

2016 - 2017

BOARD OF HEALTH

ANNUAL HEALTH DIRECTOR'S REPORT

Marlon Hunter

September 6, 2017



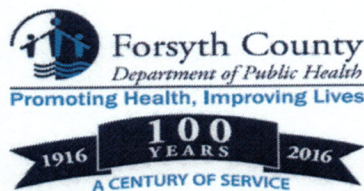
Message from the Health Director

I am pleased to present my Annual Report and our Work Plan for 2017 - 2018.

The Department of Public Health has the responsibility to prevent diseases and promote a healthy community through regulation, education and partnerships. This is an important mission that establishes a unified vision for our shared work ahead.

We are working to contain emerging and re-emerging diseases and threats. Some diseases are vaccine resistant and challenging to contain. Prevention and education is the key to informing our community about public health in efforts to improve outcomes.

I am proud of the work all staff members have completed this year and I would like for everyone to know how much I enjoy working with the staff, all of you as board members and community partners.



Board of Health Annual Health Director's Report and Work Plan

This report was prepared to highlight the accomplishments of the Forsyth County Department of Public Health for 2016 - 2017 and the department work plan for 2017 - 2018.

Accomplishments

In the next section I have listed accomplishments from each service area over the past year.

➤ Internal Health Services

Quintana Stewart, Assistant Health Director

➤ Community Health Services

Denice Price, Assistant Health Director

➤ Personal Health Services

Anthony Lo Giudice, Assistant Health Director



Internal Health Services

Medical Records & Quality Improvement

- QI Council developed and implemented a new Customer Feedback Survey/Process (“Your Opinion Matters”); updated the Department Phone Tree and Contact information on the Department Website.

Epi & Surveillance

- Completion of 2017 Youth Risk Behavior Survey in WS/FC Middle and High Schools; Participation from 1,722 Middle School students and 1,660 High School students.
- Completion of Primary Data Collection (Community Health Opinion Survey & Focus Groups) for the 2018 Community Health Assessment Report.

Preparedness

- Partnered with NC PHP&R, NC Division of Deaf & Hard of Hearing to conduct the first full scale Access & Functional Needs Point of Dispensing (POD) Exercise in the State; focus on serving patients that were deaf, blind and hard of hearing.

Finance & Registration

- A review of operations for Forsyth County Department of Public Health has been completed. The Review was limited to area of cash receipts, procurement activities, capital assets, grants, and timekeeping. Based on the Review, the operations received a satisfactory rating.

Dental Center

- Implementation of Successful School Sealant Project – 5 Title I Elementary WS/FC Schools served; a total of 641 children screened, 785 sealants placed and 367 prophylaxis completed.
- From August 1, 2016 – July 31, 2017, the Dental Center has completed 6,103 patient visits (2,033 children visits and 4,070 adult visits).
- Board of County Commissioners provided funding to sustain the program.

Internal Health Services Full Report

Medical Records & Quality Improvement

- QI Council developed and implemented a new Customer Feedback Survey/Process (“Your Opinion Matters”); updated the Department Phone Tree and Contact information on the Department Website.
- Formation of a Chart Audit Committee to review Charts for accuracy and appropriate billing codes for services rendered.

Epi & Surveillance

- Completion of 2017 Youth Risk Behavior Survey in WS/FC Middle and High Schools; Participation from 1,722 Middle School students and 1,660 High School students.
- Completion of Primary Data Collection (Community Health Opinion Survey & Focus Groups) for the 2018 Community Health Assessment Report.

Interpretive Services

- Providing lunch time Spanish Classes to ~12 staff interested in learning to speak Spanish as a way to improve Customer Service for patients.
- Assist with Spanish Interpretation and Translations for a local store so members of the Spanish speaking community could participate in the Local Corner Store Program facilitated by staff in Personal Health Services.

Information Technology

- Installation and set up of new Meeting Room IT Equipment (Smart TV in Boardroom, EH Conference Room and Health Director’s Office).
- Installation and set up of Digital Meeting Room Calendar Monitors; updated software used for Clinic Waiting Rooms and Lobby displays.
- Assisted QI Council with online Customer Feedback Surveys and Lobby Kiosk.

Preparedness

- Partnered with NC PHP&R, NC Division of Deaf & Hard of Hearing to conduct the first full scale Access & Functional Needs Point of Dispensing (POD) Exercise in the State; focus on serving patients that were deaf, blind and hard of hearing.
- Successful Program Audit from PHP&R Sub recipient Grant Monitor; no Corrective Action Items.
- Distribution of over 500 Zika Pregnancy Prevention Kits; kits included educational brochures, mosquito repellent, standing water treatment tabs, and condoms.

Internal Health Services Full Report

(continued)

Finance & Registration

- NC Debt Setoff – collected a total of \$4,405.46 from February 2017 – Current.
- New Budget Request Process – transitioned from 60+ excel workbooks to 1 Google Sheet with several auto populated fields; making the request/justification documentation process more efficient and less time consuming for both County Budget staff and Department Managers.

Dental Center

- Implementation of Successful School Sealant Project – 5 Title I Elementary WS/FC Schools served; a total of 641 children screened, 785 sealants placed and 367 prophylaxis completed.
- From August 1, 2016 – July 31, 2017, the Dental Center has completed 6,103 patient visits (2,033 children visits and 4,070 adult visits).

Community Health Services

Environmental Health

Food, Lodging and Institutional (FLI) Sanitation Program

- Approximately 2,740 inspections conducted; 44% increase over prior FY16 (1,919 total inspections).
- Section is fully staffed.
- Board of County Commissioners provided funding for two new positions

Women, Infants and Children (WIC)

- Hosted a Summer Feeding Program providing lunches to over 150 children.

Pharmacy

- Now accept cards for co-pays (total co-pays collected - \$173,012) \$100,000 more than last year.
- Dispensed 1,255 Naloxone shots for EMS use.
- Had an insurance audit, examining 30 prescriptions, valued at over \$115,000, resulted in no findings.

Laboratory

- Increased turnaround time of lab results allowing clinical providers access to positive/abnormal results in hours versus days.
- Approximately 75,000 specimens tested in-house.

Health Education

- Researched, developed, and implemented "Tattoo EDU," a health education program aimed at teens in WSFCS who are at risk for contracting tattoo-related bloodborne infectious diseases.
- Fostered a partnership between WFBMC Comprehensive Cancer Center and LiveLung, a lung cancer awareness non-profit, to raise awareness about radon testing in homes.
- Created a Temporary Food Establishment (TFE) health education booklet including updated materials for vendor education (available online).

Community Health Services Full Report

Environmental Health

Food, Lodging and Institutional (FLI) Sanitation Program

- Approximately 2,740 inspections conducted; 44% increase over prior FY16 (1,919 total inspections).
- Section is fully staffed.
- Four existing Environmental Health Specialists (EHS) have been trained and successfully authorized.
- Recruited/hired 3 fully trained EHS within the last year.

Pool Program

- 332 of 358 pools have received their permits. 17 new pools are in the plan review stage.
- 5 new pools were opened in 2015 season and 2 new pools were opened in 2016.
- 9 plans have been submitted for review for 2016 season.

Mosquito Control Program

- Trapped and identified over 9,000 mosquitoes this season.
- Increased mosquito treatment efficiency using new equipment including A-1 UTV Mounted Turbine Sprayer.

Onsite Wastewater Program

- New GPS units utilized in septic system installation, design and mapping has aided location of installations as well as system repair.
- Onsite Wastewater staff permitted 4,500 gallons/day on-site wastewater system for large elementary school.
- Collaboration with the City of Winston-Salem Stormwater and Erosion Control resulted in utilization of home sites not previously available/denied.

Women, Infants and Children (WIC)

- 4 nutritionists attended the NC Lactation Educator Program. This program not only enhances the nutritionists' knowledge about breastfeeding but it empowers them to advocate and understand how to help women when faced with the decision of how to feed their babies.

Community Health Services Full Report

(continued)

Women, Infants and Children (WIC)

- Collaboration with Forsyth Medical Center Newborn NICU unit to provide same or next day appointments to new qualifying moms of high risk babies to receive breast pumps. Many research studies indicate that breastmilk is essential to the development and recovery of these fragile/premature babies.
- Implemented initiatives to improve caseload
 - Weekly receipt of referrals from two OB/GYN offices
 - Intake office established at the Dept. of Social Services - 28 new clients have been added from July 3 - July 27.
- Weekly on-site summer farmers market with vendors that accepted Farmers Market vouchers, food stamps and EBT cards.
- Hosted a Summer Feeding Program providing lunches to over 150 children.

Pharmacy

- Filled 38,607 prescriptions.
 - 14,364 were on the mental health sliding scale fee at a cost of \$151,609 for meds and collected \$84,949 co-pays
 - 4,571 were on "cash" 3rd party at a cost of \$19,313 for meds and collected \$44,098 co-pay
 - 4,669 were to health department patients (4,181) and Emergency Management Services (EMS) orders (488)
 - 1,456 were PAP for a value of \$1,485,567
 - 1,384 were Samples for a value of \$1,065,223
- Now accept cards for co-pays (total co-pays collected - \$173,012) \$100,000 more than last year.
- Dispensed 1,255 Naloxone shots for EMS use.
- Had an insurance audit, examining 30 prescriptions, valued at over \$115,000, resulted in no findings.

Laboratory

- Approximately 75,000 specimens tested in-house.
- Extended gold standard level testing to neighboring county/outreach groups with our premium DNA testing.
- Elevated Lab to top tier (molecular) lab testing that allows the department more flexibility in diagnosing with less invasive specimen collection methods.(ie., patient self-collection at Express Clinics and in the field).
- Optimized service offerings of rapid turnaround noninvasive screening with patient self-collected specimens. This allows more broad range screening for 3 major pathogens (GC, Chlamydia and T. vaginalis).

Community Health Services Full Report

(continued)

Laboratory

- Approached by neighboring labs regarding successful premium testing, fee schedules and lab structure.
- Implemented testing to identify T. vaginosis in males.
- Increased turnaround time of lab results allowing clinical providers access to positive/abnormal results in hours versus days.
- Participated in advisory team to increase fees/reimbursements associated with billing for advanced testing by approx.15%

Health Education

- Researched, developed, and implemented “Tattoo EDU,” a health education program aimed at teens in WSFCS who are at risk for contracting tattoo-related bloodborne infectious diseases.
- Fostered a partnership between WFBMC Comprehensive Cancer Center and LiveLung, a lung cancer awareness non-profit, to raise awareness about radon testing in homes. Distributed kits to NC Cooperative Extension, FCDPH Environmental Health, and Forsyth County Environmental Assistance and Protection (EAP). Over 65 kits were distributed to individuals in Forsyth County.
- Created a Temporary Food Establishment (TFE) health education booklet including updated materials for vendor education (available online).
- Participated with the Childhood Lead Poisoning Prevention Team in over 15 investigations.

Personal Health Services

Preventive Health

- **Stepping Up Initiative** - Travelled to (the only team from NC invited) Washington, D.C. for the SAMHSA Best Practices Implementation Academy. Will be working alongside community partners to develop an action plan to provide optimum services to clients in transition.
- **Teen Talk and Teen Initiative Programs** - Teen Talk participants volunteered to make baked goods for guests at the Ronald McDonald House, while TIP participants filled 250 hygiene bags with soaps, shampoos, and other personal care items to be distributed to guests.
- **Be-Healthy Kids Exercise and Nutrition** - Delivered instruction to nearly 7,535 students at 12 Title I Winston-Salem Forsyth County Schools.
- **Prevent Ongoing Spread of STIs Everywhere (POSSE)**
 - Tested 5,987 clients.
 - Partnered with Walgreens for National HIV Testing Day June 27th. Held testing at community event and tested 72 community members in less than 6 hours.
- **Adult Health (Diabetes Prevention)** - In the fall of 2016 the county received funds to implement a diabetes prevention program. At the time of this report 170 individuals have been screened for Type 2 diabetes risk and 65 are currently enrolled in the series.

Public Health Nursing

- **School Health** - Screened a total of 20,602 children for vision. School nurses made home visits and phone calls to assist families to schedule eye appointments - 79 % of these children obtained eye wear or visited a physician to secure care.
- **Care Coordination for Children (CC4C)** - Made great strides in reaching Forsyth County residents to provide care management services. To date, contacted families for 14,231 children ages 0<5. Within the last 6 months CC4C care managers contacted 14.7% (2,118) recipients of Medicaid children age 0<5 years old; which is 5.8% more than the state average.
- **Public Health Nursing/Clinics**
 - STD Clinic (exams, treatment, HIV testing and repeat syphilis testing) 4,038
 - Immunization Clinic (clients served) 7,419
 - Vaccines administered in all PH Clinics 14,546

Personal Health Services Full Report

Preventive Health

Stepping Up Initiative

- Travelled to (the only team from NC invited) Washington, D.C. for the SAMHSA Best Practices Implementation Academy. Will be working alongside community partners to develop an action plan to provide optimum services to clients in transition and invited to attend the NACo Annual Conference in Columbus, OH due to the participation on the SAMHSA Best Practice Implementation Academy.
- Administrative staff created an inventory and ordering process to improve clinical supply efficiency.

Baby Love Plus (BLP) Family Care Coordination Case Management

- Celebrated graduation for 23 mothers and toddlers who participated in the Forsyth BLP program from birth to age two years. Accomplishment of the graduating mothers included:
 - One graduate completed the WISH Program – Women & Infant Service for Health (outpatient substance abuse treatment program)
 - All the graduates have stable housing
 - 50% are using a LARC (long acting reversible contraceptive) birth control method
 - 40% are using a UAR (user action required) birth control method
 - 2% graduated from high school during their 2 year enrollment
 - 98% have a high school diploma or GED
 - One graduate is currently enrolled in an associate degree program
 - Four graduates obtained full time employment



Personal Health Services Full Report

(continued)

Teen Talk and Teen Initiative Programs

- The teens served as volunteers in various activity stations for younger children at the Christmas for the City celebration in December 2016 at the Benton Convention Center.
- Rodd Smith (CCE) facilitated a holiday wreath making session for the teens during their holiday celebration in December 2016.
- The combined Teen Talk and TIP groups participated in the No'bacco Kick Butts Day in March 2017 at the Winston-Salem Fairgrounds.
- Teen Talk participants volunteered to make baked goods for guests at the Ronald McDonald House, while TIP participants filled 250 hygiene bags with soaps, shampoos, and other personal care items to be distributed to guests.
- Both groups participated in a screening and review of the movie "Hidden Figures."
- The end of year celebration for the teen programs was held in June 2017 at Wet n Wild Emerald Pointe water park.
- The Health Educator (Teen Talk/TIP Coordinator) facilitated weekly leadership programs for girls at Winston-Salem Prep and Ashley Academy and a series of hygiene classes for Carter G. Woodson.

Forsyth County Infant Mortality Reduction Coalition

- Trained 158 EMS professionals in SIDs risk reduction and the promotion of safe sleep, as part of the 2015-2018 Community Health Assessment Health Action Plan.

Opioid Epidemic

- FCDPH continues to investigate opioid overdose prevention methods. Assisted with bringing together key community stakeholders to develop an opioid overdose rapid response team.
- Developed an Initiative for Drug Overdose Prevention (iDOP) which included the creation of a website on opioid overdose prevention for providers, pharmacists, parents, and the general community, together with developing a radio and media campaign to raise awareness on signs of overdose and Naloxone/Narcan, the opioid antidote medication.

Adult Health (Diabetes Prevention)

- In the fall of 2016 the county received funds to implement a diabetes prevention program. This program, MDPP3 or Minority Diabetes Prevention Program - Region 3, is designed to focus on those minority communities at risk for developing Type 2 Diabetes. The program is region wide (NCALHD Region 3) and includes participants from counties within the region. At the time of this report 170 individuals have been screened for Type 2 diabetes risk and 65 are currently enrolled in the series.

Personal Health Services Full Report

(continued)

The Forsyth County Healthy Corner Store Network (HCSN)

- The HCSN is a network of corner stores, convenience stores and tiendas in communities identified as food deserts. These stores have made a commitment to provide healthy options to their customer base. Three (3) stores were added this year bringing the total number of stores engaged to seven (7).

Parenting and Maternal and Child Health

- The Prenatal Parenting Class collaborated with Safe Kids, Northwest Piedmont to add a home visiting safety/injury prevention component to the class as well as provide safety kits for each participant. Safety kits include plug protectors, cabinet locks, a thermometer and other safety items.
- Members from the CCE Section/MCH Team and other Safe Kids, Northwest Piedmont Coalition members collectively implemented a community wide car seat initiative. The project affords families in need the opportunity to obtain a proper child restraint for a discounted price. Families who receive a car seat/s must attend an education class at the health department as well as an official seat check for installation by a Certified Child Passenger Safety Technician.
- The Baby Safety presents Cribs for Kids Program grew over 50% since January, 2016 and continues to increase in volume. As a result of the rise in participation, an additional class has been added to the schedule. The class promotes safe sleep education/SIDS reduction and car seat safety. After completion of the class, clients may be eligible to receive a pack-n-play to have a safe and designated space for their baby to sleep.
- Safe Kids Northwest Piedmont Coalition (of which the health department is a primary partner) received the Lead Agency of the Year Award.

Preventive Dental Health

- Oral health assessments for 11,646 children in 45 elementary schools.
- Classroom dental health education to 11,447 children and adults and approximately 2,934 received dental health education during 33 community events.
- Collaboration with Cleveland Avenue Dental Center to assist with 5 dental sealant school projects.
- Implemented a new Fluoride Mouth rinse Program in a high risk school.
- 1,093 parents received dental referrals for their child's treatment needs; families were referred to Cleveland Avenue Dental Center when applicable.
- 11,646 families received written notification and educational messaging regarding the importance of maintaining regular dental care.
- 36 children were enrolled in the Forsyth County Dental Society's annual Give Kids A Smile program. These children have no public or private dental insurance and receive free comprehensive dental care through this program.
- 11,447 children and adults learned preventive measures necessary to achieve and maintain optimal oral health.

Personal Health Services Full Report

(continued)

Be-Healthy Kids Exercise and Nutrition

- Delivered instruction to nearly 7,535 students at 12 Title I Winston-Salem Forsyth County Schools.
- Attended and participated in 6 health fairs/outreach events and hosted 1 Family Fitness Night in the community.
- Partnered with Winston-Salem Forsyth County Schools and The Cooperative Extension Program at North Carolina A&T State University to pilot a 1,200 square foot Speedway to Health Exhibit in two schools for the 2017-2018 school year.
- Nutrition Collaborative with Second Harvest Food Bank of NWNC and Cancer Services, Inc. - this involves video nutrition education (on live Facebook).
- Precepted and developed a public health perspective for 3 interns.

Prevent Ongoing Spread of STIs Everywhere (POSSE)

- Tested 5,987 clients.
- Participated in Pride Winston-Salem; tested 72 community members from our LBGTQAI+
- Partnered and collaborated with Walgreens for National HIV Testing Day June 27th. Held testing at community event and tested 72 community members in less than 6 hours.

Personal Health Services Full Report

(continued)

Public Health Nursing

Care Coordination for Children (CC4C)

- Made great strides in reaching Forsyth County residents to provide care management services. To date, contacted families for 14,231 children ages 0<5. Within the last 6 months CC4C care managers contacted 14.7% (2,118) recipients of Medicaid children age 0<5 years old; which is 5.8% more than the state average. Subsequently, over the last 6 months; per our latest report, CC4C Care Managers managed 7.5% (1,085) of those Medicaid children contacted.
- Over the last year the team has met face to face with our families providing 1,107 community encounters, 991 home visits, 180 hospital visits and 48 practice encounters.
- Care Coordination for Children received praise from the state. They have far exceeded their programmatic expectations, and the state used the Forsyth County Public Health model to help other programs across the state. The staff are also training other counties' staff to shadow and learn our methods of client engagement.

Nurse Family Partnership

- Total women served: 271.
- Total women who wanted to be in the program but program was full: 203.
- Current waitlist of women wanting to be in the program: 37.
- Total number of referrals since initiation of program: 1,240.

School Health

- Screened a total of 20,602 children for vision. School nurses made home visits and phone calls to assist families to schedule eye appointments - 79 % of these children obtained eye wear or visited a physician to secure care.
- The staff provided education and teaching to over 455 students in the Winston Salem Forsyth County School System regarding their diabetic condition.
- School nursing staff and Clinic staff developed an appointment schedule for back to school vaccinations to have no child suspended regarding vaccinations. This is in addition to the walk-in availability of the current immunization schedule.
- School Nurses provided 643 health education presentations to parents, school staff and students for the 2016-2017 school year.

Personal Health Services Full Report

(continued)

Pregnancy Care Management

- 344 of Priority OB Medicaid Patients with Completed Contact.
- 477 non-Emergency Medicaid Deliveries Engaged in Care Management during their Pregnancy an increase of 10.1% up from the same time period in 2016.
- 74.6% of Medicaid patients in Active OB Case Status with Postpartum Visit an increase of 4.8% up from the same time period in 2016.
- Patients served by OBCMs in 2016: 1799.

Public Health Nursing/Clinics

• STD Clinic (STD exams, treatment, HIV testing and repeat syphilis testing)	4,038
• Family Planning Clinic (comprehensive Family Planning services)	1,892
• Immunization Clinic (clients served)	7,419
• Animal Bite Reports	1,019
• Communicable Disease Investigations (served 414 clients)	1,949
• Occupational Health	800
• Refugee Health (newly arrived - speaking 10 different languages)	206
• Vaccines administered in all PH Clinics	14,546
• Breast and Cervical Cancer Control Program (BCCCP)	385

Of the 1,019 animal bite reports, eleven (11) tested positive for rabies which included the following: Raccoons-4; Bats-4; Foxes-2; Skunks-1

Personal Health Services Full Report

(continued)

Working Together

Public Health, DSS, and Daymark work together well serving our shared customers and clients, but during the month of April, employees from each department worked together to respond to a need at the Winston-Salem Diaper Bank.

With 3 local food vendors in our campus parking lot, more than 200 PH, DSS, and Daymark staff came out to enjoy lunch together. We collected 3,300 diapers and \$67 during the event - which translates to about 400 more diapers. The diaper bank was appreciative and so were the food vendors.

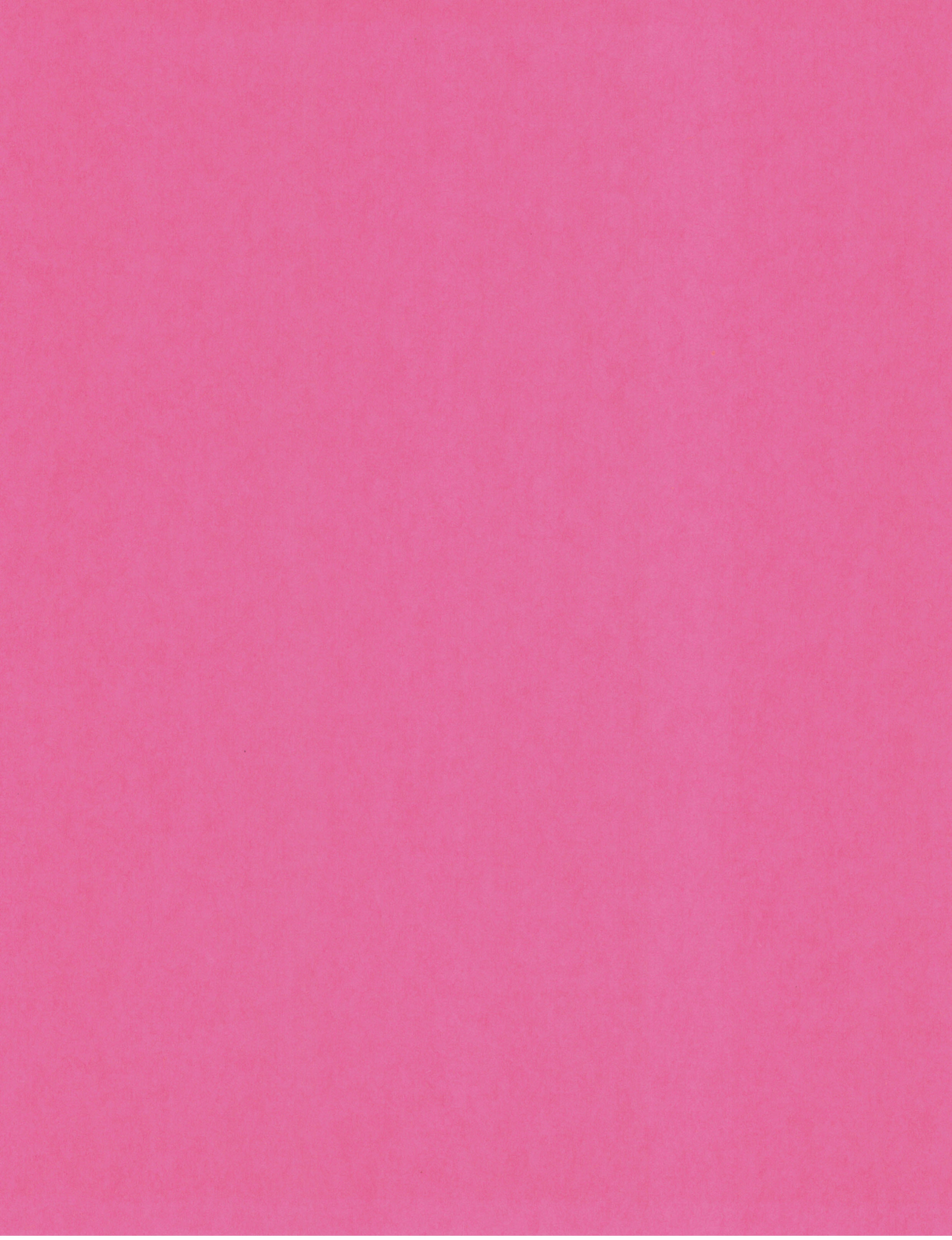
#greatemployees + #goodcause + #teamwork + #happysmallbuisnesscommunity = #winwin



Komen

Team Public Health participated in the Race for the Cure and raised \$2,349.





2016 - 2017 Work Plan

Review and Assess Program
Productivity Levels and Standards



Customer
Service, Quality
Improvement
and Quality
Control
Processes

Maintaining Accreditation
Standards



2016 - 2017 Work Plan

➤ *Review and Assess Program Productivity Levels and Standards*

Environmental Health

Food, Lodging and Institutional (FLI) Sanitation Program

- Approximately 2,740 inspections were conducted; this is a 44% increase over prior FY16 (1,919 total inspections) in fee regulated establishments. This will result in more State funding to support our program.
- Four existing Environmental Health Specialists (EHS) have been trained and successfully authorized, and the section is fully staffed.
- Recruited/hired 3 fully trained EHS within the last year.
- Board of County Commissioners provided additional funding for two new inspectors.

Clinic Productivity

Clinics 1 - Family Planning, 2 - STI, and 3 - Immunizations

- Appointments are scheduled using a system called open access.
- Community members were having a difficult time getting appointments.
- “Walk-in Wednesdays” model was established in all clinics resulting in a significant increase in visits and productivity.

➤ *Quality Improvement, Quality Control and Customer Satisfaction Processes*

Quality Improvement Council

- Please see the attached document outlining the work of a multidisciplinary team of staff members.

➤ *Health Department Accreditation*

- In 2017 the Health Department will go through accreditation.
- All division are preparing for the site visit that will take place in the next couple of months. This preparation process is on-going and currently intensified as we anticipate the site visit.
- Please see the attached spreadsheet of requirements and benchmarks the department is required to achieve during the process.

Forsyth County Department of Public Health
Quality Improvement Council

Quarterly Report to Senior Leadership

Volume 1, Issue 1
July 5th, 2016 — September 30th, 2016



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Introduction

The Quality Improvement (QI) Council maintains its charter of supporting quality improvement within the Forsyth County Department of Public Health (FCDPH) by working with leadership and staff to improve processes and/or the delivery of services. The QI Council is grateful to Leadership for its continued support of Council objectives and activities.

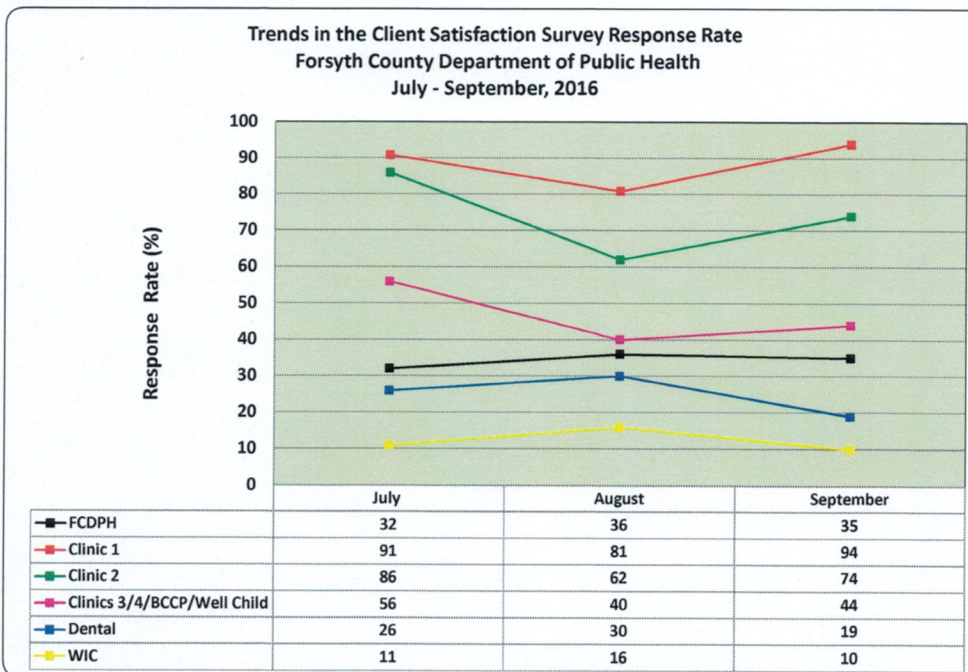
This quarterly report to senior leadership focuses on the activities of the QI Council for the period July 5, 2016 to September 30, 2016. During this period, the Client Satisfaction Survey (CSS) was implemented through paper surveys as well as online at FCNet and the FCDPH public website. Two additional projects were conceptualized during this quarter. Both of these latter projects are in the final planning review stages with full implementation scheduled to take place before November 15, 2016.

This report is structured to give an overview of the broad trends observed in the CSS responses. Additionally, new business that will be implemented in the next quarter is reviewed.

The Client Satisfaction Survey (CSS)

For the quarter ending September 30th, 2016, an average of 34% of clients served by fully participating service areas/programs returned completed surveys. Fully participating service areas/programs are Clinics 1—5, and the Dental Clinic. **Figure 1** shows that during each month of the quarter, FCDPH exceeded its minimum target response rate of 25%.

Figure 1.



During the quarter, 80% or more of Clinic 1 clients, and 60% or more of Clinic 2's completed the CSS.

The Dental Clinic achieved the minimum response rate in two of the three months.

Clinics 3/4/BCCP/Well Child achieved the minimum response rate during each month of the quarter.

The WIC Clinic was unable to achieve the targeted minimum response rate of 25% during any month of the quarter although the number of clients seen was favorably adjusted. To better reflect the number of adults who could be asked to complete the CSS in the WIC Clinic, the QI Council assumed that only one in two persons seen in that Clinic was an adult.

Notable Mentions

Figure 2

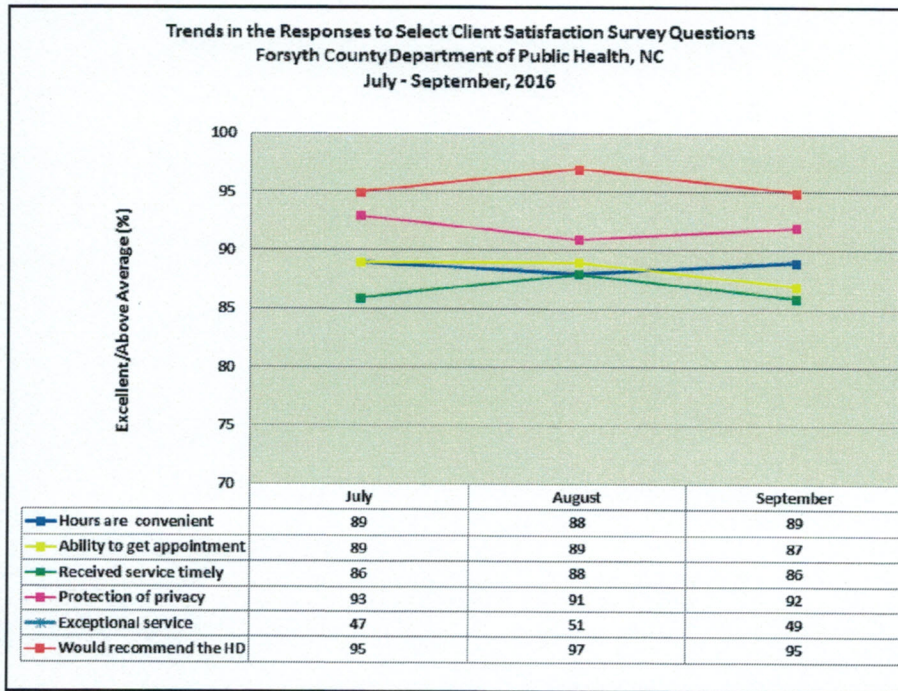
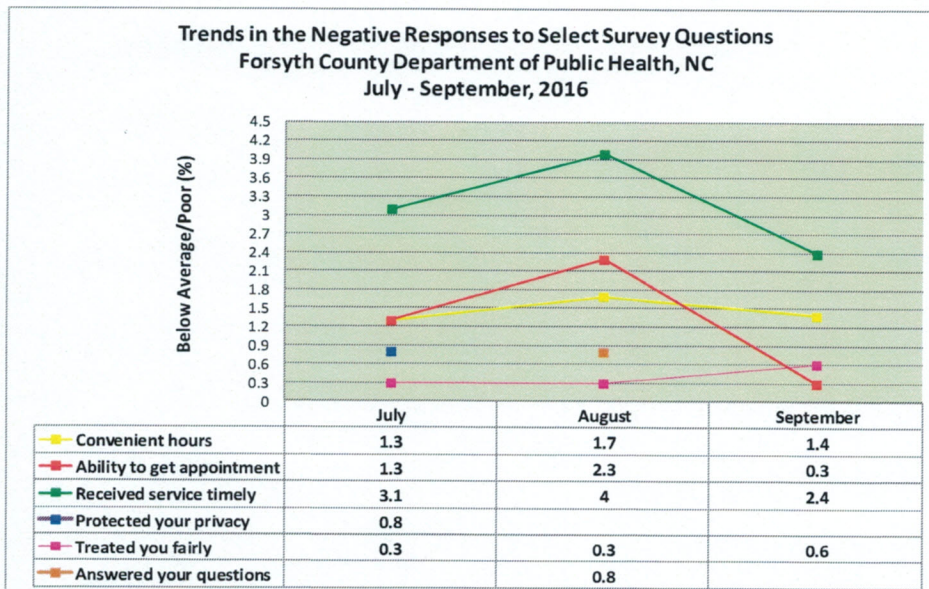


Figure 2 shows that during the quarter, more than 85% of clients thought that:

- ◆ Their service area hours were convenient
- ◆ They could easily get an appointment
- ◆ They had received service timely
- ◆ Their privacy was protected
- ◆ They would recommend the Department of Public Health for service

Client Concerns

Figure 3.



Responses that described services/programs as *below average/poor* were less than 4% of client completed surveys for any month in the quarter.

They are included in this report to provide senior leadership with a brief look at the trend in the concerns that clients have expressed.

New Business

The Share-Drive

This project aims to improve the file organization and use of the share-drive.

- ◆ Huddles to meet with staff to explain the proposed changes are scheduled for October, 2016

Project Hello

This project aims to improve the client communication process via telephone to access services at the Forsyth County Department of Public Health.

- ◆ The Kaizen event was held in September, 2016
- ◆ The Kaizen focused on the FCDPH main line, Community Health, and Administration. The QI team developed a value stream map prior to the event that depicted how the phone system currently works, and a future map of how it will work with suggested changes.



Forsyth County Department of Public Health Quality Improvement Council

Quarterly Report to Senior Leadership

Volume 2, Issue 1
January 1st, 2017 — March 31st, 2017



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Introduction

The Quality Improvement (QI) Council maintains its charter of supporting quality improvement within the Forsyth County Department of Public Health (FCDPH) by working with leadership and staff to improve processes and/or the delivery of services. The QI Council is grateful to Leadership for its continued support of Council objectives and activities.

This quarterly report to senior leadership focuses on the activities of the QI Council for the period January 1st, 2017 to March 31st, 2017. During this quarter, the 2nd stage of Project Hello was completed.

This report is limited to an overview of the broad trends observed in the Client Satisfaction Survey (CSS) responses.

The Client Satisfaction Survey (CSS)

For the quarter ending March 31st, 2017, an average of 32% of clients served by fully participating service areas/programs returned completed surveys. Fully participating service areas/programs are Clinics 1—5, the Dental Clinic and the Environmental Health Department. **Figure 1** shows that during this quarter, FCDPH met its minimum target response rate of 25% each month.

Figure 1

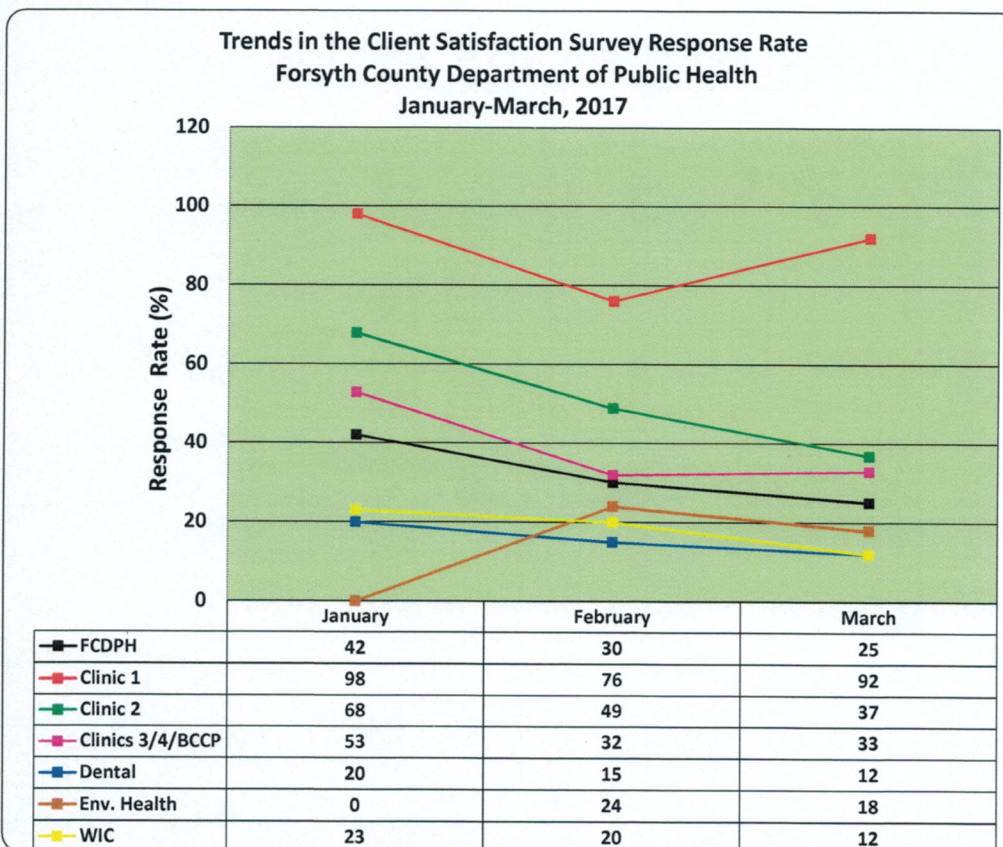


Figure 1 also shows that during the 1st quarter, Clinics 1, 2, and the combined service areas of Clinics 3/4/BCCP consistently achieved the minimum target response rate of 25%.

The Dental Clinic, Environmental Health, and WIC did not meet the minimum target response rate at any time during the quarter.

Notable Mentions

Figure 2

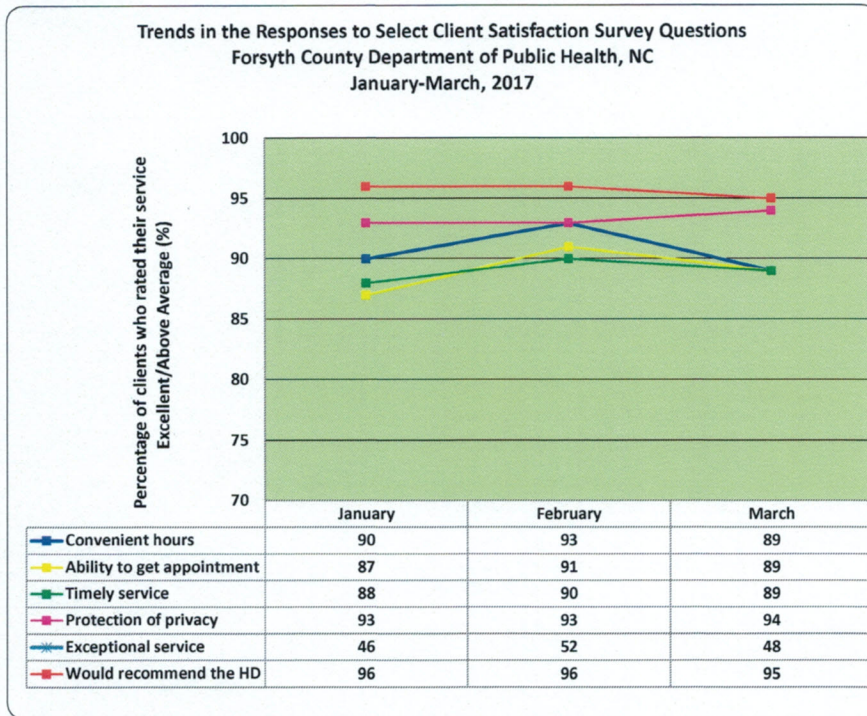


Figure 2 shows that during the quarter, 85% or more of clients who responded to the survey thought that:

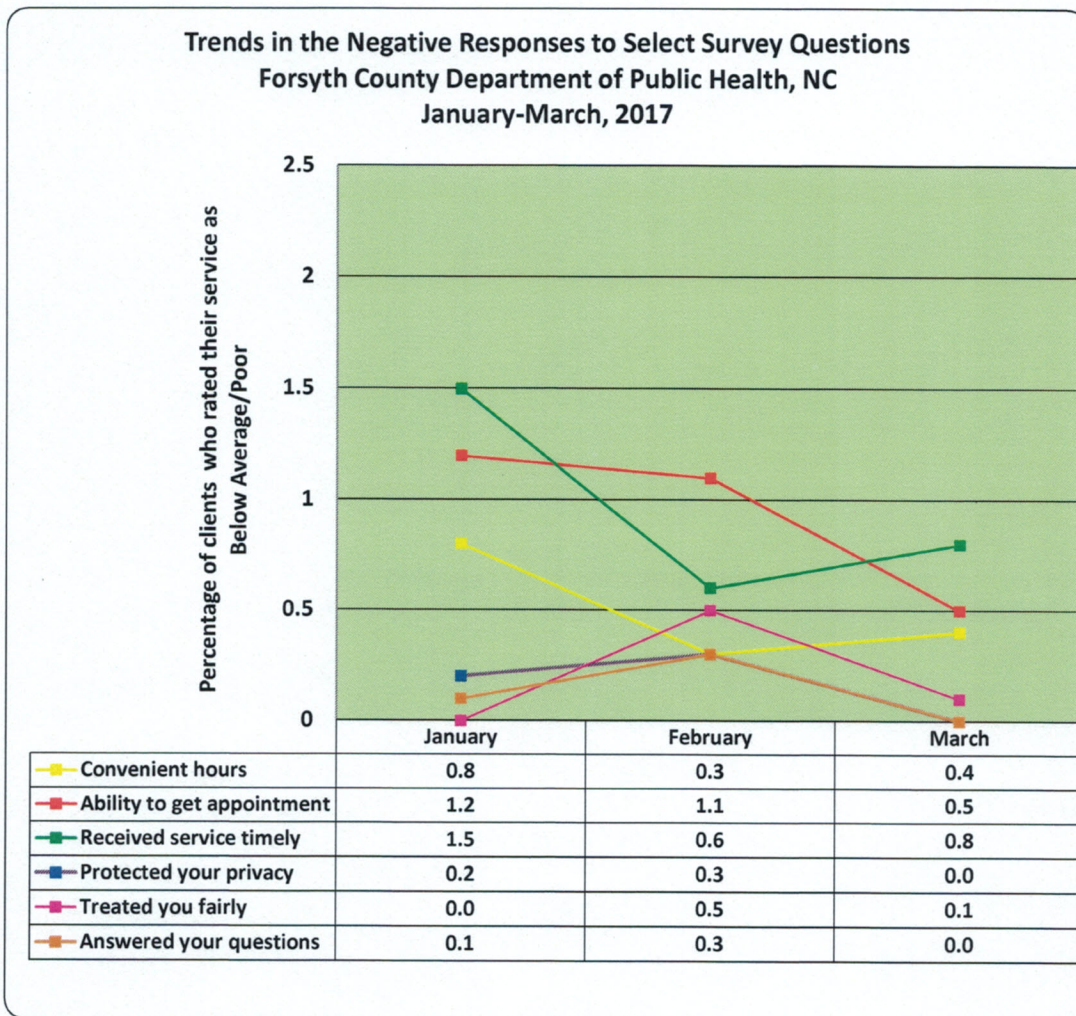
- ◆ Their service area hours were convenient
- ◆ They could easily get an appointment
- ◆ They had received service timely
- ◆ Their privacy was protected
- ◆ They would recommend the Department of Public Health for service

Client Concerns

Figure 3 (page 4) shows that less than 2% of FCDPH's clients viewed its staff, services or facilities negatively in any month of the 1st quarter. Below is a summary of the major concerns based on service area.

Service Area	Date of Concern	Concern	Date of Resolution
General Services	1/16/2017	Downstairs restroom was filthy	1/18/2017
Environmental Health	1/18/2017	Inspector did not return calls	1/24/2017
Clinic 2	1/30/2017	Long waiting time	2/1/2017
WIC	3/14/2017	<ul style="list-style-type: none"> ◆ Poor explanation of WIC application procedure at front desk ◆ Front desk staff was disrespectful to client's mom ◆ No return call from manager 	unknown
	3/22/2017	Front desk staff did not protect client's privacy	unknown

Figure 3



Activity	Activity Description
1.1	<p>Activity 1.1: The local health department shall conduct a comprehensive community health assessment every 48 months. The community health assessment must fulfill each of the following requirements:</p> <ul style="list-style-type: none"> • Provide evidence of community collaboration in planning and conducting the assessment. • Reflect the demographic profile of the population. • Describe socioeconomic, educational and environmental factors that affect health. • Assemble and analyze secondary data (collected by someone other than the health department) to describe the health status of the community. • Collect and analyze primary data (collected by the health department) to describe the health status of the community. • Compile and analyze trend data to describe changes in community health status and in factors affecting health. • Use scientific methods for collecting and analyzing data. • Identify population groups at risk for health problems • Identify existing and needed health resources. • Compare selected local data with data from other jurisdictions (e.g., local to state, local to local). • Identify leading community health problems.
1.2	<p>Activity 1.2: The local health department shall update the community health assessment with an interim "State of the County's Health" report (or equivalent) annually. The report shall demonstrate that the local health department is tracking priority issues identified in the community health assessment, identifying emerging issues, and shall identify any new initiatives.</p>
1.3	<p>Activity 1.3: The local health department shall disseminate results of the most recent community health assessment and "State of the County's Health" reports to the local health department's stakeholders, community partners and the general population.</p>
2.1	<p>Activity 2.1: The local health department shall collect local vital records of births and deaths and transmit them to the Division.</p>
2.2	<p>Activity 2.2: The local health department shall report annual childhood immunization data as required by statute and rule.</p>
2.3	<p>Activity 2.3: The local health department shall collect reports of communicable diseases and other reportable health conditions from community health care providers and transmits them to the Division.</p>

Activity	Activity Description
2.4	Activity 2.4: The local health department shall analyze and note reportable events occurring within the community and shall report atypical incidence, if any, to the Division and the local board of health.
3.1	Activity 3.1: The local health department shall assure agency staff has expertise and training to collect, manage, integrate and display health-related data.
3.2	Activity 3.2: The local health department shall conduct an annual evaluation of the agency's data system (hardware and software) and plans for upgrades to improve the accessibility, quality and utilization of health data.
4.1	Activity 4.1: The local health department shall assure that a surveillance system is in place for identifying health problems, threats and hazards that occur in the community.
4.2	Activity 4.2: The local health department shall monitor exposure to environmental health risks.
4.3	Activity 4.3: The local health department shall have access to, and consult with a Masters or Doctoral level epidemiologist when necessary to fully investigate and diagnose health problems and hazards within the community.
5.1	Activity 5.1: The local health department shall have a system in place to receive reports of communicable diseases or other public health threats on a 24-hour-a-day, 7-day-a-week basis.
5.2	Activity 5.2: The local health department shall use two or more methods to disseminate health alerts and other advisories on real or potential disease threats, as they occur, to the local medical community, including pharmacists and veterinarians.
5.3	Activity 5.3: The local health department shall provide health alerts or advisories to the news media to inform the public when disease outbreaks or other potential public health threats occur.
6.1	Activity 6.1: The local health department shall be involved in a local emergency planning committee.
6.2	Activity 6.2: The local health department shall have a defined role in the county emergency operations plan to protect the public's health.

Activity	Activity Description
6.3	Activity 6.3: The local health department shall participate in regional emergency preparedness exercises and activities.
7.1	Activity 7.1: The local health department shall have epidemiological case investigation protocols in place.
7.2	Activity 7.2: The local health department shall conduct communicable disease investigations, follow-up, documentation and reporting activities.
7.3	Activity 7.3: The local health department shall investigate and respond to environmental health complaints or referrals.
7.4	Activity 7.4: The local health department shall have a public health preparedness and response plan that: · corresponds to existing local and state emergency and Bioterrorism plans; · establishes roles and responsibilities of plan participants; · identifies training for participants in those roles; · establishes a chain of command among plan participants; · describes a system of emergency notification to local and state public health staff and other key decision makers based upon the nature of the event; · is available to staff on site
7.5	Activity 7.5: The local health director shall maintain periodic communication with local emergency managers.
7.6	Activity 7.6: The local health department shall annually test or implement the local public health preparedness and response plan.
7.7	Activity 7.7: The local health department shall have one of the following: public health preparedness and response coordination team with an environmental health member and a public health preparedness response coordinator, or an epidemiology team with an environmental health member and an epidemiology team coordinator.
8.1	Activity 8.1: The local health department shall have written policies and procedures for handling clinical and environmental laboratory samples.
8.2	Activity 8.2: The local health department laboratory and external laboratories utilized by the local health department shall comply with all applicable federal regulations for clinical and environmental laboratory testing. This activity ensures the labs used are properly certified.
8.3	Activity 8.3: The local health department shall provide or have access to laboratory services capable of meeting routine diagnostic and surveillance needs. Note: lab services that supports normal program and services delivered day-to-day.

Activity	Activity Description
8.4	Activity 8.4: The local health department shall provide or have access to laboratory services to support investigations of public problems, hazards, and emergencies. Note: this is access to lab services that support problems, hazards and emergencies like an outbreak or response situation.
9.1	Activity 9.1: The local health department shall publish and disseminate data and information on current local health issues to the general public, community partners, and elected and appointed officials.
9.2	Activity 9.2: The local health department shall have a mechanism by which the public can access community data and health status information maintained in the agency in accordance with applicable laws and rules.
9.3	Activity 9.3: The local health department shall provide information to the public on the availability and location of health data that are accessible in the public domain.
9.4	Activity 9.4: The local health department shall have written guidelines that it follows in responding to requests for information.
9.5	Activity 9.5: The local health department shall inform affected community members of changes in department policies or operations.
9.6	Activity 9.6: The local health department shall assure that information disseminated by the agency reflects the cultural and linguistic character of the local population as required by Title VI of the Civil Rights Act.
10.1	Activity 10.1: The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public. Note: The focus of this activity is population based program that targets the community at large.
10.2	Activity 10.2: The local health department shall carry out or assist other agencies in the development, implementation and evaluation of health promotion/disease prevention programs and educational materials targeted to groups identified as at-risk in the community health assessment.

Activity	<u>Activity Description</u>
10.3	Activity 10.3: The local health department shall employ evidence-based health promotions/disease prevention strategies, when such evidence exists.
10.4	Activity 10.4: The local health department shall promote and support the use of evidence-based health promotion/disease prevention strategies by other community agencies and organizations.
11.1	Activity 11.1: The local health department shall participate in a collaborative community steering committee to identify health issues and needs. Note: Try to show evidence other than the Healthy Carolinian's Partnership if possible.
11.2	Activity 11.2: The local health department shall involve community members in assessing, setting priorities and establishing desired outcomes for addressing community health issues and needs. Note: Can use Community Health Assessment material, along with developed action plans, in developing the evidence for the activity.
12.1	Activity 12.1: The local health department shall participate in a collaborative process to identify strategies for addressing community health problems.
12.2	Activity 12.2: The local health department shall participate in a collaborative process to assess resources needed, including personnel, funding, policy changes, and system change, to address community health problems.
12.3	Activity 12.3: The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.
13.1	Activity 13.1: The local health department shall broaden existing partnerships by cultivating innovative and new community contacts, such as businesses and industries, healthcare practitioners, faith communities, and grassroots organizations, and increasing their awareness of public health through outreach and training.
14.1	Activity 14.1: The local health department shall disseminate information relative to public health needs to elected and appointed officials.
14.2	Activity 14.2: The local health department shall provide information and recommendations to support the local board of health and the board(s) of county commissioners in setting public health priorities and planning public health programs. This activity show health department involvement while 34.5 shows BOH involvement. Note: 1 Example if BOCC assumes BOH powers/duties) Otherwise, will need 1 evidence for the BOH and 1 evidence for the BOCC.
14.3	Activity 14.3: The local health department shall evaluate, with the local board of health, the need for additional rules or ordinances to protect the health of the public.

Activity	<u>Activity Description</u>
14.4	Activity 14.4: The local health department shall assist the local board of health in drafting local ordinances and rules as needed and presenting them to elected officials in order to implement or enforce needed local public health prevention and protection activities. Note: This activity does not require that a rule or ordinance to pass because the focus is on the evidence of the health department assistance in drafting or amending a rule or ordinance.
15.1	Activity 15.1: The local health department shall develop or update annually an agency strategic plan that: includes a review and analysis of factors influencing the health department's ability to improve the community's health, uses local health status data and information to set goals and objectives, uses community input where applicable, states desired outcomes for each element, sets priorities, and uses community collaborations to implement activities.
15.2	Activity 15.2: The local health department shall develop and adopt program policies and procedures that meet the following criteria: refer to the federal and state legislation, rules or regulations, or local rules or ordinances that provide the authority to carry out agency programs and activities, and delineates desired outcomes.
15.3	Activity 15.3: The local health department shall have a written procedure providing for annual review, and revision if necessary, of all policies.
15.4	Activity 15.4: The local health department shall assess the internal and external resources that are available or needed to implement proposed new or updated policies and procedures.
15.5	Activity 15.5: The local health department shall ensure that new staff is oriented to program policies and procedures and existing staff receives training on any updated or revised program policies and procedures.
15.6	Activity 15.6: The local health department shall ensure that policies and procedures are accessible to all staff.
16.1	Activity: 16.1: The local health director and unit directors, such as directors of communicable disease, nursing, clinical services and environmental health, shall receive ongoing training in current public health law and its application.
16.2	Activity 16.2: Local health department new employee orientation shall address public health laws and rules.
16.3	Activity 16.3: Environmental health staff shall be trained in the implementation of laws, rules and ordinances that they enforce and shall have access to copies of the laws, rules and ordinances.

Activity	<u>Activity Description</u>
17.1	Activity 17.1: The local health department shall conduct inspection and permitting activities for state mandated environmental health regulatory programs.
17.2	Activity 17.2: The local health department shall conduct inspection and permitting activities assigned to the local health department by local rules, ordinances, or policies.
17.3	Activity 17.3: The local health department shall monitor compliance with communicable disease control laws and rules.
18.1	Activity 18.1: The local health department shall have written policies and procedures addressing enforcement of public health laws, rules and ordinances.
18.2	Activity 18.2: The local health department shall take enforcement action for violations of public health laws, rules and ordinances.
18.3	Activity 18.3: The local health department shall have written policies and procedures for handling complaints related to enforcement of laws, rules and ordinances.
18.4	Activity 18.4: The local health department shall address complaints in accordance with its policies and procedures.
19.1	Activity 19.1: The local health department shall assess use of public health programs and health care services by underserved, at-risk and vulnerable populations identified in the community health assessment process. Note: The intent of the assessment is to show that, through both the LHD and outside providers, access for the identified populations are being met.
19.2	Activity 19.2: The local health department shall take actions to include linguistically and culturally representative persons in planning and implementing programs intended to reach underserved population groups.
20.1	Activity 20.1: The local health department shall collaborate with community health care providers to provide personal and preventive health services.
20.2	Activity 20.2: The local health department shall collaborate with community health care providers and agencies to reduce barriers to access to care.

Activity	Activity Description
21.1	Activity 21.1: The local health department shall make available to the general public a current, comprehensive list of community health and wellness resources.
21.2	Activity 21.2: The local health department shall make available complete and up-to-date information about local health department programs, services and resources.
21.3	Activity 21.3: The local health department shall develop and implement strategies to increase use of public health programs and services.
21.4	Activity 21.4: The local health department shall assure that the program planning and implementation involve community health advocates that represent populations being served in the local health department.
22.1	Activity 22.1: When the local health department determines that there are compelling unmet health care needs in the community, the local health department shall develop a plan with community leaders and providers to meet the unmet needs, which may include the establishment and provision of such services by the local health department if the department has the authority, capacity and resources to address the unmet needs.
22.2	Activity 22.2: The local health department shall comply with laws, rules and contractual requirements for programs and services provided pursuant to the local health department's consolidated agreement and agreement addenda, including requirements for corrective action.
22.3	Activity 22.3: The local health department shall comply with laws and rules relating to programs and services offered by local health department but not covered by the consolidated agreement and agreement addenda. Note: If the HD serves only as pass through for funds and is NOT involved in the activities or administration of the funded program they do NOT need to list the program or provide any other type of oversight for accreditation purposes.
23.1	Activity 23.1: The local health department shall have, or be recruiting, a health director who meets the legal requirements for the position.

Activity	Activity Description
23.2	Activity 23.2: The local health department staff shall meet all registration, certification or licensure requirements for positions held and duties assigned.
23.3	Activity 23.3: The local health department shall employ or contract with one or more physicians licensed to practice in North Carolina to serve as medical director.
24.1	Activity 24.1: The local health department shall have policies that promote and provide staff access to training.
24.2	Activity 24.2: The local health department shall have a staff development plan that includes identifying and addressing the training and continuing education needs of the staff.
24.3	Activity 24.3: The local health department staff shall participate in orientation and on-going training and continuing education activities required by law, rule or contractual obligation.
25.1	Activity 25.1: The local health department shall work with academic institutions and other programs such as universities, colleges, community colleges, Area Health Education Centers, CDC and professional associations to provide training opportunities for current staff and future public health practitioners.
25.2	Activity 25.2: The local health department shall work with at least two academic institutions and other programs such as universities, colleges, community colleges and Area Health Education Centers to facilitate research and evaluation of public health programs and issues.
26.1	Activity 26.1: The local health department shall have and implement a non-discrimination policy as required by state and federal law and train staff in its application.
26.2	Activity 26.2: The local health department shall develop and implement a plan consistent with the health department's non-discrimination policy to recruit and retain a management team and staff that reflects the population of the service area.
26.3	Activity 26.3: The local health department shall assure that agency staff receives training in cultural sensitivity and competency.
27.1	Activity 27.1: The local health department shall have in place a process for assessing consumer and community satisfaction with its services.

Activity	Activity Description
27.2	Activity 27.2: The local health department shall use data from the consumer and community satisfaction assessment to make changes to improve its services.
27.3	the local health department shall implement a performance appraisal system for all staff.
28.1	Activity 28.1: Before implementing a proposed public health program, the local health department shall review, when available, research evaluating the potential effectiveness of the program.
29.1	Activity 29.1: The local health department shall develop and implement policies ensuring that state and federal requirements are followed regarding the rights of participants in local public health research programs and requiring that any requests to access health department clients have Institution Review Board approval obtained by the host research organization.
29.2	Activity 29.2: The local health department shall develop and implement policies for participation in research activities that impact its clients or community members. Note: This activity speaks primarily to research programs that are based outside the health department but may involve the health department, specific programs, data or individuals affiliated with the department in some aspect of the research. Also, if there has been no research conducted since the previous site visit, provide a statement declaring such.
30.1	Activity 30.1: The local health department shall have facilities that are clean, safe and secure for the specific activities being carried out in the facility or any area of the facility, such as laboratory analyses or patient examinations.
30.2	Activity 30.2: The local health department shall have facilities that are accessible to persons with physical disabilities and services that are accessible to persons with limited proficiency in the English language.
30.3	Activity 30.3: The local health department shall have examination rooms and direct client service areas that are configured in a way that protects client privacy.
30.4	Activity 30.4: The local health department shall ensure privacy and security of records containing privileged patient medical information or information protected by the federal Health Insurance Portability and Accountability Act.

Activity	<u>Activity Description</u>
30.5	Activity 30.5: The local health department shall comply with OSHA regulations.
30.6	Activity 30.6: The local health department shall ensure cleaning, disinfection and maintenance of clinical and laboratory equipment and service areas and shall document all cleanings, disinfections and maintenance.
30.7	Activity 30.7: The local health department shall have and comply with policies and procedures for infection control required by law in providing clinical services.
30.8	Activity 30.8: The local health department's hours of operation shall be based on documented community need.
30.9	Activity 30.9: The local health department shall prohibit the use of tobacco in its facility.
30.10	Activity 30.10: The local health department shall make efforts to prohibit the use of tobacco in all areas and grounds within fifty (50) feet of the health department facility.
31.1	Activity 31.1: The local health department shall develop and implement policies and procedures regarding the administration of the local health department and shall assure policies and procedures are accessible to staff.
31.2	Activity 31.2: The local health department shall have a current organizational chart showing lines of authority.
31.3	Activity 31.3: The local health department shall have written personnel policies that address disciplinary, grievance and harassment issues.
31.4	Activity 31.4: The local health department shall have current written position descriptions and qualifications for each staff position.
31.5	The local health department shall implement a performance appraisal system for all staff.
31.6	Activity 31.6: The local health department shall have an inventory of equipment that includes a plan for replacement.
32.1	Activity 32.1: The local health department shall have computer equipment and software needed to interface with state data management systems.

Activity	Activity Description
32.2	Activity 32.2: The local health department shall ensure that staff are able to use the management information system to participate in electronic communications and public health program implementation.
32.3	Activity 32.3: The local health department shall have a written policy regarding authorized and prohibited use of computer equipment, email and Internet.
32.4	Activity 32.4: The local health department shall have policies and procedures to assure management information system security, and use passwords and screensavers to safeguard the privacy of electronic information.
33.1	Activity 33.1: The local health department shall demonstrate that it receives financial support from a local taxing authority.
33.2	Activity 33.2: The local health department shall operate under a budget approved by the appropriate authority under state statute.
33.3	Activity 33.3: The local health department shall follow generally accepted accounting principles.
33.4	Activity 33.4: The local health department shall have policies that assure segregation of financial management duties and accountability for funds.
33.5	Activity 33.5: The local health department shall determine the cost of services in setting fees. Note: This activity focuses on the information used to determine the fees that will be proposed.
33.6	Activity 33.6: The local health department shall develop and present periodic budget, expenditure and other financial tracking reports to the board of health for its review.
33.7	Activity 33.7: The local health department shall have a financial risk management system in place to address uncollected fees and bad debt.
34.1	Activity 34.1: The local board of health shall have operating procedures which shall comply with state law.
34.2	Activity 34.2: The local board of health shall have access to legal counsel.

Activity	Activity Description
34.3	Activity 34.3: The local board of health shall follow the procedures for adopting rules in G.S. 130A-39.
34.4	Activity 34.4: The local board of health shall evaluate the need for the adoption or amendment of local rules or ordinances.
35.1	Activity 35.1: The local board of health shall assure it follows the procedures for adjudications in G.S. 130A-24.
36.1	Activity 36.1: The local health department shall provide board of health members with a written board handbook developed or updated within the past 12 months.
36.2	Activity 36.2: The local health department shall assure new board of health members receive training and reference materials on the authorities and responsibilities of the local board of health within the first year after appointment to the board.
36.3	Activity 36.3: The local health department shall assure on-going training for board of health members related to the authorities and responsibilities of local boards of health.
37.1	Activity 37.1: The local board of health shall assure that a qualified local health director, in accordance with G.S. 130A-40 or 40.1, is in place to lead the agency. Note: 27.3 focuses on assuring the BOH/Consolidated human services director assures it is meeting statutory/regulatory qualifications for the health director position.
37.2	Activity 37.2: The local board of health shall approve policies for the administration of local public health programs.
37.3	Activity 37.3: The local board of health shall describe and define the knowledge, skills, and abilities that must be met by the local health director, consistent with the requirements in G.S. 130A-40.
37.4	Activity 37.4: The local board of health shall review and approve the job description of the local health director.
37.5	Activity 37.5: The local board of health shall conduct an annual performance review of the health director.

Activity	Activity Description
37.6	Activity 37.6: The local board of health shall approve policies for the recruitment, retention and workforce development for agency staff.
38.1	Activity 38.1: The local board of health shall annually review reports provided by the local health department on the community's health.
38.2	Activity 38.2: The local board of health shall review community health assessment data and citizen input used to plan and monitor progress toward health-related goals.
38.3	Activity 38.3: The local board of health shall assure that individuals, agencies, and organizations have the opportunity to participate in the development of goals, objectives and strategies for community health improvement.
39.1	Activity 39.1: The local board of health shall communicate with the board of county commissioners, units of government and private foundations in support of local health department efforts to secure national, state and local financial resources.
39.2	Activity 39.2: The local board of health shall review fiscal reports to assure essential services of public health are being provided in accordance with local, state and federal requirements.
39.3	Activity 39.3: The local board of health shall annually review and approve the local health department budget and approve fees in accordance with G.S. 130A-39(g).
39.4	Activity 39.4: The local board of health shall communicate with the board of county commissioners, units of government and private foundations in support of the development, implementation and evaluation of public health programs and a community health improvement process.
39.5	Activity 39.5: The local board of health shall assure that the proposed budget for the local health department meets maintenance of effort requirement in the consolidated agreement between the Division of Public Health and local health department.
40.1	Activity 40.1: The local board of health shall inform elected officials and community boards about community health issues.
40.2	Activity 40.2: The local board of health shall communicate support for the enactment and retention of laws and rules and the development of public health interventions that protect health and ensure safety.
41.1	Activity 41.1: The local board of health shall take actions to foster community input regarding public health issues.

Activity	<u>Activity Description</u>
41.2	Activity 41.2: The local board of health shall take actions to foster local health department partnership-building efforts and staff interactions with the community.
41.3	Activity 41.3: The local board of health shall take actions to foster the coordination of resources to enhance partnerships and collaboration to achieve public health objectives.

Community Level Accomplishments

Working Together

Public Health, DSS, and Daymark work together well serving our shared customers and clients, but during the month of April, employees from each department worked together to respond to a need at the Winston-Salem Diaper Bank.

With 3 local food vendors in our campus parking lot, more than 200 PH, DSS, and Daymark staff came out to enjoy lunch together. We collected 3,300 diapers and \$67 during the event - which translates to about 400 more diapers. The diaper bank was appreciative and so were the food vendors.

#greatemployees + #goodcause + #teamwork + #happysmallbuisnesscommunity = #winwin



Komen

Team Public Health participated in the Race for the Cure and raised \$2,349.



Community Level Accomplishments

Preparedness

- Community Exercise

- First Ever Full Scale Exercise - Partnered with North Carolina Public Health Preparedness & Response (NC PHP&R) and the North Carolina Division of Deaf & Hard of Hearing to conduct the First Full Scale Access & Functional Needs Point of Dispensing (POD) Exercise in the State; with a focus on serving patients that are deaf, blind and hard of hearing during.

- Environmental Health

- Distribution of over 1,000 **Zika Pregnancy Prevention Kits**; kits included educational brochures, mosquito repellent, standing water treatment tabs, and condoms.

- Opioid Epidemic

- FCDPH continues to investigate opioid overdose prevention methods. Assisted with bringing together key community stakeholders to develop an opioid overdose rapid response team.
- Developed an Initiative for Drug Overdose Prevention (iDOP) which included the creation of a website on opioid overdose prevention for providers, pharmacists, parents, and the general community, together with developing a radio and media campaign to raise awareness on signs of overdose and Naloxone/Narcan, the opioid antidote medication.





2017 - 2018 Work Plan

Community Health Fair



Program Productivity by Division

2017 - 2019 Community Health Assessment



2017 - 2018 Work Plan

➤ Community Health Fair

- **Accreditation Benchmark** – *This activity will meet the following requirements:*
 - Activity 1.2: the local health department shall update the community health assessment.
 - Activity 1.3: the local health department shall disseminate results of the most recent assessment.
- **Core Function of Public Health** - *This activity will meet the core functions of public health:*
 - Assurance – Link people to needed services;
 - Assessment – evaluate effectiveness, accessibility, and quality of services; and
 - Policy Development – Inform, Educate, and empower people about community health issues and outcomes.

➤ Program Productivity by Division

- This is an ongoing activity where we will continue to assess the effectiveness of each program and service we offer by division.
- This activity will allow leadership to assure a competent workforce based on the services we provide.
- We will develop a Strategic Plan that will include departmental and community level goals.

➤ 2017 - 2019 Community Health Assessment

- This activity will meet Accreditation requirements to conduct a community health assessment that the department will roll out in 2018.
- We will monitor health status and identify community health problems.
- Evaluate effectiveness, accessibility, and quality of personal and population based services in the community.

➤ Agency Accreditation

- Obtain agency re-accreditation during the 2018 site visit.
- This is an ongoing State requirement.