

North Central Public Health District Annual Plan 2012 - 2013

I. Executive Summary

NCPHD is working hard to continue to serve our communities in the rapidly changing environment at the local, state and federal levels.

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

We are participating in the Coordinated Care Organizations in our area that were necessary following Oregon's new health care transformation initiative. Both the Director and Deputy Health Officer participate in the group convened by the local Community Mental Health Program Director. We are able to share the value of public health services, and our expertise in assessment and data collection.

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

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

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

II. Assessment

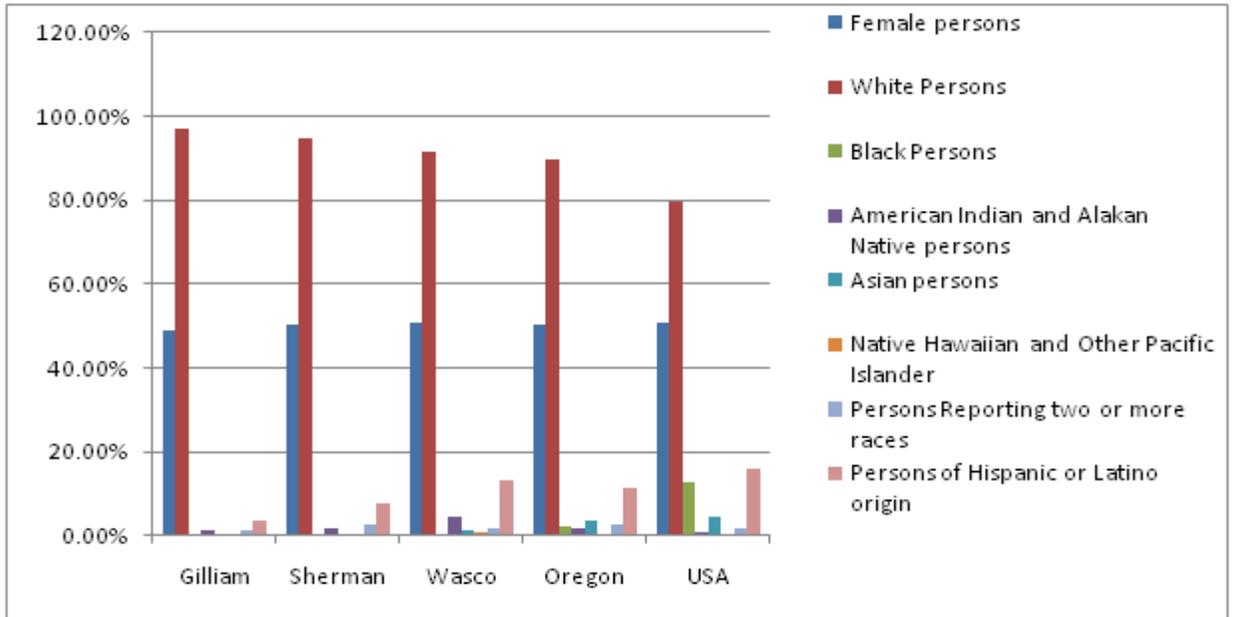
1. NCPHD Demographics (Based on 2009 Estimate)

People Quick facts	Gilliam	Sherman	Wasco	Oregon	USA
Population, 2009 estimate	1,645	1,711	24,149	3,825,657	307,006,550
Persons under 5 years old (%)	4.90%	4.60%	6.40%	6.50%	6.90%
Persons under 18 years old (%)	17.80%	18.70%	23.30%	22.80%	24%
Persons 65 years old and over	23.40%	22.30%	17.90%	13.50%	13%
Female persons	48.90%	50.10%	50.50%	50.40%	51%
Persons Reporting two or more races	1.10%	2.70%	1.80%	2.60%	2%
Persons of Hispanic or Latino origin	3.30%	7.80%	13.20%	11.20%	16%
Foreign born Persons	1.70%	2.50%	6.20%	8.50%	11%
Language other than English spoken at home	3.20%	8.00%	10.50%	12.10%	18%
Persons with a disability	362	309	4,299	593,301	49,746,248
Households	819	797	9,401	1,333,723	105,480,101
Persons per Household	2	2	2	3	3

Wasco County is the largest county of the North Central Public Health District (NCPHD). Both Sherman and Gilliam Counties have land area less than 1,205 miles². Wasco County is significantly larger, 2,381 miles². Wasco County has the largest population size (24,149 Census). Sherman and Gilliam counties have population sizes significantly lower than Wasco. Sherman County has a population of 1,711 and Gilliam having 1,645. The NCPHD office is located in The Dalles in Wasco County. The location of the health office reflects the population data. It makes most sense to have the clinic where the majority of people are located.

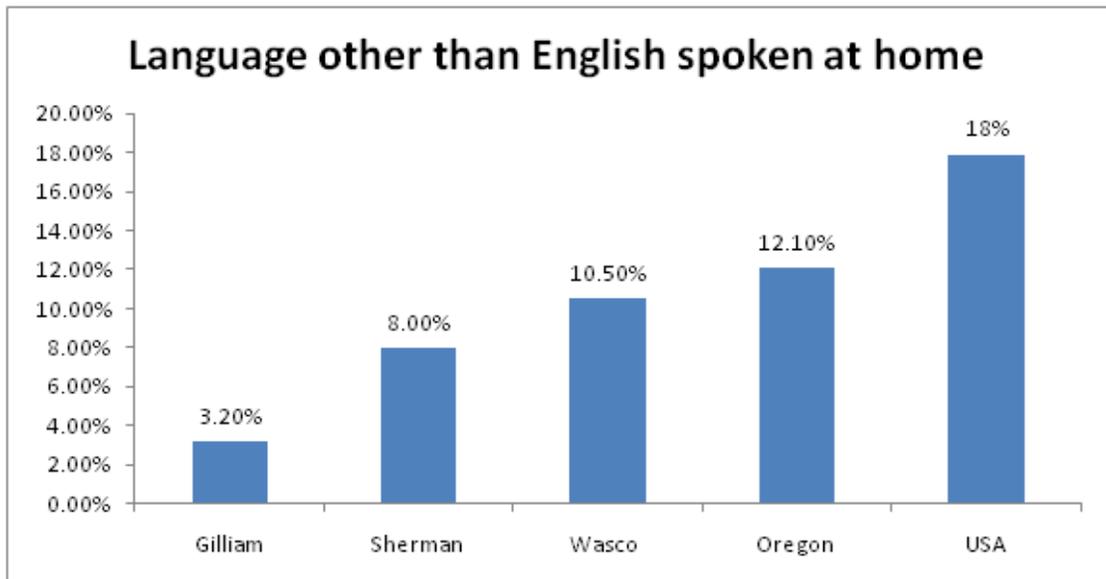
Ethnicity

The demographics of a population vary significantly depending on your location. Figure below shows a comparison between the three counties, Oregon, and the United States. This data represents the race of the designated population area. All three counties have the highest population of white persons, and Asian persons coming in second. This data parallels the demographic data for both Oregon and the United States.



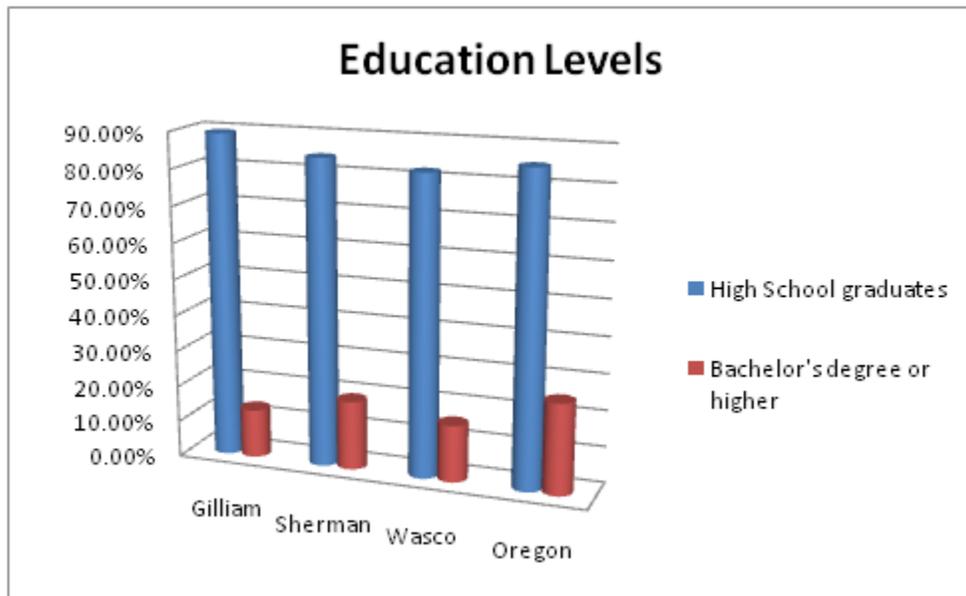
Language

NPCHD focuses on providing all information in both English and Spanish. Some employees are bilingual to help assist people as well. Language barriers can create barriers between communities. It is important to prevent these barriers from forming. These barriers can create disparities in healthcare (Boston Medical Center). Wasco County has the highest percentage of people speaking a language other than English in the home as noted in figure below. Providing multiple languages for information is helpful for reaching out to the community. This helps the community members stay more informed and feel more comfortable. Community outreach plays a pivotal role in making our health department successful.



Education

As of 2000, the percentage of people above age 25 graduating high school was above 82% percent in Gilliam, Sherman, and Wasco Counties. The percentage of people, who earned higher than a Bachelor's degree, as of 2000, was less than twenty percent in all three counties. Sherman County had the highest percentage (19%) of people receiving a Bachelor's degree or higher. The level of education that a person completes has a direct relationship on income potential. People who continue college to receive professional degrees make the most money. (Baum)



Income

Per capita income across all three counties is approximately 17% lower than the State Average, yet rural residents often pay higher prices for groceries and gas, and often drive more miles for work and other services. In Oregon, 13.5 % of citizens live below the poverty level, whereas in Wasco, Sherman and Gilliam Counties, 17.1%, 15.5% and 11.1% are below the poverty level.

Migrant Workers

There are many factors that restrict migrant and seasonal farm workers' access to health care (Melt). These factors include a combination of cultural and linguistic barriers, limited economic resources, and distrust of outsiders. A great percentage of migrant workers and their children are uninsured. Migrant workers often involve complicated cases due to language and citizenship. These obstacles can be difficult to overcome.

Homeless

In the three county area served by NCPHD, there are many people who are living below the poverty level. Living below the poverty line poses many problems for these people. Not all of the people who are living under such circumstances have a home. These people struggle not only with finding shelter but also finding food to eat. These homeless persons have an extreme lack of all types of resources that most people take for granted, such as instant access to shelter, telephones, and the media. In a recent survey it was determined that there are roughly 500 homeless in the NCPHD region. These people are also a vulnerable population that should be thought of and planned for in case of an emergency.

Community Health Assessment

North Central Public Health District was funded in 2010 through the Oregon Public Health Division to complete a community health assessment and create an implementation plan. The Community Health Assessments for the three counties served, which included Gilliam, Sherman and Wasco Counties, were completed in June 2011.

The main objective of this Healthy Communities Program is working to engage communities and mobilize national networks to focus on chronic disease prevention. The Community Health Assessment focused on three main sections. These sections include community organizations/institutions, worksites, healthcare, and schools. By assessing places that people spend most of their time within their community, the assessment provides a community wide approach to focus on chronic disease prevention.

The Community Health Assessment and Group Evaluation (CHANGE) tool was designed by the CDC to:

- Identify community strengths and areas for improvement.
- Identify and understand the status of community health needs.
- Define improvement areas to guide the community toward implementing and sustaining policy, systems, and environmental changes around healthy living strategies (e.g., increased physical activity, improved nutrition, reduced tobacco use and exposure, and chronic disease management).
- Assist with prioritizing community needs and consider appropriate allocation of available resources.

Community Health Assessment Results

This document compiles the results of all three counties within the North Central Public Health District (NCPHD) for a summary of all sectors of the Community Health Assessment. NCPHD strives so that one day all people will live in a safe environment free from fear of preventable diseases; that all businesses, organizations and individuals will have access to health information and have the desire to promote and be responsible for a healthy lifestyle for themselves and each other.

Community Institutions/Organizations

There were four community institutions that participated in the assessment. These four institutions are providing service to 75-2,000 people. They are all located in rural areas, and are an array of public and private, non-for-profit organizations. The highest strength area overall occurred in “Tobacco Use” for these agencies. On the contrast the overall weakness was in the “Leadership” section. These averages are directly related to both the policy average and the environment average of the organization. “Leadership” took the low across the board for community institutions and organizations. This includes lows in environment, and policies.

Worksites

Worksites included in the assessment encompassed a range of different demographics. The worksites studied employed anywhere from 20- 999 people. These worksites were a combination of both public and private, and non-for-profit and for profit. In total four worksites were participants of the assessment. Worksites showed their strengths in “Chronic Disease Management.” The strengths in “Chronic Disease Management” go across the board for both policy and environment. Worksites seemed to have an overall average low in “Physical activity.” However they also showed a weakness in the environmental aspect of “Leadership.”

Healthcare

The healthcare facilities studied in the assessment were both private and public establishments. They also differed greatly in their type of profit profile. Some businesses were non-profit and others were for profit. The establishments ranged from having less than twenty employees to 500. These businesses do their best to provide care to all residents in the NCPHD. These healthcare facilities serve over 1,500 people a month combined. All six healthcare participants showed the highest strength in “Chronic Disease Management.” They also showed a high in

environmental “Nutrition.” Therefore these agencies are striving to create health nutrition options on site. The overall weakness of these healthcare providers was “Physical Activity.” The assessment also showed that there needs to be a high focus on creating an environment with more “Chronic Disease Management.”

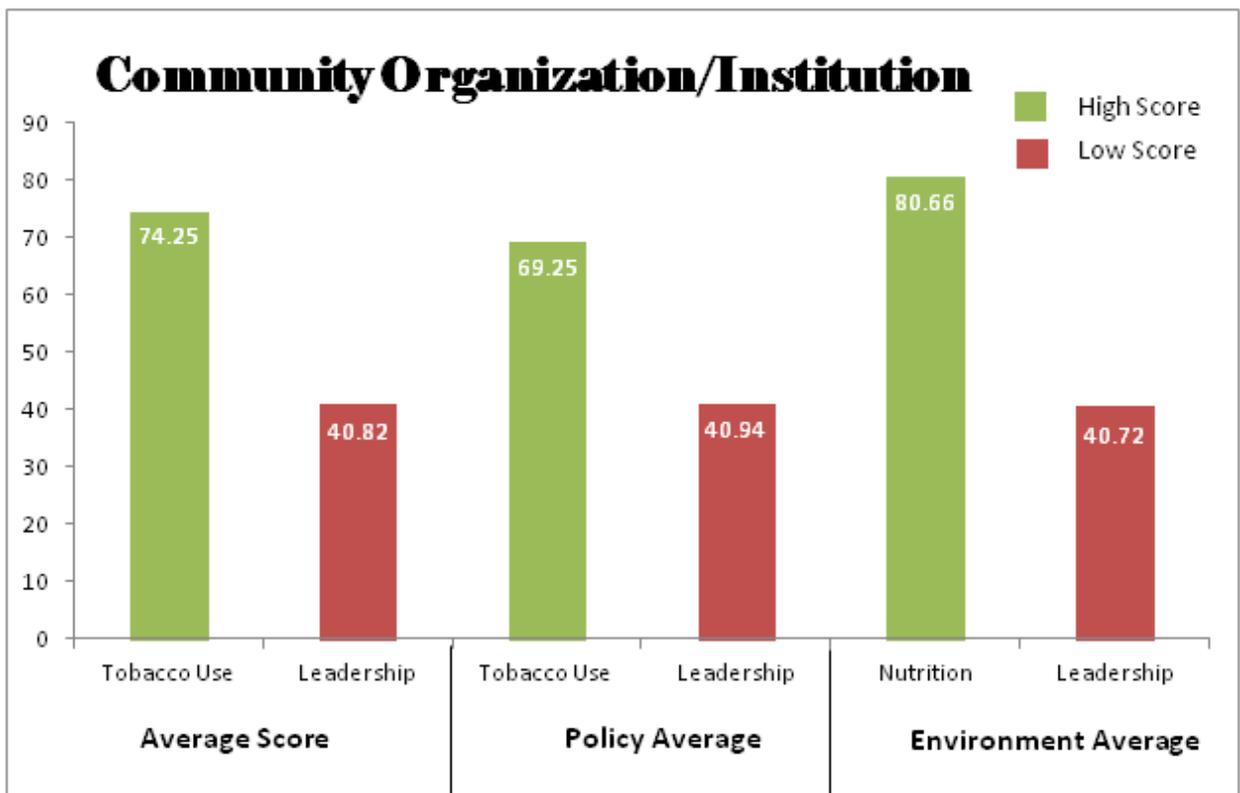
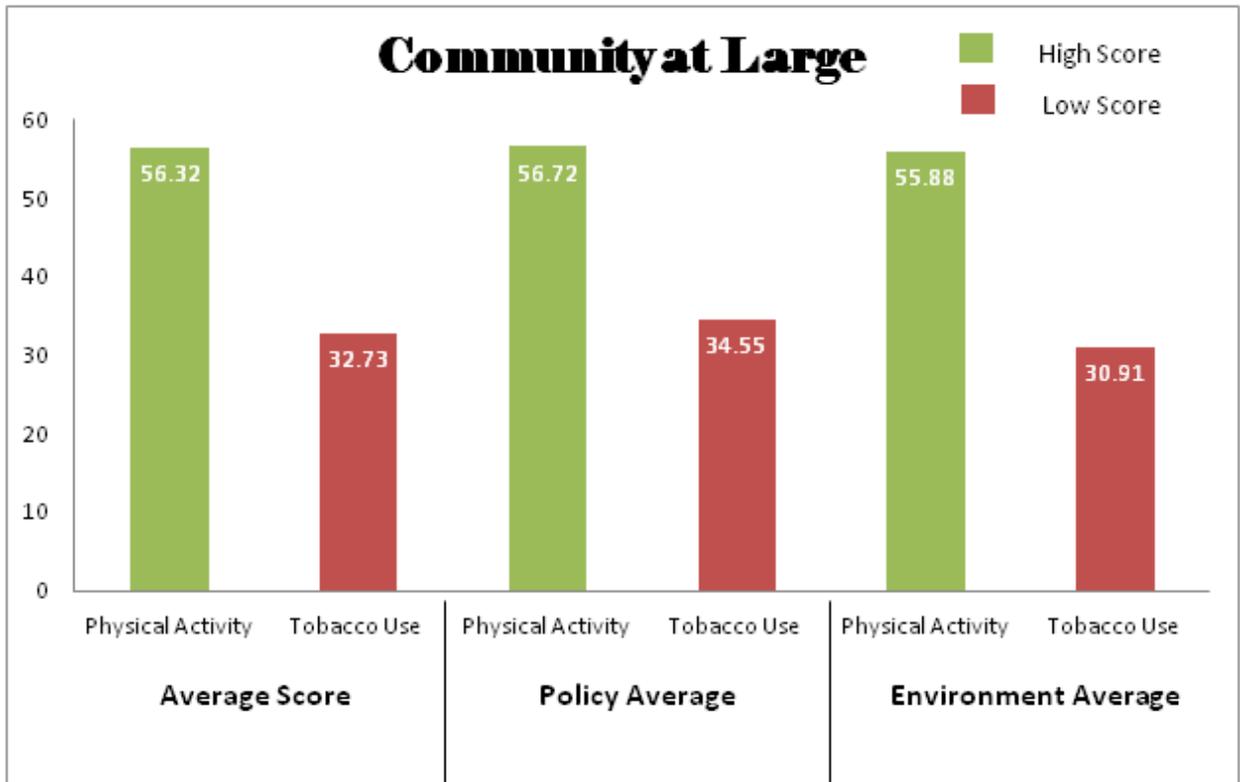
Schools

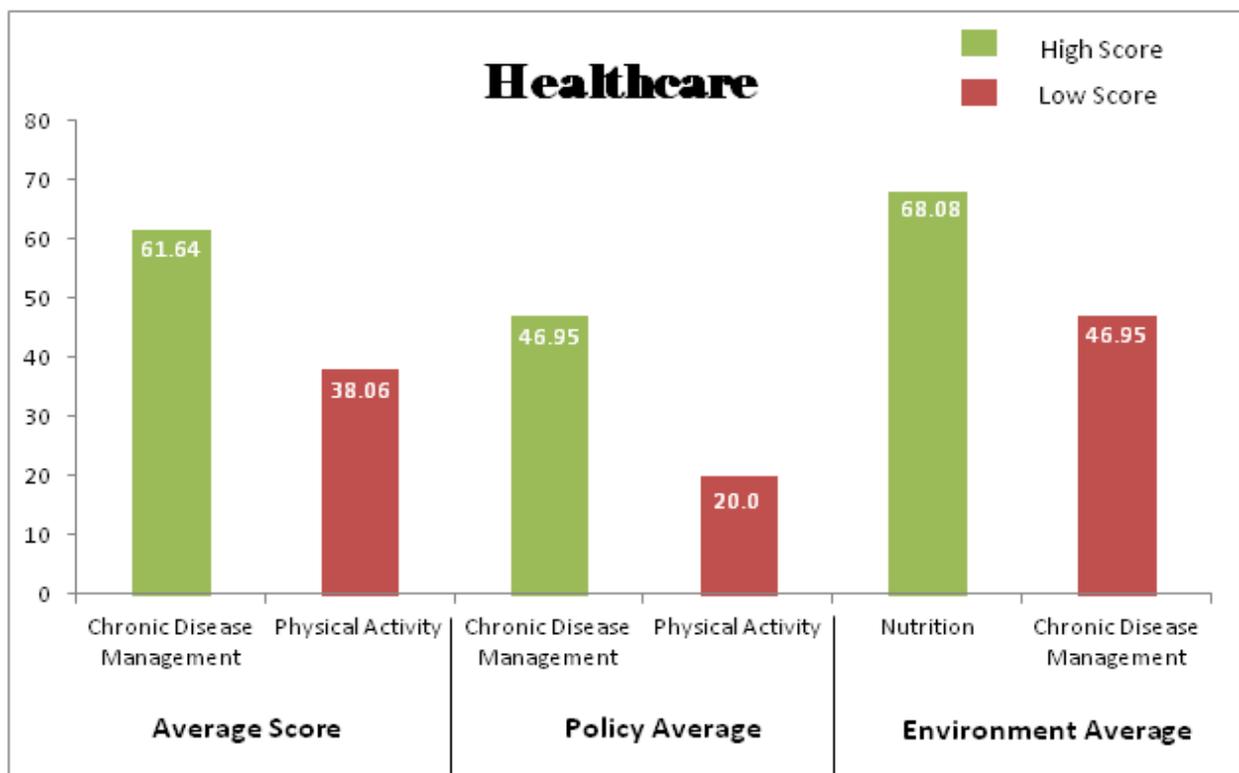
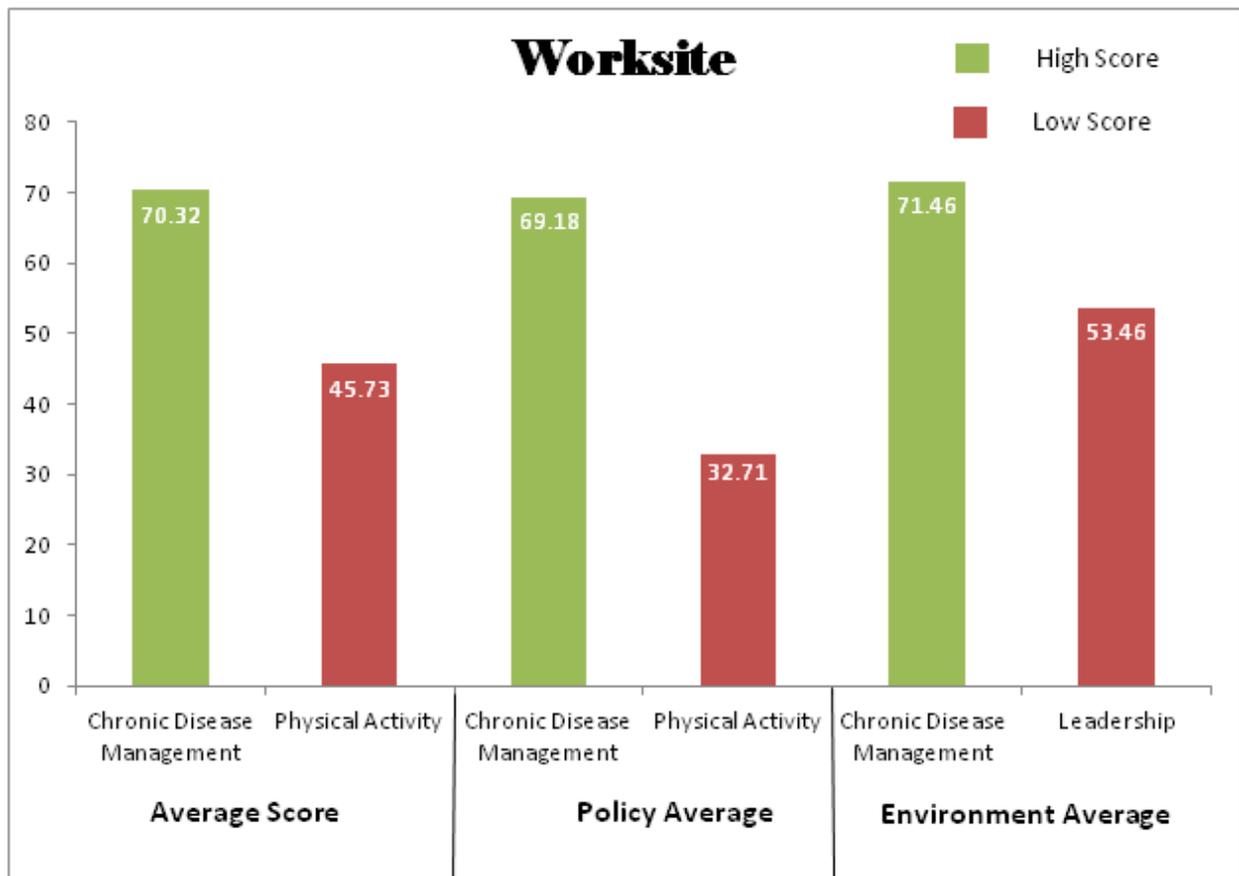
The schools that participated in the assessments were public schools; most districts chose one school to participate in the evaluation. Selected school’s enrollment varied from 117-440 students. The median household income within the districts ranged from \$35,430 to \$46,709. The districts varied, having between 1-5 schools in the district. School had higher scores across the board than any other institution that was assessed. This may be a reflection of the amount of regulations that schools must follow. The highest average score within the seven factors affecting chronic disease were in the category of “School District.” This part of the assessment looked primarily at various regulations within the district and it spanned the other categories of physical activity, nutrition, chronic disease management, tobacco and leadership. The questions were pertinent to the position the school takes to support health in students. The lowest average score within the seven factors assessed, for schools, was in the “After School” section. This may be due to the fact that after school care is not the primary function of schools, and perhaps it is not as thoroughly regulated as other aspects the school offers.

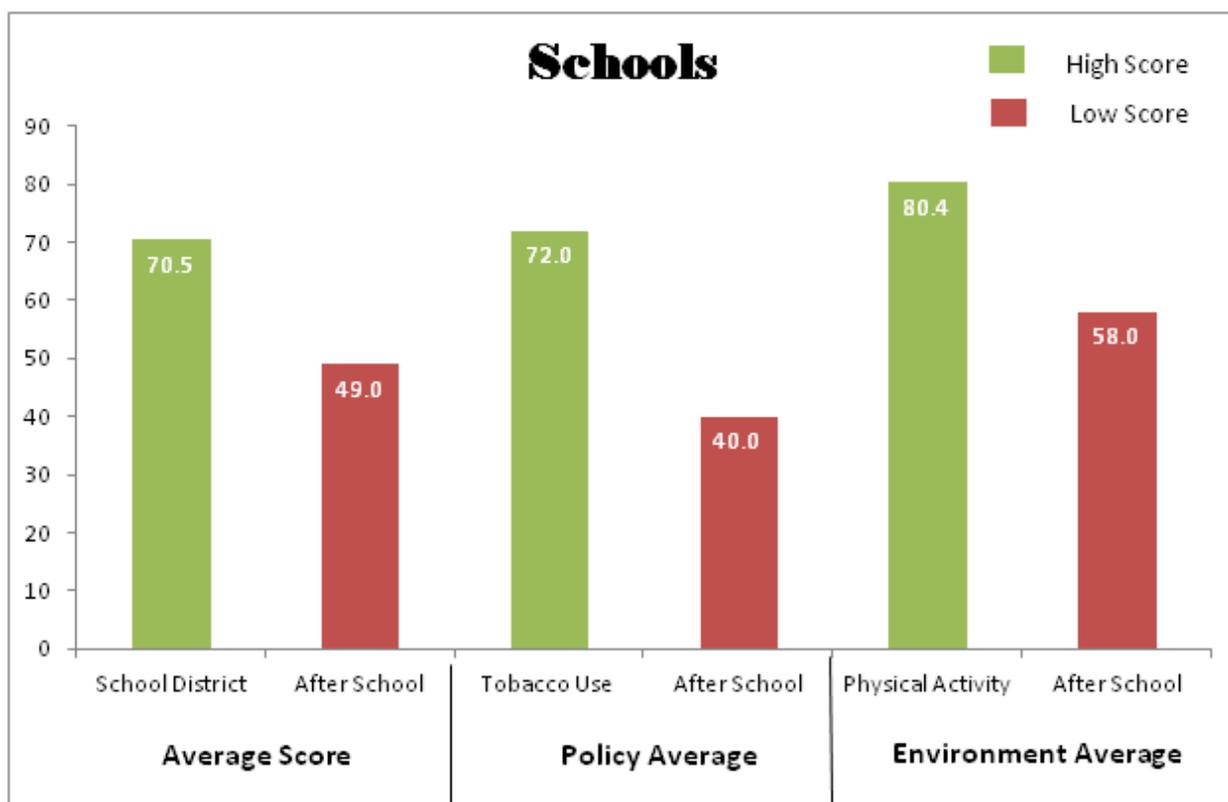
One of the key findings of our Community Health Assessment and Group Evaluation (CHANGE) assessments were school districts fared better than any other sector. Almost all of the schools have incorporated salad bars during all lunches, and may also feature fresh fruits. Existing policies and laws dictate certain minimum standards for schools (example, school lunches). After school programs were the lowest scores for the schools.

Across the board policy scores were typically lower than environmental scores, and leadership averaged behind all other target areas. This could point to some general areas we need to focus on within our communities in the implementation phase. The assessment showed us where our strengths and areas for improvement are, while understanding the community’s needs.

Community Health Assessment Data Average for Wasco, Sherman, Gilliam Counties







What's next?

We discussed the results of the assessment within our CHART. We discussed offering policy templates when appropriate, as well as Chronic Disease Prevention Leadership training. Our districts need for Leadership was enhanced our Coalition Training that took place on July 19, 2011. NCPHD hope to further fulfill our needs as well as our surrounding community and offered Quality Improvement Training in November 2011.

Themes that emerged from the community assessments included:

- Everyone agreed that health is important, but not everyone agrees on how it should be achieved.
- Lack of Tobacco Quit Line resources available
- Employee benefit packages include tobacco cessation resources but they are not promoted
- Complaints about current tobacco policy and who should be enforcing the Indoor Clean Air Act
- Opportunity for coalition to support TPEP efforts
- Most people welcomed Chronic Disease Self Management promotional materials being made available or distributed through their organizations. Health promotion activities available with the Area Agency on Aging, La

Clinica and The Next Door to help promote Living Well within the various organizations.

- Workplace wellness activities were minimal to non-existent in the community assessments. Some people remembered having pedometers, and brief periods when they had garnered enthusiasm around physical activity, but none had ongoing programs devoted to employee health. On a positive note, there seemed to be an interest on the part of employers to consider Workplace Wellness improvements, and because this area has been proven to pay for itself in the long run, it may be easier to promote within our region. Our CAP identified many strategies to improve nutrition, physical activity, chronic disease prevention and tobacco-use reduction in the workplace, so an overall ‘workplace wellness’ theme may be emerging as an over arching strategy to promote within the communities.

A Healthy Communities Work Group of North Central Public Health District has been formed from CHART member participants. These members are a diverse group of people representing various sectors of the community with an interest in the ultimate well being of their community. The group has been meeting since the beginning of the year. They have already divided up brainstorm strategies and self-identified areas where their strengths and interest lie. The group last met on July 21, 2011. At this meeting they worked to direct their focus on physical activity first. The areas of focus to follow are nutrition, tobacco, and chronic disease management.

The Healthy Communities Work Group posses the desire and commitment to improve the opportunities for optimal health of all citizens, a community that has low cost or no cost options for physical activity, has abundant availability of affordable healthy foods, in an environment where it is easy to be tobacco free and where all citizens are empowered with the knowledge to reduce the incidence and impact of chronic diseases.

2. Local public health services

NCPHD exists to prevent disease and injury, promote healthy behavior, and protect the public and their environment.

In general NCPHD enjoys strong support from community partners.

3. NCPHD assures the five basic services contained in statute (ORS 431.416) and rule.

a. Epidemiology and control of preventable diseases and disorders;

Staffing remains stable with experienced CD staff in place. Collaboration between CD and EH remains strong for investigation as well as community outreach to enhance prevention.

NCPHD has continued outreach and education to providers and the local hospital regarding CD reporting and best practice as outlined OAR Chapter 333. Worked closely with the hospital and recently developed and implemented new Notifiable Communicable Disease Reporting Form to improve overall reporting process for both the reporting agency as well as the local health department.

Chlamydia remains by far the most common reportable disease in Wasco, Sherman and Gilliam County's.

Communicable Disease case counts by county of residence:

http://www.wshd.org/wshd/pdfs/dis_county.pdf

b. Parent and child health services, including family planning clinics as described in ORS 435.205;

Maternity Case Management (MCM), Babies First! (BF!), and Community Based Care Coordination (CaCoon) continue to be coordinated by Lori Treichel, RN. Staffing the programs in rural Wasco County, Sherman County, and Gilliam County are Dianne Kerr, RN, BSN and Eloise Mortimore, RN.

NCPHD's relationship with NCED and has allowed for greater coordination in Gilliam and Sherman Counties, especially. NCED is the Healthy Start contractor for those counties, and we contract with them for Eloise to provide the home visits.

Successes in the program include an integration of services with WIC and Home visiting staff and increased coordination with Early Intervention around audiology screening for newborns at risk for hearing loss.

During the year Babies First and Cacoon forms have been revised to decrease the amount of duplication and have greatly decreased the amount of time charting as noted in two time studies.

c. Collection and reporting of health statistics;

Family Planning in Wasco County 2010

Clients served	1,138
Female	1,123
Male	15
Teens	319
Hispanic	382
Racial minorities	39

Women In Need of publicly funded contraceptive services and supplies**1,475**
Women In Need (WIN) are between 13 and 44 years old, fertile, sexually active, neither intentionally pregnant nor trying to become pregnant, and at an income below 250 percent of the federal poverty level (FPL). Women In Need may require public assistance to get services and avoid unintended pregnancy.

Percentage of Women in Need served**74.2%**
Teen pregnancy rate (15- to 17-year-olds) **25.6 per 1,000**
(Teen pregnancy rate in 2008 is the same as 2010 with a rate of 25.6 per 1,000)

Access

Clients benefiting from public investment in family planning dollars* **861(76%)**
*Includes clients covered by Title X and OregonContraceptiveCare (CCare) monies.
Free or low-cost services are available for these clients to reduce barriers to care.

Clients with limited English-language skills**135**
Most family planning clinics have Spanish-speaking staff, offer culturally appropriate services, and produce client materials in Spanish and other languages.
Family planning clinics reach Oregonians who traditionally have difficulties getting services they need. These underserved clients include low-income clients, those in rural communities, who are incarcerated, those with limited English-language skills, and many others.

Services and connections

Cervical cancer screenings conducted**413**
Tests for sexually transmitted diseases provided**388**
Contraceptive counseling sessions delivered**2,080**
Referrals offered (e.g., mammography, other medical services, prenatal, social services) .**579**

Economic and social benefits

Dollars leveraged in federal funds for CCare**\$168,811**
New clients receiving a more effective birth-control method**23%**
Unintended pregnancies prevented**220**
Estimated taxpayer savings in prenatal, labor and delivery, and infant health care costs for every unintended birth prevented by the Oregon Reproductive Health Program is about \$9,450.

d. Health information and referral services; and

There are no substantial changes in the area of Information and Referral.

e. Environmental health services

The function of North Central Public Health District Environmental Health Program is to identify health risks in the environment and implement or promote solutions that eliminate or reduce risk. This includes investigation and containing diseases and injuries to reduce the incidence of contagious diseases, and reduce the disabilities related to disease and injury.

The Environmental Health (EH) program covers three counties: Wasco, Sherman and Gilliam and currently the EH program currently is fully staffed with 3.0 FTE Environmental Health Specialists (EHS).

4. Other issues

Accreditation

NCPHD has been working towards accreditation with intent to apply by June 2012. Accreditation signifies that the best possible services are being offered to keep our communities healthy. With accreditation status NCPHD will be able to demonstrate increased accountability and credibility to the public. Our expectation is that accreditation will strengthen the district and the services provided, which will contribute to improved health outcomes in our communities.

NCPHD hosted training in November 2011, “Quality Improvement & the Move to Accreditation.” The training was funded by a grant obtained from Northwest Health Foundation and NCPHD. Dr Ray Nicola, MD, MHSA, FACPM, Senior Consultant and CDC Assignee to Northwest Center for Public Health Practice and currently serves on the Board of Directors of PHAB was the presenter and lead us in the exploration of the many facets of continuous quality improvement and how to link to PHAB accreditation prerequisites. Attendees included Public Health Directors from various Oregon Counties, County Accreditation Coordinators, AmeriCorps Vista’s, etc.

The PHAB prerequisites include:

NCPHD has completed the Community Health Assessment
Community Health Improvement Plan- Working group
Strategic Plan – in Process

All NCPHD Policies and Procedures are complete and updated.

“The RPI helped the group to develop new process improvement skills and get energized about identifying and improving other obvious process problems in the clinic.” – Teri Thalhofer, R.N., NCPHD Director

RPI members

- Matt Mercer, Patient Registration
- Grace Anderson, R.N., Public Health Nurse
- Teri Thalhofer, R.N., Director
- Tracy Willett, M.D., Health Officer
- Mary Catherine Clites, R.N., Nursing Supervisor

Quality improvement success stories

Local spotlight

NCPHD: Improving patient care in a family planning clinic

In August 2011, the North Central Public Health District (NCPHD) convened a Rapid Process Improvement (RPI) team to decrease the wait time of family planning clinic clients. Staff identified two reasons to improve the current process: 1) to reduce the client wait time to be seen by a nurse practitioner; and 2) to reduce the length of appointments (returning patient appointments took 30 minutes and new patient appointments required 45 minutes).

After conducting informational interviews with NCPHD staff, a two-day RPI was planned to create a process that would allow the family planning clinic to serve more clients in the same amount of time, without sacrificing quality. The event objectives were to understand the current process, look for areas where it could be improved, and develop a new standard process for client exam flow.



The NCPHD RPI team (clockwise from top left): Mary Catherine Clites, Tracy Willett, Matt Mercer, Grace Anderson (not pictured: Teri Thalhofer)

The group created a value stream map, with agreed upon “essential categories of work that needed to be done” in order for the process to work. Once root causes were defined, they were able to mitigate the cause with the right improvement. Then the group constructed new process maps.

Currently NCPHD is pilot testing the new process and measuring the impacts of the improvements.

Project Public Health Ready (PPHR)

NCPHD completed the PPHR application criteria were submitted in September 2011. Results are not available as this time.

Project Public Health Ready (PPHR) is a competency-based training and recognition program that assesses preparedness and assists local health departments, or groups of local health departments working collaboratively as a region, to respond to emergencies. It builds preparedness capacity and capability through a continuous quality improvement model. The PPHR criteria are the only known national standards for local public health preparedness and are updated annually to incorporate the most recent federal initiatives. Each of the three PPHR project goals—all-hazards preparedness planning, workforce capacity development and demonstration of readiness through exercises or real events—has a comprehensive list of standards that must be met in order to achieve PPHR recognition.

III. Action Plan

1. Epidemiology and control of preventable diseases and disorders

Oregon Administrative Rule 333-014-0050 establishes that each county and district health department shall perform (or cause to be performed) all of the duties and functions imposed upon it by Oregon Revised Statutes, and by official administrative rules adopted by the State Health Division and filed with the Secretary of State. These duties and functions shall be performed in a manner consistent with Minimum Standards for the Local Health Departments, adopted by the Conference of Local Health Officials (CLHO). The following program areas shall be considered essential, and be specifically included in the overall annual plan of each county and district health department who shall assure programs are available.

Current Condition

Staffing remains stable with experienced CD staff in place. Collaboration between CD and EH remains strong for investigation as well as community outreach to enhance prevention.

NCPHD has continued outreach and education to providers and the local hospital regarding CD reporting and best practice as outlined OAR Chapter 333. Worked closely with the hospital and recently developed and implemented new Notifiable Communicable Disease Reporting Form to improve overall reporting process for both the reporting agency as well as the local health department.

Chlamydia remains by far the most common reportable disease in Wasco, Sherman and Gilliam County's.

HIV Case Management was contracted back to the state.

Communicable Disease 2010 case counts by county of residence:

http://www.wshd.org/wshd/pdfs/dis_county.pdf

North Central Public Health District					
Report Disease by Year					
Disease	Year				
	Includes Wasco/Sherman/Gilliam Counties Jan-Aug				
Year	2007	2008	2009	2010	2011
Campylobacter	5	4	5	5	4
Chlamydia	64	61	71	69	57
Cryptosporidium	0	0	0	2	0
E. coli (STEC)	0	0	1	2	0
Giardia	1	0	2	1	6
Gonorrhea	8	4	1	5	0
Hep B (acute)	0	0	3	1	2
Hep B (chronic)	4	2	4	5	4
Hep C (acute)	2	1	0	0	0
Hep C (chronic)	65	37	26	38	25
HIV	3	2	3	2	2
HUS	1	0	0	1	0
Legionella	0	1	0	1	0
Listeria	1	0	1	0	1
Lyme	0	1	1	0	0
Malaria	1	0	0	0	1
Meningitis	0	2	1	0	0
Pertussis	0	0	1	0	2
Q fever	0	0	1	1	0
Rabies (animal)	0	1	0	0	0
Salmonella	3	4	4	5	1
Shigella	7	0	0	0	0
Syphilis	1	0	0	0	0
Taeniasis	0	1	0	0	0
TB	0	0	0	1	0

Goals-for Gilliam, Sherman and Wasco County's

1. Identify, prevent and decrease endemic and emerging communicable and environmentally related diseases.
2. Vaccinate against vaccine-preventable diseases
3. Educate the public regarding communicable disease prevention
4. Educate providers and improve communicable disease reporting practices

5. Continue the ability to receive and respond to communicable disease reports and public health emergencies 24/7

Activities

1. Provide epidemiologic disease investigations to report, monitor and control communicable diseases and other health hazards
2. Provide consultative communicable disease services
3. Assure early detection, education and prevention activities to reduce the morbidity and mortality of reportable communicable diseases
4. Assure the availability of immunizations for human and animal target populations
5. Collect and analyze communicable disease data and trends for program planning and management to assure the health of the public
6. All public health nurses are trained in communicable disease control and are provided fit testing
7. Educate providers and improve communicable disease reporting practices
8. Continue communicable disease education in community settings and with community partners

Evaluation

1. Number of days between receipt of case reports at the county and receipt of case reports at the State, as described in the monthly communicable disease surveillance report as a marker for timely reporting from the local health department to the state
2. Number of elements missing from Orpheus encounters
3. Meeting the Conference of Local Health Officials Minimum Standards for reportable Communicable Disease Control, Investigation and Prevention
4. Results of CQI
5. Compliance criteria met during the Triennial Program Review was conducted by the Oregon Department of Human Services

2. MCH Program

Maternity Case Management (MCM)

MCM goal assist pregnant women in accessing prenatal, social, economic, nutritional and other community services. Program goals are achieved through nurse home visits which are individualized to identify and address each client family's needs and goals.

Babies First

Babies' First goal is to improve the physical, developmental and emotional health of high risk infants. To achieve this goal there are four objectives: to improve the early identification of infants and young children with the risk of developmental delay; assist families to access the appropriate community resources; standardize the public health nurse's ability to assess development and yearly analysis of outcomes data.

CaCoon Program

CaCoon program goal is to provide public health nurse care coordination services. The CaCoon program provides specialized training to nurses in order to make them confident resources in their communities. In this manner accurate information is provided to families; access to community services is improved; efficient use of health care and service systems is promoted and well-being of Children & Youth with Special Health Care Needs (CYSHN) families is promoted.

Challenges

Limited MCM services are provided due to the lack of nurse personnel. A .6 FTE nurse was hired to provide relief staffing in the clinic 4 weeks ago and the plan is to transition her to provide MCM services to Gilliam and Sherman Counties one day per week in the next 3-4 months.

Successes

The Babies First and CaCoon nurses have been part of the NCPHD for many years. Both have excellent working relationships with community partners and are well known, trusted and respected in all three counties.

Goals for Gilliam, Sherman and Wasco County's

1. Train new public health nurse to see MCM clients one day per week.
2. Decrease teen pregnancy rates
3. QI/QA activities

Activities

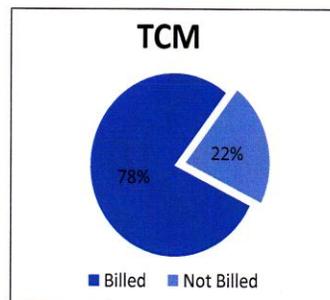
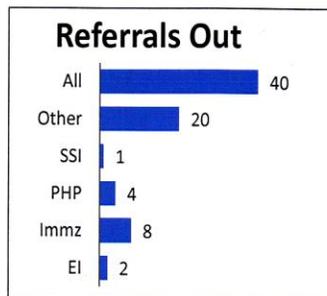
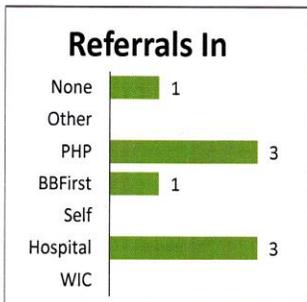
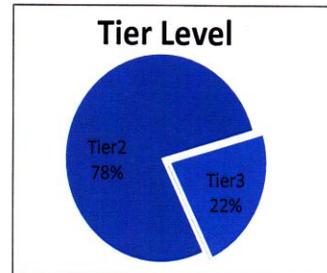
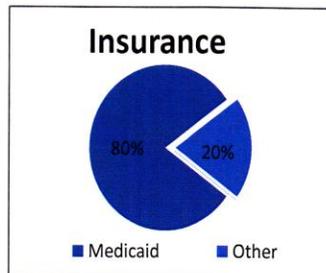
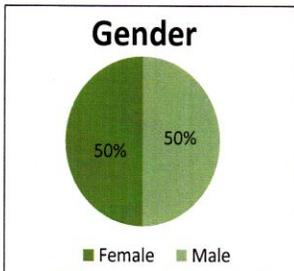
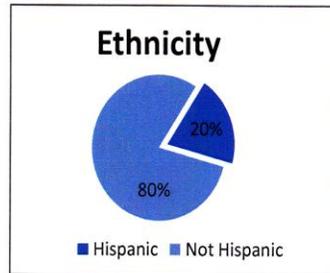
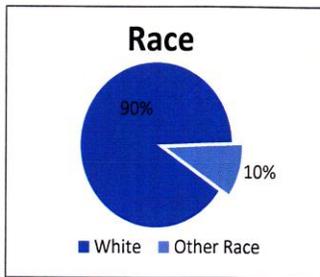
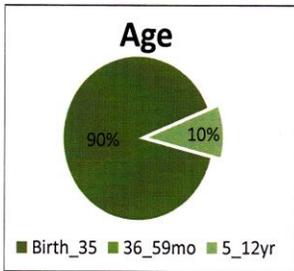
1. Provide community education regarding teen pregnancy
2. Consult with community partners to identify solution for increase in teen pregnancy rates
3. Provide education and BCP options in schools

Evaluation

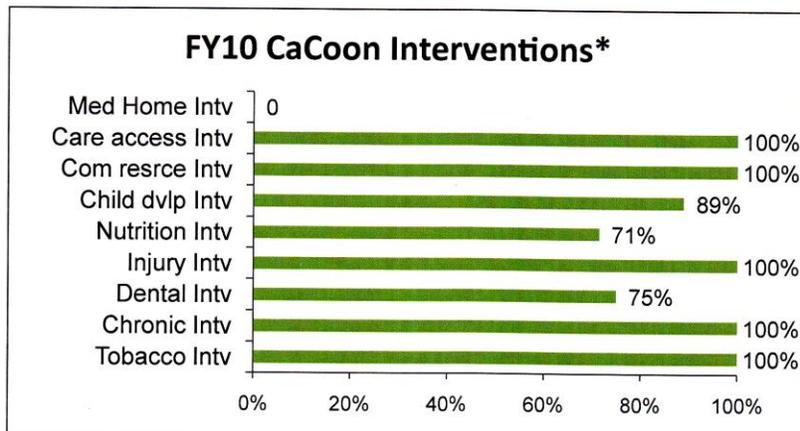
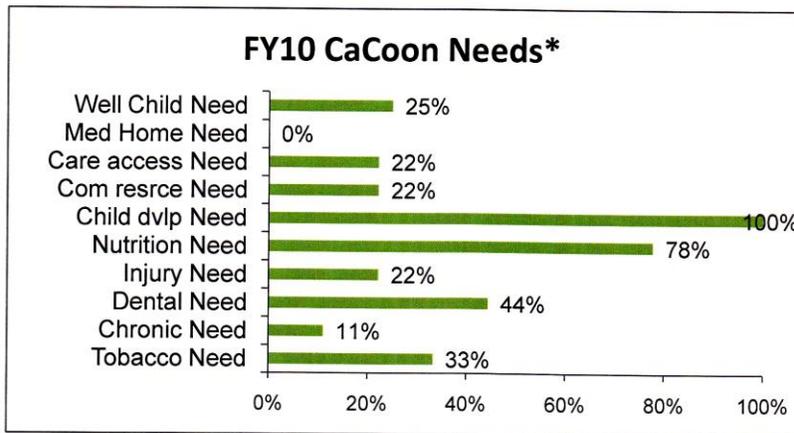
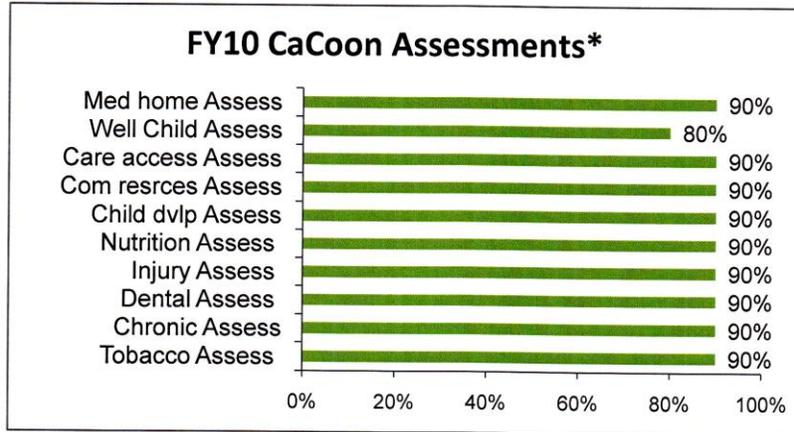
1. Identify and implement evaluation criteria

North Central Public Health District: FY2010 CaCoon

Children Served:	10	Central Region Children served:	93
Child Visits:	46	Central Region total visits:	381
Average visits:	5	Central Region average visits:	4
Providers:	2	Central Region providers:	11



North Central Public Health District: FY2010 CaCoon



Oregon Mother's Care Data

Oregon Mother's Care 2011				
North Central Public Health District (HD 33)				
Table 1		Total # of OMC Clients by Month		
	# Clients	% Clients		
December 2010	3	7.10%		
January 2011	16	38.10%		
Februray 2011	13	31.00%		
March 2011	10	23.80%		
Total Q1 2011	42	100%		
April 2011	14	34.15%		
May 2011	15	36.59%		
June 2011	12	29.27%		
Total Q2 2011	41	100%		
Table 2		OMC Site Clients by Insurance Status at Intake		
	Q1 2011		Q2 2 2011	
	# Clients	% Clients	# Clients	% Clients
CAWEM	2	4.8%	0	17.07%
Oregon Health Plan	5	11.9%	7	12.20%
Private Insurance	5	11.9%	5	68.29%
None	30	71.4%	28	2.44%
Unknown	0	0%	1	2.44%
Total	42	100%	41	100%
Table 3		OMC Site Clients by Race & Ethnicity		
	Q1 2011		Q2 2 2011	
	# Clients	% Clients	# Clients	% Clients
Causcasian	26	61.9%	25	60.98%
Hispanic	11	26.2%	15	36.59%
Unkown	5	11.9%	1	2.44%
Total	42	100%	41	100%

Table 4 OMC Site Clients by Language				
	Q1 2011		Q2 2011	
	# Clients	% Clients	# Clients	% Clients
English	35	83.3%	32	78.05%
Spanish	7	16.7%	9	21.95%
Total	42	100%	41	100%

Table 5 OMC Site Clients by Age				
	Q1 2011		Q2 2011	
	# Clients	% Clients	# Clients	% Clients
19 and Younger	11	26.0%	6	14.63%
20-24	11	26.0%	17	41.16%
25-29	14	33.0%	8	19.51%
30-34	2	5.0%	5	12.20%
35-39	4	10.0%	4	9.76%
40-44	0	0%	1	2.44%
Total	42	100%	41	100%

Table 6 OMC Site Service Summary				
	Q1 2011		Q2 2011	
	# Clients	% Clients	# Clients	% Clients
Pregnancy Testing	42	11.4%	38	10.4%
OHP Application Assistance	38	10.3%	39	10.6%
OHP Application Referral Only	4	1.1%	37	10.1%
OHP Application Faxed	21	5.7%	21	5.7%
Prenatal Care Provider Selected	37	10.0%	32	9.0%
Prenatal Care Appointment Scheduled by OMC Site	35	9.0%	29	8.0%
Initial Prenatal Needs Assessment	36	9.8%	29	7.9%
WIC Screening/Referral	42	11.0%	39	11.0%
MCM/Home Visiting Referral	40	11.0%	38	10.0%
Other Community Referrals	36	10.0%	32	9.0%
Attendance at First Prenatal Visit Confirmed	38	10.0%	33	9.0%
Dental Referral	0	0%	0	0%
Total	369	100%	367	100%

Table 7	Reason for Prenatal Appointment Dates Missing			
	Q1 2011		Q2 2011	
	# Clients	% Clients	# Clients	% Clients
Declined	0	0%	8	19.51%
TAB	2	4.8%	0	0
SAB	0	0%	1	2.44%
Will Make Own Appointments	1	2.4%	0	0
Unknown	39	92.9%	32	78.05%
Total	42	100%	41	100

Table 8	OHP Denials/Exceptions			
	Q1 2011		Q2 2011	
	# Clients	% Clients	# Clients	% Clients
Already has OHP Coverage	8	19.0%	7	17.07%
Expired/Lack of Info/No Client Response	2	4.8%	0	0%
Did Not Apply/Declined	0	0%	2	4.88%
Lost to Follow-Up	4	9.5%	4	9.76%
Moved Out of State	0	0%	1	2.44%
Over Income	1	2.4%	1	2.44%
SAB	1	2.4%	1	2.44%
TAB	1	2.4%	2	4.88%
Through DHS Office	6	14.3%	2	4.88%
Unknown	19	45.2%	21	51.22%
Total	42	100%	41	100%

Table 9	Trimester when Initial Contact was Made with OMC			
	Q1 2011		Q2 2011	
	# Clients	% Clients	# Clients	% Clients
First	36	85.7%	36	87.8%
Second	3	7.1%	5	12.2%
Third	3	7.1%	0	0
Total	42	100%	41	100%

Table 10	Trimester of Initial Prenatal Care (Before OMC Contact)			
	Q1 2011		Q2 2011	
	# Clients	% Clients	# Clients	% Clients
First	0	0	1	2.4%
Second	0	0	1	2.4%
Third	1	2.4%	0	0
Unknown	41	97.6%	39	95.1%
Total	42	100%	41	100%

Table 11				
Trimester of First Prenatal Care (After OMC Contact)				
	Q1 2011		Q2 2 2011	
	# Clients	% Clients	# Clients	% Clients
First	33	78.6%	27	65.85%
Second	3	7.1%	4	9.76%
Third	2	4.8%	0	0
Unknown	4	9.5%	10	24.39%
Total	42	100%	41	100%

Table 12				
Time Required for Late Trimester Clients to Enter Prenatal Care				
	Q1 2011		Q2 2 2011	
	# Clients	% Clients	# Clients	% Clients
Greater than 14 Days	0	0	1	2.44%
Less than or Equal to 14 Days	5	11.9%	3	7.32%
Unknown	37	88.1%	37	90.24%
Total	42	100%	41	100%

Table 13				
Clients that Met Program Benchmarks				
	Q1 2011		Q2 2 2011	
	# Clients	% Clients	# Clients	% Clients
OMC Contact and Prenatal Care within First Trimester	33	79%	27	66%
Prenatal Care within 14 Days of OMC Contact for 2nd or 3rd Trimester	5	12%	3	7%
Total	38	100%	30	100%

3. Family Planning

NCPHD Family Planning Clinic continues to offer contraceptive and reproductive health counseling, initial and annual reproductive health exams, screening tests and/or treatment for STD's, and a wide variety of available birth control methods.

Our Nurse Practitioner resigned in September 2011. Our health officer, Dr Tracy Willett was hired as Family Planning Provider and sees clients in the clinic 2 ½ - 3days per week. The transition has gone well and Dr Willett's clinics are now full. Our Deputy Health Officer is available to provide STD Exam Clinic during Dr Willett's absence.

NCPHD Current Family Planning Title X Data:

Women in Need (WIN), 2010			
<i>County/Service Area</i>	<i>20-44 years</i>	<i>Teens 10-19</i>	<i>Total 10-14</i>
Oregon-ALL	184,615	58,649	243,264
Gilliam County	51	15	66
Sherman County	46	23	69
Wasco County	1,115	354	1,469
Total 3 County's	1,212	392	1,604

Unduplicated Female Clients Served, FY 2011			
<i>County/Service Area</i>	<i>20-44 years</i>	<i>Teens 10-19</i>	<i>Total 10-14</i>
Oregon-ALL	36,566	13,317	49,883
Total Gilliam, Sherman and Wasco County	685	283	968

<i>County/Service Area</i>	<i>Proportion of WIN Served</i>	<i>Pregnancies Averted, FY 2011</i>	<i>Teen Clients as % of Total Clients, FY 2011</i>	<i>Male Clients as % of Total Clients, FY, 2011</i>	<i>Proportion of Visits where Clients Rev'd Equally or More Effective Method, FY</i>
Oregon-ALL	20.5	10,048	26.0%	2.90%	90.5%
Total Gilliam, Sherman & Wasco County's	62.9	243	28.5%	1.10%	93.30%

Proportion of Visits at which Female Clients Received EC for Future Use, FY 2011			
<i>County/Service Area</i>	<i>Teens (<20)</i>	<i>Adults (20+)</i>	<i>Total</i>
Oregon-ALL	34.3%	22.0%	26.6%
Total			
Gilliam, Sherman & Wasco County's	41.2%	25.2%	30.4%

Teen Pregnancy Rate (per 1,000 Females Aged 10-17) CY 2009	
<i>County/Service Area</i>	
Oregon-ALL	8.7
Total	
Gilliam, Sherman & Wasco County's	10.0

Information is provided to all clients about primary care providers and community health centers in the area to help meet those health care needs that are not provided in our clinic.

Goals-for Gilliam, Sherman and Wasco County's

1. Improve and maintain the health status of women and men by providing reproductive health care services and to assure that all residents have access to effective family planning methods.
2. Assure continued high quality family planning and related preventative health services to improve overall individual and community health.
3. Reduce risk of unintended pregnancy.
4. Reduce teen pregnancy rates.

Activities

1. Ensure adequate follow-up for abnormal pap smears through pap tracking system.
2. Ensure adequate screening for Chlamydia following the screening guidelines from Region X Infertility Prevention Project.
3. Give women the widest possible choice of contraceptive methods from which to choose the method they are most likely to be able to use consistently and correctly over time.
4. Provide access to EC for current and future needs for all clients.
5. Evaluate texting of appointment reminders to clients and will evaluate for improvement in no show rate.

6. Continue to provide reproductive health exams, contraceptive counseling visits and education.
7. Maintain continuing education opportunities for all medical and support staff.

Evaluation

1. Review Ahler's data
2. Review Netsmart Insight data
3. Monthly chart audits

4. WIC

FY 2011 - 2012 WIC Nutrition Education Plan Form

County/Agency: North Central WIC (Wasco County)

Person Completing Form: Beatriz Olivan

Date: 3/22/2011

Phone Number: (541) 506-2612

Email Address: beatrizo@co.wasco.or.us

Goal 1: Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

Year 2 Objective: During planning period, staff will incorporate participant centered education skills and strategies into group settings.

Activity 1: Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Implementation Plan and Timeline including possible staff who will attend a regional training:

All staff who offer Group Nutrition classes will plan to attend the Group Participant Centered training in the fall of 2011.

Activity 2: Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

North Central WIC will modify at least one nutrition education group lesson plan from the category core classes, by September 2011.

Activity 3: Each agency will develop and implement a plan to familiarize all staff with the content and design of 2nd Nutrition Education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

Implementation Plan and Timeline:

North Central WIC will develop and implement a plan to familiarize all staff with content and design of the 2nd Nutrition Education options to be able to assist participants in selection the nutrition education experience that would best meet their needs by December 2011.

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.

Year 2 Objective: During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

North Central WIC will modify at least one prenatal breastfeeding class to include PCE skill and strategies by March 31, 2012. We will use specific PCE skills and

strategies that were presented during the PCE Group trainings that were held in Fall of 2010 and Spring of 2011.

Activity 2: Each agency's Breastfeeding Coordinator will work with the agency's Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

Note: In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide and/or Breastfeeding Basics – Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

North Central certifying WIC staff will work together with Coordinator to provide an in-service for all staff using participant centered skills to support breastfeeding counseling using Grow and Glow Curriculum and supporting resource materials developed by the state WIC staff by February 2012.

Goal 3: Strengthen partnerships with organization that serve WIC populations and provide nutrition and/or breastfeeding education.

Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite at last one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held fall of 2011.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Implementation Plan and Timeline:

North Central WIC will invite at least one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held fall of 2011.

Activity 2: Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics – Grow and Glow Training complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

Note: Specific Breastfeeding Basics - Grow and Glow training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Course will be sent out as soon as it is available.

Implementation Plan and Timeline:

North Central WIC will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics-Grow and Glow Training complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course by December 2011.

Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.

Year 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: Each agency will conduct a Health Outcomes staff

in-service by March 31, 2012.

Note: An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

North Central will conduct a Health Outcomes staff in-service to all Public Health Department staff by March 31, 2012 to increase their understanding of the factors influencing health outcomes using supporting resource materials developed by state WIC staff.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Implementation Plan and Timeline:

North Central WIC staff and home-visiting nurses will complete the new online Postpartum Nutrition Course by March 31, 2012.

Activity 3: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1, 2011.

Agency Training Supervisor(s):

Beatriz Olivan

FY 2011 - 2012 WIC Nutrition Education Plan

Goals, Objectives & Activities

Overall Mission/Purpose:

The Oregon WIC Program aims to provide public health leadership in promoting the health and improved nutritional status of Oregon families by providing:

- Nutrition Education
- Breastfeeding Promotion
- Supplemental Nutritious Foods
- Partnerships With and Referrals to Other Public and Private Community Groups

Goal 1: Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

Year 2 Objective: During planning period, staff will incorporate participant centered education skills and strategies into group settings.

Activity 1: Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Activity 2: Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies from the PCE Groups trainings held Fall 2010 and Spring 2011.

Activity 3: Each agency will develop and implement a plan to familiarize all staff with the content and design of 2nd nutrition education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and postpartum time period.

Year 2 Objective: During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies from the PCE Groups trainings held Fall 2010 and Spring 2011.

Activity 2: Each agency's Breastfeeding Coordinator will work with the agency's Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

Note: In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide, and/or Breastfeeding Basics - Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Goal 3: Strengthen partnerships with organizations that serve WIC populations and provide nutrition and/or breastfeeding education.

Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite at least one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held in the fall of 2011.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Activity 2: Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics - Grow and Glow Training, complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

Note: Specific Breastfeeding Basics Grow and Glow Training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Course will be sent out as soon as it is available.

Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.

Year 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: Each agency will conduct a staff in-service to address the factors influencing health outcomes by March 31, 2012.

Note: An in-service outline and supporting resource materials developed by state WIC staff and sent out to Local Agencies by July 1, 2011.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Activity 3: Identify your agency training supervisor(s) and projected quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1, 2011.

Attachment A

FY 2011-2012 WIC Nutrition Education Plan

WIC Staff Training Plan – 7/1/2011 through 6/30/2012

Agency:

Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2011 – June 30, 2012. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	September 2011	All WIC allowable Formulas/Medical substitutes	Go over the different formulas available through WIC, the medical substitutes and discuss why an infant/child would need them.
2	November 2011	Protein Allergy VS Lactose Intolerance	To discuss in detail the difference between lactose intolerance and a milk protein allergy and discuss what changes would need to be made to an infant/child's diet.
3	January 2012	Breastfeeding using PCE	Discuss how to incorporate participant centered skills to support the breastfeeding counseling.
4	May 2012	Immunizations Benefits	To better understand the benefits of each vaccine and the risk of not immunizing children.

5. Immunization

Local Public Health Authority Immunization Annual Plan Checklist
July 2012-June 2013
North Central Public Health District County Health Department

LHD staff completing this checklist: Dianne Kerr

State-Supplied Vaccine/IG

- 1. Uses the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR), or a county VAR given prior approval by OIP
- 2. Accurately codes all immunizations according to OIP Vaccine Eligibility Charts
- 3. Pays quarterly Billable Project invoices in timely manner

Vaccine Management & Accountability

- 4. Has an assigned immunization program coordinator
- 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management
- 6. Uses and maintains OIP-acceptable refrigeration equipment
- 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer
- 8. Has an OIP-approved vaccine emergency plan
- 9. Complies with OIP vaccine expiration & wastage requirements

Delegate Agencies

- 10. Has one or more delegate agencies: LHD has up-to-date addendum agreements for each site N/A
- 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines N/A

Vaccine Administration

- 12. Has submitted annual Public Provider Agreement & Provider Profile
- 13. Provides all patients, their parents or guardians with documentation of immunizations received
- 14. Complies with state & federal immunization-related document retention schedules
- 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine
- 17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

Immunization Rates & Assessments

- 18. Participates in the annual AFIX quality improvement immunization assessment and uses rate data to direct immunization activities

Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation

- 19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs
- 20. Has a process for two-way notification between LHD and community hospital infection control or birthing center staff of pending deliveries by identified HBsAg-positive pregnant women
- 21. Enrolls newborns into case management program & refers mother plus susceptible household & sexual contacts for follow-up care
- 22. [Multnomah County only] provides centralized case management work over the tri-county area of Washington, Clackamas & Multnomah N/A
- 23. Documents & submits to OIP the infant's completion or status of 3-dose Hepatitis B vaccine series by 15 months of age (excluding Washington & Clackamas counties) N/A
- 24. Works with area hospitals to promote the Hepatitis B birth dose vaccine to all infants and Hepatitis B vaccine and IG to affected infants whose mothers are HBsAg positive or whose status is unknown
- 25. Screens all pregnant women receiving prenatal care from public programs for HBsAg status or refers them to other health care providers for the screening
- 26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus
- 27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women
- 28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

Tracking & Recall

- 29. Forecasts shots due for children eligible for immunization services using ALERT IIS
- 30. Cooperates with OIP to recall any patients who were administered sub-potent (mishandled or misadministered) vaccines

WIC/Immunization Integration

- 31. Assists and supports the Oregon Health Authority (OHA) to provide WIC services in compliance with *USDA policy memorandum 2001-7: Immunization Screening and Referral in WIC*

Vaccine Information

- 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered
- 33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration
- 34. Makes VIS available in other languages

Outreach & education

35. Designs & implements a minimum of two educational or outreach activities in each fiscal year (July 2012 through June 2013). [Can be designed for parents or private providers and intended to reduce barriers to immunization. This can not include special immunization clinics to school children or for flu prevention.] Report activity details here:

(Activity 1) Work with and engage all vaccine preventable disease providers to participate in an immunization coalition. Members of the coalition would represent all three counties (Wasco, Sherman and Gilliam) within the health district. Participation can be both by phone or by attending the meetings.

(Activity 2) Attend a Probation and Parole Staff meeting to educate case workers about Hepatitis A & B Vaccine, which is offered at the health department to their clients at no charge. Provide case workers with a pamphlet to give to clients with information regarding available vaccines and health department hours of operation.

Surveillance of Vaccine-Preventable Diseases

36. Conducts disease surveillance in accordance with *Communicable Disease Administrative Rules*, the *Investigation Guidelines for Modifiable Disease*, the *Public Health Laboratory Users Manual*, and OIP's *Model Standing Orders for Vaccine*

Adverse Events Following Immunizations

37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP

38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP

39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

School/Facility Immunization Law

40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)

a. Conducts secondary review of school & children's facility immunization records

b. Issues exclusion orders as necessary

c. Makes immunizations available in convenient areas and at convenient times

41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline

42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

American Recovery & Reinvestment Act (ARRA) Stimulus Funds

43. Completes and meets all ARRA (state and federal) reporting requirements including the ARRA Final Summary Report by November 30, 2011.

Report submitted? Yes No

Performance Measures

44. Meets the following performance measures: [Refer to your 2011 Performance Measure spreadsheet]
- Yes No: 4th DTaP rate of $\geq 90\%$, or improves the prior year's rate by 1% or more
 - Yes No: Missed Shot rate of $\leq 10\%$, or reduces the prior year's rate by 1% or more
 - Yes No: Correctly codes $\geq 95\%$ of state-supplied vaccines per guidelines in ALERT IIS
 - Yes No: Completes the 3-dose hepatitis B series to $\geq 80\%$ of HBsAg-exposed infants by 15 months of age
 - Yes No: Enters $\geq 80\%$ of vaccine administration data into ALERT IIS within 14 days of administration

Terms & Conditions Particular to LPHA Performance of Immunization Services

- 45. Reimburses OHA for the cost of wasted state-supplied vaccines/IG when required
- 46. Returns at LHD's expense all styrofoam containers shipped from Oregon Immunization Program (and not by McKesson)
- 47. Participates in state-sponsored annual immunization conferences, and uses dedicated OIP provided funds for at least one person to attend

Reporting Obligations & Periodic Reporting

- 48. Submits, in timely fashion, the following reports (along with others required & noted elsewhere in this survey):
 - Monthly Vaccine Reports (with every vaccine order)
 - Vaccine Orders (according to Enhanced Ordering Cycle [EOC] assignment)
 - Vaccine inventory via ALERT IIS
 - Immunization Status Report
 - Annual Progress Report
 - Corrective Action Plans for any unsatisfactory responses during triennial review site visits N/A

6. Environmental Health

Current Condition or Problem

1. The function of North Central Public Health District Environmental Health Program is to identify health risks in the environment and implement or promote solutions that eliminate or reduce risk. This includes investigation and containing diseases and injuries to reduce the incidence of contagious diseases, and reduce the disabilities related to disease and injury.
2. The Environmental Health (EH) program covers three counties: Wasco, Sherman and Gilliam.
3. The EH program currently contains 3.0 FTE Environmental Health Specialists (EHS); and is fully staffed as of 6-8-10.
4. The Environmental Health services offered include, but are not limited to:
 - a. Sanitation inspections
 - b. Plan reviews
 - c. Licensing
 - d. Enforcement
 - e. Complaint investigation
 - f. Technical assistance and formal training of restaurants, public swimming pools and spas, motels, organizational camps and RV parks
 - g. State (DHS) Drinking Water Program
 - h. Department of Environmental Quality (DEQ) Onsite Wastewater Management Program

Additionally, Wasco County Environmental Health is the lead agency for the Tri County Hazardous Waste Management and Recycling Programs serving Wasco, Sherman and Hood River Counties. These programs contain 1 FTE Hazardous Waste and Recycling Coordinator and 1.5 FTE Solid Waste Specialist.

Goals

1. Field train the 3rd FTE EHS in the Onsite Wastewater Management Program (OWM) and with our fully staffed EH program be prepared to assume the OWM Program in Gilliam County if it becomes necessary.
2. To increase the percentage of restaurant managers with advanced Special Food Manager Training within North Central Public Health District.
3. To continue having a State Standardized Food Program Training Officer.
4. To conduct sanitation inspections of licensed facilities in a timely manner.
 5. To continue coordinating food & water borne investigations and vector diseases within the Communicable Disease (CD) team.
 6. To continue Food Handler training.

Activities

1. Conduct health inspections of all licensed facilities.
2. Conduct health inspections of unlicensed facilities as requested (prison, certified day care facilities, school food service programs, nursing homes, etc.).
3. Provide Environmental Health education to the public.
4. Collect data on licensed facilities, water systems and waste management.

Evaluation

1. Files will be maintained for each licensed facility and contain inspection reports.
2. Logs of citizen complaints will be kept regarding licensed facilities.
3. Logs of all animal bites are kept. Information will be provided to the state.
4. Food Handler testing records will be kept.

Drinking Water Program

Currently, all systems are either up to date on Sanitary Surveys or have scheduled appointments for surveys.

The current billing system is largely based on fees for services ensuring compliance with current standards and violation corrections. As water systems have received more guidance and recommended improvements are made, it becomes difficult to reach full billing potential. Recently “State” water systems were deleted from oversight by DHS. Most of these water systems have had limited contact with county staff. The reduction of billing potential for “State” water systems was offset by changes to the Inter Governmental Agreement fee formula dealing with deficiency corrections.

Food Borne Illness & Fecal Oral Illness

Food borne disease investigation is conducted with a team approach, involving Environmental Health (EH) and the Communicable Disease (CD) team. Fecal-oral illness whether food, water or physical cross contamination is also investigated using a team approach. Either of the above events may activate a Crisis Action Center within the Health Department.

7. Health Statistics

There are no substantial changes in the area of Health Statistics. Gilliam County births and deaths continued to be registered by the Gilliam County Clerk’s office.

8. Information and Referral

There are no substantial changes in the area of Information and Referral.

9. Public Health Emergency Preparedness

The PHEP Program serving Wasco, Sherman and Gilliam Continues to be coordinated by Kristy Beachamp and she works closely with the emergency managers for each of the three counties. Outreach activities have included the partnership with Wasco County Emergency

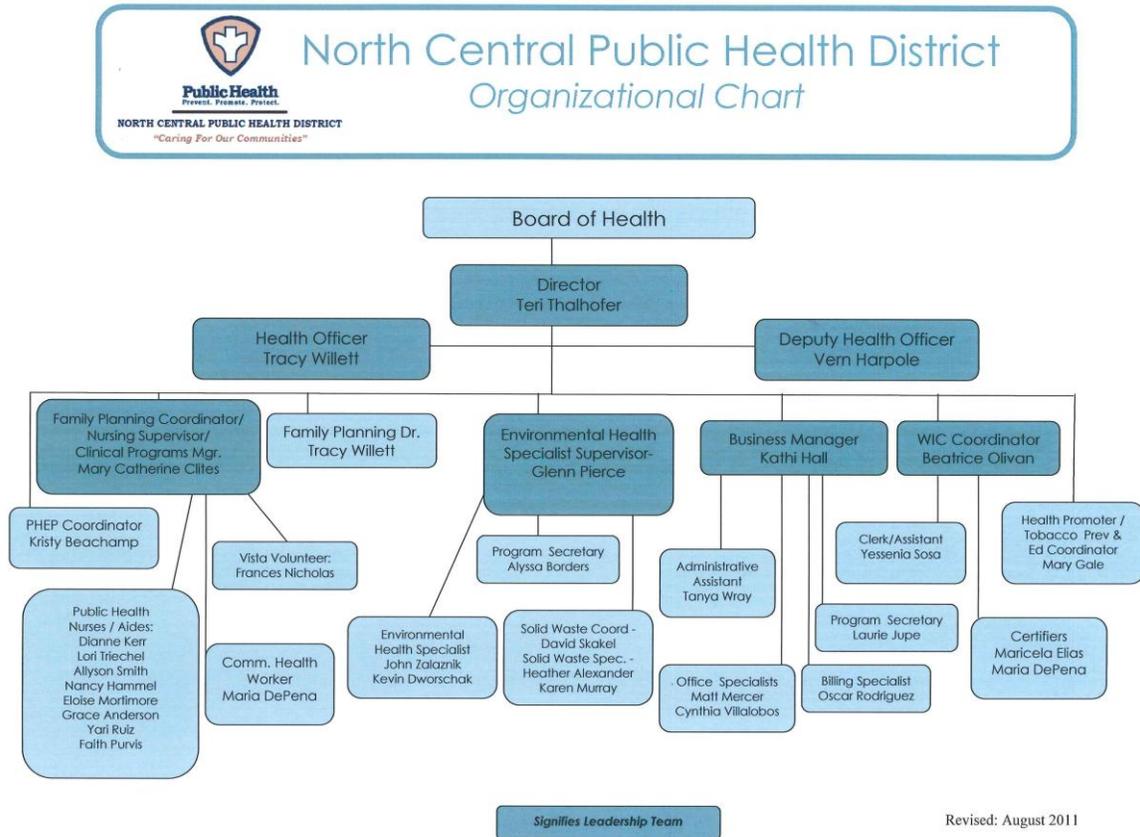
Management and the Red Flag Task Force to present the annual Emergency Preparedness Fair for the local community. This task force is a diverse group of Wasco County public and private agencies committed to providing emergency preparedness information and resources to the community.

Kristy was the lead for PPHR. NCPHD completed the PPHR application criteria were submitted in September 2011. Results are not available as this time.

Project Public Health Ready (PPHR) is a competency-based training and recognition program that assesses preparedness and assists local health departments, or groups of local health departments working collaboratively as a region, to respond to emergencies. It builds preparedness capacity and capability through a continuous quality improvement model. The PPHR criteria are the only known national standards for local public health preparedness and are updated annually to incorporate the most recent federal initiatives. Each of the three PPHR project goals—all-hazards preparedness planning, workforce capacity development, and demonstration of readiness through exercises or real events—has a comprehensive list of standards that must be met in order to achieve PPHR recognition

IV. Additional Requirements

1. NCPHD Organizational Chart



2. Board of Health

On October 7, 2009, an Intergovernmental Agreement became effective for North Central Public Health District. This agreement followed the resolutions under ORS 431.375(2) which formed the District earlier in the year. On January 25, 2010, bylaws were adopted creating a board of health comprised of one member of each of the three county commissions and 2 public members from each of the three counties. The public members are specifically designated as a city or town administrator, a school district representative, a physician or other health professional, a social services representative, and business representative and a private citizen. The Board meets usually monthly but must meet at least quarterly. These meetings are publicly noticed in each of the three counties. Phone conferencing is available. The Public Health Administrator reports to the board of health.

3. Health Advisory Board

A public health advisory board does not currently exist.

4. Triennial review noncompliance findings

N/A

5. Coordination of Services

No significant changes have occurred in the NCPHD relationship with either the Wasco or Sherman County Commissions on Children and Families. In Gilliam County, Dianne Kerr, RN, attends Commission meetings and works with staff and community members on current issues. The TPEP Coordinator for NCPHD also participates in prevention activities in Gilliam County. Teri Thalhofer, RN, serves as the Co-Chair of the Early Childhood Committee of the WCCCF.

V. Unmet Needs

Access to primary care remains an issue for uninsured residents of the NCPHD. The FQHC serving Wasco and Hood River Counties faces issues of provider retention. We at NCPHD have worked closely with the new Medical Director and Executive Director as they work to implement strategies to stabilize staffing.

Access to dental care is an issue for the uninsured as well as for those clients served by the Oregon Health Plan. NCPHD school nurses provide fluoride programming to rural schools, and staff works with other local programs to increase access to services such as the “Tooth Taxi” and fluoride varnishing programs when opportunities arise.

We are hopeful that health care reform on the national and state level may help increase capacity for such services. We will continue to support local efforts as opportunities arise.

VI. Budget

The LPHA's public health budget resides in the Wasco County budget at:

http://co.wasco.or.us/county/dept_treasurer_finance.cfm

VII. Minimum Standards

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.

14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.

29. Yes No ___ Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No ___ Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No ___ Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No ___ Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No ___ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No ___ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No ___ Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No ___ A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No ___ There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No ___ Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No ___ Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

40. Yes No ___ Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No ___ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No ___ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No ___ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No ___ Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No ___ Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No ___ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No ___ Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No ___ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No ___ Training in first aid for choking is available for food service workers.
50. Yes No ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No ___ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

53. Yes No ___ Compliance assistance is provided to public water systems that violate requirements.
54. Yes No ___ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No ___ A written plan exists for responding to emergencies involving public water systems.
56. Yes No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No ___ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No ___ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No ___ School and public facilities food service operations are inspected for health and safety risks.
60. Yes No ___ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No ___ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No ___ Indoor clean air complaints in licensed facilities are investigated.
63. Yes No ___ Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No ___ The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No ___ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No ___ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No The health department provides and/or refers to community resources for health education/health promotion.
69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No Local health department supports healthy behaviors among employees.
71. Yes No Local health department supports continued education and training of staff to provide effective health education.
72. Yes No All health department facilities are smoke free.

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No WIC
 - b. Yes No Family Planning
 - c. Yes No Parent and Child Health
 - d. Yes No Older Adult Health
 - e. Yes No Corrections Health
75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, and exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes No Perinatal care is provided directly or by referral.
83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes No Comprehensive family planning services are provided directly or by referral.
85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes No Child abuse prevention and treatment services are provided directly or by referral.
87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes No There is a system in place for identifying and following up on high risk infants.
89. Yes No There is a system in place to follow up on all reported SIDS deaths.
90. Yes No Preventive oral health services are provided directly or by referral.

91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.
94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes No Primary health care services are provided directly or by referral.
97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes No The local health department assures that advisory groups reflect the population to be served.
102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator name: Teri Thalhofer

- | | |
|---|---|
| Does the Administrator have a Bachelor degree? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Does the Administrator have at least 3 years experience in public health or a related field? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Has the Administrator taken a graduate level course in biostatistics? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Has the Administrator taken a graduate level course in epidemiology? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Has the Administrator taken a graduate level course in environmental health? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Has the Administrator taken a graduate level course in health services administration? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

- a. Yes No The local health department Health Administrator meets minimum qualifications:**

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications. *See Attachment.*

b. Yes X No ___ The local health department Supervising Public Health Nurse meets minimum qualifications:

Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency;

AND

Baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

c. Yes X No ___ The local health department Environmental Health Supervisor meets minimum qualifications:

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency

OR

a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

d. Yes X No ___ The local health department Health Officer meets minimum qualifications:

Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.

Teri Thalhofer, Director
Local Public Health Authority

NCPHD
County

11/22/11
Date

Appendix E

FAMILY PLANNING PROGRAM ANNUAL PLAN FOR COUNTY PUBLIC HEALTH DEPARTMENT FY 2013

July 1, 2012 to June 30, 2013

Agency: North Central Public Health District
Contact: Mary Catherine Clites, Family Planning Coordinator

Goal # 1 Move forward with adapting family planning and reproductive health services to the requirements of state and national health care reform, including the use of electronic health records, partnering with Coordinated Care Organizations (CCOs), investigating participation in health insurance exchanges, etc.

Problem Statement	Objective(s)	Planned Activities	Evaluation
NCPHD currently is not using EMR and CCO's guidelines have not been established	Implement EMR	<p>Netsmart from Insight EMR has been purchased.</p> <p>Build Insight tables meeting Title X requirements.</p> <p>Super User Training group will be trained</p> <p>EMR will be implemented</p>	<p>Netsmart has been purchased with STD, FP, Immunization, Registration, Administration, Billing.</p> <p>Building of Insight tables will be completed by November 23, 2010.</p> <p>Super User Training is scheduled for Nov 28-Dec 2, 2011. Super users are: Kathi Hall Finance/Office Manager, Oscar Rodriguez Billing Specialist, Mary Cath Clites Clinical Program/Nursing Supervisor/FP Coordinator, Grace Anderson Public Health Nurse and Maria Pena Community Health Worker.</p> <p>Go live date for EMR services is scheduled 1/3/2012.</p>

	<p>Partner with CCO's to provide family planning services</p>	<p>Evaluate CCO requirements when they are released.</p> <p>Work with community partners to ensure services will be met.</p> <p>Partner in the development of CCO's in the community ensure Family Planning needs are met in the community.</p> <p>Monitor financial status of Family Planning clinic and effects of CCO's/HCR.</p>	<p>CCO program requirements will be established by 12/2012.</p> <p>NCPHD will be at the table during discussions of CCO's in the community (1st meeting 10/2011).</p> <p>Ensure Family Planning needs for clients are met during the development and implementation of CCO's.</p> <p>Continue quarterly and FY end revenue reports.</p>
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Goal # 2 Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use.

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>Family Planning presents challenges for health financing mechanisms to maintain a broad range of birth control methods.</p>	<p>Maintain current available methods of birth control.</p> <p>Assess financial status of the program and continue quarterly revenue monitoring.</p>	<p>Give women the widest possible choice of contraceptive methods from which to choose the method they are most likely to be able to use consistently and correctly over time.</p> <p>Provide access to EC for current and future needs for all clients.</p> <p>Provide all components of providing the method, including the drug or device itself and any clinical services that are necessary, such as the insertions of an IUD/Implanon or the injection of Depo-Provera.</p> <p>Update pricing of birth control methods quarterly.</p>	<p>Enable women to avoid pregnancy when they do not want to be pregnant, plan for pregnancy when they do. Measured by # of women in need of publicly funded contraceptive services and supplies/percentage of women in need served, which should lead to decrease in teen pregnancy rates. Measured on an annual basis comparing to previous years data.</p> <p>Continue quarterly and FY end revenue reports.</p> <p>Continue quarterly and FY end tracking of clients served.</p> <p>Completion of pricing changes and implementation of new prices quarterly.</p>

Objectives checklist:

- Does the objective relate to the goal and needs assessment findings?
- Is the objective clear in terms of what, how, when and where the situation will be changed?
- Are the targets measurable?

- Is the objective feasible within the stated time frame and appropriately limited in scope?

Progress on Goals / Activities for FY 2012
(Currently in Progress)

The annual plan that was submitted for your agency last year is included in this mailing. Please review it and report on progress meeting your objectives so far this Fiscal Year.

Goal / Objective	Progress on Activities
<p>Goal: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.</p> <p>Objectives: Assess financial status of the program and perform a cost analysis on a regular basis.</p> <p>Hire a Billing Specialist in place of the Office Specialist currently performing the role of fee collection. This will provide the opportunity to bill accurately and increase revenue potential.</p> <p>Increase number of clients served by at least 10% by the period ending June 30, 2011.</p>	<p>In 7/2011 a cost analysis was completed and fees were adjusted.</p> <p>A NCPHD Office Specialist was hired as a Billing Specialist and has ensured billing services are now being performed accurately. The Billing Specialist also monitors/tracks billing for BCCP.</p> <p>Family Planning clients served in 2008 were 1,029 and in 2010 1,138. Unduplicated female clients served as of now for FY 2011 total is 968.</p>

<p>Increase the numbers of teens served in clinic by at least 10% by the period ending June 30, 2010.</p>	<p>The number of teens served in 2008 was 300 and 2010 there was an increase to 319 served. Unduplicated female teens served as of now for FY 2011 is 283.</p>
<p>Goal: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.</p> <p>Objectives: Nursing staff will be trained to perform STD exams for male and female clients by June 30, 2008.</p> <p>Provide system structure that allows RN to perform limited STD exams.</p> <p>Develop a system for cross coverage for nurse practitioner leave time by June 30, 2011.</p>	<p>Currently trained Nursing staff (RN's) are not providing STD exams for male and female clients due to concerns if this was in their scope of practice. NCPHD is waiting for Policy development before resuming RN STD exam services. Currently all STD exams male and female are provided by on staff Family Planning MD.</p> <p>Our Nurse Practitioner resigned in September 2011. Our health officer, Dr Tracy Willett was hired as Family Planning Provider and sees clients in the clinic 2 ½ - 3days per week. The transition has gone well and Dr Willett's clinics are now full. Our Deputy Health Officer is available to provide STD Exam Clinic during Dr Willett's absence.</p>