

WILKES COUNTY HEALTH DEPARTMENT

Promoting health and preventing disease in our community.

Strategic
Plan
2016-2018

Adopted by Board of
Health on: December
5, 2016

Wilkes County Health Department (WCHD) Strategic Planning

2016-2018

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 Wilkes Health Action Team (formerly the 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 2015, 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 Shelia 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 Regional 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 early 2015, 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 Wilkes Regional Medical Center. Discussions about prioritization began at that level. Based on the information presented stakeholders presented voted individually on their preferred, evidence based priorities, ranking them in order of importance. Following the meeting the CHNA team tabulated the results.

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 2015-2016 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

During the Management Team strategic planning retreat, management team also completed a Strengths, Weakness, Opportunities and Threats (SWOT) analysis. The results can be found at the end of the document.

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 lead WCHD staff identified .	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>WRMC ED admissions data for the period 2012-2014 associated with non-dependent use of drugs (including alcohol) (ICD-9 code 305-305.99) increased dramatically recently, from 220 in 2012, to 248 in 2013, and to 360 in 2014.</p> <p>According to Wilkes Regional Medical Center (WRMC) ED admission data, roughly 4% of all admissions are attributed to mental health diagnoses.</p> <p>According to the 2015 County Health Rankings, Wilkes County reported 4.4 poor mental health days compared to the 3.4 days in NC.</p>		<p>1. Provide mental health services to all high school and middle school students-- MESH Decrease in schools suspensions services provided regardless of payer source. Decrease in self-mutilation within 3 months of service. Increase in high school graduation rate or promotion. MESH</p>	High	1. United Way, WCS, DonLin Counseling, Jodi Province Counseling	<p>In SY 16/17 96% of Students are receiving mental health services. 93% of students who received services showed a decrease in self-mutilation. 97% of students have graduated or been promoted who received MH services.</p>
		<p>2. Identify at risk adults in the clinic through SBIRT Screening (DON and Providers)</p>		2. WCHD Clinic	<p>AUDIT-C and DAST Tools need to be implemented. SBIRT at initial and yearly.</p>
		<p>3. By June 30, 2018, 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</p>		3. Project Lazarus, Brame Huie, Wilkes Family Pharmacy	<p>In FY 16/17 Project Lazarus distributed 150 lock boxes to Wilkes County</p>

		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)			residents. They also added a new permanent drop box at Wilkes Family Pharmacy. Project Lazarus also continues to work with the prevention teams in MS and HS to reduce the risk of substance abuse initiation among youth. Since July 2016, 20 Narcan kits have been distributed through the HD pharmacy.
	Work with Safe Kids to make Medication Take Back Days more known in the community	4. Medication take backs (Health Promotion)		4. Law enforcement (Sheriff's office; Safe Kids, Pharmacies)	During FY 16/17 Safe Kids hosted 2 take back events at Millers Creek Pharmacy. During the year approximately 500 lbs of medications were collected.
		5. Develop community collaboration around prenatal substance abuse (OB care managers , Health Director)		5. Mountain Health Solutions, OB	The Health Director is attending the

				providers, WRMC, WCHD, DSS, Vaya	perinatal task force in Asheville quarterly. The Vaya group is currently focusing on Buncombe County with plans of expansion. OB care managers work with Mtn Health Solutions around treatment services, OBCM/CC4C staff to attend NC Pregnancy and Opioid Exposure Oct 2017, Webinar–Opioid Exposed Pregnancies Sept 2017–invited Wilkes DSS CPS and Foster Care staff, OB floor staff at hospital, both OB office staff, and WCHD staff.
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		6. Continue to train staff as needed for Mental Health First Aid (Care Managers and other)		6. Care Net Counseling, Vaya, and Health Foundation	All of Outreach staff have been trained except Silvia Morales and Armando Limon.
		7. Implement Needle exchange program following state law by 2018. (Health Director)		7. Harm Reduction Branch, Project Lazarus	Evaluating community acceptance through education. The Health Dept will consider applying for grants when ready. Plans to discuss at the Opioid Forum Sept 2017, and the BOH meeting in October 2017.

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 lead WCHD staff identified .	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
<p>Diabetes Mellitus is the 7th leading cause of death in Wilkes County (SCHS, County Health Data Book 2015).</p> <p>Disease of the heart is the 2nd leading cause of death in Wilkes County (SCHS, County Health Data Book 2015).</p> <p>According to the NC IOM Comparison of Wilkes County Metrics to Current Healthy NC 2020 Goals, Wilkes County has 9.2% (2012) of adults living with diabetes.</p> <p>According to WRMC admission data from 2012-2014, diabetes was the primary diagnosis for 0.5% of all ED admissions and 1.7% of all inpatient hospitalizations.</p> <p>According to WRMC admission data from</p>		<p>1. Increase WIC participation to 97% (1718) of the assigned 1771 baseload caseload by June 30, 2016 and continue to maintain caseload at 97% or higher through June 2018. (Nutrition Director)</p>	High	<p>1. Grocery stores, farmers' markets, corner stores, DSS, local providers, WRMC</p>	<p>FY 2015-16 Wilkes caseload was 1695 (95.72%). Participation has dropped. Through May 2017, Wilkes 11 month average participation is 1684 (94.96%) (Statewide has dropped to 91.83 %).</p>
		<p>2. Increase the number of visits to our Diabetes and Nutrition Center from 1052 (FY 14-15) by 2% by 2018. (Nutrition Director)</p>	High	<p>2. WRMC, local providers, OB offices, school nurses, MESH, WCHD Clinic, Brenner FIT, Chronic Disease and Injury Prevention Branch</p>	<p>In FY 15/16 a total of 1092 patients were seen at the Diabetes and Nutrition Center. In FY 16/17 a total of 1053 patients were seen.</p>
		<p>3. By June 30, 2018 increase the number of</p>	High	<p>3. School</p>	<p>In FY 15/16</p>

<p>2012-2014, heart disease was the primary diagnosis for 1.5% of all ED admissions and 8% of all inpatient hospitalizations. More than a third, 35.7%, of US adults are overweight or obese (CDC, 2012).</p> <p>17.8% of children ages 2-4 are obese (NC-NPASS 2012).</p> <p>According to the 2015 Community Health Assessment, 44.6% of respondents reported that they have been diagnosed as either being overweight or obese.</p>		clients of having an A1c of $\leq 7\%$ by 3%. Currently 58.95% of the patients have an A1c of $\leq 7\%$. (Nutrition Director)		nurses, WCS, YMCA, Health Foundation, Cooperative Extension, Town of North Wilkesboro, and Food Lion	55.47% of patients had an A1c of $\leq 7\%$. In FY 16/17 56.25% of patients had an A1c of $\leq 7\%$.
		4. Apply for and implement Komen grant annually to serve approximately 145 individuals per year. (DON)	High	4.Komen Northwest NC, Valley Radiologists, WRMC, Piedmont Pathology, Wilkes Surgical Associates	In 2015 Grant approved but no funding available; received \$10,000 in 2016 to serve 61 women. In FY 2017 the HD was approved for a grant but not funded due to lack of funding.
		5. Participate in 8-12 county health fairs to promote preventive care and screening by end of 2018 (DOT; Lowes; Senior resources; Little Folks festival; Family Fun Day). Lead Annual Employee Wellness Health Fair planning committee for county employees in May. Goal is to reach 150 employees by 2018. (Health Promotion)	Moderate	5.County department heads, County Manager, BCBS reps, Wilkes Partnership for Children, Library, Wilkes LICC, Lowes, DOT Senior Center, Housing Authorities	The 2016 Wellness Fair reached 128 employees.
		6. Increase the number of families who	High	6.WCS, Health	In the Spring

		participate in Brenner FIT Academy by offering two sessions per year (6 month program). (Allied Health Division)		Foundation, local providers, YMCA, Cooperative Extension, MESH, WCHD Clinic	2016 program kick off 14 families graduated from the program. During the Spring 2017 program 2 classes were offered due to demand. A total of 21 families graduated from the second Cohort. In 2017 the HD got a grant to expand the program and will be offering a class at Mt. View Elementary School.
		7. Continue implementation of Fitness Gram in K-8 and implement SPARK in all elementary schools. (Health Promotion)	High	7.WCS, Health Foundation, Duke Endowment Grant	All K-8 participated in the program during SY 16/17. We are still waiting on

					the data results from the school year.
		8. Increase number of Market Vouchers redeemed for fresh fruits and vegetables at Farmer's Market by 5%. (Health Promotion)	Moderate	8. Health Foundation, farmers' markets, St. Paul Eps. Church, food pantries, Cattle Sale, WCS	During the 2016 Market Season \$3,697 were redeemed through the grant.
		9. Increase accessibility to fruits and vegetables in food deserts through convenience stores by offering assistance to link with local farmers, providing point of sale assessments and assistance with implementing findings by the end of 2018. Add additional C store while increasing stores who offer EBT services. (Health Promotion)	Moderate	9. Corner Store Owners, Chronic Disease and Injury Branch	Currently, the HP team has not worked on this initiative.
		10. Farmers market accept EBT in Wilkesboro by end of 2018. (Health Promotion)	Moderate	10. Wilkesboro Open Air Market, USDA Grants	Open to it, in contemplation stage but not ready to implement.
		11. Provide Market Chef demos at Farmers Market to train about healthy cooking for fruits and vegetables monthly during market season. Goal is to provide 6 sessions for 2 markets each season. (Allied Health Division)	Moderate	11. Wilkesboro Open Air Market, local chefs, Wilkes County Farmers' Market, Cooperative Extension, local farmers	In 2016, cooking demos were offered at both markets. The health department provided 8 cooking demos throughout

					the season. In 2017 due to WOAM remodeling the Health Department did not offer any cooking demonstrations throughout the market season.
		12. 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 (Ongoing). Be able to complete applications and make payments on line through new portal system words by 2018. (Environmental Health)	High	12. New businesses, county planning and permitting, county IT	Working on an ongoing.
		13. Environmental Health approves specialized processing in retail sale by completing training HACCP procedures by end of 2017. (Environmental Health - F&L)	High	13.State and FDA	Completed

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 lead WCHD staff identified .	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
<p>According to the 2015 NCSCHS, the 3 top causes of death are: 1. Cancer at 182.7 per 100,000 deaths (with lung cancer having the highest rate at 58.2 per 100,000), 2. Diseases of the Heart at 166.4 per 100,000 deaths, and 3. Chronic Lower Respiratory Disease at 53.0 per 100,000 deaths.</p> <p>According to the 2015 County Health Rankings, Wilkes County had a 28% adult smoking rate compared to the state's 20% rate.</p> <p>According to the NCSCHS, Vital Statistics, Volume 1 (2006-2013), the smoking during pregnancy trend for 2013 was 18.9% in Wilkes County compared to 10.3% at the state level.</p> <p>According to the 2015-2016 CHNA, the top two Environmental Health Concerns were</p>		<p>1. By June 30, 2018, 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>SonShine Daycare has implemented an e-cigarette policy on top of their tobacco free policy.</p>
		<p>2. By June 30, 2018, increase the number of multi-unit properties that adopt smoke free rules from 1 to 3. (Health Promotion)</p>	High	<p>2. Multiunit Housing Property Owners, Regional Tobacco Prevention and Control Manager</p>	<p>Since 2016 2 new properties have gone smoke free. Walden Ridge is looking at an e-cigarette policy to implement in the near future.</p>

<p>secondhand smoke with 40% of respondents and air quality with 36% of the respondents.</p> <p>According to the Wilkes County 2015-2016 Youth Risk Behavioral Survey (YRBS) conducted in the middle and high schools, 15.7% of MS and 36.7% of HS have ever tried a cigarette with 4.5% MS students and 13.5% HS students have smoked a cigarette in the past 30 days. The survey also found that 20.8% of MS students and 40.3% of HS students in Wilkes County have ever tried an e-cigarette or vaping product. When looking at the past 30 day use, 11.1% of MS students and 21.5% of HS students reported using an e-cigarette in the past 30 days.</p>	<p>3. By June 30, 2018 host 2 5A trainings throughout Wilkes County. (Health Promotion)</p>	High	<p>3. Dental Clinic, OB Offices, Family Medical Practices, other local providers</p>	<p>In August of 2016, a 5As training was held for all HD staff to attend.</p>
	<p>4. By June 30, 2018, increase the number of Wilkes County residents who use the NC Quitline by 5%. (Health Promotion)</p>	High	<p>4. Regional Tobacco Prevention and Control Manager, Wilkes County Schools, OB Offices, Dental Clinic, MUH Properties, etc...</p>	<p>In 2015 a total of 125 residents called Quitline. In 2016 a total of 190 residents called Quitline. In 2017, through June a total of 115 residents have called the Quitline.</p>
	<p>5. By June 30, 2018, increase the number of local providers who utilize the NC Quitline fax referral by 5%. (Health Promotion)</p>	High	<p>5. Local Providers, Regional Tobacco Prevention and Control Manager, MCH Coordinator</p>	<p>The Dental Clinic sent 2 dentists to a 5As training in April 2017. The Dental Clinic has been provided the resources they need to make referrals. Waiting on data from the</p>

					State to see if referrals are coming from the dental clinic.
		6. By June 30, 2018, increase the number of local providers who screen and utilize the NC Quitline fax referral for pregnant women by 5%. (OB Care Managers)	High	6. Local OB Providers	WFBWC-Greenway--Ongoing due to office changes, / Dr. Blackwells-Ongoing--OBCM offers Quitline services but has difficulty getting patients to do it.
		7. By June 30, 2018 conduct assessments in 80% of tobacco retail stores throughout Wilkes County. (Health Promotion)	Moderate	7.Regional Tobacco Prevention and Control Manager, retail store owners	In the Spring of 2017, a Point of Sale and STARS assessment was completed of 73 stores in Wilkes County. To the best of our ability, it is believed that every store was assessed. However,

					new stores pop up all the time without our knowledge. Health Promotion plans to reassess in 2018.
		8. By June 30, 2018 increase compliance with students, teachers, and staff throughout Wilkes County School. (Health Promotion)	Moderate	8. Wilkes County Schools, Regional Tobacco Prevention and Control Manager, School Health Advisory Council	In SY 16/17 new tobacco signs were purchased for several schools throughout the county. With the 17/18 SY plans to provide education to school system staff is planned. Along with youth education through SHAC.

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 lead WCHD staff identified .	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
<p>Approximately 21% of respondents to the 2015 CHNA Survey reported having a problem accessing health care.</p> <p>In 2013, it was reported that over 20% of Wilkes County residents did not have health insurance.</p> <p>According to the 2013, US Census data 22.7% of Wilkes County residents live in poverty.</p>		<p>1. Link patients to Primary Care and Specialty Services (Healthcare Connection Coordinator)</p>	<p>Moderate</p>	<p>1. Office of Rural Health, Duke Endowment, WRMC, Local Providers, Care Connection Pharmacy, WPN</p>	<p>Ongoing—working on new process due to Baptist Hospital Charity Care—patients have to go through Charity Care process before getting an appointment</p>
		<p>2. Implement Wilkes Community Health Center FQHC by April, 2017 once grant is awarded (Health Director)</p>	<p>High</p>	<p>2. Health Foundation, Mental Health, OB Services, Wilkes Public Dental Clinic, WTA</p>	<p>Sept 2017, FQHC implementation plan is almost complete. Contracts still need to be completed. A few policies along with credentialing need to be completed. FQHC has</p>

					contracted with Lorie Kaylor and Associates to assist Health Center Board with Strategic Planning.
		3. Linking uninsured patients to insurance by training identified staff to be CAC's by April, 2017 (Healthcare Connection Coordinator, Management Support Staff)	Moderate	3. Legal Aid, Get Covered America, DSS	Uninsured RN and SW work with patients to enroll with insurance providers. Management Support have trained 2 staff members.

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 lead WCHD staff identified .	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
		1.Orientation/Training for new Management Team members - within a year from start date	High	1.Utilize State Training such as NCIPH, guest speakers, WCC small business school, CC Leadership training	Some new MT members need to attend.
		2. Orientation/Training for staff positions in Outreach, Clinic, Environmental Health - within 30 days from start date	High	2.Introduction to Public Health, CIT Training	Outreach has completed. EH has completed. Ongoing with new staff.
		3.Specialized training for CD Nurse, Environmental Health staff, CC4C and PCM - within 6 months from start date	High	3.State Environmental Health CIT training	Outreach has completed for CC4C and OBCM programs. EH has completed.
		4. Annual Mandatory Training for all staff including internal and external training	High	4.Annual Mandatory Training	Ongoing
		5.Exempt & Non-exempt Payroll Training - by end of 2016	High	5. County HR Personnel	The new labor laws did not go into effect. No training needed at this time.

		6. Developing Work Plans for all positions as a means of tracking performance by end of 2018 (Management Team, Rachel Willard will take lead)	Moderate	6. Management Team	Ongoing
		7. Documentation of Annual Competency Review (Clinical Staff, Social Workers by end of 2016 to be implemented January 2017, EH Standardization - by end of 2018)	Moderate	7. Management Team	In 2017 Outreach started with new employees and annual reviews.
		8. Management Team Building Training by 2018	High	8. Health Foundation or other Consultant	Waiting to fill positions

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 lead WCHD staff identified .	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
		1. Complete Renovations for Pharmacy and former WIC area	Moderate/High	County Manger, Contractors assigned through county	Completed
		2. Replace Windows in Registration	Moderate/High		Windows have not been replaced yet.
		3. Facility Safety Recommendations	Moderate/High		Most of the improvements have been implemented .
		4. Prioritize Painting - years 2016, 2017	Moderate/High		Quotes have been obtained
		5. Replace broken/chipped counters in clinic area	Moderate/High		Complete
		6. Complete paving project by end of 2016 - evaluate adding slope to driveway at top of outside stairwell	Moderate/High		Complete
		7. Remove Carpet from Environmental Health offices - replace with tile	Moderate/High		Looking at putting into 2018 budget.
		8. Improve directional signage by end of 2018.	Moderate/High		Currently working on

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 lead WCHD staff identified .	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
		Revamping HD job descriptions - by end of 2018	Moderate	1.Interns/College Students 2.Examples from other Health Departments	Looking at job descriptions from other counties.

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 lead WCHD staff identified .	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
	2015 Community Health Stakeholder Surveys, Customer Satisfaction Surveys	Shrinking resources. Work with community partners to combine resources. Outsource when appropriate by end of 2018. Utilize NC HIE for immunizations, state lab, and patient portal as components are developed or by the end of 2018.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 lead)	High	Hospitals, physician partners, DHHS, Management Team, Health Foundation, WCS, Vaya, regional staff, and others in community	Slow moving process.

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 lead WCHD staff identified .	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
		1. Implement practice management best practices (Communicator App. Implementation and Smart Sets implementation) to improve processes in clinical services and registration, scheduling and AR. Assessment by end of 2018 to determine best practices. Decrease lead time to 70 minutes for physical and complex visits by end of 2017 (currently 80 min). (Nursing Supervisors, Management Support Supervisor and DON Lead)	High	1.NCIPH	Communicator App-can only use it on 30 min pts, due to being able to access only 1 type of visit. Providers are using Phrase Express for documentation.
		2. PCMH Certification - Level 3 - complete application process by Spring 2017 (DON Lead)	High	2. NWCCN's quality initiatives, Patagonia health for management reports; Regional consultant; CCNC; AHEC	On hold in 2017 due to FOHC. DON trained on new guidelines. Will work closely with NCCHCA QI Program Coord to determine timeframe for completion in 2018.
		3. EH GIS Septic and Well Program thru	High	3.Grantors	Currently

		awarding of grants to fund - by end of 2018 (Environmental Health)			looking for grants. Funding not available at this time.
		4. Assess opportunities to decrease duplication of HD staff and/or programs by end of 2018 (Management Team)	High	4. Management Team, Outside Consultants	Ongoing
		5. Identify opportunities to improve inter-departmental communication (develop a team/FISH - QI Person will assume the lead) by end of 2017	High	5. Management Team, QI leader	Completed staff survey in 2017.
		6. HIPAA Risk Assessment - by end of 2017 (DON)	High	6. HIPAA Officer, Management Team, County IT	Contract ready to be signed and executed.

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 lead WCHD staff identified .	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
	Wilkes Watch and blast fax should not only be faxed, but e-mailed out as well	1. Develop protocols for rapid response to public health issues by end of 2016 (Preparedness Coordinator , Environmental Health)	Moderate	1. Management Team, Emergency Preparedness, Epi Team	Completed. Plans are annually updated. EH Standard 5 is completed.
		2. Update Wilkes Watch Response and Blast Fax- revitalize this tool by end of 2017 (Health Promotion)	Moderate	2. Student Intern to develop tool, CD Nurse, and Health Promotion, County IT	The blast fax list has been updated to include e-mails. Also, the blast fax system has been set up for RightFax.
		3. Develop Twitter Account by end of 2016 (Health Promotion)	Moderate	3. Health Promotion	A twitter account for the health department has been set up.
		4. Implement new standards for lead poisoning prevention program. (Environmental Health, Child Health Nurse)	High	4. EH, CH Nurse	Going to Commission on Public Health for final rules.

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 lead WCHD staff identified .	Priority Issue	Community collaborations to implement activities?	Status Update/Notes
		1.Determine EMR updates/upgrades to improve accessibility, quality and utilization of health data (Management Team)	Moderate	1.Management Team, Patagonia	2017- Purchased UDS reporting system. Upgrades are being pushed out once approved by CUG/BUG group. Healthcare Connection will have to switch to a new system when CMIS goes away in April 2018. Currently, the HD is looking at Phases. The HD is exploring options for

					the best clinical EMR with transition to FQHC.
		2. 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	2.Management Team, County IT	FY 16/17 new computers were purchased in HP, Outreach, Management Support, EH. Software updates were purchased in EH, HP and outreach. New printers were purchased in HP, Management Support, Clinic, WIC, and Outreach. A new copier contract has been signed. IT needs to be setup at the Early College.

Wilkes County Health Department (WCHD) Strategic Planning

SWOT Analysis 2016

Strengths:

- Our employees!!
- Recent grant recipients - great grant writing
- Health Department is well connected in the community - well represented in community: WFBH-WMC, Adult Day, Health Foundation, JCPC, DSS committees, SHAC, LEPC, Wilkes Partnership for Children; Open Air Market; Cooperative Extension; March for Babies; Northwest NC Komen; Communities in Schools, Safe Kids; United Way; WFBH-Brenner Fit Program, NCCHCA
- Spanish Interpretation services - the best in the community
- Excellent service delivery throughout the department
- Excellent outcomes and improvements from accreditation, monitoring, program review
- Medical Director and providers
- Health Department autonomy to do the work of public health - support from other county departments, like Finance, Personnel
- Demand for direct service is high
- Received FQHC status for primary care
- Supportive Board of Health
- Supportive WCHC FQHC Board of Directors
- Supportive Board of Commissioners
- EH services are more accessible and serving the public better at the County Office Building
- Management Team works well together
- Improved Teamwork and communication within and across departments
- Proactive - open to change and willing to consider alternatives
- Restaurant grades and inspection sheets are now on-line and available to the general public; email septic permits to public.
- Applications for Environmental Health services are available on-line
- Cross-trained Spanish Interpreters to clinical assistants
- Cross-training in management support staff
- Open access (aka patient access) implemented in clinic
- Backup CD nurse established
- Clinic services for Wilkes County employees
- Excellent Nutrition Staff with two registered dietitians
- Nutrition staff members are Certified Diabetic Educators
- WIC and Diabetes centered in proximity to each other near hospital and doctors' offices.
- MESH services expanded to provide Mental Health Services in middle schools and Early College to provide primary care and mental health services
- Health Net/Care Share Partnership
- Duke Endowment Partnership for access to care
- Establish regular staff meeting/staff development time for clinic and management support

- Employee Service Recognition Awards implementing through QI 101
- Training for staff available through webinars and on-line training sites
- Enrollment in FDA Program Standards (one of 21 in our state). Completed 1, 5, 9 Standard.
- Completed Pharmacy and Clinic renovation-added 2 additional clinic rooms and consultation rooms.

Weaknesses:

- Overall pay issues within the Health Department - too low—increasing difficulty to hire most qualified applicant for position.
- Facilities are not adequate to meet the demands of the community for direct services
- Difficulty staffing expanded hours clinic
- Demand for primary care from the uninsured exceeds our capacity
- Lack of adequate space continues to be an ongoing issue.
- New staff changes team dynamics
- Internal communication between departments
- Pending retirements creates need for succession planning
- State public health cuts limits services to clients
- County payroll processes (on paper) are outdated
- Difficult to implement bigger IT projects due to limited IT staff
- Turnover in the health department
- Continued decreases in MCH Block Grant funds
- Hiring bilingual staff to fill positions

Opportunities:

- Excellent relationships with local media
- Pending retirements creates need for succession planning
- Need isolation room (negative pressure room)
- Clinically Integrated Network with CCNC
- Excellent web-based resources through CDC and Division of Public Health
- 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 for sick visits and in WIC
- Re-Accreditation explore PHAB accreditation
- Having FQHC status creates opportunities for clients
- Working towards PCMH
- FQHC UDS reporting system in EMR
- Evaluation and transition to a new EMR to meet both HD and FQHC requirements
- 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 and WIC
- Relationship with Health Foundation

- Collaboration with WFBH-WMC and Health Foundation on the Community Health Assessment
- Collaboration with Wilkes County Schools
- Affordable Care Act
- CAC entity
- Continued employee satisfaction monitoring
- Hiring of CMAs and bilingual staff
- Updating performance evaluation tools, the interview questions and scoring sheets for selection of new employees.
- Medicaid expansion for North Carolina
- Health Foundation's vision for creating a healthy Wilkes and "moving the needle" from 81th in health outcomes, 63rd in health factors in state of 100 counties to a higher ranking so they have committed dollars for grants for built environment and recently approved hiring a facilitator to work in the communities to build coalitions toward CHA objectives
- Pay for EH application fees online
- GPS systems for wells for EH staff members
- HIPAA risk assessment

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
- Uninsured/ underinsured 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, Everyday!
- 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
- Lack of legislative support for adequate Food and Lodging Fees
- 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 for adults, pregnant women and babies.
- Consolidation and/or potential regionalization
- Accreditation funding eliminated but regulatory requirement still remains