ALABAMA DEPARTMENT OF PUBLIC HEALTH

Strategic Plan

2019–2023

PHAB
Advancing public health performance

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ALABAMA PUBLIC HEALTH

ALABAMA DEPARTMENT OF PUBLIC HEALTH

Strategic Plan

2019–2023

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ALABAMA
**PUBLIC
HEALTH**

May 31, 2023

Dear Colleagues:

It is my pleasure to present to you the Alabama Department of Public Health's (ADPH) Strategic Plan for 2019-2023 with revisions from the first year of implementation.

In 2018, ADPH staff and leadership assessed the strengths, weaknesses, opportunities, and threats to the department. Through this assessment, the leadership team determined strategies to help address areas of need, including opportunities to leverage existing resources. Using the input from the leadership team, executive leadership determined a final list of 5-year strategic goals and objectives. In order to progress in these priority areas, five Annual Planning Teams were created to ensure implementation of specific projects to bolster departmental efforts across several areas of the agency.

In 2019, ADPH navigated implementation of the Strategic Plan through the five Annual Planning Teams and other efforts throughout the department. This work helped identify areas of opportunity to leverage this process to improve operations of ADPH in future years. It also helped staff understand how the Strategic Plan document could be improved. These improvements are reflected here and through the implementation of the Strategic Plan.

We look forward to continuing these efforts to strengthen ADPH so that our vision of healthy people, healthy communities, and a healthy Alabama is closer than ever.

Sincerely,

Scott Harris, M.D., M.P.H.
State Health Officer

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Alabama Public Health Strategic Plan 2019-2023

2019-2023 Strategic Plan Revisions

The ADPH Strategic Plan was originally drafted in Fall 2018 and released in December 2018. This page documents changes made since the original release of this document.

Date of Revisions	Lead on Making Changes	Changes Approved by SHO	Changes Made	Page(s)
August 2019	Carrie Allison	August 2019	Update letterhead with new ADPH seal	3
February 2020	Carrie Allison	February 2020	Revisions after review and reflection in Dec 2019:	
			Update table of contents	2
			Update letter from SHO	3
			Add revisions tracking page	4
			Remove Our Process section	5
			Add core values image and update section header	5
			Update measures	6–7
			Add Strategic Planning Process page	8
June 2022	Carrie Allison	June 2022	Addendum A	13–20
May 2023	Sydney Kennebrew	May 2023	Table of Contents	2
			Updated letter from SHO	3
			Add Lead Staff	6
			Update Sponsor	7
			Rework Implementation Process	9
			Update Addendum A release date	13
			Correct strategy numbers	17
			Funding information	20
			Update Implementation Plan to Add 2023	20
			Addendum B	21–25

Strategic Plan Overview

STRATEGIC PLAN DETAILS

LEAD STAFF:

Scott Harris, M.D., M.P.H.	State Health Officer
Michele Jones	Chief of Staff
Carrie Allison	Director, Office of Performance Management
Denise Bertaut (2018–2021)	Training Coordinator, Office of Performance Management
Sydney Kennebew (2023)	Performance Management and Strategic Plan Coordinator, Office of Performance Management

TIME FRAME: January 2019 — December 2023 (with annual reviews and revisions)

ACCOMPANYING DOCUMENTS: Annual Reports on Strategic Plan Implementation

VISION

ALABAMA PUBLIC HEALTH

HEALTHY

PEOPLE • COMMUNITIES • ALABAMA

MISSION

To promote, protect, and improve Alabama's health

CORE VALUES

EXCELLENCE **INTEGRITY** **INNOVATION** **COMMUNITY**

EXCELLENCE — We believe in providing the highest quality services to our clients. We believe that all clients should be served with compassion, empathy, fairness, and respect.

INTEGRITY — We believe our employees should be professional, competent, honest, and knowledgeable; maintaining the highest level of integrity, accountability, confidentiality, and concern for our clients. We believe in always striving to maintain the public trust.

INNOVATION — We believe that we should demonstrate the ability to adapt to change and to be flexible in our approach to solving problems and providing services.

COMMUNITY — We believe that we should build and maintain internal and external partnerships to address public health challenges including effectively utilizing resources, solving problems, and building relationships.

Alabama Department of Public Health
STRATEGIC PLAN 2019-2023

ALABAMA PUBLIC HEALTH

HEALTHY
PEOPLE • COMMUNITIES • ALABAMA

MISSION: To Promote, Protect, and Improve Alabama's Health

HEALTH OUTCOME IMPROVEMENT

GOAL:
Improve specific health outcomes or health disparities so that Alabama is a healthier place to live and work

STRATEGIES:
1. Improve access to care.
2. Reduce obesity and chronic disease through nutrition and physical activity initiatives.
3. Strengthen the partnership with mental health (MH) stakeholders so that a safety net for MH services is developed.
4. Improve poor pregnancy outcomes so that infant mortality rates decrease.

MEASURES:
1. Uninsured population
2. Obesity rates
3. Chronic disease prevalence
4. Naloxone utilization
5. Telehealth utilization
6. Infant mortality
7. Emergency deliveries
8. Tobacco utilization
9. Vaping utilization
10. New HIV diagnoses
11. People living with HIV

SPONSORS:
Scott Harris, M.D, M.P.H.
Karen M. Landers, M.D., F.A.A.P.
Ricky Elliott, M.P.H.

FINANCIAL SUSTAINABILITY

GOAL:
Increase available funds in order to continue to promote, protect, and improve the health of Alabama

STRATEGIES:
1. Receive payment for existing services provided.
2. Improve grant writing time and quality.
3. Decrease operating cost.

MEASURES:
1. Number and percent of claims paid
2. Indirect costs
3. Grant reviews
4. Budget reviews
5. Accounts receivable report

SPONSORS:
Karen M. Landers, M.D., F.A.A.P.
Cathy Donald

WORKFORCE DEVELOPMENT

GOAL:
Strengthen the performance and capacity of the ADPH workforce so that the ability to serve our customers increases

STRATEGIES:
1. Improve recruitment of public health professionals.
2. Improve employee retention.
3. Work as one team.
4. Improve knowledge, skills, and abilities (KSAs) through training and communication.

MEASURES:
1. Employee satisfaction
2. Recognition of core values
3. Turnover rate
4. Customer satisfaction
5. Number of ADPH bureaus working together successfully
6. Number of trainings provided through Workforce Development Program

SPONSORS:
Michele Jones
Brent Hatcher

ORGANIZATIONAL ADAPTABILITY

GOAL:
Adapt to changes in the health care environment so that programs and processes are increasingly effective and efficient

STRATEGIES:
1. Scan and evaluate programs provided by ADPH.
2. Innovate, adapt, and respond to changes.
3. Create effective and efficient processes, programs, and services.

MEASURES:
1. Improvements to IT infrastructure
2. Improvements to communication process and capabilities
3. Number of active QI projects

SPONSOR:
Michele Jones

DATA DRIVEN DECISION MAKING

GOAL:
Become data-driven in analysis and decision making so that leaders and programs make informed decisions

STRATEGIES:
1. Improve analytical capabilities.
2. Use data to create efficient processes.
3. Use data to increase grant funding.

MEASURES:
1. Improving data transparency
2. Data summaries made available for decision making
3. Develop a disparities database
4. Develop and publish dashboards

SPONSORS:
Cathy Donald
Michele Jones

Strategic Plan Development Process

In 2018, ADPH selected a vendor to facilitate and guide the development of the 2019 – 2023 Strategic Plan. The vendor was selected through the competitive selection process and acted on behalf of ADPH as a contracted vendor. Chris Bujak and Pam Vecellio from Continual Impact, LLC, worked on-site and virtually with ADPH through the data collection, priority selection, and development of the initial Strategic Plan released in December 2018. Continual Impact, LLC, also provided training to select ADPH staff to guide the annual revisions of the Strategic Plan and implementation through Annual Planning Teams.

In July – August 2018, ADPH staff participated in six groups that contributed to data collection and gained a better understanding of the current situation for various programs. These six groups were: Culture, Customer/Community, Environment, Learning, Organization, and Process. Data collected included the 2015 Community Health Assessment, 2015 Community Health Improvement Plan, financial reports, staffing levels, workforce development survey results, QI maturity score survey results, 2017 PHAB Accreditation Site Visit Report, customer service data, and reviewing of knowledge that is not included in these published documents. Through these groups, the strengths, weaknesses, opportunities, and threats (SWOT) analysis findings were identified and prepared for use by ADPH leadership.

A Leadership Retreat was held August 22, 2018, to bring together all Bureau Directors, District Administrators, Administration, and other key staff. This meeting included reviewing and revising the Mission, Vision, and Core Values. Much of the time was spent on reviewing the SWOT findings and using them to identify strategies to address weaknesses and opportunities through leveraging strengths and opportunities. This meeting resulted in a long list of strategies that were used by the State Health Officer to prioritize Annual Planning Team work in future years.

After the Leadership Retreat, the State Health Officer provided guidance on the top five priority areas, given all the information and input provided during the Leadership Retreat. These five priority areas are: Health Outcome Improvement, Financial Sustainability, Workforce Development, Organizational Adaptability, and Data Driven Decision Making. These priority areas were shared with all staff through an email sharing the release of the Strategic Plan and through a statewide staff meeting where the State Health Officer described the Strategic Plan.

Strategic Plan Review and Revision Process

Each calendar year, the Office of Performance Management meets with the State Health Officer and Chief of Staff to review the notes made over the year to improve the Strategic Plan document and implementation process. During this meeting, the State Health Officer and Chief of Staff review proposed changes for approval prior to drafting the revision. The document is revised according to their guidance and a revised document is provided for final approval. The release of this revised document is handled much like the initial release of the Strategic Plan, which includes informing the State Committee of Public Health, ADPH leadership, and all ADPH staff across the state.

Strategic Plan Process Findings

DATA COLLECTION PROCESS

Data and information were gathered and evaluated, within the following six areas, in search of internal strengths, weaknesses, external opportunities, and threats:

- **CULTURE:**
  Understand the status of the department's culture; the teams' and individuals' knowledge, skills, abilities, engagement, and morale.

- **CUSTOMER/COMMUNITY:**
  Understand the community's health status and trends; customer values and experiences when receiving services; and the effectiveness of provided services. This includes the health outcomes identified in the state health assessment and improvement plan.

- **ENVIRONMENT:**
  Understand the emerging demographics and socioeconomic trends, changes to the environment (e.g., legislative), provided services, method to provide services, and use of emerging technology.

- **LEARNING:**
  Learn from past successes, failures; identify opportunities to innovate, adopt, and replicate best practices.

- **ORGANIZATION:**
  Understand the department resourcing and funding trends, community/population served compared to the need, department's efficiency of services, and services to start, stop, and keep providing.

- **PROCESS:**
  Understand pain points or gaps in all processes, programs, and services using performance measures and work process documentation.

SWOT
(Strengths, Weaknesses, Opportunities, and Threats)

Over 240 strengths, weaknesses, opportunities, and threats (SWOTs) were identified through the data and information evaluation and grouped into themes. Organization leaders convened to evaluate and define strategies:

1. Strengths and related Threats

   (How can your strengths reduce the probability of threats or minimize them?)
2. Weaknesses and related Threats

   (What can you do about your weaknesses to make the threats less likely?)
3. Strengths and related Opportunities

   (How do you use your strengths to take advantage of opportunities?)
4. Weaknesses and related Opportunities

   (How do you overcome weaknesses preventing you from taking advantage of opportunities?)

Prioritized STRENGTHS

1. Stewardship (use of grants and funding)
2. Innovative
3. Aligned to public health mission and values
4. Analytical skills
5. Knowledgeable, skilled, and capable staff
6. Use of evidenced-based practices per funding agency
7. Partnerships
8. Supportive systems

Prioritized WEAKNESSES

1. Stewardship (use of grants and funding)
2. One Team approach to serving the community
3. Innovative
4. Supportive systems
5. Knowledgeable, skilled, and capable staff
6. Analytical skills
7. Availability and use of data
8. Standard and efficient work processes
9. People recruitment and retention
10. Partnerships
11. Community education

Prioritized OPPORTUNITIES

1. Access to care; telehealth
2. Mental health and substance abuse
3. Legislative support
4. Change in demographics
5. Policies to improve health outcomes
6. Nutrition and physical activity
7. Partnerships
8. Performance measurement and use of data
9. Services offerings
10. Use of technology
11. Decrease infant mortality
12. Efficient processes
13. Get more money to provide services

Prioritized THREATS

1. Rural issues/access to care
2. Medicaid
3. People recruitment and retention
4. Partnerships
5. Decrease in funding
6. Policies that hinder or challenge impact on health outcomes

Credits

Alabama Department of Public Health

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ACKNOWLEDGMENTS:

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Ron Dawsey	Chad Kent	Arnita Shepherd	
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Addendum A - Advancement of the Strategic Plan in 2022

RELEASE DATE: JUNE 2022

With this revision of the Strategic Plan, the Alabama Department of Public Health (ADPH) is working toward more specific goals, strategies, and performance measures that incorporate Results Based Accountability (RBA) concepts. Additionally, this added information will help staff more clearly understand what strategies are being used across the department to implement the Strategic Plan. This revision seeks to bring ADPH's Strategic Plan closer to national standards and make it a more functional plan for the agency.

2022 Revised Milestones and Performance Measures

PRIORITY 1: HEALTH OUTCOME IMPROVEMENT

OBJECTIVE 1.1: OPERATIONALIZE THE INTENTIONAL USE OF A HEALTH EQUITY LENS IN PUBLIC HEALTH PROGRAMS

Points of Contact: Carolyn Bern and Felecia Barrow

STRATEGY 1.1.1: Establish a common language that ADPH staff and partners can use when communicating health equity strategies to apply a health equity lens in daily work.

Milestone 1: Determine current understanding of key terms and how health inequities are measured. *March 2022*
Milestone 2: Provide training to ADPH staff that ensures all staff are using the same common language. *July 2022*
Milestone 3: Create ADPH Health Equity Action Teams with representatives from across the programs/bureaus. *November 2022*

STRATEGY 1.1.2: Use data to effectively plan, monitor, and measure the impact of ADPH policies and programs on health inequities.

Milestone 1: Develop best practices in measuring health impact of policies and programs. *March 2022*
Milestone 2: Develop an agency-wide guidance document on measuring the impact of ADPH policies and programs on health inequities. *October 2022*
Milestone 3: Identify barriers to health within identified priority health areas. *April 2022*
Milestone 4: Develop an annual report to tell the story of health equity in Alabama. *November 2022*

OBJECTIVE 1.2: STRENGTHEN THE COLLABORATIVE EFFORT TO IMPROVE PREGNANCY OUTCOMES

Point of Contact: Carolyn Miller

STRATEGY 1.2.1: Leverage the work through the Governor's Initiative to Reduce Infant Mortality as an opportunity to improve pregnancy outcomes through collaborative work.

Milestone 1: Streamline the burden of meetings and reports so that more time can be spent working on strategies. *May 2022*
Milestone 2: Engage additional partners, as needed, to meet Alabama's goal of reducing infant mortality. *December 2022*

STRATEGY 1.2.2: Assess the strategies pursued for meaningfulness through defining performance measures that measure programmatic impact.

Milestone 1: Define meaningful performance measures to track impact of public health programs working toward infant health improvement. *March 2022*
Milestone 2: Make recommendations to leadership to streamline strategies pursued so that impact and resources are most appropriately leveraged. *May 2022*

Indicator: Infant mortality rate.

OBJECTIVE 1.3: LEARN FROM THE CORONAVIRUS DISEASE 2019 (COVID-19) RESPONSE AND POTENTIAL IMPACT ON HEALTH OUTCOMES

Points of Contact: Kelly Stevens and Sherri Davidson

STRATEGY 1.3.1: Conduct evaluation of the COVID-19 response efforts from March 2020, through March 2022. Use findings and lessons learned to strengthen the disease outbreak response process so that ADPH is better equipped to respond in the future.

Milestone 1: Work with internal and external disease investigation partners to discuss lessons learned and opportunities to improve. *June 2022*
Milestone 2: Disease Control to identify specific process improvements to work toward in 2022. *July 2022*
Milestone 3: Actively work on problem solving the highest priority issues and implementing process changes aimed to better prepare ADPH for future outbreak response efforts. *December 2022*

STRATEGY 1.3.2: Assess the potential impact of the pandemic thus far on preventable diseases for which screening was not performed due to limited preventative health services during the height of the pandemic during 2020, 2021, and 2022.

Milestone 1: Review the Department Data Assessment to identify and convene representatives of ADPH programs and other data sources that can be used in the comparison to baseline data (3-year, pre-COVID-19). *September 2022*
Milestone 2: Establish a planned approach to compiling and comparing baseline data to most recent data. *October 2022*
Milestone 3: Present the findings to the State Health Officer and discuss presentation of findings to the State Committee of Public Health and other decision makers. *January 2023*

OBJECTIVE 1.4: ESTABLISH A MORE MEANINGFUL PROCESS FOR IMPLEMENTING THE STATE HEALTH IMPROVEMENT PLAN (SHIP)

Point of Contact: Carrie Allison

STRATEGY 1.4.1: Test a regional approach to SHIP with partners aligned with each public health district.

Milestone 1: Establish a lead staff member dedicated to guiding the development and implementation of SHIP. *June 2022*
Milestone 2: Work with regional partnerships to clearly define strategies and performance measures. *July 2022*
Milestone 3: Assess needs for training on core concepts and work to meet those needs. *October 2022*

STRATEGY 1.4.2: Test a statewide approach to complement the regional partnerships

Milestone 1: Identify meaningful systemic changes the statewide partners can work to address. *December 2022*
Milestone 2: Gather feedback on how the statewide partners can be leveraged to improve the overall process. *December 2022*

PRIORITY 2: FINANCIAL SUSTAINABILITY

OBJECTIVE 2.1: INCREASE EFFICIENCY OF INTERNAL PROCESSES TO SUPPORT FINANCIAL SUSTAINABILITY

Point of Contact: Shaundra Morris

Strategy 2.1.1: Decrease cycle time of contract and grant approvals.

Performance Measure 1: Average number of days processing grants and contracts (start point: routed to Finance; end point: fully executed).

Strategy 2.1.2: Decrease cycle time to reimburse travel expenses.

Performance Measure 1: Average number of days to process in–state travel reimbursement (start point: traveler submits to Finance; end point: traveler receives payment). *Baseline and target to be established by March 2022.*

Strategy 2.1.3: Update outdated financial manuals, policies, and templates.

Milestone 1: Cost Accounting Manual published on Document Library. *July 2022*
Milestone 2: Travel Manual published on Document Library. *June 2022*
Milestone 3: Procurement Manual published on Document Library. *December 2022*

Strategy 2.1.4: Streamline financial reporting processes.

Milestone 1: Review of reports to determine if there is value in what is published. *May 2022*
Milestone 2: Survey program staff to determine what reports are needed. *June 2022*
Milestone 3: Create proposed new reports and test their usefulness. *August 2022*
Milestone 4: Update reporting procedures to maximize effectiveness. *November 2022*

CONTINUED: OBJECTIVE 2.1: INCREASE EFFICIENCY OF INTERNAL PROCESSES TO SUPPORT FINANCIAL SUSTAINABILITY

Strategy 2.1.5: Streamline and automate the cost adjustment process.

Milestone 1: Determine if process automation is feasible. *June 2022*
Milestone 2: Work through process design and development. *November 2022*
Milestone 3: Test automation and check for accuracy. *August 2023*

OBJECTIVE 2.2: INCREASE REVENUE STREAMS

Point of Contact: Arnita Shepherd

Strategy 2.2.1: Increase income from billable clinical services.

Performance Measure 1: Increase number and percent of claims paid for billable services.
Performance Measure 2: Number of visits per billable program.
Performance Measure 3: Number of FTEs for each district performing billing recovery efforts successfully.
Performance Measure 4: Revenue growth rate.

PRIORITY 3: WORKFORCE DEVELOPMENT

OBJECTIVE 3.1: DEVELOP A MORE UNIFIED WORKFORCE

Points of Contact: Brent Hatcher and Ken Harrison

Strategy 3.1.1: Strengthen relationships among staff through development of stronger communication skills.

Performance Measure 1: Percent of staff completing Understanding Yourself.
Performance Measure 2: Percent of survey respondents implementing Dominance, Influence, Steadiness, Conscientiousness (DiSC) profile 6 months after training.
Data Development Agenda – Survey to establish baseline to be conducted in early 2022.

Strategy 3.1.2: Implement Emotional Intelligence Training.

Performance Measure 1: Percent of staff completing Emotional Quotient.
Performance Measure 2: Percent of participants using emotional intelligence skills to improve communication 6 months after training.
Data Development Agenda – Survey to establish baseline to be conducted in early 2022.

OBJECTIVE 3.2: STRENGTHEN CUSTOMER SERVICE SKILLS FOR THOSE WHO ARE THE FACE OF ADPH

Points of Contact: Brent Hatcher and Ken Harrison

Strategy 3.2.1: Implement customer service training.

Performance Measure 1: Percent of staff completing Critical Customer Service Skills training.

Strategy 3.2.2: Reward demonstration of good customer service skills.

Performance Measure 1: Percent of mystery shoppers with a good experience.
Performance Measure 2: Number of employees recognized as a result of mystery shopping program.

Strategy 3.2.3: Improve and update the customer service standards, combining these elements into the Professional Conduct Policy so that expectations around customer service are presented in one policy.

Milestone 1: Revised Professional Conduct Policy routed through Policy Clearinghouse and released to all staff. *December 2022*

Strategy 3.2.4: Better coordinate workforce development efforts that are specialized with those that are generalized.

Milestone 1: Incorporate a specialized workforce development needs assessment into the department survey. *March 2022*

PRIORITY 4: ORGANIZATIONAL ADAPTABILITY

OBJECTIVE 4.1: DEVELOP PERFORMANCE MEASURES USING THE RBA MODEL FOR ADPH PROGRAMS

Point of Contact: Carrie Allison

Strategy 4.1.1: Work with ADPH programs to identify or develop meaningful performance measures using the RBA model.

Performance Measure 1: Number of programs with RBA defined measures.
Performance Measure 2: Number of programs included in the annual Performance Management and Quality Improvement (PM/QI) Report.

Strategy 4.1.2: Develop staff's ability to implement RBA through training and coaching.

Performance Measure 1: Percent of staff participating in RBA 101 training.
Performance Measure 2: Number of programs receiving 1-on-1 coaching from the Office of Performance Management on RBA concepts.

OBJECTIVE 4.2: IMPROVE KNOWLEDGE AND USE OF QI SKILLS TO IMPROVE PROGRAMS

Point of Contact: Carrie Allison

Strategy 4.2.1: Conduct internal survey to identify if programs are using the QI tools after trainings.

Performance Measure 1: Percent of intended audience completing the survey.
Data Development Agenda — Survey to establish baseline to be conducted in early 2022.
Performance Measure 2: Percent of respondents considering the training to be useful.
Data Development Agenda — Survey to establish baseline to be conducted in early 2022.
Performance Measure 3: Percent of respondents who have used the tools since the training.
Data Development Agenda — Survey to establish baseline to be conducted in early 2022.

Strategy 4.2.2: Utilize survey findings to improve QI trainings offered.

Performance Measure 1: Number of QI trainings significantly modified or developed in response to survey findings.

Strategy 4.2.3: Increase the number of active QI projects.

Performance Measure 1: Number of active QI Pods.
Performance Measure 2: Number of QI Storyboards developed.

PRIORITY 5: DATA DRIVEN DECISION MAKING

OBJECTIVE 5.1: COLLECT DATA AROUND CUSTOMER SERVICE FOR ADPH DECISION MAKERS TO USE

Point of Contact: Carrie Allison

Strategy 5.1.1: Develop a customer service survey for county health departments; collect data and present findings for each district.

Milestone 1: Define survey that can be used each year. *August 2022*
Milestone 2: Develop 3–5 meaningful performance measures to be used moving forward. *December 2022*

Strategy 5.1.2: Develop a customer service survey for Central Office programs; collect data and present findings for each bureau.

Milestone 1: Define survey that can be used each year. *January 2022*
Milestone 2: Develop 3–5 meaningful performance measures to be used moving forward. *January 2022*

OBJECTIVE 5.2: ACCELERATE DATA FOR ACTION

Point of Contact: Sherri Davidson

Strategy 5.2.1: Departmental data assessment of data sets that are managed by ADPH so that we streamline data collection and management efforts.

Milestone 1: Assess the current state of data and health information systems, services, and related documents. *August 2022*
Milestone 2: Review strengths and weaknesses found during Public Health Accreditation Board (PHAB) Reaccreditation preparation. *December 2022*
Milestone 3: Determine how to best streamline data sets and how to compare data. *December 2022*
Milestone 4: Begin discussions around how to modernize any outdated data management systems. *December 2022*

Strategy 5.2.2: Strengthening and standardizing the data sharing process.

Milestone 1: Create a data release policy that ensures privacy laws are followed while establishing departmental standards. *August 2022*
Milestone 2: Centralize data request process to ensure meaningful and responsible release of data. *October 2022*
Milestone 3: Formalize data presentation and publication review and clearing process. *October 2022*

OBJECTIVE 5.3: STRENGTHEN THE WORKFORCE IN DATA SCIENCE, ANALYTICS, MODELING, AND INFORMATICS

Points of Contact: Sherri Davidson and Ken Harrison

Strategy 5.3.1: Assess workforce gaps and opportunities to improve data and health information system modernization.

Milestone 1: Office of Informatics and Data Analytics will collaborate with the Workforce Development Needs Assessment process to assess training and competency development needs for data analytics workforce. *February 2022*
Milestone 2: Establish priorities and identify training opportunities that will help meet the training and competency development needs. *June 2022*
Milestone 3: Make additional training opportunities available to staff based on the gaps and priorities established. *December 2022*

2018-2021 Implementation Plan:

With the initial development of the Strategic Plan in 2018, the State Health Officer and Chief of Staff reviewed the strategies developed during the Leadership Retreat to prioritize and select five Annual Planning Teams to work on specific strategies in 2019. In 2020, the teams from the previous year was reviewed along with the remaining strategies and new strategies identified throughout the year. The State Health Officer selected the five Annual Planning Teams for the upcoming year and provided expectations for those teams who are no longer included in this process. These teams were mindfully selected to gain momentum, establish infrastructure, or make significant improvements that will help increase program strength moving forward. Unfortunately, due to the COVID-19 pandemic, meeting as teams became far less feasible, calling for a shift in the implementation plan. The implementation model is being tested and will shift each year as the department works through different models to find one that works.

2022-2023 Implementation Plan:

– **Bi-Annual Report:** Office of Performance Management (OPM) will collect progress toward each strategy for internal progress monitoring. With the first bi-annual report, OPM will collect targets and current data along with narratives. Programs can determine whether they will report progress as data or narratives, particularly for those where milestones are used to measure progress or data is under development. As barriers become apparent, programs are encouraged to include these in the report so that Administration and other leadership can assist in addressing the barriers. Bi-Annual reports will be shared with Administration and programs who contribute to the Strategic Plan efforts.

– **Annual Report:** OPM will publish a final progress report that will be available on the website. This will ensure transparency and clear communication of the department's progress. Annual reports will be shared with the State Committee of Public Health, Central Office Staff Meeting attendees, Administration, and division directors. This will ensure comprehensive communication on improvement efforts.

– **Reporting Responsibility:** Each program area is responsible for ensuring the completion of strategies and milestones. If nothing is reported by the program, a statement to indicate that progress was requested but not provided will be included in the report. This will not delay the publishing of reports in a timely manner and will be the responsibility of the bureau director to correct before the following report is completed.

– **Improvement:** With each report, OPM will collect input on what is proposed to include in the upcoming Strategic Plan revision, special projects to consider, resource allocation recommendations, and opportunities to improve the overall progress. This will be used to inform the overall Strategic Plan development and implementation processes so that the effort is more beneficial for the programs and people we serve.

– **Quarterly Meetings:** OPM bean quarterly meetings as a new approach for the 2023 Strategic Plan process. Each program that contributes to the Strategic Plan will meet with OPM and Administration to discuss progress, challenges, and barriers. Administration and other leadership will assist with problem solving strategies to resolve barriers so that program efforts are amplified and effective.

Funding information for Strategic Plan:

Addendum B - Strategic Plan 2023 Proposal

RELEASE DATE: JUNE 2023

To promote, protect, and improve Alabama's health through results-based framework and collaborative efforts throughout the agency, providing strategies and measures to drive population and performance accountability to achieve the highest possible health outcomes. The Strategic Plan outlines the approach to achieve objectives that will include logistics and statistics.

2023 Revised Milestones and Performance Measures

STRATEGIC PRIORITY: HEALTH OUTCOME IMPROVEMENT

OFFICE OF HEALTH EQUITY AND MINORITY HEALTH (OHEMH)

Points of Contact: Carolyn Bern and Latisha Kennebrew

Strategy 1.1.1: Establish common language that the Alabama Department of Public Health (ADPH) staff and partners can use when communicating health equity strategies, apply an equity lens in daily work activities, and operationalize health equity-specific public health practices throughout the agency.

Milestone 1: Determine ADPH staff's familiarity with the term "health equity." *July 2023*
Milestone 2: Determine ADPH staff's familiarity with the term "social determinants of health." *July 2023*
Milestone 3: Determine how ADPH programs currently advance health equity in practice. *August 2023*

STRATEGY 1.1.2: Work with federal partners and Office of Informatics and Data Analytics to improve race and ethnicity data collection. This would allow OHEMH to use data more effectively to plan, monitor, and measure the impact of ADPH health equity activities.

Milestone 1: Identify barriers to health within priority health areas as determined by data and community assessments. *August 2023*

STRATEGY 1.1.3: Identify ADPH programs with health equity goals.

Milestone 1: Identify programs with health equity activities or grant components. *June 2023*
Milestone 2: Determine how the activities or grant components relate to the OHEMH. *May 2023*
Milestone 3: Develop strategy to build divisional collaborative opportunities in ADPH. *March 2024*

STRATEGY 1.1.4: Improve ADPH organizational systems by considering the identified barriers to health when reviewing and updating policies and standards in practices and protocols.

Milestone 1: Consider ways to eliminate variations in care and inefficiencies that lead to poorer health outcomes. *May 2023*
Milestone 2: Implement strategies to ensure that care is safe, efficient, effective, timely, patient-centered, and equitable. *July 2023*

PERINATAL DIVISION

Point of Contact: Carolyn Miller

Strategy 1.2.1: Leverage the work through the Governor's initiative to reduce infant mortality as an opportunity to improve pregnancy outcomes through collaborative work.

Milestone 1: Articulate the learnings from the last 4 years of the Governor's initiative. *June 2023*
Milestone 2: Share recommendations on initiatives to continue or discontinue, if any. *June 2023*
Milestone 3: Administer a plan for the next 5-year approach and strategize what will be pursued after September 30, 2023. *October 2023*

STRATEGIC PRIORITY: FINANCIAL SUSTAINABILITY

BUREAU OF FINANCIAL SERVICES

Point of Contact: Shaundra Morris

Strategy 2.1.1: Decrease cycle time of contracts and grant approvals.

Performance Measure 1: Average number of days processing grants and contracts. *December 2023*

Strategy 2.1.2: Decrease cycle times to reimburse travel expenses.

Performance Measure 1: Decrease travel process time from 6 to 7 weeks to 3 to 4 weeks. *December 2023*
Milestone 2: Develop, create, and implement electronic in-state travel reimbursement process. *June 2023*
Milestone 3: Implement the use of electronic process for in-state and/or out-of-state travel process using Concur and Travel P-Card Program. *September 2023*

Strategy 2.1.3: Update outdated policies, manuals, and templates.

Milestone 1: Cost Accounting Manual published in Document Library. *May 2023*
Milestone 2: Procurement Manual published in Document Library. *May 2023*

Strategy 2.1.4: Streamline financial reporting process.

Milestone 1: Review reports to determine if there is value in what is published. *June 2023*
Performance Measure 1: Survey program staff to determine what reports are needed. *December 2023*
Milestone 2: Create proposed new reports that are needed. *December 2024*
Milestone 3: Create and set up new centralized Grant Administrative Office. *March 2024*

STRATEGIC PRIORITY: WORKFORCE DEVELOPMENT

OFFICE OF HUMAN RESOURCES

Point of Contact: Brent Hatcher and Ken Harrison

Strategy 3.1.1: Strengthen relationships among staff through development of stronger communication skills.

Milestone 1: Develop a communication plan to share the outcomes of surveys on workforce development efforts collected and how the data has led to changes in training content, format, etc. *August 2023*
Milestone 2: Share the outcomes of surveys to increase departmental collaboration. *September 2023*

Strategy 3.1.2: Evaluate use of Workforce Development training concepts.

Milestone 1: Expand the evaluation survey to include Excel Level 1 (as taught by Brent Hatcher and Ken Harrison), Working with a Multigenerational Staff, and Customer Service and Communication Skills. *September 2023*

Strategy 3.1.3: Reward demonstrations of good customer service skills.

Performance Measure 1: Publicize the percentage of mystery shoppers with good experience. *December 2023*
Performance Measure 2: Report the number of employees recognized as a result of the mystery shopping program. *December 2023*

Strategy 3.1.4: Better coordinate Workforce Development efforts that are specialized with those that are generalized.

Milestone 1: Incorporate a specialized workforce development needs assessment into the department survey. *March 2023*
Milestone 2: Report survey results to program staff and use findings to make decisions. *June 2023*

Strategy 3.1.5: Improve and adopt policies and procedures standards so that expectations are presented in one policy.

Milestone 1: Update the ADPH New Employee Orientation to consider how to make this more sustainable long term. *June 2023*
Milestone 2: Update and adopt policies and procedures manuals to combine into one policy update. *December 2023*

STRATEGIC PRIORITY: ORGANIZATIONAL ADAPTABILITY

OFFICE OF PERFORMANCE MANAGEMENT

Point of Contact: Carrie Allison

Strategy 4.1.1: Strengthen employee's knowledge and understanding of the public health essential services and staff development through certifications and certificates.

Milestone 1: Establish a panel that will review the process and applications from ADPH staff to receive support. *August 2023*
Milestone 2: Review and establish a small set of certifications and certificates that will be approved without review of the program. Create a vetting form for any not included in this set that ensures they will support the knowledge and understanding of the public health essential services. *October 2023*
Milestone 3: Create an application process for ADPH staff to submit interest in receiving the support that will be used by the panel to approve applicants. *October 2023*
Milestone 4: Distribute an invitation to apply to all ADPH staff with the application form and criteria for funding. *November 2023*

Strategy 4.1.2: Develop and implement the State Health Improvement Plan to address systemic and policy barriers by being an agent of change. (September 2023)

Milestone 1: Establish a partnership group that will spearhead this effort in collaboration with ADPH. *February 2023*
Milestone 2: Conduct a crosswalk to better understand how ADPH works with various partners to create a collective impact on health outcomes. *July 2023*
Milestone 3: Create a State Health Improvement Plan that addresses barriers to health outcome improvement identified in the crosswalk. *August 2023*
Performance Measure 1: Track the implementation of the State Health Improvement Plan so that a transparent report of progress is available. *December 2023*

STRATEGIC PRIORITY: DATA DRIVEN DECISION MAKING

OFFICE OF INFORMATICS AND DATA ANALYTICS

Point of Contact: Sherri Davidson and Melissa Morrison

Strategy 5.1.1: Assess the potential impact of the pandemic thus far on preventable diseases for which screening was not performed due to limited preventative health services through the height of the pandemic (2020, 2021, and 2022).

Milestone 1: Review the Department Data Assessment to identify and convene representatives of ADPH programs and other data sources that can be used in the comparison to baseline data. (3-year, pre-COVID 19) *July 2023*
Milestone 2: Establish a planned approach to compiling and comparing baseline data to most recent data. *July 2023*
Milestone 3: Present the findings to the State Health Officer and discuss presentation of findings to the State Committee of Public Health and other decision makers. *October 2023*

Strategy 5.1.2: Develop departmental data assessment sets that are managed by ADPH so that we streamline data collection and management efforts.

Milestone 1: Assess the current state data and health information systems, services, and related documents. *March 2023*
Milestone 2: Utilize strengths and weaknesses found during Public Health Accreditation Board (PHAB) Reaccreditation preparation. *June 2023*
Milestone 3: Determine how to best streamline data sets and how to compare data. *June 2023*
Milestone 4: Begin discussions around how to modernize any outdated data management systems. *June 2023*

Strategy 5.1.3: Strengthen and standardize the data sharing process.

Milestone 1: Create a data release policy that ensures privacy laws are followed while establishing departmental standards. *July 2023*
Milestone 2: Centralize data request process to ensure meaningful and responsible release of data. *September 2023*
Milestone 3: Develop the process for reviewing data presentations and publications and submit the process to Administration for approval prior to implementation. *September 2023*

BUREAU OF PREVENTION, PROMOTION, AND SUPPORT

Point of Contact: Carlene Robinson

Strategy 5.2.1: Develop and conduct the State Health Assessment (SHA) to determine Alabama's health priorities. (November 2024)

Milestone 1: Release the updated data from the 2020 SHA to a publicly available dashboard. *February 2023*

Milestone 2: Establish a workgroup that will assist with distribution of the Community Health Issues Survey (CHIS). *May 2023*

Milestone 3: Update and revise the Alabama Health Dashboard based on the SHA measures. *Every 6 months starting August 2023*

Milestone 4: Publicly release the CHIS results. *April 2024*

Milestone 5: Create the SHA based on the reaccreditation requirements and include the CHIS results. *November 2024*

Notes

Notes

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