



**Public Health**  
Prevent. Promote. Protect.

**NORTH CENTRAL PUBLIC HEALTH DISTRICT**  
*"Caring For Our Communities"*

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# North Central Public Health District Strategic Plan 2017-2019

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## Executive Summary

North Central Public Health District (NCPHD) is working hard to continue to serve our communities in the rapidly changing environment at the local, state, and federal levels.

Locally we continue to work to solidify the governance issues surrounding the formation of the first multi-county health district in Oregon. There is a strong commitment on the part of each of the three counties to develop and finalize the arrangement that is serving each county's interests so well.

We are participating in meetings regarding Coordinated Care Organizations (CCO's) in our area that are necessary following Oregon's new health care transformation initiative. Both the Director and Deputy Health Office participate in the group convened by the local Community Mental Health Program Director. We are committed to integrating public health services into the initiative. We want to broaden and deepen our current expertise and assessment so that it can become a core process in the Coordinated Care Organizations.

We are also very interested in the work around Early Learning in Oregon. The Director has participated in the Home Visiting Design Team work, has followed the Governor's Transition Team Report, worked closely with the Wasco County Commission on Children and Families Director who was a member of the Early Learning Design Team. Earlier this fall, Teri Thalhofer, RN, BSN, NCPHD Director, was named to the Early Learning Council by Governor Kitzhaber.

Nationally, the landscape is ever changing. To adapt to such changes, staff recently completed the Project Public Health Ready Process. This was a valuable method to evaluate strengths and challenges in one program area. We have taken on efforts to prepare for national accreditation for local public health programs through the Public Health Accreditation Board. Efforts to evaluate processes and institute organization wide Quality Improvement is ongoing. We are also upgrading to an electronic medical record and data system. The data system implementation is a massive undertaking that will touch all staff.

We continue to work with our partners in all three Counties to maintain and improve the health of the communities.



**Public Health**  
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**NORTH CENTRAL PUBLIC HEALTH DISTRICT**

### **Vision**

We are a trusted and innovative public health district committed to working for a safer and healthier North Central Public Health District.

### **Mission**

To prevent disease, injury and disability to promote health and well being; and to protect our communities by preparing for and responding to public health threats.

### **Values**

We hold ourselves to the highest level of honesty, transparency, and ethical conduct in all relations and dealings.

*As individuals and an entity we:*

- Relate to all with honesty, respect, and integrity.
- Communicate openly and with clarity.
- Serve our communities with compassion, understanding and empathy.

### **Organizational Description**

North Central Public Health District currently provides the following basic public health services:

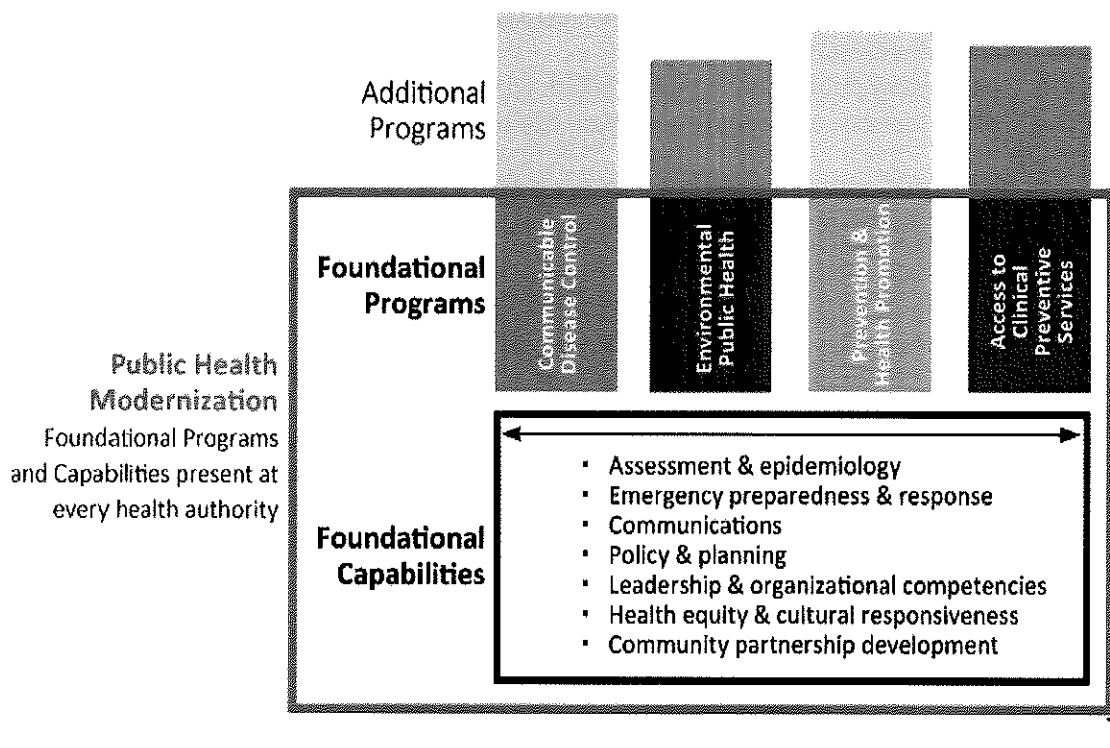
- Prevention and control of communicable diseases
- Parent-child health services including Family Planning
- Environmental Health services
- Public Health Emergency Preparedness
- Collection and reporting of health status, health information, and referral to other community agencies and clinical service providers

**Public Health Modernization**

In June 2015, the Oregon State legislature passed House Bill 3100, which guides Oregon’s public health system toward Public Health Modernization. This incorporates the idea that “our health happens outside the doctor’s office” and acknowledges the social, environmental, and economic conditions that affect health outcomes.

The Public Health Modernization Framework overlays Foundational Programs with Foundational Capabilities:

**Public Health Modernization Framework, Oregon Health Authority  
Public Health Division<sup>1</sup>**



North Central Public Health District is working actively toward implementing this model, which has also informed our Strategic Planning Process.

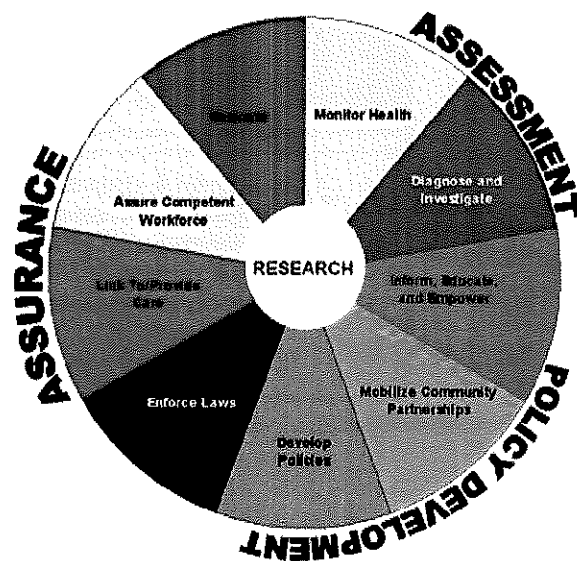
## Core Public Health Functions

Key to developing the Strategic Plan were the three **Core Public Health Functions** and **10 Essential Public Health Services**. The Center for Disease Control and Prevention describes the Essential Services as providing “a working definition of public health and a guiding framework for the responsibilities of local public health systems.”<sup>2</sup>

**Core Public Health Functions:** Assessment, Policy Development, Assurance

### 10 Essential Public Health Services:

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative and solutions to health problems



This infographic shows an overlay of the Core Public Health Functions and the 10 Essential Services.<sup>3</sup>

**Results of 2017 SWOT Analysis**

On February 7, 2017, NCPHD staff completed a Strength/Weakness/Opportunities/Threats (SWOT) Analysis, which is shared below. The results were used to help us identify our Goals and SMART objectives.

**Internal Strengths**  
Striving for cross-system integration  
Knowledgeable staff  
Workforce development  
Cultural competency

**Internal Weaknesses**  
Limited staff  
Limited ability to do outreach  
Old/inconsistent technology  
Siloed funding driving activities

**External Opportunities**  
External outreach  
Program integration  
Positive collaboration with community partners  
Expanded focus on primary prevention

**External Threats/Challenges**  
Funding cuts  
Potential large outbreaks  
Political climate  
Public and partner perception

## **S. M. A. R. T. Objectives**

### **(Specific, Measurable, Agreed Upon, Realistic, Time-based)**

#### **Goal 1: Support wellness at every age, size, and ability.**

##### **Objectives:**

- 1.1. Increase the number of self-identified tobacco users using the Tobacco Quit Line by 10% at the 2019 measure.
- 1.2. Prevent an increase in the BMI of elementary school-aged students at the 2019 measure.
- 1.3 Create Action plan with Mid-Columbia Medical Center staff to raise the Hepatitis B vaccination rate to an 80% threshold.
- 1.4 Work with CGCCO and EOCCO to increase up-to-date vaccination rates by age two.
- 1.5 Increase the number of Reproductive Health clients being asked the 1 Key Question to 100% at the 2019 measure.
- 1.6 Increase the number of women using Long Acting Reversible Contraceptives (LARC) by 10% at the 2019 measure.

#### **Goal 2: Align with and actively participate in systems transformation.**

##### **Objectives:**

- 2.1. Maintain active participation in community partnerships and coalitions through the 2019 measure.
- 2.2. Explore alternative payment methodologies with health systems partners through the 2019 measure.

#### **Goal 3: Focus on strategies having the greatest impact to improve health.**

##### **Objectives:**

- 3.1. Increase the number of participants in the Domestic Well testing program by August 2017.
- 3.2. Increase the number of bilingual Community Health Workers completing the Interpreter training by 100% at the 2019 measure.
- 3.3. Track staff compliance with the Workforce Development plan via effective documentation by September 2017.

## Action Plan Worksheet

Objectives	Lead	Progress Report Dates
<b>Goal 1: Support wellness at every age, size, and ability</b>		
Increase the number of self-identified tobacco users using the Tobacco Quit Line by 10 % at the 2019 measure.	Hayli Eiesland, TPEP Coordinator	
Prevent an increase in the BMI of elementary school-aged students at the 2019 measure.	Mimi McDonell, Health Officer	
Create Action plan with Mid-Columbia Medical Center staff to raise the Hepatitis B vaccination rate to an 80% threshold.	Teri Thalhofer, Director	
Work with CGCCO and EOCCO to increase up-to-date vaccination rates by age two.	Mimi McDonell, Health Officer	
Increase the number of Reproductive Health clients being asked the 1 Key Question to 100% at the 2019 measure.	Kathi Hall, Finance Manager	
Increase the number of women using Long Acting Reversible Contraceptives (LARC) by ___% at the 2019 measure.	Kathi Hall, Finance Manager	
<b>Goal 2: Align with and actively participate in systems transformation.</b>		
Maintain active participation in community partnerships and coalitions through the 2019 measure.	TBD	
Explore alternative payment methodologies with health systems partners through the 2019 measure.	Teri Thalhofer, Director	
<b>Goal 3: Focus on strategies having the greatest impact to improve health.</b>		
Increase the number of participants in the Domestic Well testing program by August 2017.	Jeremy Hawkins, Communicable Disease Investigator	

Increase the number of bilingual Community Health Workers completing the Interpreter training by 100% at the 2019 measure.	Shellie Campbell, Clinical Program Supervisor	
Track staff compliance with the Workforce Development plan via effective documentation by September 2017.	Leadership Team	

## Regional, State, & National Health Improvement Plan Priorities

### **Oregon State:**

- Prevent and reduce tobacco use
- Slow the increase of obesity
- Improve oral health
- Reduce harms associated with alcohol and substance use
- Prevent deaths from suicide
- Improve immunization rates

### **Eastern Oregon Coordinated Care Organization (EOCCO), Gilliam County:**

- Mental health
- Oral health education/promotion
- Patient centered primary care home
- Incentive measures

### **EOCCO, Sherman County:**

- Clinicians and access
- Mental health
- Incentive measures
- Children's health promotion
- Oral health

### **Columbia Gorge Coordinated Care Organization (CGCCO), Wasco County:**

- Housing and food
- Dental access for adults
- Physical and mental health together
- Coordination across all healthcare service providers
- Coordination across healthcare and social services; healthcare insurance re-enrollment

### **Healthy People 2020**

- Access to health services
- Clinical preventive services
- Environmental Quality
- Injury and violence

- Maternal, infant, and child health
- Mental health
- Nutrition, physical activity, and obesity
- Oral health
- Reproductive and sexual health
- Social determinants
- Substance abuse
- Tobacco

**Robert Wood Johnson Culture of Health Action Framework**

- Action Area 1: Making health a shared value
- Action Area 2: Fostering cross-sector collaboration to improve well-being
- Action Area 3: Creating healthier, more equitable communities
- Action Area 4: Strengthening integration of health services and systems
- Outcome: Improved population health, well-being, and equity

For a full alignment crosswalk, please see Appendix 2 on page 13.

## **Appendix 1: Community Coalitions**

As a health department, our staff is involved in numerous community coalitions and collaborative groups. The following is a list of the coalitions in which we participate.

- Food Security Coalition
- East Gorge Breastfeeding Coalition
- Regional Health Equity Coalition (RHEC)
- Columbia River Inter Tribal Fish Coalition – Multi-Disciplinary Team (CRITFC-MDT)
- Prevention and Treatment Advisory Board (PTAB)
- School Nurses/Health Dept/Haven Community Coalition
- Early Childhood Coalition (ECC)
- Regional Prevention Coalition (Hood River, Wasco, Sherman Counties)
- Columbia Gorge CCO Systems Integration Team (SIT)
- Columbia Gorge CCO Community Advisory Council (CAC)
- Columbia Gorge CCO Clinical Advisory Panel (CAP)
- Fit in Wasco Coalition
- RelianceHIE
- Community Learning Collaborative – Sanctuary Model
- Eastern Oregon CCO Local Community Advisory Council
- Region 6 ESF8 (regional healthcare preparedness)
- Home Visiting Connection (HVC)
- Coalition of Local Health Officials (CLHO) – Communicable Disease Subcommittee
- Oregon Climate and Health Collaborative
- Gorge Nutrition Education Network
- Child Abuse Review – Multi-Disciplinary Team

**Appendix 2: Community Health Improvement Plan Alignment Crosswalk**

This crosswalk is organized by Action Area according to the Robert Wood Johnson Culture of Health Action Plan Framework.<sup>4</sup>

TOPIC	IMPROVEMENT MEASURE	NCPHD	Gilliam Co	Sherman Co.	OR State	HP 2020
<b>ACTION AREA 1: MAKING HEALTH A SHARED VALUE</b>						
1.1 Mindset & Expectations	<b>OR</b> - Slow the increase of obesity <b>HP</b> - Reduce proportion of adults, children & adolescents who are obese				x	x
1.2 Sense of Community	<b>NCPHD</b> - Enhance Systems to support "Workplace Wellness" programs <b>HP</b> - Increase the proportion of worksites that offer employee health promotion program	X				X

<b>ACTION AREA 2: FOSTERING CROSS-SECTOR COLLABORATION TO IMPROVE WELL-BEING</b>						
2.1 Local HD collaboration	<b>NCPHD</b> - Coordinate effective communication of tailored, accurate & actionable health information across the lifespan <b>HP</b> - Increase messages intended to protect the public's health & demonstrate best practices	X				x
2.2 Policies that support collaboration	<b>S. Co.</b> - Coordinate w/ FREL Hub.			x		

TOPIC	IMPROVEMENT MEASURE	NCPHD	Gilliam Co.	Sherman Co.	OR State	HP 2020
<b>ACTION AREA 3: CREATING HEALTHIER, MORE EQUITABLE COMMUNITIES</b>						
3.2 Economic/Social Environment	<b>NCPHD</b> - Increase access to & consumption of fresh fruits & vegetables <b>HP</b> - Increase the contribution of total vegetables to diets	X				X
<b>ACTION AREA 4: STRENGTHENING INTEGRATION OF HEALTH SERVICES AND SYSTEMS</b>						
4.1 Access to Care	<b>S. Co.</b> - Moro Clinic attains PCPCH status <b>G.Co.</b> - Increase PCPCH for EOCCO participants <b>HP</b> - Increase the proportion of children who have access to a medical home		X	X		X
4.2 Routine dental care	<b>OR</b> - Improve oral health <b>G.Co.</b> - Improve child and adult oral health <b>S.Co.</b> - Increase services & employ evidence based prevention <b>HP</b> - Reduce dental caries in children, adolescents & untreated adults		X	X		X
4.3a Contraceptive Services	<b>NCPHD</b> - Decrease unintended pregnancy & improve customer service <b>HP</b> - Increase # pregnancies that are intended	X				X
4.4b Pediatric Care	<b>S. Co.</b> - Coordinate ASQ 0-36 months <b>S.Co.</b> - EOCCO Members 0-6 assigned to PCPCH <b>G.Co.</b> - Adolescent well care & Developmental Screening <b>HP</b> - Increase the proportion of children who are screened, evaluated & enrolled in services		X	X		X

TOPIC	IMPROVEMENT MEASURE	NCPHD	Gilliam Co	Sherman Co.	OR State	HP 2020
<b>OUTCOME: IMPROVED POPULATION HEALTH, WELL-BEING AND EQUITY</b>						
5.2 Enhanced individual well-being	<b>G.CO.</b> - Immunization Rates <b>S. Co.</b> - Immunization Rates <b>OR</b> -Prevent deaths from suicide <b>OR</b> - Improve immunization rates <b>OR</b> - Protect the population from communicable diseases <b>HP</b> - Reduce suicide rate		x	x	x	x
5.3 CCO Incentive Measures	<b>S. &amp; G.Co.</b> - Improve on each EOCCO performance measures		x	x		

## References

1. Public Health Modernization. Oregon Health Authority, Public Health Division, 2016. <https://public.health.oregon.gov/About/TaskForce/Documents/PublicHealthModernization.pdf>
2. Core Functions of Public Health and How They Relate to the 10 Essential Services. Center for Disease Control and Prevention, 2011. [https://www.cdc.gov/nceh/ehs/ephi/core\\_ess.htm](https://www.cdc.gov/nceh/ehs/ephi/core_ess.htm)
3. The 10 Essential Public Health Services: An Overview. Center for Disease Control and Prevention, 2014. <https://www.cdc.gov/nphsp/documents/essential-phs.pdf>
4. Measuring What Matters: Introducing a New Action Framework. Robert Wood Johnson Foundation, 2015. [http://www.rwjf.org/en/culture-of-health/2015/11/measuring\\_what\\_matte.html](http://www.rwjf.org/en/culture-of-health/2015/11/measuring_what_matte.html)

APPROVED at the April 11, 2017 NCPHD Board of Health meeting:



\_\_\_\_\_  
Signature

05/09/17  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Scott C. Hejr

