

BEFORE THE BOARD OF NORTHEAST TRI COUNTY HEALTH DISTRICT

IN THE MATTER OF ADOPTING ) RESOLUTION 03-2011  
NORTHEAST TRI COUNTY HEALTH )  
DISTRICT 2011-2015 STRATEGIC ) ADOPTING NORTHEAST TRI  
PLAN ) COUNTY HEALTH DISTRICT  
2011-2015 STRATEGIC PLAN

WHEREAS, the Board of Health of the Northeast Tri County Health District finds that there is a need for a Northeast Tri County Health District 2011-2015 Strategic Plan; AND

NOW, THEREFORE:

IT IS HEREBY RESOLVED by the Board of Health of the Northeast Tri County Health District that the attached is adopted as the "NORTHEAST TRI COUNTY HEALTH DISTRICT 2011-2015 STRATEGIC PLAN".

Done this 19<sup>th</sup> day of January, 2011 in Colville, Washington and effective immediately upon signatures as of this date.

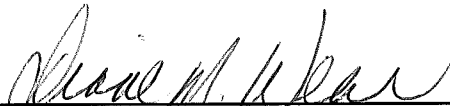
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Board Member, City of Republic

  
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Board Member, Ferry County

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Board Member, City of Colville

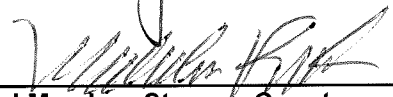
  
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Board Member, Ferry County

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Board Member, City of Newport

  
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Board Member, Pend Oreille County

  
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Health Officer

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Board Member, Pend Oreille County

  
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Board Member, Stevens County

  
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Board Member, Stevens County

# Strategic Plan

# 2011-2015

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The 2011-2015 Strategic Plan serves as a tool for guiding the allocation of agency resources and focusing development efforts proactively. It also serves as a vehicle for communicating with community partners in joint efforts to ensure that all people in northeast Washington tri-county area have the opportunities they need to thrive in a safe and healthy environment.

Northeast  
Tri County  
Health  
District

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## I. Introduction

The Northeast Tri County Health District (NETCHD) is a local governmental public health agency. The agency is mandated by the State of Washington to provide specific disease prevention and health promotion services in northeast Washington tri-county area and to facilitate system level coordination for addressing chronic and emergent public health needs.

In response to reduced funding resources and significant public health challenges, the agency launched a strategic planning process in 2010. The planning process aimed to address five (5) strategic questions:

- ✓ How do we remain responsive to changing community health needs?
- ✓ How do we communicate who we are and what we do?
- ✓ How do we incorporate the value of increasing health opportunities in all we do?
- ✓ What is an effective process for determining our priorities?
- ✓ What competencies should we build in the organization?

*In response to these questions:*

### **THE THREE (3) CORE PUBLIC HEALTH FUNCTIONS and ESSENTIAL PUBLIC HEALTH SERVICES**

#### **Assessment**

- Monitor health status to identify community health problems
- Diagnose and investigate public health problems and hazards in the community
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services

#### **Policy Development**

- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety

#### **Assurance**

- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health workforce
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems

## II. Planning Process

The Northeast Tri County Health District (NETCHD) conducts many data collection and planning efforts, both within the agency and in coordination with other organizations in northeast Washington. The 2011-2015 Northeast Tri County Health District Strategic Plan does not attempt to duplicate other planning efforts, but rather serves as a tool for guiding the District in its own organizational development.

In 2010, the agency engaged in a planning process involving all thirty-two (32) staff members and the Board of Health of Northeast Tri County Health District in a number of ways, including:

- Staff meetings within divisions to generate in-depth analysis
- Cross-agency staff meetings to facilitate dialogue between divisions
- Collaboration with other agencies to incorporate best practices
- Management Team meetings with interested staff, to empower leadership from within
- All-staff meetings to establish common language and common ground
- Regular email communication and input opportunities for accessibility and transparency

*Ongoing planning efforts will continue to emphasize staff involvement, interdepartmental coordination, dialogue, learning, and creativity. The approach to planning for the Health District is not “what more can we do?” but rather, “how can we best fulfill our mission and uphold our mandates in a way that is sustainable?”*

### III. Guiding Statements

#### ***Mission***

Northeast Tri County Health District works with other entities to assess, protect, preserve, and promote the health of the tri-county area and establishes local policy relating to population based services in Ferry, Pend Oreille and Stevens Counties.

#### ***Vision***

Northeast Tri County Health District balances the need for individual services with the responsibility of providing community public health protection. We envision a tri-county community which will support a healthy and safe environment for its residents.

#### ***Values***

- *Our agency fosters and endorses an environment of **respect** in all areas of our daily activities along with a non-judgmental outlook toward the people we serve and those with whom we work*
- ***Integrity** guides each employee to uphold professional ethics and serve with honesty, fairness, loyalty, and trustworthiness*
- *As stewards of the community, we hold ourselves **accountable** for our behavior, performance, and all resources entrusted to our department*
- *We are **committed** to using the least intrusive method possible to achieve optimal public health – informing and educating wherever possible, directing and regulating **only** when necessary*
- *Recognizing individual strengths, we encourage **teamwork** through active collaboration to solve problems, make decisions, and achieve common goals*

#### IV. Context and Challenges

Over the past 100 years, the lifespan of the average American has increased by thirty (30) years with twenty-five (25) of those attributed to improvements in public health.<sup>1</sup> Today, public health is challenged to continue those advancements. Across the United States, public health departments are undergoing major changes. There is a growing understanding that *public health* must be viewed as a community system, not as a centralized agency providing one-on-one services. To make a lasting impact, the focus of public health agencies has been shifting towards prevention, community engagement, and system change. With reduced funding and staffing levels stretched thin, even the direct public health services mandated by federal, state, and county legislature are being re-examined as opportunities to encourage community awareness and collaboration. The **mandates** for the Northeast Tri County Health District are to:

- Monitor, investigate, and report on communicable diseases
- Control communicable diseases through appropriate vaccine distribution and monitoring
- Enforce environmental health regulations including on-site sewage, solid waste disposal, food safety, water, and clean indoor air
- Maintain vital records (e.g. birth and death certificates) in partnership with the Department of Health (DOH)
- Respond to public health emergencies and natural disasters

In addition to upholding these mandates, the Northeast Tri County Health District, like other public health departments, holds a much larger responsibility for **monitoring** the overall health of the community and **directing** public resources towards the greatest benefit. The Board of Health (BOH) of Northeast Tri County Health District advises the agency and advocates for systems and policies to protect the most vulnerable populations.

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<sup>1</sup> <http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>

To develop a long-range strategic plan for the Health District, staff in all divisions analyzed internal strengths and weaknesses, and external opportunities and threats. Through this analysis, three (3) critical interrelated challenges became apparent.

**Challenge #1: Emergency Response**

Responding to public health emergencies such as disease outbreaks, mass casualty incidents, or naturally occurring disasters is a mandated responsibility of the Health District. To do this successfully, the Health District must:

- Monitor local, regional, national, and international risks to public health
- Determine which agencies need to be involved in preparation and response
- Participate in planning efforts to make sure the community is prepared
- Maintain an infrastructure of trained staff, equipment, and other resources as funding allows, to be able to respond effectively to public health emergencies
- Public health emergencies are often unpredictable in size and scope, and the Health District must be prepared to ramp-up efforts without warning. This means that the agency must be uniquely flexible and able to get “all hands on deck,” while at the same time maintaining a base level of service for other core functions. The challenge for the District is how to build this flexibility and resilience within the agency and for the District as a whole.

**Challenge #2: System Capacity**

The Health District engages organizations and community leaders in the process of defining optimal health and coordinating the resources necessary to create it. In this ongoing exploration, the Health District serves as a Lead Agency to:

- Identify relevant health data and then gather, analyze, and communicate information about health issues and outcomes
- Bring together community partners to share information and identify best practices
- Coordinate multiple agency and community planning efforts

To build system capacity, several important issues are at stake. First, identifying, analyzing, and communicating meaningful data is crucial for directing resources effectively and ensuring that practices and policies are based on sound data. The District does not currently have the technology, training, and time to do this well. Secondly, while the trajectory of public health is moving towards population based interventions, there will always be some level of direct services provided. The challenge is to make sure that the District is providing the right services at the right time to the right people. There is a need to increase the flexibility of service delivery, so that staff can focus more attention on system development work. By strengthening the network of public health and local providers, those agencies best positioned to deliver direct services will be enabled to do so. The District would ideally be positioned to fill service gaps as needed, and then build systems to reduce those gaps over time.



### **Challenge #3: Communications**

Internally, the District faces communication challenges due to operating in four (4) different locations in three (3) counties with diverse programs, services, and partners. A more problematic issue is the ability to provide effective public education and communication. In order for the District to fulfill its leadership role, it must cultivate the support of the community it serves. The challenge is to forge community understanding of causes and effects, so that there is a willingness to make the changes that will reduce the incidence of disease and improve health outcomes.

Externally, the District faces an ever-changing world of communication methods. Gone are the days when placing information in a local newspaper or on the radio would reach the majority of local citizens. Developing new communication methods through websites and social media is critical to reaching our audiences. The Health District website is in need of a major re-work with social media and media rich content as the foundation to effective message communication.

### **Looking Ahead**

Building on the strengths of highly committed staff and community partners, the District is positioned to meet these challenges in the coming five (5) years. Taking incremental steps towards the strategic goals and objectives, the District will judiciously leverage resources at the regional, state, and federal level to meet the public health needs of northeast Washington.

## V. Strategic Goals, Objectives, and Initiatives

### **Strategic Goal I:** Strengthen Public Health Infrastructure

#### **Objective A:** Build Community Understanding and Investment in Public Health

##### Initiatives:

1. Develop branding recognition
2. Implement awareness campaign
3. Strengthen department networking

#### **Objective B:** Create a Culture of Quality Improvement

##### Initiatives:

1. Increase program accountability and performance
2. Ensure all staff has a working understanding of program development and evaluation
3. Increase intradepartmental knowledge of all programs and/or services

#### **Objective C:** Reinforce and Support a Skilled and Informed Workforce

##### Initiatives:

1. Advance the expertise and capacity to identify, track, analyze, and communicate health data
2. Establish ongoing training programs to promote a culture of leadership, cultural competency, and customer service
3. Assure appropriate tools and technology are available for staff to perform required tasks

**Strategic Goal 2: Promote Healthy Environments and Lifestyles**

***Objective A:*** Promote Natural and Built Environments That Protect the Public's Health and Safety

Initiatives:

1. Collaborate with community partners and stakeholders
2. Convene community partnerships to reorganize systems and share resources
3. Provide joint educational opportunities
4. Lead community-based health promotion programs

***Objective B:*** Promote Behaviors That Protect and/or Improve the Public's Health

Initiatives:

1. Collaborate with community partners and stakeholders
2. Participate in projects or initiatives to change behaviors
3. Educate the public, empowering individuals to initiate change

## VI. Implementation

The 2011-2015 Northeast Tri County Health District Strategic Plan represents an ongoing process of setting priorities, reflecting on what is being learned, and taking realistic steps forward. The Strategic Plan provides the organizational guideposts for staff and management to discuss and determine where to focus time and resources. At the broadest level, the implementation of the five (5) year Strategic Plan occurs through the development and monitoring of the annual work plan. The Strategic Planning Team manages this process and oversees communication with agency staff and the Board of Health (BOH).

In addition to reviewing the work plan annually, the Strategic Planning Team will review health indicator data every two (2) years. Upon review of this data, the Strategic Plan will be updated or changed as needed. Following the data review in 2014, the Strategic Planning Team will begin revising the Strategic Plan for the next five (5) year cycle.

Objectives and initiatives for strategic goals are not listed in rank order. They will be addressed through various methods concurrently. Once this Strategic Plan has been accepted and approved, the work plan will be developed and reviewed on the following schedule:

<b>Quarter/Year</b>	<b>Activity</b>
Q1 - 2011	Develop 2011 work plan
Q4 - 2011	Review 2011 work plan Develop 2012 work plan
Q3 – 2012	Review health indicator data
Q4 – 2012	Review 2011-2015 Strategic Plan Review 2012 work plan Develop 2013 work plan
Q4 - 2013	Review 2013 work plan Develop 2014 work plan
Q3 – 2014	Review health indicator data
Q4 – 2014	Review 2011-2015 Strategic Plan Review 2014 work plan Develop 2015 work plan
Q2 – 2015	Begin development of 2016-2020 Strategic Plan
Q3 – 2015	Review 2015 work plan
Q4 - 2015	Finalize 2016-2020 Strategic Plan Develop 2016 work plan