



**PERSON COUNTY
HEALTH DEPARTMENT**

Strategic Plan Fiscal Years 2025 & 2026

*Adopted by the Person County Board of Health on January 27, 2025
Revised & Approved by the Person County Board of Health on July 28, 2025
Amended objectives for FY 2026 on September 12, 2025*

Executive Summary:

Person County Health Department's Management Team met on May 8, June 26, and September 11, 2024 to engage in strategic planning. During these meetings, the group assessed the status of the objectives in the Strategic Plan for Fiscal Year (FY) 2024; reviewed data from the 2023 State of the County Health (SOTCH) Report, 2022 Community Health Assessment (CHA) and accompanying community health survey, in addition to other influencing data; identified objectives to work towards over the next two years; and conducted a SWOT (Strengths, Weaknesses, Opportunities, and Threats) Analysis. The status of FY 2024 objectives and outcomes/explanations are detailed in Appendix A. On October 30, 2024, all staff were invited to participate in a strategic planning session. The strategic plan draft was sent to staff prior to the session for review. Twenty-two staff attended and provided input for the SWOT Analysis and prioritization of the proposed objectives. Additional considerations in the development of this plan came from feedback provided during a meeting on November 7, 2024 by staff who are responsible for Agreement Addenda (AA). The Management Team reconvened on November 13, 2024 to finalize the plan upon reviewing feedback from the staff strategic planning session and the AA meeting.

Prior to their November 25, 2024 meeting, Board of Health members received a draft of the strategic plan for review. An overview of the department's strategic planning process, along with an explanation about the plan, was presented. The majority of the meeting was spent engaging the board in further planning and seeking their input. Board members participated in a SWOT Analysis and had an opportunity to prioritize the proposed objectives. Feedback from this meeting was discussed during the December 11, 2024 Management Team meeting and a final draft was completed. The plan went back to the Board of Health during their January 27, 2025 meeting and was adopted. 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.

The Management Team met on June 25, 2025 to review the plan and assess progress on each objective. The plan was updated to include data from the latest State of the County Health Report, which was released earlier in 2025. Progress notes were added and presented to the Board of Health on July 28, 2025. During the meeting, an objective on researching the need and possibility of providing primary care services was proposed. Board members approved the revisions to the plan as well as the addition of the proposed objective.

During the September 10, 2025 meeting, Management Team members approved amending the FY 2025 objectives to reflect continued work towards desired outcomes in FY 2026.

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 2025 and 2026 are based on data and information reviewed from the 2023 SOTCH Report; 2022 CHA and the 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 2024 SOTCH Report

Mortality and Morbidity Data

- Person County’s 10 leading causes of death according to the most current data (2018-2022) found for the SOTCH Report are: (1) heart disease, (2) cancer, (3) all other unintentional injuries, (4) chronic lower respiratory diseases, (5) COVID-19, (6) cerebrovascular disease, (7) diabetes, (8) Alzheimer’s disease, (9) septicemia, and (10) kidney disease. The most significant change in the mortality data was COVID-19 going from the 15th leading cause of death (2016-2020) to the 5th leading cause of death.

- Person County's infant mortality rate for 2018-2022 was considered unstable due to less than 20 cases; therefore, not reported. This was a step in the right direction as the rate for 2016-2020 was 9.5, reflecting 20 infant deaths.
- Person County's teen pregnancy rate for females ages 15-19 declined from 25.8 (2020) to 24.3 (2022). However, it remained above the comparable state rate (21.8).
- Sexually Transmitted Infections (STIs) are the most common communicable diseases in Person County. The percentage of STIs accounting for communicable diseases decreased from 92% in 2021 to 87% in 2024. Chlamydia remained the most prevalent STI, followed by gonorrhea.
- The prevalence of diagnosed obesity in adults aged 20+ in Person County increased from 22.3% in 2019 to 24.6% in 2021. Even though data on obesity is very limited, it is still a significant concern, as it is often a precursor to many health problems that are prevalent in Person County.
- Although there was a slight decrease in the percentage of Person County residents dispensed opioid pills from 2021 (13.4) to 2023 (12.2), there was a significant increase in the percentage of overdose deaths due to illicit opioids from 2020 (63.6) to 2023 (70.6). Person County's percentage of overdose deaths due to illicit opioids is under that of the State (78.1)

Emerging Issues since the last Community Health Assessment

- In 2024, there was one identified animal rabies case.
- Person County experienced an increase in latent TB cases from 2020 to 2024, after an extensive amount of time with no cases.

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 include 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 as well as from consumer and community surveys was reviewed and taken into consideration in the development of this plan. 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. 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.
6. Empower Health Department staff to participate in education and brainstorming activities.

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.

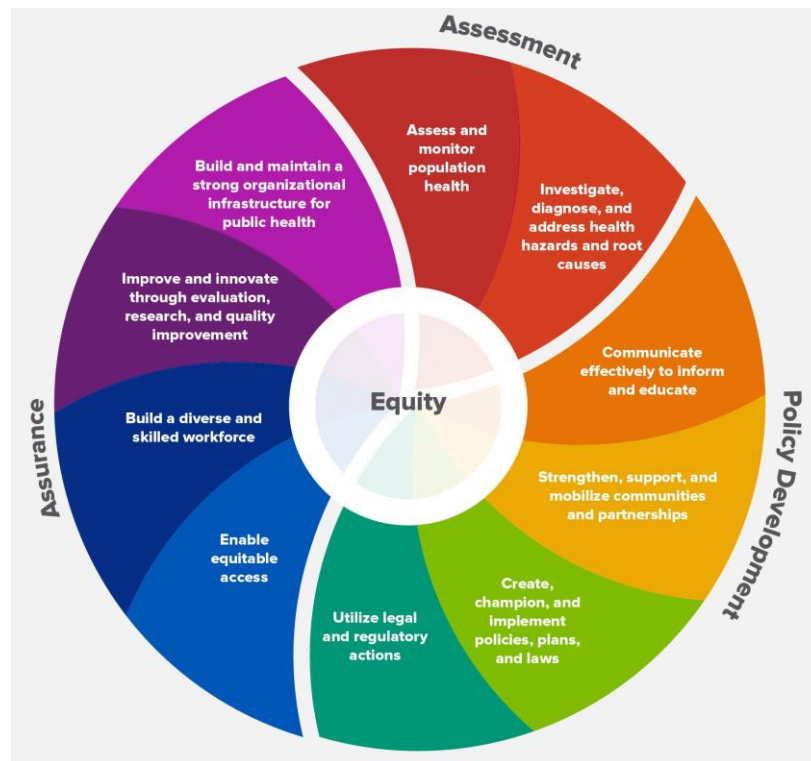
Policy Development

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, 2026, disseminate information about public health services to the community at-large as well as targeted populations utilizing at least three different platforms/methods.

Core Functions of Public Health Alignment: Assurance, 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
- Printing companies
- Board of Health
- Community partners
- Advertising/marketing firm
- Sign business

Activities:

- Showcase the department's new logo.
 - Place new logo on County vehicles operated by the department.
 - Place new logo on the preparedness trailer.

- Replace interior and exterior signage displaying the new logo.
- Update the front door with the new logo.
- Update various documents and forms to include the new logo.
- Post the new logo on the department website and Facebook page.
- Distribute publications and swag items with the new logo at various community events.
- Redesign the department's retractable banner and table runner with the new logo.
- Contract with an advertising/marketing firm to assist with promoting public health services to the general public as well as to targeted populations.
- Purchase a digital roadside marquee to communicate information about public health services.
- Purchase indoor digital signage to communicate rotating messages.
- Participate in community education and outreach events.

Desired Outcome:

- Information about public health services was disseminated to the community at-large as well as targeted populations by at least three different platforms/methods.

Progress as of June 30, 2025:

- The new logo has been placed on the preparedness trailer.
- Some interior and exterior signage displays the new logo.
- Some documents and forms have been updated to include the new logo.
- The new logo has been posted on the website, Facebook page, and new Instagram profile.
- Various publications and swag items, displaying the new logo, have been distributed at community education and outreach events. Staff involvement in these events has increased.
- The department's table runner, used at various events, was redesigned with the new logo.
- The department has been working with Avenir Bold, a marketing agency, to enhance its Facebook presence and to relaunch its Instagram profile.
- Indoor digital signage has been purchased and mounted in the front waiting area. The department is working with IT to install what is needed to start uploading messaging.

Objective 2: By May 31, 2026, explore the need and feasibility of expanding personal health services to include services like, but not limited to, TB skin testing, A1C testing, cholesterol screening, Point-Of-Care (POC) testing, etc., implementing at least one additional service by the end of both Fiscal Years 2025 and 2026.

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.
- Reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public.

Partners Involved:

- PCHD staff
- Board of Health
- NCDHHS program consultants

Activities:

- Gather input on service needs through a community survey.
- Review community survey report to determine if the need for any additional personal health services have been identified.

- Conduct a feasibility study and/or financial analysis to determine if the department should move forward on offering services identified.
- Make necessary preparations (create standing order, purchase supplies, prepare staff, promote service to the community, etc.) to offer an additional service.
- Research the feasibility of hiring a mid-level provider to be able to offer more services.
- Explore offering POC testing in-house and off-site.

Desired Outcome:

- At least one additional personal health service was implemented by the end of both Fiscal Years 2025 and 2026.

Progress as of June 30, 2025:

- The department explored and researched the need for offering TB skin test (TST) services. Upon making the necessary preparations, the department will reinstate the TST services in mid-August 2025. Other additional services continue to be explored.
- The American Lung Association's Freedom From Smoking® program was offered in early 2025. However, due to low registration as well as no shows, the program has been postponed until September.

Objective 3: By May 31, 2025, increase unduplicated client participation in personal health clinic programs by 15% (of the clients served in FY 2024). *Continue to work towards desired outcomes by May 31, 2026.*

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.
- 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, Person Memorial Hospital, Person Family Medical Center, MedAccess Urgent Care, FastMed Urgent Care, Person County Schools (including but not limited to the Career and Technical Education classes), Freedom House Recovery Center, Roots and Wings, Life Choices of Roxboro, and Safe Have of Person County
- NC Division of Public Health
- Duke medical providers

Activities:

- Renew Duke contract for provision of doctor's/residents.
- Continue to implement the use of 1-2 Certified STI Enhanced Role Registered Nurses.
- Advertise program services on social media platforms, website, billboards, etc.
- 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 PCC restrooms
- Research creation of an STI services brochure specific to the agency.
- Distribute new family planning brochures.
- Enlist OB Care Management for recruitment of clients.
- Research creation of a maternal health brochure specific to the agency.
- Utilize informational handouts and brochures from NCDHHS as educational materials 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 immunization 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.
- Advertise/promote immunizations throughout the Health Department using informational/educational posters.
- Research creation of an immunization services brochure specific to the agency.
- Create and implement adult RSV standing order(s).

Desired Outcomes:

- Participation in the STI Program, by unduplicated clients, increased by at least 15% (of clients served in FY 2024). Note: FY 2024 client count was 248. Additional unduplicated clients to meet this goal is 37.
- Participation in the Immunization Program, by unduplicated clients, increased by at least 15% (of clients served in FY 2024). Note: FY 2024 client count was 686. Additional unduplicated clients to meet this goal is 103.
- Participation in the Family Planning Program, by unduplicated clients, increased by at least 15% (of clients served in FY 24). Note: FY 2024 client count was 221. Additional clients needed to meet this goal is 33.
- Participation in the Maternal Health Program, by unduplicated clients, increased by at least 15% (of clients served in FY 2024). Note: FY 2024 client count was 35. Additional clients needed to meet this goal is 5.

Progress as of June 30, 2025:

- After review and research, it was determined that reports generated through Patagonia did not give an accurate accounting of program client totals. Discussions occurred with Patagonia, resulting in guidance on running more accurate reports. New FY totals were determined for FY 2024 and FY 2025. Upon reviewing these new totals (which have been amended above), unduplicated client total goals were not met.
 - Participation in the STI Program, by unduplicated clients, decreased by 5%. (FY 2024 client count – 248; FY 2025 client count – 234)
 - Participation in the Immunization Program, by unduplicated clients, increased by 4%. (FY 2024 client count – 686; FY 2025 client count – 717)
 - Participation in the Family Planning Program, by unduplicated clients, decreased by 8%. (FY 2024 client count – 221; FY 2025 client count – 202)

- Participation in the Maternal Health Program, by unduplicated clients, decreased by 28%. (FY 2024 client count – 35; FY 2025 client count – 25)

Objective 4: By May 31, 2026, increase the department’s capacity to serve individuals with access and functional needs by implementing at least two environmental/policy/practice changes.

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.
- Reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public.

Partners Involved:

- PCHD staff
- Person County General Services
- NC Office on Disability and Health (NCODH)

Activities:

- Work with the NCODH to conduct an accessibility assessment at both locations.
- Make at least two improvements as a result of the assessment, that may include but not be limited to the following:

Main Building

- Remove two or three chairs in the lobby waiting room to accommodate a mobility device.
- Make available accessible parking spaces closer to the entrance, according to requirements from the Americans with Disabilities Act (ADA).
- Reposition the exam chair in the access and functional needs clinic room for easier transfer.
- Assess door pressure on interior doors, with a door closure, and adjust to the ADA recommended pressure amounts of five pounds of force. Document when doors are assessed, compliance status, and any necessary actions towards compliance.
- Place tactile signs at the ADA recommended height of 48-60’ at 100% of emergency exists.

Environmental Health

- Repair the ramp leading from the accessible parking spaces to the sidewalk and entrance ramp.
- Assess door pressure on interior doors (in the lobby and Environmental Health area), with a door closure, and adjust to the ADA recommended pressure amounts of five pounds of force. Document when doors are assessed, compliance status, and any necessary actions towards compliance.

Desired Outcome:

- Two environmental/policy/system changes were implemented increasing the department’s capacity to serve individuals with access and functional needs.

Progress as of June 30, 2025:

- The department recently obtained an assistive listening device for usage with individuals who are hard of hearing. It is housed in the communication kit located near the front desk area in the main building.
- Main Building

- Several chairs were removed from the front lobby waiting room to accommodate a mobility device.
- Accessible parking spaces closer to the entrance, according to requirements from the Americans with Disabilities Act (ADA), were established and are being utilized daily.
- The exam chair in the access and functional needs clinic room has been repositioned for easier transfer.
- Door pressure on interior doors, with a door closure, have been assessed and adjusted to the ADA recommended pressure amounts of five pounds of force.
- Environmental Health
 - A work order was submitted to General Services about repairing the ramp leading from the accessible parking spaces to the sidewalk and entrance ramp. Some progress has been made.
 - Door pressure on interior doors, with a door closure, have been assessed and adjusted to the ADA recommended pressure amounts of five pounds of force.

Objective 5: By May 31, 2025, improve the quality of personal and population health services by meeting the deliverables of the Agreement Addenda and Consolidated Agreement. *Ongoing for FY 2026.*

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

Goals Addressed:

- Determine the health status of the county and any emerging issues.
- Retain qualified employees.
- 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.
- Empower Health Department staff to participate in education and brainstorming activities.

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 the Agreement Addenda and the Consolidated Agreement.
- Agreement Addenda have program coordinator, supervisor, and pertinent staff input and are mindful of Community Health Assessment priorities.

- Educate staff and the BOH on Agreement Addenda deliverables.
- Final Agreement Addenda are presented to all staff to ensure departmental cohesiveness. Program coordinators share the goals and expectations for their programs.
- Educate staff and the BOH on the 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 a 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. If a Corrective Action Plan is required, procedures are put into place with department-wide assistance.
- Programmatic rates and service percentages were met or exceeded.
- Uninterrupted services were provided.
- Available dollars were targeted to prioritized needs and all staff were aware of available services and program contacts or experts.

Progress as of June 30, 2025:

- Each personal health program Agreement Addendum provides performance measures/reporting requirements and performance measuring and quality assurance. These categories are reviewed and audited through various means by NCDHHS and state program consultants. There were no Corrective Action Plans for FY 2025.
- Other programs are also compliant with Agreement Addenda and Consolidated Agreement deliverables.
- WIC has a Corrective Action Plan in place that was accepted by the State. Requirements will be met by July 31, 2025 to remain in compliance with the AA.

Objective 6: By May 31, 2026, research the need and possibility of purchasing a mobile medical unit.
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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.
- Reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public.

Partners Involved:

- PCHD Staff
- Board of Health
- Person County Administration
- County Commissioners
- NCDHHS program consultants
- Other local health departments

Activities:

- Establish a working group exclusively for this project.
- Poll staff about the benefit of having a mobile medical unit, what services could be provided, and how it could increase access to equitable care.
- Seek community input about a mobile medical unit.
- Reach out to local health departments with a mobile medical unit for information.
- Research mobile unit companies.
- Conduct a feasibility study and/or cost analysis.
- Assess interest and support from the Board of Health for pursuing the purchase of a mobile medical unit.
- Research funding opportunities to support the purchase of a mobile medical unit.

Desired Outcome:

- After much research, the department determined if the purchase of a mobile medical unit is feasible.

Progress as of June 30, 2025:

- It has been determined that the purchase of a mobile medical unit is not feasible. Maintenance costs would be too high. Additionally, inquiries with counties that have mobile medical units revealed that their units are being used to offer services our department does not provide (i.e. primary care, dental services, cancer screenings, etc.). As an alternative, the department's preparedness trailer has been upgraded to be used for community-based clinics, shelter operations, special events, etc. The upgrade involved mounting a generator on the trailer's tongue, adding weatherproof outlets both inside and outside, installing four pull-down workstations (desks), creating a desk area with cabinets underneath, and adding internal lighting, electrical wiring, and flooring.

Objective 7: By May 31, 2025, WIC Program active participation rates will meet or exceed 97% of the assigned base caseload. *Ongoing for FY 2026.*

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
 - Nutrition and WIC Services Section
 - Care Management Staff
 - Personal Health Clinic Staff
- North Carolina Division of Child and Family Well-Being
 - Regional Nutrition Consultant
 - Region II WIC Lactation Area Training Center for Health (LATCH) Consultant
 - State Breastfeeding Coordinator
 - State Peer Counselor Coordinator
- Community partners/medical provider agencies

Activities:

- Call participants one business day prior to their scheduled appointments to remind them of their upcoming appointments.
- Mail missed appointment notifications/letters to participants on a daily basis.

- Continue to accept walk-in applicants and referrals from community partners whenever the schedule permits.
- Obtain referrals from PCHD clinics and eligibility staff for enrollment on the WIC Program.
- WIC staff will encourage use or proxies.
- Birthday cards will be mailed to children one to four year(s) of age inviting them back to the WIC Program.
- Reports are printed from the Crossroads Data System either daily, weekly or monthly. Reports are reviewed and follow-up is conducted with clients accordingly.
- Formulate new partnerships with community entities and continue to collaborate with existing Person County partners.
- Publish a media release in the Roxboro Courier-Times on an annual basis in an effort to reach potential participants.
- Conduct outreach activities with the library, community medical providers, local retailers and child care centers.
- Remotely issue food benefits onto the NC eWIC card to participants in hardship cases contingent upon approval from the United States Department of Agriculture and in accordance with the North Carolina WIC Program Manual.

Desired Outcome:

- The WIC Program assigned base caseload active participation rates met or exceeded 97%.

Progress as of June 30, 2025:

- The WIC Program assigned base caseload active participation rates were 110%.

Objective 8: By May 31, 2025, Environmental Health staff will (1) maintain an inspection rate of 100% for all graded establishments; (2) issue permits or denials for all site/soil evaluation applications within 25 business days of submittal; (3) evaluate applications for building additions and existing system reconnections within 10 business days of receipt; and (4) collect requested water samples within 5 business days of requests.
Ongoing for FY 2026.

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 Inspection Department
- Person County Planning and Zoning Department

Activities:

- Permit and conduct inspections of restaurants and institutions 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 site/soil evaluation applications within 25 business days of submittal.

- Applications for building additions and existing system reconnections were evaluated within 10 business days.
- Requested water samples were collected within five business days of requests.

Progress as of June 30, 2025:

- An inspection rate of 100% has been achieved for all graded establishments.
- Site evaluation applications are being evaluated within 30-40 business days. This is due to the extensive amount of site evaluation applications received as well as the number of days with measurable precipitation preventing site evaluations for days at a time.
- Building addition and existing system reconnection applications are being evaluated within 5-10 business days.
- Requested water samples are being collected within 5 business days.

Objective 9: By May 31, 2025, increase the duration of breastfeeding rates for infants up to 12 months of age to 27%. *Continue to work towards desired outcomes by May 31, 2026.*

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
 - Nutrition and WIC Services Section
 - Care Management Staff
 - Personal Health Clinic Staff
- North Carolina Division of Child and Family Well-Being
 - Regional Nutrition Consultant
 - Region II WIC Lactation Area Training Center for Health (LATCH) Consultant
 - State Breastfeeding Coordinator
 - State Peer Counselor Coordinator
- Community partners/medical provider agencies

Activities:

- Assess breastfeeding status, identify barriers and solve problems, which inhibit nursing mothers from breastfeeding until infants reach one year of age.
- Provide breastfeeding support through counseling for enrolled WIC prenatal, breastfeeding and postpartum participants.
- Encourage duration of breastfeeding infants until at least one year of age.
- Build relationships with community partners/medical provider agencies to address potential obstacles and concerns to breastfeeding enabling WIC participants to successfully 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 up to 12 months of age increased to 27%.

Progress as of June 30, 2025:

FY 2024 data on infants, participating in WIC, who were breastfeeding at twelve months of age:

- 45 infants were breastfeeding at 12 months of age; 207 infants were on WIC during FY 2024
- The duration of breastfeeding rates for infants up to 12 months of age was 21.74%. The goal was not reached by 5.26%.

Data Source: NC WIC Agreement Addenda Data from the NC Department of Health & Human Services

Objective 10: By May 31, 2025, increase utilization of Electronic Health Record (EHR) functions and features by clinical and clerical staff. *Continue to look for ways to increase utilization in FY 2026.*

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 personal health staff

Activities:

- The Management Support Supervisor, Nursing Supervisor, and/or a designated staff member will instruct new employees on the use of EHR functions that are pertinent to their position.
- The Management Support Supervisor and Nursing Supervisor will ensure that clerical and clinical sections have a Super User. This is someone who is reviewing EHR system updates and billing system updates, as they are received from Patagonia. They will share that information with relevant staff and/or their supervisor for discussion and dissemination.
- The Management Support Supervisor and Nursing Supervisor will ensure that staff members are signing up and attending webinars that are pertinent to their positions.
- The Management Support Supervisor, Nursing Supervisor, and/or designated staff members will attend in-person Patagonia User Group trainings as they are offered and will share information with relevant staff and/or their supervisor for discussion and dissemination.

Desired Outcome:

- Utilization of EHR features and functions increased.

Progress as of June 30, 2025:

Clerical staff increased the utilization of EHR features and functions by:

- Utilizing the messaging widget to communicate in-house with staff.
- Implementing the following in regards to patient demographics:
 - Moved patient passwords to staff notes section.
 - Used primary care provider tab to enter patient's PCP.
 - Moved emergency contact information from the comments box to the Parent details/Emergency contact tab.
- Deleting unused programs from the sliding fee tab.
- Changing the Medical Records Policy to state that providers must sign and lock encounter notes within three business days.
- Starting to scan patient records to Patagonia bins versus Laserfiche.

Clinic staff have implemented the use of several additional Patagonia features. Such features include those used for messaging, coding modifications, lab panel and ordering modifications, medication inventory, creation of new encounters, and updating other encounters to remain compliant with NCDHHS AA requirements.

Objective 11: By May 31, 2025, work with Tego Data Systems, LLC to conduct a post HIPAA Risk Assessment to gauge improvements and identify remaining gaps in privacy and security policies, processes, and systems.

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
- Tego Data Systems, LLC
- Person County Information Technology
- Person County Human Resources
- Person County Administration
- Other local health departments
- UNC School of Government
- NC Public Health HIPAA Alliance

Activities:

- Participate in a post HIPAA Risk Assessment.
- Identify improvements since the last risk assessment conducted.
- Identify and begin to address remaining gaps in privacy and security policies, processes, and systems.

Desired Outcomes:

- A post HIPAA Risk Assessment was conducted identifying improvements and remaining gaps in privacy and security policies, processes, and systems.
- Steps towards addressing remaining gaps began.

Progress as of June 30, 2025:

- A post HIPAA Risk Assessment was conducted identifying improvements and remaining gaps in privacy and security policies, processes, and systems. The department's risk score had improved from 60 to 82 since the assessment conducted in 2022.
- The department has worked with Tego and Person County Information Technology to address some remaining gaps and make recommended improvements.
- The department contracted with Debra Bechtel (Senior Counsel, Teague Campbell) to provide staff with an extensive training on HIPAA and Medical Confidentiality as well as Public Records Law. Additionally, Debra provided information to some staff on home burials, green burials, and vital records processes. Consultation was provided to the HIPAA Team about the attestation that could be required if protected health information is requested potentially related to reproductive health care. Debra assisted the department with updating the Notice of Privacy Practices, which must be in place by February 2026 at the latest. Staff are already making this available to patients.

The objective below was added upon the recommendation and approval of the Board of Health on July 28, 2025.

By May 31, 2026, research the need and possibility of providing primary care services at Person County Health Department.

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.
- Reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public.

Partners Involved:

- PCHD Staff
- Board of Health
- Person County Administration
- County Commissioners
- NCDHHS program consultants
- Other local health departments
- Community members

Activities:

- Establish a working group exclusively for this project.
- Poll staff about the benefit of offering primary care services, what services could be provided, and how it could increase access to equitable care.
- Seek input from community medical providers and community members regarding the need for additional primary care providers.
- Reach out to local health departments with primary care services for information.
- Conduct a feasibility study and/or cost analysis.
- Assess interest and support from the Board of Health and county management for establishing a primary care clinic.
- Research funding opportunities to support startup and operational costs.

Desired Outcome:

- After much research, the department in collaboration with the Board of Health determined if providing primary care services is feasible.

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
• Willingness of staff to assist co-workers when needed • Dedicated and experienced staff • Network of local, state, regional, and national partners • Advances in technological software • Reliance on department by community partners • Building space and location • Adaptability to challenges and adverse situations • Efficient resource management • Training opportunities available to staff • External customer service • New community awareness about department services • Dedicated leadership with a clear vision • Staff willingness to go beyond what is required of the job description for the good of the community	• Accessibility of services • Qualified employee recruitment • Lack of ability/interest of staff to participate in trainings • Lack of cross-training to prevent reduction of services • Efficiency • Facility maintenance • Technology (not taken advantage of by staff; limited reliability off-site) • Minimal support from regional and state consultants • Limited capacity to serve clients • Participation in community outreach • Perceived limited hours of operation
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 • To engage with and serve more historically marginalized populations • To expand awareness of services targeting younger audiences by using multiple social media platforms • Education, outreach, and service expansion • To use data to improve health outcomes and increase services • Facility Improvements (cleanliness; ADA compliance)	• Responsibilities, resources, and response as a result of emerging communicable diseases and increase in communicable diseases and STIs • Funding uncertainty and reduction in local, state, and federal funds • Medicaid Transformation • Staff retention/morale • Health Department stigma • Continuing the status quo • Potential administrative changes in policy on state and federal levels

Appendix A: Status of Objectives in the Strategic Plan for FY 2024

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

- **Status:** Partially Met
- **Outcome/Explanation:** Branding consultant researched and engaged. Design was drafted and shared with staff, Board of Health, and county management. Feedback was shared with consultant. Design was finalized. Materials have been developed. Brand launch began in August 2024.

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.

- **Status:** See below
- **Outcomes/Explanations:**
 - WIC AA – Partially Met
 - Healthy Communities AA – Met
 - Minority Diabetes Prevention Program AA – Met
 - Family Planning Program AA - Met
 - Sexually Transmitted Infections Program AA - Met
 - Maternal Health Program AA - Met
 - Communicable Disease Program AA - Met
 - Immunization Program AA -Met
 - Care Management Programs (Care Management for At-Risk Children, Care Management for High-Risk Pregnancies) AA - Met
 - Child Fatality Prevention AA - Met
 - School Nurse Funding Initiative AA - Met
 - Child Health Program AA - Met
 - Public Health Preparedness and Response AA - Met
 - Environmental Health Programs AA - Met

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

- **Status:** Met
- **Outcome/Explanation:** The department contracted with Tego Data Systems, LLC to work on policy and procedure review, modification, and creation. As a result, 14 policies were strengthened or created to mitigate privacy and security risks. Staff and medical providers were required to review these policies.

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

- **Status:** Partially Met
- **Outcomes/Explanations:**
 - Staff began using a messaging widget.
 - Clerical staff started moving patient passwords to the staff note section.

- Clerical staff are now entering primary care provider information on the primary care provider tab.
- Unused sliding fee programs were removed from the sliding fee tab.
- Clerical staff started moving emergency contact information from the comments box to the Parent Details/Emergency Contact tab.
- Clerical staff are now scanning patient documents into Patagonia vs. Laser fiche.

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.*

- **Status:** Met
- **Outcome/Explanation:** CHIPs were submitted to the State for priorities identified in the CHA.

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

- **Status:** Met
- **Outcome/Explanation:** Board of Health members participated in Health Equity training in May 2023 and reviewed both County and Board of Health demographics. This discussion was continued during the meeting on September 25, 2023. Members committed to seek individuals who are representative of the community to serve on the Board of Health as vacancies occur. The Board of Health Operating Procedures were amended February 26, 2024 to include this language. On April 30, 2024, the Nominating Committee received an email, which included the names/positions of members whose terms expire June 30, 2024. The County began the application process for those positions May 2024. Board of Health members recruited an individual for the vacant physician's position in accordance with the Operating Procedures.

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

- **Status:** Not Met
- **Outcome/Explanation:** Unduplicated STI client participation increased by 11%. (FY 2023 client count – 223; FY 2024 client count – 248)

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.

- **Status:** Partially Met
- **Outcomes/Explanations:**
 - 1) The inspection rate for all graded establishments was 95%.
 - 2) Permits or denials for all on-site evaluation applications were issued within 25 business days of submittal.
 - 3) Applications for building additions and mobile home replacements were evaluated within 10 business days.
 - 4) 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).

- **Status:** Not Met
- **Outcome/Explanation:** Unduplicated clients, 0-18 years of age, participation in the Immunization Program increased by 12%. (FY 2023 client count - 243; FY 2024 client count - 272)

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

- **Status:** Not Met
- **Outcome/Explanation:** Unduplicated client participation in the Family Planning Program increased by 3%. (FY 2023 client count – 215; FY 2024 client count – 221)

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

- **Status:** Met
- **Outcome/Explanation:** Unduplicated client participation in the Maternal Health Program increased by 66%. (FY 2023 client count - 21; FY 2024 client count - 35)

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

- **Status:** Met
- **Outcome/Explanation:** The duration of breastfeeding rates for infants through six weeks of age increased to 50.53%