

## Wilkes County Health Department Strategic Planning 2010-2011

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 quarterly 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 Survey, 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.

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 timeline and lead WCHD staff identified.	Priority Issue	Community collaborations to implement activities?
CHA/SOTCH	Obesity – middle school BMI project – 50% of Wilkes middle school kids are overweight or obese	Prioritized by stakeholders on CHA. Identified as issue with Community Care Network.	<p>Goal: By 2014 decrease childhood obesity rates as defined by middle school children over the 85<sup>th</sup> percentile by 5 percent.</p> <p>Evidence-based policies and/or interventions:</p> <ol style="list-style-type: none"> <li>1. School system adoption of the In-school Prevention of Obesity and Disease (IsPOD) – evaluation of implementation of IsPOD, evaluation of IsPOD data on BMI and other available data. School year 2010-2011. Health Promotion is lead.</li> <li>2. School System adoption of Healthy Foods Policy. Present to BOE 2011, implement 2011-2012 school year. Health</li> </ol>	High	Fitness and Nutrition Task Force for community-based leadership around obesity. School Health Advisory Committee for collaboration and communication with school system and Board of Education. Northwest Community Care Network helps fund the new dietician position to improve diabetes education and medical nutritional therapy. WCHD participation in Leadership for Healthy Communities which helps with

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			<p>Promotion is lead. 3. Joint use agreements with all elementary schools for community use of playgrounds, tracks and gyms. 2010-2012. Health promotion is lead.</p> <p>BOH request – evaluate physical activity in high school students and report to BOH Summer 2011</p>		policy guidance.
CHA/SOTCH	Prevention of Type II Diabetes and at-risk for diabetes secondary to obesity with no local resources for diabetes prevention and education outside the WCHD (other than drug reps).	Prioritized by stakeholders on CHA. Identified as issue with Community Care Network.	<p>Clinical Goals: 1) 75 percent of all patients will check feet daily. 2) 75% of patients will have a post Alc of less than 7%. 3) Blood pressure of less than 130/80 for patients who complete the program.</p> <p>Continue development and implementation of</p>	High	Fitness and Nutrition Task Force for assistance with public relations. Wilkes Regional Medical Center Practice Management Meeting Group for referrals and feedback. WIC and Community Care

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			comprehensive community resource for diabetes education and nutrition counseling. Work with state ADA umbrella program for recertification April 2011. Develop and implement marketing plan to medical community and general public, including diabetes support group. Current and ongoing. Dietitian and diabetic nurses are lead.		Network for referrals and feedback. Community Care Network and NC Division of Public Health to establish appropriate clinical outcome goals.
CHA/SOTCH	Substance Abuse with focus on prescription drug abuse due to high #'s of unintentional OD and OD deaths.	Prioritized by stakeholders on CHA. Identified as issue with Community Care Network.	Goal: Reduce total number of deaths as a result of unintentional poisoning by 20 percent during 2010 as compared to 2009.  Continued implementation of Chronic Pain Initiative to reduce overdose and complications of substance	Med	Northwest Community Care funds the project manager. Network Chronic Pain Advisory Committee. Substance Abuse Task Force for community-at-large support.

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			abuse in Wilkes. Current and ongoing. Community Care Managers and Medical Director are lead.		
CHA/SOTCH	Access to care for un- and under-insured.	Prioritized by stakeholders on CHA.	<p>Goal: Increase the number of uninsured Wilkes County residents accessing healthcare by 60 percent by 2014.</p> <p>Continued implementation of HealthCare Connection Project through HeathNet funding. Improve dental access for uninsured adults. Current and ongoing. Social Worker and DON are lead. Develop collaborative application for Federally Qualified Health Center. Health Director is lead.</p>	High	Access to Care Task Force. Northwest Community Care Network. HealthNet grantees. Rural Health Clinics.
CHA/SOTCH	Access, coordination	Prioritized by	Goal: 1) Develop strategies	High	Rural Health Centers

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	of mental health/substance abuse treatment.	stakeholders on CHA. Identified as issue with Community Care Network.	to keep the public, consumers, provider agencies and legislative committees informed of local services. 2) Develop strategies on how to improve systems so that consumers get proper coordination of services between physical and mental health providers resulting in proper diagnosis for presenting problems. 3) Develop strategies that improve collaboration of providers so that consumers get the best possible care.  Support work of new Task Force. Implement substance abuse/mental health co-location project		and WCHD collaborative grant through Kate B. Reynolds. Mental Health Task Force of Wilkes Healthy Carolinians Council is primary in this project.

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			collaboratively with rural health centers in 2010-2011. DON and Health Director are lead.		
Public Health Information Dissemination identified in the SWOT analysis as an improvement opportunity.	Opportunity for improvement of public health information to community at large.	Information requests through website, phone, media, stakeholders.	Revise current policy to assure consistent effective communication from WCHD through website, press releases, community contact with WCHD employees. January 2011 and ongoing. DON and Health Promotion are lead. Website "fixed" components are accurate and functional. January 2011 and ongoing. Management Team and Health Promotion are lead.	Medium	General feedback
Health Information Technology – critical with the Affordable	Inadequate IS support from county. Poor practice management	n/a	Strengthen day-to-day technology support and future planning for IT by	High	Northwest Partnership for Public Health and NC

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Care Act	and data analysis system with HIS. Need to link with WRMC and physician medical records.		identifying and implementing HIS Administrator and IT Tech support. December 2010. Health Director is lead. Review alternatives and plan for electronic medical record and report to Board of Health. April 2011. Health Director is lead. Environmental Health pursue web portal for septic permits for public review. July 2011. EH Supervisor.		Association of Local Health Directors for HIS issues.
Budget issues, positions frozen and retirements.	Multiple frozen positions, key individuals retiring or transferring – put WCHD at risk for loss of institutional knowledge; threatens efficiency and effectiveness.	n/a	Implement rapid improvement process "newspaper" goals and activities that were developed with the NC Center for Public Health Quality cohort to achieve equitable redistribution of work load and identify	High	n/a

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			training needs. Adhere to timelines identified by teams with opportunity for ongoing improvement. Quality Council is lead.		
Facility limits efficient and effective care delivery	Quality improvement activities have identified opportunities for improvement through limited renovations of the clinic office areas.	Customer feedback during rapid improvement projects and on routine customer satisfaction surveys	Renovation plans developed and implemented by spring 2011. Board of Health and Health Director are lead.	High	Customer feedback opportunities.
Policy and practice changes to the built environment to improve community access to physical activity	Obesity rates indicate a need for broad community change to the built environment.		Participate with county and towns on Planning Boards. Current and ongoing. Environmental Health is lead. Work toward Fit Community designation for the county of Wilkes. Application due march 18, 2011. Health Promotion is lead.	Med	Planning boards. Chamber of Commerce/Vision 2020

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			Work with Board of Health to learn more about and to identify priority areas for Health Impact Assessment. Spring 2011. Health Promotion and Health Director are lead.		

**Wilkes County Health Department**

**SWOT Analysis 2010**

**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
- Expanded hours clinic – good for public
- Facility looks better with painting
- 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
- 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
- Expanded hours clinic
- New clinic services for Wilkes County employees
- Excellent Nutrition Staff
- Health Net/Care Share Partnership
- Establish regular staff meeting/staff development time for clinic and management support

**Weaknesses:**

- Facility – crowded, not very functional for efficiency, privacy, etc.
- Overall pay issues within the Health Department – too low
- 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

- No staff dedicated to information systems
- Difficulty staffing expanded hours clinic results in staff fatigue and decreased job satisfaction.
- Home-based staff offer new challenges – communication, networking is not the same – must get these staff linked to computers.
- Demand for primary care from the uninsured exceeds our capacity
- Need a new employee satisfaction survey
- Partnership with Alliance Staffing has helped with staff satisfaction in working after-hours and weekend flu clinics
- Need upgrade or new phone system
- Need parking and cover for MESH unit

### **Opportunities:**

- Excellent relationships with local media
- Need isolation room (negative pressure room)
- Incubator Project – particularly the coding project with Debbie Widener, Candice Duvernois
- Northwest Community Care Network has a close relationship with WCHD
- Excellent web-based resources through CDC and Division of Public Health
- HIS roll-out -- a move toward Electronic Medical Records and EH field systems
- Consider how other health departments are successful – come in late if you are working late, hire people for odd schedules, etc.
- Opportunity for intra-net, blog for communication of home-based staff
- 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
- Staff development with H1N1 Preparedness funding
- County Wellness Committee demonstrates WCHD value to local government
- Nutrition programs – ADA DSMT

### **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
- 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
- HIS roll-outs
- Health Information Technology
- Public Health Improvement Plan legislation
- 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