

WAYNE COUNTY HEALTH DEPARTMENT

❖ STRATEGIC PLAN

2013-2016





Message from the Health Director

Public Health has always met new challenges with earnest throughout its history in North Carolina. Many challenges faced have been around for decades and they still impact our well-being today. Communicable diseases such as Tuberculosis and Pertussis continue to emerge due to changing demographics and the ease of global travel. Sexually transmitted illnesses maintain an unnecessary prevalence despite aggressive counseling and the abundance of health information. The dichotomy of social risk factors and health risk factors continue to pose challenges for prevention and health improvement in Wayne County. So how do we adjust to the rapidly changing elements that affect the success and mission of public health?

The success of public health comes from several critical components which include a ready and capable professional staff that are highly trained; adequate funding for core services and resources for innovative ideas; community collaborations and support; and strong public health policies. The need for each component to function collectively is more important than ever, especially given that increased responsibilities has asked more from the public health sector. Public Health Emergency Preparedness has required more development and effort from public health due to situations like the 2009 H1N1 outbreak and imminent threats of novel

viruses on the population. Epidemiological response and investigation has become increasingly more critical due to various food-borne illnesses and communicable disease outbreaks in the past few years. Communicable diseases such as Hepatitis outbreaks and contaminated steroid injections further demonstrate unexpected demands on public health and support the relevance for continual need of surveillance and readiness.

Public health must also be effective in the quality and efficiency of the services we provide both clinical and community based. The changes in the economic climate and the Affordable Care Act will have measurable effects on the delivery of our services. The deciding voice will ultimately be the compromises and policies between North Carolina and the federal government. Therefore, the challenges yet to come may have the most influence on the current model of public health. Even with the current and potential challenges, public health continues to grow, adapt, and plan. The existing model must continue to allow flexibility in our capability while our mission to protect, promote, and prevent remains the same.

Davin W. Madden, MHSA, REHS
Public Health Director
Wayne County Health Department

Strategic Planning Team

Davin Madden, MHSA, REHS

Public Health Director

Evelyn Coley, RN, BSN, MSA

Director of Nursing

Ken Stern, MSA

Administrative Officer

Wanda Westbrook, RN

Public Health Nursing Supervisor

Carolyn King, BS

Health Education Supervisor

Susie Teachey

Clinical Support Supervisor

Star Baker

Office Assistant

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Mission and Vision

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



Introduction

OVERVIEW

Did you know that North Carolina is ranked 33rd among the nation in health rankings? What about Wayne County? The University of Wisconsin Population Health Institute health ranking data places our county 64th out of 100 NC counties in health and health outcomes. What does all of this really mean? For starters, it means that regardless of the fact we are in a country with the most advanced medical care and an abundance of health initiatives, we still have much room for improvement in how we value and improve our health status. The first step in trying to improve health outcomes starts with recognizing what the problems are and who are they affecting. By conducting the Community Health Needs Assessment (CHA) once every three years, the health department can assess and identify specific community problems and compare the information with secondary data. Once the CHA information is considered, the next step must involve planning.

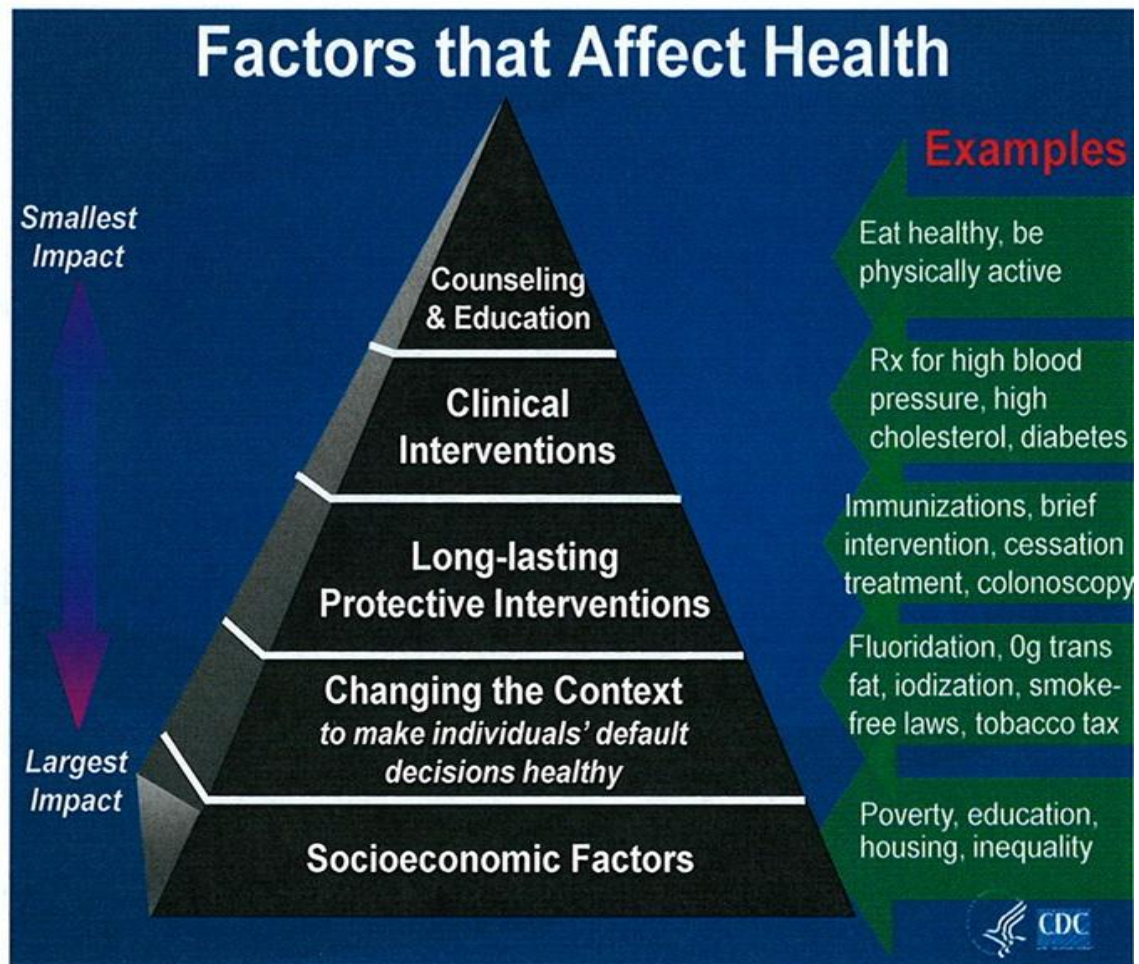
STRATEGIC PLANNING

Strategic planning is critical in taking the information collected and moving to the next stage in achievement. Think of a strategic plan as the road map to where you want to go. All road maps require some fundamental understanding such as relating signage to road

numbers and understanding cardinal direction. This is no different when strategic planning. One fundamental understanding that truly must be considered in the current arena of public health planning is the Health Impact Pyramid (see diagram page 8). This tool is highly valuable for public health planning given the wide variety of programs delivered and the increasing demand to make communities healthier, reduce the prevalence of preventable diseases, and control the spread of other diseases with shrinking resources. The Health Impact Pyramid provides some key relevance when evaluating activities for desired outcomes. Although certain factors have the smallest impact, they are necessary in supporting broader approaches due to the efficiency and accessibility of effort. Therefore, a good plan strives for goals that have measurable impact while navigating the constraints of funds and means.

A successful model must focus on the means to align resources and goals. In NC there are common health linked problems much like everywhere in the US; some of the more common problems are obesity, diabetes, infant mortality, tobacco use, and access to healthcare. Establishing a strategic plan defines those goals with objectives for measuring the impact a strategy has on any of the designated priorities while using every tool at its disposal.

Health Impact Pyramid



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

Population Demographics

Population Estimates

As of July, 2011, the estimated population of Wayne County was up to 123,710 from the April, 2010 population count of 122,623. This is a growth of 0.9% with a net migration of 0.3%. Since April, 2000, the population of Wayne County has grown from 113,449, representing an 8.3% increase.

Age Distribution

The median age in Wayne County is 36.7 years, whereas the median age in North Carolina was 37.4 years. The majority of the population in Wayne County is between the ages of 25 and 54 (39%). The school age (ages 5-19) population for Wayne County comprises 21% of the total population. Furthermore, 14% of the population in Wayne County is senior citizens (65 and older), which is slightly older than the North Carolina average, and older than the major metropolitan areas where major universities are situated.

Race Distribution

The majority of Wayne County citizens are Caucasian (55.6%), whereas African-Americans represent 31.1% of the population. Since 2000, the Hispanic population in Wayne County has grown from 4.9% to 9.9% in 2010. American Indian, Alaska Native, Asian, Pacific Islander or persons reporting two or more races represent the remaining population. Overall, the race

distribution is quite different from that of North Carolina. In North Carolina, 65.5% of the population is Caucasian and 21.5% is African-American. North Carolina's percent population of Hispanic origin is 8.4% compared to 16.3% of the US population.

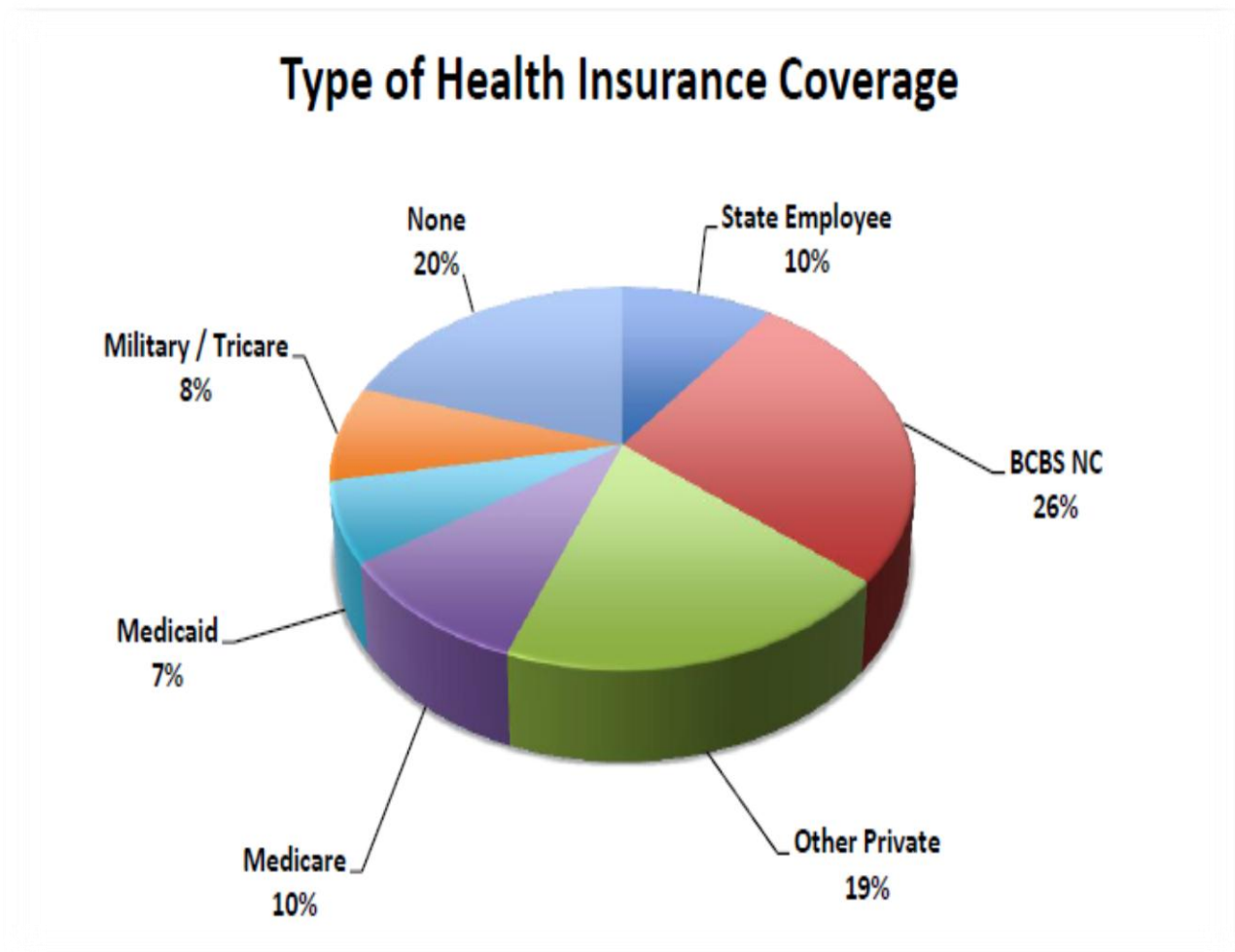
Economic Factors

In 2011, 11.7% of Wayne County residents reported an annual household income less than \$10,000, compared to 8.8% in North Carolina. Additionally, only 9.1% of Wayne County residents reported an annual household income of \$100,000 or more, compared to 16.2% in North Carolina. The average median annual household income in Wayne County in 2011 was \$39,085, compared to \$43,916 in North Carolina. From 2007-2011, the average per capita income in Wayne County was \$21,135, compared to \$25,256 and \$27,915 in North Carolina and the US, respectively. As of 2011, 23.5% of Wayne County residents reported living in poverty, whereas 17.9% reported living in poverty in North Carolina.

The statistics are typical of rural counties compared to more urbanized counties in North Carolina. In general, North Carolina is a more rural state than the average state, and income has always been lower than national averages. The average of North Carolina per capita income in 2007-2011 per the US census is 90.5% of the US average, compared to 82.8% in 1969.

Health Insurance

The graph below denotes the type and approximate amount of insurance coverage in Wayne County.



Source: Wayne County 2012 Community Health Assessment. P. 75

CHA Priorities

The Wayne County 2012 Community Health Assessment team identified seven (7) focus areas for next three years (2013-2016). This time frame works complimentary with the strategic plan timeframe.

SOCIAL INDICATORS

- Poverty
- Access to healthcare
- Crime
- Education

HEALTH INDICATORS

- Health Literacy
- Mental Health
- Health Conditions

Although the Strategic Planning Team did not select every focus area from the CHA as goals, the team did give consideration to the areas identified and incorporated objectives for the identified goals in the strategic plan to address relevant areas. It is important to recognize that some of the focus areas identified in the CHA are very broad based issues covering a large degree of determinants and go beyond the scope of a local health department to directly address. In this case, the Strategic Planning Team has chosen “effect” areas to focus strategies on.



Process Summary

Process

The Strategic Planning Team (SPT) developed a timeline for establishing the primary goals of the strategic plan. The strategic plan process was mapped out over a period of three months from April until June. The first phase of the process consisted of examining the current mission statement, developing a new vision statement, and conducting a Strengths, Weakness, Opportunities, and Threats Assessment-also known as a SWOT Analysis. This allowed the SPT to analyze and discuss their internal capabilities and deficiencies. Once this was mapped, the SPT considered external factors such as partnerships and decreasing revenue streams within the parameters of the internal assessment. Next, the SPT defined Intrinsic Goals and Impact Goals and the value of establishing both in the strategic plan. An Intrinsic Goal was defined as a goal that was of value without external outcomes and enhanced or created self-efficacy for the health department. An intrinsic goal develops capability and readiness. One clear intrinsic goal established by the SPT was the development and recruitment of a highly qualified workforce. Regardless of the needs of the community and health outcomes, the health department's capabilities shall always be limited by the skills of its workforce. Next, the team reviewed the CHA data and began to

discuss the impact goals. An impact goal was defined as a goal that would specifically address a health outcome. One area decided on by the SPT was to reduce the rate of infant mortality. The Infant mortality rate is a common measure for evaluating the health of a community or population.

After the intrinsic and impact goals were considered and decided upon by consensus of the SPT, they were addressed one at a time during the proceeding team meetings. Each meeting focused on one specific goal. The SPT discussed cause and effect related to success measures and developed objectives for the specific goal. Once an objective was agreed upon, the SPT developed activities using a SMART theory approach (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-Bound) for each activity.

Once the strategic plan was drafted and ready for sharing, the plan was provided to the Board of Health for review and discussion. This allows opportunity for the Board to consider the priorities identified by the SPT and ask questions about the process and goals. The Board also provided feedback and approval of the overall strategic plan. The strategic plan is afterwards shared with the over-all staff and program managers for the WCHD.

SWOT Analysis

INTERNAL ASSESSMENT

STRENGTHS

Flu Clinics

Relationship Building/Engage Partners/Community

Staff Diversity

Know Policy-Gateway to Services

Policy Change-Public Health

Community Respect/Support

Community Based

Public Health Knowledge

Community Focused

Adaptable to Change

Outcome Driven/Quality Focused

Clinic Services-Evidence-based

Committed Staff

Continuous Quality & Improvement

Customer Service

WEAKNESSES

Limited Population Focused

Centralization of Services

Communication

Funding/Revenue Constraints

Limited Outreach Staff

Efficiency/Outdated Record Model

Inability to Provide Indigent Primary Care

Cross-Training

Restrictive Compensation Model



SWOT Analysis

EXTERNAL ASSESSMENT

OPPORTUNITIES

Primary Care Capability and Need

Work with Law Enforcement to Improve Community Safety

Off-site/Satellite Services

Mobile Dental Clinic

Leverage Funding with Partners

New Building/Facility

Seize Opportunities to Market/Provide Additional Services/Social Media

Public Health Staff Facilitating Action/System Change with Community Partners

Electronic Health Records



THREATS

Partner Agenda/Cooperation

Funding Deficits/Availability/Contractual Agreements

Legislative Changes/Politics

Divestment of Services

Reduced Reimbursement Rates

Unhealthy Big Money Ads/Influences

Prohibitive Costs to Healthy Eating/Poverty/Inability to Pay

Cultural Barriers

Strategic Goals

Intrinsic Goals

- **GOAL 1: Develop and Retain a Highly Qualified Workforce**
- **GOAL 2: Restructure Health Promotion to Improve the Capacity to Educate, Make Policy and Environmental Changes and Work with the Community to Improve Health Outcomes**
- **GOAL 3: Improve Cost Controls and Increase Revenue Collection**

Impact Goals

- **GOAL 4: Reduce the Incidence of Chronic Diseases to Improve the Quality of Life and Health Outcomes**
- **GOAL 5: Decrease the Incidence of Sexually Transmitted Diseases**
- **GOAL 6: Decrease the Rate of Infant Mortality**

Goal 1

GOAL 1	Develop and Retain a Highly Qualified Workforce		
GOAL 1: Objective # 1	By October 2014, achieve and sustain a minimum of 95% meaningful use of Electronic Health Records (EHR) to assure compliance with federal requests to improve the health information and exchange capability.		
Baseline Data	Health records are paper records with the exception of communicable disease records are on NCEDDS. Staff will need training on implementing an electronic health record to meet meaningful use by October 2014.		
Intrinsic Goal Addressed	Develop and retain a highly qualified workforce		
Activities	Lead Person	Partners N= new; E=existing	Timeframe
1. Select and procure EHR	Davin Madden, Steve Cross	E- County Attorney E- IT Director E- County Manager N- Vendor	March 1, 2014.
2. Sign Contract with Cure MD	Davin Madden	E- Davin Madden E- IT Director	September 1, 2013
3. Set Up EHR	Cure MD Staff and County IT staff	N- Vendor E- IT Staff	February 1, 2014
4. Initiate staff training on use of EHR	Cure MD Staff and Implementation Team: Susie Teachey and Ken Stern (Clerical and Billing) Leah Grimmer (Lab) Wanda Westbrook, Evelyn Coley (Nursing)	N- Vendor E- IT Staff E- Management Team	May 15, 2014 May 30, 2014
5. Implement EHR and validate staff competencies.	Implementation Team	E- Vendor	May 1, 2014
6. Evaluate efficiencies and workflow and re-assign staff accordingly	Implementation Team	E- Staff	June 1, 2014
7. Change practice to facilitate efficiencies	Implementation Team	E- Staff	July 1, 2014
8. Develop a retention plan	Ken Stern	E- Davin Madden	June 30, 2016

GOAL 1: Objective # 2	Implement ICD-10 Coding by October 1, 2014 to assure continual billing and standardized coding practices for clinical services.		
Baseline Data	Current coding set is ICD-9		
Intrinsic Goal Addressed	Develop and retain a highly qualified workforce		
Activities	Lead Person	Partners N= new; E=existing	Timeframe
1. Complete State training on ICD-10 coding according to schedule	Wanda Westbrook, Evelyn Coley, Susie Teachey	E Pamela Cochrane, State Nursing Consultant: E- Joy Reed	June 1, 2013
2. Train Clinical Staff on ICD 10 Coding	Evelyn Coley, Wanda Westbrook	E- Pamela Cochrane	July 1, 2014
3. Initiate Programmatic Crosswalk Teams to select most commonly used ICD-10 codes	Evelyn Coley, Wanda Westbrook Susie Teachey	E- Pamela Cochrane	August 1, 2013
4. Develop new Encounter Forms	Nurse Managers and Susie Teachey	E- Pam Cochrane	September 1, 2013
5. Implement ICD-10 coding.	Implementation Team : Wanda Westbrook, Evelyn Coley, Susie Teachey, Ken Stern and Debbie Epps	E- Pam Cochrane E-Program Managers	Go Live Date TBA
6. Evaluate work flow efficiencies and reassign staff accordingly.	Evelyn Coley Wanda Westbrook Ken Stern Davin Madden	E- Pam Cochrane	Ongoing after Go Live Date
7. Monitor and report revenue trends to QA Team quarterly.	Ken Stern Debbie Epps	E- Davin Madden	September 1, 2013
8. Develop appropriate measurement tools to monitor and report improvement.	Susie Teachey Debbie Epps	E-Ken Stern	July 1, 2014

GOAL 1: Objective # 3	By October 01, 2013, develop and implement professional development modules to complete county mandated, agency and programmatic required training to assure timely completion of training and provide the opportunity for question and answer sessions.		
Baseline Data	Currently mandated training is obtained by webinars, videos and on-line venues and there is no opportunity for questions and answers. Training is assessed individually.		
Intrinsic Goal Addressed	Develop and retain a highly qualified workforce		
Activities	Lead Person	Partners N= new; E=existing	Timeframe
1. Develop and implement a professional development module that is mandatory for all staff annually. Includes: County safety	Davin Madden Managers & Supervisors Assigned	E- County of Wayne E- Division of PH E- State Contracted N -	October 1, 2013

training, agency and programmatic trainings.	Staff	Training Group	
2. Create an evaluation tool to determine improvement in professional development areas-safety, customer service, training, etc.	Leah Grimmer Ken Stern Wanda Westbrook Susie Teachey	E-QA Team	June 30, 2014

Goal 2

GOAL 2		Restructure Health Promotion to improve the capacity to educate the public, make policy and environmental changes and work with the community to improve health outcomes.		
GOAL 2: Objective # 1		By June 2015, recruit and train health promotion staff to meet the agency and community needs.		
Baseline Data		We employ 2 full time Health Educators, and 1 grant-funded Health Educator (grant ends June 30, 2015).		
Intrinsic Goal Addressed		Develop and improve capability for responding/adapting to emerging issues in Public Health		
Activities		Lead Person	Partners N= new; E=existing	Timeframe
1. Recruit Health Education & Promotion Supervisor		Ken Stern Davin Madden	E Employment Security Commission E- News Media E- Public Health Partners	To be determined
2. Revise job description to reflect goals and objectives that will improve population health.		Evelyn Coley Davin Madden Ken Stern	E- Office of State Personnel	January 2014
3. Establish annual outcome goals related to system changes, environmental changes, policy changes and population health outcome measures.		Evelyn Coley Davin Madden Ken Stern	E- DPH Consultants	January 2014
4. Health Promotion Supervisor will focus on Wayne Teen Website and link website to social marketing tools like Twitter and Face book. Keep website updated and market public health programs through website, create a health network hub, and maintain a website that is responsive to the needs of all segments of the diverse community.		Health Education Supervisor Health Education Staff	E- Management Staff E- Community Partners E- County Media Director E- Davin Madden E- Media Coordinator	On-going
5. Request a county funded health educator to focus on wellness and community health (move wellness back to HR, if not funded).		Davin Madden	E- BOH E- County Manager E- HR Director E- County Commissioners	July 2014

Activities	Lead Person	Partners N= new; E=existing	Timeframe
6. Prioritize which health fairs and the number of health fairs the health department will collaborate with and/or participate in and implement interactive learning components.	Health Education Supervisor Davin Madden	E- Community	December 2013
7. Persuade churches to partner together to do community health fairs to target larger groups of citizens, to improve community resource coordination and to build relationships with other church ministries resulting in churches mentoring other churches and pooling of church resources.	Health Promotion Supervisor, Minority Health Coordinator	E- Churches E- Cooperative Extension	May 2014
8. Develop health promotion reports that not only include statistical information but success stories from members of the community whose health outcomes have been impacted by strategies and objectives.	Health Education Supervisor	N- Community	December 2014
9. Establish performances goals that reflect outcome measures rather than quantitative measures.	Health Education Supervisor Davin Madden	E- Evelyn Coley E- Ken Stern	January 01, 2014
10. Develop a community education plan to address teen pregnancy prevention and identify target groups that currently lack evidenced based interventions and work with these groups.	Health Education Supervisor Davin Madden	N- Communities Groups E- Minority Health Steering Committee	January 01, 2014
11. Teach Wise Guys curriculum to youth in all segments of the community not taught by community partners to prevent teen pregnancy and unhealthy lifestyle choices.	Health Education Supervisor Ta-Kisha Darden Celita Graham	N- Communities Groups N- Youth Groups N- Churches	January 01, 2015

Goal 3

GOAL 3		Improve Cost Controls and Increase Revenue Collection		
GOAL 3: Objective # 1		By December 2013, increase the number of insurance companies that we are credentialed with to increase revenue collection opportunities.		
Baseline Data		We are currently credentialed through Blue Cross Blue Shield and Medicaid.		
Intrinsic Goal Addressed		Obtain credentialing for all insurances utilized by client population and improve efficiency to collect revenue for services provided.		
Activities		Lead Person	Partners N= new; E=existing	Timeframe
1. Complete credentialing applications and submit for approval for all primary insurance providers for populations in Wayne County to include but not limit – BCBS, Aetna, United, Cigna, etc.		Susie Teachey Debbie Epps	N-Insurance Companies	By August 01, 2013, complete credentialing application for Aetna. By December 01, 2013, complete credentialing for 2 additional insurance companies By December 01, 2014, complete remaining insurance company applications.
2. Monitor payer mix to identify new insurance companies and apply for credentialing as new insurance companies are identified.		Debbie Epps Susie Teachey	N-Insurance Companies	On-going
3. Train staff to be proactive in counseling clients regarding payment of bills is expected on the date of visit. Add a financial counseling component to the client flow process issuing a statement that show amount owed and have client sign the sheet.		Ken Stern Susie Teachey	E- Staff	By June 01, 2014
4. Create efficient client flow to check out windows and escort clients to check out windows.		Susie Teachey Clinic Managers	E- Staff	By January 01, 2014,

Activities	Lead Person	Partners N= new; E=existing	Timeframe
5. By September 2013 meet with local OB providers to negotiate providing postpartum home visits to Medicaid clients seen in their practices (prevents abuse and neglect and creates opportunity to generate revenue by billing Medicaid for maternal postpartum home visit and the newborn assessment).	Rose Wagner Wanda Westbrook	E- Local OB Practices	By June 30, 2014
6. Resolve insurance denials within one week of notification, train and delegate activity to billing staff to increase the efficiency of insurance collections.	Susie Teachey Ken Stern	E- Billing Staff	By November 30, 2013.
7. Market Primary Care Clinic participation to employees to generate revenue to employ a Family Nurse Practitioner or Physician Assistant to provide services (lower service cost)	Ken Stern	E- County HR Director	By December 31, 2015

GOAL 3: Objective # 2	By December 31, 2013 conduct a feasibility study on the dental clinic and by September 2013 evaluate purchasing a mobile dental unit for off-site pediatric dental care.		
Baseline Data	Wayne County has approximately 3,000 Medicaid eligible children grades K-5 that received no reported dental care in the previous year. There is also an established need for low-cost adult dental care based on CHA 2012 Data.		
Intrinsic Goal Addressed	Increase revenues for the dental clinic and improve the health department's capability to provide low cost, needed, dental care.		
Activities	Lead Person	Partners N= new; E=existing	Timeframe
1. Develop an alternate operation model for the WCHD Dental Clinic that operates on a "break-even" premise with minimum core staff and schedule to accommodate a collaboration of resources with a mobile dental clinic.	Ken Stern Davin Madden	E-Sarena Williams E-Susie Teachey	December 31, 2013
2. Conduct a cost analysis on a mobile dental clinic for school children grades K-5 operating in county. Acquire a mobile dental unit and prepare to operate.	Davin Madden Ken Stern	E-WC School System E-Regional Dental Hygienist	September 1, 2013
3. Establish an MOU with the Wayne County School System to establish dental clinic operation parameters.	Davin Madden Evelyn Coley	E- WCHD Staff E-WC School System E-Regional Dental Hygienist	January 01, 2014

Goal 4

GOAL 4	Reduce the Incidence of Chronic Diseases to Improve the Quality of Life and Health Outcomes		
GOAL 4: Objective # 1	Increase citizens knowledge and awareness of chronic disease prevention and population focused intervention strategies with community groups that focus on increased physical activity and healthy eating over the next 3 years.		
Baseline Data	CHNA 2012 Data: 72% of adults overweight, 33% of adults are obese, 13% Adults Diabetic.		
Impact Goal Addressed	Reduce the morbidity and mortality of chronic diseases such hypertension, cardiovascular disease, obesity, diabetes.		
Activities	Lead Person	Partners N= new; E=existing	Timeframe
1. Identify or develop a talking points brochure on health that focuses on prevention and community responsibility and how system and environmental changes have the greatest impact.	Health Education Supervisor WIC Director	E- Cooperative Extension	December 01, 2013
2. Incorporate chronic preventive education into all health department clinical programs (diabetes, hypertension and cardiovascular disease)	Clinic Managers Clinical Supervisor	E- DPH Staff	January 01, 2014
3. Write and publish at least 1 monthly newspaper article that addresses chronic disease prevention strategies and include articles on health department website (diabetes, hypertension and cardiovascular).	Health Education Supervisor	E- Agency Staff E- Community Partners	August 01, 2013
4. Meet with community groups and establish walking clubs in community to increase physical activity (diabetes, hypertension, and cardiovascular disease).	Health Education Staff	E- Family YMCA E- Goldsboro PD E- Wayne Co Sheriff Dept. N-Wayne Greenways Group	April 01, 2014
5. Collaborate with community partners and county communication staff to develop a YouTube video about health in Wayne County and the impact elements to a healthy community.	Healthy Education Supervisor Davin Madden	N-Jeremy Clayton N-Barbara Arntsen E- WMH	January 1, 2015

GOAL 4: Objective # 2	Over the next 3 year period, initiate lifestyle change intervention with community groups that focus on increased physical activity and healthy eating.		
Baseline Data	According to the 2012 CHA (based on BRFSS survey) from 2010 to 2011 the percentage of Wayne County residents who exercised in the past month increased 10.8 percent and surpassed the 73.3 percent of North Carolina residents who exercised in the past month in 2011. The rate for Wayne County was 75.7 in 2011 as compared to the state's rate of 73.3. Additionally based on the community survey the most popular form of exercise in Wayne County is walking – however it should be noted that the majority of survey respondents were women (83.2 percent) and 49.4 were between the ages of 35 and 54.		
Impact Goal Addressed	Reduce the Incidence of Chronic Diseases to Improve the Quality of Life and Health Outcomes.		
Activities	Lead Person	Partners N=New E=Existing	Timeframe
1. Plan and initiate a kick-off event to engage the community in walking clubs	Health Education Staff	E- Family YMCA E- Goldsboro Police Department E- Wayne County Sheriff Dept.	April 15, 2014
2. Work with local law enforcement to increase community safety by identifying walking routes so police can increase their surveillance in the areas identified.	Health Education Staff	E -Goldsboro Police Department E - Wayne County Sheriff Dept. N-Wayne Greenways Group	Ongoing Over the Next 3 Years
3. Engage Healthy Wayne Taskforce to lead stakeholders into conscientious and achievable policy and environmental changes.	Davin Madden	E- WMH E- Goldsboro Parks & Recreation E- United Wayne Region X Community E- Transformation Coordinators	By January 01, 2014 implement initial strategies Continue changes through 2016

Goal 4 Objective #3	Increase citizens' knowledge and awareness of cancer and increase routine cancer screenings to reduce the death rate from cancer by 10% over the next three years.		
Baseline Data	According to the 2012 CHA the mortality rates per 100,000 from 2007-2011 for all four major types of cancer were higher for Wayne as compared to the state. Example: Lung: 61.8 as compared to 54.1, Prostate: 27.5 as compared to 24.3, Breast: 27.5 as compared to 22.6 and Colon: 17.1 as compared to 15.2.		
Impact Goal Addressed	Reduce the Incidence of Chronic Diseases to Improve the Quality of Life and Health Outcomes and decrease the incidence of cancer deaths, especially deaths related to prostate cancer.		
Activities	Lead Person	Partners N= new; E=existing	Timeframe
1. Provide community outreach activities to reach population to increase knowledge and awareness of the importance of routine preventive screenings and the importance of early detection and treatment of diseases and the impact of screening and treatment on longevity and the quality of life.	Health Education Supervisor, Minority Health Coordinator	N- Local churches N- Local civic groups N- Fraternities N- Health Clubs N- Barber Shops N- Taverns E- WATCH E- Goshen E- Local Physicians	December 01, 2013
2. Develop a resource guide for prostate cancer screening and distribute to community partners.	Health Education Supervisor	E- WATCH E- Local Physicians	February 2014
3. Create a physician network to do an annual prostate screening and educational community event.	Dr. Griffin, Leah Grimmer, Health Education Supervisor, Minority Health Coordinator	E- DPH E- Local Physicians E- Family Nurse Practitioners N- Physician Assistants E- Goshen Medical E- Solstas	By June 2014, develop a screening plan and meet with partners. By September 2014, schedule and conduct screening event.

4. Partner with WATCH to perform Breast and Cancer screening services,(mammograms, pap smears, referrals for diagnostic services and complete Cancer Medicaid application for BCCCP clients with screening results that is suspect of cancer) on eligible WATCH clients	Nan-Sentz Foy Wanda Westbrook Evelyn Coley	E-Sissy Lee Elmore (WATCH) E-WMH	June 2014
5. Market BCCCP services to reach eligible clients that are never or rarely screened for breast and cervical cancer.	Nan-Sentz Foy Wanda Westbrook Evelyn Coley	N-Women Civic Groups N,E-Faith Based Organizations	January 2014
6. Access and/or develop educational brochures related to skin cancer prevention and distribute widely in the community to educate the cancer prevention knowledge and awareness of parents, caregivers, children and the public.	Health Education Group		January 2015
7. Publish at least 2 newspaper articles and 4 radio interviews regarding colon cancer prevention. Post articles on county webpage.	Health Education Group	E-WATCH N,E-Faith Based Organizations N-Civic Organizations	June 2015
8. Evaluate the feasibility of advertising prevention messages on communication networks such as Facebook, Twitter etc.	Health Education Group	E-Barbara Arntsen	December 2016



Goal 5

GOAL 5		Decrease the Incidence of Sexually Transmitted Diseases	
GOAL 5: Objective # 1		By October 2015, increase knowledge and awareness of STD prevention and treatment practices as evidenced by a 10% decrease in Chlamydia and HIV/AIDS rates.	
Baseline Data		<p>According to the 2012 CHA sexually transmitted diseases such as Chlamydia, Gonorrhea, HIV/AIDS, and Syphilis are notably higher in Wayne County than state averages. 2010 Data (from CHA) indicated county rates compared to the state average as follows per 100,000 population: Chlamydia 779.4:450, Gonorrhea 257.4:150.9, HIV 20.4:16.4, AIDS 14.7:8.7, Syphilis 40.4:7.7. *Note: Rates may be higher due to increased screening - one such event conducted by the Health Department was the Get Real Get Tested Program -this has been acknowledged by the strategic planning team as a possible reason. However there were very few positives found during the Get Real Get Tested event. A syphilis billboard was also created and posted in the community to raise awareness.</p>	
Impact Goal Addressed		Decrease the morbidity and transmission of Syphilis, Gonorrhea, Chlamydia, HIV and AIDS.	
Activities	Lead Person	Partners N= new; E=existing	Timeframe
1. Submit 1 STD article quarterly to newspaper that focuses on STD prevention.	Health Education Supervisor Communicable Disease Manager	E- STD Nurses E- Health Education Staff E- News Argus E- DPH Staff	By October 01, 2014 initiate publication of articles.
2. Engaging community partners to assist with community education and outreach	Health Education Supervisor Communicable Disease Manager	N- Churches E- Minority Health Steering Committee N- Beauty Salons N- Barber Shops N- Fraternities N- Sororities N- Public	July 1, 2014

		Housing Authority N- Project Uplift	
Activities	Lead Person	Partners N= new; E=existing	Timeframe
3. Identify and train community leaders to conduct outreach, provide education materials and distribute condoms to high-risk or at-risk populations.	Health Promotion Supervisor	E- STD Branch Staff E-Minority Health Steering Committee	August 2014
4. Develop an outreach plan and assign volunteers to provide outreach at designated sites (monitor and report outreach to Davin Madden quarterly).	Health Promotion Supervisor Minority Health Coordinator CD Program Manger	E- STD Branch Staff N- Volunteers	September 2014

GOAL 5: Objective # 2	Decrease the incidence of all sexually transmitted disease through widespread population focus using alternative outreach strategies.		
Baseline Data	According to the 2012 CHA sexually transmitted diseases such as Chlamydia, Gonorrhea, HIV/AIDS, and Syphilis are notably higher in Wayne County than state averages. 2010 Data (from CHA) indicated county rates compared to the state average as follows per 100,000 population: Chlamydia 779.4:450, Gonorrhea 257.4:150.9, HIV 20.4:16.4, AIDS 14.7:8.7, Syphilis 40.4:7.7		
Impact Goal Addressed	Decrease the morbidity and transmission of Syphilis, Gonorrhea, Chlamydia, HIV and AIDS.		
Activities	Lead Person	Partners N= new; E=existing	Timeframe
1. Work with state communicable disease branch and NCALHD epidemiology/preparedness committee to develop a statewide media campaign that addresses improving the knowledge and awareness of STD prevention and treatment and screening resources.	Davin Madden	E- STD Branch Head E- NCPHA E- NCALHD	By December 01, 2014
2. Negotiate with STD Branch to conduct an annual Get Real Get Tested campaign in Wayne County.	CD Program Manager	E- DPH Regional STD Peers E- Agency Staff N- Goldsboro Police N- Mt. Olive Police N- Fremont	March 01, 2014

		Police	
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Goal 6

GOAL 6		Decrease the Rate of Infant Mortality	
GOAL 6: Objective # 1		Increase knowledge and awareness of the effects of smoking, substance abuse, short birth intervals and inadequate supervision to reduce infant mortality rates in Wayne County by 20% (to 9.5 per 1,000 births) overall.	
Baseline Data		Low birth weight babies (defined as weighing less than 5 pounds and 8 ounces) has remained fairly constant from 1994 to 2008 with trend data for 2004-2008 revealing that 9.2 of Wayne county’ babies were classified as low birth weight compared to 9.1 for N.C.) (per 2012 CHA.) Based on 2007-2011 data the low birth weight rate is now 8.5 for Wayne as compared to 9.1 for N.C. However the rates for very low births for 2007-2011reveal the rate for Wayne is 2.0 as compared to 1.8 for N.C. Based on 2004-2008 data from the CHA the smoking rate during pregnancy has declined both for Wayne County and the state. (2004-2008 trend data reveals: 12.4 for Wayne as compared to 11.5 for the state). Smoking/substance abuse during pregnancy is a factor in the premature birth of babies which normally means a low birth weight infant that will have a harder time surviving the first year of life. Short birth intervals also reveal the need for family planning – Wayne County’s short birth interval for 2007-2011 revealed a percentage of 14.5 as compared to the state rate of 12.9. Having babies inadequately spaced is an additional risk factor for infant mortality.	
Impact Goal Addressed		Decrease the number of women who smoke and abuse drugs prenatally and postpartum; increase birth intervals and prevent child abuse and neglect.	
Activities	Lead Person	Partners N= new; E=existing	Timeframe
1. Educate the public on the effects of smoking,	Health Promotion	N- March of	By December

substance abuse on infant deaths	Supervisor	Dimes E- DPH Staff N- Pregnancy Medical Homes	01, 2014
2. Create a smoking cessation plan (brochure) to distribute to health department clients, general public and pregnancy medical homes.	Health Promotion Supervisor	N- March of Dimes E- DPH Staff N- Pregnancy Medical Homes	June 2014
3. Educate the community on strategies to prevent child abuse and neglect by proper supervision of infants and improved parenting.	Health Promotion Supervisor Care Coordination Group Child Health Supervisor	N- DSS E- Smart Start E-YMCA-Kriquette Davis	
4. Write quarterly newspaper article to address child abuse and neglect prevention.	Child Health Supervisor	N- DSS	Begin by January 2014

Goal 6 Objective # 2		Improve utilization of prenatal care and early enrollment for all pregnant women to ensure better continuity of care from conception to birth and decrease the incidence of infant mortality.	
Baseline Data		In FY 2010-2011, there were 17 Wayne County women who delivered without receiving any prenatal care. FY 2011-2012, there were 8 women who received no prenatal care. In FY 2012-2013 this increased to 16 women. Further, we are establishing a data method to determine when an average maternity client at the WCHD begins prenatal care. Survey data suggests many women are beginning prenatal care later than recommended-this estimate is somewhere around 14 weeks. *NOTE: <i>These data are being established for baseline.</i>	
Impact Goal Addressed		Decrease the Rate of Infant Mortality	
Activities	Lead Person	Partners N= new; E=existing	Timeframe
1. Provide community outreach/marketing to increase the community's knowledge of the importance of early entry into prenatal care; to increase early entry into prenatal care and to decrease the number of clients who receive no prenatal care from 13 clients to 4 clients annually.	Maternity Program Manager Maternity Staff	E- Community Groups E-Church Groups N-Wages?	September 2015

2. Maternity Manager will work with Wayne Pregnancy Center to establish a standardized referral process for women with positive pregnancy tests that links them to prenatal care and follow-up with clients referred to health department if clients fail to keep prenatal clinic appointments.	Maternity Manager Clerical Support Supervisor	E- Wayne Pregnancy Center	June 2014
3. Eligibility Specialist will receive referrals with positive pregnancy test, ascertain eligibility for services, refer clients to Medicaid and schedule client physical appointment or refer clients to private providers.	Maternity Program Manager	E- Prenatal Nurses E-Agency Staff	Ongoing
4. Eligibility Specialist will follow up on 100% missed eligibility appointments.	Clerical Support Supervisor	E-Agency Eligibility Specialists and support staff	Ongoing
5. Prenatal staff will follow up with clients on missed physical appointments and reschedule appointments.	PCM Manager, Maternity Program Manager Clerical Support Supervisor	E- Agency Staff	Ongoing

GOAL 6: Objective # 3	Improve Family Planning access and increase the number of participants served by 10%.		
Baseline Data	Current caseload is 280 average services counts per month duplicated. The unduplicated numbers are awaiting report.		
Impact Goal Addressed	Increase the birth interval of intended pregnancies and prevent unwanted pregnancies, both having establish impact on reducing infant mortality.		
Activities	Lead Person	Partners N= new; E=existing	Timeframe
1. Develop and implement Family Planning Clinic Marketing Plan.	Health Promotion Supervisor Family Planning Supervisor and Staff	N- Community Groups that serve populations	July 2014
2. Market the benefits of pregnancy prevention and spacing to women and men of childbearing age.	Health Promotion Staff	N/A	July 2014

	Family Planning Manager Clinical Program Supervisor		
3. Improve Family Planning service delivery to increase client access and satisfaction with clinic flow to improve participation to decrease unwanted pregnancies	Family Planning Team Clinical Nursing Supervisor	E- QA Team	July 2015
4. Partner with Department of Social Services (DSS) staff to increase the number of referrals, track referrals and communicate referral outcomes quarterly to DSS Director, DON and Health Director.	Family Planning Program Manager Clinical Nursing Supervisor	E-DSS	April 2014
5. Address smoking and substance abuse at each home visit if indicated. Discuss the need to keep infants and children's environment free of smoke.	PCM Manager, Maternity Program Manager	E- Prenatal Nurses E- PCM's	June 2014

Goal 6 Objective # 4		Assess the home environment and infant readiness during prenatal and postpartum home visits.	
Baseline Data			
Impact Goal Addressed		The number of women who smoke prenatally and prevent child abuse and neglect	
Activities	Lead Person	Partners N= new; E=existing	Timeframe
1. Pregnancy Care Management and nursing staff will assess the home environment at prenatal home visit.	PCM Staff	E- Clients	Ongoing
2. Refer prenatal clients in need of parenting to parenting classes.	Nursing Social Work Staff	E- Smart Start	Ongoing
3. Refer clients to community resources to meet the health and safety needs of infants prior to delivery.	Maternity Program Manager	E- Prenatal Nurses	Ongoing
4. Increase the number of postpartum home visits from 88% to 95%.	Maternity Program Manager	N-WAGES	January 2015
5. Address smoking and substance abuse at each home visit if indicated. Discuss the need to keep infants and children's environment free of smoke.	PCM Manager, Maternity Program Manager	E- Prenatal Nurses E- PCM's	June 2014

Appendix

REFERENCES

Centers for Disease and Control Website - <http://www.cdc.gov/obesity/adult/causes/index.html>

North Carolina Division of Public Health Website - <http://publichealth.nc.gov/>

University of Wisconsin County Health Rankings Website - <http://www.countyhealthrankings.org>

Healthy 2020 NCDPH Website - <http://www.publichealth.nc.gov/hnc2020/>

TIMELINE – Strategic Planning

WAYNE COUNTY STRATEGIC PLAN TIMELINE

Draft Proposal – April 9, 2013

April 11

930am until 1pm – (Thursday-Library): SWOT Analysis review and update. Discuss critical objectives for health department. Identify the vision and model of the health in three years. Define and establish intrinsic objectives. Define and establish impact objectives. Select up to three objectives for each area of strategic goals. Select objective focus for next meeting.

April 16

8am until 10am – (Tuesday-3rd Floor conference rm): Objective focus one. Discuss capabilities, resources, needs, and opportunities around objective focus one. Develop action plan to address outcomes for Objective focus one. Select objective focus for next meeting.

April 25

930am until 1130 am – (Thursday-Library): Objective focus two. Discuss capabilities, resources, needs, and opportunities around objective focus two. Develop action plan to address outcomes for Objective focus two. Select objective focus for next meeting.

May 14

8am until 10am – (Tuesday 3rd Floor conference rm): Examine outcomes and information provided by the May 6th Collective Impact Meeting. Discuss relevance for strategic plan process and current direction. Begin Objective focus three. Discuss capabilities, resources, needs, and opportunities around objective focus three. Develop action plan to address outcomes for Objective focus three. Select objective focus for next meeting.

May 23

8am until 10am – (Thursday 3rd Floor conference rm): Objective focus four. Discuss capabilities, resources, needs, and opportunities around objective focus four. Develop action plan to address outcomes for Objective focus four. Select objective focus for next meeting.

May 30 (cancelled meeting and (rescheduled for June 11, 2013 at 10:00 in the Library)

8am until 10am – (Thursday 3rd Floor conference rm): Objective focuses five and six. Discuss capabilities, resources, needs, and opportunities around objective focuses five and six. Develop action plan to address outcomes for Objective focuses five and six.

June 6

8am until 10am – (Thursday 3rd Floor conference rm): Review draft strategic plan. Adjust or modify strategic plan. Provide draft strategic plan to BOH via email for discussion at BOH retreat following week.

By June 30

Summarize BOH input into strategic plan. Summarize community action plans for CHA compliance for strategic plan. Conduct final review of strategic objectives and action plans. Establish plan readiness. If ready, determine dissemination process and presentation to staff. Identify review schedule for QA/Leadership meeting. If not ready, determine next steps to move plan to readiness.