

MADISON COUNTY HEALTH DEPARTMENT

Strategic Plan 2007-2012



***Mission, Values and Beliefs
Principles of Ethical Practice
Strategic Plan***



Mission Statement

The Madison County Health Department is dedicated to the purpose of disease prevention and health promotion for all Madison County residents.

Vision Statement

Healthy People, Healthy Communities

Values

Integrity- We are committed to treating all people honestly and fairly, with dignity and respect.

Accountability- We are committed to fiscal and program accountability and evaluating our performance in terms of benefit to the public.

Excellence- We strive for excellence in services to our customers and in leadership throughout the public health system.

Teamwork- We are committed to working collaboratively with others to enhance public health services for our residents and our communities.

Responsiveness- We are committed to a strong, professional, responsive public health system that meets the challenges of promoting and protecting the public's health and adapts to a rapidly changing environment.

Principles of the Ethical Practice of Public Health

The Madison County Health Department has adopted the “Principles of the Ethical Practice of Public Health” listed below as defined by the 2002 Public Health Leadership Society.

- 1.** Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
- 2.** Public health should achieve community health in a way that respects the rights of individuals in the community.
- 3.** Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.
- 4.** Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.
- 5.** Public health should seek the information needed to implement effective policies and programs that protect and promote health.
- 6.** Public health institutions should provide communities with the information they have that is needed for decisions on policies and programs and should obtain the community’s consent for their implementation.
- 7.** Public health institutions should act in a timely manner on the information they have within the resources and mandate given to them by the public.
- 8.** Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.
- 9.** Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
- 10.** Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.
- 11.** Public health institutions should ensure the professional competence of their employees.
- 12.** Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public’s trust and the institution’s effectiveness.

Key Beliefs of Public Health Practice

Public health not only seeks to assure the health of whole communities but also recognizes that the health of individuals is tied to their life in the community. The Madison County Health Department has adopted the following key beliefs of public health perspective from the 2002 Public Health Leadership Society "Principles of the Ethical Practice of Public Health".

- 1. *Humans have a right to the resources necessary for health.***
Article 25 of the Universal Declaration of Human Rights states in part "Everyone has the right to a standard of living adequate for the health and well-being of himself and his family..."
- 2. *Humans are inherently social and interdependent.***
Positive relationships among individuals and positive collaborations among institutions are signs of a healthy community. The rightful concern for the physical individuality of humans and one's right to make decisions for oneself must be balanced against the fact that each person's actions affect other people.
- 3. *The effectiveness of institutions depends heavily on the public's trust.***
Factors that contribute to trust in an institution include the following actions on the part of the institution: communication; truth telling; transparency; accountability; reliability; and reciprocity. One critical form of reciprocity and communication is listening to as well as speaking with the community.
- 4. *Collaboration is a key element to public health.***
The public health infrastructure of a society is composed of a wide variety of agencies and professional disciplines. To be effective, they must work together well. Moreover, new collaborations will be needed to rise to new public health challenges.
- 5. *People and their physical environment are interdependent.***
People depend upon the resources of their natural and constructed environments for life. A damaged or unbalanced natural environment, and a constructed environment of poor design or in poor condition, will have an adverse effect on the health of people. Conversely, people can have a profound effect on their natural environment through consumption of resources and generation of waste.
- 6. *Each person in a community should have an opportunity to contribute to public discourse.***
In the process of developing and evaluating policy, it is important to discern whether all who would like to contribute to the discussion have an opportunity to do so even though it may not be addressed in the final policy.

Key Beliefs of Public Health Practice (cont)

7. *Identifying and promoting the fundamental requirements for health in a community are of primary concern to public health.*

While some important public health programs are curative in nature, the field as a whole must never lose sight of underlying causes and prevention. Addressing the fundamental causes rather than more proximal causes is more truly preventive.

8. *Knowledge is important and powerful.*

We are to seek to improve our understanding of health and the means of protecting it through research and the accumulation of knowledge. Once obtained, there is a more obligation in some instances to share what is known.

9. *Science is the basis for much of our public health knowledge.*

The scientific method provides a relatively objective means of identifying the factors necessary for health in a population, and for evaluating policies and programs to protect and promote health. The full range of scientific tools, including both quantitative and qualitative methods, and collaboration among the sciences is needed.

10. *People are responsible to act on the basis of what they know.*

Information is not to be gathered for idle interest. Public health should seek to translate available information into timely action.

11. *Action is not based on information alone.*

In many instances, action is required in the absence of all the information one would like. Values inform the application of information or the action in the absence of information.

Madison County Health Department Strategic Plan 2007-2012

Principle Goal #1: *Monitor the health status to identify community health problems.*

Concern/Need/Data:

1. Community Health Assessment completed in December 2007 provides an opportunity to assess health concerns of the community and to prioritize the identified issues and concerns.
2. The State of the County's Health (SOTCH) Report is the annual interim report to the community and Board of Health completed between Community Health Assessment requirements.

2008-2009 Goals:

1. Complete the 2007 Community Health Assessment and submit in January 2008.
2. Complete the 2008 SOTCH Report in December 2008 and report to the community and Board of Health in January 2009.
3. Implement the North Carolina Electronic Disease Surveillance System (NCEDSS) as it becomes available.
4. Begin implementation of the new state Health Information System (HIS) as it becomes available for health department clinics and the school based health center.
5. Begin implementation of the electronic dental health program (DENTRIX).
6. Complete the Madison County Health Department Preparedness and Response Plan per requirements to prepare for CDC site visit.....

2009-2012 Long Range Goals:

1. Complete the Community Health Assessment in 2011.
2. Complete State of the County's Health Reports for the interim years and report findings to the community and Board of Health.
3. Continue implementation of NCEDSS, DENTRIX, and HIS.
4. Continue to update the Public Health Preparedness and Response Plans (Pan Flu, All Hazards, and Strategic National Stockpile).semi-annually.
5. Continue to test preparedness communication system (radio) per guidance of PHRST 6 on a monthly basis.

Action Steps/Responsible Party/Timeline:

1. By April 2008, the health director will present Community Health Assessment findings to the Board of Health and County Commission with discussion of activities/initiatives to address health concerns/issues.
2. By June 2008, the coordinator for Madison Community Health Consortium will submit prioritization of health issues/concerns and action plans to the Office of Healthy Carolinians.
3. By December 2008, dental health staff will ensure appropriate implementation of electronic dental records, billing and reporting.
4. By January 2009, the health director will present SOTCH report to the Madison County Board of Health and to the community.
5. By June 2009, the communicable disease nurse will help ensure required electronic reporting through education of health department staff and local health care providers.
6. By June 2009, the nurse supervisor and administrative support supervisor will help ensure required reporting in the HIS electronic program.
7. By June 2009, the public health preparedness coordinator will coordinate a communications tabletop exercise for emergency responders.....

Principle Goal #1 (cont):

Monitor the health status to identify community health problems.

Factors That Impact Goal Accomplishment:

1. Delays in implementation of electronic surveillance systems, etc.
2. Changes in mandated and regulatory requirements.
3. Opportunities to cross-train health department staff.
4. Individual program funding problems.
5. Staff turn-over.

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Principle Goal #2: *Diagnose and investigate health problems and health hazards in the community.*

Concern/Need/Data:

1. Delays in receiving state or Medicaid health data.
2. Delays in receiving vital records information, especially birth certificates of new babies born to Madison County residents.
3. Difficulty obtaining school health data from the Madison County Public School System related to hesitancy in participating in surveys such as Youth Behaviors Risk survey.

2008-2009 Goals:

1. Review state and Medicaid health data to track trends as data is available.
2. Utilize enhanced reporting capacity of medical reporting through HIS, environmental health reporting through CDP, and communicable disease reporting through NCEDSS.
3. Increase collaboration with birthing hospitals and vital records offices to obtain birth certificate information in a more timely manner.
4. Promote need for health survey activities of school age population and implementation of programs through the new school-based health center.
5. Promote collaboration between agencies such as Emergency Management, Department of Social Services, and the Hot Springs Health Program.

2009-2012 Long Range Goals:

1. Monitor long-term health trend data and incorporate in strategic planning process.
2. Actively participate in a Regional Health Information Organization to increase access to real time health data.
3. Improve tracking of environmental health data and trends for water quality, radon, and the need for restaurant staff education for safe food handling practices.
4. Actively participate in all emergency management preparedness exercises.

Action Steps/Responsible Party/Timeline:

1. By June 2009, health director, nurse supervisor, administrative support supervisor, and health education staff will establish process for reviewing new HIS data to identify trends and implementation strategies to address new health issues/concerns.
2. By June 2009, health director and environmental health staff will establish process for reviewing CDP data to identify environmental health issues or concerns.
3. By June 2009, staff will utilize HIS, NCEDSS, and CDP to track trends and health director to report to the Madison County Board of Health and to the community.

Principle Goal #2 (cont):

Diagnose and investigate health problems and health hazards in the community.

Action Steps/Responsible Party/Timeline:

4. By May 2009, school-based health center staff will collaborate with public school system to help implement "Communities That Care" survey to identify issues/concerns of school-age children.
5. By June 2009, supervisors will increase coordination/collaboration with area birthing hospitals, medical examiner, and funeral homes to increase access to birth/death certificates information in a more timely manner.
6. By June 2009, county emergency responders will participate in a joint preparedness exercise.

Factors That Impact Goal Accomplishment:

1. Delays in implementation of electronic surveillance systems, etc.
2. Staff turn-over/shortages.
3. Lack of interest in the school system to implement school health surveys.
4. Turnover of hospital staff that prevents establishing greater collaborative efforts.
5. Understanding of roles and responsibilities of all first responders in a disaster situation.

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Principle Goal #3: *Inform, educate, and empower people about health issues.*

Concern/Need/Data:

1. Community health assessment data identified five major areas of concern: child health, mental health, chronic disease, access to health services, and low income.
2. The health department website has not been updated and public information is limited.
3. There are no childbirth and infant care classes available through the health department or local community.
4. Home visits for newborn and postpartum assessments, and community outreach are infrequent.
5. Community awareness regarding personal preparedness is uncertain.
6. The North Carolina Institute of Medicine has issued a statement about the problems related to low health literacy and the need for competent staff who can teach individuals the skills needed to understand and manage their health.

2008-2009 Goals:

1. Review state and Medicaid health data to track trends as data is available.
2. Maintain active participation in the Madison Community Health Consortium, including employment of the coordinator through the health department, as it focuses on child health, mental health, and chronic disease.
3. Continue collaboration with local media to promote public awareness of public health, community, and preparedness issues.
4. Begin serving middle school students through the new school-based health center.
5. Increase home visitation activities through the health department's maternal care coordination and child service coordination programs.
6. Continue Chronic Disease Self Management classes at the health department and in the community.
7. Actively participate in community service programs as available.
8. Continue to promote personal preparedness activities and maintain collaboration with all local, state and federal preparedness organizations.
9. Increase staff awareness of poor health outcomes related to low health literacy within the population and offer training to improve communication and dissemination of health and prescription information.

2009-2012 Long Range Goals:

1. Monitor long-term health trend data and incorporate in strategic planning process.
2. Actively participate in a Regional Health Information Organization to increase access to real time health data.
3. Develop a comprehensive community health education plan to increase public awareness on public health issues.
4. Maintain active participation in the Madison Community Health Consortium, including employment of coordinator.
5. Identify programs and grants to help address health concerns from the community health assessment and current health data.
6. Provide staff development about low health literacy routinely
7. Increase staff to provide more community outreach and home visits.
8. Collaborate with other agencies to establish childbirth and parenting education classes.
9. Develop a "Special Needs Registry" for use in a public health emergency situation.

Principle Goal #3 (cont):

Inform, educate and empower people about health issues.

Action Steps/Responsible Party/Timeline:

1. By June 2009, health director, nurse supervisor, administrative support supervisor, and health education staff will establish process for reviewing new HIS data to identify trends and implementation strategies to address new health issues/concerns.
2. By June 2009, staff will utilize HIS, NCEDSS, and CDP to track trends and health director to report to the Madison County Board of Health and to the community.
3. By June 2009, health director will coordinate with nurse supervisor and health educator to identify funding sources for childbirth and infant care classes as well as chronic disease management classes.
4. By June 2009, all staff will have received training about low health literacy and skills to educate and disseminate health and prescription information in an understandable way.
5. By June 2009, health department staff will have a new website to allow greater public education regarding public health issues.
6. By June 2009, Preparedness Coordinator to develop a "Special Needs Registry" that contains a roster of homebound, disabled residents will be established for preparedness purposes.

Factors That Impact Goal Accomplishment:

1. Delays in implementation of electronic surveillance systems, etc.
2. Staff turn-over/shortages.
3. Limited funding opportunities including Medicaid and insurance reimbursements, grants, etc.
4. Limited staff time to coordinate development of website improvements.

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Principle Goal #4: <i>Mobilize community partnerships to identify and solve health problems.</i>
Concern/Need/Data: <ol style="list-style-type: none">1. Community health assessment data identified five major areas of concern: child health, mental health, chronic disease, access to health services, and low income.2. Staff from the Madison County Health Department actively participate on community task forces and community boards as well as provide support and create new programs through collaborative efforts in the community.
2008-2009 Goals: <ol style="list-style-type: none">1. Maintain active participation in the Madison Community Health Consortium, including employment of the coordinator through the health department, as it focuses on child health, mental health, and chronic disease.2. Actively participate on community task forces and community boards such as Smart Start Partnership; Council on Aging; Mental Health Forum; United Way; School Health Advisory Council; Access II Care of WNC; American Cancer Society; American Red Cross Regional Preparedness and Response Committee, Domestic Preparedness and Readiness Regional Sub-Committee, and Medical Reserve Corps.3. Promote community involvement in new dental clinic and school-based health center.
2009-2012 Long Range Goals: <ol style="list-style-type: none">1. Maintain active participation in the Madison Community Health Consortium and each sub-committee.2. Identify programs and grants to help address health concerns from the community health assessment and current health data.3. Identify new community partners and foster collaborative efforts with such agencies and programs as the Medical Reserve Corps and county emergency management.4. Continue active participation in existing community partnerships.5. Develop Community Emergency Response Teams within the county.
Action Steps/Responsible Party/Timeline: <ol style="list-style-type: none">1. Health Director will maintain ongoing support and encouragement of staff to serve in leadership roles and/or actively participate in community task forces and boards.2. Health Director and staff to play an ongoing role in development of new partnerships as identified.3. The Preparedness Coordinator will work with emergency management to develop CERTS (Community Emergency Response Teams)
Factors That Impact Goal Accomplishment: <ol style="list-style-type: none">1. Staff turn-over/shortages.2. Limited funding opportunities including Medicaid and insurance reimbursements, grants, etc.3. Lack of commitment from local emergency management services.

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Principle Goal #5: *Develop policies and plans that support individual and community health services.*

Concern/Need/Data:

1. New economic development in the county has led to increased growth in the restaurant industry.
2. New state rules for private drinking water wells to become effective in July 2008.
3. There is a lack of homeowner awareness regarding the need to test for radon gas within the home and the negative health effects that result from this gas if identified.
4. Agency policies and procedures must be updated routinely according to current practice.

2008-2009 Goals:

1. Work closely with developers and contractors on site review plans for new restaurants, promoting owner decisions to become tobacco-free prior to opening.
2. Complete training of all environmental health staff regarding certification for well inspections according to new state rules.
3. Educate all well drillers and pump installers about the new state well rules and how they will apply in Madison County.
4. Collaborate with the building inspection department to promote radon detection units in all new homes built in the county.
5. Collaborate with the building inspection department and emergency management regarding education about new development and new Flood Plain maps.
6. Update all policies and procedures for the health department and environmental health, as indicated

2009-2012 Long Range Goals:

1. Implement environmental health policies and procedures, enforcing local, state and federal rules or guidelines for various programs.
2. Identify new community partners and foster collaborative efforts as new issues or concerns are identified.
3. Maintain current policies and procedures for all clinical programs within the agency.
4. Continue active participation in existing community partnerships.

Action Steps/Responsible Party/Timeline:

1. Environmental health team leader and staff will develop policies and procedures for applicable programs, ongoing.
2. Nurse supervisor and program lead staff will maintain current policies and procedures, ongoing.
3. Administrative supervisor will maintain current policies and procedures, ongoing.
4. Health Director, health educator and environmental health staff will collaborate to develop tobacco-free information to be included in all restaurant plan review guidance by January 2009.
5. Health Director, health educator and environmental health staff will collaborate with building inspector to develop improved public awareness of radon gas and its negative health effects.

Factors That Impact Goal Accomplishment:

1. Staff turn-over/shortages.
2. Lack of interest by other collaborative partners.
3. Funding concerns.

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Principle Goal #6: <i>Enforce laws and regulations that protect health and ensure safety.</i>
Concern/Need/Data: <ol style="list-style-type: none">1. High standards are expected for food and lodging inspection.2. New environmental health rules and regulations can cause developers, contractors, and/or homeowners to become disgruntled with enforcement requirements.3. Collaboration with animal control is required to assure proper containment of animals that pose a threat to individuals or other domestic animals.4. In the event of a true public health emergency, the duty of the health director is to carry out isolation orders that will depend on established relationships with law enforcement that include communication procedures, understanding of respective duties and procedures to protect the health of all first responders.
2008-2009 Goals: <ol style="list-style-type: none">1. Obtain 100% compliance with required food and lodging inspections.2. Implement state rules for the private drinking water well inspection program.3. Maintain active Epi-Team training and collaboration.4. Maintain active participation on Animal Control Board.5. Continue close working relationship with animal control program and staff.6. Promote community education efforts for any new health department rules, regulations, ordinances, or policies.
2009-2012 Long Range Goals: <ol style="list-style-type: none">1. Implement environmental health policies and procedures, enforcing local, state and federal rules or guidelines for various programs.2. Foster collaborative efforts as new issues or concerns are identified that require legal compliance or rule/ordinance implementation.3. Maintain 100% compliance with food and lodging inspections.4. Continue active participation in existing community partnerships.5. Enhance health education activities in public awareness campaigns.6. Promote strong Epi-Team participation with members outside the health department.
Action Steps/Responsible Party/Timeline: <ol style="list-style-type: none">1. Environmental health team leader and staff will increase food and lodging inspection compliance to 100% goal by June 2009.2. Environmental health staff will implement new state well program rules beginning July 2008 and county rules will cease at that time.3. Health Director will continue to promote collaboration between health department and other community agencies such as animal control and law enforcement, ongoing.4. Health Director and preparedness coordinator will work closely to increase Epi-Team participation by outside members, ongoing.5. Health educator and other health department staff will collaborate on-going to increase public awareness of new laws, rules, regulations and ordinances.
Factors That Impact Goal Accomplishment: <ol style="list-style-type: none">1. Staff turn-over/shortages.2. Lack of interest by other collaborative partners.3. Funding concerns.

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Principle Goal #7: <i>Link people to needed personal health services and assure the provision of health care when otherwise unavailable.</i>
Concern/Need/Data: <ol style="list-style-type: none">1. Increase in number of uninsured or zero percent pay patients and limited Medicaid funding presents challenges in service provision.2. Three dental providers in the county.3. Two school nurses for the entire school system.4. No school-based health center in the county.5. Access to mental health and substance abuse services is limited.
2008-2009 Goals: <ol style="list-style-type: none">1. Assure continued provision of health care through health department services.2. Open new dental clinic at the health department in September 2008.3. Continue pursuit of grant funds for school-based health center at Madison Middle School.4. Advocate for additional school nurse funding for the county.5. Collaborate with Madison Community Health Consortium's mental health committee to identify resources for mental health/substance abuse counseling and treatment.6. Continue county employee wellness services.7. Continual monitoring of community needs and health department programs and services.
2009-2012 Long Range Goals: <ol style="list-style-type: none">1. Assure continued provision of health care through health department services.2. Promote school health center and dental clinic activities.3. Continue collaboration with mental health providers to help assure services.4. Enhance/expand county employee wellness program.5. Increase community outreach programs in chronic disease management and worksite wellness programs.6. Develop behavioral health counseling program through the health department.
Action Steps/Responsible Party/Timeline: <ol style="list-style-type: none">1. Monitor health department programs and services by management staff ongoing.2. Health director and health educator to identify 2008-2009 funding opportunities for services/needs determined by strategic planning and/or by the Madison Community Health Consortium.3. Health director to continue to collaborate with public school system about advocating for additional school health nurse funding.4. Health department staff to continue active participation in mental health committee through consortium.5. Health educator to explore employee wellness programs for implementation in county employee wellness program for 2008-2009.6. All lead health department staff to remain active in program reviews/monitoring to identify needs for 2008-2009.
Factors That Impact Goal Accomplishment: <ol style="list-style-type: none">1. Staff turn-over/shortages.2. Lack of interest by other collaborative partners.3. Funding concerns.

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Principle Goal #8: <i>Assure a competent public health and personal health care workforce.</i>
Concern/Need/Data: <ol style="list-style-type: none">1. Public health professionals must maintain professional and technical skills and continuing education with limited funds for training and staff development.2. Access to public health teleconference programs on site are not guaranteed due to limitations in teleconference capabilities.3. Salaries for public health professionals are low and the health department often serves as a "training ground" for surrounding counties.
2008-2009 Goals: <ol style="list-style-type: none">1. Increase on-site training through video-conferencing, web-casts and web-based training, and local programs to allow for increased training opportunities to enhance knowledge and skills while reducing costs.2. Identify ways to increase access to teleconference programs on site.3. Promote group training of web-based programming.4. Advocate for salary increases for health department staff through the Board of Health and county commission.5. Identify staff recognition opportunities when salary increases are not available.
2009-2012 Long Range Goals: <ol style="list-style-type: none">1. Health director and management staff will emphasize importance of continued education and training through budget requests annually.2. Develop innovative ways to maintain quality staff and quality services with limited funding.3. Advocate state-wide for increased access to teleconference training at the local level.
Action Steps/Responsible Party/Timeline: <ol style="list-style-type: none">1. Lead staff to maintain awareness of on-site training and development opportunities, ongoing.2. Health director to continue advocacy with Board of Health and county commission for employee salary increases, ongoing.3. Health director and health educator to routinely monitor innovative ideas that could be implemented to maintain employee satisfaction, ongoing.4. Health director to advocate state-wide for greater access to teleconference programs, ongoing.
Factors That Impact Goal Accomplishment: <ol style="list-style-type: none">1. Funding concerns on local and state levels.2. Staff turnover that require increase in expenses related to orientation and training.

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Principle Goal #9: <i>Evaluate effectiveness, accessibility, and quality of personal and population-based health services.</i>
Concern/Need/Data: <ol style="list-style-type: none">1. Health department programs should be based on program reviews and adapted to the changing needs of the community, new research, and changes in best practices.
2008-2009 Goals: <ol style="list-style-type: none">1. Continue annual program reviews and consumer satisfaction surveys.2. Utilize the community health assessment, annual population data and clinic usage to evaluate programs for target populations.3. Maintain an active quality assurance program with appropriate follow-up and program reviews.4. Complete health department accreditation.
2009-2012 Long Range Goals: <ol style="list-style-type: none">1. Provide on-going program reviews for quality and effectiveness.2. Evaluate effectiveness of population-based health services as determined by community health assessment and program review information for changing patterns of use and reimbursement ongoing.3. Continually monitor best practices and new public health/community health programs.
Action Steps/Responsible Party/Timeline: <ol style="list-style-type: none">1. Nurse supervisor to continue responsibility for all clinic program reviews, ongoing.2. Environmental health coordinator to develop quality assurance activities for respective programs by July 1, 2009.3. By July 2009 the health department will have completed the accreditation process successfully.4. Management support staff to assure health department clients receive satisfaction surveys according to service provided, ongoing.5. Health director to report to quarterly Board of Health meetings regarding program reviews and changes as related to consumer feedback and population data findings in 2008-2009.6. Health director to encourage Board of Health participation in community health assessment and prioritization along with Madison Community Health Consortium participation.
Factors That Impact Goal Accomplishment: <ol style="list-style-type: none">1. Funding concerns on local and state levels.2. Staff time limitations.

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Principle Goal #10: <i>Research for new insights and innovative solutions to health problems.</i>
Concern/Need/Data: <ol style="list-style-type: none">1. Participation in the western North Carolina Incubator project offers access to greater resources and information about best practices than a single county can offer.2. Collaboration with local universities can aid research activities as funds are available.
2008-2009 Goals: <ol style="list-style-type: none">1. Remain active participant of the WNC Incubator project.2. Promote "Communities that Care" survey through the public school system.3. Utilize the Center for Advanced Research at Mars Hill College to analyze survey data from community health assessment and school-based health center survey.4. Participate in state and national organizations that conduct research activities and identify best practice models.
2009-2012 Long Range Goals: <ol style="list-style-type: none">1. Continue collaborative relationship with local universities, ongoing.2. Emphasize staff involvement in professional organizations, ongoing.3. Remain active participant of WNC Incubator, ongoing.4. Continue to stay abreast of population-based data and identified community needs, ongoing.
Action Steps/Responsible Party/Timeline: <ol style="list-style-type: none">1. Health director to remain active in WNC Incubator project 2008-2009.2. Health director and health educator to advocate for implementation of "Communities that Care" survey in the public school system 2008-2009.3. Lead staff to maintain active involvement in research activities locally and to collaborate with local university programs, ongoing.4. Health director and lead staff to promote staff participation in professional organizations, ongoing.
Factors That Impact Goal Accomplishment: <ol style="list-style-type: none">1. Funding.2. Staff time limitations.