2016

Strategic Planning Working Documents

Process and Results

This document describes the process followed by the Hertford County Public Health Authority's Senior Management Team to modify the strategic objectives and to identify the FY 2016-17 strategic priorities. This document and the resulting plan were presented to the BOH and approved on June 27, 2016.

Crystal Dempsey
Hertford County Public Health Authority
2016-17

Table of Contents

Management Team participants:

- Ramona Bowser, MPA
- Crystal Dempsey
- Ed Evans, EHS
- Shamieka Cary
- Rita Boone
- Iulia Vann, MPH

Board of Health participants:

- Howard Hunter III, NC State Representative - Chairman
- Terry Hall, D.M.D. – Vice Chair
- Rhonda Harrington
- Westelle Cherry, RN, F.N.P. – Retired
- Susan Brinkley, RN, MSN
- Charles Reynolds
- Jamie Udwadia
- Rebecca Greene, RN, MSN
- Katina Eley-Hardy, PA-C
- Mitchell Mclean

Executive Summary

Hertford County Public Health Authority began establishing an annual strategic plan in the fall of 2000. For the following 13 years, the Management Team has participated in a two day retreat for the purpose of recommending revisions to the strategic planning objectives and priority objectives for the upcoming calendar year or fiscal year to the Hertford County Board of Health. The Board of Health either has an additional meeting or extended regular monthly meeting to receive and act on the management team's recommendation.

The initial five year plan was for 2001-2005 followed by a five year plan for 2006-2010. Beginning in 2010, the plan was decreased to three years, 2011-2013, due to the rapid changes in public health programs primarily related to funding. In 2013, the plan was reduced again to an annual plan due to the anticipated near time funding changes. The CY 2009 priorities were extended to June 30, 2010 so the strategic priorities would coincide with the fiscal year for budgetary purposes and have been established for the upcoming fiscal year since that time.

The Health Director led the strategic planning process by facilitating discussion of the agency's mission, vision and goals, providing data sets and facilitating brainstorming and various nominal group techniques.

In April 2016, the Management Team reviewed the mission, goals, strategic plan and identified five priority objectives. In June during the monthly Board of Health meeting, the Board members received the results of the strategic planning exercises and the recommended strategic objectives and priorities.

The five FY 2017 priority strategic objectives recommended to the BOH were:

Community Health

1. Prevent the spread of communicable disease by monitoring disease and syndromic reporting to detect trends and implement control measures.
2. Advocate to implementing policy and environmental changes related to physical activity, nutrition and tobacco and collaborate on related programs in the county.
3. Actively participate in Healthcare Reform by exploring partnership opportunities as it relates to Provider Lead Entities, Accountable Care Organizations & Accountable Health Communities.
4. Market and implement the Infant Mortality Reduction Program.

Agency/Internal

1. Maintain fiscal management of agency, including Home Health

Prior to identifying these priorities, the Management Team and then the Board of Health reviewed county health statistics with analysis, qualitative input from community members, annual trending of volume statistics for personal health, community health, environmental health and home health

services and the relative percent of fiscal support received from the primary funding sources.

This review of data was followed by an analysis of the internal infrastructure and external environment, grant funding, a visioning exercise and a review of the current priority action plans.

All the strategic objectives from the current plan were reviewed and those that have been accomplished or are no longer relevant were eliminated, some were revised to better reflect the activity level desired and additional objectives were added based on the previous review of data and facilitated planning activities.

From the revised planning objectives, the one community health priority and four agency priorities were selected for focus during the next fiscal year.

All strategic objectives will be addressed by the entire Management Team but each priority is assigned to a manager to establish an action plan and update the progress. The priorities will be discussed during the monthly senior Management Team meeting and activities reported to the Board of Health. All non-priority strategic objectives are reviewed by the Management Team on a quarterly basis.

The following documents will further detail the Management Team's strategic planning activities. On June 27, 2016 the Board of Health approved the 2016-2017 Strategic Plan including the priority objectives.

Management Team Strategic Planning Sessions
For FY 2016-2017

Session 1 – April 12, 2016	
1:00– 1:15 pm	Introductions/Icebreaker- **Stephane Parker-Helmkamp**
1:15 – 1:45 pm	Team Building Activity 1 – **Stephanie Parker-Helmkamp**
1:45 -2:00 pm	Review of Strategic Planning History/Agenda- **Ramona/Stephanie**
2:00 – 2:15 pm	Review of mission, vision and goals- **Ramona**
2:15 – 2:30 pm	Review of 2015 SOTCH Report, Health Statistics/Analysis and 2012 CHA - **Crystal**
2:30 – 3:15 pm	Team-Player Survey Activity 2 - **Stephanie**
3:15-3:30 pm	Break
3:30-5:00 pm	Visioning/Future State – **Stephanie**

Session 2 – April 18, 2016	
9:00- 9:10 am	Recap from Session 1- **Stephanie**
9:10-9:40 am	Team Building Activity 2 - **Stephanie**
9:40 – 10:25 am	SWOT Analysis- **Stephanie**
10:25-10:30 am	Break
10:30-11:30 am	Nominal Group Technique- **Stephanie**
11:30am-12:00pm	Select Priorities- **Stephanie**
12:00 -12:15 pm	Recap new agency strategic objectives and make assignments- **Ramona**
12:15-12:30 pm	Evaluation/Next steps- **Ramona**

Mission and Vision

The basic mission of the agency has been the same since it was established in 2000 but the explanation of the mission was revised at intervals in 2011.The Management Team, with approval from the Board of Health, eliminated the explanation to further simplify the mission statement

There were no recommended revisions by the management team or Board of Health for FY 2017.

Hertford County Public Health Authority

Mission

Disease Prevention.

Health Protection.

Health Promotion.

Hertford County Public Health Authority

Vision for the Future

"Healthy People in Healthy Communities"

Overarching Goals

During the 2003 Strategic Planning session, the HCPHA Management Team established 12 overarching goals under which all community health and agency strategic objectives would fall. Prior to February 2012, there were 14 goals; 9 community health goals and 5 agency/internal goals. In 2014, The Management Team and Board of Health revised the goals resulting in four community health and six agency goals.

The Management Team made recommendations to delete one agency goal for fiscal year 2017.

Community Health Goals

1. **Prevent, detect and control communicable diseases and protect against environmental hazards.**
2. **Prevent, detect and control chronic diseases through health promotion and risk reduction and addressing social determinates of health.**
3. **Ensure access to health care for all residents through partnerships in the community or direct services.**
4. **Ensure health services, including skilled home health services, for vulnerable/at-risk populations including the disabled, maternal, child, adolescent, minority and senior adults.**

Agency Goals

1. **Employ a diverse, professional workforce with strong work ethics and accountability of all staff.**
2. **Maintain and appropriately utilize technology systems.**
3. **Assure appropriate financial management of the Public Health Authority**
4. **Lead the community to view public health as a community priority**
5. **Respond to Disasters and to the Community during recovery**
6. **Consolidate and maintain grounds and facilities**
7. ~~**Maintain Agency's Benefits**~~

Agency Volume Statistics and Vulnerable Populations Served

Vulnerable populations include the economically disadvantaged, racial and ethnic minorities, the uninsured, low-income children, the elderly, the homeless, those with human immunodeficiency virus (HIV), and those with other chronic health conditions, including severe mental illness. It may also include rural residents, who often encounter barriers to accessing healthcare services. The vulnerability of these individuals is enhanced by race, ethnicity, age, sex, and factors such as income, insurance coverage (or lack thereof), and absence of a usual source of care. Their health and healthcare problems intersect with social factors, including housing, poverty, and inadequate education.

Overall, nonwhite women, 45 to 64 years of age, who are unemployed and uninsured, with lower incomes and education levels tend to report the poorest health status.

Personal Health Services

Changes in the state's data collection methods, changes in the type of data collected (visit, service, unit) and payer source reporting requirements are resulting in the inability to compare productivity data from one year to the next in Personal Health Services.

Uninsured: In Hertford County, approximately 17% (County Health Rankings) compared to the State's 18% of residents under the age of 65 do not have health insurance.

Child Health

The total unduplicated visits for Child Health Services were 113 during FY2014, slightly higher than previous years. Half of the children on Medicaid; 57% were males; 77% were Black or African American and 63% were ages 0-4 followed by 29% ages 5-14. According to the US Census Bureau, 137 children in the county are ages 0-4. We saw 4.3% of them if the visits were unduplicated (not specified in the report). We saw 1.9% of the children ages less than 18 years old in the county; if the visits are unduplicated.

Family Planning Services Clinic

The clinic is not entirely supported directly by the government. **Some 54% of the funding needed is provided by the HCPHA**. Unduplicated Family Planning Visits for 2015 (384) has increased slightly compared to 2014 (355).

Adult Health Services

The unduplicated visits in adult health for FY 2015 totaled 780 and included 314 STD/HIV Disease Management clients and 79 BCCCP clients.

Community Health

A total of 64 Pregnancy Care Management Program clients were enrolled in the program. Care Coordination for Children enrolled 50 new Medicaid clients during FY 2015.

Home Health

The number of admissions for FY 2015 totaled 538 increasing in all service areas. Therapy visits in three of the four counties we serve were lower than last year; 16 fewer clients total. Therapy Visits increased dramatically from FY 14 to FY 15.

Environmental Health

Newly installed wastewater systems and site evaluations completed were all lower than have been in previous five years due to the economy. The number of wastewater systems repaired increased as did the inspection of existing systems, probably due to owners choosing to make additions to their current homes rather than build a new one. Unfortunately, less than 100% of food, lodging and institutions were inspected.

Funding Sources

Hertford County's funding appropriations/funding sources.

Funding Source	Amount	% of Total Budget	2013 Average % for Local Health Depts. in NC
State Health Appropriation/ Federal Pass-Through	$1,233,300	30%	49%
Hertford County	292,572	7%	31%
Medicaid	702,190	17%	14%
Medicare	931,104	22%	
Fees	65,967	2%	6%
Interest/Other	630,449	15%	
Grants	89,497	2%	
Contracts	78,567	2%	
Total Budget	$4,150,409	100%	100%

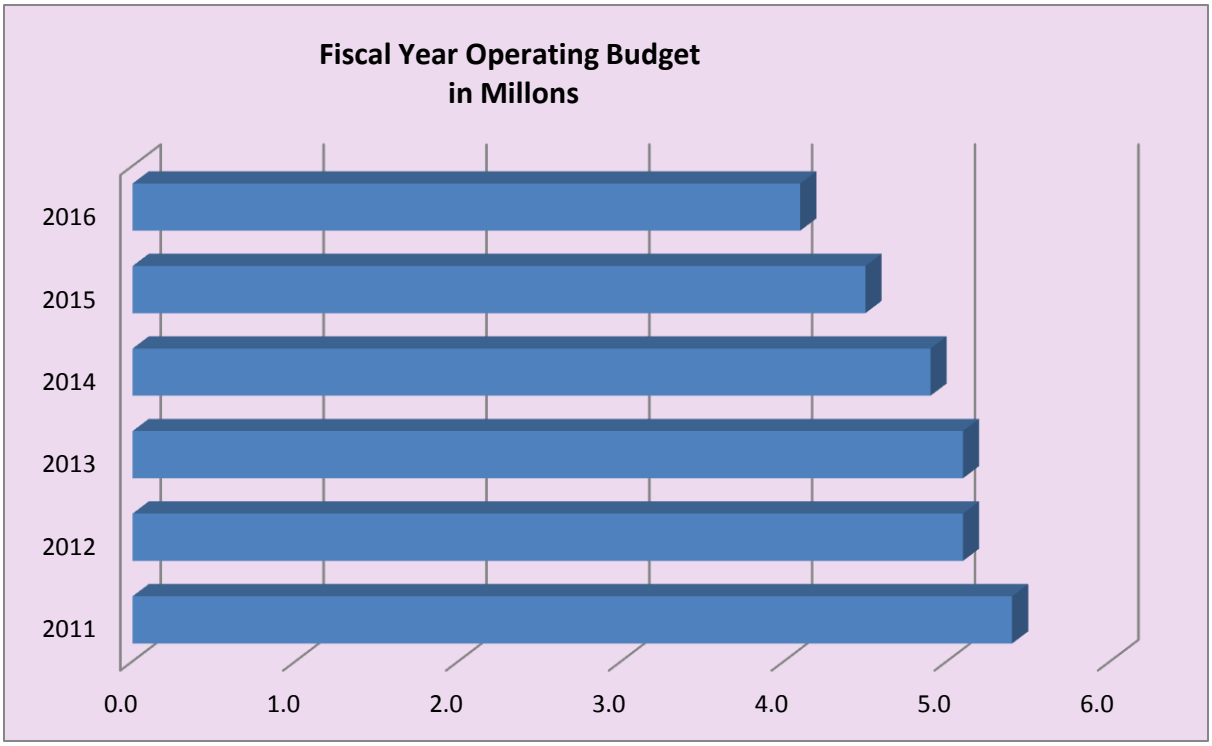
Funding Trends

As shown in the following table and graph, the HCPHA Operating Budget has steadily decreased each year since FY 2011. The reduction in budget has been primarily a result of funding reductions from the State and a decline in Medicaid and Medicare reimbursement resulting in the need for the agency to once again streamline services and staffing levels. Specifically for FY 2016:

- Family Planning- 6% reduction
- Medicaid- 23% reduction
- Medicare- 16% reduction
- Staffing- 34% reduction

The operating budget for Fiscal Year 2017 is $4,189,277

Fiscal Year	2011	2012	2013	2014	2015	2016
Budget	5.4	5.1	5.1	4.9	4.5	4.1



Health Statistics

The Health Promotion Supervisor reviewed Health Statistics from the 2016 State of the County Health Report with the Management Team and Board of Health.

Breast Cancer

Breast Cancer is used as an indicator of health because it is a disease that is easily screened and curable when detected early. Hertford County had a total of 20 deaths from 2010-2014 given and average of 5 deaths per year in this timeframe. Hertford County continues to have a downward trend in Breast Cancer deaths but continues to experience an increase rate of new cases. This is possible due to an increase in awareness and screening efforts throughout the county. An increase in screening would also explain the decreasing mortality trend as cases are diagnosed earlier and treated. Hertford County rate is slightly higher than the State rate for new cases and deaths.

Prostate Cancer

Prostate Cancer incidents are still down dramatically from what they were six or seven years ago. Though a recent downward trend is showing, death due to prostate cancer still remains higher in Hertford County than the State rate. This might indicate that some in the population are not getting screened early enough for better treatment outcomes. Hertford County is averaging around 3-4 deaths a year from prostate cancer. There were a total of 15 deaths from 2010-2015.

Diabetes Mortality

For the last ten years rates in mortality due to diabetes have continued to be much higher than that of the State. The gap between the Hertford County rates and those of the State has been getting wider over time. The trends indicate a need for sooner and better intervention efforts for those living with diabetes. There were a total of 27 deaths due to diabetes in 2014 which is an increase from 2013(total deaths 12) and 2012(total deaths 19).

Teen Pregnancy

For Hertford County, there were a total of 32 pregnancies in females between the ages of 15-19 in 2014 which is a decrease from total pregnancies in 2013 (total 34). None of the 32 females who became pregnant in 2014 were married. Out of wedlock childbearing leads to an increase in poverty for the mother and her child/children.

Colon/Rectum Cancer

The number of new cases of colon and rectum cancer has decreased over the last few years. Still the incident rate in Hertford County is higher than the State rate. The mortality rate is almost twice that of the State. Hertford County averages 7-8 deaths each year due to colon or rectal cancer. Infant Mortality

Infant Mortality

The Infant mortality rate in Hertford County is about twice that of the North Carolina rate. In 2014 there were a total of 7 deaths which is an increased from 2013 (total 5). Trend data shows a consistent increase in infant deaths over the last four years.

Community Input

The community survey was conducted on-line and promoted through the county via e-mail, media, and face-to-face. The assessment provided a deep understanding of the issues residents feel are important. In all, 254 Hertford County residents responded to the survey. The demographics of the respondents did not match the population in some areas: 41.9% had a bachelor degree compared to the county percentage of 10.7%; 81.7% were female where the actual population is nearly equal men to women; the Caucasian response rate was reflective of the population but the African Americans (43.3% as opposed to the expected 59.8%) and the Hispanic population (2.6% vs 3.8%) were slightly under represented. The participants identified the following to be the most important health problems in the county:

Personal Health Diagnoses

- 28.1% of respondents rated their health as very good or excellent.
- 50.2% rated their health as good and 21.7% as fair or poor.

- Asthma – 14.0%
- Depression or anxiety – 24.6
- High blood pressure – 51.0%
- High cholesterol – 40.5%
- Diabetes – 22.8%
- Osteoporosis – 6.5%
- Overweight/obesity – 47.6%
- Angina/heart disease – 9.4
- Cancer – 9.0%

Environmental Scan

Each year, the Management Team identifies the agency's strengths, weaknesses, opportunities and threats/challenges using a nominal group technique and brainstorming. These results help guide the management team in identifying new strategic objectives and establishing priorities. They are also shared with the Board of Health and input solicited for additional ideas.

Senior Management Team

Scan of the Internal and External Environment-April 2016

INTERNAL ENVIRONMENT		EXTERNAL ENVIRONMENT	
Strengths	**Weaknesses**	**Opportunities**	**Threats**
Strength's identified by the group • Get the job done • Have good partnerships • Effective utilize available resources • Work together • Community outreach/good Partnership • Provide excellent patient care • Serves community through various programs as well as resources in the community ***Internal resources*** • Management/Supervisor • Various Resources • Human Resources • Regional Consultants • Critical Thinker • Staff/Management • IT infrastructure • Benefits ***Other Positive aspects*** • Strong management team • Diversity in staff • Governing Board is supportive • Determined • Knowledgeable staff • Benefits/Pay • Small Agency • Family Oriented • Flexible	***Factors that are within control*** • Staffing • Competitive Salaries • Extended hours for clinical services (excluding WIC) • Staff • Customer Service • Enthusiasm • Overall attitudes (commitment, loyalty, creativity) • Not able to offer certain services ***Areas that need improvement*** • Funding • Community Support and visibility • Staffing levels/New Facility/Relocation • Knowledgeable staff (billing, etc.) • Sustaining staff • Small Agency competing against larger entities ***Limit Resources*** • Dilapidated Building • Decrease in state funding/staff • Poor location/need to be in town • Very limited resources • Lots of bureaucratic issues/red tape to overcome • Poor location	***Opportunities in environment to benefit from*** • New management/Leadership /Supervisors • Educational opportunities • Movement towards community/population • Rural/low income area is attractive to some funders • Optimistic staff (Management Support) ***Changes that creates opportunity*** • Collaboration with other agencies • Grants • Training • ACA-Medicaid reform • Increase in Specialty areas (ex. HIV, Infant Mortality) • Medicare • Private Ins. Contractual Agreements ***Other opportunities*** • Consolidating/Contracting w/local business to provide services to the community • Indoor Air Quality • CHANGE Project • Collaboration Re: CHA • Grant opportunities • ACO. PLE'S (Medicaid Reform)-Encouraged collaboration w/ HCPHA	***Factors beyond control*** • Decrease in funding/county take over • Staff reduction • Larger agencies • Funding • Government policies/regulation • Political climate/view change • Consolidation • Medicaid Reform • Pending Elections ***Existing and potential competitors*** • Vidant Home Health & Hospice • MD offices • Bertie Home Health & Hospice • Northampton Home Health • State & Federal Guidelines and Funding • RCCHC • Vidant RCH • Private Providers (NC & VA) • Other local Health Departments (ARHS/Northampton/Halifax) ***Other Threats*** • State funding cuts/funding disbursements/methodology • Better pay/ career advancement elsewhere • Inability to bill 3rd party insurance • Any new service for healthcare • County issues

Visioning/Future State

The senior management team identified their vision for the possibilities' in the future by contributing to the facilitated brainstorming session.

1. What do you hope to see/expect to see 10 years from now – April 2025

- Every department fully staffed
- Financial stability – 17%
- Competitive salaries public Health
- Increased funding (County, State) in order to better serve the community
- New facility -33.3%
- HCPHA Clinic noted as a Primary Care Facility
- Full time Primary Care Provider

2. What do you hope to see/expect to see 3 years from now – April 2019

- Increase in services provided (Expand clinical services)
- Increase in funding (County, State, & Grants)
- Increase in HCPHA employees
- Secure a Practitioner/Provider in clinic
- Maintain all funding
- Improvement in health outcomes
  (Ex. Obesity, Cancer, and Cardiovascular disease each decreases by 3%)

- Building that houses entire HCPHA departments
- County vehicles available for all HCPHA employees

3. What do you hope/expect to see 1 year from now – July 2017

- Stable Health Authority – Staff and Financially
- Increase in County/State funding
- Increase in clients
- No more state funding cuts
- Public Health fitting in new Medicaid Model (PLE, MCO, ACO, more visible)
- Increase Clinic Reimbursement
- Improve Clinic Flow
- Updates to building, (ex. painting, new furniture in exam rooms)
- Fully functioning EMR (everyone comfortable using Patagonia)
- New computers in CD/Clinic
- Health Authority Reaccredited
- Become a participating provider for various insurance providers

New, Deleted and Revised Strategic Objectives

Just prior to the strategic planning session, the Management Team completed their quarterly review of activities for all the non-priority strategic objectives in the FY 2015-2016 strategic plan and discussed the revision or elimination of objectives. Based on this discussion, the management team eliminated one objective. During the session, goals and objectives were revised as edited below. In addition, two additional objectives were added.

Community Health Objectives

Goal 1 Prevent, detect and control communicable diseases and protect against environmental hazards.

CH 1.1 Prevent the spread of communicable diseases by monitoring disease and syndromic reporting to detect trends and implement control measures

~~CH 1.2 Coordinate preparedness exercises in accordance with contract addendum.~~

Goal 2 Prevent, detect and control chronic diseases through health promotion and risk reduction and addressing social determinants of health.

CH 2.2 Maintain Region 9 HIV/AIDS Network of Care

CH 2.4 Advocate to implement policy and environmental changes related to physical activity, nutrition and tobacco and collaborate on related programs in the county.

Goal 3 Ensure access to health care for all residents though partnerships in the community or direct services

CH 3.1 Assure access to mandated and essential Public Health Services that includes expansion of services.

CH 3.2 Actively participate in Healthcare Reform by exploring partnership opportunities as it relates to PLE's, ACOs & Accountable Health Communities.

Goal 4 Ensure health services, including skilled home health services, for vulnerable/at-risk populations including the disabled, maternal, child, adolescent, minority and senior adults

CH 4.4 Address adolescent risk behaviors

CH 4.5 Evaluate and Strengthen ~~Implement and market~~ Medical Nutrition Therapy

CH 4.7 Market and implement the Infant Mortality Reduction Program

Agency/Internal

Goal 1 Employ a diverse, professional workforce with knowledgeable and respected leaders with strong work ethics and accountability of all staff

A1.1 Monitor and refine quality assurance/CQI (Continuous Quality Improvement) /program evaluation methods

A 1.2 Maintain the process for managing revisions of policies and procedures

A 1.3 Develop a succession plan for agency leadership and other critical positions.

Goal 2 Maintain and appropriately utilize technology systems

A 2.1 Fully utilize and integrate electronic medical records in all agency services.

A 2.2 Efficiently ~~Utilize~~ utilize MIS in decision making processes

A 2.3 Explore options and develop plans to address retention and disposal of paper records.

Goal 3 Assure appropriate financial management of the Public Health Authority

A 3.1 Integrate community health strategic planning and priorities and budgeting process through existing program budgets when possible.

A 3.2 Maintain fiscal management of agency, including Home Health.

Goal 4 Lead the community to view public health as a community priority

A 4.1 Educate the staff and community and county government leadership about the responsibilities and services of public health

A. 4.2 Support and grow community collaborations/partnerships and seek input in setting program goals and objectives.

Goal 5 Respond to Disasters and to the Community during Recovery

A 5.1 Maintain and enhance a comprehensive emerging disease, health threat and emergency preparedness plan

Goal 6 Consolidate and maintain existing grounds and facilities

A. 6.1 Secure a maintenance contract for agency owned buildings

A 6.2 Develop a plan to ~~consolidate~~ efficiently utilize existing space ~~Winton offices with offices~~ in the Ahoskie

Strategic Objectives for FY 2016-2017

Based on the quantitative and qualitative data, the results of the exercises and discussions, the Management Team added two new strategic objectives, deleted one objective and revised four objectives (see below) that resulted in the 21 objectives in the Fiscal Year 2016-2017 strategic plan being recommended to the Board of Health. These objectives will be reviewed and discussed quarterly by the Management Team.

HCPHA Goals and Objectives

FY 2016-2017

Community Health Objectives

Goal 1 Prevent, detect and control communicable diseases and protect against environmental hazards.

CH 1.1 Prevent the spread of communicable diseases by monitoring disease and syndromic reporting to detect trends and implement control measures

Goal 2 Prevent, detect and control chronic diseases through health promotion and risk reduction and addressing social determinants of health.

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CH 3.1 Assure access to mandated and essential Public Health Services that includes expansion of services.

CH 3.2 Actively participate in Healthcare Reform by exploring partnership opportunities as it relates to Provider Lead Entities, Accountable Care Organizations and Accountable Health Communities.

Goal 4 Ensure health services, including skilled home health services, for vulnerable/at-risk populations including the disabled, maternal, child, adolescent, minority and senior adults

CH 4.1 Address adolescent risk behaviors

CH 4.2 Evaluate and strengthen the Medical Nutrition Therapy Program

CH 4.3 Market and implement the Infant Mortality Reduction Program

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A 4.1 Educate the staff community and county government leadership about the responsibilities and services of public health.

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A 5.1 Maintain and enhance a comprehensive emerging disease, health threat and emergency preparedness plan.

Goal 6 Consolidate and maintain existing grounds and facilities

A 6.1 Secure a maintenance contract for agency owned buildings.

A 6.2 Develop a plan to efficiently utilize existing space in the Ahoskie office.

Strategic Priorities for FY2017

The following five priorities were chosen by the Management Team from the previously listed 21 strategic objectives.

Community Health

1. CH 1.1 Prevent the spread of communicable disease by monitoring disease and syndromic reporting to detect trends and implement control measures.
2. CH 2.2 Advocate to implement policy and environmental changes related to physical activity, nutrition, and tobacco and collaborate on related programs in the county.
3. CH 3.2 Actively participate in Healthcare Reform by exploring partnership opportunities as it relates to Provider Lead Entities, Affordable Care Organizations and Accountable Health Communities.
4. CH 4.3 Market and implement the Infant Mortality Reduction Program.

Agency

1. A 3.2 Maintain fiscal management of agency, including Home Health.

Implementation Plans for Strategic Priorities

Agency goals are supported by strategic objectives. Strategic objectives are supported by implementation plans that accomplish the following:

1. Identifies the tasks associated with each strategy.
2. Establishes a timetable for accomplishing each task.
3. Delineates the capital, facility, organizational, and human resources necessary to implement strategies.
4. Assigns responsibilities for strategic implementation.

The five priorities are the responsibility of the entire Management Team but a member is assigned who is responsible for developing and updating the implementation plan and reporting on the activities. The implementation plans will become the HCPHA agenda for change and provide the task-level direction necessary for the agency to grow into its envisioned "future state". The implementation will be monitored monthly by the management team and the Board of Health and updated at least quarterly to assure each of the five priority strategic objectives will be met by June 30, 2017.

Appendices

Implementation Plans

FY 2017 Implementation Plans

Problem/Need: To ensure essential public health functions are provided	**Goal** – Prevent, detect and control communicable diseases and protect against environmental hazards.
CH 1.1 Prevent the spread of communicable disease by monitoring disease and syndromic reporting to trends and implement control measures.	

Objectives	Key Action Steps	Responsibility/Partners	Measure/Desired Outcome	Timeline	Accomplishments

FY 2017 Implementation Plans

Problem/Need: Relatively high rate of chronic disease in Hertford County.	**Goal –**Prevent, detect and control chronic disease through health promotion and risk reduction and addressing social determinants of health.

1. A 2.2: Advocate to implement policy and environmental changes related to physical activity, nutrition, and tobacco and collaborate on related programs in the county.

Objectives	Key Action Steps	Responsibility/ Partners	Measure/Desired Outcome	Timeline	Accomplishments

FY 2017 Implementation Plans

Problem/Need: Agency stability and competitive employee benefits	**Goal :** Assure appropriate financial management of the Public Health Authority
A 3.2 Maintain fiscal management of agency, including Home Health.	

Objectives	Key Action Steps	Responsibility /Partners	Measure /Desired Outcome	Timeline	Accomplishments
			.		

FY 2017 Implementation Plans

Problem/Need: Agency need to stay abreast with all health care changes as it relates to healthcare reform.	**Goal:** Ensure access to healthcare for all residents through partnerships in the community or direct services.
CH 3.2: Actively participate in Healthcare Reform by exploring partnership opportunities as it relates to Provider Lead Entities, Affordable Care Organizations and Accountable Health Communities.	

Objectives	Key Action Steps	Responsibility /Partners	Measure/ Desired Outcome	Timeline	Accomplishments

FY 2017 Implementation Plans

Problem/Need: Infant Mortality rate in Hertford County has increased in the last four years and is higher than the state rate.	**Goal:** Ensure health services, including skilled home health services, for vulnerable/at risk population including the disabled, maternal, child, adolescent, minority and senior adults.
CH 4.3: Market and implement the Infant Mortality Reduction Program.	

Objectives	Key Action Steps	Responsibility /Partners	Measure/ Desired Outcome	Timeline	Accomplishments