

Stanly County Health Department  
Strategic Plan 2016 - 2018



Adopted by Stanly County Board of Health June 3, 2016

# Mission Statement

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To protect, promote, and preserve the health of the citizens and communities of Stanly County.

# Vision Statement

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Building a county of healthy individuals, families and communities through public health service and collaboration.

# Introduction

The 2016-2018 Stanly County Health Department's Strategic Plan describes our county's local public health priorities and the Stanly County Health Department's (SCHD) plan for addressing them over the next three years. Results from the 2015 Community Health Assessment and data from North Carolina Center for Health Statistics were utilized to determine these priorities. Members of the Stanly County Health Department Management Team, supervisors and Board of Health representatives met to deliberate on these findings and plan our approach to address identified health priorities. During this process discussion was held concerning the department's mission and vision statement, strengths and weaknesses, opportunities and threats (SWOT), and stakeholder analysis. Over-arching strategic goal statements and guiding principles were also reviewed.

Local health data and priorities were not the only influential factors in the development of the Strategic Plan goals and objectives. In an effort to better understand how our department is perceived in the community and how we may improve our public health efforts, a community partner survey was conducted in December 2015. A review of departmental resources played a significant role as well and the strategic plan includes the department's 2016-17 program area budget goals.

The success in addressing health priorities is dependent upon the Stanly County Health Department's continued commitment to providing quality services to the public while collaborating with various community partners. Community partners include private and non-profit agencies, elected officials, businesses, faith community, school system, and Stanly County citizens. In some instances the health department serves as the lead agency; in others we will play more of a supportive role. Regardless of the structure, a primary function of our department is to serve as a catalyst to stimulate action in the community to effectively and appropriately address public health concerns that may jeopardize our community's health and limit our potential to address those concerns.

## Public Health Core Health Functions

(Reference: American Public Health Association)

The Stanly County Health Department plays a critical role in the protection and improvement of the public's health in Stanly County. The three core public health functions are assessment, policy development, and assurance. These core functions are implemented through collaborative relationships with public and private entities, elected and appointed officials, communities, as well as residents of Stanly County. The following ten essential health services are the framework for these core health functions.

### Assessment

- Evaluate effectiveness, accessibility, and adequacy of personal and population-based health services.
- Diagnose and investigate health problems and health hazards in the community.
- Monitor community health status to identify health problems.

### Policy Development

- Develop plans and policies that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.

- Research for new insights and innovative solutions to health problems.

### **Assurance**

- Link people to needed personal health services and promote the provision of health care when otherwise not available.
- Assure a competent public health and personal health care workforce.
- Mobilize community partnerships to identify and solve health problems.
- Inform, educate, and empower people concerning health issues.

### **Guiding Principles**

The Stanly County Health Department strives to meet the following guiding principles:

- Maintain N.C. Health Department accreditation standards.
- Improve communication and collaboration internally as well as in the community.
- Develop and maintain a positive image in the community.
- Deliver services driven by community needs and serve as a health information resource for the community.
- Recruit, develop, and retain a well-qualified staff.
- Utilize “best practices” in implementing public health activities.
- Adopt new technologies to improve effectiveness and efficiency.
- Be fiscally responsible and seek private and public funding sources to support and enhance services.
- Improve residents’ health outcomes and quality of life.
- Prepare to respond to public health emergencies or disasters.

### **Strategic Goal Statements**

- Ensure the optimal capacity and infrastructure within the department to carry out public health functions.
- Effectively communicate concerning accomplishments of the Stanly County Health Department and public health issues internally and with external stakeholders.
- Assess and promote access to appropriate health care and services to infants, children, and adults.
- Encourage individuals to adopt and sustain healthy and environmentally sound behaviors.
- Promote prevention, surveillance, and control of communicable diseases (i.e. rabies, STDs, food-borne illnesses, etc.).
- Promote prevention strategies and/or manage chronic disease and injury and mitigate the associated disabilities.
- Assess opportunities to reduce health disparity and inequity.
- Prevent and reduce the environmental risks to the public and our natural resources.
- Prepare for and respond to public health emergencies and disasters.

## 2016 SWOT Analysis - Stanly County Health Department

	<b>Helpful (to achieving goals)</b>	<b>Harmful (to achieving goals)</b>
<b>Internal Origin (attributes of organization)</b>	<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>• Educated and well trained personnel</li> <li>• Current/updated technology in use – EHR (Cure MD), Laserfiche (document management), Dentrix, Chameleon (AC), CDP (EH), electronic financial systems, survey data collection software, Barnestorm (HH)</li> <li>• Environment of teamwork and sharing of information/assistance</li> <li>• Seeking and securing grants to promote public health initiatives</li> <li>• Staff has an understanding of the role public health plays in this county</li> <li>• Informed Board of Health members willing to share in the direction of the department</li> <li>• Adequate physical facilities</li> <li>• Properly equipped public health programs</li> <li>• Diverse array of public health services; particularly in relation to the size of county and state/federal appropriations</li> <li>• Supportive County Administration that understands the role of the department.</li> </ul>	<p><b>Weaknesses:</b></p> <ul style="list-style-type: none"> <li>• Inconsistent or diminishing funding streams make program planning challenging</li> <li>• Funding limitations dictate availability of services provided</li> <li>• Filling vacant positions are often a challenge and lengthy process</li> <li>• Staff retention and replacement is a concern in some program areas (Dental &amp; Home Health) and is costly and disruptive in meeting service needs.</li> <li>• Aging workforce and preparation for future loss of experienced public health staff is a challenge.</li> <li>• Public is often unaware of the services that we provide or how the services impact the community.</li> <li>• Inconsistent intra-departmental communication</li> <li>• Lack of physical storage space</li> <li>• HVAC (temperature control) can be improved</li> </ul>
<b>External Origin (attributes of the environment)</b>	<p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>• Community health assessment that provides insight into county-wide health status, perceived needs and concerns</li> <li>• Collaboration through Partners In Health coalition provides avenue to address multiple community health issues</li> <li>• Growing understanding and interest in health promotion endeavors (parks, trails, farmers' markets, youth sports leagues)</li> <li>• National, state and local proposed changes in health financing may necessitate a re-focus on fundamental public health services.</li> <li>• State Medicaid reform may create need to develop new or different partnerships with health care providers.</li> <li>• Utilize public awareness opportunities to promote the importance and scope of public health.</li> <li>• Could be more proactive in addressing community needs with additional funding</li> </ul>	<p><b>Threats:</b></p> <ul style="list-style-type: none"> <li>• Community's perception of public health is somewhat limited in scope and primarily for the poor at no cost</li> <li>• Heightened risks for public health emergencies</li> <li>• Uncertain political climate</li> <li>• Impact of the Affordable Care Act on public health services</li> <li>• Privatization of certain regulatory services and/or public health programs</li> <li>• Possible restrictions on health care provider options (including contracting options for health department programs)</li> <li>• Availability of properly educated public health staff for positions needed</li> <li>• Potential changes in public health organizational infrastructure at national, state and local level</li> <li>• Potential funding reductions for public health functions through shifts in funding streams for medical/primary care</li> </ul>

## 2015 Community Partner Organization Survey Review of the Stanly County Health Department

In December 2015, a community partner organization survey was conducted to gain input for better understanding how the department is perceived in the community and how we may improve our public health service. The anonymous, web-based survey was sent to 118 representatives of various health and human service organizations as well as other specific groups that our department works with on a regular basis. The results were analyzed by overall responses as well as by primary program areas of the department. Fifty-three responses were received for a 45% response rate.

Sixty-eight percent of the respondents indicated they interacted with the department at least once per month with a majority of those interacting 2-3 times per month. A large majority of those responding (81%) felt their frequency of interaction was adequate with 19% indicating desire for “somewhat more often” interaction. Program areas having the most interaction were: Health Promotion/Health Education (49%), Clinical Services (42%), Environmental Health (30%), Outreach Services (26%), Children’s Dental Clinic (15%) and Animal Control (15%). Overall responses to the survey were very favorable of the health department’s services and operation. When asked, “On the whole, does the health department meet your organization’s expectations,” 100% of the respondent’s indicated yes. All respondents rated the help or service received from the health department as “good” or better with 58% as excellent and 28% as very good. The following table characterizes additional indicators of the health departments’ perception among community partners.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Weighted Average
The Stanly County Health Department has my organization's best interests in mind.	55%	36%	9%	0%	0%	1.55
Partnering with Stanly County Health Department is mutually beneficial.	64%	34%	2%	0%	0%	1.38
My organization looks forward to a continued relationship with the Stanly County Health Department.	72%	26%	2%	0%	0%	1.30
Response time to my inquires or requests are within a reasonable period.	53%	42%	2%	4%	0%	1.57
Information and work products coming from the Stanly County Health Department is of high quality.	58%	36%	6%	0%	0%	1.47
Getting in touch with the right person at the Stanly County Health Department is easy to do.	45%	43%	6%	6%	0%	1.72
The staff at the Stanly County Health Department is always helpful and friendly.	70%	25%	6%	0%	0%	1.36
The staff at the Stanly County Health Department is professional and knowledgeable.	70%	26%	4%	0%	0%	1.34
Overall the Stanly County Health Department is viewed as a competent provider of public health services.	66%	30%	4%	0%	0%	1.38

## 2015 Community Health Assessment

The Stanly County Health Department and Carolinas HealthCare System Stanly Regional Medical Center collaborated on the 2015 community health needs assessment. Primary data was collected through online and hard copy surveys as well as convening three focus groups for their input. The 2015 community health assessment survey was revised from the 2013 survey. Surveys were available to the public April 13 through June 14, 2015 on the health department's and hospital's websites. Paper copies were provided in the hospital's Same Day Surgery Waiting area, health department clinics, churches, specific health fairs and community programs. The Partners in Health coalition, Stanly County Minority Health Council and the Greater Oakboro Business Association served as focus groups.

### Community Health Assessment Survey Results and Leading Causes of Mortality

The five leading causes of mortality 2009-2013 in Stanly County were heart disease; cancer-all sites; cancer – trachea, bronchus & lung; chronic lower respiratory diseases and cerebrovascular disease. Stanly County 2009-2013 age-adjusted mortality rates exceed North Carolina's rates in 12 of the 19 leading causes of mortality. There is a correlation between the leading causes of mortality and leading health issues identified in the survey process. The five leading 2015 Health Issues were Drug Abuse; Overweight/Obesity; Tobacco Use; Diabetes and Cancer. Heart disease and cancer are the top two causes of mortality in Stanly County. Survey participants rated Heart Disease (#10) and Cancer (#5) as major Health Issues. However, contributors to these diseases were rated much higher, such as Obesity/Overweight (#2), Tobacco Use (#3), Inactivity/Lack of Physical Activity (#6) and Nutrition (#9).

<b>STANLY COUNTY &amp; NORTH CAROLINA Leading Causes of Mortality &amp; Age-Adjusted Mortality Rates 2009-2013</b>			
Rank	Cause of Mortality	Stanly County	North Carolina
1	Heart Disease	<b>227.9</b>	170.0
2	Cancer – All Sites	<b>181.1</b>	173.3
3	Cancer – Trachea, Bronchus & Lung	<b>55.8</b>	51.6
4	Chronic Lower Respiratory Diseases	<b>49.0</b>	46.1
5	Cerebrovascular Disease	<b>46.9</b>	43.7
6	All Other Unintentional Injuries	<b>37.1</b>	29.3
7	Alzheimer's Disease	<b>31.6</b>	28.9
8	Pneumonia & Influenza	<b>24.2</b>	17.9
9	Breast Cancer*	21.1	<b>21.7</b>
10	Diabetes Mellitus	20.0	<b>21.7</b>
11	Suicide	<b>17.1</b>	12.2
12	Septicemia	<b>16.4</b>	13.3
13	Unintentional Motor Vehicle Injuries	<b>16.1</b>	13.7
14	Cancer – Colon, Rectum & Anus	<b>15.6</b>	14.5
15	Prostate Cancer*	14.4	<b>22.1</b>

\*Death rates with a small number (<50) of deaths in the numerator should be interpreted with caution. \*\*Per100, 000 population  
Red numbers = higher rate than NC average Source: North Carolina State Center for Health Statistics

Examination of the top five causes of death in Stanly County reveals a significant disparity between local and statewide mortality rates for Whites and African Americans. African Americans who reside in Stanly County have a higher rate of heart disease, cancer, cerebrovascular disease and cancer (trachea, bronchus & lung) than White Stanly County residents as well as the North Carolina

African American average. This highlights the importance of efforts to reduce these disparities.

Race Specific Age-Adjusted Mortality Rates* 2009-2013				
Disease	Stanly County White, Non-Hispanic	North Carolina White, Non-Hispanic	Stanly County African American, non-Hispanic	North Carolina African American, non-Hispanic
Diseases of Heart	224.9	168.0	263.5	193.2
Cancer	176.0	171.3	269.2	201.5
Cerebrovascular Disease	44.1	41.3	86.3	57.1
Cancer-Trachea, Bronchus & Lung	53.9	53.0	87.6	51.6
Chronic Lower Respiratory Diseases	50.5	50.9	N.A.**	28.0

\*Rates per 100,000 population \*\*Rates based on fewer than 20 cases are unstable and have been suppressed  
Source: North Carolina State Center for Health Statistics

Ranking of Survey Responses for Major Health Problems Overall - 2015 CHA	
	%
1. Drug Abuse (prescription, illegal)	43.41
2. Obesity/Overweight	40.30
3. Tobacco Use	39.46
4. Diabetes	33.59
5. Cancer	32.66
6. Inactivity/Lack of Physical Activity	29.55
7. Alcoholism/Alcohol Abuse	27.79
8. Teenage Pregnancy	27.04
9. Nutrition	24.60
10. Heart Disease	24.10

The leading five Community Issues identified by survey participants were: Unemployment/Underemployment, Child Abuse/Neglect, Lack of/Inadequate Health Insurance, Bullying, Domestic Violence (T) and Quality of Education (T). Bullying, Domestic Violence and Quality of Education were new additions to the top five. They replaced Crime (theft, robbery, etc.) and Lack of Recycling from the top five in the 2013 survey. There was a profound difference in how the survey segments (zip code, age, race, gender, marital status and education) rated Community Issues. Additional Community Issues were included in this report to clarify the scope of the Community Issue and/or convey its prevalence in Stanly County. These Community Issues were Lack of/Inadequate Insurance, Quality of Education (K-12), Child Abuse & Neglect, Environment and Mental Health.

Ranking of Major Community Issue Responses Overall – 2015 CHA	
	%
1. Unemployment/Underemployment	38.20
2. Child Abuse & Neglect	24.35
3. Lack of/Inadequate Health Insurance	22.17
4. Bullying	21.91
5T. Domestic Violence	21.33
5T. Quality of Education (K-12)	21.33
7. Crime	18.64
8T. Access to Adult Day Care	18.30
8T. Access to Health Care Specialists	18.30
10. Racism	17.80

# STANLY COUNTY HEALTH CONCERNS MATRIX

Health Concerns Identified as Major Problems through Primary Data	Areas of Concern Identified through Secondary Data	Modifiable Risk Factors That are Associated with Identified Concerns
<p><b><u>2015 Community Survey</u></b> (listed in order of greatest concern)</p> <ul style="list-style-type: none"> <li>• Drug Abuse (prescription, illegal)</li> <li>• Obesity/Overweight</li> <li>• Tobacco Use</li> <li>• Diabetes</li> <li>• Cancer</li> <li>• Inactivity/Lack of Physical Activity</li> <li>• Alcoholism/Alcohol Abuse</li> <li>• Teen Pregnancy</li> <li>• Nutrition</li> <li>• Heart Disease</li> <li>• Mental Illness</li> <li>• Cerebrovascular Disease</li> <li>• Dental Health</li> <li>• Sexually Transmitted Diseases</li> <li>• Suicide</li> <li>• Lung Diseases (COPD, Asthma, etc.)</li> <li>• Neurological Diseases (Alzheimer's, MS, MS, Parkinson's, epilepsy)</li> <li>• Infectious Diseases</li> <li>• Motor Vehicle Injuries</li> <li>• Kidney Disease</li> <li>• Other Injuries (drowning, choking, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Leading Causes of Mortality*</b> <ul style="list-style-type: none"> <li>❖ Heart Disease</li> <li>❖ Cancer – all sites</li> <li>❖ Cancer – trachea, bronchus &amp; lung</li> <li>❖ Chronic Lower Respiratory Disease</li> <li>❖ Cerebrovascular Disease</li> <li>❖ All Other Unintentional Injuries</li> <li>❖ Alzheimer's Disease</li> <li>❖ Pneumonia &amp; Influenza</li> <li>❖ Breast Cancer (↓ NC Avg)</li> <li>❖ Diabetes Mellitus (↓ NC Avg)</li> <li>❖ Suicide</li> <li>❖ Septicemia</li> <li>❖ Unintentional Motor Vehicle Injuries</li> <li>❖ Cancer – Colon, Rectum &amp; Anus</li> </ul> </li> <li>• <b>Maternal &amp; Child Health Factors</b> <ul style="list-style-type: none"> <li>❖ Infant Mortality (racial disparity)</li> <li>❖ Low Birth Weight Births</li> <li>❖ Teen Pregnancy</li> </ul> </li> <li>• <b>Communicable Disease</b> <ul style="list-style-type: none"> <li>❖ Pneumonia</li> <li>❖ Influenza</li> <li>❖ Sexually Transmitted Diseases</li> </ul> </li> </ul> <p style="text-align: center; font-size: small;">*(death rates greater than state rate except where noted)</p>	<ul style="list-style-type: none"> <li>• <b>Chronic Diseases</b> <ul style="list-style-type: none"> <li>❖ Overweight/Obesity</li> <li>❖ Physical Inactivity</li> <li>❖ Tobacco Use</li> <li>❖ Inadequate Nutrition</li> <li>❖ Access to Affordable Healthcare</li> <li>❖ Access to Affordable Medication</li> </ul> </li> <li>• <b>Infectious/Communicable Diseases</b> <ul style="list-style-type: none"> <li>❖ Substance Abuse</li> <li>❖ Alcohol Abuse</li> <li>❖ Adolescent Sexual Activity</li> <li>❖ Immunizations</li> </ul> </li> <li>• <b>Injuries</b> <ul style="list-style-type: none"> <li>❖ Motor Vehicle Safety (include driving while distracted)</li> <li>❖ Child Safety Seat/Seat Belt Usage</li> <li>❖ Lead Poisoning</li> <li>❖ Substance Abuse</li> <li>❖ Mental Health</li> </ul> </li> <li>• <b>Infants &amp; Children</b> <ul style="list-style-type: none"> <li>❖ Substance Abuse</li> <li>❖ Teen Pregnancy</li> <li>❖ Access to Affordable Healthcare</li> <li>❖ Bullying</li> <li>❖ Mental Health</li> </ul> </li> <li>• <b>Unemployment/Underemployment</b></li> </ul>

## Community Health Priorities

The Stanly County Health Department in collaboration with Partners in Health, a Stanly County community task force, identified county health priorities after reviewing the results of the 2015 Community Health Assessment and additional secondary data. Heart Disease & Substance Abuse were identified as key community health focus areas.

**Heart disease** is the leading chronic disease in terms of mortality. Likewise it is impacted by multiple related conditions and risk factors such as obesity, poor dietary habits, physical inactivity, diabetes, tobacco use and lack of preventive screenings to name a few. Because of these varied risk factors, multiple interventions and strategies are needed to impact the disease and it allows opportunities for many organizations and sectors of our community to be involved in helping reduce heart disease. Stanly County's heart disease age-adjusted mortality rates are trending downward, but the county's rate continues to be higher than the State's. Through

sustained efforts to address these health issues, this downward trend will hopefully continue and the gap with the State will close.

**Substance abuse** has a profound effect on our County’s health status. In addition to its own direct health impact on individuals, substance abuse is a contributor to numerous other health and social issues. Injuries, motor vehicle crashes, suicide, communicable diseases, unintended pregnancy, poor birth outcomes and psychological disorders are examples of health issues and conditions that are often connected with substance abuse. Alcohol and illegal “street” drugs are commonly thought of when discussing the general term of substance abuse. However, prescription drug abuse has become a fast growing concern. Because of its multiple impacts, substance abuse is often difficult to quantify and monitor until it results in incarceration, physical harm, and/or death. Multifaceted efforts are needed in the community to address both prevention and treatment aspects of substance abuse.

### **Addressing Priorities & Strategic Goals**

The Stanly County Health Department cannot solely address all of the public health concerns that need attention due to limited staff, resources, time, funding and in some cases, community influence. As a result, it is critical that the department focus its direct services on high quality, effective practices, and pursue appropriate modifications in service delivery. Perhaps most importantly, the department must serve as a catalyst to stimulate collaborative interventions in the community among various partners.

Community partners include, but are not limited to, the following groups/agencies:

- Partners In Health Coalition
- CHS Stanly
- Parks and Recreation Departments
- Partnership for Children
- United Way of Stanly County
- Department of Social Services
- Mental health services
- Stanly County school system
- Community Care Clinic
- Stanly Community Christian Ministries
- Churches
- Law enforcement
- Butterfly House (Child Advocacy Center)
- NC Cooperative Extension – Stanly County Center

### **Strategic Goals**

Goal 1: Improve the health status of residents of Stanly County and prevent premature death through the promotion of healthy behaviors and reduction of risk factors that contribute to the leading community health concerns.

Goal 2: Improve operational efficiency of health department programs and services.

Goal 3: Increase public awareness and understanding of public health issues in Stanly County and the services provided by the health department.

<b>Goal 1</b>	Improve the health status of residents of Stanly County and prevent premature death through the promotion of healthy behaviors and reduction of risk factors that contribute to the leading community health concerns (Heart Disease & Substance Abuse).
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<b>Strategies</b>	<ul style="list-style-type: none"> <li>- Facilitate and/or participate in community coalition building efforts</li> <li>- Assess opportunities within the department to expand health promotion efforts</li> <li>- Build capacity in the Health Department to support outreach efforts and educational programs</li> </ul>		
	<b>Activities</b>	<b>Lead</b>	<b>Timeframe</b>
	Coordinate the operation and development of the Stanly County Partners In Health Coalition.	Health Education/Health Promotion	Ongoing
	Facilitate the development of the Stanly County Minority Health Council which seeks to address health disparities and inequity.	Health Education/Health Promotion	Ongoing
	Maintain coordination of the community farmers' market at the Stanly Commons (Co. Gov't Ctr) to promote healthy eating of fresh fruits and vegetables.	Health Education/Health Promotion	Ongoing
	Maintain operation of the County Employee Health Clinic housed at the health department and initiate additional diabetes education efforts	Clinic & Health Education/Health Promotion	September 2016
	Promote utilization of local parks and recreation facilities through the "Search for the Golden Shoe" program where families/individuals search for hidden "golden shoes" along trails in local parks and redeem them for prizes that support physical activity.	Health Education/Health Promotion	March – May annually
	Facilitate efforts to implement the Project Lazarus model to address opioid addiction.	Health Education/Health Promotion & Clinic	June 2016
	Identify additional opportunities to promote & support breast-feeding.	WIC Breast-feeding Peer Counselor	Ongoing
	Promote the use of the NC "Quitline" through public awareness initiatives and among persons using health department services.	Clinic & Health Education/Health Promotion	Ongoing

<b>Goal 2</b>	Improve the operational efficiency of health department programs and services.		
<b>Strategies</b>	<ul style="list-style-type: none"> <li>- Identify areas within the department where efficiencies can be achieved while maintaining or enhancing service delivery.</li> <li>- Assess and maximize use of information technology opportunities</li> </ul>		
	<b>Activities</b>	<b>Lead</b>	<b>Timeframe</b>
	Assess operational efficiency opportunities in each program area and evaluate their implementation merit.	Departmental Management Team (DMT)	Dec. 2016
	Complete full implementation of the Cure MD electronic health records system and assess gaps and opportunities for further development.	Cure MD Implementation Team	July 2016



promote services and raise public health awareness	Promotion, Departmental Management Team	
Review, maintain and enhance health department's website to raise awareness of services	Health Education/Health Promotion, IT Coordinator	Ongoing
Maintain a "ready to go" slide data set of key community health trends & indicators that can be used for community presentations to raise awareness of community health concerns.	Health Education/Health Promotion	Ongoing
Maintain communication among various community agencies and groups through participation as general members and/or members on their on their respective Boards.	Various staff based on subject matter	Ongoing

## Health Department Service Area Goals for FY 2016-17

### **Service Name: Animal Control**

#### **Major Accomplishments for Fiscal Year 2014-15**

- Saw results of efforts to support adoptions and animal rescue efforts in having one of the program's lowest euthanasia rates at 76.5 %
- Total calls responded to decreased 13% from the previous year.
- Continued to work closely with local Rescue agencies to help find homes for needy animals.
- Continued to use aspects of our Chameleon software to better and more efficiently serve the public

#### **Goals for Fiscal Year 2016-2017**

Goal: Increase Adoptions 1.5 % over 2014-2015

Goal: Increase Rabies Vaccinations By 2%

Goal: Maintain budget guidelines and efficient operation of Animal Control Program

Goal: Continue working toward improving collecting fines and penalties using the Chameleon computer program

### **Service Name: Dental Health Program**

#### **Major Accomplishments for Fiscal Year 2016-2017:**

- Grant from the Oral Health Section for a sealant program at Albemarle Middle School. This allowed the dental clinic to place 605 sealants on 57 students.
- Collaboration with local obstetricians and pediatricians to promote the Baby Oral Health Program and first dental visit by first birthday.
- Public Health Dental hygienist with Stanly County collaborated with the Oral Health Section to reinstate the fluoride rinse program in the public schools (1<sup>st</sup>- 5<sup>th</sup> grades).

- 6108 patient visits occurred at the dental clinic from July 1, 2015 until April 13, 2016, with 111 of these patients being treated in the operating room at Carolinas HealthCare System- Stanly.
- Operating room time block given to Dr. Turner for the second Monday of each month, in addition to every Thursday.

Goals for Fiscal Year 2016-2017:

- Educate parents in the Baby Oral Health Program (BOHP), for all new patients. Education will take place in the clinic at their first visit. This program will be watched on an Surface book tablet to help the parents become more engaged in the child's oral health needs.
- Work with health educators for future grant funding and opportunities to help educate our community in the oral health needs of children.
- Promote opportunities for staff development, training and continuing education for personnel.

**Service Name:           General Health**

Major Accomplishments for Fiscal Year 2015-2016:

- Implemented a new Electronic Health Record (CureMD)
- Sustained the Employee Health Clinic
- Implemented changes in scheduling clients (e.g. earlier appointments, increase in the number of appointments, schedules per resource) to make it more user friendly
- Continued the Media and Outreach committee to promote/improve the health department

Goals for Fiscal Year 2016-2017:

Goal 1: Increase the utilization of services included in this budget by 6-30-17

- Publish Clinic hours and services in the local media at least twice per year. Media to include, but not limit to Stanly News and Press and local Radio Station.
- Provide health department pamphlets (program specific) to the community and other county agencies
- Review all eligibility requirements, fee schedule for all clinics, and update fee policies at least yearly
- Remind all staff in referral process between all service areas

Goal 2: Increase awareness of general health services for providers and public by 6-30-17

- Develop program fliers and educational materials in English as well as other languages for distribution
- Continue efforts to attract participants into all programs through small local industry, churches, etc.
- Provide agency representation to the CFPT/CCPT quarterly
- Prepare and submit for publication at least four media releases
- Prepare at least four bulletin board displays in The Stanly Commons
- Continue to participate in at least four health fairs, food banks, etc. to distribute information related to health department programs
- Provide at least four prevention and control programs for high risk and chronic diseases in community, school, church, or worksite settings
- Develop at least two educational displays regarding health department programs/services

- Participate in at least two community organizations, including Partners in Health, School Health Advisory Council
- Upgrade the health department web page to mimic the county website
- Maintain Health Department Facebook page

Goal 3. Continue to provide the medical community with information about communicable disease and bioterrorism in Stanly County and the reporting procedure by 6-30-17

- Update, prepare and distribute Communicable Disease Newsletter
- Provide an updated program to local office managers about communicable disease reporting
- Utilize a fax system to inform providers about Communicable Disease and/or Bioterrorism updates and events
- Maintain a current and up to date list of contact information for all health care providers, community partners, vets, pharmacies, etc. to enable prompt communication with them in the event of a mass public health threat.

**Service Name:            Environmental Health**

**Major Accomplishments for Fiscal Year 2015– 2016:**

- Environmental Health has conducted 71% of the requested site evaluations, 87% of requested existing system inspections, and 94% of the well site evaluations less than 10 working days from submittal of the application.
- All staff is cross trained in food and lodging inspections and swimming pool inspections. Additional staff have been cross trained in on-site water protection.

**Goals for Fiscal Year 2016 – 2017:**

- Goal 1: To continue working towards the goal of a response time for environmental health request for services to 100% in 10 days or less.
- Goal 2: Continue work towards meeting Standard 4 of the FDA Program Standards.

**Service Name:            HOME HEALTH**

**Major Accomplishments for Fiscal Year 2015-2016:**

- 11% increase in total patient visits (to date through April 2016)
- Maintained an average monthly caseload of 143 patients (21% increase)
- Maintained adequate therapy services for patient mix

**Goals for Fiscal Year 2016-2017:**

Goal:

- Improve availability and accessibility to Home Health Services, helping the population understand they have a choice in deciding which agency to use.

- Provide opportunities for staff development and obtain/maintain adequate nursing and therapy staff.
- Investigate options & feasibility for purchasing and utilizing “point-of-care” software.