

Prince William Health District

Annual Strategic Plan Progress Report

For Fiscal Year 14



**Prince William
Health District**

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AUTHORIZATION SIGNATURE PAGE

As Health Director of the Prince William Health District, I approve the Prince William Health District FY14 Annual Strategic Plan Progress Report as presented in this document.

Alison Ansher, MD, MPH
Health Director, Prince William Health District

Date

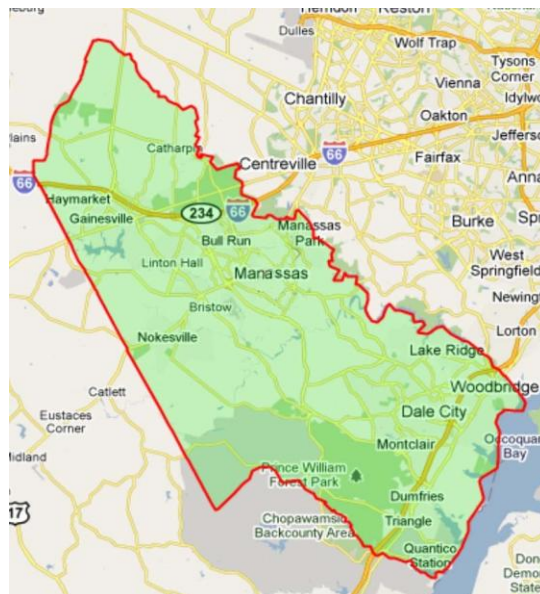
Introduction

The Prince William Health District (PWHD) is dedicated to promoting optimum wellness, preventing illness, responding to emergencies and protecting the environment and health of our residents. Our vision is a community of healthy people and healthy environment. The PWHD provides or participates in programs and initiatives that address both individual as well as population-based health promotion and disease prevention. The PWHD receives funds from federal, state, local and grant resources. These are uncertain times for local public health in Virginia due to decreasing funding, emerging health issues, aging workforce, unclear direction, and the unknown impacts of the Affordable Care Act.

The PWHD is comprised of four major divisions:

- Business Office (Includes Human Resources, Accounts Payable, Accounts Receivable, Vital Records, Budget, and Administrative Support)
- Community Health Division (Includes clinical activities as well as Oral Health, Women’s Infant and Children)
- Environmental Health (Includes Onsite Sewage and Water Safety and Consumer Services)
- Office of Health Director (Includes Emergency Preparedness and Response, Epidemiology, Health Planning, and Administration)

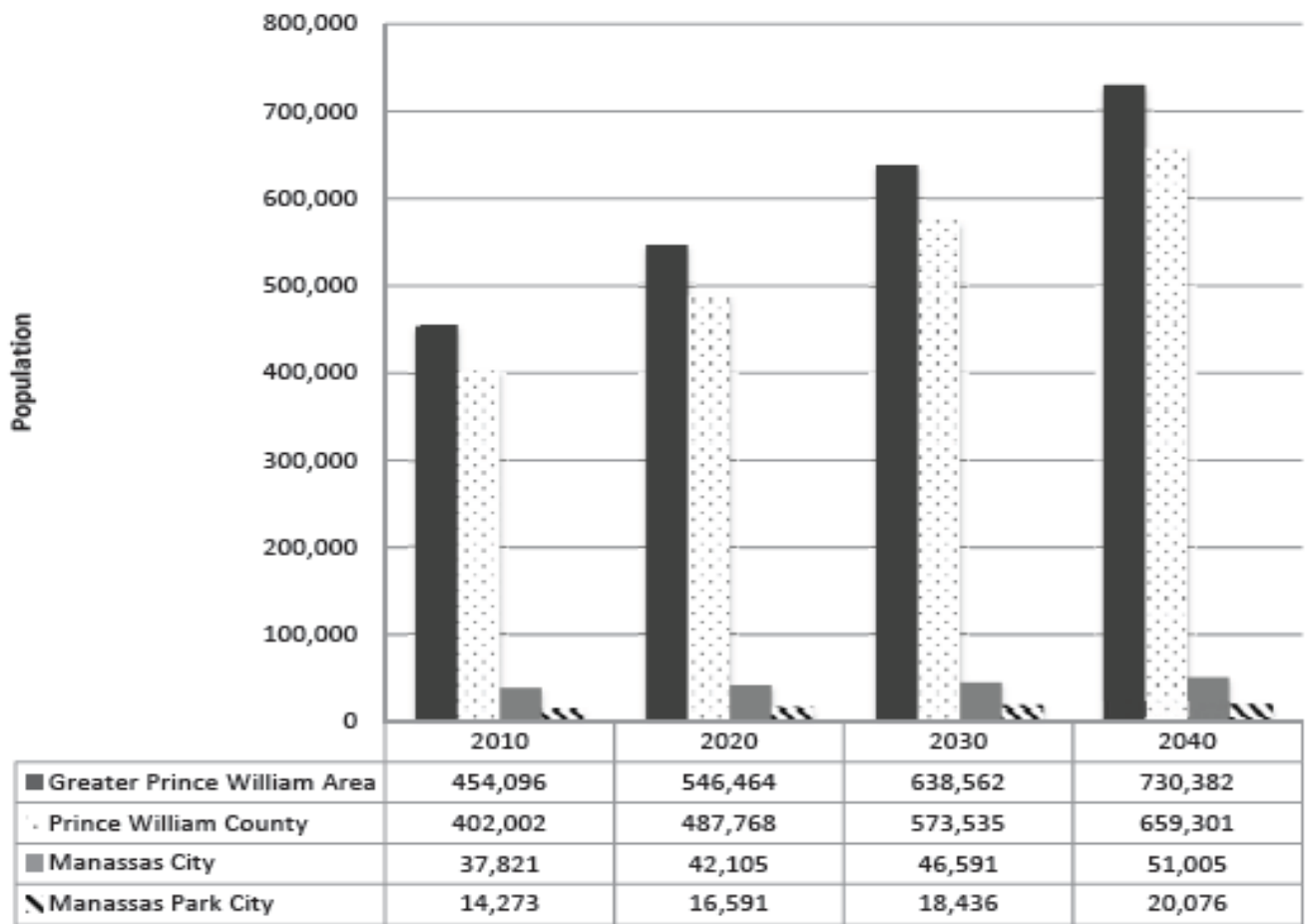
As a performance-based organization, the Strategic Plan FY14-FY16 encourages us to improve our effectiveness in striving toward our PWHD vision.



Background

Prince William Health District provides public health services to approximately 464,000 residents and is a majority minority community. The district consists of Prince William County (PWC) and the Cities of Manassas and Manassas Park. Presently, the medium income is \$94,000, however there are pockets of low income residents. In spite of the medium income, these pockets of low income residents supported the community in receiving funding for a Federally Qualified Community Health Center. In addition, the community was significantly impacted by the recession, and is just beginning to recover.

Historically, the PWHD participated in the PWC strategic planning process, and still does, as well as the Greater Prince William Community Needs Assessment process, which examines the data which evaluates local Human Services accomplishments and challenges. While the PWHD has contributed public health information and data to both these strategic planning efforts, this is the first PWHD specific strategic plan, therefore the Management Team elected to have the plan cover only three fiscal years.



LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER (US Census)	
Filtered by "Speaks English less than 'very well'"	
English	69.95%
Spanish or Spanish Creole:	8.24%
Vietnamese	0.67%
African languages:	0.52%
Korean:	0.52%
Urdu:	0.34%
Tagalog:	0.20%
Chinese:	0.20%
Arabic:	0.20%
Persian:	0.18%

Accomplishments

The PWHD had many accomplishments this year which is highlighted below.

- The Emergency Preparedness and Response program scored a perfect score on the Center of Disease Control Local Technical Assistance Review for our Emergency Preparedness program.
- The PWHD completed a comprehensive Community Health Assessment in 2012-2013 to gain perspective on significant public health issues in the Greater Prince William Area. This was the first time such a comprehensive community assessment had been done in collaboration with multiple agencies, community experts, residents, and stakeholders. This community assessment has directed our Community Health Improvement efforts.
- The Women, Infant and Children (WIC) Nutrition Program was able to expand its services to Quantico Marine Base as well as two satellite locations in the West end of the county. WIC is now using a model electronic information system, Crossroads.
- B.E.A.T. Cancer Coalition, which is a privately funded and addresses the disparity in breast cancer mortality among certain populations in the community. The major accomplishments so far are a Community Breast Health Gap Analysis and Resource Guide, a Latino cancer support group, and additional breast cancer screening and treatment options for uninsured indigent women who do not qualify for Medicaid. The Coalition has received funding for a second year.
- In spite of the state no longer funding local dental services, the district is able to maintain a small dental clinic for indigent uninsured children using local funds. In addition, a private grant was obtained to support Oral Health education and outreach to PWHD maternity patients, and dental varnish and oral health education in our WIC clinics.
- Live Well! Coalition, a chronic disease coalition which began as a CDC ACHIEVE Community initiative, has supported the ability for the district to receive grants to develop six breastfeeding rooms throughout the community, signs that discourage smoking in parks throughout the community, and the expansion of Color Me Healthy in a large local daycare.
- The opening Mason and Partners, a Nurse Practitioner run acute care clinic in the Manassas Park Community Center, which provides bridge care for uninsured indigent clients until the client can enter into the local health care system. This is a partnership between George Mason School of Nursing, Manassas Park Schools, and the PWHD. The clinic recently received a large grant to expand its services.
- The local hospitals and the PWHD collaborating on the Community Assessments and Community Health Improvement Plans to include Baby Friendly Hospitals

- The PWHD has partnered with Walgreens to provide rapid HIV testing with referrals of HIV positive individuals to the PWHD for further testing, counseling, and potentially contact tracing.



Family Room at Lee Ave Clinic



Lee Avenue Family Room



Signal Hill Park, Manassas City



Kick Butts Program for Teens to Prevent Tobacco Use

Challenges

- Uncertainty of federal, state, and local funds which was most clearly demonstrated when there was the potential for the state and federal government not to have budgets for this fiscal year and the impact on local public health that required and additional consideration for Continuity of Operations Planning
- The battle for expanding or not expanding Medicaid has impacted access to health care as well as supported political discord and potential budget issues
- The need for mental health services in the community for both the insured and uninsured. The hospital emergency rooms and the local detention center have become overburdened by those who need mental health services
- The lack of local specialty health services for the uninsured or underinsured requires residents to have to travel at least two hours to a university institution in spite of the fact that Northern Virginia has a significant number of specialty providers
- The lack of oral health resources for adults. More research has shown the impact of poor oral health on the overall health of an individual
- The aging work force and reduction in allocated FTEs in spite of a growing needs due to the increasing and diverse population in the health district
- Virginia Department of Health hiring practices particularly as we compete with Northern Virginia locally administered or locally salary supplemented health departments
- The dynamic public health environment with the uncertainty as to the future direction of the Virginia Department of Health makes local strategic planning and personnel hiring difficult.
- Greater than 50% of the people who work in the Prince William Health District do not live in the district due to the cost of living, particularly among the district's largest employers. Therefore instituting worksite wellness programs will not provide a major chronic disease prevention impact.

Strategic Priority #1 Improve the Health of the Community through Prevention

Goal 1.1: Provide clinical care focused on prevention services and programs

Objective 1.1.1: Increase the female clients of reproductive age seen in various health district clinics who have documented evidence of multivitamin with folic acid counseling from 30% to 50%.

State agencies have a agency performance dashboard for the Secretary of Health and Human Resources for specifically chosen performance measures. One of these measures is the percent of eligible childbearing age women receiving multivitamins with folic acid counseling. This counseling is directed at pregnancy planning and the prevention of neural tube defects.

	Health Information and Strategic Planning	
Baseline		6%
Recent Result		23%
Target FY 16	50%	

Although the district has not reached the desired target, the district is moving in the right direction. Continued education of providers and nursing staff to remind them of the importance of taking every opportunity that one interacts with a client to include appropriate preventive health education.

Objective 1.1.2: Increase the women screened for breast and cervical cancer in the Every Woman's Life program from 50 to 60.

Every Woman's Life (EWL) is a public health program that helps uninsured, low income women gain access to free breast and cervical cancer screening services. Screening and early detection reduces death rates, improves treatment options, and greatly increases survival.

	Health Information and Strategic Planning	
Baseline		50 women
Recent Result		54 women
Target FY16	60 women	

Due to budget cuts, the PWHD was initially only give 50 slots for the local EWL program. Other districts had unused slots, therefore, PWHD was able to obtain 4 more slots, allowing the district to provide services for 54 woman. There continues to be uncertainty as to the available future funding for this program.

Goal 1.2: Monitor the adolescent immunization rate within the PWHD

Objective 1.2.1: Increase the 11-17 year old children who have received one dose of the Tdap from 83.5% to 89%.

State agencies have a agency performance dashboard for the Secretary of Health and Human Resources for specifically chosen performance measures. This is one of the Department of Health performance measures on this dashboard.

	Health Information and Strategic Planning	
Baseline		82%
Recent Result		98%
Target FY16	89%	

The PWHD has been providing Tdap immunization clinics in the three public school systems to up and coming six graders. The schools have done an excellent job in getting the appropriate information out to the parents so that their children can participate. A future intervention may be assuring that some of the larger private schools have the same opportunity, as well as continue efforts of public vaccine preventable disease education.

Goal 1.3: Reduce the spread of Sexually Transmitted infections (STI) in the community

Objective 1.3.1: Increase the clients who are screened for HIV in various PWHD clinics from 37% to 40%.

The CDC recommends HIV testing for individuals from age 13 to 64 years of age. The PWHD has the opportunity to offer HIV testing free of charge to clients in the various clinics to include STI, Maternity, TB, Refugee, and Woman and Teen Wellness clinics.

	Health Information and Strategic Planning	
Baseline		37.9%
Recent Result		36.4%
Target FY16	45%	

All appropriate patients in the above mentioned clinics are given the opportunity to have free HIV screening. In addition, there are two Walgreens locations in the PWHD that provide free HIV prescreening counseling and screening by a pharmacist, and will send those who test positive to the PWHD for confirmatory testing. This provides the community with an alternative place for testing with additional hours that are different from the PWHD. With the INH

shortage, we had fewer clients receiving LTBI services. Every appropriate client who receives LTBI services or is screened for active TB is encouraged to be tested for HIV.

Objective 1.3.2: Percentage of Chlamydia diagnoses in the Prince William Health District that are defined as a repeat infection.

The PWHD provides Chlamydia screening for both men and women dependent upon the clinic. All maternity patients, refugees, and woman under 25 ears of age are screened for Chlamydia. Every patient that visits the STI clinic is offered Chlamydia screening. Chlamydia is the most prevalent STI in the community. The increase is believed to be better reporting due to the work of the PWHD Disease Intervention Specialist.

Health Information and Strategic Planning		
Baseline		10%
Recent Result		10.7%
Target FY16	9%	

The challenge for the PWHD is that in the state of Virginia, STI contacts have to come into to clinic and become an established patient in order to receive treatment. This may present a barrier for STI treatment and preventing further transmission or re-infection, particularly in those residents that work out of the community and have long hours of work, or if they do not work they do not get paid. Annually, a significant effort has been made by the Virginia Department of Health to change the legislation to allow Expedited Partner Therapy without success.

Goal 1.4: Reduce the risk of childhood obesity through services that enable healthy eating

Objective 1.4.1: Decrease the average number of 2-4 year old children enrolled in the WIC program with a BMI greater than or equal to 95th percentile from 304 to 248.

Health Information and Strategic Planning		
Baseline		304
Recent Result		N/A
Target FY16	248	

The established WIC program expanded its services to two new areas that it was determined by address assessment, had difficulty getting WIC services at the already established WIC

locations. In addition, the WIC staff offered additional education appointments for those parents or guardians that needed additional support 1-2 months earlier. WIC program ensured that the education that they provided was culturally appropriate in order to hope to have the biggest impact on their clients. Unfortunately, the WIC program changes from WICNET to Crossroads electronic system, and at this point, Crossroad does not allow the district to query the system to obtain this information.

Healthy Beginning Partnership at the Greater Prince William Community Center’s Health Fair



Mission: Prevent childhood obesity in the Greater Prince William Area through the promotion of breastfeeding.

Objective 1.4.2: Decrease the monthly average percentage of participants who miss food instrument pick up from 6.7% to 4%.

	Health Information and Strategic Planning	
Baseline		6.7%
Recent Result		N/A
Target FY16	4%	

At each appointment, the WIC Administrative Support Staff ask the clients their address and phone number to ensure that they have the most accurate information. In addition, they ask the clients the best way to get in touch with them which could be by phone, email, text, or mail. Unfortunately, the WIC program changed from WICNET to Crossroads electronic system, and at this point, Crossroad does not allow the district to query the system to obtain this information

Goal 1.5: Improve adherence to VDH disease reporting timeliness of providers in PWHD

Objective 1.5.1: Increase provider reporting of Salmonellosis, Shigellosis and Shiga toxin-producing Escherichia coli within 3 days of diagnosis form 60% to 70%.

	Health Information and Strategic Planning	
Baseline		60%
Recent Result		65%
Target FY16	70%	

The PWHD website was updated to make it easier for providers to report required reportable diseases. In addition, the Epidemiologist sends out newsletters and an annual report to community providers with reportable disease counts, trends and information to include information and reminders regarding reporting VA reportable diseases.

Objective 1.5.2: Increase provider reporting of Acute Hepatitis A infection within 24 hours of diagnosis from 67% to 90%.

Health Information and Strategic Planning		
Baseline		67%
Recent Result		50%
Target FY16	90%	

The newsletter and annual PWHC Communicable Disease report sent out to providers provides reminders and education regarding required disease reporting. The importance of rapidly reporting Hepatitis A is that it allows the PWHC to assess if there is a high risk ill individual, to prevent a Hepatitis outbreak, as well as being able to provide those exposed a preventive vaccination, which is time limited. It is clear that additional outreach and education will need to be done to remind providers that Hepatitis A by law needs to be reported immediately to by the most rapid means available.

Goal 1.6: Ensure timely assessment and implementation of public health control measures for communicable disease investigations

Objective 1.6.1: Increase the reports on Salmonellosis, Shigellosis and Shiga toxin-producing Escherichia coli investigations for which risk status assessment and decision regarding need to implement public health control measures are completed within three days of report days of report receipt by health department from 75% to 85%.

Health Information and Strategic Planning		
Baseline		75%
Recent Result		77%
Target FY16	85%	

Although the percentage has improved, part of the challenge is insuring the PWHC receives the Reportable Disease Report from providers and those sent to the wrong health department in a timely fashion. The PWHC hospitals do little pediatric in patient care, therefore, pediatric patients are often hospitalized outside our community.

Objective 1.6.2: Maintain reports on Acute Hepatitis A investigations for which risk status assessment and decision regarding need to implement public health control measures are completed within seven days of report receipt by health department at 100%.

Health Information and Strategic Planning		
Baseline		100%
Recent Result		100%
Target FY16	100%	

Hepatitis A is a rapidly reportable disease in the state of Virginia. To prevent transmission to others, it is important that this measure is maintained at 100%.

Objective 1.6.3: Maintain the reported clusters/outbreaks in which a response is initiated and public health recommendations are provided within 24 hours of report to 100%.

Health Information and Strategic Planning		
Baseline		100%
Recent Result		100%
Target FY16	100%	

Clusters and outbreaks potentially have a greater risk of transmission, and can be more difficult to contain. Therefore, it is important to maintain this performance measure at 100%.

Goal 1.7: Provide preventive clinical oral health services to eligible PWHHD residents

The state discontinued funding of Oral Health in most of the health districts. Half of FY 14 was used to close down the PWHHD dental clinics and not to provide dental services. The Oral Health program was funded by mostly state dollars with a small portion from county only funds that allowed the PWHHD to serve indigent children as well as low income senior citizens with preventive dental services.

Goal 1.8: Promote utilization of preventive oral health care for children

The state discontinued funding of Oral Health in most of the health districts. Half of FY 14 was used to close down the PWHD dental clinics and not to provide dental services. The Oral Health program was funded by mostly state dollars with a small portion from county only funds that allowed the PWHD to serve indigent children as well as low income senior citizens with preventive dental services. In October of 2013, PWHD presented to the Board of County Supervisors requesting that the funds that they put toward dental services remain in the PWHD budget so that some dental services could continue to be provided to indigent, uninsured children. In July 2014, the PWHD received continued county funding for dental services for indigent uninsured children. The PWHD will hire a full time Dental Assistant and a part-time dentist to provide preventive and restorative dental care for indigent uninsured children.

Goal 1.9: Provide inspections for food establishments in order to prevent foodborne illness

Objective 1.9.1: Increase inspections completed each year per full time employee from 360 to 480.

Health Information and Strategic Planning		
Baseline		360
Recent Result		395
Target FY16	480	

The Consumer Service Environmental Health staff use tablets and portable printers so that inspections are done in the field and the inspection report is printed and signed onsite. When the inspector returns to the office, the inspection information can be automatically downloaded into VENIS, the environmental health database. In the past, the inspector would do hand written reports and then enter the inspection into VENIS.

Objective 1.9.2: Maintain the food establishments without founded foodborne illness complaints in Manassas Park City at 95%.

Health Information and Strategic Planning		
Baseline		95%
Recent Result		100%
Target FY16	95%	

Objective 1.9.3: Maintain the food establishments without founded foodborne illness complaints in Manassas City at 95%.

Health Information and Strategic Planning		
Baseline		95%
Recent Result		100%
Target FY16	95%	

Objective 1.9.4: Maintain the food establishments without founded foodborne illness complaints in Prince William County at 95%.

Health Information and Strategic Planning		
Baseline		95%
Recent Result		99.4%
Target FY16	95%	

Goal 1.10: Provide inspections for well and onsite sewage systems to ensure water safety

Objective 1.10.1: Maintain the septic tank owners in compliance with the Chesapeake Bay Act at 75%.

Health Information and Strategic Planning		
Baseline		75%
Recent Result		73%
Target FY16	75%	

This requirement has only been in existence for the last few years. For those home owners who have never had this requirement and owned their home for many years it has been a struggle to have them understand and accept the importance of this requirement to the health of the Chesapeake Bay. The PWHD provides outreach and notification to home owners to encourage them to be compliant with septic tank maintenance.

Strategic Priority # 2: Strengthen Community Emergency Preparedness and Response

Goal 2.1: Increase the emergency preparedness of Greater Prince William Area residents

Objective 2.1.1: Increase the community events in which Emergency Preparedness education is provided each year from 10 to 18.

With shrinking budgets and smaller public health staff, PWHD depends upon interns and volunteers to assist in outreach and education efforts. The Greater Prince William Medical Reserve Corp (MRC), a cadre of volunteers, helps the district’s residents understand the importance of personal preparedness by providing outreach and preparedness information at various public venues. In addition, the MRC provides additional capacity for the PWHD to respond to public health emergencies, provide outreach and education, assist in epidemiologic investigations, and support public health responses in the Greater Prince William Area to community events.

	Health Information and Strategic Planning	
Baseline		10
Recent Result		23
Target FY16	18	

Goal 2.2: Maintain adequate resources to respond to an emergency

Objective 2.2.1: Maintain inventory accuracy at 80%

	Health Information and Strategic Planning	
Baseline		80%
Recent Result	44%	44%
Target FY16	80%	

The Inventory Management System equipment has not worked out to be as simple to use as was initially anticipated. The Inventory Management System Team is meeting and doing an informal quality improvement process to include determining if the system should be continued to be used. Originally, it was thought that it would more accurately determine amount of supplies available, what may need to be ordered as well as yearend inventory.

Goal 2.3: Improve communication to the public during emergency event

Objective 2.3.1: Increase the emergency events in which risk communication policies are implemented from baseline to 100%.

	Health Information and Strategic Planning	
Baseline		
Recent Result		100%
Target FY16	100%	

Staff have increased awareness of risk communication policies, such as using the regional Public Information Officer, during emergencies.

Objective 2.3.2: Increase the trained and designated local Public Information Officers from zero to two.

	Health Information and Strategic Planning	
Baseline		0
Recent Result		8
Target FY16	2	

The PWHD provided managers and supervisors from various divisions and the local Epidemiologist training to be a designated local Public Information Officer depending upon the information expertise that is required.

Goal 2.4: Build the capacity of the Medical Reserve Corps (MRC) to assist in emergencies

Objective 2.4.1: Increase new MRC volunteers from 530 by 10% annually.

	Health Information and Strategic Planning	
Baseline		530
Recent Result		598
Target FY16	689	

Objective 2.4.2: Maintain Volunteer orientations held each year at 12

Health Information and Strategic Planning		
Baseline		12
Recent Result		5
Target FY16	12	

Having the orientation only five times this year was sufficient for the number of volunteers that were added to the MRC.

Objective 2.4.3: Increase the MRC volunteers that participate in emergency preparedness trainings, drills, and exercises from 14% to 25%.

Health Information and Strategic Planning		
Baseline		14%
Recent Result		Pending
Target FY16	25%	

The MRC utilizes an electronic volunteer management system “Virginia Volunteer Health System” (VVHS) to track volunteer data as well as allow volunteers to indicate their availability to assist with events. This system was totally rebuilt in July 2014. The functions available to report on this data have not been made available.

Objective 2.4.4: Increase the MRC volunteers that are trained and able to respond to emergencies from 65% to 75%.

Health Information and Strategic Planning		
Baseline		65%
Recent Result		66%
Target FY16	75%	

Goal 2.5: Ensure the ability of the Prince William Health District to adequately respond to emergencies

Objective 2.5.1: Increase the Emergency Response Functional Exercises held each year from 1 to 2.

	Health Information and Strategic Planning	
Baseline		1
Recent Result		1
Target FY16	2	

Objective 2.5.2: Increase the PWHD staff that is NIMS/ICS compliant from 80% to 95%.

	Health Information and Strategic Planning	
Baseline		80%
Recent Result		52%
Target FY16	95%	

Objective 2.5.3: Increase the senior and management staff that is trained in Advanced ICS (ICS 300/400) from 76% to 80%.

	Health Information and Strategic Planning	
Baseline		76%
Recent Result		55%
Target FY16	80%	

Two individuals out of the management staff have not completed both ICS 300/400. This will be written into their performance expectations part of their annual evaluation. In addition, the management staff has one less manager.

Objective 2.5.4: Increase the safety inspections conducted each year in every PWHD building from 1 to 2.

Health Information and Strategic Planning	
Baseline	1
Recent Result	1
Target FY16	2

Significant work has been done to ensure the safety of staff and clientele in PWHD facilities. This was a major topic of discussion at the PWHD annual all staff meeting and many of the safety concerns have been addressed.



PWHD staff and MRC volunteers tested more than 75 children and parents on proper hand washing through the use of a Glo Germ kit at the Cougar Elementary Literacy 5K run and Health Fair



PWHD representatives attended the first annual Health Screening and Health Fair at C. D. Hylton High School. Staff and volunteers provided information and education on healthy living (proper diet and exercise, smoking cessation, alcohol abuse, immunizations, prenatal care, breast feeding, WIC services), environmental health (well and septic information, radon detection, rabies, vector borne diseases: Lyme, West Nile and Chikungunya), emergency preparedness, volunteer opportunities with the Greater Prince William Medical Reserve Corps (GPWMRC) and Health District Services. PWHD staff and volunteers tested children on proper hand washing using the Glo Germ kit.





GPWMRC volunteers helped to staff a free flu immunization clinic/mass dispensing exercise located at the Manassas Park Community Center. During the exercise our volunteers served as greeters, translators, forms review/medical screeners, vaccinators and exit review staff.

Strategic Priority #3: Improve Health Equity and Access to Care

Goal 3.1: Increase understanding of potential impacts of Health Care Reform on the PWHD

The Affordable Care Act has gone through several changes and has been a point of political contention in the state of Virginia. These changes have made it difficult for PWHD employees understand the impact to PWHD services. To further complicate issues, Medicaid expansion did not occur, thus no additional residents have this health insurance coverage than who would have qualified for Medicaid in the past.

Because this topic is both difficult to understand as well as it would be difficult to determine staff understanding of this topic, this measure will be removed from the strategic plan.

Objective 3.1.1: Increase PWHD staff that understand the implications of HCR on access to care for the health district residents from baseline by 25%.

	Health Information and Strategic Planning	
Baseline		N/A
Recent Result		N/A
Target FY16	By	

Goal 3.2: Improve the health of babies born to PWHD maternity clients

Objective 3.2.1: Percentage of low birth weight babies born to the PWHD maternity patients.

	Health Information and Strategic Planning	
Baseline		6.5%(FY13)
Recent Result		4.2% (FY14)
Target FY16	6.5% (FY16)	

The low birth weight trend is moving in the right direction. Some of our success may be that there are other providers in the community that provide prenatal care for uninsured women in the community, so the waiting time for the first prenatal visit in the PWHD is now at two to three weeks. Women are receiving prenatal care earlier in their pregnancy. In order to show that this is a trend and not an outlier, the FY16 data will be important.

Objective 3.2.2: Increase the gestational diabetics within the PWHD client-base that are tested postpartum for overt diabetes from baseline to 98%

When a maternity patient in the PWHD is diagnosed with gestational diabetes, she is counseled in detail that this puts her at risk for diabetes in the future pregnancies, and the potential associated complications, as well as becoming diabetic in the future. She is counseled in detail about the importance of diet and exercise as preventive measures and that she needs to consider a lifestyle change through appropriate diet and exercise. Screening gestational diabetics post partum allow those with frank diabetes to obtain diabetic care in a primary care setting and can limit the potential complications associated with uncontrolled diabetes. Often maternity care is the clients only contact with the health care system, particularly if she is

uninsured. Over 90% of PWHD maternity patients are Hispanic, therefore, at greater risk to develop diabetes. In addition, all the PWHD maternity patients are uninsured.

	Health Information and Strategic Planning	
Baseline		80% (First 6 months of FY14)
Recent Result		85% (FY14)
Target FY16	98% (FY16)	

Goal 3.3: Assure access to and utilization of health care among underserved populations

Objective 3.3.1: Initiate targeted health initiatives within geographic areas of high need as defined by the VDH form 0 to 3.

	Health Information and Strategic Planning	
Baseline		0
Recent Result		2
Target FY16	3	

The PWHD received a grant from the Potomac Health Foundation to decrease breast cancer mortality among women of color on the east end of the health district. This population was identified as having a lower incidence of breast cancer and a high mammogram screening rate, but a higher breast cancer mortality rate than Caucasian women in the same geographic area.

Manassas Park has a large Hispanic population with a rate of uninsured at approximately 25%. The Manassas Park Community Center (MPCC) is central to the community for physical activity, religious services, Early Head Start, daycare, and health education and community healthy living events. The Health Director of the PWHD was approached by the staff of the MPCC regarding the need for an acute care clinic for their community. A partnership was formed by the PWHD, Manassas Park Schools, George Mason University School of Nursing (GMU), and the MPCC and an acute care bridge clinic run by nurse practitioners, nurses, nurse practitioner and nursing students, professors from GMU. This clinic provides acute care and health education for uninsured indigent clients, and assists these clients in entering into the local health care system.

Objective 3.3.2: Provide education efforts to community health care providers regarding adult immunization recommendations provided as needed.

Health Information and Strategic Planning		
Baseline		As needed (FY13)
Recent Result		As needed (FY14)
Target FY16	Monthly	

Objective 3.3.3: PWHD denial rate of claims for family planning service reimbursements through the Plan First Program.

Health Information and Strategic Planning		
Baseline		42% (CY 2012)
Recent Result		55% (CY13)
Target FY16	35%	

Plan First program was supposed to be phased out due to the expectation that states will expand Medicaid. This program initially provided family planning services and STI screening and education for both male and female residents at or below 200% of the Federal Poverty Level. Now it provides these services for people at or below 100% of the FPL. Presently Virginia will not expand Medicaid. Due to staffing issues, others in the business office were trained to do accounts receivable tasks and had not had prior insurance billing expertise or training.

Objective 3.3.4: Average number of participants enrolled in the WIC program.

Health Information and Strategic Planning		
Baseline		7,667
Recent Result		8,198
Target FY16	8,876	

The WIC program has assessed what geographic areas in the community had difficulty attending the present WIC locations due to transportation issues. Therefore, WIC has expanded services to the Quantico Marine Base as well as an additional site on the west end of the health district.

Goal 3.4: Initiate programs focused on decreasing health disparities

Objective 3.4.1: Increase the PWHHD coalitions focusing on preventing outcome disparities between racial/ethnic groups affected by breast cancer from 0 to 1.

Health Information and Strategic Planning		
Baseline		0
Recent Result		1
Target FY16	1	

The B.E.A.T. Cancer coalition was formed to identify and address breast health gaps and resources to help address breast cancer mortality disparities in women of color. During the first year the coalition developed a gap analysis and a community breast cancer resource guide. In addition, the coalition has found additional resources for uninsured indigent women for mammographic screening and breast cancer care locally, developed a Latino Cancer support group, and developed a partnership to address transportation needs for women with breast cancer.



Strategic Priority #4: Optimize Performance of the Organization

Goal 4.1: Deliver community health services that is timely and culturally appropriate

The Prince William Health District values the importance of establishing and maintaining community relationships and providing information and services to the community. The PWHD's Community Outreach Committee exists to bring partners together to enhance the community's health and the surrounding environment by ensuring accurate public health messages are delivered efficiently and effectively. The primary role of this committee is to serve as a contact group and resource for community outreach.

Health Information and Strategic Planning		
Baseline		TBD
Recent Result		12-9 brochures and 3 DVDs
Target FY16	12 per year	

Goal 4.1.2: Increase the customers reporting that they received the information or services they needed from baseline to 80%.

The PWHD has done customer satisfaction surveys in the past, but generally for specific programs such as Women's and Teen Wellness or Environmental Health. The district decided to use one customer service survey for all the programs, and distribute it at the same time of the year over several months. The results were reviewed, best practices discussed, and the survey was updated as well as the distribution timing and method was changed to increase the response rate for all programs. Certain programs had a significant number of respondents due to the nature of the program and other programs had only a few respondents. Therefore, methods of distribution will be personalized to best fit the type of communication methods that will provide the most responses from the specific programs' customers.

Health Information and Strategic Planning		
Baseline		97% (CY 2013)
Recent Result		Pending
Target FY16	97%	

Objective 4.1.3: Increase the customers that reported that they were served in a timely manner from baseline to 80%*

Health Information and Strategic Planning	
Baseline	90% (CY2013)
Recent Result	Pending
Target FY16	90%

*baseline for this goal was determined by the Customer Service pilot and available in September 2013

Objective 4.1.4: Increase the customers reporting that the information or service received was understandable from baseline to 80%.

Health Information and Strategic Planning	
Baseline	97% (CY13)
Recent Result	Pending
Target FY16	97%

Last year was the first year the PWHD did a district-wide customer service survey. Prior, various programs did a customer service survey. Through an informal quality improvement process, the survey was updated, and the method and timing of the survey has been changed. The survey will be given throughout the year for the various divisions. The time chosen was based upon the different programs busy seasons (eg. pool program during the summer months)

Goal 4.2: Become a High Performance organization

The PWHD has reviewed the accreditation process, and in spite of the fiscal challenges and the personnel resource challenges to make this happen, the district understands the value in becoming an accredited health district, and has been working toward that goal. Working through the process has help to move the district toward becoming a High Performance organization.

Objective 4.2.1: Attain National Public Health Accreditation

Health Information and Strategic Planning	
Baseline	Not accredited
Recent Result	Applied and collecting documents
Target FY16	Accredited

Objective 4.2.2: Increase the PWHD Organizational Performance Management Plans developed and implemented from one to two.

Based upon some of the findings from the development of the first Organizational Performance Management Plan for FY14 through FY16, as well as changes in health district programs, the plan will be updated and implemented for FY15. Due to the dynamic nature of both the fiscal and political environment, changes may need to be made in the plan for FY16.

Health Information and Strategic Planning		
Baseline		0
Recent Result		1
Target FY16	1	

Objective 4.2.3: Increase the Quality Improvement proposals incorporated into PWHD operations from 0 to four.

The PWHD did not have a formal Quality Improvement (QI) program and tended to do this more informally. For significant issues, this process sometimes did not consider the downstream effect of the solution. The PWHD staff has received ongoing training in the Quality Improvement process. It has been a challenge to have line staff submit proposals for Quality Improvement. Most of the proposals have been initiated by managers and supervisors, but have included appropriate line staff in the Quality Improvement processes of these proposals. In fact, the submission process was simplified to encourage line staff to submit proposals. Issues that are critical to address quickly, may not go through a formal QI process.

Health Information and Strategic Planning		
Baseline		0
Recent Result		2 completed: 4 ongoing
Target FY16	4	

Goal 4.3: Provide Health District-wide and division specific training to ensure competent staff

Objective 4.3.1: Maintain the employees who complete their required Statewide Employee Orientation Program training in VA Train within 18 months at 100%.

	Health Information and Strategic Planning	
Baseline		100%
Recent Result		TBD
Target FY16	100%	

Objective 4.3.2: Increase the safety trainings held each year for all PWHD employees from 0 to 1.

	Health Information and Strategic Planning	
Baseline		0 (FY14)
Recent Result		1 (FY15)
Target FY16	1	

Objective 4.3.3: Increase the trainings facilitated for all PWHD employees by the Epi Response Team each year from 0-2.

The Epi Response Team has been developed as a cadre of employees from different divisions, Environmental Health, Nursing, Emergency Preparedness and Response and Administrative Support to train together so that when a public health emergency occurs, the response will go more smoothly.

	Health Information and Strategic Planning	
Baseline		0 (FY14)
Recent Result		1(FY15)
Target FY16	2	

Objective 4.3.4: Increase the in-house clinical trainings regarding regarding emergency public health issues from 1 to 4 annually.

	Health Information and Strategic Planning	
Baseline		1 per year
Recent Result		2 per year
Target FY16	4 per year	

Objective 4.3.5: Maintain Environmental Health Division staff trainings meetings held each year at 24.

This division utilizes part of their staff meetings for staff training. A line staff member is assigned to provide training for other environmental health staff each month.

	Health Information and Strategic Planning	
Baseline		24
Recent Result		24
Target FY16	24	

Objective 4.3.6: Increase the Emergency Management trainings held each year to all PWHD employees from one to three.

	Health Information and Strategic Planning	
Baseline		1
Recent Result		3
Target FY16	3	

Objective 4.3.7: Maintain full PWHD compliance with Health Literacy Plan training targets at 100%.

	Health Information and Strategic Planning	
Baseline		45%
Recent Result		TBD
Target FY16	100%	

Some of the original Health Literacy training that staff was required to do is no longer on VA train, therefore the district is unable to calculate the percent of staff who took that particular training. This topic was covered at the annual All Staff meeting.

Objective 4.3.8: Maintain full PWHD compliance with Quality Improvement Plan Trainings targets at 100%.

	Health Information and Strategic Planning	
Baseline		TBD
Recent Result		TBD
Target FY16	100%	

Goal 4.4 Reduce the length of Environmental consumer compliant closure time

Objective 4.4.1: Increase the customers satisfied with the environmental consumer complaint closure time in Manassas Park from 95% to 98%.

	Health Information and Strategic Planning	
Baseline		95%
Recent Result		100% based upon EH specific survey 2013
Target FY16	98%	

Objective 4.4.2: Increase the customers satisfied with the environmental consumer complaint closure time in Manassas City from 95% to 97%.

	Health Information and Strategic Planning	
Baseline		95%
Recent Result		100% based upon EH specific survey 2013
Target FY16	97%	

Objective 4.4.3: Increase customer satisfied with the environmental consumer complaint closure time in Prince William County from 75% to 85%.

Health Information and Strategic Planning		
Baseline		75%
Recent Result		100% based upon EH specific survey 2013
Target FY16	85%	

Goal 4.5: Ensure that PWHD plans, procedures, policies and protocols are accurate and up-to-date.

Objective 4.5.1: Seventy-five percent of PWHD plans will be reviewed and updated when appropriate according to the schedule review cycle.

A process was put into place in order to try to ensure that all documents are accurate and up-to-date. This process has instituted appropriate notification to the document owner of the need to update their document, but in some instances the document update may not be as timely. This may require a Quality Improvement process to ensure documents are updated timely.

Health Information and Strategic Planning		
Baseline		30%
Recent Result		50%
Target FY16	75%	

Goal 4.6: Adhere to financial administrative and reporting guidelines

Objective 4.6.1: Maintain compliance with Prompt Payment act at 95%.

Health Information and Strategic Planning		
Baseline		95% (FY13)
Recent Result		99.7% (FY14)
Target FY16	95%	

Objective 4.6.2: Maintain third party payer accounts receivable greater than 90 days at less than 15%.

Health Information and Strategic Planning		
Baseline		14% (FY 2013)
Recent Result		25%
Target FY16	<15%	

Staffing shortage has had an impact on this measure. The Business Manager is in the process of obtaining permission to hire an accounts receivable position.

Strategic Priority #5: Collaborate with Local, State and National Partners to Address Significant Public Health Issues

The PWHD is a state governed health district that serves the localities of Prince William County, cities of Manassas and Manassas Park. In Addition, due to the proximity to Washington D.C., the district is also part of the National Capital Region (NCR) which also includes the following counties in Northern Virginia; Alexandria, Arlington, Fairfax, and Loudoun, as well as Frederick, Montgomery and Prince George County in Maryland; and the District of Columbia. As part of the NCR, the district also participates in activities directed the Metropolitan Council of Governments. In addition, for various programs, most notably Emergency Preparedness and Response and Communicable Disease programs, demonstrate collaboration with our National partners.

Goal 5.1: Improve communication between Prince William Health District and community members

Objective 5.1.1: Increase client satisfaction surveys responses by 10%

Health Information and Strategic Planning		
Baseline		878 (CY2013)
Recent Result		Pending
Target FY16	1063	

Management Team and Supervisors discussed how the FY13 customer Satisfaction was implemented, and determined that it needed to be implemented on a different schedule for particular programs and in a method unique to the clients the programs serves. The Customer Satisfaction Survey will begin implementation September of 2014.

Objective 5.1.2: Increase the number of PWHD outreach plans developed and implemented

At an All Staff meeting in 2013, one of the major topics of discussion was the fact that the PWHD has not done a good job of marketing all the services they provide to the community as a whole beyond individual care. Through brainstorming during that meeting, some ideas were collected. Through the Live Well! Coalition, some members met with the PWC Chamber of Commerce, which was just beginning to develop a committee that deals with health related issues, particularly how they may impact the Veterans in our community.

Health Information and Strategic Planning	
Baseline	0
Recent Result	1 developed but not completely implemented
Target FY16	1

Goal 5.2: Establish and maintain partnerships with community stakeholders

Objective 5.2.1: Increase PWHD participation in community outreach events each year from 12 to 18.

Health Information and Strategic Planning	
Baseline	12
Recent Result	26 (FY14)
Target FY16	18

Objective 5.2.2: Increase the agencies with which PWHD actively partners to provide targeted STI and risk reduction information from 0 to 3.

	Health Information and Strategic Planning	
Baseline		0 (FY12)
Recent Result		1 (FY14)
Target FY16	3	

Objective 5.2.3: Increase the community training events initiated by the PWHD Environmental Health division from 1 to 4.

	Health Information and Strategic Planning	
Baseline		1
Recent Result		5
Target FY16	4	

Objective 5.2.4: Maintain the Environmental Health related community task forces in which PWHD regularly participates at 5.

	Health Information and Strategic Planning	
Baseline		5
Recent Result		8
Target FY16	5	

Objective 5.2.5: Increase the emergency response drills performed each year in collaboration with outside partners from 0 to 2.

	Health Information and Strategic Planning	
Baseline		0
Recent Result		1
Target FY16	2	

In the past, the PWHD would plan and implement public health emergency response drills and invite appropriate partners to participate. Planning drills through collaboration increases the understanding of community partners as to each organization or agency’s functions and resources.

Objective 5.2.6: Increase PWHD involvement in various community coalitions focused on chronic disease prevention and management from 1 to 2.

	Health Information and Strategic Planning	
Baseline		1
Recent Result		2
Target FY16	2	

Goal 5.3: Engage local partners and community members in prioritizing and implementing the Community Health Improvement Plan progress.

Objective 5.3.1: Increase the number of community health initiatives that address community public health priorities identified through the Community Health Assessment and Community Health Improvement Plans from 0 to 2.

	Health Information and Strategic Planning	
Baseline		0
Recent Result		2
Target FY16	2	

The Secretary of Health and Human Resources has developed with agency leaders, performance measures specific to each agency. The PWHB reviews these measures and also will use this information to determine where quality improvement initiative may improve performance outcomes that will be reflected in future agency dashboards.

Department of Health											
Prince William											
Page 1	Periods	Current			Prior	↓↑	Target	Proximity to Target			
		DENOM.	NUMER.	% or #				0%	50%	100%	
1	Number of Active Organizations Enrolled in VIIS	C: Jul 2014 P: Jun 2014	-	111	-	109	↑ 2	111			
2	District Cohort: Immunization Rates for Children 2 Years Old Served At local health departments	C: Q2 2014 P: Q1 2014	198	122	62%	62%	↔ -1%	80%			
3	Entire Cohort in VIIS: Immunization Rates for Children 2 Years Old	C: Q1 2013 P: Q4 2012	4,672	1,211	26%	27%	↔ -1%	80%			
4	Percent of Children (Age 11-17 Years) Adequately Immunized with Tdap Vaccine	C: Q2 2014 P: Q1 2014	3,571	3,429	96%	95%	↔ 1%	80%			
5	Percent of Eligible Women of Childbearing Age Receiving Multivitamins with Folic Acid Counseling	C: Dec 2013 P: Nov 2013	647	147	23%	18%	↑ 5%	30%			
6	Percent of Eligible Women of Childbearing Age Receiving a 100-Day Supply of Multivitamins with Folic Acid	C: Dec 2013 P: Nov 2013	647	83	13%	12%	↔ 1%	30%			
7	Number of Eligible Individuals Enrolled in Plan First	C: Jun 2014 P: Jun 2014	-	2,485	-	2,147	↑ 338	0			
8	Percent of Eligibles Enrolled in WIC	C: Dec 2013 P: Nov 2013	10,192	9,235	91%	92%	↔ -2%	81%			
9	Percent of Risk Factors Discovered at Restaurant Inspection that are Corrected at the Time of Inspection	C: Jul 2014 P: Jun 2014	102	71	70%	72%	↓ -2%	70%			
10	Percent of Risk Factors Discovered at Restaurant Inspection that are Corrected Within 10 Days After Inspection	C: Jul 2014 P: Jun 2014	102	71	70%	72%	↓ -2%	70%			
11	Percent of Restaurant Inspections that are Conducted Within Required Timeframes	C: Jul 2014 P: Jun 2014	82	7	9%	10%	↔ -2%	70%			
12	Percent of Failing Onsite Sewage Disposal Systems that are Corrected Within 60 Days After a Local Health Department Is Notified	C: May 2014 P: Apr	24	19	79%	86%	↓ -7%	80%			

VIIS=Virginia Immunization Information System; DENOM=Denominator; NUMER=Numerator; %=NUMER/DENOM

Static Trend
 Negative Trend
 Positive Trend
 >5% Below Target icon"/> >5% Below Target
 Approaching Target (within 5%)
 Meets/Exceeds Target

Conclusions

The accreditation process has helped the Prince William Health District more formally define performance measures and processes that are unique to the PWHD beyond what we measured for local budgets, strategic plans and the Human Services' Community Assessment. This is the first time the PWHD is instituting our own Community Health Assessment, Strategic Plan and Performance Management Plan, therefore, already lessons have been learned and will be reflected as the plans are updated and recreated in the future. Up to this point, the quality improvement projects may not have been identified by the performance measures, but by other factors since this is the first PWHD Strategic Plan and Performance Management Plan, therefore, there were no trends until now to analyze and consider for a quality improvement process.

In general, the PWHD performance measure trends are moving in the right direction and for those that are not, this will help the district define where quality improvement initiatives may be needed.

It appears that a quality improvement process needs to be instituted to accurately determine what trainings employees have completed, and if these trainings were completed by the expected deadline. Ideally, this process would include notification of a supervisor if an employee has not completed the assigned training as required either by central office Virginia Department of Health, or locally. This will be a recommendation to the Business Division, Human Resources, to work on for FY 15.

In September of 2014, the PWHD Management and Supervisor team repeated the Performance Management Self-Assessment that was originally done in February of 2013 as the district was beginning the accreditation process. Table below demonstrates that the accreditation preparation process has help to improve the PWHD's performance of the essential public health services.

Measures Total =72	Meets 0-19%	Meets 20-39%	Meets 40-59%	Meets 60-89%	Meets 90-100%
2013	14/72	10/72	13/72	18/72	17/72
2014	0/72	1/72	7/72	22/72	42/72
Change	- 14	- 9	- 6	+ 4	+ 25