

Wilkes County Health Department Strategic Planning 2011-2012

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.

In December 2009, the CHA 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 and the Executive Committee of the Wilkes Healthy Carolinians Council. 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 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 assessment was presented to the community-at-large at the 2009 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. Ruth Petersen, Section Chief of the Chronic Disease and Injury Section of the NC Division of Public Health. Dr. Peterson 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 Department Health Promotion Coordinator presented the data to the group. The Health Director then led a group discussion to validate the priority areas that were identified through the assessment and Mental Health was identified as a fourth priority for discussion and development. Breakout sessions on all four priorities were conducted that included understanding the current environment around the priorities in Wilkes and brainstorming for reasonable interventions and actions by the Wilkes Healthy Carolinians Council.

1. Substance Abuse including the unintentional poisonings that have placed Wilkes County within the top 3 for high frequency of deaths.
2. Access to Care which is a direct result of the dramatic increase in the unemployment rate which has increased those who are uninsured.
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

Priorities one through three are the same, or refinements of, priorities set by this group in 2005, which will continue Wilkes County's ongoing work in addressing these issues. Priority four was added as a result of the Community Opinion Survey questions regarding Mental Health during the Health Summit as well as the drastic level of prescription substance abuse resulting in death due to unintentional poisonings.

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.

Utilizing the three current task force groups and working on the development of the fourth, the Wilkes Healthy Carolinians Council 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 data from the 2009 Community Health Assessment;
3. Review of collective responses from the Community Health Opinion Survey;
4. Review of the information collected from the breakout sessions of the 2009 Community Health Summit;
5. Review of work on the selected priorities using a nominal group process;

6. Use of data from the NC-CATCH System to continue to monitor and identify geographic areas where the largest numbers of individuals are most affected by the problems they selected; 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 2009 Community Health Assessment. **Priorities are established based on the CHA/SOTCH 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 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.

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 lead WCHD staff identified.	Priority Issue	Community collaborations to implement activities?
CHA/SOTCH-- Wilkes County Health Department began an initiative to measure body mass index (BMI) on sixth, seventh and eighth graders in order to	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.	Goal: By 2014 decrease childhood obesity rates as defined by middle school children over the 85 th percentile by 5 percent. Evidence-based policies and/or interventions:	High	Fitness and Nutrition Task Force for community-based leadership around obesity. School Health Advisory Committee for collaboration and

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<p>obtain BMI statistics over time. As shown in Illustration 1, 51.5% of all sixth, seventh and eighth graders are overweight or at-risk for being overweight. Because of this information, it was determined that measuring BMIs should begin at an earlier age. Therefore in 2009, third graders also completed BMI screenings as part of the regular screening program through Wilkes County schools.</p>			<p>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. <u>School year 2010-2011</u>. Health Promotion is lead. Adopted-8-24-11</p> <p>2. School System adoption of Healthy Foods Policy. Present to <u>BOE 2011</u>, <u>implement 2011-2012 school year</u>. Revised goal through SHAC to work with the 4 elementary schools involved in the Joint Use Agreement grant. Goal revised to begin with these four schools on 09-20-11. Implemented the same Health Promotion is lead.</p>		<p>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 policy guidance.</p>

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			3. Joint use agreements with all elementary schools for community use of playgrounds, tracks and gyms. <u>Grant does not include the gyms. 2010-2012.</u> Health promotion is lead. Policy effective 09-06-11. BOH request – evaluate physical activity in high school students and report to BOH <u>Summer 2012.</u> Health Director will report to BOH.		
CHA/SOTCH—The BRFSS identified a high percentage of overweight and obese adults and children that increases the risk for Type II diabetes:	Prevention of Type II Diabetes and at-risk for diabetes secondary to obesity with no local resources for diabetes prevention and education	Prioritized by stakeholders on CHA. Identified as issue with Community Care Network.	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. Waiting for	High	Fitness and Nutrition Task Force for assistance with public relations. Wilkes Regional Medical Center Practice Management Meeting Group for

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25.7% obese and 37.6 % overweight with 9.6% of population with diabetes anticipated to increase as 51% of middle-school children are overweight or obese. Obesity was listed as the top health concern.	outside the WCHD (other than drug reps).		<p>reports on new computer system.</p> <p>Continue development and implementation of comprehensive community resource for diabetes education and nutrition counseling. Work with state ADA umbrella program for <u>recertification April 2011.</u> Accomplished. Develop and implement marketing plan to medical community and general public, including diabetes support group. <u>Current and ongoing.</u> Develop and implement plan to include additional sites with possible KBR grant. September, 2011. Revise goal to open new site at Med. Arts early 2012.</p>		referrals and feedback. WIC and Community Care Network for referrals and feedback. Community Care Network and NC Division of Public Health to establish appropriate clinical outcome goals.

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			Apply for KBR grant in Feb. 2012 Dietitian and diabetic nurses are lead.		
CHA/SOTCH-- Wilkes County, with rates based upon information from the vital statistics for the county, ranks with one of the three highest rates in the state of unintentional and undetermined intent poisoning death rates. The majority of this rate reflects use by individuals of prescription medications which may or may not have been prescribed for their use. These	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 <u>20 percent during 2010 as compared to 2009.</u> Continued implementation of Chronic Pain Initiative to reduce overdose and complications of substance abuse in Wilkes. <u>Current and ongoing.</u> Community Care Managers and Medical Director are lead.	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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<p>medications have resulted in death most often because they are used incorrectly or in conjunction with other substances such as alcohol, other prescriptions or street drugs. Currently, the Substance Abuse Task Force has helped secure funding for "Project Lazarus," an 27 organization that focuses on the reduction of unintentional poisoning deaths from prescription medications through</p>					

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physician and patient education, detection of prescription drug trafficking and the prevention of unintentional overdose by providing naloxone to households that have been legally prescribed three or more medications.					
CHA/SOTCH-- Access to Care which is a direct result of the dramatic increase in the unemployment rate which has increased those who are uninsured. 16.7% (approx. 12,000) of population is uninsured.	Access to care for un- and under-insured.	Prioritized by stakeholders on CHA.	Goal: <u>Increase the number of uninsured Wilkes County residents accessing healthcare by 60 percent by 2014.</u> Continued implementation of HealthCare Connection Project through HeathNet funding. Improve dental	High	Access to Care Task Force. Northwest Community Care Network. HealthNet grantees. Rural Health Clinics.

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			<p>access for uninsured adults. <u>Current and ongoing, grant application due in November.</u> Application Completed for year 5. Free Dental clinic on July 29 & 30, 2011. Social Worker and DON are lead. Develop collaborative application for Federally Qualified Health Center by early 2011. Application completed. August-did not get FQHC, now doing application for look-a-like status. Health Director is lead.</p>		
CHA/SOTCH-- Mental Health which includes substance abuse, depression and suicide and the extreme lack of	Access, coordination of mental health/substance abuse treatment.	Prioritized by stakeholders on CHA. Identified as issue with Community Care Network.	Goal: 1) Develop strategies to keep the public, consumers, provider agencies and legislative committees informed of local services. Taskforce	High	Rural Health Centers and WCHD collaborative grant through Kate B. Reynolds. Mental Health Task

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mental health services in our county for diagnosis and treatment			<p>designing brochures and speakers bureau. 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. Co-location grant in 3 of 4 sites. 3) Develop strategies that improve collaboration of providers so that consumers get the best possible care. Developing baseline data through hospital ED to be completed by early 2012. Support work of new Task Force. Implement substance abuse/mental health co-location project</p>		<p>Force of Wilkes Healthy Carolinians Council is primary in this project. Northwest Community Care for care manager. Health Department supports work of new task force.</p>

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			collaboratively with rural health centers in <u>2010-2011</u> . NWCCN will support a Behavioral Health Care Manager for Wilkes County in early 2012 DON and Health Director and Outreach Nursing supervisor 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. <u>January 2011 and ongoing</u> . DON and Health Promotion are lead. Website "fixed" components are accurate and functional July, 2011. <u>July 2011 and ongoing</u> . Management Team and	Medium	General feedback

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			Health Promotion are lead.		
Health Information Technology – critical with the Affordable Care Act	Inadequate IS support from county. Poor practice management and data analysis system with HIS. Need to link with WRMC and physician medical records.	n/a	Strengthen day-to-day technology support and future planning for IT by identifying and implementing HIS Administrator and IT Tech support. <u>December 2010</u> . Completed Health Director is lead. Review alternatives and plan for electronic medical record and report to Board of Health. <u>April 2011</u> . Decision made to stay with HIS. Expect contract by <u>August 1, 2011</u> . 2008 upgrade to system in November, 2011 to allow billing in 2012. Participate on workgroup to develop reports in 2012 . Health Director and Management	High	Northwest Partnership for Public Health and NC Association of Local Health Directors for HIS issues.

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			support supervisor are the lead. Environmental Health pursue web portal for septic permits for public review. <u>July 2011</u> . Web portal available but funding an issue at \$12,000 annually. Mention to commissioners in new budget year due April, 2012. EH Supervisor is the lead.		
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 training needs. Adhere to timelines identified by	High	n/a

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			teams with opportunity for ongoing improvement. Throughout 2011. Kaizen event goals implemented with ongoing improvements through 2012. 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. Completed June, 2011. Collect customer feedback early 2012. Board of Health and Health Director are lead. Quality Council lead for customer feedback.	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. <u>Current and ongoing.</u> Environmental Health is lead. Work toward Fit Community designation for the county of Wilkes.	Med	Planning boards. Chamber of Commerce/Vision 2020

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			<p><u>Application due march 18, 2011.</u> Not awarded designation in September, 2011. Health Promotion is lead.</p> <p>Work with Board of Health to learn more about and to identify priority areas for Health Impact Assessment-ask BOH. Spring 2012.</p> <p>Health Promotion and Health Director are lead.</p>		

Wilkes County Health Department

SWOT Analysis 2011 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
- Expanded hours clinic – good for public
- Facility looks better with painting
- Facility renovation of waiting room, nurses station, and accounts receivable has increased staff and customer satisfaction
- 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
- Staff dedicated to HIS
- New parking and cover for MESH
- Parking lot improvements

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 staff fatigue and decreased job satisfaction.
- 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

Opportunities:

- Excellent relationships with local media
- Need isolation room (negative pressure room)
- Incubator Project – particularly the coding project with Debbie Widener
- 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 explore PHAB 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
- Consolidation and/or potential regionalization