

STRATEGIC DIRECTIONS



Public Health Foundation

Innovative Solutions. Measurable Results.

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Strategic Directions for PHF

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1. Introduction

In September 1999, the Public Health Foundation (PHF) Board of Directors held a retreat in Elkridge, Maryland to establish strategic directions for the organization. Comments from the Board, staff, and PHF's partner organizations (ASTHO, NACCHO, NALBOH, and ASPH) were incorporated into the document, which was finalized in June 2000. The Board of Directors has revisited the plan annually. PHF staff has regularly reported to the Board on the organization's progress, and the Board has responded by reaffirming or altering the strategic directions. This document has helped guide PHF staff in daily operations.

In 2002, the Board of Directors requested that PHF staff review the strategic planning document, and provide input on what they thought needed to be updated, and what would be helpful in providing guidance. In June 2002, PHF staff provided the Board of Directors with input on the strategic planning document as requested.

In 2005, the Board of Directors revisited PHF's vision, mission, and values statement. At that time, it was felt that the statement did not adequately and succinctly reflect the increasingly focused direction of the organization on infrastructure performance, innovation, and measurable results. As a result, the vision, mission, and values statement was revisited, and revised and finalized in 2006. In addition, there was considerable discussion about the strategies PHF pursues to accomplish its mission. The Board felt that it strengthened our statement by including strategies along with our vision, mission, and values. The current vision, mission, values, and strategies statement appears on page 6 of this document.

To address the refinement of PHF's vision, mission, values, and strategies statement, current and planned activities of staff, and the ever-changing environment within which public health operates, the Executive Committee felt it was time to revisit our Strategic Directions document. During the Board of Director's October 2006 retreat, the Board discussed and revised PHF's strategic directions, as reflected in this document.

2. Current Environment

There have been a number of key contextual and environmental changes this decade that impact the public health community and the work of PHF. Below are some of the changes staff and Board members considered in the 2002 *Strategic Directions* document and new items added for this draft. These factors should be considered in all aspects of the strategic planning/thinking process:

Environmental Factors Considered in 2002 Update	Changes Since 2002 <i>Strategic Directions</i> Document
<p><u>Public Health Foundation</u> - Public health professionals within and outside of governmental agencies have dramatically increased their use of PHF products, services and information resources. Partnerships with other national organizations became stronger.</p>	<ul style="list-style-type: none"> - New initiatives have strengthened and focused partnerships around workforce and performance, as well as increased use of PHF products and services at state and local levels. - PHF launched TRAIN (over 100,000 registered learners and 25 affiliates from states and federal agencies) and AARO (our Alliance for Achieving Results and Outcomes). - PHF products, such as TRAIN, are better branded than PHF itself.
<p><u>September 11th/Bioterrorism Awareness & Political Interest</u> – There is a clearer indication of public health’s critical role and more public/political support, along with higher expectations and realization of knowledge gaps related to public health infrastructure. Also, the line between public health and clinical medicine has blurred even further and partnerships are increasingly forming across traditional boundaries.</p> <p>Public health preparedness funding, along with discretion being given to states over the use of those funds, is increasing.</p>	<ul style="list-style-type: none"> - Concerns about pandemic flu have renewed awareness about public health and categorical funding for preparedness. - Both dollars and discretion over preparedness funding have been diminishing in recent years for state and local public health agencies. - Congress has expressed accountability concerns and commissioned a GAO report about public health’s use of preparedness funds. - CDC and other federal performance measures and targets developed for use by state and local agencies keep changing and often lack focus. - Considerable funding (over \$20 million per year) allocated to schools of public health and other educational institutions to develop and deliver preparedness training. Practitioners and legislators have raised concerns about these funds contributing to duplication of training efforts. This situation has a direct and negative impact on initiatives such as TRAIN.
<p><u>Public Health Workforce</u> – There has been a greater understanding of needed skills and numbers of public health professionals and an increasing focus by the public health sector on workforce development issues.</p>	<ul style="list-style-type: none"> - The federal government has backed away from many of its workforce initiatives, except for preparedness training. - Recruitment, retention, retirement, and competency of workers seem a greater concern at the state and local levels, but are no longer being addressed at the federal level. - The sole remaining organization offering national leadership on these issues—the

	<p>Council on Linkages Between Academia and Public Health Practice (staffed by PHF)—lost its core funding as of September 30, 2006. This leaves an enormous gap in public health workforce development.</p> <ul style="list-style-type: none"> – A large percentage of the public health workforce will become eligible for retirement in the not-too-distant future, potentially creating a workforce crisis. – The Council on Linkage’s Core Competencies for Public Health Professionals are being used by over 90 percent of public health academic institutions (PHF survey) and 50 percent of local public health agencies (NACCHO survey). Recent University of Illinois research demonstrated validity and reliability. – There are no promising prospects for future core funding for the Council on Linkages or its planned projects to update the Competencies or advance evidence-based strategies to recruit and retain workers.
<p><u>Public Health Performance</u> – There is an increasing demand for evidence-based strategies and higher expectations for accountability of government performance. Also, there is an increased desire to monitor and measure quality of healthcare and public health services.</p>	<ul style="list-style-type: none"> – There is much greater interest on quality and performance improvement, in and outside of accreditation discussions. – The majority of state and local health agencies report that they are using performance management and quality improvement techniques, and many express a need for more quality improvement tools and methods. At the same time, there is little information on what tools and methods these agencies are using and the successes and challenges of their efforts. – If the value is clearly demonstrated, public health agencies have resources they can use for quality and performance improvement activities. – Participation in the National Public Health Performance Standards Program (NPHPSP) is declining. This may be as a result of the instruments undergoing significant revision and the likelihood that voluntary accreditation will be available to health agencies in the future.
<p><u>Accreditation and Credentialing</u> (Not previously considered)</p>	<ul style="list-style-type: none"> – It is increasingly likely that voluntary accreditation of local and state public health agencies will be implemented by the end of the decade. – The Association of Schools of Public Health (ASPH) led an effort to establish the National Board of Public Health Examiners. This Board’s examination will certify graduates of accredited schools of public health and public health graduate programs as having “mastered a

	<p>prescribed set of public health skills and competencies.”</p> <ul style="list-style-type: none"> – While both efforts claim to focus on quality assurance and improvement, how this will be achieved is not yet stated. – The likelihood that accreditation standards will use the same “Essential Public Health Services” framework as in the NPHPSP may create opportunities for the Program (and PHF’s roles) to be sustained if the NPHPSP becomes a “self-study” or improvement aspect of accreditation. – A formal role for PHF in overseeing, coordinating, and delivering quality improvement (QI) training and consultation can help to ensure that accreditation achieves its QI goals.
<p><u>Public Health Systems Research (PHSR)</u></p> <p>(Not previously considered)</p>	<ul style="list-style-type: none"> – Through the efforts of the Council on Linkages and others, PHSR has become a credible and recognized field of research. The Robert Wood Johnson Foundation credited the Council on Linkages with the Foundation’s decision to allocate over \$1 million per year to PHSR. – The Council on Linkage’s definition of PHSR has been incorporated into preparedness legislation along with \$30 million in potential annual funding (funds that currently can only be used for training would also be available for PHSR). – To help researchers focus on PHSR, AcademyHealth has formed a PHSR interest group and also has dedicated sessions during its annual research meeting focused on PHSR.
<p><u>Technology/Information Management</u> - More and faster access to information expanded the need for assistance with managing information overload.</p>	<ul style="list-style-type: none"> – A common concern raised by public health professionals is that “information overload” may actually contribute to less, not more, use of evidence-based strategies.
<p><u>Consumer Impact on Healthcare</u> - Consumers are redefining healthcare through being more informed about and engaged in decisions about their own health, behavior, and lifestyle changes. Increasing knowledge has led to greater use of complementary and alternative medicine.</p>	<ul style="list-style-type: none"> – For the most part, public health has not been engaged in consumer-oriented healthcare IT efforts, such as development and use of electronic medical records and RHIOs (regional health information organizations). – Perceptions that the healthcare and business communities can better deliver many population services, consumer information, and programs may threaten traditional public health activities. – The increasing involvement of consumers in healthcare decision making may create more receptivity for public health/population-based approaches to prevention.

<p><u>Demographics</u> – The aging of the population is creating greater demand for services and has long term implications. Increasing immigration and diversity create new challenges for the field.</p>	<ul style="list-style-type: none"> – More awareness of social determinants of health is contributing to less traditional approaches to addressing emerging public health issues resulting from changing demographics and frustration arising from minimal, if any, improvements in community health status.
<p><u>Public Health Leadership Gap</u> <u>(Not previously considered)</u></p>	<ul style="list-style-type: none"> – There are no national public health leaders who are capturing the attention of the public and policy makers. – CDC appears to be abandoning its commitment to support leadership development at the state and local levels. – The public health community has not determined and articulated the highest priority public health issue of our decade. – A leadership void exists for individuals and organizations to fill.

3. Vision, Mission, Values, and Strategies

The Vision, Mission, Values, and Strategies section conveys what we want to achieve, who we are and what we contribute, the values we strive for along the way, and the strategies we pursue. More specifically,

- The vision statement represents our overarching vision for the entire public health system, not just for the Public Health Foundation.
- The mission statement clearly says who we are and what we do – how we contribute to the stated vision.
- The values represent what PHF values and what it strives to be. The values are not absolutes.
- The strategies reflect approaches that staff and the Board of Directors utilize to help PHF achieve its mission.

VISION

A high-performing public health system that protects and promotes health in every community.

MISSION

Improving public health infrastructure and performance through innovative solutions and measurable results.

VALUES

- We are driven in the initiatives we pursue by our mission.
- We recognize the essential role of governmental public health.
- We explore and examine issues with objectivity and neutrality.
- We recognize staff excellence.
- We provide high quality services and products with a strong customer focus.
- We strive for excellence through continuous quality improvement.
- We believe that policy and practice should be guided by evidence.
- We value the contributions of diverse sectors comprising our public health system.
- We practice integrity in all of our work and partnerships.
- We are accountable for the decisions we make and the work we perform.
- We recognize the important role the United States plays in global health.
- We pursue our activities with entrepreneurship, creativity, and innovation.

STRATEGIES

- We translate complex data for use in practice.
- We promote the use of evidence in policies and programs.
- We produce tools and provide technical assistance.
- We disseminate training and other learning materials.
- We develop systems for learning management and organization performance.
- We help diverse groups and interests find common solutions that work.
- We conduct and advocate for applied public health systems research.
- We lead and staff national initiatives.

Note to this section:

The public health system is comprised of all agencies and organizations that promote and protect the public's health through the delivery of the Essential Public Health Services.

PHF works with many organizations that comprise the public health system to advance their efforts to promote and protect the public's health. Our emphasis on collaboration

and extensive work with diverse partners helps us to anticipate needs of the public health community, and to proactively identify and address unmet needs for helping to strengthen and build public health infrastructure.

Public health infrastructure has been defined as “the underlying foundation that supports the planning, delivery and evaluation of public health activities and practices.¹” The three components of basic public health infrastructure are: workforce capacity and competency, information and data systems, and organizational capacity.

¹ *Public Health Infrastructure: A Status Report, CDC, 2000 p 5*

4. Our Value to the Public Health Community²

PHF adds value to the public health community by:

- Being a leader to support the development of public health infrastructure
- Being a source of timely and easily accessible information, ideas, and training opportunities for the public health community
- Developing and providing easily accessible tools to promote best practices in public health services
- Being a credible and knowledgeable technical assistance resource
- Being able to reach many diverse public health professionals with timely, useful, and accurate information
- Developing new scientific methods for building the public health science base and conducting objective, state-of-the-art public health services research
- Being a cost effective source of information management solutions for public health workforce development efforts
- Providing, analyzing, interpreting, and presenting public health infrastructure data
- Helping to link public health practice, schools, and science
- Serving as a convener driven by the needs of agencies and organizations of public health systems
- Helping to build capacity at state and local levels to achieve Healthy People 2010 objectives (e.g., health disparities)
- Being proactive and responsive, tapping into diverse staff expertise
- Bringing a national perspective to issues

² *This Section has not been modified from the 2002 document.*

5. What PHF Should Do³

PHF should (and by 2007 will)⁴ do the following:

Creating New Information for the Field

- Identify gaps in data necessary for building public health infrastructure
- Research and analyze trends in public health infrastructure to identify and answer the questions of tomorrow
- Advocate for valid and reliable infrastructure data and evidence-based policies and programs
- Create information and an image of public health that will build support from other professions and consumers

Connecting People With Information

- Support governmental agencies and other public health system partners with data, evidence, training and tools to help achieve health objectives and improve community health
- Make accessible, foster and promote development of quality competency-based training
- Develop and implement national processes to improve the performance of public health systems and workforce
- Help connect public health system partners and build relationships with non-traditional partners
- Reach out to other, less traditional, consumers of public health information

Helping People Use Information

- Be an information resource to policy makers
- Be capable of effectively using technology (and helping others use it) to bring economy and effectiveness to work related to our mission
- Help educate and train the next generation of public health professionals through internships/fellowships with academic institutions
- Provide tools to help sustain what has worked in public health system, where appropriate
- Be a catalyst to help ensure that available information is indeed used for improving the public's health

General:

- Help develop the ability of public health partners to capture the attention and imagination of the public
- Help create an environment in which public health professionals can most effectively deliver the Essential Public Health Services
- Market ourself to stakeholders and demonstrate the value of our work
- Be entrepreneurial within our mission, while always being sensitive to the interests of others

³ This Section has not been modified from the 2002 document.

⁴ Most of the activities listed under What PHF Should Do fit well within the three proposed functional areas of: *Connecting People With Information*, *Creating New Information for the Field*, and *Helping People Use Information*. Please note that these are not mutually exclusive groupings.

6. What PHF Should Not Do

PHF should not:

- Lobby
 - It is acceptable to advocate for infrastructure capacity and improvement
 - Educating policy makers is not lobbying and should be conducted, as appropriate
- Be a membership organization
- Be entrepreneurial for growth's sake
 - It is appropriate to engage in activities that generate revenue for new initiatives related to our mission
 - Potential risks and benefits are important to weigh
 -
- Become a major competitor with partners
 - Competition is not always avoidable or harmful
 - Other organizations may initiate competition by developing products and/or services PHF already offers

7. Our Past, Present, and Future

The information on our past, present and future is presented in the three functional areas of PHF—Creating New Information for the Field, Connecting People with Useful Information and Helping People Use Information. Many of these activities contribute towards creating an environment in which public health professionals can most effectively deliver the Essential Public Health Services. Through all three of its functional areas, PHF strives to be a catalyst for helping to ensure that things get done, and get done well. We recognize that all of the potential activities for the future most likely cannot be pursued at one time and that priorities will be determined by the Board, staff capabilities, and funding opportunities.

Creating New Information for the Field

Providing the public health community with data and information for understanding and building the infrastructure of the nation's public health system. This is a very key focus of PHF because of the relatively high value added for the field.

PHF creates new information for the field through:

1. Understanding needs of the public health community
2. Identifying and filling data and information gaps
3. Conducting applied research

Specific past, present and future activities in this area include:

Where PHF has been...

- Developed and operated the ASTHO Reporting System for 20 years, providing a unique source of information on state health agency expenditures, funding sources, resources provided to local health departments, staffing, programs, and services
- Identified and studied state and local health policies and programs, analyzing their relationship to federal policies and programs, and developing major policy papers recommending appropriate action
- Tracked changes in the health care system as they related to public health, including analyzing the effects of health care reform on public health programs and health information and documenting lessons learned from early privatization initiatives
- Identified information needs at state and local levels, researched and profiled exemplary practices in data usage and data sharing relationships across governmental health agencies, and made recommendations for action
- Surveyed state practices in setting, measuring, and implementing disease prevention and health promotion objectives
- Assessed state practices to measure and manage public health performance
- Projected the economic impact of nationwide health tracking
- Developed new methods for describing and understanding community health improvement
- Developed, tested, and refined methods for characterizing expenditures by Essential Public Health Services, in collaboration with ASTHO, NACCHO, and NALBOH
- Through the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), developed an agenda for public health practice research to identify and redirect research to meet public health practice needs

Where PHF is...

- Through the Council on Linkages, advocating for increasing the attention of funders and researchers to advance public health systems research (Future efforts in this area may be put on hold after the APHA annual meeting, due to funding constraints)
- Documenting examples of community-based programs, tools, and methods designed to address public health issues and improve the practice of public health
- Gathering input on public health-related information needs of state, tribal and local public health agencies
- Collecting, evaluating, and displaying national public health infrastructure data (i.e., public health system performance, community health status)
- Adapting evidence-based tools and resources to guide public health capacity development and improvement

Where PHF is Heading...

- Develop better understanding of relationships between public health performance, community characteristics, and community health outcomes and improvement
- Define, compile data, or research “best practices” related to public health infrastructure
- Study the effects of funding, policies, and training on public health capacity and health outcomes
- Identify gaps in training, information, and resources necessary to maintain and improve effective public health systems
- Examine and assess approaches for assuring quality in public health, such as workforce credentialing and agency accreditation
- Create, test, and evaluate evidence-based (or assisted) tools, models, and methods to help public health systems improve quality and performance
- Identify useful and available data on social determinants of health to assist public health systems in better understanding and addressing community health needs

Connecting People to Useful Information

Making information useful to individuals and organizations and connecting individuals to this information.

PHF connects people with useful information through:

1. Putting information into useful contexts and making information easy to use
2. Making information easy to find
3. Disseminating information
4. Dipping into information streams and establishing links

Specific past, present and future activities in this area include:

Where PHF has been...

- Initiated the Learning Resource Center (LRC) and distributed training materials from public agencies to public health professionals through a print catalog
- Developed resources to identify and motivate action on workforce development issues important to achieving Healthy People 2010 objectives
- Developed an online electronic database (TrainingFinder)--a workforce development clearinghouse for public health distance learning programs and training resources
- Developed an online resource center (Public Health Infrastructure Resource Center – PHIRC) and other mechanisms to enable states, localities, and others to learn from each other’s experiences

- Through the Council on Linkages Between Academia and Public Health Practice, identified, developed, and marketed practice-based competencies for public health practitioners
- Established capacity to quickly respond to training needs associated with bioterrorism preparedness and response by distributing timely and accurate information and training materials
- Increased our capacity to reach out to nearly 40,000 public health professionals, clinicians and others concerned about our nation's public health infrastructure
- Compiled set of online resources for Regional Health Administrators to help them work with state and local health departments and communities to address Healthy People 2010 program priorities
- Developed set of preformulated searches to help users quickly find current information on interventions that may help a community attain selected Healthy People 2010 objectives (the Healthy People 2010 Information Access Project)
- Developed online tools and resources to assist state and local health departments address education and training needs as they build bioterrorism preparedness capacity
- Developed document providing online tools and resources to help improve quality of public health systems
- Actively participated in more than a dozen national and regional workforce development initiatives throughout the later part of the 1990s and early 2000s.
- Developed and expanded TrainingFinder.org (the precursor to TRAIN), the Nation's most comprehensive online distance learning clearinghouse for public health professionals
- Published a quarterly newsletter, The Link, and ran the annual academic/practice linkages awards for helping the Council on Linkages convey examples of academic/practice linkages

Where PHF is...

- Distributing affordable training materials to over 40,000 public health professionals annually through the Learning Resource Center's print catalog and online bookstore, significantly expanding the reach of federal agencies and other producers of training materials
- Maintaining the Council on Linkages website for continued use and distribution of information on academic/practice linkages, public health systems research, core public health competencies, and recruitment and retention in public health
- Continuing to expand TRAIN (a full-service learning management system for public health) to include more public health agencies, course providers, and learners
- Maintaining and expanding a comprehensive online source of information on public health infrastructure and quality improvement (i.e., PHF's Public Health Infrastructure Resource Center)

Where PHF is Heading...

- Expand TRAIN into other sectors, such as first responders beyond the traditional public health community
- Build capacity to communicate, through PHF's E-News, timely, accurate, and action-oriented information to an increasing proportion of public health professionals
- Make PHF's Learning Resource Center the preferred mechanism for distributing and obtaining training materials for use by public health and healthcare professionals that have been developed by governmental and other respected institutions
- Offering the best web gateway to connect public health professionals with relevant quality improvement and performance management information, case studies, and tools available from public health, industry, and other fields

Helping People Use Information

Directly providing assistance to the public health community on key infrastructure issues and responding to special requests for information and assistance. Helping people use information also helps us build a better understanding of the current needs of the public health community.

PHF helps people use information through:

1. Providing technical assistance and training
2. Developing tools and resources
3. Promoting use of information and resources

Specific past, present and future activities in this area include:

Where PHF has been...

- Worked collaboratively with major universities to develop tools for helping states manage their MCH data
- Facilitated multi-site evaluation process for community HIV/AIDS prevention and treatment programs
- Developed and provided a five-part technical assistance audioconference series, comprised of lessons learned and tips from the field, to help states and localities initiate their *Healthy People 2010* objectives development processes
- Conducted a 5-year management training audioconference series for state and local public health professionals
- Provided scientific updates via audioconference training programs for state and local public health agencies
- Collaborated with ASTHO and NACCHO for the Community Health Status Indicators project, which resulted in development of a profile for each of the nation's 3,082 counties of public health system characteristics, demographics, health services, health behaviors, and outcomes
- Prepared and delivered 20-30 presentations, poster sessions, and roundtables annually at national conferences and forums, and assisted with Public Health Infrastructure Workshops at the Healthy People 2010 Regional Meetings
- Worked with the State of Delaware in developing and implementing its Healthy Delaware 2010 initiative, involved establishing a statewide process, determining priorities and focus areas, and developing health objectives and strategies
- Developed a primer to assist Medicaid and public health agencies share and use data for helping to eliminate racial and ethnic disparities
- Provided direct technical assistance to Renewal Communities/Empowerment Zones and Enterprise Communities in their efforts to integrate health improvement activities into community development initiatives
- Developed and refined the Healthy People 2010 Toolkit for state and local use in selecting, setting, and tracking health objectives and in developing state or community health plans
- Worked with the Turning Point Performance Management Collaborative to produce guidance documents to help states develop performance management systems
- Helped to build distance learning infrastructure in Eastern Europe
- Conducted workshops and trainings on a variety of public health infrastructure issues

Where PHF is...

- Working in partnership with states, communities, and others to apply effective tools and frameworks for building public health capacity and improving health

- Providing training and developing tools in key areas of public health infrastructure where there are unique unmet needs, such as competencies and performance management and improvement
- Responding to hundreds of special requests for information per year

Where PHF is Heading...

- Through institutionalizing the Community Health Status Indicators profiles, translate difficult to understand health status data into useful information that can be accessed online and used by public health professionals, communities, researchers, and others
- Explore ways to enhance TRAIN so that it becomes an important tool for agencies developing and implementing performance management systems
- Help states, training centers, associations and others leverage technology to build on TRAIN infrastructure to provide training information targeted for their constituents
- Take a leadership role in quality/performance improvement by developing and offering performance management/quality improvement online training and/or workshops, consulting services, and customized products
- Work with key Congressional staff to minimize duplication and maximize effective use of practitioner training and learning management systems funded through public health preparedness appropriations