

Acute Communicable Disease Control Program Strategic Plan

2014-2018

**COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH
DIVISION OF COMMUNICABLE DISEASE CONTROL AND
PREVENTION**



Acute Communicable Disease Control Program Strategic Plan

2014-2018

CONTENTS

Letter from the Director.....	2
Introduction.....	3
The Planning Context and Process.....	4
Vision and Mission.....	6
Strategies, Goals and Objectives.....	6
Strategy 1: Enhance Surveillance Capabilities.....	7
Strategy 2: Enhance Disease Investigation and Outbreak Response Capabilities.....	8
Strategy 3: Enhance Communication, Education and Outreach Capacity for Infectious....	9
Disease Control and Prevention	
Strategy 4: Enhance Public Health Preparedness.....	11
Strategy 5: Support the ACDC Workforce.....	12
Acknowledgments.....	13

LETTER FROM THE DIRECTOR

Dear Colleagues:

It is with great pleasure that I present the Acute Communicable Disease Control (ACDC) Program's Strategic Plan for 2014-2018. ACDC has a fundamental role within the Los Angeles County Department of Public Health in disease control and prevention. Our program is responsible for communicable disease (except for tuberculosis, sexually transmitted diseases, HIV/AIDS and vaccine preventable diseases in children) surveillance, disease investigation and outbreak response. Disease surveillance serves as the backbone of ACDC's work. Implementation of electronic disease reporting since 2002 provided impetus to an efficient disease reporting mechanism from acute care hospitals, clinics, and laboratories. Efficient disease reporting contributes to more effective public health intervention including disease investigation and outbreak response. ACDC responds to a variety of communicable and infectious diseases involving foodborne, vectorborne, bloodborne, healthcare-associated, antimicrobial-resistant pathogens, and selected vaccine-preventable pathogens. Additionally ACDC is the designated public health program responder for emerging infectious diseases such as pandemic influenza, and bioterrorism agents such as smallpox and anthrax.



Strategic planning has never been so important in this era of expanding globalization and technology. Strategic planning facilitates prioritization and work organization as we continue to experience growth of communicable and infectious diseases due to environmental, social, demographic and personal and institutional behavioral factors.

The new ACDC Strategic Plan is developed to serve as a functional guide for ACDC staff to work towards the mission to prevent and control infectious disease in Los Angeles County by implementing tools for surveillance, outbreak response, education, and preparedness activities. I urge all ACDC staff to operationalize these strategic goals and objectives by balancing the traditional fundamental surveillance methodology along with incorporating flexible and new innovative approaches.

Working in tandem with our partners, I look forward to our continued commitment to prevent and control communicable disease in Los Angeles County.

Sincerely,

A handwritten signature in black ink that reads "Laurene Mascola". The signature is written in a cursive, flowing style.

Laurene Mascola, MD, MPH, FAAP
Director of Acute Communicable Disease Control Program

INTRODUCTION

The Los Angeles County (LAC) Department of Public Health (DPH) Acute Communicable Disease Control Program (ACDC) was established with the mission to prevent and control infectious diseases in LAC, employing tools of surveillance, outbreak response, education, and preparedness activities. ACDC's Strategic Plan for 2014-2018 provides a roadmap for operational activities necessary for the next five years to realize the program's vision of LAC residents that are free of preventable infectious diseases and to develop a public health system that is prepared to meet the challenge of emerging diseases.

In LAC, more than 85 diseases and conditions, as well as unusual disease occurrences and outbreaks, are reportable by law. ACDC is the lead program at LAC DPH for the prevention and control of most infectious diseases, such as seasonal and novel influenza, hepatitis, enteric, vector-borne, waterborne diseases including emerging infectious and diseases associated with biologic agents used for terrorism, and healthcare-associated infections. ACDC also addresses public health emergency preparedness as related to infectious/communicable diseases. Excluded from ACDC's direct oversight are tuberculosis, sexually transmitted diseases, HIV/AIDS, and selected vaccine-preventable diseases; however, ACDC works closely with other LAC DPH programs to protect LAC residents against the spread of all infectious diseases.

ACDC is one of LAC DPH's principal sources of expertise in epidemiology, surveillance, outbreak response, and emergency preparedness. Recently, ACDC identified increases in coccidioidomycosis in endemic and non-endemic areas of LAC, carbapenem-resistant *Klebsiella pneumoniae* (CRKP) as an emergent problem in local hospitals, and cyclical peaks in West Nile virus. ACDC has been instrumental in strengthening departmental capacity to respond to urgent and bioterrorism situations by participating in and leading emergency drills. Additionally, ACDC promotes and implements evidence-based practices, such as a Reptile-associated Salmonellosis (RAS) Fotonovela and Readers' Theater Activity to reach Spanish-speaking Latino families with young children, a local population disproportionately affected by RAS. Local, state, and federal agencies also look to ACDC to assist in regional and national problems including the multi-state outbreak of fungal meningitis connected to a single compounding pharmacy in 2012, healthcare-associated infections and outbreaks, and Middle East Respiratory Syndrome coronavirus (MERS-CoV). ACDC's expertise and extensive network of partnerships makes these important public health works possible.

Infectious diseases are a continuing threat to all persons, regardless of age, sex, lifestyle, ethnic background, and socioeconomic status. New diseases are constantly emerging (e.g., MERS-CoV, avian influenza, drug resistant organisms) and old diseases are reemerging either in a drug resistant state (e.g., methicillin-resistant *Staphylococcus aureus*) or in a different population (e.g., pertussis in adolescents and young adults, invasive meningococcal disease in MSM [men who have sex with men]). As such, ACDC must maintain and strengthen its rigorous surveillance, disease and outbreak response, education, and preparedness capabilities while

supporting a positive and efficient work environment, developing a highly skilled and motivated workforce, and fostering strong internal and external partnerships.

THE PLANNING CONTEXT AND PROCESS

The goal of the strategic process was to renew the ACDC Strategic Plan of the previous period with a collaborative and inclusive approach. Such approach for strategic planning was unprecedented for ACDC and as such was a refreshing method of planning for the program. The planning process was facilitated by the ACDC Planning and Evaluation Unit with a formation of an interdisciplinary Strategic Planning Committee (SPC) composed of representatives from each of ACDC's unit to foster an inclusive approach. Together, SPC members gathered and analyzed data and information to identify strategic priorities, goals, and objectives for the future.

The strategic planning process was guided by using tools from the National Association of County and City Health Officials (NACCHO) *Developing a Local Health Department Strategic Plan: A How-To Guide*^{*}, modeling after the Centers for Disease Control and Prevention (CDC)'s National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) Strategic Plan 2012-2017[†] and working within the framework of the Los Angeles County (LAC) Department of Public Health (DPH) Strategic Plan 2013-2017[‡].

As one of the first steps in the planning process, the SPC developed and launched an online survey to obtain anonymous input from all ACDC staff members. Survey questions were adapted from LAC DPH Strategic Plan online survey. Respondents were asked to report familiarity and use of ACDC's previous strategic plan as well as to comment on ACDC's vision, mission, values, priority areas, public health strategies, strengths, weaknesses, opportunities, and threats (SWOT). The survey was open for responses for a three-week period. The response rate was 63% with 41 employees participating; the majority of respondents (78%) reported working at ACDC six or more years. Results were summarized and presented to all ACDC staff at a monthly staff meeting.

After soliciting input from all ACDC employees, the SPC requested feedback from key stakeholders both internal and external to ACDC through key informant interviews. Interview questions were adapted from LAC DPH's key informant interview questionnaire and covered six areas: vision, SWOT, core functions, programmatic improvements, collaborations, and advice for strategic planning. Over a two-month period, the SPC conducted interviews with 35 key informants. Many interviewees were selected by the SPC and other interviewees were self-selected to voluntarily participate. Most interviewees (69%) were internal ACDC employees. Of the total internal ACDC interviewees, 66% were in leadership or management roles and 34% were ACDC line staff. Eleven external stakeholders from other LAC DPH Programs were also

^{*} National Association of County and City Health Officials (NACCHO) *Developing a Local Health Department Strategic Plan: A How-To Guide*. Available at: <http://naccho.org/topics/infrastructure/accreditation/strategic-plan-how-to.cfm>.

[†] CDC's National Center for Emerging and Zoonotic Infectious Diseases (NCEZID) Strategic Plan 2012-2017. Available at: www.cdc.gov/ncezid/pdf/strategicplan_ncezid.pdf.

[‡] Los Angeles County (LAC) Department of Public Health (DPH) Strategic Plan 2013-2017. Available at: http://publichealth.lacounty.gov/plan/files/DPHStrategicPlan_2013-2017.pdf

interviewed. Interviewees included physicians, nurses, epidemiologists, health educators, information technology specialists, and administrative support. Interviewee responses were kept confidential; common themes were summarized by the Planning and Evaluation Unit and presented in aggregate to the SPC. In addition to the online survey and key informant interviews, the SPC completed an environmental scan to identify all applicable data and information sources that could be helpful during the planning process.

The SPC worked to synthesize strategies, goals, and objectives after the online survey and key informant interviews were complete. ACDC's Strategic Plan is organized into five strategies. Each strategy includes goals and objectives. *Strategy 1* (Enhance Surveillance Capabilities) aims to maintain and improve ACDC's surveillance activities and support future enhancements and integrations of surveillance systems. *Strategy 2* (Enhance Disease Investigation and Outbreak Response Capabilities) focuses on increasing effectiveness of disease investigation and outbreak response by improving communication and partnership. *Strategy 3* (Enhance Communication, Education and Outreach Capacity) sets forth the program's approach for recommending, supporting, and implementing evidence-based public health practice in preventing and controlling infectious diseases. *Strategy 4* (Enhance Public Health Preparedness) supports improving public health emergency preparedness, safety, and biosecurity related to high-consequence infectious diseases and new or emerging pathogens. Lastly, *Strategy 5* (Support the ACDC Workforce) aims to ensure necessary resources, improve work processes and the work environment to support employees' ability to perform and provide opportunity for advancement to increase job satisfaction.

For each objective, actionable activities will be implemented and monitored. Also each objective will have performance measures that will be accounted yearly. In order to operationalize the Strategic Plan, an annual Operation Plan will serve as a guide to implement daily and monthly activities and projects for each ACDC unit.

VISION

Los Angeles County residents are free of preventable infectious disease[§]; Public Health is prepared to meet the challenge of emerging diseases

MISSION

To prevent and control infectious disease[§] in Los Angeles County by implementing tools for surveillance, outbreak response, education, and preparedness activities

STRATEGIES AND GOALS

Strategy 1 Surveillance Capabilities

- Goal 1.1: Maintain and enhance existing effective surveillance processes and capabilities
- Goal 1.2: Maintain and enhance infectious disease electronic surveillance capabilities
- Goal 1.3: Support and participate in the integration of surveillance information

Strategy 2 Disease Investigation and Outbreak Response Capabilities

- Goal 2.1: Improve disease investigation and outbreak response activities
- Goal 2.2: Assure collaboration and integration with the public health laboratory

Strategy 3 Communication, Education and Outreach Capacity

- Goal 3.1: Strengthen communications with internal and external stakeholders
- Goal 3.2: Implement targeted education and outreach
- Goal 3.3: Enhance partnerships for education and outreach
- Goal 3.4: Ensure quality of education and outreach activities

Strategy 4 Public Health Preparedness

- Goal 4.1: Strengthen departmental capacity to detect and respond to emergent and urgent infectious disease, potential bioterrorism situations and outbreaks, and other emergency situations

Strategy 5 ACDC Workforce

- Goal 5.1: Improve work environment to foster morale and promote a sense of teamwork and job satisfaction that contribute to ACDC workforce efficiencies
- Goal 5.2: Attract, maintain, and develop a highly skilled, motivated and diverse workforce
- Goal 5.3: Provide meaningful and equitable opportunities for training, professional development, and career enhancement to the entire ACDC workforce

[§] Excludes TB, STD, and HIV as there are separate programs for these specific diseases in LAC DPH. This plan only refers to diseases that ACDC handles.

STRATEGY 1

ENHANCE SURVEILLANCE CAPABILITIES

Increase effectiveness of epidemiology and information technology to support high quality infectious disease surveillance

Goal 1.1: Maintain and enhance existing effective surveillance processes and capabilities

Objective 1.1.a: Ensure updated programmatic protocols and/or procedural manuals for surveillance are available for continuity of surveillance capabilities

Objective 1.1.b: Maintain consistency of surveillance data by developing programmatic best-practices for database variables and codebooks

Objective 1.1.c: Evaluate surveillance processes and improve as necessary

Goal 1.2: Maintain and enhance infectious disease electronic surveillance capabilities

Objective 1.2.a: Maintain syndromic surveillance for early detection and trending data of infectious diseases

Objective 1.2.b: Use health information technology tools (electronic laboratory reporting, electronic health records, visual Confidential Morbidity Report [vCMR]) to improve timely infectious disease reporting and enable use of public health data at local, state, and federal levels

Goal 1.3: Support and participate in the integration of surveillance information

Objective 1.3.a: Participate in efforts to integrate with LAC DPH internal and external (local, state, and federal) surveillance systems

STRATEGY 2

ENHANCE DISEASE INVESTIGATION AND OUTBREAK RESPONSE CAPABILITIES

Increase effectiveness of disease investigation and outbreak response by improving communication and partnerships to support high quality infectious disease investigation and outbreak response activities

Goal 2.1: Improve disease investigation and outbreak response activities

- Objective 2.1.a: Improve internal multi-unit collaborations to respond to infectious disease situations and outbreaks
- Objective 2.1.b: Provide regular communication and feedback to other LAC DPH programs (e.g., CHS, EH, PHL, PHI, IP) involved in ACDC-led outbreak response to improve integration of epidemiologic, laboratory, and field processes for controlling infectious disease outbreaks
- Objective 2.1.c: Strengthen partnerships with other local jurisdictions, the California Department of Public Health, the Centers for Disease Control and Prevention, and other public health agencies to rapidly address new or emerging pathogens, diseases, and outbreaks
- Objective 2.1.d: Review and improve quality of internal infectious disease outbreak investigation and response

Goal 2.2: Assure collaboration and integration with the public health laboratory (PHL)

- Objective 2.2.a: Communicate regularly and engage in discussions of work improvement needs, the application of laboratory methods and technology that impact infectious disease detection and response

STRATEGY 3

ENHANCE COMMUNICATION, EDUCATION AND OUTREACH CAPACITY

Increase effectiveness of communication, education and outreach by recommending, supporting and implementing evidence-based public health practice in preventing and controlling infectious diseases

Goal 3.1: Strengthen communications with internal and external stakeholders

Objective 3.1.a: Communicate surveillance data and public health research to promote awareness and action through multiple communication channels (e.g., websites, social media, listservs, press releases, annual reports, conferences)

Objective 3.1.b: Facilitate rapid and targeted dissemination of health alerts and critical immediate public health information to appropriate internal and external recipients for urgent infectious disease situations

Objective 3.1.c: Provide expertise to local, state, and national advisory committees and policy-making organizations to develop multidisciplinary, broad-based solutions to infectious disease concerns (e.g., healthcare-associated infections)

Goal 3.2: Implement targeted education and outreach

Objective 3.2.a: Provide formal and informal education and/or training opportunities to internal and external public health and community stakeholders (e.g., other LAC DPH programs, other public health jurisdictions, health care providers, schools, community-based organizations) to increase local capacity to effectively prevent and control infectious diseases

Objective 3.2.b: Provide ongoing and as-needed consultation, guidance and technical expertise to internal and external public health professionals and health care providers related to infectious disease prevention and control activities

Objective 3.2.c: Engage with healthcare and non-healthcare providers to promote infectious disease reporting, and infection prevention and control standards

Goal 3.3: Enhance partnerships for education and outreach

Objective 3.3.a: Collaborate with other LAC DPH programs and external agencies (e.g., local, state, and national coalitions/groups) to plan and implement evidence-based education and/or outreach activities to healthcare providers, and other community entities (e.g., schools, the aging population, community-based organizations and vulnerable populations)

Goal 3.4: Ensure quality of education and outreach activities

Objective 3.4.a: Evaluate effectiveness of education and outreach activities provided by ACDC when feasible and appropriate

STRATEGY 4

ENHANCE PUBLIC HEALTH PREPAREDNESS

Improve public health emergency preparedness, safety, and biosecurity related to infectious diseases and new or emerging pathogens

Goal 4.1: Strengthen departmental capacity to detect and respond to emergent and urgent infectious disease, bioterrorism situations, and other emergency situations and outbreaks

Objective 4.1.a: Conduct drills and/or exercises for ACDC (and LAC DPH, if appropriate) in preparation to respond to emergent and urgent infectious disease, bioterrorism situations, and other emergency situations and outbreaks

Objective 4.1.b: Provide education and training to ACDC and LAC DPH workforce to improve efforts to detect, prevent, and control emerging, high-consequence infections, and bioterrorism pathogens

Objective 4.1.c: Engage with internal and external key partners (e.g., EPRP, CHS, EH, PHL, police, fire, hospitals, EMS, USPS, CDC, CDPH) to respond to public health emergencies and to help control the spread of emerging infections

STRATEGY 5

SUPPORT THE ACDC WORKFORCE

Ensure necessary resources, improve work processes and the work environment to support employees' ability to perform and grow in a way that contributes to high job satisfaction

Goal 5.1: Improve work environment to foster morale and promote a sense of teamwork and job satisfaction that contribute to ACDC workforce efficiencies

Objective 5.1.a: Develop and sustain effective communication mechanisms to consistently inform ACDC staff of priorities, progress, and the value of the work they do and its importance to ACDC and LAC DPH objectives

Objective 5.1.b: Encourage open communication among ACDC staff to identify successful methods, new approaches, and systems improvements

Objective 5.1.c: Actively support and recognize innovation, critical thinking, and individual and collective contributions

Goal 5.2: Attract, maintain, and develop a highly skilled, motivated and diverse workforce

Objective 5.2.a: Maintain necessary staff levels to enable sufficient surveillance, disease investigation, outbreak response, and other ACDC functional capability including administrative and technology support

Objective 5.2.b: Ensure opportunities for mentoring students and fellows (e.g., the Epidemiologic Intelligence Service, Council of State and Territorial Epidemiologists [CSTE] fellows, CDC's Public Health Associate Program [PHAP], public health and nursing students)

Goal 5.3: Provide meaningful and equitable opportunities for training, professional development, and career enhancement to the entire ACDC workforce

Objective 5.3.a: Allow and encourage staff's career growth opportunities (e.g., trainings, conferences, committees)

Objective 5.3.b: Implement cross-training for staff to gain skills and experience by working in other units (or area of work) within ACDC and also to respond to work situations more efficiently

ACKNOWLEDGMENTS

The ACDC Planning and Evaluation Unit would like to thank all individuals for their time, support and valuable contributions.

ACDC staff members who participated in the online survey

ACDC key informant interviewees

LAC DPH external key informant interviewees

ACDC Strategic Planning Executive Members

David Dassey, MD, MPH, ACDC Deputy Director

Robert Kim-Farley, MD, MPH, Communicable Disease Control and Prevention
Division Director

Laurene Mascola, MD, MPH, ACDC Director

Dawn Terashita, MD, MPH, ACDC Acting Deputy Director

ACDC Strategic Planning Committee Members

Patricia Araki, MPH

Rachel Civen, MD, MPH

Curtis Croker, MPH

Ramon Guevara, PhD

Susan Hathaway, RN, MPH

Bessie Hwang, MD, MPH

Alison Itano, MPH

Kelsey Oyong, MPH

Marifi Pulido, PhD, MPH

Roshan Reporter, MD, MPH

Sadina Reynaldo, PhD

Sharon Sakamoto, RN, MSN/MPH

Ben Techagaiciyawanis, MPH

Michael Tormey, MPH

Rosie Vasquez, RN, MSN/MPH

ACDC Planning and Evaluation Unit

Laura Coelho

Y. Silvia Shin, RN, MSN/MPH



Los Angeles County
Department of Public Health
Acute Communicable Disease Control Program

313 N. Figueroa Street
Room 212
Los Angeles, CA 90012
www.publichealth.lacounty.gov/acd

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH

Johnathan E. Fielding, MD, MPH

Director and Health Officer

Cynthia A. Harding, MPH

Chief Deputy Director

DIVISION OF COMMUNICABLE DISEASE CONTROL AND PREVENTION

Robert Kim-Farley, MD, MPH

Division Director

ACUTE COMMUNICABLE DISEASE CONTROL PROGRAM

Laurene Mascola, MD, MPH, FAAP

Program Director

Dawn Terashita, MD, MPH

Acting Deputy Director

Y. Silvia Shin, RN, PHN, MSN/MPH

Planning and Evaluation Unit