

Kingfisher County Health Department Strategic Plan 2016 - 2021



May 4, 2016

Kingfisher County, Oklahoma

“This is a comprehensive five-year strategic plan for the Kingfisher County Health Department. It demonstrates continuity and alignment with many public health initiatives including the Kingfisher County Community Health Improvement Plan, the Oklahoma State Department of Health Strategic Plan, the Kingfisher County Health Department Quality Improvement Plan, the Oklahoma State Health Improvement Plan, and Healthy People 2020. This strategic plan will be continually monitored for progress and reviewed at least annually. It is available for public viewing and comment on our website.”

Jay Smith, MPH

Regional Health Director

Kingfisher County Health Department

May 4, 2016



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Kingfisher County
Health Department

MISSION

To protect and promote health, to prevent disease and injury, and to cultivate conditions by which Kingfisher County residents can be healthy.

VISION

Creating a County of Health

VALUES

Leadership - To provide vision and purpose in public health through knowledge, inspiration and dedication and serve as the leading authority on prevention, preparedness and health policy.

Integrity - To steadfastly fulfill our obligations, maintain public trust, and exemplify excellence and ethical conduct in our work, services, processes, and operations.

Community - To respect the importance, diversity, and contribution of individuals and community partners.

Service - To demonstrate a commitment to public health through compassionate actions and stewardship of time, resources, and talents.

Accountability - To competently improve the public's health on the basis of sound scientific evidence and responsible research.

Executive Summary

In February of 2016, the Kingfisher County Health Department (KCHD) convened a Strategic Planning Team (SPT) to participate in the strategic planning process. SPT members consisted of: the Regional Health Director, the Accreditation Coordinator, Health Educator, the District Nurse Manager, the Coordinating Nurse, the Business Manager, Public Health Specialist, front office staff, Wellness staff, the Local Emergency Response Coordinator, and the Regional Partnership Consultant. This team was responsible for gathering all data to be used during the planning process including: Community Health Assessment data, Community Health Improvement Plan objectives and strategies, Oklahoma State Department of Health's Strategic Plan objectives and strategies, and Oklahoma State Health Improvement Plan objectives. This information, gathered from all levels of internal staff and community partnerships, provided the foundational data necessary for strategic planning.

With this information, the SPT began a series of five meetings focused on identifying the KCHD's strategic issues and how to address them. During the process, the SPT conducted a SWOT analysis to determine the health department's strengths, weaknesses, opportunities, and threats. The SPT reviewed the foundational data and participated in an Affinity Diagram exercise to help identify the strategic issues. Subsequent meetings focused on developing objectives for addressing the strategic issues and strategies for measuring performance towards improvement of each objective. Objectives were developed in accordance with SMART criteria (Specific, Measurable, Attainable, Relevant, and Time-bound).

The SPT had broad department involvement. Representatives included: Administration, Health Education, Nursing, Accreditation, and Environmental Health. The local Board of Health was informed of the process and received periodic updates of progress from the Administrative Director.

Over the planning period, each meeting built on progress from the last and was supplemented by information developed between meetings through electronic communications and face-to-face consultations. The final draft of the Kingfisher County Health Department Strategic Plan 2016-2021 was approved on May 4, 2016. The process then began to develop programmatic objectives to further align KCHD objectives with those of the community, state, and nation. This clear alignment is important because it facilitates a unified approach to public health efforts for KCHD and the Oklahoma State Department of Health (OSDH). It also helps employees understand the mission and vision of our agency and the part they play within it.

This strategic plan is not a detailed report of all services provided through KCHD. It is a guide for our efforts through 2021 to make the largest and most efficient improvements to public health indicators in Kingfisher County. The KCHD will review and update the plan to monitor progress towards achieving its objectives.

Public Health Priority Issues

Issue One:

Healthy Weight

Weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. Body Mass Index (BMI) is used as a screening tool for overweight or obesity. BMI is a person's weight in kilograms divided by the square of height in meters. BMI of 30.0 or higher is in the obese range. BMI of 25.0 to 29.9 is in the overweight range.¹

Overweight and obesity are major risk factors for a number of chronic diseases, including diabetes, cardiovascular disease and cancer. Childhood obesity is associated with various health-related consequences. Obese children and adolescents may experience immediate health consequences and may be at risk for weight-related health problems in adulthood.

According to the 2014 State of the State's Health Report, Oklahoma has the sixth highest obesity rate in the nation.² It increased from one in seven adults in 1995 to one in three in 2010. In 2013, 12% of Oklahoma

youth were obese and 15% were overweight.³ Only 37% of high school students had a physical education class

at least once per week, and only 31% had daily physical education.⁴

The 2014 State of the State's Health Report indicated an obesity rate for Kingfisher County of 32.3%, compared to the state at 32.2% and the U.S. at 27.6%, earning a grade of "D." The report also indicated rates for the following contributing risk factors and behaviors: minimal fruit consumption—50.4% ("F"), minimal vegetable consumption—26.2% ("D"), no physical activity—28.8% ("D").

According to the 2016 Robert Wood Johnson County Health Rankings & Roadmaps, the county's adult obesity rate was 29% and identified as an area to explore. However, this represents a positive trend from the 32% reported in 2014.



Other recent public health reports indicate similar statistics (e.x., 2016 Robert Wood Johnson County Rankings & Roadmaps - 29%, Community Health Needs Assessment Report - 28.8%, CDC Community Health Status Indicators - 29.5%). All of these reported indicators show a positive trend compared to the approximate 32% they reported in 2014. However, they interpret the findings somewhat differently: County Health Rankings & Roadmaps identify this as an area to explore, Community Health Needs Assessment Report shows it in the green on their dashboard indicator scale, and Community Health Status Indicators reports it as moderate on their at-a-glance summary.

1. Centers for Disease Control and Prevention. (2012). Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. Retrieved from <http://www.cdc.gov/obesity/adult/defining.html>
2. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2012.
3. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information. Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.
4. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance - United States 2010. MMWR Surveillance Summaries 59, no.SS05 (2010).

Healthy Weight

Objectives:

- By 2021, decrease adult obesity from 32.3% to 29%. (As reported by the Oklahoma State Department of Health)
- By 2021, increase minimal fruit consumption among residents from 49.6% to 55%. (As reported by the Oklahoma State Department of Health)
- By 2021, increase minimal vegetable consumption among residents from 73.2% to 77%. (As reported by the Oklahoma State Department of Health)
- By 2021, decrease rate of reported "no activity" among residents from 28.8% to 23%. (As reported by the Oklahoma State Department of Health)

Strategy 1: Provide physical activity education to youth

- Organ Wise Guys
- 8th Grade Health Conference
- Partner with Kingfisher Community Collaborative to hold a Bike Rodeo
- Partner with community to create events that promote physical activity and nutrition concepts
- Demonstrations, presentations, and other opportunities as identified

Strategy 2: Refer clients to nutritionist

- If Body Mass Index (BMI) indicates a need
- For Family Planning Services
- As a part of Women, Infants and Children (WIC) program

Strategy 3: Facilitate community institutions, businesses and schools to adopt and implement policies to improve the nutritional profile of foods available in their organizations

- Engage organizational leadership to educate their organization on the benefits of adopting model policy as provided by Kingfisher County Healthy Living Program
- Provide organizational leadership with technical assistance for the development and implementation of wellness policies and programs

Strategy 4:	Facilitate community institutions, businesses and schools to adopt and implement policies to increase physical activity available in their organizations
	<ul style="list-style-type: none"> Engage organizational leadership to educate their organization on the benefits of adopting model policy as provided by Kingfisher County Healthy Living Program Provide organizational leadership with technical assistance for the development and implementation of wellness policies and programs.
Strengths:	<p>Staff that can deliver healthy weight messaging (school nurses, health educator, Wellness)</p> <p>Kingfisher County Healthy Living Program grant funding</p> <p>Social worker staff that can make wellness-related referrals</p>
Weaknesses:	<p>Internal employee wellness program not utilized</p> <p>Availability of staff to go out to the community to meet people at their convenience</p> <p>No data for youth obesity</p>
Opportunities:	<p>Organ Wise Guys and 8th Grade Health Conference available for healthy weight messaging</p> <p>Kingfisher Community Collaborative includes obesity as a strategic issue in its Community Health Improvement Plan</p> <p>Partner with Oklahoma Healthy Aging Initiative to refer clients for their various programs</p>
Threats:	<p>2016 budget cuts due to state government revenue failure threatens all state programs</p> <p>No data for youth obesity</p>
Key support functions required	
Information Management:	<p>Need data on youth obesity</p> <p>Need access to county-specific BRFSS data that includes adult obesity</p>
Workforce Development:	Need more school nurses
Communication and Branding:	Coordination needed between State Office personnel and county office personnel
Financial Sustainability:	Kingfisher County Healthy Living Program grant funding must continue

Preventable Hospitalizations

Potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses (e.g., dehydration) or worsening chronic conditions (e.g., diabetes) that might not have required hospitalization had these conditions been managed successfully by primary care providers in outpatient settings. Although not all such hospitalizations can be avoided, admission rates in populations and communities can vary depending on access to primary care, care-seeking behaviors, and the quality of care available. Because hospitalization tends to be costlier than outpatient or primary care, potentially preventable hospitalizations often are tracked as markers of health system efficiency. The number and cost of potentially preventable hospitalizations also can be calculated to help identify potential cost savings associated with reducing these hospitalizations overall and for specific populations.¹

According to the 2014 State of the State's Health Report, Oklahoma's rate of preventable hospitalizations was 1815.8 per 100,000, compared to the nation at 1562.1, resulting in a grade of "D." Furthermore, unintentional injury mortality was

60.5 per 100,000, compared to the nation at 38.1, resulting in a grade of "F."

In 2011, there were approximately 52,000 potentially preventable hospitalizations

in Oklahoma costing more than \$1 billion in hospital charges. Diseases typically associated with preventable hospitalization include diabetes, hypertension, congestive heart failure, angina, asthma, dehydration, bacterial pneumonia and urinary infections.²

Injuries were the leading cause of death for Oklahomans age 1 to 44. Oklahoma's unintentional injury death rate increased by nearly 50% from 2000 to 2012. In 2012, approximately 2,300 Oklahomans died from an unintentional injury and accounted for 1 in 16 deaths.³ The leading causes of unintentional injury death include poisonings, motor vehicle crashes, and falls.⁴

The 2014 State of the State's Health Report indicated a rate of preventable



hospitalizations for Kingfisher County of 2602.3 per 100,000, resulting in a grade of "F." The report also indicated that unintentional deaths was the fourth leading cause of death in the county at a rate of 52.6 per 100,000, resulting in a grade of "D."

The 2016 County Health Rankings & Roadmaps by the Robert Wood Johnson Foundation reported a rate of preventable hospital stays for Kingfisher County as 68 per 1,000, an improvement from the rate of 121 reported in 2014 as an area to explore. It also reported a rate of injury deaths as 68 per 100,000, essentially the same as the rate of 70 reported in 2014.

1. CDC. Introduction: In: CDC potentially preventable hospitalizations report - United States, 2001-2009. *MMWR* 2013;62(03):139-143.
2. http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a23.htm?s_cid=su6203a23_w
3. Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2012, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Retrieved from <<http://www.health.ok.gov/ok2share>>.
4. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2005). Web-based injury Statistics Query and Reporting System (WISQARS). Available from <<http://www.cdc.gov/ncipc/wisqars>>.

Preventable Hospitalizations

Objectives:

- By 2021, decrease preventable hospitalizations from 2602.3 per 100,000 to 1815.8. (State rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health)
- By 2021, decrease unintentional injury from 52.6 per 100,000 to 38.1. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health)

Strategy 1: Car safety seats

- Provide car safety seats to those who qualify
- Provide car safety seat installation and safety check services

Strategy 2: Immunizations

- Implement recall program for 4th DTaP (*QI Project*)
- Promote flu vaccine during season

Strategy 3: Promote proactive health and wellness behaviors through health department services

- Promote management of diabetes, high blood pressure, and other chronic conditions clinic and/or special service appointments
- Partner with Oklahoma Healthy Aging Initiative to provide their Diabetes Empowerment Education Program (DEEP) to Kingfisher County residents

Strategy 4: Depression screening

- Provide post-partum screening through Family Planning
- Utilize Question.Persuade.Refer (QPR) protocols

Strategy 5: Injury prevention

- Provide school systems with the opportunity to receive Risk Watch Injury Prevention Curriculum. This is an injury prevention curriculum developed for pre-school through 8th grade students. It covers eight issues: motor vehicle safety, fire and burn prevention, strangulation prevention, poisoning prevention, falls prevention, firearms injury prevention, bike and pedestrian safety, and water safety.
- Hold a Bike Rodeo to promote bicycle safety

Strengths: Staff that can deliver preventable hospitalization and injury prevention messaging (school nurses, health educator)
Staff that can make appropriate referrals (school nurses, health educator, clinic nurses, councilors, social workers)

Weaknesses: Need more nurses, social workers and health educators

Opportunities: Kingfisher Community Collaborative also has behavioral health as a part of its Community Health Improvement Plan

Threats: 2016 budget cuts due to state government revenue failure threatens all state programs

Key support functions required

Information Management: No issues identified

Workforce Development: Need more nurses, social workers and health educators

Communication and Branding: No issues identified

Financial Sustainability: Avoid cuts in general services that may be caused by state revenue failure

Teen Pregnancy Prevention

Teen pregnancy and childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. In 2011, teen pregnancy and childbirth accounted for at least \$9.4 billion in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers. Effects of teen pregnancy remain for the teen mother and her child even after adjusting for those factors that increased the teenager's risk for pregnancy, such as growing up in poverty, having parents with low levels of education, growing up in a single-parent family, and having poor performance in school.¹

Compared with their peers who delay childbearing, teen mothers are less likely to finish high school (only one-third receive a high school diploma and only 1.5% have a college degree by age 30), more likely to live in poverty as adults, and more likely to rely on public assistance.²

According to the 2014 State of the State's Health Report, Oklahoma had one of the worst state teen birth rates

in the nation. Sixty-nine of Oklahoma's 77 counties had a teen birthrate higher than the national average.

For Kingfisher County, the 2014 State of the State's Health Report indicated a teen fertility rate of 19.7 per 1,000, compared to the state at 22.9 and the nation at 15.4, earning a grade of "D." This was an improvement from the rate reported in 2011 of 20.4, but still well above the national average. In comparison, New Hampshire had the best teen fertility rate at 5.4.

The 2014 State of the County's Health Report indicated a teen birth rate of 46.4 per 1,000 females ages 15 to 19 years. This was 11.1% lower than the state rate of 52.2,³ but 17.2% higher than the rate reported in the previous County Health Report.⁴

The 2015 Community Health Status Indicators (CHSI) by the Centers for Disease Control and Prevention indicated a teen birth rate of 48.4 per 1,000 females ages 15 to 19 years. This placed the indicator in the moderate, or "yellow" range of its at-a-glance indicator scale.

The County Health Rankings & Roadmaps by the Robert Wood Johnson Foundation reported a teen



birth rate of 46 per 1,000 females ages 15 to 19 years. Although this is very similar to findings reported above, the report did not identify this indicator as an area to explore. The Community Health Needs Assessment by the Institute for People, Place and Possibility also reported that Kingfisher County's teen birth rate was in the "green" on its dashboard indicator scale.

Despite the varied interpretations of the findings, the Kingfisher County Health Department views the issue of teenage pregnancy as a significant health concern and worthy to be identified as a strategic issue in its five-year strategic plan.

1. Centers for Disease Control and Prevention, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion Available at <http://www.cdc.gov/teenpregnancy/aboutteenpreg.htm#The Importance of Prevention>
2. Holcombe, E., Peterson, K., & Manlove, J. (March 2009). Research Brief: Ten Reasons to Still Keep the Focus on Teen Childbearing. Washington, DC: Childtrends.
3. Oklahoma State Department of Health, Health Care Information, OK2SHARE, Birth Statistics, - Final. www.health.ok.gov/ok2share.
4. Oklahoma State Department of Health, Community Health, Community Epidemiology, 2010 County Health Report. <http://www.ok.gov/health>.

Teen Pregnancy Prevention

Objectives:

- By 2021, decrease teen fertility rate from 19.7 per 1,000 to 15.4. (U.S. rate in 2014 State of the State's Health Report) (As reported by the Oklahoma State Department of Health)
- Through 2021, approach each school system annually and offer to provide youth development education* presentations using evidence based/promising practice curricula.
- Through 2021, provide two opportunities annually for parents/caregivers to receive an overview of the abstinence/youth development education presentations using evidence based/promising practice curricula.

Strategy 1: Partner with Kingfisher Community Collaborative to promote a "Parent Night"

- Provide overview of youth development education* curricula
- Provide overview of health department Family Planning services

Strategy 2: Contact Superintendents, Principals, and organizational leaders to discuss youth development education*

- Provide overview of curricula and educational services
- Offer to provide overview at a "Parent Night"

Strategy 3: 8th Grade Health Conference

- Provide youth development education*
- Ask participating schools to allow for a follow-up at their facility

* The evidence-based youth development education curriculum used is ***Making A Difference!*** It is an eight-module curriculum designed to empower adolescents to change their behavior in ways that will reduce their risk of becoming (or getting someone) pregnant, and becoming infected with an STD or HIV. Specifically, this curriculum advocates postponing sexual activity and emphasizes that abstinence is the only way to completely eliminate their risk of pregnancy, STDs and HIV. Curriculum objectives include:

- Increased knowledge about prevention of pregnancy, STDs and HIV
- More positive attitudes and beliefs about abstinence
- Increased confidence in their ability to negotiate abstinence
- Increased skills to negotiate
- Stronger intentions to abstain from sex
- A lower incidence of STD / HIV risk-associated sexual behavior
- A stronger sense of pride and responsibility in making a difference in their lives

Strengths: Staff that can deliver youth development messaging (school nurses, health educator)

Weaknesses: Health department not always allowed to deliver message

Opportunities: Kingfisher Community Collaborative includes teen pregnancy as a strategic issue in its Community Health Improvement Plan

Threats: 2016 budget cuts due to state government revenue failure threatens all state programs
Stigma of "sex education" still prevalent in communities

Key support functions required

Information Management: No issues identified

Workforce Development: General increase in staff would be beneficial

Communication and Branding: No issues identified

Financial Sustainability: Avoid cuts in general services that may be caused by state revenue failure

Tobacco Prevention

According to the Centers for Disease Control and Prevention, cigarette smoking causes more than 480,000 deaths each year in the United States. This is nearly one in five deaths.^{1,2,3}

Smoking causes more deaths each year than the following combined:^{4,6}

- Human Immunodeficiency virus (HIV)
- Illegal drug use
- Alcohol use
- Motor vehicle injuries
- Firearm-related incidents

More than 10 times as many U.S. citizens have died prematurely from cigarette smoking than have died in all the wars fought by the United States during its history.¹

Smoking causes about 90% of all lung cancer deaths in men and women.^{1,2}

More women die from lung cancer each year than from breast cancer.⁵

About 80% of all deaths from chronic obstructive pulmonary disease (COPD) are caused by smoking.¹

Cigarette smoking increases risk for death from all causes in men and women. The risk of dying from cigarette smoking has increased over the last 50 years in the United States.¹

Smoking harms nearly every organ of the body and affects a person's overall health. Smoking can:^{1,2,5}

- Make it harder for women to become pregnant
- Reduce men's fertility
- Affect bone health
- Affect the health of teeth and gums
- Cause type 2 Diabetes
- Cause other health problems

Each year, about 4,400 Oklahoma children become new daily smokers.⁷



The 2014 State of the State's Health Report indicated a current smoking prevalence for Kingfisher County of 19.6%, receiving a grade of "C." This was the 4th lowest percentage of adult smokers in the state. This was an improvement from the 22.1% indicated in the 2011 Report, representing an improvement of 11%. Kingfisher County Health Department recognizes that there is still much work to be done.

1. U.S. Department of Health and Human Services. [The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014 [accessed 2015 Oct 5].
2. U.S. Department of Health and Human Services. [How Tobacco Smoke Causes Disease: What It Means to You](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010 [accessed 2015, Oct. 5].
3. Centers for Disease Control and Prevention. [QuickStats: Number of Deaths from 10 Leading Causes - National Vital Statistics System, United States, 2010](#). Morbidity and Mortality Weekly Report 2013;62(08):155. [accessed 2015 Oct 5].
4. Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual Causes of Death in the United States. JAMA: Journal of the American Medical Association 2004;291(10):1238-45 [cited 2015 Oct 5].
5. U.S. Department of Health and Human Services. Women and Smoking: A report of the Surgeon General. Rockville (MD): U.S. Department of Health and Human Services, Public Health Services, Office of the Surgeon General, 2001 [accessed 2015 Oct 5].
6. Centers for Disease Control and Prevention. State-Specific Smoking Attributable Mortality and Years of Potential Life Lost - United States, 2000-2004. January 22, 2009.
7. New underage daily smoker estimate based on data from U.S. Department of Health and Human Services (HHS), "Results from the 2010 National Survey on Drug Use and Health," with the state share of national initiation number based on CDC data on future youth smokers in each state compared to national total.

Tobacco Prevention

Objectives:

- By 2021, decrease the adult smoking prevalence rate from 19.6% to 16%. (As reported by the Oklahoma State Department of Health)

Strategy 1: Increase number of schools, communities, and businesses that adopt and implement tobacco free 24/7 policies, including the use of e-cigarettes. *(OSDH Strategic Map: B5)*

- Facilitate institutions to adopt and implement workplace wellness policies that include support for tobacco-free living
- Facilitate institutions to adopt tobacco free policies (prohibiting smoking, vaping and the use of smokeless tobacco products) on all organizational property

Strategy 2: Support and encourage enforcement

- Provide tobacco-free signage to institutions that adopt model tobacco free policy

Strategy 3: Promote tobacco product cessation

- Implement the 5A's during clinic appointments
- Have staff on site trained in cessation techniques
- Promote Oklahoma Tobacco Helpline

Strengths: Kingfisher Healthy Living Program grant funding
Tobacco Cessation Treatment Training

Weaknesses: No data on youth tobacco use

Opportunities: Kingfisher Community Collaborative also has tobacco prevention as a part of its Community Health Improvement Plan
8th Grade Health Conference provides opportunity for tobacco prevention messaging

Threats: 2016 budget cuts due to state government revenue failure threatens all state programs
Community complacency due to adult smoking rate being one of the lowest in the state
Limited data on youth tobacco use

Key support functions required

Information Management:	Need data on youth tobacco use Need access to county-specific BRFSS data that includes adult tobacco use
Workforce Development:	Need staff trained in tobacco cessation techniques
Communication and Branding:	No issues identified
Financial Sustainability:	Kingfisher Healthy Living Program grant funding must continue

Strategic Planning Team

Jay Smith - Regional Health Director

Kristi McNair - Coordinating Nurse

Dusti Brodrick - Regional Partnership Consultant

Heather Ward - Health Educator

Justin Fortney - Public Information Officer

Kim Kroener - Wellness Coordinator

Phylana Kelsey - Local Emergency Response Coordinator

Janie Osborne - District Nursing Manager

Stacy Maroney - Business Manager

Brandon Mauldin - Public Health Specialist

Jennifer Springer - Administrative Assistant

Mikeal Murray - Accreditation Coordinator

Appendix A - Version History

The version numbering is as follows:

- The initial version is 1.0
- After the baseline (v 1.0), all subsequent minor changes should increase the version number by 0.1
- After the baseline (v 1.0), all subsequent major changes should increase the version number by 1.0

Version Number	Change Request Number (if applicable)	Accepted Date	Author	Summary of Change
1.0		5/4/2016	Mikeal Murray	Release of initial document

Appendix B - SWOT Analysis

	Positive	Negative
Internal	School Nursing/ CPR Classes/ Good local funding/ Lots of grant funding/ Generator keeps building powered/ Interpreters/ TSET wellness/ Health education/ Good social workers	State purchase procedures/ Technology/ Employee wellness/ Data/ HD stigma/
External	CPR classes/ Lots of grant funding/ 8 th grade health conference/ KCC/ TSET wellness/ Parent involvement	Budget cuts/ Parent involvement/ Complacency/ Community involvement/ ER agency/ Technology/ School food policy/ Data

Appendix C - Quarterly Update and Annual Reports

Notes:

**Kingfisher County
Health Department
Strategic Plan
2016 - 2021**

For more information or to get involved, contact:

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