



Strategic Plan Implementation

Year 1 Summary (FY12)



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Executive Summary

The central challenge of the agency as identified in the Kansas Department of Health and Environment's Strategic Planning process is *Focusing on Mission-Critical Priorities*. This phrase can also be labeled as our purpose, i.e. our mission and vision. As an agency, we are already focused on improving the health and environment of Kansans. By focusing on our mission statement in the Strategic Planning "purpose" statement, we set the direction of our strategic planning implementation activities in a very meaningful way. Our strategic plan has six strategic priorities and two cross-cutting priorities that support the central challenge (or, our purpose). These "priorities" will guide KDHE's efforts during the first three years of the plan (2011-2014).

To address the six strategic priorities during this Year 1 implementation, KDHE assembled five workgroups, each focused on a track of work: (1) Programs & Resources, (2) Policy, (3) Culture & Communications, (4) Data, and (5) Structure & Work Processes. The five workgroups each have approximately 15 members made up of staff from each of the three divisions. The Tables within this document show the activities and time frame for the identified tracks of work. Executing five tracks of work during Year 1 was an ambitious goal for the agency, as KDHE was advised by the Strategic Planning facilitator (see *Strategic Planning Process* document) to focus on no more than three to five tracks of work in a 12-month implementation period. Overall, the workgroups were able to meet many objectives of the plan.

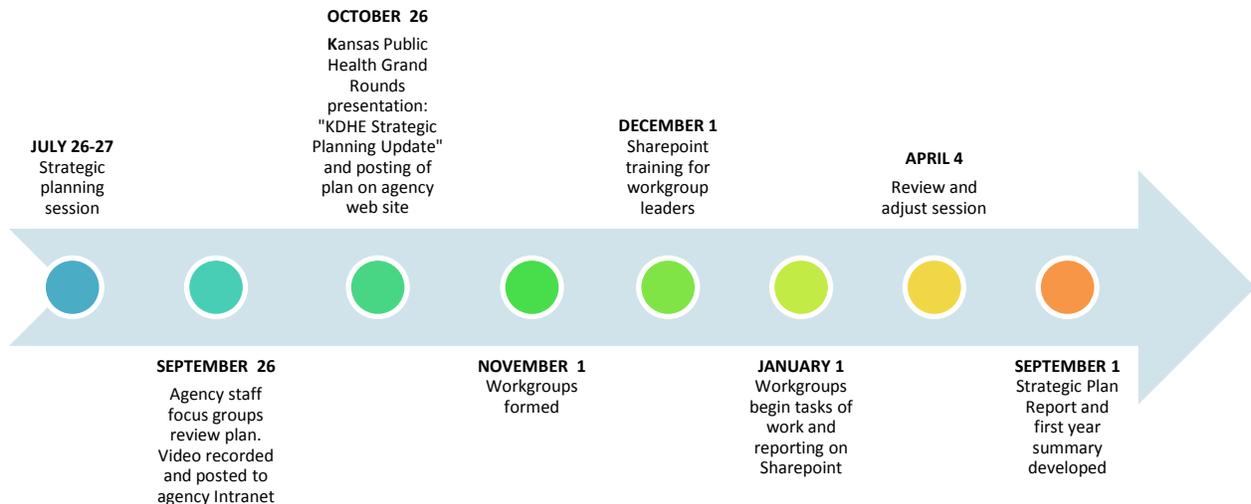
Here is an example of some of the projects accomplished by the workgroups and implemented agency-wide: Conduct prioritized evaluation of programs; Update process of policy development; Standardize the process for identifying topics and issues for policy consideration; Complete a basic macro-level architecture design for Knowledge Management System and develop an implementation plan for the design; Develop data inventory collection tool; and Identify, review and prioritize the needs of statewide partners. Details and notes for all the work accomplished from Sept. 1, 2011, to Sept. 1, 2012, can be found in this Year 1 Summary document.

As KDHE looks to identify priorities for implementing Year 2 of the Strategic Plan, the agency leadership will be considering the decisions of statewide collaborations like Healthy Kansans 2020, National Public Health Performance Standards Program and the State Health Assessment. A Review & Adjust meeting will take place in early 2013 to determine next steps in finalizing the Year 2 priorities and tracks of work.

Strategic Plan Implementation

Figure I

Year 1 Strategic Plan Implementation Time Line (July 2011 – September 2012)



Strategic Planning Process Overview

The 2011-2014 strategic planning process began July 26-27, 2011, with the convening of forty management staff from the agency and nearly a dozen stakeholders. This two-day work session, facilitated by Tim Fallon, TSI Consulting Partners, Inc.

<http://www.tsicp.com/index.html>, resulted in the development of a Mission and Vision Statement, and a strategic map of clear priorities and objectives for guiding and planning agency activities over the next three years. Core priorities reflecting the mission, value, and purpose, "Protect and improve the health and environment of all Kansans" were identified. Those priorities critical to the agency's future vision, "Healthy Kansans living in safe and sustainable environments", included:

- A. Prioritize and coordinate core programs and functions
- B. Support policy development and implementation
- C. Strengthen statewide health and environment infrastructure
- D. Demonstrate the value KDHE provides to the public
- E. Strengthen organizational efficiency
- F. Strengthen organizational effectiveness

Four to six objectives needed to influence and impact priority areas were identified for each of the mission critical priorities (Appendix I, p. 22). In addition, the strategic plan identified two cross-cutting priorities needed to assure successful implementation and execution of the agency plan:

1. Expand and strengthen key partnerships
2. Use outcomes and measures to continuously assess effectiveness

Engagement of Internal Stakeholders

The management team assured that all agency staff had an opportunity to engage in the organizational strategic planning process by answering four questions:

1. Are the Vision and Mission Statements appropriate?
2. What are the strengths of the Strategic Plan?
3. What issues and concerns do you have?
4. What suggestions do you have to ensure the success of the plan?

The plan was communicated to agency personnel in the primary agency and district offices through the following three venues over a period of four weeks: 1) A focus group to review the map and plan; 2) a recorded 30-minute video from the Secretary was posted on the agency Intranet with an invitation to provide feedback to the Office of the Secretary, and; 3) Program level discussions. This input process helped to determine whether the strategic map objectives and tactics were sufficient for implementation across all divisions.

Priority Tracks of Work

The July 2011 management and stakeholder group were advised to focus on no more than three to five tracks of work in a 12-month implementation period. The concept of a “track of work” can be described as:

1. A single strategic map objective or a group of related objectives that use the same resources.
2. A means of getting organized for implementation.

The five tracks of work participants agreed should receive primary emphasis during the first twelve months were:

1. Program and Resources
2. Policy
3. Culture and Communications

4. Data
5. Structure and Work Processes

In the fall of 2011, following the agency-wide input process, dozens of staff members committed themselves to working with identified Tracks of Work to develop and carry out implementation plans for each track. There was a team for each of the five Tracks of Work. Expectations for the team leaders included:

- Determining meeting frequency
- Providing updates
- Recording minutes of work sessions to be shared across the agency
- Preparing quarterly reports to present at the scheduled Review and Adjust Sessions

Overall, approximately 70 staff participated on the first-year implementation work groups with accountability for each result identified in the work group assignments (Appendix II, p. 23) using the Strategic Map for discussions and ensuring that activities addressed the strategic priorities. All work groups were asked to ensure consideration of health equity in all discussions.

Tracks of Work Progress at a Glance

Table 1 provides a visual summary of the five tasks to be accomplished from September 1, 2011 to September 1, 2012. The table includes the following: 1.) The first year objectives; 2.) Month in which specific objectives were started and were to be met; 3.) Progress towards meeting deadlines, and; 4.) Accountable groups and implementation tactics with a time frame/deadline provided. Additional tactics were identified throughout the first year as work groups met and are notable in the table by the month activities were started.

Table 1

Activities and Time Frame for Identified Priority Tracks of Work

STRATEGIC MAP OBJECTIVES	TIME FRAME SEPTEMBER 2011 TO SEPTEMBER 2012												ACCOUNTABILITY AND TACTICS	
	 Met	 In Progress	 Not Met	 Deadline									<i>OOG - Office of the Governor</i> <i>ET - Executive Team (ET)</i> <i>OOS - Office of the Secretary</i> <i>OOC – Office of Communications</i> <i>MT - Management Team (Bureau, Division, and Section Directors)</i> <i>IT – Information Technology</i> <i>HR – Human Resources</i> <i>BHP – Bureau of Health Promotion</i>	
	Sept 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	May 2012	June 2012	July 2012	Aug 2012		Sept 2012
PROGRAM AND RESOURCES														
A-1: Identify state health and environment priorities.														1. ET will complete inventory design completed by September 1, 2011. 2. ET/MT will complete Program inventory by October 15, 2011.
A-2: Review effectiveness and efficiency of all current programs.														1. ET requests all programs complete a function evaluation process by October 1, 2011.
														2. ET/MT to conduct prioritized evaluation of programs by April 1, 2012. 3. MT communicates evaluation design to employees by May 1, 2012.
A-3: Set and implement future program priorities.														1. ET and OOG identify priority programs by October 1, 2011.
														2. MT completes prioritization of programs and submits information to ET by April 1, 2012.
E-1: Align resources with strategic priorities.														1. ET and OOG identify resources for priority programs by August 1, 2012.
E-2: Identify, qualify, and prioritize funding sources.														1. ET designs inventory form and requests programs identify funding, populations served, stakeholders, and impact if program eliminated by October 15, 2011.

F-2: Support employee development, engagement, and accountability.		<ol style="list-style-type: none"> ET and MT solicit feedback on priorities from internal and external stakeholders by July 1, 2012.
POLICY		
B-2: Develop a timely, proactive policy agenda.		<ol style="list-style-type: none"> ET/MT updates process for policy development by June 2012.
B-3: Provide effective response to policy proposals.		<ol style="list-style-type: none"> OOS and MT review and enhance process for policy consideration by June 2012. OOS and MT develop standard process to identify topics/issues for policy consideration by June 2012. MT works with program staff to identify policy topics/issues indicating if prospective or reactive and shared internal resources needed by June 2012.
B-4: Enhance the capacity to identify, collect, and analyze data.		<ol style="list-style-type: none"> OOS prepares cohesive policy agenda based on state/agency priorities considering the following: 1.) Long term (beyond one year) policy issues; 2.) Policy coordinated with resources and priorities identified by the Program/Resources work group, and; 3.) Collaboration with private and academic partners to develop best practice and analytics by September 1, 2012.
CULTURE AND COMMUNICATIONS		
D/E-3: Improve internal and external communications.		<ol style="list-style-type: none"> OOC and MT provide staff with timely updates on key agency functions, policies, issues, and information through adequate solicitation of/coordination with MT and staff by December 31, 2011. OOS, ET, and MT will take a prominent role in creating an environment for timely and effective inter-agency communications across all program areas and with partner organizations by April 1, 2012. OOC and IT coordinate with ET/MT and program staff to increase

STRUCTURE AND WORK PROCESS

<p>A-4: Focus on customer service in all programs.</p>		<ol style="list-style-type: none"> 1. Structure and Work Process work group will identify and research feasibility of activities that lead to measurable improvement in customer service by August 1, 2012. <ol style="list-style-type: none"> a. Subcommittee will develop and distribute a local health department pass-through funding survey to be distributed April 2012. b. Develop recommendations for implementation in the 2013-2014 process (July 1, 2013 – June 30, 2014) by May 1, 2012.
<p>C-1: Strengthen effective program coordination statewide.</p>		<ol style="list-style-type: none"> 1. MT/ Structure and Work Process work group will identify, review, and prioritize the needs of statewide partners by March 31, 2012. 2. MT will identify processes that can be automated and/or streamlined by March 31, 2012.
<p>D-4: Strengthen relationships with other state agencies.</p>		
<p>F-2: Support employee development, engagement, and accountability.</p>		<ol style="list-style-type: none"> 1. MT/Structure and Work Process subcommittee (Employee Training Tracking Team,) will review Division systems for tracking of employee training to determine feasibility of developing a proposal to streamline/combine training and tracking processes by June 1, 2012. <ol style="list-style-type: none"> a. Subcommittee will be formed to create awareness and engagement of employees of Division of Health Care Finance (DHCF) by August 1, 2012. 2. OOS, ET, and MT will encourage and facilitate improved inter-building collaboration and activities through all Divisions by August 1, 2012.
<p>F-3: Streamline and automate key work processes.</p>		<ol style="list-style-type: none"> 1. Structure and Work Process group will develop a Master Grant application and reporting process to streamline agency processes and meet needs of grantees/partners by August 1, 2012. 2. ET/MT will assure Customer Service incoming telephone calls to the agency between the hours of 8:00 a.m. – 5:00 p.m. Monday – Friday, excluding holidays, do not roll through more than one unanswered phone with the majority of callers able to speak to a person by September 1, 2012.

Review and Adjust Sessions

Work groups began implementing the objectives selected by December 2011. The initial plan was to have quarterly Review and Adjust sessions beginning November 2011, February 2012, and May 2012. Each Review and Adjust session would include:

- Accomplishments
- Issues, problems, and/or gaps
- Lessons learned
- Next steps

Annual strategic plan updates were to follow August 2012 to review implementation progress including identifying accomplishments, resolve any implementation issues, identify lessons learned to share with other groups, and determine how the five drivers of public health that impact strategic planning may have changed (Figure 2). The annual review is to serve as a platform for setting implementation priorities for the next twelve months assuring agency priorities align with the state enterprise priorities, as well as what is needed to assure the agency is meeting the core functions and essential public health services (Appendix III, p. 24).

Figure 2

Five Drivers of Public Health



First Year Outputs and Outcomes

The Office of Communications created an agency SharePoint site for developing, sharing, and implementing the agency strategic plan. All work group leaders were requested to post work on this site for review by the agency Secretary, the Executive and Management Teams, and to engage all work group members in actively contributing content and suggestions. The following section summarizes resources and strategies utilized for implementing each Track of Work, accomplishments including outputs and/or outcomes¹, and challenges.

Programs and Resources

- SharePoint Utilized – No
- Number of Meetings – 2
- Subcommittees Formed – 0

Accomplishments

- ✓ A Prioritization of Bureau Programs template was created by the Executive Team for use by all Bureaus/Programs. The template requested the following information:
 1. Name of Program
 2. Funding Source
 3. Genesis of Program
 4. Service Recipients
 5. State Agency Partners
 6. Outside Stakeholders
 7. Description of Relationship to other Agency Programs/Impact if Program Reduced/Discontinued
 8. Effect of Program Reductions/Discontinuance of Service Recipients
 9. Bureau Program Rank Order

¹ Outputs or outcomes are designated by an underline

- ✓ An Inventory Ranking Form was designed by the Executive Team fall 2011 to be utilized to rank programs based on completed Prioritization of Bureau Program forms.
- ✓ All programs completed program prioritization and budget narratives by September 1, 2011. This process assisted the agency and state Executive Branch to complete a program inventory which was used to identify immediate cost savings and alignment of state agencies, programs, and priorities.

Challenges

- ✓ The strategic plan implementation for Programs and Resources was to include an inventory of agency programs soliciting feedback from both internal and external stakeholders. The process of program prioritization was completed by the September 1, 2011 deadline with agency programs using the Prioritization of Bureau Programs template. The process and final prioritization, to date, has not been broadly communicated to employees.
- ✓ This prioritization process occurred consecutively with reorganization and consolidation of state agencies. Reduction of programs and personnel through attrition and strategic management of positions (with a focus on programmatic needs and resources) was undertaken to help increase efficiency of state services and decrease expenditures. The reduction of workforce was accomplished through replacement of personnel, resignations, attrition, and an early retirement incentive.

Policy

- SharePoint Utilized – Yes
- Number of Meetings – 5
- Subcommittees Formed – 4

Accomplishments

- ✓ A process to streamline and add objectivity to the legislative, policy, and budget process was developed with the creation of standardized templates for submitting proposals to the agency executive team, Executive Branch, and legislature by April 2012. The policy tools implemented were:

1. Kansas Department of Health and Environment 2012 Issue Paper
2. Kansas Department of Health and Environment Legislative, Policy, and Budget Initiative Scoring System 2012.

Both the issue paper format and scoring system were aligned to address the following: 1.) Nature of the initiative; 2.) Background; 3.) Recommendations; 4.) Summary of the proposed initiative; 5.) Relevance to the mission of KDHE, Division, Bureau, or Program, and the Governor's Roadmap; 6.) Impact on of initiative on the environment and public health; 7.) Legislative implications / history; 8.) Feasibility of the initiative and fiscal impact, 9.) Strengths and weaknesses of the initiative; 10.) Stakeholder impact; 11.) Potential issues and strategies, and; 12.) External references and resources.

- ✓ A full report and report brief, Public Health Policy: Guiding Principles for State Health Department, was developed in April 2012 providing a broad overview of the role of the agency related to population-focused public health. The report identified the factors that impact policy response and development including the thoughtful consideration of diverse populations served by the agency, promotion of health equity focusing on root causes of poor health, maintaining integrity of internal and external processes and partnerships, and working for long-term systems change leveraging resources, regularly measuring progress, and engaging stakeholders in decision-making.
- ✓ A report, An Assessment of the Forces Driving Environmental Policy Development at KDHE was developed in May 2012 as a companion to the aforementioned report. The report identified the role of the Division of Environment in respect to balance environmental stewardship with the need for economic activity and resource utilization to encourage growth in the state.
- ✓ A review of agency policies began with the revision or creation of new Internal Directives began January 2012. New directives were posted on the agency Intranet as developed, reviewed by the Legal Department and Human Resources, and signed by the agency Secretary. Employees are notified about the availability of new directives on the Intranet and in staff meetings once the new internal policy directive is completed.

Challenges

- ✓ There was lengthy discussion within the core work group to define “policy” as it relates to external and internal policy, the agency’s role in being proactive versus reactive, and defining “population-focused health” from the perspective of Divisions of Health and Environment. The aforementioned reports were the products created in an attempt to create a unified defined role of the agency related to health and environmental health policy. There continues to be a need to clearly define the agency’s unified approach to policy.
- ✓ Prioritization of programs was not communicated to the Policy Workgroup. It was noted this would be helpful in aligning programs and resources with potential policy work needed.

Culture and Communications

- SharePoint Utilized – Yes
- Number of Meetings – 4
- Subcommittees Formed – 2

Accomplishments

- ✓ Implemented an internal weekly newsletter, Friday Flash, July 2011. All Divisions, Bureaus, Programs, and individuals are encouraged to submit photos, articles, information, and resources to the Office of Communications with the newsletter sent out electronically each Friday afternoon. Fifty-seven newsletters have been published from July 2011 – September 1, 2012 with all Division programs contributing content on a weekly basis. Newsletters are archived on the agency Intranet.
- ✓ “At Your Door” Program implemented in fall 2011 providing an opportunity for the agency Secretary and Director of Communication to visit specific program employees to learn more about the program and/or recognize accomplishments.
- ✓ Implemented an Intranet Employee e-Suggestion Box March 2012. This electronic forum serves as a forum for employees to: 1.) Recognize other agency staff; 2.) Ask questions about state programs and policies, and; 3.) Provide feedback on current operations. The Office of the Secretary responds to questions and comments in the Friday Flash news bulletin. All comments (positive and negative) are encouraged and anonymous.

- ✓ New redesigned agency website <http://www.kdheks.gov/> was launched February 17, 2012. Users of the website were invited to complete a survey through April 15, 2012 related to the new web site. The survey allowed visitors to the site to comment on the appearance and functionality of the new website and make recommendations about what KDHE could do to improve the site even more.
- ✓ The Office of the Secretary, in collaboration with the Office of Local Public Health, established monthly “KDHE Public Health Call” beginning February 28, 2012. These hour-long partner telephone conference calls provide timely updates to local health departments, hospitals, and other interested partners on timely public health issues and/or updates.
- ✓ Beginning late fall 2011, the Office of the Secretary coordinates Emergency Medical Services (EMS) Board Meetings every other month.
- ✓ Developed an internal Social Media Directive and encouraged the use of social media platforms (Facebook, Twitter) by specific programs for engagement of agency staff and external customers. Programs using social media platforms on a regular basis include:
 1. Kansas Medical Reserve Corps
 2. Kansas Immunization Program
 3. Kansas Sexually Transmissible Disease (STD) Program
 4. Kansas Trauma Program
 5. Kansas Farm Worker Health Program
 6. Kansas Environmental Health Program
 7. Safe Kids Kansas

A webinar about the use of social media was offered for any interested employees January 2012 with the training archived on the Learning Management System, KS-TRAIN.

- ✓ Beginning in January, 2012, a new project was undertaken to share more “informally”, share information about programs with the public and give staff the opportunity to be more engaged: KDHE Dispatch. The Communication Staff or programs keep track of activities, programs, or monthly themes related to health. There have been 7 informal video messages, recorded using an iPad, that have been posted to YouTube since this project began:
 1. Tire Recycling
 2. Home Visiting Program
 3. Text for Baby, Tobacco Cessation Assistance

4. Radon Awareness
5. Million Heart Initiative (Heart Disease and Stroke Prevention Program)
6. Free Kansas Arthritis Walking Program

Challenges

- ✓ There were several projects that were planned to be implemented during the first year of plan implementation to further engage agency employees, improve/increase staff morale, establish trust, and assist in employee retention that were not able to be implemented due to competing state priorities, most notably the planning and implementation of the state Medicaid transformation initiative, KanCare. This important transformation process was time and agency personnel intensive, delaying other proposed employee engagement strategies which were to include: 1.) On-site Wellness Lunch and Learn; 2.) Work site wellness activities; 3.) Agency “Biggest Loser”; 4.) Biking Across Kansas; 5.) Golf tournament; 6.) Intramural sports; 7.) Internal recognition program for individual and/or Program/Bureau accomplishments with possible suggestions of recognition including “Above and Beyond Award” and “Lunch with the Secretary.

Data

- SharePoint Utilized – Yes
- Number of Meetings – 5
- Subcommittees Formed – 1

Accomplishments

- ✓ A subcommittee was formed to review the 2009 Data Inventory and Gap Analysis with the purpose of identifying changes to be made and to map a new structure for collecting information on data systems and stakeholders. A revised Data Inventory and Gap Analysis form was created with a decision made for Internet Technology (IT) personnel complete the form first since those staff has expertise with language and data elements being inventoried. This will serve three purposes:
 1. Identify systems that are maintained by IT.
 2. Determine what data elements are best completed by program staff.
 3. Identify where it may be important for both IT and program staff to work together to complete inventories for clarification of data elements and information.

All agency programs completed a data inventory by May 2012 under the guidance of the agency IT department.

- ✓ The IT department developed a technical architecture of the Knowledge Management System (KMS) as part of the data survey collection process by June 2012 and is currently loading data survey results as time allows.

Challenges

- ✓ The development of a new varied, complex eligibility index data system for the state Medicaid and social service programs has required intensive IT resources delaying some of the key tactics related the use of data with and by internal and external partners.

Structure and Processes

- SharePoint Utilized – Yes
- Number of Meetings – 5
- Subcommittees Formed – 4

Accomplishments

- ✓ The process to identify key stakeholders and the primary type of interaction was completed March 2012. The Stakeholder Needs Spreadsheet identified list of 318 external key stakeholders was narrowed to 29 key stakeholders served by several Programs, Bureaus, or Divisions.
- ✓ There were two processes identified as having potential to be automated or streamlined across all Divisions: 1.) Aid to Local/Contracts, and; 2.) Tracking of employee workforce training. Two subcommittees were form to explore each of these processes in more detail. The results of the subcommittee work were:
 - ✓ Employee Training Tracking Team Subcommittee reviewed Division systems for tracking of employee training to develop a proposal to streamline/combine processes. The team made the following recommendations:
 - Allow Bureaus the flexibility to use KS-TRAIN or other systems versus requiring all Divisions to use the Learning Management System.
 - An agency-wide policy is not recommended at this time due to the varying levels and types of training across the agency.

- A list of the types/systems of training tracking alternatives should be shared with all agency programs which will individually determine the best training management approach.
- ✓ Consolidating the Aid-to-Local process into a single application/granting system was explored. The following were findings:
 - An Aid-to-Local (ATL) Survey was sent to all local health departments to collect input on the existing contracting system and to assess their opinions about additional programs to potentially include in the ATL contracting process May 2012. There was a 76.5 percent response rate with local health departments, primary care, and community-based non-profit organizations responding.
 - The Office of Local Public Health met with ATL programs and agency programs with pass-through contracts about the potential for inclusion in the ATL contracts, including the Local Environmental Protection Program (LEPP), Tuberculosis (TB), and Preparedness by June 1, 2012. It was determined there would not be single system developed during this fiscal year due to the complexity of funding/funding cycles, payment for services versus pass-through funding, and working with non-government recipients.
- ✓ A Division of Health Care Finance (DHCF) Awareness Subgroup was created June 2012 to enhance improved agency-wide knowledge of DHCF to promote a unified agency. The first Meet-and-Greet Event was held July 2012 to begin the integration process. This activity will be ongoing.
- ✓ External Customer Service for Telephone Calls to Agency activity was started May 2012. The goal of this work will be to assure that incoming calls to the agency are answered in a timely manner by an agency employee that can assist the caller. The subcommittee recommended the following: 1.) Identify current protocols for various Bureaus/Programs; 2.) Develop recommendations for improved telephone triage. 3.) Develop a draft Internal Directive to be presented to KDHE's Internal Directives Committee for consideration. This activity will be ongoing.

Challenges

- ✓ The diversity and size of the agency, use of multiple electronic/data systems, and varied funding cycles and grant requirements is viewed as challenging to implement more streamlined and/or automated systems. The agency is currently devoting resources to

securing the IT system and creating technical architecture that has the capacity to support/meet the implementation of the Health Information Technology requirements, current data management, and a future performance management system.

- ✓ Recommendations for implementation in the 2013-2014 ATL contracting process, which runs July 1, 2013 – June 30, 2014, was to be made in collaboration with the Office of the Secretary and the IT Department. The reduction/inability to hire agency workforce, change in fiscal and human resource management processes, and reorganization of the state-wide enterprise is decreasing the capacity for the agency to develop and implement system-changes as rapidly and efficiently as had been planned.

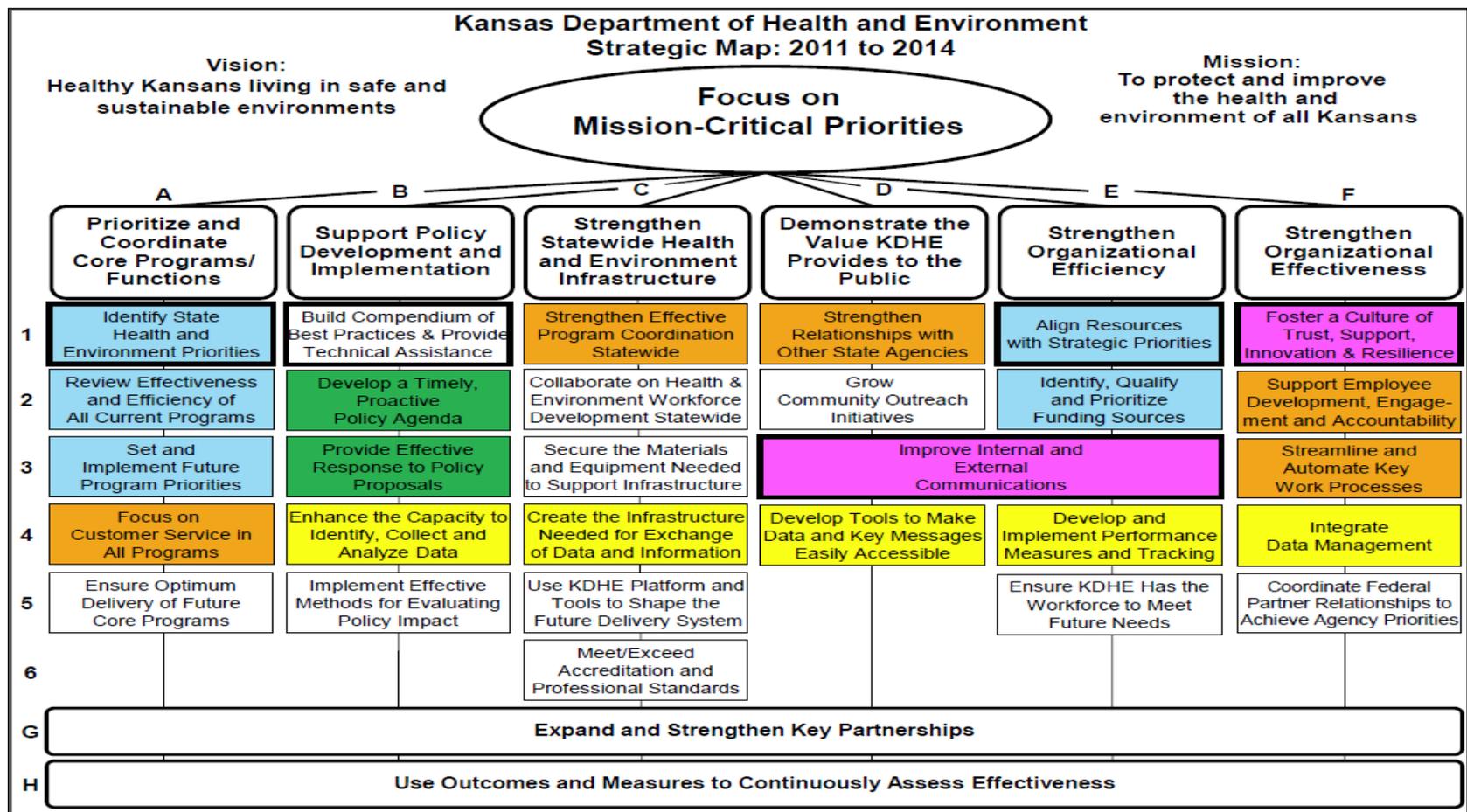
Planning for Year 2 (FY13): Aligning Organizational Strategic Plan with Healthy Kansans 2020 Priorities

State Health Assessment and Planning

The agency is undertaking a State Health Assessment (SHA) and planning process beginning August 27, 2012 to identify the leading health issues needing to be address to improve the health of Kansas residents. The Healthy People/Healthy Kansans 2020 assessment process will occur during the fall of 2012 with final recommendations for developing the State Health Improvement Plan using cross-cutting strategies to be released early spring 2013. Due to the critical need to assure the organizational strategic plan aligns with the identified priorities, year two agency strategic planning will not be undertaken until early spring 2013.

Year two strategic plan implementation will provide an opportunity to assess the five drivers potentially impacting Year 2 organizational and program planning (Table 2, p. 11): 1.) Policy and advocacy; 2.) Economic considerations; 3.) Emerging health and social issues; 4.) Environmental impacts and; 5.) Technology advances. The annual review will serve as a platform for setting implementation priorities for the next twelve months aligning budget and human resources with the HP/Healthy Kansans 2020 health priorities, the agency performance management framework (Appendix IV, p. 25), and the next year's implementation of the strategic plan.

Appendix I: Kansas Department of Health and Environment (KDHE) Strategic Map: 2011 to 2014



Appendix II: *Workgroup Leaders and Team Members* (Year 1)

Program/Resources	Policy	Culture/Communications	Data	Structure/Processes
Leader: Nathan Bainbridge	Leader: Tim Keck / Co-Lead: Michael Smith	Leader: Miranda Steele	Leader: Aaron Dunkel / Co-Lead: Glen Yancey	Leader: Mindee Reece
Tim Shallenburger (OOG)	Brenda Nickel	Brenda Nickel	Brenda Nickel	Brenda Nickel
Brenda Nickel	Rachel Berroth	Sara Roberts	Rachel Berroth	Mary Murphy
Cyndi Treaster	Debra Warren	Brenda Walker	Janet Neff	Jane Shirley
Phil Griffin	Janet Neff	Lori Haskett	Jennifer Schwartz	Tom Langer
Lou Saadi	Jennifer Schwartz	Greg Crawford	Ghazala Perveen	Farah Ahmed
Paula Clayton	Ghazala Perveen	John Mitchell	Russ Brichacek	David Thomason
Miles Stotts	Aiko Allen	Rick Brunetti	Leo Henning	Brandon Skidmore
Cathy Colglazier	Paula Clayton	April Dixon	Randy Carlson	Kathy Weno
Christine Houston	Charlie Hunt	Scott Nightengale	Jonathan Haynes	Marian Massoth
Gary Blackburn	Michael McNulty	Rod Geisler	Michael MacPherson	Julie Coleman
Mike Tate	Tom Gross	Megan MacPherson		Jon Brady
Mike Michael	Stacey Sandstrom	Jaime Brown		Bob Jurgens
	Rick Bean	Kristi Carter		Terry Medley
	Tom Stiles			Phyllis Funk
	Bill Bider			Kim Burnam
	Jeanne Schieferecke			Mary Ellen Wright
	Russ Nittler			Teresa Graber
				Jennifer Flory

Legend: Team Leaders Division of Health Division of Environment Division of Health Care Finance

Appendix III: *Core Functions and Essential Public Health Services*

Core Functions of Public Health and How They Relate to the 10 Essential Services

The ten essential environmental health and public health services align with the three core functions of environmental and public health (assessment, policy development, and assurance).

✚ Assessment

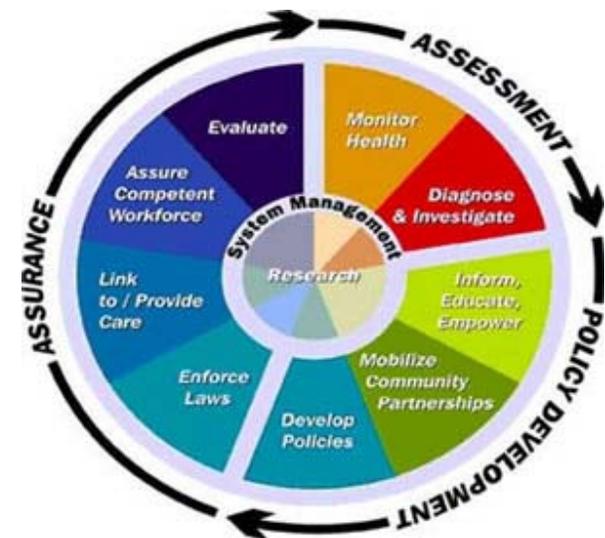
1. Monitor environmental and health status to identify and solve community environmental health problems.
2. Diagnose and investigate environmental and health problems and health hazards in the community.

✚ Policy Development

3. Inform, educate, and empower people about environmental and health issues.
4. Mobilize community partnerships and actions to identify and solve environmental health and health problems.
5. Develop policies and plans that support individual and community environmental health and population public health efforts.

✚ Assurance

6. Enforce laws and regulations that protect environmental health, population public health, and ensure safety.
7. Link people to needed environmental and health services and assure the provision of environmental health and health services when otherwise unavailable.
8. Assure a competent environmental health and public health workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based environmental health and public health services.
10. Research for new insights and innovative solutions to environmental health and public health problems.



Appendix IV: Kansas' Performance Management Framework

Kansas uses an adapted version of the Turning Point Performance Management System Framework to engage employees, and serve to guide, measure, and improve the agency's efficiency and effectiveness of services

