



DAWSON COUNTY HEALTH DEPARTMENT STRATEGIC PLAN 2016- 2021

AUGUST 2016

DAWSON COUNTY HEALTH DEPARTMENT

207 WEST BELL STREET
GLEN DIVE, MT 59330

DAWSON COUNTY HEALTH DEPARTMENT STRATEGIC PLAN 2016-2021

DCHD PLANNING PARTICIPANTS

- Brenda Mischel, Family Planning
- Andeen Raymond, Home Health
- Pam O'Brien, WIC and Administrative Assistant
- Clarice Utgaard, IZ Nurse and School Nurse
- Jen Fladager, CD/PHEP, PHSI, BAG
- Trish Olson, IZ Nurse, Home Visiting
- Patty Maddock, Administrative Assistant, Billing
- Heather Frank, Administrative Assistant
- Lynn Newnam, Family Planning Coordinator, WIC
- Laureen Murphree, Tobacco Prevention
- Timber Dempewolf, Health Director

REVIEW OF MISSION, VISION, AND PURPOSE

DAWSON COUNTY HEALTH DEPARTMENT MISSION STATEMENT

Promote and Protect Public Health

VISION STATEMENT

Dawson County Health Department (DCHD) is committed to excellence in protecting, promoting and enhancing the health and well-being of all people. We provide quality services to people of all ages and work to ensure the health and safety of our community and environment through the promotion of health and prevention of disease.

PURPOSE

To serve and educate our population and advocate for the health and safety of our community.

CORE VALUES

Evidence based and evidence informed practices - What we do is based in practices that have either been proven to be successful or that have a probability of achieving the desired outcome.

Professionalism –We believe our customers should be treated in a compassionate and caring manner that respects them as individuals, is non-judgmental and protects confidentiality. We are committed to ensuring that our staff is highly skilled and receives ongoing education to enable them to keep abreast of new information.

Community and Wellness Oriented – We believe that public health services should be based on the needs of the community and should be data driven and community oriented through an ongoing cycle of assessment, assurance and policy development. Services will be prevention focused and collaborative in nature.

The Mission, Vision, Purpose, and Core Value Statements were reviewed and deemed appropriate. No changes were made.

PROGRAM SUCCESSES, CHALLENGE, AND STAFF SHORT-TERM GOALS

Successes	Challenges	General Goals
Women, Infants, and Children (WIC) Program-Lynn Newnam, Pam O’Brien		
Getting Pam PAT certified, our good reputation, and in all the programs, our biggest strength is our reputation and our clients trust us.	Getting new clients, and overcoming the state’s lack of organization and communication and IT issues that could limit travel but increase clients.	Get moved to new office, have a pleasant audit, incorporate eWIC for distant clients, get more clients-increase WIC number by XX% total of 200, and to find a way to have things run smoother with the state. Have an in house Lactation consultant?
Family Planning-Brenda Mischel, Lynn Newnam, Timber Dempewolf		
Having 4 satellite clinics and our [good] reputation, ended in the black, we stayed pretty much within budget.	Overcoming the stigma of being associated with “Planned Parenthood” and that our services are just for “poor” people, navigating insurance. Also, providers at satellite clinics are not stable.	Find consistent providers for satellite clinics, reestablish a relationship with the college and high school, have a successful and pleasant audit, increase client/patient counts, clean up accounts receivable. Explore and initiate EHR use. Maintain satellite clinic conference calls.
Communicable Disease-Jen Fladager, Timber Dempewolf, Lynn Newnam		
Outbreak response and CD surveillance have been going very well. The State has been very helpful, and they stated our E. Coli outbreak was detected very quickly locally (almost a week before the average). Working with GMC has been better than ever regarding case identification-we still have our hiccups, but overall they’ve been very helpful.	Time has been an issue because of the uptick in cases.	Successfully train my replacement without overwhelming him/her. Maintain communication with CD surveillance partners, and increase cross training for disease reporting in MIDIS.

PHEP-Jen Fladager		
The plans are in pretty good shape, and will be what I'd say are accreditation ready in the upcoming year.	It may be that no one will be hired before my departure, so the plan is right now to complete as many deliverables as possible before I go to take off some of the strain to coworkers and Timber.	I'm trying to do several deliverables due later in the year in the first quarter in case the PHEP coordinator position is unfilled for a time.
General Public Health-All Staff		
<p>(DCHD Marketing) Our Facebook marketing has increased greatly, and we are starting to see its reach. It turned out to be a great tool in the E. Coli Outbreak and the sexting campaign.</p> <p>(DCHD Database) The new version seems to be functioning well. We've had a few kinks to work out, but they were easy fixes.</p> <p>(FICMMR): We have one at this time to finish prior to end of Nov. Keep an eye on newspaper for our FICMMAR activity for this year-DCHD purchased a coloring page in the coloring book created by the Ranger Review.</p>	<p>Some think the Health Fair needs to be revamped.</p> <p>We've had mixed results on other Facebook posts put out there. Emergency preparedness isn't very popular, for example.</p> <p>Paraphrased-Having just started, she had no idea how many things the Health Department did, also did not know about the newsletter.</p> <p>Paraphrased-Reaching people can be difficult as far as advertising services, some watch TV, some read paper, Facebook, etc.</p>	<p>Insurance Billing-Transition this to Heather and Pam will still be available to help</p> <p>Meals on Wheels- More Clients</p> <p>Health Fair-I just think we need to do something new and more exciting to engage more people.</p> <p>Explore electronic performance management systems.</p>
Tobacco-Laureen Murphree		
We feel my relationship with the schools and the days of action (Red Ribbon Week, Great American Smokeout, Through with Chew and Kick Butts Day) events have been successful.	I would like to get a few more non-health department and out-of-town people to the Coalition meetings.	<p>Continue relationship with the schools and continue days of action events.</p> <p>Try to get a more diverse group of people at the Coalition Meetings.</p> <p>Contact multi-unit housing owners and work with them on creating a smoke free environment, giving free signs and giving them support.</p>

Dawson County Healthy Communities Coalition and Building Active Glendive-Jen Fladager		
<p>BAG has made progress on our work plan, and MSU and Bike Walk are very pleased with our headway. The strategic plan has been written, but not adopted yet. Signage is up for wayfaring.</p>	<p>Resigning the secretary position was wise in Healthy Communities, but BAG is in some serious trouble with manpower. I'm leaving, Dianna Broadie is out for a while, Adam Gartner is done with his term (though he states he'll stay on), Jerry Jimison and Peggy Iba have been very busy with other things, we lost Nate Powell (though Tom Shoush started attending in his place), Kelly Wicks left.</p>	<p>Train a replacement in the Health Department who can assist BAG prior to my departure-Janelle Olberding is in town and available to work on this initiative. She did some accreditation work for Cascade County and also helped with a group called Get Fit Great Falls.</p>
Accreditation and Public Health Systems Improvement-Jen Fladager, Timber Dempewolf		
<p>The completion of the CHIP and CHA came late, but it's great it's done. We are waiting for the final draft of the CHIP so we can put it out for public comment.</p> <p>After a full assessment of our progress, we are roughly halfway to meeting accreditation guidelines! The progress tool is currently up to date, and I will update it again before I leave.</p> <p>PHSI funding has really moved DCHD forward to ensure there are processes in place related to workforce development and strategic planning.</p>	<p>Coordinating between the hospital and other partners has been a bit difficult. Meeting times are the most troublesome in finding an open spot in everyone's schedule.</p> <p>Bringing someone else on board and getting them up to speed will be time consuming.</p>	<p>To be accreditation ready by December 2021.</p> <p>Develop and incorporate a quality improvement program in day to day activities.</p>
Immunizations-Clarice Utgaard, Patty Maddock, Trish Olson, Timber Dempewolf		
<p>IZ rates have gone up. We got the CAREVAN to come to town and will be good for future clinics.</p> <p>Since the law change for VZ requirement for school entry last October, all Varicella vaccinations were successfully completed for</p>	<p>Getting all children immunized, new vaccine requirements, new vaccines.</p> <p>Inadequate Varicella vaccine coverage completed at WMS & DCHS.</p> <p>There was no improvement in our adolescent</p>	<p>Complete required Varicella vaccination for school entry of all students with special focus on middle school and high school students to bring them up-to-date.</p> <p>To maintain 19-35 mos. IZ rates above 90%,</p>

<p>LES & JES schools. We increased exposure for DCHD via social media and also newsletter distribution.</p>	<p>vaccine rate which includes HPV, MCV4 and TDaP.</p>	<p>and add more education for parents. Increase adolescent vaccine rates (currently at 1%)</p>
<p>School Nursing and Daycare Visits-Clarice Utgaard and Andeen Raymond</p>		
<p>Since the law change for VZ requirement for school entry last October, all Varicella vaccinations were successfully completed for LES & JES schools.</p> <p>Rural Schools-they loved Jen's [Jr. Disease Investigators] germ cases!</p> <p>We still have school nursing contracts for all public schools in Dawson County.</p> <p>Clarice had her first daycare provider who had all IZ requirements up to date at the daycare review.</p>	<p>Inadequate school nursing services at WMS & DCHS which posed a work burden to other staff.</p> <p>Poor working relationship with former school nurse.</p> <p>Rural schools finding new ideas to keep students interest, getting list of students timely.</p>	<p>Be able to play a part in restoring the principles and integrity of the school nurse position by creating a better working relationship with co-working school nurse and providing better mentorship.</p> <p>Restore confidence to school staff.</p>
<p>Home Visiting and Safe Sitter Classes-Pam O'Brien, Trish Olson, Timber Dempewolf</p>		
<p>We have added involuntary Safe Care as another evidence-based home visiting program.</p> <p>We have increased our caseload to approximately 80%. Pam has taken the initiative and enrolled her first client</p> <p>Pam has been trained in PAT!!</p> <p>We have two families that have been with PAT for over a year. One young lady has recently obtained her driver's license and taken her HISET. She passed all but one module. One little guy has increased his language skills and</p>	<p>Get more clients, and Pam wants to keep educating herself and getting her bearings. Group connections- clients are not attending.</p> <p>PAT is required to have an advisory board, currently we are using the Best Beginnings Council. The people who attend the Best Beginnings meetings have a very narrow focus.</p> <p>Time and time management are considerations. Enrolling clients that are long term are also a challenge. They often have many other responsibilities that are a priority to them.</p>	<p>To achieve a 100% caseload, we would like to also see long term participation.</p> <p>We would like to see more participants utilize and enjoy the group activities at the Nurturing Tree.</p> <p>Continue to educate the advisory board about home visiting services and why it is important for our community.</p> <p>Bring coordination of Best Beginnings back under DCHD's umbrella.</p> <p>Make having a home visitor a societal norm.</p> <p>Have a waiting list of clients.</p>

<p>is now at or above his developmental level.</p>	<p>Many of the families suffer from mental illness and choose not to seek care. Educating them about mental illness is not well received. Families struggle to survive in poverty. Some of their behaviors are products of family culture and they have a hard time seeing the need to change. They have become dependent on the “system” and feel overwhelmed when facing any change.</p>	<p>Have stable funding from the state, and investigate billing TCM.</p> <p>Have PAT recognized by the court system as an option for court ordered parenting class.</p>
<p>Home Health and Stepping On-Andeen Raymond, Timber Dempewolf</p>		
<p>Toe nail clinics are BOOMING. We now have 3 one month and 4 one month alternating months. HHA visits still down, but only have one HHA working 1 day a week, and the other filling her time with Homecare clients, respite and HHA. Homemakers have a slight waiting list at this time.</p>	<p>Trying to get and keep clients so staff will feel more committed to our programs. Some staff are nearing retirement, and not wanting as many hours. We question if families are doing more cares for elderly parents and thereby decreasing our numbers.</p> <p>VA is no longer able to contract with PH for SNV's, so GMC has gained some easy long term clients that would have been ours.</p>	<p>Increase HH visits for nurse and HHA over the next couple of years.</p> <p>We have lost several long time clients due to their health declining, and needing to leaving our area. It would be great to see our HHA/respite services increase with the VA. There are a lot or elderly vets in our area.</p>
<p>The Nurturing Tree and Parenting Classes-Alisa Werner, Pam O'Brien, Timber Dempewolf</p>		
<p>Love and Logic classes are scheduled for September.</p> <p>Funding has been secured to the full requested amount from Montana Children's Trust Fund.</p> <p>FOT is a successful fund raiser and partnership with Dawson County Healthy Communities.</p>	<p>Tuesday activities are well attended, however we are still struggling to get home visiting clients to attend. The Tuesday activities are created to encompass preschool readiness and PAT group connections.</p> <p>Staff are in the office for 10-12 hours/per week, making our availability to clients minimal.</p>	<p>Increase the amount of money raised through fund raising and donations.</p> <p>Continue partnership with Library programs.</p>

SWOT ANALYSIS

1. **Strengths** of the Health Department:

- Great, reliable, knowledgeable staff
- Supportive team-good group dynamics
- We work with many entities in the community
- We are community minded and are recognized within it
- Strong leadership in DCHD
- Very experienced staff members in their programs
- Variety of programs available

2. **Weaknesses** and suggestions for how we could address them:

- Community partnerships can be difficult to maintain
- The Health Director's job duties are too much for one person
- PHEP Nursing is hard to fill, the rest of the staff doesn't like the job duties of the PHEP nurse
- City, county leadership apathetic to needs, lack understanding of programs and populations served
- Difficulty communicating importance of our programs to residents of Dawson County
- Several experienced staff up for retirement

3. Are we missing any **opportunities**:

- BAG-MDT is redoing Towne and Merrill, we can promote healthy lifestyles by promoting walking and biking

- Interest in health education indicated in the 2016 community health assessment
- Possibly add more staff
- School nursing-Power School interfaces with Immtrax-saves time and work
- The health fair needs a change or reworking
- Have a staff member trained as a lactation consultant
- Billing collection

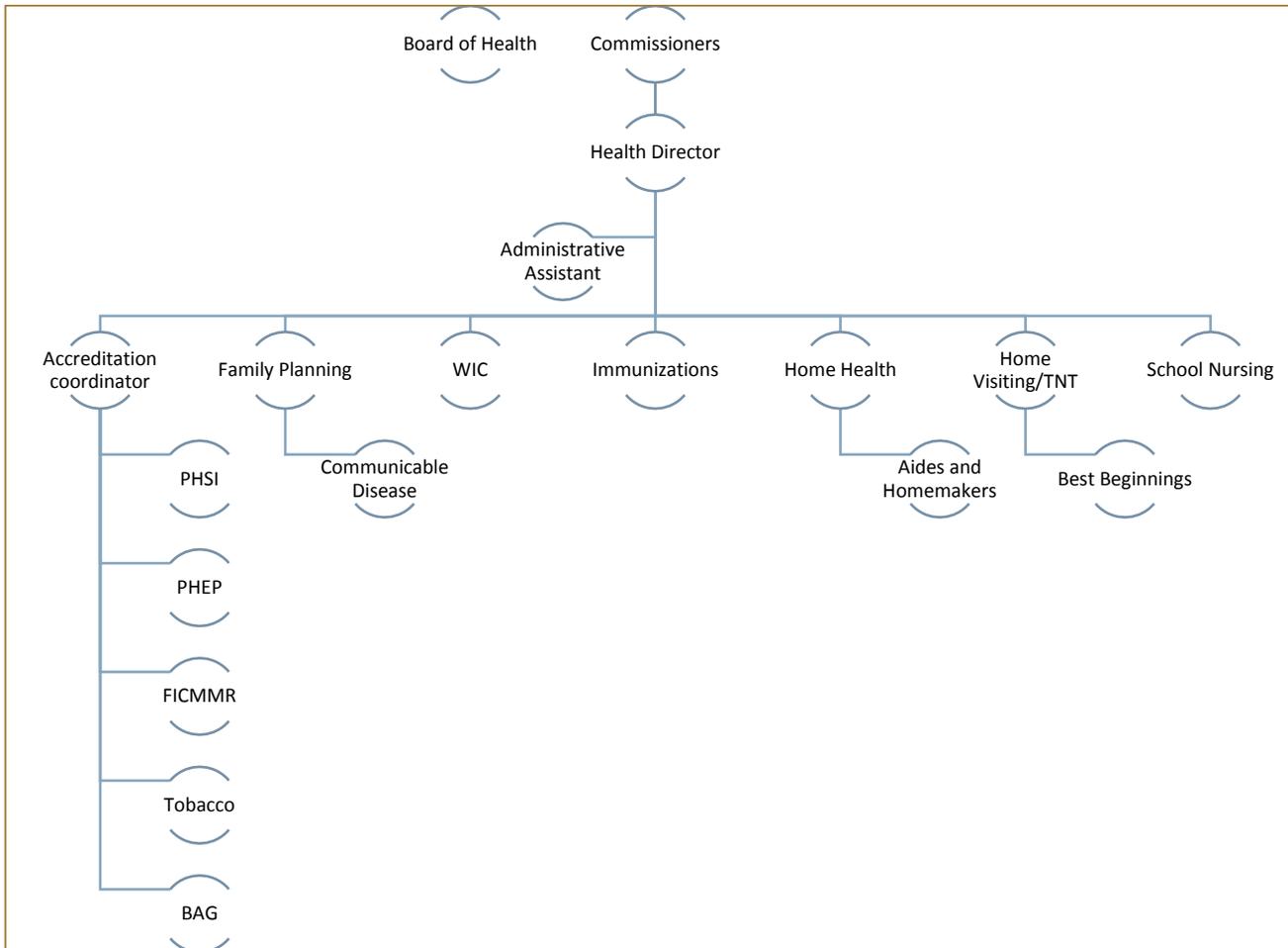
4. What are **threats** for the Health Department:

- Changes of staff at the state
- Changes in our political leadership can affect how DCHD operates and what funding we receive
- Cuts in federal funding in PHEP and Title X
- Voting to eliminate Title X funding
- Master settlement funds for tobacco coming to an end in 7-8 years
- People moving and leaving the community
- Misconceptions about our programs
- Multiple staff retiring in 3-5 years

DCHD RESTRUCTURING

Staff members were asked to create a structure tree creating an organization where only 5-7 programs were under a single person. Currently, the workload placed upon the Health Director is far too much, and other staff members are becoming overtaxed. The pros and cons of each situation were considered, as well. The suggestions were as follows:

SUGGESTION 1-ADD ACCREDITATION COORDINATOR



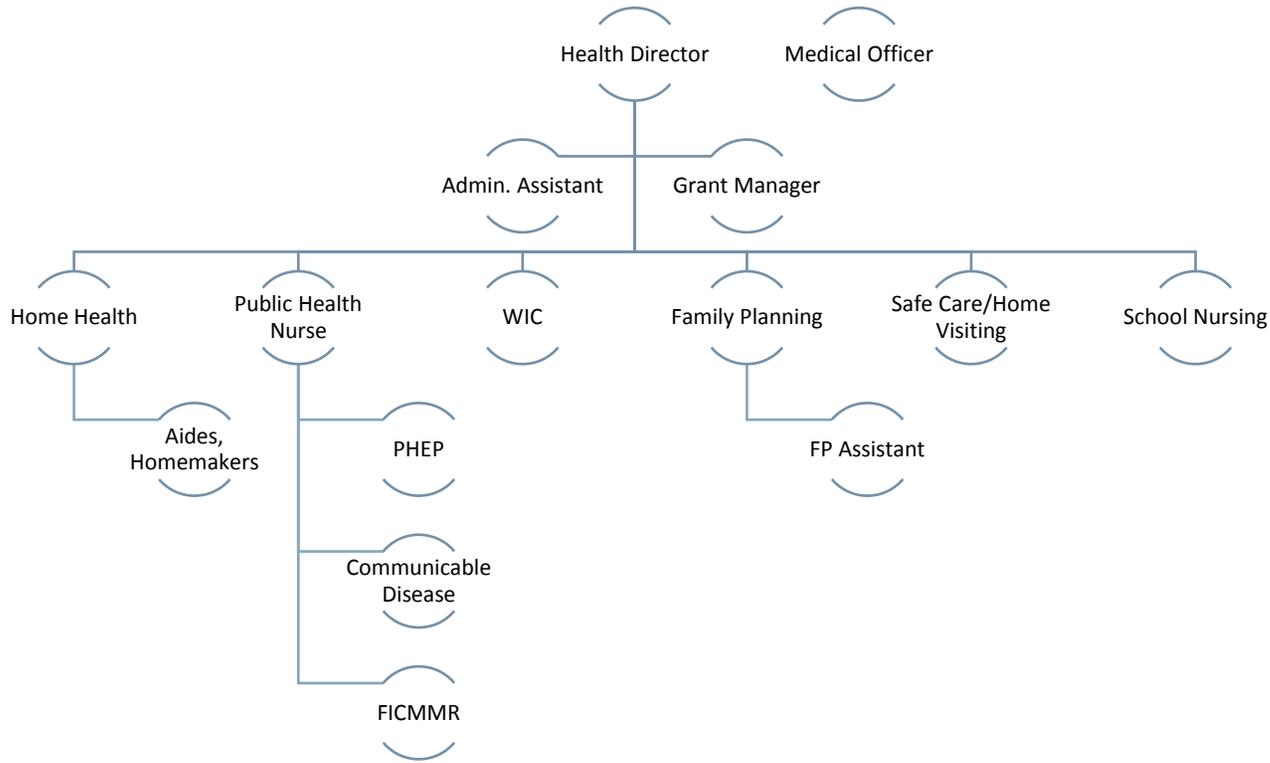
Pros:

- It makes sense
- It gives the Health Director assistance
- Staff turnover may give an opportunity to rearrange
- Flows well
- Several like the layout

Cons:

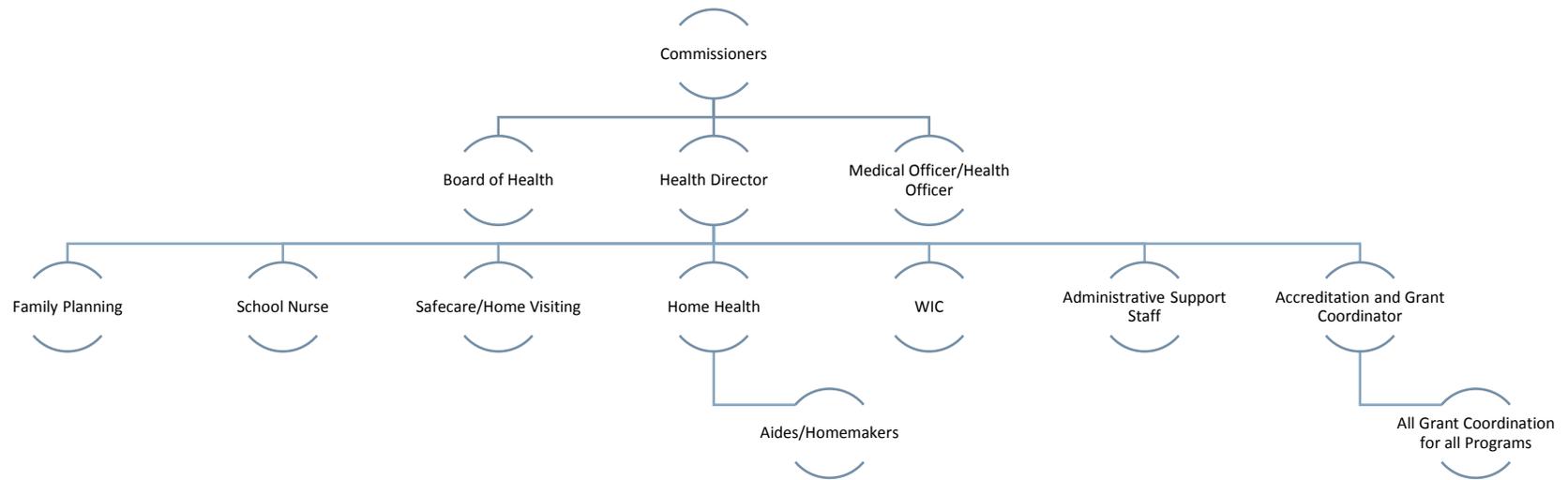
- Still too much for the director
- Timber already had help on it
- May take too long to implement
- Training is difficult
- Grant funding is unknown
- Change is scary

SUGGESTION 2-ADD A GRANT MANAGER



- Pros:*
- It takes pressure off of Timber
 - Can be done by 2018
 - Barb Roehl can help
 - FTE's support it
- Cons:*
- Note- Immunizations, Best Beginnings, TNT, Tobacco, BAG-DCHCC are missing
 - May take too many hours for the grant manager
 - Some employees feel anxious about it
 - May require a personnel manager
 - Commissioners may not understand this structure

STRUCTURE 3-ADD AN ACCREDITATION AND GRANT COORDINATOR



Pros:

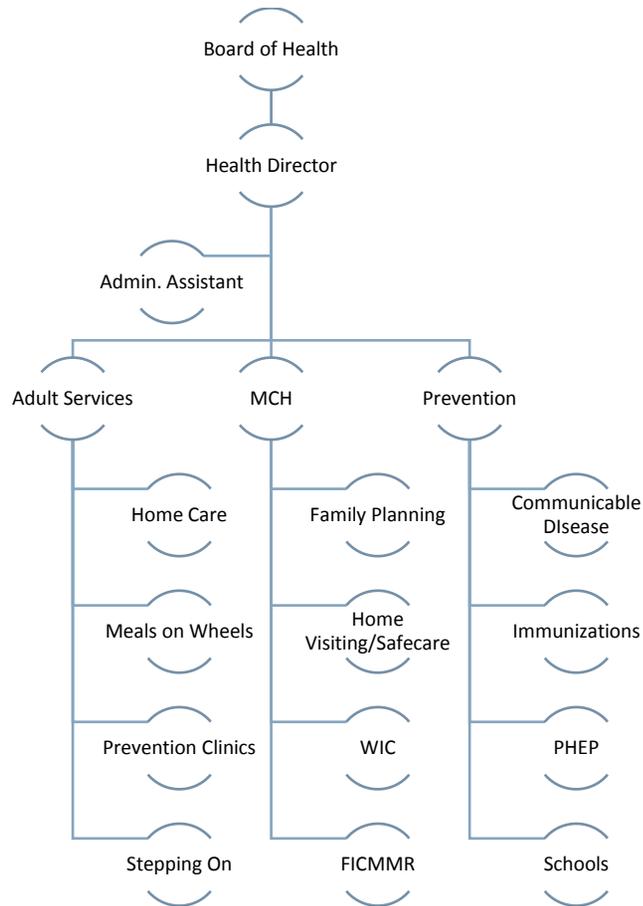
- *IAP and MCH grants are doable together*

Cons:

- *Timber hates to let the budgeting go to someone else because it has a large effect on the county budget*

Note-All grant programs include Tobacco, PHEP, IZ, Best Beginnings, PAT, TNT, MCTF.

STRUCTURE 4-2015 SUGGESTION ADDING MIDDLE MANAGEMENT



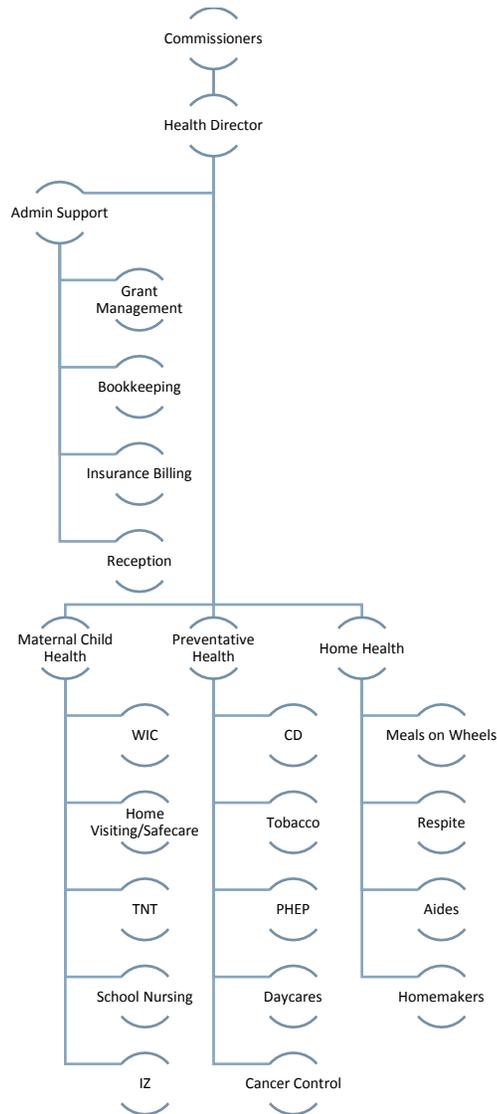
Pros:

- *Workload is very evenly distributed*
- *This takes a great deal of pressure off of the Health Director*

Cons:

- *This would require rewriting job descriptions*
- *It would require hiring middle management -or-*
- *It would require promoting current staff, and many like their job duties the way they are*
- *Does not account for accreditation activities*

STRUCTURE 5-ADAPTED STRUCTURE FROM 2013 WITH PROGRAMS NO LONGER OFFERED REMOVED



Pros:

- *Workload is very evenly distributed*
- *This takes a great deal of pressure off of the Health Director*

Cons:

- *This would require rewriting job descriptions*
- *It would require hiring middle management -or-*
- *It would require promoting current staff, and many like their job duties the way they are*
- *Does not account for accreditation*

PLAN OBJECTIVES

Several key partnerships were identified pertinent to this Strategic Plan:

- Glendive Medical Center
- Dawson County Healthy Communities Coalition/Building Active Glendive
- Dawson County Board of Health
 - Dawson County Commissioner
 - Dawson County Health Officer
 - DCHD Health Director
- DCHD Tobacco Prevention Coordinator
- District Sanitarian
- Private Food Establishment Owner
- Mental Health Specialist
- Dental Provider
- Private Practice Providers

Goal Timeline	Goal	Strategy	Assigned Staff Person(s)
June 2018	Restructure DCHD as an organization creating a position to assist Director and meet all our program needs.	1. Have staff vote on their favorite two structures from those previously listed in this plan by September 30, 2016. <ul style="list-style-type: none"> a. Completed on 9/9/16-Several staff had no preference, but structure 1 and 2 were equally favored. Structure 1 was identified by the Health Director as a starting point, and can be adjusted later, if needed. 	Jen F.
		2. Request another FTE from commissioners to make room for more staff by August 15, 2016. COMPLETE	Director
		3. Finalize the selected structure through the commissioners by May 2017.	All Staff
		4. Rewrite the job descriptions for the selected positions and new positions to fit funding and the new structure by July 2017.	Director, Human Resources
		5. Redistribute work assignments to match structure by June 2018.	All Staff
June 2019	Increase utilization and knowledge of DCHD services among residents of	1. Continue to expand Facebook marketing, both promoted and organic (ongoing).	All Staff

	Dawson County and their satellite clinics.	2. Make the Health Department more appealing by June 2017 (paint, redecorating).	All Staff
		3. In programmatic work plans formulate measures to increase client numbers specific to the services offered.	Director, Program coordinators
March 2017	Restructure the Health Fair to increase residents' utilization of it.	1. Gather data on what the public finds appealing or look for demographics we typically don't reach.	All Staff
		2. Identify new features for the Health Fair, and possible a change of venue.	All Staff
		3. Complete new plan for Health Fair by January 2017	All Staff
June 2021	DCHD will be accreditation ready based on the most current version of PHAB guidelines and requirements.	1. Explore hiring an accreditation coordinator within the new DCHD structure by May 2017.	Health Director
		2. Institute a quality improvement program.	Director, Accreditation Coordinator
		3. Create a quality improvement team.	Accreditation Coordinator
		4. Complete workforce development plan by March 2017.	Director, Accreditation Coordinator
		5. Review readiness progress through the accreditation readiness tool bi-annually.	Accreditation Coordinator
		6. Align programmatic work plans with accreditation guidelines.	Program Coordinators

PLAN MAINTENANCE AND REEVALUATION

Progress will be evaluated annually through strategic planning sessions. The Director and Accreditation Coordinator are responsible for updating this plan. Members of the public are encourage to forward comments to dchealth@midrivers.com or call DCHD at 406-377-5213.