

# ALAMANCE COUNTY BOARD OF HEALTH

## Minutes

### Regular Meeting of the Board of Health

August 16, 2016

The Alamance County Board of Health met at 6:30 p.m. on Tuesday, August 16, 2016, in the Professional Board Room of the Human Services Center located at 319-B North Graham-Hopedale Road, Burlington, North Carolina.

The following board members were present: Mr. Kent Tapscott, Dr. Robby Osborn, Commissioner Bob Byrd, Ms. Kathy Colville and Dr. Annette Wilson.

The following staff members were present: Ms. Stacie Saunders, Ms. Gayle Shoffner, Mr. Carl Carroll, Ms. Ariana Lawrence, Ms. Arlinda Ellison, Mr. Zach Fisher and Mr. Craig Honeycutt.

#### **I. Call to Order and Introductions**

Board of Health acting Chair, Mr. Kent Tapscott called the meeting to order at 6:30 p.m.

#### **II. Approval of the Agenda**

A quorum was not present, so the agenda would be followed as presented.

#### **III. Approval of the Consent Agenda**

##### **A. June 21, 2016 Board of Health Minutes – Chair**

##### **B. Personnel Report- Ms. Saunders**

A quorum was not present, so the consent agenda could not be approved as presented. The personnel report was discussed since this does not require a vote. (See attachment A for personnel report.) Mr. Zach Fisher introduced himself to board members.

#### **IV. Environmental Health Update**

Mr. Carl Carroll announced that on July 18 the first rabies case was reported for the year. An unvaccinated dog killed a fox that was later tested positive for rabies. The owners decided to euthanize the dog. Mr. Carroll explained that having the first case for the year in July is down already from previous years. For the first six months of 2016 Environmental Health staff and the Communicable Disease nurse have investigated 117 animal bite reports, and 24 animals have been tested for rabies at the state lab from Alamance County. Across the state there have been 159 animals have tested positive for rabies.

On July 28 Environmental Health was notified that Chapel Hill Creamery had a voluntary recall on cheese products because of a potential salmonella outbreak. The Department of Agriculture was the primary investigator for this recall, but they asked Environmental Health staff to help with the recall effectiveness and check to be sure all products were pulled and destroyed from stores where this cheese had been distributed. Staff went out to six stores and ensured that the cheese was pulled and destroyed at all locations.

#### **V. Personal Health Update**

Ms. Gayle Shoffner announced that once the two nurses start at the Health Department, the nursing section will be fully staffed.

Ms. Shoffner discussed that the health department has had several state monitoring visits this summer. On June 22nd, Regional Nurse Consultants were onsite and performed the Child Health Clinic and

Newborn Home Visiting program audit. There were no deficiencies noted therefore no corrective action plans indicated. The audit did reveal a few areas with quality improvement requirements. These have been corrected and the final documents submitted with dates of completion. We are now waiting on our final closure letter from the State. On July 7th, the Regional Communicable Disease/STD Nurse Consultant was onsite and performed the CD/STD program monitoring assessment visit. All areas were in good standing with no corrective action plans needed. We received a few EMR improvement suggestions. We are also still waiting on the State site visit summary letter. Ms. Shoffner shared that the health department is scheduled for the 2016 Immunization State Program Audit August 17.

Ms. Shoffner provided an update on the June Community Block Screening for Syphilis. Regional DIS staff along with ACHD and Alamance Cares staff were present for the event. A total of 9 people were screened for syphilis. Of the 9 tested, two people had previous histories; titers were maintained, meaning no new exposure and no new cases identified. Regional DIS is considering organizing a second block screening event in the fall. However, no dates have been set yet.

Ms. Shoffner shared that the Florida Department of Health has identified one neighborhood of Miami where Zika is being spread by mosquitoes, the Wynwood neighborhood. The CDC has issued guidance advising people who live in or traveled to this area any time after June 15th. This guidance includes recommendations for pregnant women and their partners and couples thinking about getting pregnant. Zika testing guidance is also included in this guidance. Our prenatal clinic has expanded the patient travel questions to include this area of Florida. We have currently tested one patient that reported travel to the area.

Ms. Shoffner shared that staff are following two active TB cases and 1- suspect active that has begun 4 drug therapy.

## **VI. Annual Personal Health Report**

Ms. Shoffner discussed the annual personal health report. The reports discussed were: vaccine preventable diseases, Reported Case Counts of Communicable Diseases, TB Infections, HIV Infections, Syphilis Infections, Gonorrhea, Chlamydia Infection, PID Infection, and NGU Infection. (See attachment B for full report.) Ms. Colville said it would be interesting to see the age ranges for some of these diseases. Ms. Shoffner said she could pull that information for Gonorrhea and Chlamydia because the numbers are large, but when there are small numbers it cannot be reported because age is protected health information in small numbers.

## **VII. Health Director's Report**

Ms. Saunders discussed the recent resignation of the chief epidemiologist at the state. Ms. Saunders explained State Health Director, Dr. Williams, wrote a letter to the editor in the News and Observer in Raleigh stating his position on the coal ash and water quality that has been happening in a few counties in North Carolina. There are no federal limits around the two chemicals found in the water, so the upper limits have to be created. The state created the limits and then later rescinded the do not drink orders and there was some disagreement about that decision within the Division of Public Health. The state health director said that the quality of the water is fine and that the do not drink order was the result of a lone water quality specialist at the state. Subsequent to that, the state epidemiologist Dr. Megan Davies resigned stating that she could not work for an administration that "misleads the public", and that the do not drink order was not made by one particular person. Mr. Carroll stated that it is important to know that until the coal ash happened, North Carolina was not regularly testing water for hexavalent chromium.

Ms. Saunders discussed the Medical Director position. Currently the health department is contracting with Dr. Velma Taormina through NCAPHA for off-site supervision of mid-level providers, EMR chart review, and on call assistance if needed. Ms. Saunders shared that she and Clyde Albright, county attorney, drafted a contract for Medical Director Services through ARMC Cone Health. The ARMC contract will provide some advantages such as stability in our clinics, time for the department to

evaluate the Medical Director position and has to proceed going forward, continuity of care, potential to use the same EMR, and built in coverage for back up physicians.

Ms. Saunders shared that a reporter from the Alamance News inquired about the IUD/Nexplanon billboards. Ms. Saunders and the reporter discussed the billboards, IUD's and the maternal and child health grant that was received and what that money is being used for.

Ms. Saunders has provided letters of support for Early Headstart, Green Level Community Center and Piedmont Health Services for their continued service.

Ms. Saunders gave kudos to staff members Jon Fowlkes, Jon Huemmer and Becky Rosso who presented at the Environmental Health Symposium. She also recognized staff who have been going to North Park farmers market to talk about health department services and public health in general.

Mr. Zach Fisher discussed the mental health diversion program which is part of the Stepping Up initiative. The goal of this program will reduce the number of mental health issues in the jail. The grant funding would fund a diversion center, crisis intervention training for law enforcement and co-respondent team setup. Ms. Saunders said that this is a great example of community collaboration because so many agencies are involved in this program.

Ms. Saunders shared with the board that she is attending a conference in Memphis, TN with other Alamance Achieves members. Ms. Saunders is also attending the NCPHA fall conference with some other health department staff. Ms. Saunders is presenting with another health director at this conference about multigenerational workforce in public health and health education staff, Arlinda Ellison and Kelley Kimrey, will be presenting on the Alamance Baby Closet.

### **VIII. Old Business**

Ms. Lawrence announced that she will send out a doodle poll in the coming up weeks for the Tobacco Committee to reconvene and discuss the next steps.

### **IX. New Business**

Mr. Carl Carroll discussed a fee that would be refunded to a client in the amount of \$210. Ms. Saunders has approved for this fee to be refunded to the client, but as part of the health department's Fee Policy the Board of Health will be consulted on this prior to the refund, but no vote is required. Board of health members agreed that this was acceptable.

Ms. Gayle Shoffner thanked Mr. Craig Honeycutt for allowing all county employees two hours of bonus time for getting the flu vaccine this year.

#### **A. ACHD Strategic Planning Approval**

Ms. Saunders provided an overview of the Strategic Plan and discussed the goals that staff, community partners, county manager, and county commissioner set for 2015-2019 Strategic Planning years. (See *attachment C for full presentation*). The Health Department values were discussed that use the acronym "IntACCT" which stands for; Integrity, Accountability, Communication, Compassion and Teamwork.

A quorum was not present to approve the Strategic Plan, but Board of Health members will be sent the Strategic Plan via email and it will be on the October agenda for approval under Old Business.

### **X. Adjournment**

With no other business discussed the meeting was adjourned at 8:20 pm.

## **ALAMANCE COUNTY BOARD OF HEALTH**

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Dr. Karin Minter, Chair

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Ms. Stacie Turpin Saunders, Secretary

## ***Attachment A***

### **PERSONNEL UPDATE**

#### ***New Hires / Transfers / Resignations:***

- Brittany Powell will begin employment as Public Health Nurse I effective August 22, 2016
- Matthew Futch will begin employment as Public Health Nurse I effective September 1, 2016
- James Fetner resigned from his position as Dentist I effective July 7, 2016
- Catherine Cunningham resigned from her position as Nutritionist II effective July 29, 2016
- Cassa Emery resigned from her position as Dental Hygienist I effective August 17, 2016
- Tyler Womble resigned from his position as Social Worker II effective August 10, 2016

#### ***Recruiting to fill the following positions:***

- Nutritionist II, replacing Catherine Cunningham
- Social Worker II, replacing Tyler Womble
- Dental Hygienist I, replacing Cassa Emery
- Dental Assistant, replacing Francescka Wallace
- Dentist I, replacing James Fetner
- Physician IIIA (50%), replacing Dr. Isa Cheren
- Physician IIIA – Medical Director, replacing Dr. Kathleen Shapley-Quinn

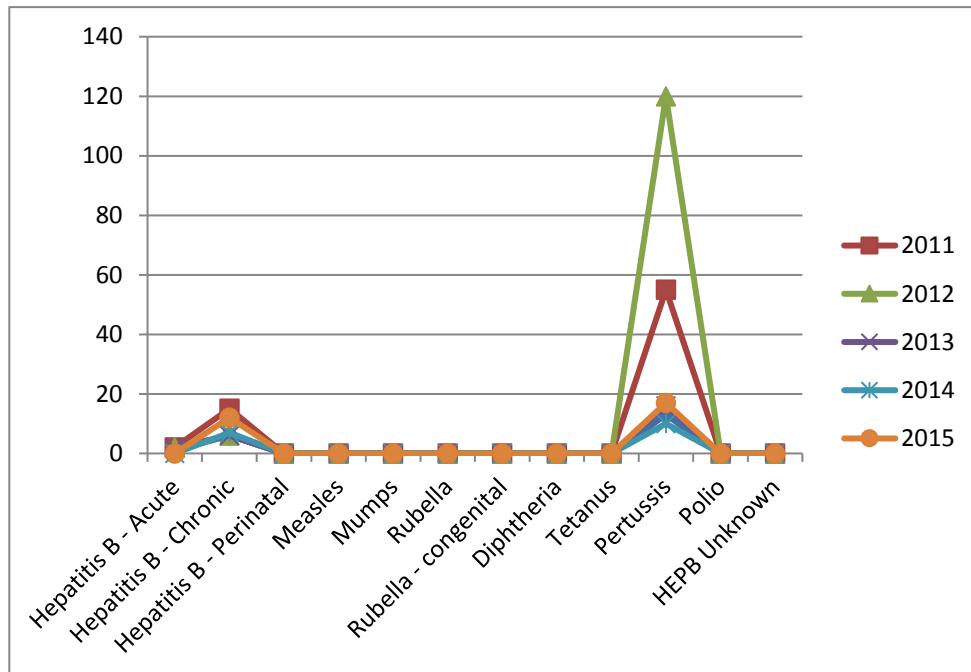
#### ***Vacant positions:***

- Quality Assurance Specialist I
- Community Health Assistant – WIC Breastfeeding Peer Counselor (frozen FY 16-17)
- Administrative Assistant II – Dental Clinic (rewriting job description)
- Dental Assistant (frozen FY 16-17)
- Processing Assistant III – WIC (frozen FY 16-17)

Local Health Department Reported  
Vaccine Preventable Diseases

2010 2011 2012 2013 2014 2015

	Number of records					
Hepatitis B - Acute	1	2	2	2	0	0
Hepatitis B - Chronic	6	15	6	6	7	12
Hepatitis B - Perinatal	0	0	0	0	0	0
Measles	0	0	0	0	0	0
Mumps	0	0	0	0	0	0
Rubella	0	0	0	0	0	0
Rubella - congenital	0	0	0	0	0	0
Diphtheria	0	0	0	0	0	0
Tetanus	0	0	0	0	0	0
Pertussis	13	55	120	16	10	17
Polio	0	0	0	0	0	0
HEPB Unknown	0	0	0	0	0	0
<b>Total</b>	<b>20</b>	<b>72</b>	<b>128</b>	<b>24</b>	<b>17</b>	<b>29</b>



Source: TATP Reported Case Counts Vaccine Preventable Disease  
NC EDSS Reporting System

Alamance County Reported Case Counts Communicable Disease

2010 2011 2012 2013 2014 2015

**Disease**

Classification	Number of Records					
Hepatitis A	0	3	0	3	0	1
Hepatitis C - Acute	0	0	0	0	0	0
Haemophilus influenzae	4	2	2	3	3	4
Pneumococcal meningitis	0	0	0	0	0	0
Meningococcal	0	0	0	0	1	0
Streptococcal infection Group A, Invasive	4	0	5	4	7	7
Toxic Shock Syndrome, streptococcal	0	0	0	0	0	0
Toxic Shock Syndrome, non-streptococcal	0	0	0	0	0	0
Influenza death (<18 years old)	0	0	0	0	0	0
Influenza, NOVEL virus infection	0	0	0	0	0	0
Legionellosis	0	1	1	2	4	4
Cryptosporidiosis	2	1	0	0	1	1
Leptospirosis	0	0	0	0	0	0
Brucellosis	0	0	0	0	0	0
Creutzfeldt-Jakob Disease	2	0	1	1	0	0
Monkeypox	0	0	0	0	0	0
Psittacosis	0	0	0	0	0	0
Q Fever	0	0	0	0	0	0
Hantavirus	0	0	0	0	0	0
Rabies - Human	0	0	0	0	0	0
Ehrlichia	0	0	0	0	0	0
Ehrlichia, HGE	1	1	3	0	1	1
Ehrlichia, HME	2	2	4	1	2	5
Rocky Mountain Spotted Fever	10	12	33	12	18	20
Eastern Equine Encephalitis	0	0	0	0	0	

Alamance County Reported Case Counts Communicable Disease

West Nile Infection	0	1	0	0	0	0
Lacrosse (California)	0	0	1	0	0	0
Arboviral Other	0	0	0	0	0	0
Malaria	0	1	0	0	1	1
Dengue	0	0	0	0	0	0
Yellow Fever Virus	0	0	0	0	0	0
Shigellosis	3	1	2	4	5	3
Typhus	0	0	0	0	0	0
Lyme disease	0	0	1	2	2	1
Anthrax	0	0	0	0	0	0
Plague	0	0	0	0	0	0
Tularemia	0	0	0	0	0	0
Botulism - foodborne/wound	0	0	0	0	0	0
Botulism - infant	0	0	0	0	0	0
SARS	0	0	0	0	0	0
Vaccinia	0	0	0	0	0	0
Smallpox	0	0	0	0	0	0
Hemorrhagic Fever Virus infection	0	0	0	0	0	0
Leprosy (Hansen's Disease)	0	0	0	0	0	0
Staphylococcus aureus - VRSA	0	0	0	0	0	0
Salmonellosis	44	33	28	20	33	29
Campylobacter Infection	12	15	32	33	45	47
Cyclosporiasis	0	0	0	0	0	0
E Coli	2	6	2	5	3	2
HUS	0	0	0	0	0	0
Listeriosis	0	0	1	0	2	0
Trichinosis	0	0	0	0	0	0
Cholera	0	0	0	0	0	0
Vibrio Infection, Other	0	0	0	0	0	0
Vibrio Vulnificus	0	0	1	0	2	0
Typhoid acute	0	0	0	0	0	0
Typhoid carrier	0	0	0	0	0	0
C. perfringens	0	0	0	0	0	0
Staphylococcal	0	0	0	0	0	0

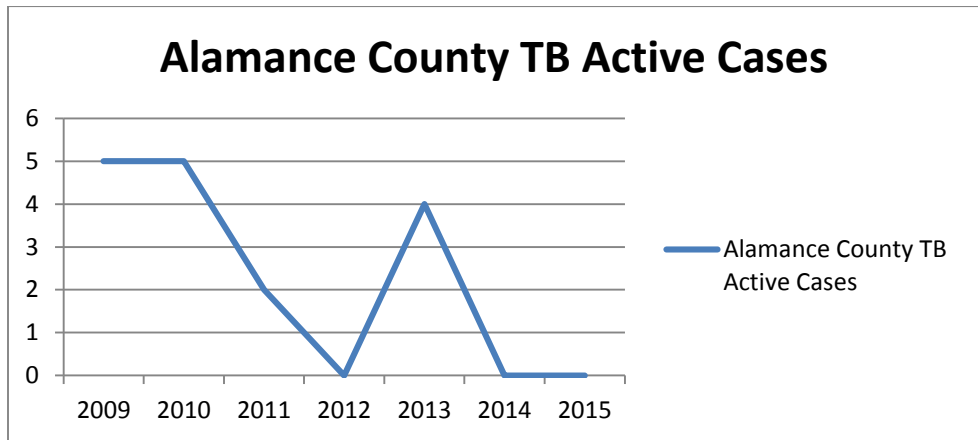


Alamance County Reported Case Counts Communicable Disease

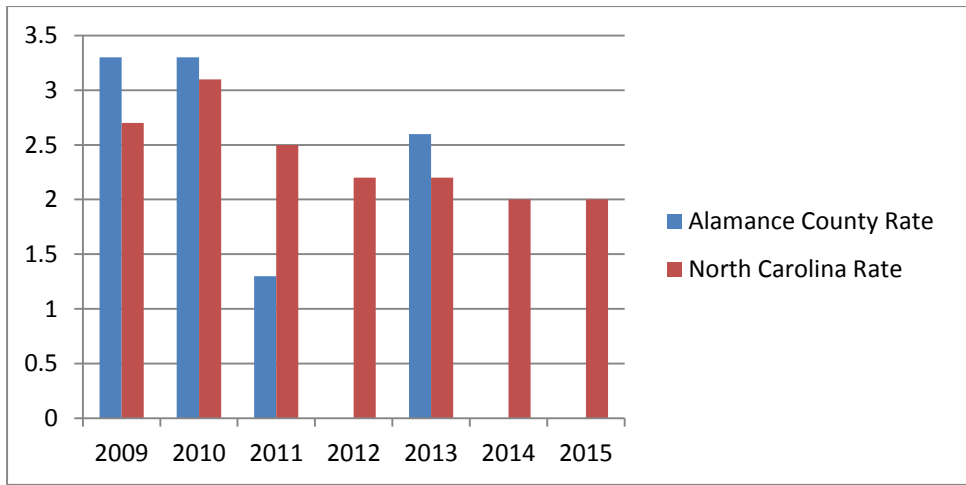
Foodborne Other	0	0	0	0	0	0
Foodborne Poison	0	0	0	0	0	0
Foodborne Hypothesis	0	0	0	0	0	0
Influenza, Adult Death (18 years of age or more)	1	2	0	0	0	0
Chikungunya	0	0	0	0	0	0
Middle East Respiratory Syndrome (MERS)	0	0	0	0	0	0
<b>Total</b>	<b>87</b>	<b>81</b>	<b>117</b>	<b>90</b>	<b>130</b>	<b>126</b>

TB Infection  
Alamance County/North Carolina

	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Alamance County TB Active Cases	5	5	2	0	4	0	0
NC Active Cases		296	244	211	216	195	199
Alamance County Rate	3.3	3.3	1.3	0	2.6	0	0
North Carolina Rate	2.7	3.1	2.5	2.2	2.2	2	2



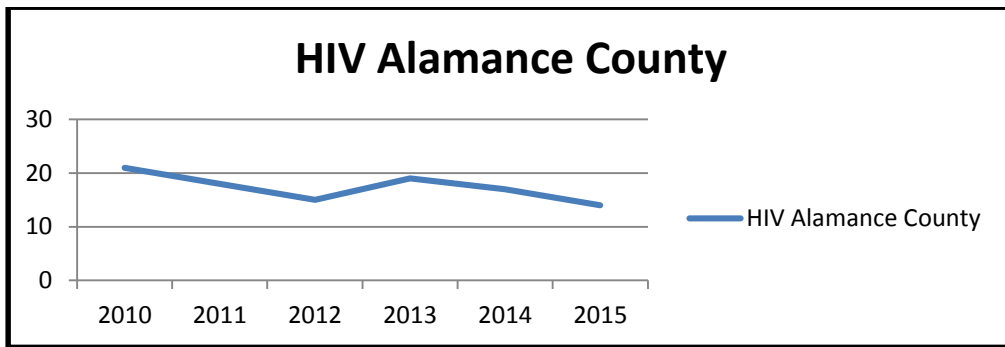
2009-2015 Alamance County Active TB Cases  
7 year trend  
(Source: TB Cases and Case Rates by County, 2010-2015)



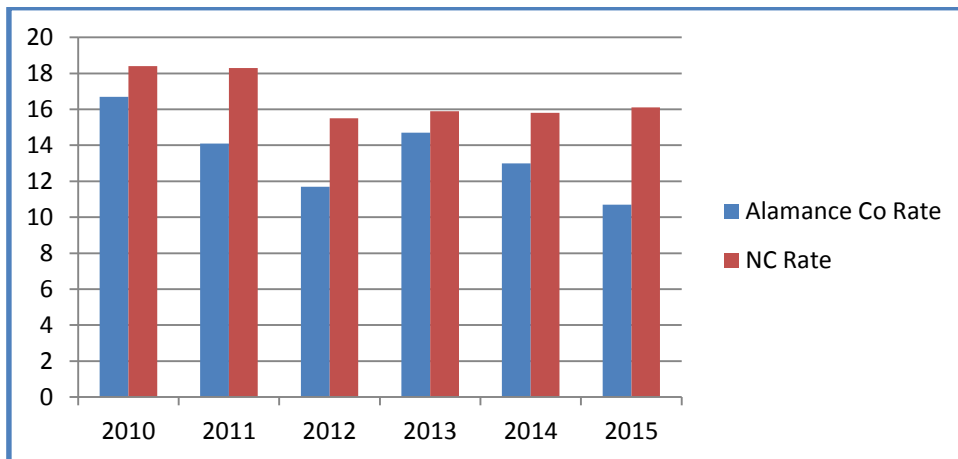
Alamance County TB rates per 100,000 population,  
North Carolina rates per 100,000 Population  
(Source: TB Cases and Case Rates by County, 2010-2015)

HIV Infection  
Alamance County/North Carolina

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
HIV Alamance County	21	18	15	19	17	14
NC	1457	1466	1253	1308	1,315	1,336
Alamance Co Rate	16.7	14.1	11.7	14.7	13	10.7
NC Rate	18.4	18.3	15.5	15.9	15.8	16.1



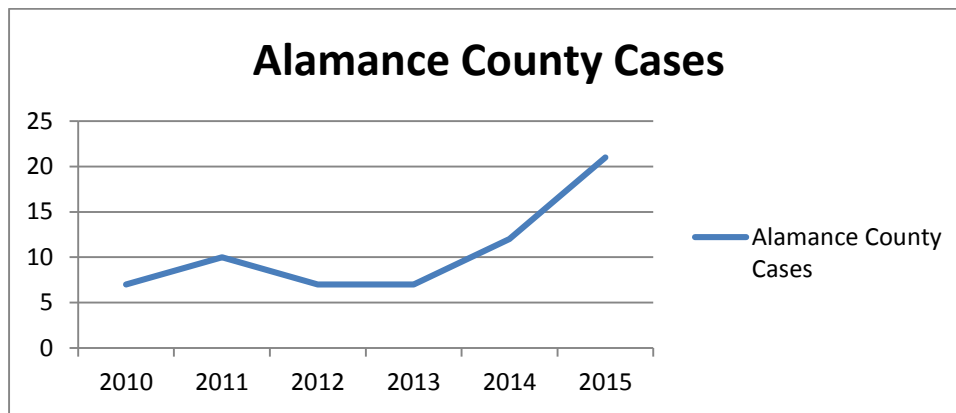
**2010-2015 Alamance County HIV Infections,  
by the year of first diagnosis, regardless of the stage of infection,  
6 year trend  
(Source: NCDHHS HIV/STD Surveillance Unit)**



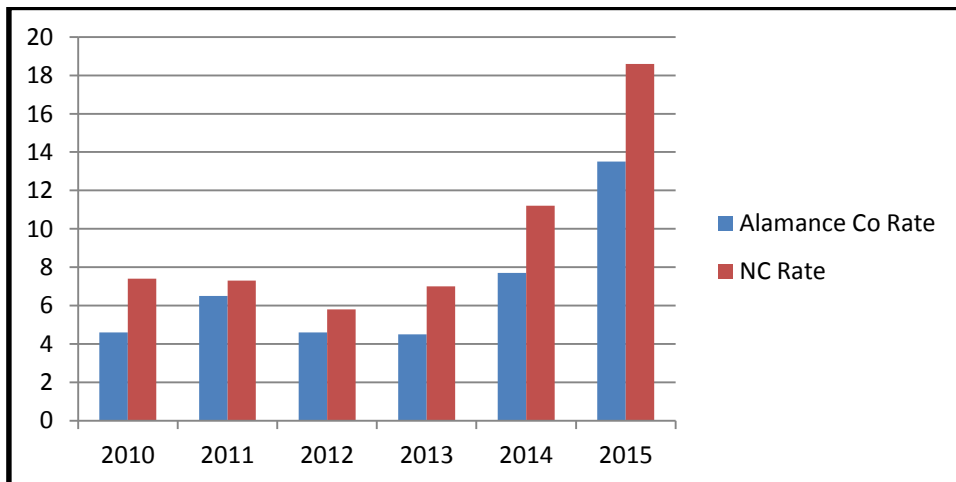
**2010-2015 Alamance County HIV Rates based on Alamance County population,  
NC HIV Rates expressed per 100,000 population  
(Source: NCDHHS HIV/STD Surveillance Unit)**

**Syphilis Infections  
Alamance County/North Carolina**

	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Alamance County Cases	7	10	7	7	12	21
North Carolina Cases	708	706	564	688	1117	1846
Alamance Co Rate	4.6	6.5	4.6	4.5	7.7	13.5
NC Rate	7.4	7.3	5.8	7	11.2	18.6



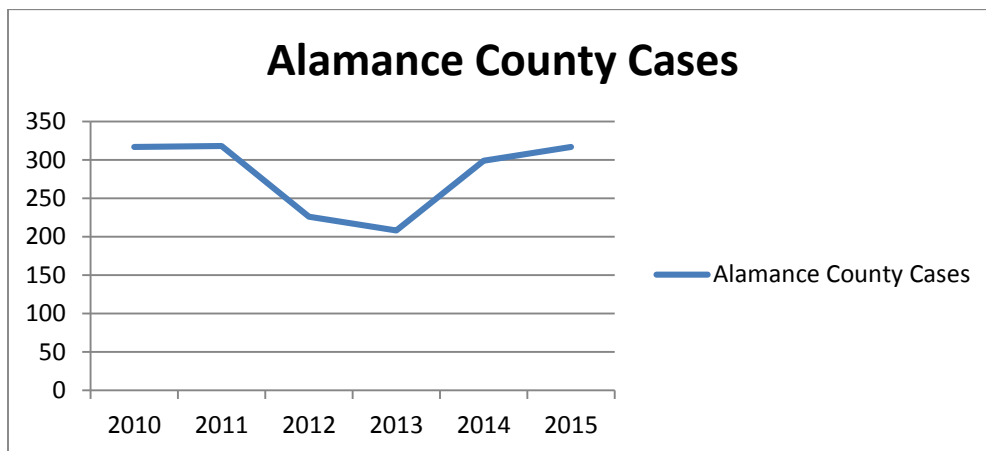
2010-2015 Alamance County Syphilis Infection  
6 year trend  
(Source: NCDHHS HIV/STD Surveillance Unit)



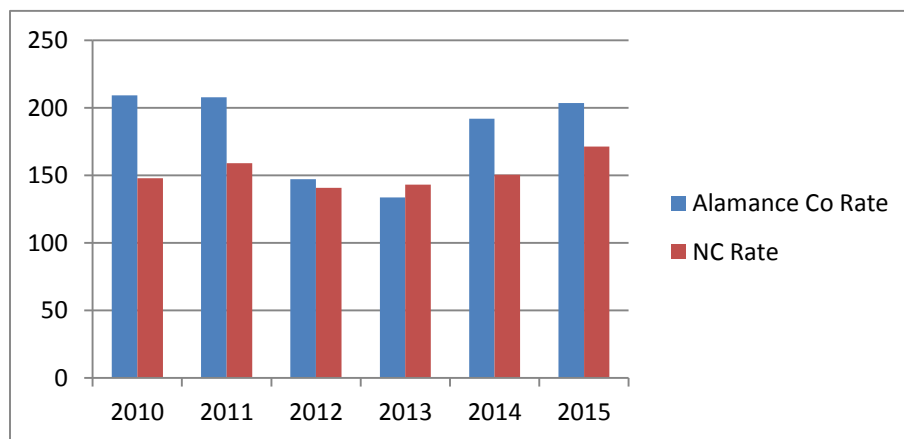
2010-2015 Alamance County Rates based on population in Alamance County,  
North Carolina Rates expressed per 1000,000 Population  
(Source: NCDHHS SYD/HIV Surveillance Unit)

Gonorrhea  
Alamance County/North Carolina

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Alamance County Cases	317	318	226	208	299	317
North Carolina Cases	14153	15360	13740	14115	14966	17034
Alamance Co Rate	209.2	208	147.1	133.8	191.9	203.5
NC Rate	148	159.1	140.9	143.3	150.5	171.3



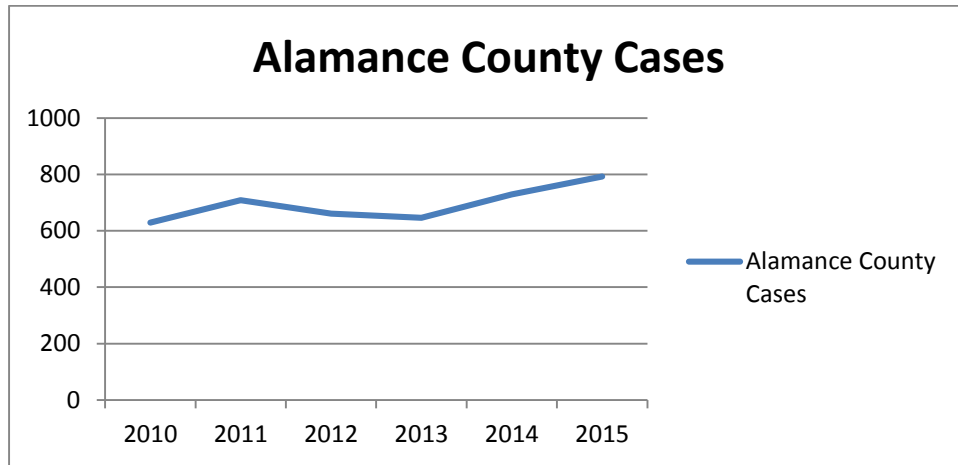
2010-2015 Alamance Gonorrhea Infections  
6 year trend  
(Source: NCDHHS HIV/STD Surveillance Unit)



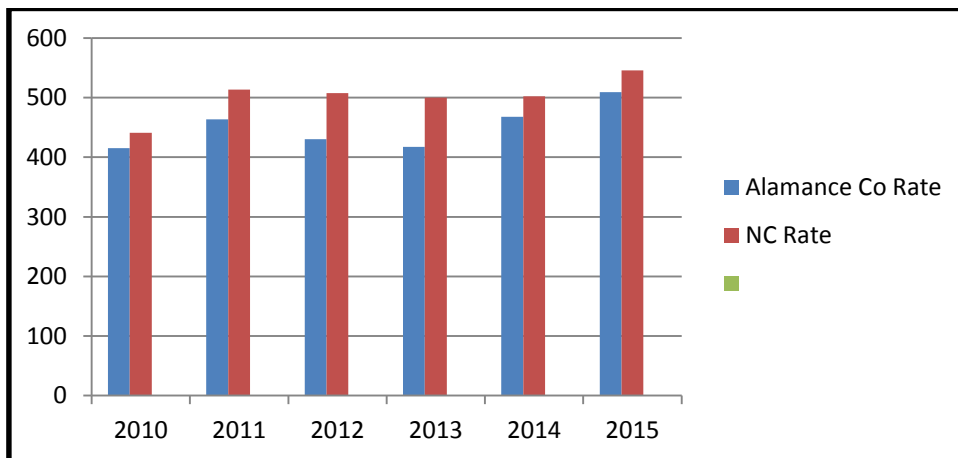
2010-2016 Alamance County Gonorrhea Rates based on Alamance County population  
North Carolina Rates expressed per 100,000 Population  
(Source: NCDHHS HIV/STD Surveillance Unit)

Chlamydia Infection  
Alamance/North Carolina

	2010	2011	2012	2013	2014	2015
Alamance County Cases	629	709	661	646	729	793
North Carolina Cases	42167	49579	49481	49221	49,934	54,285
Alamance Co Rate	415.1	463.8	430.1	417.6	467.9	509
NC Rate	441.1	513.7	507.6	499.8	502.2	545.9



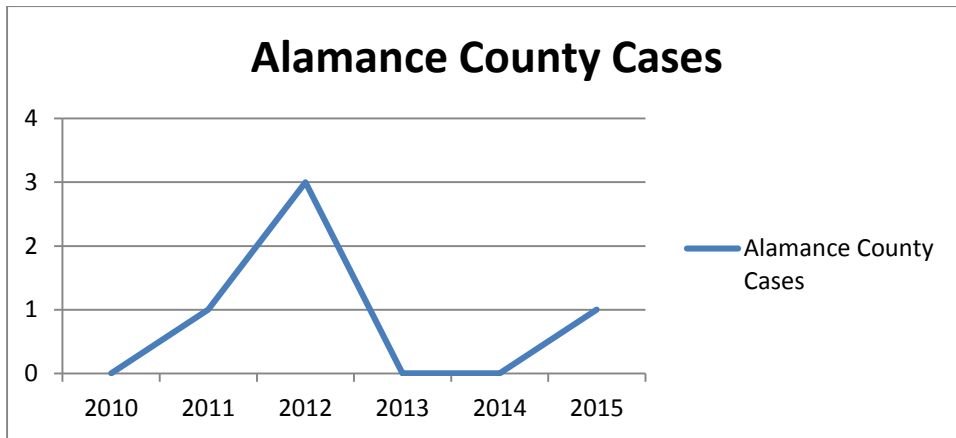
2010-2015 Alamance County Chlamydia Infections,  
6 year trend  
(Source: NCDHHS HIV/STD Surveillance Unit)



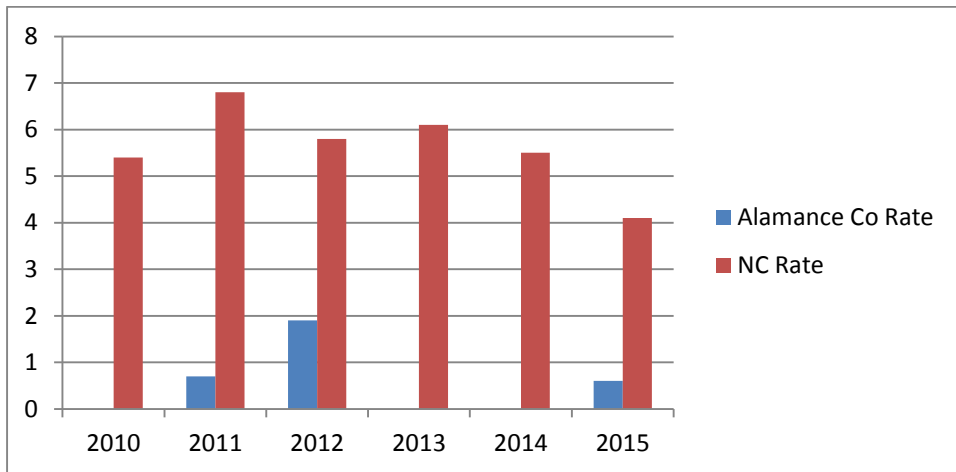
2010-2015 Alamance County Chlamydia Rates based on Alamance County population,  
North Carolina PID Rates expressed per 100,000 Population  
(Source: NCDHHS STD/HIV Surveillance Unit)

PID Infection  
Alamance County/North Carolina

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Alamance County Cases	0	1	3	0	0	1
North Carolina Cases	512	653	564	597	543	410
Alamance Co Rate	0	0.7	1.9	0	0	0.6
NC Rate	5.4	6.8	5.8	6.1	5.5	4.1



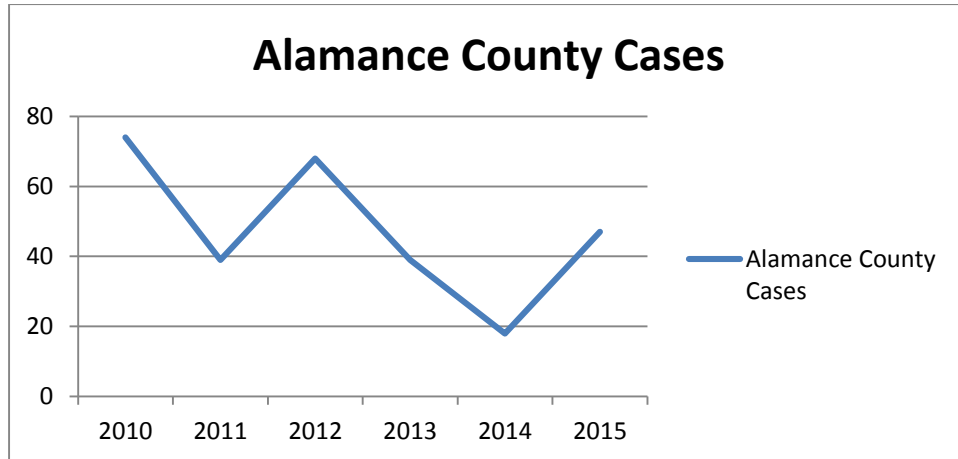
2010-2015 Alamance County PID Infections,  
6 year trend  
(Source: NCDHHS HIV/STD Surveillance Unit)



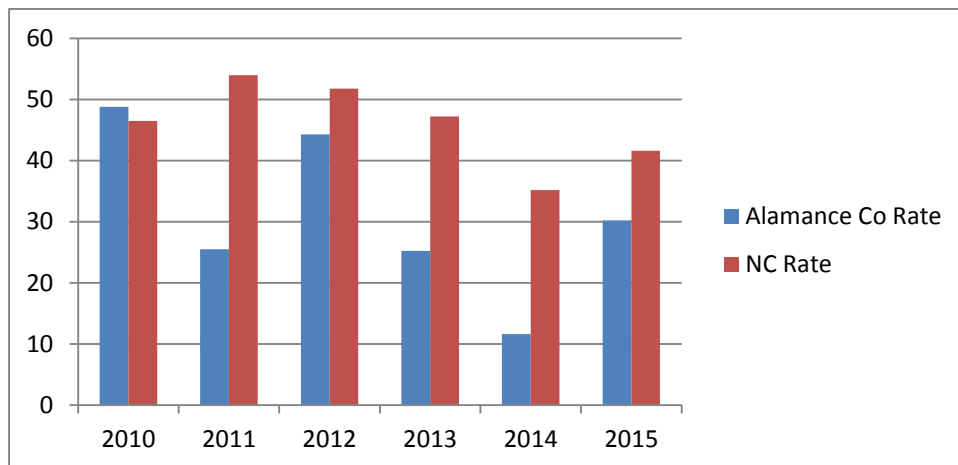
2010-2015 Alamance County PID Rates based on Alamance County population,  
North Carolina PID Rates expressed per 100,000 Population  
(Source: NCDHHS STD/HIV Surveillance Unit)

NGU Infection  
Alamance County/North Carolina

	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Alamance County Cases	74	39	68	39	18	47
North Carolina Cases	4443	5215	5052	4646	3498	4132
Alamance Co Rate	48.8	25.5	44.3	25.2	11.6	30.2
NC Rate	46.5	54	51.8	47.2	35.2	41.6



2010-2015 Alamance County NGU Infections  
6 year trend  
(source: NCEDSS HIV/STD Surveillance Unit)



2010-2015 Alamance County NGU Rates based on population in Alamance County,  
North Carolina NGU Rates expressed per 1000,000 Population  
(Source: NCDHHS HIV/STD Surveillance Unit)



# ACHD Strategic Plan 2016-2019 Overview

August 16, 2016

# Strategic Planning Process

- Preliminary Data Collection for the Strategic Planning Process
- Strategic Planning Retreat
- All Staff Meeting

# Strategic Priorities

- Values-Driven Leadership
- Organizational Standards for Accountability
- Community Alignment and Awareness
- Funding Resources

# Strategic Plan: Values-Driven Leadership

Goal	Step	Evaluation	Person(s) Responsible	Timeline
1.1 Establish at least 3 agency values	Identify top ten values as determined by pre-retreat survey.	Staff meeting agenda	Clerk to the Board	Jun-16
	Engage staff in prioritizing at least the top 3 values using the "rocks"	Staff meeting agenda	Clerk to the Board	Jun-16
	Create "values" document that is shared with staff	Email/photos of building	TWHW Representative & Health Director	Aug-16
	Create the "Values Workgroup"	Mgmt Team minutes	Management Team	Oct-16
	Incorporate values language into media platform, emails, etc.	Emails, website, Facebook	Values Workgroup & Management Team	Feb-17
	Rollout values to staff by workgroup	Quarterly staff meeting agenda	Values Workgroup	April-17
1.2 Achieve understanding of values from 100% of staff	Utilize training tools like video, webinars, etc. that demonstrate the identified agency values	Section meeting agendas and minutes	Values Workgroup & Management Team	June-17
	Collect data of completion of training by quiz and/or certificate of completion	Report completed by Values Workgroup	Supervisors & Management Team	Aug-17
	Implement "value moments" that are delivered by health director to staff that reiterates values and their importance to mission	Agendas from staff meetings	Health Director	Dec-17 and ongoing

# Values Driven Leadership – Cont.

1.3 Create system for performance evaluations that is tied to values	Identify behaviors that exemplifies the values--engage staff using "rocks" to identify behavior for each discipline	Section meeting agendas and minutes	Section Leads	Nov-17
	Utilize the Values Workgroup to create specific measures related to each behavior	Workgroup minutes	Values Workgroup	Dec-17
	Revise performance evaluations so that identified values are incorporated into the evaluations	Completed performance evaluations	Values Workgroup & Management Team	Jan-17
	Incorporate metrics for accountability into revised performance evaluations	Completed performance evaluations	Values Workgroup & Management Team	Jan-18
1.4 Enhance communication skills between management/supervisors and employees	Create a Leadership Academy training program for capacity building using topics surrounding communication and interpersonal dynamics.	Present Leadership Academy program to management team and collect data on training needs of current supervisors.	Elon-Alamance Health Partner	Nov-16
	Successful completion of first cohort of Leadership Academy with results evaluated.	Present leadership academy year 1 data to Board of Health.	Elon-Alamance Health Partner and Administration Staff	Aug-17
	Modify staff meeting schedule to be held on a monthly basis instead of quarterly.	Schedule will be successfully changed and staff will be notified of this change.	Administrative Staff	Jan-17

# Defining Values – IntACCT

- Integrity
- Accountability
- Communication
- Compassion
- Teamwork

# Strategic Plan: Organizational Standards for Accountability

2.1 Develop section-specific standards for accountability	Implement state standards for practice management in clinics	Use as an Accreditation Standard	Clinical Management Team Lead	July-17
	Change/review job descriptions for each position in each section	Stacie reports all complete by Dec 2016	Supervisors & Management Team	July-17
	Change/develop new performance evaluations for each position in each section	Ariana reports all complete by July 2018	Supervisors & Management Team	Jul-17
	Incorporate new section-specific standards into new employee orientation	Supervisors will complete new employee orientation checklists	Supervisors	July-17
	Involve staff in creating new standards for their sections	Section supervisors will provide feedback to admin	Supervisors in each section	Oct-16
	Research other models for practice management (statewide in other health depts)	Minutes from Clinical Management Team mtg with evidence of their models discussed	Clinical Management Team Lead	Jul-17
2.2 Generate new strategies for soliciting client feedback	Staff member-specific client evaluations tied to performance management, distributed in clinic or by mail (?)	Use as an Accreditation Standard	QI Team	Jul-18
	Review past client feedback and establish understanding of priorities	Minutes from meetings	Client Feedback Committee	Jul-17
	Change policy about client feedback	New policy on intranet; BOH & Mgmt Team minutes	Client Feedback Committee	Jan-18

# Organizational Standards for Accountability – Cont.

	Research and determine best fit for new way to administer client feedback survey	Minutes from meetings; approval of new communication channels	Client Feedback Committee	Nov-17
2.3 Establish new policies and procedures for quality improvement	Form subcommittee in Health Dept to work with QI group on projects (representation from each section)	Sign in & minutes from meeting	Health Ed & PIO	Jan-17
	Identify QI team and approve time for meeting schedule with supervisors	Sign-in sheet at first QI Team mtg	QI Lead	Sep-16
	Establish list of QI projects & priorities using staff feedback	QI team email to all staff list; agenda for staff meeting	QI Team	Jul-17
	Review old QI policy and revise to reflect new plan	Updated policy approved on Intranet; minutes from BOH & Mgmt Team	QI Lead	Jan-17



# Strategic Plan: Community Alignment and Awareness

3.1 The community will be aware of the Health Department's mission and services.	Determine measurement (including baseline, % increase, and tools for measurement)	Elon Poll	Health Education	Nov-17
	Increase awareness and develop a communication plan (including expansion of Annual Report, social media posts, develop communications plan, "What Does Public Health Do for You?", Speakers Bureau)	Number of annual reports distributed, number of FB likes/posts, presentation of communications plan to health director, number of presentations/talks; Elon Poll	Health Edu/PIO	
	Develop Perceptions Committee (focus on landscapes and building condition)	Committee minutes & Action plan	QI Team	Feb-18
	Research how other health departments have improved perceptions	Presentation of research findings to committee & health director	Perceptions Committee	March-18
	Customer service training in combination with trauma informed care	Number of staff trained; client satisfaction surveys	Perceptions Committee and Mgmt Team	Jan-18

# Community Alignment and Awareness – Cont.

3.2 The community will have a positive perception of the Health Department	Develop a communications plan	Elon Poll	Health Ed, PIO, MT	Dec 17/Jan17
	Develop a Perceptions Committee (focus on landscape and building condition)	Committee minutes and action plan	QI Team	Feb 18
	Research how other health departments have improved perceptions	Presentation of research findings to committee and health director	Perceptions Committee	March 18
	Customer Service training	Number of staff trained; client and community satisfaction surveys	Perceptions committee and MT	Jan 18
3.3 The Health Department will provide meaningful contributions that will result in accomplishment of Alamance Achieve's goals.	Determine fiscal and staff dedicated to Alamance Achieves	Alamance Achieves metrics	Health Director and Mgmt Team	Dec-18
	Communicate the Health Department's role in the Alamance Achieves initiative to community partners and staff	Number of presentations	Health Director	Quarterly staff mtgs
	Determine staff participation in the Education focused cradle to career initiative's Alamance Achieve network(s).	Number of staff participants in network	WIC, Health Ed, Dental, Child Health	Dec-17
	Continue to align resources and priorities each budget year for Alamance Achieves	Budget from previous year	Health Director	Ongoing

# Strategic Plan: Funding Resources

4.1 Increase funds received/maintain what we receive from local government (Using 2015-2016 as benchmark)	Establish local government funding benchmark	Create benchmark based on 15/16 numbers.	Business Officer	Jun-16
government (Using 2015-2016 as benchmark)	Form public health funding champions group to speak/advocate on behalf of the health department	Roster and meeting minutes.	Outreach Coordinator	Dec-16
	Use staff to educate county management and BOC regarding how we use county allocated funds/how cuts affect services to community	BOC meeting minutes	Health Director	ongoing
	Create maintenance of effort contract with county to ensure benchmark funding levels are at least maintained	Signed contract on file	Health Director; Business Officer; Legal	May-17
4.2 Establish cost sharing with ARMC to provide Medical Director services	Contract negotiation	Signed contract on file	Health Director; Legal Department; ARMC Representatives	Oct-16
	Determine how much money can be allocated to this effort	Meet with ARMC	Business Officer	Jun-16
	Determine exact medical services needed and number of physicians needed to ensure backups	Study a productivity report.	Health Director; Director of Nursing	Jun-16
	Finalize contract (all parties sign)	Signed contract on file	Health Director; ARMC	Jan-17
	Evaluate people in positions and effectiveness of contract (change as appropriate)	Conduct a six month and annual performance evaluation.	Health Director; Director of Nursing; Business Officer; ARMC Leadership; ARMC Physicians Involved	6 months/ Annually

# Funding Resources – Cont.

4.3 Increase grant funding annually by 5% (using benchmark of FY2015-2016)	Create grant team, put together by the Management Team	Mgmt Team minutes	Health Education, Health Director	Sept-16
	Hire grant writer or assign grant writing and research duties to current staff	Review job descriptions and change as needed.	Health Education, Health Director	Nov-16
	Research grant awards/opportunities with priority given to Access to Care, Education and Poverty related initiatives.	Minutes from grant team meetings	Named Grant writer	Ongoing
	Vet grant opportunities to appropriate staff/sections	Section meeting minutes	Named Grant writer	Ongoing
	Apply for appropriate/approved grant opportunities	Line items in HD annual budget	Grant Team	Ongoing
	Implement awarded grants and report as required	Agreement Addendas on Intranet	Grant Project Manager	Ongoing
	Develop grant writing procedures as approved by Management Team	Procedure on Intranet	Grant Team	Dec-16

# Reporting Progress

- Post Strategic Plan to ACHD website
- Monthly Strategic Plan updates at Management Team
- At least quarterly update to all staff
- At least yearly updates to Board of Health

# Special Thanks

- Evident Analytics – Facilitators
- Shelby Smith – Lead planner 2015
- Ariana Lawrence – Lead planner 2016
- Board of Health
- Management Team
- ACHD Staff
- Community partners