



**Buncombe County Health and Human Services**

## **Department of Health**

*Strategic Plan 2018 - 2020*



## Message from the Health Director

Developing and maintaining a Strategic Plan is vital to an agency's success. Not only does this work require us to continually seek quality improvement in our day-to-day activities, it also drives us to regularly assess our strengths and weaknesses as well as our opportunities and threats. The process assures that we operate within a model of service delivery that is addressing the most important and significant health issues our community faces and that know we have adequate resources to do so. In Buncombe County, our public health arm of Health and Human Services focuses on core and essential public health services, providing the highest quality in those services only we can do. We partner with community to broaden our reach and structure our internal programs to have the greatest impact. We strive to continually and effectively connect our services to those in our community who would benefit the most, as well as respond to the needs our community expresses in organizing our services. We are good stewards of our Federal, State, and Local funding and we position ourselves for sustainability and growth to meet the needs of our community.

The staff of the Department of Health are dedicated professionals who are competent, caring, empathetic, and culturally sensitive. On a daily basis, these individuals demonstrate the utmost commitment to the citizens of our county and perform their essential job functions with the highest level of knowledge, skill and confidence. We are fortunate to be a part of an integrated system of care, and we align our health department's strategic plan with the agency's goals and objectives, assuring high quality, innovation, and efficiencies that allow us to continually respond to pressing public health issues.

This strategic plan is a nimble and flexible process. We adapt to the ever-changing landscape of public health in Buncombe County. Please do not hesitate to offer input and comment as you read, contemplate, and keep an eye on the progress of our plan.

Sincerely,

Jan Shepard

## **Buncombe County Overview**

Buncombe County encompasses 660 square miles along the Blue Ridge Mountains with six distinct municipalities: Asheville, Biltmore Forest, Black Mountain, Montreat, Weaverville and Woodfin. It is located in the Blue Ridge Mountains at the confluence of the Swannanoa and the French Broad Rivers. Asheville is the county seat of Buncombe County and is the largest city in Western North Carolina, with a population of 89,121 (2016 Census Estimate). Buncombe County has a total population of 257,607 (2017 Census Estimate) with a median age of 40.6 (2015 CHA).

Buncombe County is the regional hub for healthcare in Western North Carolina including Mission Hospital, Mountain Area Health Education Center (MAHEC), the VA Hospital, numerous long term care facilities, retirement communities, mental health providers and hospice care. BCHHS is a core partner in coordinating essential health and safety supports within these major systems of care.

Buncombe has significantly lower proportions of African Americans, American Indians, Asians and Hispanics than NC as a whole but slightly higher proportions of African Americans and Hispanics than the Western North Carolina (WNC) region.

A double-digit rate of growth in Buncombe County is expected to continue for the next two decades, at nearly twice the rate of growth of WNC and surpassing the pace of growth for NC as a whole.

Health and Human Services is the largest department within Buncombe County local government. It is comprised of Public Health, Economic Services, and Social Work.

## **Introduction to Public Health in an Integrated Health and Human Services Agency**

As Buncombe County Health and Human Services, we strive to bring opportunities to be healthy, safe, and self-sufficient within reach of the citizens of our county. As a consolidated health and human services agency, we have the benefit of delivering public health services in an integrated way, which offers unique opportunities to better serve the citizens of Buncombe County whom we touch. We are able to accomplish more through coordinated and seamless services that are easily accessible to everyone. For example, it is powerful when an income maintenance caseworker understands the value of taking a few moments to reinforce the value of childhood vaccines to a young mother in a way that supports her saying yes to immunizations, which strengthens our community's shield of protection from infections. It is powerful when our school nurses are connected to a social worker who helps them better support the students who are in foster care, and it is powerful when, by sharing data across our agency, we can better understand the community health needs of our county.

By NC General Statute, public health is mandated to provide and/or assure certain services. Within a consolidated agency, those mandates remain in place. What changes is our opportunity to provide those services in a way that broadens the reach we have to support the complex issues facing our community. Core programs such as Communicable Disease Control, Immunizations, and Environmental Health

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support a safe community and provide individuals, businesses, and families with protective strategies. The Women, Infants and Children's Nutrition Program (WIC), Breast and Cervical Cancer Control Program (BCCCP), Family Planning Services, and School Nursing improve our health and quality of life. Continuously assessing the health of the community assures that we are working to solve the community's most pressing health issues in tandem with our work to improve services across our agency. Working alongside our Social Work and Economic Services colleagues, we strengthen our community and act as the intersection where needed resources come together to improve the community's ability to be healthy, safe, and self-sufficient.

## **Continuous Quality Improvement and Accreditation**

Quality Assurance is an important component of work within Public Health to monitor records and processes to assure compliance with state and federal requirements. Our Continuous Quality Improvement (CQI) efforts are guided by the CQI cycle to pinpoint problems, identify the root cause, brainstorm possible solutions, and implement small tests of change prior to full implementation and monitoring.

Accreditation is a continuous quality improvement effort that demonstrates accountability by linking basic standards to current public health practice, state statutes and administrative code, and incorporating the North Carolina Division of Public Health contractual and program monitoring requirements that already exist.

The majority of the North Carolina Local Health Department Accreditation program benchmarks are organized around the Core Functions and Essential Services of Public Health as described by the National Public Health Performance Standards project:

### Ten Essential Functions of Public Health

- Monitor health status and understand health issues facing the community
- Protect people from health problems and health hazards
- Give people information they need to make healthy choices
- Engage the community to identify and solve health problems
- Develop public health policies and plans
- Enforce public health laws and regulations
- Help people receive health services
- Maintain a competent public health workforce
- Evaluate and improve programs and interventions
- Contribute to and apply the evidence base of public health

The process of reaccreditation occurs every four years and Public Health departments are required to be accredited per North Carolina General Statute 130A-34.1 and the North Carolina Administrative Code 10A Chapter 48.

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As part of the accreditation process, local health departments develop or update strategic plans annually to:

- Review and analyze the department's ability to improve community health
- Use local health status data to set goals and objectives
- Utilize community input and collaboration to implement activities
- Set priorities and desired outcomes

The strategic planning process is closely tied to the Community Health Assessment (CHA) as the CHA results are utilized, in conjunction with other health data, to set goals and objectives within the strategic plan.

## Community Health Assessment

The Community Health Assessment (CHA) is an essential function and core public health service. In our region, the CHA and Community Health Improvement Plan (CHIP) is comprised of a three-year cycle which is continuous, collaborative and facilitated in close partnership with our local health System, Mission Health.

2018 is CHA year, in which a full primary data set and numerous secondary data sets are collected, analyzed, and interpreted in order to establish desired results and implementation strategies. In order to be a fully comprehensive and inclusive process, the CHIP Advisory Board contribute to each step of the cycle and provide recommendations to the Health and Human Services (HHS) Board to adopt community health priorities. This advisory board is modeled after the Collective Impact Approach, and members represent a diverse and comprehensive sample that mirrors the demographic of the community. In many ways, the CHIP Advisory Board is the voice of the community.

The CHIP Team is a cross-sector team, comprised of the CHA/CHIP Coordinator; two Health Improvement Specialists; a MAHEC Population Health Supervisor; and a contract Epidemiologist. The MAHEC Regional Services Director and the Health Director lead this team and are contract administrators of the fiscal agreement that funds this team. This team assures the cycle is completed and the work of community health improvement is achieved.

### 1. CHA DATA TEAM:

The CHA Team stands up during the CHA year and its function is to assemble the data and provide the analysis and interpretation.

- Buncombe County Health & Human Services: Jan Shepard, Zo Mpofu
- Mission Hospital: Sonya Greck, Ashley Maag, Cathryn Chandler
- Park Ridge Hospital: Graham Fields (TBD)
- MAHEC: Evan Richardson, Deanna LaMotte, Terri March
- NC Center for Health & Wellness: Emma Olson
- Lenoir Rhyne: Dr. Kim Pryce (TBD)



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## 2. CHA TIMELINE:

	MARCH 2018	APRIL 2018	MAY 2018	JUNE 2018	JULY 2018	AUG 2018	SEPT
<b>WNC HEALTHY IMPACT</b>		Begin updating 2018 secondary data Begin collecting 2018 primary data survey and key informant interviews (to be released in August 2018) Create CHA/CHNA base template Distribute guidance on local secondary data sources at-risk/vulnerable populations, listening sessions, health resource inventory & 211 datasets Monthly Study Halls	Complete collection of 2018 primary data survey and key informant interviews ( Tentative August 2018) Complete update of 2018 secondary data set (to be released in August 2018) Prepare county-specific data reports CH/NA templates Compile set of census level data/maps for county distribution			WNC Healthy Impact data (primary survey results, key informant interview summaries, and secondary data set), reports, and templates shared locally – Date TBD Regional data orientation event to support local use of data provided	
<b>CHA &amp; CHIP (HHS)</b>	County Health Rankings SOTCH Identify CHA Team	Develop local primary data collection strategy National Public Health Week	Programs: Finalize contract, budget, deliverables for contracts, Agreement Addendum and Programs HHS Board Annual Public Health Training	Focus Group training Community Health Feedback-Listening Sessions, Community Health Talks, Photo/Theatre/Voice /Art –Planning	Focus groups begin	Discuss & Review CHA Prioritization Criteria Review county-level data reports internally and with key partners Data interpretation Data Workbook, primary data & key inf. data provided by WNC&H	Analyze & inte Lead local con priority setting
<b>ADVISORY</b>		World Cafe Recap Marian Arledge present WNC&H & CHA introduction	Map where Advisory has relationships (per 5 districts? Using Thrive model)	Partner Presentation IM or Diabetes Focus Group	Holiday recess – TBD Connect community and partners to CHA	Discuss & Review CHA prioritization criteria	First pass at 1 CHA data set Provide comt stories behind

## 3. LOCAL DATA ACTION PLAN:

LOCAL DATA COLLECTION PLAN				
Questions	Settings	Technology	Data Collector	Logistical Details
One universal question	Public spaces, waiting rooms	iPads, smartphones, polleverywhere	CHIP Advisory, BC CET, Schools, Safety Net Partners	*UNCA/LR Intern help coordinate *Consult from MAHEC Research
Small set (8 or fewer)	Small group listening sessions (3-8 people)	Smart Sheet	CHIP Advisory, Schools, Land Sky	*CHIP Advisory select final list (May)
Organizational set (12-15)	Internal surveys	Survey monkey	CHIP Advisory, Non-Profits Boards and HHS Partner Orgs.	*Implementation Toolkit (June) *WNC HI training (June)
StoryCorps	Align with county regions	Recorded	Dedicated key partners	*UNCA/LR Intern help coordinate *Consult from MAHEC Research

				*Learn from NPR
Theater Based Approach	Residential communities	TBD	BC CET, other dedicated key partners	*Learn from existing models * BC CET input (May)

# Community Health Improvement Plan



Re-visioning  
2017

**Structure**

- ✓ Fewer, more clearly focused priority areas
- ✓ More timely, more responsive data from MAHEC
- ✓ Support from quality improvement experts at MAHEC to maximize Health Improvement Specialist (HIS) technical assistance impact
- ✓ Integration of CHIP into MAHEC internal task forces
- ✓ Specific decision filters around what initiatives CHIP engages with and how we engage

**Accountability**

Diabetes/Chronic Disease	Infant Mortality	Perinatal SUD
Leads: ABIPA & YMCA	Leads: YWCA & MAHEC	Lead: MAHEC

- ✓ County MOUs with lead agencies outlining expectations & TA/consulting relationship with CHIP
- ✓ Lead agencies active topic area champions; HISs providing specific support around data, communications, TA and engagement
- ✓ Clear deliverables with mutual responsibility shared by lead agencies and CHIP

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### Capacity & Sustainability

- ✓ Explicitly building organization/community skills & community health lens
- ✓ Improving partners' ability to base decisions on data and research
- ✓ Continuity if/when priorities change

#### CHIP 2.0 IMPLEMENTATION:

##### A. *Technical Assistance Deliverables*

- Lead agencies in capacity assessment
- Finalized TA plan
- Lead Agencies convene and facilitate work groups
- Lead Agencies develop strategic collective impact work plan for priority that engages peer agencies and partners
- Engagement and ongoing support of executive level leadership in collective impact work plan roles related to CHIP priorities
- Lead Agencies identify/confirm key metrics using RBA framework
- Identify and finalize key data sources for CHIP metrics approved by Lead Agencies
- Lead Agencies produce/update CHIP Priority Scorecard
- Lead Agencies present to and engage CHIP Advisory Board

##### B. *Administrative Deliverables:*

- Finalizing Lead Agency MOUs
- Finalizing Lead Agency Data Sharing Agreements
- Setting up data sharing systems and supporting lead agency and other community partner organizations with technical process
- Support Work Groups with Data Analytics
- Supervision of CHIP HIS and Epi Team
- Manage BC/MAHEC contract budget
- Misc MAHEC CHIP Contract Deliverables:
- Monthly CHIP Small Team meeting - set agenda, facilitate, distribute, maintain minutes

## Strategic Framework

- Vision
  - Our vision is to be the healthiest community in North Carolina
- Mission
  - To promote and protect the public's health and to assure through community partnerships that all people in Buncombe County have the opportunity to make healthy choices within a healthy environment.
- Goals



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- Attain high quality, longer lives free of preventable disease, disability, injury and premature death
- Achieve social equity, eliminate health disparities, and improve health of all groups
- Foster social and physical environments that promote good health for all
- Promote quality of life, healthy development and healthy behaviors throughout all stages of life
  
- Core Values
  - Excellence; our strength is our staff; a dynamic force committed to customer service, respect and caring, professional excellence & continuous improvement.
  - Innovation; our diverse and comprehensive programs and services focus on quality, accessibility, prevention, evidence and innovative solutions.
  - Collaboration; we most effectively address community needs through collaboration and partnership, outreach, cultural competence and rapid response to emerging and urgent public health issues.
  - Stewardship; we practice strong stewardship of public funds through accountability and measurement of outcomes.
  
- Core Public Health Services
  - Public Health Administration
  - Vital Records
  - Immunizations
  - Sexually Transmitted Diseases
  - Communicable Disease, including Tuberculosis
  - Food and Lodging
  - On-Site Wastewater
  - On-Site Water Supply
  - Assure a competent public health and personal health care workforce
  - Evaluate effectiveness, accessibility, and quality of personal and population-based health services
  - Research for new insights and innovative solutions to health problems
  
- Strategic Management Principles
  - Innovation in service delivery – reinventing how we deliver services
    - Capitalize on emerging technologies
    - Create multiple points and methods of access
  - Integration of Health & Human Services – maximize resources, yield better outcomes
    - Collaborate consistently on shared outcomes within and across Departments
    - Consolidate functions to improve service delivery
  - Investment in our community – partnering for results
    - Target changes that create the biggest impact
    - Strengthen capacity in community organizations and agencies
  - Focus on prevention -- understand root causes to best create systems improvements

## Strategic Planning Team

The Strategic Planning process was facilitated by:

Christina McEntee – HSPE Lead

Amanda Stratton – Public Health Planner Evaluator

And the planning team members were:

- Jan Shepard – Public Health Director
- Jennifer Mullendore – Medical Director/Clinical Services Director
- Amparo Acosta – Public Health Nurse Supervisor, Clinical Services
- Becky Kessel – BCHHS Continuous Quality Improvement Manager
- Beth Gerald - Pharmacist
- Brenda Davis – Public Health Nurse Supervisor, Clinical Services
- Christine Posner – Physician
- Connie Roberts – Nurse Supervisor, Nurse Family Partnership
- David Mease - Environmental Health Supervisor Food and Lodging
- Ellis Vaughan – Clinical Services Coordinator/Director of Nursing
- Felissa Vazquez - Environmental Health Supervisor Food and Lodging
- Fletcher Tove – Preparedness Coordinator & Veteran Services Admin Officer II
- Jeremy Edwards – Clerical Support Supervisor
- Jessica Silver - Environmental Health Director
- Maya Peninger- Nutritionist Supervisor
- Melinda Robinson – Nutritionist Supervisor
- Paul Watson – Clinical Services Practice Manager
- Sarah Bennett – WIC Nutrition Program Director
- Tracy Shinn – Environmental Health Supervisor Onsite Waste Water and Wells
- Zo Mpofu – CHA/CHIP Coordinator

## Strategic Planning Process

Strategic planning sessions were held in August, September, and October of 2017. These sessions included supervisors and managers from all health program areas, members of the BCHHS Human Services Support Team, and the Health Senior Leadership Team. The discussions were structured to be applicable across all health programs and centered around:

- Strengths and accomplishments
- Challenges and opportunities
- Goals and priorities for the future

Many strengths and accomplishments were identified during these sessions. These included:

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- High level of client & patient satisfaction
- Investment in resiliency
- Successful pilot programs
- Strong job satisfaction among employees
- Focus on innovation and flexibility

Opportunities for growth and improvement were also identified. These included:

- Inefficiencies due to outdated software and technology
- Decreases in funding streams for programs
- Misinformation & misperceptions in the community about programs and services
- Limited financial resources for additional staffing

## **Strategic Priorities**

### **First Strategic Direction: Enhancing the Quality and Delivery of Services**

- Accessible services
- Enriched community outreach/communication
- Improved health outcomes
- Increased resources
- More effective use of technology

#### **Strategic Actions for Year One**

- Create and employ a useful survey to measure community needs & desires related to our public health services
- Look at ways to expand dissemination of this survey; for example, include a link to it in email signatures of all health staff

### **Second Strategic Direction: Investing in a Competent and Resilient Workforce**

- Enriched communication to staff
- Increased Resources
- More Effective Use of Technology
- Stability

#### **Strategic Actions for Year One**

- Create standard operating procedures for health staff related to communication about and response to public health emergencies

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- Evaluate staff development needs and address succession planning
- Create a standardized training procedure for environmental health office assistants on how to serve walk-in clients
- Conduct an analysis of meetings convened by health staff to determine whether they are worthwhile or could be altered or eliminated

Implementation of Strategic Actions across public health are determined by program and service area teams. These smaller teams develop program/service area defined strategies and report progress to the Health Leadership Team. Progress is tracked and demonstrated within the Health SharePoint Site under Strategic Plan.