



# 2015 -16

## **Operational Plan** **CENTER FOR PUBLIC AFFAIRS**

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# EXECUTIVE SUMMARY

The Center for Public Affairs (C4PA) is an innovative approach to our foundational policy, communications and partnership work. It is a place, both physical and virtual, where Department of Health staff and partners can engage to develop public health policy, explore new ways of communicating, find new partners and build new relationships.

We all share a common goal of improving the health and quality of life of the people in our state. We need to rethink and revitalize our approach to policy development, strategic communications, government affairs and community relations. We recognize that these aren't standalone functions and they need to be integrated at the agency level in order to do our work in a more innovative, efficient and effective manner. We also need to strengthen the communication and connections across the agency to better engage our staff and bring the right skills and abilities to our most challenging public health priorities.

Good policy can't be achieved without solid partnerships and positive relationships. We need to engage our partners early and often and work with them to come up with a shared agenda for the public's health. And we need to work with our stakeholders in new and different ways to try and reach common ground.

To be successful, we need to enhance our competencies in a variety of areas, ranging from our web content and social media presence to our ability to manage projects efficiently and effectively and demonstrate return on investment. We also need tools to measure our effectiveness and our results.

We want to create a new and energizing environment where our staff has an opportunity to learn new skills and work on challenging projects. We need staff competent in project management, change management, relationship building and teamwork, as well as communications. Each one will need an understanding of health disparities so we can work together with our partners to improve health equity.

We had a 'soft launch' of the new C4PA in mid-October and have selected our first high priority policy project. Our new approach will give us even more opportunities to better serve our staff, partners and the people of our state.



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# INTRODUCTION



Public health continues to evolve with global health issues and new opportunities and challenges here at home. We need to keep gathering new sources of information, find new ways of communicating, build new relationships and partnerships, expand our knowledge and grow. We want public health to stay relevant and be innovative. Innovation is finding new ways to do things and pairs ideas with action.

The Center for Public Affairs (C4PA) at the Washington State Department of Health (DOH) is an innovative approach for working together to address new opportunities, challenges and priorities. It brings together our experts in policy development, partnerships, relationships, health promotion and communications to work with subject matter experts and partners. We will also tap into specialized resources such as information design, web development and economic analysis. This new approach will give us even more opportunities to better engage our staff, partners and serve the people of our state.

Many of you may be asking what makes this new approach different. There is great communication, health promotion, policy and partnership work going on in places across the agency now. And we need to learn from those best practices and make sure that great work continues. By creating the C4PA, we are able to infuse those best practices across the agency. The C4PA will be a place where our staff work together and with our partners in new ways on our highest agency priorities.

# OVERARCHING FRAMEWORK

Highlighted in our agency's Strategic Plan is a key component of the overarching framework for the C4PA:

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

As stated in the agency's Strategic Plan, the C4PA aligns best with many of the aspects of how we do our work by:

- Developing and initiating appropriate policies and legislation to support our goals and objectives
- Working toward optimal public health funding and assessing return on investment
- Developing and implementing an agency-wide comprehensive communication and marketing plan for internal staff, external partners and groups across the lifespan
- Improving the skills and capabilities of our workforce to advance agency priorities

Another important overarching framework for the C4PA is described in the Foundational Public Health Services. Foundational Public Health Services are a basic set of capabilities and programs that must be present in every community in order to efficiently and effectively protect all people in Washington. These services provide a strong foundation from which the state and local communities can deliver Additional Important Services and which are also local community priorities.

## FOUNDATIONAL CAPABILITIES

### Across All Programs

- Assessment
- All Hazards, Preparedness and Response
- Organizational Competencies
- Communications
- Policy Development and Support
- Community Partnership Development

**PUBLIC AFFAIRS**

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Three of the six foundational capabilities will be addressed by the C4PA:

## COMMUNICATIONS

The foundational definition of this capability includes:

- Ability to maintain ongoing relations with local and statewide media, including the abilities to write a press release, conduct a press conference and use electronic communication tools to interact with the media
- Ability to develop and implement a communication strategy, in accordance with [Public Health Accreditation Board Standards](#), to increase visibility of a specific public health issue and communicate risk. This includes the ability to provide information on health risks, healthy behaviors and disease prevention in culturally and linguistically appropriate formats for the various communities served, including use of electronic communication tools.

## POLICY DEVELOPMENT AND SUPPORT

The foundational definition of this capability includes:

- Ability to develop basic public health policy recommendations that are evidence-based, or innovative or promising with evaluation plans, and legally feasible
- Ability to work with partners and policy makers to enact policies that are evidence-based and that address the social determinants of health
- Ability to utilize cost benefit information to develop an efficient and cost-effective action plan to respond to the priorities identified in a community and/or statewide health assessment, including identification of best and emerging practices, and those that respond to health inequities

## COMMUNITY PARTNERSHIP DEVELOPMENT

The foundational definition of this capability includes:

- Ability to create and maintain relations with important partners, including health-related national, statewide and community-based organizations; community groups or organizations representing populations experiencing health disparities; key private businesses and health care organizations; and key federal, tribal, state and local government agencies and leaders
- Ability to strategically select and articulate governmental public health roles in programmatic and policy activities and coordinate with these partners

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# ORGANIZATIONAL STRUCTURE

At the agency level there have been three offices responsible for policy, communications and partnerships:

- Policy, Legislative and Constituent Relations (PLCR)
- Communications
- Planning, Partnerships and Performance (PPP)

Each office had a director who reported to the Secretary of Health. Policy, communications and partnership work is also in various areas across the agency. See Appendix 3 for an example of successful integration of policy, communications and partnerships in the Office of Immunization and Child Profile, Prevention and Community Health division.

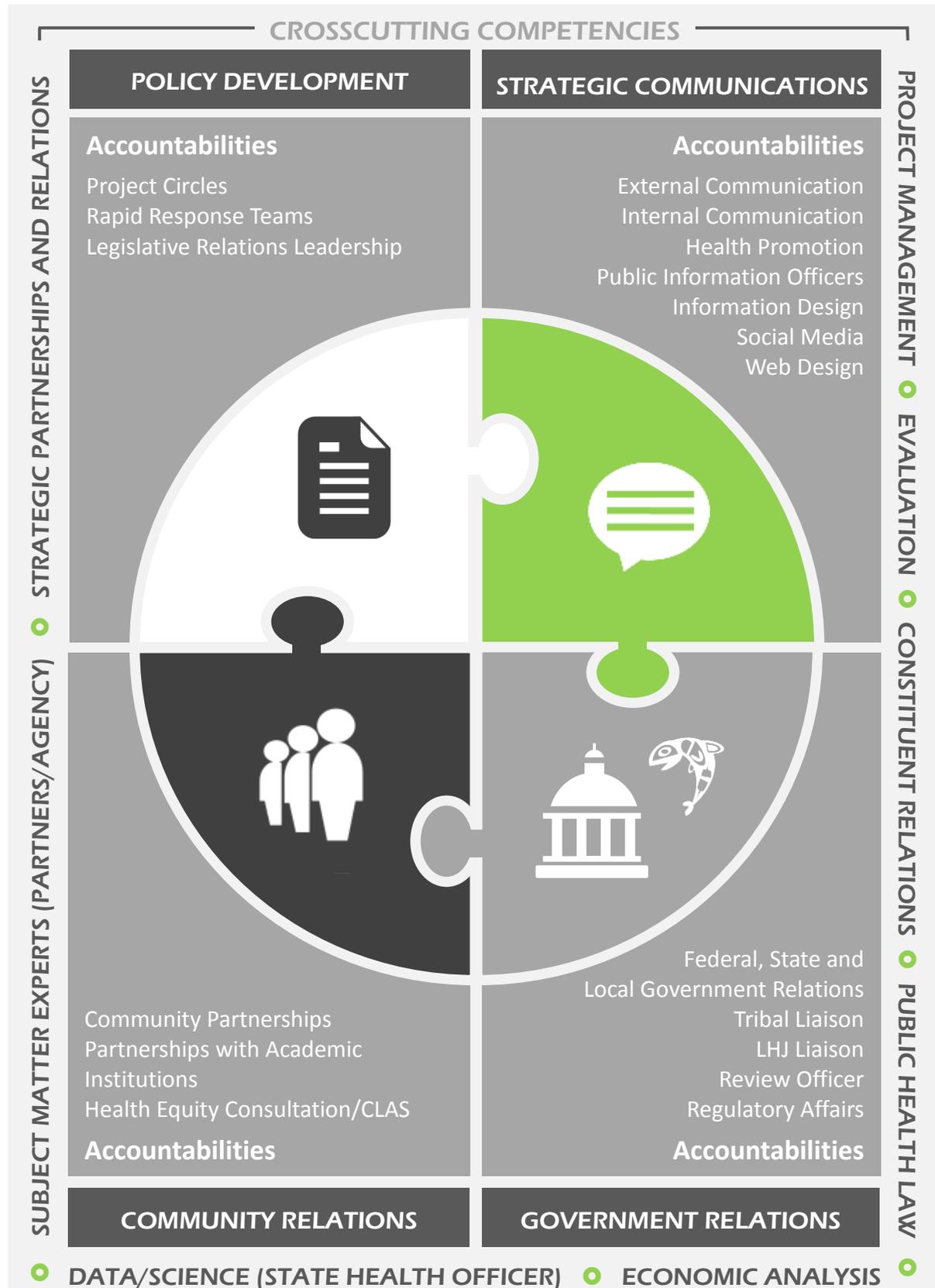
We have made changes in this agency structure to be more efficient, address new opportunities and challenges and to better engage our staff, partners and the public. The work of these three offices is now integrated into the new Center for Public Affairs—we will no longer have them as separate offices.

We began this change with the Planning, Partnership and Performance Office. PPP had three main functions: performance management, health systems transformation and innovation, and local health jurisdiction and tribal nation partnerships. In April, we moved these functions to other areas of the agency. Performance management now reports to the Deputy Secretary for Administrative Operations, health systems transformation and innovation reports to the Deputy Secretary for Public Health Operations and the local health and tribal partnership work will be integrated into the C4PA.

The PLCR and Communications Offices are now integrated into the Center for Public Affairs.

The C4PA Director reports to the Secretary of Health. The work is structured into four interdependent and interlocking quadrants. There is a director for three of the four quadrants who reports to the C4PA director. The C4PA Director leads the Policy Development quadrant. Please see the functional structure on the following page.

# FUNCTIONAL STRUCTURE

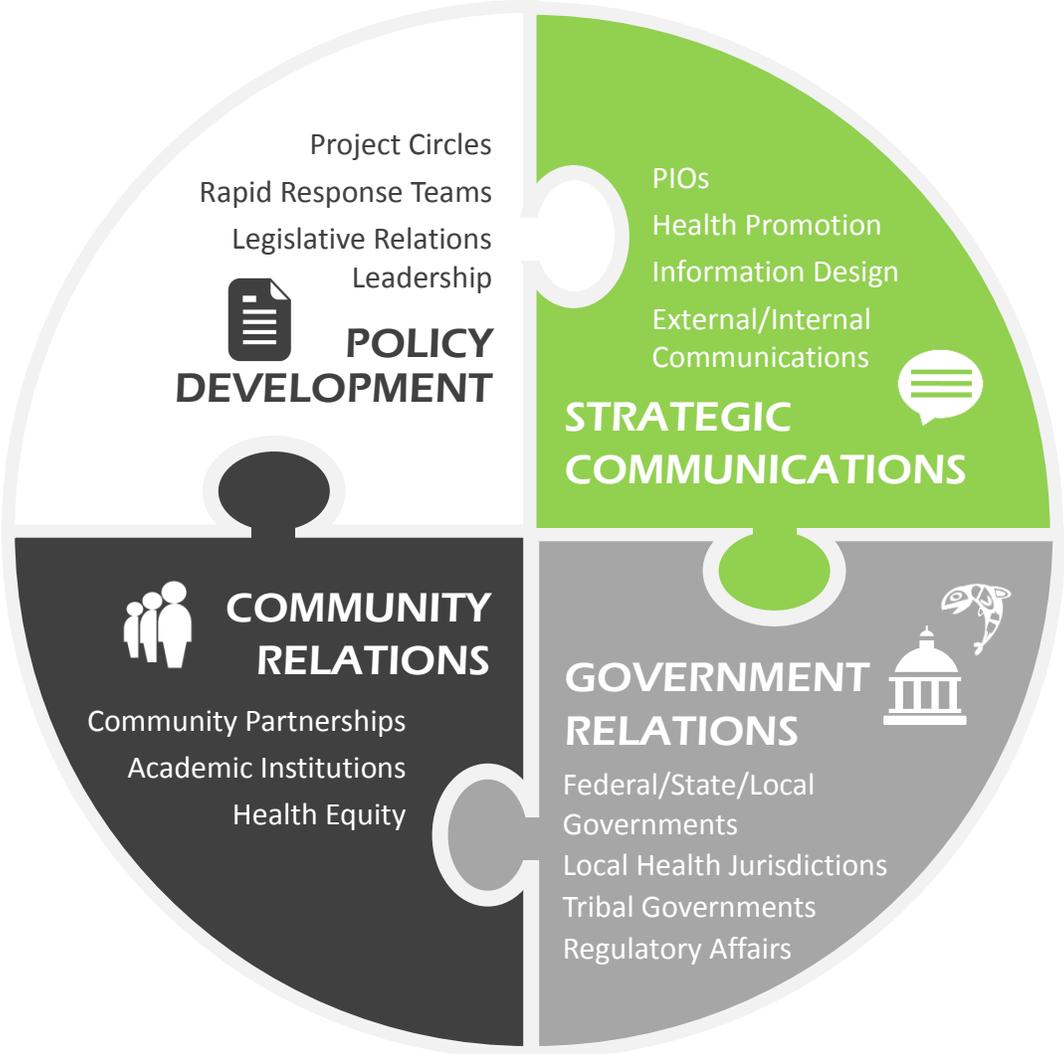


# ESSENTIAL CAPABILITIES

The C4PA work happens in four interdependent and interlocking quadrants. Each quadrant has a director and staff with specialized competencies. Directors are responsible for coaching staff, providing feedback and identifying opportunities for staff to build new skills and new relationships.

The four quadrants are:

- Policy Development
- Strategic Communications
- Government Relations
- Community Relations



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To support the essential capabilities of the C4PA, our work is accomplished in four different ways:

## High Priority Agency and Partner Projects

Expertise and resources will be provided to support priority agency, tribal or local health jurisdiction projects. An intake process will be designed to determine what expertise and resources are needed for the project and assistance will be provided based on C4PA's capabilities and agency priorities. For example, a strategic communications expert would assist with a high priority agency project, such as responding to the legislative requirements for implementing a marijuana educational campaign.

## Project Circles

Project circles will be formed to address our top agency priorities. Each Circle will have an executive sponsor and include C4PA and agency staff, and partners if appropriate. Each Circle will have clearly established objectives, deliverables and a timeline for completing its work.

## Rapid Response Teams

Rapid response teams will be activated for urgent and emerging issues. Staff from the C4PA and elsewhere in the agency will be deployed to respond to the issue or event. For example, a team would be formed to respond to a large grant application that impacts multiple areas of the agency.

## Ongoing Work

Staff will continue to be responsible for day to day work, such as responding to media and constituent calls; maintaining important communication tools, such as the local health jurisdiction and tribal health directories; annual surveys or inventories such as [Public Health Activities and Services](#); and working across the agency to ensure a smooth legislative process.

Following is a more detailed description of the four-quadrant structure. We recognize that policy development, strategic communications, government relations and community relations aren't standalone functions and the directors and staff in each quadrant will need to work across the C4PA and with DOH staff to bring the right skills and abilities to our most challenging public health priorities.

## POLICY DEVELOPMENT

To be successful at policy development, we need to engage a diverse group of individuals and organizations, and listen to and understand different perspectives. We also need to mobilize partnerships and relationships to develop consensus around a specific policy agenda. This work will be closely coordinated with staff in the Government Relations quadrant, our Chief Financial Officer and agency leadership.



This quadrant is led by the C4PA Director and the Policy Director and includes the following accountabilities:

### 1 Project Circles

Project circles will address the highest policy priorities for the agency. The Secretary of Health will have the final decision regarding the top 1-4 priorities for the C4PA. He will consult with the agency leadership team and our partners as part of his decision-making process. Priorities will be determined using the following initial criteria:

- Is this a policy issue that has a major impact on the public's health now and into the future and requires extensive stakeholder engagement, such as improving school immunization rates?
- Is this a directive or high priority for the governor's office? (Examples of recent issues include [Healthiest Next Generation](#), [E-Cigarette Regulations](#) focused on youth and [Certificate of Need rules](#) for hospital mergers and acquisitions.)
- Is this a high priority policy issue for DOH and our partners, such as developing and implementing a policy strategy for [Foundational Public Health Services](#)? Does it align with the Executive Team's top priorities, [Results Washington](#), our agency [Strategic Plan](#) or our three-year policy agenda?
- Is this a policy issue that will address health equity or reduce health disparities?

A number of issues will likely meet the criteria above. To further assist in project selection, the Secretary may also consider the following for each issue:

- Is there a clear policy direction? How much evidence is there to support the direction?
- What is the political/legal landscape at the state and national level relative to this project?
- What resources are required?
- How much time do we expect a policy or behavior change to take? Months or years?
- What is the anticipated return on investment?

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A project circle/strategic team will be formed for each priority and be assigned a project manager. The team will include C4PA staff, agency experts and partners. This will require a short-term; time-limited deployment of a small number staff from across the agency to work on a high priority issue. The team will develop an action plan to implement a priority policy or identify the strategies necessary to further engage elected officials or partners to reach a common goal. See Appendix 2 for more detailed description of project circles.

## **2 Legislative Relations Leadership**

The Policy Director is responsible for creating and maintaining relationships with state legislators and their staff. He leads and coordinates our agency planning and response for each legislative session and is the primary face of the agency during legislative season. He also provides policy direction and guidance for agency staff regarding legislative engagement. He collaborates with the other quadrant directors, agency leadership and the division policy liaisons.

## **3 Legislative Coordination**

This quadrant also leads and coordinates our agency planning and response for each legislative session. This work will be driven by the agency legislative policy agenda and includes overseeing bill reviews and working with budget staff on requested fiscal notes, coordinating and reviewing testimony, and providing information to legislators and their staff. We will collaborate with agency leadership and the policy liaisons from each division. This work is resource intensive and we will look for ways to streamline it.

# STRATEGIC COMMUNICATIONS

This capability includes the development, dissemination and critical evaluation of relevant, accessible and understandable information communicated to, from and among intended audiences. Intended audiences include agency staff, partners, stakeholders and the general public. Our goal is to use communication strategies and tools to inform, engage, listen, assess, persuade and motivate.



This quadrant is led by the Strategic Communications Director and include the following accountabilities:

## 1

### Internal and External Communications

The C4PA is responsible for developing internal and external communication plans for our staff and for multiple external audiences. Each plan will identify our DOH brand and the brand messages that will be amplified and distributed.

The focus will be on developing messages for a variety of media.

Branding efforts will be around creating and delivering messages that result in a better understanding of the role, activities and value of public health and DOH. Developing branding tools will assist with improving our visibility and understanding by both the public and policymakers. A distinctive and consistent graphic design will be used for all visual communications to promote the identity of the DOH brand.

Web content for the internet will be designed to support corporate communication plans, health promotion strategies and agency programs and activities. Routine web posting will eventually be the responsibility of each division. We are testing this approach in the Environmental Public Health Division at DOH. Each division will also be responsible for ensuring that the materials on the web are accurate, current and updated on a regular basis. Web materials (content and documents) for the general public should be translated into Spanish and other appropriate languages depending on the audience. This translation should occur at the same time the materials are posted in English. This may require additional resources or different methods for prioritizing web content. We will also research, develop and implement mobile web friendly applications as resources allow.

Social media, including blogging, Twitter, Facebook and Instagram, is used to engage our staff, partners and the public. Social media presence will help build a social brand identity for DOH and establish relationships with online communities and partners. Social media tools and technologies are used to promote public health initiatives and campaigns, and deliver digital marketing solutions to advance awareness, knowledge and engagement of various audiences.

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We anticipate that divisions will be responsible for topic specific social media messages.

We plan on testing this approach with the Prevention and Community Health division because of their staff and program expertise in social media.

The C4PA is responsible for regular and ongoing communication activities with staff, partners, stakeholders and the general public in support of agency priorities and programs. This includes information design, videography, educational materials, speech-writing and presentation development. Our goal is to provide technical assistance to program staff and partners.

How we communicate internally is integral in our public health leadership. We value transparency and are committed to leading internal agency communications that ensure our employees understand our values, purpose and key work activities. Our staff need to know their work contributes to our overall goals and how key agency activities impact their daily work.

C4PA work will be driven by knowing and understanding the internal and external audiences to be reached with priority messages.

Our goal is to have state-of-the-science knowledge on designing effective risk communication messages to improve communication outcomes, increase trust in DOH, reduce public anxiety about an issue and help leaders and key stakeholders make better decisions.

Our toll free public call line will be located in this quadrant.

## **2 Health Promotion**

Health Promotion is the process of enabling people to increase control over, and improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions. The C4PA will work closely with health educators across the agency to coordinate campaigns, activities and messages that promote safe and healthy choices. Our work will be based on health promotion and health education theory, with an emphasis on evidence-based public health.

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## **3 Public Information Officer (PIO)**

The C4PA will designate staff who will be assigned primary responsibility for serving as agency PIOs. This includes developing and coordinating responses to media inquiries and being a public spokesperson for the agency. We expect there will be a number of spokespersons for the agency, depending on the issue. DOH staff assuming that role will have training to support their success. We anticipate the final purview for many of the routine news releases will be at the division level. We plan on testing this approach with the Environmental Public Health division because of the frequency of routine news releases they generate.

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## GOVERNMENT RELATIONS

This quadrant includes our ongoing partnerships and relationships with local, state and federal agencies; tribal nations; elected officials and their staff; and their respective associations, including the Washington Association of Counties, the Association of Washington Cities, the Washington State Association of Local Public Health Officials and the Association of State and Territorial Health Officials. We will assist DOH staff and partners and provide agency leadership for this work. This work will be closely coordinated with staff in the Policy Development quadrant, our Chief Financial Officer and agency leadership.



This quadrant is led by the Government Relations Director and includes the following accountabilities:

### 1 Federal/State/Local Government Relations

The C4PA is responsible for creating and maintaining relationships with our governmental partners at all levels, including our sister state agencies. This includes the relevant associations that represent government. We will inventory and regularly update which agency staff are engaged with these associations and their affiliates. We will provide technical assistance and coaching for agency staff to support their work with these partners. We serve as the primary liaison with the State Board of Health and will coordinate board agendas and policy priorities with DOH staff.

### 2 Local Health Jurisdictions

The C4PA is responsible for creating and maintaining effective relationships with local health jurisdiction leadership. We serve as a connector between local health leaders and DOH leaders on policy priorities and may assist with program development, problem solving and local health leader orientation. We also maintain basic communication tools such as the local health jurisdiction directory and various distribution lists. Every effort will be made to streamline communication and to identify methods to increase two-way dialogue between local health leaders and DOH.

## 3 Tribal Nations

The DOH Tribal Liaison reports to the DOH Secretary of Health, who may delegate the day-to-day supervision of this person to another member of the Secretary's Executive Team. She has full access to the Secretary for any tribal policy or program issue. This partnership will be guided by the Centennial Accord and the recently signed Consultation and Collaboration Procedure.



We are responsible for creating and maintaining effective relationships with tribal leaders, the Governor's Office of Indian Affairs, the American Indian Health Commission for Washington State (AIHC), the Northwest Portland Area Indian Health Board (NPAIHB), urban Indian health organizations and other tribally-led organizations. Staff serve as a connector between tribal leaders and DOH leaders and may assist with program development, problem solving and tribal leader orientation. We also maintain basic communication tools such as the tribal leader and tribal health director directory and various distribution lists. Every effort will be made to streamline communication and to identify methods to increase two-way dialogue between tribal leaders and DOH.

## 4 Regulatory Affairs

We are responsible for two major regulatory affairs components:

- Leading the rulemaking process for high priority and higher risk DOH policy issues that involve multiple stakeholders
- Coordinating the overall DOH rulemaking process

Criteria will be established to determine what is considered routine rulemaking and the final responsibility and accountability for those rules will be the responsibility of the respective division. This approach is being tested with the Environmental Public Health division rulemaking staff.

## 5 Review Officer

The Review Officer is designated by the Secretary of Health to review initial orders and issue final orders in adjudicative proceedings where the Secretary is the disciplining authority or is otherwise designated by law to be the final decision-maker. The law allows the Secretary to delegate initial decision-making authority to our health law judges in Secretary cases, so this position is critical when a party requests review of a health law judge's initial decision. The caseload fluctuates and can range from simple defaults to Certificate of Need reviews.

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## COMMUNITY RELATIONS

This function is critical for policy development and health promotion, and includes the ability to create and maintain relations with important partners, including health-related national, statewide and community-based organizations; community groups or organizations representing populations experiencing health disparities; academic institutions; key private businesses; and health care organizations. We want DOH to be seen as a credible, relevant and responsive organization by our partners, stakeholders and the public.



This work requires a variety of competencies. During our key informant interviews, we identified that we need to strengthen our work and two-way communication with community partners and stakeholders, particularly those experiencing health disparities. Staff assigned to this quadrant will work closely with all staff across the C4PA and the agency overall.

This quadrant is led by the Community Relations Directors and includes the following accountabilities:

### **1 Strategic Relationships and Partnerships with Community Organizations**

The C4PA will have the primary responsibility for creating and maintaining relationships and two-way dialogue with key non-governmental community partners. This will be a collaborative approach because we recognize our staff already has strong relationships with many partners. Our plan is to inventory existing partnerships and relationships and provide support as needed.

We will provide DOH leadership for those partners and stakeholders who cross multiple divisions and when issues require executive engagement. We will also identify methods to promote a two-way dialogue between agency leadership and partners/stakeholders, such as a sounding board or other agency advisory group.

We will establish specific expectations for agency staff who engage partners, stakeholders and the public in policy or significant program changes.

Staff in this quadrant will be responsible for helping constituents who need particular help with agency programs or are referred by elected officials for assistance. This work will be done in close coordination with agency staff. We will also be responsible for triaging Secretary of Health constituent correspondence to the appropriate staff person and establishing standards for response time and quality.

## 2 Partnerships with Academic Institutions

We interviewed five leaders from four institutions as part of our environmental scan. It is clear that we can better engage our academic partners in our policy priorities. We are exploring ways to strengthen these relationships and partnerships, including recruiting faculty to work with agency staff. We will also develop projects in partnership with academia and use these opportunities to provide learning opportunities for students, engage faculty and advance our public health practice. This work will be aligned with the recommendations from the Academic Health Department cross agency workgroup. We want to develop new skills and competencies and will work with Human Resources to formalize an internship program with our academic partners. This will give our staff and interns an opportunity to work together and learn from each other. The director will have primary responsibility for engaging academic leaders and will work closely with agency leadership, Human Resources and agency staff in support of that work.

## 3 Health Equity Expertise

While health disparities are addressed at multiple levels and throughout the agency, this competency focuses on changes in policies, systems and environments to prevent illness and injury, promote healthy families and communities and encourage healthy lifestyles. We do this by focusing on places where people live, learn, work, recreate, seek healthcare and worship. We will work to select interventions for our high priority projects that have the greatest potential to prevent and reduce health inequities, affect a large portion of a population and can also be leveraged to address root causes, ensuring the greatest possible health impact is achieved over time. And we will be cautious not to select interventions that may inadvertently widen health inequities. Staff with particular expertise in health disparities and health equity will be assigned to ongoing C4PA work and high priority public health issues. We will establish partnerships and relations with key stakeholders and organizations that represent populations experiencing health disparities and serve as a resource for DOH staff and partners.

Meeting Culturally and Linguistically Appropriate Services and Title VI Standards are important parts of our agency's Strategic Plan. We need to make sure our services and information are accessible to all who need them. Leadership for this work is in this quadrant and we will roll out information and tools to assist programs to improve compliance, such as ensuring all employees can offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all of our health services. This work will be closely aligned with the Health Equity Workgroup's work plan. We will continue to work with them, as well as with the new Diversity and Inclusion Council.

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# CROSSCUTTING COMPETENCIES

The C4PA's policy and engagement work will extend beyond the governmental public health system to the entire Public Health System, which includes:

- **Public health agencies at the federal, state and local levels**
- **Federal/tribal/state/local governmental organizations**
- **Early learning programs, K-12 schools and colleges**
- **Health care providers and organizations**
- **Public safety agencies**
- **Human service and charity organizations**
- **Education and youth development organizations**
- **Recreation and arts-related organizations**
- **Economic and philanthropic organizations**
- **Environmental agencies and organizations**
- **Businesses**

Key competencies are needed for successful policy and engagement work. We conducted over 20 key informant interviews to help us identify the competencies we need in the C4PA. We also held internal focus groups with agency leaders and staff working in policy and communications. We looked at the goals and requirements in our strategic plan and the Foundational Public Health Services definitions. With all of this information, we identified the overall competencies needed for success. See Appendix 1 for a more detailed summary of the key informant interviews.

We will structure, staff and resource the C4PA to best address our desired competencies moving forward. We have some of these competencies now and others will be developed as time and resources permit.

Staff assignments will be fluid. Staff will be assigned to the capability that most aligns with the competencies needed, but will work across the C4PA. Staff will also be assigned to high priority agency or partner projects. In the event of an emergency, staff will be deployed to support the response.

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## **KEY CROSSCUTTING COMPETENCIES FOR SUCCESS**

### **Project Management**

Each project circle and other high priority project will have a project manager. This is a key competency that will need to be a priority. The project manager will be responsible for planning the project and making sure that the assigned work gets done on time. This requires a specific skill set and we will work with Human Resources to identify training opportunities for staff who want to develop these skills. A project circle is underway to help us identify how best to meet this competency.

### **Evaluation**

We will establish C4PA outcome and process measures, along with Indicators of Excellence. Evaluation will be a key component of high priority agency projects.

### **Subject Matter Experts**

After consultation with the appropriate DOH leader(s), subject matter experts (DOH staff and partners) will be engaged in project circles, agency priority projects, rapid response teams for urgent issues and overall policy development.

### **Data and Science**

After consultation with the Chief Science Officer, DOH staff with epidemiology and informatics skills will participate in project circles, agency priority projects, rapid response teams for urgent issues and overall policy development.

### **Strategic Relationships and Partnerships**

We will have skills for two-way dialogue with our key partners and stakeholders and will engage them to develop a policy agenda, work together to reach common ground on issues and to collaborate on high priority projects.

### **Constituent Relations**

A DOH ombudsperson will assist constituents with complex issues related to DOH programs or services. Many of these may come through legislative referrals.

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## **Public Health Law**

Law is an important tool in public health practice. Public health law is an emerging discipline that combines elements from legal practice that are relevant to the work of state and local health departments. C4PA staff are knowledgeable about public health law.

## **Economic Analysis**

Staff with expertise in economics are engaged in rulemaking coordination and will provide an economic analysis and return on investment information for key policy initiatives and program interventions.

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# STAFF COMPETENCIES

We want to create an energizing environment in the C4PA where staff have opportunities to develop new skills, work on challenging projects and build new relationships.

To be successful in this new environment, certain demonstrated competencies and skills are needed, regardless of position.

## CHANGE MANAGEMENT AND INNOVATION

- The ability to successfully adapt to change
- The ability to identify and share opportunities for innovation
- The skills to implement streamlined methods for performing work
- The ability to perform in a collaborative and innovative work environment

## QUALITY OF WORK

- The skills to perform and produce results in a dynamic, fast paced environment
- The skills to organize and complete high quality work in a timely way

## RELATIONSHIP BUILDING AND TEAM WORK

- The ability to work effectively with staff, partners, stakeholders and the public to solve problems
- The ability to serve as an effective, contributing member of a multi-disciplinary work group, including project circles/strategic teams, rapid response teams or other high priority agency and partner efforts
- The skills to provide excellent internal and external customer service
- The ability to create and maintain working relationships with other C4PA staff and staff across the agency, as well as external partners and stakeholders
- The ability to understand the authorizing environment, including the structure of the executive branch, local/state/federal legislative branches, local health jurisdictions, tribal nations and DOH

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## COMMUNICATION

- The ability to communicate effectively and demonstrate high quality verbal, digital and written communication skills

## HEALTH EQUITY

- The ability to understand the impacts of health disparities and the skills to work to improve health equity

Many of the staff also need skills in project management, facilitation and quality improvement, including lean tools and processes. We will work with Human Resources to prioritize and arrange training to develop or enhance those skills.

The C4PA also needs staff with specialized skills to effectively produce high priority policy results. These skills include expertise in evaluation, public health law, economics, digital communications, graphic design and speech writing. Many of our staff have some of these skills, but we may need to recruit or identify some additional staff to ensure success.

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# MEASURING SUCCESS

We will identify both outcome and process measures for the C4PA moving forward. We will work with the [St. Louis Prevention Research Center at Washington University](#) and the [Northwest Center for Public Health Practice at the University of Washington](#) to develop an evaluation plan and Indicators of Excellence for the C4PA moving forward. We will align measures with our agency strategic plan and Results Washington to the extent possible.

## POTENTIAL OUTCOME MEASURES

- Key agency policy priorities result in legislative action; new rules; or other policy, system or environmental changes
- Staff and partners have a positive experience when they engage with the C4PA and there is a difference observed between interactions prior to the C4PA implementation that will be measured before implementation and at 6 and 12 months after implementation
- The skills of our workforce are enhanced and job satisfaction improves
- We are engaging community partners in our decision-making and work
- We are sharing tools and resources with our community partners
- We are enhancing the skills of our community partners
- We are communicating clearly with community partners and the public

## POTENTIAL PROCESS MEASURES

- The number of project circles/strategic teams initiated and completed
- Time and costs for those projects
- The number of rapid response teams deployed
- The number of agency priority projects supported by C4PA staff
- The number and types of projects by division and other measures
- Sharing of project tools and resources across the agency
- Dissemination of projects and lessons learned
- Community partner use of project tools and informational resources

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## POTENTIAL EVALUATION QUESTIONS

- Are we effectively pursuing our high priority legislative or policy initiatives?
- Are staff and partners receiving timely, useful information on emerging public health issues?
- Are we identifying and connecting with new and established partners to strengthen our relationships and further our public health goals?
- Have we increased our communications capabilities?
- Were divisions able to deploy employees to help with high priority projects in a timely and efficient manner?
- Has the innovative workplace promoted productivity and job satisfaction?

## POTENTIAL INDICATORS OF EXCELLENCE

### External

- Ability to attract funding
- Being well connected to key partners locally and nationally
- Changes in policy or practice resulting from C4PA work
- Presence of top-quality dissemination vehicles (i.e., a top quality, up-to-date website)
- Quality of agency and community partnerships
- Recognition as a leader in innovation, communication, health promotion and policy
- Presence of staff on high profile state or national committees

### Internal

- Effective internal communication among coworkers and leadership
- Ability to attract and retain high quality staff
- Staff job satisfaction
- Confidence in C4PA leadership
- Potential for professional growth (i.e., a stimulating work environment of learning)
- Efficient, effective, transparent administrative processes

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# **Operational Plan**

## **APPENDICES**

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## APPENDIX 1

# KEY INFORMANT INTERVIEWS

## SUMMARY

The Center for Public Affairs Guidance Group completed 25 key informant interviews with Department of Health partners and stakeholders. The purpose of these meetings was to identify what we are doing well and what we can do better around policy, communication, health promotion and partnership work. Results will inform the creation and implementation of the new C4PA.

## Things We Do Well

Partners said the department is accessible, respectful and effective. Several areas of excellent work in the agency were identified, including communications (e.g., Health Education Resource Exchange, Community Transformation Grant success stories) and policy work (e.g., Secretary Wiesman's visibility and leadership). All partners felt creating a Center for Public Affairs was a good idea.

## Opportunities for Improvement

While we are doing well, partners said we could do better, especially in community relations.

## POLICY

- Be more politically engaged—consider co-sponsoring a legislative day with the Washington State Public Health Association
- Improve outreach around rule-making and budget requests—this will help us move quicker to implement policies
- Consider engaging in policy issues that impact health outcomes (e.g., economic policy, housing policy, etc.)
- Continue/escalate engagement with health systems, Centers for Medicare and Medicaid Services and Center for Medicare and Medicaid Innovation to ensure public health is at the table and resourced to do population health work

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## COMMUNICATIONS

- Define who we are as a department and our vision for what public health looks like in Washington State—branding is important
- Share and message about agency priorities
- Be audience-oriented in creating and delivering messages
- Promote positive aspects of our work and the value of public health
- Communicate what we do with federal investments—build a collection of stories and data that succinctly demonstrate how community investments impact population and individual health
- Engage in two-way social media, giving the agency a personality
- Use shared media messages over multiple platforms (e.g., blogs, twitter, Facebook)
- Develop an agency communication plan and guidelines that all programs can understand and use consistently
- Hire a Public Information officer (PIO) and speech writer to bolster communication capacity

## PARTNERSHIPS

- Engage partners, stakeholders and opponents on policy, rules and budget issues
- Work to develop a common ‘public health vocabulary’ with partners
- Look for new partners to collaborate with, including non-traditional partners (e.g., planning, architecture, etc.)
- Search for common ground with stakeholders
- Engage the private sector and identify individuals with influence
- Partner with academia—build the future public health workforce by creating opportunities for students and recent graduates

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## Advice from Our Partners about Creating a Center for Public Affairs

### DEVELOPMENT

- Create a clear set of expectations and shared goals for the C4PA
- Message about how the C4PA adds value to our work as a department
- Communicate with staff about the process and include staff feedback in development
- Identify current work, staff and reform efforts within the agency that are successful and continue to support and expand what is working well
- Practice evidence-based public health and build relationships with subject matter experts and epidemiologists at the department
- Create a quality improvement process to track outcomes and feedback from internal and external partners—implement changes that allow the center to better serve staff and stakeholders and improve public health

### FUNCTIONS

- Incorporate strategic communications, media, web design, graphics, community relations, public policy and government relations functions
- Take on one or two (and no more than three) priority issues at a time
- Engage partners and the public at the front-end before bringing policies to legislators/decision-makers
- Create channels for communication within and across projects

### STRUCTURE

- Hire or appoint a visionary leader
- Include a strike team to address emerging issues
- Create a core team of advisors to serve as ambassadors and thought-leaders for the agency

### SET-UP

- Create a workspace that fosters the exchange of ideas by integrating desks in the same room without boundaries—set-up the physical layout early on, and limit how often space needs to be reconfigured

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## Background Information

### METHODS

All Center Guidance Group members completed interviews in-person or over the phone with three types of partners. We reached out to partners who:

- Could give us feedback about how we are doing and what we could be doing better
- Could give us advice about structuring the C4PA
- Have a vested interest in the C4PA or that we need to keep informed

### QUESTIONS

We tailored questions to different partners. All interviews focused on three central questions:

- What are we doing well now in our policy, communication and partnership work?
- What could we do better?
- What advice do you have for us?

## Interviewees

Overall, Guidance Group members completed 23 key informant interviews.

### Legislators/decision-makers (3)

- Governor's Office
  - External Affairs Director
  - Policy Advisor
  - Governor's Washington DC Liaison

### Academic Partners (7)

- The Evergreen State College
  - Public Administration Program
- University of Washington
  - Community-Oriented Public Health Practice
  - Northwest Center for Public Health Practice
  - School of Public Health
  - University Marketing and Communications Office
- Washington State University
  - College of Communications
- Western Washington University
  - Community Health Program

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## Organizations with Public Affairs Office (6)

- California Department of Public Health
- Centers for Disease Control and Prevention
  - Communications
  - Policy
- Group Health Cooperative
- Public Health – Seattle & King County
- King County
  - Human Resources

## Other Stakeholders (7)

- Behr Communications
- Foundation for Healthy Generations
- PATH
- Washington Federation of State Employees
- Washington State Department of Transportation
- Washington State Hospital Association
- WithinReach

## APPENDIX 2

# PROJECT CIRCLES

The Secretary of Health has the final decision regarding the top 1-4 priorities for the Center for Public Affairs. He will consult with the agency leadership team and our partners as part of his decision-making process.

Priorities will be determined using the following initial criteria:

- Is this a policy issue that has a major impact on the public's health now and into the future and requires extensive stakeholder engagement, such as improving school immunization rates?
- Is this a directive or high priority for the governor's office? (Examples of recent issues include [Healthiest Next Generation](#), [E-Cigarette Regulations](#) focused on youth and [Certificate of Need rules](#) for hospital mergers and acquisitions.)
- Is this a high priority policy issue for DOH and our partners, such as developing and implementing a policy strategy for [Foundational Public Health Services](#)? Does this align with the Secretary's top priorities, [Results Washington](#), our agency [Strategic Plan](#) and our three year policy agenda?
- Will this improve health equity or reduce health disparities?

A number of issues will likely meet the criteria above. To further assist in project selection, the Secretary may also consider the following for each issue:

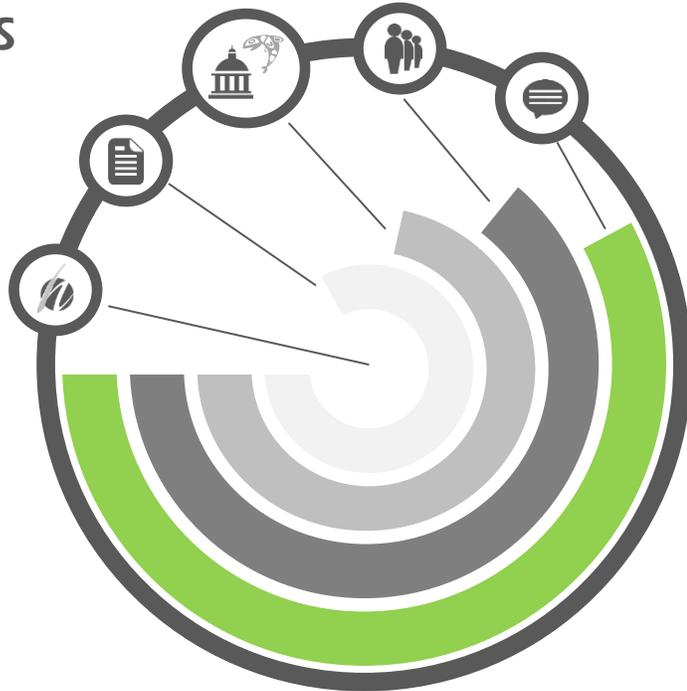
- Is there a clear policy direction? How much evidence is there to support that direction?
- What is the political/legal landscape at the state and national level relative to this issue?
- What resources are required to achieve the desired outcome?
- How much time do we expect a policy or behavior change to take? Months or years?
- What is the anticipated return on investment?

Once a project is approved by the Secretary, a **Project Circle** of 8-10 staff will be formed for each issue. Agency leadership will usually be consulted to determine staffing for the particular issue. The project manager will be a member of the C4PA staff. The remainder of the staff may also be from the C4PA or be deployed from elsewhere in the agency. Staff deployment will be short-term and time-limited. When staff work on a specific project, they will be responsible to the project manager for completing their project tasks. They will also be responsible for keeping their immediate supervisor informed. The C4PA Director has the overall responsibility for the projects.

Staff time commitments will vary depending on the issue. Participation is generally not a full-time job, and it is reasonable for staff to work on the project and perform many of their usual duties. External partners will also be included in the circle and engaged throughout the process.

## CIRCLE COMPETENCIES

- Project management
- Policy development
- Communications
- Health promotion
- Community partnerships
- Data/science
- Economic analysis
- Health equity
- Subject matter experts
- Other skills as needed



## PROJECT PROCESS

- An intake process will be developed for each project and completed by a C4PA staff person. This will help determine the appropriate makeup of the circle and which partners need to be engaged.
- Staff with the appropriate competencies will be identified and selected
- The C4PA Director or one of the quadrant directors will recruit partners for participation
- The C4PA director or one of the quadrant directors will convene the circle and provide an overview of the issue and the charge for the group
- The participants will agree on basic Ground Rules, a meeting plan and a timeline
- The project manager will work with the participants to complete a project Scoping Guide and Data/Research Template, and develop action plans to accomplish the circle charge
- Other tools and templates are under development and will be disseminated and available online

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## REVIEW AND APPROVAL PROCESS

- A decision maker will be identified for each Project Circle. This will usually be an Executive Team member, but that may be delegated.
- The project manager will designate a member to prepare regular updates for the decision maker, C4PA leadership, agency leadership and others as appropriate
- Once the participants have completed their work, they will bring forward policy, system and/or environmental change recommendations to the decision-maker and C4PA leadership
- Those recommendations may require ongoing work by the circle or may be assigned to the C4PA or elsewhere in the agency for implementation
- The circle may be reconvened if there is new significant information on an issue or if there is a change in direction to revise existing action plans or develop new ones

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## APPENDIX 3

# SPOTLIGHT – OFFICE OF IMMUNIZATION & CHILD PROFILE

In 2005, the Immunization and Child Profile Programs came together to form a new group. The aim was to address both work functions and relationships to improve immunization coverage rates. Washington's immunization rates were among the lowest in the nation and key partners, stakeholders and state leaders were frustrated with our inability to improve. During this time, public health was learning lessons from the events and response of September 11<sup>th</sup>. There was dialogue across the nation around the need to understand both work functions and how to build strong relationships for routine and emergency work. We employed this approach to create what became the Office of Immunization and Child Profile.

## STRUCTURE

The functional approach to our organizational structure leveraged the core public health functions of assessment, assurance and policy development. With that structure, we identified core work responsibilities and customers. We then cross walked these functions with funding requirements and restrictions from federal immunization grants. The result was an organizational structure that includes five sections:

### Administration

Supports work throughout the office including grants management, budget, contracts and special projects

### Vaccine Management

Assures vaccine access to prevent communicable disease

### Clinical and Quality Assurance

Completes immunization assessment and assurance including quality clinical practices and vaccine accountability

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## Health Promotion and Communication

Informs, educates and empowers customers and immunization stakeholders. Provides support for mobilizing community partners to improve protection from vaccine preventable diseases.

## Immunization Information System

Supports work throughout the office including immunization assessment, assurance and policy development functions. Improves the efficiency and effectiveness of work in the office.

Policy development work occurs across the office in concert with agency leadership. The agency conducts immunization policy work in collaboration with the State Board of Health who has rule-making authority over child care and school immunization requirements, the Legislature who has authority for state laws related to immunization requirements and other stakeholders. Additionally, the office works closely with the agency's Office of Communicable Disease Epidemiology to provide support to investigate and control vaccine preventable disease outbreaks.

This organizational structure provides a solid foundation for conducting our work responsibilities. A strategic planning process also provided the framework to create an office leadership team. The section managers and the Office Director developed a logic model, vision, purpose statements and performance measures for the office. This planning process created a shared course of action and common purpose. It created an office environment of collegiality and an understanding of the whole work of the office. Functions and relationships are revisited periodically and adjustments have been made over time.

## OUTCOME

The Office of Immunization and Child Profile has achieved success because we have clearly identified our work, goals and key relationships. This approach and structure has positioned us to be ready to respond to opportunities that leverage new relationships, start new initiatives, make policy and program changes and seek new funding. Examples of success include:

- **Improved Immunization Rates**

We continue to see a steady increase in immunization rates. We haven't reached all goals, but our rates are better and our assessment methods support the collaborative work needed to identify and implement actions to improve rates.

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- **Maintained Universal Vaccine Financing**

With the 2009 state funding crisis, the state legislature was unable to commit funding to the universal vaccine system. Within one year, the Office of Immunization and Child Profile, legislators and stakeholders came together to create a new financing plan to retain the universal vaccine system. The Washington Vaccine Association was created to assess and collect funds needed to maintain the system. This system assures access to vaccines for all children in Washington and one system of ordering and accountability for providers. Currently, the Washington Vaccine Association contributes more than \$70 million per year to purchase more than 165 million vaccines annually.

- **Changed Immunization Exemption Laws**

Through the improved assessment and understanding of immunization coverage, we learned that improvements were needed to increase compliance with immunization requirements in child care and school settings. In 2011, the Legislature passed changes to state vaccine exemption laws. Before this law change, it was easier for parents to exempt their child from required immunizations than to get immunizations and submit information to schools. The change required health care providers to be involved in the exemption process and aligned state policy with goals to protect children from vaccine preventable disease in child care and school settings. This legislative action also created an avenue for more community discussions and potential actions by the legislature and State Board of Health.

- **Created Vax Northwest**

In 2009, the Vax Northwest partnership was established. It brought together partners interested in promoting immunizations and parents questioning the value or need to follow recommendations for vaccinating their children. Vax Northwest supports two strategies: partnering with parents to share information with their peers in school, child care and parenting groups; and supporting providers to have productive conversations with parents who are hesitant to vaccinate. This work is being scientifically evaluated to further understand the issues and effective approaches to promoting on-time childhood vaccination.

## **PILOT PROJECT**

The work of the Office of Immunization and Child Profile on understanding, organizing and strategizing their work and relationships set the foundation for these successes.

## APPENDIX 4

# SET DESIGN

## THE VISION

The way we conduct business is changing. Our facilities and work environment at the Washington State Department of Health will need to change with the work. We can accomplish this by:

- Focusing on outcomes, as well as process
- Becoming empowered by technology
- Working flexibly and cost-effectively
- Collaborating more effectively with other teams both internally and externally
- Maximizing productivity
- Creating a culture of innovation

## New Environments for New Ways of Working

The C4PA will provide collaborative workspaces that support the work done by staff, with location options that provide private areas of work, shared and hosted spaces and social areas, designed with the needs of the tasks, customers and team members in mind. IT solutions will be integrated to allow connectivity for staff across all areas of work, from virtually anywhere. Safety, security and access issues will continue to be a keystone to the work being done to change our work environment.

## Benefits

Changing the way we work is a significant business need of the C4PA staff and work. Once implemented, outcomes expected are:

- Services delivered more effectively
- Greater productivity
- Costs and environmental impacts lessened with shared space
- A greater ability for employees to choose where and how they work
- An opportunity to increase employee wellness
- Employer of Choice considerations

## APPENDIX 5

# 2015–16 POSSIBLE PROJECTS

### High Priority Agency/Partner Projects\*

### Center Assistance/Expertise

#### Marijuana Educational Campaign

Policy

- Legislative mandate
- High governor/partner interest

#### Medical Marijuana Alignment with Recreational Marijuana

Policy

- Legislative mandate
- High partner interest

#### Health Systems Transformation and Innovation

Policy

- Agency priority
- High sister agency and partner interest

#### Federal Financing Strategy Development

Policy

- Executive Team/agency leadership team priority

#### Tobacco and Vaping Prevention

Policy  
Communications

- Tobacco is still the #1 killer in Washington State
- Linked to [Results Washington measure](#)
- Partnership with Prevention and Community Health (DOH)

#### Opioid Epidemic Response

Policy  
Communications

- High interest from Health Care Authority, Labor & Industries and The Department of Social and Health Service
- High priority issue for communities
- CDC winnable battle
- Partnership with Science Office and Health Systems Quality Assurance (HSQA)

\*Highlighted projects currently underway

## High Priority Agency/Partner Projects\*

## Center Assistance/Expertise

### Vaccine Financing

Policy

- Partnership with Prevention and Community Health (DOH)

### Climate Change

Policy  
Communications

- Partnership with Environmental Public Health (DOH)
- Governor priority
- Alignment with DOH Strategic Plan

### Accreditation

Community Engagement

- Partnership with Science Office and Performance Management

\*Highlighted projects currently underway

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## PROJECT CIRCLES\*

### Enterprise Project Management

[launched in September]

- A high agency priority
- Key to Center success

### Foundational Public Health Services

- Executive Team priority
- High partner interest

### Unplanned Pregnancy

- Partnership with family planning organizations, Health Care Authority, Department of Social and Health Service and Commerce
- Possible alignment with a Results Washington measure

### Joint Health Agenda Development with the Department of Early Learning, Office of the Superintendent of Public Instruction, Health Care Authority, Department of Social and Health Services, and the Washington Department of Transportation

- An agency priority that will support work underway such as the [Healthiest Next Generation](#), the school immunization compliance efforts and climate change

\*Highlighted projects currently underway

## APPENDIX 6

# 12-MONTH INNOVATION PLAN

### 2015

- September
  - Launch *Project Management Circle*
  - Community Relations Coach Leader recruitment
- October
  - Center for Public Affairs launched
  - Initial staffing in place and staff oriented
  - Test web posting in divisions (EPH)
- November
  - *Vaping Rapid Response Team* launched
  - Additional staff recruitments
- December
  - *Project Management Circle* completed with recommendations to Executive Sponsor
  - Test routine news releases in divisions (EPH)

### 2016

- January
  - Project management training initiated
  - Legislative session starts
  - Academic institutions partnership initiated
- February
  - Legislative session
  - Test social media posting in divisions (PCH)
  - Collaborative Workspace created

## 2016

- March
  - Legislative session ends
  - *2017 Policy Agenda Project Circle* launched
- April
  - C4PA *Open House* for staff and key partners
  - DOH communication plan(s) with branding tools completed
  - Project management training completed
  - *Sounding board 2.0* established
- May
  - 2017 legislative agenda drafted
  - Center communication, policy and partnership tools, templates, best practices developed and widely accessible via SharePoint
- June
  - Implement routine web and social media postings from divisions
- July
  - Implement routine news releases from each division
- August
  - Center foundational capabilities in place
- September
  - 2017 legislative agenda finalized
  - Student intern placed in the Center
  - Center foundational capabilities available for partners

