

County of Los Angeles Department of Public Health

STRATEGIC PLAN 2018-2023



Contents

Letter from the Director	3
Revisions to this Plan - June 2019	4
Introduction and Purpose	4
About the Plan's Five Strategic Priorities	4
Aligning this Strategic Plan with County, Health Agency and DPH Priorities	5
Vision, Mission, Values	6
The Planning Process	7
Strategic Priorities, Goals, Objectives and Strategies	8
Implementation and Evaluation	22
Acknowledgments	24

Letter from the Director

Dear Colleagues,

Health equity means that everyone has the opportunities and resources needed for optimal health. Access to a quality education, full-time employment, a livable wage, social support, and community safety is linked to well-being. Specifically, these social and economic factors are associated with 40% of all death and disability.¹ Right now, many low-income residents and people of color face unfair health burdens due to the unjust distribution of these social and economic opportunities.



At the Los Angeles County Department of Public Health (DPH) we are working to fundamentally change how we think about and approach our work to systematically address the unjust policies, practices, and attitudes that consistently produce negative health outcomes for communities across our County.

I am excited to present the 2018-2023 Strategic Plan that anchors health equity as a priority for the Department, and charts a course for us to...

- Support engagement and mobilization efforts to address community concerns, amplify authentic stories, and strengthen capacity to spur policy and systems change
- Collaborate with partners to find innovative ways to protect and promote health in places where people live, learn, work, worship, and play
- Continue to use science to inform and refine our strategies
- Prepare our workforce and create a culture of learning and respect across the department

We all have a role to play in implementing this plan. By working together, we will ensure that everyone in Los Angeles County has the opportunities, resources, and protections in their communities and beyond that support optimal health and well-being.

Sincerely,

A handwritten signature in black ink that reads "Barbara Ferrer". The signature is fluid and cursive.

Dr. Barbara Ferrer, Director
LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

¹ County Health Rankings & Roadmaps. "Our Approach." <http://www.countyhealthrankings.org/our-approach>. Accessed 11/14/2017.

Revisions to this Plan - June 2019

This plan is a “living” document. As DPH responds to new priorities, we alter our Strategic Plan approaches and modify the completion dates for objectives and strategies. Updated completion dates for strategies and objectives are listed in this revised Strategic Plan, denoted with an asterisk (*) next to the date. We have also made revisions to DPH program names to reflect recent changes.

Introduction and Purpose

The Los Angeles County Department of Public Health Strategic Plan for 2018 to 2023 presents a blueprint for organizational advancement that will accelerate the Department's impact on building optimal and equitable health and well-being for the people of Los Angeles County. Based on a thorough self-examination, as well as suggestions and candid feedback from partners, the plan identifies key improvements to strengthen our ability to achieve the community conditions necessary to realize health and equity.

We know that social factors such as access to care and prevention services, safe communities, access to quality housing, education and jobs, and others – i.e., the social determinants of health – have an outsized impact on community members' health and well-being. For too long, many people of color and those living in or near poverty in Los Angeles County have suffered from systemic disadvantages, such as unequal access to healthy foods, green spaces, and quality educational opportunities, and disproportionate involvement with our criminal justice system, resulting in poorer health outcomes. To make meaningful and just improvements in population health and achieve racial, social and economic justice, we must work with our community partners to eliminate the institutional and environmental barriers that have impeded the path to wellness, and build communities that foster health for everyone.

About the Plan's Five Strategic Priorities

This plan puts in place critical measures to advance the Department's capacity to narrow these longstanding inequities. First, community health improvement efforts must start with a foundation of accurate, timely and actionable data on health and factors influencing health in the many communities of LA County, and the best available scientific information to inform decisions on how to most effectively improve community health and achieve health equity. Thus, one strategic priority focuses on **Data Accessibility, Science Excellence, and Innovation**. Second, understanding that the Department is but one player working to improve public health, the Department has a responsibility to make health information more easily accessible to community members and stakeholders to facilitate their work in their own community; accordingly, forging **Communication Channels that Inform, Educate, and Empower Los Angeles County Residents** will be critical. Third, the Department can directly influence some social determinants, such as access to high-quality, integrated health and mental health services, through **Health Agency Integration that Fosters Healthy People and Healthy Environments**. We can achieve community conditions that foster good health for all through nurturing cross-sector partnerships to promote policies that lead to equitable health outcomes, and prioritizing the importance of community voices to deepen our understanding of the causes of health inequities.

This priority focuses on **Policy and Institutional Change to Ensure Equitable and Just Distribution of Resources and Opportunities**. Finally, the key to success in all these areas is an empowered, motivated and skilled Department workforce, which is why our final strategic priority will make **Investments in Our Staff**. The achievable set of goals, objectives and strategies in this plan will sharpen our skills, abilities and infrastructure in these five areas, and will augment our effectiveness in meaningfully impacting population health.

Aligning Our Strategic Plan with County, Health Agency and DPH Priorities

In crafting our new Strategic Plan, DPH considered the priorities of the Health Agency and the County of Los Angeles. By design, the plan reflects and aligns with the County's strategic goals, including supporting community wellness, driving economic development, and fostering environmental sustainability. The plan will advance Health Agency priorities by improving data systems to better coordinate consumer services across departments; improving DPH's ability to work across sectors to address social determinants of health; making upstream policy recommendations; and strengthening workforce capabilities. Improvements set out in this Strategic Plan also parallel the priorities set forth in DPH's Quality Improvement and Workforce Development Plans.

The Strategic Plan is a key tool in our efforts to narrow health inequities in collaboration with partners across sectors and will facilitate DPH's Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP). The CHA lays out the stark inequities across our diverse population in LA County, and the CHIP proposes bold strategies that multiple stakeholders in the County can employ to reduce these inequities. The Strategic Plan envisions critical institutional advancements that deepen DPH's ability to produce community health data for our CHA and achieve the health outcomes we seek in our CHIP, and in our departmental programs.

Vision, Mission, 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.

The Planning Process

DPH undertook a comprehensive planning process that involved engaging department staff at all levels ranging from leadership to line staff; interviewing community partners and public health experts; and reviewing public health literature and other health department strategic plans. Our executive leadership offered preliminary strategic priorities and suggested areas for improvement and innovation. Staff at all levels gave input by Bureau, and each Bureau's leadership chose how their staff would provide suggestions: approximately 150 Health Promotion Bureau staff participated in two facilitated, "town hall" style meetings where they rotated through stations corresponding to the different strategic priorities and offered ideas in small groups; the Health Protection Bureau and the Bureau of Disease Control conducted presentations and surveys with their staff to identify potential innovations and improvements, and then participated in facilitated meetings to discuss the ideas that emerged; and the Operations Support Bureau surveyed their staff via their internal teams, and summarized their staff's input. This process allowed hundreds of DPH staff to contribute. Once all input was gathered, a comprehensive set of ideas was presented at a Program Directors' meeting, where directors discussed them and voted on the improvement strategies they thought would best increase DPH's effectiveness.

To turn the ideas into goals, objectives, and strategies, workgroups were formed for each strategic priority area, consisting of three to five representatives from each Bureau with expertise in that strategic priority. The workgroups met four times, and began by reviewing the information collected. Once they had discussed the ideas generated from staff, they prioritized them and narrowed the list according to feasibility and impact, considered what if anything was missing, and grouped ideas into content areas. As goals emerged from the content areas, the groups crafted measurable objectives and strategies to achieve each goal. Staff from the Office of Planning and Quality Improvement & Accreditation Program reviewed goals, objectives and strategies in the five strategic priorities for overlap and merged some areas that had similar strategy ideas. To create a final draft of recommended goals, objectives and strategies to be presented to Department executive leadership, the Office of Planning collaborated with department "leads" for each strategy. The leads were selected based on their area of expertise to fine-tune the language and ensure that the goals, objectives and strategies are feasible, relevant, and likely to have the desired impact.

Strategic Priority I: Policy and Institutional Change to Ensure Equitable and Just Distribution of Resources and Opportunities

What We Intend to Accomplish

DPH recognizes the tremendous power of policy and systems change to affect community well-being, racial equity and the social determinants of health. As the Department moves towards broader involvement in the policy arena, we are aware that “policies” and “systems” take many forms, including city and county ordinances, state legislation, Health Officer orders, government procedures, regulations, and budgetary decisions.

Beyond the critical policy work that DPH programs currently conduct, this plan sets the course for DPH to deepen our involvement in local and state policy, alongside community partners.

By working closely with community partners, we can identify and prioritize local and state policies and systems changes, as well as changes to DPH that may be needed to further operationalize our commitment to racial, social and economic equity. Once we have selected priority policies and systems changes, we will build the collective capacity of DPH staff and our partners to achieve policy change, via trainings and other opportunities. Ultimately, these steps will position DPH to work jointly with the Board of Supervisors and our partners to effectively carry out policy change efforts. This might involve developing new local or state legislation, commenting on pending bills and ordinances, or providing input on the implementation of policies already adopted, to ensure that all policies maximize the benefit to public health.

Note: Dates that are followed by an asterisk () reflect a modification to the original date.*

Goal 1: Collaborate with Community Partners to Support Policies that Achieve Racial Equity, and Social and Economic Justice

Objective 1.1: By December 31, 2020, collaborate with community partners to identify priority DPH-wide, local, and state policy and systems changes that promote equity.

Strategies

1.1.a: By March 31, 2018, launch the Center for Health Equity to serve Health Agency efforts that build health equity across the County by addressing the root causes of disparate health outcomes; and convene five listening sessions across the County to gather input about the goals of the Center from residents and community organizations.

Lead: Center for Health Equity

1.1.b: By March 31, 2020*, and annually thereafter, employ a new policy planning approach that convenes community partners and DPH staff with policy expertise to identify proposed DPH annual high-priority local and state policy opportunities.

Lead: Government Affairs; Office of Planning

1.1.c: By December 31, 2020, collaborate with community partners to identify priority policies and/or systems changes for inclusion in the next Community Health Improvement Plan.

Lead: Office of Planning

Goal 2: Transform Departmental Capacity, Culture, and Practice to Promote Health Equity

Objective 2.1: By June 30, 2023, implement at least three new or modified administrative practices and three new or modified DPH programmatic activities to achieve racial equity.

Strategies

2.1.a: By June 30, 2018, conduct at least one department-wide event to raise employee awareness about implicit bias; and ensure all department employees complete implicit bias and cultural competency training.

Note: Implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

Lead: Center for Health Equity

2.1.b: By June 30, 2018, develop a framework for assessing departmental policies using an equity and "just culture" frame (see Goal 11), and initiate a process for reviewing and proposing revisions to existing policies to ensure alignment with the framework.

Lead: Chief of Staff

2.1.c: By December 31, 2019, revise policies and procedures to ensure that internal structures and practices support equal opportunity for all DPH staff.

Lead: Chief Deputy Director

2.1.d: By September 30, 2019*, develop a race equity team of champions from across the Health Agency dedicated to racial equity learning, planning and practice: for example, creating safe spaces to discuss current racial justice issues and health inequalities, establishing common language and collective understanding.

Lead: Chief of Staff; Center for Health Equity

~~2.1.e: By March 30, 2020, secure DPH leadership approval and initiate implementation of a Race Equity Action Plan that integrates direction from community partners for new and/or modified administrative practices and DPH programmatic activities to achieve racial equity.~~

~~Lead: Chief of Staff; Center for Health Equity~~

Note: Race equity is a priority that has been incorporated into the Center for Health Equity's action plan. Therefore, strategy 2.1.e has been integrated into Strategy 5.1.a and is no longer a stand-alone strategy.

Objective 2.2: By June 30, 2022, implement a minimum of four new capacity building strategies for DPH staff and community partners to achieve policy and systems change.

Strategies

2.2.a: Each year, provide capacity building opportunities, as needed, for DPH staff and collaborating partners pursuing DPH's annual high-priority policies.

Lead: Office of Planning; Government Affairs; DPH Programs leading policy efforts

2.2.b: By July 31, 2018, develop and offer a training for local health care providers to support DPH's policy priorities by serving as advocates for public health policies at the local and state level.

Lead: Medical Affairs Program

2.2.c: By December 31, 2018, develop and offer a training course for DPH staff to build and/or deepen their skills to engage in public health policy change efforts.

Lead: Government Affairs

2.2.d: By June 30, 2019, develop and offer a revised training course for DPH staff and their community partners to learn essential skills for leading multi-stakeholder collaborations.

Lead: Organizational Development and Training; Office of Planning

Goal 3: Work Jointly with Partners to Support Bold Local and State Policies that Accelerate Equity and Justice in Our Communities

Objective 3.1: Each year, collaborate with partners on policy teams to actively advance a minimum of two high priority policies on DPH's annual list and/or in the CHIP.

Strategies

3.1.a: Each year, use data-driven tools to support the policy change work led by DPH policy teams and/or CHIP collaborations, including participatory action research, health impact assessment (HIA), systems modeling, economic analysis, policy evaluation, and DPH publications/reports on relevant topics.

Lead: Center for Health Impact Evaluation; Office of Health Assessment and Epidemiology

3.1.b: Each year, develop communication tools as needed (for example, press releases, social media, etc.) to support the efforts of major DPH policy initiatives.

Lead: Office of Communications

3.1.c: By July 31, 2020*, and annually thereafter, form "policy teams" of DPH staff from multiple programs to collaborate with partners to advance DPH's annual prioritized local and state policy opportunities.

Lead: Government Affairs, with strong support from DPH Programs

3.1.d: By June 30, 2019*, strengthen coordination within DPH by enhancing centralized mechanisms that track and disseminate information on DPH's policy-related activities.

Lead: Government Affairs

3.1.e: By June 30, 2023, participate in at least three multi-stakeholder collaborations to achieve priority CHIP strategies.

Lead: DPH program (depending on CHIP strategy selected); Office of Planning

Strategic Priority II: Health Agency Integration that Fosters Healthy People and Healthy Environments

What We Intend to Accomplish

The Los Angeles County Health Agency brings together three Los Angeles County health departments — the Departments of Health Services, Mental Health, and Public Health. The vision of the Health Agency is to provide integrated and enhanced services to Los Angeles County residents.

Aligning efforts across our sister departments is a top priority. A critical step to streamlining access to care and enhancing customer experience will entail putting referral mechanisms in place for patients who need services from more than one department or specialty area. To expand access to care beyond Health Agency programs, DPH will work with external partners to create a network of community resources, such as housing options and substance use treatment.

Goal 4: Forge Robust Partnerships among Health Agency Departments and Staff

Objective 4.1: By June 30, 2020, connect Health Agency patients to the services they need by creating a mechanism for the three Health Agency Departments to refer patients: to community resources for chronic disease management and other supportive services; and from the Department of Public Health to the Department of Health Services for permanent medical homes.

Strategies

4.1.a: By March, 2018, all DPH clinic sites will use the same Electronic Health Record system as the Department of Health Services (referred to as ORCHID - Online Real-time Centralized Health Information Database).

Lead: Community and Field Services

4.1.b: By June 30, 2019, create or strengthen quality referral and coordination mechanisms for connecting Health Agency patients to community-based chronic disease management and prevention services.

Lead: Chronic Disease and Injury Prevention

4.1.c: By June 30, 2019, pursue the possibility of expanding the use of the Department of Health Services' (DHS) Nurse Referral Form, to refer patients in any DPH clinic or those working with Public Health Nurses in a community setting, to DHS for a permanent medical home.

Lead: Community and Field Services

Objective 4.2: By June 30, 2022, identify and address at least three gaps or needed improvements in services for the target populations served by the Whole Person Care initiative.

Note: Whole Person Care is a Health Agency initiative that provides comprehensive and coordinated services to the sickest and most marginalized people in LA County, including individuals who are homeless, justice-involved, or have serious mental illness, severe and/or persistent substance use disorder or medical issues.

Strategies

4.2.a: By July 31 (SPA 3, 4, 7, 8)* and December 31, 2018 (SPA 1, 2, 5, 6),* to allow for regional variation, coordinate monthly community engagement meetings at each Service Planning Area (SPA) Whole Person Care Regional Coordinating Center to identify and address gaps in the services provided to key target populations as part of the Whole Person Care program.

Lead: Community and Field Services Regional Health Officers

Goal 5: Conduct Initiatives with Health Agency Departments to Achieve the Goals of the Center for Health Equity

Objective 5.1: By December 30, 2018, at least two action plans will be developed and implemented collaboratively across the Health Agency.

Strategies

5.1.a: By December 30, 2018, collaborate with community partners and Health Agency staff to develop at least two action plans for the Health Agency, one of which is a Race Equity Action Plan, that advance health equity.*

Note: Strategy 5.1.a was revised to merge with strategy 2.1.e.

(Original strategy: By December 31, 2018, collaborate with community partners and Health Agency staff to develop at least two action plans for the Health Agency that advance health equity.)

Lead: Center for Health Equity

Objective 5.2: By June 30, 2018, support Health Neighborhood coalitions in 11 communities.

Strategies

5.2.a: By June 30, 2018, at least two DPH staff persons will attend each of the 11 Health Neighborhood Coalitions and contribute to coalition efforts as needed.

Lead: Chief Deputy Director; Community and Field Services

Strategic Priority III: Data Accessibility, Science Excellence, and Innovation

What We Intend to Accomplish

Data and science are the cornerstone on which public health is built. To keep pace with and take advantage of technology advances while expanding our ability to rapidly address an evolving health landscape, DPH will refine and improve the way we gather, use, and communicate data and scientific information.

To streamline DPH's response to communicable disease, we will integrate surveillance data and case management systems, housing all the information needed to manage communicable disease in one data system. Because residents and a wide variety of community partners look to the Department for accurate and timely health information, DPH must harness new communication technologies and channels to reach audiences with messages that are easily understood, useful and relevant.

Goal 6: Augment the Quality, Breadth, Timeliness, and Utility of Surveillance Data

Objective 6.1: By December 31, 2022, implement an integrated communicable disease reporting, investigation, surveillance, and case management system.

Strategies

6.1.a: By December 31, 2021*, make modifications to the Visual Confidential Morbidity Reporting (vCMR) System to become the integrated reporting, investigation, and surveillance (IRIS) system that includes sexually transmitted disease, tuberculosis, and other communicable disease reporting.

Lead: Nursing Administration

6.1.b: By December 31, 2022*, enable data exchange between the integrated reporting, investigation, and surveillance system and the California Department of Public Health's California Reportable Disease Information Exchange (CalREDIE) disease reporting and surveillance system.

Lead: Nursing Administration

6.1.c: By December 31, 2022*, incorporate case management functionality into the integrated reporting, investigation, and surveillance system that allows DPH staff to document and track all case follow-up activities and communications.

Lead: Nursing Administration

Objective 6.2: By December 31, 2020, utilize data from one or more healthcare systems to produce at least three analyses or reports with recommendations for lowering disease rates and reducing health inequities.

Strategies

6.2.a: By June 30, 2019*, establish partnerships with one or more large healthcare systems to share priority data that will augment surveillance data on communicable disease, chronic disease, injury and violence, and other priority health outcomes and health determinants, including social determinants of health.

Lead: Office of Health Assessment and Epidemiology

Goal 7: Strengthen the Department's Collection and Dissemination of Information that Connects Determinants of Health with Health Outcomes

Objective 7.1: By December 31, 2022, produce at least ten products (publications, presentations, etc.) using infographics, videos and/or storytelling to bring data to life by connecting it to community members' experiences.

Strategies

7.1.a: By December 31, 2018, provide technical support to DPH programs to ensure that publications and presentations utilize new techniques of presenting data, for example personal vignettes, storytelling, and infographics; and connect the social determinants of health to health outcomes.

Lead: Office of Communications; Office of Health Assessment and Epidemiology

7.1.b: By June 30, 2019*, develop a plan to improve the quality, collection, and dissemination of social determinants of health and racial equity data.

Lead: Office of Health Assessment and Epidemiology

Objective 7.2: By June 30, 2018, create neighborhood reports for 50 communities that will comprise a key component of the next Community Health Assessment (CHA).

Strategies

7.2.a: By June 30, 2018, develop community profiles for 50 cities in the county that include information about the social determinants of relevant health outcomes.

Lead: Chief Science Officer; Office of Health Assessment and Epidemiology

Objective 7.3: By December 31, 2020, expand the public's access to user-friendly health data by making improvements to the ThinkHealthLA website (www.thinkhealthla.org), which will result in increased volume of activity from 450 average users per month to 1500 average users per month.

Strategies

7.3.a: By March 31, 2019*, add key data from DPH to the ThinkHealthLA.org website to make DPH data more accessible to the public.

Lead: Office of Planning; Chief Science Officer

7.3.b: By December 31, 2019, offer tools on ThinkHealthLA.org that allow for easier display of information and creation of user-friendly reports.

Lead: Office of Planning

7.3.c: By December 31, 2020, increase promotion of the ThinkHealthLA.org website to external partners and the general public.

Lead: Office of Planning

Goal 8: Evaluate DPH Program Activities to Assess Impact and Increase Transparency

Objective 8.1: By December 2023, increase by 10% the proportion of large-scale DPH interventions that have been evaluated (baseline to be established).

Strategies

8.1.a: By December 31, 2019*, where appropriate, include a provision in DPH contracts that requires contractors to conduct baseline and follow-up measurement to evaluate the impact of program services and public health policy changes.

Lead: Contracts and Grants; Chief Science Officer

8.1.b: By December 2019, establish partnerships with local universities to provide support on evaluation methods.

Lead: Chief Science Officer

8.1.c: By July 31, 2019*, encourage grant funded programs in DPH to allocate 5-10% of their budget for evaluation, contingent on approval by the funding organization.

Lead: Chief Science Officer; Finance

8.1.d: By June 2019, establish an in-house group of evaluation specialists to lend technical assistance in evaluating large scale DPH interventions, including policy change initiatives.

Lead: Chief Science Officer; Office of Health Assessment and Epidemiology

Strategic Priority IV: Communication Channels that Inform, Educate, and Empower Los Angeles County Residents

What We Intend to Accomplish

In any organization, but especially a large one like DPH, strong communication is vital to keeping staff informed about each other's work, and ensuring that critical information reaches staff at all levels and in all locations. Further, how DPH communicates with the public is key to successfully sharing salient information that can be used to protect and promote individual health and health equity in communities. The enhancements that DPH will make internally, and when communicating with the public, capitalize on advances in technology and social media trends.

Goal 9: Revitalize and Modernize DPH's Public Communication Channels and Messaging, Including a Mix of "Bottom-up" Process and Feedback Loops

Objective 9.1: By June 30, 2022, increase DPH's capacity to raise Los Angeles County residents' awareness about community-wide health threats and promote practices for building equitable communities, by implementing at least three new communication strategies.

Strategies

9.1.a: By August 30, 2019*, develop an approach and process to rapidly and systematically disseminate health information directly with Los Angeles County residents and other stakeholders.

Lead: Community and Field Services; Emergency Preparedness and Response Division

9.1.b: By May 31, 2019*, ensure every Bureau has a tool kit with accessible information for residents about their programs, services, and ways to get involved; program materials should identify and convey specific health equity objectives.

Lead: Office of Communications; Bureau Directors

9.1.c: By July 30, 2019*, develop a mechanism to request translation of key documents and to produce translated documents.

Lead: Health Education Administration

9.1.d: By December 31, 2020, create a platform for collecting and sharing information from community members and partners regarding health-related concerns and community health issues.

Lead: Public Health Information Systems; Office of Communications

Goal 10: Expand Internal Communication and Coordination within DPH

Objective 10.1: By December 31, 2022*, at least 80% of DPH Staff Satisfaction Survey respondents will agree or strongly agree that the management team at their work location effectively communicates new policies, updates and changes within DPH (baseline is 56%).

Strategies

10.1.a: By June 30, 2018, within each Bureau, ensure use of regularly scheduled communication methods to disseminate and review information; for example, standing Bureau staff meetings, Division and Program Directors' meetings, and/or regular Bureau Director visits to programs.

Lead: Bureau Directors

10.1.b: By June 30, 2018, implement at least two strategies for staff to provide suggestions to Bureau management; for example, a suggestion box in each Bureau, and a mechanism within each Bureau for Bureau management to report back to staff on the status of suggestions.

Lead: Bureau Directors

10.1.c: By December 31, 2020*, redesign the intranet by implementing a new web platform that is more accessible, and ensure that all DPH Programs regularly update their information.

Lead: Public Health Information Systems; Office of Communications; Bureau Directors

Objective 10.2: By December 31, 2018, in order to strengthen coordination among DPH programs, at least 90% of programs that conduct community-based activities will enter information about community-based projects into an internal database (baseline to be established).

Strategies

10.2.a: By June 30, 2019*, develop and disseminate instructions for DPH programs to enter content into a shared internal database (SmartSheet) on a regular basis to strengthen internal knowledge of programmatic activities and foster coordination among DPH programs.

Lead: Office of Planning

Strategic Priority V: Investments in Our Staff

What We Intend to Accomplish

DPH conducted a Department-wide staff satisfaction survey in 2016 to understand employees' priorities relating to their work environment, advancement, and professional development. The survey gives DPH staff a crucial role in identifying how individuals, teams, and DPH as an organization can better function in order to achieve our public health mission.

Rather than create a separate action plan to capture the solutions proposed through the staff satisfaction survey, this section of DPH's Strategic plan serves that role. Additional ideas that were generated by staff in town hall meetings, workgroups, and surveys to shape the Strategic Plan are woven into the goals, objectives and strategies below.

The new approaches that DPH will institutionalize over the next five years aim to strengthen workplace safety and supervisor-employee relationships, boost professional development opportunities, and expand our internal efficiency, as we strive to make the Department the public health employer of choice.

Goal 11: Fully Integrate "Just Culture" and Create a Work Environment Valuing Safety and Physical & Emotional Wellness

Objective 11.1: By June 30, 2023, achieve department-wide success resulting from DPH's Just Culture initiative by increasing by 20% the number of DPH staff who agree or strongly agree that they can speak up about errors and mistakes without fear of retaliation (baseline to be established).

Strategies

11.1.a: By June 30, 2018, develop and implement a DPH Just Culture policy and department-wide mandatory training program to apply Just Culture principles in DPH's work environment.

Note: The Health Agency is leading an agency-wide initiative to promote a Just Culture, defined as "shared attitudes, values and practices that stand for and foster dignity, trust, fairness, and kindness."

Lead: Organizational Development and Training

Objective 11.2: By June 30, 2022, increase by 15% the number of DPH staff who agree or strongly agree that they benefit from DPH's Employee Wellness program (baseline to be established).

Strategies

11.2.a: By May 31, 2019*, develop new or modify existing DPH policies and practices to create an environment accommodating parental needs, including but not limited to expanded access to lactation rooms.

Lead: Maternal, Child and Adolescent Health Programs

11.2.b: By December 31, 2019*, develop a comprehensive DPH Employee Wellness Program plan that provides opportunities for staff to improve their physical and mental wellbeing.

Lead: Organizational Development and Training

Objective 11.3: By December 31, 2022*, at least 80% of DPH Staff Satisfaction Survey respondents will report that they agree or strongly agree that they work in a safe environment (baseline is 68%).

Strategies

11.3.a: By June 30, 2020 (DPH-owned facilities) and June 30, 2021 (DPH-leased facilities), conduct assessments at DPH staff worksites and make necessary safety and security improvements.

Lead: Risk Management

Goal 12: Bolster Recruitment and Retention of Employees to Attract and Maintain a Talented and Diverse Workforce

Objective 12.1: By December 31, 2019*, institutionalize improvements in our hiring process to effect a 15% reduction in hiring time for new County employees, and implement a minimum of three new retention strategies to encourage quality staff to remain at DPH (baseline to be established).

Strategies

12.1.a: In order to hire new staff for the most critical job openings throughout the Department, every three months, prioritize which job examinations the Bureaus would like DPH Human Resources to open.

Lead: DPH Director; Bureau Directors

12.1.b: To assist Bureaus with hiring, create a Human Resources dashboard that:
1) By June 30, 2018, announces current open exams and eligibility hiring lists as well as target dates for upcoming examinations and release dates for eligibility lists; and 2) By June 30, 2019, analyzes key hiring data for each Bureau including racial/ethnic data on new hires and promotions, the vacancy rate, the average number of days that positions have been vacant, and the length of time to complete Personnel Action Requests (PAR) for new hires and internal transfers.

Lead: Human Resources

12.1.c: By December 31, 2019*, expand the existing on-boarding practices throughout DPH to deepen the welcoming environment for new staff and standardize the off-boarding process to learn from departing employees.

Lead: Human Resources

12.1.d: By June 30, 2019, create a family-friendly workplace and an expanded set of employment options, by pursuing the possibility of allowing job sharing (one job and benefits split between two half-time employees) and part-time jobs (with prorated benefits).

Lead: Human Resources

12.1.e: By June 30, 2019, in order to increase staff retention, strategize with internal and external partners how DPH could provide financial compensation to employees who obtain academic degrees, advanced educational training, and/or certifications that are relevant, but not required, for their current job description.

Lead: Human Resources; Organizational Development and Training

Goal 13: Spur Career Growth by Offering Innovative Leadership and Professional Development Opportunities

Objective 13.1: By December 31, 2022*, at least 55% of the DPH Staff Satisfaction Survey respondents will report that they have career advancement opportunities within DPH (baseline is 50%).

Strategies

13.1.a: By December 31, 2018, develop a comprehensive program (a DPH "University") that will promote continuous learning for professional growth and development.

Lead: Organizational Development and Training

Goal 14: Drive Workforce Efficiency by Modernizing and Streamlining Administrative Processes

Objective 14.1: By June 30, 2022, implement at least three new or modified administrative practices to achieve a higher level of efficiency.

Strategies

14.1.a: By June 30, 2021*, increase use of modern technology in everyday business practices; for example, expanded use of videoconferencing/web-based conferencing and electronic forms.

Lead: Public Health Information Systems

14.1.b: By June 30, 2022, to facilitate and accelerate purchasing, hiring, budgeting, contracting, and various other administrative functions that DPH programs carry out, develop and disseminate to all DPH program staff, procedural manuals that detail the correct processes to follow.

Lead: Materials Management; Human Resources; Finance; Contracts and Grants

Implementation and Evaluation

The Strategic Plan is meant to be a document that sets a course for the future, but too frequently plans such as this one can get lost in the day-to-day challenges that public health departments face. We felt it was essential to develop measurable objectives and time-bound strategies in order to hold ourselves accountable for achieving specific results. To ensure the plan remains relevant, dynamic, and responsive to Department needs, DPH will coordinate a systematic implementation and evaluation framework. This plan allots six years for implementation of the strategies; the sixth year will also be used to evaluate progress and develop the next plan. Staff leads for the strategies will recruit a team of internal colleagues, as needed, to collaboratively develop yearly action plans, carry out the strategies, collect data to measure achievements, and report on progress annually. A mid-term review will be held after completion of the plan's first two years, to examine progress towards goals, identify barriers, consider mid-course adjustments due to changes in priorities, resources, or opportunities, and plan for the remaining implementation years. A final report will outline DPH achievements due to the Strategic Plan, challenges and barriers encountered, and lessons learned, to inform the development of DPH's 2024 Strategic Plan.



Acknowledgments

Key Informant Interviews

Many thanks to the following public health and community leaders who offered candid feedback to DPH and shared big picture ideas for spurring innovation and health equity in Los Angeles County.

- Heidi M. Bauer**, MD, MS, MPH, Chief, STD Control Branch, California Department of Public Health
- Georges Benjamin**, MD, Executive Director, American Public Health Association
- Patrick Burns**, Senior Researcher, Economic Roundtable
- Kelly Colopy**, MPP, Director, Long Beach Department of Health & Human Services
- Muntu Davis**, MD, MPH, Public Health Director and County Health Officer, Alameda County Public Health Department
- Daniel Flaming**, PhD, President, Economic Roundtable
- Patty Hayes**, RN, MN, Director of Public Health, Public Health - Seattle & King County, Washington
- Nancy Halpern Ibrahim**, MPH, Executive Director, Esperanza Community Housing; Community Prevention & Population Health Task Force
- Michael Johnson**, MPA, Director, Pasadena Public Health Department
- Lauren Nakano**, Blue Zones Project Director, Beach Cities Health District; Community Prevention & Population Health Task Force
- Luis Pardo**, Executive Director, Worksite Wellness LA; Community Prevention & Population Health Task Force
- Maryjane Puffer**, MPA, Executive Director, The LA Trust for Children's Health; Community Prevention & Population Health Task Force
- Marguerite Ro**, DrPH, Chief, Public Health Assessment, Planning, Development and Evaluation, Public Health - Seattle & King County, Washington
- Beatriz Solis**, PhD, MPH, Director, Healthy Communities South Region, The California Endowment
- Rosa Soto**, Executive Director, LAC+USC Medical Center Foundation – The Wellness Center; Community Prevention & Population Health Task Force
- Rosemary C. Veniegas**, PhD, Senior Program Officer, Health, California Community Foundation
- Dennis Worsham**, Prevention Division Director, Public Health - Seattle & King County, Washington

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