

Louisiana Office of Public Health Annual Strategic Plan Report 2016

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Bureau of Performance Improvement

February 3, 2017



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Introduction

In Fall 2014, the Office of Public Health Strategic Planning Committee completed the 2014-2019 OPH Strategic Plan. From this plan, the 2015 annual implementation plan was created and progress was tracked throughout the year. Overall, the department had a successful year and made great progress on the goals set forth in the plan.

In September, 2016, the long-term and annual department plans were updated by the Strategic Planning Committees at monthly subcommittee meetings. Progress on the plan was acknowledged at these meetings and areas that were not on track were discussed and either deleted or revised.

The following report provides details about the strategic plan and the main accomplishments from the 2016 implementation plan. This report summarizes the progress made in the second year of strategic plan implementation (2016), and outlines our plans for continued work in 2017. The report (pages 11-57) shares the 2016 progress and 2017 priority actions in more detail within the context of each of the 5 strategy areas of our strategic plan.

OPH is confident that with strong and committed employees and partners, the agency Plan will continue to move forward in a successful direction as we continue our pursuit of excellence. Our vision is to employ science-based best practices to ensure that all people in Louisiana have the opportunity to grow, develop, and live in an environment that promotes the physical, behavioral, and social health of individuals, families, and communities. This Plan is a step in that direction!

Acknowledgements

This annual report has been developed by the Louisiana Office of Public Health for the purpose of monitoring progress being made by the agency as a whole to meet the objectives and goals originally defined in the OPH Strategic Plan 2014-2016. Dedicated health professionals have given their time and expertise for the creation of this report, to measure progress. We wish to extend our gratitude to these diligent individuals as well as the entire agency staff, who have contributed to making this report a reality.

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Purpose of the Annual Report

I want to thank everyone at OPH who has contributed to the success of the first three years of strategic planning. We are certainly fulfilling our mission which is to protect and promote the health and wellness of all individuals and communities in Louisiana.

In April of 2014, the Office of Public Health (OPH) Five Year Strategic Plan (Plan) was released and widely distributed. The Plan was developed through a collaborative effort of OPH employees who volunteered to provide their time in order to develop a comprehensive outcome based strategic Plan. The Plan provides the department and other stakeholders with a clear picture of where the Office of Public Health is headed (strategic priorities) and the method by which tasks will be accomplished. In addition, it identifies the measures to monitor progress. The Plan has enabled OPH to establish priorities, guide planning, and define strategy that allocates resources and energy to fulfill our mission.

The successful implementation of the Plan depends, in part, on available resources to address the identified goals and objectives, and strong leadership to bring the Plan objectives and actions to fruition. The Plan process created five priorities for the agency to focus on—

- Improved Financial Stability
- Meaningful Internal and External Collaboration
- Reduced Health Disparities
- Improved Workforce Development
- Health Information Technology and Infrastructure

2016 was a very busy year for OPH, and our goals and accomplishments in each of the priority areas are outlined for you in this annual report, as well as the significant headway in several of these areas, and 2017 will bring marked improvements.

All of the above priorities are being worked by committees and co-chairs made up of OPH staff who have been vigorously meeting, collecting baseline data, and collecting current data to measure Plan Progress. In addition, the committees are identifying gaps and reviewing the Plan's current relevance so that updates and modifications are identified and the Plan can be modified.

Every OPH employee has a role in the implementation of the OPH Strategic Plan and it is incumbent upon the steering committee members to provide a comprehensive annual report to OPH employees so that you are aware of the work that is being conducted and the direction the agency is moving as a result of your hard work.

Tammy Hall, Ed.D.
Director
Bureau of Performance Improvement

"A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it"

Public Health Accreditation Board (PHAB)

The Strategic Planning Process

Background

The decision to seek national accreditation with the Public Health Accreditation Board provided the opportunity to re-examine priorities and practices and include input from staff and external stakeholders.

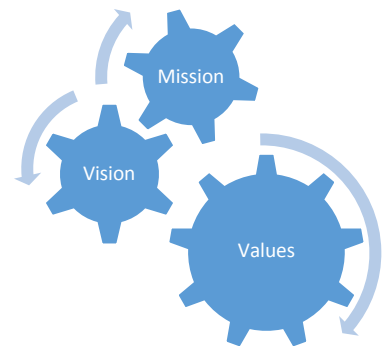
In June of 2013, the Strategic Planning Steering Committee met for the first time at a one-day retreat, led by our consultant, Laurie Call of Illinois Public Health Institute. Data and information was reviewed, and the group completed a SWOT analysis for each function of the Office of Public Health. Through this SWOT analysis the strengths, weaknesses, opportunities, and threats of the organization were identified.

SWOT Analysis

<u>STRENGTHS</u>	<u>WEAKNESSES</u>
Qualified, experienced staff located throughout the State Partnerships Statewide scope of services Programs and services that have a positive impact on residents of the State	Organizational infrastructure; including inefficiencies created through multiple layers of bureaucracy, lack of technology, and inadequate funding for addressing community needs Lack of access to timely IT support Inadequate sustainability plan Lack of agency/role specific training programs for employees Lack of cohesiveness among all levels in the agency, creates silos... therefore missed opportunities for collaboration internally
<u>OPPORTUNITIES</u>	<u>THREATS</u>
Marketing and communications Utilize existing PH infrastructure (employees) statewide in marketing campaign Utilize and increase partnerships in marketing opportunities Respected PH infrastructure (employees) throughout the State Program initiatives would have a greater impact if these resources were better utilized	Inadequate Funding; resources diminishing while needs increasing “Brain drain.” Losing experienced, trained staff. Often unable to replace. When able to replace, lack of consistent training available

The Steering Committee drafted a relevant mission and set of values, and it was as a result of this examination that the preliminary mission and values were determined by them. The mission and values were finalized at the July meeting of the committee and were sent in a survey to the entire OPH staff for vetting. The results of the survey were overwhelmingly positive for the mission and the values, and the Mission Statement was adopted by the Office of Public Health Assistant Secretary and Deputy Assistant Secretary on August 2, 2013. The Vision was voted upon by the entire OPH staff and adopted by the Assistant Secretary and Deputy Assistant Secretary on October 29, 2013. The Values were also adopted on October 29, 2013.

Meetings of the Strategic Planning Steering Committee were held every month through conference calls and three all-day, face-to-face meetings. During the process, the goals, objectives, and actions were decided upon and a timeline for completion developed spanning the years 2014 through 2019.



Mission

The Mission of the Office of Public Health is to protect and promote the health and wellness of all individuals and communities in Louisiana.

Vision

The Department of Health and Hospitals (DHH) Office of Public Health (OPH), characterized by a trained and highly motivated workforce, will employ science-based best practices to ensure that all people in Louisiana have the opportunity to grow, develop, and live in an environment that promotes the physical, behavioral, and social health of individuals, families, and communities.

Core Values

- The Office of Public Health defines health as physical, mental, and social well-being.
- We are dedicated to assisting and serving all people with compassion and dignity.
- We value, respect, and promote diversity.
- We value individuals and communities as core partners in protecting and promoting health.
- We value the unique perspectives and contributions of all employees.
- We are committed to fostering an environment where all employees are empowered to challenge current processes and assumptions in an effort to continually improve quality and performance.
- We demonstrate integrity, accountability, professionalism, and transparency.

The following narrative is a status report by the committees representing the five priority areas. Each priority committee has met at least three times since the Plan was released as well as have been individually working on action items within their own job responsibilities. Due to a change in committee leadership because of staff turnover and/or changes in staff roles, several face to face meetings were held to bring some of the new leadership up to speed on the Strategic Planning Process and highlight their new roles and responsibilities. Baseline data has been collected and as you will see, much progress has been made toward meeting the goals and objectives of the OPH Strategic Plan.



Increased
Financial
Stability

Increased Financial Stability


The Increased Financial Sustainability Committee has a new Co-Chair, Ashley Dromgoole who has joined the incumbent Co-Chair, Kimberly Jones in providing leadership for this important committee. There have been two committee meetings in 2016 and the committees report several completed actions that are moving the agency forward in seeking financial stability. Through changes in State and Federal political landscaping, the Office of Public Health's funding continued to be greatly impacted over the last three years. Our State General Fund dollars have decreased while State General Fund-related expenses have continued to increase.

In spite of the state's gloomy fiscal situation, OPH has been able to demonstrate many successes outlined under this priority. The following narrative clearly indicates that OPH has moved forward during these tough times over the past two years and has achieved its objectives.


The most important accomplishments of this priority are listed below:




EHR Implementation



Successfully awarded
new grants



Increased legislated
fees



Enrolled
more

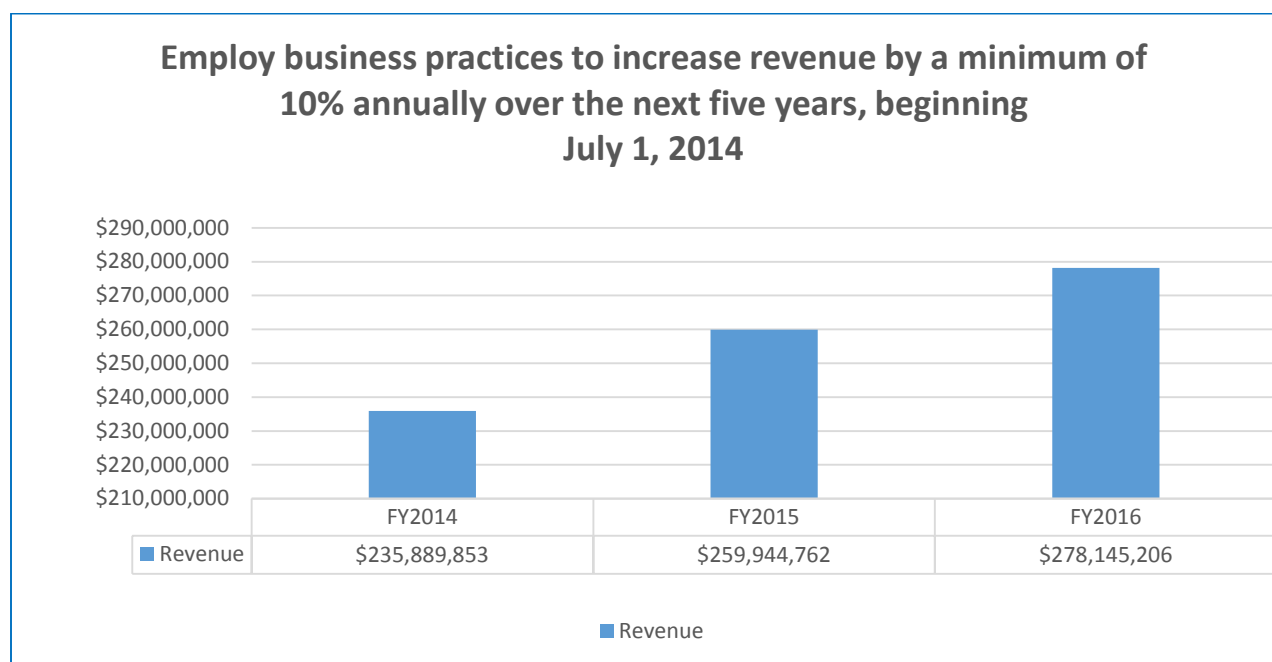
GOAL

Increase financial stability by more efficient utilization of resources and increased revenue.

SMART OBJECTIVE #1

Employ business practices to increase revenue by a minimum of 10% annually over the next five years, beginning July 1, 2014 (excluding state general funds and statutory dedications).

Chart 1. Represents an average increase in revenue of 7.85% per year.



STRATEGY

Develop new funding sources

ACTION STEPS

July 1, 2014 – June 30, 2019 (Year 1-5)	Increase the number of private insurers from which OPH can receive reimbursement	Ongoing. CIGNA, TriCare Standard, Advantage, Aetna, and Aetna Better Health have all been added to the list of health insurance providers OPH has enrolled with as “in network” since the development of this plan. In addition, the implementation of the EHR has opened many revenue streams to OPH from “out of network” providers.
	Increase visit volume by seeking referrals	Pending.

STATUS

July 1, 2014 – June 30, 2019 (Year 1-5)	Enroll and bill Durable Medical Equipment (DME) providers for Medicaid Prepaid Bayou Health (BH) Plan	Ongoing. OPH is on board with four of the five MCOs for DME billing. Pharmaceuticals are being billed directly from Pharmacy to the pharmacy administrators for each of the MCO providers as well as the private providers.
	Bill pharmaceutical through Take Charge Plus	Completed.
	Increase service volume through community awareness	Pending.
July 1, 2014 – June 30, 2019 (Year 1-5)	Collect all possible co-pays on services provided	Ongoing. The clerical health unit staff have been trained on best practices for collecting revenue in the parish health units.
	Implement use of credit card payments	Ongoing. Twelve clinics already have the capacity to collect payments using credit cards. The goal to add more is in the future for this year.
	Systematically bill and collect for outstanding co-pays	Pending.
July 1, 2014 – June 30, 2019 (Year 1-5)	Increase reimbursable services (new products) and pharmaceuticals for OPH programs	Ongoing. The Genetics Program is working to add the SKID test for genetics lab testing. OPH is working with Medicaid in order to get reimbursed for additional STD genital screenings when deemed medically necessary.
July 1, 2014 – June 30, 2019 (Year 1-5)	Secure approval of State Plan Amendment (SPA) to allow submission of an approved cost report for OPH	Completed. While OPH Budget did actively pursue this revenue stream for several years, they were not successful. This action step will be removed in the update.
July 1, 2014 – June 30, 2015 (Year 1)	Increase product registration fee from \$20.00 to \$27.00 as allowed in LA legislation	Completed. FY16 started seeing collections in October of 2015 from this action item. It crossed over FYs because of the way OPH bills are run through. Legislation did allow us to collect this fee; however, also allowed our alcohol reimbursement to transfer over to the ATC. This action step was beneficial, but not to its full extent for OPH.
July 1, 2014 – June 30, 2015, and subsequent years	Examine all fees across OPH and prepare a legislative package to increase fees.	Completed yearly.
	Increase fees in Engineering, Sanitarian Services, Bureau of Emergency Medical Services (BEMS), etc.	Ongoing. HB 995. Act 605 2015. Increased San Services by \$6.3 to about 13 million. Increased TO for

(Year 1-ongoing)		San Services for Safe Water for 40 TOs.
July 1, 2015 – June 30, 2016 (Year 1-2)	Convert lab from cost allocation to fee for service	Ongoing. A Lean Six Sigma project was conducted to determine if this was feasible or not. Ongoing meetings to discuss this possibility are not conclusive at this time.

STRATEGY

Employ 10 new business practices that move OPH toward becoming financially self-sustaining

July 1, 2014 – June 30, 2015 (Year 1 and ongoing)	<p>Implement EHR with robust billing</p> <ul style="list-style-type: none"> - Train clinical staff on collecting needed client info - Utilize appropriate billing codes - Train staff on entering appropriate billing codes 	<p>Completed. Efforts include(d):</p> <p>Implemented an Electronic Health Record System in 65 parish health units. Both clinical and clerical staff were trained. Proper coding is being monitored and addressed on an ongoing basis. There is a clinical effectiveness working group. 90% of visits are Reproductive Health (RH) and all other visits represent 10%. Looking at the large number of encounters that are not falling into the RH category. RH is closely monitoring the EHR data.</p> <p>Staff training on entering appropriate billing codes is ongoing.</p> <p>Ongoing efforts. OPH is looking at encounters that are not able to be billed. Part of it might tie back to exploring new areas of billable services, i.e., social services, follow up nursing services.</p> <p>WIC is limited as to revenue collection because the federal drawdown system is based on staff coding which is the record of time staff spends delivering WIC services. WIC client</p>
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		<p>numbers have decreased over the past few years.</p> <p>Leveraging Meaningful Use.</p> <p>No bill visits are being analyzed for possible revenue opportunity.</p> <p>The team is looking into retro billing for Medicaid patients as a possible means of revenue not currently being tapped.</p>
	Employ adequate personnel to work denials, lost bills, lost opportunities	In process. Leadership is favorable of fully staffing the billing unit. This is moving forward.
July 1, 2015 – June 30, 2016 (Year 2)	Consolidate all revenue collection into the revenue collection unit within the Budget Office and identify mechanisms to fully collect fees owed to OPH	In process. Debt recovery is under DOA and is not moving forward. Hopes are that staffing the billing unit fully will assist with the collection of this revenue stream without depending on an external source.
July 1, 2014 – June 30, 2015 (Year 1)	Track and report visit and claim data from COGNOS and electronic health record data with continuous feedback to the regions.	<p>Ongoing. The regions are getting data from the Success EHR. PDA QI are being conducted in real time.</p> <p>The Regional MDs are receiving productivity levels on clinical providers. This data is being used to analyze to determine staffing needs.</p>
July 1, 2014 – June 30, 2015 (Year 1)	Track and report productivity data for all employees, clinical and other	Ongoing on a quarterly basis by Regional MDs.
July 1, 2015 – June 30, 2016, and ongoing (Year 2-ongoing)	Link productivity to employee performance evaluations and merit increases, or at least recognize efficiency as a virtue.	Ongoing. The committee has had many discussions regarding this action step. New committee members will take the lead and more discussion during the next Strategic Planning sessions will ensue.

July 1, 2014 – June 30, 2019 (Year 1-5)	Implement Performance Improvement (PI) and Quality Improvement (QI) initiatives to reduce costs and increase efficiencies	Ongoing. OPH QI is working on a pilot for centralized scheduling in Region 3 which could be an improvement/ efficiency.
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SMART OBJECTIVE #2

Reduce the amount of federal funds not being utilized by 10% per year over the next five years, beginning July 1, 2014

Chart 2. Exceeded. 25% was met by FY15.

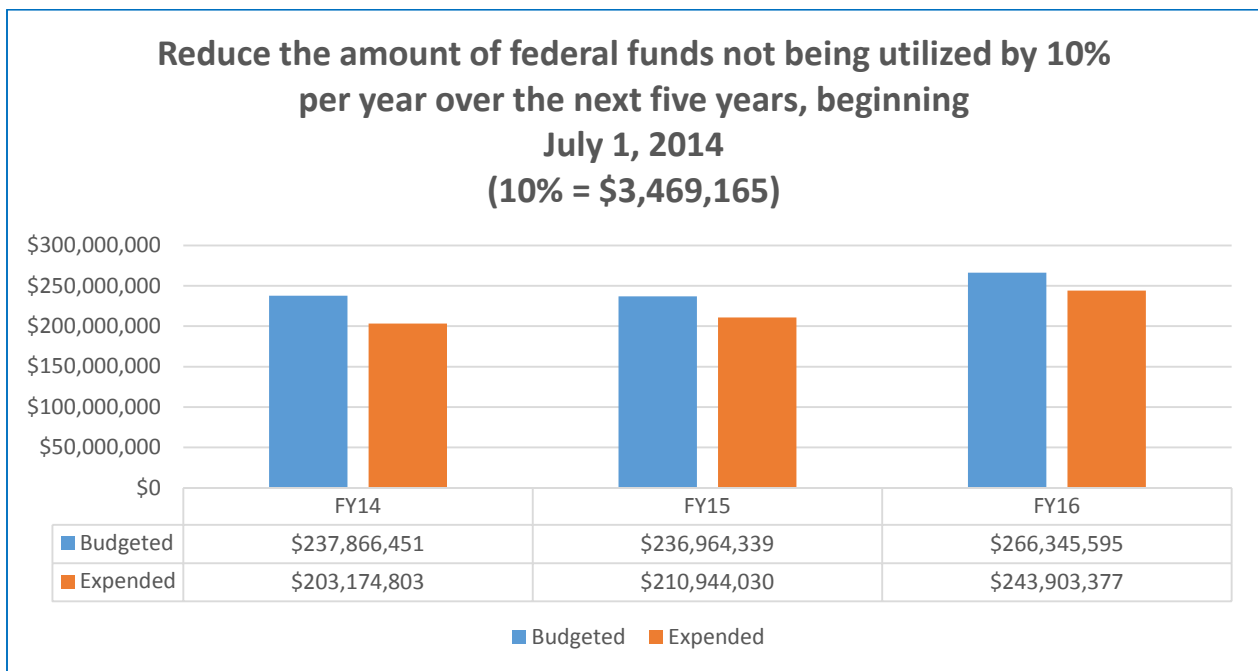


Chart 3. Variance.

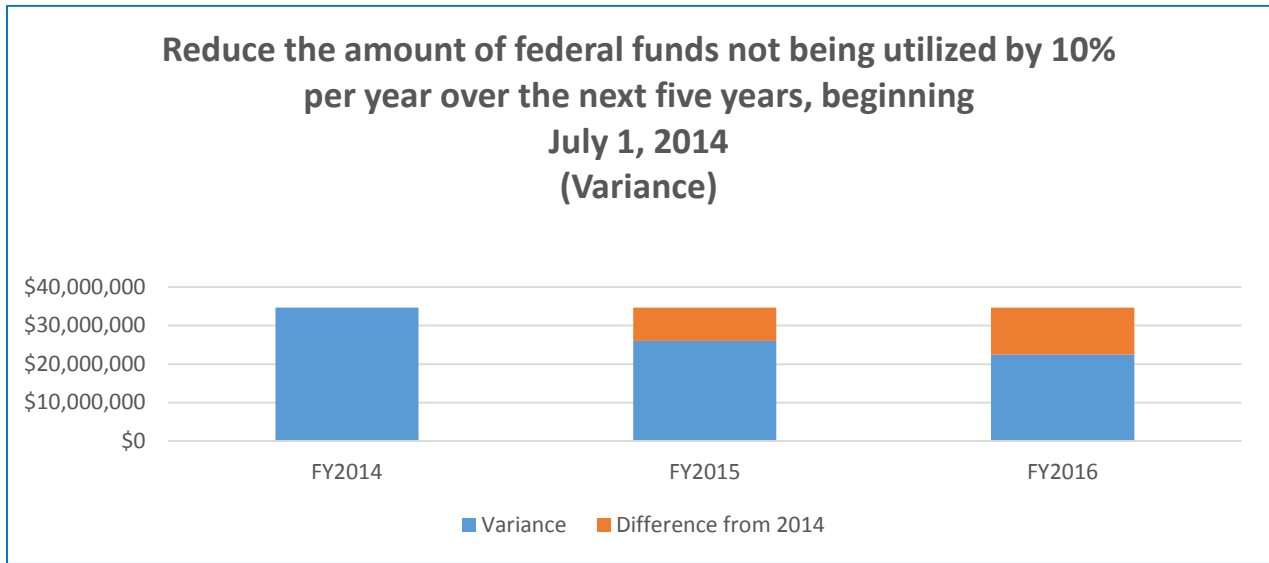
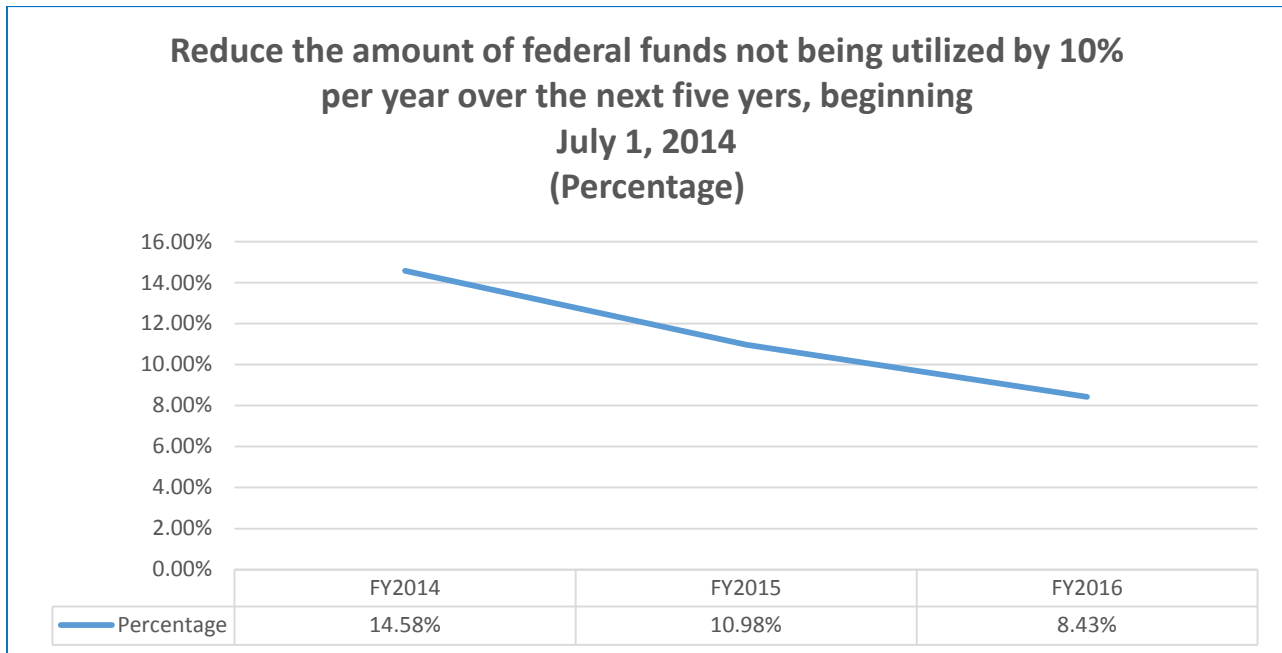


Chart 4. Percentage.



STRATEGY

Decrease the amount of Women, Infants, and Children Program (WIC) money returned to the federal government.

ACTION STEPS

STATUS

July 1, 2014 – June 30, 2015, and ongoing (Year 1-ongoing)	Increase WIC participation where possible	Ongoing. WIC participation numbers continue to go down as a direct impact of the Federal Moratorium imposed in 2014. The program has lost creditability and control to the USDA until mandated program integrity changes are implemented and enforced. A new Bureau of Nutritional Services (BONS) Director was hired in May 2016 to right the ship. The director implemented sweeping changes through strong leadership, clear vision, and a three phased results driven strategy— Sustainable SPIG (Stability, Program Integrity, and Growth). Increasing WIC participation is addressed in the third phase which will not be fully implemented until the first two phases have taken root in approximately one year.
July 1, 2014 – June 30, 2015, and ongoing (Year 1-ongoing)	Increase the number of providers that provide WIC services, as well as client numbers	Ongoing. The new system for WIC will allow tracking of referrals.

STRATEGY

Assess all programs returning funds to the federal government and develop a plan to decrease the return rate.

ACTION STEPS

STATUS

July 1, 2014 – June 30, 2015 (Year 1)	Evaluate all federal programs returning federal funding	Ongoing. Please see Charts 2, 3, and 4.
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STRATEGY

Decrease unspent federal funds by decreasing time to hire or secure an approved contract

ACTION STEPS

STATUS

July 1, 2014 – June 30, 2015, and ongoing (Year 1 - ongoing)	Improve the hiring and contracting process to ensure timely expenditure of available funds	Pending. Needs modifications. Freezes, time out of our control. This strategy will be considered for updating or removal.
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STRATEGY

Fully utilize existing Federal revenue sources beginning in FY15.

ACTION STEPS

STATUS

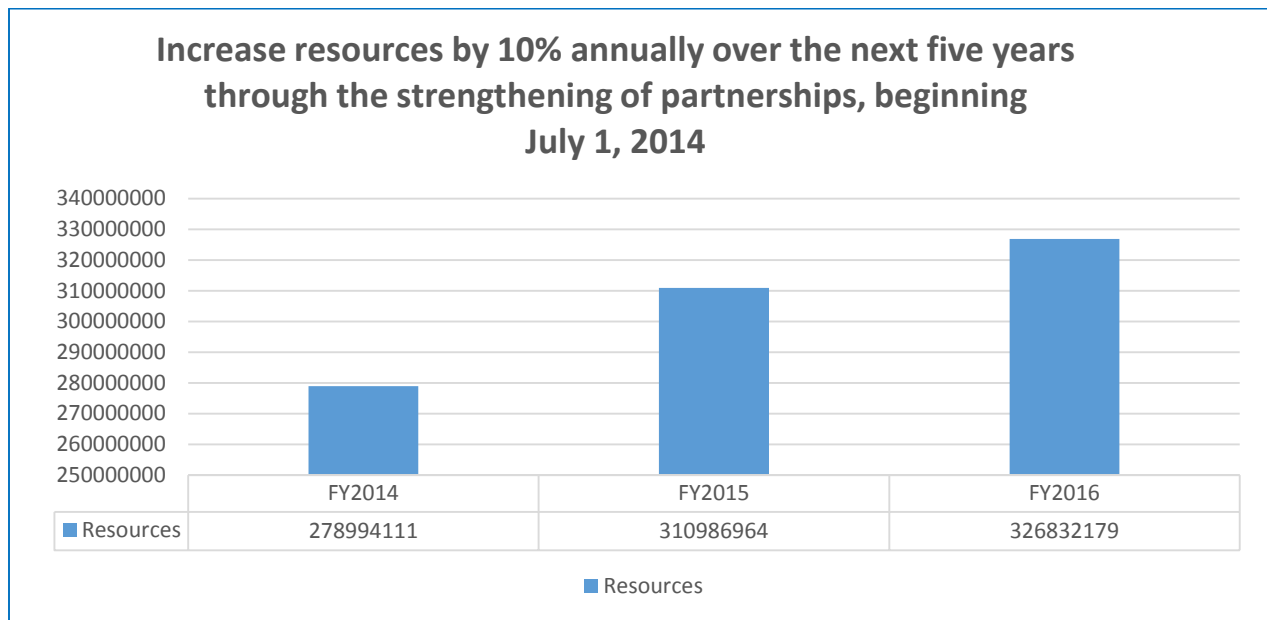
July 1, 2014 – June 30, 2015, and ongoing (Year 1 - ongoing)	Ensure accuracy when coding Ensure the correct grant is being charged	Ongoing. Revenue staff monitors EHR coding. Budget staff monitors grant coding, using the PSFR. If there is a problem, they resolve it promptly. The Revenue Section is developing a document to assist staff in this effort.
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SMART OBJECTIVE #3

Increase resources by 10% annually over the next five years through the strengthening of partnerships, beginning July 1, 2014.

Discussion: Looked into the accounting system and we were able to be successful with our finances. The state is allowing us to use other funds as leverage. We have found ways to increase our grants and gaining new grants as well as limiting what we are sending back to the federal coffers.

Chart 6. This is an average of 7.5% increase per year. The majority of this increase is due to an increase in federal funds.



STRATEGY

Seek additional sources of revenue

ACTION STEPS

STATUS

July 1, 2014 – June 30, 2015 -ongoing (Year 1 – ongoing)	Increase the amount and type of federal funding received.	Ongoing.
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STRATEGY

Increase funding and in-kind contributions from the parish governments.

ACTION STEPS

STATUS

July 1, 2014 – June 30, 2015, and ongoing (Year 1 – ongoing)	Approach parish governments for additional funding for specific projects (i.e., nurses for reproductive health)	Ongoing. Regional MDs are monitoring mileage. Budget and Fiscal will meet to assess what is being contributed in total. Review of the statute and inclusion of in kind will be part of the equation.
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STRATEGY

Partner with Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to provide synergistic services.

ACTION STEPS

STATUS

July 1, 2014 – June 30, 2015, and ongoing (Year 1 – ongoing)	Create a forum for interaction among FQHCs, RHCs, and Public Health	Pending. A forum has not been planned. However, a pilot project is being conducted in Terrebonne Parish.
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STRATEGY

Increase the number of Cooperative Endeavors (CEAs) and Interagency Agreements (IATs) entered into beginning FY15.

ACTION STEPS

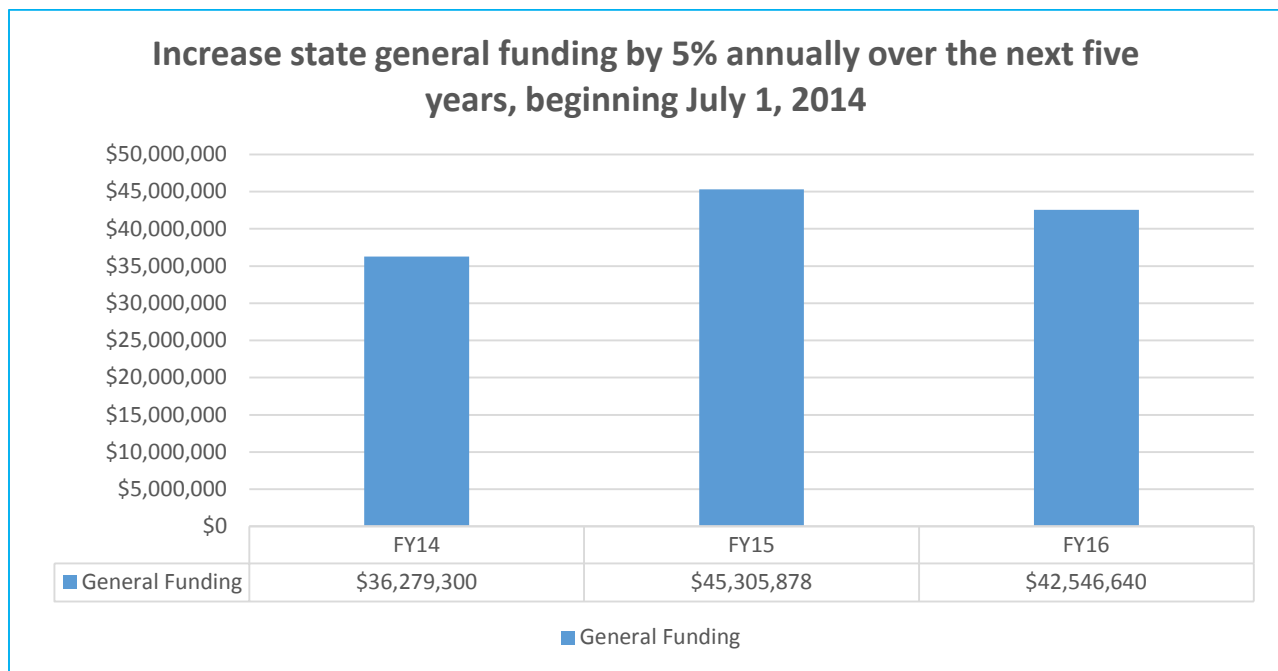
STATUS

July 1, 2014 – June 30, 2015, and ongoing (Year 1 – ongoing)	Increase CEAs and IATs with state and private partnerships to expand community-based public health services	Ongoing. Budget is working on this action step.
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SMART OBJECTIVE #4

Increase state general funding by 5% annually over the next five years, beginning July 1, 2014.

Chart 7. This is an average increase of 7.13% per year.



STRATEGY

Work closely with the legislature to increase, or at least stabilize, public health funding.

ACTION STEPS

STATUS

July 1, 2014 – June 30, 2015, and ongoing (Year 1 – ongoing)	Advocate for public health funding in the best interest of the residents Show impact of monies spent on public health	Ongoing at the parish level by the Regional MDs. Central Office will take on the role of analyzing the statute and contributions.
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STRATEGY

Integrate public health into a broader and coordinated program of increased education, access, and surveillance.

ACTION STEPS

STATUS

July 1, 2014 – June 30, 2015, and ongoing (Year 1 – ongoing)	Increase partnerships with other state and local agencies	Ongoing at the parish level by the Regional MDs.
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STRATEGY

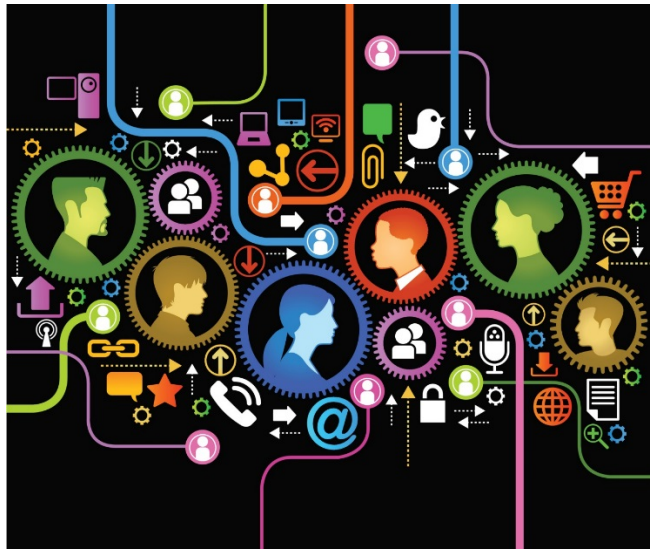
Prove the value of public health through increased awareness at the state and local level.

ACTION STEPS

STATUS

July 1, 2014 – June 30, 2015, and ongoing (Year 1-ongoing)	Encourage local regional administrators/physicians to constantly reach out to the public through talks, publications, participation in partnerships, and community volunteerism	Ongoing. An ad hoc committee will meet with Fiscal to develop a plan to address this action step.
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Meaningful Internal and External Collaboration



New leadership in the Meaningful Internal and External Collaboration (MIEC) includes co-chair, Dr. Sundee Winder. In partnership with the committee, she has recruited new membership to address gaps as well as engaged this committee in several meetings. Leadership has not lost a beat when it comes to addressing the issues identified by the MIEC back in 2014. Some of the previously identified issues have crossed over with actions items in other committees that have greater investment in some of them. In these cases, this committee has relinquished itself of being responsible for these items but will continue to monitor them in relation to how these items affect the work of this committee.

Currently, the committee is focused on developing a comprehensive internal communication plan that upon approval of leadership and engaged by all staff as policy for internal communication. Most recently, the Bureau of Performance Improvement has begun producing a monthly newsletter, which address OPH internal communication strategies. Good communication is key to assisting our agency in being successful. In addition, the committee is working to re-brand OPH to meet external collaboration objectives.

Below are some successes that the committee members feel are contributing to a more cohesive agency and further define the importance of public health to the residents of Louisiana.

- OPH Newsletter
- Regional and Programmatic Meeting

And the
Winners
are...



GOAL #1

Operate as a cross-functional, cohesive agency throughout all programs, services, and regions, while being reliable and responsive and meeting national standards.

SMART OBJECTIVE #1

Implement an agency-wide internal communication strategy by April 2015.

STRATEGY

Develop standards and protocols for written internal communication to ensure that business processes are consistent statewide.

ACTION STEPS

STATUS

November 2014-January 2015 (Year 1)	Compile list of policies and procedures	Completed 10/17/16. Policies are uploaded on SharePoint: http://dhhnet/departments/oph/depa-sstsec/Policies/Forms/AllItems.aspx
December 2014 (Year 1)	Identify center and programmatic communication leads to add messages to SharePoint and participate in training by Center for Population Health Informatics	In process
December 2014-January 2015 (Year 1)	Research standards and protocols for best practices within the agency from other governmental, private, and nonprofit groups	In process. Communication Research folder created on Share Point and committee members are filing pertinent literature for discussion.
By February 2015 (Year 1)	Develop and distribute a needs assessment, seeking input throughout the agency	In process. The committee drafted, reviewed and finalized four questions to include in the Workforce Development survey.
By March 2015 (Year 1)	Analyze the results of needs assessment	Pending.
By March 2015 (Year 1)	Develop the communication standards and protocols	Pending.
By March 2015 (Year 1)	Committee to review the protocols and ensure that they address the results of the needs assessment, i.e., that accurate information is shared early and efficiently throughout the agency, particularly about key issues that affect OPH business practices	Pending.
By April 2015 (Year 1)	Standards and protocols are shared with OPH administration, reviewed, approved, and signed	Pending.
April 2015 (Year 1)	Final communication standards and protocol distributed internally	Pending.

STRATEGY

Utilize existing centralized data system, SharePoint, to improve coordination and consistency throughout agency.

ACTION STEPS

STATUS

December 2014-January 2015 (Year 1)	Identify statewide SharePoint Coordinator and key program and leadership staff that will have contribution/super user rights to	Ongoing. The SharePoint lead is the Bureau of Performance Improvement (BPI). The SharePoint coordinator is Dr. Tammy Hall.
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	entering information (limit users to ensure accurate information)	
By August 2015 (Year 2)	Train super users on posting to SharePoint, i.e., relevant agency policies, billing practices, administrative code with updates (in coordination with Health Information Technology [HIT] plan)	Ongoing. There have been two intermediate trainings on SharePoint. The OPH newsletter provides the information needed in order to request access from SharePoint as well as encourages staff to use SharePoint as a communication vehicle.
By August 2015 (Year 2)	SharePoint coordinator to develop protocols for posting information to site; goal to ensure that the site is updated, especially regarding agency business practices.	Ongoing. The BPI will develop a policy as to what should be uploaded.
By August 2015 (Year 2)	Develop short training webinar on use of SharePoint for all OPH employees at all levels	Completed. The BPI will be providing training opportunities on SharePoint in collaboration with OTS. SharePoint 2010 Quick Reference Guide and Tip of the Month and IT Training Resources will be included in the revamped BPI webpage.
By September 2015 (Year 2)	All staff trained on OPH use of SharePoint via Webinar made available agency-wide by September 2015	Ongoing. The BPI will be providing training opportunities on SharePoint in collaboration with OTS. SharePoint 2010 Quick Reference Guide and Tip of the Month and IT Training Resources will be included in the revamped BPI webpage.
By September 2015 (Year 2)	Grant access to SharePoint for all OPH employees	Ongoing. Currently, all Strategic Planning members have access to SharePoint and it is used to archive meeting agendas, notes, research, etc. Each committee has its own file folder under the OPH Strategic Plan folder which sits under the BPI. The OPH newsletter is advocating for all staff to get access and provides guidance to staff as to how to get access.
By October 2015 (Year 2)	Encourage networking of OPH staff utilizing SharePoint by developing opportunities for staff to interact and staff trainings	Ongoing. Policies and Procedures, EHR, Budget, Travel, Community Preparedness, Environment Health, Health Improvement, and HR trainings are already being shared on SharePoint.

GOAL #2

OPH is valued and recognized as a public health leader in Louisiana and facilitates partnerships for the alignment of efforts and overall impact on health and wellness of individuals and communities.

SMART OBJECTIVE #1

Develop and implement a community-focused public health marketing campaign by July 2017 to convey the value of public health.

STRATEGY

Rebrand OPH with new brand that is reflective of OPH's mission and values.

ACTION STEPS

STATUS

By December 2015 (Year 2)	Identify marketing firm as a contractor	Pending.
October 2015- October 2016 (Year 2)	Gather information and prioritize issues for brand development	Pending.
By March 2016 (Year 2)	Identify areas for improvement with current brand and how OPH should be perceived by the public Consider OPH's mission and vision in determining proposed public perception and create ideas for brand	Completed. The State Health Improvement Plan (SHIP) was external and internal and helped identify areas of improvement for OPH.
By July 2016 (Year 3)	Distribute rebranding ideas agency-wide for comment via staff survey	Pending.
By December 2016 (Year 3)	Workgroup to analyze survey responses and revise proposal	Pending.
By March 2017 (Year 3)	Workgroup to send top brand ideas to OPH administration	Pending.
By June 2017 (Year 3)	OPH administration to review and submit to DHH leadership for approval	Pending.
By July 2017 (Year 4)	Agency-wide training on new brand Employees to act as ambassadors	Pending.
By July 2017 (Year 4)	Rebrand complete	Pending.
	Rollout agency wide	Pending.

STRATEGY

Utilize a marketing campaign to promote the value of public health.

ACTION STEPS

STATUS

By May 2015 (Year 1)	Identify contractor to develop a marketing campaign	Pending.
By July 2015 (Year 2)	Contractor to review state health improvement plan (SHIP) and prioritize issues for brand/campaign	Pending. The SHIP identified top State priorities. OPH is assigned to Build Infrastructure. The other priorities have been taken by other statewide agencies.
By September 2015 (Year 2)	Develop marketing campaign to highlight the new OPH brand	Pending.
By September 2015 (Year 2)	Contractor to analyze staff response to messages	Pending.
By October 2015 (Year 2)	Contractor to finalize rebranding/marketing campaign to send to OHP leadership	Pending.
By January 2016 (Year 2)	OPH/DHH leadership to review and approve marketing campaign	Pending.
By February 2016 (Year 2)	Rollout of marketing campaign	Pending.
By February 2016 (Year 2)	Update DHH website with new campaign materials	Pending.
By February 2016 (Year 2)	Train program and regional leadership on crafting messages that are clear and concise	Pending.

SMART OBJECTIVE #2

Ensure that OPH is represented on all appropriate state and local population health groups by January 1, 2016.

STRATEGY

Identify and share Public Health (PH) messages/resources with stakeholders.

ACTION STEPS

STATUS

By August 2015 (Year 2)	Each public health region to identify existing groups who convene around health issues	Pending.
August 2015 (Year 2)	OPH administration at regional level to participate in boards, commissions, etc.	Ongoing. The committee will develop a tracking system to capture this data.
October 2015 (Year 2)	Create databases with stakeholder information to improve information sharing Cross with IT plan to make data more available	Complete. HIT is working on eliminating redundant requests.

November 2015 and ongoing (Year 2 and ongoing)	Educate the community on available public health services	In process. Look at the 10 essential public health services and develop a one-page brochure that the public will know what we are all about. A draft of a new brochure is being reviewed by the committee for feedback to leadership.
November 2015 and ongoing (Year 2 and ongoing)	Share information and keep local elected officials and other stakeholders updated through regular email bulletins blasts	Completed. The Regional Medical Directors are sharing presentations in their regions to various stakeholders. PowerPoint presentations and sign in sheets are available.
By November 2015 (Year 2)	Create regional OPH websites	Remove. Can be eliminated because the LDH OPH website has improved and is now sufficiently serving this purpose.

STRATEGY

Develop strategies to improve health of Louisiana residents at the state and local level by participating in Healthy Communities Coalition.

ACTION STEPS

STATUS

By June 2015 (Year 1)	Identify lead at the local level most appropriate to convene group of key stakeholders to participate as a regional health promotions group	Completed. This was completed through the SHIP process.
June 2015-November 2015 (Year 1-2)	Ensure that health promotion group is convened in each region to inform the community needs assessments and State Health Improvement Plan (SHIP); involve the DHH/OPH Center for Population Health Informatics	Pending.
By November 2015 (Year 2)	Local groups to address the issues identified via the community needs assessment/State Health Improvement Plan and other local and state reports	Pending.
November 2015-April 2016 (Year 2)	Research best practices for prioritized issues/promote health	Pending.
April 2016 (Year 2)	Seek new resources, including local resources, to implement strategies	Pending.
May-July 2016 (Year 2-3)	Align available state/federal resources for proposed strategies	Pending.
By September 2016 (Year 3)	Implement one health promotion activity in two OPH Regions	In process. The Health Promotions Unit rolled out the new worksite wellness

		project OPH 360 in mid-January across the state for OPH employees.
Ongoing after September 2016 (Year 3 and ongoing)	Conduct an evaluation of health promotion activity	In process. The new worksite wellness project OPH 360 includes a robust evaluation.

Improved Workforce Development



Fiscal year 16 was extremely busy for the Improved Workforce Development Committee which met on the following dates: September 23, October 5, November 16, and December 14. As displayed below, the Committee had several “wins,” including but not limited to: Workforce Development Plan, Leadership Book Club (already meeting), Worksite Wellness OPH 360 (launched in January of 2017), draft of a rewards and recognition policy, partnership with Meaningful Internal and External Collaboration Committee for the development of the monthly OPH Newsletter (Public Health Matters) which was launched on December 18, 2016. We are moving in the direction of a well-informed and healthier staff.

Public Health 3.0 identifies “strong leadership and workforce” as one of the “five critical dimensions in the enhanced scope of public health practice.” Here at OPH, we are having similar challenges with finding talented individuals coming into public health as well as high turnover rates. We need to move toward more innovative approaches which might include mentoring, more internship opportunities, and working more closely with training institutions. It is our responsibility to build a strong public health workforce which is well-informed, well trained, and continuously educated in current public health policy.

Below are the seven questions identified in previous meetings of the Office of Public Health staff that show the importance of improving and enhancing workforce development with a solid plan and goals for implementation. While as Co-Chairs of this committee we feel like we have made tremendous progress toward answering these questions, we feel like these questions still remain pertinent to the agency. The following questions will remain in place until which time that the agency believes they have been addressed in full.

1. How can we ensure that employees are better trained, informed, and educated in their job roles and responsibilities?
2. How can workforce development help us achieve initiatives, including Public Health Accreditation? Why is it essential to make certain that employees have the knowledge and skills needed to excel in their particular jobs?

3. How can we ensure that all staff receive diversity awareness and cultural competency training that have been identified as skill sets important for every member of this agency?
4. How can we address the loss of institutional knowledge due to retirements, layoffs and attrition, and the imperative for effective succession planning?
5. How can we promote, encourage, and support creative thinking and the development of knowledge and skills to think across sectors and disciplines, which are required to craft public health solutions in an environment of decreasing resources?
6. How can we enhance our workforce development in order to attract and encourage more recent graduates as well as experienced professionals to seek to join our organization?
7. How can we improve the quality of our workforce development programs and initiatives to increase retention of our skilled staff and help us invest in better outcomes?

and the
winner is...

A Workforce Assessment Survey was completed, analyzed and results were shared and used in the development of the plan.

A Workforce Development Plan has been completed and is being implemented.



A Worksite Wellness Plan has been completed and is being implemented.



A monthly OPH Newsletter has been developed highlighting staff resources, available training, and the importance of Quality Improvement in a public health setting.



Undoing Racism trainings are being conducted across the state



GOAL

OPH attracts and retains a competent and diverse staff throughout our workforce to maximize productivity, deliver high quality service, and improve outcomes.

SMART OBJECTIVE #1

Create a comprehensive plan for Workforce Development for Public Health Professionals in the Office of Public Health.

STRATEGY

Review results of Association of State and Territorial Health Officials (ASTHO) Public Health Workforce Interests & Needs Survey.

ACTION STEPS

STATUS

By October 30, 2014 (Year 1)	Review ASTHO Public Health Workforce Interests & Needs Survey	Completed in 2015. This survey was completed by 50% of OPH staff. Results were incorporated into 2016 Workforce Development Plan.
By December 2014 (Year 1)	Develop and distribute a modified survey to other OPH workers (contract workers and a larger group of OPH staff)	Completed in 2015. The results were incorporated into the 2016 Workforce Development Plan. Updating Training Needs Assessment for 2017 to include Worksite Wellness.
By February 2015 (Year 1)	Report findings of both OPH Workforce Development (WFD) needs assessments by February 2015	Completed in 2016. The results were included in the 2016 Workforce Development Plan.
By March 2015 (Year 1)	Develop a Work Force Development taskforce (WFD) to review results and conduct a gap analysis and to review DHH/HR trainings that are currently in place for staff	Completed.
March 2015 – May 2015 (Year 1)	Review results and conduct a gap analysis Collaborate with Department of Health and Hospitals (DHH) and/or Human Resources (HR), Civil Service, and OPH administration	Ongoing. Currently underway. Survey sent out to the leadership team.

STRATEGY

Revise existing Workforce Development plan and provide updates based on findings of the assessment and best practices.

ACTION STEPS

STATUS

June 2015- December 2015 (Year 2)	Use results of OPH surveys	Complete.
	Review existing Workforce Development plans by programs	Complete.
	Review best practices and workforce plans from other states	Complete.

STRATEGY

Collaborate with Center for Community Preparedness (CCP) and Emergency Medical Services (EMS), and other stakeholders to revise and provide updates based on findings of training needs assessment and best practices.

ACTION STEPS

STATUS

June 2015- December 2015 (Year 2)	Revise Workforce Development plan	Ongoing. In final review.
By May 2016 (Year 2)	Outline training requirements based on plan revisions	Ongoing. Next step for the task force.

SMART OBJECTIVE #2

Develop an OPH specific career progression chart by December 2015.

STRATEGY

Develop a Career Progression Committee.

ACTION STEPS

STATUS

By February 2015 (Year 1)	OPH administration will make recommendations on participants of an employee education-specific subcommittee	Ongoing. The group reviewed the current list of membership and decided that it was not diverse enough. Mardrah will work on recommendations of staff from across the agency both central office and the field, programmatic, clinical and clerical.
	Research Civil Service progression policies	To be assigned.

STRATEGY

Collaborate with DHH HR and Civil Service to develop and inform OPH related career progression charts to aid the succession planning workgroup.

ACTION STEPS

STATUS

February 2015- December 2015 (Year 2)	Work with DHH HR and Civil Service to determine progression charts related to OPH professionals	Pending.
	Develop a plan to encourage and facilitate employee opportunities to obtain continuing education to build on core competencies Support membership in professional organizations	Pending.

SMART OBJECTIVE #3

Implement a comprehensive, statewide worksite wellness program by July 1, 2016, with a participation goal of 75% (a CHANGE TO 20% has been proposed) of all employees.

STRATEGY

Recruit and engage an agency Employee Worksite Wellness Committee (EWWC).

ACTION STEPS

STATUS

By December 2014 (Year 1)	OPH administration will determine who needs to be represented	Completed.
By January 2015 (Year 2)	Identify key people, skill sets, and titles that will be needed to form an OPH wellness committee	Completed.
January 2015-February 2015 (Year 1)	Invite point persons/champions to participate on the committee.	Completed.

STRATEGY

Convene an OPH Employee Worksite Wellness Committee (EWWC) led by Health Promotions team.

ACTION STEPS

STATUS

By March 2015 (Year 1)	Convene workgroup above.	Completed.
	Make inquiries to other state public health organizations to provide information about worksite wellness	Completed.

	programs for state agencies and determine OPH wish list	
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STRATEGY

Conduct baseline worksite wellness assessment.

ACTION STEPS

STATUS

May 2015-June 2015 (Year 1)	Develop an appropriate employee wellness and worksite wellness survey via Catapult®	Completed.
	Disseminate survey	Completed.
June 2015- (Year 1)	Review results of worksite wellness portion of the workforce development assessment/survey	To be completed.

STRATEGY

Draft a statewide Worksite Wellness Program with measurable goals.

ACTION STEPS

STATUS

July 2015-October 2015 (Year 2)	Build on Well Ahead expectations and exceed them to promote OPH worksite and employee wellness program	In process.
October 2015-December 2015 (Year 2)	Coordinate with Well Ahead activities to develop a comprehensive statewide worksite wellness plan utilizing available resources	In process.

STRATEGY

Implement Worksite Wellness Program (WWP).

ACTION STEPS

STATUS

By January 2016 (Year 2)	Increase awareness and education outreach and events throughout the state on new comprehensive initiative	Completed January 2017.
	Implement the activities and strategies contained in the Employee Worksite Wellness Committee (EWWC)	Completed January 2017.

SMART OBJECTIVE #4

Compile information around specific workforce and succession planning topics by July 1, 2017, to aid the Office of Public Health leadership in determining future staffing needs.

STRATEGY

Form interagency succession planning workgroup.

ACTION STEPS

STATUS

By January 2016 (Year 2)	OPH administration will develop a workgroup around key public health employment areas (Environmental Health, clinical staff, Emergency Preparedness, leadership, Budget Office, etc.)	Ongoing.
	Based on results of ASTHO survey & career progression information, determine current and future trends and opportunities for workforce development with an aim at succession planning	Pending.
	Identify key leadership, staffing levels, skill sets, titles, and retirees that will be needed to perform OPH functions for the next 36 months	Pending.

STRATEGY

Collaborate with key stakeholders (DHH Human Resources, State Civil Services, schools of public health, and other public health organizations).

ACTION STEP

STATUS

By February 2016 (Year 1)	Meet with key DHH Human Resources and Civil Service personnel to consider staffing needs, review of agency job titles, and any pending changes in legislation	Pending.
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STRATEGY

Assess OPH needs and gaps and prioritize the gaps using forecasting tools.

ACTION STEPS

STATUS

July 2016 (Year 2)	Identify the job titles needed to perform OPH functions	Pending.
July 2016-	Create a profile of all current OPH staff	Pending.

December 2016 (Year 2)		
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STRATEGY

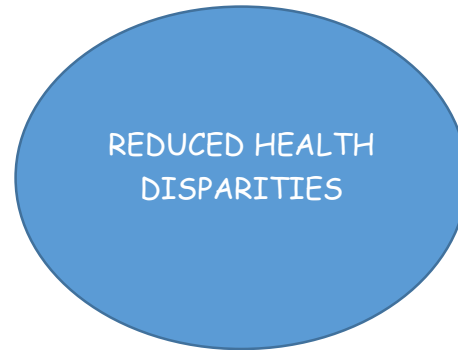
Develop the succession plan.

ACTION STEPS

STATUS

January 2017- July 2017 (Year 2)	Meet with OPH administration and develop the succession plan	Pending.
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Reduced Health Disparities



The Reduced Health Disparities Committee meets the 3rd Thursday of every month and has an audacious work plan that the members have been working hard to address. Most recently, a survey was conducted with the programs leads regarding health equity. Results of this survey will be published in the OPH Newsletter, *“Public Health Matters”* in April. Another survey modeled after the Family Pact Cultural Competency Self-Assessment will be conducted in late March or early April. These surveys will provide this committee with significant baseline information for the committee to use as it moves forward to reduce health disparities.

Public Health 3.0 (PH 3.) notes, “the lifespan of people living in different parts of the country is a powerful reminder that the opportunity to be healthy often depends more on one’s zip code than one’s genetic code.” It also notes that this measurement may differ between neighborhoods within the same city; hence, the importance of healthy communities. As an example, one neighborhood may have bike and walking paths with good lighting which will allow adults and children to exercise in a safe environment at nighttime. While another neighborhood within the same vicinity may not even have bike or walking paths. PH 3.0 suggests that in order to reach the goals of Healthy People we will need to address the social determinants of health which include both social and physical environments where people are born, live, work, and age.



GOAL

Lead and continually improve a public health system that identifies and reduces inequities to improve health outcomes and quality of life in Louisiana.

SMART OBJECTIVE #1

Assess, identify gaps, and define data sets and policies that contribute to disparities in health.

STRATEGY

Conduct an environmental scan and use the data from the Center for Health Informatics and other data sources to identify and address health disparities, especially disparities related to race/ethnicity, age, gender/gender identity, disability, socioeconomic status, religion, geographic location, or other characteristics historically linked to discrimination or exclusion.

ACTION STEPS

STATUS

October 2014-2016 (Years 1-3)	<p>Review inventory of databases (HITI, Obj. 2) and identify gaps in data needs</p> <p>Develop and conduct a survey of existing technology (HITI, Obj. 2) and identify which programs need upgrades for interfacing</p> <p>Increase data availability and usage to address health disparities</p>	<p>Ongoing. The HIT priority committee is currently working on this. A smaller group from RHD will meet with the HIT group to get more information regarding available data. Link to the data portal: http://healthdata.dhh.la.gov/</p> <p>There is a list of OPH data sets on SharePoint under the HIT folder in the Strategic Plan folder entitled "Applications View OPH Databases."</p> <p>There is a list of other resources of data sets on SharePoint under the Reduced Health Disparities folder entitled, "Resources for Identifying and Understanding Health Inequities CDC."</p> <p>http://dhhnet/departments/oph/depasstsec/Performance/SitePages/Home.aspx</p> <p>Publications:</p> <p>http://www.dhh.louisiana.gov/index.cfm/page/209</p>
October 2016-2019 (Years 3-6)	<p>Advance knowledge and innovation through research to identify effective strategies to eliminate health disparities</p>	<p>Ongoing. The committee has created specific file folders on SharePoint where members are constantly filing pertinent documents related to the different topics that this committee is studying and researching.</p>

STRATEGY

Identify public policies that address social conditions impacting health and aid in closing the health status gap.

ACTION STEPS

STATUS

Oct 2014 – Oct 2015 (Years 1-2)	<p>Identify laws, regulations that drive health disparities/health inequity</p>	<p>Ongoing. A survey tool has been drafted and vetted by the committee and has been put into Survey Monkey. The LA Center for Health Equity has resources listed on their website:</p> <p>http://lahealthequity.org/useful-resources/</p>
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October 2015-2016 (Years 2-3)	Review literature and practices of other health departments that are working to bridge public health and economic development	Ongoing.
October 2016-2018 (Years 3-5)	Develop parish profiles with top 10 health disparities for each parish along with strategies to impact health in the parish	Pending.
October 2016-2017 (Years 3-4)	Review national recommendations and policy assessment tools, such as Center for Law and Social Policy (CLASP), Zero to Three, as well as others	Ongoing. http://www.clasp.org/resources-and-Publications/filter?publication_type=fact-sheets

STRATEGY

Enhance public health communications internally and externally.

ACTION STEPS

STATUS

Oct 2016 – Oct 2019 (Years 3-6)	Develop/support/maintain a website (to be included with OPH's new campaign material – Collaboration, Goal 2, Obj. 1) that serves as a repository for data, toolkits, issues briefs, training links, etc., for internal and external partners and programs	Remove. This action step will be met by the Meaningful Internal and External Collaboration committee.
Oct 2015 – Oct 2016 (Years 2-3)	Assist with the publication of Minority Health Report and fact sheets for Louisiana residents	Ongoing. Louisiana Minority Health Indicators http://www.dhh.louisiana.gov/index.cfm/page/672 Last report: http://www.dhh.louisiana.gov/assets/docs/GovCouncil/MinHealth/HealthDisparitiesReport200809.pdf
Oct 2015 – Oct 2017	Ensure that communication strategies and modalities to	Ongoing.

(Years 2-4)	improve health literacy, contained in the communication standards and protocol, for all OPH staff and clients match their health literacy level (Collaboration – Obj. 1)	National Action Plan to Improve Health Literacy. http://www.dhh.louisiana.gov/assets/docs/GovCouncil/MinHealth/Health_Literacy_Action_Plan.pdf
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STRATEGY

Inform the community of health disparities through expanded media campaigns (print, TV, internet, and social media).

ACTION STEPS

STATUS

Oct 2018 – Oct 2019 (Years 5-6)	Develop PSAs Secure media agreements Conduct town hall meetings	Pending.
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SMART OBJECTIVE #2

Transform OPH's infrastructure and organizational culture to achieve a more integrated response to health disparities in all daily work and services provided over the next five years.

STRATEGY

Build, support and fully utilize a diverse, culturally and linguistically competent workforce capable of working in cross-cultural settings and committed to eliminating health inequities.

ACTION STEPS

STATUS

Oct 2014 – Oct 2019 (Years 1-6)	Revise workforce development plan, (including language on how to address eliminating health inequities) (WFD, Obj. 2)	In process. The final draft of the workforce development plan is being reviewed by Dr. Tammy Hall. Upon her approval, the plan will be pushed up to leadership for review and feedback.
	Provide robust learning opportunities for staff on cultural and linguistic competency, and cultural humility	Ongoing. Currently, OPH is offering the “Undoing Racism” workshop to 30 individuals every month.
Oct 2016 – Oct 2019 (Years 3-6)	Develop an OPH curriculum for undergraduate and graduate internships for OPH rotations	Pending.
	Provide internships focused on health disparities for graduate and undergraduate public health students	Pending.

STRATEGY

Coordinate and integrate health disparity efforts and resources within and across agency programs for maximum effect and sustainability.

ACTION STEPS

STATUS

Oct 2014 – Oct 2016 (Years 1-3)	Develop health equity core principles and standards for OPH programs and agency's daily functions	In process.
Oct 2014 – Oct 2016 (Years 1-3)	Align core principles of OPH programs and agency's daily functions with core principles of health equity	Pending.
Oct 2014 – Oct 2016 (Years 1-3)	Develop, identify and implement health equity standards in programs, policies/protocols, etc.	Pending.
Oct 2015 – Oct 2019 (Years 2-6)	Develop/implement health literacy policies and protocols across all state agencies for printed materials, oral exchange, staff and volunteer orientation, staff skills-building, etc.	Pending.
Oct 2015 – Oct 2019 (Years 2-6)	Use evidence-based practices and interventions	Ongoing.
October 2015-2019 (Years 2-6)	Assist in the analysis of health statistics and development of agency-specific programs that promote health literacy and improved health outcomes	Pending.
Oct 2015 – Oct 2017 (Years 2-4)	Promote better medical interpreting and translation services and a greater use of community health workers	Pending.

STRATEGY

Increase resources and investments to eliminate health status gaps.

ACTION STEPS

STATUS

Oct 2014 – Oct 2019 (Years 1-6)	OPH commits resources to improve the public health system for all	Pending.
Oct 2014 – Oct 2019 (Years 1-6)	Seek new, flexible funding to address social determinants of health	Pending.

STRATEGY

Ensure OPH patients/clients and families have equitable access to safe, respectful, responsive, compassionate patient-centered care and services that create an excellent patient experience and improve health outcomes.

ACTION STEPS

STATUS

Oct 2014 – Oct 2016 (Years 1-3)	Redesign the clinical service delivery process to increase access to care	Pending.
Oct 2014 – Oct 2015 (Year 1-2)	Add signs to help patients/clients and families navigate the clinic visit process	Pending.
Oct 2015 – Oct 2017 (Years 2-4)	Implement delivery of services in preferred/primary language	Pending.
Oct 2015 – Oct 2017 (Years 2-4)	Develop and implement skills: build trainings on patient-centered care to ensure an OPH workforce that is respectful of and responsive to individual patient preferences, needs, and values	Pending.
Oct 2015 – Oct 2016 (Years 2-3)	Enhance clinician-patient partnerships and improve communication, documentation, and continuity and safety of care using an EHR and portals for patients to interact with their clinicians' EHR	Completed.
Oct 2016 – Oct 2018 (Years 3-5)	Incorporate interactive kiosks/public Internet workstations in health units to improve access to agency services and educational trainings	Pending.
Oct 2015 – Oct 2016 (Years 2-3)	Create patient "advisors" and/or a patient advisory council to engage patients and families in organizational, programmatic, and clinical decision-making to provide perspective and feedback about the patient experience	Pending.
Oct 2014 – Oct 2015 (Years 1-2)	Establish measurements of performance and feedback to improve patient-centered care	Pending.

SMART OBJECTIVE #3

Enhance the capacity of communities to engage in healthy living and eliminate health disparities.

STRATEGY

Communicate, document, and champion best-practices in eliminating health disparities.

ACTION STEPS

STATUS

Oct 2016 – Oct 2019 (Years 3-6)	Educate and regularly update organizational leadership and policymakers about current trends in health disparities	Ongoing. Currently, the OPH newsletter is providing literature and suggested training opportunities to the OPH staff regarding current trends in health disparities.
Oct 2017 – Oct 2019 (Years 4-6)	Compile and review instruments that assist community-based organizations to engage in evaluation and the measurement and use of health equity indicators	Pending.
Oct 2017 – Oct 2019 (Years 4-6)	Develop a specific plan of action for policy change using a structured tool, such as the "Real Clout" workbook	Pending.

STRATEGY

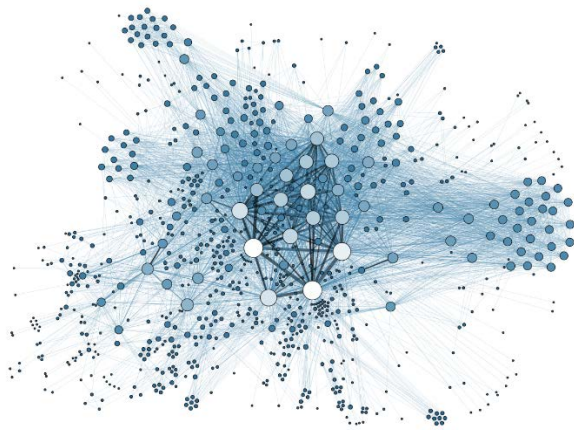
Cultivate and expand community-driven partnerships and collaboration across multiple sectors to identify problems, set priorities, increase resources/ investments, and implement effective activities to eliminate health disparities.

ACTION STEPS

STATUS

Oct 2015 – Oct 2019 (Years 2-6)	Engage communities and community leaders in ongoing dialogue about strategies to promote health equity	Pending.
Oct 2017 – Oct 2019 (Years 4-6)	Support community-led efforts which build capacity and promote sustainability of health equity programs	Pending.
Oct 2014 – Oct 2016 (Years 1-3)	Identify key interagency and external state and local level partnerships that can be fostered and potentially aligned	Pending.
Oct 2016 – Oct 2019 (Years 3-6)	Collaborate with the health professional community to identify and address health disparities	Pending.
Oct 2016 – Oct 2019 (Years 3-6)	Ensure linkages and participation of communities in OPH's Health Promotion initiative (Solicit authentic community voices in all OPH programs)	Pending.

Health Information Technology and Infrastructure



HEALTH
INFORMATION
TECHNOLOGY AND
INFRASTRUCTURE

- **Infrastructure:** The hardware and software solutions needed to effectively conduct our businesses. Key components of integration besides hardware and software include careful writing of Requests for Proposal (RFPs), Intents to Bid (ITBs), and contracts, to reduce the possibility of not receiving what is intended during the scope of work. Maintenance costs for ongoing support by the vendor must be manageable. Hosting and backups must have a solid plan. Development must always include components needed for easy integration with other applications as appropriate.
- **Utilization:** We collect necessary data to effectively deliver all the services and functions of Public Health. This collection of data requires careful planning that maximizes the value of the information at a minimal cost to the organization. Appropriate use of technology makes this process much more efficient and accurate when correctly configured and utilized in a consistent manner.
- **Integration:** Ensuring that the architecture of what we procure will interact appropriately with related systems to avoid double entry or redundancies in data storage. To ensure HIPAA compliance, people can access all but only as much as they need to best perform the duties of their offices. Interoperability of data sources allows for better analyses that span multiple domains. This ultimately allows the data to be a building block, rather than more standalone.

Explaining why the group thought it was a strategic issue.

With the reductions in federal and state budgets leading to fewer staff needing to do the same or more work as before, working smarter is critical. Also, in order to stay relevant in the national arena of Meaningful Use, health care reform, and Public Health Accreditation, OPH must advance its technical infrastructure in order to meet the standards and requirements of these efforts which are unfolding. However, as these systems mature, much more attention must be spent on the adequate use of these data to support programmatic and organizational needs.

How does the strategic issue affect public health?

This issue continues to affect every area of public health today. As we become more data-driven, it is essential that our systems evolve to meet the needs of today and the future. Therefore, our systems must be agile, but not reliant on a technology solution. In the health units, the shift from implementation of the EHR to maintenance and expansion has already begun. This shift clearly highlights that the needs of the organization drives innovation, in particular, clinical measurement. In the infectious disease sections, improvements are being made to improve the ability to analyze data across programs. As a condition of grant awards, electronic participation in electronic reporting efforts is required, and a number of payers no longer wish to receive paper reports or phone calls. Restaurant and food inspections are being hindered by lack of integrated and fully-featured software. Emergency Operations require ready access to robust, functioning equipment at a moment's notice. The Louisiana Office of Public Health Laboratory requires much more electronic processing power than ever before.

These are only some examples of requirements that not only provide efficiency and the ability to do more work with less staff, but that allow public health to utilize data for performance improvements. In our currently data-driven world, collaboration is essential, but this is only afforded by having information to bring to the table that fills voids or data gaps. As a result, staff can spend a larger share of time doing these more collaborative analyses and discovering new ways to improve the health of the state, rather than struggling with data acquisition. Highly technical tasks, formerly done manually, can be moved to a well-planned application, leaving staff free to perform the higher-level tasks, including monitoring, strategic planning, and performance management and improvement.

Priorities named by the group include:

- Electronic Health Records (EHR)
- Updating outdated applications in environmental health
- Electronic Benefits Transfer (EBT)for Women, Infants, and Children (WIC) Program
- Central location and interoperability for all data to be accessed
- Smart use of technology to achieve goals around health initiatives
- Achieve Phoenix integration
- Health Information Exchange (LaHIE)
- Engineering and sanitarian applications for efficiency
- Meaningful dashboards across programs

SUPER WINS!

Electronic Health Record System was implemented in 65 Parish Health Units. This EHR continues to expand its capabilities and those related workflows to meet the patient and provider needs.

A new Sanitarian application system has been implemented in Environmental Health.

The OPH Portal has been developed and is operational.

GOAL # 1

Adopt and maintain an up-to-date IT infrastructure to ensure a well-equipped workforce that has the tools to meet or exceed performance standards and funding requirements.

SMART OBJECTIVE #1

Create and empower a centralized OPH IT Strategic Planning Tech Team by November 2014, consisting of representatives from Administration, Population Health Informatics, and all OPH centers and bureaus, working in close coordination with the Division of Administration's Office of Information Technology.

STRATEGY

Form IT Strategic Planning Tech Team.

ACTION STEPS

STATUS

October 2014 - November 2014 (Year 1)	Create a directory of technical leads throughout OPH for every program by Nov 2014	Pending.
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SMART OBJECTIVE #2

Evaluate the use of information technology to develop a strategic master plan to create a path toward the upgrade of technology solutions to the needs of the Office of Public Health, over the next five years.

STRATEGY

Develop an IT strategic plan based on OPH hardware and software needs.

ACTION STEPS

STATUS

October 2014 - November 2014 (Year 1)	Meet monthly to plan and develop an IT strategic plan. Assign chair or co-chair and other member roles Develop team charter and meeting schedule Hold and document meetings starting November 2014. This group will meet monthly; however every other month will be devoted to discussing hardware/software needs and solutions, and the alternate month will be to discuss data needs	Pending. There is no documentation of monthly meetings or a monthly schedule. Establish correspondence with Brad Coney of IT to ascertain IT's strategic plan. The committee does not think it needs a team charter. At the next meeting, the committee will update language explaining the change to quarterly meeting schedule.
October 2014 – January 2015 (Year 1)	Review DHH-IT inventory of databases in use by OPH by Jan, 2015	Completed. On SharePoint.

October 2014 - March 2015 (Year 1)	Develop and conduct a survey of existing technology and hardware/software needs in six months; include questions on preferred frequency of training by March 2015	Pending. There is no documentation that the survey was performed. However, the committee decided that this survey should be at the programmatic level. Each program should assess its technology needs and handle independently. The committee will consider adding language to include Regions, Programs and Bureaus.
October 2014 - March 2015 (Year 1)	Conduct review of OPH help desk tickets; analyze recurring themes, common problems	Remove. Currently, the only help desk tickets that BHI is responsible for is the Electronic Health Record. All other tickets are the responsibility of LDH-IT and are entered at the programmatic level.
October 2014 - June 2015 (Year 1)	Procedures documented and in place for procurement of IT infrastructure (hardware and software), to include justifications, applicable grant requirements, deliverables, or other explanations for the proposed purchase	Completed. The procurement of technology supplies (hardware/software) is handled by LDH-IT. The LHD-IT procurement procedure can be found at: http://dhhnet/secretary/it/Pages/DHH-OTS-Procurement-Process.aspx
October 2014 - June 2015 (Year 1)	Conduct quarterly reassessments of strategic plan beginning in years 2 through 5, beginning September 2015	Pending.

STRATEGY

Conduct statewide trainings on software and standards of value to OPH statewide, based on survey results and suggested frequencies of training.

ACTION STEPS

STATUS

March 2015 – June 2019 (Years 1-5)	Prepare OPH staff for technology changes Develop training materials Increase office productivity by educating and training staff to apply new technology, accomplished by quarterly trainings starting March 2015	Pending.
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STRATEGY

Maximize use of file sharing software such as SharePoint to increase efficiency and effectiveness.

ACTION STEPS

STATUS

October 2014 - August 2015 (Year 1)	OPH will be able to create a webinar for new employees that explains SharePoint and how to use this tool for	Pending. LDH-IT has SharePoint webinar trainings online. Intermediate SharePoint trainings were held in May, 2016 and forty OPH staff were trained. BPI staff are working
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	<p>job duties as part of their New Employee Training</p> <p>A CPHI staff person will be assigned to create the webinars for SharePoint The new employees' managers will ensure that employees have the training completed in the required timeframe</p>	<p>with OTS staff to make SharePoint and technology training more available for OPH staff. Tips and training will be highlighted in the OPH newsletter.</p>
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GOAL #2

Leverage health information technology to maximize use and integration of data to drive decision making.

SMART OBJECTIVE #3

Create data integrations between two major and three minor partners by August 2015.¹

STRATEGY

Conduct a data needs assessment to understand and develop a strategic plan for data access and sharing; this is a separate strategy as this addresses data access, sharing and data sources; the other strategy is focused on hardware and software solutions. The OPH IT Strategic Planning Tech Team will be involved with both sides of this endeavor; however, the other partners, such as the Center for Population Health Informatics, will be involved in certain aspects only.

ACTION STEPS

STATUS

October 2014 - April 2015 (Year 1)	Develop and conduct a survey of unmet <u>data</u> needs by April 2015 that answers, "What data are needed to be shared intra-agency and what data sources need to be obtained?"	Pending.
July 2014 -June 2019 (Years 1-5)	For identified needs, develop and implement integration to meet those needs using the OPH IT Strategic Planning Tech Team: ongoing/staged	Pending.

¹ A major partner is defined as sharing data on 500,000 records or more, or being used by more than 10 users simultaneously. A minor partner will be sharing data on less than 500,000 records or a system used by 10 or fewer users at once. Data integration can consist of formally merging datasets, creating automation that links records in separate datasets, or creates a new merged dataset containing relevant elements from more than one dataset for analysis purposes.

October 2014 - April 2015 (Year 1)	Convene OPH IT Strategic Planning Tech Team to 1) steer priorities, 2) identify efficiencies and reduce duplication, 3) connect technical ability throughout OPH to where it is needed, 4) navigate the approvals process for data access, 5) meet by April 2015	Pending. The first meeting of this group was October 31, 2016. The next meeting will be scheduled in January, 2017. A meeting schedule will be established at that time.
July 2014 - June 2019 (Years 1-5)	Assess new requirements and standards annually	Pending.
October 2014 - June 2015 (Year 1)	Develop agency metadata standards/attachment page for sharing datasets between groups by June 2015	Pending. Remove the work “standard” because it is difficult to standardize multiple, different data sources. However, a metadata template page could be established.

STRATEGY

Determine what gaps exist in OPH data that cannot currently be filled in house and determine how to fill those gaps.

ACTION STEPS

STATUS

October 2014 - June 2016 with some continuing activities (Years 1-3)	For data needed that is not currently collected, identify datasets and sources for data; determine whether the data already exist or will need to be collected and managed in 2 years with ongoing assessments to stay abreast of gaps	Pending.
October 2014 - June 2019 (Years 1-5)	Assess new requirements and standards annually	Pending.
October 2014 - June 2016 with some continuing activities (Years 1-2)	Creation of a data sharing technical infrastructure that either incorporates clean data in an automated and regular way, or live, read-only connections where appropriate to existing datasets in 2 years; ongoing	Pending.

SMART OBJECTIVE #4

Determine what gaps exist in organizational data that cannot currently be filled in-house and create a report with recommendations of how to fill those gaps by collecting a data needs assessment of 100% of OPH centers and program offices by August 31, 2015.

STRATEGIES

Determine what gaps exist in OPH data that cannot currently be filled in house and determine how to fill those gaps.

ACTION STEPS

STATUS

October 2014 - June 2016 with some continuing activities (Years 1-2)	For data needed that is not currently collected, identify datasets and sources for data; determine whether the data already exists or will need to be collected and managed in 2 years / ongoing	Pending.
July 2014 - June 2019 (Years 1-5)	Assess new requirements and standards annually	Pending.
July 2014 -June 2016 with some continuing activities (Years 1-2)	Creation of a data sharing technical infrastructure that either incorporates clean data in an automated and regular way, or live, read-only connections, where appropriate, to existing datasets in 2 years; ongoing	Pending.

What's Next

The OPH Strategic Plan three-year update will be completed by June 30, 2017. Each priority will go through a strategic planning methodology to update their priority plan. We are planning a meeting in late May or June with the entire steering committee. The committees will present their work and the full steering committee will be involved in updating the plan. The core group of committee individuals will update the management plan with timelines. For the purpose of this annual report, below are the work the priorities that have already decided upon some changes to the updated Strategic Plan.

Strategic Issue: Health Information, Technology, Infrastructure, Integration and Utilization	
Goals	Objectives
Goal 1: Develop and maintain an evolving analytics strategy that will leverage LDH-IT infrastructure to ensure a well-equipped workforce that has the tools to meet or exceed performance standards and funding requirements.	1.1. Create and empower a centralized OPHHIT Strategic Planning Informatics/Analytics Team by November 2016, consisting of representatives from OPH Administration, Bureau of Health Informatics, all OPH centers and bureaus, and Division of Administration's Office of Information Technology.
	1.2. Evaluate the use of information technology to develop a strategic master plan, to create a path toward the upgrade of technology solutions to the Office of Public Health's needs, over the next five years.
Goal 2: Leverage health information technology to maximize use and integration of data to drive decision making.	2.1 Develop an OPH-wide informatics/analytics team to assess OPH programmatic data needs and to support data driven decision making.
	2.2 Develop a data sharing model that effectively utilizes internal and external collaboration and/or partnerships to address data opportunities through outlined processes and data use agreements.
Strategic Issue: Increased Financial Stability	
Goal 1: Increase financial stability and revenue through more efficient utilization of resources.	1.1. Employ business practices to increase revenue by a minimum of 10% annually over the next five years, beginning July 1, 2014 (excluding state general funds and statutory dedications).
	1.2. Reduce the amount of federal funds not being utilized by 10% per year over the next five years beginning July 1, 2014.
	1.3. Increase revenue by 10% annually over the next five years through the strengthening of partnerships, beginning July 1, 2014.
	1.4. Increase state general funding over the next five years, beginning July 1, 2014 to support strategic plan objectives.

Strategic Issue: Meaningful Internal and External Collaboration	
Goal 1: Operate as a cross-functional, cohesive agency throughout all programs, services and regions, while being reliable and responsive and meeting national standards.	1.1. Implement an agency-wide internal communication strategy by February, 2016.
Goal 2: OPH is valued as a leader in public health in Louisiana and facilitates partnerships for the alignment of efforts and overall impact on health and wellness of individuals and communities.	2.1. Develop and implement a community-focused Public Health Marketing campaign by March 2016 to convey the value of public health.
	2.2. Ensure that OPH is represented on all appropriate state and local population health groups by January 1, 2016.
Strategic Issue: Reduced Health Disparities	
Goal 1: Lead and continually improve a public health system that identifies and reduces inequities to improve health outcomes and quality of life in Louisiana.	1.1. Assess, identify gaps, and define data sets and policies that contribute to disparities in health.
	1.2. Transform OPH's infrastructure and organizational culture to achieve a more integrated response to health disparities in all daily work and services provided over the next five years.
	1.3. Enhance the capacity of communities to engage in healthy living and eliminate health disparities.
Strategic Issue: Improved Workforce Development	
Goal 1: OPH attracts and retains a competent and diverse staff throughout our workforce to maximize productivity, deliver high quality service, and improve outcomes.	1.1. Create a comprehensive plan for workforce development for public health professionals in the Office of Public Health.
	1.2. Develop an OPH specific career progression chart by December, 2015.
	1.3. Implement a comprehensive, statewide worksite wellness program by July 1, 2016, with a participation goal of 20% of all employees.
	1.4. Compile information around specific workforce and succession planning topics by July 1, 2017, to aid the Office of Public Health leadership in determining future staffing needs.

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