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# STRATEGIC PLAN 2008 - 2010

CALIFORNIA

Department of Public Health

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*This is the first Strategic Plan of the new California Department of Public Health*

*Source: California Women, Infants and Children Supplemental Nutrition Program*

# Message From the Director

I am pleased to share with you the first California Department of Public Health Strategic Plan. The newly created California Department of Public Health (CDPH or Department) serves every Californian as it administers over 80 programs. The Department provides food checks for women, infants, and children; ensures the safety of Californians' food and water supplies; tests newborns for specified illnesses, which results in receiving treatment sooner; ensures patients are safe in nursing homes; encourages Californians to quit smoking; and develops the only vaccine in the world to treat infant botulism, among many other critical programs.

The Department created this Strategic Plan to establish a unified vision for the Department's future. Whether in a strong or weak economic situation, every performance-based organization needs to establish a direction and ensure its resources are working toward the same goals. This Strategic Plan establishes that direction with its five broadly defined goals and with realistic objectives that prioritize and focus CDPH's efforts.

In spring 2007 we began the strategic planning process by undertaking an extensive effort to seek the input of staff and external stakeholders to establish the foundation of the Strategic Plan; we are thankful for the robust response to that effort. The goals identified in this Strategic Plan were developed in response to input received during that process. The executive team evaluated the objectives and strategies with a critical eye to fiscal impact. They represent work that we believe is fiscally prudent to undertake over the Strategic Plan's two-year period, when tough decisions are being made about funding levels for the myriad services the State provides Californians.

Through this Strategic Plan, CDPH proposes to achieve measurable improvement in critical public health and internal support areas. The goals and measurable objectives contained in this Strategic Plan are the cornerstone of the maturation of CDPH into a successful performance-based organization. These goals and objectives supplement the many excellent programs and services currently provided by CDPH and represent strategic investments for the Department in the practice of public health in California over the next two fiscal years.

Strategic planning is an ever evolving process that requires annual reevaluation and restatement of the goals and objectives. We appreciate your input to date and look forward to your participation in the process in the coming years.

Sincerely,

*Mark B Horton*

Mark B Horton, MD, MSPH
Director

*"I am very pleased with our new CDPH Strategic Plan and would like to thank each of you for your interest and participation in this important endeavor."*

*-- Dr. Mark B Horton*

# Department Overview

The California Department of Public Health (CDPH) was established on July 1, 2007 through enactment of SB 162 (Ortiz, Chapter 241, Statutes of 2006, which vested responsibility for public health programs in the newly created Department. CDPH employs approximately 3,500 people in over 60 locations around the State and administers a budget of over $3 billion. Establishing a new Department has afforded the programs an opportunity to come together under the mission of optimizing the health and well-being of the people in California.

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The Department is the lead entity in California providing core public health functions and essential services. To provide detection, treatment, prevention and surveillance of public health and environmental issues, the Department established five centers and two offices. Some of the programs within each area are described below.

Center for Chronic Disease Prevention and Health Promotion
- Providing early detection of breast and cervical cancer
- Providing prostate cancer treatment
- Providing tobacco cessation education

Center for Environmental Health
- Identifying and preventing food borne illness such as *E. coli.*
- Regulating the generation, handling and disposal of medical waste

Center for Family Health
- Providing supplemental food to women, infants and children
- Providing education to prevent teen pregnancies

Center for Health Care Quality
- Licensing and inspecting healthcare facilities to ensure quality of care
- Inspecting laboratory facilities and licensing personnel

Center for Infectious Diseases
- Providing pharmaceuticals to Californians with HIV/AIDS
- Preventing and controlling communicable disease (West Nile virus and tuberculosis)

Emergency Preparedness Office
- Coordinating emergency preparedness and response activities

Health Information and Strategic Planning
- Providing surveillance to detect and address disease trends
- Providing access to vital records (birth and death certificates)

## Core Activities

CDPH achieves its mission through the following Core Activities:

- Promoting healthy lifestyles for individuals and families in their communities and workplaces.
- Preventing disease, disability, and premature death and reducing or eliminating health disparities.
- Protecting the public from unhealthy and unsafe environments.
- Providing or ensuring access to quality, population-based health services.
- Preparing for, and responding to, public health emergencies.
- Producing and disseminating data to inform and evaluate public health status, strategies and programs.

## Essential Public Health Services

In order to implement our Core Activities, CDPH will effectively deliver these Ten Essential Public Health Services directly and/or through strong and effective partnerships:

- Monitoring health status to identify community health problems including health disparities.
- Detecting and investigating health problems and health hazards in the community.
- Informing, educating, and empowering people and organizations to adopt healthy behaviors to enhance health status.
- Partnering with communities and organizations to identify and solve health problems and to respond to public health emergencies.
- Developing and implementing public health interventions and best practices that support individual and community health efforts and increase healthy outcomes.
- Enforcing laws and regulations that protect health and ensure safety.
- Linking people to needed personal health services and ensuring the provision of population-based health services.
- Assuring a competent public health workforce and effective public health leadership.
- Evaluating effectiveness, accessibility, and quality of public health services, strategies, and programs.
- Researching for insights and innovative solutions to public health problems.

# Strategic Partnerships

CDPH performs the Core Activities and delivers the Essential Public Health Services through strategic public, private, and community-based partnerships at the local, state, national, and international levels.

The majority of the Department's funds are provided to the local level for the delivery of services. Thus, the local public health community is a crucial partner in successfully meeting the needs of a diverse community including women and minorities.

In addition, CDPH's enabling statute established the Public Health Advisory Committee, a body comprising representatives of the public health community who provide policy guidance to the Director.

*Source: CDC , Public Health Information Library*

# CDPH - A Performance-Based Organization

CDPH is a performance-based organization. Performance-based organizations use performance measures and data to focus the organization's efforts so that all staff are working toward achieving the same outcomes. Performance-based organizations clearly establish expectations in measurable terms, collect data on progress, and make decisions with the collected information to adjust course when necessary. A main characteristic of performance-based organizations is that all the staff know the direction the organization is taking and are working together to achieve the organization's goals. Being a performance-based organization is not a one-time effort; it is a culture -- a way of doing business.

Being a performance-based organization means that what gets measured gets done. The process of establishing and measuring progress against measurable objectives enables everyone to clearly understand where the Department stands relative to its expectations. Focusing on the established objectives will enable the Department to be proactive in addressing issues. Measuring our progress will also quantify and enable us to communicate our successes. With some success will come additional success. Finally, a performance-based organization will enable us to improve our effectiveness as leaders and managers.

Being a performance-based organization requires involvement by staff at all levels. In developing this particular Strategic Plan, CDPH started with the input received from staff and external stakeholders in spring 2007. Since then, CDPH staff were invited to provide input on the goals and objectives. Goals provide the broad direction for the Department while objectives begin to narrow the focus of the goals by establishing measurable targets and deadlines against which progress will be measured. Staff also participated in identifying the strategies and developing the action plans for each objective. A strategy is an initiative to achieve the objective and an action plan identifies who is doing what by a particular deadline to complete the initiative. Staff must participate in identifying the strategic outcome of the Department and be intimately involved in achieving the objectives for the Department to be successful.

*"...where people are continually learning to see the whole together."*
*(Peter Senge, 1990)*

*Source: CDC Public Health Image Library*

Being a performance-based organization requires effective analysis of collected data, and decisions made using the data. It is not management by best guess, but management through analysis of progress and adjustment of course based on collected information.

Lastly, being a performance-based organization means that data are accessible and transparent, and that leaders use those data to make organizational decisions. Using the collected data to make decisions is the core of a performance-based organization. Successful programs have demonstrated many organizational and staff benefits from performance-based planning, implementation, and outcomes assessment, including enhanced ability to:

- Identify and focus upon priorities.
- Demonstrate clear short-term and longer-range progress toward meeting those priorities.
- Identify and positively demonstrate the public health strategies, methodologies, and tools that work to improve health.
- Identify and more quickly revise or discontinue strategies, methods and tools that do not prove as effective as had been anticipated, thus minimizing the duration and related costs of ineffective departmental practices.
- Gain increased recognition for staff, program, departmental and public health practice successes.
- Gain increased credibility with the public, the Legislature and Administration, our many local, state and national partners, and other stakeholders for practicing effective, outcomes-based public health.
- Strengthen departmental focus and leadership by clarifying overarching priorities for CDPH and by demonstrating our performance toward attaining these departmental priorities.

*Source: Mary Angela Gaier Stewart*

# The Strategic Planning Process

The establishment of CDPH provided an historic opportunity to re-examine priorities and business practices and include input from staff and external stakeholders.

In spring 2007, we conducted a strengths, weaknesses, opportunities, and threats (SWOT) analysis. Through the SWOT analysis, the executive management team solicited input from staff and external stakeholders to identify the strategic issues the new Department should address. The strategic issues are the challenges or opportunities the organization wants to address in a specified time period. This Plan's time period is fiscal years 2008/09 and 2009/10.

CDPH sent surveys to 3000 CDPH staff and over 800 employees or members of stakeholder organizations. Over 1000 staff and 74 external stakeholders completed an electronic SWOT survey. CDPH held half-day focus groups in Los Angeles, Fresno, Richmond, and Sacramento, drawing almost 200 staff and 84 external stakeholders. In addition, 32 CDPH executives participated in individual interviews. The CDPH executive management team selected from the issues raised in the surveys and focus groups those the Department should address in its first two years. The five strategic goals are based upon those issues.

In addition to the SWOT analysis, the executive management team worked with staff to answer the following questions:

- Where do we want to be in the future? (**Vision**)
- What are we here to do? (**Mission**)
- Who are we and how do we want to behave? (**Core Values**)
- How do we achieve our mission? (**Core Activities**)
- What services do we deliver or support to implement our core activities? (**Essential Public Health Services**)

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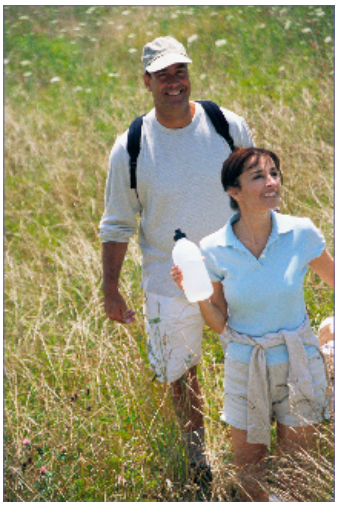

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# Vision, Mission and Core Values

The vision, mission and core values are the foundation for any strategic plan. Together, they identify why an organization exists, where it wants to go, and how it wants to behave.

A vision statement should express the optimal state of being. CDPH's vision statement is:

## Vision

Healthy Individuals and Families in Healthful Communities

For governmental organizations, mission statements derive from statutory responsibility. Since CDPH programs encompass a wide variety of work, all focused on the health of Californians, CDPH identified a broad mission statement. CDPH's mission statement is:

## Mission

The California Department of Public Health is dedicated to optimizing the health and well-being of the people in California.

CDPH identified how it intends to behave while fulfilling its mission in the form of core values. The following are CDPH's core values:

## Core Values

- **Collaboration:** We value our partners. We reach out to diverse groups and external stakeholders. We foster both internal and external collaboration. We empower and engage our staff.

- **Competence:** We strive for excellence in all that we do. We invest in our staff and value and reward competence.

- **Equity:** We foster policies and programs that promote fairness, social justice, equity, and cultural competence.

- **Integrity:** We adhere to high ethical and professional standards in our work and relationships. We are honest in our interactions and conscientious stewards of the resources entrusted to us.

- **Respect:** We treat all people with respect, courtesy, and understanding.

- **Responsibility:** We follow through on commitments. We hold ourselves and others accountable for results.

- **Trust:** We foster an atmosphere of trust by modeling consistent and professional behaviors and valuing them in others. We strive for transparency in our actions and communications.

- **Vision**: We seek new information and progressive solutions. We encourage innovation and creativity. We work in the present and focus on the future.

*Source: California WIC Program*

# Goals and Objectives

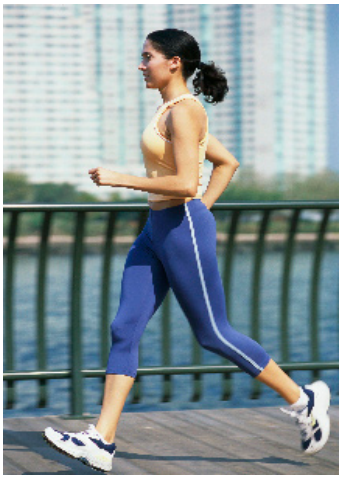
The CDPH executive management team developed five goals for the Department. The goals address strategic issues and provide broad direction. While the priorities of public health are numerous, with a great degree of difficulty, CDPH narrowed its goals to areas of public health that require additional immediate attention while remaining achievable with limited or no additional resources.

The first goal addresses issues identified by the U.S. Department of Health and Human Services (HHS) Healthy People 2010 Objectives. The second goal is focused on preparing the State to address public health emergencies and emerging threats. The third goal addresses an aspect of informatics – the process of collecting, analyzing, and disseminating data to facilitate the business of public health. The last two goals address preparing the public health workforce of tomorrow and enhancing the quality and timeliness of the Department's administrative functions.

Once the executive management team identified goals, they developed relevant performance measures and confirmed the relevance of these performance measures with staff. These performance measures help refine and focus the goals by identifying a measurable activity that determines progress in attaining the goal. The executive team then identified targets (numerical expectations) and deadlines for achieving targets.

*"....where the culture supports individual and team learning, nurtures new patterns of thinking and encourages creative problem-solving."*
*(Peter Senge, 1990)*

In sum, each performance measure, combined with its target and its deadline, becomes an objective. There can be several objectives for each goal. The goals and objectives developed by the CDPH executive are described in the following pages.



*CDPH Stock Photo*

# Goal 1: Increase Quality and Years of Healthy Life, Reduce Disparities and Promote Health Equity

**Objective 1:** Increase to 50% the percentage of recent planning documents on file to support the prioritized subset of HHS Healthy People 2010 Objectives by 6/30/09.

Planning documents include:

- Evidence based interventions identified
- Stakeholder communication plan
- Funding plan
- Recent assessment of disparities/inequities

**Objective 2:** Increase to 90% the percentage of the planning documents on file to support the prioritized subset of HHS Healthy People 2010 Objectives by 6/30/10.

**Objective 3:** Increase by an average of 5% progress toward California's performance on the prioritized subset of HHS Healthy People 2010 Objectives by 06/30/09.

**Objective 4:** Increase by an average of 10% progress toward California's performance on the prioritized subset of HHS Healthy People 2010 Objectives by 06/30/10.

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*CDPH Stock Photo*

The prioritized subset of HHS Healthy People 2010 Objectives for CDPH Goal 1, Objectives 1, 2, 3 and 4 is:

- Reduce the proportion of nursing home residents with a current diagnosis of pressure ulcers.
- Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets regulations of the Safe Drinking Water Act.
- Decrease the proportion of children found to have elevated blood lead levels.
- Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.
- Increase the proportion of adults who engage in moderate/vigorous physical activity.
- Increase the proportion of the population-based prioritized subset of HHS Healthy People 2010 Objectives for which California data are available for all population groups identified in the Objective.
- Increase the proportion of HHS Healthy People 2010 Objectives for which CDPH data are released within one year of data collection.
- Reduce cigarette smoking by adults.

*Source: CDPH California Tobacco Control Program*

**Objective 5:** Increase by an average of 2.5% programmatic progress toward California's improved performance on a prioritized subset of the HHS Healthy People 2010 Objectives by 06/30/09.

**Objective 6:** Increase by an average of 5% programmatic progress toward California's improved performance on a prioritized subset of the HHS Healthy People 2010 Objectives by 06/30/10.

The prioritized subset of the HHS Healthy People 2010 Objectives for CDPH Goal 1, Objectives 1, 2, 5 and 6 is:

- Reduce deaths due to HIV infection.
- Reduce tuberculosis.
- Reduce deaths of infants under one year of age.
- Reduce the proportion of adults who are obese.

*BabyBIG® Human Botulism immune globulin: public service orphan drug created by CDPH (Source: CDPH/Infant Botulism Treatment and Prevention Program)*

# Goal 2: Prepare for, Respond to, and Recover from Emergency Public Health Threats and Emergencies

**Objective 1:** Increase to 80% the percentage of CDPH staff and managers who have successfully completed training in National Incident Management System/Standardized Emergency Management System and Joint Emergency Operations Center positions, and are available for deployment by 6/30/09.

**Objective 2:** Increase to 90% the percentage of CDPH staff and managers who have successfully completed training in National Incident Management System/Standardized Emergency Management System and Joint Emergency Operations Center positions, and are available for deployment by 06/30/10.

**Objective 3:** Decrease the average response time between an urgent incident reported to CDPH duty officer and program response initiated to 0.50 hours by 06/30/09.

**Objective 4:** Decrease the average response time between an urgent incident reported to CDPH duty officer and program response initiated to 0.25 hours by 06/30/10.

*CDPH Joint Emergency Operations Center, Sacramento (Source: Robert Epplett, OES)*

**Objective 5:** Increase to 80% the percentage of laboratory tests supported by the CDPH enterprise-wide Laboratory Information Management System by 6/30/09.

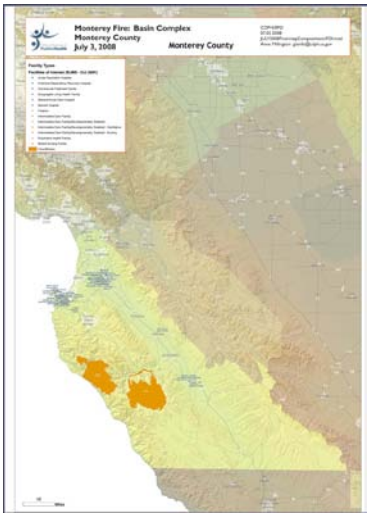
**Objective 6:** Increase to 100% the percentage of laboratory tests supported by the CDPH enterprise-wide Laboratory Information Management System by 06/30/10.

**Objective 7:** Increase to 43 the number of local health departments with a rating of at least 70% on their Strategic National Stockpile by 06/30/09.

**Objective 8:** Increase to 54 the number of local health departments with a rating of at least 70% on their Strategic National Stockpile by 06/30/10.

**Objective 9:** Increase the number of state level exercises with a public health component or health care surge component with completed After Action Reports and successful completion of Corrective Action Plans to two by 06/30/09.

**Objective 10:** Maintain the number of state level exercises with a public health component or health care surge component with completed After Action Reports and successful completion of Corrective Action Plans at two by 06/30/10.




*Source: CDPH Joint Emergency Operations Center, Sacramento*

*Source: CDPH Joint Emergency Operations Center, Sacramento*

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# Goal 3: Improve Quality and Availability of Data to Inform Public Health Decision - Making

**Objective 1**: Increase to 16% the datasets in the CDPH Data Resource Inventory* that collect the Common Core Data Elements** by 6/30/09.

**Objective 2:** Increase to 18% the datasets in the CDPH Data Resource Inventory that collect the Common Core Data Elements by 6/30/10.

**Objective 3:** Increase to 16% the datasets in the CDPH Data Resource Inventory that collect the State-mandated race/ethnicity information by 6/30/09.

**Objective 4:** Increase to 18% the datasets in the CDPH Data Resource Inventory that collect the State-mandated race/ethnicity information by 6/30/10.

**Objective 5:** Increase the percentage of datasets in the CDPH Data Resource Inventory that have geocoded data to 20% by 06/30/09.

**Objective 6:** Increase the percentage of datasets in the CDPH Data Resource Inventory that have geocoded data to 30% by 06/30/10.

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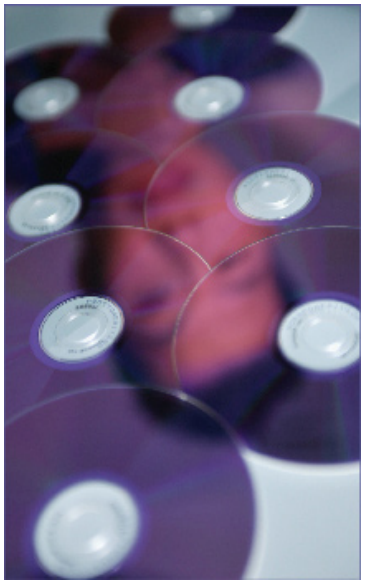
**Objective 7:** Increase to 50% the percentage of datasets in the CDPH Data Resource Inventory from which de-identified and/or non-confidential data are publicly available via the Internet by 06/30/09.

**Objective 8:** Increase to 70% the percentage of datasets in the CDPH Data Resource Inventory from which de-identified and/or non-confidential data are publicly available via the Internet by 06/30/10.



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*The CDPH Data Resources Inventory (DRI) is an interactive electronic catalog of data sets and other data resources that have been created by and are maintained within CDPH's various programs. The DRI includes data about data (metadata) for more than 100 data sets maintained within CDPH programs, including information about the purpose for the data, what program created and maintains the data set, what data items are included in the data set, how and under what circumstances CDPH staff and partners may access and use the data, etc.

**The Common Core Data Set includes five data elements to be collected by CDPH data resources in a standard format whenever appropriate and fiscally feasible. The data set includes birth name, birth date, location of birth, gender and mother's first name.

*CDPH Stock Photo*

# Goal 4: Promote Quality of the Workforce and Workplace Environment

**Objective 1:** Increase to 50% the percentage of CDPH employees who receive a written annual performance review and Individual Development Plan by their direct supervisor by 06/30/09.

**Objective 2:** Increase to 100% the percentage of CDPH employees who receive a written annual performance review and Individual Development Plan by their direct supervisor by 06/30/10.

**Objective 3:** Increase to 40% the percentage of employees surveyed who rate the CDPH as "very good" or "good" on an anonymous survey of ten aspects of the workplace environment by 06/30/09.

The ten aspects include:

- Organizational image/perception of others (peers, clients, community)
- Leadership
- Work conditions
- Treatment of employees
- Rewards and recognition
- Teamwork
- Supervision
- Job satisfaction
- Customer focus
- Overall satisfaction

*CDPH Stock Photo*

# Goal 5: Improve Effectiveness of Business Functions

**Objective 1:** Increase by 10% the number of pending regulation packages filed with the Secretary of State within 36 months of development by 06/30/09.

**Objective 2:** Increase by an additional 10% the number of pending regulation packages filed with the Secretary of State within 36 months of development by 06/30/10.

**Objective 3:** Increase to 85% the percentage of invoices processed by Accounting within 30 days of receipt in the Accounting Section by 06/30/09.

**Objective 4:** Increase to 90% the percentage of invoices processed by Accounting within 30 days of receipt in the Accounting Section by 06/30/10.

**Objective 5:** Increase to 85% the percentage of Requests for Personnel Action receiving approval within 30 days of receipt in the Human Resources Branch by 06/30/09.

**Objective 6**: Increase to 95% the percentage of Requests for Personnel Action receiving approval within 30 days of receipt in the Human Resources Branch by 06/30/10.

**Objective 7:** Increase to 85% the percentage of contracts processed within 30 days of receipt by Contract Management Unit by 06/30/09.

**Objective 8:** Increase to 95% the percentage of contracts processed within 30 days of receipt by Contract Management Unit by 06/30/10.

**Objective 9:** Increase distribution of Expenditure Forecast Reports to programs to 100% by December 1, 2008 and ensure 100% are distributed monthly thereafter.

**Objective 10:** Increase distribution of fiscal year 2008-09 budgets (BUDS) to program to 100% within 45 days of budget enactment.

# Next Steps

As mentioned at the beginning of this Strategic Plan, performance-based organizations rely on data to make decisions. Now that CDPH has defined goals and objectives, CDPH must collect baseline data for each of the objectives against which we will measure our progress.

CDPH is establishing a data collection methodology along with an analysis and reporting mechanism to collect data, examine progress, and report results to the Department and its stakeholders. The reporting period will vary by objective. Although objectives may be measured over different periods (e.g., monthly or quarterly), CDPH will report its progress semi-annually.

Each executive assigned to a goal will regularly track progress on the objectives and help the staff implementing the action plans determine whether the strategy is appropriate and effective, or whether a change of direction is indicated. When a strategy is not having the desired effect, it is important to analyze why and to determine whether a change in the strategy or target needs to occur. Making change based on information is the hallmark of a performance-based organization.

*Source: California WIC Program*