

WILKES COUNTY HEALTH DEPARTMENT

Promoting health and preventing disease in our community.

Strategic
Plan Fiscal
Year 2022-
2026

Adopted by Board of
Health on: 12/12/22

Wilkes County Health Department (WCHD) Strategic Planning

2022-2026

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 Needs 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 Healthy Wilkes Action Team, County Planning Board, 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 2021, the WCHD partnered with Atrium Health Wake Forest Baptist Wilkes Medical Center (WMC) and the Health Foundation to perform a combined Community Health Needs Assessment/Community Health Assessment in response to the IRS 990 requirements for non-profit hospitals under the Affordable Care Act. With guidance from Annika Pfaender, consultant, 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 Medical Center, Wilkes County Health Department, The Health Foundation, and Consultant team. The advisory committee engaged community members, local citizens and representatives from other entities residing in Wilkes County in the joint CHA / CHNA process. In late 2021, the CHA preliminary survey results from the community health opinion surveys and data taken from NC State Center for Health Statistics 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 and Atrium Health Wake Forest Baptist Wilkes Medical Center. Discussions about prioritization began, and based on the information presented, evidence based priorities were selected and ranking them in order of importance was established.

The following were established as Wilkes County's health priorities for the next three years:

- Obesity and Chronic Disease
- Mental Health and Substance Abuse

- Access to Care
- Tobacco and Smoking

The WCHD Strategic Plan not only address areas identified in the 2021-2022 Community Health Assessment, but area identified by the Health Director and Management Team. Management Team identified the additional areas to focus on over the next three years:

- Workforce Development
- Facility Improvements
- Human Resource Tool Development
- Coordination of Resources and Services
- Quality and Practice Improvement
- Responding to Public Health Emergencies
 - COVID-19
 - MPox
- Improvements to Data Systems
- Management Team

Community Health Assessment Priority Area: Mental Health and Substance Abuse

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?	Status Update/Notes
<p>YRBS By high school, WCS students report more negative feelings (low self-esteem, loneliness) than the state average.</p> <p>According to Atrium Health Wake Forest Baptist Wilkes Medical Center (WMC) ED admission data, roughly 15% of all admissions are attributed to mental health diagnoses.</p> <p>According to the 2022 County Health Rankings, Wilkes County reported 5.0 poor mental health days compared to the 4.4 days in NC.</p>		1. Provide mental health services to all high school and middle school students-- MESH	High	1. United Way, WCS, Jodi Province Counseling	
		2. Identify at risk children and adults in the clinic through PHQ-2 or other screening to make appropriate referrals. (DON, COO and Providers)	Moderate	2. WCHD Clinic	
		3. By June 30, 2026, the Project Lazarus initiatives will work with various agencies to establish two additional permanent drop box locations, purchase and distribute 100 lock boxes, work with the school system to educate students on prescription medication safety and substance abuse prevention through the prevention teams. Distribute naloxone kits through health department standing order and training. (Health Promotion)	Low	3. Project Lazarus, Wilkes Family Pharmacy, Wal-Mart, Blue Ridge Pharmacies	
	Work with Safe Kids to make Medication Take Back Days more known in the community	4. Coordinate with local law enforcement to host an annual Medication take back. (Health Promotion)		4. Law enforcement (Sheriff's office; Safe Kids, Pharmacies)	
		5. Continue to train staff as needed for Mental Health First Aid or Resilience Training	High	5. Care Net Counseling, Vaya, and Health Foundation	

<p>According to the 2022 County Health Rankings, 17% of Wilkes County Adults reported frequent mental distress compared to 14% of North Carolina Adults</p>		<p>6. Work with Community Opioid Prevention and Education (COPE) Collaborative to identify and implement select strategies. (Health Education and Health Director)</p>	<p>High</p>	<p>6. Health Foundation, Law enforcement, WMC, Project Lazarus, EMS, WCS</p>	
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Community Health Assessment Priority Area: Obesity and Chronic Disease

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?	Status Update/Notes
<p>Diabetes Mellitus is the 8th leading cause of death in Wilkes County (SCHS, County Health Data Book 2019).</p> <p>Disease of the heart is the 2nd leading cause of death in Wilkes County (SCHS, County Health Data Book 2019).</p> <p>According to the NC IOM Comparison of Wilkes County Metrics to Current Healthy NC 2020 Goals, Wilkes County has 9.8% (2018) of adults living with diabetes.</p> <p>The US obesity prevalence was 41.9% in 2017 – March 2020. (NHANES, 2021) From 1999 –2000 through 2017 –March</p>		<p>1. Increase WIC participation to 97% (1636 of the assigned 1687 baseload caseload) by June 30, 2023 and continue to maintain caseload at 97% or through June 2026. (Nutrition Director)</p>	High	<p>1. Grocery stores, farmers’ markets, corner stores, DSS, local providers, WMC</p>	
		<p>2. Increase the number of visits to our Diabetes and Nutrition Center from 85 (FY 21-22) by 2% by the end of 2023 (Nutrition Director)</p>	High	<p>3. WRMC, local providers, OB offices, school nurses, MESH, WCHD Clinic, Brenner FIT, Chronic Disease and Injury Prevention Branch</p>	
		<p>3. By June 30, 2025 increase the number of clients of having an A1c of $\leq 7\%$ by 3%. Currently 30.77% % of the patients have an A1c of $\leq 7\%$. (Nutrition Director)</p>	High	<p>5 .School nurses, WCS, YMCA, Health Foundation, Cooperative Extension, and Town of North Wilkesboro</p>	
		<p>4. Participate in 8-12 outreach events to promote preventive care and screening by end of 2024 (DOT; Lowes; Senior resources; Little Folks festival; Family Fun Day, Touch a Truck). Lead Annual Employee Wellness Health Fair planning committee for county employees in May. Goal is to reach 205 employees by 2024. (Health Promotion)</p>	Low	<p>6. County department heads, County Manager, BCBS reps, Wilkes Partnership for Children, Library, Wilkes LICC, Senior</p>	

<p>2020, US obesity prevalence increased from 30.5% to 41.9%. During the same time, the prevalence of severe obesity increased from 4.7% to 9.2%. (NHANES, 2021)</p> <p>17.6% of children ages 2-4 in the NCPedNESS program in Wilkes County are overweight and 14.6% were obese. (NCPedNESS 2015).</p> <p>According to the 2021 Community Health Assessment, 26% of respondents fell within the normal/healthy weight range.</p>		<p>5. Increase number of Market Vouchers redeemed for fresh fruits and vegetables at Farmer's Market by 5%. (Health Promotion)</p>	<p>Moderate</p>	<p>Center, Housing Authorities</p> <p>7. Health Foundation, farmers' markets, St. Paul Eps. Church, food pantries, WCS</p>	
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Community Health Assessment Priority Area: Tobacco Use

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?	Status Update/Notes
<p>According to the 2019 NCSCHS, the 3 top causes of death are: 1. Cancer at 174.0 per 100,000 deaths (with lung cancer having the highest rate) 2. Diseases of the Heart at 163.0 per 100,000 deaths, and 3. Chronic Lower Respiratory Disease at 92.0 per 100,000 deaths.</p> <p>According to the 2021 Wilkes CHNA 77.5% (618 of 798) respondents agree or strongly agree that public places should be 100% tobacco free</p> <p>According to the 2021 Wilkes CHNA 83.4% (665 of 798) respondents agree or strongly agree that government buildings and</p>		<p>1. By June 30, 2024, increase the number of smoke-free or tobacco free policies, or support for new policies from 1 to 3. (Health Promotion)</p>	High	<p>1. Housing Authorities, Parks & Recreation, Town Government, Apartment Complexes, Corner Stores, Regional Tobacco Prevention & Control Manager.</p>	
		<p>2. By June 30, 2024 host 2 5A trainings throughout Wilkes County. (Health Promotion)</p>	High	<p>2. Dental Clinic, OB Offices, Family Medical Practices, other local providers</p>	
		<p>3. By June 30, 2024, increase the number of Wilkes County residents who use the NC Quitline by 5%. (Health Promotion)</p>	High	<p>3. Regional Tobacco Prevention and Control Manager, Wilkes County Schools, OB Offices, Dental Clinic, MUH Properties, etc...</p>	
		<p>4. By June 30, 2024, increase the number of local providers who utilize the NC Quitline fax referral by 5%. (Health Promotion)</p>	High	<p>4. Local Providers, Regional Tobacco Prevention and Control Manager, MCH Coordinator</p>	

<p>grounds should be 100% tobacco free</p> <p>According to the SY 21-22 Youth Substance Use Survey (YSUS) 8% of high school respondents reported ever using tobacco and 19% had used a vape device. Nearly 5% reported using tobacco in the past 30 days and 11% reported current vape use. Among middle school respondents, 5% had used tobacco and 8% had used a vape device; less than 5% reported current tobacco or vape use.</p> <p>According to the results of the 2021 Wilkes County Community Health Survey, 9% of 798 respondents reported that they were current tobacco users.</p> <p>In 2020 almost 17% of Wilkes County pregnancies involved women who smoked while pregnant, over 10% higher than the NC average of 6.8%.</p>		<p>5. By June 30, 2026 decrease the number of middle school students and high school students who report using a vaping device by 2%</p>	<p>Moderate</p>	<p>6. Wilkes County Schools, Regional Tobacco Prevention and Control Manager, School Health Advisory Council</p>	
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Community Health Assessment Priority Area: Access to Care

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?	Status Update/Notes
<p>According to the 2021 CHNA, approximately 20% of Wilkes County working age population (18-64) lacked health insurance.</p> <p>41% of the Wilkes County population, 27,813 people, lived below the 200% federal poverty level in 2019, which was \$51,500 for a family of 4 that year.</p>		<p>1. Link patients to Primary Care and Specialty Services (Healthcare Connection Coordinator)</p>	High	<p>1. Office of Rural Health, Duke Endowment, WMC, Local Providers, Care Connection Pharmacy, Wilkes Provider Network</p>	
		<p>2. Increase Wilkes Health new patient load to 3,616 by end of CY 2023. Maintain or increase patient load the following years. (WCHD Clinic)</p>	High	<p>2. DSS, WMC, local providers, patients, WCS</p>	
		<p>3. Linking uninsured patients to insurance by training identified staff to be CAC's each year (Accounts Receivable)</p>	Moderate	<p>3. Legal Aid, Get Covered America, DSS</p>	
<p>Compared to the state average, Wilkes County had lower ratios of health professionals per 10,000 population for physicians, dentists, registered nurses, and pharmacists in 2021.</p>		<p>4. Renew and maintain Primary Care Medical Home Certification each year. (DON)</p>	Moderate	<p>4. DON, WCHD, NCCHCA</p>	
		<p>5. Increase referrals to Primary Care Physicians for students seen on MESH with high blood pressure.</p>	High	<p>5. MESH, WCHD, Local providers</p>	
		<p>7. Aim to have the 24 month benchmark of immunization rates at 85% in Wilkes County.</p>	High	<p>7. WCHD, WMC, Local Providers, day care centers</p>	

Wilkes County Health Department Priority Area: Workforce Development

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?	Status Update/Notes
		1. Orientation/Training for new Management Team members – within a year from start date (Health Director)	High	1. Utilize State Training such as NCIPH, guest speakers, WCC small business school, CC Leadership training	
		2. Orientation/Training for staff positions in Community Health, Clinic, Environmental Health – within 30 days from start date	High	2. Introduction to Public Health, CIT Training, Virtual Health	
		3. Specialized training for CD Nurse and Environmental Health staff ,– within 6 months from start date	Moderate	3. State Environmental Health CIT training	
		4. Implementation of new EH Rules and Regulations.	High	4. NC DHHS EH Section	
		5. Develop succession plans in each department	Moderate	5. WCHD, NC DPH	
		6. 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 (Environmental Health)	High	6. Local business owners	
		7. Maintain public portal for completing applications and viewing permits on-line. (Environmental Health)	High	7. Local business owners	

		8. Add all pump system permits to the public portal for viewing and records by December 31, 2024. (Environmental Health).	High	8. Local business owners	
		9. Continue training and education around billing Medicaid plans to ensure we are collecting the most billable amounts we can. (Finance/Health Director)	High	9. NC DHHS	

Wilkes County Health Department Priority Area: Facility Improvements

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?	Status Update/Notes
		1. Work towards moving all services to a larger office space which will allow expansion of our services and provide access to care for more patients. Also, this will provide adequate work space for all staff.	High	1. County Manger, Contractors assigned through county, BOCC	
		2. GIS system for septic and well program by end of 2025.	Moderate	2. County IT	
		3. Facility assessment and improvements to increase security of clients, patients, and staff.	High	3. County IT, County Manager	
		4. Emergency exit in Registration area. Ex: Emergency window or door on side of building.	Moderate	4. County Manager	

Wilkes County Health Department Priority Area: Human Resource Tool Development

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?	Status Update/Notes
		1. Revamping HD job descriptions – by end of 2024	Moderate	1. Interns/College Students 2. Examples from other Health Departments	

Wilkes County Health Department Priority Area: Coordination of Resources and Services

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?	Status Update/Notes
	Community Health Stakeholder Surveys, Customer Satisfaction Surveys	1. Shrinking resources. Work with community partners to combine resources. Outsource when appropriate by end of 2024. Utilize NC HIE, NCIR for immunizations, state lab, and patient portal as components are developed or by the end of 2025. Need for improved efficiency. Identify opportunities for restructure and realignment of duties and job descriptions to include cross training ongoing as need develops (Management Team)	High	1. Hospitals, physician partners, DHHS, Management Team, Health Foundation, WCS, Vaya, regional staff, and others in community	

Wilkes County Health Department Priority Area: Quality and Practice Improvement

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?	Status Update/Notes
		1. Implement practice management best practices to improve processes in clinical services and registration, scheduling and AR. Assessment by end of 2023 to determine best practices. Decrease lead time to 60 minutes for physical and complex visits by end of 2024 (currently 84 min). (Nursing Supervisors, Chief Operating Officer and DON Lead)	High	1. NCIPH, NC DPH, NCCHCA	
		2. Assess opportunities to decrease duplication of HD staff and/or programs by end of 2024 (Management Team)	High	2. Management Team, Outside Consultants	
		3. Increasing Provider schedules to meet and maintain the 3,616 goal for FQHC. (COO)	High	3. NCCHCA	
		4. Decrease the clinic no show to less than 18% by 2025.	Moderate	4. NCCHCA	
		5. EH GIS Septic and Well Program thru awarding of grants to fund – by December 31, 2024 (Environmental Health) .	High	5. 3. Grantors	
		6. Implement a Pit Policy for septic evaluation for an increase of efficiency and quality and decrease of effort for recruitment and retention of staff by December 31, 2024. (Environmental Health)	High	6. BOH and BOCC	

Wilkes County Health Department Priority Area: Responding to Public Health Threats and Emergencies

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?	Status Update/Notes
		1. Staff members who have not retaken ICS trainings pertinent to their position in the past five years will complete trainings by December 2025.	High	1. Emergency Preparedness	
		2. Develop ICS training and refresher log to ensure all staff have had ICS trainings within five years.	HIGH	2. Emergency Preparedness	
		3. Quartely call down drills will reach 90% response from staff within 24 hour notification by December 2025.	Moderate	3. Emergency Preparedness	
		4. Provide COVID-19 PCR and/or Rapid testing Monday- Friday to community members seeking a COVID-19 test.	High	4. WCHD Clinic, Emergency Preparedness	
		5. Provide MPox testing and/or immunization to associated vaccine priority groups as designated by the state.	Moderate	5. WCHD Clinic, Emergency Preparedness	
		6. Continue to work NC DHHS and DPH to maintain active plans and prepare for emerging threats.	Moderate	6. NC DHHS, NCDPH, Wilkes County EM	
		7. Actively work with local emergency management to meet quarterly for our local emergency preparedness committee.	Low	7. EM Director	

Wilkes County Health Department Priority Area: Improvements to Data System

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?	Status Update/Notes
		1. Determine IT needs by department to ensure that staff can carry out their day to day functions. Upgrade and purchase new equipment as needed. (Management Team)	Moderate	1. Management Team, County IT	
		2. EH will investigate utilizing GIS and ipads to mark well and septic locations while out in the field by the end of 2023. If beneficial training and utilization will begin in 2024.	Moderate	2. County IT, EH Team, County GIS	

Wilkes County Health Department Priority Area: Management Team

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?	Status Update/Notes
		1. Develop a way to focus more on interdepartmental team work through difficult conversations, trainings, and tools.	Moderate	1. Management Team, consultants, NC DPH	
		2. Work together as a team to identify and fix problems, rather than band-aid fixes. The end goal is to be proactive rather than reactive. Bring solutions to the table rather than just problems.	Moderate	2. Management Team, consultants, others	
		3. Stop blaming others and lean into discomfort to have difficult conversations to appreciate and solve complex issues.	Moderate	3. Management Team	
		4. When decisions are being discussed, create an environment for all to ask tough questions, feel heard, and work together. After this, once the decision is made, all should support it with a positive attitude whether it is personally supported or not.	Moderate	4. Management Team	

Wilkes County Health Department (WCHD) Strategic Planning SWOT Analysis 2022

	STRENGTHS	WEAKNESSES
INTERNAL	<p><i>What are strengths that add value to our services?</i></p> <ul style="list-style-type: none"> • Cross training staff among multiple departments • Having a bilingual office assistant in EH • Extended clinical hours • Being a public entity FQHC • Reinstated a public health educator position • PCMH • Limited in house pharmacy • Co-located mental health counselor • Add more clinical and environmental staff • Staff provide safe sleep education and hand out pack and plays to new moms • New COVID testing mobile unit • Additional cars to help EH workforce • Grant writing skills-being able to obtain private, local, state, and federal funds • Provider retention • Loan repayment at the state and federal level • EH public portal and online applications • COVID-19 response • Public health awards recognizing staff • Employee satisfaction • Patient access to building and clinics with move of departments • Employee benefits • Staff flexibility with work life balance • Employee wellness program • Friendly and welcoming staff • Addition of ERRN • Room for staff growth and opportunities • EAP for staff • Referral opportunities for pain management • Strong leadership team • Young health director with new ideas • Support from BOH and BOD • Evaluates staff concerns and satisfaction periodically • New strong medical director • Easy appointment accessibility for patients • After hours service for patients • School based health center services • Access to local medical records • Increased safety through the building • New EHR • Accredited public health department • COVID Testing shelter at HD 	<p><i>What factors distract from our ability to deliver benefits?</i></p> <ul style="list-style-type: none"> • Competitive pay • Bigger building to provide services to the community • Ability to recruit and retain qualified staff • Employee satisfaction • Lack of communication across departments • Employee engagement • Building has several safety issues • Multiple locations where services are provided • Lack of parking • Succession planning for positions • Sustainability for grants • Lack of county support through funding, understanding and positions • Loss in cost settlement dollars • Health department stigma • Lack of awareness of services we provide • Do not offer wrap around services in our office • Lack of experience with new professionals and new hires-public health is a huge learning curve • Basic office training skills being offered to staffed • Storage • Multiple program requirements limit interactions with clients • Full time BFPC • Provider productivity • Staff being resistant to change and trying new ideas

EXTERNAL	OPPORTUNITIES	THREATS
	<p><i>What opportunities exist in our market from which we could benefit?</i></p> <ul style="list-style-type: none"> • Increase awareness around services we provide • Try to reduce stigma related to health department services • Increase availability of trainings offered to staff • Community involvement in programs • Expansion of services and community partnership • Health education program being able to grow and establish new key stakeholder in the community • Strong community partnerships • Recruit and retain staff • Expansion of Wilkes Fresh and market bucks program • Opportunities with ARPA funding • Increasing education to local boards about our services and resource needs to increase support • Telemedicine opportunities to better serve our patients • Changes in care management services • Expansion of our diabetes and nutrition center and services • Medicaid expansion and transformation • Opioid Master Settlement funding opportunities • Expanding provider services • Opportunities to allow staff to grow and increase staff satisfaction 	<p><i>What factors beyond our control can potentially threaten our practice?</i></p> <ul style="list-style-type: none"> • Funding cuts from all avenues • Reduction in access to local medical hospital financial assistance • County wide reduction in household income • Increased poverty that limits ability to seek medical care • Community stigma against the health department • Changes in local medical partners ownership and transitions that impact patients • Complexity of EH site lot • Medicaid transformation • Changes in county leadership • Various reporting standards • Cannot accept ACO insurance due to Baptist not allowing us to participate • Long wait times to access care • Not meeting federal reporting requirements due to COVID and potential loss of funding • Aging population in the community leading to changes in payer mix • Aging population and providing the appropriate services needed • Large county service area • Transportation issues • Location of services that we provide • High unemployment rate in the county • Ability to increase the health care workforce • Staff turnover and retirements • Increased workload and demand on staff