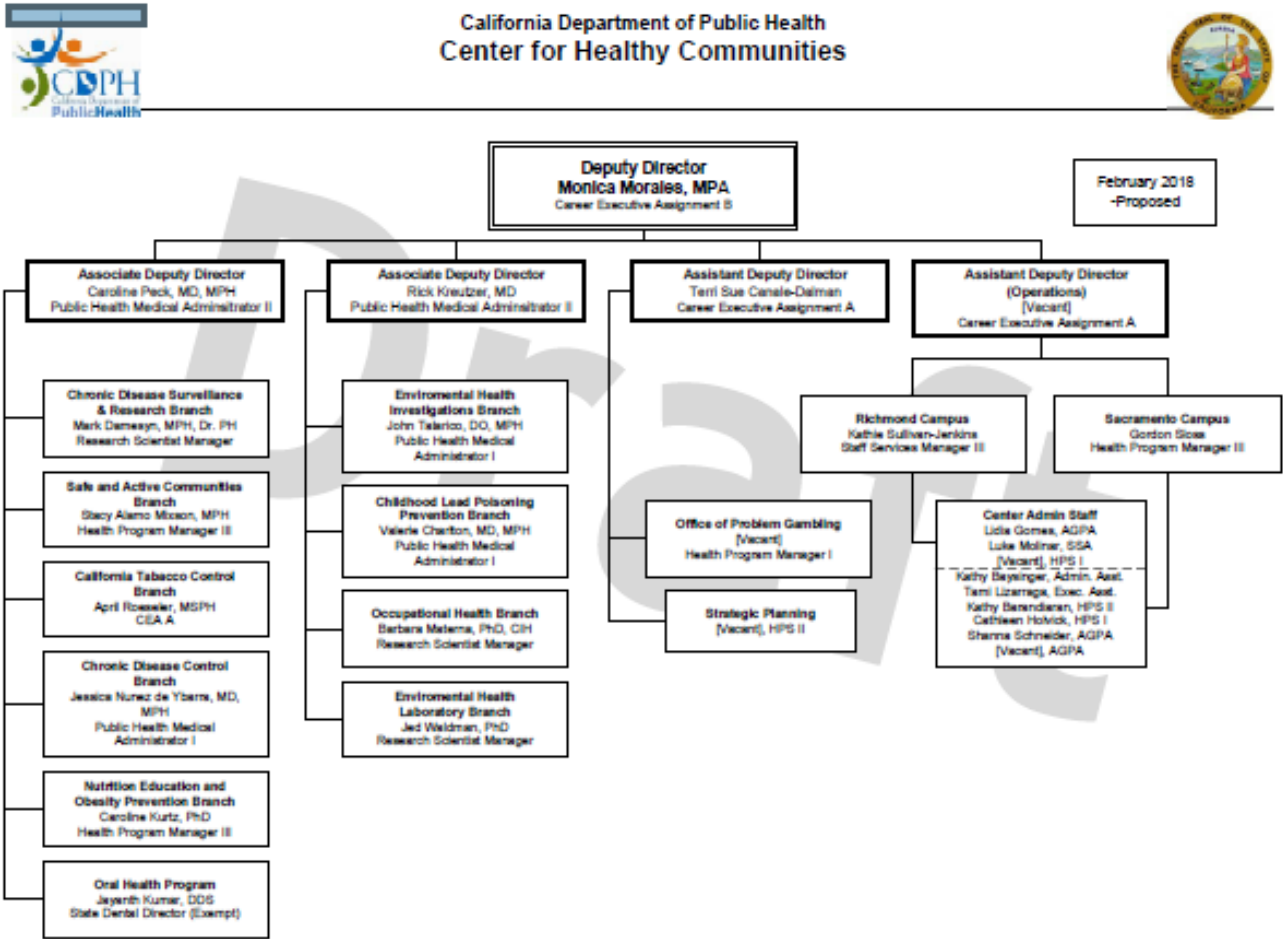
A goal of the strategic planning process was to strengthen the Center for Healthy Communities program alignment and functions, as well as to explore and solidify the best organizational structure to support the Center's vision and reflect its values.

The Strategic Planning Team spent several meetings discussing a pilot organizational restructure. Over the course of these discussions, team members considered a number of factors related to this pilot organizational restructure. It was important to the team to consider an organizational structure that maximized and leveraged the core strengths of the Center, including its legacy of passionate, hard-working, innovative staff engaged in cutting edge work. It was also important to have an organizational structure that supported greater efficiency, delegated authority and improved lines of bidirectional communication across the Center. The team considered the following:

- Amount of time program staff spend on non-program functions.
- Communication limitations between other department points of contact.
- Multiple levels of review without adequate/enough SME review within the Center.
- Amount of time it takes to get documents (forms, reports, policies, etc.) back from Directorate/Director's Office review.
- Staff training and skill development (impeded due to overload of administrative work).
- Hierarchical instead of collegial communication between Branch staff.
- Potential repeal of ACA - budget reductions conversations, debate and perceptions.
- Channels to share information from the Center down.
- Communication about the "why" - tying program work to the bigger picture.
- Opportunities for alignment with other programs and leveraging of activities, funding, data sets, etc.

After considering all the information described above, it was determined that the Center for Healthy Communities would pilot an organizational restructure under the guidance of a workgroup. Figure 2 below serves as the organizational structure to be piloted.

Figure 2: Center for Healthy Families Proposed Organizational Structure



Strategic Plan Implementation

As a foundational element of the strategic planning process, a Strategic Plan Implementation table was created to identify goals, objectives, and activities to complete the three strategic priorities identified by the Strategic Planning Team. The three strategic priorities identified in the Strategic Plan Implementation include: Policy Through Partnership, Communication with Purpose and Optimize Organizational Performance.

Priority 1: Policy and Research Through Partnership			
Goal One: Set a shared policy and research agenda among Center programs and partners that informs development of principles and criteria for the research, and policy activities of the Center and to ensure public health policies that are informed by research			
Objective 1: By December 2018, the Center will publish a shared policy and research agenda			
Center Leadership Sponsors: Associate Deputy Directors			
Strategy 1: Form one Center workgroup for policy and research			
Activity	Target Date	Key Implementers	Milestones
1) Recruit and ID members for workgroup	April 2018	Associate Deputy Directors	List of group members representing a designee from each branch (chief or designee of chief)
2) Establish time commitment and roles/responsibilities for group; establish subgroups: one focused on chronic disease and injury, one focused on environmental health	April 2018	Associate Deputy Directors	Description of time commitment, roles and responsibilities of workgroup members
3) Establish meeting schedule and frequency for each group	May 2018	Associate Deputy Directors	Meeting schedules established
4) Begin convening workgroup and subgroup meetings per identified schedule	June 2018	Associate Deputy Directors	Workgroup and subgroups begin meeting
5) Create Gantt chart to manage completion of the shared policy and research agenda	June 2018	Workgroup members Strategic Plan Implementation Coordinator (HPSII)	Gantt chart shared across groups and with Center Leadership Team Flow chart with designated key implementers

6) Convene ongoing policy and research workgroup/subgroups	Ongoing	Associate Deputy Directors	Regular meetings of workgroup and subgroups per identified schedule
Resources Needed: Meeting spaces, policy and research agenda templates and examples, implementation plan			
Strategy 2: Assess shared policy and research directions within the Center			
Activity	Target Date	Key Implementers	Milestones
1) Complete inventory of policy/research projects, plans, priorities	June 2018	Workgroup members	Documents, inventories, assessment/results of review, consolidated inventory, review report, recommendations
2) Assess branch policy and research priorities	July 2018	Workgroup members	Summary of policy and research priorities focused on alignment opportunities across programs in the Center
3) Review and present results of summary of policy/research alignment opportunities	September 2018	Workgroup members	Alignment opportunities are identified, collated and cross walked and presented by the team
Resources Needed: Workgroups, schedulers, admin support staff, SMEs			
Strategy 3: Engage CDPH Directorate, Centers and Offices to identify opportunities for collaboration			
Activity	Target Date	Key Implementers	Milestones
1) Identify opportunities to coordinate, collaborate, and communicate with other CDPH Centers. Determine how this policy and research agenda impacts other Centers	October 2018	Workgroup members	Opportunities are identified, collated and cross walked
2) Develop talking points/slide deck to present to a group of representatives from CDPH Directorate, other Centers and Offices/present concept	November 2018	Workgroup members Strategic Plan Implementation Coordinator (HPSII)	Slide deck, meeting occurrence
3) Identify and invite internal stakeholders in CDPH to provide input	January 2019	Workgroup members	Meetings with internal stakeholders in CDPH completed and opportunities for collaboration documented
Resources Needed: Concept talking points, Power Point slides.			

Strategy 4: Engage external stakeholders to advise on policy and research priorities			
Activity	Target Date	Key Implementers	Milestones
1) Identify key external stakeholders for each identified policy and research priority	October 2018	Workgroup members	Stakeholders identified and documented
2) Develop and implement talking points and communication strategy for soliciting input on policy and research priorities per key stakeholder group	August 2018	Workgroup members Strategic Plan Implementation Coordinator (HPSII)	Talking points and communication strategy is developed and shared with appropriate CHC staff
3) Ensure alignment of communication strategy with activities outlined under Strategic Priority 2: Communicate with Purpose	February 2019	Workgroup members Strategic Plan Implementation Coordinator (HPSII)	Communication strategy is aligned with activities under Strategic Priority 2
4) Develop, advise, support policy in partnership with the California Conference of Local Health Officers (CCLHO)	Ongoing	Associate Deputy Directors	Talking points and communication strategy is developed and shared with appropriate CHC staff before meeting with CCLHO
5) Get buy in from all the CDPH Directorate, Centers and Offices (including the Fusion Center)	January 2019	Associate Deputy Directors	Buy-in obtained and communicated to Center Leadership
6) Create a policy taskforce of external partners to serve as a “think tank”	February 2019	Associate Deputy Directors with workgroup input	Stakeholders identified and documented
Resources Needed: Concept talking points, Power Point slides.			
Strategy 5: Craft final policy and research agenda			
Activity	Target Date	Key Implementers	Milestones
1) Draft final policy and research agenda and timelines	February 2019	Workgroup members	Drafts presented to Center Leadership Team
2) Finalize and secure policy and research agenda approval	March 2019	Associate Deputy Directors	Final agenda presented and approved by Center Leadership and DO
Resources Needed: Draft agendas, policy and research templates and examples, DO approval			

Strategy 6: Disseminate policy and research agenda to internal and external stakeholders and communicate opportunities for collaboration or integration			
Activity	Target Date	Key Implementers	Milestones
1) Develop a communication and dissemination strategy	February 2019	Communication workgroup	Communication and dissemination strategy is developed and shared with relevant Center staff
2) Ensure alignment with activities outlined under Strategic Priority 2: Communicate with Purpose	February 2019	Communication workgroup	Communication strategy is aligned with activities under Strategic Priority 2
3) Implement communication and dissemination strategy	March 2019	Center Leadership Team	Policy and research agenda is disseminated and opportunities for collaboration or integration are communicated
Resources Needed: Review strategy for alignment, compare to policy and research templates and examples, create a communication and dissemination strategy			
Objective 2: Between January 2019 and December 2019, all Center programs will integrate relevant Center policy and research agenda elements into initiatives and partnerships			
Center Leadership Sponsors: Associate Deputy Directors			
Strategy 1: Implement a periodic accountability process and review of progress in integration of policy and research agenda into program work			
Activity	Target Date	Key Implementers	Milestones
1) Develop an accountability and review process	March 2019	Workgroup members Strategic Plan Implementation Coordinator (HPSII)	Continue prior workgroup quarterly
2) Explore integration process and mechanisms for reporting out on status	April 2019	Workgroup members	Mechanisms identified and documented
3) Finalize performance metrics for integration of the policy and research agenda into program initiatives	May 2019	Workgroup members Strategic Plan Implementation Coordinator (HPSII)	Performance metrics identified and documented

4) Get approval/seek input from program managers via staff survey	June 2019	Associate Deputy Directors Strategic Plan Implementation Coordinator (HPSII)	Process and metrics presented to Center program managers and input collected and incorporated into final process
5) Implement final process for reviewing progress on a quarterly basis	Ongoing	Center Leadership Team	Process implemented quarterly at Center Leadership Team meetings
6) Report progress at one Center staff meeting and through Center intranet to ensure accountability	Ongoing	Center Leadership Team	Regular progress reported
Resources Needed: Example accountability and review process document examples, SOPs, intranet capabilities			
Goal Two: Strengthen the role of the Center in tracking the impact of industries on the health of Californians			
Objective 1: Between March 2018 and December 2020, Center programs will conduct surveillance and strategy alignment to identify powerful industries as a potential source of negative health outcomes			
Center Leadership Sponsors: Deputy Director and Tobacco Control Branch Chief			
Strategy 1: Form a subgroup of the workgroup in Goal One to lead alignment of Center program strategies			
Activity	Target Date	Key Implementers	Milestones
1) Identify desired outcomes	April 2018	Deputy Director, Associate Directors, Assistant Director, Tobacco Control Branch Chief	Desired outcomes identified
2) ID subgroup members from workgroup in Goal One: Policy and Research Agenda	April 2018	Deputy Director, Associate Directors, Assistant Director, Tobacco Control Branch Chief	List of subgroup members
3) Establish time commitment and roles/responsibilities for the subgroup	May 2018	Deputy Director, Associate Directors, Assistant Director, Tobacco Control Branch Chief	Description of time commitment, roles and responsibilities of workgroup members
4) Establish meeting schedule and frequency for the workgroup	May 2018	Deputy Director, Associate Directors, Assistant Director, Tobacco Control Branch Chief	Meeting schedules established

5) Convene subgroup	June 2018	Deputy Director, Associate Directors, Assistant Director, Tobacco Control Branch Chief	Workgroup begins meeting
6) Create Gantt chart to manage completion of the subgroup activities	June 2018	Subgroup members	Gantt Chart shared with Center Leadership Team
7) Convene ongoing subgroup meetings	Ongoing	Deputy Director, Associate Directors, Assistant Director, Tobacco Control Branch Chief	Regular meetings of workgroups
Resources Needed: Workgroup scheduling administrative support, workgroup matrix tracking			
Strategy 2: Gather information to describe the problem, and the efforts programs are currently engaged in to address the problem			
Activity	Target Date	Key Implementers	Milestones
1) Collect and review segment research data	June 2018	Workgroup members	Concept paper that reflects the continuum of ideology “industry behavior”
2) Identify staff engagement	June 2018	Workgroup members	List of staff members interested in activity
3) Complete an environmental scan around what programs are already doing	August 2018	Workgroup members	Environmental scan presented to Center Leadership
Resources Needed: Review of policy documents as examples, and environmental scan examples			
Strategy 3: Develop Center approach to addressing health outcomes			
Activity	Target Date	Key Implementers	Milestones
1) Create white paper on industry strategy	September 2018	Workgroup members	White paper completed and presented to Center Leadership and Center staff
2) Convene summit for collective approach	Winter 2018/Spring 2019	Workgroup members	Date set for summit; speakers/presenters confirmed
3) Include work with something already in place (Wellness Plan)	June 2019	Deputy Director, Associate Directors, Assistant Director, Tobacco Control Branch Chief	Work is incorporated into the new wellness plan
Resources Needed: Analysis examples, summit-related support (administrative, facilities, IT, etc.)			

Goal Three: Create a Center-wide Burden of Disease (Healthy Communities Report) report that can be used for inquiry and media response, as well as for marketing and outreach			
Objective 1: By June 2018 update the Burden of Disease Report with the addition of Center programs and begin planning for a future Center-wide Healthy Communities Report			
<i>Center Leadership Sponsors: Associate Deputy Director-Chronic Disease and Chronic Disease Control Branch Chief</i>			
<i>Strategy 1: Finalize current updates to the 2013 Burden of Disease Report</i>			
Activity	Target Date	Key Implementers	Milestones
1) Updates to 2013 report historical pages (1 pagers for context); new title, invite new topics	June 2018	Associate Deputy Director-Chronic Disease/Chronic Disease Control Branch Chief	Provide updates to 2013 report Updated Burden Report
2) Create and implement a communication plan for dissemination	Within a month of 2013 update report submission	Communications workgroup	Gantt chart or timeline for communication plan Communication about report
<i>Strategy 2: Plan for future Center-wide report</i>			
1) Facilitate a “Lessons Learned” conversation about the report and what disease states/Branches need to be included in future reports; what was learned from the process of preparing the report	Within a month of 2013 update report submission	Associate Deputy Director-Chronic Disease/Chronic Disease Control Branch Chief	Meeting date set for “Lessons Learned” conversation
2) Begin exploring vehicles; alternative report options for future reports	June 2018	Associate Deputy Director-Chronic Disease/Chronic Disease Control Branch Chief	Decision shared via email to workgroup
Objective 2: By June 2019 finalize a framework for development and publication in 2020 of a Center for Healthy Communities Report			
<i>Center Leadership Sponsors: Associate Deputy Director-Chronic Disease and Chronic Disease Control Branch Chief</i>			

Strategy 1: Create a framework for development of Center for Healthy Communities Report			
1) Convene an ad hoc workgroup with representation from branches across the Center	August 2018	Chronic Disease Control Branch Chief/Occupational Health Branch, Chief	Group convened
2) Review “Lessons Learned” conversation outcomes and identified vehicles/alternative report options and determine gaps and opportunities for 2020 Healthy Communities Report	August 2018	Associate Deputy Director- Chronic Disease/Chronic Disease Control Branch Chief and Workgroup	Assessment of gaps and opportunities shared with Center Leadership
3) Create an outline for 2020 Healthy Communities Report	December 2018	Workgroup	Outline completed and shared with Center Leadership
4) Determine expectations and timelines and share with appropriate branch staff responsible for contributing information to the 2020 Healthy Communities Report	March 2019	Associate Deputy Director- Chronic Disease/Chronic Disease Control Branch Chief and Workgroup	Expectations and timelines shared
5) Create and implement writing and editing assignments for 2020 publication	April 2019	Associate Deputy Director- Chronic Disease/Chronic Disease Control Branch Chief	Writing of Health Communities Report begins
Resources Needed: Assistance to locate 2013 and 2018 reports, notes from “Lessons Learned” conversation and intranet accessibility for document sharing			

Priority 2: Communication with Purpose			
Goal One: Improve external and internal communication			
Objective 1: By November 2018, develop and implement an internal and external communication plan for Center staff			
Center Leadership Sponsors: Assistant Deputy Director			
Strategy 1: Form a communications workgroup			
Activity	Target Date	Key Implementers	Milestones

1) Establish time commitment and roles/responsibilities for a communications workgroup	April 2018	Assistant Deputy Director Communications Position	Description of time commitment, roles and responsibilities of workgroup members
2) Establish meeting schedule and frequency for the workgroup	April 2018	Assistant Deputy Director Communications Position	Meeting schedules established
3) Recruit and ID members for a communications workgroup	April 2018	Assistant Deputy Director Communications Position	List of group members; no more than 10
4) Convene workgroup meetings	April 2018 and Ongoing	Assistant Deputy Director Communications Position	Meeting notes with action items, decisions, responsible party and timeframe posted on SharePoint site
5) Create Gantt chart to manage completion of the workgroup activities and deliverables	May 2018	Communications Workgroup	Gantt chart shared with Center Leadership Team and posted on SharePoint site
<i>Resources Needed: Timeline creation, workgroup outreach (emails, newsletters, etc.), meeting schedule creation and scheduling with work group members, Center SharePoint page for workgroup</i>			
<i>Strategy 2: Conduct assessment of existing internal and external communication processes</i>			
Activity	Target Date	Key Implementers	Milestones
1) Assess Branch communications vehicles/methods and tools (e.g., advisory committees conference calls, work groups, SharePoint, websites)	June 2018	Communications Workgroup	Survey completed; Table of communication vehicles across the Center
2) Catalog the types of external communication activities by Center programs and communication type	June 2018	Communications Workgroup	Types of communication documented in Excel spreadsheet
3) Identify methods for bidirectional information sharing throughout the CHC	July 2018	Communications Workgroup	Document outlining methods and opportunities; Data/outputs reviewed, analyzed and communicated
4) Identify best practices for external stakeholder communication	July 2018	Communications Workgroup	Document outlining best practices

5) Identify communication gaps and solutions	September 2018	Communications Workgroup	Document outlining communication gaps and solutions/key recommendations (priorities)
Resources Needed: Searchable SharePoint list, SurveyMonkey			
Strategy 3: Create and execute an internal Center communication plan to improve information sharing and support program alignment			
Activity	Target Date	Key Implementers	Milestones
1) Create a plan including these activities and others suggested by the workgroup: <ul style="list-style-type: none"> Standardize process that provides sufficient time for Center wide conversations on important planning processes (budget, policy, grant applications, etc.) Create rules of engagement (e.g. how/when internal communication occurs) Create a Center resource hub with common set of resources Put documents on Center wide SharePoint site Create end-to-end protocols for response formats and timelines that improve efficiency, effectiveness, and transparency (feedback loops) Develop a process for conducting a Center “Bootcamp”/on-boarding for new employees, to train on communication strategies 	September 2018	Communications Workgroup	Draft plan is presented to Center Leadership; Post action items, decisions and outstanding items to the SharePoint site; Feedback is incorporated and plan is finalized
2) Execute internal communication plan	January 2019 and Ongoing	Assistant Deputy Director with Communications workgroup	Plan is executed

Resources Needed: Process Mapping, material identification for Bootcamp to share on intranet			
Strategy 4: Create and execute an external Center communication plan to enhance coordination and efficiency in external messaging			
Activity	Target Date	Key Implementers	Milestones
1) Create a plan including these activities and others suggested by the workgroup: <ul style="list-style-type: none"> • Create communications playbook (Best Practices) • Create and maintain a system for regular communication to partners • Streamline WAR and stakeholder brief submission(s) • Support optimal use of “stakeholder brief” • Create a Center email address to receive inquiries for information 	September 2018	Communications Workgroup	Draft plan is presented to Center Leadership Feedback is incorporated and plan is finalized
2) Execute external communication plan	January 2019 and Ongoing	Assistant Deputy Director with Communications workgroup	Plan is executed
Resources Needed: Review the results of assessment and compare to stakeholder brief and style guide			
Goal Two: Improve alignment of program communication and outreach			
Objective 1: By December 2018 create a database of key program information across the Center stratified by communities and populations that can be accessed and queried by all Center staff for the purpose of identifying opportunities for alignment			
Center Leadership Sponsors: Branch Chief for Environmental Health Investigations			
Strategy 1: Form an internal workgroup to lead development of database			
Activity	Target Date	Key Implementers	Milestones
1) Recruit and ID members for database workgroup	April 2018	Environmental Health Investigations Branch Chief	List of group members; no more than 10
2) Establish time commitment and roles/responsibilities for the workgroup	April 2018	Environmental Health Investigations Branch Chief	Description of time commitment, roles and responsibilities of workgroup members

3) Establish meeting schedule and frequency for the workgroup	April 2018	Environmental Health Investigations Branch Chief	Meeting schedules established
4) Convene workgroup	May 2018	Environmental Health Investigations Branch Chief	Workgroup begins meeting
5) Create timeline to manage completion of the workgroup activities	May 2018	Workgroup members	Timeline shared with Center Leadership Team
6) Convene ongoing workgroup meetings	Ongoing	Environmental Health Investigations Branch Chief	Regular meetings of workgroups
Resources Needed: Example Roles and Responsibilities documents, SurveyMonkey			
Strategy 2: Gather information to expand the program matrix			
Activity	Target Date	Key Implementers	Milestones
1) Create and disseminate a survey to determine what other information needs to be captured in the relational database	June 2018	Workgroup members	Survey implemented, analyzed and results shared with Center Leadership Team
2) Coordinate work with School-based Health Centers' mapping group	June 2018 and Ongoing	Environmental Health Investigations Branch Chief	Incorporation of relevant information into database
Resources Needed: Potential for Tableau, ACCESS or another database tool, SurveyMonkey			
Strategy 3: Build database			
Activity	Target Date	Key Implementers	Milestones
1) Develop relational database, including sub-settings (retail; schools; workplaces) of programs	August 2018	Workgroup members	Database created, tested and approved by Center Leadership Team
2) Develop training and user guide for Center staff	September 2018	Workgroup members	Training and user guide created and approved by Center Leadership Team
3) Launch database and communicate availability and user guide to Center staff	October 2018	Center Leadership Team	Database launched and Center staff begin to utilize
4) Training on database implemented	October 2018 and Ongoing	Center Leadership Team	Training implemented and saved as webinar for new staff

5) Monitor and report out regarding usage of database	Ongoing	Center Leadership Team	Quarterly monitoring of usage is reported out to the Center Leadership Team and communicated to Center program staff.
Resources Needed: Potential for Tableau, ACCESS or another database tool			

Priority 3: Optimize Organizational Performance

Goal One: Pilot, implement, and evaluate an alternative organizational structure to increase organizational performance

Objective 1: By April 2018, define roles, responsibilities, and approval processes and begin pilot for restructuring

Center Leadership Sponsors: Deputy Director and Assistant Deputy Director

Strategy 1: Convene a workgroup to lead pilot implementation of a new organizational structure

Activity	Target Date	Key Implementers	Milestones
1) Recruit and ID members for external communications workgroup	December 2017	Deputy Director and Assistant Deputy Director	List of group members
2) Establish time commitment and roles/responsibilities for the workgroup	December 2017	Deputy Director and Assistant Deputy Director	Description of time commitment, roles and responsibilities of workgroup members
3) Establish meeting schedule and frequency for the workgroup	December 2017	Deputy Director and Assistant Deputy Director	Meeting schedules established
4) Convene workgroup	February 2018	Deputy Director and Assistant Deputy Director	Meetings calendared and convened
5) Develop key steps, including communications with Center staff and performance measures for pilot of new structure	March 2018	Organizational structure workgroup	Key steps and measures of success for pilot documented and presented to Center Leadership Team
6) Define roles and responsibilities of positions including authority and accountability	March 2018	Organizational structure workgroup	Roles and responsibilities defined and communicated to Center Leadership and Center staff
Resources Needed: Example steps and measures documented, scheduling support			
Strategy 2: Pilot new organizational structure beginning with implementation of quality improvement (QI) processes			
Activity	Target Date	Key Implementers	Milestones

1) Define operational effectiveness and efficiency for priority gaps or opportunities	March 2018	Organizational structure workgroup/CDIC's existing admin work group	Measurement of approval Create baseline report and target measures
2) Identify approval processes "Center and above" and "Center and below" • Examine existing approval documents	March 2018	Organizational structure workgroup	Approval process identified, documents examined and ideas for improvement generated and shared with Center Leadership
3) Identify at 3-5 priority areas to improve and develop a proposed QI process to test	March 2018	Organizational structure workgroup	3-5 business processes are identified for quality improvement
4) Report out and seek input from bi-monthly chief's meeting as required	February 2018 and Ongoing	Deputy Director and Assistant Deputy Director	Meetings calendared and convened and input obtained
5) Inform and educate staff	April 2018 and Ongoing	Branch Chiefs	Staff informed throughout pilot
6) Begin the pilot	May 2018	Branch Chiefs and Organizational structure workgroup	Pilot begins by implementing three new quality improvement processes
7) Assess the pilot	October 2018	Organizational structure workgroup	Assessment of performance measures for pilot are applied to implementation
Resources Needed: Outlook distribution list, scheduling support, performance measure identification			
Objective 2: By November 2018, implement, scale and monitor new organizational structure and systems			
Center Leadership Sponsors: Deputy Director and Assistant Deputy Director			
Strategy 1: Implement, scale and monitor new systems			
Activity	Target Date	Key Implementers	Milestones
1) Create a shared, streamlined grant application process (including a review and clarification of the grants management process)	July 2018	Assistant Deputy Director of Operations	Identify a grant application process timeline and share with relevant Center staff

2) Standard Operating Procedures (SOP)s that increase/incorporate delegated authority and ensures accountability of Center, Division, Office, and Branch (goal effectiveness)	August 2018	Assistant Deputy Directors	SOP for communication and dissemination strategy is developed and shared with relevant Center staff
3) Provide in-depth training for key staff on quality improvement (QI) processes (OQPA as a resource)	October 2018	Assistant Deputy Directors	Performance metrics, learning outcomes, and knowledge outcomes identified and documented
Resources Needed: Grant application examples, list of current/past QI tools and activities			
Strategy 2: Develop and implement quality improvement tools			
Activity	Target Date	Key Implementers	Milestones
1) Develop protocol for involving program leadership and SMEs early in decision making process for decisions impacting program	June 2018	Assistant Deputy Directors	Final protocol shared with key CHC staff
Resources Needed: Current and past QI project list, drill calendar creation			
Goal Two: Develop and strengthen the workforce			
Objective 1: By December 2018, develop a Center workforce development plan			
Center Leadership Sponsors: Assistant Deputy Directors			
Strategy 1: Engage staff to review proposed systems and identify gaps and opportunities for improvement (based on model systems and/or best practices)			
Activity	Target Date	Key Implementers	Milestones
1) Revise duty statement language for HR positions	August 2018	Assistant Deputy Directors	Final duty statement created
Resources Needed: Example duty statements			
Strategy 2: Give opportunities for upward mobility, stretch assignments and empower all staff			
Activity	Target Date	Key Implementers	Milestones
1) Make staff aware of training activities and support	September 2018	Assistant Deputy Directors	Documentation of sharing training opportunities or stretch assignments

Resources Needed: HR regulations of salary brackets			
Strategy 3: Explore new opportunities for recruitment			
Activity	Target Date	Key Implementers	Milestones
1) Develop a Center-wide recruitment plan	October 2018	Assistant Deputy Directors	Final plan disseminated
2) Improve connectivity between Center and academic institutions	November 2018	Assistant Deputy Directors	Plan outlined and key stakeholders/relationships identified; Documented contact with academic institutions to offer internships
Resources Needed: Public Announcement examples, and current recruitment plan at CDPH			
Strategy 4: Create a culture that supports staff professional development			
Activity	Target Date	Key Implementers	Milestones
1) Develop a Center-wide development plan	October 2018	Assistant Deputy Directors	Final plan disseminated
2) Reduce administrative barriers to staff development	October 2018	Assistant Deputy Directors	Identify staff development barriers and proposal to reduce barriers
3) Increase Center staff participation in CDPH Admin workgroups/subcommittees	November 2018	Assistant Deputy Directors	Proposal to increase staff participation
Resources Needed: HR definitions of professional opportunity, SurveyMonkey for staff feedback			
Strategy 5: Support succession planning, mentoring and knowledge transfer			
Activity	Target Date	Key Implementers	Milestones
1) Develop a Center-wide succession plan	December 2018	Assistant Deputy Directors	Proposal for succession planning
2) Develop a Center-wide best practice manual for working with CDPH Admin	January 2019	Assistant Deputy Directors	Sharing best practices
Resources Needed: SurveyMonkey for staff feedback			

Evaluation Plan

Priority 1: Policy and Research Through Partnership	
Goal One: Set a shared policy and research agenda among Center programs and partners that informs development of principles and criteria for the research, and policy activities of the Center and to ensure public health policies that are informed by research	
Baselines: Identification of any current policy and research agenda for CHC programs and partners; document review of policy and research agendas as compared to current programs; conduct programmatic ‘gap analysis’ for integrating policy and research elements	
<u>Performance Metric:</u> By February 2019, a final shared policy and research agenda will be delivered to key CHC staff OR By February 2019, a shared policy and research agenda will be delivered to key CHC staff including an actionable plan for how to integrate policy and research elements within CHC. OR By February 2019, determine if the shared policy and research agenda was used by X # of sister agencies, the Legislature, etc. as a guide for CHC’s direction	
Goal Two: Strengthen the role of the Center in tracking the impact of industries on the health of Californians	
Baselines: Identification of current programs and Branches collaborating with powerful industries to identify best practices; definition of ‘negative impact’	
<u>Performance Metric:</u> By January 2019, a catalog will be developed identifying programs currently engaged addressing the negative impact of industries, with a total of 50% response rate from Branches OR By February 2019, 75% of Branches will provide input on an approach to address negative impacts of Powerful Industries OR By December 2020, best practices addressing the negative impact of industries on the health of Californians will be identified with a six communication channels and four outreach mechanisms for best practice implementation	
Goal Three: Create a Center-wide Burden of Disease (Healthy Communities Report) report that can be used for inquiry and media response, as well as for marketing and outreach	
Baselines: Current 2013 Burden of Disease Report; past reports available to CHC implementers	
<u>Performance Metric:</u> By January 2020, CHC will publish a Center-wide Burden of Disease (Healthy Communities) report OR By January 2020, CHC will publish a Center-wide Burden of Disease (Healthy Communities) report including a framework and	

methodology report describing data collection efforts as well as recommendations for future Burden of Disease/Healthy Communities reports **OR** By January 2020, CHC will publish a Center-wide Burden of Disease (Healthy Communities) report including 11 Branches, two Offices and X # of (collaborative programs and partners, etc.)

Priority 2: Communication with Purpose

Goal One: Improve external and internal communication

Baselines: Outline elements of the final communication plans and identify the current state of internal and external communication protocols

Performance Metric: By July 2018, codify current internal and external communications processes through Lean process mapping or flow identification to inform an internal and external communication plan **OR** By July 2018, develop a tracking matrix system searchable on the SharePoint Intranet to roll-out internal and external communications plan **OR** By July 2018, develop a tracking matrix system searchable on the SharePoint Intranet to roll-out internal and external communications plans identifying six outreach channels and four outreach mechanisms

Goal Two: Improve alignment of program communication and outreach

Baselines: Analyze the Center Program Crosswalk for shared target populations and collaborative/complimentary program overlap; add attribute identification to program matrix identifying place-based settings, strategies employed, and populations served

Performance Metric: By June 2019, at least 50% of the programs previously identified in the Strategic Planning Program Matrix, will provide follow-up information for database inputs **OR** By June 2019, eight programs will be identified were place-based strategy implementation and target populations overlap

Priority 3: Optimize Organizational Performance

Goal One: Pilot, implement, and evaluate an alternative organizational structure to increase organizational performance

Baselines: Collect (SOPs) roles, responsibilities, and approval processes published for CHC administration; current organizational chart and pilot organizational structure identified before pilot administration

Performance Metric: By March 2019, the new pilot organizational chart is clarified and confirmed for HR roles/levels, functions, delegated authority, and published on the CDPH website **OR** By October 2018, 20 opportunities for process improvements were

identified to CHC leadership; By August 2019, at least four different tools were considered to implement quality improvement activities **OR** By August 2019, the number of CHC staff with a higher degree of delegated authority increased by 25%

Goal Two: Develop and strengthen the workforce

Baselines: Collect Center workforce planning and current activities to retain staff (training activities and current participation rates, professional development opportunities and staff participation rates, recruitment time frames, number of CHC vacant roles, etc.)

Performance Metric: By December 2018, a Center workforce development plan is finalized and shared with key CHC staff **OR** By December 2018, at least 5% of CHC staff will engage in, review, identify gaps and opportunities for workforce development improvement **OR** By January 2019, increase the number of training opportunities Center-wide by 20% **OR** By February 2019, decrease recruitment time frame by 10% **OR** By February 2019, 75% of staff report accessing at least one professional development opportunity within the last year; By 2019, increase the number of staff taking advantage of appropriate (non-mandatory) training opportunities and professional development by 20% **OR** By February 2019, reduce the Center's number of vacancies by 25%

Looking to the Future

Across the many sources of feedback about the Center, respondents echoed that the staff of the Center for Healthy Communities is knowledgeable, dedicated and committed to excellence. This was evident in the work of the Strategic Planning Committee as they thoughtfully considered and incorporated the information gathered through the various assessments and interviews into the strategic plan (see Appendix C for a table illustrating this). The strategic plan, organizational structure, vision and values reflects a forward-thinking Center ready for the challenges posed by an everchanging political, social and economic environment.

This three-year plan presents a blueprint for thinking strategically in all areas of Center operations and management. The plan encourages strategic programming through research and policy, as well as for mobilizing the talented staff at the Center for Healthy Communities to work effectively through improvements in communication and operations. Center leadership and the Strategic Planning Team hope that Center staff see a current and future role for themselves to play in the implementation of this plan. Further, when the activities outlined in this plan are accomplished, they inspire a commitment to ongoing performance improvement and pursuit of excellence.

Appendices

Appendix A

Approach

HMA conducted several layers of assessments including with the Center for Healthy Communities leadership and staff, as well as with key internal and external stakeholders of the Center. Information was gathered using a SWOT analysis (Strengths, Weaknesses, Opportunities and Threats), a staff survey, staff focus groups and key informant interviews with stakeholders.

Information gathered through these methods was used to inform the identification of strategic priorities, opportunities for alignment, and an organizational structure to pilot.

SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats)

The Center for Healthy Communities Strategic Planning Team identified the attributes of the Center that allow the Center to meet the needs of the state (strengths); the challenges that prevent optimal performance (weaknesses); the things that the Center could take advantage of or leverage for greater impact (opportunities); and the events or forces that could negatively impact the Center's ability to perform effectively (threats). Table 1 below summarizes the results of the SWOT analysis.

Table 1: SWOT Analysis Results

Strengths	Weaknesses
<ul style="list-style-type: none"> ▪ Population-based services ▪ Smart, hard-working, motivated staff and partners ▪ Thinking “outside of the box” ▪ High-risk group targeting ▪ Strong public health policy relationships/partners ▪ Committed advocates ▪ Center diversity (funding, skill sets, resources, value-add) ▪ Close relationships with California cities and counties ▪ Center leadership ▪ Internal support ▪ Virtue of mission ▪ Highly competitive for federal grants (high win rate) ▪ Legacy of successful innovation, risk taking, cutting edge work ▪ High national reputation ▪ Testing ground for rest of country (leader) ▪ Include external perspectives ▪ Proactive and ready to respond ▪ Competence and follow-through 	<ul style="list-style-type: none"> ▪ Center divisions in two different locations (Richmond & Sacramento) ▪ Frequency of leadership change at Center and Department level ▪ Departmental control (administrative) agencies are difficult to work with (IT, Cal HR, Finance, CMU, accounting-own agency v. others) ▪ Decision-making authority at higher levels of organization ▪ Administrative functions “control us” and do not operate as a service to help programs perform better ▪ Amount of time program staff spend on non-program functions ▪ Communication limitations between other department points of contact ▪ Multiple levels of review without adequate/enough SME review within the Center ▪ Amount of time it takes to get documents (forms, reports, policies, etc.) back from Director’s Office and Agency review ▪ Document review and tracking systems

<ul style="list-style-type: none"> ▪ Policy, system and environmental change developed and implemented with sustainability in mind ▪ Works well with partner state agencies (reimbursed for efforts) ▪ Visionary and proactive leaders ▪ Commitment to evidence (science) ▪ High threshold to face conflicts (culture) 	<ul style="list-style-type: none"> ▪ Lack of communication between staff and Directorate ▪ Legal interpretations impacting Center authority ▪ Systems to capture organizational decisions and metrics ▪ Time spent tracking other support functions ▪ Staff training and skill development (impeded because bogged down in admin work and heavy program workload) ▪ Hierarchical instead of collegial communication between Branch staff
Opportunities	Threats
<ul style="list-style-type: none"> ▪ CMS Quality Payment Program ▪ Data system for blood lead level tracking (CDC partnership) ▪ Settlement disbursement for lead-based paint ▪ Local control allows for better alignment with local health department ▪ Working with health insurers ▪ Infrastructure changes due to Prop 56 ▪ Local Public Health staff and infrastructure ▪ Ecosystem of data-sharing ▪ Fusion Center collaboration and health economics applications ▪ Mental health integration ▪ Harm reduction for cannabis ▪ New funds for Parkinson's ▪ New/enhanced communications with stakeholders 	<ul style="list-style-type: none"> ▪ Governor not allocating new money to public health, no matter how good an idea/program may be ▪ Powerful opposing industries (alcohol, oil, etc.) ▪ Prevention activities can be invisible ("people don't see what we do") ▪ Retirement of department/center staff (little to no planning; brain drain) ▪ Potential repeal of ACA; budget reductions conversations, debate and perceptions ▪ Public health is not a priority; viewed as the "step child" ▪ Adverse federal policies and budgets ▪ No housing solutions—unclear how affordable housing will be financed ▪ Legislative overreach

Center Staff Survey

To ensure the Center's new strategic plan was informed by staff input, HMA deployed a Center-wide staff survey to gauge staff experiences, perspectives, hopes and concerns for the Center's programs, impact and culture. The survey content and questions were developed based off the outputs of the Strategic Planning Committee's SWOT Assessment and the STAR process. The survey instrument included 41 questions that, in addition to demographic information, asked about staff perspectives about the Center, the Center and Division leadership, key Center stakeholders and perspectives on potential strengths, weaknesses, opportunities and threats. Of the 450 staff members within the Center, 134 (29%) responded to the survey.

Survey Tool

The survey instrument included 41 questions to be administered to the entire Center. HMA disseminated a survey to Center staff that, in addition to demographic information, assessed staff

perspectives about the Center, the Center and Division leadership, key Center stakeholders, and perspectives on potential strengths, weaknesses, opportunities and threats. Of the 450 staff members within the Center, 134 (29%) responded to the survey.

Along with demographic information, key survey areas focused on:

1. Supports
2. Barriers
3. Stakeholders
4. Collaboration
5. Threats
6. Opportunities

Chart 1 below shows the breakdown by division and Chart 2 and Table 3 below show respondents by branch.

Chart 1: Survey Responses by Division/Office

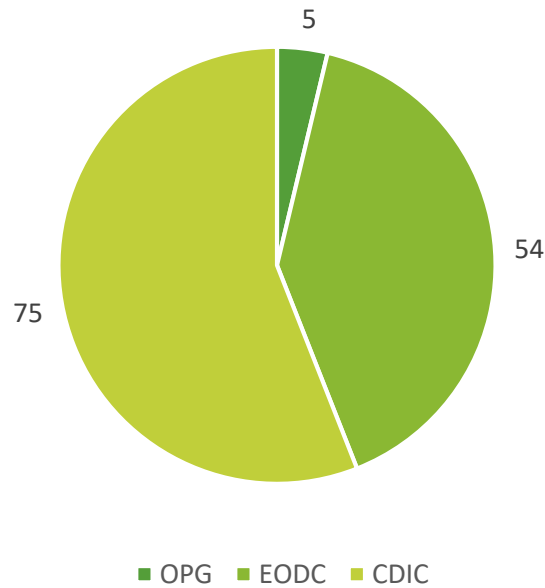


Chart 2: Survey Responses by Branch

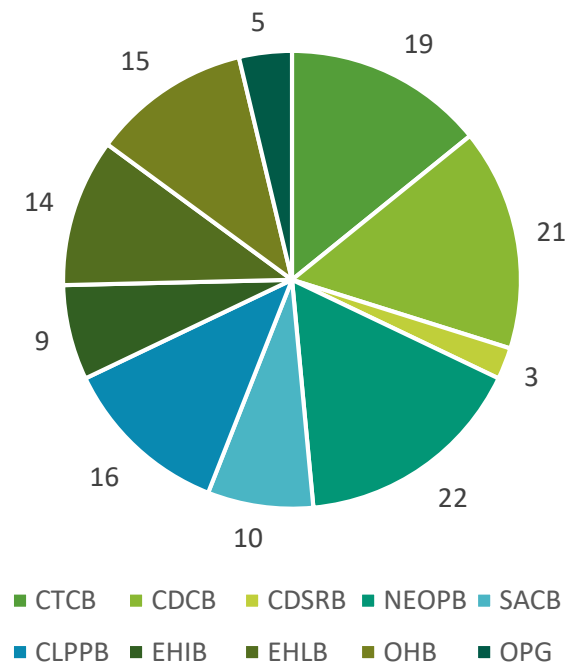


Table 3: Survey Responses by Branch

Branch Name	%	Count
California Tobacco Control Branch	14.18%	19
Chronic Disease Control Branch	15.67%	21
Chronic Disease Surveillance and Research Branch	2.24%	3
Nutrition Education and Obesity Prevention Branch	16.42%	22
Safe and Active Communities Branch	7.46%	10
Childhood Lead Poisoning Prevention Branch	11.94%	16
Environmental Health Investigations Branch	6.72%	9
Environmental Health Laboratory Branch	10.45%	14
Occupational Health Branch	11.19%	15
Office of Problem Gambling	3.73%	5
Total	100%	134

Center Staff Survey Themes

As the four pillars of Public Health 2035 serve as the foundation for the Center strategic planning process, the staff survey themes are organized by these four pillars: Leadership and Workforce, Strategic Partnerships, Agile Business Operations, and Data and Evaluation.

Leadership and Workforce

- Overarching or unifying goals are not clearly communicated by Center leadership and may not be at the division level either. Respondents don't understand what the unifying elements are across the Center divisions, branches and programs. There seems to be little to no understanding or awareness of how and with whom other branches and programs collaborate.
- Staff feel connected and generally supported within their work units (branch or division/office-some more than others) but do not feel that official channels of support or communication are timely, efficient or responsive. Instead they rely on informal relationships and channels.
- When it comes to collaboration and the culture of any division or the center, there are many responses indicating that staff either don't know the answer or they feel the answer is not applicable to their work or position.
- Respondents generally feel that knowledge and skills of their branch team is sufficient.
- The respondents, which could be a representative sample of the Center, lack diversity.
- Respondents lack information about collaboration among other branches and perhaps information about how or why they would collaborate across branches.

Strategic Partnerships

- Engagement with external stakeholders appears to be strong.
- There seems to be a lack of understanding among a number of respondents about whether non-traditional partners were welcome.
- Examples of non-traditional partners weren't non-traditional, so there may be a lack of understanding and intention around identifying who non-traditional partners are and how to engage with them.

Agile Business Operations

- Coordination across branches is limited.
- Many of the staff indicated not knowing how collaborative or uncollaborative the administrative support units may be. [Opportunity for cross pollination between administrative support and program work units?].
- Executing grant agreements, contracting and report dissemination appear to be the biggest pain points. [Also, indicated in the focus groups, SWOT and Steering Committee discussions.]

Data and Evaluation

- Only slightly more than half (52 percent) of all respondents agreed or strongly agreed that they were encouraged to be innovative in their work.

Center Staff Focus Groups

HMA conducted nine focus groups with approximately 27 participants representing staff in the Center for Healthy Communities in both Richmond and Sacramento. The groups were composed of staff representing diverse positions and backgrounds, including program subject matter experts, program managers, research scientists, analysts and administrative professionals.

Center Staff Focus Groups: Themes

HMA conducted nine focus groups with approximately 27 participants representing staff in the Center for Healthy Communities in both Richmond and Sacramento. The groups were composed of staff representing diverse positions and backgrounds, including program subject matter experts, program managers, research scientists, analysts and administrative professionals. The groups were also racially and ethnically diverse. However, only two males participated.

Staff participants were recruited through an all staff email sent from Deputy Director Monica Morales. Deputy Director Morales encouraged staff participation and provided information about how and where to sign up to participate. Participants were asked about barriers and facilitators to doing their job effectively and efficiently; what success looked like for them and their programs; challenges and opportunities facing by the programs or Center; perceptions of stakeholders regarding the Center; and, if they could be Center director for a day, what change would they implement.

Overall there was general agreement among focus group participants that the staff of the Center had a strong work ethic, were intelligent, connected to stakeholders and in Richmond, enjoyed autonomy in choosing what to work on. Themes emerged across the focus groups and are summarized below.

Theme 1. Lack of Communication

- No formal channels to share information from the Center down
- No communication about the why-tying work to the bigger picture
- Lack of understanding about opportunities for alignment with other programs and leveraging of activities, funding, data sets, etc.
- Not communicating the why of the drills

Theme 2. Value Add of the Center is Not Clear

- They ask what we are doing but we don't know what they are doing
- Exist as another administrative layer but not clear how they support the work of the programs- alignment of programs, partnerships externally or internally, strategic collaboration,
- A part of the funnel, gatekeepers, bottleneck
- Stakeholders don't know what the Center is-concerned with programs not Divisions or Center structure
- Lack of visibility of Center Directors-face to face encounters
- Center manages up but not down

Theme 3. Functional units don't work to serve the mission of the department and don't work to support the programmatic work

Human Resources

- Retention of staff

- Staff development
- Filling empty positions with the most qualified individuals
- Vacancies open too long
- Don't have enough staff for the work load-especially admin staff

Contracting (Sacramento)

- No standardized process
- No communication about changes in the process
- No content expertise among the analysts

Document Approval

- Transparency about decisions and comments
- Transparency about turn-around time

Task Management

- Too many layers of approvals
- Branch Chiefs/supervisors running interference for admin task assignments to program staff-worried about these folks and their pressure and work load
- Too many fire drills-questions asked of the wrong people and too many layers to get the answer (Sacramento)
- Sense of urgency doesn't go both ways

Internal Stakeholder Interviews

The Directorate asked that HMA conduct key informant interviews with internal stakeholders in the functional work units of the department, including Human Resources, Fiscal, Contracting and Legal Services. Interviewees were asked about how they routinely engage with Center staff; their experience working with CHC and whether that experience differed from other centers in the department; areas of strength and opportunities for improvement; and what skill sets or trainings are needed for CHC staff.

Internal Stakeholder Interviews: Themes

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Overall, these internal stakeholders experience Center staff as being very passionate and committed to the work of their programs. Center staff were described as professional and respectful in interactions. Themes which emerged included the following:

- Communication up and down within the Center seems to be ineffective-when functional units provide information to Center branch staff the information does not get shared, leading to the functional units having to share the same information multiple times.
- There does not seem to be a shared sense of urgency between Center and functional units. There is a lack of timely responsiveness as things get bogged down in the processes within the Center.

- Lack of collaboration early in a process. The Center does not engage until after they've started something on their own and encounter problems. These problems could be avoided if they engaged with the functional units earlier. The Center should take the time to understand what the work of the functional units is and why it is necessary.
- Communication between the Center and functional units is not bi directional-Center staff is not fully listening.
- There is a lack of accountability-Center staff place blame on the functional units but do not take responsibility for the aspects of a problematic process or negative encounter that are their doing.

External Stakeholder Interviews

HMA conducted stakeholder interviews with external stakeholders identified as key informants by the branch and division directors of the Center. Interviewees were asked about the work of their organizations and how they engage with the Center; the benefits and areas for improvement in engagement practices; perceptions of other stakeholders regarding the Center's work; understanding about the branches and programs within the Center; ideas about integration or collaboration across the Center; and opportunities for the future.

External Stakeholder Interviews: Themes

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Overall, stakeholders interviewed expressed a deep appreciation for and understanding of the complexities that the Center (Division, Office or Branch) faces, including demands from multiple sources, politics, prevention is already tough, bureaucracy, etc. All stakeholders, after offering both positive insights and constructive criticism, praised all in the Center (Division, Office or Branch) "as good or wonderful people who are trying to do their best in an extremely tough environment. However, the nature of public health is to see a threat coming. They need to take a good look at themselves."

Stakeholder interview themes are organized by the four pillars of Public Health 2035.

Leadership and Workforce

- There needs to be a more systematic and defined approach to external collaboration and engagement across a spectrum of functions (Contacts, program collaboration, grant-making, contracts). Relationships, like internal operations, get things done.
 - Collaboration mentioned by more than 50%
 - Transparency needs to be included mentioned by more than 50%
 - "Stove-piped" and siloed approach
 - I have relationships that get me information
 - Relationships are better at navigating the Center than official channels
 - Connections within the various programs makes navigating the Department easier
 - Greater integration and collaboration across programs

- Need to examine core functions of Center programs and stakeholders/contractors/collaborators—are we making strategic use of each other
- Some engagement practices do not consider the needs of stakeholders, collaborators, contractors enough.
 - Grant proposals reflect more knowledge is needed for the preparers of RFPs—requirements too stringent or don't reflect laws/legal reality
 - Streamline communications and grant-making: CONSIDER THE READER – consolidate messages and grants; harmonize efforts
 - ALIGN local city and or county plans with state plans—start by reviewing what's there and prepare the state planning with that in mind for next grant rounds
 - They have challenges translating the work/information they have in getting the public to understand
- Internal streamlining and cross-pollination should occur.
 - More collaboration. Blend abilities and capabilities within the rules
 - We would all look for benefit from other programs and collaboration
 - There are resources in CCDPHP that can be combined for cross-pollination
 - Streamlining, focusing and responding more quickly
 - QA-QI system needed
 - I don't see cross-pollination—there is a lack of integration—some of them sit on the same floor—the silos are extreme
- Encouraged by some of new leadership and ideas.
 - Some felt Deputy Director Morales would bring a sensitive, stabilizing and strategic presence
 - Some commented that some Division/Branch/Office leaders are driving more effective performance, but need to act collectively with others
- Turnover is a concern.
 - Turnover is an issue
 - Operational things that could be improved upon. The program consultant that we work with changes. We've had 10-12 program consultants. Turnover is high
 - Need new health officer orientation—turnover can be high

Strategic Partnerships

- Engage new partners.
 - Need to collaborate with industry more (find the right way to balance and the right collaboration), county supervisors, faith-based community, other business, arts community
 - Advisory boards and committees need to include new partners
- Engage old partners more effectively.
 - Need to be more transparent about other partnerships

- Engage partners ahead of time to understand needs before applying for grants
- Need focus or tailored approach for rural counties (jurisdictions with less than 200,000 residents).
 - Too focused on urban/suburban – need for TA and manpower in rural areas (2.056 million people in 30 counties with less than 200,000; July 2016 Census estimates)

Agile Business Operations

- Delays, differences or inefficiencies caused by the bureaucracy are overwhelming.
 - Need fiscal simplicity/bureaucratic simplicity
 - Contracting process is terrible
 - Some certification processes are slow
 - Streamline contracts
 - Indirect cost-rate different by program
 - The approval process for treatment reports, fact sheets, information we want to get out to the public is daunting and slow-we have reports from 2014 and 2015 that haven't been approved yet-approval process is hell

Data and Evaluation

- Recent innovation conference was a hit.
- System quality is low and quantity is high.
 - Too many systems to work from
 - Old and clunky
 - Siloed data systems and it is difficult from work flow
- Need to be more strategic in use and deployment of data.
 - Overlay data from certain program areas with others to be more effective at calling attention to all issues we care about
 - Idea: Shared data warehouse where data can be aggregated by geographic units for hot-spotting

Summary

Across the assessments of staff and stakeholders for the Center for Healthy Communities, the most commonly expressed issues needing improvement included:

- communication within the Center and between the Center and internal stakeholders of CDPH;
- efficiencies in administrative processes within the Center and between the Center and both internal and external stakeholders; and
- coordination and collaboration across programs in the Center and in service of external stakeholders and partners.

Appendix B

Center Program Crosswalk

The Strategic Planning Team worked with HMA to create a program crosswalk to inform the development of a communications plan for the Center, as well as to inform the identification of additional opportunities for program alignment. Figure 1 below provides an image of the program crosswalk.

Figure 1: Image of Center Program Crosswalk

38 Programs

PROGRAM NAME	ALL FUNDING SOURCES & AMOUNTS	TARGET POPULATIONS (Top 10)	INTERVENTION DELIVERY METHODS (Top 10)	DATA POINTS CAPTURED (Top 10)	PROGRAM OUTCOME, QUALITY OR PERFORMANCE MEASURES (Top 10)	CONTACTS (Top 10)	STAKEHOLDERS & COLLABORATORS (Top 10)	PROGRAM-SPECIFIC MISSION STATEMENT, VISION STATEMENT or OTHER VALUES (200)	CURRENT PROGRAM PRIORITIES (Top 10)	LEADS & LEADERSHIP CONCERNS (Top 10)
Office of Problem Gambling										
Problem Gambling Program	- In-line Gaming Special Distribution Fund \$4,191,785 - Gambling Addiction Program Fund \$50,000 - Lottery \$133,000	1. African American 2. Disabled 3. Unemployed 4. Chinese Addiction Program 1. Young Adults 18-25 6. Senior 54+ 7. Veterans 8. Filipino 9. Korean 10. AAPI 25-54	1. helpline call, text, chat 2. self-help workbooks 3. media (social media, print, website, digital, TV, radio) 4. training which provides cost-saving education with: 5. phone counseling 6. outpatient 7. intensive outpatient 8. residential 9. motivational text messaging 10. group counseling	1. Clear demographic 2. Gambling habits 3. PRG-9 4. Depressive scale 5. Problem gambling severity (NGDS) 6. Life satisfaction 7. Life satisfaction 8. Life satisfaction 9. Life satisfaction 10. Life satisfaction	1. Gambling severity (NGDS) 2. quality of life 3. knowledge of gambling disorder 4. training and awareness level 5. sleep & energy 6. PRG-9 depression 7. suicidality 8. provider attitude 9. provider satisfaction 10. clear satisfaction with service	1. UCLA Gambling Studies 2. Media Institute 3. California Council on Problem Gambling 4. National Asian Pacific American Family Against Substance Abuse 5. Telen County Office of Education 6. 7. 8. 9. 10.	1. California National Indian Gaming Association 2. California Tribal Business Alliance 3. Tobacco Control Program 4. Department of Aging 5. Department of Health Care Services - SUD & Mental Health 6. California Gambling Control Commission 7. Local Health Officers 8. Department of Justice, Bureau of Gambling Control 9. Lottery 10. California Gaming Association	Mission: To provide quality, research-driven leadership in prevention, education, and treatment of gambling disorder and problem gambling. Vision: To assist individuals suffering the personal, social, and financial difficulties related to gambling disorder in order to promote a healthy California. Values:	1. Deliver prevention and education services to high-risk and affected populations. 2. Complete accurate, consistent, up-to-date, efficient data related to gambling disorder and problem gambling. 3. Develop tools for general and population specific prevention and treatment related communication. 4. Track expansion of gambling and emerging trends (fantasy sports, internet). 5. Enhance CaGCTC accountability and service provision. 6. Study the effectiveness of the self-education program. 7. Develop and provide Screening Brief Information and Referral to Treatment. 8. Explore parity for gambling disorder and other addictions with insurance companies. 9. 10.	1. Gambling expansion (internet, daily fantasy betting) 2. Funding 3. 4. 5. 6. 7. 8. 9. 10.
Division of Chronic Disease and Injury Control										
California Tobacco Control Branch										
CA Tobacco Control Program	State's Prop 99 Health Education Account	1. African American/Hispanic 2. American	1. Health communication campaign 2. Training & Technical	1. Adult & youth tobacco use, initiation & habits 2. Exposure to	1. Tobacco use among youth & adults 2. Exposure to	1. NRCC Workgroup 2. Flavored Tobacco 3. Market Tobacco	1. Veloury Health Agency (Heart, Lung, Cancer, CTRF) 2. CDC and the ILLA	Mission: The mission of the California Tobacco Control Program is to Vision: Values:	1. Limit Tobacco Promoting Influences 2. Reduce Exposure to Secondhand	1. Prop 99 Health Promotion Act of 1999

Commonalities Across Programs

Many programs named CDPH and Center stakeholder programs in their top ten lists of stakeholders/collaborators and detailed information about the nature of the collaboration would be helpful to understanding where there could be room for strengthening coordination.

There are Center programs with shared stakeholders that may not be coordinating with one another. An example is injury prevention programs and the Alzheimer's and Arthritis programs who share the Department of Aging as a common stakeholder/collaborator.

Of note, most of the programs did not name the Office of Health Equity as a stakeholder/collaborator. Given that most of the programs target underserved and minority populations, and name health equity or cultural diversity as part of their mission or values, this seems like a relationship in need of development. Or, perhaps, when programs identify CDPH has a stakeholder, sub-agencies such as the Office of Health Equity are assumed to be included.

Mission Statements

Common concepts found across programs who have a mission statement can be categorized into the role of the program, the work of the program, what guides the program's work and how the program accomplishes its desired outcomes.

When the role was called out in the mission statement, the role of **leader** was most commonly identified. Also, the role of **provider** was common—whether this was the provider of resources, information and data or services; and within the role of provider was the concept of **empowerment**.

The work of the program was described as **prevention, improving health** or **reducing burden** of disease. Included in descriptions of the work was the concept of **quality improvement**: quality of care, quality of life or quality of other services.

Regarding what guides program work, many program mission statements emphasized **research** or **evidence-based** program planning or decision-making. Reducing health disparities or advancing **equity** was also a common theme in mission statements (also in values).

When describing how the program accomplishes its work, many mission statements included the concepts of **partnership**, collaboration or coordination.

Values

Many programs do not have program values identified. Of the few that did, common themes included:

- Commitments to cultural diversity, health equity and/or diversity of partnerships.
- A commitment to research-driven programming and collaboration.
- Of the programs that identified values, none named the three values identified by the Center leadership team through their strategic planning process. However, there is some alignment, for example, innovation is a value that could align with boldness; flexibility is a value that could align with agility; and a commitment to research could align with excellence.

Common Stakeholders & Constituencies

The most commonly named stakeholder groups across programs were **local health and environment agencies**, which were also named in mission statements as partners. The Department of Health Care Services is the state agency named as a stakeholder for many programs. The Department of Aging is also a common stakeholder among programs. Likewise, there are shared association stakeholders, most commonly the American Heart Association and the Million Hearts Initiative.

Common Functions/Priorities

The most common function across most programs is **health communication**, including education/awareness campaigns using traditional and social media as the communication tool. The provision of training and technical assistance is another very common function across programs. Less common, but still shared across many programs is convening stakeholders, working on policy change, conducting surveillance and sharing data.

Additional Commonalities

Target Populations

- Racial/Ethnic Groups (AA, Asians, Latino/Hispanic)
- Low-Income/Underserved/Medi-Cal/Low SES
- Employees or Employers
- Mothers/Pregnant Women
- Children
- All Californians

Intervention/Delivery Methods

- Phones/Hotlines (as a primary program gateway/entry point)
- Education and Media
- TA/Training/Tools
- Funding/Grants
- Providers
- Convening/Summits/Conferences
- Data/Surveillance/Reports
- Assessments & Investigations
- Primary & Secondary Research
- Individual Assessments
- Policy Change

Data Captured

- People Served
- Disease/risk factors
- Demographics
- Workshops/Trainings/Presentations
- Policy Changes
- Chemical/Environmental Pathways/Risks
- Healthy Options Access
- Geographic Attributes:
- Lab data

Outcome, Quality and Performance Measures

- Number of Education Activities (TA, Conferences, Presentations, Trainings)
- Increase in places/orgs implementing healthy or safe interventions
- Media/Education/Outreach impact and/or impressions
- Responses/Response Time to Information Requests/Investigations/Inquiries

Contractors

- UC Institutions
- UC Davis
- UCSF
- UCLA
- UCSD
- UC (Berkeley, Merced, ANR, Irvine)
- LHDs
- Providers/Clinics
- CSU Sacramento
- PHI
- Sequoia
- USC
- Stanford
- Impact Assessment
- Other Local Agencies (non-LHD)
- NGOs

Appendix C

	<i>FEEDBACK FROM INPUTS</i>	Policy and Research Through Partnership	Communication with Purpose	Optimize Organizational Performance
	ACTIONS TAKEN DURING THE STRATEGIC PLANNING PROCESS AND IN THE STRATEGIC PLAN			
Staff Focus Groups	<i>-Siloed work -No bi-directional communication between Center leadership and staff -Value-add of the Center is not clear</i>	-Formed a center workgroup to create a shared policy and research agenda for the Center ---Support Center engagement opportunities based on the policy agenda -Set an accountability process for integration of policy and research agenda into program work	-Assessment of current communication processes and plan to improve information sharing to support program alignment	-Created a pilot organizational structure, QI processes, and a workgroup to implement changes
Staff Survey	<i>-Grant and Contract execution is a pain point - Lack of Center long-range communication - Coordination across branches is limited</i>	-Lean Event training conducted with Strategic Planning Team and grants management staff	-Creation of a database with key program information to support program alignment	-Long range communication efforts will be tracked in the Strategic Plan internal and external communication workgroups
Internal Functional Unit Interviews	<i>-Disconnected timelines -Lack of effective communication -Absence of early collaboration for programs/projects</i>	-Formed a center workgroup to create a shared policy and research agenda for the Center -A shared policy and research agenda that informs strategy will make it easier to effectively work with the internal functional units	-Formed an internal and external communications workgroup	-Created a pilot organizational structure, QI processes, and a workgroup to implement changes
CHC's SWOT	<i>-Lack Center efficiencies -No internal communication within the Center or between external partners -Higher level of coordination and collaboration</i>	-Workgroups will engage CDPH Directorate, Centers and Offices to identify opportunities for collaboration	-The Center will create a Center-wide Burden of Disease report that can be used for inquiry and media response, as well as for marketing and outreach	-Created a pilot organizational structure, QI processes, and a workgroup to implement changes
External Stakeholder Interviews	<i>-No systematic external collaboration plan -Lack of engagement with current and future partners - A need to increase internal processes streamlining</i>	-Engage external stakeholders to advise on policy and research priorities	-Creation of an internal and external Center communication plan	-Creation of a workforce development plan including recruitment targets, upward mobility plans, and succession planning
Center Strategic Planning Team	<i>-Recognition of exceptional staff at CDPH -Need to identify shared stakeholders -Streamline core Center functions</i>	-Development of a Burden of Disease (Healthy Communities report) report -Development of the role of the Center in addressing the negative impact of industries on the health of Californians	-Align program communication and outreach focused on place-based settings where programs are implementing population-specific strategies	-The Center will work to create a culture that supports staff professional development. -Supporting succession planning, mentoring and knowledge transfer is also part of the strategic plan