Indiana State Department of Health

Strategic Plan

2012-2017
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The Indiana State Department of Health (ISDH) is pleased to present the 2012-2017 Indiana State Department of Health Strategic Plan. The goal of the ISDH Strategic Plan is to provide a road map for the agency over the next three to five years; it identifies what the agency priorities are over the upcoming years, how the agency will go about meeting these priorities and measuring progress made over the years.

The strategic plan was created through a collaborative effort by key leadership at ISDH. The executive ISDH leadership team was able to develop the Strategic Plan based upon: an environmental scan; interviews with identified staff; strengths, weaknesses, opportunities, and threats (SWOT) analysis; and prioritization activities.

Numerous changes in public health are expected to occur over the next 10 to 20 years. As Federal dollars are being reduced; the implementation of the Affordable Care Act; the continuing economy struggles; future public health accreditation; and ever-changing technological advances, the Indiana State Department of Health will face these opportunities and challenges through a business model approach.

Every ISDH employee has a role for the implementation of the Indiana State Department of Health Strategic Plan. The goals and objectives identified are geared toward: improving the lives of Hoosiers; having a state agency that runs effectively and efficiently; maintaining a trained public health workforce; developing strong partnerships and networks throughout the state; and improving response and preparedness networks and capabilities. This plan will be implemented and evaluated over the next five years and will be modified as needed and required. The Indiana State Department of Health is confident that with strong and committed employees and partners, the agency Strategic Plan will move forward in a successful manner.

Sincerely,

GREGORY N. LARKIN, MD, FAAFP, FACOEM
STATE HEALTH COMMISSIONER
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Strategic Plan Goals and Process

This strategic plan is the foundation for several activities and initiatives currently underway at the Indiana State Department of Health (ISDH). Such initiatives include adapting to changes in federal and state funding levels, creating a culture of accountability, public health accreditation, quality improvement, and more. Hence, the goal of this strategic plan is to produce a unified vision and framework for action for ISDH over the next five years. This plan will assist in decisions that need to be made to implement ISDH’s strategy, including its allocation of resources such as capital and people. The strategy will be used to keep ISDH focused on its mission, and to ensure that the agency is delivering on its commitments. This strategy is not a snapshot; it is a living document and process, which will be evaluated regularly and updated as required by the ever-changing environment of public health.

Formulating this strategic plan was an extensive process. An environmental assessment was conducted which identified key items that will influence how public health will operate in the future. Key leadership were interviewed and identified key themes that currently influence the way ISDH is functioning today and the opportunities and concerns about how it will operate in the future. The findings were used to construct several online exercises that 44 ISDH leaders participated in that crisply ranked and prioritized the themes. This output was used during facilitated discussions with high-level ISDH leadership to produce this ISDH strategic plan. The plan focuses on several health priorities, as well as key system improvements that, when achieved, will significantly impact health in Indiana.
Public Health Environmental Assessment

To ensure the ISDH strategic plan was built on a solid foundation of information and knowledge, an environmental assessment and benchmarking of how other states manage their public health departments were completed.

It was discovered that all 50 states continue to be considered laboratories where the best and most innovative solutions to public health can be conceived and tested. Because states design their own State Health Department (SHD), they have incredible freedom to innovate and develop new strategies and tools to improve health – some with implications at the national level. The role of state public health has changed greatly over the last 20 to 30 years from one based in epidemiology, lab testing, licensing and vital statistics collection to a broader intervention-based model that looks to intervene in/prevent chronic health conditions through a behavior-based approach. This paradigm shift provides significant opportunity to make inroads in public health. The events of 9/11 also heightened the SHD’s role of preparedness and response. This critical change in the SHD landscape involves new skills in communications and additional layers of partnering with hospital systems, not-for-profits, law enforcement, private business, and local health agencies. While the economy appears to be on the mend, the impact on state revenues moving forward is as yet unclear. Regardless of the state of the economy, state-level budget cuts may continue to be of concern, with potential implications for SHD programming.

Notably, there is a huge variance among the states in terms of SHD structure, scope, operations, funding, etc. From a structural perspective, 55 percent of SHDs are independent agencies. In the remaining 45 percent of states, the SHD is part of a broader health agency that covers Medicare/Medicaid, social services, long-term care, insurance regulation, etc. In 58 percent of states, local health departments (LHDs) are independent, governed by local authorities. In 16 percent of states, the state directly governs/operates local boards of health. A hybrid structure exists in 26 percent of states. No extensive studies have been done to determine whether organizational differences influence public health performance.

The regulatory environment, under which SHDs operate, coupled with the separate overlay of authority and/or requirements delineated in federal grants, can create hurdles for SHD leadership and employees looking to improve public health. Without creativity and persistence, reliance on federal grants may have a disruptive impact on a SHD’s strategy. Also, regardless of a SHD’s structure, its relationship and communication with the state LHDs is expected to become only more important.

Public Policy

In the wake of the 2009 healthcare reform law, much uncertainty lies ahead. Implementation of the Patient Protection and Affordable Health Care Act (PPACA) presents a number of challenges that influence the future. States are just beginning to evaluate and understand the impact of the law, and many states are challenging it on Constitutional grounds. The list of SHD implementation opportunities and challenges under the new health care reform law is not well understood. Some key considerations

will likely include: new grant-making authorities, changes in the grant-making approach, and implementation/oversight of new regulatory and revenue requirements (i.e., vending machine nutritional labeling, indoor tanning services tax). Under PPACA, Medicaid enrollment is expected to grow by 16 million people nationwide by 2019, an increase of more than 25 percent.

Two key issues of uncertainty stand out under the new law based on changing Medicaid eligibility and enrollment measurements. First is the downstream budgetary impact. Beginning in 2014, PPACA will increase state Medicaid obligations by mandating health insurance coverage among those already eligible for – but not currently enrolled in – Medicaid. These additional mandated and currently unfunded Medicaid enrollees will significantly impact all state budgeting decisions. The second issue of uncertainty under the new law is access to care; many primary care physicians (PCPs) are reluctant or unwilling to treat new Medicaid patients. Policy makers and others are concerned about adequate primary care capacity to meet the increased demand of new Medicaid patients.

The additional mandated and currently unfunded Medicaid enrollees will significantly impact all state budgeting decisions.

**Access to care**

Given the unwillingness of many PCPs to treat new Medicaid patients, policy makers and others are concerned about adequate primary care capacity to meet the increased demand created by PPACA².

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² Center For Studying Health System Change (http://hschange.org/CONTENT/1192/)
³ Center For Studying Health System Change (http://hschange.org/CONTENT/1192/)
Public Health Focus and Priorities

Many SHDs are facing infrastructure challenges as their roles expand to include social change initiatives such as health promotion and chronic disease prevention. As yet, there is an unknown impact on health system performance, workforce requirements, budget requirements, and ultimately, population health from this programming. More than three-quarters of SHDs have adopted formal performance management programs including performance standards, measures, monitoring, and Quality Improvement (QI) processes. SHDs have increasingly established partnerships with other units of government and with private-sector organizations, although the strength and quality of relationships vary, and the practice is time intensive.

Opportunities to Innovate Public Health

Not all factors and policies on the public horizon are negative or burdensome. Health Information Technology (HIT) continues to advance at a rapid pace and is becoming increasingly accessible to everyone. These technologies and innovations – allowing everything from faster communication to simpler documentation to advanced patient intervention – should prove to lower costs, increase efficiency and information flow. Most importantly, they have the potential to impact patient health at the individual level, resulting in significant gains in public health outcomes.

Federal Initiatives

There are at least two public initiatives that look to unite HIT improvements and the practice of public health. These may prove to be important resources for SHDs and LHDs given the best practices data available to these organizations.

U.S. Department of Health and Human Services (HHS) – Community Health Data Initiative

The goal of HHS’ Community Health Data Initiative is to create an “ecosystem” that uses health data to create applications that:

- raise awareness of community health performance
- increase pressure on decision makers to improve performance, and
- help facilitate and inform action to improve performance

The approach has two parts:

1. Provide Community Health Data harvested from across HHS – a wealth of easily accessible, standardized and downloadable data on health at the national, state, and county levels.
2. Encourage innovators to use data for public health applications. Examples include:
   - Interactive health maps that allow citizens to understand health performance in their area vs. others with tremendous ease and clarity
   - “Dashboards” that enable tracking local health performance and issues
   - Social networking applications allowing health leaders to connect, compare performance, share best practices, and challenge each other

5 http://www.hhs.gov/open/plan/opengovernmentplan/initiatives/initiative.html
Centers for Medicare and Medicaid Innovation (‘‘The Innovation Center’’)\textsuperscript{6}

Commonly referred to as ‘‘The Innovation Center,’’ the Centers for Medicare and Medicaid Services’ (CMS) Center for Medicare and Medicaid Innovation was created under PPACA to test innovative care and payment models in Medicare, Medicaid and Children’s Health Insurance Program (CHIP) and then to scale up successful models. Models of particular interest to The Innovation Center include those in which:

- Patients receive the right care, at the right time, in the right setting — every time
- The delivery system is improving — leading to higher quality and lower costs
- Care is coordinated
- Providers are supported in providing safe, coordinated, seamless care
- Prevention and keeping patients healthy are given as much priority as treating illness
- Healthcare resources are used efficiently and effectively
- The best clinical and delivery system practices spread rapidly
- A full range of tools — payment, communication, health information technology, training, quality measurement, regulation and more — are brought together so the system works better for beneficiaries, families, clinicians and other healthcare providers

**The Promise of technology**

Many people enjoy using and interacting with each other via social networking tools such as Facebook and Twitter, Since these applications are easy to access through basic smart phones and PCs, relatively simple to use, and have no charge or cost to use, there is a great potential for applying these applications to improve public health and preparedness.

Pictured to the left is the #MOWX (Missouri Weather Exchange) Twitter Feed — a simple but indispensable tool in the aftermath of the deadly tornadoes that struck Joplin, MO in May 2011. Similar tools have been used in missing person cases to act quickly in the crucial first days of a disappearance.

According to PSFK’s ‘‘Future of Health’’ report, there are many more opportunities to tap into emerging technologies to affect health cheaply and quickly\textsuperscript{7}.

Another important resource – Ogilvy’s ‘‘20 Big Ideas in Health to Connect With 2020’’ \textsuperscript{8} — similarly reflects on the technological and information-based changes that can have a significant impact on public health.

\textsuperscript{6} http://innovations.cms.gov/
\textsuperscript{7} http://www.psfk.com/future-of-health/
\textsuperscript{8} http://www.ogilvyhealthworld.com/Thinking-Forward.aspx#/Articles/4-digital-age.aspx
Below are just a few other examples.

**SMS Consultation**
Cell-phone access has become ubiquitous. Now texting services can be used to link healthcare providers and the community quickly, directly, and with little expense. It also serves as a simple and efficient data collection portal.

- ChildCount+ is a mobile phone-based informational tool used by health workers in sub-Saharan Africa to deliver free maternal-newborn-child health services\(^9\). ChildCount+ uses Short Message Service (SMS) text messages to facilitate and coordinate the activities of field-based healthcare providers who use simple text messages to register patients and send in health reports to a central web dashboard. Messaging features facilitate communication between health system members and automated alerts minimize treatment gaps.

http://www.childcount.org/how-it-works/
Emergency Coordination
GeoChat is a service developed by Innovative Support to Emergencies Disease and Disasters (InSTEDD) to coordinate and mobilize local relief groups at the site of an emergency. It uses open source group communications technology to let emergency teams know each other’s geographic location, communicate, coordinate and act regardless of the device, platform, network, or technology they’re employing on site\(^\text{10}\). In one hospital network in Thailand, for example, 900+ facilities across the country share information and get influenza outbreak alerts in real time.

\(^{10}\) http://instedd.org/geochat
ISDH Overview

Mission and Vision

Establishing a concise, specific mission to abide by allows the agency to focus all of its efforts behind one common goal. Though this can be an arduous and difficult task, the creation of a mission is a crucial part of understanding the role of an organization. A vision defines the ideal future state to be achieved by appropriately executing the mission. The ISDH leadership team worked on developing many different options and agreed on the following Mission and Vision because they best represent the role and strategic future for ISDH.

MISSION: Promoting and providing essential public health services to protect Indiana communities.

VISION: A healthier and safer Indiana.

ISDH believes that its mission statement will focus and reinforce ongoing and future ISDH priorities and initiatives for our employees, partners, and customers.

Organizational Structure

As of August, 2011, ISDH is headed by the State Health Commissioner and is comprised of six separate Commissions: Health and Human Services, Health Care Quality & Regulatory, Public Health and Preparedness, Laboratory Services, Tobacco Prevention & Cessation, and Operational Services.11

2011 Fiscal budget: Approximately $360,000,000; 30% State/70% Federal

2011 # of employees: 804 (as of 8/9/2011)

Serves: 6,483,802 citizens (2010), with a median age of 36.4 years. 12

ISDH coordinates programs, initiatives, and services with 93 independent Local Health Departments (LHDs), and 10 separate preparedness districts.

11 Due to prioritization and re-structuring, the Operational Services Commission was disbanded December 2011. As of January 2012, the Vital Records Division reports to the Health Care Quality and Regulatory Commission. All other Divisions report directly to the Chief of Staff in the State Health Commissioner’s Office.

Strategic Priorities and Measures

Through a rigorous evaluation and prioritization, the following strategic priorities have been identified as the ones that will have the most impact on the way that ISDH operates and on its ability to deliver on its Mission and Vision.

**Strategic Priorities**

1. Decrease disease incidence and burden
2. Improve response and preparedness networks and capabilities
3. Reduce administrative costs through improving operational efficiencies
4. Recruitment, evaluation, and retention of top talent in public health
5. Better use of information and data from electronic sources to develop and sponsor outcomes-driven programs
6. Improve relationships and partnerships with key stakeholders, coalitions, and networks throughout the State and the nation

First and foremost, ISDH must decrease disease incidence and burden. It is top priority to use evidence-based intervention programs and tools to decrease the incidence, and costs—both financial and social—associated with cardiovascular disease, tobacco usage, obesity, infectious diseases, and avoidable healthcare complications. Every Commission has identified programs and initiatives that will impact this strategic priority.

Second, ISDH must improve response and preparedness networks and capabilities. Continuing to coordinate with partners like the Indiana Department of Homeland Security and United States Department of Homeland Security will help ensure Indiana is prepared to respond to a crisis from a medical and health standpoint. This can occur by evaluating the use of new technologies that will allow for real time connectivity to the public in times when situations: 1) are rapidly evolving; 2) access and responsiveness is based on quick aggregation of many data sources; and 3) vital resources need to be deployed appropriately and accurately. To minimize the spread of infectious diseases, ISDH is developing comprehensive vaccination programs for children and adults. In addition, efforts have been initiated to construct a statewide Trauma System that will leverage the services and resources available at Community Health Centers (CHCs) and LHDs. To increase the effectiveness, efficiency, and standardization of public health in Indiana, ISDH will continue to offer forums, training, and tools for entities that provide health services.

Third, ISDH needs to adopt business best practices. Improving operational efficiencies by strategically applying technologies to capture and disseminate information. Investments will be evaluated and prioritized based on cost versus post-implementation operational value. Two programs that are expected to have a positive effect on operational efficiencies are Enterprise Common Processing and Analytics Systems (ENCOMPASS) and the improved survey tool used by nursing home surveyors.

Fourth, the need to improve recruitment, evaluation, and retention of top talent in public health is important. As a state government agency, limited compensation resources have a negative effect on the ability to recruit and retain top talent. In some cases, employees spend a few years in public health, gain the required experience, and fully trained on regulations and processes, and then move to the private sector where compensation rates are much higher. Nonetheless, reducing turnover of essential employees and improving the stability of the public health workforce will have a dramatic positive
effect on ISDH’s ability to deliver on its Mission and Vision. Hence, ISDH, in partnership with State Personnel Department will actively test and evaluate many different tactics. One option to consider is to partner with the new Indiana University School of Public Health at both the Indianapolis and Bloomington locations to establish internships and work-study programs for students.

Fifth, ISDH must make better use of information and data from electronic sources to develop and sponsor outcomes-driven programs. As seen through the U.S. Health and Human Services’ (HHS) Community Health Data Initiative, the Innovation Center, and many of the technologies like electronic health record systems and exchanges, health data is becoming digitized and ubiquitous. People are producing and consuming volumes of electronic health information on a daily basis. ISDH will need to integrate new data resources with existing data sources to better evaluate and determine the health and needs of Indiana citizens. In addition, ISDH will need to utilize new data collection methods and technologies to capture and measure effectiveness of programs and initiatives.

Finally, success for each of these strategic priorities will rely on vital relationships and partnerships with key stakeholders, coalitions, and networks throughout the State and nation. To do this, the need to improve the way ISDH communicates, interacts, and coordinates is imperative. Specifically, continuing to improve the relationships with LHDs through the development of customized programs based on specific needs of an area/region will be a primary focus. Additionally, soliciting feedback and input from key stakeholders to ensure that the way in which the work being done is innovative, focused on improving outcomes, and exceeds existing standards.
Strengths, Weaknesses, Opportunities, and Threats (SWOT) analyses were used to succinctly organize and convey information about ISDH. Several of the current strengths and opportunities place ISDH in a strong position to fulfill its priorities. Having a highly capable workforce with expert leadership, strong data collection capabilities, robust integrated databases, and using data driven, evidence-based practices are pervasive strengths that will aid in the success of each top priority. Additionally, these strengths will allow us to capitalize on opportunities such as presenting ISDH/public health data and analyses, leveraging existing and building new partnerships, developing quality initiative strategies, and completing the public health accreditation processes. Certain weaknesses within the agency do need to be addressed, just as future threats exist that must be avoided. Current weaknesses include poor internal communication, undefined Information Technology (IT) and finance processes, salaries that are below competitive market standards, and ongoing leadership turnover. Potential threats include changes of Federal and State public health priorities, policies and funding, employee turnover and attrition with limited capacity to back-fill or to create new positions.

The combination of these factors creates a dynamic culture within ISDH. There are pockets of employees with a ‘take charge’ attitude that exhibit ownership for outcomes-based activities with a willingness to manage through change and continuously innovate. There are also employees who, at
times, find it challenging to demonstrate ownership of their role or to clearly articulate how their work is going to influence and impact the future of ISDH and the citizens of Indiana. ISDH has identified this dichotomy as a significant aspect that, if managed well, will positively influence its ability to deliver on its Mission and Vision.

**Tracking and Accountability Model**

Monitoring progress and requiring accountability are important in delivering successful results. ISDH must continue to track its progress on established priorities to ensure success in future endeavors. Just as an individual may keep a journal, take notes, or check off items on a “To Do” list, ISDH possesses a number of metrics that can formulate a tracking and accountability model.

Each Commission has developed its own accountability and tracking procedures to help achieve the top priorities for that specific Commission. However, certain tracking procedures are universal across the agency and all Commissions. Meticulous data collection serves as the most essential tracking mechanism for all of ISDH. Structured and reliable data collected through self-reports, public surveys, research experiments, financial assignments, etc. will be collected and stored in a format that is easy to access and interpret. Constant monitoring of such data will be important in tracking progress and maintaining accountability. For example, if a Commission has set up weekly meetings for certain committees or management teams to discuss progress on a project, then the Commission must uphold these meetings on a week-to-week basis. Though specific tracking techniques vary among different ISDH areas, following these basic principles will aid in the success of the entire agency as it continues to expand its future goals for the health of Indiana and all of its residents.
ISDH Commissions

Although ISDH is a single agency that has six top-level strategic priorities, these are based on work occurring within the five individual Commissions and agency operations. Hence, the strategic plan needs the unique aspects of each Commission; their focus, customers, portfolio of work, and individual strengths to leverage and challenges to tackle. Commissions will be held accountable to the priorities and measures outlined in this document.
Health and Human Services Commission

Top 4 Priorities

1. Development of a Cardiovascular Health (CVH) program based on the use of epidemiologic burden data driving the allocation of state resources to program areas that will have the greatest impact on the largest population.

2. Implementation and evaluation of the 10-year state plan to reduce obesity and overweight in Hoosiers in collaboration with key strategic partners.


4. Reduce the incidence of prematurity.

The Health and Human Services Commission (HHS) is comprised of several divisions that focus on primary prevention strategies through delivery of the 10 Essential Services of Public Health. HHS focuses heavily on building coalitions and mobilizing partners, working with community leaders to develop plans and strategies, developing and implementing policies, linking Hoosiers to health services, collecting and analyzing data, disseminating health promotion materials, and providing technical assistance to community partners. HHS programs and initiatives serve all Hoosiers through: policy; systems and environmental changes that improve quality of life; prevention of chronic diseases; increasing healthy choices; and increasing access to care. In addition, HHS implements programs and initiatives targeted to specific populations such as women, minorities, and children. The ultimate goal of HHS is to provide statewide leadership to achieve targeted health outcomes.

Over the next three to five years, the HHS Commission will focus on continuing to implement evidence-based programs and policies that will reduce the incidence and burden of cardiovascular disease and obesity. HHS intends to improve the way data are captured and analyzed; expand influence on public policy at the state and local levels through the ongoing growth of strategic partnerships; and to better access and use media sources and communication channels. WIC will coordinate the development and implementation of the Electronic Benefits Transfer system with the goal of improving data needs for HHS by articulating the system requirements, coordinating an RFP process, vendor selection and management, feasibility assessment, and launch of the final system. Finally, the HHS Commission will continue to collaborate and partner with the Indiana Perinatal Quality Collaborative and the Office of Medicaid, Policy and Planning (OMPP) Neonatal Quality Improvement Committee to reduce preterm birth rates by 15 percent, and late preterm birth rates by 50 percent.

Progress of these priorities will be tracked through monthly meetings and regular, open communications with Division Directors. An annual commission assessment tied to the annual performance appraisal system will encourage individual accountability and delivery of commitments.
Health Care Quality & Regulatory Commission

Top 3 Priorities
1. Improve healthcare quality and prevention for pressure ulcers and healthcare-associated infections
2. Improve long term care facility licensing survey process
3. Identify quality of care metrics for Indiana nursing homes

The Health Care Quality & Regulatory Commission's mission is multifaceted. Beyond providing regulatory and quality oversight for licensed and/or certified healthcare facilities, agencies, centers, or clinics, it also sponsors and implements healthcare quality improvement projects and initiatives. Additionally, it provides patients and families with quality information on healthcare facilities, serves as a resource for addressing poor quality of care, provides vital records, and provides accredited state services for weights and measures.

The Health Care Quality & Regulatory Commission's priority areas over the next three to five years are focused on improving healthcare quality through addressing common healthcare quality issues in healthcare facilities, data collection and analysis, and streamlining operational processes for healthcare facility surveyors. As recognized by the Centers for Medicare and Medicaid Services (CMS), the incidence of pressure ulcers and healthcare-associated infections reduces overall patient outcomes. The Commission will provide leadership towards addressing these healthcare quality issues by providing targeted educational materials and training activities. Increasing focus on healthcare issues will increase local accountability for reducing the incidence of pressure ulcers at nursing homes, and the infection rates and incidence for central line-associated bloodstream and surgical site infections in hospitals.

As the state survey agency for state health care facility licensing and federal certification, the Commission places priority on an efficient and effective survey process. The Commission will improve interactions with healthcare facilities by using electronic data capture systems. The Commission believes these types of efforts will increase the efficiency, timeliness, and quality of the survey evaluation and response process. Through the use of a more automated electronic system, the long term care survey program intends to increase the percent of long term care surveyors who have completed quality indicator survey process training and the percent of certification surveys that were completed using the quality indicator survey process.

Finally, the Commission realizes that additional evidence-based work needs to be done to ensure that we are using the right measures correlating with improved outcomes for nursing homes. The Commission will continue to submit state data to CMS and leverage the publicly available datasets to compare Indiana’s measurements and rates against the Region V and national rankings. The Commission will use the electronic systems to create a comprehensive metrics dashboard where data and reports can be quickly reviewed and a Commission-oriented annual report compiled pursuant to legislative mandates.
**Public Health and Preparedness Commission**

**Top 6 Priorities**

1. Develop a state-wide trauma system
2. Increase childhood immunization rates/develop system for adult immunizations
3. Develop Conrad 30 J-1 Visa Waiver processes to increase numbers of primary-care physicians¹³
4. Develop Indiana Disaster Medical System with IDHS
5. Increase communication between Community Health Centers (CHCs) and LHDs to provide links to services
6. Develop an Injury Prevention Program within the Trauma and Injury Prevention Division

The vision of the Public Health and Preparedness Commission is to reduce the effects of communicable disease, chronic illness, and preventable injury in Indiana. The mission is to protect public health in Indiana through surveillance, investigation, data analysis, education, and collaboration. It is comprised of primary care, lead, HIV/STD, TB/Refugee, immunization, environmental public health, food protection, and local department outreach. This Commission also handles the federal All-Hazards Preparedness Grants that fund the state's hospitals for preparedness and general federal preparedness.

Over the next three to five years, the focus will be on six strategic priorities. The first priority will be to develop and implement a fully networked and functional statewide trauma system for use in cases of major catastrophes or disasters. Second is to increase childhood immunization rates and develop a system for adult immunizations. As of 2011, due to the lack of private funding sources, there is no system for administering and tracking adults’ vaccinations, and 30 percent of the state's children at age three are inadequately immunized. Third, since Indiana is experiencing a shortage for qualified physicians located in rural areas and because potential Years Life Loss data indicate that parts of the state need better healthcare, there is a need to further develop and improve the Conrad 30 J-1 Visa Waiver process and increase the number of primary-care physicians in key areas of the State. Finally, this Commission needs to be an advocate for and an active participant in communicating and linking information and services between ISDH, CHCs, and LHDs. This will allow us to better take advantage of existing resources and to work towards eliminating health care disparities for certain regions and counties.

Division Directors are expected to track and document their progress of the six priorities with regular briefings to the Assistant Commissioner of Public Health and Preparedness. Accomplishments are tracked by reports, spreadsheets, and metrics.

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¹³ The Conrad 30 J-1 Visa Waiver program provides U.S. states up to 30 waivers each federal fiscal year for foreign physicians to practice in a medically underserved area if they practice in a health professional shortage area or are primary care physicians.
**Laboratory Services Commission**

**Top 5 Priorities**
1. Laboratory Information Management System (LIMS) development and maintenance
2. Support outbreak investigation
3. Surveillance/preparedness testing
4. Regulatory and mandated testing
5. Rabies testing

The ISDH Laboratory Services Commission partners with other public health agencies to provide timely and accurate information needed for disease surveillance and outbreak investigations to protect and improve Hoosier health. It is the Laboratory’s vision to emerge as a leader among state public health laboratories. The Laboratory provides comprehensive quality data to address public health concerns in Indiana and the nation through effective use of leading-edge technology and a highly skilled and highly motivated workforce.

Over the next three to five years, the Laboratory will be preparing for International Organization for Standardization (ISO) certification and will retain additional certifications as needed. As Federal funding, especially for laboratory work supporting the Public Health and Preparedness Commission, may be reduced, the goal will be to replace those reduced funds by creating a fee-for-service reimbursement structure. Chronic disease prevention test services will be added, however, surveillance and outbreak support will be proportional to strength of agency partner programs.

The Laboratory Services’ priorities will continue to be: LIMS development and maintenance, support outbreak investigation and response, surveillance testing, regulatory testing, and rabies testing. Progress will be tracked through weekly, monthly, quarterly, and annual interactions with customers, including customer satisfaction surveys. The intent is to continuously capture and respond to feedback in a robust and timely fashion. In addition, data produced by CDC will be used to monitor and evaluate the Laboratory data, statistics, and rankings in comparison to other laboratories across the United States.
**Tobacco Prevention & Cessation Commission**

**Top 5 Priorities**

1. Community, Minority, Statewide Tobacco Prevention and Cessation Grants Management
2. Smokefree Air Policies
3. Cessation Systems Interventions: Tobacco Quitline and Quit Now Indiana Campaign and Preferred Networks
4. Training and Technical Assistance for Evidence-Based Interventions
5. Public education to encourage quitting tobacco use, prevent youth tobacco addiction, and communicate statewide data and evidence-based interventions

The vision of this Commission is simple: significantly improve health of Hoosiers and to reduce the disease and economic burden that tobacco use places on Hoosiers of all ages. Tobacco use remains Indiana’s number one cause of preventable death and disease. Hoosiers across most age groups are using tobacco at a higher rate than the national median. The top two leading causes of death in Indiana are heart disease and cancer, both of which can be directly linked to tobacco use and smoking. For these reasons, the Commission’s mission is to prevent/reduce tobacco use, protect citizens and workers from secondhand smoke exposure, and coordinate and allocate resources toward grants and services that change the acceptability and culture relating to tobacco use.

Over the next three to five years, the ability to remain nimble enough to accomplish work within the ISDH structure and keep the momentum for tobacco control as strong as it is in 2011 is a key focus. Additionally, improving the direct connection with community-based and minority-based grantees, tobacco users, adolescent youth, preferred networks of healthcare professionals and employers, Indiana workers, and each other at ISDH is a goal. The current priorities for the Tobacco Prevention & Cessation Commission are as follows: Community, Minority, and Statewide Grants Management, Smoke-Free Air Policies, Indiana Tobacco Quitline and Preferred Networks, Quit Now Indiana Campaign, Voice Youth Empowerment for Tobacco Prevention, Training and Technical Assistance, and Dissemination of Evaluation Data. To track and assess these priorities, the Commission must: ensure Tobacco Prevention & Cessation (TPC) statewide training events occur; provide technical assistance; uphold surveillance of tobacco use, attitudes, and secondhand smoke exposure throughout the state; monitor cigarette consumption; and recognize new and emerging tobacco products and their impact on efforts to reduce smoking. The Commission is working to integrate tobacco reduction interventions into related chronic disease programs and data (i.e. asthma, diabetes, cancer incidence and mortality).
**ISDH Operational Services**

**Top 4 Priorities**
1. Adoption of ENCOMPASS, a statewide financial management program
2. Improve the technical quality of grant applications
3. Maintain and improve agency wide communications and training
4. Continuation of Operations Plan processes

ISDH Operational Services handles the daily operations of the agency, including Administration, Information Technology, Legal, Security, and Safety. This area also prepares the biennial budget, handles federal grant reporting, conducts contract preparation, submission of all claims and purchase orders for payment, and does all other financial functions for the agency. ISDH Operational services strives to effectively and efficiently provide these services in a high-quality and timely manner to ISDH and, when appropriate, to the public.

Strengths include a hard-working, knowledgeable, and dependable staff who can adapt to changing environments and needs, good working relationships with programs, and diverse IT knowledge and skills amongst operational services staff. Challenges that are actively being managed include: prioritizing and delivering strategic and program-centric initiative; improving internal and external communication technology and approaches; effectively securing, using, and accessing ISDH facilities; and motivating employees and contractors even though salaries are not competitive with the marketplace. Technology implementations being driven by operational services, like ENCOMPASS, will improve processes and create efficiencies for tracking and managing payments and individual budgets across ISDH, streamline payments and avoid late fees, and facilitate better grant planning and management. Continued budget threats will challenge areas to become more creative and efficient with its allocated budget and will cause ISDH to seek out new funding opportunities from both private and public entities.

To stay on track with agency priorities, financial assignments and assessments will be given by the Director of Finance at weekly staff meetings. Administrative services assignments and assessments will be given by the Director of Administrative Services at bi-weekly meetings and quarterly Safety & Building Management Liaison meetings. Additionally, the Office of Legal Affairs assignments must occur immediately when services are requested; and IT assignments will continue to be reviewed weekly by management and during stakeholder meetings.
Closing Summary

This strategic plan is the result of countless hours of reflection and debate by the ISDH leadership and the commissions to ensure that the right strategic vision, mission, priorities, and impact measurements for the agency and the state of Indiana have been identified for between 2012 and 2017. Because public health needs, policies, and funding are constantly evolving and changing, the plan will be re-assessed annually by ISDH leadership to confirm that it continues to represent the appropriate priorities and measures to enable “A healthier and safer Indiana”.