

PHAB Domain 5 Standard 3 Measures 2

Standard and Measures Version 1.5

Indiana State Department of Health

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Document Title:	ISDH Organizational Strategic Plan
Document Date:	May 2018
Required Document:	5.3.2A1 – Strategic Plan
Division Ownership:	Office of Public Health Performance Management
Description of requirement:	<p>Written strategic plan which includes:</p> <ol style="list-style-type: none"> a. The health department’s mission, vision, and guiding principles/values for the health department. Page 5 b. The health department’s strategic priorities. Page 4 c. The health department’s goals and objectives with measurable and time-framed targets (expected products or results). Measurable and time-framed targets may be contained in another document, such as an annual work plan. If this is the case, the companion document must be provided with the strategic plan for this measure. – Pages 9-15; titles of areas are the only item highlighted however entire table is the supporting piece d. The strategic plan must consider capacity for and enhancement of information management, workforce development, communication (including branding), and financial sustainability. Pages 9-10, 15, 17 e. The identification of external trends, events, or other factors that may impact community health or the health department. Pages 17, 19 f. The analysis of the department’s strengths and challenges. Pages 17 g. Linkages with the health improvement plan and the health department’s quality improvement plan. The strategic plan need not link to all elements of the health improvement plan or quality improvement plan, but it must show where linkages are appropriate for effective planning and implementation. Pages 10-13, 15

INDIANA STATE DEPARTMENT OF HEALTH STRATEGIC PLAN

May 2018 to December 2020



Indiana State
Department of Health

Executive Summary

In the fall and winter of 2017 and 2018, the Indiana State Department of Health (ISDH) embarked on a strategic planning process to determine the direction and course of the agency for the next three years. This strategic plan is the first update since 2012, and executive leadership was committed to hearing from staff at every level of the agency.

Over the course of two months, the strategic planning committee provided a series of in-person, online, and survey-style feedback opportunities for staff to provide their input on the direction of the agency. More than 500 staff participated in this process from every commission in the agency, including both employees and contracted staff located around the state. Staff were asked to provide input on the vision, mission, values, and guiding principles statements, as well as their perceptions of the strengths, weaknesses, opportunities, and threats facing ISDH. The results of these assessments directly informed the objectives and strategies in this strategic plan. Every effort was made to ensure strategies and objectives are aligned with the State Health Improvement Plan, already existing division-level strategic plans, quality improvement and workforce development plans, as well as appropriate national targets for health goals such as Healthy People 2020.

The Indiana State Department of Health Strategic Plan 2018 - 2020 answers the question: What can ISDH do to improve the delivery of public health services to the citizens of Indiana? ISDH considered key support functions required for efficiency and effectiveness and sought to articulate what it plans to achieve as an organization, the actions it will take, and how it will measure success. The identified measures are embedded within ISDH's performance management system and will be tracked regularly throughout the life of this plan. It is a living document that will be continuously evaluated and updated as public health evolves in Indiana.



Indiana State
Department of Health

Letter from the State Health Commissioner

The Indiana State Department of Health's 2018-20 Strategic Plan supports the vision for a healthier and safer Indiana. The goal of the strategic plan is to provide a road map for the agency over the next 2.5 years. It identifies agency priorities and how the agency will address those priorities, as well as how we will measure success.

I thank the many staff who provided input during the development of the plan. Now it is up to all of us to implement it. The goals and objectives identified are geared toward: **improving internal and external partnerships, providing timely and transparent public health data, ensuring all Hoosiers have the chance to achieve optimal health, being prepared for public health threats, and improving organizational health and being an employer of choice.** A renewed focus on health equity and quality improvement should be the lens through which we implement this plan.

I am confident that with strong and committed employees and partners, the agency strategic plan will be successful.

KRISTINA BOX, MD, FACOG

Kristina M. Box MD FACOG



Vision statement: A healthier and safer Indiana

Mission statement:

To promote, protect, and improve the health and safety of all Hoosiers

Values:

Integrity—We are honest, trustworthy, and transparent. We will do the right things to achieve the best public health outcomes.

Innovation— We encourage innovation to continuously enhance our programs and services, engage our workforce, advance our mission, and keep pace with community needs, and to communicate and utilize scientific data and evidence-based practices to achieve optimal health.

Collaboration—We will achieve optimal health for all Hoosiers when we work side by side with partners, communities, and individuals.

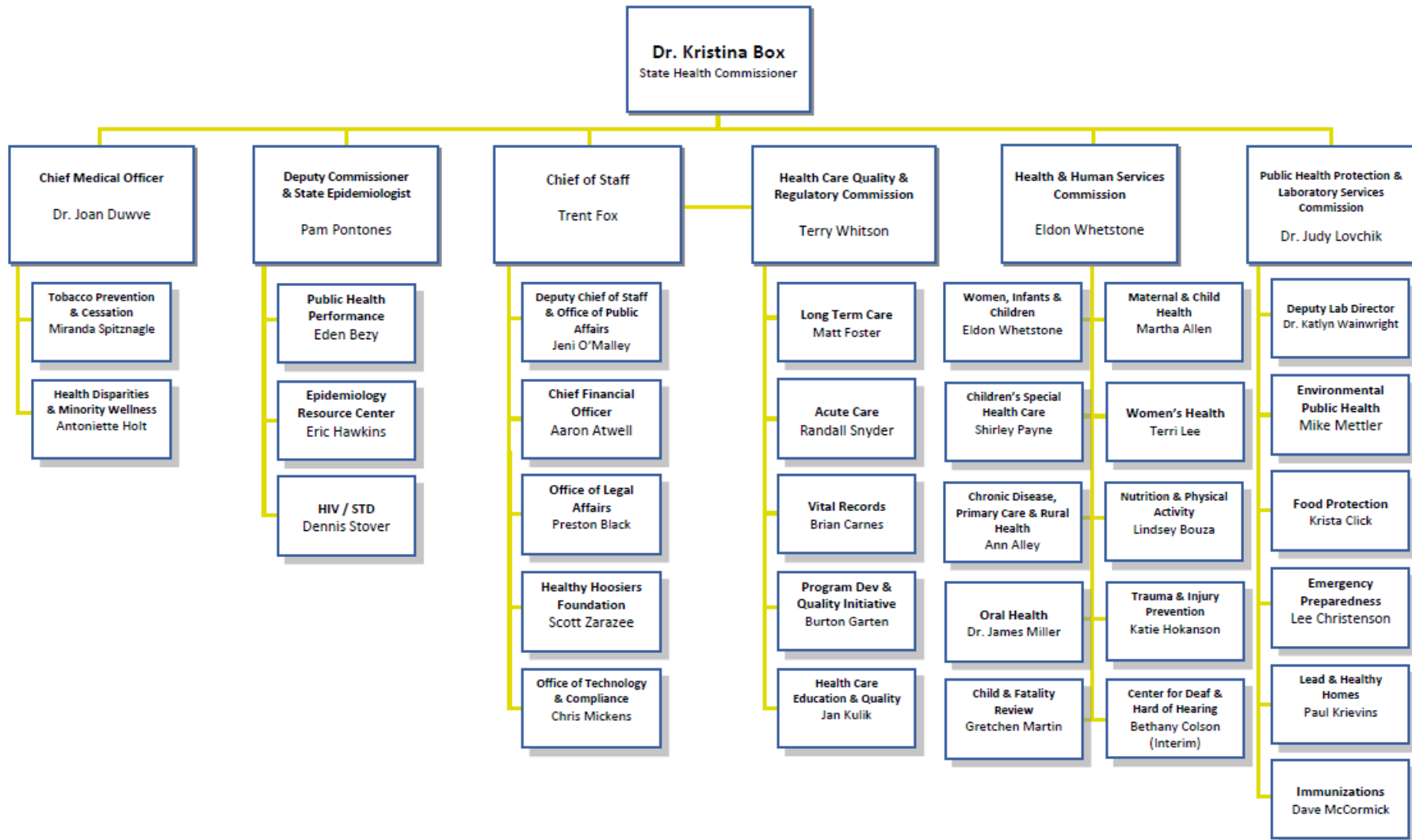
Excellence—We will work every day to provide the best public health services to the citizens of Indiana through continuous quality improvement.

Dedication—We are committed to solving public health issues by focusing on what we can do, not what we can't.



Indiana State
Department of Health

About us:



Health Equity Statement:

In 2018, the Indiana State Department of Health (ISDH) adopted a formal, agency-wide health equity policy. A statement on health equity is also supplied here:

Eliminating Health Disparities. According to Healthy People 2020, “There are many dimensions of disparities that exist in the United States, particularly in health. A health disparity is a health difference that is closely linked with social, economic, or environmental disadvantage.” It is incumbent upon ISDH to assess health issues facing the community, identify health disparities, and support and enable meaningful access to essential health services for all Hoosiers in a manner that: is culturally and linguistically appropriate; advances health equity; supports continuous quality improvement; eliminates health disparities; and addresses incidents of high morbidity and mortality, to include that among underserved and overlooked populations.

Addressing Health Inequities. Health inequities are systemic differences in the health status of different population groups. These inequities often have considerable social and economic costs both to individuals and societies.

Health in All Policies. Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas. The goal of Health in All Policies is to ensure that all decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. For example, Health in All Policies builds on successful inter-sectoral collaboration, such as efforts to implement water fluoridation, reduce lead exposure, restrict tobacco use in workplaces and public spaces, improve sanitation and drinking water quality, reduce domestic violence and drunk driving, and require the use of seatbelts and child car seats. Ultimately the Health in All Policies approach seeks to institutionalize considerations of health, equity, and sustainability as a standard part of decision-making processes across a broad array of sectors.

Examining Social Determinants of Health. Social determinants of health are conditions in the environment in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Healthy People 2020 has developed a “place-based” organizing framework, reflecting five (5) key areas of social determinants of health: economic stability; education; social and community context; health and health care; and neighborhood and built environment. Objectives and resources are identified for each of the five (5) areas. The goal is to enhance quality of life and influence population health outcomes. ISDH will better serve Hoosiers by identifying and exploring the impact of social determinants of health and take a Health in All Policies approach to address key drivers of health outcomes and health inequities.

How Will Indiana Work to Achieve Health Equity?

ISDH will support the following statement on health equity and the importance of Health in all Policies as an approach to addressing social determinants of health as key drivers of health outcomes and health inequities:

To achieve health equity, ISDH will focus on the following short- and long-term actions:

- 1) Actively pursue and intervene in root causes of health inequity and disparity to include social determinants of health.
- 2) Be attentive and develop targeted, collaborative approaches to combat health inequities and disparities in vulnerable communities as a result of deficits in any of the five (5) key areas of social determinants of health: economic stability; education; social and community context; health and health care; and neighborhood and built environment.
- 3) Promote equal opportunities for all people to achieve optimal health through a Health in All Policies approach.
- 4) Create communication strategies targeted at both internal and external stakeholders to share evidence-based education on reducing health disparities and the need to distribute appropriate and available resources to promote health equity.
- 5) Continually improve and sustain ISDH's internal processes, policies and procedures, and manage performance against best practices that result in the reduction of avoidable health inequities and disparities.

Goal 1: Develop and strengthen strategic partnerships to improve public health

Strategies	Objectives	Owners (who collects the measure)
1. Strengthen internal partnerships	1.1 By 2020, increase cross-divisional activities (baseline TBD)	OPHPM/Finance
	1.2 Increase engagement in internal agency communication (baseline TBD)	OPA
	1.3 Collaborate with internal stakeholders to ensure agency develops, maintains and executes policies and procedures and that staff are trained on same	Regulatory and Policy Compliance
2. Strengthen and build external partnerships	2.1 Increase and diversify funded partners	Finance
	2.2 Increase the strength of partnerships in the public health system to, among other things, ensure delivery of essential public health services and promote Health in All Policies and health equity	OPHPM, Regulatory and Policy Compliance, OMH
	2.3 Increase the number of formal information-sharing agreements with other state agencies (baseline TBD)	Finance
	2.4 Improve external customer satisfaction	OPHPM
3. Communicate current research, evaluation and evidence-based practices	3.1 Increase number of communications with public that use current research, evaluation, and evidence-based practices	OPA

Goal 2: Promote and provide transparent public health data

Strategies	Objectives	Owners (who collects the measure)
1. Ensure delivery of timely and accurate data	1.1 By 2019, establish system to regularly update ISDH data documents/portals/information with most recent data as it becomes available	ERC, DTIP, HIV/STD/Hep, OPA
	1.2 By 2020 fully implement two new communicable disease (NBS) and vital records data reporting/surveillance systems	Vital records, ERC, HIV/STD, TB/Refugee Health, OTC, VR, Finance, OPHPM
2. Diversify surveillance data to provide a more comprehensive picture of the public's health	2.1 Increase the number of MOUs/agreements for data transfers (baseline TBD)	Finance
3. Use a comprehensive performance management system	3.1 Through 2020, 100% of strategic metrics are reported as identified in the ISDH strategic plan (aligned with QI Plan)	OPHPM
	3.2 Starting Q4 of 2018 through 2020, create quarterly reports for metrics identified in strategic plan (aligned with QI Plan)	OPHPM, Regulatory and Policy Compliance
4. Design and use a comprehensive document management system for policies and other key agency documents	4.1 Design and implementation ongoing 2018 through 2020	Regulatory and Policy Compliance

Goal 3: Ensure the conditions for optimal health are available to all Hoosiers

Strategies	Objectives	Owners (who collects the measure)
1. Ensure that the agency promotes and pursues health equity and minority wellness	1.1 By Q3 2018, implement a comprehensive health equity policy requiring that health equity, social determinants of health and the elimination of health disparities are taken into account in the design and implementation of all agency programs (use of a Health in All Policies approach)	OMH, Regulatory and Policy Compliance
	1.2 Incrementally Increase the proportion of employees who participate in yearly, comprehensive cultural competency training to 100% in 2020 per agency policy (baseline TBD)	OMH, Regulatory and Policy Compliance
2a. Reduce racial/ethnic disparities in infant mortality	2.1 Increase the number of families served in evidence-based home visiting programs from 6,962 in 2016 to 9,000 in 2020 (2018 data) ((aligned with State Health Improvement Plan (SHIP))	MCH/Chronic Disease
2b. Strengthen pre-conception health opportunities for women of child-bearing age	2.2 Increase the percentage of pregnant women who receive prenatal care in the first trimester from 69.3% in 2016 to 75.0% by 2020 (2018 data) (aligned with SHIP)	MCH
	2.3 Identify high-risk areas throughout Indiana that do not have obstetric providers and develop an action plan of population-specific interventions for these areas (aligned with SHIP)	MCH
	2.4 Reduce barriers of access and cost to LARC (Long Acting Reversible Contraception)	MCH
	2.5 Decrease percentage of mothers receiving Medicaid who smoke from 23.4% in 2016 to 21.0% by 2020 (2018 data) (aligned with SHIP)	MCH
	2.6 Increase the number of newborn caregivers who receive education and safe sleep resources at or before birth (aligned with SHIP)	MCH
3. Increase the percentage of Hoosiers at a healthy weight	3.1 Increase the percentage of youth at a healthy weight from 60.3% in 2018 (NSCH, 2016) to 63.0% in 2020 (NSCH, 2019) (aligned with SHIP)	DNPA

	3.2 Increase the number of bicycle and pedestrian plans from 15 in 2017 to 20 in 2020	DNPA
	3.3 Increase the number of local education agencies that receive professional development and technical assistance to establish, implement, and evaluate the Comprehensive School Physical Activity Program (CSPAP) from 23 in 2018 to 30 in 2020	DNPA
4. Reduce the burden of tobacco use in Indiana	4.1 Decrease cigarette consumption from 405 million packs/year in FY 2017 to 385 million packs/year in 2020 (aligned with SHIP)	TPC
	4.2 Increase the awareness of the Indiana Tobacco Quitline among tobacco users from 75.8% in 2017 to 80% in 2020	TPC, OPA
	4.3 Increase the proportion of high school youth who have never smoked and are not susceptible to smoking from 77.4% in 2016 to 84.0% in 2020	TPC
	4.4 Increase the proportion of mothers who were advised by their healthcare provider to quit smoking in the past 12 months from 67.9% in 2017 to 80.0% in 2020 (aligned with SHIP)	TPC
	Reduce the number of women who smoke during childbearing years from 19.6% in 2016 to 15.0% in 2021 (aligned with SHIP)	MCH
	4.5 Decrease the number of pregnant women who smoke from 13.5% in 2017 to 8% in 2020	TPC/MCH
	4.6 Decrease the number of high school students who use electronic nicotine delivery systems from 15% in 2016 to 10.5% in 2020	TPC
5. Reduce morbidity and mortality from chronic disease	5.1 Increase rates of evidence-based cancer screenings (aligned with SHIP)	CDRHPC

Goal 4: Mitigate and prepare for public health threats

Strategies	Objectives	Owners (who collects the measure)
1. Address the opioid epidemic	1.1 Increase the number of local health departments that receive naloxone kits from 48 (52%) to 69 (75%) by 2020 (aligned with SHIP)	Trauma
	1.2 Increase the number of individuals who receive training from ISDH on naloxone from 298 to 900 in 2020 (aligned with SHIP)	Trauma
	1.3 Increase the number of overdose death cases reported in the National Violent Death Reporting System (NVDRS) from 46% to 90% by 2020	Trauma
	1.4 Decrease number of death certificates listing "unspecified" drugs causing overdose from 78% in 2017 to 95% in 2020	Trauma
2. Ensure Hoosiers are appropriately immunized	2.1 Increase the number of Hoosiers who received a seasonal influenza vaccine from 43.6% to 50%	Immunizations
	2.2 Increase the number of adolescents who completed the HPV series from 33.6% to 60%	Immunizations
	2.3 Ensure childhood immunizations are at or above 80%	Immunizations
3. Identify children who have been exposed to lead	3.1 Increase the percentage of Medicaid-covered children tested from 11% to at least 20% by 2020	Lead and Healthy Homes
	3.2 Establish by 2018 Q3 quarterly communication with lead stakeholders	Lead and Healthy Homes, OPA
4. Ensure Indiana is ready to respond to public health emergencies	4.1 Achieve an overall, minimum ranking of "Established," on the CDC's annual Operational Readiness Review by 2020	DEP
	4.2 Ensure the ISDH Continuity of Operations Plan is regularly updated and tested	DEP, Labs
	4.3 Through 2020, ISDHL will maintain public health lab accreditation	Labs

5. Expand HIV coordination and care delivery systems	5.1 Achieve a 15% reduction in the community viral load by 2020	HIV/STD
	5.2 Focus program implementation on underserved areas of the State of Indiana to ensure Ryan White-funded mental health and substance abuse services are available to all qualifying PLWH by 2020.	HIV/STD
	5.3 Achieve 30% increase in the number of healthcare providers engaged in prescribing Pre-Exposure Prophylaxis by 2020	HIV/STD
	5.4 Implement regional continuum of care committees to address local health disparities, engaging 100% of ISDH-funded HIV/STD projects by 2020	HIV/STD
6. Improve the continuation of care for Hepatitis B and C	6.1 Identify persons infected with viral hepatitis early in the course of their disease.	
	6.2 Build the capacity of the healthcare workers to diagnose viral hepatitis and provide care and treatment to persons living with chronic viral hepatitis.	



Goal 5: Improve organizational health and be an employer of choice		
Strategies	Objectives	Owners (who collects the measure)
1. Foster a culture of organizational excellence	1.1 Track the number of divisions/programs completing/participating in a QI activity through 2020 (aligned with QI plan)	OPHPM
	1.2 Assess the number of QI projects annually (aligned with QI plan)	OPHPM
	1.3 Achieve PHAB accreditation by Q4 2020 and maintain continual compliance with PHAB accreditation standards. Develop policies and training to ensure compliance	OPHPM, Regulatory and Policy Compliance
2. Create a supportive work environment	2.1 Assess and improve employee satisfaction	OPHPM
	2.2 Increase employee retention/decrease turnover. (NOT due to retirement or promotion; baseline TBD)	SPD
	2.3 Increase the number of times staff accomplishments are routinely celebrated/ac-knowledged	OPA
3. Ensure a competent workforce	3.1 Increase the opportunities for and engagement in professional development (aligned with WFD plan)	OPHPM
	3.2 Increase the proportion of interns who indicate they increased identified competencies (baseline TBD)	OPHPM
	3.3 Establish process of offering tuition reimbursement for employees seeking post-sec-ondary education	OPHPM
	3.4 Ensure divisions/programs are knowledgeable and compliant with public health laws and agency policies/procedures	Regulatory and Policy Compliance
	3.5 Evaluate agency policies/procedures and continuously update and manage their lifecy-cle	Regulatory and Policy Compliance

2018-2020 Strategic Planning Committee

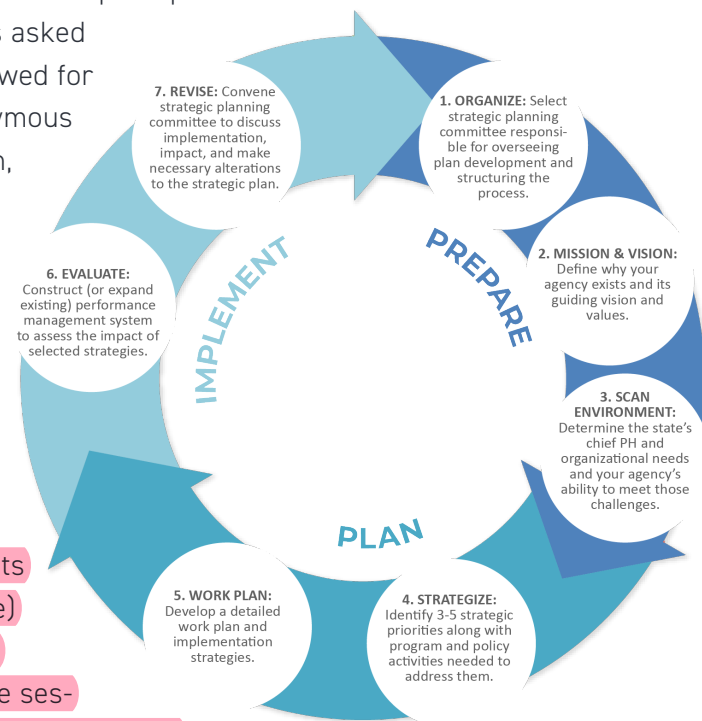
Name:	Position:	Staff Level:
Aaron Atwell	Chief Financial Officer	Executive Staff
Eden Bezy	Director, Office of Public Health Performance Management	Division Director
Trent Fox	ISDH Chief of Staff	Executive Staff
Shannon Garrity	Children's Program Director, Maternal and Child Health Division	Supervisor/Manager
Marie Hitz	Training Specialist, Division of Emergency Preparedness	Frontline staff
Barb Killian	Director, Regulatory and Policy Compliance	Division Director
Casey Kinderman	Quality Improvement Coordinator, Office of Public Health Performance Management	Frontline Staff
Jill King	Deputy Director of Immunizations	Supervisor/Manager
Samantha Lo	MCH Programs Director	Supervisor/Manager
Lauren Milroy	Vaccine-Preventable Disease Epidemiologist	Frontline Staff
Adam Novotney	Controller	Supervisor/Manager
Jeni O'Malley	Direct of the Office of Public Affairs and Deputy Chief of Staff	Executive Staff
Paul Peaper	Health Policy Research, Governor's Office	Governor's office
Pam Pontones	Deputy Health Commissioner	Executive Staff
Robyn Porter	Project Manager, Office of Technology Compliance	Frontline Staff
Anne Reynolds	Vital Records Epidemiologist	Supervisor/Manager
Katelin Rupp	Evaluation and Research, Tobacco Prevention and Cessation Commission	Supervisor/Manager
Emily Sickbert	Special Projects Coordinator, Women Infants and Children Division	Frontline Staff
Patricia Truelove	Accreditation Coordinator, Office of Public Health Performance Management	Frontline Staff
Katlyn Wainwright	Deputy Director, Public Health Laboratory	Division Director
Keylee Wright	Cancer Section Director, Chronic Disease, Primary Care, and Rural Health Division	Supervisor/Manager

Planning Process

The Indiana State Department of Health's Strategic Planning Committee (SPC) met from July 7, 2017, to February 28, 2018, to oversee the development of the Agency Strategic Plan. The committee was comprised of 21 members representing all commissions and levels within the agency. The timeline and framework for the strategy plan development was established by the committee first.

The committee released a staff survey on July 21, 2017, regarding the staff attitudes on and perceptions of the agency's mission, vision, values and guiding principles. Survey questions asked respondents to select words or phrases they felt the most positively toward and allowed for open-ended responses concerning the direction of the agency. The survey was anonymous and had 430 responses. Results of the survey supported keeping our current mission, changing the vision slightly, and adding five new value statements.

A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was conducted during the weeks of Sept. 28, 2017, to Oct. 12, 2017. The analysis had 90 participants recruited from agency staff. It was facilitated in small focus groups by agency volunteers, and also online using WebEX for field staff who wished to participate. During the SWOT sessions, the major themes of information management, communications, program and services, budget (financial sustainability) and workforce were discussed. After a facilitated discussion in the small groups, group leaders led an affinity exercise that allowed participants to place similar responses and comments into groupings. Participants were then able to vote (using a nominal voting technique) on the top three themes they felt were most important to the agency. After all of the SWOT sessions were conducted, the SPC reviewed raw data and aggregated all of the sessions' results. Total votes across all sessions were tallied. The themes with the highest votes were given the most importance during the development of the goals and strategies and were reviewed by executive staff during a retreat on Nov. 30, 2017. Based on these results, executive staff developed and prioritized strategic plan goals.



The Strategic Planning Committee held its final review over the course of three weeks in February 2018. After reviewing the SWOT analysis and the prioritized strategy goals developed during the executive staff retreat, the committee established the final strategy goals and objectives. These goals and objectives were finalized by executive staff on March 16, 2018. The governor's office reviewed the strategies and objectives for the plan. The strategic plan was presented to supervisors and managers for final review and feedback and was published April 30, 2018.

Date	Meeting Topic	Attendees
7/07/2017-9/14/17 (weekly)	Establish timeline, framework for strategy plan development.	Strategic Planning Committee
7/21/2017	Survey on staffs' attitudes and perceptions on mission, vision, values released. (420 respondents)	Strategic Planning Committee, Agency Staff
9/28/2017-10/12/2017	SWOT Analysis	Agency Staff (90 participants)
11/30/2017	Review SWOT Analysis, develop strategy plan goals and agency values.	Executive Staff retreat
02/16/2018-03/02/18 (weekly)	Review, finalize strategy goals and objectives.	Strategic Planning Committee
03/16/2018	Goals, objectives finalized.	Executive Staff
	Strategic plan presented for final feedback.	Agency Management/Supervisors
04/30/2018	Strategic plan published and executed	

Strengths:

Relate to the agency's core, namely staff and their relationships with each other and external partners

1. Dedicated, skilled workforce
2. Strong relationships with external partners
3. Good internal working relationships in spite of built-in organizational silos
4. Opportunities for staff development
5. Delivery of high-quality, evidence-based services

Weaknesses:

Appear primarily at the organizational level with the silo effect and communication:

1. Partnerships and collaborations are NOT consistent.
2. Organizational silos (i.e. how we're structured in the agency leads to silos). Funding and attention to a few issues is not equal.
3. Challenges related to technology
4. Lack of or inconsistent employee recognition and engagement
5. Lack of succession planning (major theme)
6. Low salary (what can we control at ISDH)
7. High turnover among state and contracted staff
8. Long hiring process
9. Employees are misclassified and are unable to escape those misclassifications
10. Heavily reliant on contract employees
11. Lack of commitment to innovation and continuous quality improvement
12. Staff feel disengaged from policy planning

Opportunities:

1. Core staff would like to propose new projects, but support and approval from higher levels within the organization can be difficult to obtain. Better and increased outreach to potential partners, both internal and external
2. Opportunity to expand agency focus
3. ISDH should better engage staff
4. Innovations—focus on new ways to engage public and improve services
5. Funding
6. New leadership

Threats:

Mostly governmental in nature, such as politics, funding, etc.

1. Politics and policy
2. Tough political environment for public health
3. Uncertainty in federal healthcare legislation
4. Decisions and priorities based on politics rather than evidence
5. Hiring and turnover
6. Funding:
 - a. Uncertainties in federal funding
 - b. Poor state funding for public health services
7. Lack of understanding of what ISDH's role is—are we regulation? Checkbox for programming? Carrot? Stick?
8. Tech/cyber: Ever-changing IOT policies
9. Cyber attacks