

County of Los Angeles Department of Public Health

# Strategic Plan

2013-2017



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## Letter from the Director

### Dear Colleagues:

It is with great enthusiasm that I present the Los Angeles County Department of Public Health Strategic Plan for 2013-2017. As you know, our department is responsible for protecting and improving the health of all Los Angeles County residents. Every day, we protect communities from health threats such as foodborne illnesses, natural and man-made disasters, toxic exposures, and preventable illness and injury. Public Health also works against chronic diseases such as heart disease, cancer, and diabetes. Our efforts to address their underlying causes have brought us new partnerships and initiatives surrounding the built environment and other factors that influence health.



Strategic planning is taking on increased importance in the era of health reform, as we anticipate expanded access to care and a growing availability of health information despite budgetary pressures on public health funding. This new environment necessitates new and flexible approaches, including policy-level interventions and social determinants work.

This document is designed to serve a functional, everyday purpose for all Department of Public Health employees. I challenge each of you to participate actively in the implementation and evaluation of the goals and objectives that you will find listed below.

Working together and with our partners, we will continue to increase our positive impact on the health and well-being of Los Angeles communities.

Sincerely,

A handwritten signature in black ink that reads "Jonathan E. Fielding". The signature is written in a cursive, flowing style.

Jonathan E. Fielding, MD, MPH  
DIRECTOR OF PUBLIC HEALTH AND HEALTH OFFICER

## Introduction

The Los Angeles County Department of Public Health (DPH) Strategic Plan for 2013-2017 will guide our department's strategic directions and priorities over the coming five years. It highlights key areas where DPH seeks to make significant improvements in the health and well-being of Los Angeles County residents. The plan not only sets forth what we will strive to achieve—it provides a road map for how we plan to achieve it.

Priorities have been set within the context of a rapidly changing public health environment. Health care reform and other forces are providing DPH with the opportunity to redefine ourselves as a cutting-edge organization. As public health professionals and decision-makers, we find ourselves in a unique moment: poised to reaffirm our core services and scope out new areas of focus.

The plan emphasizes improving our core activities, including protecting the public from health threats, implementing strategies to support healthy lifestyles, and maintaining a focus on vulnerable populations. New directions include redefining our role in the delivery and assurance of medical services, working with new partners, and a commitment to improving health for those at every stage of life. Our department will also pursue new strategies in service of existing goals: for example, involvement in consumer protection will strengthen our efforts to help individuals and communities make well-informed choices about their health.

Our department works to protect and benefit the public's health in countless ways that range from restaurant inspections to disease tracking. Our scope has been and will remain broad. This plan does not offer a comprehensive listing of all of the essential activities that DPH conducts. Rather, it highlights key areas where we plan to effect significant change in the coming five years, and identifies six strategic priority areas that organize these directed efforts.

## About Los Angeles County

Los Angeles County is home to over 9.8 million people who reside in 88 incorporated cities, 140 unincorporated areas, and the San Clemente and Santa Catalina islands. Los Angeles is the most populous county in the United States, and encompasses over 4,000 square miles.

Los Angeles County is a vibrant, diverse community where over 200 languages are spoken. The population is approximately 48% Latino, 29% Caucasian, 14% Asian/Pacific Islander, 8% African American, and 0.2% American Indian. Forty-one percent of the population is at or below 200% of the federal poverty level.

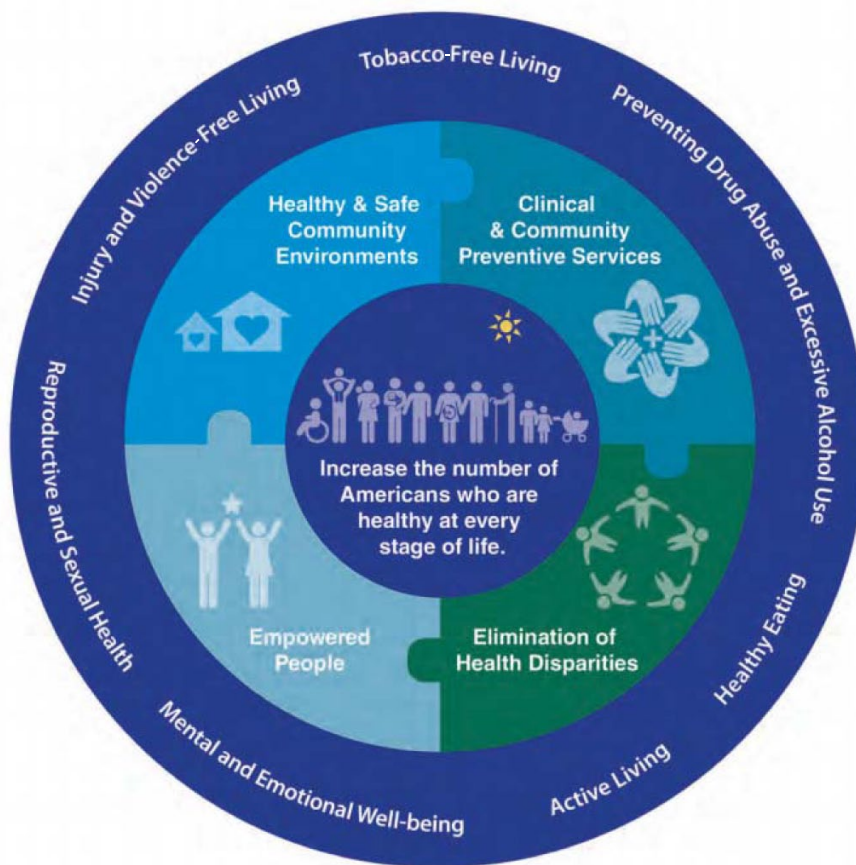
The size, population, and diversity of the County provide unique opportunities and challenges as DPH works to achieve health equity and provide essential services. The priority areas, goals, and objectives listed in this document are designed to address the far-ranging needs of all people in Los Angeles County. Different communities—whether geographic, ethnic and cultural, or otherwise delineated—have different needs, and this influenced the selection of the plan's strategic priorities, goals, and objectives. Strategies are designed with diversity in mind, and the Department has included an additional priority area dedicated to health equity in the 2013-2017 Plan.

## The Planning Process

The strategic planning process was conducted within the framework of broader community public health planning initiatives. The Affordable Care Act (ACA) established a national council of 17 executive-level departments and agencies, health and non-health related, and charged them with coordination of federal prevention efforts. The resultant National Prevention Strategy serves as a blueprint for improving health and well-being across the country. The Strategy identifies four strategic directions and seven evidence-based priorities (see Figure 1); these elements served as a guiding structure for the DPH Strategic Plan.<sup>1</sup> National efforts to establish core public health capacities and improve delivery of local public health department services also guided the DPH planning process. These included Public Health Accreditation Board standards and measures, the Public Health Core Functions, and the Essential Public Health Services.<sup>2,3</sup>

The Office of Planning, Evaluation and Development conducted an “environmental scan,” examining trends and policy issues internal and external to the Department, as well as stakeholder and key informant opinions. The office administered surveys to DPH employees (438 respondents) and external partners (251 respondents) to elicit staff and stakeholder views, including opinions on satisfaction with DPH performance and prioritization of public health areas and strategies. Finally, the office conducted 18 key informant interviews with national public health experts and other opinion leaders in Los Angeles County.

All of this input was utilized to conduct a SWOT analysis. SWOT analysis is a strategic planning tool that identifies internal factors (strengths and weaknesses) and external factors (opportunities and threats) impacting an organization. An assessment of these factors provided a foundation for generating and prioritizing draft



**Figure 1.** National Prevention Strategy

priority areas, goals, and objectives.

An Internal Advisory Group (IAG), a small group of key departmental decision-makers, was convened in order to guide the overall process. Draft SWOT content was presented to the DPH Executive Team, who provided input on which of those themes were of highest importance. The Executive Team then engaged in a prioritization process that analyzed the data, burden of disease, and other factors to identify strategic areas for organizational change. Departmental subject area experts participated in workgroups to refine goals and objectives, and input on the draft plan was solicited from internal staff and external stakeholders via webinars. The high-level input provided by key informants acted as a final layer of external perspective and analysis.

Concurrently, DPH is conducting a Community Health Assessment (CHA) which will describe the health, health status, and health needs of the County population. Developing the CHA is a collaborative process which will include input by community organizations and the community at large. Ultimately, the assessment will inform us about the health of the residents of Los Angeles County so that our department—in concert with our partners—can better respond to community needs. Priorities identified in the CHA will be compiled into the Community Health Improvement Plan (CHIP). Priorities, improvement strategies, and performance measures will align with national priorities, including Healthy People 2020.

## The Planning Context

### Health Indicators

During the 15-year period from 1995 through 2009, the death rate in Los Angeles County decreased by 31%. However, the County continues to struggle with high rates of overweight and obesity, diabetes, homicide, and the incidence of AIDS and other sexually transmitted diseases (STDs). Leading causes of death and premature death (see Figure 2) provide a helpful guide in determining how departmental resources should be used to improve community health.<sup>4</sup>

National and local trends continue to reflect the growing impact of chronic disease as conditions associated with tobacco use, physical inactivity, and poor diet surpass communicable disease as the leading causes of illness and death. Physical and environmental factors play significant roles in facilitating or hampering healthy behavior. The objectives in Strategic Priority Area 1: Healthy and Safe Community Environments are designed to address the root causes of chronic conditions. For example, transit-oriented districts will better address bicyclist and pedestrian safety, thereby increasing the capacity of community environments to support active living.

Despite a continued general decline in rates of communicable disease, DPH maintains a strong focus on preventing and managing diseases such as tuberculosis, water and foodborne diseases, and STDs. Also, despite ongoing achievements in vaccination coverage levels, the department remains vigilant as the resurgence of vaccine-preventable disease is a constant risk and possibility as evidenced by the 2010 pertussis outbreak in which 972 cases were reported in the County. Goals and objectives within Strategic Priority Area 5: Public Health Protection highlight priorities such as streamlining and coordinating internal and external reporting processes and focusing on new technologies for the public health laboratory that advance communicable disease prevention and control capabilities.

The World Health Organization defines health as not merely the absence of disease or infirmity, but also as a state of physical, mental and social well-being. When developing plans for health improvement, DPH considers a wide range of indicators that illustrate the state of individual and community health throughout the lifespan. The social environment has myriad impacts on the health of Los Angeles County residents. In many communities, residents face challenges like

| Los Angeles County<br>57,620 total deaths<br>455,513 years of life lost* |                        |               |                                     |      |                        |                                   |
|--|------------------------|---------------|-------------------------------------|------|------------------------|-----------------------------------|
| Leading causes of death  |                        |               | Leading causes of premature** death |      |                        |                                   |
| Rank   | Cause of death         | No. of deaths | Premature death rank                | Rank | Cause of death         | Years of life lost*<br>Death rank |
| 1.   | Coronary heart disease | 12,725        | 1.                                  | 1.   | Coronary heart disease | 59,440 1.                         |
| 2.   | Stroke                 | 3,301         | 8.                                  | 2.   | Homicide               | 31,270 16.                        |
| 3.   | Lung cancer            | 2,958         | 7.                                  | 3.   | Motor vehicle crash    | 22,017 19.                        |
| 4.   | Emphysema/COPD         | 2,904         | 14.                                 | 4.   | Liver disease          | 21,515 9.                         |
| 5.   | Alzheimer's disease    | 2,125         | 48.                                 | 5.   | Suicide                | 20,835 14.                        |
| 6.   | Pneumonia/Influenza    | 2,097         | 12.                                 | 6.   | Drug overdose          | 20,484 18.                        |
| 7.   | Diabetes               | 1,964         | 9.                                  | 7.   | Lung cancer            | 17,295 3.                         |
| 8.   | Colorectal cancer      | 1,388         | 11.                                 | 8.   | Stroke                 | 15,554 2.                         |
| 9.   | Liver disease          | 1,246         | 4.                                  | 9.   | Diabetes               | 14,697 7.                         |
| 10.  | Breast cancer          | 1,173         | 10.                                 | 10.  | Breast cancer          | 13,466 10.                        |

\*Excludes infants less than 1 year of age and persons of unknown age.  
\*\*Death before age 75 years.

**Figure 2.** 10 Leading Causes of Death and Premature Death

crime and violence, homelessness, poverty, unemployment, and limited access to healthy foods. Priority activities include expanding partnerships to widen the availability of healthy foods, increasing injury and violence prevention efforts, and identifying interventions to reduce exposure to and the impact of environmental hazards. One element of the social environment that is of particular importance is health insurance and access to health care. It is essential that the department works to ensure that the vulnerable populations we serve continue to have access to quality services throughout health care reform implementation.

### **Health Care Reform and the Economy**

While health indicators remain the primary drivers of departmental priorities, external forces also play a role in determining current and future strategies and objectives. Health care reform brought about through the ACA will not only expand health insurance access—it will substantially alter the healthcare landscape. The reforms aim to improve the quality of patient care, improve population health, and lower costs. As such, the ACA provides DPH with a landmark opportunity to increase our impact on the health of populations in Los Angeles County.

Health care reform also offers new funding opportunities via the Public Health and Prevention Fund. In Los Angeles County, these resources have made DPH's Community Transformation Grant (CTG) possible. Strategic Priority Area 1: Healthy and Safe Community Environments includes CTG's innovative strategies to encourage healthy eating and active, tobacco-free living.

Full implementation of health care reform over the next decade will bring insurance to more Americans, while moving the clinical care system toward more coordinated care with a focus on prevention and increased community engagement. DPH will develop new collaborations within the health care arena, and utilize a Health in All Policies (HiAP) approach to include public health in the development of policies of other government agencies, as reflected in Strategic Priority Area 6: Improved DPH Infrastructure.

Also, health care reform will attract new providers and health care services to a marketplace which will have many newly covered individuals. DPH will thus play a key consumer protection role. One goal within Strategic Priority Area 3: Empowered Health Consumers is designed to identify and counter misleading promotion of health-related products and services.

Finally, Health Information Exchanges and the use of electronic health records will increase the accessibility of clinical care data. DPH will utilize these data to assess the delivery and quality of clinical care services, and for surveillance efforts.

Another key influence on DPH decision-making is the economic environment. The repercussions of the economic downturn affect Los Angeles County residents as they do individuals, families, and communities across the nation. Data that show disparities—or differences—in economic burdens throughout the County are directly linked with adverse health outcomes such as lower life expectancy and higher rates of preventable disease. It is of increasing importance that DPH works to address the most pressing health issues in order to assure the well-being of County residents; simply put, improving the overall social and economic status of County residents will improve health.<sup>5</sup>



# Vision, Mission and Values

## Vision

Healthy People in Healthy Communities

## Mission

To protect health, prevent disease and injury, and promote health and well-being for everyone in Los Angeles County

## Values

*Leadership:* We are recognized throughout the field for our innovative and effective approach to public health.

*Service Excellence:* We provide exceptional service with professionalism and respect.

*Quality:* We utilize state-of-the-art science, evidence-based best practices, and performance monitoring to maintain and improve program efficiency and efficacy.

*Collaboration:* We develop, nurture, and leverage key partnerships.

*Accountability:* We act with transparency and integrity as responsible stewards of public funds.

*Diversity:* We respect people of all cultures, communities, ethnicities, and perspectives.

*Professionalism:* We maintain a well-trained, high-performing workforce.

*Compassion:* We treat each other and those we serve with kindness and empathy.

# Strategic Priority Areas, Goals, and Objectives



## Strategic Priority 1

### Healthy and Safe Community Environments

*Support and develop neighborhoods and institutions that support healthy lifestyles.*

#### **Goal 1.1: Increase the capacity of community environments to support active living and healthy eating.**

- Obj.1.1.a Increase the number of local jurisdictions that implement transit-oriented districts and other land use planning policies that promote walkable, bikeable, and safe communities and use of mass transit while avoiding displacement of affordable housing.
- Obj.1.1.b Increase hospital and other institutional support for and promotion of breastfeeding.
- Obj.1.1.c Implement policies and practices to improve nutrition and physical activity in schools and child care settings.
- Obj.1.1.d Increase engagement with cities, public institutions, businesses, and community-based organizations to increase access to and demand for healthy food and beverage options, and reduce access to and demand for less healthy options.
- Obj.1.1.e Implement media and other public education efforts to promote increased fruit and vegetable consumption, increased tap water consumption, reduced consumption of beverages with added sugar, reduced salt intake, and reduced food and beverage portion sizes.
- Obj.1.1.f Promote smaller portion options through restaurant industry engagement and consumer education.
- Obj.1.1.g Develop strategies to increase participation in the Supplemental Nutrition Assistance Program (SNAP) and increase healthy food and beverage purchases among SNAP participants, including incentives for purchasing fresh produce.
- Obj.1.1.h Increase the capacity of community-based agencies to improve preconception health through the use of web-based platforms.

#### **Goal 1.2: Increase the capacity of community environments to support tobacco-free living.**

- Obj.1.2.a Assist cities with adopting evidence-based strategies to reduce exposure to secondhand smoke in multi-unit housing and outdoor areas.
- Obj.1.2.b Engage with cities and unincorporated areas to reduce youth access to tobacco products.
- Obj.1.2.c Work with businesses to reduce employee exposure to secondhand smoke and increase access to and utilization of effective tobacco cessation services.
- Obj.1.2.d Implement communication campaigns to increase utilization of effective tobacco cessation services.

- Obj.1.2.e Work with health care organizations to adopt and implement a standard protocol for tobacco use screening and referral to cessation services.
- Obj.1.2.f Engage with school districts, schools and teachers to provide tobacco-use prevention education and cessation resources at schools with high rates of tobacco use.

**Goal 1.3: Increase community safety and decrease potential for injuries.**

- Obj.1.3.a Support efforts to reduce gang violence among youth, including the County's Parks After Dark Program and other support services and policy interventions for high-risk youth.
- Obj.1.3.b Expand partnerships and pursue funding to increase injury and violence prevention efforts, including prevention of traffic collisions, fall injuries among seniors, drug-related poisonings, suicide, homicide, intimate partner violence, and trauma and abuse across the lifespan.
- Obj.1.3.c Implement evidence-based strategies to prevent motor vehicle, pedestrian and bicyclist injuries.

**Goal 1.4: Reduce community environmental hazards.**

- Obj.1.4.a Work with community organizations to educate residents on strategies to improve healthy conditions in multi-unit housing.
- Obj.1.4.b Quantify the potential short and long-term impacts of environmental hazards by modeling linkages between exposures and diseases and injuries.
- Obj.1.4.c Identify potential interventions to reduce the exposure to and impact of environmental hazards, and quantify the impacts and value of those interventions.
- Obj.1.4.d Address illegal food operations that pose a public health risk through public education and enforcement.
- Obj.1.4.e Improve data reporting, analysis, interpretation, and notification of environmental hazards to the public and affected industry.
- Obj.1.4.f Inform the general public on the nature of climate change, its potential effects, and actions they can take to reduce greenhouse emissions and minimize impacts on health.

**Goal 1.5: Reduce the impact of substance abuse and addiction.**

- Obj.1.5.a Implement and evaluate evidence-based prevention services that respond to locally identified alcohol and drug problems.
- Obj.1.5.b Improve treatment outcomes by expanding use of evidence based practices, including use of MAT (medication-assisted treatment).
- Obj.1.5.c Develop and begin implementation of a strategic action plan to address the growing public health problem of prescription drug use and abuse.
- Obj.1.5.d Assist cities and communities with adopting evidence-based strategies to reduce youth access and availability to alcohol and other drugs (AOD), and minimize the related health and social consequences.

## Strategic Priority 2

### Preventive Health Care

*Improve the availability, use, and integration of prevention-focused, evidence-based health care services.*

#### **Goal 2.1: Determine and implement appropriate scope of DPH clinical services to be provided in light of health care reform.**

- Obj.2.1.a Conduct a needs assessment for the clinical services DPH provides, and prioritize services according to DPH's unique expertise and estimated unmet need once health reform is implemented.
- Obj.2.1.b Ensure sustainability of DPH clinical services by pursuing reimbursement and other funding options, including implementation of fee schedules for clinic services and enrollment of eligible patients in Medi-Cal.
- Obj.2.1.c Provide guidance, training, and technical assistance to private and community providers to strengthen their capacity to provide the clinical services that DPH currently provides or oversees.
- Obj.2.1.d Ensure comprehensive patient care by providing case management, contact investigation, and other services necessary to manage public and private-sector clients with infectious disease and children with special health needs.
- Obj.2.1.e Assess business needs and implement an Electronic Medical Record and replacement registration and scheduling system at all DPH health centers.

#### **Goal 2.2: Promote quality assurance and use of evidence-based clinical preventive services among clinical providers.**

- Obj.2.2.a Increase use of evidence-based practices among providers with which we contract or have regulatory oversight through training, technical assistance, and contractual initiatives such as pay-for-performance.
- Obj.2.2.b Collaborate with health care organizations and associations to provide a range of communications and educational opportunities for private and non-profit health care providers on evidence-based practice.
- Obj.2.2.c Assure that clinical preventive services provided by DPH are consistent with evidence-based recommendations and standards through use of continuous quality improvement.
- Obj.2.2.d Assist hospitals with IRS-required community health needs assessments and community benefit projects to ensure that activities address high priority health problems and are evidence-based.

#### **Goal 2.3: Improve integration of medical, mental health and substance abuse services.**

- Obj.2.3.a Convene medical, mental health and substance abuse providers to improve integration of DPH services with the other services our clients receive.

- Obj.2.3.b Maximize opportunities for DPH clients to receive or learn about other services from which they would benefit.
- Obj.2.3.c Explore data sharing opportunities as a means of integrating medical and behavioral health services.
- Obj.2.3.d Promote best practices for providing more integrated care, such as screening for domestic violence and mental health and substance abuse issues in the primary care setting, through provider education and advocacy.
- Obj.2.3.e Use data that may become available through health information exchange initiatives and registries to improve quality of care and surveillance activities.

**Goal 2.4: Ensure that vulnerable populations served by DPH continue to have access to quality services throughout health care reform implementation.**

- Obj.2.4.a Ensure that persons living with HIV, regardless of payor source, have access to a full complement of medical and wraparound services that optimize health outcomes and decrease disease transmission.
- Obj.2.4.b Assure that the health care needs of children with California Children's Services eligibility remain met under health care reform.
- Obj.2.4.c Ensure that health care reform implementation supports comprehensive substance abuse prevention and treatment services that promote recovery across the life-span.
- Obj.2.4.d Ensure that people with infectious disease such as tuberculosis, hepatitis, or sexually transmitted diseases, regardless of payor source, have access to the specialized medical and case management services they need to optimize health outcomes and prevent disease transmission.
- Obj.2.4.e Partner with community organizations that provide health insurance information, referrals, and enrollment assistance to assist uninsured families with navigating the myriad health coverage programs for which they may qualify.
- Obj.2.4.f Encourage private and non-profit medical providers to participate in the Vaccines for Children (VFC) program, patient assistance programs, and other programs that promote access to low- and no-cost preventive services.
- Obj.2.4.g Monitor gaps in health insurance coverage and focus DPH clinical preventive services on those who remain uninsured after full implementation of health care reform provisions.

## Strategic Priority 3

### Empowered Health Consumers

*Support individuals in making informed choices about their health.*

#### **Goal 3.1: Improve DPH and partner capacity to help consumers understand basic health information and make appropriate health decisions.**

- Obj.3.1.a Develop health education materials and messages based on prioritized topics.
- Obj.3.1.b Ensure that all DPH health education materials are accessible, actionable, and conform to plain language principles.
- Obj.3.1.c Implement DPH-wide system for translation and interpretation of health education materials and messages.
- Obj.3.1.d Conduct health literacy training for DPH clinical and other staff, and ensure that DPH communication with patients and clients is clear and understandable.
- Obj.3.1.e Develop and disseminate guidance on evidence-based health literacy practices, and encourage external partners to adopt these practices.

#### **Goal 3.2: Identify and counter misleading promotion of health-related products and services.**

- Obj.3.2.a Establish a process for identifying, prioritizing, and assessing the harm of medical products and services that are being marketed in a dangerously misleading manner, including drugs, devices and nutraceuticals.
- Obj.3.2.b Develop interagency partnerships to share information and initiate action against misleading promotion of health-related products and services, which may include medical provider and consumer education and communication with regulatory authorities.

## Strategic Priority 4

### Health Equity

*Support each person in Los Angeles County in attaining his or her full health potential regardless of socially determined circumstances.*

#### **Goal 4.1: Strengthen organizational capacity to implement health equity initiatives.**

- Obj.4.1.a Assess DPH internal capacity regarding health equity and social determinants and allocate resources to create a health equity team to lead and coordinate DPH efforts in this area.
- Obj.4.1.b Increase DPH staff's understanding of health equity and social determinants of health using multiple methods, including training, presentations, the intranet and the employee newsletter.
- Obj.4.1.c Increase staff capacity to effectively communicate information on health equity, social determinants and social and physical environment issues to a variety of audiences.

#### **Goal 4.2: Generate and disseminate meaningful and actionable data and reports on health equity, social determinants, and health disparities.**

- Obj.4.2.a Expand data collection and analysis on social determinants of health and health equity, to include topics such as housing, education, income, and social capital.
- Obj.4.2.b Produce reports and policy briefs that highlight the social and environmental causes of health inequities, to inform and influence policy-makers and other decision-makers outside the traditional health sector.

#### **Goal 4.3: Provide DPH input and guidance on policy and advocacy efforts regarding health equity and social determinants of health.**

- Obj.4.3.a Adopt a Health in All Policies approach by identifying and prioritizing opportunities to include public health in the development of policies of other government agencies.
- Obj.4.3.b Track local, state, and federal legislation related to social determinants of health and develop legislative analyses of selected bills that have important public health implications.
- Obj.4.3.c As appropriate, provide oral and written testimony or comments from DPH on key issues related to the social determinants of health and health equity issues including housing and education related policies.
- Obj.4.3.d As appropriate, promote policy strategies including analytic assessments such as Health Impact Assessments and modeling to address social determinants of health.



**Goal 4.4: Engage key partners in addressing social determinants of health.**

- Obj.4.4.a Increase external stakeholder and partner awareness by providing information on social environment indicators and their relation to health at the individual and community levels.
- Obj.4.4.b Build alliances with other governmental and non-governmental agencies to develop policy solutions that address health equity and the social determinants of health.

**Goal 4.5: Incorporate health equity and a focus on social determinants into ongoing DPH efforts.**

- Obj.4.5.a Promote healthy aging through civic engagement, professional development and facilitation of county and community partnerships.
- Obj.4.5.b Increase the coordination and effectiveness of the services DPH provides to the homeless that will engage partners, educate staff, and inform the public.
- Obj.4.5.c Identify opportunities to increase enrollment in low- and no-cost programs, including Medi-Cal, the Earned Income Tax Credit, and SNAP (Supplemental Nutrition Assistance Program).
- Obj.4.5.d Reduce the stigma that contributes to health disparities in HIV and STDs, especially among gay and bisexual men.

## Strategic Priority 5

### Public Health Protection

*Prevent, detect, and respond to health threats.*

#### **Goal 5.1: Improve effectiveness in preventing and controlling infectious disease.**

- Obj.5.1.a Provide continuing education and share best practices to increase capacity to effectively prevent and control infectious diseases.
- Obj.5.1.b Streamline internal disease reporting and follow-up processes to ensure timely and high quality management of disease cases and contact investigations.
- Obj.5.1.c Focus the Public Health Laboratory toward new technologies, to ensure high-priority, state-of-the-art testing capabilities and to enable seamless transmission of data.
- Obj.5.1.d Improve coordination of DPH disease control and other prevention efforts in school and child care settings by designating a centralized DPH liaison and coordinating internal activities.
- Obj.5.1.e Improve prevention and control of disease among homeless populations by addressing cleanliness of the environment and providing education and clinical services.
- Obj.5.1.f Expand the implementation of QuantiFERON testing of TB patients and their contacts within DPH Public Health Centers that provide TB services.
- Obj.5.1.g Strengthen coordination of activities for prevention, control, and care of viral hepatitis within DPH and with partners.
- Obj.5.1.h Reduce new HIV infections through aggressive testing, linkage to care and evidence-based treatment.
- Obj.5.1.i Increase immunization up-to-date rates of preschool and school-aged children by supporting staff awareness of mandates and Personal Beliefs Exemption laws, and ability to properly monitor immunization rates and adhere to school entry laws.

#### **Goal 5.2: Enhance the effectiveness, accessibility, and quality of surveillance systems.**

- Obj.5.2.a Improve programmatic access to and compatibility with external surveillance systems.
- Obj.5.2.b Simplify and streamline disease reporting systems and processes for providers.
- Obj.5.2.c Enhance rollout of CMaP to include integration of case reporting, case management, contact investigation and surveillance.
- Obj.5.2.d Improve integration of surveillance, service utilization, and population census data for effective planning and targeted prevention for alcohol and other drugs (AOD) use, HIV and STDs that consider social determinants of health.

- Obj.5.2.e Ensure that surveillance data is usable for DPH staff and external partners by creating dashboards to display data in a clear, user-friendly way.

**Goal 5.3: Improve DPH capacity to prepare for, respond to, and recover from emergencies.**

- Obj.5.3.a Develop mitigation and incident response plans for prioritized public health hazards.
- Obj.5.3.b Ensure the ability to provide medical countermeasures in support of treatment or prophylaxis to the affected population in a public health emergency.
- Obj.5.3.c Maintain necessary levels of clinical and non-clinical workforce members to enable sufficient emergency response capability.
- Obj.5.3.d Strengthen routine and enhanced surveillance and detection systems and epidemiological investigation processes in response to incidents of public health significance.
- Obj.5.3.e Assure the ability to conduct rapid and conventional laboratory detection, characterization, confirmatory testing, data reporting, and investigative support for chemical, radiological, and biological agent exposures.
- Obj.5.3.f Ensure that all DPH staff are prepared to serve in their roles as first responders via training, drills and exercises.
- Obj.5.3.g Prioritize effective development, improvement, and use of the Public Health Directory.

**Goal 5.4: Improve the ability of communities to withstand and quickly recover from emergencies.**

- Obj.5.4.a Identify and prioritize the potential public health emergencies (natural and human-generated) that Los Angeles County communities are likely to experience.
- Obj.5.4.b Conduct “whole of community” planning to assess community preparedness, needs and resilience gaps; build a network of partners that can be mobilized in an emergency; and identify the best ways to strengthen capacities.
- Obj.5.4.c Implement community resilience-building activities with diverse community agencies to address identified gaps and improve community disaster resilience.

## Strategic Priority 6

### Improved DPH Infrastructure

*Strengthen DPH to remain a high-performing and innovative organization.*

#### **Goal 6.1: Maintain a skilled, competent and empowered workforce.**

- Obj.6.1.a Conduct a workforce needs assessment, and develop and implement an improvement plan based on findings.
- Obj.6.1.b Increase the leadership capacity of the public health workforce.
- Obj.6.1.c Ensure that examination bulletins are designed to optimally recruit candidates with the general and specific skills necessary to perform the duties of the positions, and that bulletins are broadly disseminated.
- Obj.6.1.d Increase organizational capacity and workforce competency to address emerging public health issues and strategies, such as social determinants, policy change, and economic analysis.
- Obj.6.1.e Implement a systematic process for assessing internal and external customer satisfaction with public health services.
- Obj.6.1.f Implement a coordinated workplace health promotion program within DPH and provide subject matter expertise to County partners.

#### **Goal 6.2: Maximize administrative efficiencies through effective use of technology.**

- Obj.6.2.a Improve efficiency of environmental health activities by transitioning district offices to EnvisionConnect.
- Obj.6.2.b Complete development of and deploy the Performance Improvement Data System to support quality improvement activities department-wide.
- Obj.6.2.c Increase use of new technologies for staff training, communication, collaboration, and field investigation.
- Obj.6.2.d Develop an IT solution to improve efficiency of the contract management process, in order to improve business practice among programs, Contracts and Grants, and the CEO.
- Obj.6.2.e Develop an IT solution to improve efficiency of the grants management process, using eCAPS to its fullest functionality and identifying a compatible system to automate the functions not included in eCAPS.

#### **Goal 6.3: Improve DPH use of and contributions to the evidence base.**

- Obj.6.3.a Ensure that all DPH divisions' goals are clearly aligned with evidence-based strategies, based on a quantitative assessment of needs and a systematic review of scientific research.

- Obj.6.3.b Implement and evaluate best practices to address high-priority health issues where the evidence base is insufficient.
- Obj.6.3.c Disseminate DPH best practices through a variety of communication channels such as our website, newsletters, and meetings, and publish the results of evaluations in the scientific literature.
- Obj.6.3.d Continue annual Science Summits to develop staff skills to understand, utilize, and contribute to the evidence base in the field of public health.

**Goal 6.4: Increase capacity to pursue policy and legislative approaches.**

- Obj.6.4.a Increase staff capacity to conduct policy analysis in order to identify and prioritize issue areas where policy change can impact population health.
- Obj.6.4.b Increase capacity to conduct Health Impact Assessments and economic evaluations for high-priority policies and to communicate findings to decisionmakers.
- Obj.6.4.c Increase the development of publications and materials that translate data and scientific language into actionable information for constituents, community advocates and elected officials.
- Obj.6.4.d Improve internal coordination of advocacy and interaction with governmental entities.
- Obj.6.4.e Broaden efforts to educate media, business, organizational leaders, government, elected officials, community groups, other influencers, and constituents about the value of pursuing public health improvement opportunities in planning and legislation.

**Goal 6.5: Ensure effective communications.**

- Obj.6.5.a Develop a contemporary, current, and useful web presence to ensure that information is disseminated rapidly and accessibly.
- Obj.6.5.b Improve capabilities of programmatic staff to create digestible and condensed messaging appropriate for constituents and consumers of social media.
- Obj.6.5.c Increase the use of existing and emerging media to respond quickly to breaking issues and to proactively advance DPH goals.
- Obj.6.5.d Enhance coordination of program information flow so that achievements, data and issues of concern or interest to the media are regularly reported to the Public Information Officer.
- Obj.6.5.e Increase staff awareness of DPH priorities and accomplishments through regular and targeted messaging utilizing multiple methods of communication, including the employee newsletter and the intranet.

**Goal 6.6: Ensure readiness for and obtain national accreditation.**

- Obj.6.6.a Conduct an assessment of current readiness and implement any improvement steps identified during the assessment process.
- Obj.6.6.b Complete a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).
- Obj.6.6.c Complete and implement a departmental Quality Improvement Plan.
- Obj.6.6.d Ensure that DPH programs systematically evaluate their work and apply continuous quality improvement to assure that interventions are maximally effective.

**Goal 6.7: Effectively assess, utilize, and improve departmental facilities.**

- Obj.6.7.a Develop and implement a centralized data system to document and report on facility needs.
- Obj.6.7.b Utilize Geographic Information System (GIS) mapping to compile facility capital improvement needs and assess geographic placement of facilities based on population needs.
- Obj.6.7.c Develop and maintain the Department of Public Health Facility Strategic Plan.

## ACKNOWLEDGMENTS

The DPH Office of Planning, Evaluation and Development would like to thank the following individuals for their time and valuable contributions.

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## References

- 1 The strategy provides evidence-based ways to increase the number of Americans who are healthy at every stage of life, and move from a focus on sickness and disease to one based on prevention and wellness. For more information: <http://www.surgeongeneral.gov/initiatives/prevention/strategy/>
- 2 The Public Health Accreditation Board is a nonprofit organization dedicated to advancing the quality and performance of public health departments. Accreditation declares that the health department has an appropriate mission and purpose and can demonstrate that it will continue to accomplish its mission and purpose. For more information: <http://www.phaboard.org/>
- 3 The three core functions of public health, outlined by the National Institutes of Health in 1998, are assessment, assurance, and policy development. The Essential Public Health Services describe the public health activities that should be undertaken in all communities. For more information: <http://publichealth.lacounty.gov/qi/corefncs.htm>
- 4 Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Mortality in Los Angeles County 2009: Leading causes of death and premature death with trends for 2000-2009. October 2012.
- 5 For more information on the social environment in Los Angeles County: [http://www.publichealth.lacounty.gov/epi/docs/SocialID\\_Final\\_Web.pdf](http://www.publichealth.lacounty.gov/epi/docs/SocialID_Final_Web.pdf)



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