

Strategic Plan » January 2013

Version 1.0

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Introduction

The New Orleans Health Department (NOHD) has undergone dramatic transformation in the past two years. With a shift from providing direct services to a public health framework based in assessment, assurance, and policy development, NOHD has assumed a new, exciting role in the community. The department has forged relationships across sectors and established itself as a strong convener, capable of facilitating health improvement by linking, leveraging, and aligning local resources.

The department will use this strategic plan to sustain momentum and achieve the objectives set in collaboration with the community.

Strategic Planning Process

This plan represents months of critical thought and effort on the part of NOHD staff. The transformation of a department takes time, patience, and constant attention to strategic questions. NOHD believes it is important to document the foundations of the process, which occurred as part of the original transformation plan and served to inform the current strategic plan. The timeline in Figure 1 outlines key events in the strategic planning process, which are described in detail below.

Transformation Workgroup Established	Community Health Assessment Steering Committee Formed		Quality Improvement and Workforce Development Plans Complete
March 2011	December 2011		December 2012
June 2011		October 2012	January 2013
Transformation Pla Complete Figure 1: Strategic Plann		Community Health Assessment Complete	Community Health Improvement Plan Complete

In March 2011, department leadership requested volunteers to join a Transformation Workgroup, which would be responsible for developing an internally focused Transformation Strategic Plan. All program leads and many support staff stepped forward to participate in the workgroup. Beginning March 31, 2011, Charles West, from the City Information Technology and Innovation Services (ITI) Department, facilitated a series of 2 hour, biweekly meetings. During these meetings the workgroup explored crucial questions including- why NOHD exists and what it hopes to achieve; the principles and beliefs that will guide NOHD's behavior; the services NOHD will offer; the external conditions that the organization must respond to; and the internal structures necessary to organize and support the organization.

The plan was finalized on June 30, 2011. The resulting document laid out the department's new vision, mission, values, a SWOT, and key initiatives needed to transform. When the Public Health Accreditation Board standards and measures version 1.0 were released in July, NOHD cross-walked them with the identified initiatives, deciding to use this guidance as a roadmap for achieving the desired transformation.

As the internally focused Transformation Strategic Plan moved forward, the department began to engage in collaborative, community-centered work on some of the most crucial health challenges facing New Orleanians- nutrition, fitness, access to care, and violence. Concurrently, NOHD assembled a steering committee to conduct a comprehensive community health assessment and community health improvement planning effort.

With the data from the community health assessment and input from the community regarding their desired areas of focus, the department's administrative team met on December 10, 2012 to update the SWOT analysis to reflect the current state of the organization and the environment. This exercise proved valuable to see how far the organization had come since the first SWOT as well as to highlight new assets and identify areas where attention or improvements are required.

The improved administrative structure of the department facilitated opportunities for gathering useful organizational data to further inform the strategic plan. Input from the department's newly established Quality Council and results from the workforce development assessment issued in September 2012 informed the health department infrastructure section, with feedback regarding key organizational challenges/opportunities and important skill areas to build staff capacity. The department's basic performance management system, established in 2011 and enhanced in 2012, provided useful guidance for how the department will measure success for each of its strategic objectives.

Finally, the community health improvement plan (CHIP), completed in December 2012 provided substantial direction to the department's strategic plan. NOHD aims to align department priorities with those issues that are most important to the community, as laid out in the CHIP. The objectives and performance targets of the strategic plan reflect the content of the CHIP as aligned with City and department priorities.

Contributors

Current Staff

Karen DeSalvo, Director **Charlotte Parent, Deputy Director** Katherine Cain, Quality Improvement & Performance Management Program Lead Tomekia Dunkley, Budget Coordinator Chris Gunther, Violence & Behavioral Health Program Lead Ayame Dinkler, Policy Advisor Fran Lawless, Program Director, Ryan White Jasmine Fournier, Program Monitor, Rvan White Vatsana Chanthala, Quality Manager, Ryan White Julie Hagan, Program Director, WIC Davita Petty, Nutrition Counselor, WIC Kimberly Williams, Program Director, Healthy Start Kathy Morris, Quality Improvement Coordinator, Healthy Start Patrice Williams, Executive Director, Health Care for the Homeless Derrick Robinson, Finance Director, Health Care for the Homeless Jessica Riccardo, Transformation Program Lead Yvette Wing, Community Health Improvement Coordinator Natasha McDowell, Public Health Associate, Violence & Behavioral Health William Mupo, Public Health Associate, Chronic Disease and Violence & Behavioral Health Frieda von Qualen, Public Health Associate, Maternal & Child Health

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External Support

Mayor's Office of Performance and Accountability Charles West, Former Information Technology and Innovation Services Consultant

Vision

To serve New Orleanians as a 21st century health department and a model for the nation, capable of improving population health through data-driven decision making and policy development

Mission

It is our mission to:

- Protect, promote and improve the health of all community members so they can achieve their full potential
- Foster an optimum health-related quality of life for those that live, learn, work, and play in New Orleans
- Ensure conditions that enable health and healthy choices

To achieve this mission, we will:

- Assess and address both health issues and health assets in the community
- Assure the availability of quality preventive and clinical health services and health programming
- Promote legislation and policies that incorporate "health in everything"

Values

The following core values are the principles and/or beliefs that inspire our work and guide our behavior. As part of the local government structure, we share the core values of City of New Orleans:

- Integrity
- Excellence
- Transparency
- Teamwork
- Responsiveness
- Innovation
- Diversity and Inclusion

Additionally, we hold the following core values of:

- Respect
- Customer Service
- Accountability

Table 1: New Orleans Health Department Value Statements

We will work to establish a culture that reinforces these core values and as a Department we will:

Integrity	 facilitate, link and leverage all public health assets efficiently appropriate funds in a cost effective way, ensuring the lowest cost possible for the highest quality offerings diversify our sources of funds by aggressively seeking external funding
Excellence	 strive to be acknowledged as leaders in public health be a model for health departments across the nation work to strengthen the city's public health infrastructure
Transparency	 employ data-driven decision- and policy-making base decisions on best data available focus on root causes of problems rather than dealing only with symptoms and "quick fixes"
Teamwork	 be most effective through collaboration with government, private, non-profit and community partners seek to establish public health partnerships with organizations that share and/or respect our values
Responsiveness	 continuously improve the quality of our public health system (individuals, public and private entities, operations, services, etc.) based on evidence help those served to feel empowered and engaged in decisions about their health
Innovation	 encourage and support innovation be an "academic" health department
Diversity and Inclusion	 assure availability of health services regardless of an individual's race, color, national or ethnic origin, religion, age, sex, gender, sexual orientation, marital status, veteran status or disability serve ALL communities, appropriate to their needs assure the availability of culturally and linguistically appropriate health services
Respect	 support all staff to demonstrate their professional expertise and talents value differences of opinion and perspective because they foster creative thought empower employees through training and support
Customer Service	 serve community needs in an efficient manner have impact on people's daily lives, enabling choices that lead to healthy living and lifestyles work to ensure that both internal and external policies and procedures promote good health outcomes
Accountability	 remember that we are members of and accountable to the community we serve be meticulous in our use of funds in order to be accountable to the public, funders and other agencies

Strengths, Weaknesses, Opportunities, and Threats

NOHD's assessment of internal strengths and weaknesses provided important insight.

The organization's main strengths are: -Visionary, hardworking leadership -Dedicated, productive staff -Ability to collaborate with the community -Strong relationships with partners -Creative methods to maximize funding Notable weaknesses include:

-Lack of communication, information sharing -Poor morale, cross-departmental teamwork -Rigid admin. infrastructure, policies, processes -Financial instability

-Few training opportunities

NOHD needs Budget Agile Heath Values en educated Access Grants faster attract, seeks direct salaries young Great programs Competitive respond communicate equipment encourage Streamlined provide Council better Driven teomes quickly Team variety mission Developing combination Platform leaders serve Well resources knowledge employees going underserved problems ing promotion ed public It professionals revai experienced community/p Engagement Policy Staff others date Leveraging continuously T members multiple)rleans Growing organizations still Diverse areas tunders Irust Working data S CITY tenured Community Strong Resources Ja I Partnering Newcity • try department financing **COMMUNITY** Strength Department exists Information good Commitment timely Buildi external knowledgable committed gaps Getting relationships Identifying gathering competent Relevant Linking NEW DUILD workforce providers forward Safety skills rovide Balance Health climate Mental engage innovative board policies Follow Clear outside culture

Figure 2: Word Cloud of Strengths Analysis

project work/life eliminate practices available machine across client exercies access training helpful Improved Weaknesses procedures lamch Services ewcomer flexible ability purchasing evaluation diverse understandmanagement strengths manynewcomer throughout Sustaining troubleshooting planning Customer constituents incorporates understanding Improve compilations Flexibility Linguistic although development IMDLOVG improvement new Management old Inclusiveness assets • age Small Organizational Substaining systems/program buy-in Morale/Culture ordiances program/activities Sharing Opportunites **IECNNICAL** machinery infrastructure Protocol/Infrastructure technology professional trained/experience populations feedback financial community external easily private always Aging culture private always Collaboration opportunites outages Interdepartmental inventory language work/morale Rigid public general difficulties CITY preparedness balance Financial diversity emergency Clarification based dollars improved developed Quantitative make Team current software work receive policy initiatives happen Analysis equipment budget quality Protocol

Figure 3: Word Cloud of Weaknesses Analysis

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A review of opportunities and threats in the external environment offered helpful context for the strategic plan.

Exciting opportunities include: Key threats to consider are: -New, stronger focus on policy -Financial uncertainty -Implementation of the Affordable Care Act -Competition for funding and qualified staff -Diversification of grant funding -State decision not to expand Medicaid -Improved data capabilities -Limited scope of influence over complex systems i.e. -Expanding, strengthening partnerships mental health, violence, economic development, etc. reduce Internal COMMUNITY lower Hospital Growth need lessons express role system fellowship support - credibility members information contract understand Co-Op SC2



Figure 4: Word Cloud of Opportunities Analysis

funds needs resources civil area care effect outcomes retain Reliant health support shelter benefit place new support mouth Funding key awards detour creates expand recruit well timely Public valued increase apathy irrelevant growth Funding key capture • service compete bring spending Q opportunities manage recruiting retaining recently small Start^o planning mechanisms increasing provide department salary bonuses administering Fit expanding data leave/transition Providers/constituents Emergency see approaches may turnover institutional Identifying misperceptions O insurance camaraderie Competitors securing better respected departmental Coordination Rigidity improved ahead programs respected departmental coordination Rigidity improved enrollment constraints processes general government Loss Medicaid _ external getting difficult medical Major memory Budget Constrains indersta understand crisis execute General Mental reliance evaluate pay Limit carry leads plans makes Service targets Access Crisis High met direct talent track Need

Figure 5: Word Cloud of Threats Analysis

NOHD recognizes that it cannot achieve optimum health-related quality of life working in a vacuum or with public health funds alone. Partnership and a collaborative approach to policy development are crucial components of the department's work. To address threats to the department and the community's health, NOHD will leverage community assets, continuing to forge relationships across diverse sectors, and bring a strong policy focus to initiatives in all program areas. This is the most effective approach to bring lasting change with a maximum return on investment for public health dollars.

The department will provide new training opportunities in communication, project management, and performance management to build internal capacity and utilize QI methods for sustainable organizational advancement.

Priorities, Objectives, and Strategies

Based on extensive input from the community through the community health assessment and CHIP, NOHD identified six strategic priorities. The first four match the priorities in the CHIP, while the final two reflect important areas of the focus for the department beyond the CHIP.

- 1) Improve Access to Health Care
- 2) Prevent Violence
- 3) Promote Healthy Lifestyles
- 4) Enrich Family Health
- 5) Prepare for Emergencies
- 6) Enhance Health Department Infrastructure

This section outlines the objectives for each priority, aligned to Healthy People 2020 objectives, along with short- and long-term targets. The primary strategies that will support the objectives are listed below with the primary parties responsible for implementation to the right.

The first four strategic priorities link directly to the community health improvement plan. The content of this plan describes the roles and responsibilities of the health department in supporting the implementation of the community level plan.

As a community that faces the threats of hurricanes and other disasters annually, hosts large scale public events such as the Super Bowl, the Final Four as well as many sizable professional conferences, and accommodates thousands of tourists throughout the year, New Orleans must be prepared to respond in the event of an emergency. For this reason, emergency preparedness is one of the department's top priorities.

The final strategic priority correlates with the department's quality improvement (QI) plan, emphasizing the importance of creating a culture of QI to drive performance improvement.

1) Improve Access to Health Care

Objective 1: Increase the proportion of persons with medical insurance (<i>Healthy People 2020: AHS-1</i>)			
Indicator	Current Status	2013 Target	2014 Target
GNOCHC Enrollment	56,000	65,000	
	tegies		Lead
 Increase enrollment in the Greater New Orleans Community Health Connection (GNOCHC) Medicaid Waiver program Work with safety net providers to ensure system readiness for ACA implementation in 2014 			Health Policy Lead
Objective 2: Enhance the capacity an <i>MHMD 5-12</i>)	d quality local behav	ioral health system	(Healthy People 2020:
Indicator	Current Status	2013 Target	2014 Target
Number of Behavioral Health		4	4
Interagency Council mtgs per year		4	4
Number of behavioral health		4	
trainings convened		4	
Stra	tegies		Lead
 Establish and support a local Behavioral Health Interagency Council Integrate behavioral health into City reentry plan and improve justice-involved populations services Identify gaps in service/access for youth Refine Crisis Behavioral Health Dashboard Release Children's Behavioral Health Dashboard Sponsor behavioral health trainings 			Violence & Behavioral Health Program Lead
Objective 3: Reduce the proportion of persons who are unable to obtain or de necessary medical care, dental care, or prescription medicines <i>(Healthy People 20)</i>			
Indicator	Current Status	2013 Target	2014 Target
# of Ryan White unduplicated clients	4,627	3,990	4,650
# of HCH unduplicated clients	2,031	2,000	2,300
New Orleans East Hospital operational status	Funded	Construction complete	Fully operational
Stra	tegies	·	Lead
 Ensure accessible diagnostic, preventive HIV/AIDS primary care and treatment Provide targeted activities to promote an individual's awareness of Part A services to enable them to access care and treatment Ensure provision of approved ART and non-ART medications Ensure timely linkage to medically appropriate client-centered services Assess clients' nutritional needs and provide appropriate nutritional education Ensure access to home health services Provide non-medical case management related to wrap around 			Ryan White Program Director
 services such as food, legal, tra Offer primary medical and der Health Care for the Homeless point Achieve Patient Center 	ntal care through the program	-	Health Care for the Homeless Program Director

 status Implement electronic medical records for the dental program Roll out telemedicine for some specialty services 	
Build a hospital in New Orleans East	Health Commissioner

2) Prevent Violence

Objective 1: Improve community safety and well-being (Healthy People 2020: IVP-29)				
Indicator	Current Status	2013 Target	2014 Target	
Percentage of population surveyed that feels "safe" or "very safe" around their homes during the day (Source: University of New Orleans Quality of Live Survey)	84%		90%	
	tegies		Lead	
 Collect, document, and disseminate information about community- based social service providers in New Orleans, particularly those that serve individuals at risk for involvement in violence Facilitate cooperation among organizations that serve individuals at the highest risk for involvement in violence and share technical expertise in service delivery Address youth violence through the National Forum on Youth Violence Prevention Train local schools to develop and implement trauma-informed approaches Link schools with appropriate mental health resources response plans 			Violence & Behavioral Health Program Lead	
	Objective 2: Identify and prevent family violence through additional screening of people receiving support from City of New Orleans and other supportive service providers (<i>Healthy People 2020: IVP-39</i>)			
Indicator	Current Status	2013 Target	2014 Target	
Percentage of women screened for family violence at the WIC Central City site		50%	60%	
Strat	Lead			
 Pilot a family violence prevention initiative in local WIC clinics Link WIC participants to local family violence resources as needed 			WIC Program Director; Violence & Behavioral Health Program Lead	

3) Promote Healthy Lifestyles

Objective : Become a top ten fittest cit	y in the United State	s by 2018 (Healthy P	eople 2020: PA and	
<i>NWS</i>)				
Indicator	Current Status	2013 Target	2014 Target	
American College of Sports Medicine	37	34	30	
Fitness Index		54		
	egies		Lead	
 Increase awareness of the Fit N 				
fitness resources, and the need	for policies to prom	ote fitness and		
health				
 Identify local media with 		•		
 Launch a Fit Business (1		
• Disseminate a Fit Busir	iess Toolkit			
School and Out-of-School:		11		
 Develop an asset map of schools in Orleans Pari 		grams at all		
	-	haat for schools to		
-	1 07			
help them understand requirements for physical activity/nutrition				
Health Care:				
 Launch a Healthy Hospitals initiative in Orleans Parish 			Fit NOLA Program	
hospitals			Lead	
 Host an Obesity Seminar for physicians covering how to 				
communicate about overweight/obesity, plotting BMI, etc.				
• Early Childhood:				
• Facilitate business policies that support lactation access in				
the workplace				
 Promote breastfeeding as a social norm through social 				
marketing and communication campaigns				
 Update asset map of early childhood resources 				
 Develop standards for Fit NOLA early child care centers 				
• Government:				
• Host Play Streets events				
 Implement healthy vending policy in all City-owned facilities 				

4) Enrich Family Health

Objective 1: Reduce low birth weight (LBW) and very low birth weight (VLBW) (<i>Healthy People 2020: MICH-8</i>)				
Indicator	Current Status	2013 Target	2014 Target	
Number of Healthy Start service	946	1,000	1,000	
recipients per year	940	1,000	1,000	
Percentage of women between				
pregnancies participating in Healthy	88%	92%	94%	
Start with a medical home				
Number of client visits to WIC clinics	64,602	66,000	66,000	
Percentage of WIC mothers who	10%	12%	15%	
breastfeed		1270		
	egies		Lead	
 Form a Family Health partnership in Orleans Parish to assess and plan a coordinated approach to improving outcomes throughout the life course Expand "Best Baby Zones" program in New Orleans Link mothers who have had an adverse pregnancy outcome to primary care physicians to help prevent future adverse pregnancy outcomes Link Healthy Start participants to medical homes Finalize facility improvements 			Healthy Start Program Director	
 Conduct outreach to enroll women in WIC within their first trimester Increase WIC participation of pregnant women in their 1st trimester Host clinic baby showers Conduct prenatal classes Increase the number of WIC participants who initiate breastfeeding Provide nutrition education and support Support availability of breast pumps Support peer counseling Refer clients to Healthy Start Increase overall WIC participation Participate in health fairs Conduct outreach and disseminate materials at high schools, military bases, hospitals, health clinics, etc. 			WIC Program Director	

5) Prepare for Emergencies

Objective 1: Strengthen preparedness	Objective 1: Strengthen preparedness planning for all hazard and planned events <i>(Healthy People</i>)			
2020: PREP-1)				
Indicator	Current Status	2013 Target	2014 Target	
Number of medically needy individuals registered for sheltering and evacuation	724	900	1000	
Number of Health Department lead exercises and drills	0	1	2	
Strat	egies		Lead	
 Conduct a disaster resiliency a Update all Emergency Operation assessment and After Action Re Develop and utilize a MedMapp medically needy individuals Increase outreach to medically evacuation registration and trace Objective 2: Improve response capabit People 2020: PREP-2) 	Emergency Preparedness Program Lead mergencies <i>(Healthy</i>			
Indicator	Current Status	2013 Target	2014 Target	
Number of Medical Reserve Corp Volunteers	13	30	50	
Number of employee trainings	0	2	4	
Time it takes employees and volunteers to respond during a call- down	10% faster than 2013			
Strat	Lead			
 Increase outreach to potential Medical Reserve Corp Volunteers Develop employee and volunteer training program through Health Department capabilities and community partners Implement an effective call-down process for emergency response and test it quarterly 			Emergency Preparedness Program Lead	

Objective: Strengthen department infrastructure in order to meet or exceed PHAB standards			
Indicator	Current Status	2013 Target	2014 Target
Accreditation Status	Not accredited	Application and documentation submitted	Accredited status
Strat	egies		Lead
 Develop a Performance Management Plan and track department performance measures (see Appendix A for 2013 performance measures and targets) Build a culture of quality improvement across the department through implementation of the QI Plan Assess and improve the department's cultural competency capabilities 			Quality Improvement & Performance Management Program Lead
Build department capacity to address the social determinants of health			Community Health Improvement Lead
 Revise and communicate operational policies Increase focus on policy level interventions across all programs 			Deputy Director
Build department capacity to influence policy through a "Health in All Policies" framework			Policy Advisor
Implement policies and protocols to streamline financial processes			Budget Officer
 Increase opportunities for staff development through implementation of the Workforce Development Plan Collaborate with City Law Department and Council to update local ordinances to reflect strategic modern public health focus 			Transformation Lead

6) Enhance Health Department Infrastructure

Implementation and Tracking

Each strategic priority will have an associated work plan to guide implementation and keep the department on track to achieve its objectives within the identified timeframes. The strategy leads will be responsible for keeping their plans up to date and meeting milestones.

The performance management plan described in the Health Department Infrastructure strategy will be completed in February 2013 and will reinforce this strategic plan. As part of NOHD's continually improving performance management system, the department will check in on progress toward targets on a quarterly basis, making adjustments to operations as necessary to meet established objectives. At the end of 2013, the department will reevaluate the targets for 2014, making updates or adjustments to reflect new information or circumstances affecting the performance indicators.

Appendix A: 2013 Performance Measures and Targets

2013 Performance Measures	Target	Lead		
Department-wide indicators				
Percent total budget coming from external resources rather than city General Fund (grants and in-kind)	75%	Deputy Director		
Number of city government entities implementing new or revised policies that address public health in partnership or consultation with the Health Department	9	Health Commissioner		
Percent of accreditation milestones achieved	90%	QI & PM Program Lead		
Healthy Start	•			
Number of Healthy Start service recipients	1,000	Healthy Start		
Percentage of women between pregnancies participating in Healthy Start who have a medical home	92%	Program Director		
Women, Infants, and Children (WIC)				
Number of client visits to WIC clinics	66,000			
Percentage of WIC mothers who breastfeed	12%	WIC Program Director		
Ryan White HIV/AIDS Program		L		
Number of unduplicated clients served through Ryan White Part A HIV/AIDS services	3,990	Ryan White Program		
Percentage of patients who report satisfaction with HIV/AIDS care services	89%	Director		
Health Care for the Homeless				
Number of unduplicated clients served by Health Care for the Homeless	2,000	Health Care for the Homeless Program		
Number of patient visits to Health Care for the Homeless	4,000	Director		
Access to Health Care		1		
Number of enrollees in GNOCHC Medicaid Waiver Program	65,000	Health Policy Lead		
Fit NOLA				
Number of Play Streets fitness promotion events held	4	Fit NOLA Program Lead		
Violence and Behavioral Health				
Percent of women who are screened for domestic violence at Central City WIC clinic	50%	Violence and Behavioral Health		
Number of behavioral health trainings convened	4	Program Lead		