A HEALTHY LOUISIANA

Starts With Us

Louisiana Office of Public Health
Strategic Plan
2014-2019
Revised Edition, 2017
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ACKNOWLEDGEMENTS

This document has been developed by the Louisiana Office of Public Health. Dedicated health professionals gave of their time and expertise for the creation of this document, to devise a comprehensive action plan to better the health of the citizens of Louisiana. We wish to extend our gratitude to those diligent individuals who worked to make this plan a reality:

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PURPOSE OF THE PLAN

The plan was created through a collaborative effort of OPH employees. It provides the department and Louisiana stakeholders with a clear picture of where the health department 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 its mission. Roles and responsibilities have been defined to be fulfilled by OPH and its partners for the next five years.

In 2013, the Louisiana Office of Public Health began its participation in the National Public Health Improvement Initiative and embarked upon the road to national accreditation with the Public Health Accreditation Board. To carry out the process, it was necessary to formulate an OPH 5-year strategic plan. A steering committee was chosen to work with our consultant, Laurie Call of the Illinois Public Health Institute.

The OPH Strategic Plan was finalized in April of 2015. In September, a Strategic Planning Manager was hired and the process, which was already being achieved but not documented, became formally ingrained in OPH culture. New membership was recruited and new leadership were selected in some priorities. In July, 2016, Medicaid expanded in Louisiana which opened more doors for financial sustainability. A Health Equity Manager was hired in 2017 which has greatly influenced how OPH strategic planning will move forward in maintaining reduced disparity activities across the agency. In addition, OPH has applied for and will be submitting its PHAB Accreditation documentation in August of 2017. Pursuing Accreditation has been instrumental in Strategic Planning reaching its goals and objectives on many levels.

This project remains important to LDH leadership and for the OPH staff as it is a constant reminder that the agency is moving forward to its commitment to its mission and goals.

Focus on Accountability
Need for new approaches
Effective utilization of resources
Importance of continuous learning and 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)
For the past three years, OPH has been working on collecting baseline data and establishing a data collection methodology. An analysis and reporting mechanism to collect data, examine progress and report as needed and required has also been established in certain areas. We will continue to regularly track progress on the objectives and when a strategy is not having the desired effect, analyze why and determine whether a change in the strategy or target needs to occur. As you review this update, you will be able to note these changes.

Every OPH employee has a role for the implementation of the OPH Strategic Plan. OPH is confident that with strong and committed employees and partners, the agency’s Strategic Plan will continue to move forward in a successful manner.

Tammy Hall, EdD
Director
Performance Improvement Unit
ABOUT THE OFFICE OF PUBLIC HEALTH

The LDH Office of Public Health is comprised of 1,300 professionals across Louisiana who are charged with protecting and promoting the health of the communities of our state. Engineers, doctors, chemists, biologists, nurses, sanitarians, clinicians, emergency preparedness experts, and a host of other professionals work constantly to:

- monitor the food Louisiana’s residents and visitors eat
- keep our water safe to drink
- fight chronic and communicable disease
- ensure readiness for hurricanes, disasters, and other threats
- ensure access to vital records like birth certificates, and
- offer preventive health services.

The Louisiana Office of Public Health has established three centers to provide monitoring, protection, prevention, and treatment for our citizens. Each Center is broken down into Bureaus, as shown below:

COMMUNITY AND PREVENTIVE HEALTH

Bureau of Regional and Clinical Operations
- Parish Health Units
- Pharmacy

Bureau of Primary Care and Rural Health
- Health Systems Development
- State Office of Rural Health
- Policy and Planning

Bureau of Family Health
- Maternal and Child Health
- Home Visiting Program
- Reproductive Health
- Adolescent School Health
- Children & Youth with Special Health Services
  - Children’s Special Health Services
  - Louisiana Birth Defects Monitoring
  - Genetics
  - Lead Poisoning
  - Hearing Speech & Vision

Bureau of Infections Diseases
- STD/HIV
- Tuberculosis
- Immunization
- Infectious Disease & Epidemiology
  - Environmental Epidemiology
  - Veterinarian

Bureau of Chronic Disease Prevention & Health Promotion
- Oral Health
- Tobacco
- Well Ahead
- Health Systems Interventions

Bureau of Nutrition Services
- Women, Infants, and Children
- Commodity Supplemental Food Program
FINANCE AND OPERATIONS

Bureau of Vital Records and Statistics
  Vital Records Registry
  Vital Statistics
  Quality Management
Bureau of Finance
  Budget
  Operations & Support
  Permit Unit
  Revenue Unit
    Clinical Revenue
    Self Generated Fee Revenue
Bureau of Performance Improvement
  Accreditation
  Performance Accountability
  Practice Management
  Recruitment and Retention Services

CENTER FOR COMMUNITY PREPAREDNESS AND HEALTH PROTECTION

Bureau of Sanitarian Services
  Commercial Seafood
  Food & Drug
  Milk & Dairy
  Molluscan Shellfish
  Building & Premises
  Infectious Waste
  Onsite Wasterwater
  Retail Food
Bureau of Engineering
  Drinking Water Revolving Loan Fund
  Community Sewerage
  Operator Certification
  Safe Drinking Water
OPH Laboratory
  Biological and Clinical Labs
  Newborn Screening
  Clinical & Food Microbiology
  Molecular Biology & Virology
  Environmental Chemistry
  Lab Quality Assurance & Training
  Laboratory Administration
  Milk & Dairy

Bureau of EMS
  EMS Education
  Licensure
  EMS Exams
  Investigations
  EMS for Children
Bureau of Health Informatics
  Data Management, Reporting & Legislation
  Meaningful Use Public Health Use
  Visualization and Business
  Intelligence
LINKS BETWEEN THE STRATEGIC PLAN AND THE STATE HEALTH IMPROVEMENT PLAN

The Office of Public Health takes pride in a strong collaboration and partnership with our nine administrative regions. We have formed state health improvement priority workgroups internally and a State Advisory Board made up of individuals and organizations spanning across 10 diverse disciplines to better address social risk factors that affect health status.

The Office of Public Health’s Strategic Plan and Louisiana’s Creating a Blueprint for Our Future, the state health improvement plan, both clearly reflect the communities’ concerns and priorities for action. Both plans acknowledge that there is work to be done around our challenges with collaboration, health disparities, and the major components of public health infrastructure, delineated by the CDC: workforce capacity and competency, information and data systems, organizational capacity, and financial resources. Activities undertaken in these areas will be clearly aligned in order to maximize success in these complex areas.

Specific strategies aligned between the OPH Strategic Plan and Creating a Blueprint for Our Future can be found in Appendix A.
In an effort to improve processes, programs, and interventions it is necessary to link many of our strategies to the agency’s Quality Improvement Plan. Strategies within the strategic plan that improve or enhance current activities or services will be considered paramount quality improvement processes. This will result in effective planning and implementation of the strategic plan. Strategies in this plan where process improvements can be made are:

**Increased Financial Stability**

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).

2. Reduce the amount of federal funds not being utilized by 10% per year over the next five years beginning July 1, 2014.
**Meaningful Internal and External Collaboration**

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

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

**Improved Workforce Development**

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

2. Develop an OPH specific career progression chart by December 2015.

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

**Reduced Health Disparities**

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

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.

**Health Information Technology and Infrastructure**

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.

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.

3. Create data integrations between two major and three minor partners by August 2015.

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.
THE STRATEGIC PLANNING PROCESS

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

<table>
<thead>
<tr>
<th>STRENGTHS</th>
<th>WEAKNESSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified, experienced staff located throughout the State</td>
<td>Organizational infrastructure; including inefficiencies created through multiple layers of bureaucracy, lack of technology, and inadequate funding for addressing community needs</td>
</tr>
<tr>
<td>Partnerships</td>
<td>Lack of access to timely IT support</td>
</tr>
<tr>
<td>Statewide scope of services</td>
<td>Inadequate sustainability plan</td>
</tr>
<tr>
<td>Programs and services that have a positive impact on residents of the State</td>
<td>Lack of agency/role specific training programs for employees</td>
</tr>
<tr>
<td></td>
<td>Lack of cohesiveness among all levels in the agency, creates silos... therefore missed opportunities for collaboration internally</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OPPORTUNITIES</th>
<th>THREATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketing and communications</td>
<td>Inadequate Funding; resources diminishing while needs increasing</td>
</tr>
<tr>
<td>Utilize existing PH infrastructure (employees) statewide in marketing campaign</td>
<td>“Brain drain.” Losing experienced, trained staff. Often unable to replace. When able to replace, lack of consistent training available</td>
</tr>
<tr>
<td>Utilize and increase partnerships in marketing opportunities</td>
<td></td>
</tr>
<tr>
<td>Respected PH infrastructure (employees) throughout the State</td>
<td></td>
</tr>
<tr>
<td>Program initiatives would have a greater impact if these resources were better utilized</td>
<td></td>
</tr>
</tbody>
</table>
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 Louisiana Department of Health (LDH) 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.
PRIORITIES AND OBJECTIVES

After months of discussion, the Strategic Planning Steering Committee developed five priorities for the Office of Public Health. These priorities addressed strategic issues the group felt were paramount. An underlying strategic question was developed for each of the five priorities. In answer to these questions, objectives and strategies were chosen with the most appropriate and expedient actions adopted. They are:

INCREASED FINANCIAL STABILITY

Through changes in State and Federal political landscaping, the Office of Public Health’s funding has been greatly impacted over the last several years. Our State General Fund dollars have decreased while State General Fund-related expenses have continued to increase. In addition, we are projecting a 1%-2% decrease in Federal funding for FY15.

Now more than ever, we will need to focus on maximizing collections of our allocated revenue. For instance, the Permit Unit is redirecting their resources in an effort to recoup funds for delinquent permits. We are also working on ways to streamline our procedures so we can maximize our Medicaid collections. We have already begun to see the fruits of our labor in the current year. So far, we have collected $1.5 M over our projected amount in Medicaid funding. Over the past 5 years, we have become accustomed to hiring and spending freezes; therefore, we have made adjustments to our spending habits by prioritizing our necessities. By prioritizing what we spend, we are placing ourselves in a posture to project a surplus in revenue.

By continuing conservative spending patterns, aggressively collecting other revenue sources, and being creative with the resources we currently have, the agency will be able to prioritize what services we provide as opposed to letting instability in revenue dictate these critical decisions.
MEANINGFUL INTERNAL AND EXTERNAL COLLABORATION

Collaboration is working with each other to do a task and to achieve shared goals. As an agency, our shared mission is to protect and improve the health and wellness of all individuals and communities in Louisiana. Improving our internal and external collaborations will help our agency in achieving this goal. The strategic planning committee recognizes that in order for our agency to be successful in its mission, we need to capitalize on one of our greatest strengths: our public health workforce. The question is raised, how can we as an agency improve communication and data sharing internally in order to achieve more meaningful internal collaborations? Similarly, the committee recognizes that our agency must enhance partnerships with stakeholders in order to face the challenges that exist in improving the health and wellness of our citizens. How can we better explain public health services to the community at large in order to enhance partnerships?

IMPROVED WORKFORCE DEVELOPMENT

The seven questions identified in previous meetings of the Office of Public Health staff show the importance of improving and enhancing workforce development with a solid plan and goals for implementation. The following questions should be answered in a process to improve workforce development for the agency:

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 receives diversity awareness and cultural competency training that has 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 is 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?

REDUCED HEALTH DISPARITIES

The National Conference of State Legislatures defines health disparities as population-specific differences in the presence of disease, health outcomes, quality of health care, and access to health care services that exist across racial and ethnic groups. Health starts in our homes, schools, workplaces, neighborhoods, and communities according to Healthy People 2020. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended vaccinations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some of the population is healthier than others and why citizens of Louisiana generally are not as healthy as the rest of the country.

Social determinants of health are conditions in the environments in which people are born, grow, live, learn, work, play, worship, and age, that affect a wide range of health, functioning, and quality of life outcomes and risks. The five key areas include economic stability, education, social and community context, health and health care, and neighborhood and built environment. These areas are shaped by the distribution of money, power, and resources at global, national, state, and local levels.

Just like Healthy People 2020 highlights the importance of addressing the social determinants
of health by including, “Create social and physical environments that promote
good health for all,” as one of the four overarching goals for the decade, the
strategic planning committee has identified reduced health disparities as one of
five strategic issues the Office of Public Health has to address to improve the
state’s ranking, improve the health of the population, and fulfill its mission.

HEALTH INFORMATION TECHNOLOGY INFRASTRUCTURE,
UTILIZATION, AND INTEGRATION

• **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, making reasonable and well-planned decisions
  about analyzing that data in a comprehensive way. Appropriate use of
  technology makes this process much more efficient and accurate when
  correctly configured and utilized.

• **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. Well done
  integration allows human power to be focused on the analyses and related
  interventions and actions, rather than struggling with the data to force it to
  work together and making do with inadequately matched data.

**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. Also, it was clear to the group that a focus on the current situation
with technical support was required in light of the difficulties that have been
experienced and the frequent outages of mission-critical systems.

**How does the strategic issue affect public health?**
This issue affects every area of public health today. In the health units, there is a
difficult burden to collect minimal data during patient visits. This data does not
allow ready analysis or quality control, and negatively affects our ability to
generate revenue. In the infectious disease sections, improvement is needed in 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. Collaborating and sharing data where appropriate generates a more holistic approach to our work. As a result, staff can spend a larger share of time doing these analyses and discovering new ways to improve the health of the state, rather than struggling with data entry and cleaning. 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

Once the committee decided on these goals, strategies, objectives, and actions, performance measures were established. From there, appropriate time lines were set. Each strategic question may have more than one objective, and each objective may have more than one action.
INCREASED FINANCIAL STABILITY

STRATEGIC QUESTION #1: How does OPH increase and stabilize its financing and eventually become self-sustaining?

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).

**Strategy**
Develop new funding sources

**Action Steps**

<table>
<thead>
<tr>
<th>Dates</th>
<th>Action Steps</th>
</tr>
</thead>
</table>
| July 1, 2014 – June 30, 2019 (Year 1-5) | - Increase the number of private insurers from which OPH can receive reimbursement  
- Increase visit volume by seeking referrals                                                    |
| July 1, 2014 – June 30, 2019 (Year 1-5) | - Enroll and bill Durable Medical Equipment (DME) providers for Medicaid Prepaid Bayou Health (BH) Plan and bill pharmaceutical through Take Charge Plus  
- Increase service volume through community awareness                                               |
| July 1, 2014 – June 30, 2019 (Year 1-5) | - Collect all possible co-pays on services provided  
- Implement use of credit card payments  
- Systematically bill and collect for outstanding co-pays                                               |
| July 1, 2014 – June 30, 2019 (Year 1-5) | Increase reimbursable services (new products) and pharmaceuticals for OPH programs                                                                                                                               |
| 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                                                                                                           |
| July 1, 2014 – June 30, 2015 (Year 1)  | Increase product registration fee from $20.00 to $27.00 as allowed in LA legislation                                                                                                                           |
July 1, 2014 – June 30, 2015, and subsequent years (Year 1-ongoing) | Examine all fees across OPH and prepare a legislative package to increase fees in Engineering, Sanitarian Services, Bureau of Emergency Medical Services (BEMS), etc.

July 1, 2015 – June 30, 2016 (Year 1-2) | Convert lab from cost allocation to fee for service

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

**Action Steps**

<table>
<thead>
<tr>
<th>Event</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2014 – June 30, 2015 (Year 1 and ongoing)</td>
<td>- Implement EHR with robust billing&lt;br&gt;- Train clinical staff on collecting needed client info&lt;br&gt;- Utilize appropriate billing codes&lt;br&gt;- Train staff on entering appropriate billing codes&lt;br&gt;- Employ adequate personnel to work denials, lost bills, lost opportunities</td>
</tr>
<tr>
<td>July 1, 2015 – June 30, 2016 (Year 2)</td>
<td>Consolidate all revenue collection into the revenue collection unit within the Budget Office and identify mechanisms to fully collect fees owed to OPH</td>
</tr>
<tr>
<td>July 1, 2014 – June 30, 2015 (Year 1)</td>
<td>Track and report visit and claim data from COGNOS and electronic health record data with continuous feedback to the regions.</td>
</tr>
<tr>
<td>July 1, 2014 – June 30, 2015 (Year 1)</td>
<td>Track and report productivity data for all employees, clinical and other</td>
</tr>
<tr>
<td>July 1, 2015 – June 30, 2016, and ongoing (Year 2-ongoing)</td>
<td>Link productivity to employee performance evaluations and merit increases, or at least recognize efficiency as a virtue</td>
</tr>
<tr>
<td>July 1, 2014 – June 30, 2019 (Year 1-5)</td>
<td>Implement Performance Improvement (PI) and Quality Improvement (QI) initiatives to reduce costs and increase efficiencies</td>
</tr>
</tbody>
</table>
### 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.

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

**Action Steps**

<table>
<thead>
<tr>
<th>Period</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2014 – June 30, 2015</td>
<td>Increase WIC participation where possible</td>
</tr>
<tr>
<td>(Year 1-ongoing)</td>
<td></td>
</tr>
<tr>
<td>July 1, 2014 – June 30, 2015</td>
<td>Increase the number of providers that provide WIC services, as well as client numbers</td>
</tr>
<tr>
<td>(Year 1-ongoing)</td>
<td></td>
</tr>
</tbody>
</table>

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

**Action Steps**

<table>
<thead>
<tr>
<th>Period</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2014 – June 30, 2015</td>
<td>Evaluate all federal programs returning federal funding</td>
</tr>
<tr>
<td>(Year 1)</td>
<td></td>
</tr>
</tbody>
</table>

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

**Action Steps**

<table>
<thead>
<tr>
<th>Period</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 1, 2014 – June 30, 2015</td>
<td>Improve the hiring and contracting process to ensure timely expenditure of available funds</td>
</tr>
<tr>
<td>(Year 1 - ongoing)</td>
<td></td>
</tr>
</tbody>
</table>
**Strategy**
Fully utilize existing Federal revenue sources beginning in FY15.

**Action Steps**

| July 1, 2014 – June 30, 2015, and ongoing (Year 1 – ongoing) | - Ensure accuracy when coding  
- Ensure the correct grant is being charged |
| --- | --- |

**SMART Objective #3**
Increase resources by 10% annually over the next five years through the strengthening of partnerships, beginning July 1, 2014.

**Strategy**
Seek additional sources of revenue

**Action Steps**

<table>
<thead>
<tr>
<th>July 1, 2014 – June 30, 2015 - ongoing (Year 1 – ongoing)</th>
<th>Increase the amount and type of federal funding received.</th>
</tr>
</thead>
</table>

**Strategy**
Increase funding and in-kind contributions from the parish governments

**Action Steps**

<table>
<thead>
<tr>
<th>July 1, 2014 – June 30, 2015, and ongoing (Year 1 – ongoing)</th>
<th>Approach parish governments for additional funding for specific projects (i.e., nurses for reproductive health)</th>
</tr>
</thead>
</table>

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

**Action Steps**

<table>
<thead>
<tr>
<th>July 1, 2014 – June 30, 2015, and ongoing (Year 1 – ongoing)</th>
<th>Create a forum for interaction among FQHCs, RHCs, and Public Health</th>
</tr>
</thead>
</table>
**Strategy**
Increase the number of Cooperative Endeavors (CEAs) and Interagency Agreements (IATs) entered into beginning FY15.

**Action Steps**
| 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 |

**SMART Objective #4**
Increase state general funding by 5% annually over the next five years, beginning July 1, 2014.

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

**Action Steps**
| 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 |

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

**Action Steps**
| July 1, 2014 – June 30, 2015, and ongoing (Year 1 - ongoing) | Increase partnerships with other state and local agencies |

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

**Action Steps**
| 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 |
MEANINGFUL INTERNAL AND EXTERNAL COLLABORATION

STRATEGIC QUESTION #2: How can the Office of Public Health develop and promote 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.

SMART Objective #1
Implement an agency-wide internal communication strategy by April 2019.

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

Action Steps

<table>
<thead>
<tr>
<th>November 2014-January 2018 (Year 4)</th>
<th>Compile list of policies and procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2014 (Year 1)</td>
<td>Identify center and programmatic communication leads to add messages to SharePoint and participate in training by Center for Population Health Informatics</td>
</tr>
<tr>
<td>December 2014-January 2015 (Year 1)</td>
<td>Research standards and protocols for best practices within the agency from other governmental, private, and nonprofit groups</td>
</tr>
<tr>
<td>By February 2019 (Year 5)</td>
<td>Develop and distribute a needs assessment, seeking input throughout the agency</td>
</tr>
<tr>
<td>By March 2019 (Year 5)</td>
<td>Analyze the results of needs assessment</td>
</tr>
<tr>
<td>By March 2019 (Year 5)</td>
<td>Develop the communication standards and protocols</td>
</tr>
<tr>
<td>By March 2019 (Year 5)</td>
<td>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</td>
</tr>
<tr>
<td>By April 2019 (Year 5)</td>
<td>Standards and protocols are shared with OPH administration, reviewed, approved, and signed</td>
</tr>
<tr>
<td>April 2019 (Year 5)</td>
<td>Final communication standards and protocol distributed internally</td>
</tr>
</tbody>
</table>
**Strategy**
Utilize existing centralized data system, SharePoint, to improve coordination and consistency throughout agency.

**Action Steps**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2014-January 2019 (Year 5)</td>
<td>Identify statewide SharePoint Coordinator and key program and leadership staff that will have contribution/super user rights to entering information (limit users to ensure accurate information)</td>
</tr>
<tr>
<td>By August 2015 (Year 2)</td>
<td>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)</td>
</tr>
<tr>
<td>By August 2015 (Year 2)</td>
<td>SharePoint coordinator to develop protocols for posting information to site; goal to ensure that the site is updated, especially regarding agency business practices.</td>
</tr>
<tr>
<td>By August 2015 (Year 2)</td>
<td>Develop short training webinar on use of SharePoint for all OPH employees at all levels</td>
</tr>
<tr>
<td>By September 2015 (Year 2)</td>
<td>All staff trained on OPH use of SharePoint via Webinar made available agency-wide by September 2015</td>
</tr>
<tr>
<td>By September 2015 (Year 2)</td>
<td>Grant access to SharePoint for all OPH employees</td>
</tr>
<tr>
<td>By October 2015 (Year 2)</td>
<td>Encourage networking of OPH staff utilizing SharePoint by developing opportunities for staff to interact and staff trainings</td>
</tr>
</tbody>
</table>

**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 #2**
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

<table>
<thead>
<tr>
<th>Date</th>
<th>Action Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>By December 2017 (Year 3)</td>
<td>Identify marketing firm as a contractor</td>
</tr>
<tr>
<td>October 2017 (Year 3)</td>
<td>Gather information and prioritize issues for brand development</td>
</tr>
<tr>
<td>By October 2017 (Year 3)</td>
<td>- Identify areas for improvement with current brand and how OPH should be perceived by the public</td>
</tr>
<tr>
<td></td>
<td>- Consider OPH’s mission and vision in determining proposed public perception and create ideas for brand</td>
</tr>
<tr>
<td>By April 2018 (Year 4)</td>
<td>Distribute rebranding ideas agency-wide for comment via staff survey</td>
</tr>
<tr>
<td>By December 2018 (Year 4)</td>
<td>Workgroup to analyze survey responses and revise proposal</td>
</tr>
<tr>
<td>By March 2019 (Year 5)</td>
<td>Workgroup to send top brand ideas to OPH administration</td>
</tr>
<tr>
<td>By May 2019 (Year 5)</td>
<td>OPH administration to review and submit to LDH leadership for approval</td>
</tr>
<tr>
<td>By May 2019 (Year 5)</td>
<td>- Agency-wide training on new brand</td>
</tr>
<tr>
<td></td>
<td>- Employees to act as ambassadors</td>
</tr>
<tr>
<td>By May 2019 (Year 5)</td>
<td>- Rebrand complete</td>
</tr>
<tr>
<td></td>
<td>- Rollout agency wide</td>
</tr>
</tbody>
</table>

### Strategy

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

### Action Steps

<table>
<thead>
<tr>
<th>Date</th>
<th>Action Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>By October 2017 (Year 3)</td>
<td>Identify contractor to develop a marketing campaign</td>
</tr>
<tr>
<td>By November 2017 (Year 3)</td>
<td>Contractor to review state health improvement plan (SHIP) and prioritize issues for brand/campaign</td>
</tr>
<tr>
<td>By November 2017 (Year 3)</td>
<td>Develop marketing campaign to highlight the new OPH brand</td>
</tr>
<tr>
<td>By March 2018 (Year 4)</td>
<td>Contractor to analyze staff response to messages</td>
</tr>
<tr>
<td>By May 2018 (Year 4)</td>
<td>Contractor to finalize rebranding/marketing campaign to send to OPH leadership</td>
</tr>
<tr>
<td>By January 2019 (Year 5)</td>
<td>OPH/LDH leadership to review and approve marketing campaign</td>
</tr>
<tr>
<td>By February 2019 (Year 5)</td>
<td>Rollout of marketing campaign</td>
</tr>
<tr>
<td>By February 2019 (Year 5)</td>
<td>Update LDH website with new campaign materials</td>
</tr>
</tbody>
</table>
By February 2019 (Year 5) | Train program and regional leadership on crafting messages that are clear and concise

SMART Objective #3
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

<table>
<thead>
<tr>
<th>By August 2015 (Year 2)</th>
<th>Each public health region to identify existing groups who convene around health issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2015 (Year 2)</td>
<td>OPH administration at regional level to participate in boards, commissions, etc.</td>
</tr>
<tr>
<td>October 2015 (Year 2)</td>
<td>- Create databases with stakeholder information to improve information sharing</td>
</tr>
<tr>
<td></td>
<td>- Cross with IT plan to make data more available</td>
</tr>
<tr>
<td>November 2015 and ongoing (Year 2 and ongoing)</td>
<td>Educate the community on available public health services</td>
</tr>
<tr>
<td>November 2015 and ongoing (Year 2 and ongoing)</td>
<td>Share information and keep local elected officials and other stakeholders updated through regular email bulletins blasts</td>
</tr>
</tbody>
</table>
**Strategy**
Develop strategies to improve health of Louisiana residents at the state and local level by participating in Healthy Communities Coalition.

**Action Steps**

<table>
<thead>
<tr>
<th>By June 2015 (Year 1)</th>
<th>Identify lead at the local level most appropriate to convene group of key stakeholders to participate as a regional health promotions group</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2015-November 2015 (Year 1-2)</td>
<td>Ensure that health promotion group is convened in each region to inform the community needs assessments and State Health Improvement Plan (SHIP); involve the LDH/OPH Center for Population Health Informatics</td>
</tr>
<tr>
<td>By November 2015 (Year 2)</td>
<td>Local groups to address the issues identified via the community needs assessment/State Health Improvement Plan and other local and state reports</td>
</tr>
<tr>
<td>November 2015-April 2016 (Year 2)</td>
<td>Research best practices for prioritized issues/promote health</td>
</tr>
<tr>
<td>April 2016 (Year 2)</td>
<td>Seek new resources, including local resources, to implement strategies</td>
</tr>
<tr>
<td>May-July 2016 (Year 2-3)</td>
<td>Align available state/federal resources for proposed strategies</td>
</tr>
<tr>
<td>By September 2016 (Year 3)</td>
<td>Implement one health promotion activity in two OPH Regions</td>
</tr>
<tr>
<td>Ongoing after September 2016 (Year 3 and ongoing)</td>
<td>Conduct an evaluation of health promotion activity</td>
</tr>
</tbody>
</table>
IMPROVED WORKFORCE DEVELOPMENT

STRATEGIC QUESTION #3: How can the Office of Public Health attract and retain a workforce that is competent and diverse, plan for succession to maximize productivity, deliver high quality service, and improve outcomes?

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

<table>
<thead>
<tr>
<th>By Date</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>By October 30, 2014</td>
<td>Review ASTHO Public Health Workforce Interests &amp; Needs Survey</td>
</tr>
<tr>
<td>By December 2014</td>
<td>Develop and distribute a modified survey to other OPH workers (contract workers and a larger group of OPH staff)</td>
</tr>
<tr>
<td>By February 2015</td>
<td>Report findings of both OPH Workforce Development (WFD) needs assessments by February 2015</td>
</tr>
<tr>
<td>By March 2015</td>
<td>Develop a Work Force Development taskforce (WFD) to review results and conduct a gap analysis and to review LDH/HR trainings that are currently in place for staff</td>
</tr>
<tr>
<td>March 2015 – May 2015</td>
<td>- Review results and conduct a gap analysis</td>
</tr>
<tr>
<td></td>
<td>- Collaborate with Louisiana Department of Health (LDH) and/or Human Resources (HR), Civil Service, and OPH administration</td>
</tr>
</tbody>
</table>
**Strategy**
Revise existing Workforce Development plan and provide updates based on findings of the assessment and best practices.

**Action Steps**

<table>
<thead>
<tr>
<th>June 2015-December 2015 (Year 2)</th>
<th>Use results of OPH surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review existing Workforce Development plans by programs</td>
</tr>
<tr>
<td></td>
<td>Review best practices and workforce plans from other states</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>June 2015-December 2015 (Year 2)</th>
<th>Revise Workforce Development plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>By May 2016 (Year 2)</td>
<td>Outline training requirements based on plan revisions</td>
</tr>
</tbody>
</table>
**SMART Objective #2**
Develop an OPH specific career progression chart by December 2015.

**Strategy**
Develop a Career Progression Committee.

**Action Steps**
<table>
<thead>
<tr>
<th>By February 2018 (Year 4)</th>
<th>OPH administration will make recommendations on participants of an employee education-specific subcommittee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Research Civil Service progression policies</td>
</tr>
</tbody>
</table>

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

**Action Steps**
<table>
<thead>
<tr>
<th>February 2015-December 2018 (Year 4)</th>
<th>Work with LDH HR and Civil Service to determine progression charts related to OPH professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Develop a plan to encourage and facilitate employee opportunities to obtain continuing education to build on core competencies</td>
</tr>
<tr>
<td></td>
<td>- Support membership in professional organizations</td>
</tr>
</tbody>
</table>

**SMART Objective #3**
Implement a comprehensive, statewide worksite wellness program by July 1, 2016, with a participation goal of 20% of all employees.

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

**Action Steps**
<table>
<thead>
<tr>
<th>By December 2014 (Year 1)</th>
<th>OPH administration will determine who needs to be represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>By January 2015 (Year 2)</td>
<td>Identify key people, skill sets, and titles that will be needed to form an OPH wellness committee</td>
</tr>
<tr>
<td>January 2015-February 2015 (Year 1)</td>
<td>Invite point persons/champions to participate on the committee.</td>
</tr>
</tbody>
</table>
**Strategy**
Convene an OPH Employee Worksite Wellness Committee (EWWC) led by Health Promotions team.

**Action Steps**

<table>
<thead>
<tr>
<th>By March 2015 (Year 1)</th>
<th>Convene workgroup above.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Make inquiries to other state public health organizations to provide information about worksite wellness programs for state agencies and determine OPH wish list</td>
</tr>
</tbody>
</table>

**Strategy**
Conduct baseline worksite wellness assessment.

**Action Steps**

<table>
<thead>
<tr>
<th>May 2015-June 2015 (Year 1)</th>
<th>Develop an appropriate employee wellness and worksite wellness survey via Catapult®</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Disseminate survey</td>
</tr>
<tr>
<td>June 2015- (Year 1)</td>
<td>Review results of worksite wellness portion of the workforce development assessment/survey</td>
</tr>
</tbody>
</table>

**Strategy**
Draft a statewide Worksite Wellness Program with measurable goals.

**Action Steps**

<table>
<thead>
<tr>
<th>July 2015-October 2015 (Year 2)</th>
<th>Build on Well Ahead expectations and exceed them to promote OPH worksite and employee wellness program</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2015- December 2015 (Year 2)</td>
<td>Coordinate with Well Ahead activities to develop a comprehensive statewide worksite wellness plan utilizing available resources</td>
</tr>
</tbody>
</table>
**Strategy**
Implement Worksite Wellness Program (WWP).

**Action Steps**

<table>
<thead>
<tr>
<th>By January 2016 (Year 2)</th>
<th>Increase awareness and education outreach and events throughout the state on new comprehensive initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Implement the activities and strategies contained in the Employee Worksite Wellness Committee (EWWC)</td>
</tr>
</tbody>
</table>

**SMART Objective #4**
Compile information around specific workforce and succession planning topics by July 1, 2018, to aid Office of Public Health leadership in determining future staffing needs.

**Strategy**
Form interagency succession planning workgroup.

**Action Steps**

<table>
<thead>
<tr>
<th>By January 2018 (Year 4)</th>
<th>OPH administration will develop a workgroup around key public health employment areas (Environmental Health, clinical staff, Emergency Preparedness, leadership, Budget Office, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Based on results of ASTHO survey &amp; career progression information, determine current and future trends and opportunities for workforce development with an aim at succession planning</td>
</tr>
<tr>
<td></td>
<td>Identify key leadership, staffing levels, skill sets, titles, and retirees that will be needed to perform OPH functions for the next 36 months</td>
</tr>
</tbody>
</table>

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

**Action Step**

| By February 2018 (Year 4) | Meet with key LDH Human Resources and Civil Service personnel to consider staffing needs, review of agency job titles, and any pending changes in legislation |
**Strategy**  
Assess OPH needs and gaps and prioritize the gaps using forecasting tools.

**Action Steps**

<table>
<thead>
<tr>
<th>July 2016 (Year 2)</th>
<th>Identify the job titles needed to perform OPH functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2016-December 2016 (Year 2)</td>
<td>Create a profile of all current OPH staff</td>
</tr>
</tbody>
</table>

**Strategy**  
Develop the succession plan.

**Action Step**

| January 2017-July 2017 (Year 2) | Meet with OPH administration and develop the succession plan |
REDUCED HEALTH DISPARITIES

STRATEGIC QUESTION #4: What must the Office of Public Health do to ensure optimal health outcomes for everyone across the State?

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 Bureau of 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

| October 2014-2016 (Years 1-3) | - Review inventory of databases (HITI, Obj. 2) and identify gaps in data needs  
|                             | - Develop and conduct a survey of existing technology (HITI, Obj. 2) and identify which programs need upgrades for interfacing  
|                             | - Increase data availability and usage to address health disparities |
| October 2016-2019 (Years 3-6) | Advance knowledge and innovation through research to identify effective strategies to eliminate health disparities |
**Strategy**
Identify public policies that address social conditions impacting health and aid in closing the health status gap.

**Action Steps**

<table>
<thead>
<tr>
<th>Oct 2014 – Oct 2015 (Years 1-2)</th>
<th>Identify laws, regulations that drive health disparities/health inequity</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2015-2016 (Years 2-3)</td>
<td>Review literature and practices of other health departments that are working to bridge public health and economic development</td>
</tr>
<tr>
<td>October 2016-2018 (Years 3-5)</td>
<td>Develop parish profiles with top 10 health disparities for each parish along with strategies to impact health in the parish</td>
</tr>
<tr>
<td>October 2016-2017 (Years 3-4)</td>
<td>Review national recommendations and policy assessment tools, such as Center for Law and Social Policy (CLASP), Zero to Three, as well as others</td>
</tr>
</tbody>
</table>

---

**Strategy**
Enhance public health communications internally and externally.

**Action Steps**

<table>
<thead>
<tr>
<th>Oct 2015 – Oct 2016 (Years 2-3)</th>
<th>Assist with the publication of Minority Health Report and fact sheets for Louisiana residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 2015 – Oct 2017 (Years 2-4)</td>
<td>Ensure that communication strategies and modalities to improve health literacy, contained in the communication standards and protocol, for all OPH staff and clients match their health literacy level (Collaboration – Obj. 1)</td>
</tr>
</tbody>
</table>
**Strategy**
Inform the community of health disparities through expanded media campaigns (print, TV, internet, and social media).

**Action Steps**

| Oct 2018 – Oct 2019 (Years 5-6) | - Develop PSAs  
|                               | - Secure media agreements  
|                               | - Conduct town hall meetings |

**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**

| Oct 2014 – Oct 2019 (Years 1-6) | - Revise workforce development plan, (including language on how to address eliminating health inequities) (WFD, Obj. 2)  
|                               | - Provide robust learning opportunities for staff on cultural and linguistic competency, and cultural humility |
| Oct 2016 – Oct 2019 (Years 3-6) | - Develop an OPH curriculum for undergraduate and graduate internships for OPH rotations  
|                               | - Provide internships focused on health disparities for graduate and undergraduate public health students |
**Strategy**

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

**Action Steps**

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop health equity core principles and standards for OPH programs and agency’s daily functions</td>
<td>Oct 2014 – Oct 2016</td>
<td>Develop health equity core principles and standards for OPH programs</td>
</tr>
<tr>
<td>align core principles of OPH programs and agency’s daily functions with core principles of health equity</td>
<td>Oct 2014 – Oct 2016</td>
<td>Align core principles of OPH programs and agency’s daily functions with core principles of health equity</td>
</tr>
<tr>
<td>Develop, identify and implement health equity standards in programs, policies/protocols, etc.</td>
<td>Oct 2014 – Oct 2016</td>
<td>Develop, identify and implement health equity standards in programs, policies/protocols, etc.</td>
</tr>
<tr>
<td>Develop/implement health literacy policies and protocols across all state agencies for printed materials, oral exchange, staff and volunteer orientation, staff skills-building, etc.</td>
<td>Oct 2015 – Oct 2019</td>
<td>Develop/implement health literacy policies and protocols across all state agencies for printed materials, oral exchange, staff and volunteer orientation, staff skills-building, etc.</td>
</tr>
<tr>
<td>Use evidence-based practices and interventions</td>
<td>Oct 2015 – Oct 2019</td>
<td>Use evidence-based practices and interventions</td>
</tr>
<tr>
<td>Assist in the analysis of health statistics and development of agency-specific programs that promote health literacy and improved health outcomes</td>
<td>October 2015-2019</td>
<td>Assist in the analysis of health statistics and development of agency-specific programs that promote health literacy and improved health outcomes</td>
</tr>
<tr>
<td>Promote better medical interpreting and translation services and a greater use of community health workers</td>
<td>Oct 2015 – Oct 2017</td>
<td>Promote better medical interpreting and translation services and a greater use of community health workers</td>
</tr>
</tbody>
</table>

**Strategy**

Increase resources and investments to eliminate health status gaps.

**Action Steps**

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Dates</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>OPH commits resources to improve the public health system for all</td>
<td>Oct 2014 – Oct 2019</td>
<td>OPH commits resources to improve the public health system for all</td>
</tr>
<tr>
<td>Seek new, flexible funding to address social determinants of health</td>
<td>Oct 2014 – Oct 2019</td>
<td>Seek new, flexible funding to address social determinants of health</td>
</tr>
</tbody>
</table>

**Strategy**

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

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 2014 – Oct 2016</td>
<td>(Years 1-3)</td>
<td>Redesign the clinical service delivery process to increase access to care.</td>
</tr>
<tr>
<td>Oct 2014 – Oct 2015</td>
<td>(Year 1-2)</td>
<td>Add signs to help patients/clients and families navigate the clinic visit process.</td>
</tr>
<tr>
<td>Oct 2015 – Oct 2017</td>
<td>(Years 2-4)</td>
<td>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.</td>
</tr>
<tr>
<td>Oct 2015 – Oct 2016</td>
<td>(Years 2-3)</td>
<td>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.</td>
</tr>
<tr>
<td>Oct 2016 – Oct 2018</td>
<td>(Years 3-5)</td>
<td>Incorporate interactive kiosks/public Internet workstations in health units to improve access to agency services and educational trainings.</td>
</tr>
<tr>
<td>Oct 2015 – Oct 2016</td>
<td>(Years 2-3)</td>
<td>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.</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 2016 – Oct 2019</td>
<td>(Years 3-6)</td>
<td>Educate and regularly update organizational leadership and policymakers about current trends in health disparities.</td>
</tr>
<tr>
<td>Oct 2017 – Oct 2019</td>
<td>(Years 4-6)</td>
<td>Compile and review instruments that assist community-based organizations to engage in evaluation and the measurement and use of health equity indicators.</td>
</tr>
<tr>
<td>Oct 2017 – Oct 2019</td>
<td>(Years 4-6)</td>
<td>Develop a specific plan of action for policy change using a structured tool, such as the &quot;Real Clout&quot; workbook.</td>
</tr>
</tbody>
</table>
**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**

<table>
<thead>
<tr>
<th>Period</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 2015 – Oct 2019</td>
<td>Engage communities and community leaders in ongoing dialogue about strategies to promote health equity</td>
</tr>
<tr>
<td>(Years 2-6)</td>
<td></td>
</tr>
<tr>
<td>Oct 2017 – Oct 2019</td>
<td>Support community-led efforts which build capacity and promote sustainability of health equity programs</td>
</tr>
<tr>
<td>(Years 4-6)</td>
<td></td>
</tr>
<tr>
<td>Oct 2014 – Oct 2016</td>
<td>Identify key interagency and external state and local level partnerships that can be fostered and potentially aligned</td>
</tr>
<tr>
<td>(Years 1-3)</td>
<td></td>
</tr>
<tr>
<td>Oct 2016 – Oct 2019</td>
<td>Collaborate with the health professional community to identify and address health disparities</td>
</tr>
<tr>
<td>(Years 3-6)</td>
<td></td>
</tr>
<tr>
<td>Oct 2016 – Oct 2019</td>
<td>Ensure linkages and participation of communities in OPH’s Health Promotion initiative (Solicit authentic community voices in all OPH programs)</td>
</tr>
<tr>
<td>(Years 3-6)</td>
<td></td>
</tr>
</tbody>
</table>
HEALTH INFORMATION TECHNOLOGY AND INFRASTRUCTURE

STRATEGIC QUESTION #5: How will OPH advance its technical infrastructure, integrate disparate systems, and enhance data collection and analysis capacity to support health services delivery throughout public health?

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.

SMART Objective #1
Create and empower a centralized OPH HIT 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.

Strategy
Form IT Strategic Planning Tech Team.

Action Steps

| October 2014 - November 2014 (Year 1) | Create a directory of technical leads throughout OPH for every program by Nov 2014 |

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 Office of Public Health’s needs, over the next five years.

Strategy
Develop an IT strategic plan based on OPH hardware and software needs.
**Action Steps**

| 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 |
| October 2014 – January 2015 (Year 1) | Review LDH-IT inventory of databases in use by OPH by Jan, 2015 |
| 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 |
| 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 |
| October 2014 - June 2015 (Year 1) | Conduct quarterly reassessments of strategic plan beginning in years 2 through 5, beginning September 2015 |

**Strategy**

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

**Action Steps**

| 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 |

**Strategy**

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

| 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 job duties as part of their New Employee Training
- 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 |

GOAL #2:
Leverage health information technology to maximize use and integration of data to drive decision making.

SMART Objective #3
Develop an OPH-wide informatics/analytics team to assess OPH programmatic data needs and to support data drive decision making.

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 Bureau of Health Informatics, will be involved in certain aspects only.

Action Steps

| October 2014 - April 2019 (Years 1-5) | Develop and conduct a survey of unmet data needs by April 2015 that answers, “What data are needed to be shared intra-agency and what data sources need to be obtained?” |
| 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 |
**Strategy**
Determine what gaps exist in OPH data that cannot currently be filled in house and determine how to fill those gaps.

**Action Steps**

<table>
<thead>
<tr>
<th>October 2014 - April 2015 (Year 1)</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2014 - June 2019 (Years 1-5)</td>
<td>Assess new requirements and standards annually</td>
</tr>
<tr>
<td>October 2014 - June 2015 (Year 1)</td>
<td>Develop agency metadata standards/attachment page for sharing datasets between groups</td>
</tr>
</tbody>
</table>

**SMART Objective #4**
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.

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

<table>
<thead>
<tr>
<th>October 2014 - June 2016 with some continuing activities (Years 1-2)</th>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2014 - June 2019 (Years 1-5)</td>
<td>Assess new requirements and standards annually</td>
</tr>
<tr>
<td>July 2014 - June 2016 with some continuing activities (Years 1-2)</td>
<td>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</td>
</tr>
</tbody>
</table>
Office of the Secretary

Version 2.0

July 2017

This document was supported by funds made available from the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support, under grant number 5U58DP001284-04, Strengthening Public Health Infrastructure for Improved Health Outcomes.


<table>
<thead>
<tr>
<th>STATE HEALTH IMPROVEMENT PLAN OBJECTIVES:</th>
<th>Increased Financial Support</th>
<th>Meaningful Internal and External Collaboration</th>
<th>Health Information Technology Infrastructure</th>
<th>Reduced Health Disparities</th>
<th>Improved Workforce Development</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUPPORT BEHAVIORAL HEALTH:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Promote integration of behavioral health and primary care services</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. Support a coordinated continuum of behavioral health care and prevention services</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3. Improve community awareness of behavioral health services</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PROMOTE HEALTHY LIFESTYLES:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Increase physical activity access and outreach</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Promote health through the consumption of healthful diets</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Build community capacity for chronic disease prevention and management programs</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4. Increase the capacity for health systems to prevent, identify, and treat chronic disease</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ASSURE ACCESS TO HEALTHCARE:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Increase individual and family insurance coverage</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Increase provider participation in Medicaid</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### BLUEPRINT OBJECTIVES:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Increased Financial Support</th>
<th>Meaningful Internal and External Collaboration</th>
<th>Health Information Technology Infrastructure</th>
<th>Reduced Health Disparities</th>
<th>Improved Workforce Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Provide pathways to healthcare access for underserved populations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>4. Improve appropriate use of health facilities and consumer understanding of health system</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5. Improve coordination of state agencies who receive federal and state Human Services Transportation funding for elderly, low-income and disabled person</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

### PROMOTE ECONOMIC DEVELOPMENT:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Increase cross-sector collaborations to improve understanding of population health and economic health relationships</th>
<th>X</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Improve opportunities for workforce training and development</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3. Increase educational attainment and literacy levels to meet market demands</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Reduce barriers to employment</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### BUILD PUBLIC HEALTH INFRASTRUCTURE

<table>
<thead>
<tr>
<th>Objective</th>
<th>Facilitate public health system strengthening through networking and relationship building</th>
<th>X</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Build systems to analyze and share data</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3. Address long-standing health inequities through collaboration with diverse partners and community members</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4. Implement an ongoing cycle of health assessments and planning</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>