

Wilkes County Health Department Strategic Planning 2014-2017

Mission: Promoting health and preventing disease in our community.

Vision: WCHD will be viewed by our county as the primary resource for individual, community and environmental health.

Strategic Plan Development Summary:

Strategic planning is an ongoing process at the WCHD with primary responsibility resting with the Health Director and Management Team. The document is generally reviewed at Management Team strategic planning retreats and may be revised/updated at any time. The document is reviewed and revised annually with the Board of Health after the completion of the Community Health Assessment/State of the County Health Report and Annual Reports such as Communicable Disease, Child Fatality Prevention Team and Quality Improvement. At that time, local health status data and information are used to set and/or update goals and objectives. Community input is provided through the CHA and SOTCH reports, at a minimum, but consideration is also given to Client Satisfaction Surveys, inquiries via the website or input given at meetings such as Wilkes Healthy Carolinians Council, County Planning Board, Vision 20/20, SmartStart, United Way and School Health Advisory Council. WCHD acknowledges that ensuring the ten essential functions of public health, as we attempt to do in our strategic plan, requires a collaborative community approach. This is present throughout the work that we do at WCHD every day, and is also reflected in the strategic plan. In July 2012, the WCHD partnered with Wilkes Regional Medical Center and the Health Foundation to perform a combined Community Health Needs Assessment/Community Health Assessment in response to the new IRS 990 requirements for non-profit hospitals under the Affordable Care Act. With guidance from UNCG's Center for Social, Community and Health Research and Evaluation, collaborating partners utilized a participatory approach to document the health status of residents and the availability of resources in Wilkes County, North Carolina. A steering committee was developed of representatives from Wilkes Regional Medical Center, Wilkes County Health Department, The Health Foundation, and UNCG's Center for Social, Community and Health Research and Evaluation. The advisory committee engaged community members, local citizens and representatives from other entities residing in Wilkes County in the joint CHA / CHNA process. In early 2013, the CHA preliminary survey results from the community health opinion surveys and data taken from NC-CATCH for the county of Wilkes were presented to key groups: the leadership team of the Wilkes County Health Department, the Wilkes County Board of Health, the Health Foundation Board and the Advisory Committee of the Wilkes Healthy Carolinians Council and Wilkes Regional Medical Center. Discussions about prioritization began at that level. It was noted that the current priority areas including Access to Health Care, Fitness and Nutrition for Disease Prevention and Substance Abuse and Mental Health Care were still relevant to the community. This was based on the data presented within this document as well as the community opinion surveys, also summarized within this document. The Work Group Committee also identified two additional areas

to consider: Chronic Disease and Unintentional Injury. The assessment was presented to the community-at-large at the 2013 Community Health Summit, attended by approximately 75 people, including agency leaders and staff, elected officials, consumers and faith community representatives. Attendees at this meeting are considered “stakeholders” either by their profession or their interest in public health that is indicated by their attendance. The keynote speaker was Dr. Pam Silberman, Executive Director, North Carolina Institute of Medicine. Dr. Silberman emphasized the importance of local communities taking ownership of the preventable diseases and death by working together to put into action measures that have proven effective in other communities. The Health Director presented the data to the group. WCHD, hospital and Health Foundation facilitators then led discussions to validate the priority areas that were identified through the assessment. Breakout sessions on six priorities were conducted that included understanding the current environment around the priorities in Wilkes and brainstorming for reasonable interventions and actions by the Wilkes Steering Committee.

1. Substance Abuse including the unintentional poisonings that have placed Wilkes County within the top 3 for high frequency of deaths. In December 2012, the SOTCH report showed a significant decline in accidental deaths by prescription drug overdoses by 71%.
2. Access to Care which is a direct result of the continued increased unemployment rate which has increased those who are uninsured and lack of Medicaid expansion under ACA for North Carolina.
3. Obesity, including unhealthy eating and lack of physical activity for all age groups.
4. Mental Health which includes substance abuse, depression and suicide and the extreme lack of mental health services in our county for diagnosis and treatment
5. Chronic Disease Prevention

Priorities one through four are the same, or refinements of, priorities set by this group in 2009, which will continue Wilkes County’s ongoing work in addressing these issues. Priority five was added as a result of the CHNA and Community Opinion Survey questions regarding Chronic Disease, during the Health Summit as well as the emphasis defined by WRMC and the triangulation of priorities identified in this process.

With the completion of this Community Health Assessment, Wilkes County will use all sources of data collected to implement and conduct programs that will improve the health of Wilkes County. A triangulation table was created by: weighted data from community stakeholders (30%), community members (45%), Wilkes Regional Medical Center (10%) and Wilkes County Secondary Data (15%) were integrated to determine top health priorities in Wilkes County. Weighted scoring was repeated for each health/issue within the four categories. Scores for similar health issues/concerns across categories were combined to increase scores for issues/concerns identified among multiple sources. Health issues/concerns with top overall scores were identified as the top priorities for Wilkes County.

Utilizing the four current task force groups and working on the development of the fifth, the Wilkes Health Action Taskforces will develop interventions to address its list of priority health issues by:

1. Review of the progress that has been made on current goals;
2. Review of triangulation document for top priorities that includes: Review of data from the 2013 Community Health Assessment; review of collective responses from the Community Health Opinion Survey; and review of hospital data, review of secondary data and review of the information collected from the breakout sessions of the 2013 Community Health Summit;
3. Review of work on the selected priorities using a nominal group process in the six break-out sessions;
6. Review of results with the Wilkes Health Action Executive team (Health department; hospital and health foundation); and
7. Integration of data and development of targeted interventions that will prevent and treat priority health problems.

Wilkes County Health Department

Under direction from the Board of Health, the Health Department will assure that strategic planning is updated to reflect the recent 2013 Community Health Assessment/ Community Health Needs Assessment. Priorities are established based on the CHA/SOTCH triangulation priorities, emerging needs of the organization, emerging needs of the community and the health department’s ability to respond to the identified health issues.

The Board of Health will utilize its community status and staff resources of the Wilkes County Health Department to advocate for and implement priority programs in collaboration with the Wilkes Regional Medical Center, The Health Foundation and the local Steering Committee (Wilkes Health Action Team) formerly the Wilkes Healthy Carolinians Council. Information from State of the County Health Reports in the interim years will be utilized to monitor our community health with the goal of becoming increasingly better than the state and our recommended peer counties in as many areas as possible. The pending results from county health rankings within our state will also be used in the future.

<p>Review and analysis of factors influencing the health department’s ability to improve the community’s health</p>	<p>Local health status data and information</p>	<p>Community input (where applicable)</p>	<p>Goals, objectives and/or desired outcomes with <u>timeline</u> and <i>lead WCHD staff identified.</i></p>	<p>Priority Issue</p>	<p>Community collaborations to implement activities?</p>
--	--	--	---	------------------------------	---

<p>CHA 2013: Based on priorities identified on triangulation table.</p> <p>Mental Health / Substance Abuse</p>	<p>Identified as number one in triangulation of Priority Health Issues is Wilkes County</p>	<p>Identifies through survey by stakeholders, community members and hospital</p>	<p>Continue both taskforces. 1.) Revitalize the substance abuse taskforce since FB taking project state wide by <i>first quarter 2014</i>. Identify lead of taskforce. <u>Health Promotion takes lead.</u> 2.) Education to public and pharmacies about community drop box site. <i>Second quarter 2014.</i> <u>Health Promotion.</u> 3.)_NC Injury prevention team (buddy guide) to assist with substance abuse recovery from Wilkes by end of 2015. Training completed <u>Health Promotion taking lead.</u> Mental Health: Continue taskforce 1) Promote services available through speaker's bureau to providers, civic groups public 2014 promote and implement education to group. <u>Health Director taking lead</u> 2) IVC committee regularly review data to decrease wait time in hospital ED for IVCs. By March 2016, reduce the number of mental-health related emergency department visits by 5 %.</p> <ul style="list-style-type: none"> • Original Baseline: 173 patients in 2010, 158 patients in 2013. <p><u>Health Director lead</u></p>	<p>High</p>	<p>1.) Project Lazarus local representative; hospital; health foundation; NWCCN; law enforcement; mental health and Smoky; Safe kids; schools. 2) Local pharmacies. Brame Huie to lead. 3). Project Lazarus; Schools; Mental Health: Daymark Behavioral Health, Smoky Mountain LME, Rainbow Center, hospital, Law enforcement</p>
--	---	--	---	-------------	---

Review and analysis of factors influencing the health department's ability to improve the community's health	Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>timeline</u> and <i>lead WCHD staff identified.</i>	Priority Issue	Community collaborations to implement activities?
Affordable Healthcare/Indigent care	CHA identified as number two priority in triangulation	Decreased funding due to shrinking state and federal grants and lack of Medicaid expansion to NC. Option for marketplace purchase of insurance with subsidies between 100% --400%.	Received grant from Health Foundation to implement CAC. Education to public about options for insurance through ACA (community events). Sign up uninsured to insurance through partnership with other community agencies. Become CAC organization; hire temporary workers to place in hospital; DSS; WPN and health department. <u>Health Department Health Director; HCC Social worker taking lead.</u> Goal is to sign up 1,000 of eligible uninsured seen in hospital, health department, and WPN by end of March 2014. Pursue other grant opportunities for linking uninsured at 100% poverty and below. <u>Health Director taking lead; Board of Health</u>	High	Health Foundation; Hospital; WPN; Faw Insurance; Library; DSS

Review and analysis of factors influencing the health department's ability to improve the community's health	Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>timeline</u> and <i>lead WCHD staff identified.</i>	Priority Issue	Community collaborations to implement activities?
Economy/Poverty	CHA identified as number three priority	<ol style="list-style-type: none"> 1. Access to fresh fruits and vegetables especially in food desserts a problem identified on CHOS. 2. currently at 81% 3. Increasing opportunities for job development in community health summit 	<ol style="list-style-type: none"> 1. Education to public and private groups about social determinants of health. Work with CTG program to expand access to fresh fruits and vegetables in corner stores. Goal is to pilot working with 3 different corner stores near schools end of third quarter 2014. Farmers market accept EBT in Wilkesboro by end of 2014. <u>Health Promotion taking lead. EH also involved</u> 2. Increase WIC participation to 97% of 2045 clients by end of 2014. <u>WIC taking lead (Nancy and Jerri).</u> 3. Environmental health will work with new businesses to implement business plans. (F&L or Waste water). Business plans will be reviewed for approval within 30 day time frame by end of 2014. Goals is to have all service applications on health department website by end of first quarter 2014. <u>Environmental Health to lead</u> 	High	<ol style="list-style-type: none"> BROC, DSS, churches; identified corner stores, WOAM Town Planner in Wilkesboro (Andrew Carlton) 2. Grocery stores, farmers markets in NW and Wilkesboro, corner stores, DSS 3. New businesses, county planning and permitting

Review and analysis of factors influencing the health department's ability to improve the community's health	Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>timeline</u> and <i>lead WCHD staff identified.</i>	Priority Issue	Community collaborations to implement activities?
Cardiovascular Disease (Heart & Cerebrovascular Disease, High Blood Pressure) and Cancer	CHA identified and number four priority	CHA identified as in the top 10 rankings of mortality and morbidity in Wilkes County	<p>1. Create chronic disease taskforce by end of first quarter 2014. Encourage hospital to lead this taskforce. Encourage same goals as on 990. Establish goals for taskforce early 2014. Report on goals 2015-2017. <u>Outreach Supervisor and Health Director</u></p> <p>2. Participate in 3-4 county health fairs to promote preventive care and screening by end of 2014. Lead Health Fair planning committee for county employees in May. Goal is to reach 50 % employees (250) <u>Health Promotion to coordinate with health dept. staff.</u></p> <p>3. Apply for and implement Komen grant 2014-2017 to serve 200 women per year. <u>DON taking lead</u></p>	Moderate	<p>1. Health Foundation, hospital leaders, American Heart and Cancer Association Komen Northwest NC, Valley Radiologists and hospital</p> <p>2. County department heads, County manager, BCBS reps,</p> <p>3. Komen Northwest NC, Valley Radiologists and hospital</p>

Review and analysis of factors influencing the health department's ability to improve the community's health	Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>timeline</u> and <i>lead WCHD staff identified.</i>	Priority Issue	Community collaborations to implement activities?
Cardiovascular Disease (Heart & Cerebrovascular Disease, High Blood Pressure) and Cancer	See CHA. Still high tobacco use rates in Wilkes		<p>4. Implementing compliance and promotion with House Bill 2 (no smoking law). Goal is have zero complaints from public by end of 2017.</p> <p><u>Environmental Health lead</u></p> <p>5. Work with CTG program and Northwest Tobacco Prevention Coalition to include E cigarettes in tobacco free policies by end of 2017. Tobacco free policies in West Park Medical complex by end of 2014. Develop tobacco free policies for parks by 2017.</p> <p><u>Health Promotion taking lead.</u></p>		<p>4. Local restaurants</p> <p>5. CTG program staff; schools, Health Foundation, medical offices</p>

Review and analysis of factors influencing the health department's ability to improve the community's health	Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>timeline</u> and <i>lead WCHD staff identified.</i>	Priority Issue	Community collaborations to implement activities?
Obesity / Nutrition education / Diabetes	CHA identified as priority	Community Health opinion surveys and stakeholder surveys identified as a top issue.	<p>1. Fitness and Nutrition for Disease Prevention Taskforce (FNTF) to establish goals by end of first quarter 2014.</p> <p>2. SHAC and FNTF---Re-establish BMI measurements in middle schools. <u>Health Promotion to lead</u></p> <p>3. DSME program growth for education and nutrition programs. Investigate opportunity to outsource MNT services to schools on MESH unit by end of Sept. 2014. <u>DSME taking lead.</u></p> <p>4. iMap pilot grant to identify and implement evidence based strategies through Center for Public Health Quality. <u>Health Promotion taking lead.</u></p> <p>5 Pursue grant to print resource booklet for physical activity in county and publish on our website by end of 2014. <u>Outreach lead</u></p>	High	Health Foundation, hospital, YMCA, Brame Huie Pharmacy, SHAC, School nurses, HD dietitian. 2. SHAC, School nurses 3. Hospital and Health Foundation 4. Glaxo Smith Kline Award

Review and analysis of factors influencing the health department's ability to improve the community's health	Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>timeline</u> and <i>lead WCHD staff identified.</i>	Priority Issue	Community collaborations to implement activities?
Elder Care / Aging	CHA lower priority	CHA identified that Wilkes County as an aging population and emphasis on retirement community.	Participate in Adult Daycare Advisory Board 2017. <u>Health Director lead</u> Participate on WSR board 2017. <u>DON lead.</u> Participate on Wilkes Multidisciplinary team— <u>DON lead</u> <u>Partner with Senior Services to deliver CDSMP. Health Promotion taking lead.</u>	Low	ADC, WSR (Wilkes Senior Resources); AAA, Division on Aging, DSS,
Neglect/ Abuse	CHA priority	CHA identified a high percentage of children in foster care in Wilkes and 35% children live below federal poverty level.	1. Participate on CPPT. <u>Health Director</u> 2. Participate on JCPC (Juvenile Crime Prevention Council). <u>Outreach</u> 3. Promote Safe and Child Advocacy Center development. <u>Health Director and Outreach taking lead</u> 4. CAPT (Child Abuse Prevention Team). <u>Outreach</u> 5. Lead CFPT (Child Fatality team). <u>Health Director & Office Clerk lead</u>	Moderate	DSS, Safe, law enforcement , court system reps, SAFE, schools system, Guardian Ad Litem
Specialty Care	CHA priority	CHA identified by Community Opinion Surveys, Stakeholders surveys	1. Promote Health Care Connection ongoing 2017. <u>HCC Social Worker takes lead</u> 2.Partner with the hospitals to increase patients who are eligible for services. <u>Health director and HCC SW leading</u>	Moderate	Hospitals, physicians

<p>Review and analysis of factors influencing the health department's ability to improve the community's health</p>	<p>Local health status data and information</p>	<p>Community input (where applicable)</p>	<p>Goals, objectives and/or desired outcomes with <u>timeline</u> and <i>lead WCHD staff identified.</i></p>	<p>Priority Issue</p>	<p>Community collaborations to implement activities?</p>
<p>Coordination of Resources and Services</p>	<p>CHA priority on triangulation document</p>	<p>Stakeholders surveys</p>	<p>Shrinking resources. Work with community partners to combine resources. Outsource when appropriate by end of 2014. Connect to NC HIE and train by end of 2014. <u>Health Director lead</u> Need for improved efficiency. Identify opportunities for restructure and realignment of duties and job descriptions to include cross training by end of 2014. <u>Management Team lead</u> Succession Planning for future retirements by second quarter 2014. <u>Health Director lead</u></p>	<p>High for WCHD</p>	<p>Hospitals, physician partners, CCNC</p>

Review and analysis of factors influencing the health department's ability to improve the community's health	Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>timeline</u> and <i>lead WCHD staff identified.</i>	Priority Issue	Community collaborations to implement activities?
---	---	---	--	-----------------------	--

<p>Workforce development</p>			<ol style="list-style-type: none"> 1. Workforce development in core public health competencies by the end of May, 2014 if grant approved by NACCHO. <u>Health Promotion Lead</u> 2. ICD-10 training and implementation by developing team, policies and training by end of Sept, 2014 <u>Nursing Supervisors and DON lead</u> 3. Coding training for appropriate reimbursement and identification of acuity and service level by end of January, 2014 <u>Nursing Supervisors and DON lead</u> 4. Implement practice management best practices to improve processes in clinical services and registration, scheduling and AR. Assessment by end of January, 2014 to determine baselines. Decrease lead time to 1 hour for physical and complex visits by end of 2014 (currently 84 min.) <u>Nursing Supervisors, Management Support Supervisor and DON Lead</u> 5. Environmental Health workforce development with new staff in several key positions. Hire food and lodging EHS by end of January. Training and orientation completed end of 2014. <u>Health Director and EHS Supervisor taking lead</u> 	<p>High for WCHD</p>	<ol style="list-style-type: none"> 1. NCIPH 2. State consultants to do assessment and NWCCN's quality initiatives, Patagonia health for management reports. 3. State consultants to assist with training and authorization.
------------------------------	--	--	--	----------------------	--

Review and analysis of factors influencing the health department's ability to improve the community's health	Local health status data and information	Community input (where applicable)	Goals, objectives and/or desired outcomes with <u>timeline</u> and <i>lead WCHD staff identified.</i>	Priority Issue	Community collaborations to implement activities?
Workforce development			6. Roll-out Patagonia for Diabetes and MNT by end of 2014. 7. Training and orientation for new environmental health staff by end of 2014	High for WCHD	4. State consultants to do assessment and NWCCN's quality initiatives, Patagonia health for management reports. 5. State consultants to assist with training and authorization.

Wilkes County Health Department

SWOT Analysis 2013 updated

Strengths:

- Recent grant recipients – good grant writing
- Health Department is well connected in the community – well represented in community: WRMC, Adult Day, Health Foundation, JCPC, DSS committees, SHAC, LEPC, WHHC...
- Spanish Interpretation services – the best in the community
- Excellent service delivery throughout the department
- Excellent outcomes from accreditation, monitoring, program review
- Medical Director
- Health Department autonomy to do the work of public health – support from other county departments, like Finance, Personnel
- Demand for direct service is high
- Supportive Board of Health
- Supportive Board of Commissioners
- EH services are more accessible and serving the public better at the County Office Building
- Our employees!!
- Management Team work well together
- Pro-active – open to change and willing to consider alternatives
- Restaurant grades and inspection sheets are now on-line and available to the general public.
- Applications for Environmental Health services are available on-line
- Low turnover rates
- Cross-trained Spanish Interpreters to clinical assistants
- MESH unit replaced with spectacular new vehicle
- Open access (aka patient access) implemented in clinic
- New clinic services for Wilkes County employees
- Excellent Nutrition Staff with addition of another registered dietitian
- Nutrition staff member is a Certified Diabetic Educator
- Diabetes Center expanded to a second site near hospital and doctors offices.
- Health Net/Care Share Partnership
- Establish regular staff meeting/staff development time for clinic and management support
- Staff dedicated to leaving HIS and implementing a new EMR--Patagonia

- Successfully reaccredited
- Staff worked together to assure community protection against Hepatitis A and Pertussis by conducting many clinics after hours and at numerous community locations ie schools, businesses.
- Ray ward system of employee recognition
- Training for staff available through webinars and on-line training sites

Weaknesses:

- Overall pay issues within the Health Department – too low—increasing difficulty to hire most qualified applicant for position.
- Facilities and staff are not adequate to meet the demands of the community for direct services
- Teamwork could be improved within and across departments
- Individuals don't always understand other individual jobs or other departmental responsibilities
- Information systems are fragmented and do not support a move toward electronic records
- Difficulty staffing expanded hours clinic results in discontinuing this clinic
- Demand for primary care from the uninsured exceeds our capacity
- Need a new employee satisfaction survey
- Lack of adequate space continues to be an ongoing issue.
- County IT needs additional support and staff to adequately meet needs.
- New staff changes team dynamics
- Pending retirements creates need for succession planning
- Frozen positions

Opportunities:

- Excellent relationships with local media
- Need isolation room (negative pressure room)
- Region 3 coding and billing staff consultant, Debbie Widener
- Northwest Community Care Network has a close relationship with WCHD
- Excellent web-based resources through CDC and Division of Public Health
- Patagonia roll-out -- a move toward Electronic Medical Records
- Consider how other health departments are successful – come in late if you are working late, hire people for odd schedules, etc.
- Statewide Quality Improvement Institute to identify successful projects
- External visitors from the State, Institute of Public Health to talk about the state of the State and/or highlight public health in Wilkes
- Successful open access clinics

- Re-Accreditation explore PHAB accreditation
- County Wellness Committee demonstrates WCHD value to local government
- Expansion of County Wellness Program to promote healthier more productive county employees and decrease health care costs
- Nutrition programs – ADA DSMT
- Relationship with Health Foundation
- Community Transformation Project improves our community and allows networking for regional approach
- Collaboration with WRMC and Health Foundation on the Community Health Assessment
- Collaboration with Wilkes County Schools
- Affordable Care Act

Threats:

- Large, rural county, difficult to reach our population for health promotion or public health communication
- Emergency preparedness for the “unknown” especially in communicable disease
- Rabies and Pertussis
- Uninsured community members
- Public Health funding is almost non-existent at the state and federal level
- People just don’t understand the whole picture of public health: Everywhere, Everybody, Every day!
- Economy and politics as they relate to public health, budgets, etc.
- Demand for care from the uninsured exceeds community system capacity
- Budget cuts/funding cuts
- Cost of well testing if not addressed by the general assembly
- Lack of legislative support for adequate Food and Lodging Fees
- HIS My Avatar roll-outs delaying meaningful use funding for health departments using other systems
- Health Information Technology
- Economy stressing clients
- Economy stressing staff – many are moonlighting
- Reduced training opportunities such as no more expanded role nurse training for Family Planning
- From CHA – Substance Abuse – especially prescription drugs; Obesity – diabetes and childhood obesity concerns; Access to Care for Uninsured Adults; Mental Health issues including access to care, high involuntary commitment rate, lack of substance abuse treatment
- Consolidation and/or potential regionalization
- Hospital reassigned Healthy Carolinians Coordinator and did not replace position
- Accreditation funding eliminated but regulatory requirement still remains