



Oklahoma State
Department of Health
Creating a State of Health

Quality Improvement Plan

SFY 2011-
2015

Oklahoma State Department of Health
SFY 2011-2015 Quality Improvement Plan

I. Purpose

The purpose of the Oklahoma State Department of Health (OSDH) Quality Improvement Plan is to assure an environment and culture of continuous quality improvement (QI) for all programs, projects, and activities initiated in our agency. Its main objectives are to: use data to identify and analyze problems; develop informed solutions based upon data and analysis; engage stakeholders and customers; focus on the needs of the customer; train and involve employees impacted by the improvement opportunity; monitor and measure results; act and make decisions based upon results; and continually make improvements over time.

II. Alignment and Introduction

The Quality Improvement Plan is aligned to the Agency Strategic Map and Plan, Oklahoma Health Improvement Plan and Step UP Performance Management System to assure a continuous quality improvement culture throughout the agency.

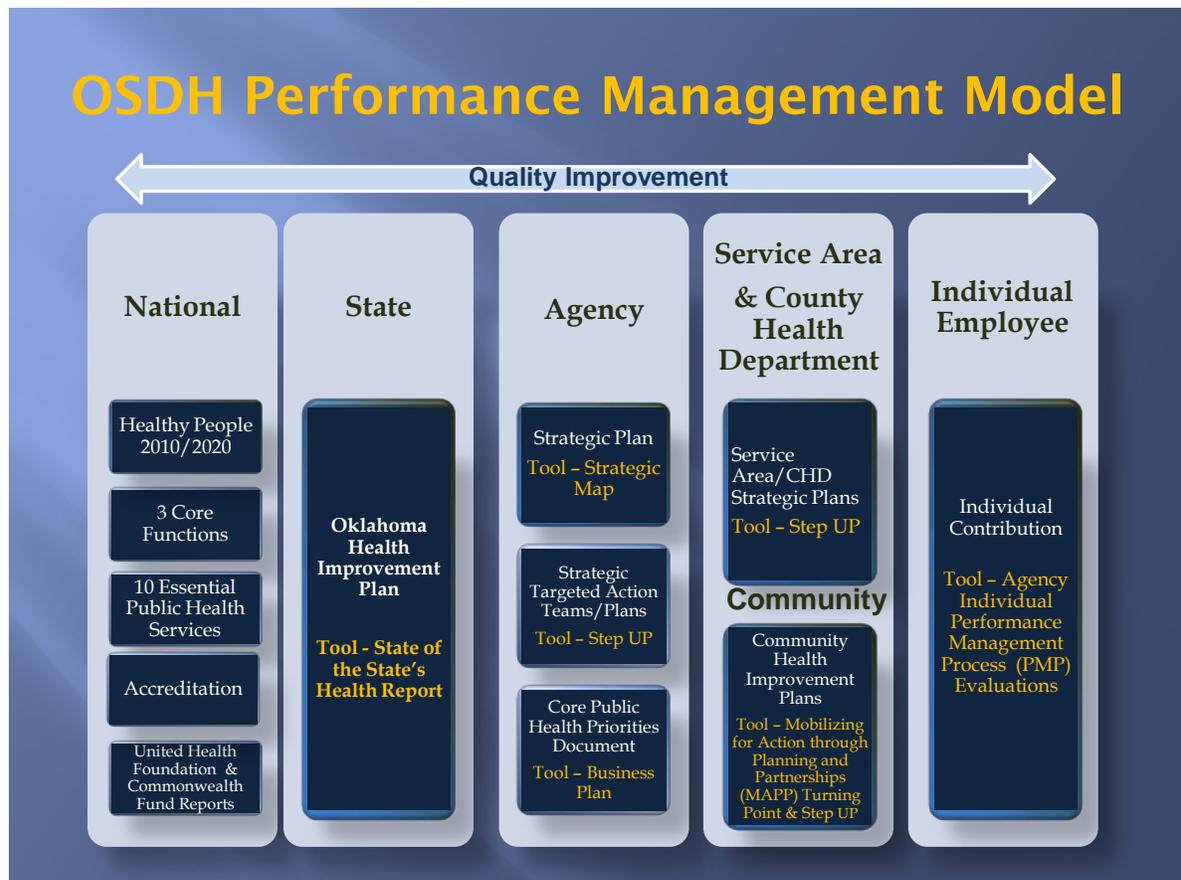
The OSDH is taking a three-pronged approach to instill quality improvement into the organization's culture. The first approach is agency-wide through its Step UP performance management system. The second approach is through LSTAT (Leadership Strategic Targeted Action Teams), the agency's steering committee for its strategic plan and related QI efforts. The final approach is to permeate QI further into our culture by incorporating an introduction to continuous quality improvement into the agency's Onboarding Program and New Employee Orientation and by encouraging employees, through the use of the agency's quality improvement process map and individualized development plans, to participate in specific projects seen as essential to the achievement of agency strategic map and quality improvement goals.

Each of these approaches build upon the other for success. The Step UP performance management system lays the groundwork for quality improvement by setting the most critical goals, objectives, and measures for success throughout all individual service areas and county health departments in the OSDH, which are in turn aligned to the agency strategic map/plan and the state health improvement plan. (See Appendix A, Step UP Performance Management Handbook.) The LSTAT is the guiding governing body for all priority strategic planning and quality improvement efforts that are monitored quarterly by the team. (See Appendix B, OSDH Strategic Plan Profile.) And finally, the agency's quality improvement process map reveals the formal process to be followed for major cross-cutting quality improvement efforts at the OSDH. (See Appendix C, OSDH Quality Improvement Process Map.)

Additionally strategic planning, quality improvement, and business planning principles-- particularly when used together--help focus on those vital goals the agency has chosen as top priorities that will move the organization towards its vision of "creating a state of health." This focus requires extra effort to accomplish and cannot be done through routine "business as usual" approaches. The

agency has chosen a business planning approach using its core public health priorities document to assure resources are available as necessary to achieve priority goals. Additional resources may be pursued through special funding or other avenues to accomplish these efforts. It is a major challenge to balance ongoing operational workloads with the special effort required for strategic initiatives and quality improvements. At times, the OSDH may need to reduce or streamline activities to find resources for key improvements.

The *OSDH Performance Management Model Schematic* below identifies how the performance management process works in the agency and the special role that quality improvement plays in serving as the link and feedback loop for all performance improvement efforts in the agency. Continuous quality improvement is essential to achieving national, state, agency, community and individual employee goals. The only way an organization can continue performing at the highest levels over time is to assure it is always learning from its improvement efforts--building success upon success for most effectively and efficiently achieving its key outcomes. This is foundational to providing the best services and health outcomes possible to our citizens and achieving our agency vision of creating a state of health in Oklahoma.



III. Governance and Roles

The *Leadership Strategic Targeted Action Teams (LSTAT)* at the executive level is composed of the agency's senior leadership team and key management members appointed by the senior leadership team for their expertise in strategic priority areas. This team oversees all STAT (Strategic Targeted Action Teams') activities to assure improvement is being made in the agency's priority areas.

The *Performance Management and Infrastructure STAT Team* at the operational level is composed of representatives from across the agency who have expertise and knowledge in performance management areas and provide input, advice, assistance and action in activities that strengthen quality improvement, performance management and accreditation readiness in the agency. Included in this is coordination of STAT and other QI teams' quality improvement efforts and results, along with the agency performance improvement efforts through the Step UP Performance Management System and national accreditation.

The *Office of Performance Management* is responsible for directing, managing, and coordinating all quality improvement, strategic planning, performance improvement/management, and national public health accreditation efforts of the agency.

IV. Key Terms

See the attached Appendix D, Quality Improvement Plan Key Terms and Glossary, for key terminology definitions used in this plan.

V. Project Identification and Process

The OSDH identifies opportunities to improve and enhance services and outcomes through active planning and performance monitoring. Quality and performance improvement tools and techniques applied in various group and team situations enable important data collection, problem analysis, and employee involvement which are keys to improving performance.

The approach to problem solving and process improvement works very well when quality tools are applied to define and analyze problems and develop improvements. The standard "Plan-Do-Check-Act (PDCA)" cycle applied at the organizational level relates to the strategic planning and implementation process. Planning takes place; goals and objectives are implemented; results are monitored and analyzed; and actions are taken for better outcomes, processes, and efficiencies.

When applied to a specific problem or process, the PDCA cycle is applied in a more focused manner, using specific tools and techniques to help teams identify, analyze, and implement quantifiable improvements.

Strategic priority and specific quality improvement projects are identified within the agency through two different avenues. First those items directly linked to improvement in agency priority areas are identified through senior leadership as STAT Teams and provide quarterly progress reports to the agency strategic planning oversight team, LSTAT (Leadership Strategic Targeted Action Teams.)

There is an additional avenue through the agency for employees, individual service areas, and county health departments to nominate a specific project of significant and cross-cutting agency importance to go through the formal quality improvement process with facilitation support from the Office of Performance Management and the Performance Management and Infrastructure STAT Team. (See attached Appendix C, Oklahoma State Department of Health Quality Improvement Process for further details.)

Additionally, quality improvement does not have to be done on a large scale to be successful. In fact, many major successes have resulted from quality improvement efforts begun on a smaller scale. Individual divisions, program units, and county health departments are encouraged to initiate their own smaller-scale informal quality improvement projects. These projects should follow project management principles and apply common quality improvement tools and techniques to assist teams and work groups in achieving their desired results. Individual units are recommended to coordinate with the Office of Performance Management for technical advice and assistance on these projects.

To assist in these efforts, quality improvement trainings for staff, STAT teams, and specific QI teams are completed as follows:

- General staff training in basic QI measures and techniques is available to central office and county health department staff in the OSDH. These are scheduled each fiscal year.
- Additional just-in-time training is provided to STAT teams and specific QI teams to address specific and more advanced quality improvement needs and outcomes of the team.

VI. Goals, Objectives, Measures, and Performance Monitoring

Goals, objectives, and performance measures are set for all STAT Teams and specific quality improvement teams in the agency. Additionally they are set for all county health departments and direct report and service areas in the agency through the Step UP performance management system. These goals, objectives, and measures are centered on those indicators most critical to the success of the services provided and to the needs of the customers we serve. They are further reflected in the accountabilities and individualized development plans identified on employee performance evaluations so that there is a direct alignment between individual performance expectations and the goals and objectives of the agency. And finally there are core and/or uniform services that must be met across services and the state, in addition to specific indicators that are essential to continuous quality and health improvement. All goals must align to the agency strategic plan/map.

VII. Evaluation

Performance measures are set for each STAT Team goal and objective, along with each OSDH service/direct report area and county health department goal and objective. Measures are evaluated at least quarterly for QI and STAT teams, and at least annually for all service areas and county health departments as to progress made towards goals, objectives and targeted measures set. Each are also evaluated as to barriers and most successful/effective practices so lessons learned

may be gained by all teams, services, and employees. Individual performance and participation in continuous quality improvement efforts will be measured annually via completion of the employee's performance management evaluation process (PMP).

VIII. Communication

Communication is critical to the continuous quality improvement process and to the institutionalization of a quality improvement culture. QI and STAT teams' progress and results will be shared through the following channels to assure communications in regard to agency quality improvements are available to all staff:

- Monthly Leadership Meetings
- IRENE Intranet
- Storyboards
- Public display pictorial boards
- Special recognitions and celebrations
- Individual area staff meetings

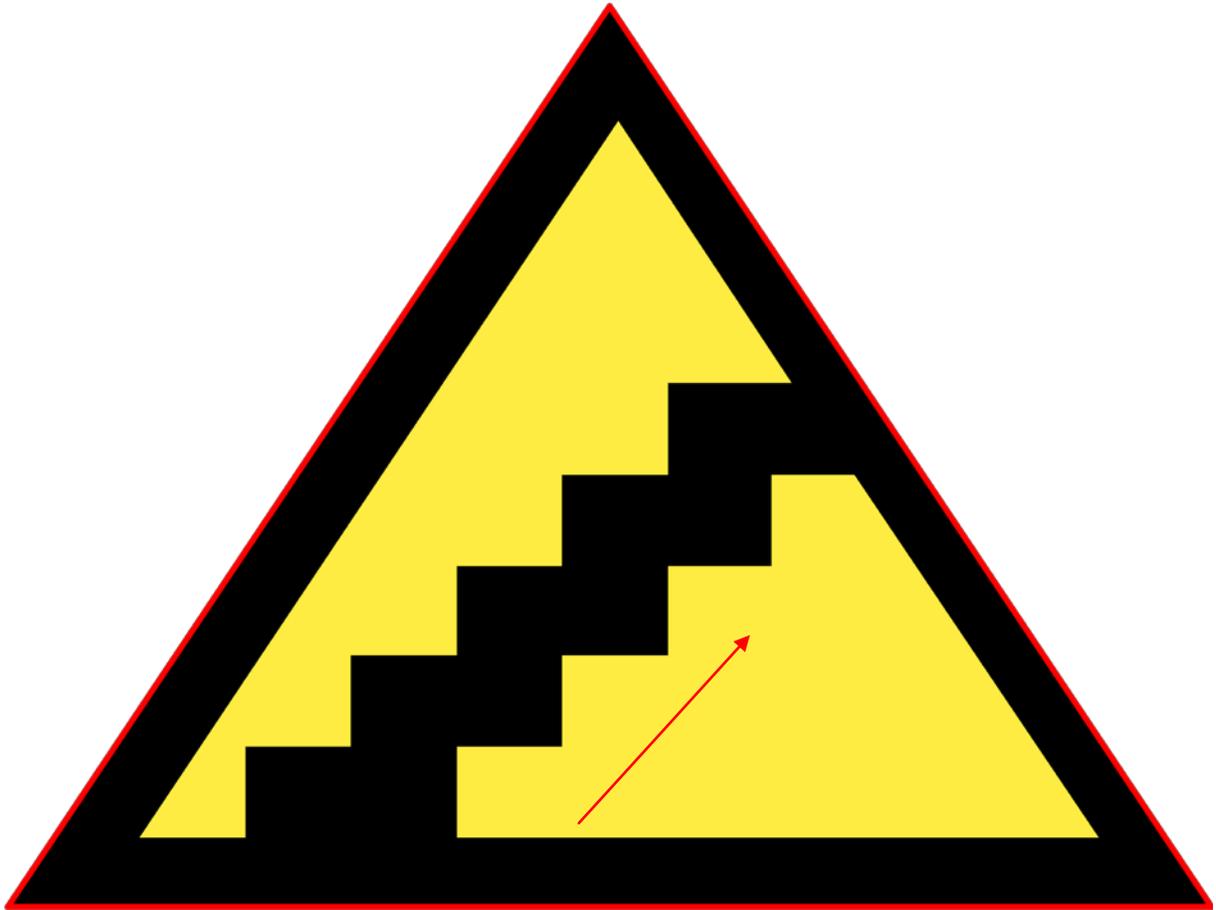
It is believed that there can never be too much communication in regard to the agency's quest for continuous quality and performance improvement. Thus in addition to the above methods of communication, new avenues will also be explored and used to assure the importance of always improving ourselves, our divisions, our agency, and our state's health.

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Appendix A

Step UP for Performance Management



Strategies Toward Excellent Performance- Unlimited Potential

Revised spring 2011

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Chapter 1: Performance Management

In this section you will learn about:

- ✓ The OSDH Vision, Mission, and Values
- ✓ The OSDH Performance Management (PM) system
- ✓ Linkage to National Voluntary Public Health Accreditation
- ✓ The Domains for an effective Performance Management system

The OSDH Vision, Mission, and Values

Our Vision

Creating a State of Health

Our Mission

To protect and promote the health of the citizens of Oklahoma, to prevent disease and injury, and to assure the conditions by which our citizens can be healthy.

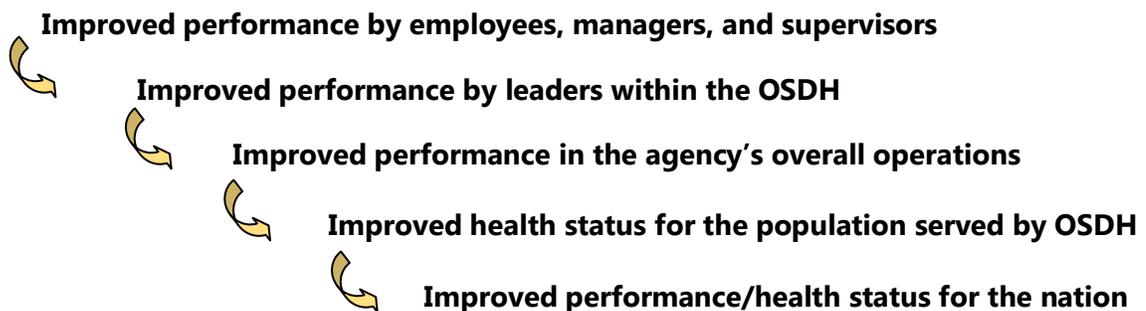
Our Values

- *Honesty* – to be truthful in all our endeavors; to be forthright with one another and our customers, communities, suppliers, and stakeholders.
- *Integrity* – to say what we mean, to deliver what we promise, and to fulfill our commitments to each other and our customers.
- *Respect* – to treat one another and our customers with dignity and fairness, appreciating the diversity and uniqueness of each individual.
- *Accountability* – to take responsibility for our actions, and those of our agency and to fearlessly seek clarification and guidance whenever there is doubt.
- *Trustworthiness* – to build confidence in one another and our customers through teamwork and open, candid communication.
- *Customer Service* – to provide quality and effective services to all.

The OSDH Performance Management System

The Oklahoma State Department of Health has defined a performance management system to accomplish the **vision** and **mission** of the agency within the framework of the accepted **values**. Performance management incorporates the concepts of strategic planning, quality improvement, program planning, and evaluation by providing a framework for aligning strategies throughout the organization. The goal of the performance management system is to optimize the human potential within the OSDH by increasing alignment of strategic initiatives toward the defined organizational goals and objectives, and providing accountability to stakeholders. The implementation of the OSDH Performance Management system (PM) will promote thoughtful planning and decision-making toward creating goals and objectives; enhancing the development of innovative activities and strategies for meeting those objectives; and assuring periodic measurement of quantifiable performance measures important to achieving the selected goals and objectives.

The provision of information essential to good policy and strategic decisions to Health Department leaders is a primary benefit of a Performance Management system. Program and organizational activities that add to Oklahoma's State of Health can be promoted while activities that have limited contributions can be changed to reach defined goals. The cascade of results is reflected in the following outcomes with implementation of the Performance Management system:



Critical to the success of a Performance Management system is the concept of a continuous and on-going cycle of improvement. Initial assessment of key performance measures identifies a problem or concern that stimulates implementation of a strategy or initiative. The cycle of improvement continues with the re-measurement. After the strategy has been implemented, ongoing evaluation will occur to determine the effectiveness of the effort.

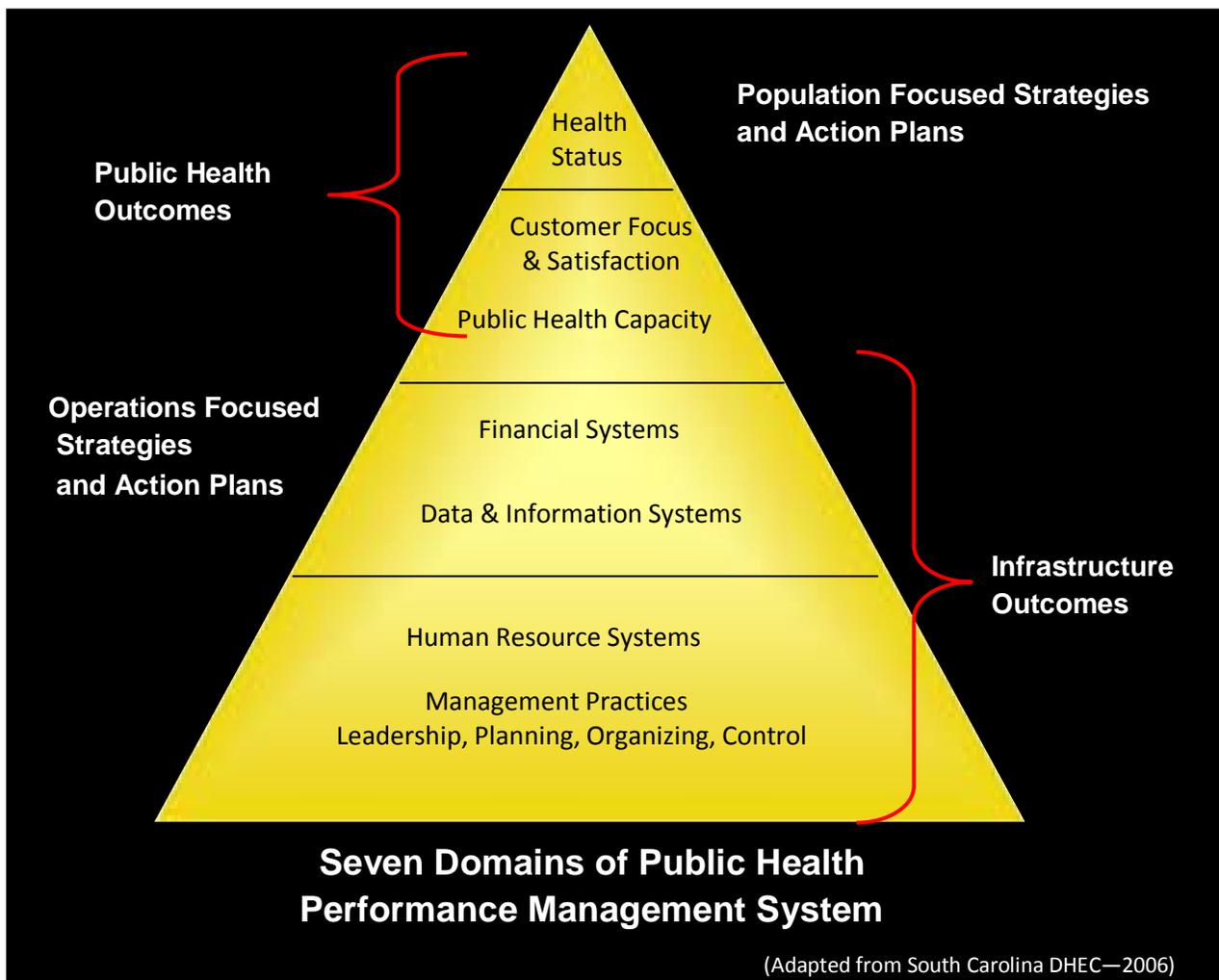
National Voluntary Public Health Accreditation

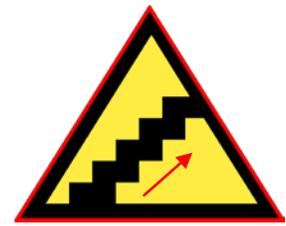
The Public Health Accreditation Board (PHAB) is the governing body over National Voluntary Public Health Accreditation. Beta tested in 2010, the final accreditation standards are due to be released in 2011. The value of being an accredited health agency allows us to garner credibility, and it provides a mechanism for assessment of services and quality improvement. It also provides staff morale and greater visibility for the services offered. Essentially, accreditation is about accountability and quality. Certain future funding may be tied to accreditation. In order to apply for national voluntary accreditation, there are three core documents that must be submitted including: a health assessment, a health improvement plan, and a strategic plan.

Domains for an Effective Performance Management System

The domains required for an effective PM system include:

Management Practices.....	Applies leadership, planning, organizing, and control to define expectations and achieve desired results.
Human Resource Systems.....	Enables employees to develop and utilize their full potential through alignment with agency mission, goals, and strategic objectives.
Data and Information Systems.....	Provides high-quality, timely, relevant, and useful information needed to measure and manage performance.
Financial Systems.....	Provides accurate, timely, relevant, and useful financial information to facilitate the agency's ability to maximize resources to achieve desired results.
Public Health Capacity.....	Identifies the ability of the agency to deliver the 10 Essential Services and creates a functional infrastructure (facilities and equipment) and staffing model for success.
Customer Focus and Satisfaction.....	Identifies both internal and external customers, their requirements, expectations, and preferences. Also implements methods to identify customer satisfaction and supports processes to improve customer service performance.
Health Status.....	Describes the overall performance of the agency related to impact on health outcomes for Oklahomans.





Chapter 2:

Operational and Assessment Plan

In this section you will learn about:

- ✓ The Operational and Assessment Plan Format, Guidelines, and Instructions
- ✓ Due Dates
- ✓ Snap Shot: The Overview and Public Health Systems Alignment Template
- ✓ Snap Shot: The Strategic Plan and Performance Measure Template
- ✓ Snap Shot: The Annual Review Template

The Operational and Assessment Plan

The Operational and Assessment Plan Format, Guidelines, and Instructions

The Step UP Operational and Assessment Plan (OAP) is a critical component of the overall OSDH Performance Management system. The OAP defines the designated strategies that will attain the desired results within the framework of the overall OSDH Vision, Mission, Values, and Strategic Map. It is a systematic clarification and documentation of what the goals are and how to achieve them. This process forms the basis for performance measurement, program evaluation, and potential resource allocation in order to achieve the OSDH mission.

The five core elements that comprise the Step UP Operational Assessment Plan are:

1. National Framework, Oklahoma Framework, County Demographics
2. Overview and Public Health Systems Alignment Template*
3. Strategic Plan and Performance Measure Template*
4. Action Plan
5. Annual Review Template*

The Operational Assessment Plan System operates on a state fiscal year cycle. The following timeframe should be adhered to for template submissions:

Due Dates

August 1-31	{	1. Overview and Public Health Systems Alignment Template
September 1 - June 30		2. Strategic Plan and Performance Measure Template
July 1-30		Implement your Strategic Plan and Performance Measure Template Develop and submit your Annual Review Template

Snap Shot: The Overview and Public Health Systems Alignment Template

Information related to the following areas will be collected and submitted on the following forms.

Note: the information in each section may differ between the central office and the county health department.

Overview and Public Health Systems Alignment Template	
Central Office Template	County Template
Identifying Information	Identifying Information
<ul style="list-style-type: none"> Name and organizational placement Contact information 	<ul style="list-style-type: none"> Name and County Health Department Contact information
Section 1: National Framework	Section 1: County Demographics
<ul style="list-style-type: none"> Public Health Core Functions Ten Essential Public Health Services 	<ul style="list-style-type: none"> County Population Poverty Level Age Distribution Race/Ethnicity Programs and Services Provided
Section 2: Oklahoma Framework	Section 2: Oklahoma Framework
<ul style="list-style-type: none"> OSDH Vision, Mission, and Values OSDH Focus Areas OSDH Strategic Map 	<ul style="list-style-type: none"> OSDH Vision, Mission, and Values OSDH Focus Areas OSDH Strategic Map
Section 3: Organizational Unit Overview	Section 3: County Health Department Overview
<ul style="list-style-type: none"> Target Population Customer Satisfaction Funding Source Level of Effort Mandate Advisory Board or Council 	<ul style="list-style-type: none"> Customer Satisfaction Community Assessment Community Health Improvement Plan Quality Improvement Tools Emergency Preparedness Funding Source Level of Effort

Snap Shot: The Strategic Plan and Performance Measure Template and the Annual Review Template

Information related to the following areas will be collected and submitted on the following forms.

Strategic Plan and Performance Measure Template and Annual Review Template	
<i>These templates provide a tool to communicate the following items:</i>	
<ul style="list-style-type: none"> Goals and Strategic Objectives Performance Measures* Identification of Critical Success Factors 	<ul style="list-style-type: none"> Identification of Barriers to Success and/or Lessons Learned Processes for Using Information to Improve Results
<p><i>*Note: The county template includes a series of pre-populated items.</i></p>	



Chapter 3:

Overview and Public Health Systems Alignment Template

In this section you will learn about:

- ✓ The Overview and Public Health Systems Alignment Template
- ✓ The Three Core Functions of Public Health
- ✓ Ten Essential Services of Public Health
- ✓ OSDH Focus Areas
- ✓ OSDH Strategic Map

The Overview and Public Health Systems Alignment Template

The Overview and Public Health Systems Alignment Template

The Step UP Overview and Public Health Systems Alignment Template has been designed to provide the basis for performance management, program evaluation, and provides guidance for resource allocation focusing on achieving the OSDH mission. While the central office and the county health departments will use nearly all of the same Step UP templates there are two versions of the Overview and Public Health Systems Alignment Template that allow for the capture of unique information needed for each.

Section 1: National Framework

The National Framework is unique to the Central Office template

Three Core Functions of Public Health

In a 1988 report by the [Institute of Medicine \(IOM\)](#), [The Future of Public Health](#), sought to define the boundaries of public health by identifying the following core functions.

- ❑ **Assessment:** Assessing and monitoring the health status of the population. Activities associated with community diagnosis, such as surveillance, needs assessment, analyzing the causes of problems, collecting and interpreting data, case finding and investigation, monitoring and forecasting trends, research, and evaluation of outcomes.

- ❑ **Policy Development:** Promoting governmental decision-making about problems by: informing, educating, and empowering policy decision-making; planning and priority setting; policy leadership and advocacy; mobilizing community partnerships by convening, negotiating and brokering; training constituency building and provision of public information; and encouragement of private and public sector action through incentives and persuasion.

- ❑ **Assurance:** Assuring necessary and quality services are provided to reach agreed upon target populations either by encouraging private sector action, by requiring it, or by providing services directly. Includes the implementation of legislative mandates, as well as maintaining statutory responsibilities; promoting and enforcing laws, regulations, and standards; assuring the capacity and competency of the public health workforce; guaranteeing certain health services, including providing services directly when necessary; and evaluating effectiveness, accessibility, and quality of health services.

An update of this report was released in 2002, [The Future of the Public's Health in the 21st Century](#), which reviews the nation's public health capabilities. This IOM Report presents a comprehensive framework for how the government public health agencies, working with multiple partners from the public and private sectors as an intersectoral public health system, can better assure the health of communities by:

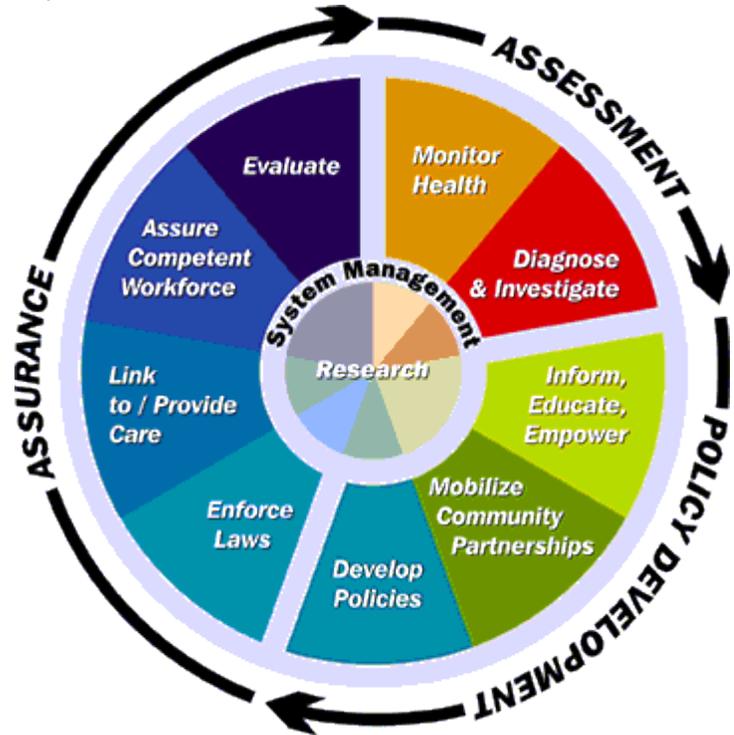
- Adopting a population health approach that considers the multiple determinants of health
- Strengthening the governmental public health infrastructure, the backbone of the public health system
- Building a new generation of intersectoral partnerships
- Requiring accountability from and among all sectors of the public health system
- Making evidence the foundation of decision-making
- Enhancing and facilitating communication within the public health system

The Ten Essential Services of Public Health

In March 1993, work began on the future role of public health in a reformed health care system. Identifying the core functions of public health and creating a common terminology and description of the functions was the first step. Though the three core functions of public health developed by the Institute of Medicine's report, *The Future of Public Health* (1988) were widely accepted among public health's policy and academic community, they did not explain to legislators or the general public what public health does. In 1994, in an effort to coordinate a single list for the public health community to use, the Core Public Health Functions Project was developed by Dr. Philip Lee, then Assistant Secretary for Health. In 1995, the Public Health Functions Working Group and Steering Committee (previously called the Essential Services Work Group) produced the report [Public Health in America](#) in which the 10 Essential Public Health Services were defined. In this report, the 10 Essential Services were incorporated within the context of the 3 core functions (see figure below) The [Essential Public Health Services](#) provide a working definition of public health and a guiding framework for the responsibilities of state and local public health systems.

Essential Public Health Services

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems



Assessment

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community

Policy Development

- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts

Assurance

- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services

System Enhancement

- Research for new insights and innovative solutions to health problems

Section 1: County Demographics

The County Demographics section is unique to the County Health Department template

County Demographic Information

The County Demographic Information is used as an assessment tool to aid in the development of your strategic plan. Most of the data can be found using the [American FactFinder](#) census website, which is linked to the [Step UP web-based application](#). The following information is collected under the county demographics section:

- County population count
- Percentage of county citizens living below the federal poverty level
- County make up of race and ethnicity
- Age distribution
- Programs and services provided by your county health department

Section 2: Oklahoma Framework

The Oklahoma Framework

The Oklahoma State Department of Health, through its system of local personal health and population-based services, is ultimately responsible for protecting and improving the public's health status through strategies that focus on preventing disease, injury, and disability, and being actively prepared for natural and human-caused crisis.

OSDH Focus Areas

In 2002, OSDH conducted an assessment of the number of activities in county health departments, programs, and services that addressed the Healthy People 2010 objectives. Following the assessment, a broad representative group of OSDH employees and one Board of Health member met in a two-day retreat to make recommendations to the Oklahoma Board of Health regarding priority issues for the Department. Seven priority issues were approved by the Board, including: tobacco use prevention, physical activity and fitness, nutrition and overweight, immunization and infectious disease, public health systems development, injury and violence prevention, and planning for healthy families. In 2005, the Oklahoma Board of Health revised this list adding three new areas and making other minor revisions.

The current OSDH Focus Areas, listed at the end of this section, identify 10 key areas that are critical to meet the agency's defined mission. This list is not intended to encompass every program or service that is provided by the agency, but instead highlights those areas determined to have the most impact on achieving the OSDH mission and ultimately to enhance the health of the citizens we serve. Most programs or services will be able to identify how they fit within focus areas identified, but omission from this list does not mean that a program or service is not important to the overall agency.

- Tobacco use prevention
- Nutrition and overweight
- Immunization and infectious disease
- Public health systems development (including infrastructure)
- Injury and violence prevention
- Physical activity and fitness
- Healthy children and families
- Terrorism and emergency preparedness
- Development and regulation of health-related systems
- Access to care

OSDH Strategic Map

In the summer of 2010, the agency conducted an assessment with the Board of Health, senior leadership, department service areas, county health departments, and external stakeholders and partners in regard to OSDH's strengths as well as its current and future challenges. Based upon this assessment, the Board of Health and the OSDH completed and adopted the SFY 2011-2015 OSDH Strategic Map, which identifies the critical and cross-cutting strategic priorities and goals of the agency for the next five years.

**Oklahoma State Department of Health
Strategic Map: SFY 2011-2015**



Improve Targeted Health Outcomes

Achieve Improvements In Oklahoma Health Improvement Plan (OHIP) Flagship Issues

Focus on Core Public Health Priorities

Reduce Health Inequities

Lead Public Health Policy & Advocacy Development

Target Campaigns on Community Needs, Return on Investment, & Scientific Evidence

Identify & Establish Public Health Champions

Serve as Educational Resource on the Value of All Public Health Issues

Strengthen Public Health Systems

Evaluate Infrastructure to Support Public Health Systems

Employ Strategies for Public Health Workforce Recruitment

Achieve Accreditation & Create a Quality Improvement Culture

Achieve Compatible Health Information Exchange Across Public & Private Sectors

Foster Collaborative Relationships With Public & Private Partnerships

Leverage Resources for Health Outcome Improvement

Facilitate Access to Primary Care

Focus on Prevention

Use Comparative Effectiveness Research & Evaluate Science

Monitor Funding Opportunities

Educate & Strategically Plan for Health Systems Change

**Engage Communities to Leverage Effectiveness
Utilize Social Determinants of Health & Whole Person Wellness Approaches
Responsibly Align Resources to Maximize Health Outcomes**

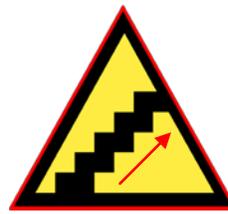
Section 3: Overview

The Overview gathers information related to the specific functions and operations of the identified central office service area or county health department including customer satisfaction, funding source, and level of effort. In addition, the county health department template seeks information about community assessment, a community health improvement plan, quality improvement tools, and emergency preparedness. The central office template seeks supplementary information about OSDH target population, mandates, and advisory boards and/or councils.

Section 3 of the county health department template has a unique and expanded feature, which includes the option to upload documents related to community assessment, a community health improvement plan, and quality improvement tools if available. See the Step UP User Guide for specific instructions if you need assistance with this part.



Help pop-up screens are available throughout the database application and are marked by a large (?). If you click on the (?), it will give you further information in regard to the specific information requested.



Chapter 4:

Strategic Plan and

Performance Measure Template

In this section you will learn about:

- ✓ Instructions for Completion
- ✓ Goals
- ✓ Strategic Objectives
- ✓ Performance Measures

The Strategic Plan and Performance Measure Template

Strategic Plan and Performance Measure Template: A 5-Year Focus

Strategic Planning is carefully laying out how organizational **goals** will be accomplished. Strategic planning includes specifying **strategic objectives**, or specific results for each goal. The following sections will be reported on the **Strategic Plan and Performance Measure Template**.

Instructions for Completion of Template

Each strategic plan should include 2-5 goals with 2-5 strategic objectives and a limited set of performance measures (no more than 5 for each objective) that are **KEY** to the success of the plan. The following information provides common terminology to be applied to information submitted on this form. If you need help, select the (?) near the function that you need assistance with.

Recap:

- 2-5 Goals
- Maximum 5 Objectives for each Goal
- Maximum 5 Performance Measures for each Objective

Goals

Goals are intended to be broad with a focus on long-term results. They are clear statements of the general end purposes for which efforts are directed. The strategic plan goals must be consistent with the agency goals.

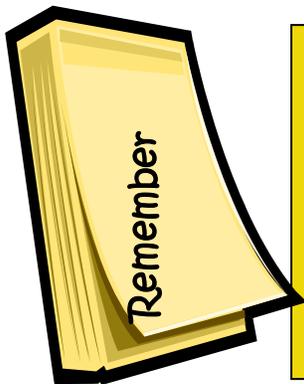
Examples might include:

- 1) Reduce deaths from stroke
- 2) Improve the health of adolescents
- 3) Reduce health disparities
- 4) Reduce injuries from motor vehicle crashes
- 5) Increase the availability of primary health care services
- 6) Assure public health capacity through development of a competent workforce
- 7) Improve customer service in licensure programs
- 8) Increase percentage of vendor/contractor claims paid in a timely manner

Strategic Objectives

Strategic Objectives define the outcomes that are specific and measurable milestones along the road to accomplishing goals. They identify results or service levels to be achieved.

The strategic objectives identify when results can be expected over the defined timeframe, and support development of the Action Plan. This is called a **SMART objective**.



Objectives should be SMART

S pecific	Action oriented
M easurable	Quantifiable
A ggressive but Achievable	Challenging but realistic
R ealistic and Results-Oriented	Focused on outcomes, not methods
T ime Framed	Have an aggressive but reasonable time frame

The strategic objectives should be presented in a logical sequence and should be key to achieving the goal. **“Key”** strategic objectives are usually those that are critical to the success of a department, service area, or the agency. These objectives should also be related to highly important issues such as: a major mandated activity, an effort that requires extensive allocation of resources, a prominent or persistent issue

or problem, an item that can have great impact, and/or have been included historically in strategic plans, grants, or by relevant stakeholder groups. The development of strategic objectives may require coordination and collaboration across organizational lines. Every effort should be made to facilitate effective communication and reduce duplication of effort. Local community and/or program involvement in the development of the strategic objectives is also encouraged when appropriate.

Examples of Strategic Objectives are:

1. Reduce residential fire deaths from 1.0 to 0.8 deaths per 100,000 population by 2014.
2. Increase the prevalence of annual mammograms among women over 50 years from 69% to 75% by 2015.
3. Decrease the number of adolescents who use tobacco from 23% to 15% by 2013.
4. Increase child safety seat use from 87.8% to 95% by 2016.
5. Increase the number of 2-year-olds having all recommended vaccinations from 77% to 90% by 2014.
6. Reduce the percent of overweight Oklahoma high school students from 11.1% to 10% by 2015.
7. Applications processed within 30 days will increase from 90% to 95% by 2014.
8. Vendor/contractor reimbursement claims paid within the 45-day timeframe will increase from 88% to 95% by 2015.

Performance Measures

Performance Measures (also known as performance indicators) are the specific quantitative representation of a capacity, process, or outcome deemed relevant to the assessment of performance.

Capacity performance measures (also known as input measures) help gauge the ability of a work group, program, or organization to carry out the essential public health services, and in particular, to provide specific services; for example, disease surveillance, community education, or clinical screening. This ability is made possible by specific program resources as well as by maintenance of the basic infrastructure of the public health system. Capacity means, for example, that you have sufficient staff, training, facilities, and finances, among other things.

Examples of Capacity Performance Measures:

- Number of FTE employees
- Number of clients eligible for a program or service
- Number of clients or customers requesting a program or service
- Number of permits or applications for licensure received
- Current state ranking
- Budget allocation or millage levels
- Number of employees trained
- Completed policy and procedures manual or handbook
- Completed data analyses report
- Number of community residents involved in a project or initiative
- Number of community businesses collaborating on a project or initiative

Process performance measures (also known as output measures) are the most common type of performance measures. They look at how things are done by defined individuals or groups – or to, for, or with individual groups – as part of the *provision* of public health services. Process measures gauge all of the things we do in public health practice; for example, conducting educational classes, performing a test or procedure, investigating a complaint, crunching data, or meeting with community groups.

Examples of Process Performance Measures:

- Number of clients enrolled in a particular program or service
- Number of educational sessions offered
- Number of clients or customers served by a particular program or service
- Number of immunizations given to children or adults
- Number of permits reviewed or licenses issued
- Number of complaints investigated
- Program strategic or operational plan completed
- Number of action plans developed
- Number of assessments conducted
- Awards of recognition for excellence of the program or service
- Percentage of accuracy of information entered into a database

Outcome measures quantify a measurable change, or lack of a change in the health of a defined population that is related to a public health intervention – such as the tests, investigations, or educational services you offered as part of your process. Outcomes can generally be divided into three categories of as health status outcome, social functioning outcome, or customer satisfaction.

Examples of Outcome Performance Measures:

- Number of clients with improved hemoglobin levels after enrolling in WIC
- Teen pregnancy rate
- Percentage of 4th grade students with a BMI higher than the national average for that age group
- Morbidity and mortality rates for specific conditions or target populations
- Immunization rates for children or adults
- Percentage change in state ranking related to specific condition
- Percent of WIC participants that demonstrate specific knowledge related to nutrition and diet
- Percent of internal services provided within defined standards and timelines
- Percentage of customers reporting “satisfactory” ratings
- Return on Investment
- Average expenditure per individual on a specific target population group
- Number of clients receiving services compared to number of clients eligible for services

It is important to select a balanced set of meaningful performance measures to evaluate the department, service, or organizational unit performance. You should have at least one outcome measure and as many of the other performance measure types as appropriate to provide a clear view of performance progress for each strategic objective.

Pre-populated measures are found in the county health department strategic plan and performance measure template. These items represent the eight core agency health status measures and the four key productivity measures required by the OSDH. Further details can be found in the County User Guide.

Information to be included for each performance measure includes:

- **Performance Measure:** Actual measure as noted in above examples
- **Baseline:** The reference value for the performance measure that will be used for monitoring changes over time.
- **Formula & Definitions:** Indicate how the performance measure is mathematically determined, and includes, when appropriate, the numerator and denominator used to calculate the rate, percent, or other statistical method used to quantify the performance measure. Acronyms used in the objective or performance measure section should also be defined here.
- **Data Source:** Specify the data source including any information that is critical to assure consistency in the collection and analysis of the performance measure.
- **Data Time Period:** Identify the time period in which the data for the performance measure is collected by checking the appropriate box for calendar or state fiscal year.
- **Benchmark:** When available for the identified performance measure, be sure to include a national or regional source. You may indicate NA if not applicable.
- **Reporting Frequency:** Note how often the information is updated, such as daily, weekly, monthly, quarterly, annually.
- **Performance Measure Reporter:** The OSDH employee responsible for reporting/entering the information.
- **Trend Data:** During the first year of entry, indicate any target and/or actual validated data for up to the past 10 years of this performance measure. After the first year, when you complete your annual review and update your strategic plan, previous data will automatically move to trend data.
- **Target Data:** Indicate target data information for performance measures for future year(s) requested.

Criteria for Useful Performance Measures:

- **Relevant**—the measure directly relates to the primary work of the unit. It should relate to a specific operational goal, strategic objective, key organizational process, or program initiative
- **Acceptable**—the measures are agreeable to key stakeholders
- **Feasible**—the costs of collecting data for the measure are realistic given available resources
- **Balanced**—the set of measures used to track a program or initiative measure a variety of different aspects. They provide a relatively complete assessment of the performance related to defined expectations
- **Focused** on one issue. When calculated, the measure produces one number
- **Specific**—the things being measured are precisely articulated
- **Understandable**—the measure language can be easily understood by non-experts

To assist in completing the *Strategic Plan and Performance Measure Template*, below are some examples of related goals, strategic objectives and performance measures.

Examples of Related Goals, Strategic Objectives and Performance Measures:

Goal: Reduce injuries from motor vehicle crashes

Strategic Objective: Increase child safety seat use from 90% to 95% by 2013

Performance Measure: Percentage of children using child safety seat

Goal: Improve customer service in licensure programs

Strategic Objective: Complete processing from 85% to 95% of applications within 30 days by 2012

Performance Measure: Percentage of applications processed within 30 day timeframe

Goal: Define and implement an effective employee development program

Strategic Objective: Develop and adopt an employee development model and plan by 2013

Performance Measure: Percentage of adopted employee development model and plan

The ***Strategic Plan and Performance Measure Template*** will be used to launch the ***Action Plan(s)*** discussed in the next section. Further, this template will be communicated to OSDH Senior Leaders.

The Office of Performance Management is available for consultation to support decision-making leading to accomplishment of organizational goals and objectives. While the strategic plan is focused on a 5-year timeframe, it will undergo an annual review process to assure that the organizational effort is "on-track." Updates will be expected by August 31st of every year on the defined performance measures and will be used in overall agency decision-making by OSDH Leadership.



Chapter 5: The Organizational Action Plan

In this section you will learn about:

- ✓ Overview of Action Plans
- ✓ Basic Guidelines for Action Planning
- ✓ Action Plan Planning Steps
- ✓ Review and Use of your Action Plan

The Organizational Action Plan Template

The Organizational Action Plan

Action Plans

Action Plans (Operational Plans), which should be developed in conjunction with the strategic plan, identifies the **specific steps** that will be taken in order to achieve the strategic objectives – this is where the “rubber meets the road.” Each strategic objective defined during the development of your strategic plan should have a supporting action plan(s).

While there is not a specific format required for the Action Plan, it is expected that each program, service area, or county health department will have a plan in place for each goal and objective, to support the strategic plan. A sample template is provided in the appendices of this handbook. Other formats should meet the basic guidelines identified below.

Basic Guidelines

Action planning includes specifying **activities, responsibilities** and **timelines** for each strategic objective, or in other words, identifies who needs to do what and by when. You should also determine your methods to **monitor** and **evaluate** the plan, thereby knowing how the program, service area, or county health department will know who has done what and by when. Thus, Action Plans specify the actions needed to achieve the goals and objectives. They are fluid, and are considered a work in progress, yet Action Plans should be reviewed at specifically defined times to assure that progress is being made as identified during the planning process. Many Action Plans will require collaboration and cooperation between parties, including both program and administrative areas, to reduce duplication and to maximize use of agency resources. Involvement of community members or target population groups in the development of Action Plans is encouraged where appropriate.

The Action Plan should be submitted to the appropriate managers and supervisors within the organizational chain of command relative to the specific program, service area, or county health department upon initial development and as updated until a new plan is developed. The OSDH Office of Performance Management will periodically review action plans related to OSDH Goals and Objectives to assure alignment and consistency in use of the performance management system tools.

The Action Plan steps include the following

- **Identify Individuals** who should be involved in the development of the Action Plan. For example, if internal partners (such as program and support staff, Human Resources, or IT) or external partners (such as another agency, a community partner, outside business partner, or stakeholder) are critical to the success of the plan, they should be identified and included in the action plan strategy and progression.
- **Identify Activities or Tasks** that reflect the incremental or logical progression of actions or events that are necessary to accomplish the unit's strategic objectives and goals. Activities or Tasks in the Action Plan should be achievable during the timeframe covered by the Action Plan, typically a fiscal or calendar year. The level of detail relates to the need to monitor progress or the need to produce a deliverable in relation to the success of the organizational unit strategic objectives.
- **Assign responsibility** for the successful completion of the Action Plan as a whole and for each critical activity identified within the Action Plan. This will include "Who is responsible?" and "What are the roles and responsibilities for each?"
- **Establish a time frame** for the completion of each activity (step). "When will we need to take these actions?"

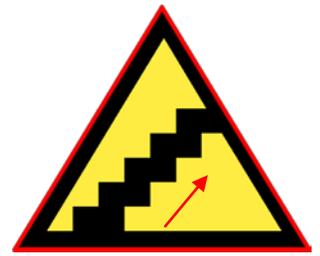
- **Identify the resources** required to complete the activities (steps). This will include personnel, equipment and supplies that are necessary to be successful. The detail related to, “How much will it take to execute these actions?” This section may require more detail if resources are being redistributed or new resources are needed to accomplish the defined objective and may actually become specific activities in the Action Plan.

- **Determine the deliverables (in measurable terms)** that should result from **completion** of individual activities or steps. The following are types of deliverables that might be seen in an Action Plan:
 - **Identify in-process measures** to ensure the processes used to carry out the action are working as intended.
 - **Define the expected results** that serve as milestones for accomplishment of the action plan.
 - **Identify actual products** such as reports, educational material, clinics held, individuals trained, etc. that are important to the success of the action plan.

Review and Use of Your Action Plan

Each Action Plan should be reviewed regularly (i.e. monthly or quarterly) to identify progress in meeting the expectations defined. Timeframes for review will be based on the timeframes established during the development of the Action Plan. **As a working document, the responsible party should update the plan regularly noting accomplishments and any areas needing attention.** This updated Action Plan should be communicated to appropriate managers within the organizational unit on mutually agreeable time intervals.

Areas identified with delays or an inability to accomplish a specified activity should critically analyze the reasons for this result. A variety of quality management tools may be used to assist in the identification of factors impacting the results. Tools such as the Plan-Do-Check-Act (PDCA) process, cause-effect diagrams, logic models, or strategy maps are examples. Please contact the Office of Performance Management if you would like more information or assistance in regard to these quality improvement tools.



Chapter 6: The Annual Review Template

In this section you will learn about:

- ✓ The Annual Review Due Date
- ✓ The Annual Review Template

The Annual Review Template

The Annual Review

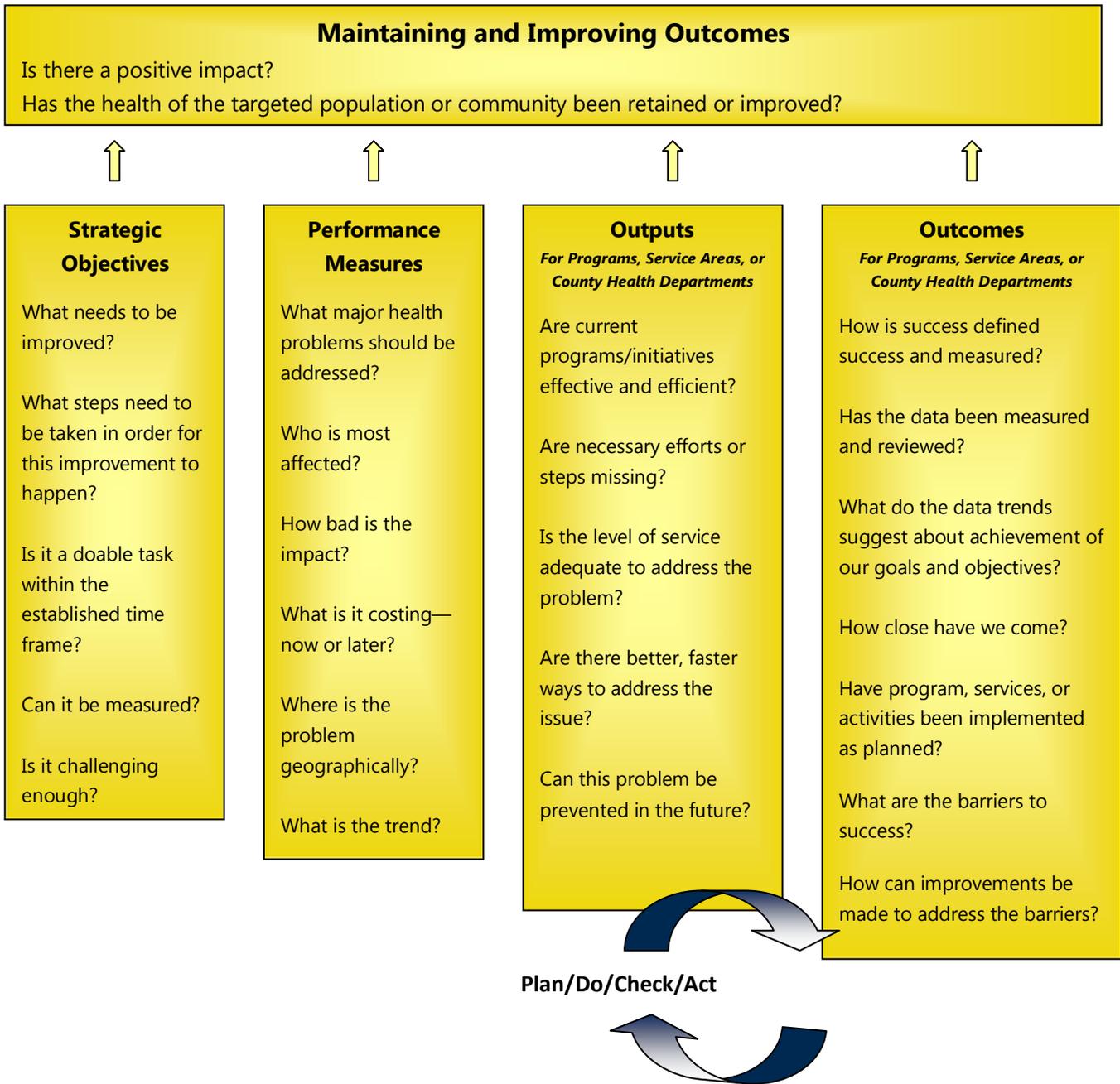
Prepared and submitted by July 31st of each fiscal year, the Annual Review should include reporting of actual data for target year just completed. Goals, objectives, and measures should also be updated in the Strategic Plan and Performance Measure Template at this time as well as the addition of any appropriate new goals, objectives, and measures.

The Annual Review provides an opportunity to review the strategic plan and progress towards goals and objectives at least annually. It is also a time when areas can identify items needing improvement and evaluate options to implement changes. Be as specific as possible when communicating the defined options including need for additional resources or an explanation for the change in expected results. The service areas and county health departments should routinely update action plans to reflect changes necessary to improve performance or a change in focus. If major barriers or the need for resources are beyond the scope of the initial plan, it is expected that managers will communicate these concerns and needs to the appropriate supervisors.

A variety of quality improvement tools can be used to assist in the identification of factors impacting the results, such as the PDCA (Plan-Do-Check-Act) process, cause-effect diagrams, logic models, etc.

Following is an example of a process that can be used throughout the performance management process or during the annual review as a quick checklist to evaluate goals, objectives and performance measures set by the area. Additionally, you can find links to other performance management and quality improvement tools by going into the Helpful Files & Links section of the Step UP Performance Management application or by contacting the Office of Performance Management at (405) 271-4200.

Maintaining and Improving Outcomes



Appendices

- I. The County Health Department Overview and Public Health Systems Alignment Template**

- II. The Central Office Overview of Organizational Unit and Public Health Systems Alignment Template**

- III. The Strategic Planning and Performance Measure Template**

- IV. The Action Plan Template**

- V. The Annual Review Template**

**Appendix I: The County Health Department Overview and
Public Health Systems Alignment Template**



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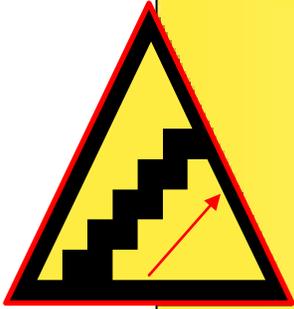
County Health Department Overview and Public Health Systems Alignment Template

County Health Department Name	Deputy Area
County Administrator Name:	
Phone Number:	
<p>Instructions: The following sections relate to the information included in the Step-Up Performance Management Handbook. Detailed information related to these areas is included in the full document and through hyperlinks or pop-up screens. This template should be completed/updated annually. For first four County Demographic Information requests, use the American FactFinder website as the data source. Click here to go to the American FactFinder census web site.</p>	
Section 1—County Demographic Information	
County Population: Indicate county population from most recent annual data from American FactFinder web site indicated above.	
County Population Count:	_____ Data Year _____
Below Poverty Level: Indicate percentage of county population below poverty level from most recent Census Bureau data from American FactFinder website listed above.	
Percent of Population Below Poverty Level: _____% Data Year _____	
Age Distribution: Indicate county age distribution information for county population using American FactFinder web site listed above. Data Year _____	
___ % Age 19 and under	
___ % Age 20-64	
___ % Age 65-84	
___ % Age 85+	
Race/Ethnicity: Indicate race/ethnicity distribution information for your county using American FactFinder website listed above. Data Year _____	
___ % White	
___ % Black	
___ % American Indian and Alaska Native	
___ % Asian	
___ % Native Hawaiian and other Pacific Islander	
___ % Other (add together some other race + two or more races on Fact Finder data sheet.)	
___ % Hispanic	

Programs and services Provided:	
Check all programs provided in your county health department.	
<input type="checkbox"/> Immunization	<input type="checkbox"/> Family Planning
<input type="checkbox"/> STD	<input type="checkbox"/> TB
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Children First
<input type="checkbox"/> Guidance	<input type="checkbox"/> WIC
<input type="checkbox"/> Child Health	<input type="checkbox"/> Chronic Disease
<input type="checkbox"/> Maternity	<input type="checkbox"/> Dysplasia
<input type="checkbox"/> Dental	<input type="checkbox"/> General Clinic
<input type="checkbox"/> Take Charge!	<input type="checkbox"/> Communicable Disease
<input type="checkbox"/> Adolescent Health	<input type="checkbox"/> Adult Services
<input type="checkbox"/> Consumer Protection	<input type="checkbox"/> Tobacco Use Prevention Services
<input type="checkbox"/> Physical Activity Program(s)	<input type="checkbox"/> Nutrition Programs (Other than WIC)
<input type="checkbox"/> Vital Records	<input type="checkbox"/> Other _____
Section 2: Oklahoma Framework	
OSDH Vision, Mission, and Guiding Values – At least annually discuss with staff in county health department.	
<input type="checkbox"/> Discussed with Staff	
OSDH Focus Areas —Indicate which of the 10 Focus Areas this county health department addresses. Check all that apply.	
<input type="checkbox"/> Tobacco Use Prevention	<input type="checkbox"/> Terrorism & Emergency Preparedness
<input type="checkbox"/> Physical Activity and Fitness	<input type="checkbox"/> Injury and Violence Prevention
<input type="checkbox"/> Nutrition and Overweight	<input type="checkbox"/> Development & Regulation of Health-related Systems
<input type="checkbox"/> Healthy Children and Families	<input type="checkbox"/> Public Health Systems Development (including infrastructure systems)
<input type="checkbox"/> Immunization and Infectious Disease	<input type="checkbox"/> Access to Care
OSDH Strategic Map —At least annually discuss with staff in county health department.	
<input type="checkbox"/> Discussed with Staff	
Section 3: County Health Department Overview	
Customer Satisfaction:	
Does the county health department assess customer or client satisfaction? (Examples: Public Opinion Survey, Retailer Assessment of Knowledge & Attitudes toward Youth Access Laws, Site Visit Evaluation Surveys, Evaluations of Training or Continuing Education Sessions, or Client Clinical Service Customer Survey)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Briefly describe process, including date and summary of last assessment [If Yes is clicked, new pop up box with Name, Date, Summary and How Often Data Entry fields.]
Does the county health department obtain input from constituent or target population through a systematic process? (Examples would include Task Force or Coalition Plan, Public Input Meeting, or Focus Group Meetings)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Specify

Community Assessment:			
The County Health Department performs a community assessment using an accepted community assessment model (i.e. MAPP) every 5 years.			
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Date Assessment Last Performed: _____ UPLOAD ASSESSMENT DOCUMENTS HERE .		
Community Health Improvement Plan:			
The County Health Department currently has an active Community/County Health Improvement Plan dated within the last 5 years.			
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Current Plan Date: _____ UPLOAD HEALTH IMPROVEMENT PLAN HERE .		
Quality Improvement Tools			
Please indicate and upload any quality improvement tools and processes used by county health department. (Please indicate Quality Improvement Tools used at CHD. Examples of QI tools and processes are run charts, cause/effect diagram, affinity diagram, fishbone, pareto chart, checksheet, brainstorming session documentation, 5 whys, flowchart, force field analysis, etc.)			
<input type="checkbox"/> No	<input type="checkbox"/> Yes: UPLOAD QI TOOLS & DOCUMENTS HERE .		
Emergency Preparedness:			
County Health Department participates in a HSEEP compliant emergency operations exercise every two years.			
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Specify date last completed: _____		
Funding Source: Choose all that apply and state percentage of dollars for each funding type for your county health department. Cite the most recent fiscal year for which data below was completed: 20__.			
<input type="checkbox"/> ___% State	<input type="checkbox"/> ___% Federal	<input type="checkbox"/> ___% Local Millage	<input type="checkbox"/> ___% Contractual
<input type="checkbox"/> ___% Foundation	<input type="checkbox"/> ___% Fees: Specify		
<input type="checkbox"/> ___% Other: Specify			
Estimated Total Funding (from all sources): If the organizational unit is grant funded and receives support (e.g. clerical) from a state or locally funded position, include the estimate of all sources of funding.			
\$			
Level of Effort: Indicate all applicable resources for the county health department. Choose any or all of the following or briefly describe other indicators of level of effort.			
Estimated funded FTE working on program or in designated unit (specify #s below):			
# County FTE:		# Central Office FTE (housed in county):	
# Contractually funded FTE working in the County Health Department:			

**Appendix II: The Central Office Overview of Organizational Unit and
Public Health Systems Alignment Template**



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Central Office Overview of Organizational Unit and Public Health Systems Alignment Template

Organizational Unit Name	Deputy Area
Contact Person Name:	
Phone Number:	
Instructions: The following sections relate to the information included in the Step-Up Performance Management Handbook. Detailed information related to these areas is included in the full document and through hyperlinks or pop-up screens. This template should be completed/updated annually.	
Section 1—National Framework	
Three Core Functions of Public Health: Indicate which of the following best describes the program or organizational unit. Check all that apply.	
<input type="checkbox"/> Assessment	<input type="checkbox"/> Policy Development
<input type="checkbox"/> Assurance	
Ten Essential Services of Public Health: Check all of the Essential Services within the public health core functions that apply to this organizational unit.	
<input type="checkbox"/>	Monitor health status to identify community health problems
<input type="checkbox"/>	Diagnose and investigate health problems and health hazards in the community
<input type="checkbox"/>	Inform, educate, and empower people about health issues
<input type="checkbox"/>	Mobilize community partnerships to identify and solve health problems
<input type="checkbox"/>	Develop policies and plans that support individual and community health efforts
<input type="checkbox"/>	Enforce laws and regulations that protect health and ensure safety
<input type="checkbox"/>	Link people to needed personal health services and assure the provision of health care when otherwise unavailable
<input type="checkbox"/>	Assure a competent public health and personal health workforce
<input type="checkbox"/>	Evaluate effectiveness, accessibility, and quality of personal and population-based health services
<input type="checkbox"/>	Research for new insights and innovative solutions to health problems

Section 2: Oklahoma Framework	
OSDH Vision, Mission, and Guiding Values – At least annually discuss with staff in organizational unit.	
<input type="checkbox"/> Discussed with Staff	
OSDH Focus Areas – Indicate which of the 10 Focus Areas this organizational unit addresses. Check all that apply.	
<input type="checkbox"/> Tobacco Use Prevention	<input type="checkbox"/> Terrorism & Emergency Preparedness
<input type="checkbox"/> Physical Activity and Fitness	<input type="checkbox"/> Injury and Violence Prevention
<input type="checkbox"/> Nutrition and Overweight	<input type="checkbox"/> Development & Regulation of Health-related Systems
<input type="checkbox"/> Healthy Children and Families	<input type="checkbox"/> Public Health Systems Development (including infrastructure systems)
<input type="checkbox"/> Immunization and Infectious Disease	<input type="checkbox"/> Access to Care
OSDH Strategic Map—At least annually discuss with staff in organizational unit.	
<input type="checkbox"/> Discussed with Staff	
Section 3: Program or Organizational Unit Overview	
Target Population: Does this organizational unit target a specific population group?	
<input type="checkbox"/> No, the service is available to everyone.	
<input type="checkbox"/> Yes—choose all that apply from the following	
Age Group	<input type="checkbox"/> 0-4 <input type="checkbox"/> 5-14 <input type="checkbox"/> 15-19 <input type="checkbox"/> 20-64 <input type="checkbox"/> 65 plus <input type="checkbox"/> all ages
Gender	<input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Both
Economic Status	<input type="checkbox"/> < 100 FPL <input type="checkbox"/> 100-185 FPL <input type="checkbox"/> > 185 FPL <input type="checkbox"/> All (no target)
Race/Ethnic Group	<input type="checkbox"/> All Races <input type="checkbox"/> Whites <input type="checkbox"/> African Am <input type="checkbox"/> Native Am <input type="checkbox"/> Asian
<input type="checkbox"/> Other: Specify _____ <input type="checkbox"/> Hispanic Origin	
Geographic Area	<input type="checkbox"/> Statewide <input type="checkbox"/> Specify counties or regions:
Agency employees <input type="checkbox"/>	
Other Target Group: may include internal customer categories and/or stakeholders: specify	
Customer Satisfaction:	
Does the organizational unit assess customer or client satisfaction? (Examples: Public Opinion Survey, Retailer Assessment of Knowledge & Attitudes toward Youth Access Laws, Site Visit Evaluation Surveys, Evaluations of Training or Continuing Education Sessions, or Client Clinical Service Customer Survey)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Briefly describe process, including date and summary of last assessment
Does the organizational unit obtain input from constituent or target population through a systematic process? (Examples would include Task Force or Coalition Plan, Public Input Meeting, or Focus Group Meetings)	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Specify
Funding Source: Choose all that apply the organizational unit.	
<input type="checkbox"/> State	<input type="checkbox"/> Federal <input type="checkbox"/> Local Millage <input type="checkbox"/> Contractual
<input type="checkbox"/> Foundation	<input type="checkbox"/> Fees: Specify
<input type="checkbox"/> Other: Specify	
Estimated Total Funding (from all sources): If the organizational unit is grant funded and receives support (e.g. clerical) from a state or locally funded position, include the estimate of all sources of funding.	
\$	

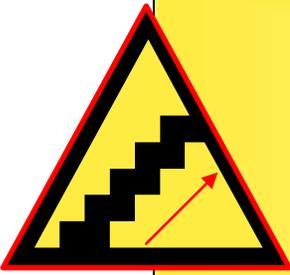
Level of Effort: Indicate all applicable resources for the organizational unit. Choose any or all of the following or briefly describe other indicators of level of effort.	
Estimated funded FTE working on program or in designated unit (specify #s below):	
# County FTE:	# Central Ofc FTE:
# contractually funded FTE working on program:	
Mandate: Does the organizational unit have a federal, state, or local mandate? (May include statutory authority or local ordinances.	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Specify
Advisory Board/Council: Does the organizational unit staff an existing external advisory board or council?	
<input type="checkbox"/> No	<input type="checkbox"/> Yes: Specify
If yes, is the Advisory Board/Council statutory mandated? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the Organizational Unit staff serve on outside Advisory Boards, Task Forces, or Councils as official OSDH representative? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please specify:	

**STRATEGIC PLAN AND PERFORMANCE MEASURE TEMPLATE
PLANNING FORM**

Instructions: This form may be used to assist in planning efforts to complete the direct report/service area's strategic plan and performance measure template in the Step UP Performance Management system application. This form may be used to report a maximum of 5 goals with 5 strategic objectives and the associated performance measures that are the most critical to the success of the organizational unit. A separate form should be used for each strategic objective and performance measure set. See the StepUP Performance Management Handbook for further instructions and examples in regard to goals, objectives and performance measures.

ORGANIZATIONAL UNIT (Direct Report/Service Area/CHD)		Contact Person Name:	
Name:		Phone Number/Extension:	
Goal(s):		Date Initiated:	
Strategic Objective:	Relationship to Strategic Map Goals?	Relationship to Focus Areas:	
<p>Instructions: List performance measures that are critical to measure movement toward achieving the strategic objective. Shaded areas are optional fields that should be completed if relevant. A maximum of 5 performance measures may be entered for each strategic goal/objective set.</p>			
Performance Measure:		Baseline: (Time period and value)	
Countries Served:	Formula & Definitions Be specific	Data Source:	Data Time Period: Calendar year <input type="checkbox"/> State fiscal year <input type="checkbox"/>
Benchmark:	Reporting Frequency:	Performance Measure Reporter:	Date Modified:
<p>Trend Data (Target and/or Actual Data for previous 10 years, i.e. 1997-2006, if available) [FOR NUMERICAL DATA ONLY.] [add trend/historical data button and then pop-up screen for previous ten years with view graph availability.]</p>			
Target Data: (i.e. 2011)	Target Data: (i.e. 2012)	Target Data: (i.e. 2013)	Target Data: (i.e. 2014)
		Target Data: (i.e. 2015)	Target Data: (i.e. 2016)

Appendix IV: Action Plan Template



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ACTION PLAN TEMPLATE

INSTRUCTIONS: Complete an Action Plan for each Strategic Objective identified during your planning process

Date:		Project Lead:	
Project Participants:			
Program, Service Area, or County Health Department:			
Comments:	Resource needs:		
	Budget impact:		
	Data/Scientific evidence to enhance plan:		
Goal:			
Strategic Objective:			
Performance Measure(s):			
Measurable activities or tasks to accomplish Strategic Objective	By Whom	Target Date	Completion Date

Appendix V: Annual Review Template



ANNUAL REVIEW TEMPLATE PLANNING FORM

Instructions: This form should be used to report on each of your identified goals, strategic objectives and associated performance measures at least annually.

Organizational Unit (Direct Report/Service Area) NAME:		Contact Person Name:		Date Initiated:
Phone Number/Extension:		Relationship to Strategic Map Goals: [drop down box]		Date of Review:
Goal:		Relationship to Focus Areas: [drop down box]		
Strategic Objective:				
Instructions: Answer the following questions on each performance measure. Information will indicate the movement toward achieving the strategic objective and any barriers to achieving success.				
Performance Measure:				
Baseline: (Time period and value)				
Measure Type	Formula & Definitions Be specific (c.)	Data Source:	Data Time Period: Calendar year <input type="checkbox"/> State fiscal year <input type="checkbox"/>	
HP2010 or other benchmark level:	Reporting Frequency:	Performance Measure Reporter:	Date Initiated:	Date Modified:
Trend Data (Target and/or Actual Data for previous 10 years, i.e. 1997-2006, if available.) [add trend/historical data button and then pop-up screen for previous ten years with view graph availability.]				
Target Data: 2007	Target Data: 2008	Target Data: 2009	Target Data: 2010	Target Data: 2011
Target Data: 2012				
Current Value and Time Period: Value _____ Time Period _____		Action Plan Developed & Used for Year Completed: Yes <input type="checkbox"/> No <input type="checkbox"/>		Scorecard Current Score _____ Previous Score _____ Trend _____
Briefly identify factors that supported the success:			Briefly identify barriers to success:	

Appendix B

Oklahoma State Department of Health

Strategic Plan Profile: SFY 2011-2015



Oklahoma State
Department of Health
Creating a State of Health

STRATEGIC PLAN/MAP ADOPTED AUGUST 22, 2010

Oklahoma State Department of Health

Strategic Plan Profile: SFY 2011 – SFY 2015

INTRODUCTION

This Strategic Profile summarizes the Strategic Plan for the Oklahoma State Department of Health for SFY 2011 through SFY 2015. It includes the following major elements:

- Mission of the Oklahoma State Department of Health
- Vision for the Oklahoma State Department of Health
- Values for the Oklahoma State Department of Health
- Strategic Map of the Oklahoma State Department of Health; and
- A description of the rationale for each strategic priority and its supporting goals

MISSION OF THE OKLAHOMA STATE DEPARTMENT OF HEALTH

An organization's Mission is a concise statement of why it exists, its reason for being. It is an enduring statement that usually remains the same for many years, providing long term direction and continuity for the organization.

The Mission of the Oklahoma State Department of Health is to protect and promote the health of the citizens of Oklahoma, to prevent disease and injury, and to assure the conditions by which our citizens can be healthy.

VISION OF THE OKLAHOMA STATE DEPARTMENT OF HEALTH

An organization's Vision describes the end state that it seeks to create. The Vision may be beyond the organization's ability to achieve alone, but the organization commits to making a significant contribution to realizing the Vision.

The Vision of the Oklahoma State Department of Health is:

Creating a State of Health

VALUES OF THE OKLAHOMA STATE DEPARTMENT OF HEALTH

An organization's Values define the acceptable standards which govern the behavior of individuals within the organization.

The Values of the Oklahoma State Department of Health are:

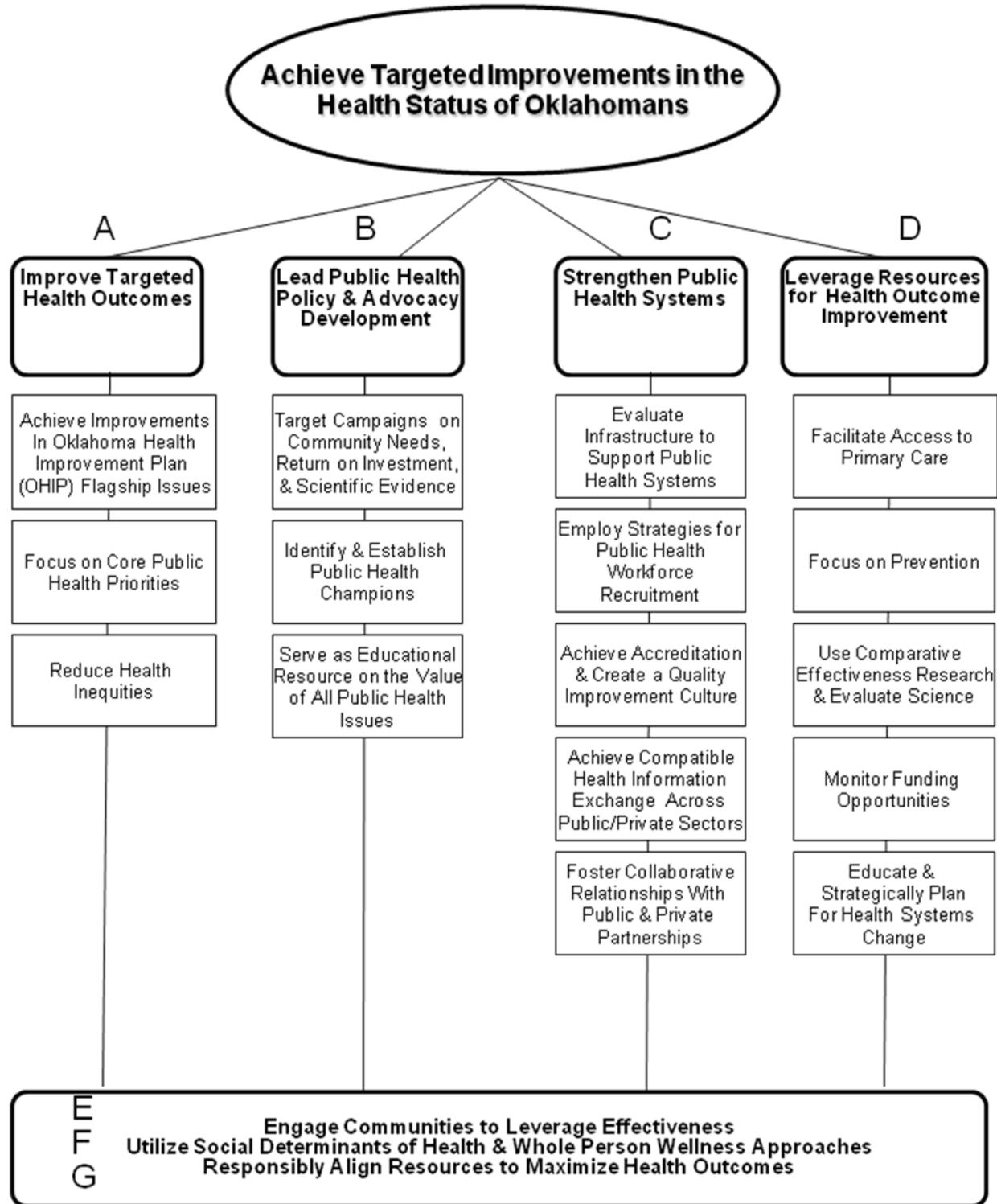
- *Honesty* – to be truthful in all our endeavors; to be forthright with one another and our customers, communities, suppliers, and stakeholders.
- *Integrity* – to say what we mean, to deliver what we promise, and to fulfill our commitments to each other and our customers.
- *Respect* – to treat one another and our customers with dignity and fairness, appreciating the diversity and uniqueness of each individual.
- *Accountability* – to take responsibility for our actions, and those of our agency and to fearlessly seek clarification and guidance whenever there is doubt.
- *Trustworthiness* – to build confidence in one another and our customers through teamwork and open, candid communication.
- *Customer Service* – to provide quality and effective services to all.

THE OKLAHOMA STATE DEPARTMENT OF HEALTH STRATEGIC MAP

The Strategic Map and Plan Profile are based on data from in-depth environmental scans and assessments completed on the strengths, weaknesses, and opportunities of the state's health and the Oklahoma State Department of Health. The Strategic Map of the Oklahoma State Department of Health depicted on the next page summarizes the Department's strategy for SFY 2011 through SFY 2015 – what it must do to carry out the Mission and achieve the Vision. It includes the following key elements:

- The Central Challenge, depicted as an oval at the top of the Map, describes the focus of the Department's strategy: Achieve Targeted Improvements in the Health Status of Oklahomans.
- The Department's strategic priority areas (a/k/a strategic theme areas), depicted in bold under the Central Challenge, outline the few critical things that the Department needs to do to meet its central challenge.
- The Department's goals, depicted in boxes under each strategic priority area, describe the key actions that will be taken to carry out these strategies.

Oklahoma State Department of Health
Strategic Map: SFY 2011-2015



Explanation of the Strategic Map

The oval at the top of the Strategic Map depicts the **Central Challenge** that the Department faces.



The Central Challenge is the focal point of the Department's Strategic Plan/Map.

Assessments of the health status of Oklahomans consistently report multiple indicators where the health of Oklahomans requires improvement. In implementing its Strategic Plan, the Department will focus on achieving targeted improvements in the health status of Oklahomans.

The Central Challenge is supported by seven strategic priority areas, labeled A thru G on the Strategic Map. The first four strategic priority areas (A – D) will require focused attention during the implementation period. Strategic areas E, F and G are depicted at the bottom of the Strategic Map in order to:

- Indicate that it is foundational for all efforts to implement the Strategic Plan.
- Indicate that efforts to engage communities, utilize social determinants and whole person wellness approaches, and responsibly align resources need to be embedded in actions to address all other strategic areas and goals.

Improve Targeted Health Outcomes

Achieve Improvements
In Oklahoma Health
Improvement Plan
(OHIP) Flagship Issues

Focus on Core Public
Health Priorities

Reduce Health
Inequities

Strategic Priority Area A

Improve Targeted Health Outcomes

In order to achieve targeted improvements in the health status of Oklahomans, this strategic priority area and the goals that support it focus on the specific areas where the Department will concentrate its efforts:

- Ensuring progress in the Oklahoma Health Improvement Plan (OHIP) flagship issues: children's health, tobacco use prevention and cessation, and obesity reduction.
- Focusing on core public health priorities and imperatives to significantly improve the health of all Oklahomans:
 - All Hazards Preparedness
 - Children's Health
 - Immunization
 - Infectious Disease
 - Mandates
 - Occupational Fatalities
 - Preventable Hospitalizations
 - Strong & Healthy Oklahoma (Eat Better * Move More * Be Tobacco Free)
- Recognizing and addressing the significant health inequities that exist in Oklahoma and targeting specific ways that those inequities can be reduced or eliminated.

Lead Public Health Policy & Advocacy Development

Target Campaigns on Community Needs, Return on Investment, & Scientific Evidence

Identify & Establish Public Health Champions

Serve as Educational Resource on the Value of All Public Health Issues

Strategic Priority Area B

Lead Public Health Policy and Advocacy Development

Achieving targeted improvements in the health status of Oklahomans requires that public health policy be aligned in support of those improvements. This strategic priority area and the goals that support it focus on the Department's role in public health policy and advocacy. Specifically, it emphasizes:

- The need for the Department to strengthen its essential role in targeting policy and advocacy campaigns on community needs, return on investment, and scientific evidence.
- The criticality of identifying and establishing public health champions in all essential areas and levels.
- The Department's role in serving as an educational resource on the value of all public health issues.

Strengthen Public Health Systems

Evaluate Infrastructure to Support Public Health Systems

Employ Strategies for Public Health Workforce Recruitment

Achieve Accreditation & Create a Quality Improvement Culture

Achieve Compatible Health Information Exchange Across Public/Private Sectors

Foster Collaborative Relationships With Public & Private Partnerships

Strategic Priority Area C

Strengthen Public Health Systems

Achieving targeted improvements in the health status of Oklahomans requires strengthening the public health system infrastructure. The goals that support this strategic priority area emphasize:

- The importance of continuous evaluation and improvement towards an effective and efficient public health system infrastructure.
- The critical role of the public health workforce and providers in assuring the health of Oklahomans.
- The importance of accreditation and a quality improvement plan and culture in ensuring a high level of performance throughout the state's public health infrastructure.
- The critical need for health information technology and health information exchange (HIE) that allow for immediate and seamless sharing of critical patient/client information across the entities involved in delivering services.
- The importance of collaborative public and private partnerships to achieving health improvement in our residents across the state.

**Leverage
Resources
for Health Outcome
Improvement**

Facilitate Access to
Primary Care

Focus on Prevention

Use Comparative
Effectiveness Research
& Evaluate Science

Monitor Funding
Opportunities

Educate & Strategically
Plan for Health
Systems Change

Strategic Priority Area D

Leverage Resources for Health Outcome Improvement

Achieving targeted improvements in the health status of Oklahomans will require leveraging resources for health outcome improvement including:

- Facilitating Oklahomans' access to primary care to assure the best options are utilized for the citizens of Oklahoma.
- Focusing on prevention of disease and injury as key to a state of health and stopping diseases and injuries from occurring.
- Assuring the utilization of comparative effectiveness research and scientific evaluation.
- Continual monitoring of funding opportunities and usage.
- Educating, communicating, and strategically planning for health systems change.

CROSS-CUTTING STRATEGIC PRIORITY AREAS E, F, AND G

**Engage Communities to Leverage Effectiveness
Utilize Social Determinants of Health & Whole Person Wellness Approaches
Responsibly Align Resources to Maximize Health Outcomes**

Strategic Areas E, *Engage Communities to Leverage Effectiveness*; F, *Utilize Social Determinants of Health & Whole Person Wellness Approaches*, and G, *Responsibly Align Resources to Maximize Health Outcomes* are cross-cutting strategic areas that differ from the others in two ways. First, their horizontal direction cuts across the other strategic priority areas and their supporting goals to indicate that efforts to implement each cross-cutting area will need to permeate implementation efforts for the other four strategic priority areas on the Map. Second, the positioning of these cross-cutting strategic priority areas at the bottom of the Map demonstrates they are foundational to the entire Map.

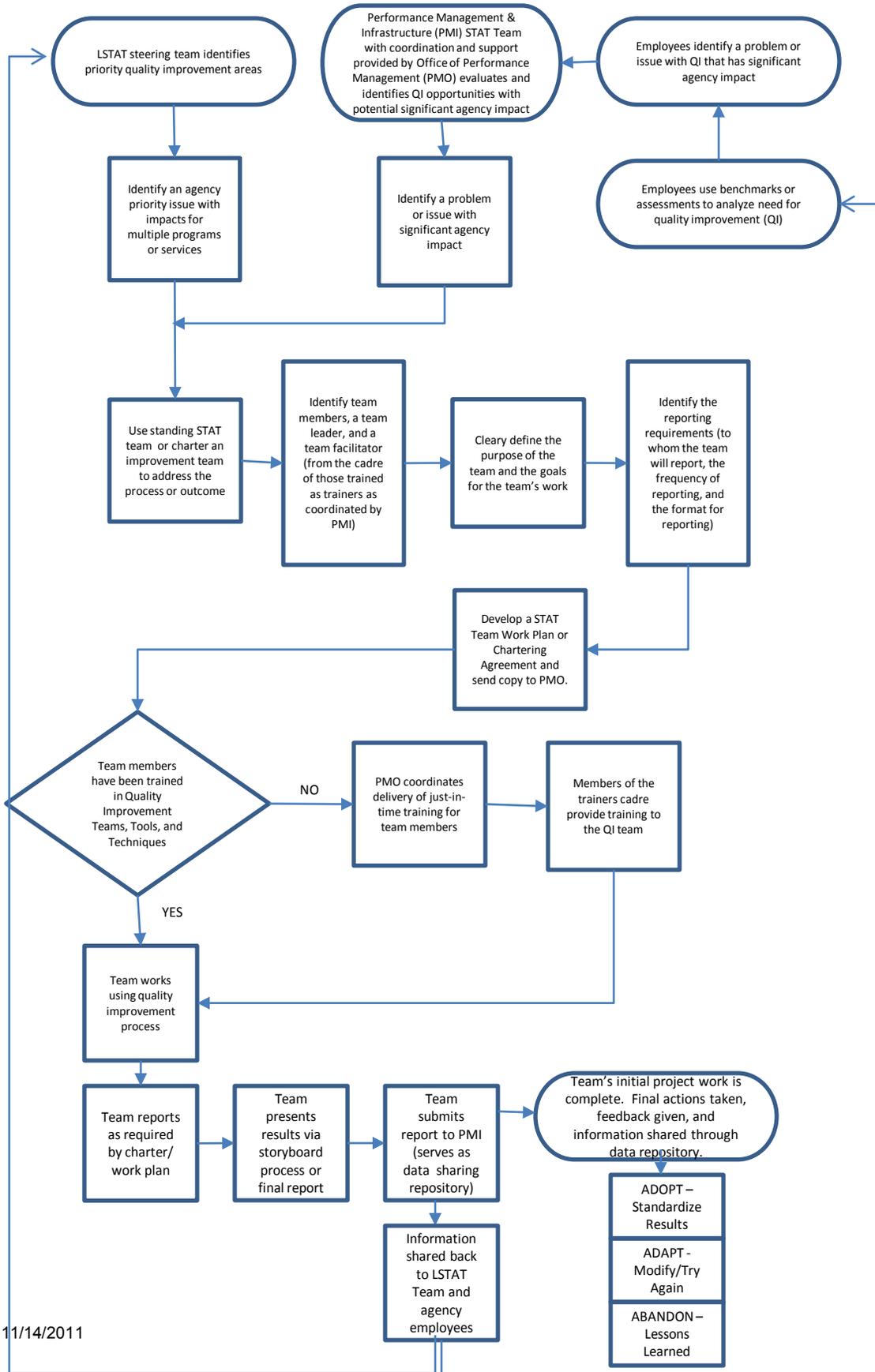
Cross-Cutting Strategic Priority Area E, *Engage Communities to Leverage Effectiveness*, recognizes that no efforts to implement the other strategic priority areas and goals will be considered adequate unless they include efforts to engage public and private community partners to leverage effectiveness.

Cross-Cutting Strategic Priority Area F, *Utilize Social Determinants of Health & Whole Person Wellness Approaches*, recognizes the critical role the social environment and the whole-person approach has in the wellness of its residents. The environment residents live in greatly affects their health status; and to have optimal health, all aspects—including physical, mental and social health--must be addressed.

Cross-Cutting Strategic Priority Area G, *Responsibly Align Resources to Maximize Health Outcomes*, recognizes that achieving improved outcomes in the health status of Oklahomans requires responsibly aligning resources to focus on and meet key public health priorities.

Appendix C

OSDH Quality Improvement Process Map



Appendix D

Key Terms and Glossary

Access

Access is the potential for or actual entry of a population into the health system. Entry is dependent upon the wants, resources, and needs that individuals bring to the care-seeking process. The ability to obtain wanted or needed services may be influenced by many factors, including travel, distance, waiting time, available financial resources, and availability of a regular source of care. Access also refers to the extent to which a public health service is readily available to the community's individuals in need. Accessibility also refers to the capacity of the agency to provide service in such a way as to reflect and honor the social and cultural characteristics of the community and focuses on agency efforts to reduce barriers to service utilization. (Turnock, BJ. *Public Health: What It Is and How It Works*. Jones and Bartlett. 2009).

Accreditation

Accreditation for public health departments is defined as:

1. The development and acceptance of a set of national public health department accreditation standards;
2. The development and acceptance of a standardized process to measure health department performance against those standards;
3. The periodic issuance of recognition for health departments that meet a specified set of national accreditation standards; and
4. The periodic review, refining, and updating of the national public health department accreditation standards and the process for measuring and awarding accreditation recognition.

(Public Health Accreditation Board. *Guide to National Public Health Department Accreditation Version 1.0*. Alexandria, VA. May 2011).

Assessment

Assessment is defined as:

1. Collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve public health.
2. One of the three core functions of public health, involving the systematic collection and analysis of data in order to provide a basis for decision-making. This may include collecting statistics on community health status, health needs, community assets and/or other public health issues. The process of regularly and systematically collecting, assembling, analyzing, and making available information on the health needs of the community, including statistics on health status, community health needs, and epidemiologic and other studies of health problems.

(*Assessment in Action: Improving Community Health Assessment Practice*, Clegg and Associates, 2003); Institute of Medicine. *The Future of Public Health*. Washington, DC: National Academy Press, 1988); Novick LF, Mays GP. *Public Health Administration: Principles for Population-Based Management*. Gaithersburg, MD: Aspen Publishers; 2001).

Benchmarks

Benchmarks are points of reference or a standard against which measurements can be compared. In the context of indicators and public health, a benchmark is an accurate data point, which used as a reference for future comparisons (similar to a baseline). Sometimes it also refers to as "best practices" in a particular field. Communities compare themselves against these standards. Many groups use benchmark as a synonym for indicator or target. (Norris T, Atkinson A, et al. *The Community Indicators Handbook: Measuring Progress toward Healthy and Sustainable Communities*. San Francisco, CA: Redefining Progress; 1997).

Best Practices

The best clinical or administrative practice or approach at the moment, given the situation, the consumer or community needs and desires, the evidence about what works for a particular situation and the resources available. Organizations often also use the term promising practices which may be defined as

clinical or administrative practices for which there is considerable practice-based evidence or expert consensus which indicates promise in improving outcomes, but for which are not yet proven by strong scientific evidence. (National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Board of Health

A board of health is a legally designated governing entity whose members are appointed or elected to provide advisory functions and/or governing oversight of public health activities, including assessment, assurance, and policy development, for the protection and promotion of health in their community. (National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Communication

Communication is defined as a process by which information is exchanged between individuals through a common system of symbols, signs, or behavior. (www.merriam-webster.com/dictionary/communication).

Community

Community is a group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action. (Turnock, BJ. Public Health: What It Is and How It Works. Jones and Bartlett, 2009).

Community Health

Community health is a discipline of public health that is the study and improvement of the health-related characteristics of the relationships between people and their physical and social environments. The term “community” in community health tends to focus on geographic areas rather than people with shared characteristics. From a community health perspective, health is not simply a state free from disease but is the capacity of people to be resilient and manage life’s challenges and changes. Community health focuses on a broad range of factors that impact health, such as the environment (including the built environment), social structure, resource distribution (including, for example, access to healthful foods), social capital (social cohesion) , and socio-economic status. A key approach or methodology of community health is the creation and empowerment of community partnerships to take action that will improve the health of the community. Community health partnerships include representation from a wide variety of sectors of the community, for example, recreation, the faith community, law enforcement, city planners and policy makers, businesses, human and social services, as well as public health and health care providers. (Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011).

Customer/Client

Customer/client is the person or group that receives or consumes services and has the ability to choose among different products or services. (www.merriam-webster.com/dictionary/customer).

Determinants of Health

Factors which influence the health status of an individual and/or a population are called determinants of health. They may be categorized in several groups such as the genetic or biological causes and predisposition of disease, mortality, or disability; the behavioral aspects of disease and illness (choices, lifestyle, etc.); the cultural, political, economic, and social aspects of disease and illness; the environmental aspects of disease and illness; the policy aspects of disease and illness; and the individual and response to all of the above. (Institute of Medicine. The Future of the Public’s Health in the 21st Century. National Academies Press. Washington, DC. 2003).

Evidence-based Practice

Evidenced-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is

learned. (Brownson, Fielding and Maylahn. Evidence-based Public Health: A Fundamental Concept for Public Health Practice. Annual Review of Public Health).

Goals

Goals are intended to be broad with a focus on long-term results. They are clear statements of the general end purposes for which efforts are directed. The strategic plan goals must be consistent with agency goals. (Oklahoma State Department of Health. Step UP Performance Management Handbook, Oklahoma City, OK, spring 2011.)

Governing Board

Governing boards of health serve in more complex roles as they are responsible for establishing local ordinances and regulations, approving health agency budgets and expenditures, setting fees for services, issuing permits and licenses, and hiring and firing the chief executive officer (i.e., health officer). (Public Health Accreditation Board and National Association of Local Boards of Health. Governance Engagement in National Voluntary Public Health Accreditation. May 2010).

Governing Entity

A governing entity is the individual, board, council, commission or other body with legal authority over the public health functions of a jurisdiction of local government; or region, or district or reservation as established by state, territorial, or tribal constitution or statute, or by local charter, bylaw, or ordinance as authorized by state, territorial, tribal, constitution or statute. (National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Health

Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity. (World Health Organization, 1998).

Health Education

Health education is any combination of learning opportunities designed to facilitate voluntary adaptations of behavior (in individuals, groups, or communities) conducive to good health. Health education encourages positive health behavior. Health education consists of any planned combination of learning experiences designed to predispose, enable, and reinforce voluntary behavior conducive to health in individuals, groups or communities. An educational process by which the public health system conveys information to the community regarding community health status, health care needs, positive health behaviors and health care policy issues. (National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Health Information

Health information is information regarding medical, clinical or health-related subjects that individuals may use to make appropriate health decisions. (National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Health Needs

Health needs in public health are those demands required by a population or community to improve their health status. (www.nlm.nih.gov).

Health Status

The degree to which a person or defined group can fulfill usually expected roles and functions physically, mentally, emotionally, and socially. (Scutchfield, FD, and CW Keck. Principles of Public Health Practice. Delmare CENGAGE Learning. 2009).

Healthy People 2020

Healthy People 2020 is a document that provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order encourage collaborations across sectors; guide individuals

toward making informed health decisions and measure the impact of prevention activities. (www.healthypeople.gov/2020).

Human Resources System

A human resources system is a comprehensive approach to the recruitment, hiring, orientation and training of employees, as well as the activities associated with managing employee benefits, retention, payroll, employment policies and procedures, and retention of employees. (www.businessdictionary.com/definition/human-resources.html).

Infrastructure

Infrastructure denotes the systems, competencies, relationships, and resources that enable performance of public health's core functions and essential services in every community. Categories include human, organizational, informational, and fiscal resources. (National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Leadership Strategic Targeted Action Teams (LSTAT)

This team, composed of the agency's senior leadership team and key management members appointed for their expertise in strategic priority areas, oversees all strategic targeted action teams (STATs) activities to assure improvement is being made in the agency's priority areas.

Local Health Department (a/k/a county health department)

A local health department is defined, for the purposes of PHAB accreditation, as the governmental body serving a jurisdiction or group of jurisdictions geographically smaller than a state and recognized as having the primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by the state's constitution, statute, or regulations or established by local ordinance or through formal local cooperative agreement or mutual aid. The entity may be a locally governed health department, a local entity of a centralized state health department, or a city, city-county, county, district, or regional health department. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA. May 2011).

Objectives

Objectives define the specific results and milestones along the road to accomplishing goals that are expected over the defined timeframe. They are specific, measurable, aggressive but achievable, realistic, and time-framed. (Oklahoma State Department of Health. Step UP Performance Management Handbook, Oklahoma City, OK, spring 2011.)

Office of Performance Management

This office is responsible for directing, managing, and coordinating quality improvement, strategic planning, performance improvement/management, and national public health accreditation efforts of the agency.

Oklahoma Health Improvement Plan (OHIP)

The Oklahoma Health Improvement Plan (OHIP) is the state health improvement plan that directs and guides health improvement planning efforts for the state. It is a community health improvement plan that is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental and community partners to set priorities and coordinate and target resources. (Adapted from: United States Department of Health and Human Services, Healthy People 2010. Washington DC; Centers for Disease Control and Prevention, National Public Health Performance Standards Program, www.cdc.gov/nphpsp/FAQ.pdf).

Operations

Operations refers to the performance of a practical work or of something involving the practical application of principles or processes. (www.merriam-webster.com/dictionary/operations).

Orientation

Orientation is a process of providing training and information about a new job, new situation, or new position to employees. (www.merriam-webster/dictionary/orientation).

Partnership

A partnership is a relationship among individuals and groups that is characterized by mutual cooperation and responsibilities. (Scutchfield, FD, and CW Keck. *Principles of Public Health Practice*. Delmare CENGAGE Learning. 2009).

Performance Management and Infrastructure STAT Team

This team is at the operational level and is composed of representatives from across the agency who have expertise and knowledge in performance management areas and provide input, advice, assistance and action in activities that strengthen quality improvement, performance management, and accreditation readiness for the agency.

Performance Management System

A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (Public Health Accreditation Board. *Standards and Measures Version 1.0*. Alexandria, VA, May 2011).

Performance Measures

Performance measures (also known as performance indicators) are the specific representation of a capacity, process, or outcome deemed relevant to the assessment of performance. (Oklahoma State Department of Health. *Step UP Performance Management Handbook*, Oklahoma City, OK, spring 2011.)

Periodic

Periodic is defined as occurring or recurring at regular intervals. (www.merriam-webster.com/dictionary/periodic).

Policy/Policy Development

Policy is a definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions or a high-level overall plan embracing the general goals and acceptable procedures especially of a governmental entity. Policy development is the means by which problem identification, technical knowledge of possible solutions, and societal values converge to set a course of action. As such, policy development is an outgrowth of the assessment and monitoring activities described with respect to all other essential public health services. Policy development is a process that enables informed decisions to be made concerning issues related to the public's health. (www.merriam-webster.com/dictionary/policy; Institute of Medicine. *The Future of Public Health*. National Academies Press. Washington, DC. 1988).

Population Health

Population health is a cohesive, integrated and comprehensive approach to health considering the distribution of health outcomes within a population, the health determinants that influence the distribution of care, and the policies and interventions that impact and are impacted by the determinants. (Nash, Reifsnnyder, Fabius, and Pracilio. *Population Health: Creating a Culture of Wellness*. Jones and Bartlett. MA, 2011).

Public Health

The mission of public health is to fulfill society's desire to create conditions so that people can be healthy. Public health includes the activities that society undertakes to assure the conditions in which people can be healthy. These include organized community efforts to prevent, identify and counter threats to the health of the public. (Turnock, BJ. *Public Health: What It Is and How It Works*. Jones and Bartlett. 2009).

Public Health Accreditation Board (PHAB)

PHAB is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA, May 2011).

Public Health System

The public health system is the constellation of governmental and nongovernmental organizations that contribute to the performance of essential public health services for a defined community or population. (Scutchfield, FD, and CW Keck. Principles of Public Health Practice. Delmare CENGAGE Learning. 2009).

Quality Improvement (QI)

Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. Defining Quality Improvement in Public Health. Journal of Public Health Management and Practice. January/February 2010).

State Health Department

A state health department is defined as the governing entity with primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by state constitution, statutes or regulations, or established by Executive Order. (Public Health Accreditation Board. Guide to National Public Health Department Accreditation Version 1.0. Alexandria, VA, May 2011).

Strategic Plan

A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (Swayne, Duncan, and Ginter. Strategic Management of Health Care Organizations. Jossey Bass. New Jersey. 2008).

Step UP Performance Management System

The Step UP Performance Management System is a web-based system designed to measure the performance of Oklahoma State Department of Health services and county health departments with quantifiable indicators important to achieving critical department goals.

Strategic Targeted Action Teams (STAT)

Strategic Targeted Action Teams (STATs) are teams that are responsible for developing, implementing, monitoring, and improving outcomes and processes for specific strategic priority areas of the agency.

Technical Assistance (TA)

Technical assistance is an array of supports including advice, recommendations, information, demonstrations, and materials provided to assist the workforce or organizations in improving public health services. (National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).

Values

Values describe how work is done and what beliefs are held in common as a basis for that work. They are fundamental principles that organizations stand for. (Swayne, Duncan, and Ginter. Strategic Management of Health Care Organizations. Jossey Bass. New Jersey.2008).

Vision

Vision is a compelling and inspiring image of a desired and possible future that a community seeks to achieve. A vision statement expresses goals that are worth striving for and appeals to ideals and values that are shared among stakeholders (Bezold, C. On Futures Thinking for Health and Health Care: Trends, Scenarios, Visions, and Strategies. Institute for Alternative Futures and the National Civic League. Alexandria, VA. 1995; National Public Health Performance Standards Program, Acronyms, Glossary, and Reference Terms, CDC, 2007. www.cdc.gov/nphpsp/PDF/Glossary.pdf).