



Building the Foundation: Leadership and Structure

"All 'players' need to be involved in the process from its inception. Top leadership needs to constantly reinforce support for the process."

—Utah Department of Health, Utah Tomorrow

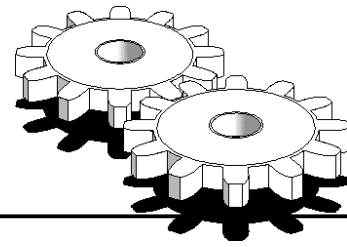
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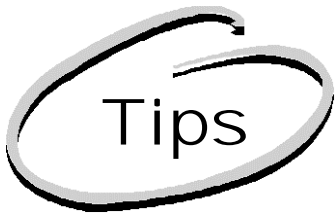
Involvement of and support from the state health officer, other agency heads, top political leaders, and key policy makers in a state significantly improves and strengthens the state planning process. Effective leadership is necessary to inspire a shared vision and enlist appropriate partners and staff in the development process. Once leaders' commitments and buy-in are secured, planning structures, resources, and other essential elements often fall into place more easily. The suggestions and tools in this section can help you build a strong foundation for planning. Implementation will, of course, depend on the unique characteristics of each state.

Action Checklist: Leadership & Structure

(See page 113 for a complete planning and development checklist.)



- Secure commitment from senior health department staff
- Form preparation team to identify goals and guide early stages of development
- Create a planning structure
- Examine policy/political environment
- Engage partners early and maintain their involvement
- Identify potential barriers and facilitators to success
- Present state plan development process to political leaders for support
- Identify related initiatives to integrate or consider coordination with state plan
- Define functions and composition of advisory and/or steering group



Don't pass GO before gaining leadership support.

Enlisted leaders can:

- ▶ Influence public opinion
- ▶ Mobilize support and engage partners
- ▶ Inspire action to get things done
- ▶ Facilitate finding, obtaining, and allotting resources
- ▶ Guide decision making
- ▶ Advocate for the state plan's goals and objectives
- ▶ Set policy and ensure that objectives are monitored and considered in policy matters

Begin within your own agency

- ▶ State health officer
- ▶ Senior health department staff and program managers (e.g., women's health, minority health, long term care)

Include the governor and key legislative leaders

- ▶ Governor's health policy advisors, advisory councils, cabinet members
- ▶ Political and policy leaders, including legislators on health and human services and fiscal subcommittees
- ▶ Key health supporters as well as potential adversaries

Enlist heads of other state agencies

- ▶ Mental health, substance abuse, environmental, social services, children and families, aging, disabilities, education, agriculture, transportation, and other agencies
- ▶ Work with the governor and cabinet members to determine which office(s) will officially issue the plan, and bring those leaders in early

Know the playing field

- ▶ Conduct a SWOT (strengths, weaknesses, opportunities, and threats) analysis (see page 19)
- ▶ Know how your state plan activities will align with other planning and improvement efforts
- ▶ Learn from past successes and mistakes
- ▶ Define how the state plan can support and advance leaders' current policies and priorities

Be explicit about what you are requesting from others

- ▶ Identify shared values and common goals
- ▶ Identify specific roles and responsibilities
- ▶ Share responsibilities and decision making
- ▶ Establish accountability mechanisms

Process in Action: Examples from the Field

Below are examples of how the nation and states have made connections with leadership to develop health objectives and establish planning structures.

From the National Initiative

Secretary's Council

The Secretary's Council on National Health Promotion and Disease Prevention Objectives for 2010 is the advisory structure for Healthy People 2010. The membership of the Council promotes leadership commitment and involvement in the development process. The Council, which meets annually, is comprised of former Assistant Secretaries for Health and the current heads of operating divisions in HHS. The Secretary of HHS serves as the chair, and the current Assistant Secretary for Health and Surgeon General is the vice chair.

The Council is charged to do the following, according to the Healthy People 2010 Charter:

- Provide to the Secretary advice and consultation to facilitate the process of developing national health promotion and disease prevention goals and objectives;
- Provide links with the private sector to ensure their involvement in the process of developing national health promotion and disease prevention objectives;
- Through those links with the private sector, enhance the prospects of tying together similar health promotion and disease prevention efforts throughout the private and voluntary sectors.

Healthy People Steering Committee and Work Groups

The Steering Committee is comprised of representatives of all operating divisions of HHS. The members are joined in these discussions by work group coordinators from the lead agencies in the Public Health Service which have been designated to be responsible for the achievement of the Healthy People targets. A list of the Healthy People 2010 Work Group Coordinators can be found in Appendix E of Healthy People 2010, Volume II at:

<http://www.health.gov/healthypeople/Publications>.

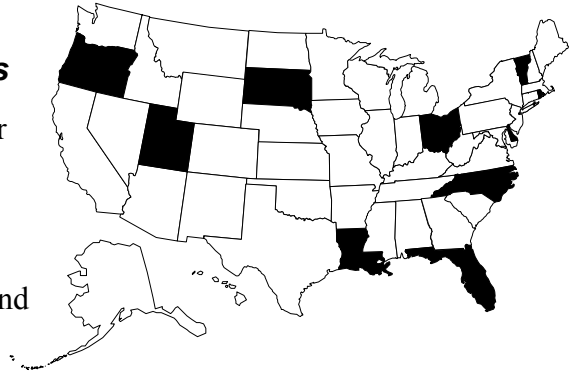
The report, *Stakeholders Revisit Healthy People 2000 to Maximize the Impact of 2010*, describes the Steering Committee retreat proceedings which began the 2010 development process. The report includes summaries of the five Consortium member breakout groups and is available at: <http://www.health.gov/HPcomments/Stakeholder>.

From State Initiatives

Governor's office leads planning process

By Executive Order, **North Carolina's** governor established the Task Force on Health Objectives for the year 2000. The governor's Task Force engaged 25 North Carolina leaders representing health care providers, consumer organizations, and public representatives. This broad coalition

helped to foster public and private sector ownership of the state's health objectives. A state-level Office of Healthy North Carolinians offered assistance to local community leaders and involved the majority of counties in Healthy Carolinians activities. In April of 1999, the governor signed a second executive order, establishing and expanding a successor Task Force for year 2010 health objectives. The goal is to review the national objectives for year 2010 and involve North Carolina counties in establishing the state's 2010 objectives. North Carolina believes that the state's "decentralized" public health system will lead to success with this approach.



The **Louisiana** legislature passed a bill to create the Louisiana Healthy People 2010 Planning Council in the Department of Health and Hospitals. The task of the Council will be to design a process for developing a state plan. The bill states that the Council shall be composed of a variety of public, private, professional, educational, trade, volunteer and advocacy organizations to ensure that all citizens are represented. It also requires that a paid staff person assist the activities of the Council.

In 1996 **South Dakota's** governor signed an Executive Order establishing the Governor's Health Advisory Committee to provide recommendations and advise the Secretary of Health on health priorities. The Health Advisory Committee serves as a think tank on emerging and priority health issues and helps to foster partnerships to improve geographic and financial access to health care. The Committee uses the Healthy People objectives when applicable. Included in the advisory committee are key members of the healthcare community including providers, administrators, educators, and consumers.

In 1993 the **Utah** Legislature enacted legislation to create a statewide strategic plan with performance measurements. State legislators, local government representatives, state agency heads, other governor-appointed members, and a state coordinator participated in the *Utah Tomorrow* strategic planning committee. By centralizing planning through the governor's office, Utah achieved among various state agencies a common planning language for performance measures and objectives. The governor's Office of Planning and Budget provided technical assistance and hands-on skills training to state agencies, which were asked to participate voluntarily in planning and performance measurement efforts.

Incorporating health objectives into other strategic planning and evaluation efforts, such as performance-based budgeting

Florida's year 2000 planning occurred in the context of the state's 1992 Health Care Reform Act. This Act requires the state to develop biennial health plans that include population health status data, specific health status objectives, and outcome measures. These responsibilities were transferred to the Department of Health when the Department was created in 1997 and resulted in the development of the Florida State Health Plan. In addition, since Florida statutes mandated implementation of performance-based program budgeting, the Florida Department of Health integrated performance-based budgeting into the planning process for its Agency Strategic Plan, which is updated annually with five-year forecasts.

The 1993 **Oregon** legislature directed all state agencies to develop performance measures with ties to the state's indicators of well being, called Oregon Benchmarks. A Progress Board presents biennial progress reports to the legislature and public. The benchmarks and progress reports help to keep state agencies focused on results and help leaders evaluate and reset priorities. Many Oregon local governments have initiated their own benchmark planning systems.

In **Ohio**, the director of the Department of Health initiated a strategic planning process designed to strengthen Ohio's public health system. It was called Ohio's Public Health Plan. The plan targeted five initiatives, one of which was Healthy People Ohio. Ohio Department of Health senior staff and representatives of public health associations guided the planning process with a Work Group on Healthy People Ohio.

Using strategic plans and progress reports to evaluate proposed policies and funding allocations

Utah's annual budget cites relevant *Utah Tomorrow* goals, and state agencies must reference relevant performance standards for their department proposals. The Utah Legislature's Appropriations Subcommittees annually receive reports detailing updated objectives and performance measures for relevant subject areas. Utah legislators are encouraged, but not required, to correlate legislation with the state's strategic plan and to use *Utah Tomorrow* to evaluate proposed legislation.

Influencing health legislation

Vermont, Delaware, Guam, and Utah attribute state success in passing clean indoor air legislation to the state health objectives. In addition to clean indoor air laws, Vermont's legislative successes have been numerous, including passage of bills related to lead abatement, immunizations, and seat belt usage.

The **Rhode Island** Department of Health was successful in using year 2000 objectives to win legislative approval for new requirements related to automobile and boat safety and radon control, as well as new minority health programs funded by a tobacco tax.

Creating a Structure for Success



1. Preparation

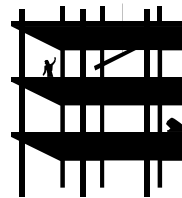
A carefully organized and well-defined planning structure will position the 2010 planning process for success. There are several options for developing steering committees, advisory committees, and other structures to carry out planning work and involve people in the process. This tool can be used to structure government leadership or community involvement. (See the action area, “Identifying and Engaging Community Partners.”)

This tool will give you ideas on how to structure your process, identify participants, and delineate participant roles and responsibilities. A small group, or 2010 preparation team, can help make structural decisions before the official steering group is formed. In just one or two meetings, this team can ensure that invitations are sent to the right people and their charge is clear from the beginning.

An existing health advisory group or public health management team can serve as a preparation team.

2. Align the planning structure with state goals

Consider first what the desired results of the 2010 process are, then build a planning structure around those goals. For example, if the state's goal is for policy makers to use the 2010 plan to propose legislation, a planning structure involving the legislative branch or the governor's office may be desirable. If state goals emphasize local use of the plan, a planning structure with local involvement would be ideal.



Know what you want to build before bringing in the crew.

3. Write down what the state wants to achieve, then consider the structural issues and options on the following pages by asking, "Which option will give us these results?"

Issue 1: Authority: Advisory vs. Steering Responsibilities

In any planning structure, participants should know:

Who has an advisory role? Persons in an advisory role may provide informed input on topics such as the 2010 planning process, priority or focal areas, target populations, scope of objectives, marketing, and other aspects of the 2010 plan.

Who has a steering role? Persons in a steering role navigate the course of the planning process, establish work groups, determine input processes, and make decisions about the content of the state plan.

Who makes final decisions, weighing all input?

Who will be held accountable for the plan and see the plan through?

Advisory Structure Options

- Single, state-wide advisory group that meets throughout the process
- Two or more advisory groups to ensure input from specific constituencies (e.g., geographic areas, racial and ethnic populations, or local health officers), periodically convened
- Consortium of various advisory groups, (e.g., maternal and child health, mental health, substance abuse)
- No formal advisory group, but planned events or activities to gain input from key constituencies (see options in "Public Input and Involvement," page 10)

How can advisory and steering structures fit together?

For a visual overview of potential relationships among various structures, see the four sample organizational charts on pages 13-14.

Steering Structure Options

- Steering group with full authority to develop and adopt the 2010 plan
- Steering group with significant authority to develop the 2010 plan, subject to the final approval of the governor, state health officer, or others
- Steering group with specific authority over certain tasks (such as the development of objectives), with other tasks (such as marketing and publication of the plan) under the authority of the state health agency or governor's office

Leadership Options

- Chaired by the governor or his/her designee
- Chaired by an official or appointed by the legislature
- Chair elected by the group
- Chaired or co-chaired by state public health, mental health, substance abuse, or environmental health director(s)
- Co-chaired by the state health officer and a community representative (appointed or elected)
- Rotating chair
- No chair—group received direction and guidance from staff

Membership Options

- State agency staff only
- State and local public agencies staff
- Members of the private, public, and voluntary sectors — e.g., academia (schools of public health, social work, nursing, medicine), community health and social organizations, business, legislatures, etc.
- Community members excluding state agencies and academia

<i>Issue 2: Distributing the Work</i>
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The options below may apply to distributing the work of advisory groups, as well as steering groups, according to the planning structure in your state. (See “Participant Roles and Responsibilities,” page 15, for additional ideas on ways to coordinate the work of developing the state plan.)

Delegation Options

- The steering group does all the work in steering group meetings
- The steering group divides its members into work groups or subcommittees
- The steering group establishes work groups to be chaired by a steering group member, with work group membership open to non-steering group members who have expertise or interest
- The steering group charges the state health agency with forming work groups as needed

Work Group Options

Number

- Limited number of work groups
- Unlimited number of work groups

Organization

- By focal areas (e.g., tobacco, infectious diseases, infrastructure), so that work groups are responsible for all aspects of developing the plan for their areas of expertise
- By functions (e.g., objectives, strategies, marketing, public input), so that work groups oversee one aspect of the process for all focal areas
- By populations (e.g., grouped by life stage, gender, race/ethnicity, people with disabilities)
- By target audience (e.g., business, government, community organizations)
- Combination of work group types

Communication

- Work groups operate independently, reporting only to the steering group
- All work groups are periodically convened with steering and advisory groups, sharing progress and discussing priorities of common concern
- Certain, related work groups periodically meet
- Staff, materials, web site, or electronic newsletters facilitate communication among groups

Staffing Options

- Members, or their respective staffs, do all the work
- Public agencies jointly support the process
- State health agency shares technical support (e.g., data, program expertise, or references) and administrative support responsibilities with members.
- State health agency provides unlimited technical and administrative support, as delegated by the group
- State hires contractual staff for administrative or technical support, funded by state or private grants

<i>Issue 3: Public Input and Involvement</i>

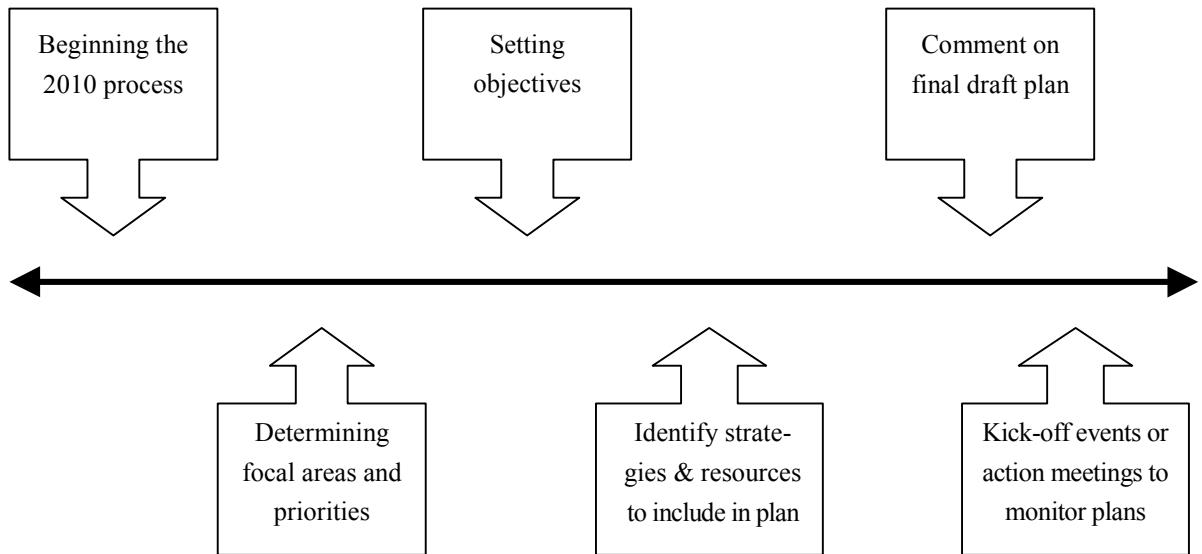
Options

- Public meetings with formal testimony
- Public meetings with informal discussion with steering committee members
- Public meetings with break out rooms for structured input or activities
- Dissemination (via e-mail, web site, fax, or mail) of requests for specific input or comment
- Surveys
- Focus groups
- Internet discussion group

Scheduling public input

- One location (such as the state capital)
- Multiple locations (meetings in every region)
- Single point in the process
- Multiple points in the process (see options below)

Potential opportunities for public input in the 2010 planning process



Adapted from: Healthy Delaware 2010 Project. Public Health Foundation, 1999.

General questions to consider for 2010 planning groups:

1. *How many members do you want, and what type of skills do they need to have?*
2. *What will be their time commitment? (How many hours per month for how long?)*
3. *How will member travel arrangements and expenses be handled?*
4. *Where, when, and how often will they meet?*
5. *Will the meetings be open or closed? (Check state regulations.)*
6. *What rules of order will be followed?*
7. *Will the members be expected to represent their agencies, community, or constituencies?*
8. *Which population groups should be represented?*
9. *Will the group sustain itself once the plan is developed? If so, how? What will the role of members be after the release of the state plan?*
10. *How will you evaluate the effectiveness of the groups?*
11. *How will you reward great efforts?*

Sample State Statutes



State legislation may help to establish planning authority and build policy makers' support for the development and implementation of a state plan. Under the two sample statutes below, the Florida Department of Health has been given specific responsibility for the development of a state health plan. *Building Healthy Communities: Florida's Public Health Plan* is the Florida Department of Health's state health plan for 1998-2000.

SECTION 408.601, FLORIDA STATUTES:

"The Department of Health and Rehabilitative Services [now the Department of Health or DOH] shall develop a biennial Healthy Communities, Healthy People Plan that shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by December 31 of each even-numbered year.

"The plan must include data on the health status of the state's population, health status objectives and outcome measures, and public health strategies, including health promotion strategies. The plan must also provide an overall conceptual framework for the state's health promotion programs that considers available information on mortality, morbidity, disability and behavioral risk factors associated with chronic disease and conditions; proposals for public and private health insurance reforms needed to fully realize the state's health promotion initiative; the best health promotion practices of the county health departments and other states; and proposed educational reforms needed to promote healthy behaviors among the state's school-age children."

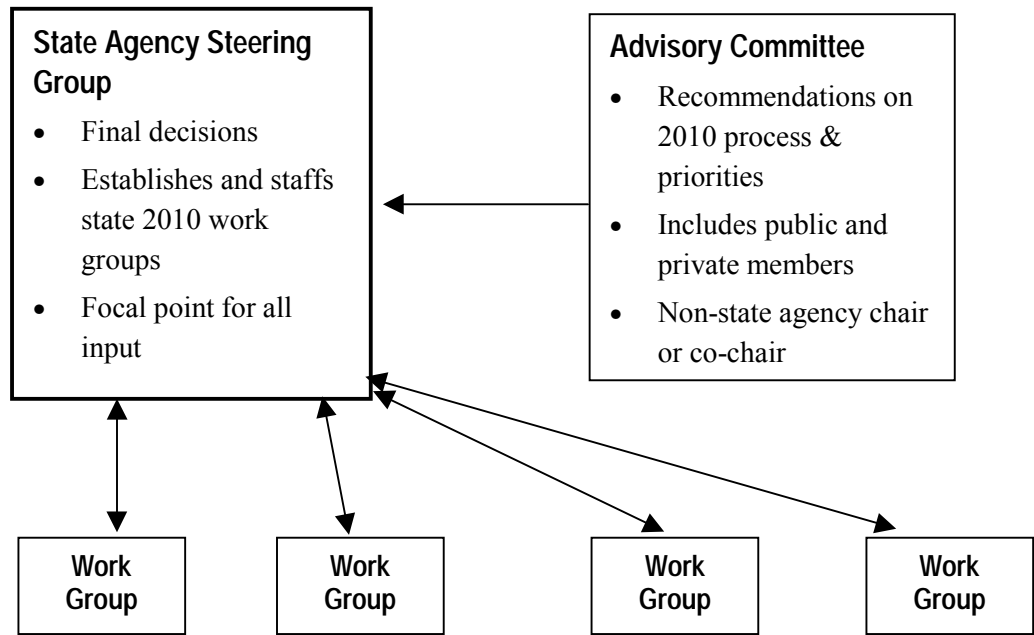
SECTION 20.43 (1) (L), FLORIDA STATUTES:

The Department of Health is required to "biennially publish, and annually update, a state health plan that assesses current health programs, systems, and costs; makes projections of future problems and opportunities; and recommends changes needed in the health care system to improve the public health."

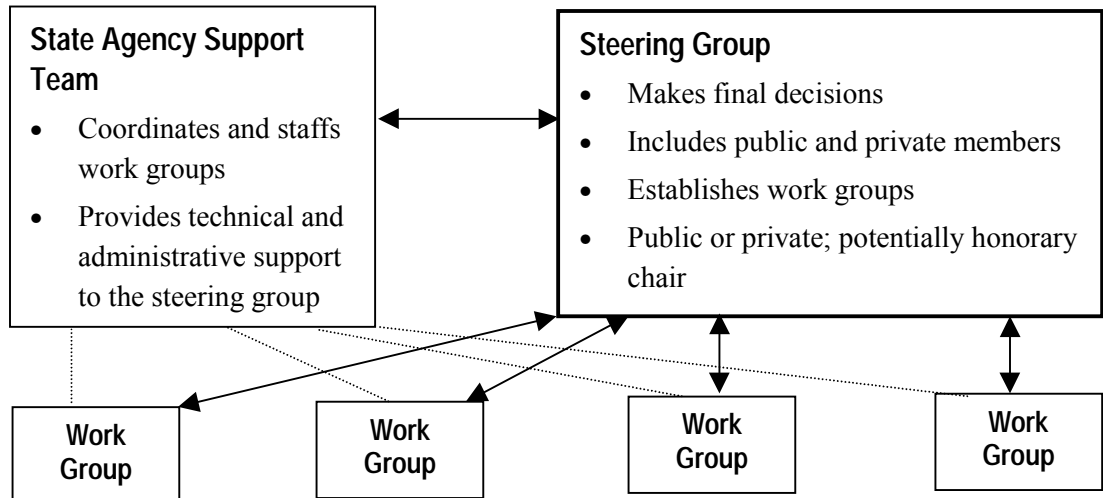
Sample 2010 Planning Structures



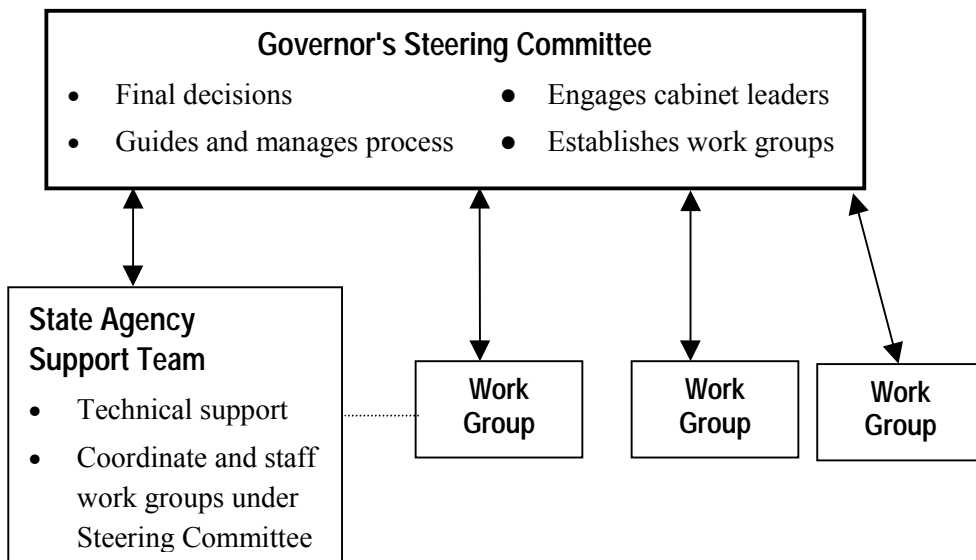
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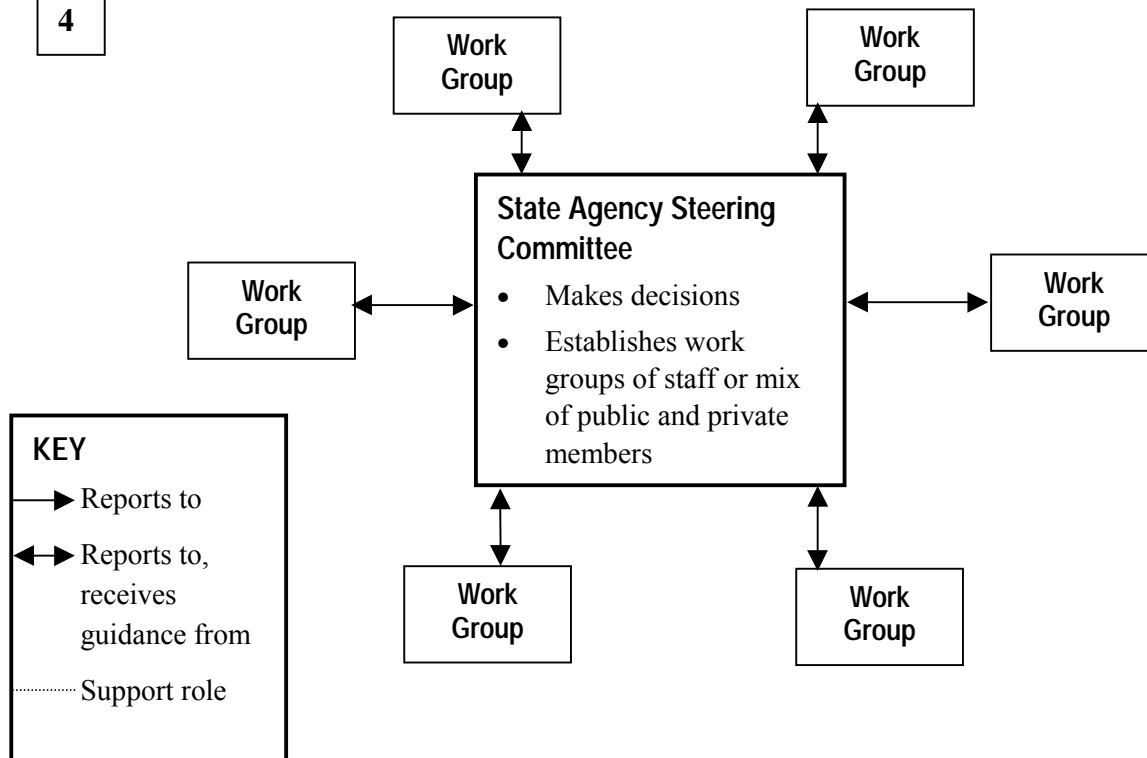
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Adapted from: Healthy Delaware 2010 Project. Public Health Foundation, 1999.

Participant Roles & Responsibilities (Sample)

All participants' responsibilities

- Contribute personal and professional experience and expertise to the group.
- Speak up for and faithfully represent community, professional, or constituency perspectives.
- Identify work group decisions that may present a conflict of interest and abstain from committee votes on these matters.

Steering Group

Composition

- Comprised of approximately 20-30 private and public sector leaders, community members, and experts. Includes 5-10 members from state agencies.
- Co-chaired by the state health officer and a private sector leader.
- All members have an equal say in decisions and an equal vote in the plan's adoption.

Roles

- Develop and adopt the state's 2010 plan.
- Guide a well-coordinated, sound, inclusive, and efficient process to develop the plan.
- Determine a process to select priority or focal areas, decide priorities, set the parameters, and choose a format for objectives.
- Establish work groups, delegate tasks, and approve work group recommendations.
- Identify technical assistance and data needs for the steering group.
- Serve as the focal point for all community input and review data needed to make decisions.
- Help secure commitments from community partners needed to oversee the plan.
- Plan ways to sustain and monitor the state 2010 plan.

Member responsibilities

- Participate in steering group meetings (meeting frequency to be established by the group).
- Participate in at least one work group.

Executive Committee of the Steering Group

Composition

- Comprised of the steering group co-chairs and work group chairs.

Roles

- Ensure the steering group and work groups accomplish tasks on schedule.
- Make decisions and manage details between meetings, as referred by the steering group.
- Help the co-chairs plan an agenda and methods to accomplish group goals.
- Identify ways to improve the process and resolve problems.
- Plan an evaluation of the process.

Member responsibilities

- Participate in teleconference meetings monthly, or as needed.
- Communicate with work groups, staff, and others to fulfill the Executive Committee's coordination function.

Work Groups

Composition

- Comprised of the steering group members and others who have interest or expertise in the subject.
- Chaired by a steering group member.

Roles

- Develop objectives, recommend strategies, and draft other components of the plan as assigned by the steering group.
- Gather and review detailed information needed to develop priority areas of the plan.
- Help ensure the plan is a practical guide for community action.
- Identify technical assistance needs of members and communicate these to the state Healthy People Coordinator or work group staff.

Member responsibilities

- Participate in meetings by teleconference or in person as determined by the work group.

State Healthy People 2010 Coordinator

(The state's designated representative to the national Healthy People 2010 process)

Roles

- Serves as lead state health agency (SHA) staff support to the steering group.
- Provides guidance and helpful national, state, or local resources to the steering group.
- Serves as link to SHA management team (see roles below).
- Coordinates requests and feedback to state plan contractors, if any (e.g. data experts, consultants, marketing companies, graphic designers, printers).
- Manages SHA resource contributions to support the 2010 process.
- Edits and prepares the plan and any companion documents for publication.
- Manages the time line for 2010 planning.
- Organizes steering group meetings and mailings. Ensures meetings are open and accessible.

Responsibilities

- Attends steering group meetings as lead state agency staff support (not as a voting member).
- Updates agency management team and the governor on the state plan.

State Health Agency (SHA) Management Team

Composition

- Comprised of senior SHA staff and section chiefs.

Roles

- Coordinate SHA staff technical support to the steering group, including data analysis and expertise.
- Assign one SHA staff member, who is not a member of the steering group, to provide technical support to each work group.
- Coordinate administrative support for the steering group and fill administrative support gaps in work groups.
- Coordinate efforts to identify and secure resources for state plan.
- Facilitate involvement of leaders.
- Develop and handle details of the marketing plan, with input from the steering group.

State Health Agency Support Staff

Roles

- Assist the steering group or work groups as assigned.
- Ensure that members have the information they need to make decisions.
- Compile and analyze data, offer expert opinion, present options, and draft text based on group suggestions, as requested.
- Assess whether the chair or co-chair requires administrative or technical assistance to prepare for each meeting.

Responsibilities

- Regularly attend meetings as assigned.
- Respond to technical assistance requests and communicate additional requests to the SHA Healthy People Coordinator.
- Allow members to fully discuss and vote on priorities. Offer members input and information when requested or essential.

Adapted from: Healthy Delaware 2010 Project. Public Health Foundation, 1999.

SWOT Worksheet



SWOT is an examination of a group's internal strengths and weaknesses, as well as the environment's opportunities and threats. It should be used in the beginning stages of decision making and strategic planning.

Strengths What are your state's particular strengths? Do you do something particularly unique? What could be an asset in developing objectives for your state plan?

Weaknesses Where is your state lacking? What do others seem to accomplish that you cannot? What could limit your state planning efforts?

Potential Internal Strengths	Potential Internal Weaknesses
1.	1.
2.	2.
3.	3.
4.	4.

Opportunities

What is happening in your state that could provide opportunities?

Threats

What is happening that could pose threats to the process or your goals?

Potential External Opportunities	Potential External Threats
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Adapted from: Balamuralikrishna R., Dugger J.C. "SWOT Analysis: A Management Tool for Initiating New Programs in Vocational Schools." *Scholarly Communications Project, University Libraries, Virginia Tech.* <http://borg.lib.vt.edu/ejournals/JVTE/v12n1/Balamuralikrishna.html>



Resources for Building the Foundation: Leadership and Structure

- ★ **Williams-Crowe S.M., Aultman T.V. “State Health Agencies and the Legislative Policy Process.” *Public Health Reports*, 109(3):361-7, 1994.**

Provides specific strategies for dealing with state legislatures based on the experiences of state legislative liaison officers. Organized into five key areas—agency organization, staff skills, communications, negotiation, and active ongoing involvement.

- ★ **Civic Practices Network–Community Section.**
<http://www.cpn.org/sections/topics/community/index.html>

Provides information on community building through “community organizing, social capital, and urban democracy.” It also provides information on the Consensus Organizing Model, which explains ways one can bring together all the players in a community.

- ★ **Civic Practices Network–Health Section.**
<http://www.cpn.org/sections/topics/health/index.html>

Provides perspectives on building community involvement, as well as “how to put health reform on more solid civic foundations.”

- ★ **Public Health Resources on the Internet – Legislative and Regulatory Resources.**
<http://www.lib.berkeley.edu/PUBL/regs.html>

Links to California, federal, and other legislative and regulatory resources that can be helpful.

Please see Appendix A for more resources on building the foundation: leadership and structure.

