# Durham County Department of Public Health Strategic Plan

2023-2027



Public Health



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Acknowledgements



Rodney Jenkins, MHA Public Health Director

#### LETTER FROM THE DIRECTOR

Dear Colleagues and Community Members,

It is with great enthusiasm that I present the Durham County Department of Public Health (DCoDPH) Strategic Plan for 2023-2027. This plan is the result of several months of engagement with public health staff and key stakeholders to improve the health for Durham County residents. We are tasked with protecting our communities from health threats such as natural disasters, preventable illnesses, and toxic exposures.

The field of public health has seen much change since the last strategic plan was developed. The COVID-19 pandemic unveiled many of the vulnerabilities of public health and other systems. In addition, the pandemic has impacted workforce capacity at all levels. Investing in the public health system is necessary in order to better address the needs of our community.

Our strategic plan serves as a functional, everyday purpose for all DCoDPH employees. We all play a key role in the implementation of this plan. Working together, we will ensure that opportunities and resources are available for individuals to thrive in Durham County and beyond.

Sincerely,

Rodney Jenkins, Public Health Director Durham County Department of Public Health

#### **Strategic Planning Team Members**

The DCoDPH Strategic Plan was developed with the involvement and oversight of the Strategic Planning Team. Members include:

Antrel Thomas Branch, MPA Project Manager for Quality & Policy Strategic Planning Team Lead

Chitrakala Jagadeesan, DDS Dental Practice Administrator

Chris Salter Environmental Health Director

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Jeff Jenks, MD Medical Director

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Jess Bousquette Adverse Childhood Experiences and Resilience Coordinator

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Marcia Richardson, MPA, CGCIO IT Division Director

Marissa Mortiboy, MPH Population Health Division Director

Rachael Elledge, MS, RD/LDN, CDCES Clinical Nutrition Program Manager

Shakeya Brevard Public Health Education Specialist

Valerie Wilkerson Processing Unit Supervisor

Willa Robinson Allen Health Promotion & Wellness Program Manager

\*Made contributions to the strategic planning process, but no longer employed with DCoDPH.

## **INTRODUCTION & PURPOSE**

The Durham County Department of Public Health (DCoDPH) Strategic Plan for 2023-2027 provides direction for organizational advancement that is supportive of equity, community engagement, and continuous quality improvement. Based on several months of engagement with key stakeholders and a thorough self-examination, the plan identifies ways to strengthen our ability to achieve population health improvements and system outcomes with a strong focus on equity

Strategic planning is an activity that allows organizations to set priorities, prioritize resources and energy, improve operations, and ensure DCoDPH staff and stakeholders are working with intention to achieve our goals. We acknowledge that social factors such as access to quality housing, education, access to care, safe environments, employment opportunities, and other factors - i.e., the social determinants of health - have long had an impact on the health and well-being of community members. Systemic disadvantages for many people of color and those living in poverty result in poorer health outcomes. DCoDPH is committed to making meaningful and just improvements in our community to achieve racial and social justice. Alongside our community partners, we will work to advance racial equity and eliminate institutional barriers that have historically hindered or excluded communities of color.

During the development of the strategic plan, DCoDPH took the priorities of the Durham County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) into consideration. Based on the 2020 Durham County priorities are affordable housing, access to healthcare and insurance, poverty, mental health, and obesity diabetes and food access. The strategic planning team ensured that the developed plan would align with other foundational plans of the organization to contribute to the larger organizational system in an effective and efficient manner. The strategic plan serves as a guide for the collaborative work of DCoDPH and community partners in conjunction with all health department and community plans.

# **INTRODUCTION & PURPOSE (CONTINUED)**

The strategic plan is meant to be a living document. It is imperative that the strategic planning team will regularly reconvene in order to access the progress of the goals and strategies. This will allow the organization to make improvements that could allow the agency to reach its goals at a an enhanced pace. In order to ensure that this plan remains relevant and dynamic, DCoDPH will coordinate a system for implementing and evaluating the plan.

With support from the DCoDPH Public Health Leadership Team, it was determined that the department would undergo the strategic planning process following the National Association of County & City Health Officials (NACCHO) guide for strategic planning. A strategic planning team was developed with assurance that employee representation from all divisions and levels was present. The timeline of the process can be reviewed below.



# Background of DCoDPH

Durham's Public Health officially began in 1855 when the County created a two-member Board of Health. Their job was to help protect the health and safety of all Durham County citizens. In 1874, City Commissioners were given the job of preventing and controlling the spread of disease. In 1909, a Board of Health for the City was created. With a budget of \$6,140, this five-member Board drafted a sanitary code. The code guided the quality of milk and meat and the cleanliness of shops and soda fountains. A listing of people with tuberculosis was also compiled.

In 1912, a smallpox outbreak drove the City and County to form a joint City-County Health Department. The Health Department opened in 1913. Durham was one of the first counties in North Carolina to offer organized public health services. In 1923 the Board of Health was given the full authority to enact ordinances, rules and regulations that improved public health. Finally, in 1957, the North Carolina General Assembly passed a law that moved the Health Department completely under the County Government. Through the years, public health concerns have shaped Health Department services. In the early 1900's, services focused on diseases, such as typhoid fever, scarlet fever, diphtheria and polio. The Department's focus was on the health of women and children who were most affected by these diseases.

As the public health needs of the county changed, so did the focus of the Department. As vaccines became available, infectious disease was not as great a concern. Services moved towards screening and treating sexually transmitted diseases, tuberculosis and chronic diseases. Public Health research soon showed that many of the leading causes of death were linked to lifestyle behaviors. The Department has most recently added health promotion and wellness programs to encourage healthy lifestyles. DCoDPH moved into the new Durham County Human Services Building on April 14, 2011. A new chapter started when we moved into our new home. It is filled with new technologies, new innovations, new creativity, and new possibilities.

The diverse, ever-changing population of Durham County provides special opportunities and challenges to DCoDPH as it works to provide the essential public health services to the community and achieve health equity. In developing the strategic plan, the health department takes into consideration the results of the Community Health Assessment (CHA) and aligns priorities with the Community Health Improvement Plan (CHIP) and Quality Improvement (QI) system as appropriate.



The 10 Essential Public Health Services provide a framework for public health toprotect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being. The 10 Essential Public Health Services are as follows:

- 1.Assess and monitor population health status, factors that influence health, and community needs and assets.
- 2. Investigate, diagnose, and address health problems and hazards affecting the population.
- 3.Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.

Source: https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

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4. Strengthen, support, and mobilize communities and partnerships to improve health.

5. Create, champion, and implement policies, plans, and laws that impact health.

6. Utilize legal and regulatory actions designed to improve and protect the public's health.

7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

8. Build and support a diverse and skilled public health workforce.

9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.

10. Build and maintain a strong organizational infrastructure for public health.

Source: https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html



#### MISSION

Partnering with our community to advance health equity, protect the environment, and promote health and wellness for all.

### VISION

Collaborating with our community to advocate, empower, and protect the health and environment for all Durham County residents.

# VALUES

Durham County Department of Public Health follows the Core Values of Durham County Government.

- Accountability
- Commitment
- Exceptional Customer Service
- Integrity
- Teamwork and Collaboration

# SWOT ANALYSIS



#### Strengths

- Great Quality Staff & Customer Service
- Quality Clinical Care/Range of Services
- Health & Human Services Building/Location
- Partnerships/Collaboration

#### Weaknesses

- Staff Turnover/Understaffed
- Collaboration within the Department
- Lack of Promotion of Services/Advertising
- Stigma with Using Health Department Services

#### Opportunities

- Community Engagement
- Marketing/Promotion
- Telehealth
- Team Building within the Department

#### Threats

- Funding
- Political Changes
- Inflation
- Staffing/Employee Retention

**STRATEGIC PRIORITY 1** - COMMUNITY FOCUS & ENGAGEMENT

Goal: Enhance access to services through community engagement and collaboration

Objective 1: Strengthen existing and establish new community partnerships to improve health by December 2025

Strategy 1.1: Identify organizations that could add value to the work of DCoDPH. Lead: TBD

Objective 2: Promote services and programs available at DCoDPH to community members in culturally and linguistically inclusive manner.

Strategy 2.1: Increase the use of social media to promote public health messages and enhance marketing Lead: TBD

Strategy 2.2: Identify and participate in community outreach opportunities to promote agency accomplishments within the community Lead: TBD

Strategy 2.3: Develop products such as infographics, videos, and/or storytelling to bring data to the community Lead: TBD

STRATEGIC PRIORITY 2: WORKFORCE DEVELOPMENT & ENGAGEMENT

Goal: Build organizational capacity to better address the needs of the communities of Durham County

Objective 1: By December 2027, DCoDPH will retain and develop staff by providing necessary tools and professional development opportunities to build organizational capacity

Strategy 1.1: Explore barriers and advocate for strategies to recruit and retain quality staff.

Lead: TBD

Strategy 1.2: Collaborate with schools of nursing, public health, medicine, and dentistry to strengthen and diversity the public health workforce. Lead: TBD

Objective 2: By December 2027, DCoDPH will maintain a skilled and competent workforce.

Strategy 1.1: Develop a system for professional development for staff that promotes continuous learning Lead: Workforce Development Committee

Strategy 1.2: Develop an agency succession plan to elevate appropriate staff to management and leadership roles. Lead: TBD

Strategy 1.3: Establish equitable opportunities for coaching and mentoring. Lead: TBD

Objective 3: By December 2027, DCoDPH will maintain existing funding and increase resources when available.

Strategy 1: Collaborate with local, state, and national organizations and policy makers to advocate for sustainable public health resources.

#### STRATEGIC PRIORITY 3 - ADVANCE RACIAL & HEALTH EQUITY

Goal: Build community and internal capacity to increase racial and health equity

Objective 1: Identify barriers to diversity, equity, and inclusion in DCoDPH processes by December 2023.

Strategy 1.1: Analyze hiring practices to identify any existing barriers to diversity, equity, and inclusion. Lead: TBD

Strategy 1.2: Review and revise policies and procedures with an equity lens for new and existing programs and services. Lead: Population Health

Strategy 1.3: Align committee structures and processes to ensure equity Lead: TBD Objective 2: Provide ongoing educational and training opportunities for DCoDPH staff to integrate a health equity framework into programs and service by December 2025.

Strategy 2.1: Promote the availability of racial equity training opportunities for staff that aligns with the cultural and linguistic diversity of Durham County communities. Lead: TBD

Objective 3: Collaborate with community partners to reduce the negative impact of social determinants of health by December 2025 Lead: TBD

Strategy 3.1: Maintain partnerships with other agencies, providers, and community stakeholders

#### STRATEGIC PRIORITY 4 - ORGANIZATIONAL CULTURE OF CONTIUOUS QUALITY IMPROVEMENT

Goal: Achieve an organizational culture of innovation and continuous quality improvement where staff are engaged and empowered.

Objective 1: By December 2027, assure that DCoDPH meets all state and national standards as set forth by the North Carolina Local Health Department Accreditation (NCLHDA) Program (state) and the Public Health Accreditation Board (PHAB) (national).

Strategy 1.1: Align the goals, policies and agency planning efforts with NCLHDA and PHAB. Lead: Population Health Division

Strategy 1.2: Engage DCoDPH staff and Board of Health in the local and national accreditation process. Lead: Population Health Division

Strategy 1.3: Develop and implement a quick tool for a quality improvement (QI) process to encourage an innovative work environment.

Objective 2: By December 2025, facilitate opportunities for DCoDPH staff to actively participate and be recognized for their contributions to the department.

Strategy 2.1: Gather ideas and insights from staff to apply feedback when possible. Lead: TBD

Strategy 2.2: Increase opportunities for DCoDPH employees to take action and be included in the decision-making process. Lead: Public Health Leadership Team

Strategy 2.3: Design and implement quality improvement process to support staff to be innovative in program and service development and delivery Lead: TBD

The Durham County Department of Public Health (DCoDPH) would like to thank the Board of Health, Public Health Leadership Team, and staff for their ongoing commitment to improving the health in Durham.

#### **Board of Health**

Gene Rhea, MHA, PharmD Pharmacist Position

Anthony Gregorio, MBA Public Member Position

Nida Allam Durham County Board of County Commissioners Liaison Position

Rosemary Jackson, MD, MPH Public Member Position

James M. Miller, DVM Veterinarian Position

Almond "Spence" Curtis, MPH Engineer Position

Mary Braithwaite, MD Physician Position

Vacant Optometrist Position

Roger McDougal, DDS, MS, PA Dentist Position

Victoria Ortho Nurse Position

Joshua Brown, BS Public Member Position

#### Public Health Leadership Team

Rodney Jenkins Public Health Director

Kristen Patterson Deputy Public Health Director

Elizabeth Stevens Deputy Public Health Director

Jeff Jenks, MD Medical Director

Alecia Smith Information and Communications Manager

Marcia Richardson IT Division Director

Vacant Finance Officer

Marissa Mortiboy Population Health Division Director

Josee Paul Allied Health Division Director

Hattie Wood Community Health Division Director

Jim Harris Dental Division Director

Chris Salter Environmental Health Division Director

Lindsey Bickers Bock Health Education Division Director

Michele Easterling Nutrition Division Director

Rosalyn McClain Senior Administrative Officer