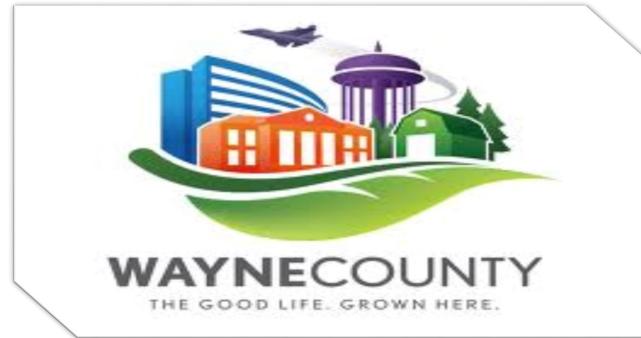


# 2017-2020 STRATEGIC PLAN

## WAYNE COUNTY HEALTH DEPARTMENT



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## **Acknowledgments**

The Wayne County Health Department Executive Leadership Team developed this plan through input from staff, responsive feedback from stakeholders, and assistance from the Board of Health and county leadership.

### **We acknowledge the following individuals:**

Davin Madden	Leah Grimmer	Susie Teachey	Bob Cagle
Ken Stern	Brenna Wolfe	George Wood	Dave Tayloe, M.D.
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# Message from the Health Director

As we approach the second decade of the twenty-first century, public health professionals and leaders are examining and questioning the next phase of public health. How will we respond? What will public health 3.0 look like? How will we position ourselves to address population health, to serve as safety net providers and to be leaders for community empowerment?

Over the past few years, we have faced Ebola and Zika outbreaks, gun violence, and many other emerging dangers. Simultaneously, public health has continued to stand in the whirlwind of divisional poverty, mental health outcries, rapidly emerging infectious diseases, persistence of harmful health behaviors and more.

What a challenging time. Setting a vision for what public health is and will do for its community has never been more important and necessary. Expert panels, focus groups, evidence based strategies, and academic research all provide a multitude of direction and information but how do you digest it all and sort what is best for the community we serve? Establishing solutions has become less of an end result and more of a starting point for progress. The system has become increasingly complex. Emerging change models are more valuable than ever. In the past, local stakeholders could convene dialogue, agree on an issue, and work through a lead agency for action. Public Health 3.0 will need to go beyond this. Systemic issues that impede progression to improve population health have not been effectively addressed through the previous model. Historical processes that helped to educate individuals on healthy lifestyles, prosperity and beneficial choices have become less relevant, at least in their methodology. Cultural evolution has shifted the paradigm of health.

Our focus must remain on serving the most vulnerable and needy of our community while continuing our mission of public health trust through effective programs. Access to care and affordable care are existing challenges that will continue to garner attention and consideration. Innovative approaches that assimilate behavioral health services and preventive socioeconomic assessment into clinical care has become a focus for a more comprehensive patient experience.

Incorporating a strategic plan into the work process is vital for public health. It establishes goals for the organization. Goals that are not wholly the responsibility of the health department are also developed to highlight the need for public health to serve in a partnership role. Joint opportunities are necessary to promote and encourage stakeholders to work across professional domains in order to better accomplish broader reaching, population centered outcomes.

**Davin W. Madden, MHSA, REHS**

Public Health Director

Wayne County

# STRATEGIC PLAN 2017-2020

## Goal 1: Strengthen Public Health

## Goal 2: Improve Lives

## Goal 3: Promote Health

### MISSION STATEMENT

The mission of the Wayne County Health Department, through our responsive and professional staff, is to preserve, promote, and protect the health of our community by preventing diseases, protecting the environment and promoting healthy living.

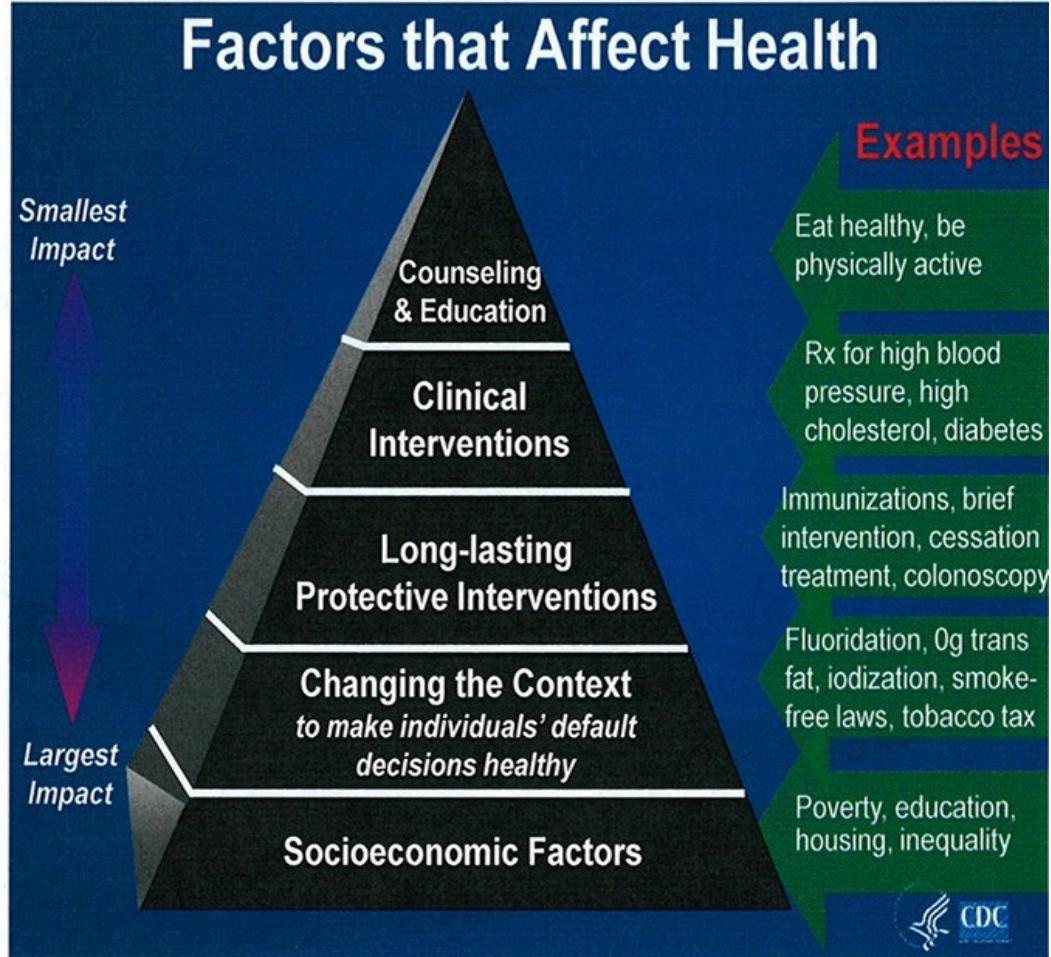
### VISION

A healthy community living empowered lives and securing a healthy future for everyone

### VALUES

- ♦ We uphold professionalism, courtesy, and integrity
- ♦ We are accountable, effective, and responsive
- ♦ We foster diversity, creativity, and innovation
- ♦ We preserve transparency, financial responsibility, and public trust
- ♦ We ensure a dedication to serve the public

# Health Impact



*A 5-tier pyramid best describes the impact of different types of public health interventions and provides a framework to improve health. At the base of this pyramid, indicating interventions with the greatest potential impact, are efforts to address socioeconomic determinants of health. In ascending order are interventions that change the context to make individuals' default decisions healthy, clinical interventions that require limited contact but confer long-term protection, ongoing direct clinical care, and health education and counseling.*

*Interventions focusing on lower levels of the pyramid tend to be more effective because they reach broader segments of society and require less individual effort. Implementing interventions at each of the levels can achieve the maximum possible sustained public health benefit.*

### A Framework for Public Health Action: The Health Impact Pyramid

Thomas R. Frieden, MD, MPH

# SWOT Analysis

## Strengths

- Relationship building/partnerships
- Staff diversity
- Policy change-public health
- Public health experts
- Community focused
- Adaptable to change
- Outcome driven/quality focused
- Clinic services-evidence-based
- Committed staff
- Continuous quality & improvement
- Customer service

## Opportunities

- Off-site/satellite services
- Leverage funding with partners
- New building/facility
- Seize opportunities to market/ provide additional services/social media
- Prevention and clinical integration
- Public Health staff facilitating action/system change with community partners on critical issues
- Grant opportunities

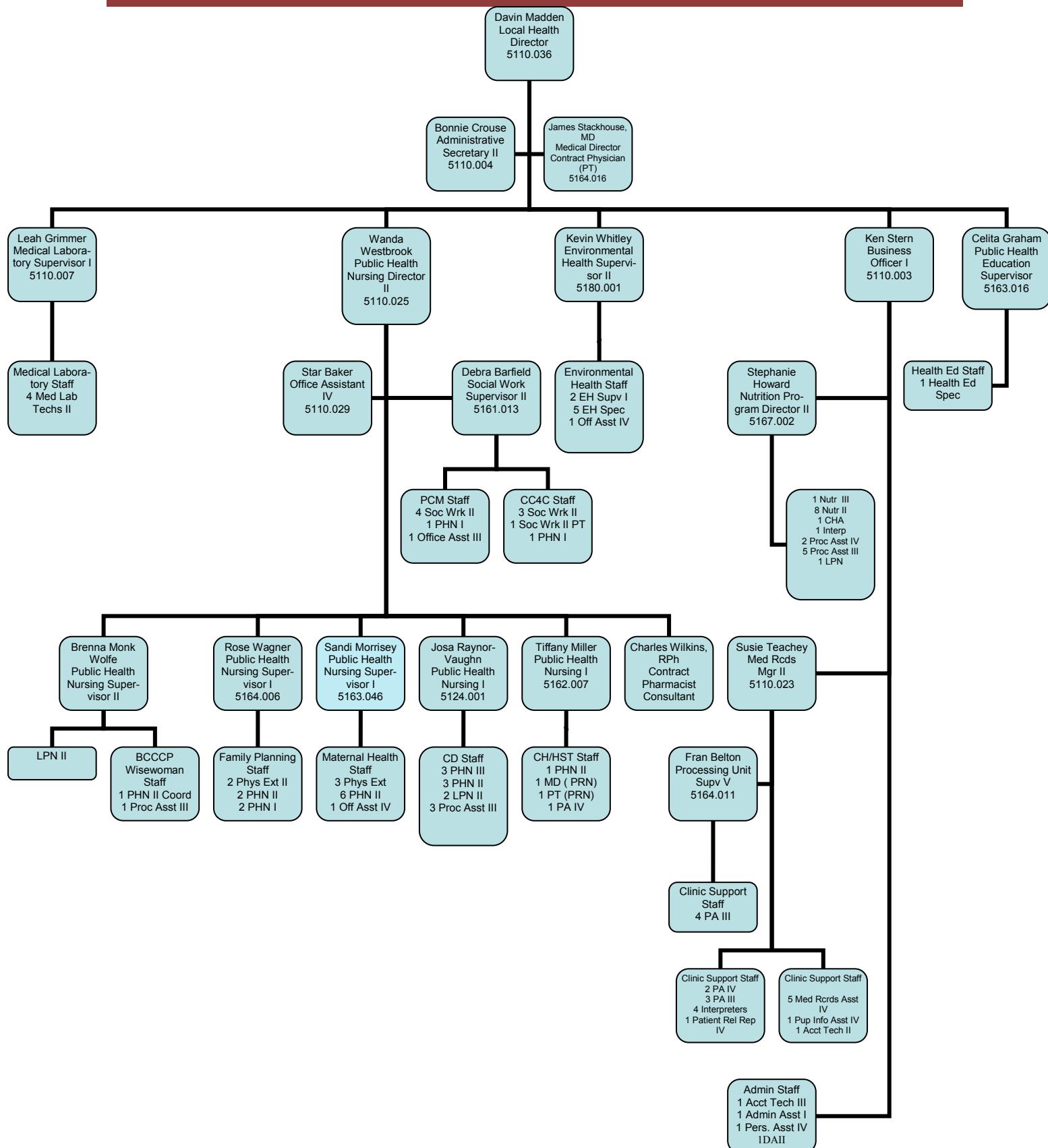
## Weaknesses

- Centralization of services
- Funding model
- Communication
- Funding/revenue constraints
- Limited outreach staff
- Efficiency/updated record model
- Inability to provide indigent primary care
- Restrictive compensation model

## Threats

- Partner agenda/cooperation
- Funding deficits/availability/ Contractual agreements
- Legislative changes/politics
- Divestment of services
- Reduced reimbursement rates
- Lack of understanding
- Prohibitive costs to healthy eating/ poverty/healthcare
- Cultural carriers

# Organizational Chart



# 2015 CHA Priorities

The Community Health Assessment Team established three (3) primary priorities and two (2) secondary priorities based on the CHA study completed in 2015.

## **Primary Priorities**

(1) Access to Health Care

(2) Education

(3) Health Conditions

## **Secondary Priorities**

(1) Substance Abuse

(2) Crime and Safety

# GOAL 1: Strengthen Public Health

## Objective 1.1

Retain qualified public health professionals

**Strategy 1.1.1:** Conduct a cost equity study

Measure 1.1.1.1: Establish a turnover rate of <10% annually

**Strategy 1.1.2:** Develop an organizational wellness and activity plan

Measure 1.1.2.1: 50% or more employees participate in activities by 2019

## Objective 1.2

Improve patient access and quality of care

**Strategy 1.2.1:** Reinstate the mobile dental unit in county elementary schools

Measure 1.2.1.1: Provide pediatric dental services to at least 4 elementary schools per year

**Strategy 1.2.2:** Establish a Medicaid enrollment social worker in partnership with DSS

Measure 1.2.2.1: Percent of same day Medicaid enrollment

**Strategy 1.2.3:** Develop process to share information with Goldsboro Pediatrics on at risk mothers/children based on socioeconomic determinants of health.

Measure 1.2.3.1: Percent of patients with established risk markers will be captured in a patient data base to be shared with medical partners to improve the patient centered medical community model.

# GOAL 1: Strengthen Public Health

## Objective 1.3

Enhance clinic services and patient experience

### **Strategy 1.3.1:** Develop a consistent Pregnancy Medical Home

Measure 1.3.1.1: Recruit Nurse Mid-wives and consolidate services through a single obstetrical provider. Have 85% of prenatal patients deliver under care of beginning maternity team.

### **Strategy 1.3.2:** Relocate health department operations

Measure 1.3.2.1: Begin construction on a new, effectively designed health department facility by 2020.

### **Strategy 1.3.3:** Improve clinic flow and staff operations in Family Planning

Measure 1.3.3.1: Increase Family Planning services per provider by 30%

Measure 1.3.3.2: Decrease total visit time for established services to within industry standards +/-30%.

## Objective 1.4

Maintain efficient and timely financial oversight

### **Strategy 1.4.1:** Ensure billing processes are managed effectively

Measure 1.4.1.1. Establish a reoccurring billing error rate less than 2%

# GOAL 1: Strengthen Public Health

## Objective 1.4

Continued...

## Objective 1.5

Improve public health readiness and response

Measure 1.4.1.2. Percent of coding error for providers through quarterly audits

**Strategy 1.5.1:** Coordinate with DSS and OES for an enhanced shelter plan

Measure 1.5.1.1: Complete a public health shelter response policy/plan by 2018

## GOAL 2: Improve Lives

### Objective 2.1

#### Leverage community partner services

**Strategy 2.1.1:** Expand mammography accessibility to BCCCP clients

Measure 2.1.1.1. Track referrals for BCCCP and Wisewoman clients to local partners, i.e. Goshen Medical/Wayne Radiology to ensure appointments scheduled within one (1) week.

**Strategy 2.1.2:** Seek partner opportunity to grow *Prosperity Centering* Programs

Measure 2.1.2.1. Reach Out and Read 70% of children entering kindergarten will be reading ready

Measure 2.1.2.2. Develop in partnership, a family and parenting program by 2020

Measure 2.1.2.3. Establish a Triple P program in Wayne County by 2020

**Strategy 2.1.3:** Work with stakeholders to strengthen Substance Abuse response and establish a relevant and effective committee/group by 2018 where the group develops strategies for opioid response and initiates a community message/response to opioid epidemic.

Measure 2.1.3.1. Decrease percent of overdose emergency calls

Measure 2.1.3.2. Reduce county deaths related to opioids

## GOAL 2: Improve Lives

### Objective 2.1

Continued...

**Strategy 2.1.4:** Partner with WATCH to increase comprehensive services for uninsured and underinsured

Measure 2.1.4.1. Obtain the Community Health MAP grant collaboratively

Measure 2.1.4.2. Improve percent of people served with primary care and prenatal care that have no insurance or underinsured

# GOAL 3: Promote Health

## Objective 3.1

Encourage policy development/adoption to promote healthy behaviors

### **Strategy 3.1.1:** Establish Tobacco Free government sites

Measure 3.1.1.1. County and/or City government adopt a tobacco free grounds policy by 2020.

### **Strategy 3.1.2:** Work with Healthy Wayne Taskforce and Go Wayne Go to promote corporate wellness programs and faithful family curriculums

Measure 3.1.2.1. Percent of companies and churches adopting wellness policies

## Objective 3.2

Engage community in health empowerment and accountability

### **Strategy 3.2.1:** Conduct non-traditional site testing and education for communicable disease

Measure 3.2.1.1: 100 or more individuals tested off-site for HIV/Syphilis annually

### **Strategy 3.2.2:** Provide effective health education to community on critical topics

Measure 3.2.2.1: Percent of presentations to community groups, health fairs, and partnership collaboration delivering effective health information

# STRATEGIC PLAN 2017-2020

## NOTES/ASSIGNMENTS