BEFORE THE BOARD OF NORTHEAST TRI COUNTY HEALTH DISTRICT

IN THE MATTER OF ADOPTING
NORTHEAST TRI COUNTY HEALTH
DISTRICT 2016-2018 STRATEGIC
PLAN

RESOLUTION 06-2016
ADOPTING NORTHEAST TRI
COUNTY HEALTH DISTRICT
2016-2018 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 2016-2018 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 2016-2018 STRATEGIC PLAN.

Done this 20th day of July, 2016 in Republic, Washington and effective immediately upon signatures as of this date.

[Signatures]

Board Member, Ferry County

Board Member, Ferry County

Board Member, Pend Oreille County

Board Member, Pend Oreille County

Board Member, Stevens County

Board Member, Stevens County

Board Member, City of Colville

Board Member, City of Republic

Board Member, Town of Ione

Health Officer
Strategic Plan 2016-2018

The 2016-2018 Northeast Tri County Health District 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 the 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. NETCHD is mandated by the State of Washington to provide specific disease prevention and health promotion services in the 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, NETCHD launched a strategic planning process in 2010. This process was updated in January, 2016 to reflect changes in the current situation.

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:

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 healthcare 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

NETCHD conducts many data collection and planning efforts, both within the agency and in coordination with other organizations in Northeast Washington. The 2016-2018 Northeast Tri County Health District Strategic Plan does not attempt to duplicate other planning efforts, but rather serves as a tool for guiding NETCHD in its own organizational development.

Realizing that public health and healthcare are changing very rapidly made constructing a five (5) year plan less feasible than in times past, so a three (3) year plan was developed.

In 2016, NETCHD reviewed the prior strategic plan with an eye towards incorporating changes in public health and healthcare planning processes that have evolved since the development of the last strategic plan. New factors include the following:

- Healthier Washington Initiative
- Accountable Communities of Health (ACH – Regional Level)
- Mini-Communities of Health (County Level)
- Foundational Public Health Services (ensuring a basic level of foundational public health services is available in all Washington counties)

*Ongoing planning efforts will continue to emphasize staff involvement, interdepartmental coordination, dialogue, learning, and creativity. The approach to planning for NETCHD 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

- NETCHD 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.1 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 NETCHD 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 Washington State Department of Health (DOH)
- Respond to public health emergencies and natural disasters

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1 [http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm)
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 of Northeast Tri County Health District advises the agency and advocates for systems and policies to protect the most vulnerable populations.

To develop a long-range strategic plan for NETCHD, staff analyzed internal strengths and weaknesses, and external opportunities and threats.

- **Strengths**
  - Longevity and experience of staff
  - Infrastructure has been modernized
    - Information technology
    - Vehicles
    - Buildings
  - Partnerships have increased
    - Local level such as relationships with hospitals, clinics and community services
    - Regional level relationships with Better Health Together, Spokane Regional Health District, DOH, Eastside Administrators, Washington State Association of Local Public Health Officials (WSALPHO)
  - Active and involved Board of Health
  - Website is modern and informative
  - WIC program recognized by the state as a model program
  - Staff are well trained and professional

- **Weaknesses**
  - Workforce development could be improved
  - Leadership and professional development
  - LEAN processes and quality improvement needs improvement
  - Budget continues to contract
  - Loss of workforce due to budget
  - Fail to fully tap grant dollars
  - Staff awareness
  - Staff input
  - Staff safety needs addressing
    - Drills
    - Policies
    - Procedures
  - Cross division coordination
• Opportunities
  o Succession planning
  o Accountable Communities of Health
  o Foundational Public Health Services (FPHS) and short term grant funding
  o Marijuana
  o Obesity
  o Diabetes
  o Insurance company – managed care organization funding
  o Outreach through new avenues such as social media
  o Public Health Emergency Planning all hazards work
  o Support and lead efforts for community health and environmental health in rural communities
  o LEAN processes
  o Adverse Childhood Experience work
  o Maternal Child Health as life cycle work

• Threats
  o Budget reductions
  o Staff reductions
  o Staff retirements
  o Change in public health structures and delivery

• Supportive processes include the newly released Centers for Disease Control (CDC) program of 6-18. This lists six (6) public health/healthcare priorities and eighteen (18) interventions that support these priorities:
  o Reduce tobacco use
  o Lower blood pressure
  o Reduce asthma
  o Prevent healthcare associated infections
  o Prevent unintended pregnancies
  o Prevent and control diabetes

Challenge #1: Fiscal
The primary responsibility of any governmental agency is the stewardship of public funds. Continual budget shrinkage over the years since the recession continues to have negative impacts on NETCHD reducing the ability to assess, evaluate and implement programs and interventions that positively affect population health. With reductions in funding came reductions of one-third of the staffing level causing employees to function in many different programs. With this challenge in mind, NETCHD will:

• Evaluate current revenue and spending on programs through the lens of value and return on investment
• Seek partnerships and share services where appropriate to increase efficiencies and enable better outcomes for population health
• Continue to seek cost savings where possible
• Aggressively seek new sources of funding that align themselves with the mission and values of NETCHD to solidify current staffing levels and eventually add staff to increase effectiveness and reduce stress on the system
Challenge #2: Emergency Response
Responding to public health emergencies such as disease outbreaks, mass casualty incidents, or naturally occurring disasters such as forest fires is a mandated responsibility of NETCHD. To do this successfully, NETCHD 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 NETCHD 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 NETCHD is how to build this flexibility and resilience within the agency and for the District as a whole.

Challenge #3: Coalition Building
NETCHD engages organizations and community leaders in the process of defining optimal health and coordinating the resources necessary to create it and effectively multiplying the ability of the communities to affect outcomes. NETCHD serves as the lead health strategist 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
- Align local efforts to the CDC and state objectives to increase access to the availability of stable funding resources

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. NETCHD does not currently have the technology, training, funding 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 NETCHD 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. NETCHD would ideally be positioned to identify service gaps as needed, and then build systems to reduce those gaps over time.
Challenge #4: Communications
Internally, NETCHD faces communication challenges due to operating in 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 NETCHD 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, NETCHD faces an ever-changing world of communication methods. Developing new communication methods through websites and social media is critical to reaching our audiences. The NETCHD website serves as a springboard to information dissemination and the adoption of social media outlets.

V. Strategic Goals, Objectives, and Initiatives

Strategic Goal I: Build Fiscal Resiliency

Objective A: Reduce Costs
1. Evaluate all current programs for cost effectiveness and value
2. Eliminate programs if needed based on the previous evaluation and reallocate those funds to existing programs
3. Gather employee input for cost savings through reduction in duplication, waste, and greater efficiency

Objective B: Seek New Revenue
1. Seek grant funding that either supplements current work or allows a shift from low return on investment programs into higher performing or more relevant programs based on needs assessments
2. Seek non-traditional partners in funding that have a vested interest in keeping populations healthy and out of the healthcare system thereby reducing overall healthcare costs such as managed care organizations
3. Actively participate in the Foundational Public Health Services works that seek to design a permanent, stable funding methodology that addresses public health across the state
4. Participate in regional collaboratives which are tasked with sharing revenue across the region
Strategic Goal 2: Build and Strengthen Community Coalitions

Objective A: Build Community Understanding and Investment in Public Health

Initiatives and population based primary prevention:

1. Develop strong linkages to regional Accountable Communities of Health
2. Develop local community coalitions to implement interventions and community based solutions to the six (6) CDC prevention priorities
3. Use the inherent skills of public health to serve as the chief health strategist for local communities

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 flexibility, adaptability, and customer service
3. Assure appropriate tools and technology are available for staff to perform required tasks
4. Cross-train staff and provide training for possible future initiatives

Strategic Goal 3: 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 inform, educate and share resources
3. Collaborate with state, county and regional entities that provide expertise related to issues of concern within our communities
4. Lead community-based forums to address issues of environmental concern
**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 2016-2018 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 three (3) 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 NETCHD staff and the Board of Health.

In addition to reviewing the work plan annually, the Strategic Planning Team will review health indicator data yearly. Upon review of this data, the Strategic Plan will be updated or changed as needed. Following the data review in 2018, the Strategic Planning Team will begin revising the Strategic Plan for the next three (3) year cycle based on models put forward in 2017 from the Foundation Public Health Services policy and service delivery teams.

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:

<table>
<thead>
<tr>
<th>Quarter/Year</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 - 2016</td>
<td>Develop 2016 work plan</td>
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<tr>
<td>Q4 - 2016</td>
<td>Review 2016 work plan</td>
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<tr>
<td></td>
<td>Develop 2017 work plan</td>
</tr>
<tr>
<td>Q2 – 2017</td>
<td>Review health indicator data</td>
</tr>
<tr>
<td>Q4 – 2017</td>
<td>Review 2016-2018 Strategic Plan</td>
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<tr>
<td></td>
<td>Review 2017 work plan</td>
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<tr>
<td></td>
<td>Review the published results of the FPHS workgroup, legislative action and budget</td>
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<tr>
<td></td>
<td>Develop 2018 work plan</td>
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<tr>
<td>Q1 - 2018</td>
<td>Review current data, community needs assessment</td>
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<tr>
<td></td>
<td>Develop 2019 strategic plan</td>
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<tr>
<td>Q2 – 2018</td>
<td>Publish 2019 Strategic Plan</td>
</tr>
<tr>
<td>Q1 – 2019</td>
<td>Adopt 2019 Strategic Plan</td>
</tr>
<tr>
<td>Q2 – 2019</td>
<td>Develop 2019 work plan</td>
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Appendix A

Short Term Work Plan 2016

- Address immediate budget concerns by assessing current budget allocations and programming; looking for opportunities for savings and/or reallocation to pursue the strategic plan
- Review job descriptions based on what the position actually does; produced by the employee with review by supervisor
- Continuity Books – Desk Reference. A reference book by position which answers the following questions:
  o What do I do
  o How do I do it
  o When are my key dates and deadlines
  o Who do I coordinate with
  o What are our respective responsibilities
- Inventories
- Staff meetings to cover where we fit in to:
  o Foundational Public Health Systems
  o Accountable Communities of Health
  o Healthier Washington
  o Data collection, analysis and dissemination

1 http://www.doh.wa.gov/Portals/1/Documents/Pubs/140-073-WAStatePlanForHealthyCommunities.pdf

2 http://www.cdc.gov/sixeighteen/