



Strategic Plan for Fiscal Year 2024

Adopted by the Person County Board of Health on October 23, 2023

Executive Summary:

Person County Health Department's Management Team met on June 27, July 25, August 22, and September 13 to engage in strategic planning. During these meetings, the group assessed the status of the objectives in the Strategic Plan for Fiscal Year (FY) 2023; identified objectives to work towards over the next year; reviewed and analyzed data from the 2022 Community Health Assessment (CHA) and accompanying community health survey, in addition to other influencing data; prioritized objectives; and conducted a SWOT (strengths, weaknesses, opportunities, and threats) Analysis. The status of FY 2023 objectives and outcomes/explanations are detailed in Appendix A. Staff were emailed a draft of the plan and given an opportunity to provide input. No additional input was received.

On September 25, 2023, Management Team members met with the Board of Health for the purpose of strategic planning. Prior to the meeting, Board of Health members received a draft of the plan for review. An overview of the plan was presented to board members. A detailed explanation was provided about the objective around developing a plan to recruit Board of Health members that reflect the community served. There was discussion around other objectives, also. Board members were given the opportunity to include other objectives reflecting their vision for public health. The SWOT Analysis of the plan was discussed. No changes were made to the information presented. During their October 23, 2023 meeting, the Board of Health approved the Strategic Plan for FY 2024. The final plan is available to staff via the share drive. The Board of Health, community partners, and the public have access to the plan through the department's website.

Person County Health Department's Strategic Plan:

- √ Includes a review and analysis of factors influencing the health department's ability to improve the community's health.
- √ Uses local health status data and information to set goals and objectives.
- √ Uses community input where applicable.
- √ States desired outcomes for each element.
- √ Sets priorities.
- √ Uses community collaborations to implement activities.

Tagline: ***"Promoting, Protecting and Nurturing the Health of Our Community"***

Mission

The mission of Person County Health Department is to promote, educate, and protect personal, family, and community health; ensure a safe environment; provide and assure access to healthcare throughout life; prevent and control the incidence and spread of disease; and provide community based education and information to encourage healthy lifestyle choices.

Vision Statement

The result of the work of Person County Health Department is a community that is healthy, able to reach its full potential, and supported throughout life, in a safe and clean environment.

Core Beliefs

What are "Core Beliefs"? "Core Beliefs" capture the beliefs we hold about what matters most.

The Individual

We value all individuals.

We respect all individuals.

We support and foster trust between individuals and groups.

We recognize the need to balance work and family.

Client and Community

We respect client confidentiality.

We treat all clients with dignity and respect.

We commit to the health and safety of our clients and the community.

We recognize that all persons have the right to health care that promotes dignity and respect.

We do all we can for those we serve.

Achievement through Teamwork

We respect and appreciate differences.

We value open, honest and constructive communication.

We recognize that quality emerges from individuals who share a mission and values.

Integrity

We own up to our mistakes.

We do what we say we will do.

We endeavor to do the best we can.

We will not compromise on what is right.

We take responsibility for our own behavior.

Goals and Objectives

The goals and objectives established for the department's Strategic Plan for FY 2024 are based on data and information reviewed from the 2022 CHA; a community health survey conducted as part of the CHA process; internal records/databases and contracts for various programs; and mandates through the North Carolina General Assembly as well as some funding sources.

Data/Information Reviewed from the 2022 CHA

Teen Pregnancy (among women ages 15-19) Data

- In 2020, Person County's teen pregnancy rate, among women ages 15-19, had decreased to 25.8 from 41.1 (in 2019). However, it was above the state rate of 22.9.
- In terms of numbers vs. rates, teen pregnancies in the county decreased from 93 in 2009 to 38 in 2019 but then increased to 44 in 2020.

Infant Mortality Data

- The infant mortality rate in Person County decreased between 2003-2007 and 2008-2012, but then rose in almost every period until 2015-2019. In 2016-2020, the overall infant mortality rate in Person County was 9.5, higher than the comparable state rate of 7.0. Between 2001-2005 and 2016-2020, an average of 19 infant deaths occurred per 5-year period.
- There are too few incidents of infant death among minorities in Person County to calculate stable infant mortality rates, but it is apparent from statewide data that infant mortality rates among African American, non-Hispanics far exceed the comparable rates for white non-Hispanics.

Mortality Data

- In 2016-2020, Person County's 10 leading causes of death were: (1) heart disease, (2) cancer, (3)*all other unintentional injuries, (4) chronic lower respiratory disease, (5) cerebrovascular disease, (6) diabetes, (7) Alzheimer's disease, (8) kidney diseases, (9) septicemia, and (10) suicide.

**All Other Unintentional injuries includes death without purposeful intent due to poisoning, falls, burns, choking, animal bites, drowning, and occupational or recreational injuries.*

- In 2016-2020, Person County's mortality rates were higher than the comparable state rates for heart disease, cancer, all other unintentional injuries, chronic lower respiratory disease, diabetes, kidney diseases, septicemia, and suicide. County rates were lower than the state rates for cerebrovascular disease and Alzheimer's disease.
- Leading Cause of Death: Gender and Racial Comparisons
 - Mortality rates were higher for males for the majority of the 10 leading causes of death except Alzheimer's disease and suicide. There were no available rates to make comparisons for Alzheimer's disease and suicide.
 - Mortality rates were higher among African Americans, as compared to whites, for heart disease, cancer, cerebrovascular disease, diabetes, Alzheimer's disease, and kidney diseases. There were no available rates to make comparisons for chronic lower respiratory disease, septicemia, and suicide. The mortality rate for all other unintentional injuries was higher among whites.

Morbidity Data

- Data from the Centers for Disease Control (CDC), based on estimates derived from self-reported responses to the Behavioral Risk Factor Surveillance System (BRFSS), describes the estimated prevalence of diagnosed diabetes among adults aged 20 and older at the county level. According to this data, the prevalence of adult diabetes in Person County was 8.1% in 2019, an increase from 6.8% in 2017, but still below the NC rate of 10.5% in 2019.
- As with diabetes, the CDC describes the estimated prevalence of diagnosed obesity in adults aged 20 and older at the county level. According to this data (also derived from the BRFSS), the prevalence of diagnosed obesity in Person County was 22.3% in 2019, lower compared to 24.6% in Bladen County (peer county). Similar state-level data is not available from the source.
- Sexually Transmitted Infections (STIs) are the most common communicable diseases in Person County, comprising more than 90% of all reportable communicable diseases in the county between 2015 and 2021. Chlamydia is the most prevalent STI, followed by gonorrhea. While Person County incidence rates for both chlamydia and gonorrhea were lower than comparable rates for the state from 2009 through 2020, rates have demonstrated an overall increase. In 2020, the Person County incidence rate for chlamydia infection was 601 new cases per 100,000 population, close to the state rate of 607. In 2020, the gonorrhea incidence rate in Person County was 173 new cases per 100,000 population, lower than the state rate of 264.
- According to data from the NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services, the number of Person County residents served by the Area Mental Health Program (currently Vaya) averaged 1,424 per year between State Fiscal Years 2016 and 2020. According to de-identified Emergency Department (ED) discharge data provided by Person Memorial Hospital, 1,150 individuals were seen in the ED for mental, behavioral, and neurodevelopmental disorders in Calendar Years 2019 – 2021, an average of 386 per year and comprising 3% of all ED discharges. Over the same period, the hospital had 86 ED discharges due to suicidal ideation. According to data supplied by Person County EMS for FY 2019 - 2022, emergency responders managed an average of 71 calls a year related to “psychiatric” issues.
- While some data is suppressed at the source due to low numbers, the Person County unintentional poisoning mortality rate has demonstrated a clear increase since data were first published in 2009-2013. In 2016-2020, the Person County unintentional poisoning mortality rate was 27.6, compared to 24.5 in

NC. According to unintentional poisoning related data from the Injury and Violence Prevention Branch at the NC Division of Public Health, between 2011 and 2020, there were 63 deaths, 238 hospitalizations, and 971 ED visits due to unintentional poisoning in the county. Opioids were the most common substance contributing to these ED visits, hospitalizations, and deaths.

- On average between 2015 and 2021, 60% of children in foster care in Person County were there due to parental substance use, higher compared to Bladen County (34%) and the state (42%).

CHA Community Health Survey Data

Other considerations in the development of this plan include the 749 responses received from the community through a survey during the CHA process. However, since the survey was collected via convenience sampling, some groups are typically over- or under-represented. It must be taken into account that the 2022 survey sample was overwhelmingly female, older, more highly educated, and wealthier than the general population. While this data is an important part of the CHA, results should be interpreted with an awareness that the survey sample does not represent the full population of the county.

The community health survey identified the following:

- Top 10 health problems in the county, identified by survey respondents: (1) cancer, (2) mental health, (3) diabetes, (4) heart disease/heart attacks, (5) substance abuse, (6) obesity/overweight, (7) Alzheimer's disease, (8) infectious/contagious disease, (9) lung disease, and (10) prediabetes/borderline diabetes.
- Top 10 unhealthy behaviors in the county, identified by survey respondents: (1) drug abuse, (2) alcohol abuse, (3) lack of exercise/poor physical fitness, (4) poor eating habits, (5) not going to the doctor for preventive check-ups, (6) smoking/tobacco use, (7) lack of parenting skills, (8) violent, angry behavior, (9) not going to a dentist for check-ups and cleaning, and (10) not getting immunizations to prevent disease.
- Top 10 social issues in the county, identified by survey respondents: (1) low income/poverty, (2) crime, (3) unemployment/ underemployment, (4) racism/discrimination, (5) gang activity, (6) neglect and abuse, (7) transportation options, (8) dropping out of school, (9) homelessness, and (10) unsafe schools.
- Top 10 service issues in the county, identified by survey respondents: (1) affordability of housing, (2) lack of counseling/mental health services/support groups, (3) affordability of health services, (4) lack of access to high speed internet, (5) lack of recreational facilities, (6) availability of healthy food choices, (7) availability of child care, (8) lack of /inadequate health insurance, (9) lack of emergency housing (shelters), and (10) lack of transportation options.
- Survey respondents reported that they had received the following diagnoses by a health care professional: 52% had been diagnosed with overweight/obesity; 46% with high blood pressure; 41% with high cholesterol; 35% with depression/anxiety; 25% with prediabetes/borderline diabetes; 16% with diabetes; 12% with lung disease (includes asthma); 9% with cancer; and 8% with angina/heart disease.
- Health behaviors self-reported by survey respondents:
 - 11% of respondents reported smoking tobacco, either every day (7.4%) or some days (3.9%).
 - 7% of respondents reported current e-cigarette use, either every day (3.3%) or some days (3.5%).
 - 3% of respondents reported using smokeless tobacco, either every day (1.2%) or some days (2.0%).
 - 19% of respondents reported binge drinking at least one or two times in the past month.
 - 48% of respondents reported getting the recommended amount of exercise in a normal week.

- 13% of respondents reported that they or someone they know used an illegal drug or misused a prescription drug.

After thoroughly reviewing both the primary and secondary data at length, the CHA Team established the following health priorities: *Overweight/Obesity and Substance Abuse*

Data from various programs was reviewed and taken into consideration in the development of this plan.

In conclusion, health issues and associated risk factors will be addressed as the department has the capacity to do so. The availability of federal, state, and local funds will continue to be an influencing factor in the department's ability to improve the community's health. These funds along with grants and donations obtained will support existing efforts and make provisions for additional programs and services. Individual agreement addenda through various department programs will also address some of these goals. Additional influencing factors recognized by the department that are key to working towards objectives in this plan include staff retention and training. The department's Workforce Development Plan details department directives in retaining staff and ensuring they are appropriately trained. The objectives in this plan are department-wide focused. Public health also relies on numerous partners, both traditional and non-traditional, to help fulfill its mission, goals, and objectives.

Department Goals

1. Determine the health status of the county and any emerging issues.
2. Retain qualified employees.
3. Deliver efficient, quality, and equitable services to the citizens of Person County.
4. Increase the department and community's capacity to provide services to at risk populations.
5. Reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public.

Objectives Matched to Goals

The department's objectives were prioritized by the Management Team after some discussion, taking into consideration things such as: the current state of the department; the time and steps each objective will require; the resources and support that would be available and needed; the urgency of meeting some objectives as opposed to others; the availability of staff and community partners to work towards meeting objectives; etc. Objectives have been aligned with the three core functions of public health.

The three Core Functions of Public Health and ten Essential Public Health Services are:

Assessment

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.

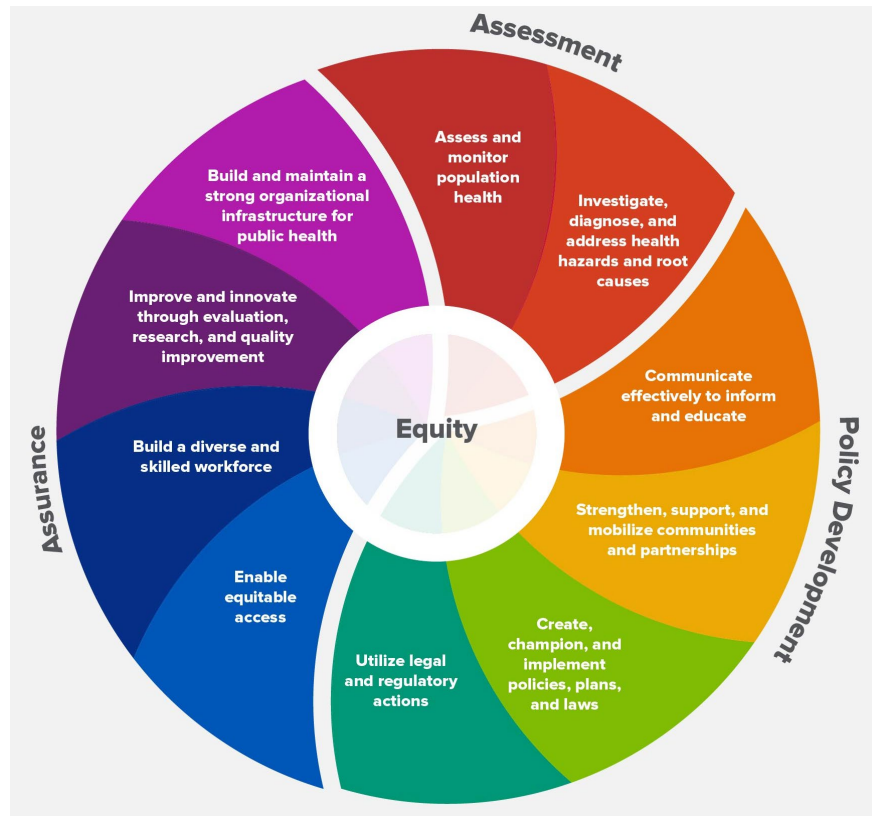
Policy Development

3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.

Assurance

7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.



Objective 1: By May 31, 2024, develop a new brand for the department and begin implementation.

Core Function of Public Health Alignment: Policy Development

Goals Addressed:

- Deliver efficient, quality, and equitable services to the citizens of Person County.
- Increase the department and community's capacity to provide services to at risk populations.
- Reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public.

Partners Involved:

- PCHD staff
- Board of Health
- County management
- Community partners
- Branding consultant

Activities:

- Research and engage branding consultant.
- Gather input from partners.

- Develop PCHD brand utilizing information gathered.
- Implement use of the brand.

Desired Outcome:

- New brand development completed and implemented.

Objective 2: By May 31, 2024, improve the quality of personal and population health services by meeting the deliverables of the Agreement Addenda and Consolidated Agreement.

Core Functions of Public Health Alignment: Assessment, Policy Development, Assurance

Goals Addressed:

- Deliver efficient, quality, and equitable services to the citizens of Person County.
- Increase the department's capacity to provide services to at risk populations.

Partners Involved:

- PCHD staff
- Board of Health
- Community partners
- NC Department of Health and Human Services
 - Division of Public Health
 - Division of Child and Family Well-Being
 - Office of Emergency Preparedness, Response and Recovery
- Centers for Disease Control
- NC Office of Public Health Nursing
- Clinical Laboratory Improvement Amendments (CLIA)
- NC Board of Labor/OSHA
- Best Practice Associations (American College of Obstetricians and Gynecologists, American Medical Association, etc.)
- NC Department of Environmental Quality
- US Environmental Protection Agency

Activities:

- Meet all requirements of Agreement Addenda and the Consolidated Agreement.
- Educate staff and BOH on Agreement Addenda deliverables.
- Educate staff and BOH on Consolidated Agreement.
- Ensure staff has access to training, and where appropriate competency validation of skill/cognition prior to working in/with applicable area/risk.
- If programmatic Corrective Action Plan occurs, evaluate and reassess processes.
- If programmatic rates and service percentages are not met, evaluate and reassess processes.
- Communicate, across all disciplines, changes to Agreement Addenda, as relevant.
- Ensure the department has secured contracts for services needed to support programs and referrals that meet requirements of Agreement Addenda.
- Continue to align job descriptions with Agreement Addenda.

Desired Outcomes:

- There were no programmatic corrective action plans.
- Programmatic rates and service percentages were met or exceeded.
- Uninterrupted services were provided.

Objective 3: By May 31, 2024, develop and/or strengthen HIPAA policies, processes and systems to mitigate privacy and security risks.

Core Functions of Public Health Alignment: Policy Development, Assurance

Goal Addressed: Deliver efficient, quality, and equitable services to the citizens of Person County.

Partners Involved:

- PCHD staff
- Person County IT
- Person County Human Resources
- Person County Administration
- Other local health departments
- UNC School of Government

Activities:

- Implement the Risk Management Plan provided by Tego to address gaps in the areas of administrative, technical, and physical security.
- Develop and/or strengthen HIPAA privacy and security policies as advised by the plan.
- Work with county partners to improve processes and systems to ensure HIPAA compliance.
- Propose infrastructure establishment around HIPAA regulations and compliance within County Government to encompass all departments that are covered HIPAA entities.

Desired Outcome:

- Risk priorities identified in the Risk Management Plan were addressed.

Objective 4: By May 31, 2024, increase utilization of electronic health record functions and features by clinical and clerical staff.

Core Function of Public Health Alignment: Assurance

Goal Addressed: Deliver efficient, quality, and equitable services to the citizens of Person County.

Partners Involved:

- Patagonia Health representatives
- PCHD clinical and clerical staff

Activities:

- Contact Patagonia Health to discuss options and cost for onsite training.
- Train Patagonia Health administrators.
- Have at least one onsite training with Patagonia Health for all users (clinical and clerical staff).

Desired Outcome:

- Utilization of electronic health record functions and features increased.

Objective 5: By September 5, 2023, develop and submit Community Health Improvement Plans (CHIPs) to the State for health priorities identified in the Community Health Assessment. *Note: CHIPs are subject to updates and revisions throughout the fiscal year.*

Core Functions of Public Health Alignment: Assessment, Policy Development, Assurance

Goals Addressed:

- Deliver efficient, quality, and equitable services to the citizens of Person County.
- Increase the department and community's capacity to provide services to at risk populations.

Partners Involved:

- PCHD staff
- Freedom House Recovery Center
- NC Cooperative Extension
- Person Family Medical Center
- Person Memorial Hospital
- Person County Partnership for Children
- Insight Human Services
- Vaya Health
- Person County Schools
- Earl Bradsher Preschool

Activities:

- Establish a CHIP workgroup with community partners.
- Develop a CHIP for each priority, using key characteristics of Results Based Accountability.
- Submit CHIPs in the online Clear Impact Scorecard.
- Update CHIPs throughout the fiscal year, as needed.

Desired Outcome:

- CHIPs, for the priorities identified in the Community Health Assessment, were submitted to the State and updated throughout the year, as needed.

Objective 6: By May 31, 2024, develop a plan to recruit Board of Health members that reflect the community served, as vacancies become available.

Core Functions of Public Health Alignment: Policy Development, Assurance**Goals Addressed:**

- Deliver efficient, quality, and equitable services to the citizens of Person County.
- Increase the department and community's capacity to provide services to at risk populations.
- Reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public.

Partners Involved:

- PCHD Management Team
- Board of Health

Activities:

- Collect and analyze county and Board of Health demographic data.
- Review current practices for recruiting board members.
- Develop a plan to show how the department will seek Board of Health members that represent the community served.

Desired Outcome:

- A plan was developed with intentional and deliberate strategies for recruiting Board of Health members reflective of the community served.

Objective 7: By May 31, 2024, increase unduplicated STI client participation by 30% (of the clients served in FY 2023).

Core Function of Public Health Alignment: Assurance

Goals Addressed:

- Deliver efficient, quality, and equitable services to the citizens of Person County.
- Increase the department and community's capacity to provide services to at risk populations.

Partners Involved:

- PCHD staff
- Community partners/medical provider agencies: Roxboro Family Medicine, North State Medical, Person Memorial Hospital, Person Family Medical Center, MedAccess Urgent Care, FastMed Urgent Care, Person County Schools
- NC Division of Public Health
- Duke medical providers

Activities:

- Renew Duke contract for provision of doctors/residents.
- Continue to implement the use of 1-2 Certified STD Enhanced Role Registered Nurses.
- Advertise program services on social media platforms.
- Enlist school nurses for assistance with advertising services/provide them with written material, if possible.
- Collaborate with county schools to provide them with presentations at the high school level for students and staff regarding program services.
- Collaborate with community partners and medical provider agencies to provide them with a presentation for staff regarding program service/provide written materials and/or handouts.
- Consider/research the implementation of condom dispensary machines in both front lobby restrooms and one or more restrooms at Piedmont Community College.

Desired Outcome:

- Participation in the STI Program, by unduplicated clients, increased by at least 30% (of the clients served in FY 2023). Note: FY 2023 client count was 263. Additional unduplicated clients needed to meet this goal is 78.

Objective 8: By May 31, 2024, Environmental Health staff will (1) maintain an inspection rate of 100% for all graded establishments; (2) issue permits or denials for all on-site evaluation applications within 25 business days of submittal; (3) evaluate applications for building additions and mobile home replacements within 10 business days of receipt; and (4) collect requested water samples within five business days of requests.

Core Functions of Public Health Alignment: Assessment, Policy Development, Assurance

Goal Addressed: Deliver efficient, quality, and equitable services to the citizens of Person County.

Partners Involved:

- PCHD staff
- Person County GIS (Geographic Information System)
- Person County Information Technology
- Person County Inspection Department
- Person County Planning and Zoning Department

Activities:

- Permit and conduct inspections of restaurants and intuitions in compliance with state requirements.
- Evaluate, permit, and inspect requested applications services.

Desired Outcomes:

- An inspection rate of 100% was maintained for all graded establishments (restaurants, facilities, daycares, pools, tattoo parlors).
- Permits or denials were issued for all on-site evaluation applications within 25 business days of submittal.
- Applications for building additions and mobile home replacements were evaluated within 10 business days.
- Requested water samples were collected within five business days of requests.

Objective 9: By May 31, 2024, increase unduplicated clients, 0-18 years of age, participation in the Immunization Program by 25% (of the clients served in FY 2023).

Core Function of Public Health Alignment: Assurance**Goals Addressed:**

- Deliver efficient, quality, and equitable services to the citizens of Person County.
- Increase the department's capacity to provide services to at risk populations.
- Reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public.

Partners Involved:

- PCHD staff
- Community partners/medical provider agencies: Roxboro Family Medicine, North State Medical, Roxboro Internal Medicine, Person Family Medical Center
- NCDHHS consultants
- Person County Schools

Activities:

- Utilize informational handouts and brochures from NCDHHS as educational material for schools.
- Provide a letter and/or vaccine requirement education to Person County Schools Central Office for dissemination.
- Share immunization educational handouts and/or mail out options with local pediatricians and primary care provider offices.
- WIC- review immunization records of each client seen or serviced and advise on immunization needs reviewed; clients that are seen in person can be escorted back to the eligibility office or front desk to make an appointment.
- Clinic Staff- review immunization records of each client seen or serviced and advise on immunizations needs reviewed; clients can be escorted back to the eligibility office or front desk to make an appointment.
- Collaborate with schools to provide large vaccine clinics if/when possible.
- Collaborate with community partners and medical provider agencies to provide them with a presentation for staff regarding program service/provide written materials and/or handouts.
- Advertise program services on social media platforms.
- Advertise/promote immunizations throughout the health department using informational/educational posters.

Desired Outcome:

- Participation in the Immunization Program, by unduplicated clients, 0-18 years of age, increased by at least 25% (of the clients served in the FY 2023). Note: FY 2023 client count was 243. Additional unduplicated clients, 0-18 years of age, needed to meet this goal is 60.

Objective 10: By May 31, 2024, increase uninsured, unduplicated client participation in the Family Planning Program by 25% (of the clients served in FY 2023).

Core Function of Public Health Alignment: Assurance**Goals Addressed:**

- Deliver efficient, quality, and equitable services to the citizens of Person County.
- Increase the department and community's capacity to provide services to at risk populations.

Partners Involved:

- PCHD staff
- Community partners/medical provider agencies: Roxboro Family Medicine, North State Medical, Person Memorial Hospital, Person Family Medical Center, MedAccess Urgent Care, FastMed Urgent Care, Person County Schools
- NC Division of Public Health
- Duke medical providers

Activities:

- Renew Duke contract for provision of doctors/residents.
- Increase capacity to meet contraceptive needs by offering the contraceptive implant.
- Advertise program services on social media platforms.
- Advertise program services using billboard media.
- Create new Family Planning brochures, pamphlets, and/or handouts.
- Enlist OB Care Management for recruitment of clients.
- Enlist school nurses for assistance with advertising services/provide them with written material if possible.
- Collaborate with county schools to provide them with presentations at the high school level for students and staff regarding program services.
- Collaborate with community partners and medical provider agencies to provide them with a presentation for staff regarding program services/provide written materials and/or handouts.

Desired Outcome:

- Participation in the Family Planning Program, by uninsured, unduplicated clients, increased by at least 25% (of the clients served in FY 2023). Note: FY 2023 client count was 96. Additional uninsured, unduplicated clients needed to meet this goal is 24.

Objective 11: By May 31, 2024, increase unduplicated client participation in the Maternal Health Program by 25% (of the clients served in FY 2023).

Core Function of the Public Health Alignment: Assurance**Goals Addressed:**

- Deliver efficient, quality, and equitable services to the citizens of Person County.
- Increase the department and community's capacity to provide services to at risk populations.

Partners Involved:

- PCHD staff
- Community partners/medical provider agencies: Roxboro Family Medicine, North State Medical, Person Memorial Hospital, Person Family Medical Center, MedAccess Urgent Care, FastMed Urgent Care, Person County Schools
- NC Division of Public Health
- Duke medical providers

Activities:

- Renew Duke contract for provision of doctors/residents.
- Advertise program services on social media platforms.
- Enlist OB Care Management for recruitment of clients.
- Enlist school nurses for assistance with advertising services/provide them with written material if possible.
- Collaborate with county schools to provide them with presentations at the high school level for students and staff regarding program services.
- Collaborate with community partners and medical provider agencies to provide them with a presentation for staff regarding program services/provide written materials and/or handouts.

Desired Outcome:

- Participation in the Maternal Health Program, by unduplicated clients, increased by at least 25% (of the clients served in FY 2023). Note: FY 2023 client count was 63. Additional unduplicated clients needed to meet this goal is 15.

Objective 12: By May 31, 2024, increase the duration of breastfeeding rates for infants through six weeks of age to 49%.

Core Functions of Public Health Alignment: Assessment, Policy Development, Assurance

Goals Addressed:

- Deliver efficient and quality services to the citizens of Person County to promote and protect public health.
- Increase the department and community's capacity to provide services to at risk populations.

Partners Involved:

- PCHD staff
 - Nutrition and WIC Services Section
 - Care management staff
 - Personal health clinic staff
- Division of Child and Family Well-Being
 - Regional Nutrition Consultant
 - Region 2 Breastfeeding Consultant
 - State Breastfeeding Coordinator
- Community partners/medical provider agencies

Activities:

- Assess breastfeeding status, identify barriers, and solve problems, which may inhibit nursing mothers from breastfeeding until infants reach six weeks of age.
- Provide breastfeeding support through counseling for enrolled WIC prenatal, breastfeeding, and postpartum participants.

- Encourage duration of breastfeeding infants until at least six weeks of age.
- Build relationships with community partners/medical provider agencies to address potential obstacles and concerns to breastfeeding, enabling WIC participants to achieve their goals.
- Collaborate with experienced breastfeeding mothers regarding their personal experiences to facilitate breastfeeding promotion and support services for enrolled WIC participants.

Desired Outcome:

- The duration of breastfeeding rates for infants through six weeks of age increased to 49%.

SWOT (Strengths, Weaknesses, Opportunities, and Threats) Analysis

The following strengths, weaknesses, opportunities, and threats were identified as factors in the department's ability to meet the aforementioned objectives. These factors have an impact on meeting the needs of the community and ultimately improving the health of the community.

| Strengths | Weaknesses |
|---|--|
| Cohesive team | Accessibility of services |
| Dedicated and experienced employees | Qualified employee recruitment |
| Community partners | Lack of ability/interest of staff to participate in trainings |
| Advances in technological software | Lack of cross-training to prevent reduction of services |
| Reliance on department by community partners | Efficiency |
| Ability to access resources | Facility maintenance |
| Adaptability to challenges | Technology available not taken advantage of by staff |
| Efficient resource management | Minimal support from regional and state consultants |
| Training opportunities available to staff | |
| External customer service | |
| Staff involvement in regional, state, and national collaboratives | |
| New community awareness about department services | |
| Opportunities | Threats |
| To equip governing bodies with additional insight, education, and awareness about department operations, services, and programs to foster informed decision making that will result in meeting the public health needs of the community | Responsibilities, resources, and response as a result of emerging communicable diseases and increase in communicable diseases and STIs |
| To engage with and serve more historically marginalized populations | Funding uncertainty and reduction in local, state, and federal funds |
| To educate and inform the community on the core functions and essential services of public health as well as services offered at the local health department | Medicaid Transformation |
| To propose the establishment of infrastructure within County Government in regards to HIPAA regulations and compliance | Staff retention |
| To use data to improve health outcomes and increase services | |
| To expand awareness of services targeting younger audiences by using multiple social media platforms | |

Appendix A: Status of Objectives in the Strategic Plan for FY 2023

Objective 1: By May 31, 2023, implement at least two policy, practice, and/or system changes, as identified in the department's Organizational Equity Plan.

- **Status:** Met
- **Outcomes/Explanations:** The following 3 policy, practice and/or system changes, as identified in the department's Organization Equity Plan, were implemented:
 1. The Workforce Development Plan was updated to include an annual health equity-training requirement for all staff. All staff participated in an extensive health equity training.
 2. The Orientation Policy (and general checklist) was revised to require a health equity-training component as part of the orientation process.
 3. It has been made a practice to include equity-focused questions in department issued surveys.

Objective 2: By May 31, 2023, improve the quality of personal and population health services by meeting the deliverables of the Agreement Addenda and Consolidated Agreement.

- **Status:** See below for each AA
- **Outcomes/Explanations:**
 - WIC AA – Corrective Action Plan (CAP) required
 - Breastfeeding Peer Counseling Program AA – NA (just resumed in May 2023)
 - Healthy Communities AA – Met
 - Minority Diabetes Prevention Program (MOU with Alamance County Health Department) – Met
 - Family Planning AA – Met
 - Sexually Transmitted Infections AA – Met (CAP required from internal audit vs. state audit)
 - Maternal Health AA – Met (CAP required from internal audit vs. state audit)
 - Communicable Disease AA – Met
 - Immunization AA – Met
 - Care Management Programs AA – Met
 - Child Fatality Prevention AA – Met
 - School Nurse Funding Initiative AA – Met
 - Child Health AA – Met
 - Public Health Preparedness and Response – Met
 - Environmental Health Programs AA – Met
 - Advancing Equity AA - Met

Objective 3: By May 31, 2023, onboard PCHD into the NCCARE360 system.

- **Status:** Met
- **Outcome/Explanation:** PCHD onboarded 17 users into the NCCARE360 system from various sections (i.e. Health Education, WIC, Care Management, and personal health programs). NCCARE360 has mainly been utilized for receiving referrals.

Objective 4: By May 31, 2023, develop and/or strengthen policies, processes and systems to reduce or eliminate high and medium risks identified in a recent HIPAA Risk Assessment.

- **Status:** Not Met

- **Outcome/Explanation:** This objective will be part of the FY 2024 plan.

Objective 5: By May 31, 2023, increase client participation in the STI Program by 30% (of the clients served in FY 2022).

- **Status:** Met
- **Outcome/Explanation:** Client participation in the STI Program increased by 36%. This was an increase from 193 clients in FY 2022 to 263 clients in FY 2023. (Note: This is unduplicated clients.)

Objective 6: By May 31, 2023, increase uninsured client participation in the Family Planning Program by 25% (of the clients served in FY 2022).

- **Status:** Met
- **Outcome/Explanation:** Participation in the Family Planning Program by uninsured clients increased by 88%. This was an increase from 51 clients in FY 2022 to 96 clients in FY 2023.

Objective 7: By May 31, 2023, increase client participation in the Maternal Health Program by 25% (of the clients served in FY 2022).

- **Status:** Partially Met
- **Outcome/Explanation:** Client participation in the Maternal Health Program increased by 23%. This was an increase from 51 clients in FY 2022 to 63 clients in FY 2023. Even though this is slightly under the desired percentage increase, this objective is considered partially met, as there was an increase in client participation. (Note: This is unduplicated clients.)

Objective 8: By May 31, 2023, increase client participation in the Immunization Program by 25% for individuals 0-18 years of age (of the clients served in FY 2022).

- **Status:** Partially Met
- **Outcome/Explanation:** Client participation in the Immunization Program, by individuals 0-18 years of age, increased by 10%. This was an increase from 220 clients in FY 2022 to 243 clients in FY 2023. This objective is still considered partially met, as there was an increase in clients. (Note: This is unduplicated clients.)

Objective 9: By May 31, 2023, 90% of reportable communicable diseases are investigated and reported to NCDPH within required timeframes.

- **Status:** Partially Met
- **Outcomes/Explanations:**
 1. One additional staff member was trained in the Communicable Disease Program.
 2. One additional staff member was trained to use NCEDDS.
 3. Ninety-nine percent of STI cases were investigated within the required timeframe.
 4. Seventy-five percent of vaccine preventable diseases were investigated within the required timeframe.
 5. Seventy percent of general communicable disease cases were investigated within the required timeframe.

Objective 10: By May 31, 2023, Environmental Health staff will fully implement and utilize GPS technology for data collection in conjunction with 75% of field visits.

- **Status:** Met
- **Outcome/Explanation:** Staff have been utilizing GPS technology on every site evaluation and on other field visits, barring any technology issues.

10/11/2023