

# North Central Health District Strategic Plan 2016-2020

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*Georgia Department of Public Health*

**North Central Health District**


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# Strategic Plan

## Signature Page

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# Strategic Plan

## Record of Adoption & Changes

Strategic Plan Adoption Date:		12/28/2015
Date of Revision/ Alteration	Initials of Staff Responsible	Description of Changes
12/20/2016	MH	Pg. #3 Changed signature page to reflect Dr. O as the interim health director.
12/20/2016	MH	Throughout document: added in numbers for each goal under each priority area.
12/20/2016	MH	Pg. #14 Changed Goal 1 objective 1 year from 2016 to 2017 due to their being a position vacancy for the PIO in 2016. Baseline for action step #1 listed as "0" and action step #2 referenced social media analytics site hootsuite.com. Added in marketing coordinator as one of the responsible leads.
12/20/2016	MH	Pg. #14 Goal 1 objective 2 added in Marketing Coordinator as an identified lead and "0" as the baseline for both action steps.
12/20/2016	MH	Pg. #14 Goal 2 objective 1 and 2 added in "0" as the baseline. Changed "HER" to "EHR" for the acronym for electronic health records.
12/20/2016	MH	Pg. #15 Changed Goal 3 objective 1 from "By 2018, increase the number of opportunities for our clients to receive health education by offering 25% more health education topics" to "By 2018, increase the number of clients receiving health education through innovative offerings by 25%". Added in baseline of "0" for action steps 1 and 2; with a reference to "google analytics" to action step 2.
12/20/2016	MH	Pg. #15 for Goal 3 objective 1 added in individual action steps for WIC online nutrition education, social media, teen center text, and health department text. Added in "0" as the baseline and referenced data sources.
12/20/2016	MH	Pg. #16 added in baseline data and reference to data source.

12/20/2016	MH	Pg. #17 added in action item "Provide nurses training on how to talk to clients about physical activity/diet in a sensitive and positive manner" and assigned Nursing and NCHD Nutritionist as the lead. Assigned baselines of "0" to other action steps.
12/21/2016	MH	Pg. #17 Goal 1 objective 1 deleted "television" to allow for "media" of all types. Added in baseline data source.
12/21/2016	MH	Pg. #17 Goal 2 objective 1 and 3 added in baseline
12/21/2016	MH	Pg. #18 Goal 3 objective 1, reworded objective from "By 2017, increase the number of NCHD-area workplaces that have family supportive breastfeeding by 5% to "By 2017, establish a baseline for the number of North Central Health District-area workplaces that have family supportive breastfeeding."
12/21/2016	MH	Pg. #19, Goal 2 objective 2 reworded from "BY 2020, increase the number of teens that receive completed doses of Gardasil from the health department by 25%" to "By 2020, increase the number of teens that receive HPV vaccinations by 25%"
12/21/2016	MH	Pg. #19, Goal 1 objective 1 reformatted to give each action step a row and added in baseline/baseline data source
12/21/2016	MH	Pg. #20, Goal 1 and 2 added in baseline/baseline data source.
12/21/2016	MH	Pg. #20, Goal 3 objective 1, added in action steps for baby spacing education, increasing # of LARC insertions, and increasing access to prenatal care.
12/21/2016	MH	Pg. #20-22, Goal 1 and 2, added in baseline/baseline data source.
12/27/2016	MH	Pg.#7, slightly reworded section sentence of Introduction
12/27/2016	MH	Pg. #12, changed "chosen because they are important" to chose because data indicates that they are key"
12/27/2016	MH	Pg. #14, Goal 1, Objective 1 and 2 slight change of wording.

12/27/2016	MH	Pg. #18, Added in a second objective for "Increase the number of teens receiving contraceptive and STD services by 5% each year for the next 3 years."
12/27/2016	MH	Pg. #19, Goal 3, added in a second objective "Ensure all pregnant and post-partum women receive Safe to Sleep education."
12/27/2016	MH	Pg. #21 Objective 3, changed from 10% of employees to 30% of employees.
12/27/2016	MH	Pg. #17, Goal 1, Objective 1, added in baseline of 242 students graduated PREP program from 2011-2016.
12/27/2016	MH	Pg. #18, Goal 3 Objective 1, added in baseline of 65 LARC insertions for FY16
07/12/2019	MH	Pg. #3-4, added signature lines for each CBOH chair.
07/12/2018	MH	Pg. # 10, updated plan linkage diagram with new branded linkage diagram and added in reference to work plans.
07/12/2018	MH	Pg. #9, referenced adoption date of WFD plan and Performance Management System.
07/12/2018	MH	Pg. # 11, updated planning committee chart to match branding.
07/12/2018	MH	Pg. # 12, updated timeline to match branding.
07/12/2018	MH	Pg. 14, updated SWOT analysis to match branding.
07/18/2018	MH	Pg. #13, added in section for description of plan review and referenced new Appendix B: Strategic Plan Work Plan
07/18/2018	MH	Pg. #17-24, updated all objectives and strategies based on revisions identified during the past two Strategic Plan meetings.
07/19/2018	MH	Pg. #18, added in a new goal to increase access to care by exploring opportunities to increase funding and resources.

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## Introduction

North Central Health District (NCHD) has developed a strategic plan to create thoughtful interrelationships between the organization's mandates, priorities and opportunities, and to maximize resources. This document serves as the framework upon which the District can build in order better to serve its population by describing roles, responsibilities, threats, issues, and strategic direction.

The strategic plan serves as a tool to help the district promote a healthier Central Georgia community by setting the foundation to drive organizational improvement. This strategic planning document is a roadmap for NCHD from January 1, 2016 to December 31, 2020, and is supported by mandates, work plans, the Community Health Improvement Plan (CHIP), the Quality Improvement (QI) Plan, the Workforce Development Plan, the Performance Management System, and the Public Health Accreditation Board's Standards and Measures version 1.5 for public health accreditation. A detailed list of organizational and programmatic mandates is located in Appendix A.

## Background

NCHD is part of the Georgia Department of Public Health (DPH) and serves a population of 520,905 individuals residing in 13 Central Georgia counties: Baldwin, Bibb, Crawford, Hancock, Houston, Jasper, Jones, Monroe, Peach, Putnam, Twiggs, Washington, and Wilkinson. Each county has one health department, overseen by a County Board of Health that is composed of designated community leaders and led by the District Health Director (DHD) who serves as the executive director of each board. The district office, led by the DHD, serves as an administrative hub for all 13 counties and houses public health programs that serve each county.

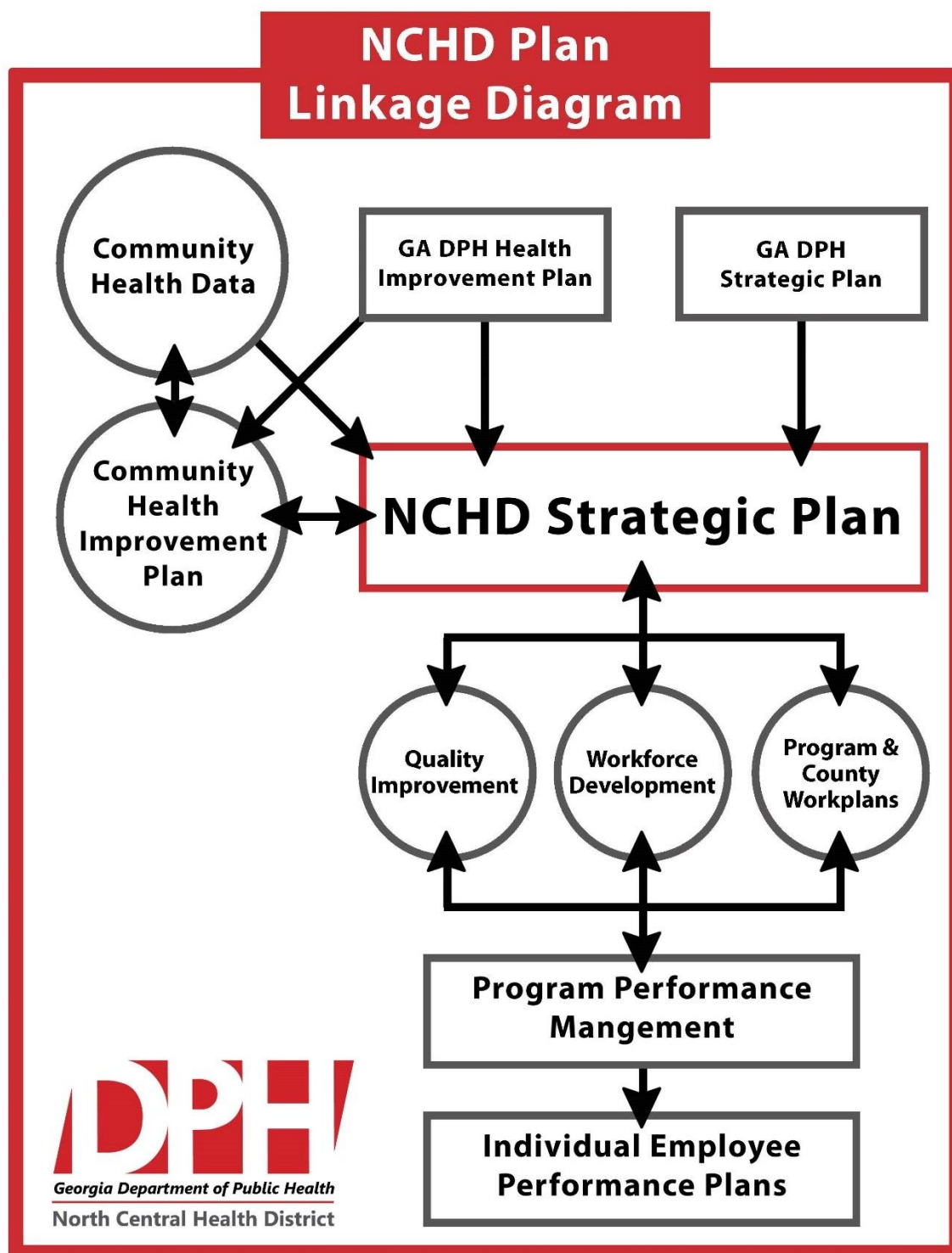
## Strategic Planning Process

NCHD's strategic planning process was funded by a grant from the Healthcare Georgia Foundation that allowed NCHD to contract with Georgia Southern University's Center for Public Health Practice and Research to provide facilitation and technical support. The plan was developed over a course of five months from June through November of 2015. A strategic planning committee was convened to provide input into the process and to create a document that will guide the direction of NCHD from January 1, 2016 to December 31, 2020.

## Plan Linkage

NCHD's Community Health Assessments (CHA) took place during 2012 and 2013. (See [www.northcentralhealthdistrict.org/accreditation](http://www.northcentralhealthdistrict.org/accreditation) for 13 Community Health Assessments reflecting our 13-county population). These CHAs were used as a foundation for developing NCHD's CHIP in 2015. The CHA and CHIP played a major role in developing priorities for the strategic plan. NCHD's QI Plan was adopted in May 2014 and has successfully fostered a culture of quality to help support strategic priorities. The Workforce Development Plan was adopted March 2016 and aids in implementation of the Strategic Priority: Workforce Development. The performance Management System was also implemented in early of 2016 and supports strategic plan implementation and monitoring of performance measures identified in and/or associated with strategic plan goals and objectives.

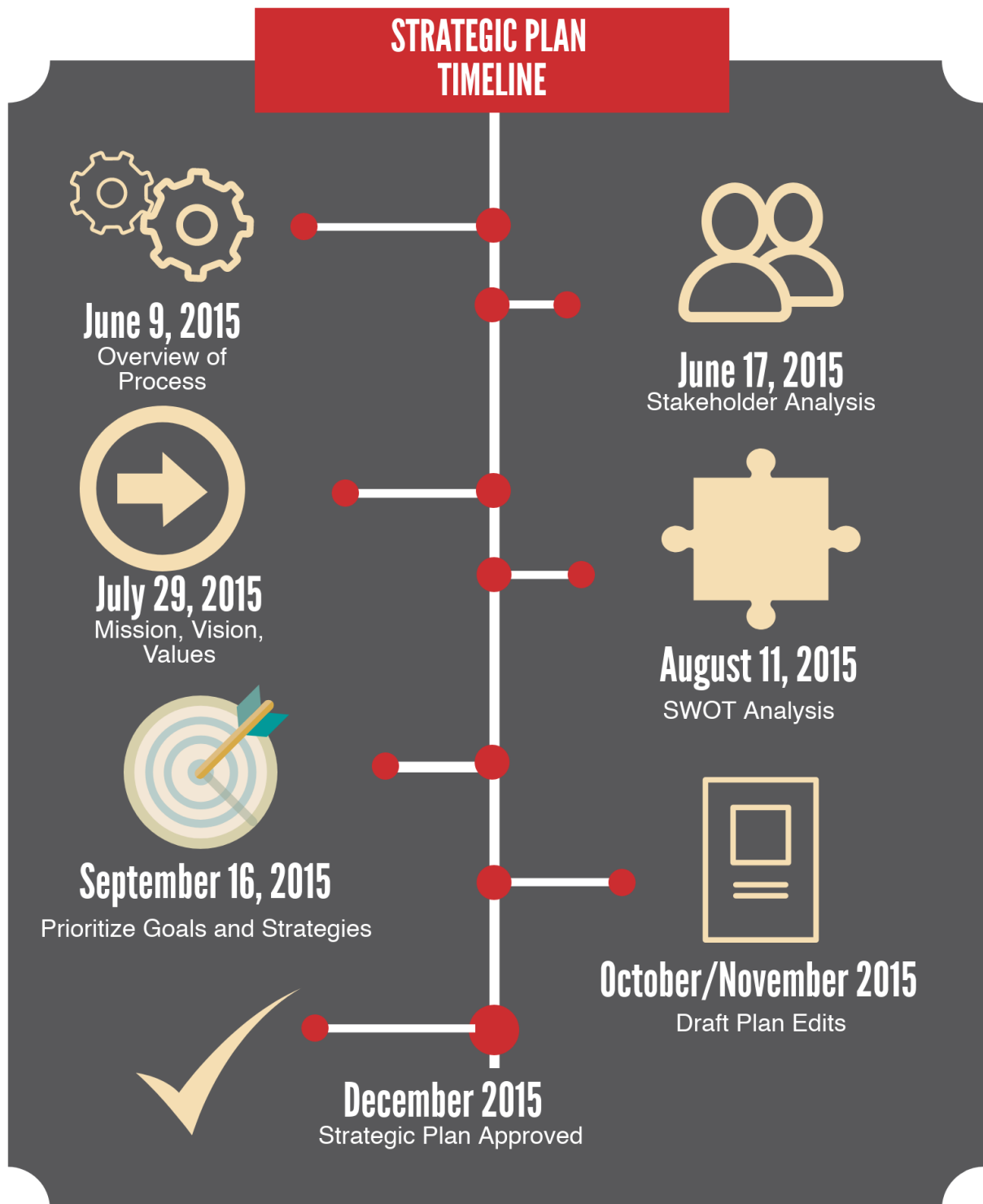
In 2018, NCHD developed a strategic work plan that documents progress made towards reaching the plan's goals, objectives and strategies. The work plan also includes a unique coding system that codes each strategy to other NCHD plans and the five critical dimensions of Public Health 3.0.



## Strategic Planning Committee

Internal (District)	Internal (County)	External
<ul style="list-style-type: none"><li>•Amber Erickson, Epidemiologist</li><li>•Anita Barkin, Nursing Director</li><li>•Carla Coley, Environmental Health Director</li><li>•Chrystal Morgan, Emergency Preparedness</li><li>•Cyndi Johns, Budget Specialist</li><li>•David Harvey, District Health Director</li><li>•Gurleen Roberts, QI/Accreditation</li><li>•Karen Ebey-Tessendorf, Deputy Health Director</li><li>•Laurice Bentley, Emergency Preparedness Director</li><li>•Marsha Stone, Human Resources Director</li><li>•Morris Hutcheson, Administrator</li><li>•Nancy Jeffery, WIC Director</li><li>•Ronnie Boone, Infectious Disease Director</li><li>•Stephanie Wright, Workforce Development</li><li>•Sylvia Woodford, Budget Specialist</li></ul>	<ul style="list-style-type: none"><li>•Bertha Ashley, Peach County Nurse Manager</li><li>•Kelly Huges, Bibb County WIC Clerk</li><li>•Megan Chapman, Bibb County Health Education</li><li>•Nancy White, Bibb County Administrator</li><li>•Sheryl Outler, Wilkinson County Clerk</li></ul>	<ul style="list-style-type: none"><li>•Dr. Jimmie Smith, Mercer University School of Public Health</li><li>•Dr. Norris Price, Baldwin County School Superintendent</li><li>•Jennifer Jones, Coliseum Health</li></ul>

## Timeline



## Plan Review

In 2016, NCHD began holding six-month reviews of the Strategic Plan with NCHD's Management Team. During these review meetings each goal, objective and strategy is reviewed and discussed to identify updates and revisions to the plan and to document all work being done towards reaching the goals, objectives and strategies. In 2018 NCHD opted to add in a County Board of Health (CBOH) signature page to the plan that formally documents each of NCHD's 13-CBOH's review, approval and adoption of the plan. In addition to the plan being reviewed every six-months, the accompanying work plan is also updated to document and track progress toward achieving the plan goals, objectives and strategies. The work plan is not attached to this document due to its size; however, it may be requested by email Miranda Helms at [Miranda.Helms@dph.ga.gov](mailto:Miranda.Helms@dph.ga.gov).

## Vision

Leaders in innovative and effective public health practices that advance the health and well-being of all the communities we serve.

## Mission

NCHD is dedicated to preventing disease, promoting health, and protecting Central Georgia communities against health threats through education, service, advocacy, and collaboration.

## Values

- Quality: We apply evidence-based practices that deliver excellent programs and services.
- Service: We are responsive to the health needs of our communities and to the provision of services by a dedicated workforce.
- Diversity: We value diversity in our workforce and in the communities we serve and respect the role it plays in providing culturally appropriate services that address health disparities.
- Integrity: We act with integrity, provide credible information based in science and are accountable for our actions.
- Collaboration: We initiate and foster partnerships by sharing information, resources, and ideas to improve health outcomes.

## Strengths, Weaknesses, Opportunities, and Threats

NCHD's Strategic Planning Committee's assessment of internal strengths and weaknesses, along with external threats and opportunities provided helpful context for the strategic plan. The results are listed in the graphic below. These will help NCHD's ability to move toward the mission and vision. The results will also be used to identify goals and objectives.

The data sources used to compile this analysis include:

- 2013 NCHD Community Health Assessments
- 2014 NCHD Annual Report
- 2014 NCHD Workforce Satisfaction Survey

- 2015 NCHD Community Health Improvement Plan

## Strengths

### Workforce

- Diverse
- Dedicated Staff
- Supportive District Leadership
- Workforce Development Program

### Collaboration

- Internal between departments and programs
- External with community partners

### Population

- Population is mostly high school educated
- Serving underserved population

### Funding

- Well-funded in certain program areas

### Accessibility

- Centrally located district office
- Presence in every county via county health departments

### Data Information Systems

- Advanced information technology and information systems (IT/IS)
- Easy access to data by staff and other users
- Superior epidemiology capacity
- Innovation in IT/IS

### CHA Strengths

- School-Based Flu vaccination rates

## Weaknesses

### Capacity

- Program funding uncertainties
- Dependency on program-specific revenue sources
- Pressure for revenue generation
- Training for new implementations
- Promotions from within organization
- Absence of arrangement for outgoing staff to train incoming staff
- Need more staff development opportunities
- Absence of retention strategies
- Duplicate paperwork requirements due to Electronic Medical Record transition

### Staffing

- Understaffed
- Lacking bilingual staff
- Lack staff with health literacy skills

### County-District Relations

- Differing opportunities amongst counties
- Less than ideal communication between counties and district
- Trust between counties and district

### Computers

- Not all systems are interoperable
- Slow
- Multiple data systems and lack of interoperability causes duplications of efforts

### Marketing and Use of Social Media

### STD/Pregnancy education in schools

## Opportunities

### Grants

### Diverse Workforce

### ESM

### Increase marketing through social media

### Improve aesthetics of county health departments

### Development of revenue

### Motivation of staff

### Encouragement improvement of communication

### Collaboration and Outreach

- Faith-based organizations
- Increase telehealth/mobile services
- Increase access to PH services in underserved areas
- Provide services in homeless population
- School system (sex education)
- Increase collaborations (rural areas)
- Affordable Care Act – focus on prevention

### Available Resources

- Accreditation (Workforce development plan)
- Education on available policies

## Threats

### Staff

- High retirement rate
- Lack of competitive pay
- Recruitment for rural county positions
- Limited promotion opportunities
- Continuity of operations upon retirement of key personnel

### State DPH

- Limited communication to district programs
- Lack of local experience before working at the state office

### No wifi available to county health departments

### Poverty

### Funding

- Silo' d
- Unstable

### Attitudes of population

- Bible-belt ideology

### Social Media

- Increased opportunities for high risk social behaviors.

### Politics

- Not expanding Medicaid
- Relying on outside stakeholders to set fees for EH

### Built Environment

## Georgia Department of Public Health – Good to Great Organization Philosophy

In January 2012, under the leadership of Commissioner Brenda Fitzgerald, a team of district and state office leaders began studying the work of Jim Collins, Good to Great® and his research and philosophy of ideas regarding great organizations. Work sessions were held which focused on exploring how this framework could be applied to Georgia public health. The sessions included work on such components as the “Hedgehog” or core of public health, culture of discipline, getting the right people on the bus, decision making, leadership and district-state relationships and communication. Components were refined and multiple trainings including annual “mega meetings” to train staff on moving the organization from good to great were held with a larger group of state and district leadership. As evidence of the benefits of application of these ideas began to emerge, the team recommended the Good to Great® journey be expanded to include a broader group of district and state leaders and staff engaged in the process of becoming a great organization. The broader engagement by district and state office teams continues as the culture of quality strengthens throughout the organization.

## North Central Health District Strategic Priorities, Goals, and Objectives 2016– 2020

### Priorities

The four strategic priorities are:

- Access to Care
- Chronic Disease – Focus on Obesity
- Maternal, Infant, and Child Health
- Workforce Development

These strategic priorities were chosen because data indicates that they are key areas where the district needs to make significant progress. Two of the strategic priorities focus on specific health targets—Chronic Disease with a focus on Obesity and Maternal, Infant, and Child Health.

Obesity is one of the biggest health threats of our time and is a primary risk factor for many chronic diseases including diabetes, hypertension, cardiovascular disease, and cancers. Over 30% of the district’s population is obese and roughly 70% are either overweight or obese. This is an epidemic and is very appropriate to be a strategic focus.

Maternal, infant, and child health is a broad, but very important area. North Central Health District (NCHD) has higher than average teen birth rates and infant mortality rates. When a teen gives birth, there are tremendous social and economic consequences to the teen, the newborn child, and the community. There are significant disparities in the teen birth rates between subgroups. NCHD must target the subgroups with the highest teen birth rates to have the most impact. Similarly, the infant mortality rate also differs between counties and races. To impact this rate, NCHD needs to assess the factors contributing to the infant deaths and implement appropriate evidence-based strategies.

Ensuring access to care specifically focuses on raising public awareness regarding the scope of programs and services offered by NCHD and tailoring hours of operations and provider availability to meet the needs of clients. Increased use of social media will help to target the population subgroups with health disparities. The district will also assess hours of operation and opportunities for service that could be made available through the existing telehealth system.

Finally, the workforce development strategic priority recognizes the importance of having a strong, competent workforce to carry out the mission of public health. Areas that will be addressed are retention of employees, adequate training of employees, and developing the next generation of public health leaders.

## Goals and Objectives

Strategic Issue: Access to Care				
Goal 1: Promote public health programs and services to wider networks through the use of social media. To address disparities in access to care, the NCHD must ensure that it is using appropriate social media to reach targeted population segments.				
Objectives		Action Step	Baseline	Lead
1	By 2020, increase the number of clients receiving information about district events and services through social media by 25% compared to June 2018.	-Increase staff capacity dedicated to this effort.	0	Public Information Officer/Marketing Coordinator
		-Increase the use of advertising through targeted social media	Social media “likes” district-wide as of October 2016 Facebook- 3,670 Twitter	Public Information Officer/Marketing Coordinator
2	By 2020, ensure all programs are represented on social media to reach clients and patients for surveillance and health education.	-Remove barriers, such as access from work computer, to the use of social media within the health department and district	0	Information Technology
		-PIO/Marketing create social media post for programs.	0	Public Information Officer/Marketing Coordinator
Goal 2: Increase Information Technology capabilities. By increasing the health department’s access to electronic health records and wireless networks, we will be able to serve more individuals within our communities.				
Objectives		Action Step	Baseline	Lead

1	By 2020, increase usage, knowledge, and operability of EHR among 100% of district and health department programs.	-Provide training to district and health department programs.	0	Information Technology and Workforce Development
2	By 2020, increase the access to wireless internet to 100% of all health departments and district programs.		0	Information Technology
		-Increase access to wireless internet within health departments.	0	Information Technology
Goal 3: Increase access to Health Education opportunities. As clients and patients are empowered through health education, they are better able to make choices about health care and preventive actions.				
Objectives		Action Step	Baseline	Lead
1	By 2020, increase the number of clients receiving health education through innovative programs by 25%.	-Incorporate new technology to provide health education to clients: WIC Online Nutrition Education Modules	0	Health Promotion and Education/Public Information Officer
		-Incorporate new technology to provide health education to clients: Social Media Appointments/Health Education	0 (hootsuite.com) and track data from asking patients how they received health information from the NCHD/Health Departments	Health Promotion and Education/Public Information Officer
		-Incorporate new technology to provide health education to clients: Teen Center Text Appointments/Health Education	0 Track # of text	Nursing
		-Incorporate new technology to provide health education to clients: Health Department Text Appointments/Health Education	0 Track # of text	Nursing

		-Increase health education topics provided on the district website	0 (google analytics/number of current program pages that have health education material posted)	Health Promotion and Education/Public Information Officer/Marketing Coordinator
<p>Goal 4: Increase access to health department clinics through alternate schedules and services provided through telehealth. The county health departments currently have traditional hours. The NCHD should assess if this is a barrier to access care. If so, the NCHD must address this barrier by being open some alternate hours (evenings and/or weekends). In addition, the existing telehealth system can be used to offer some services that are not easily available especially in rural counties.</p>				
Objectives		Action Step	Baseline	Lead
1	By 2020, assess utilization of hours and population needs of all clinics and make adjustments in the schedules of all clinics where hours are determined to be a barrier to care.	-Develop alternate clinic hours.	0 (health department schedules as of 12/28/2015)	Nursing
2	By 2020, 5% of services are offered through Telehealth services.	-Adapt Telehealth services across multiple programs.	1 (number of services offered through telehealth)	Information Technology, Nursing, Health Promotion and Education
<p>Goal 5: Increase access to care by exploring opportunities for additional funding and resources. Increased funding and resources will allow NCHD to improve existing services and create new services and programs with a focus on reducing inequities and improving access to care.</p>				
1	By 2020, establish a NCHD Foundation/501(c)(3).	-Establish a foundation	0	Development and Special Projects
2	By 2020, increase NCHD funds by securing grants.	-Explore grant opportunities. -Apply for grants. -Provide grant writing training to staff	0	Development and Special Projects

### Strategic Issue: Chronic Disease-Focus on Obesity

Goal 1: Increase awareness and education regarding obesity in the Community. Obesity is one of the biggest health threats of our time and is a primary risk factor for many chronic diseases including diabetes, hypertension, cardiovascular disease, and cancers. The NCHD will focus on educating clients about the risk of obesity and related chronic diseases.

Objectives		Action Step	Baseline	Lead
1	By 2020, 80% of NCHD facilities will incorporate the use of health education media to promote chronic disease and obesity topics.	-Development of health education media	0 (Dr. Smith's inventory of health education products)	Health Promotion and Education/Public Information Officer
		-Provide health education media to NCHD facilities	0 (Dr. Smith's inventory of health education products)	Health Promotion and Education/Public Information Officer
		-Provide nurses training on how to talk to clients about physical activity/diet in a sensitive and positive manner.	0 (# of nurses trained)	Nursing/NCHD Nutritionist

Goal 2: Increase Worksite Wellness Activities in area workplaces. Adults spend a large portion of their time at work. The workplace is an ideal place to encourage and promote healthy behaviors around physical activity and healthy eating.

Objectives		Action Step	Baseline	Lead
1	By 2020, increase partnerships with external organizations to promote internal worksite wellness activities.	-Identify external organizations to provide internal worksite wellness activities. -Schedule internal worksite wellness activities provided by external organizations.	0	Worksite Wellness Committee
2	Annually, review and revise NCHD's Healthy Meals Policy annually.	-Worksite Wellness Committee review and revise the policy.	0 (implemented policy)	Worksite Wellness Committee

Goal 3: Increase the number of workplaces that are positive Breastfeeding Environments.

Objectives		Action Step	Baseline	Lead
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1	By 2020, all NCHD facilities will have a designated lactation room to promote family supportive breastfeeding.	<ul style="list-style-type: none"> <li>- Identify NCHD facilities that do not have a designated lactation room.</li> <li>-for NCHD facilities that do not have a designated lactation room, identify a room and purchase supplies, equipment, furniture to place in lactation rooms.</li> </ul>	3	WIC Program
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Strategic Issue: Maternal, Child, and Infant Health				
<p>Goal 1: Decrease Teen Pregnancy. The teen birth rate in the North Central Health District is higher than the state and national average. When a teen gives birth, there are tremendous social and economic consequences to the teen, the newborn child, and the community. The average teen birth rate for the NCHD is deceptive because it hides significant disparities in rates between counties and races. While the district average teen birth rate in 2014 was 34.6 (per 1,000), the birth rate varied from 9.0 to 63.0 between the lowest and the highest subgroups. To have the greatest impact, the NCHD must focus on targeting the subgroups with the highest pregnancy rates.</p>				
Objectives		Action Step	Baseline	Lead
1	By 2020, increase the number of teens exposed to pregnancy prevention education opportunities provided by the district by 20%.	-Develop partnerships with organizations, schools and partners that provide services to adolescents.	(# of partnerships established prior to 12/28/2015)	Adolescent Health and Nursing
		-Increase participation in PREP	2011-2016 242 students graduated PREP program	Adolescent Health
		-Explore the establishment of teen clinics that provide birth control, STD testing and health counseling.	0	Nursing and Clinical Services, Women's Health Services Program Manager
		-Develop a targeted marketing plan to reach the teen population.	0	Adolescent Health, Nursing, Women's Health Program Manager

		-host parent/guardian engagement/education sessions.	0	
2	Increase the number of teens receiving contraceptive and STD services by 5% each year for the next 3 years.	-Explore the establishment of teen clinics that provide birth control, STD testing and health counseling.	0	Nursing and Clinical Services, Women's Health Services Program Manager
		-Develop a targeted marketing plan to reach the teen population.	0	Nursing and Clinical Services, Women's Health Services Program Manager

Goal 2: Improve Immunization Rates for children and teens. Immunizations are proven tools to prevent disease. The NCHD will continue to be vigilant in ensuring that infants and young children receive required and recommended vaccines while increasing vaccination rates for HPV and influenza among teenagers.

Objectives		Action Step	Baseline	Lead
1	By 2020, ensure that 95% of children that are seen at local health departments are fully immunized by 35 months.	-Provide educational materials to parents/guardians and raise community awareness through marketing strategies.	90%	Immunization Coordinator
2	By 2020, increase the number of teens that receive complete doses of HPV Vaccine by 25%.	-Provide educational materials to parents/guardians and teens.	23%	Immunization Coordinator
3	By 2020, increase the participation rate among 6th – 12th graders in school-based flu clinics.	-Use evidence-based practices to implement new strategies (see community guide).	9%	Immunization Coordinator

Goal 3: Reduce Infant Mortality rates in the North Central Health District. The infant mortality rates in the NCHD are higher than the state average. There are disparities in the infant mortality rates between whites and African Americans. A first step in reaching this goal is an assessment of the factors associated with infant deaths and a better understanding of the population subgroups that need to be targeted due to high infant mortality rates.

Objectives	Action Step	Baseline	Lead
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1	By 2020, decrease NCHD infant mortality rate by 5%.	-Use evidence-based practices to implement new strategies for providing education on baby spacing (see community guide).	NA	Nursing and Children 1 <sup>st</sup>
		-Use evidence-based practices to implement new strategies for increasing LARC insertions (see community guide).	FY16 65 LARC's inserted	Nursing, Women's Health Coordinator
		-Use evidence-based practices to implement new strategies for providing access to prenatal care (see community guide).	NA	Nursing
2	Ensure all NCHD women clients who are pregnant and/or post-partum receive Safe to Sleep education.	-provide pregnant and/or post-partum women education on safe to sleep practices.	0	Nursing

Strategic Issue: Workforce Development				
Goal 1: Increase opportunities for feedback from employees and from supervisors to employees. In order to be a learning organization, the NCHD must develop feedback loops to capture ideas and areas for improvement. This will strengthen the organization by being more responsive to the changing environment, and improve communication and transparency.				
Objectives		Action Step	Baseline	Lead
1	By 2020, develop and implement an exit interview process for every employee who resigns.	-Exit interview form that uses anonymous quantifiable data points before the employee's last day.	0	Human Resources and Workforce Development
		-In person interview before the employee's last day.	0	Human Resources and Workforce Development
2	By 2020, develop and implement a 60-120-150-180 day review process for all new employees.	-Train supervisors on 60-120-150-180 day review process.	0	Human Resources and Workforce Development
Goal 2: Increase opportunities for Workforce Training at all levels, ranging from newly hired employees, to emerging leaders, and to current leadership.				
Objectives		Action Step	Baseline	Lead

1	Conduct an annual training and needs assessment that aligns with public health core competencies for all district employees.	-Create measurable training and needs assessment that aligns with public health core competencies and PHAB domain 8 requirements.	(NCHD Workforce Competency Assessment, April 2014)	Workforce Development
		-Evaluate assessment to determine what the district employee training needs are.	(NCHD Workforce Competency Assessment, April 2014)	Workforce Development
		-Address new training needs and evaluate existing training opportunities based on assessment evaluation.	(NCHD Workforce Competency Assessment, April 2014)	Workforce Development
		-Provide and publish a yearly training calendar based on assessment.	See WFD Plan	Workforce Development
2	By 2020, position specific training tracks will be available for all district positions.	-Develop minimum training requirement list.	NA	Workforce Development
		-Develop training documentation process.	NA	Workforce Development
		-Provide training to all employees on the training track process (internal and external-conferences, workshops, etc.).	NA	Workforce Development
3	By 2020, leadership development opportunities are available to 30% of district employees.	-Develop criteria for identifying employees for leadership opportunities.	NA	Workforce Development
		-Develop and/or work with partners to provide leadership training (ex: crucial conversations, good to great).	(# of trainings developed and/or offer	Workforce Development

			ed in 2015	
		-Develop mentorship opportunities (ex: mentor list by career field).	NA0	Workforce Development

## Appendix A: NCHD Mandates

Program/Administrative Area	Mandate	Mandate Description
Cancer Registry	Annex 020	State Master Tobacco Settlement Funds
Cancer Registry	Annex 025	Federal Cancer Registry Funds
Children First	Title V	As one of the largest federal block grant programs, Title V is a key source of support for promoting and improving the health and well-being of the nation's mothers, children, including children with special needs, and their families.
Children First: Early Hearing Detection and Intervention	O.C.G.A 31-12-2; 31-1-3.2	Reporting certain diseases and neonatal abstinence syndrome; confidentiality; reporting required of pharmacists; immunity from liability as to information supplied; notification of potential bioterrorism; hearing screenings for newborns.
Children's Medical Services Program	The MCH Services Block Grant	Defines the major purposes of the State Block Grants. The Block Grant provides funds to improve the health of all mothers and children consistent with national health objectives and the state's identified needs.
Children's Medical Services Program	Title V of the Social Security Act, as amended by the Omnibus Budget Reconciliation Act of 1989 (OBRA-89), Public Law 101-239. Section (sec.) 501(a)(1)(A)-(D)	As one of the largest federal block grant programs, Title V is a key source of support for promoting and improving the health and well-being of the nation's mothers, children, including children with special needs, and their families. Outlines the state and federal programmatic requirements.

Environmental Health: Childhood Lead Poisoning Prevention	O.C.G.A. 31-41-10.	Seeks to eliminate lead poisoning through screening, monitoring and educating on the causes of lead poisoning, conducts environmental inspections to identify lead hazards; and requires lead hazard abatement of rental residential property and facilities identified with lead hazards. Provides training and education to medical providers and environmental health specialists.
Environmental Health	GIA 040: EH Risk Assessment Communication	To identify people at risk for health problems from exposure to hazardous substances in the environment, determine relationships between exposure to hazardous substances and human diseases, coordinate/conduct lead and healthy homes investigations, and reduce or eliminate exposures of health concern.
Environmental Health: Chemical Hazards Program	O.C.G.A. 31-12-8; 31-12-1	Prevents illness and promotes quality of life through reduction and elimination of exposures to hazardous chemicals in the environment. Services include health assessments and health consultations; risk communication; technical assistance; community education and environmental health specialist training.
Environmental Health: Control of Mass Gatherings	O.C.G.A. 31-27	Reduces illness and injury associated with events likely to attract 5,000 people or more and to continue for 15 or more consecutive hours. Requires permitting and inspection activities. Requires detailed plans for water and sewer service; food service; medical facilities; evacuation plans and emergency access.
Environmental Health: Core Services	O.C.G.A 26-2-371, 372,373, 375.	Prevents food-borne illness through regulation and routine inspection of more than 27,000 food service establishments; investigates food-borne illness; educates and trains food service operators and managers; and standardizes environmental health specialists.

Environmental Health: Emergency Preparedness	O.C.G.A. 31-12-1.1; 31-2A-4 (6) Georgia Emergency Response Plan ESF 8 responsibilities	Environmental health is responsible for shelter inspections, temporary food service operations, temporary water supplies and sewage disposal, insect and rodent control and other mitigation & recovery response activities.
Environmental Health: Evaluation and Support Program	O.C.G.A. 31-2A-4(2); 31-2A-9; 31-3-5; 31-12-1	The DPH is responsible for oversight and/or supervision of all preceding programs. This is accomplished through policy and rule development, training, monitoring, assessment, auditing and evaluation activities provided by the programs with expert support by the Evaluation and Support program. This program oversees the collection and analysis of all data from the Statewide environmental health information system and works with each program to audit and evaluate data and develop performance metrics for measuring quality of each program area.
Environmental Health: Indoor Air	O.C.G.A. 31-12A; 31-2A-4, 31-3-4	"Smoke Free Act" Reduces illness and injury through enforcement, consultation and educational outreach on indoor air issues associated with secondhand tobacco smoke, mold, formaldehyde, radon, and other pollutants found in an indoor environment. Assists schools and other governmental facilities with investigation and managing indoor air complaints.
Environmental Health: Non-Public Water Supply	O.C.G.A. 31-2A-4; 31-3-4; O.C.G.A. 12-5-134 through MOU with Environmental Protection Division	Reduces water-borne illness associated with contaminated well water supplies through well assessments and well water sampling; advises individuals on well disinfection; conducts education outreach to consumers; and conducts training on well construction, location, protection and water-borne illness investigation.

Environmental Health: On-Site Sewage Management Systems	. O.C.G.A. 31-2A-11 and 31-3-5(b)	Prevents disease transmission and ground/surface water contamination related to untreated sewage through regulation and inspection of approximately 20,000 systems/year; requires repair for improperly functioning systems; trains and certifies environmental health specialist, contractors and soil scientists.
Environmental Health: Portable Sanitation	O.C.G.A 31-2A-4(3)	Prevents disease transmission and surface water contamination via certification of contractors; and inspection of portable sanitation devices; and investigation of complaints; and provides training to contractors and environmental health specialists.
Environmental Health: Public Swimming Pools, Spas and Water Parks	O.C.G.A. 31-45	Prevents illness and injuries through regulation and inspection of more than 9,000 facilities; investigates complaints and water-borne illnesses; provides consultation and inspection of new construction; and provides training for pool operators and environmental health specialists.
Environmental Health: Rabies Control and Vector borne Disease	O.C.G.A. 31-19; O.C.G.A. 31-2A-4(1)(2)	Reduces exposure to rabies through regulation requiring vaccination of animals; conducts animal bite investigation; and requires and monitors quarantine of exposed animals. Conducts surveillance and recommends management options for rabies control, mosquito control, rodent control and other vector disease carriers.

Environmental Health: Tanning Facilities	O.C.G.A. 31-38	Reduces illness and injury associated with tanning beds and devices. Requires tanning facilities to register with the Department of Public Health and provide information related to the model number and type of ultraviolet lamp used. Requires the posting of warning signs related to tanning and restricts tanning facilities from advertising and promoting tanning as safe and free from risk or that the use of a tanning device will result in medical or health benefits.
Environmental Health: Tattoo Studios	O.C.G.A. 31-40	Prevents illness and injury associated with unsanitary conditions in tattoo parlors by regulation and inspection; consultation to industry and environmental health specialists; and conducts complaint investigations.
Environmental Health: Tourist Accommodations	O.C.G.A. 31-28	Prevents illness and injuries associated with unsanitary or hazardous conditions in Georgia's tourist accommodations (hotels, bed & breakfast Inns and campgrounds) through regulation and inspection of more than 2500 facilities; investigates complaints; and provides education/training for tourist accommodation operators and environmental health specialists.
Epidemiology	O.C.G.A § 31-12-1	Power to conduct research and studies
Epidemiology	O.C.G.A § 31-12-2	Reporting disease; confidentiality; reporting required of pharmacists; immunity from liability as to information supplied; notification of potential bioterrorism
Epidemiology	O.C.G.A § 31-17-1	Enumeration of diseases deemed dangerous to public health

Epidemiology	O.C.G.A § 31-17-2	Report of diagnosis or treatment to health authorities
Epidemiology	O.C.G.A § 31-17-3	Examination and treatment by health authorities
Epidemiology	O.C.G.A § 31-19-4	Duty of notification; animal bites
Epidemiology	O.C.G.A § 31-12-2.1	Investigation of potential bioterrorism activity; regulations and planning for public health emergencies
Epidemiology	O.C.G.A § 31-12-3	Power to require immunization and other preventive measures
Epidemiology	O.C.G.A § 31-12-4	Isolation and segregation of diseased persons; quarantine
Epidemiology	O.C.G.A § 31-12-4.1	Smallpox vaccination and treatment program
Epidemiology	Annexes 245,280	Epi Capacity
Epidemiology	O.C.G.A § 31-17-4	Serologic tests of pregnant women
Epidemiology	O.C.G.A § 19-7-5	Georgia Child Abuse Reporting Law
GA WIC Head Start-A Recipe for a Healthy Life Pilot	7 CFR 246	
GA WIC, WIC Farmer's Market Nutrition Program and WIC Breastfeeding	7CFR 246	
HIV	Annex 044	Comprehensive Testing and Prevention Services
STD	Annex 367	Comprehensive STD Program
STD	Annex 283	STD Prevention Clinical Services
STD	O.C.G.A § 31-17-4.1	Chlamydia screening test
STD	O.C.G.A § 31-17-4.2	HIV and Syphilis Pregnancy Screening
STD	O.C.G.A § 31-17-5	Prophylactic treatment at childbirth
STD	O.C.G.A § 31-17-6	Regulation of laboratories
STD	O.C.G.A § 31-17-7	Consent of minor to medical or surgical care services; informing spouse, parent, custodian, or guardian
STD	O.C.G.A § 31-17-8	Penalty

TB	O.C.G.A § 31-14-1	"Active tuberculosis"; definition; declaration of policy
TB	O.C.G.A § 31-14-2	Conduct of diseased person likely to expose others; Petition for commitment
TB	O.C.G.A § 31-14-3	Hearing on petition; notice of hearing; physical examination; court costs; attorney's fee; conduct of hearing
TB	O.C.G.A § 31-14-4	Service of copy of petition and order; penalty for failure to comply
TB	O.C.G.A § 31-14-5	Procedure where there is danger of diseased person absconding
TB	O.C.G.A § 31-14-6	Report of persons making examination; service of copies
TB	O.C.G.A § 31-14-8	Period of confinement of patients committed under chapter
TB	O.C.G.A § 31-14-8.1	Continuation of confinement of patient; report required hearing
TB	O.C.G.A § 31-14-8.2	Appeal from orders of superior court or hearing examiner; costs; right to counsel
TB	O.C.G.A § 31-14-9	Procedure for securing discharge; petition for habeas corpus
TB	O.C.G.A § 31-14-10	Enforcement of rules and regulations by county boards of health
TB	O.C.G.A § 31-14-11	Taking into custody and return of committed person leaving hospital without authority
TB	O.C.G.A § 31-14-12	Applicability of commitment provisions to persons who obey rules and regulations of department
TB	O.C.G.A § 31-14-13	Order directing compliance with plan of evaluation or outpatient treatment; contempt
TB	O.C.G.A § 31-14-14	Immunity from liability

TB	Annex 031	Tuberculosis (TB) Case Management
TB	O.C.G.A § 31-14-7	Results of hearing; commitment to hospital or facility; dismissal of petition and release from custody; cost of transportation; review of commitment order
BOH	O.C.G.A § 31-2A-2	Creation of DPH power to require immunization and other preventative measure
BOH	O.C.G.A § 31-2A-2	Obligation to safeguard and promote health of people of the state, and empowered to employ all legal means appropriate to that end
BOH	O.C.G.A § 31-3-2.1	County board of health and wellness; power to quarantine
BOH	O.C.G.A § 31-2A-4	Obligation to safeguard and promote health of people of the state
BOH	O.C.G.A § 31-5-3	Appeals
BOH	O.C.G.A. § 31-2A-2	Creation of Department of Public Health Power to require immunization and other preventative measures.
BOH	O.C.G.A. § 31-2A-4	Obligation to safeguard and promote health of people of the state, and empowered to employ all legal means appropriate to that end.
BOH	O.C.G.A. § 31-3-1	Creation of county boards of health.
BOH	O.C.G.A. § 31-3-2.1	County board of health and wellness; power to quarantine.
EP	O.C.G.A. § 31-12-1.1	"Bioterrorism" and "public health emergency" defined.
EP	O.C.G.A. § 31-12-2	Notification of potential bioterrorism.