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North Central Public Health District
"Caring For Our Communities"

North Central Public Health District Board of Health Meeting

September 8, 2015
3:00 PM
Meeting Room @
NCPHD

AGENDA -

1. **Sanctuary Update & Community Meeting**
2. **Minutes**
 - a. Approve from June 9, 2015, June 23, 2015 and July 14, 2015 meetings
 - b. Set Next Meeting Date
3. **Additions to the Agenda**
4. **Public Comment**
5. **Unfinished Business**
 - a. Updates from Wasco County – Wasco County Project Plan
 - b. Reduction Implementation Update
6. **New Business**
 - a. End of Year Report
 - b. Review of A/P checks issued (June 2015, July 2015 & August 2015)
 - c. Program Highlights: Communicable Disease Investigation Process—Diary of an Outbreak
 - d. Legislative Session Summary
 - e. Staffing Changes
 - f. Contracts Review
 - i. Advantage Dental Clinics Agreement
 - ii. Business Associate Agreement
 - iii. DEQ MOU
 - iv. Medical Examiner (Wasco County)
 - v. OHA 142025-15
 - vi. OHA 148025 2015-2017
 - vii. OHA 148172 2015-2017
 - viii. Safe Routes to School Agreement
 - g. Director's Report

Note: This agenda is subject to last minute changes.

Meetings are ADA accessible. If special accommodations are needed please contact NCPHD in advance at (541) 506-2626. TDD 1-800-735-2900. NCPHD does not discriminate against individuals with disabilities.

If necessary, an Executive Session may be held in accordance with: ORS 192.660 (2) (d) Labor Negotiations; ORS 192.660 (2) (h) Legal Rights; ORS 192.660 (2) (e) Property; ORS 192.660 (2) (i) Personnel



Sanctuary

What is Sanctuary?

*The Sanctuary Model is an organization and treatment intervention based on the tenets of trauma theory and an understanding of systems theory.

*Sanctuary addresses the ways in which trauma, adversity and chronic stress influence individual behavior as well as recognized the ways in which whole organizations can be influenced by trauma, adversity and chronic stress.

*Sanctuary is based on a set of guiding principles as well as some specific tools that reinforce the philosophy when practiced by the staff and clients on a daily basis.

*Creating Sanctuary is a deeply rooted change initiative that requires sustained commitment and work over the course of years.

Basic beliefs about the Sanctuary Model

*The Sanctuary Model is based on two very basic assumptions about human beings.

*The first is a recognition that adversity is an inherent part of human experience, and that these experiences shape the way that people behave.

With this, Sanctuary recognizes the inherent resilience in people and the belief that they can heal.

*The second is that appreciating the effects of these experiences means changing the underlying question that we ask about the people we serve and those with whom we work. One way or the other, when we are faced with behavior we do not understand our question is “what’s wrong with that person?” when we question the cause of behaviors or actions.

Sanctuary asks us to change that basic question by recognizing the influence of a person’s experiences. Beginning with the premise “What’s happened to you?” rather than “What’s wrong with you?” becomes a cornerstone of engaging with another person and ultimately with being trauma-informed.

The Seven Sanctuary Commitments

A commitment to nonviolence - being safe outside (physically), inside (emotionally), with others (social) and to do the right thing (moral).

A commitment to Emotional Intelligence - managing our feelings so that we don't hurt ourselves or others

A commitment to Social Learning - respecting and sharing the ideas of our teams

A commitment to Democracy - shared decision making

A commitment to Open Communication - saying what we mean and not being mean when we say it

A commitment to Social Responsibility - together we accomplish more, everyone makes a contribution to the organizational culture

A commitment to Growth and Change - creating hope for our clients and ourselves



THE SEVEN COMMITMENTS



The Sanctuary Model Toolkit

Sanctuary as a model consists of:

* The 7 commitments (organizational values),

*The SELF model (a shared language)

The S.E.L.F Model provides such a framework in that it offers four categories for focus and intervention with both clients and families and the organization itself. It provides a simple and accessible language for all of the people working together toward the change with comprehensive and universal categories.

- o **Safety:** physical, psychological, social and moral
- o **Emotion Management:** recognizing and handling feelings in non-harmful ways
- o **Loss:** acknowledging and grieving past losses or traumas and committing to work against getting stuck in the past while recognizing that all change involves loss
- o **Future:** re-establishing the capacity for choice and engaging in new behaviors rather than repeating old patterns

* And the Sanctuary Toolkit (the practical tools)

In order to create a trauma-informed culture, the people in a community must not only recognize and share the same values and speak the same language, but they also must practice behaviors that promote those values.

The Sanctuary Toolkit is a list of practical steps that the community must use in order to operationalize and actualize the values.

THE SANCTUARY MODEL TOOLKIT

- Community meetings
- Psychoeducation Groups
- Red Flag Meetings
- Safety Plans
- Self Care Plans
- Team Meetings
- Treatment Planning Conference
- ProQol Scale

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Community Meeting

*The community meeting serves a number of purposes, and each question is designed to meet a specific goal.

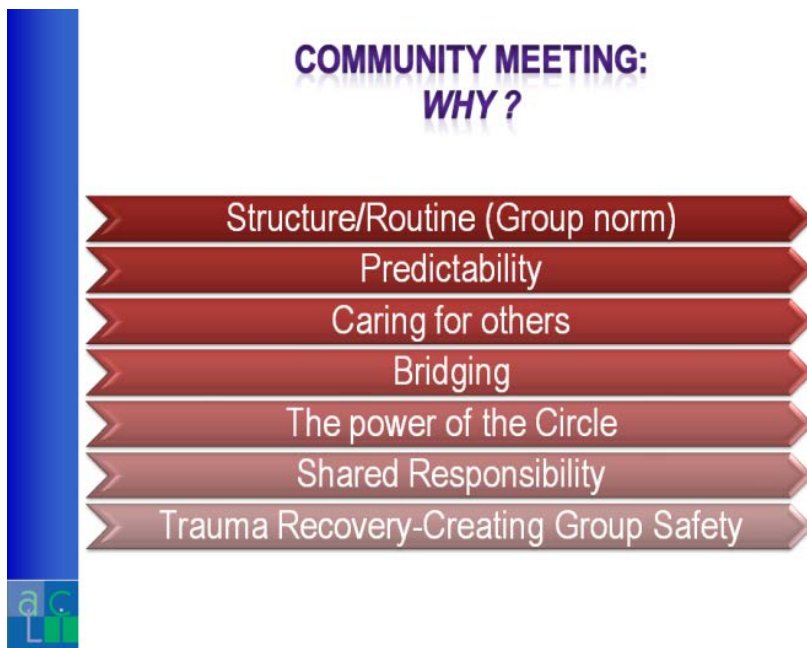
*In general, community meetings provide a way to structure time together, to create a healthy and predictable routine for the community.

*It also models caring for each other and building bridges from the present to the future in setting goals.

*The community meeting also reinforces the power of the circle – the idea of shared responsibility for each other and the community, and finally it serves as a way to establish some safety within the group by allowing each participant to participate.

Community Meeting: The Questions

1. **“How are you feeling?”** The purpose of this question is to reinforce the importance of recognizing emotions and managing them.
2. **“What is your goal for the day (or meeting, or morning)?”** The purpose of this question is to keep a focus toward the future. People who have experienced trauma often become stuck in the past and have difficulty envisioning the future.
3. **“Who will you ask for help?”** The purpose of this question is to build relationships among participants.





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**North Central Public Health District
Board of Health
Meeting Minutes
June 9, 2015 (3:00 pm)**

In Attendance: Commissioner Mike Smith – Sherman County; Linda Thompson – Sherman County; Roger Whitley – Sherman County; Commissioner Steve Kramer – Wasco County; and William Hamilton – Wasco County.

Staff Present: Teri Thalhofer – Director; Dr. McDonell – Health Officer; Kathi Hall – Finance Manager

Guests: Neita Cecil – The Dalles Chronicle

Minutes taken by Gloria Perry

Meeting called to order on June 9, 2015 at 3:00pm by Chair Commissioner Mike Smith.

Summary of Actions Taken

Motion by Commissioner Kramer, second by Roger Whitley, to approve the minutes from the 4/27/15 special board meeting as presented.

Vote: 5-0
Yes: Commissioner Mike Smith, Linda Thompson, Commissioner Steve Kramer, Roger Whitley, and William Hamilton.
No: 0
Abstain: 0
Motion carried.

Motion by William Hamilton, second by Commissioner Kramer, to approve the minutes from the 5/12/15 board meeting as presented.

Vote: 5-0
Yes: Commissioner Mike Smith, Linda Thompson, Commissioner Steve Kramer, Roger Whitley, and William Hamilton.
No: 0
Abstain: 0
Motion carried.

Motion by Linda Thompson, second by Roger Whitley, to authorize Teri Thalhofer to ask for the \$32,208.00 from the Wasco County Board.

Vote: 5-0
Yes: Commissioner Mike Smith, Linda Thompson, Commissioner Steve Kramer, Roger Whitley, and William Hamilton.
No: 0
Abstain: 0
Motion carried.

Motion by Roger Whitley, second by Linda Thompson, to approve the staff reduction scenario as proposed if Wasco County's funding level stays the same.

Vote: 4-1
Yes: Commissioner Mike Smith, Linda Thompson, Roger Whitley, and William Hamilton.
No: Commissioner Steve Kramer
Abstain: 0
Motion carried.

Motion by Roger Whitley, second by Linda Thompson, to authorize check numbers 10807 through 10850 and payroll EFT numbers 135 through 142 totaling \$113,181.77.

Vote: 5-0
Yes: Commissioner Mike Smith, Linda Thompson, Commissioner Steve Kramer, Roger Whitley, and William Hamilton.
No: 0
Abstain: 0
Motion carried.

WELCOME

1. MINUTES

- a. Approval of past meeting minutes.
 - Minutes approved as presented.
- b. Set next meeting date:
 - There is a special board of health meeting scheduled for Tuesday, June 23, 2015 at 3:30 pm. Meeting location will be at the North Central Public Health District (meeting room) – 419 E. 7th St., The Dalles.
 - The next regular meeting was scheduled for Tuesday, July 14, 2015 at 3 pm. Meeting location will be at the North Central Public Health District (meeting room) – 419 E. 7th St., The Dalles.

2. ADDITIONS TO THE AGENDA

- a. Public Comment Period
 - No comments made.

3. UNFINISHED BUSINESS

- a. Updates from Wasco County – Wasco County Project Plan
 - Commissioner Kramer did not have any updates to present. He advised the board that Wasco County is still in the process of formulating questions they have from the 6/3/15 presentation. Commissioner Kramer hopes to have those completed soon.

- Teri stated that she has had communication with Kathy Schwartz since the presentation however she did not have any feedback.
- It was requested by Commissioner Smith that as NCPHD adds updates to the project plan that they be done in red.
- Teri stated that as she looks at the project plan, that is the only deliverable the District is responsible for. The rest of the deliverables seem to be around the governmental agreement.
- Commissioner Kramer stated in regards to the IGA he would like to meet with Commissioner Smith and Judge Shaffer to discuss.

b. Funding Request

- Teri's understanding of the request to Wasco County last year is that at the Board of Commissions meeting Wasco County agreed to fund NCPHD up to \$344,000; that's still \$32,208 short from what we budgeted to be the Wasco County money contribution based on input from Commissioner Kramer and Monica Morris at our budget adoption meeting. Revenue has not come in as projected and we are projecting that at the end of the year we will be \$47,056 under anticipated revenue. Teri is on the agenda for the Wasco County Board of Commissioners meeting on June 17th. She is looking for guidance from NCPHD board about what amount to ask from Wasco County.
- Commissioner Smith stated that there was a set aside in Wasco's budget last year. He said that Monica Morris was hoping NCPHD would bring in more than we were projecting so Wasco held back money in order to see if the revenue came through. He continued with what he and Monica had talked about is if there was a demonstrated need, if we fell short in the projections, that we could come to the Wasco County Commissioners board and ask for that remaining balance. So the request to this board is do we want to ask the full amount of \$32,208. It would be Commissioner Smith suggestion that the ask is for the full amount because we will still be about \$15,000 short that will have to be taken out of the beginning balance.
- It was requested that Kathi Hall send a report to the board on where we are at with expenses.
- Commissioner Kramer asked if NCPHD board was going to request this from Wasco County without knowing the answer to Bill's question about our expenditures. He was okay with this ask but was just curious.
- Commissioner Smith stated we need to as this is our last opportunity to do that.
- Bill Hamilton stated his point was that he thought it would play better if we can say we're 5% below budget or 10% below budget. He realizes that expenses don't always follow revenue but it does occur.
- Commissioner Smith stated Wasco County will have that information presented to them.
- Kathi Hall briefly reviewed the graph titled *Revenue by Category by Year*.
- After discussion a motion was made to authorize Teri Thalhofer to ask Wasco County for \$32,208.00.

4. NEW BUSINESS

a. 2015-16 Budget

- Kathi Hall reviewed with the board the proposed budget for revenue and expenditures.
 - The budget was created for current service level.
 - The budget does not include a COLA (cost of living adjustment) for staff.
 - The budget committee approved the proposed budget.
- On May 18, 2015 Kathi attended the Wasco County Budget meeting. It appears that Wasco County's budget looks okay. There is an increase in their beginning balance from last year to this year and they are able to fund a reserve of a little over 2 million and they were able to add 7 full-time FTE positions. Their budget committee voted to keep the district contribution at \$314,000 which is what was in their proposed budget.
- Staff Reduction Scenario
 - Teri stated that Wasco County's budget adoption is June 17th and NCPHD's budget adoption is the 23rd. If Wasco County votes to go with the \$314,000 we will need to reduce our budget by \$81,000.
 - Teri reviewed the staff reduction scenario prepared by NCPHD's leadership team.
 - Two positions would be eliminated.
 - Important to note that when we reduce positions that are partially funded by County contributions, it also reduces revenue generation. The \$81,000 reduction would equal closer to \$172,000 reduction in our budget because of the loss of family planning revenue.

- The proposal is to have the nurse practitioner available two (2) days a week, walk-in clinic available one (1) day a week. In the facilitated agreement that was reached between the counties before the new IGA was signed, there was an agreement that if there is a reduction in the budget, the county that is not meeting the current service level need is where the reductions will occur.
 - We will need to provide access to family planning and immunizations in Gilliam and Sherman counties so a nurse would travel with the WIC clinic to each of the sites every other month to provide that access. We will need to do promotion for that.
 - The reason this program was chosen is this is a service area that's available elsewhere in the community. Not on the same walk-in basis but you can get immunizations, contraceptives and STD testing from your primary care provider. At NCPHD you can walk in and walk out with a birth control method in two hours. It might take up to 6 weeks to get in to see your primary care provider but it is available.
 - Teri stated this is not an easy decision for us. There is no where we can cut services that aren't going to have an impact on the community but this scenario seems to be the best way to go.
 - In addition, there will be 4 fewer employees next fiscal year to respond to a public health emergency because of the transfer of David Skakel to Wasco County. Also, because of the uncertainty we were unable to apply for a VISTA volunteer who has been trained and is able to respond.
 - Because of the loss of nursing staff, environmental health staff will be trained to respond to communicable disease reports. This will change the prioritization of their duties and they will be an integral part of the communicable disease team. An outbreak is top priority so other work waits.
- Linda Thompson asked if environmental health have enough staff to take care of the situation. Are they going to have to end up hiring people?
 - Teri replied that there is no money to hire additional staff.
 - Linda Thompson asked if we currently do our walk in clinics 5 days a week and how many clients to you see a day.
 - Teri said, yes. Monday – Friday 8:30am to 12:00pm and the 1:00pm to 5:00pm. The number of clients per day depends. It can be anywhere from 4 to 25.
 - Bill Hamilton stated that he understood what Teri said about the services being provided by other agencies or other sources in the county. This scenario will reduce revenue by about \$91,000.
 - Teri stated yes we estimate about \$91,000 family planning revenue would be lost.
 - Bill Hamilton asked Teri if there are other non-revenue generating programs that she's looked at.
 - Teri replied that communicable disease is the only nursing program that's not revenue generating and it's mandated very specifically.
 - Mike Smith stated he thought that was a discussion at the leadership team. So Many of the things that we do the money is specifically for that program so we had to look at things that are general fund support that you could choose to cut. A lot of those programs you would either just stop doing them and not take the money from the state, or you would do them. A lot of the programs are break-even, not counting the admin portion of it. You do with the money you get what you can with it and try to look at general fund contributions as where can you find those cuts within that and with the employee space. I think it was really brave and interesting of the leadership team because I challenged them right away to see what could we do and how would we do this to make it affective. Because you could look at programs and say we are willing to stop doing this.
 - Teri stated then you put yourself at risk of losing local public health authority.
 - Commissioner Smith stated, "Yes and you are really not saving yourself any money necessarily because you are supported by general fund dollars and the clinic is really where a lot of that is."

- Teri stated, “We’ve reduced our FTE by 2 ½ in the last two years without service reductions and we can’t reduce FTE anymore without service reductions, it’s just not possible. We’re running as lean as we possibly can.”
 - Commissioner Smith asked the board if they have any other suggestions or questions.
 - Roger Whitley asked if Gilliam and Sherman were going to try and work around that so they don’t have to suffer.
 - Teri stated, “We don’t provide family planning and walk-in immunizations in Sherman and Gilliam County right now. Those clients come in to The Dalles to get it. Now it’s only going to be available to them one day a week. That’s why we’re going to travel out with the WIC clinic to provide some additional access, however it’s not going to be the same level of access for anyone; and Wasco County clients can certainly come out to the WIC clinic. It will be broadly advertised that they can travel out to Arlington, Condon and Rufus to see the nurse that is with the WIC clinic.”
 - Linda Thompson stated, “A lot of times those people can’t travel that far. They are on a limited budget. If you have this walk-in one day week and you are seeing 4 to 25 people a day now, you might be able to keep that whole day full but you’re going to be dealing with the issue of people who can’t come that particular day. So even though you might have the capacity to see 30 clients, you might not have 30 clients.”
 - Teri stated, “That’s absolutely true. The nurse practitioner clinic will continue to be booked on Monday and Tuesday and as people walk in for family planning if she can work them in we will. But there’s going to be an impact. In 2013 we averted 180 pregnancies. An additional 100 days of closure could result in 74 unintended pregnancies per year due to limited access. Those costs just roll on up. There are lots of studies that show that unintended and unwanted pregnancies where families are not prepared, those children’s births cost more, their medical care costs more, they cost more to educate, they cost more to the social services system, and they cost more to the correction system.”
 - Roger Whitley stated, “So in the long run, it’s going to cost Wasco County more money.”
 - Teri stated, “Almost 60% of children born in Wasco County are born into poverty. The statewide number is a little over 50% and we are close to 60% in Wasco County.”
 - Commissioner Smith stated, “We need direction on what to do if the funding reductions occur. We need to have a plan to move forward. How quickly can something like this be implemented.”
 - Teri stated that it could be implemented in 2 weeks.
 - Commissioner Smith stated, “We have two employees that may be laid off so we are looking at a higher unemployment rate.”
 - Teri stated that is true. If we lay off two employees they will be eligible for unemployment. We do not self insure for unemployment, we are part of a pool. Right now our rate is low because we don’t have any history but as we add history then our unemployment costs next year will likely go up.
 - In looking at the proposal, Commissioner Smith wasn’t sure if the board has to actually approve that or if it’s something we have in place in case it is needed.
 - Teri stated she would like the board to approve it today, unless the board wants to approve it on the 23rd of June along with the budget and fee schedule. She needs to have board approval to issue layoff notices.
 - If a different number other than \$314,000 comes back the board would then revisit the staff reduction scenario at the June 23, 2015 board of health meeting.
 - After discussion, a motion was made to approve the proposed reduction scenario as presented.
- b. Review of A/P checks issued (May 2015)
- At the last board meeting, Fred Schubert asked why there were missing check numbers on the report. It was explained to the board that the check numbers listed in the Payroll EFT (electronic fund transfer) section will always have one to three numbers not listed. The reason for this is EDEN reserves numbers for each EFT in a queue and until it has been released for payment it will not be listed on this report. The two payments that this affects are PERS and our unemployment. The payment to PERS is not released until the EDEN

amount is verified and reconciled with the amount reported from PERS. The other is the payment for our unemployment. This payment is paid on a quarterly basis.

- The board asked that checks being held in the queue be listed on the report as such. When the payment is released, it should show in red on the report so the board knows that payment has now been issued.

c. Program Highlights

- Modernizing Oregon's Public Health System presentation.
 - Discussed the current situation for public health in Oregon
 - Factors that affect health
 - Task Force on the future of public health services HB 2348 (2013)
 - Conceptual framework for governmental public health services
 - State public health budget by fund type
 - State investment in public health: Per capita State investment in public health
 - The median is \$27.40. Oregon spends \$13.37 per capita and is ranked 46.
 - Reviewed recommendation made by the Future of Public Health Task Force

d. Contracts Review

- Teri reviewed the following contracts with the board:
 - Cytocheck Laboratory
 - Regence BCBS of Oregon Medical Group Agreement

e. Director's Report

- Teri presented report to the board.

f. Email from John Zalaznik

- Commissioner Kramer stated he wanted clarification on policy. He shared with the board an email he received from John Zalaznik regarding a possible action being taken with a mobile unit located in Wasco County. He was concerned that he was the only board member to have received this email and thinks all board members should have been notified as well. His understanding of John's email was that it implied that the board would be making a decision in regards to taking action. He stated that this is the first notification of this type that he has received.
- Teri explained to the board that past and present practice has been if there is an issue in your County, we notify the commissioner in that County. There is no action for the board to take because it is in Statute. John's intent was to make Commissioner Kramer aware of a possible action being taken in the county that Commissioner Kramer represents. This is the first issue we've had since Commissioner Kramer became a representative to the health board. This is not a policy, only a practice. A policy can be written if that is the board's desire. John's email was only a heads-up to Commissioner Kramer.
- Other board members voiced their opinion that they did not feel it was necessary for the entire board to be notified of possible enforcement issues with restaurants not located in their respective counties. Commissioner Kramer disagreed and feels the whole board should be notified. Commissioner Kramer asked that the subject matter be dropped.

Motion to adjourn was made and the meeting was adjourned at 4:08 pm

Commissioner Michael Smith, Chair

Date

{Copy of 4/27/15 & 5/12/15 board of health meeting minutes, Quarterly Progress Report with Appendices, 2016 Proposed Budget, Modernization of Public Health Handout, May 2015 Accounts Payable Checks Handout, Cytocheck Laboratory Agreement, Regence BCBS of Oregon Medical Group Agreement and Director's Report attached and made part of this record.}



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**North Central Public Health District
Board of Health
Meeting Minutes
June 23, 2015 (3:30 pm)
Special Board Meeting**

In Attendance: Commissioner Mike Smith – Sherman County; Linda Thompson – Sherman County; Roger Whitley – Sherman County; Judge Steve Shaffer – Gilliam County; Commissioner Steve Kramer – Wasco County; and Fred Schubert – Wasco County.
BY PHONE: Michael Takagi – Gilliam County

Staff Present: Teri Thalhofer – Director; Dr. McDonell – Health Officer; Kathi Hall – Finance Manager

Guests: Neita Cecil – The Dalles Chronicle, Roger Nichols – Haystack Broadcasting

Minutes taken by Gloria Perry

Meeting called to order on June 23, 2015 at 3:33pm by Chair Commissioner Mike Smith.

Summary of Actions Taken

Motion by Judge Steve Shaffer, second by Fred Schubert to utilize the transfer of appropriation authority for Resolution 2015-03 approval to transfer appropriation authority from Personal Services to Materials & Services Fiscal Year 2014-15 in the amount of \$50,000.00.

Vote: 7-0
Yes: Commissioner Mike Smith, Roger Whitley, Linda Thompson, Judge Steve Shaffer, Michael Takagi, Commissioner Steve Kramer and Fred Schubert.

No: 0
Abstain: 0

Motion carried.

Motion by Judge Steve Shaffer, second by Roger Whitley to accept Resolution 2015-04 a Resolution adopting North Central Public Health District’s fee schedule.

Vote: 7-0
Yes: Commissioner Mike Smith, Roger Whitley, Linda Thompson, Judge Steve Shaffer, Michael Takagi, Commissioner Steve Kramer and Fred Schubert.

No: 0
Abstain: 0
Motion carried.

Motion by Fred Schubert, second by Commissioner Steve Kramer to approve Resolution 2015-05 "A resolution adopting the annual budget for the fiscal year 2015-16 as presented".

Vote: 7-0
Yes: Commissioner Mike Smith, Roger Whitley, Linda Thompson, Judge Steve Shaffer, Michael Takagi, Commissioner Steve Kramer and Fred Schubert.
No: 0
Abstain: 0
Motion carried.

Motion by Judge Steve Shaffer, second by Linda Thompson to approve Resolution 2015-06 "A resolution adopting the appropriations for the fiscal year 2015-16 as presented".

Vote: 7-0
Yes: Commissioner Mike Smith, Roger Whitley, Linda Thompson, Judge Steve Shaffer, Michael Takagi, Commissioner Steve Kramer and Fred Schubert.
No: 0
Abstain: 0
Motion carried.

WELCOME

1. NEW BUSINESS

- a. Resolution 2015-03 - A Resolution adopting transfer appropriation authority fiscal year 2014-15
 - This will transfer appropriation authority from Personal Services to Material & Services.
 - Kathi Hall explained the anomaly of Babies 1st Targeted Case Management revenue being held off for 6 months (Jan-June 2014) due to the turnover from Wasco County's tax ID number to our tax ID number. We received the revenue & expenses for Jan – Jun 2014 period in Sept – Oct 2015, which caused us to be over budget in TCM Match line item. We were under budget in the personal services for the tobacco program due to a grant we did not receive for a nurse in tobacco education and prevention.
 - Fred Schubert asked that the word 'unanticipated' in the 3rd Whereas be corrected to read 'did not anticipate'.
 - After discussion a motion made to approve Resolution 2015-03 with correction made.
- b. Resolution 2015-04 Fee Schedule
 - Teri reviewed the proposed clinic fee schedule with the board.
 - It was questioned why the vaccine Td was listed twice with a different cost listed.
 - ✓ Kathi Hall will research to make sure this is not a duplicate.
 - Fred Schubert inquired regarding clinic visits what our documentation requirements are now for the different levels of care.
 - ✓ Teri explained that the documentation is in our electronic health record. The documentation requirements are much more significant for Title X to comply with the Federal rule. We do have chart review by the State to make sure we are providing those different levels at visits.
 - Teri reviewed the proposed on-site sewage disposal systems proposal.
 - New category / fee in the Construction-Installation Permit Section:
 - ✓ New System with Holding Tank – Fee \$557.00
 - ✓ Fee increase in the Repair Permit (single family dwelling) Section. This increase is due to DEQ raising their fee to \$100.00.

- ✓ Minor fee going from \$174.00 to \$255.00
 - New category / fee in the Alternation Permit Section:
 - ✓ Hardship Authorization – Fee \$336.00
 - After discussion a motion was made to approve Resolution 2015-04 as presented.
- c. Budget Hearing
- Commissioner Smith called a recess from the regular meeting at 3:44pm.
 - Commissioner Smith called the Budget Hearing to order to discuss the proposed 2015-16 budget for North Central Public Health District.
 - Kathi Hall presented the changes to the 2015-16 budget from what had been approved by NCPHD's budget committee to the board.
 - Revenue Changes:
 - ✓ Revenue reduction due to Wasco County adopting an amount of \$314,014 rather than the proposed amount of \$395,000. Expenditures reduced by same amount. (See Staff Reduction Scenario attached).
 - ✓ Estimated revenue reduction of \$119,866 due to having the clinic be open for less number of days. (See Staff Reduction Scenario attached)
 - ✓ Increased revenue amount of \$14,176 due to possible Pacific Source Grant.
 - With the funding reduction from Wasco County one public health nurse and one billing specialist will be laid off. Judge Shaffer stated that this is definitely going to affect our services. Judge Shaffer wanted to know how this is going to affect the outer counties.
 - Teri Thalhofer stated, "It will affect the other counties because we know traditionally that clients from Sherman and Gilliam County seek family planning here in The Dalles. We are looking to provide services out in Sherman and Gilliam County on some sort of a regular basis whether that's sending a nurse with the WIC clinic or figuring out a way to have office hours out there because the access needs to be in-line with the contribution of the counties. We haven't had time yet to work out the details because we were hopeful the reduction wouldn't be made. However, we do plan on providing that service in the two counties on a regular basis. It will be interesting to secure a place that doesn't feel exposed and that's part of the reason that we had to go to just being opened one day is to be able to provide access to the other two counties, it required further reduction here."
 - Fred Schubert asked, "What exactly will be open here in The Dalles."
 - Teri stated. "The nurse practitioner will still have appointments 2 days a week on Monday and Tuesday and then one day a week there will be a nurse available for walk-in services – likely Wednesday."
 - Commissioner Smith stated, "I imagine there will be an increase in the number of people we see on those days that we're open."
 - Teri stated, "I hope so. It's going to take a long time for this word to get out in the community. We still have people show up here Friday morning because they think it's Friday morning shot clinic and we haven't been doing that for probably 15 years. It's embedded in the culture of the community. We're hoping that the nurse practitioner will be able to pick up some of that walk-in if she has time between appointments but we won't be able to guarantee that."
 - Commissioner Smith stated, "If we do this, the clients that we work with at the clinic, is there a way to get that word to them through other actions?"
 - Teri Thalhofer stated, "Sure, once this is final today, then tomorrow we will be crafting messages and sharing them with all of our community partners, posting at the community meal sites, making sure our home visiting nurses are sharing that with the clients they see, making sure WIC is sharing it with the clients they see. When school is back in session we'll be sharing it with the school nurses and counselors to make sure they are able to spread the word. The reason we are narrowing it down to Wednesday is that day is the least affected by holiday closure. We wanted a day that we consistently were open."
 - Fred Schubert asked, "Thursday and Friday doors closed?"
 - Teri Thalhofer stated, "No, the front office staff will be here and we'll still have plenty of work to do. Jane Palmer and I actually aren't in the building very much. We're out working with community partners on early learning transformation, healthcare transformation, accreditation work, etc. If somebody happens to be in the building and someone comes in desperate we will try to serve the need, but I don't have staff."

There will be a designated nurse except for that Wednesday. The rest of the nurses are all out in the field providing services that aren't provided by any other entity in the community and generating revenue through their visits. The only nurse that doesn't generate revenue is the communicable disease nurse and I didn't think that was the appropriate place to cut. We tried to look at what services are provided by somebody else; though they won't in the same way. This is a very different model of service delivery than the healthcare system provides. You can't get an immunization for your child unless you make an appointment and often it's a well child visit. You can't get a birth control method within 24-hours unless you go buy it in the pharmacy. Plan B is \$50.00 to \$60.00 at the pharmacy and if you are low income that's huge. Here we have programs that pay for it for free. Condoms are not cheap and here you can get them for free. There's nowhere else in the community that you can walk in and have a consultation with the provider and walk out with an effective birth control method that's going to prevent you from getting pregnant. However, you can call, and you can get an appointment, and you can get birth control or you can go to the drug store. Except you can't get Plan B out in the rural area of the counties. It's not available. Condon Pharmacy doesn't carry it."

- Judge Shaffer stated, "I believe it's available at the clinic. I'm I correct Mike?"
- Mike Takagi stated, "I don't believe you can. They don't carry it out here either."
- Teri Thalhofer stated, "They can't carry it because of the kind of license you have to have. I've told the clinics if they have a client that needs it, we will come out and delivery it within the timeline."
- Judge Shaffer stated, "For instance, we run into circumstances on Thursday and Friday – we have clients who come in who are in need of help. Are we going to be documenting that? I think it would be really important that we do that. I think that would be the type of information that Wasco County would be looking for to say whether this \$80,000 cut is justifiable to them, or maybe it's something they need to revisit. So I think it will be really important that we document and have that data available on a quarterly basis for them. I really believe that if that is well put together and the package is brought to them in a well put together way that I'm not so sure that this \$390,000 figure couldn't be justified and shown to them. We're a little concerned over the fact that \$80,000 is one heck of a cut. I really didn't know anything about it until Wasco passed their budget that that was your intention. I think it's important that we make sure and have the data to show them."
- Teri Thalhofer stated, "It's going to affect those people who don't speak up for themselves in a far greater way than it's going to affect the rest of the community, those who can speak out. The other thing you heard me say at the early learning HUB today, we figure unintended pregnancies that we prevent – we're working so hard to get kids ready for school and to increase the number of pregnancies that we're going to have that were unintended who are less ready for school it really seems counterproductive. Seventy-four (74) unintended pregnancies a year due to limited access – that's three kindergarten classrooms to D21. That's a burden on the community in a completely different way. It makes me sad for my community."
- Commissioner Smith stated, "So we'll be tracking that information and keeping tabs on it."
- Judge Shaffer stated, "Will there be any cooperation with the hospital."
- Teri Thalhofer stated, "I talked to Dr. Hamilton and they don't have the capacity to increase clinic to pick this up. Yes, the affordable care act is changing access but this is pulling a piece of the system away before anybody else is ready to pick it up. The only county that is not doing direct service any longer in these areas is Douglas which we all know was a really extreme situation and then Washington County is very slowly working to not have clinic hours in their community but it has been a much more difficult process than they thought it would be making sure there is access for the vulnerable population through community based providers. My conversations with Dr. Hamilton this is not on their radar as far as a transformation effort that they are able to pick up at this point in time. Washington County has been working on it for 18 months. This takes a lot of planning."
- Commissioner Smith stated, "Are there any more questions about budget, direction we're going or any other ideas. I'll say again, this plan was brought by the leadership team to look at the least impact at the services and dollars that we can actually adjust with because so many are dedicated very specifically to a program and we can't cut there."
- Roger Whitley stated, "Do we know that Wasco is not going to cut it again."

- Commissioner Smith stated, “I think the commitment is there.”
 - Roger Whitley stated, “Are they committed to the \$314,000 or are they going to hire somebody else and cut it down to \$250,000.”
 - Commissioner Smith stated, “I would believe that Wasco will honor that commitment.”
 - Teri Thalhofer stated, “The statement Chair Hege said at the budget adoption was they’re going to work through their process to decide what their role is going to be with NCPHD and there may be more funding available after they make their decision in December. I would be very reluctant to ride 6 months believing that they’re going to fully fund it and have to take the whole cut the last 6 months of the year. I think that would be devastating. As you know, last Wednesday I was at Wasco County asking for the rest of the funding that they committed last year and they did fully fund the \$376,000 request, but we are 2-weeks away from the end of the fiscal year. This has been a very difficult year to operate without certainty about the amount of the contribution.”
 - Commission Smith stated, “We are still in our budget hearing. Is there any public comment correspondence, other topics?”
 - No public testimony or comments made and there were no written materials submitted by the public.
 - Commissioner Smith stated, “If there are no further questions, we can move out of the budget hearing and discuss acceptance of the budget as presented for the 2015-16 budget year.”
 - After discussion a motion was made to approve Resolution 2015-05 adopting the 2015-16 annual budget as presented.
 - After discussion a motion was made to approve Resolution 2015-06 adopting the appropriations for the fiscal year 2015-16 as presented.
- d. Process of Reduction in Force
- The two staff that will be laid off have been aware of this since we first heard that Wasco County was proposing \$314,000 for the budget. They will receive formal notice today of a 2-week layoff notice. Their last day at work will be July 7, 2015.
 - Mike Smith stated, “We already approved this reduction in force with a motion at our last board meeting. This is the last opportunity to reaffirm, change our minds, or go in a different direction. I, myself, don’t have another direction to go, but it’s fair to reconsider before we do that because of the impact. This is simply an opportunity to reconsider.”
 - Judge Shaffer stated, “I would love to reconsider, but we can’t. I would love to pull something out of the sky and have a solution but I have none.”
 - Commissioner Smith stated, “Well it doesn’t sound like there is motion or proposal on the table so that motion will stand.”
- e. Excess Crime Coverage Proposal
- When the auditors were here discussing the audit they had made a recommendation for excess crime coverage for employee theft. This is not a requirement – only a consideration. We received a quote for that service in the amount of \$805.00 per year.
 - Our current coverage is for \$100,000 and this would bump it up to \$300,000.
 - Mike Takagi asked if there was a basis for increasing the amount of coverage.
 - It was explained that the auditors felt that we had enough cash that was accessible to staff that it exceeded the limit of \$100,000 coverage. However, we have significant checks and balances in place. Our insurance agent was perplexed because he hasn’t had request for quote from anybody else for this.
 - After discussion and consideration, Commissioner Smith asked if there was a motion on the table to approve this.
 - No motion made.

Motion to adjourn was made and the meeting was adjourned at 4:10 pm

Commissioner Michael Smith, Chair

Date

{Copy of Resolution No. 2015-03, Attachment to Resolution 2015-03, Fee Schedule Memo, Resolution 2015-04, Attachment A to Resolution 2015-04, Attachment B to Resolution 2015-04, Revised Revenue, Revised Expenditures, Resolution 2015-05, Resolution 2015-06, Proposed Reduction Scenario, and Excess Crime Coverage Proposal attached and made part of this record.}

DRAFT



Public Health
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NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

419 East Seventh Street
The Dalles, OR 97058-2676
541-506-2600
www.ncphd.org

**North Central Public Health District
Board of Health
Meeting Minutes
July 14, 2015 (3:00pm)**

In Attendance: Linda Thompson – Sherman County; Roger Whitley – Sherman County; and Fred Schubert – Wasco County. **By Phone:** Dave Anderson – Gilliam County; and Judge Steve Shafer – Gilliam County.

Staff Present: Teri Thalhofer – Director; Kathi Hall – Finance Manager

Minutes taken by Alyssa Borders & transcribed by Gloria Perry

Meeting called to order on July 14, 2015 at 3:01pm by Fred Schubert.

SUMMARY OF ACTIONS TAKEN

NO ACTIONS TAKEN

WELCOME & INTRODUCTIONS

1. MINUTES

- a. Approval of past meeting minutes
 - Due to not having a quorum present, the approval of the June 9, 2015 meeting minutes were pushed out until the August 2015 board of health meeting.
- b. Set next meeting date
 - The next regular meeting was scheduled for Tuesday, August 11, 2015 at 3:00pm. Meeting location will be at the North Central Public Health District office located at 419 E. 7th Street, The Dalles, OR.

2. ADDITIONS TO THE AGENDA

- a. Gilliam County Subsurface Program Transfer
 - When NCPHD became the public health authority for Gilliam County, the one program we did not take on was the subsurface program which is most commonly known as septic systems.
 - NCPHD has provided this service long-term to Sherman and Wasco County.
 - DEQ approached NCPHD about 2 years ago and wanted to transfer the program to us. There were concerns with the enforcement piece of the contract which we have been working closely with them on. As of today, all of the subsurface files have been transferred to our office and we are now the provider for Gilliam County.

- Information has been uploaded to our website and we are hopeful that by getting the word out through Gilliam County Planning and our website that people won't be referred to Pendleton which is where the DEQ office was that did the subsurface. We are hoping this will provide better service to the residents of Gilliam County.

3. PUBLIC COMMENT

- a. No public in attendance.

4. UNFINISHED BUSINESS

a. Updates from Wasco County

- No updates provided from Wasco County.
- Teri informed the board that NCPHD continues to work on what Wasco County refers to as the quarterly report. Because there is a convergence of 4th quarter and the end of the fiscal year right now there is an amazing amount of work that needs to occur on data collection. These are not data points that we currently collect for any other reasons so this is new work and it's been creating new data collection structures.
- In regards to the Wasco County timeline, it says that NCPHD will have a report for them July 1st. Teri has communicated with Kathy Schwartz that it is not possible to have 4th quarter and end of year information available by the 1st of July. Teri anticipates that we will be able to ask for a presentation time in front of the board of commissioners in late August to present 4th quarter and end of year data.
- The big piece of work that Teri believes Wasco County wants to see that is missing is the allocation of the administrative costs to the program. The budgeting practice has been to use the county dollars to support administrative tasks and costs and use the program dollars for program work. For example, Teri's salary is completely out of county dollars and not pieced out in all the different programs. For Wasco County to see what they are paying for, which is their request, Kathi Hall has to go through and create a cost allocation formula for all of the administrative costs and then apply it across the programs. This is not a small task to create a formula, double-check the formula and apply it across the board.
- Linda Thompson asked if it's feasible for one person to do this or is there staff to assist Kathi Hall.
 - ✓ Jane Palmer, Kathi Hall and Teri have all applied extra hours to this work.
- Another piece on the timeline that Teri would like to get feedback from the board on is the where it says there will be public input by July 1st. There is a 'to be determined' next to that on the report. Teri has not received any information about the public input part of that.
 - ✓ Fred Schubert said he received a phone call from Commissioner Kramer about Wasco County establishing a work group, whose members still are not determined, to do some of this and have 3 or 4 meetings in the near future. He did not have specific information but Wasco County is trying to get something going in this regard. Kathy Schwartz would most likely be one of the members in this work group.
 - ✓ Linda Thompson asked what exactly will this public work group do?
 - ✓ Teri said it's not explained in the plan. There was no public input in the original plan they created and when that was presented the public asked for public input.
 - ✓ Fred Schubert said his memory was the commissioners said they will be holding public meetings and asking for public input from community partners, public health employees and others.
 - ✓ Teri said she has heard nothing of it. It concerns her if we are not going to be involved in that, that the information that's going to be shared with this work group will be 3rd hand. Public health is complex – the funding, the work, the scope of what we do. This is not a simple discussion.
 - ✓ Linda Thompson stated that transparency needs to work two-ways. If you have those groups that are getting together and talking and they are receiving information 3rd hand, everybody hears something different.
 - ✓ Fred Schubert said the reason for this work group came out of a commissions meeting where there were a lot of complaints that Wasco County made the decision to withdraw from the tri-county public health without getting any input and not being able to explain any of the issues. A lot of public said it would be a worthwhile endeavor to poll community partners and people doing this to see if there is room for improvement or are people happy with the way it is or if this is simply a governmental issue.

- ✓ Teri commented that it's very clear that Wasco County's decision is not made that they are going to stay in the district. They are going to decide in December whether or not they are going to withdraw next July. That decision is still hanging out there over us. It's an element when we looked at staffing replacement and the work we do. It's with staff every day – who will they work for a year from now.
- ✓ Linda Thompson asked if they withdraw, who is going to do public health for Wasco County.
- ✓ Teri said she didn't know. Her discussions with Commissioner Smith and Judge Shaffer are that they haven't discussed dissolving the district so she anticipates NCPHD will be doing public health for Gilliam and Sherman County.
- ✓ Judge Shaffer said that we are all still in a flux here wondering what the issues are. He doesn't feel that Wasco County has come to the table letting us know what those problems are and what possible solutions we can work on. Apparently, they are unhappy with the administration; that's the only thing he can pinpoint.
- ✓ Fred Schubert said he agreed with what Judge Shaffer stated. His hope is that if they do these work groups and poll the community, they are going to find out that there's a lot of support out there and there's not an issue.
- ✓ Judge Shaffer stated being involved in NCPHD you try to find out what other areas are doing. We are highly respected throughout the State. Our 3-county operation, what we do public health wise, and the staff that we have. We're the leaders in this industry and it's a little bit confusing the lack of knowledge that the commissioners have about what public health is about and what should be happening and what we're doing. This is the point that is confusing the most, is that we are highly respected, a lot of people think we are doing the right thing, we're going in the right direction but yet it appears to be something there that says they are unhappy and they haven't pinpointed what that is.
- ✓ Fred Schubert stated that it's been hard to pin down with any specifics, particularly with public health as a department and a program. He's heard no issues. His hope would be if Wasco County does community outreach and polling, they are going to get just that message back.
- As the board hears of updates, Teri would like to be informed. Teri has offered to meet with Commissioner Hege to talk about the changes that have occurred at NCPHD since his term off our board and was replaced with Commissioner Kramer.
- Fred Schubert stated that in the meeting minutes from last month it states that Commissioner Kramer wanted to meet with Judge Shaffer and Commissioner Smith about IGA issues. He wanted to know if that meeting happened.
 - ✓ Judge Shaffer said that is something that Commissioner Kramer has wanted to meet with us individually about but that has not yet happened. He also said he hasn't had a conversation with Commissioner Hege but he has had one with both Commissioners Kramer and Runyon and both have expressed interest in Commissioner Hege and Commissioner Kramer switching places between MCCOG and public health.
 - ✓ Teri said a new IGA is in Wasco County's project plan timeline and it was discussed at Wasco County's last regular board meeting during commissioner assignments. Teri's understanding is that Commissioner Kramer is staying with NCPHD board.

b. Funding Reduction Implementation

- With the funding reduction from Wasco County we had to implement the service reduction plan. July 7th was the last day for one of our public health nurses and our billing specialist.
- Teri presented a summary of the impact from the service reduction over the last week and half.
 - ✓ Monday, July 6th we were closed for the implementation of our new electronic health record.
 - ✓ Tuesday, July 7th we were closed in the morning as we regularly are on the first Tuesday of each month for staff meeting. We were open for walk-in hours in the afternoon.
 - ✓ Wednesday, July 8th when we opened the window at 1:00pm there were 8 people waiting to be seen. We ended up having to turn away 7 clients who we were unable to see because of timing.
 - ✓ Up until 1:30pm today, July 14th, we've turned away 21 clients all from Wasco County except for 2 (one from Gilliam County and one from Umatilla).
 - ✓ Clients that were turned away were given information about alternatives to get services they are requesting and when our hours are available.

- ✓ The volume of phone calls has increased significantly. We are looking at how the nurses will manage phone calls. We are not a primary care clinic so we're not required to have phone triage; so we may have to start telling people they need to come in during walk-in hours.
- ✓ The nurses are really struggling because they are not able to provide the level of care that they have always provided and they know that people are not getting services. Not being able to access contraceptive care can be a life changing situation.
- ✓ Morale is not great right now but we're trying to work through it.
- ✓ We will continue to track who we turn away and where they are from.
- ✓ We are in conversation with the school counselor in Gilliam County about how we might implement service there. We are already in the schools in Sherman County.
- ✓ Teri will be contact Moro Clinic to see if there might be opportunity there while we are out in the county.
- ✓ With the current Pertussis outbreak we have not been able to implement a visiting clinic with WIC in Sherman and Gilliam County.
- David Anderson asked out of the people that were turned away, were they pointed in any other direction for any kind of services, and did any of those people have any issues that could acutely become really unhealthy for them.
 - ✓ The majority of the clients that were coming in wanted a birth control refill or to initiate a birth control method. The other issue was PPD testing for TB due to the timing between placement and reading. There are always nurses in the building and if someone was acutely ill we would manage referral if they came in our door. They were all given information about what their options are and when our hours are. Those that have medical coverage, whether that's through Oregon Health Plan or private insurer are encouraged to engage with their primary care provider.

5. NEW BUSINESS

a. Review of A/P Checks Issued (June 2015)

- Report reviewed, however due to not having a quorum present, the approval was pushed out until the August 2015 board of health meeting.

b. Program Highlights

- Communicable Disease Updates
 - ✓ Teri updated the board on the current Pertussis outbreak. (Handout was provided with information as of 7/9/2015) Teri gave a verbal update as of 7/14/2015:
 - As of July 14th, NCPHD has received report of 24 total cases of Pertussis (Whooping Cough) in Wasco County residents.
 - 16 cases have been confirmed by laboratory testing.
 - 4 cases are determined to be presumptive based on contact with confirmed cases and symptoms consistent with Pertussis.
 - 4 cases are currently suspect awaiting laboratory confirmation.
 - ✓ On July 9th we had a Tdap vaccine clinic where we gave 80 vaccinations.
 - ✓ Another clinic is scheduled for July 16th from 3:00pm to 6:00pm at The Dalles Middle School. We have 90 doses available. The vaccine clinic is for those 7 years and older because up to 7 they get a different vaccine. This is free vaccine we are getting from the State.
 - ✓ A ton of messaging has gone out around this work (PSA's, articles in the newspaper & Facebook postings).
 - ✓ As of 7/13/2015, we have expended 299 hours of staff time on this outbreak and \$12,702.18 in staff salaries. We are keeping track of this because in the facilitated agreement it says that if there is an outbreak in a county that exceeds the budgeted amount that county can be asked for contingency funds.
 - ✓ Teri has requested assistance from the State because staff is overwhelmed. We are down a nurse, a clerical person and we are in the midst of a giant outbreak. The State will be helping us with some data entry into the database. Compared to the Clark County 217 cases, per capita this is about the same for us – same volume of work.

- Home Visiting Connections
 - ✓ Teri discussed and reviewed a graph titled “Connecting Children and Families to Services” with the board.
 - ✓ This is a piece of work that is kind of bridging between the Early Learning HUB work and the CCO work.
 - ✓ Many years ago Wasco County set up a system called Home Visiting Network. All pregnant women received a screening, then that screening came to the health department where it was reviewed. Then a group of home visiting providers who serve Wasco County met and had an algorithm about who served what families and shared referrals that way.
 - ✓ In the age of CCO’s and Early Learning HUB’s and metrics and outcomes, Hood River decided that they wanted to duplicate our system but they wanted the ‘Cadillac’ system. This was discussed at the HUB and it was “well if we’re going to do it for two of the counties we need to do it for all five of the counties”.
 - ✓ The graph presented is the way the process currently looks. All of the people listed at the top could refer a child or family into the Home Visiting Connection triage team. The two health departments (Hood River & Wasco County) have agreed to be the center, to staff the connection team. This is the framework we are working. We are hoping to get funding to implement this through the CCO’s and the Early Learning HUB.
 - ✓ The hope is to have one phone number available for providers who want to make a referral. Those of us who provide the services will figure out if it’s early intervention, the health department or healthy families and will report back to the provider what their family is getting.

- Oregon Solutions: Wasco County Childhood Obesity Collaboration
 - ✓ NCPHD received a grant funding from Pacific Source Community Solutions and Columbia Gorge Health Council to work on childhood obesity reduction in Wasco County. Wasco County has one of the highest rates of childhood obesity in the State.
 - ✓ Initially the plan was we were going to talk about P.E. and access to buildings after hours. However the conversations turned into we need a coalition to move this work forward and how can we engage community partners to move forward?
 - ✓ We had the opportunity to apply for an Oregon Solutions project and we received a Governor’s declaration.
 - ✓ Teri reviewed this report with the board:
 - There are 24 entities that signed a declaration of cooperation about how they are going to move forward to reduce childhood obesity in Wasco County.
 - There were three groups that came out of that work.
 - Sports Facilities Workgroup
 - Sugar Sweetened Beverage Workgroup
Dr. Harpole is working with the Sugar Sweetened Beverage workgroup. They are hoping to create a policy in the larger restaurants in Wasco County to limit serving sizes of sugar sweetened beverages. We also have interest in a Fit n’ Beverage designation in restaurants.
 - Safe Routes to School Workgroup
Dr. McDonnell was able to secure a small safe routes to school planning grant from ODOT. Dr. McDonnell has commitment from Candy Armstrong the D21 Superintendent and the principals. They are really committed to working on an action plan to make it safer to walk and bike to school in The Dalles. We have a new partnership with the City of The Dalles Planners. The Planning department in The Dalles is really interested in planning for healthy environments.
 - ✓ We continue to look for grant funding to support this. Both Dr. Harpole and Dr. McDonnell continue to volunteer a tremendous amount of their time to make this work move forward.

c. Contracts Review

- Teri provided a brief description of the following contracts:
 - ✓ OHA Agreement 142025-14
 - ✓ Ahlers
 - ✓ EOCCO Transformation Grants Program – Amendment #2
 - ✓ Medical Examiner Contract – Sherman County
 - ✓ Pauly, Rogers & Co – Engagement Letter
 - ✓ Shred4Less

d. Directors Report

- Teri presented her Directors report. No questions were asked.

Meeting adjourned at 3:58pm

Commissioner Michael Smith, Chair

Date

{Copy of 6/9/15 board of health meeting minutes, Funding Reduction Implementation handout, June 2015 A/P Checks Issued Report, Pertussis Outbreak Update handout, Connecting Children and Families to Services handout, Oregon Solutions handout, OHA Agreement-14, Ahlers contract, EOCCO Transformation Grant agreement, Medical Examiner (Sherman County) agreement, Pauly, Rogers agreement, Shred4Less agreement, and Director’s Report attached and made part of this record.}

Public Health in our Community

North Central Public Health District



Teri Thalhofer, RN, BSN
Public Health Director

Annual Report

2014 / 15

419 E. 7th Street
The Dalles, Oregon 97058

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Letter from Director



Public Health
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NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

September 2015

To the Residents of Wasco, Sherman and Gilliam Counties:

North Central Public Health District (NCPHD) is truly dedicated to living our motto, “Caring For Our Communities”. Public Health works to create an environment where every citizen can reach their full potential for health and well being.

Most of us expect that our food, water and air will be free of disease and that our government will help to protect our health. NCPHD was formed through an intergovernmental agreement among Gilliam, Sherman and Wasco Counties and serves the three county region. NCPHD is governed by a Board of Health consisting of one County Commissioner and two public members from each of the three counties. The Board of Health is the Local Public Health Authority, and is responsible for assuring that the residents of the District receive the essential population health services mandated by law.

Our public health programs focus on prevention—preventing unintended pregnancy, malnutrition, low birth weight babies, outbreaks of disease, tobacco use, and poor response to public health emergencies. Public health is not just for the most vulnerable members of our communities, but for all who live, work and play in the region. I encourage you to read on to find out how.

We don’t do this work alone, but rather in collaborative partnership with others across the region. Included is a list of activities we participate in with our partners to improve the health of our communities.

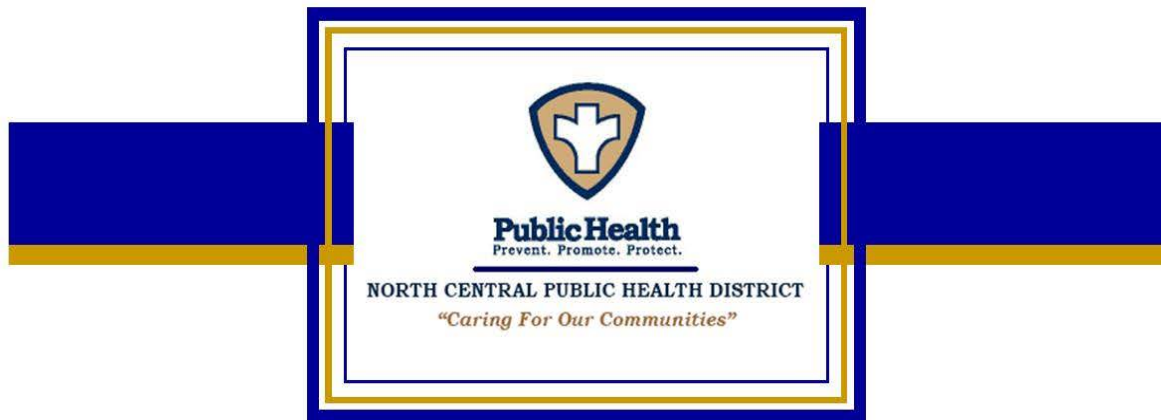
Thank you for taking the time to read this report and we look forward to continuing to serve the communities.

Sincerely,

A handwritten signature in black ink that reads "Teri L. Thalhofer, RN, BSN". The signature is written in a cursive, flowing style.

Teri L. Thalhofer, RN, BSN

Director, NCPHD



Vision Statement

We strive 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.

Mission Statement

We promote health and protect against disease to ensure the optimal health and well-being of the communities we serve.

Values

Our community shall be guaranteed access to confidential and professional public health services and shall be treated with respect while honoring individual diversity.

We conduct ourselves by always remembering:

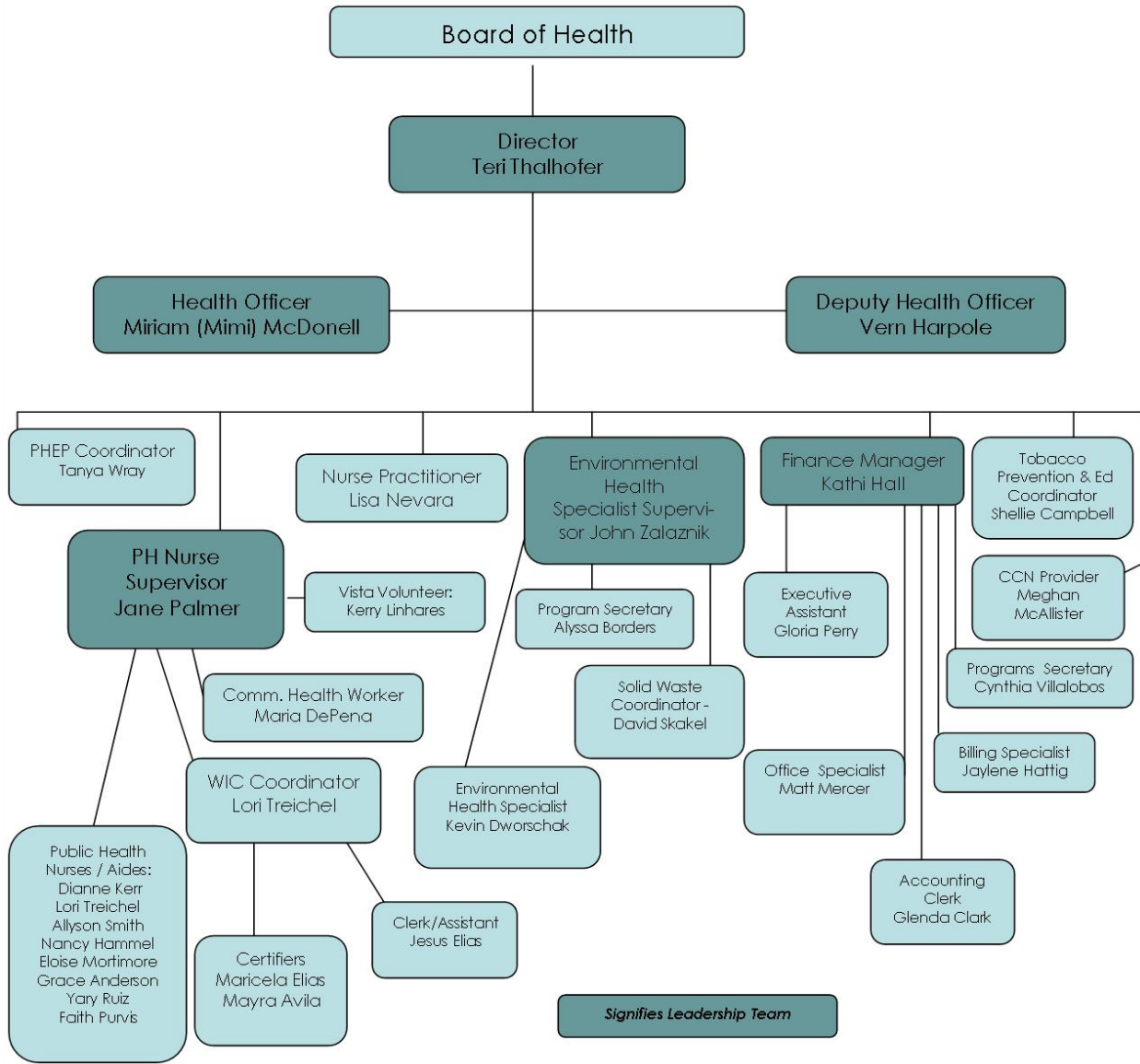
- We relate to each other with respect and cooperation.
- We strive to communicate openly and with clarity.
- We conduct and present ourselves with the highest level of professionalism, accountability and integrity.
- We believe that a collaborative approach with community partners is the most productive and enjoyable way of doing business.
 - We believe in the value of continuous improvement and seek opportunities for personal/professional growth.
- We take pride in what we do and strive for the highest possible standards.

Department Personnel





North Central Public Health District Organizational Chart



Revised: February 2015

Public Health in Wasco, Sherman, Gilliam Counties

Protecting Our Communities from Disease

- 393 inspections were done in restaurants, schools, RV parks, pools, spas and organizational camps
- 581 members of our communities were vaccinated against preventable disease
- 502 reportable diseases were investigated
- 11 outbreaks were contained

Working Toward Healthy, Prepared Communities

- The Public Health Preparedness Program (PHEP) Coordinator provided 30 trainings to help the community prepare for a public health emergency
- The Tobacco Prevention and Education (TPEP) Coordinator provided 5 presentations to community groups around flavored tobacco products and E-cigarettes; worked with Columbia Gorge Community College student government to strengthen and adopt a new tobacco policy; worked with MCMC, City of The Dalles and North Wasco Parks and Recreation District to strengthen and expand tobacco and smoke free policies.

Working Toward Healthy Families

- 90 Pregnant women were connected to Oregon Health Plan, pre-natal care and other services
- 4212 Clients received nutrition education and food vouchers through the Women, Infants and Children (WIC) program
- 121 Pregnant women, children at risk of developmental delay, and children with special health care needs received 537 home visits to provide education, parenting support, developmental screening, connection to services and case management
- 615 women and men were served in the Family Planning Program last fiscal year, working to prevent unintended pregnancies

Community Disease Prevention & Protection

COMMUNITY NEED: Communicable (infectious) diseases can spread quickly throughout a population. Some disease can cause severe illness, untimely death, and chronic disability, as well as costly treatment.

PUBLIC HEALTH RESPONSE: Protecting people from communicable disease is a basic public health service that improves health and saves money by preventing the need for costly medical care for disease and its complications. Public health nurses and other staff investigate the causes of disease and alert the public to prevent exposure or to seek treatment. Public health clinics provide certain medical services, such as immunizations, HIV tests, and testing and treatment for sexually transmitted infections, as a safety net for those who have difficulty accessing medical care because of financial or other barriers. Through education, training and regulation, disease outbreaks can be prevented.

Protection through Immunizations

COMMUNITY NEED: Infants and young children are vulnerable to vaccine-preventable diseases. Older persons and those with suppressed immune systems (such as persons undergoing cancer therapy or those who have had an organ transplant and are taking immune suppressing drugs) are also at increased risk from contagious diseases. Having sufficient people vaccinated in a population helps to create a 'herd' immunity that protects those too young or too ill to vaccinate.

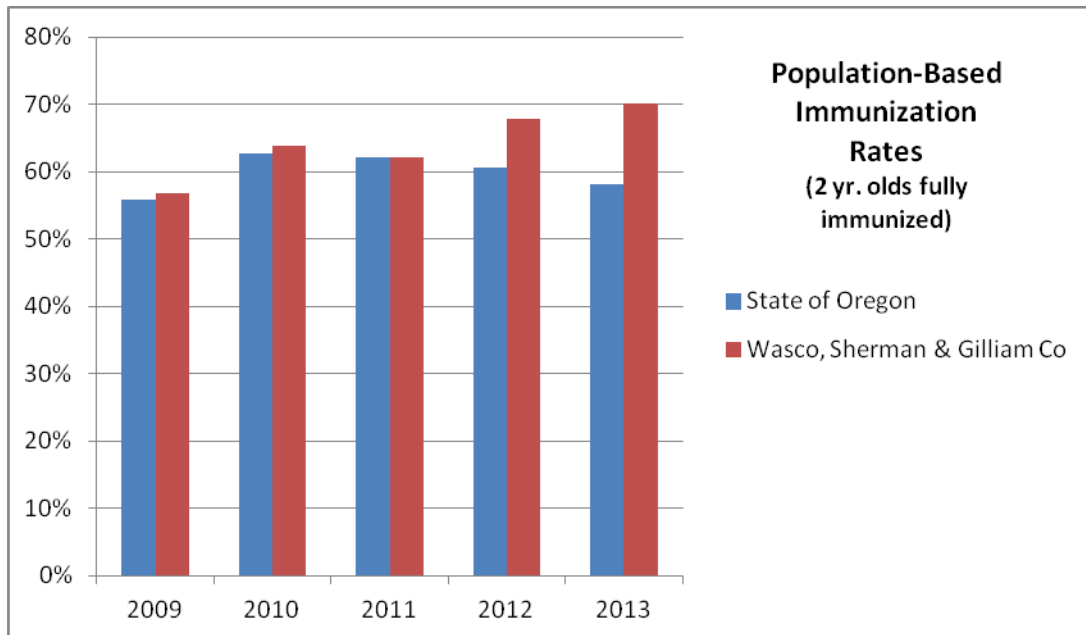
PUBLIC HEALTH RESPONSE: Vaccines are offered from birth through adulthood. These vaccines prevent disease from diphtheria, tetanus, pertussis, polio, chickenpox, shingles, measles, mumps, rubella, hepatitis A, hepatitis B, haemophilus influenza type b, pneumonia, influenza, human papillomavirus (which can cause genital cancers and warts), rotavirus, and meningococcal disease. Special clinics and campaigns are offered to improve the rates of immunizations. During last fiscal year, NCPHD provided 610 visits to community members to provide vaccines.

ACTIONS TO INCREASE IMMUNIZATION RATES: School Exclusion: According to Oregon State law, any child who is not up-to-date on Exclusion Day, the third Wednesday in February, will not be allowed to attend school or daycare until the needed immunizations and/or records are brought up-to-date. During the 2014-2015 fiscal year 160 letters were mailed to families informing them of impending exclusion, but only 29 were excluded. That compares with the previous year when 192 letters were sent and 40 children were excluded

from school on the third Wednesday of February. Most children received the required immunizations to return to school. Some parents chose to sign a religious exemption in order for the child to return to school. This decrease in exclusions is likely due to greater messaging around the changes to the Religious Exemption law to both parents and providers, and partnership with local schools.

COMMUNITY CLINICS: Immunizations were available Monday –Friday 8:30-12 and 1-5 at the NCPHD office in The Dalles throughout the 2014-1025 fiscal year. Additional clinics were held twice at the Arlington Clinic. The NCPHD Immunization Program also worked closely with the Condon Clinic to ensure that the Vaccines for Children Program (VFC), a program that provides no-cost immunizations to uninsured children and children on the Oregon Health Plan (OHP), was available in Gilliam Counties.

POLICY WORK AND COMMUNITY OUTREACH: In NCPHD, as in all of Oregon, complete immunization up-to-date rates for 2 year olds have been falling. This trend puts our most vulnerable children at risk for vaccine preventable disease. There are many theories about the falling rates, but the evidence shows that it is tied to large volumes of inaccurate information about the risks associated with vaccines that can be found on the internet and social media. NCPHD staff work in partnership with local and state providers to reverse this trend. We provided information and outreach last year at County Fairs, WIC clinics, Story Time at the library in The Dalles, and other local community events. We provide consultation and technical assistance to local primary care providers on a regular basis. Our health officers have been active in policy work through the Coalition of Local Health Officials Health Officers Caucus. The Caucus worked to strengthen Oregon’s Religious Exemption law to include a required education component before parents could choose opt out of vaccination using this exemption.



Communicable Disease Investigation & Control

COMMUNITY NEED: We tend to take for granted that we will not become ill from the food we purchase and the water we drink. We also expect to have little exposure to many diseases that are no longer common in the population, due to public health measures and vaccines. However, sometimes the control measures break down, and people get sick, or a new emerging infection appears (e.g. Ebola). Worldwide travel is common, and new infections can spread quickly.

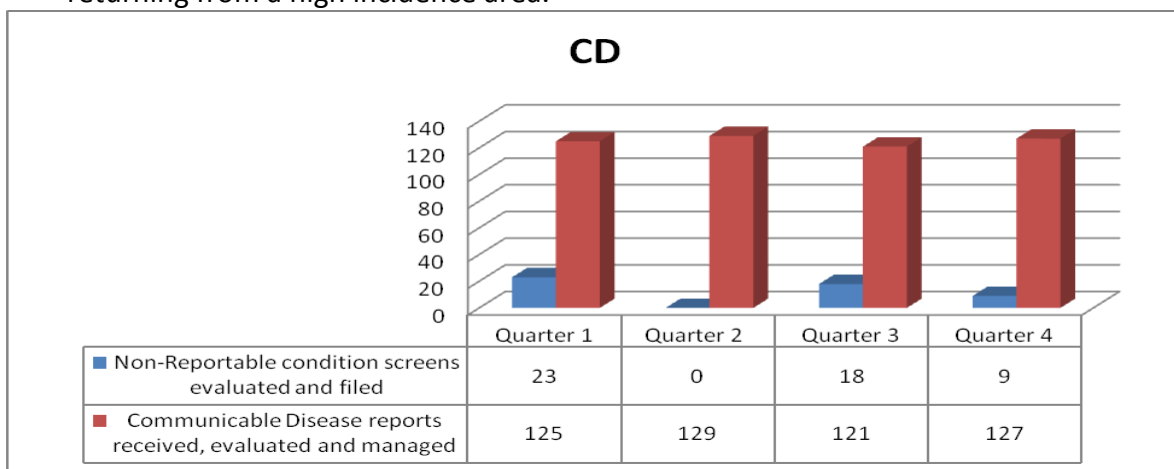
PUBLIC HEALTH RESPONSE: Physicians and labs are required by law to report to their local health department over 50 communicable diseases and conditions, such as E. coli, Tuberculosis, Salmonella, Hepatitis A and sexually transmitted diseases such as Chlamydia and Gonorrhea. Our Communicable Disease Program is responsible for the investigation of all these reported diseases, both confirmed and suspected. We have a nurse available 24/7 to take these reports.

Follow up investigations can be as simple as one or two phone calls, or involve hours, to days of work and multiple staff, depending on the disease and number of people who have come in contact with the infected person. In our investigation process, we may be seeking the source of the infection, (e.g. food, water or another person), finding all those who have been exposed, and assuring that those who are exposed get appropriate health care and advice to prevent further spread of the disease.

In addition to investigation of communicable diseases, NCPHD offers testing for sexually transmitted infections including HIV, and Tuberculosis.

Highlights:

- In 2014-2015 there were 10 Outbreaks of Communicable Disease in Wasco County and 1 in Gilliam County
- Spring of 2015 brought Ebola to the United States and the CD team, in partnership with Public Health Emergency Preparedness spent many hours working with community partners across the region to prepare for a case of Ebola, or a community member returning from a high incidence area.



Food, Pool, and Traveler's Safety

COMMUNITY NEEDS: Communities expect that their visitors will have clean and safe accommodations. They expect that public pools and spas will be free of disease causing germs. They expect that restaurants, schools, organizational camps and day care facilities will serve food safely. Communities also expect that day care facilities will be free of environmental injury risks.

In addition, there are circumstances that require special attention to maintain safety. The high turn-over rate of personnel in the food service industry creates the need for ongoing food safety training. Also of concern is the number of 'casual' food handlers. During the spring, summer and early fall, food focused fund raising events are hosted by volunteers who are tasked with serving food safely without the benefit of a licensed kitchen and professional staff.

PUBLIC HEALTH RESPONSE: Virtually every person residing in or traveling to Gilliam, Sherman and Wasco Counties benefitted from the NCPHD's efforts to protect the public's health. Restaurants were inspected twice a year. Online food handler classes were promoted. Temporary and benevolent permits were issued along with consultation and technical assistance to ensure safe food handling practices. In addition, technical assistance was provided to organizational camps prior to the start of their operational year to prevent and contain outbreaks of illness among campers.

Drinking Water Protection & Safety

COMMUNITY NEED: People who consume water from public water systems expect that the water is safe to drink. There is the potential for serious health problems if drinking water is contaminated by chemicals or microbes (bacteria, viruses, and/or parasites). Water contamination may result in illness or even death. Disease outbreaks are usually linked to bacteria or viruses, probably from human or animal waste.

In Oregon there are many private wells and springs used by one or two homes. No public health resources are funded to assure the safety of these home water sources. The risks of these sources may only be considered after members of a household are diagnosed with a reportable communicable disease that may have come from contaminated drinking water.

PUBLIC HEALTH RESPONSE: Public Health services are intended to assure good quality water, i.e. "water which is sufficiently free from biological, chemical, radiological or physical impurities such that individuals will not be exposed to disease or harmful physiological effects".

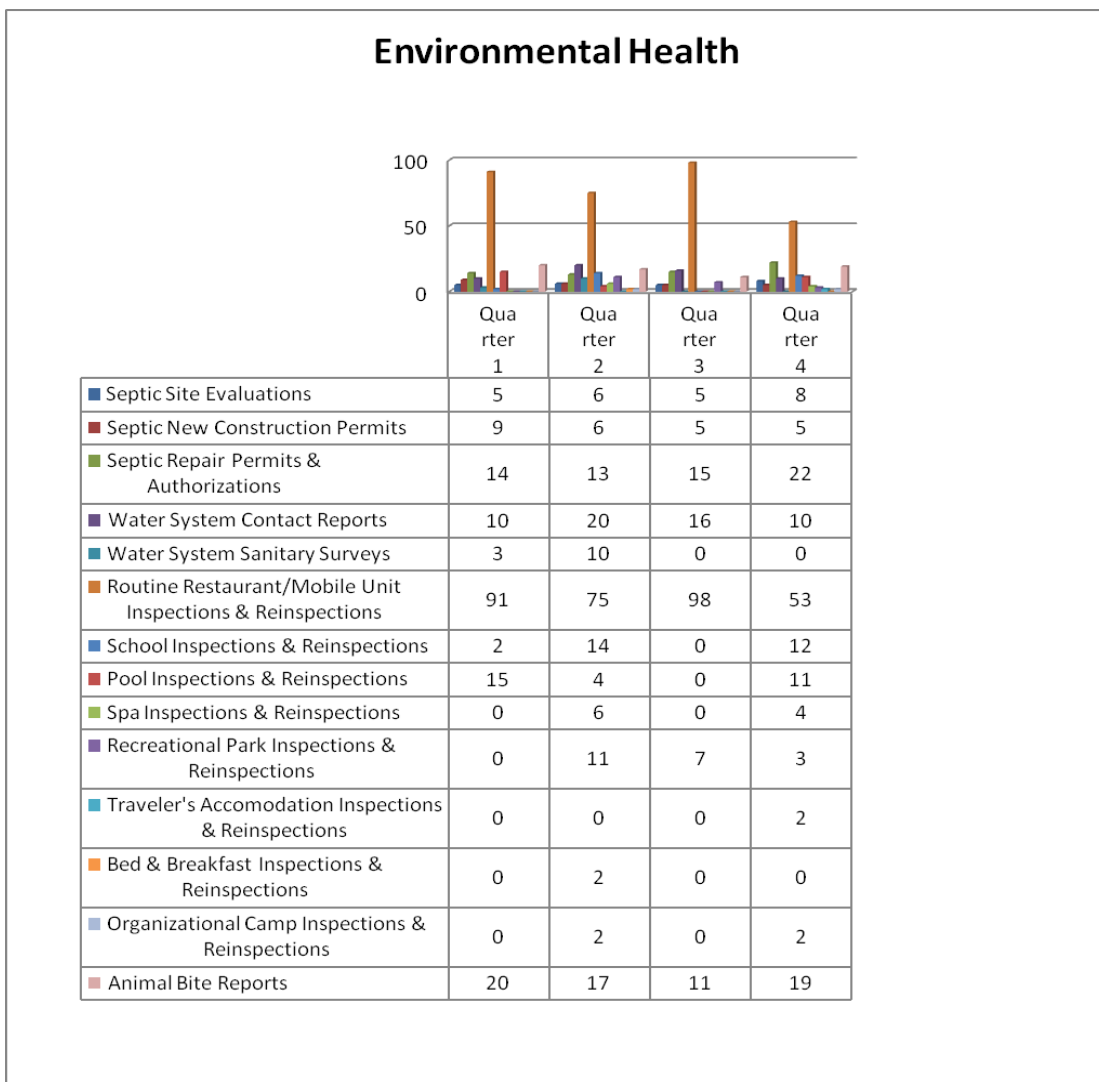
NCPHD has oversight over small public water systems in the District (serving 4 or more connections or <3000 users). Services in the drinking water program primarily help public

water system operators sort through the maze of rules which help to assure the quality of the drink water. Water system operators are required to take steps to physically protect the water and regularly sample for potential contaminants. If problems are noted, our staff work with the water system operators to assure that water users are notified of risks, and problems are corrected.

Last year, NCPHD staff also work with the Incident Command staff of the Rowena Fire to protect small public water systems within the incident.

NCPHD has no regulatory role with **private systems**. However, information is offered to empower residents using private wells or streams to obtain safe drinking water, including brochures about ensuring and developing safe drinking water sources.

NCPHD also works to ensure the ground water remains safe through the subsurface (septic system) and solid waste programs. The subsurface program works with local land owners, developers and installers to ensure that solid waste disposal is done in a safe manner.



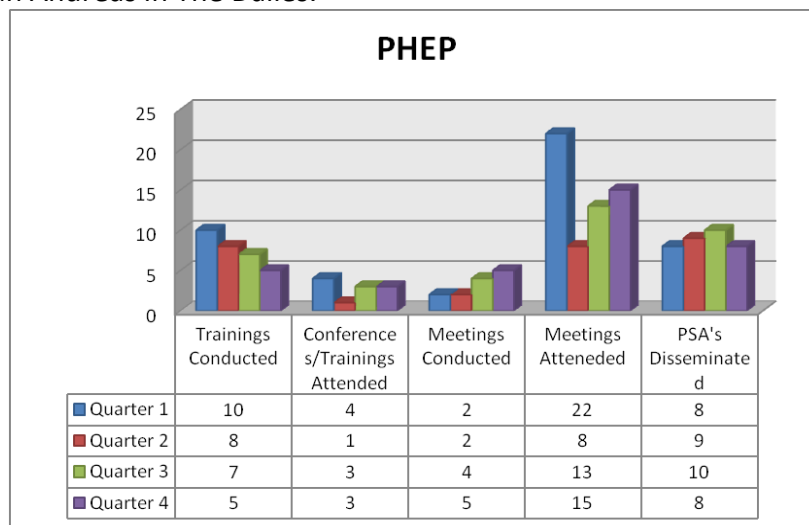
Public Health Emergency Preparedness and Response

COMMUNITY NEED: People living in or visiting Gilliam, Sherman and Wasco Counties could be at risk of physical harm or even loss of life as a result of natural and man-made disasters including wildfire, winter storm, wind storms, chemical spills and pandemic illness.

PUBLIC HEALTH RESPONSE: The NCPHD PHEP program, in partnership with the Emergency Managers in Gilliam, Sherman and Wasco Counties, coordinate the health and medical response functions during a declared emergency or public health event. During the last fiscal year, the program focused on continuing to strengthen the Medical Reserve Corp, a group of local volunteers receiving training to respond to a local or statewide emergency. The program also worked to convene partners in Emergency Medical Services (EMS), law enforcement, and the local medical providers to coordinate the local response plan for Ebola. Meetings were held across the District to provide information and seek input from a variety of partners. Through the end of the fiscal year, NCPHD did not experience a case of Ebola, nor did we have a person under monitoring (PUM) within the District. Work continues with the partners convened around this emerging disease to continue to prepare for emerging infectious diseases.

ADDITIONAL PROGRAM HIGHLIGHTS

- The PHEP Coordinator worked with partner agencies during the summer wildfire season across the NCPHD region regarding air quality, affected water systems, shelter inspection and coordination, Oregon Smoke conference calls, and acted as a liaison between MCMC, NCPHD and County Emergency Managers
- The PHEP Coordinator applied for and received a MRC Capacity Building Grant
- Organized and participated in the 2nd annual MRC Blanket Drive to benefit The Warming Place in The Dalles
- Participated in the Northwest Cherry Festival Safety Fair, created and distributed earthquake preparedness information in partnership with MRC at the premier of the movie San Andreas in The Dalles.



Chronic Disease Prevention Services

COMMUNITY NEED: Gilliam, Sherman and Wasco Counties, as elsewhere in Oregon and the United States, are facing an epidemic of chronic disease that threatens to overwhelm our resources. Oregon chronic disease data from 2010-2013 tells us that residents of Gilliam, Sherman and Wasco Counties have rates of heart attack, arthritis and asthma above the Oregon average. The data also shows us that residents engage in behaviors that put them at risk for chronic disease more often than Oregonians on average, including drinking seven or more sodas a week, smoking cigarettes, using smokeless tobacco, consuming fewer than 5 fruits or vegetables per day, and maintaining a weight considered obese.

Tobacco Prevention and Education Program

COMMUNITY NEED: Tobacco is the single greatest preventable cause of disease and death. For every person who dies of tobacco use, there are as many as 20 others suffering from a tobacco related disease. Tobacco contributes especially to heart and other cardiovascular disease, cancer, and respiratory disease—both chronic and acute. Because tobacco use affects every cell in a person's body, tobacco contributes to many other diseases as well, such as complications of diabetes.

PUBLIC HEALTH RESPONSE: The goal of the NCPHD Tobacco Prevention and Education Program (TPEP) is to reduce the burden of tobacco use in the District, i.e., the illness, death, disability and economic costs. Best practices research indicates that one of the most effective ways for communities to bring about sustainable change in social norms and decrease tobacco use is to create smoke free environments.

Effective, evidence-based tobacco prevention requires the participation of the entire community. Changing policies and the community's acceptance of tobacco is very important, because research shows that educating our children about the harmful effects of tobacco is not sufficient to counter the pro-tobacco myths about the use, value and acceptability of tobacco that have been ingrained into our culture by deceptive tobacco advertising.

Program Highlights

- Provided presentations to community groups and stakeholders about flavored tobacco products and E-cigarettes.
- Worked to inform members of the Columbia Gorge CCO Community Advisory Council about tobacco cessation benefits available to covered members.
- Worked with students at CGCC to strengthen the tobacco policy at campuses in The Dalles and Hood River.

- Provided consultation to City of The Dalles, North Wasco County Parks and Recreation District and MCMC on strengthening current tobacco policies

Tobacco's toll in one year:

- ✓ 4,200 Adults who regularly smoke cigarettes
- ✓ 98 People with a serious illness caused by tobacco
- ✓ 5 Tobacco-related deaths
- ✓ \$15.2 Million spent on tobacco-related medical care

Population:	
Youths	6,648
Adults	22,887
Total residents	29,535
\$12.1 Million In productivity losses due to premature tobacco-related deaths	

Among tobacco retailers assessed in North Central Public Health District	Components of a comprehensive tobacco prevention program
<ul style="list-style-type: none"> ✓ Nearly 1 in 2 advertised tobacco outside ✓ 100% sold flavored tobacco ✓ Nearly 8 in 10 sold tobacco at discounted prices ✓ \$1.05 was the average price of a single, flavored little cigar 	<p>Oregon's Tobacco Prevention and Education Program (TPEP) supports local public health authorities to serve all 36 counties and nine federally-recognized tribes. TPEP works to:</p> <ul style="list-style-type: none"> ✓ Engage communities in reducing the tobacco industry influence in retail stores ✓ Increase the price of tobacco ✓ Promote smokefree environments ✓ Provide support and resources to Oregon smokers who want to quit ✓ Engage diverse populations of Oregonians

Adult Cigarette Smoking

North Central Public Health District	20%
All other Oregon counties	19%

Cigarette smoking among adults in North Central Public Health District is similar to the rest of Oregon.

Cigarette Smoking during pregnancy

North Central Public Health District 2008 – 2012	Oregon 2008 – 2012	US 2008 – 2012
15%	11%	9%

Cigarette smoking among pregnant women in North Central Public Health District is **higher** than Oregon overall and the rest of the United States.

Youth cigarette and non-cigarette tobacco use

8 th Grade	Cig. Smoking	6%
	Non-cig tobacco use	8%
11 th Grade	Cig. Smoking	12%
	Non-cig tobacco use	20%

Among 11th graders in North Central Public Health District, non-cigarette tobacco product use is **about 50% higher** than cigarette smoking.

Working Toward Fit and Healthy Children

COMMUNITY NEED:

The rate of childhood obesity in Wasco County exceeds both the state and national levels. More than one in three children in our county is clinically obese, meaning they have a body mass index, or BMI, greater than the 85% percentile. Perhaps for the first time in our county's history, our children will not have a healthier life than their parents nor will they likely live as long. Numbers of children in Gilliam and Sherman Counties are too small to provide statistically reliable data, but raw numbers suggest similar issues among children in these counties as well.

COMMUNITY RESPONSE: Through a grant from Columbia Gorge CCO, NCPHD was able to secure an Oregon Solution declaration and project manager from the Governor's office. This Oregon Solutions project team is dedicated to reducing childhood obesity in Wasco County. The project team commits to creating a healthier built environment for our children's sake; educating and informing our community to change community norms around the importance of proper nutrition and being active; and working collectively and collaboratively to change the things we can within our own organizations and within the community to reduce the likelihood of childhood obesity. The collaborative group includes over 20 local partners as diverse as health care, education, restaurants and local government who have all signed "Declarations of Cooperation" committing to work together to address issues around access to nutrition and activity for children and families in our region. Initially the work will be focused on The Dalles Area, but with success and experience, will expand to the rest of the District.



Promoting Healthy Families

COMMUNITY NEED: Healthy families are a foundation for a healthy community. Society also benefits when children are intended, raised in stable and attached families, and arrive at school ready to learn.

PUBLIC HEALTH RESPONSE: Public health services, including Family Planning and Reproductive Health, Home Visiting Programs and the WIC Nutrition Program help individuals and families realize their goals in having planned pregnancies, good birth outcomes for both mother and child, and well nourished children who have the best possible start in life.

By working upstream with families, public health prevention programs save tax payer money, such as the cost of remedial education for pregnant teens, and the necessary remedial services for child abuse and neglect. We also help families access medical services: Oregon Mothers Care program assists pregnant women with the application process for the Oregon Health Plan as well as connections to other services, and the CaCoon and Babies First! Nurse Home Visiting Programs help connect children with Special Health Care needs and at risk of developmental delay to a medical home.



Family Planning / Contraceptive Services

COMMUNITY NEED: Women of childbearing age who lack health insurance often cannot afford an annual exam or the high cost of contraceptives. In addition, women and teens with fewer personal resources often have trouble accessing care through the traditional health care system due to issues with unstable housing, transportation, and work schedules.

With an unintended pregnancy the MOTHER is

- Less likely to seek prenatal care in the first trimester
- Less likely to breastfeed
- More likely to expose the fetus to harmful substances, such as tobacco or alcohol
- Less likely to be married, which has financial and social consequences
- More likely to have an induced abortion

With and unintended pregnancy, the CHILD has a greater risk of

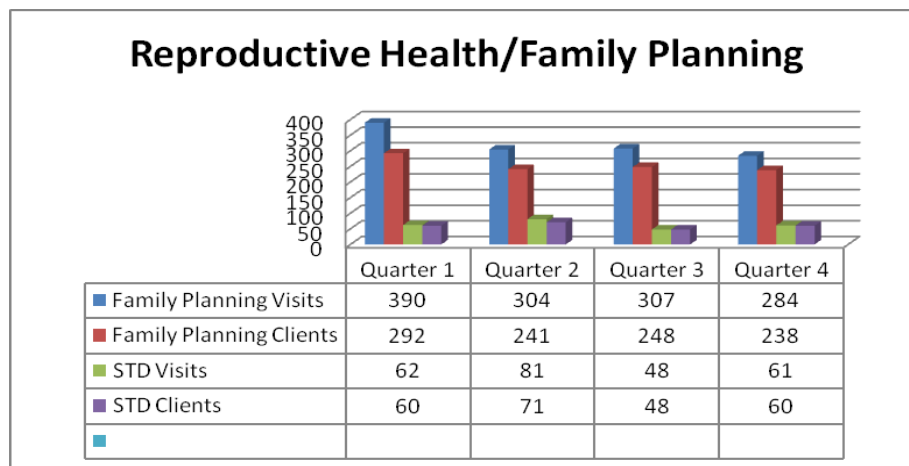
- Low birth weight
- Dying in the first year
- Being abused and
- Not receiving sufficient resources for healthy development

It is generally understood that teen pregnancy creates a challenge for the health of the teen mother and her baby that can have long term consequences in education, earning potential and cost to society. In 2014, the NCPHD teen pregnancy rate per 1000 females age 15-17 was 12.5. This is only slightly higher than the state rate of 12.4 per 1000.

PUBLIC HEALTH RESPONSE: Our mission in Family Planning is to help our clients make informed decision for their lives that allow them to have children when they are physically, emotionally and financially ready to parent, and when children are wanted and planned.

An unintended pregnancy is expensive not only for the family, but also the tax payers. In the Oregon Family Planning Program, data shows that for every \$1 spent, \$5 is saved by the taxpayer in prenatal, labor and delivery, and infant health care costs for every unintended birth. That is an impressive return on investment.

Access to Family Planning services has helped to decrease unintended pregnancy and prevent abortions. At NCPHD, we offer the Federal Title X Family Planning program, which provides services on a sliding scale, based on income and ability to pay. Many women and teens qualify for the Contraceptive Care Project (CCare), which is a special Medicaid program for those seeking contraception who do not have insurance and are below 185% of the poverty level. With the expansion of the Oregon Health Plan, we work with clients to seek care at their Primary Care Home if possible. NCPHD offers a variety of birth control methods, women’s health exams, pregnancy testing, options counseling, and general reproductive health consultation. Abortions are not provided. In the 2014-2015 fiscal year, 615 men and women received services through the NCPHD Reproductive Health Clinic

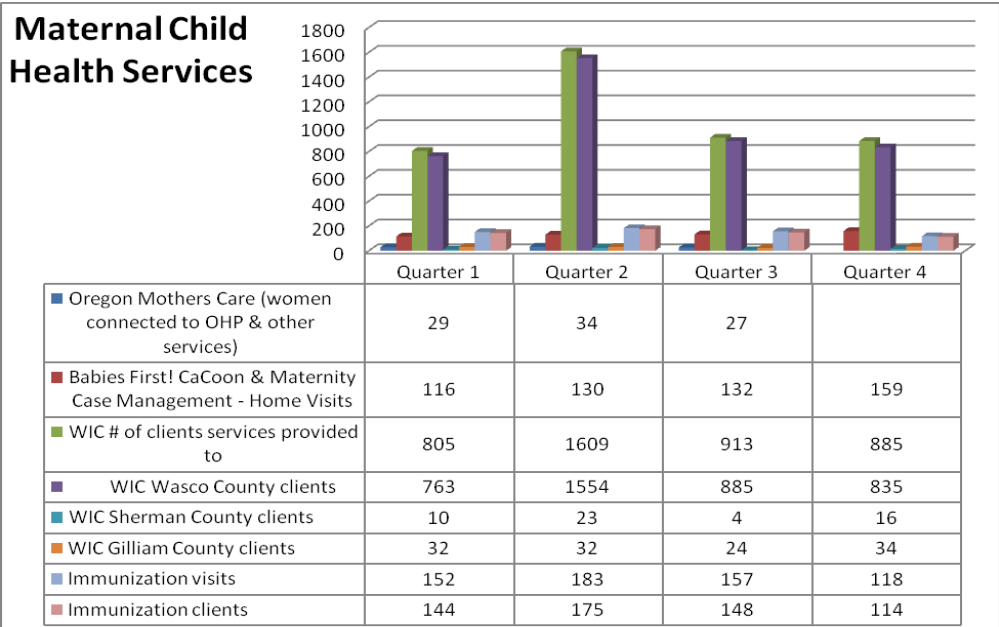


MATERNAL CHILD HEALTH SERVICES

COMMUNITY NEED: Families and communities can be stronger when the needs of those most vulnerable are met. Important resources include access to medical care, connection to resources, education, and vouchers for nutritious foods.

PUBLIC HEALTH RESPONSE: NCPHD staff provides a coordinated response for families from prenatal to age 21 in some cases. Oregon Mothers Care connects pregnant women to the Oregon Health Plan, prenatal care and other services; WIC is a federal public health nutrition program that provides proper nutrition, education, and referral to needed services, which helps to prevent more serious and costly health problems; Nurse Home Visiting Programs, such as Maternity Case Management, Babies First! and CaCoon provide developmental screening, referral to resources, education and coordination of care to pregnant women on OHP, children at risk of developmental delay, and children and youth (up to age 21) with special health care needs. These programs help families access care for preventative services to decrease the use of more costly acute care services, help families access stable housing and transportation, and provide information about nutrition, activity, normal child development and parenting.

Of the 102 children receiving a Babies First home visit last fiscal year, 86 of those children received the Ages and Stages Questionnaire (ASQ). The screen helps determine which children may need additional services and referrals to stay on track to reach developmental milestones. Nurses share ASQ's with the child's primary care provider, with the parent's permission. Children who did not receive the screen may have dropped out of the program prior to a screen being performed with parents.



Administrative Functions

The public health leadership team includes the Director, Nursing Supervisor, Registered Environmental Health Supervisor, Finance Manager and Health Officer. With the assistance of the executive assistant and accounting clerk, the leadership team assures compliance to public health program standard, manages 26 employees and providing the support they need to do their jobs, and managing the finances of the NCPHD. Significant time is spent in budget development and fiscal monitoring of the revenues and expenses according to District and federal requirements.

In addition, the leadership team has been working toward National Accreditation through the Public Health Accreditation Board. The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments.

PHAB's public health department accreditation process seeks to advance quality and performance within public health departments. Accreditation standards define the expectations for all public health departments that seek to become accredited. National public health department accreditation has been developed because of the desire to improve service, value, and accountability to stakeholders.

The leadership team duties included the following activities:

- Personnel management, including scheduling, record keeping for payroll, and adherence to labor laws
- Employee recruitment, hiring, training and performance evaluations
- Materials management, including tracking inventory and troubleshooting IT problems
- Electronic Health Record and Electronic Fiscal System management
- Assuring compliance to contractual requirements for many public health programs, as well as adherence to local, state and federal laws, and assuring that employees who are in regulatory functions are administering laws appropriately
- Contract development and administration for individuals and agencies who assist in the implementation of public health programs

NCPHD Leadership Team also interacted with the community on many levels:

- Developing informational and promotional materials, including web-based media
- Responding to requests for information from the public and the news media on public health topics and programs
- Advocating for action to improve the health of the community
- Serving on state and local committees which make decisions on the distribution of millions of federal dollars throughout the state

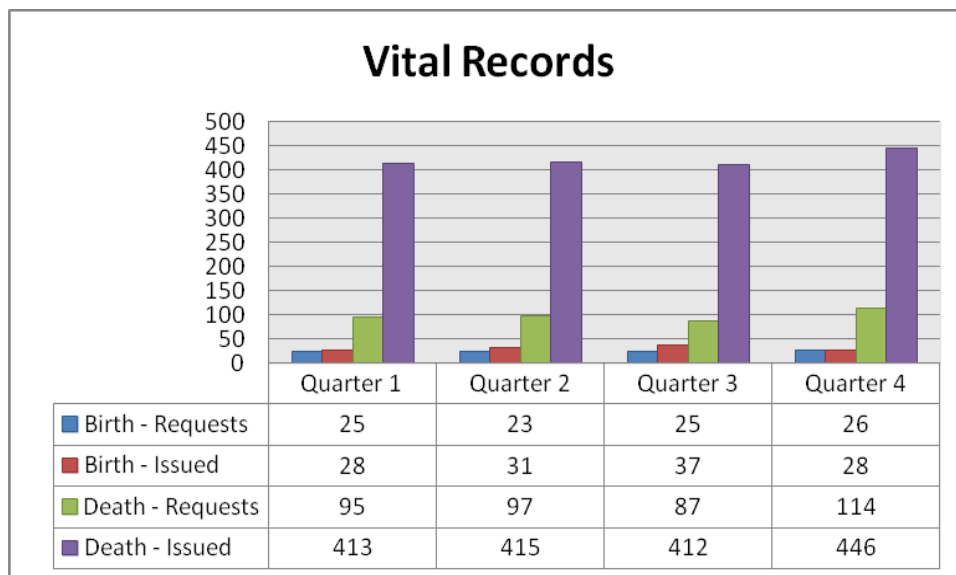
- Grant writing to bring in additional program dollars
- Collaborating with community partners on application and implementation of grant funded projects
- Presentations and meetings to local elected official
- Collaboration with both CGCCO and EOCCO on community health assessment and community health improvement plans

In addition to direct supervision of program staff, the leadership team also performed many functions in specific programs which were non-administrative, as well as being cross trained to perform work when employees were out due to illness, training, community response, or vacancies in positions.

The Health Officer and Deputy Health Officer also review all policies and protocols which are implemented under their authority. They provide consultation to nursing staff, medical providers and other community partners. The Health Officers were vital in planning and coordinating the Ebola response.

Vital Records

One of the 10 essential functions of public health is to collect and analyze health data. Vital records of birth and death information are a source of health indicators. Many details related to health are noted at the time of birth and death by the attending medical providers. Examples on a death certificate are the *immediate cause of death* and *other significant conditions contributing to death*. Data from the birth certificate includes information such as *when prenatal care began, medical risk factors for the mother and weight gain during her pregnancy*. These confidential health facts or data are collected on-line through a secure web-based system and compiled by the State to give us a picture of the health of our District and the state as a whole.



Community Involvement

NCPHD staff participated in many local and state organizations, coalitions and task forces this past year. Our staff represented the public health perspective, lent their expertise, and joined with others in our communities to work on significant issues that help to make our community a better place to live:

Regional or Statewide and Local

- Oregon Early Learning Council
- ELC-Oregon Health Policy Board Subcommittee
- Association of Oregon Public Health Nursing Supervisors
- Conference of Local Environmental Health Supervisors
- Health Officers Caucus
- Public Health Administrators of Oregon
- Conference of Local Health Officials
- Regional PHEP Collaborative
- Regional Hospital Preparedness Program
- Wasco County Early Childhood Committee
- NWCSO #21 P3 Committee
- Gilliam County Early Childhood Committee
- Sherman County Early Childhood Committee
- Gilliam County Community Advisory Committee to EOCCO
- Sherman County Community Advisory Committee to EOCCO
- Columbia Gorge CCO Community Advisory Committee
- CGCCO Clinical Advisory Panel
- CGCCO Maternal Child Health subcommittee
- Bridges to Health workgroup
- 4Rivers Early Learning HUB Governance Board
- Wasco County Solid Waste Advisory Committee
- Local Public Safety Coordinating Councils for Gilliam, Sherman and Wasco Counties
- PTAB—Prevention and Treatment subcommittee of MCCFL
- Regional Community Health Worker workgroup
- Youththink
- Mid-Columbia Breast Feeding Coalition
- Multi-disciplinary teams for Gilliam, Sherman and Wasco County
- Wasco County Home Visiting Network
- Community Connections Network

Information

For questions or information regarding this report, please contact Teri Thalhofer, RN, BSN, Public Health Director, at (541) 506-2600, ext. 2614. Or terit@co.wasco.or.us

Non-Discrimination Policy:

*NCPHD does not discriminate against any person on the basis of **race, color, national origin, age, gender, religion, marital status, sexual orientation or disability** in the admission to or participation in its programs, services or activities, or in employment. For further information regarding this non-discrimination policy, contact Gloria Perry, NCPHD Human Resources, at (541) 506-2600 ext. 2626.*

4th Quarter data in RED		WORKING DRAFT ONLY												
		Program (definition)	Benchmark	Result/Outcome (timeframe Q 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD State Funding	2015 YTD State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue
Division														
Mandated programs are highlighted in yellow														
Administration														
7141	Director	Ensures compliance, appropriate public health practice, professional accountability, public health accreditation work	See triennial review benchmarks		1.00							?	?	
7141 & 7149	Health Officer	Enforces Public Health Laws-provides consultation on public health practice, provides clinical services as needed	See triennial review benchmarks		0.40							?	?	
7141	Vital Records	Birth & Death Certificate filings; Certified copies for 1st 6 months after the event-Sherman and Wasco Counties	See triennial review benchmarks		0.75							?	?	\$26,000 \$18,390
7148	Medicaid Adm Claim.	Reimbursement for specific activities pertaining to administration of the state's Medicaid Plan, such as referral and outreach.	NA:									?	?	\$70,000 \$85,901
7148	Medicaid Incentive	CMS Electronic Health Record incentive program. For implementation of E H R and meeting meaningful us objectives.	NA:											\$17,000 \$8,500
														Meaningful use incentive funds from Center for Medicaid/Medicare Services(federal Medicaid)
7141	County Funding: Wasco, Sherman, Gilliam				2.39							\$572,072	\$404,602	
														totals not broken down
Communicable Disease & Preparedness														
7141 & 7145	Sexually Transmitted Diseases	Examinations and treatment for various sexually transmitted diseases. Trace contacts and initiate or refer for treatment where appropriate.	clients receive STD testing, treatment and counseling		0.59							?	?	\$30,147 \$13,536
														# NCPHD STD testing (Q 1-3 = 426 tests) and STD ELR reports received, evaluated and managed (Q 1-3 = 148) Q 4= 98 tests

4th Quarter data in RED		WORKING DRAFT ONLY		Benchmark	Result/Outcome (timeframeQ 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD State Funding	2015 YTD State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
		Program (definition)	Division													
7145 & 7145	State Support	State Support for Communicable Disease surveillance & response, STD's and TB case management (TB skin testing, case monitoring and medication).	CD reports will be evaluated, investigated and closed per protocol	492 total CD reports received, evaluated and managed, 4 institutional GI outbreaks managed. No deaths reported.	0.60	\$28,327	\$4,088	\$32,415	\$32,300	\$24,309	?	?	\$3,000	\$1,889	Wasco Co had 108 CD cases, Sherman Co. had 9, Gilliam had 7. 47 animal bites, 4 campy, 30 Chlamydia, 1 GC, 1 chronic Hep B, 24 chronic Hep C, 1 HIV, 2 Lead poisoning, 3 Lyme, 1 Mening, 2 Pertussis, 3 Salmonella, 1 Syphilis, 1 Taeniasis, 1 Coccidioidomycosis, 1 E.coli	
7145	TB Case Management	TB skin testing, case monitoring and medication.	Evaluate (rule out active)TB on ELR referrals. Offer LTBI preventive tx to 100% high risk ppds	(Q1-3= 33) ELR TB reports evaluated, 2 LTBI cases managed good	?	\$1,016		\$1,016	\$808	\$815	?	?				
7149	Public Health Emergency Preparedness	Emergency Preparedness; All-Hazards planning; Public Health Emergency Response, CD Outbreak control	Meet contract requirements and biennial review	See tool	2.08	\$74,768	\$76,731	\$151,499	\$156,474	\$106,050	?	?				
7149	Medical Reserve Corps	Credentialing & training of volunteer medical staff in case of a disaster	Meet grant req.	Annual report							?	?	\$3,500	\$3,500		

4th Quarter data in RED		WORKING DRAFT ONLY														
		Division	Program (definition)	Benchmark	Result/Outcome (timeframeQ 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD State Funding	2015 YTD State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
	Animal Bites	Investigate, follow up on animal bite reports	Reports are followed up	45 total reports Quarter 4: 19 total reports	?											
	Environmental Health															
7141	Septic Systems	Site Evaluations, Authorizations, Repair Permits, New Construction Permits, & Technical Assistance	Issue permits & evaluations as applications come in	19 Site Evaluations, 22 New Construction Permits, 50 Repair Permits (July-March) Quarter 4: 8 Site Evaluations, 5 New Construction Permits, 22 Repair Permits &	0.65						?	?	\$30,000	\$23,439		
7141	DEQ Pass through	Fees collected & sent to DEQ											\$3,900	\$8,300		
7141	Solid Waste Management	Health Officer is Chair of Solid Waste Advisory Committee(SWAC); SWAC admin. support.	Convene Board meeting 2 x yr	Met 1X (July-March)							?	?				
	Licensed Facilities:												\$80,000	\$76,021		
7146	Restaurants	License and inspect restaurants; plan reviews; food borne disease invest.	Perform Routine Inspections on 116 Restaurants 2X/yr; Other inspections as needed (i.e. reinspections)	213 Routine Inspections, 39 Reinspections, 5 Pre-Opening Inspections (July-March) Quarter 4: 32 Routine inspections, 4 Reinspections, 5 Pre-Opening Inspections	n 70						?	?				

4th Quarter data in RED		WORKING DRAFT ONLY		Benchmark	Result/Outcome (timeframe Q 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD State Funding	2015 YTD State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
7146	Mobile Units	License and inspect; plan reviews; food borne disease invest.	Perform Routine Inspections on 10 mobile units 2X/yr; Other inspections as needed (i.e. reinspections)	19 Routine Inspections; 2 Reinspections; 1 Consultation Inspection (July-March) Quarter 4: 7 Routine Inspections, 1 Reinspection, 4 Pre-Opening Inspections							?	?				
7146	Traveler's Accommodations	Inspect and license Hotels, Motels, Bed & Breakfast, etc.	Perform Routine Inspections on 27 Accommodations on a bi-annual basis; Other inspections as needed (i.e. reinspections)	3 Routine Inspections (July-March) Quarter 4: 2 Routine Inspections							?	?				2015 Calendar year is when they are next due Inspections done 2X/yr on year round facilities or 1X/yr on seasonal facilities Inspections done 2X/yr on year round facilities or 1X/yr on seasonal facilities Inspections done 2X/yr on year round facilities or 1X/yr on seasonal facilities
7146	Pools & Spas	Inspect and license Pools & Spas	Perform Routine Inspections on 27 Pools & Spas; Other inspections as needed (i.e. reinspections)	21 Routine Inspections; 4 Reinspections (July-March) Quarter 4: 11 Routine							?	?				
7146	Recreational Parks	Inspect and license Recreational Parks	Perform Routine Inspections on 10 Recreational Parks; Other inspections as needed (i.e. reinspections)	18 Routine Inspections (July-March) Quarter 4: 3 Routine Inspections							?	?				
7146	Organizational Camps	Inspect and license Organizational Camps	Perform routine inspections on 3 Organizational Camps	2 Routine Inspections (July-March) Quarter 4: 2 Routine Inspections							?	?				
7146	Food Handler permits	Education, testing and issuing of permits.	NA	NA										\$2,800	\$3,312	

4th Quarter data in RED		WORKING DRAFT ONLY													
		Program (definition)	Benchmark	Result/Outcome (timeframeQ 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD State Funding	2015 YTD State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
Division															
7146	Short term food licenses	Inspect other public food service facilities (ie. Food booths).	Inspect all Non-Benevolent & Consult all Benevolent Temporary Restaurants	32 Non-Benevolent Temporary Restaurants, 29 Inspected; 55 Benevolent Temporary Restaurants, 50 Consulted (July-March) Quarter 4: 21 Non-Benevolent Temporary Restaurants, 20 Inspected; 9 Benevolent Temporary						?	?	\$4,000	\$2,670		
7146	School Inspections	Inspect Kitchens	Perform Routine Inspections on 14 Schools 2X/yr; Other inspections as needed (ie.e re inspections)	14 Routine Inspections; 2 Reinspections (July-March) Quarter 4: 12 Routine						?	?	\$5,500	\$4,411		
7146	Child Care Inspections	Inspect Child Care Facilities	Estimated 20 Daycares	16 Inspections (July-March) Quarter 4: 6						?	?			Inspected on an as requested basis	
7156	Public Water Systems	Water System Surveys (as required by State), Contact Reports (as needed)	14 Surveys Required by the State for 2014; 13 Surveys Required by the State for 2015	14 Surveys Completed; 44 Contact Reports Completed (July-March) Quarter 4: 10 Contact Reports Completed	0.64	\$29,103	\$13,080	\$42,183	\$42,184	\$31,617	?	?		Unsure what is a contact report? A contact report is a written report of communication made with a water system operator regarding problems/changes/updates about a water system	
7146	Pumper Trucks	Septage haulers and pumpers vehicle inspection	Trucks inspected every 2 years per DEQ req.	# inspected annually							?	?	\$2,000	\$637	
Health Promotion															

4th Quarter data in RED		WORKING DRAFT ONLY													
		Program (definition)	Benchmark	Result/Outcome (timeframeQ 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD State Funding	2015 YTD State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
Division															
7152	EOCCO Nursing Services	CM for high utilizers of health services in Sherman Co. using "Coaching for Activation"	Meets contract guidelines	Annual report	0.12						?	?	\$0	\$19,327	This evidence based intervention has not met the re-assessment time line as of yet. The numbers are too small to measure decreased utilization.
7152	March of Dimes	Preconception Education & Case Management "Healthy Women Get Ready"	Per grant agreement	Annual report (put in file report data)	0.15						?	?	\$7,000	\$7,000	919 women were asked "One Key Question". 80 women seeking pregnancy within one year received indepth counseling re: preconception self care. 16 clients indicated risk factors needing attention. 6 women became tobacco free as a result of the counsleing intervention.
7152	Pacific Source	Healthy Weight Collaborative Reducing childhood obesity rate in Wasco Co.	Meets contract guidelines	Annual report	0.05						?	?	\$14,213	\$9,475	The Oregon Solution collaborative has created several workgroups to address various efforts including; Safe Routes to School, Increasing Food Security, Addressing access to Physical Activity & Community Center.
7153	Immunization Special Payment	Education about and administration of vaccines; public education; enforcement of school immunizations; technical assistance for healthcare providers who provide vaccinations.	Improved District Immunization target	Annual report what is the target immunization rate for the	0.24	\$11,097	\$6,844	\$17,941	\$18,418	\$13,455	?	?			

4th Quarter data in RED		WORKING DRAFT ONLY		Benchmark	Result/Outcome (timeframe Q 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD State Funding	2015 YTD State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
Division		Program (definition)														
7155	Tobacco Prevention & Education	Promote smoke-free environments and communities. Reduce the influence of tobacco product marketing. Encourage tobacco users to quit. Reduce youth access to tobacco products; Create additional tobacco-free environments; Decrease advertising and promotion of		See TPEP work plan	New TPEP Coordinator in September 2014. Working to develop positive relationships with	2.00	\$59,600	\$34,066	\$93,666	\$93,666	\$57,024	?	?			
	Maternal & Child Health															
7141	Healthy Start	Provide on site health screenings at preschools; home visits & family support services for high risk families-Gilliam, Sherman and Wheeler Counties through a contract with NCESD Early Education		Staff contracted to NCESD	This program is not managed by NCPHD. It is outside our scope of influence. 6/16	0.15						?	?	\$10,400	\$9,750	
7141	School Nursing	Health teaching, health promotion, health screenings in the schools-care planning for students with medical needs, consultation with school staff		100% of needed health protocols written and other supports as per contract	# of health care plans completed (under development the process for this measure will be fully implemented in the 2015-16 school year) total Hrs = 368.5	0.20						?	?	\$7,000	\$8,664	

4th Quarter data in RED		WORKING DRAFT ONLY													Comments
		Program (definition)	Benchmark	Result/Outcome (timeframe Q 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD State Funding	2015 YTD State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	
Division															
7142	WIC	Assessment, nutrition and health education and counseling to new families, food vouchers for pregnant and breastfeeding women and children ≤ 5yrs, referrals, monthly classes	assigned WIC clients	945 certified caseload currently <i>what is the estimated eligibility in the district? What % are we enrolling?</i>	3.39	\$163,402	\$10,987	\$174,389	\$173,808	\$125,739	?	?			Q 4 - av. 923 clients, WIC caseload varies according to season. Increase of 100+ during migrant season. NCPHD manages service delivery during harvest season. With about 300 births a year, we would anticipate 195 WIC eligible babies. Statewide, enrollment drops off after the child reaches 2 years of age. NCPHD sees close to 85% of pregnant women enrolled on OHP/CAWEM. The state average is 78%.
7143	Maternal Child Health/Child & Adolescent Health	Walk in Immunizations provided against vaccine preventable diseases	Decrease in missed opportunities	Annual report (# clients/imm given)	1.58	\$14,412	\$24,447	\$38,859	\$38,516	\$28,881	?	?	\$42,000	\$17,546	592 patients were given vaccinations during this time period
7143	Nursing Services through OCDC contract	Review and monitor medication administration; Staff training; Immunizations and TB testing and reading.	Contract deliverables	Annual report To date: 58 ppd's given, 36 staff members	0.02						?	?	\$3,000	\$535	
7144	Reproductive Health	Physical exams, follow-up and health education; pregnancy testing and counseling; birth control information & counseling; contraception services	Standard of care is: sexually active women under 25 yrs of age will have annual Ct screen. Reduction in annual unintended pregnancy rate.	# of total clients seen of all ages and % under 25 receiving annual Ct screen per CDC protocol.(**) % of women using LARC's. Annual unintended preg. rate. 46 women had LARC's.	3.85	\$34,352	\$13,783	\$48,135	\$30,530	\$40,199	?	?	\$269,595	\$163,550	767 unduplicated clients were seen during this reporting period. 399 were under the age of 25.269 CT tests were done (67.4%)
7144	Breast and Cervical Cancer Program	Breast and cervical cancer screening for low income/uninsured women 40 and older.	Refer women 40 and older to BCCP for screening services	9 women referred and In program	0.10						?	?	\$1,000	\$513	

4th Quarter data in RED		WORKING DRAFT ONLY		Benchmark	Result/Outcome (timeframe Q 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD State Funding	2015 YTD State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
		Program (definition)	Division													
7148	Perinatal - MCM	Home visits by public health staff during pregnancy and after the baby is born.	NA	# on caseload (Q 1-3) = 21 clients/49 visits report # of eligible clients in the reporting period : probably close to 100-150 women? What was accomplished in the 49 visits? What were the goals for the visits? What is the value in visiting? Q 4 - 18 clients seen for a total of 40 visits. The average birth rate in our county is: 25 per month. A large variety of client-centered, family specific interventions are done including: referrals out (top	0.34	\$1,706	\$3,015	\$4,721	\$4,682	\$1,755	?	?	\$3,000	\$2,801	cost reimbursement to be discontinued. In conversation w/CCO's	

4th Quarter data in RED		WORKING DRAFT ONLY													
		Program (definition)	Benchmark	Result/Outcome (timeframe Q 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD State Funding	2015 YTD State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
Division															
7154	CaCoon	Care Coordination for families that have children with special health needs.	Contract deliverables	# of children on caseload (Q 1-3) 39 clients/435 visits seems like a lot of visits for .18 FTE. What was accomplished in the visits? Visit goals? Q-4 = 40 clients seen for total of 460 visits, During these visits, nurses provide individual teaching.	0.18						?	?	\$15,000	\$25,481	started tracking Cacoon TCM
7154	Community Connections	Multidisciplinary team collaborate to promote optimal health and development in children and youth with special health needs.	Contract deliverables	Annual Report how many multidisciplinary meetings were held during this time period? How many clients? Cynthia	0.19						?	?	\$8,800	\$10,507	includes reimb. for CCN physician

4th Quarter data in RED		WORKING DRAFT ONLY													
		Program (definition)	Benchmark	Result/Outcome (timeframe Q 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding (Sherm + Gilliam)	Total	2015 BUD State Funding	2015 YTD State Funding	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
Division															
7158	Babies First	Case Management and follow-up home visits by a public health nurse to families of newborn infants with health risks to prevent developmental delay.	age appropriate ASQ's done &/abn referred for services	# on caseload and # of referrals for devel. delay (Q1-3) 109 clients/810 visits; 12 referred out that looks to be about 8 visits per client? What was accomplished in those visits? How many developmental screens were done? How many abnormal screens were found? Q 4 = 104 clients see for a total of 745 visits. Nurses provide a variety of services including: individual teaching, case management and health system guidance in the	1.49	\$5,403	\$9,544	\$14,947	\$14,825	\$11,214	?	?	\$71,000	\$135,255	Anomaly - includes approx. \$62,390 TCM for FY 2014
7159	Oregon Mothers Care	Assists women in accessing early prenatal care and Oregon Health Plan.	eligible preg referred to OHP	number on OHP (Q 1-2) 60 clients/51 receiving OHP assistance good report	0.20	\$3,120	\$5,018	\$8,138	\$8,701	\$6,102	?	?			Q3 data not available. Q 4 data not available due to changes in staff and lag in report generation.
Totals					24.14	\$426,305	\$201,604	\$627,909	\$614,912	\$447,160	\$572,072	\$404,602	\$729,855	\$660,909	

*** The State funding splits are estimated amounts:**

*Kathi- Sorry for the differences. The amendment numbers are the official ones for you to use. When I put together the split document in February, I asked each program to give me the funding amounts that were as current as possible and to split them by the counties. They may have used some older or projected numbers. The major purpose of the document I sent out in February was to give an estimate of what the split would look like if Wasco separated from the Health District. Jan
Jan Kaplan, MSW*

4th Quarter data in RED	WORKING DRAFT ONLY		Benchmark	Result/Outcome (timeframeQ 1-3 July 2014-Mar 2015)	BUD FTE	*State funding (Wasco)	*State funding	2015 BUD	2015 YTD	BUD District funding (W,S,G)	YTD District funding (W,S,G)	BUD Fees & Other revenue	YTD Fees & Other revenue	Comments
	(Sherm + Gilliam)	Total												
Division	Program (definition)							State Funding	State Funding					

Principal Executive Manager E, Office of Community Liaison

OHA Public Health Division

() Chlamydia is epidemic and is likely the leading cause of infertility**

FUND 201		BUD 2015	Actuals 2015	County contribution distribution	Program Revenue	Restricted Revenue	Unrestricted Revenue	Net Totals
1201 NON-DEPARTMENTAL								
INTEREST EARNED		1000	1,201				1,201	
7141 PUBLIC HEALTH								
State		10,400	13,000			13,000		
Federal		0	0			0		
Total	\$571,568	97,194	97,194				97,194	
Sherman County		98,656	98,656				98,656	
Gilliam County		376,222	375,718				375,718	
Wasco County		81,547	88,522		88,522			
All Other (Program Fees, PR Reimb., Misc.)		664,019	101,522					
Total Program Revenue		559,340	479,258					
Total Expenditures		104,679	(377,736)					(377,736) (County Contribution)
5 programs/services - 3 mandated								
Vital records, Sewage disposal, Construction permits								
(Co. Support for Onsite prog. \$16,041, Vital Records \$1501)								
Total GF Support (Director, Health Officers, Management, Admin staff, materials & services)				\$377,736				
7142 WIC								
State			0			0		
Federal		173,808.00	165,716			165,716		
All Other			1,843		1,843			
Total Revenue		173,808.00	167,559					
Total Expenditures		166,909.68	187,275					
(Diet. Serv \$2275; Cost Alloc \$11,737; Off Sup \$2380 - over budget)		6,898	(19,717)					(19,717) (MAC)
1 mandated service								
Women, Infants and Children Nutrition Program								
Co. Support (.14 FTE Dir \$14,223)				\$0				
7143 CAH								
State		8,786	19,893			19,893		
Federal		29,730	26,692			26,692		
All Other		45,000	14,983		14,983			
Total Revenue		83,516	61,568					
Total Expenditures		123,805	121,975					
(Cost Alloc adjusted; soft. maint transferred from 7148)		(40,289)	(60,407)					(60,407) (Co Cont, CMS, MAC)
3 programs/services - 2 mandated:								
Immunizations, Home visits			40%					
Co. Support (.04 FTE Dir \$4064)				\$34,213				

	BUD 2015	Actuals 2015	County contribution distribution	Program Revenue	Restricted Revenue	Unrestricted Revenue	Net Totals
FUND 201							
7144 WOMEN'S HEALTH							
State	45,000	198,328			198,328		
Federal	38,530	56,135			56,135		
All Other	225,595	53,671		53,671			
Total Revenue	309,125	308,134					
Total Expenditures	<u>372,028</u>	<u>390,411</u>					
(Cost Alloc adjusted; soft. maint transferred from 7148)	(62,903)	(82,277)					(82,277) (Co Cont, CMS, MAC)
2 programs/services - 2 mandated:							
Family Planning, Breast & Cervical Cancer		55%					
Co. Support (.17 FTE Dir \$17,271)			\$47,043				
7145 STATE SUPPORT							
State	33,800	36,632			36,632		
Federal	308	494			494		
All Other	13,600	6,653		6,653			
Total Revenue	47,708	43,779					
Total Expenditures	<u>47,170</u>	<u>49,118</u>					
(Cost Alloc adjusted; soft. maint transferred from 7148)	538	(5,339)					(5,339) (Co Contr & CMS)
3 programs/services - 3 mandated:							
Exams & treatment for Sexually Transmitted disease, Communicable Disease, Tuberculosis		5%					
Co. Support (.02 FTE Dir \$2032)			\$4,276				
7146 ENVIRONMENTAL HEALTH							
State	0	0			0		
Federal	0	0			0		
All Other	94,300	103,228		103,228			
Total Revenue	94,300	103,228					
Total Expenditures	<u>68,314</u>	<u>96,904</u>					
	25,986	6,324					6,324
4 programs/services - 4 mandated							
Food Handlers, temporary food licenses, child care inspections, licensed facilities inspections							
Co. Support (.04 FTE Dir \$4064)			\$0				
7148 PERINATAL							
State	4,682	2,341			2,341		
Federal	17,000	10,841			10,841		
All Other	73,000	111,829				111,829	
Total Revenue	94,682	173,311					
Total Expenditures	<u>80,245</u>	<u>82,478</u>					
(Medicaid Adm. Claiming)	14,437	90,833					90,833
3 programs/services - 2 mandated							
Maternity Case Management, home visiting, Home Visiting Network							
Co. Support (.01 FTE Dir \$1016) MAC match			\$48,300				

	BUD 2015	Actuals 2015	County contribution distribution	Program Revenue	Restricted Revenue	Unrestricted Revenue	Net Totals
FUND 201							
7149 BIOTERRORISM							
State	3,500	3,500			3,500		
Federal	156,474	156,522			156,522		
All Other	0	0					
Total Revenue	159,974	160,022					
Total Expenditures	167,928	160,220					
(balance is MRC)	(7,954)	(198)					(198)
3 programs/services - 1 mandated Public Health Emergency Preparedness Co. Support (.06 FTE Dir \$6095)			\$0				
7152 HEALTH PROMOTION							
Grant Funding	44,486	36,147			36,147		
Federal	0	0			0		
All Other	0	0					
Total Revenue	44,486	36,147					
Total Expenditures	44,399	46,348					
(EOCCO pmt \$8446.30 on 7/1/15; HWC grant pd in 2014, exp in 2015)	87	(10,201)					(10,201) (Grant)
Not mandated Co. support - none							
7153 IMMUNIZATION SPECIAL PAYMENT							
State	8,909	8,971			8,971		
Federal	9,509	8,971			8,971		
All Other	0	0					
Total Revenue	18,418	17,941					
Total Expenditures	15,701	17,941					
	2,717	0					0
1 mandated program/service Immunizations and vaccine tracking Co. Support (.01 FTE Dir \$1016)			\$0				
7154 CACOON & CCN							
State	23,800	54,341			54,341		
Federal	0	0			0		
All Other	0	200		200			
Total Revenue	23,800	54,541					
Total Expenditures	32,042	30,335					
(Now tracking Cacocon TCM in 7154)	(8,242)	24,206					24,206
2 program/services, 1 mandated Care Coordination of children with special health needs Co. Support (.02 FTE Dir \$2032)			\$0				

	BUD 2015	Actuals 2015	County contribution distribution	Program Revenue	Restricted Revenue	Unrestricted Revenue	Net Totals
FUND 201							
7155 TOBACCO							
State	132,266	0			0		
Federal	0	0			0		
All Other	0	93,666			93,666		
Total Revenue	132,266	93,666					
Total Expenditures	145,374	94,250					
	(13,108)	(584)					(584)
1 mandated program/service							
Tobacco Prevention & Education							
Co. Support (.05 FTE Dir \$5080)			\$0				
7156 Water							
State	13,488	17,394			17,394		
Federal	28,696	24,789			24,789		
All Other	0	0					
Total Revenue	42,184	42,183					
Total Expenditures	44,254	40,669					
	(2,070)	1,514					1,514
1 mandated program/service							
Monitoring Water Systems							
Co. Support (.01 FTE Dir \$1016)			\$0				
7158 BABIES FIRST							
State	85,825	194,577			194,577		
Federal	0	0			0		
All Other	0						
Total Revenue	85,825	254,577					
Total Expenditures	142,997	181,296					
(Targeted Case Management - includes 2014 fees)	(57,172)	73,281					73,281
1 mandated program/service							
Case Management for infants with health risks							
Co. Support (.08 FTE Dir \$8127) TCM Match			\$60,000				
7159 OREGON MOTHERS CARE							
State	0	2,034			2,034		
Federal	8,701	6,104			6,104		
All Other	0	0					
Total Revenue	8,701	8,138					
Total Expenditures	12,552	13,286					
	(3,851)	(5,148)					(5,148) (MAC)
Not mandated							
Assist eligible pregnant women with Oregon Health Plan							
Co. Support (.01 FTE Dir \$1016)			\$0				
7500 DEQ PASS THROUGH							
State	0	0					
Federal	0	0					
All Other	3,900	12,000			12,000		
Total Revenue	3,900	12,000					
Total Expenditures	3,900	12,000					
	0	0					
Not mandated							

		BUD	Actuals	County	Program	Restricted	Unrestricted	Net Totals
FUND 201		2015	2015	contribution	Revenue	Revenue	Revenue	
7207 HOUSEHOLD HAZARDOUS WASTE				distribution				
State		0	7,500			7,500		
Federal		0	0			0		
Local		7,200	7,200		\$7,200			
All Other		304,000	167,733		167,733			
Total Revenue		311,200	182,433					
Total Expenditures		479,739	267,563					
Carryover from 2014 \$84,679.07 not mandated		(168,539)	(85,130)					84,679 2014 end bal (85,130) 2015 end bal (450)
Collection & disposal of hazardous materials								
Co. Support (.19 FTE Dir, .10 FTE Bus Mgr, .23 FTE EH Supr)				\$0				
Totals			673,090	\$571,568	\$444,033	\$1,156,587	\$684,598	\$2,285,218.48
					19%	51%	30%	

**NCPHD
Accounts Payable Checks
Issued - June 2015**

Check Date	Check Number	Vendor Name	Amount	
6/25/2015	130	OREGON STATE, EMPLOYMENT DEPARTMENT	\$2,962.21	Payroll A/P (EFT) Electronic Fund Transfers
6/10/2015	143	IRS	\$11,621.64	
6/10/2015	144	ASIFLEX	\$390.00	
6/10/2015	145	P E R S	\$9,257.78	
6/10/2015	146	OREGON STATE, DEPT OF REVENUE	\$2,732.09	
6/25/2015	147	IRS	\$11,877.33	
6/25/2015	148	ASIFLEX	\$390.00	
6/25/2015	149	P E R S	\$9,417.82	
6/25/2015	150	OREGON STATE, DEPT OF REVENUE	\$2,800.54	
6/30/2015	151	IRS	\$465.22	
6/30/2015	152	ASIFLEX	\$100.00	
Reserved in Que	153			
6/30/2015	154	OREGON STATE, DEPT OF REVENUE	\$103.64	
6/30/2015	155	OREGON STATE, EMPLOYMENT DEPARTMENT	\$20.99	
6/2/2015	10851	CIS TRUST	\$24,247.45	
6/2/2015	10852	OREGON STATE, HEALTH LICENSING OFFICE	\$150.00	
6/2/2015	10853	QWIK CHANGE LUBE CENTER INC.	\$42.50	
6/2/2015	10854	RICOH USA INC.	\$150.42	
6/2/2015	10855	SKAKEL, DAVID	\$15.00	
6/2/2015	10856	STAEHNKE, DAVID	\$100.08	
6/2/2015	10857	THE DALLES CHRONICLE	\$131.25	
6/11/2015	10858	AMERICAN ASSOCIATION, OF BIOANALYSTS	\$106.00	
6/11/2015	10859	BEERY ELSNER & HAMMOND LLP	\$112.50	
6/11/2015	10860	DEVIN OIL CO INC.	\$91.23	
6/11/2015	10861	H2OREGON BOTTLED WATER INC.	\$56.00	
6/11/2015	10862	HENRY SCHEIN	\$649.07	
6/11/2015	10863	HOOD RIVER GARBAGE	\$810.65	
6/11/2015	10864	MID-COLUMBIA MEDICAL CENTER	\$607.50	
6/11/2015	10865	OFFICE MAX INCORPORATED	\$113.58	
6/11/2015	10866	OPTIMIST PRINTERS	\$69.98	
6/11/2015	10867	OREGON STATE, DEPT OF DEQ	\$1,600.00	
6/11/2015	10868	SAIF CORPORATION	\$742.99	
6/11/2015	10869	SANOFI PASTEUR INC.	\$228.00	
6/11/2015	10870	SATCOM GLOBAL INC.	\$54.83	
6/11/2015	10871	TEMPLE DISTRIBUTING INC.	\$56.00	
6/11/2015	10872	THE DALLES DISPOSAL	\$666.66	
6/11/2015	10873	THE POOL & SPA HOUSE INC.	\$70.20	
6/11/2015	10874	THE TIMES-JOURNAL	\$171.00	
6/11/2015	10875	U.S. CELLULAR	\$116.78	
6/11/2015	10876	US BANK	\$3,450.01	
6/11/2015	10877	WASCO COUNTY	\$629.50	
6/11/2015	10878	CA STATE DISPURSEMENT UNIT	\$231.50	Payroll A/P Checks
6/11/2015	10879	NATIONWIDE RETIREMENT SOLUTION	\$2,494.40	

6/18/2015	10880	BICOASTAL MEDIA LLC, BICOASTAL COLUMBIA RIVER	\$288.00
6/18/2015	10881	COX, MARIA DEL PILAR	\$75.00
6/18/2015	10882	EAGLE NEWSPAPERS, INC	\$232.50
6/18/2015	10883	HAYSTACK BROADCASTING, INC.	\$240.00
6/18/2015	10884	MID-COLUMBIA OUTPATIENT CLINIC	\$150.00
6/18/2015	10885	OFFICE MAX INCORPORATED	\$138.32
6/18/2015	10886	OPTIMIST PRINTERS	\$490.50
6/18/2015	10887	PORTLAND STATE UNIVERSITY, - OREGON SOLUTIONS	\$8,000.00
6/18/2015	10888	PSC ENVIRONMENTAL SERVICES	\$21,088.96
6/18/2015	10889	QWIK CHANGE LUBE CENTER INC.	\$42.50
6/18/2015	10890	THE DALLES CHRONICLE	\$425.25
6/18/2015	10891	THE TIMES-JOURNAL	\$45.00
6/18/2015	10892	UPS	\$102.81
6/26/2015	10893	CYTOCHECK LABORATORY LLC	\$180.00
6/26/2015	10894	HOOD RIVER, SHELTERED WORKSHOP	\$78.00
6/26/2015	10895	OR STATE PUBLIC, HEALTH LABORATORY	\$147.50
6/26/2015	10896	RAGE GRAPHIX & DESIGN INC.	\$509.00
6/26/2015	10897	RICOH USA INC.	\$143.81
6/26/2015	10898	THE DALLES CHRONICLE	\$125.00
61	TOTAL AMOUNT:		\$122,606.49

NCPHD Board of Health authorizes check numbers 10851 through 10898 and payroll EFT numbers 130, 143-152, & 154-155 totalling \$122,606.49.

Signed: _____
Commissioner Michael Smith, Chair

Date: _____

**NCPHD
Accounts Payable Checks
Issued - July 2015**

Check Date	Check Number	Vendor Name	Amount		
7/10/2015	156	IRS	\$10,441.60	Payroll A/P (EFT Electronic Fund Transfers	
7/10/2015	157	ASIFLEX	\$270.00		
Reserved in Que	158				
7/10/2015	159	OREGON STATE, DEPT OF REVENUE	\$2,456.04		
7/7/2015	161	IRS	\$818.15		
7/7/2015	162	ASIFLEX	\$20.00		
Reserved in Que	163				
7/7/2015	164	OREGON STATE, DEPT OF REVENUE	\$193.94		
Reserved in Que	165				
7/11/2015	166	IRS	\$346.66		
Reserved in Que	167				
7/11/2015	168	OREGON STATE, DEPT OF REVENUE	\$87.06		
Reserved in Que	169				
7/24/2015	170	IRS	\$11,000.81		
7/24/2015	171	ASIFLEX	\$270.00		
Reserved in Que	172				
7/24/2015	173	OREGON STATE, DEPT OF REVENUE	\$2,584.12		Payroll A/P Checks
7/1/2015	10899	CA STATE DISPURSEMENT UNIT	\$231.50		
7/1/2015	10900	NATIONWIDE RETIREMENT SOLUTION	\$2,519.71		
7/2/2015	10901	OREGON STATE, DEPT OF DEQ	\$1,000.00		
7/2/2015	10902	OREGON STATE, DEPT OF HUMAN SERVICES	\$4,000.00		
7/2/2015	10903	STAEHNKE, DAVID	\$93.82		
7/6/2015	10904	CIS TRUST	\$22,385.32		
7/10/2015	10905	AHLERS & ASSOCIATES	\$180.00		
7/10/2015	10906	CLIA LABORATORY PROGRAM	\$150.00		
7/10/2015	10907	OREGON COALITION OF LOCAL, HEALTH OFFICIALS INC	\$2,108.86		
7/10/2015	10908	OREGON STATE, DEPT HUMAN SERVICES-OFS	\$260.00		
7/10/2015	10909	SAIF CORPORATION	\$743.00		
7/10/2015	10910	STERICYCLE INC.	\$306.94		
7/10/2015	10911	BEERY ELSNER & HAMMOND LLP	\$900.00		
7/10/2015	10912	COLUMBIA GORGE COMM. COLLEGE	\$25.00		
7/10/2015	10913	CYTOCHECK LABORATORY LLC	\$80.00		
7/10/2015	10914	DEVIN OIL CO INC.	\$74.03		
7/10/2015	10915	HOOD RIVER GARBAGE	\$738.16		
7/10/2015	10916	MID-COLUMBIA MEDICAL CENTER	\$292.50		
7/10/2015	10917	OFFICE MAX INCORPORATED	\$188.85		
7/10/2015	10918	OPTIMIST PRINTERS	\$694.98		
7/10/2015	10919	SATCOM GLOBAL INC.	\$51.57		
7/10/2015	10920	SHRED4LESS	\$78.00		
7/10/2015	10921	STERICYCLE INC.	\$153.47		
7/10/2015	10922	TEMPLE DISTRIBUTING INC.	\$62.50		
7/10/2015	10923	THE DALLES DISPOSAL	\$666.66		
7/10/2015	10924	U.S. CELLULAR	\$116.78		
7/10/2015	10925	WASCO COUNTY	\$134.19		

7/10/2015	10926	NATIONWIDE RETIREMENT SOLUTION	\$75.00	Payroll A/P Checks
7/10/2015	10927	CA STATE DISPURSEMENT UNIT	\$231.50	
7/10/2015	10928	NATIONWIDE RETIREMENT SOLUTION	\$2,444.71	
7/16/2015	10929	QWIK CHANGE LUBE CENTER INC.	\$37.95	
7/16/2015	10930	SMITH MEDICAL PARTNERS LLC	\$3,681.46	
7/16/2015	10931	CARDINAL HEALTH	\$84.08	
7/16/2015	10932	CURASCRIPT SPECIALTY, DISTRIBUTION	\$3,250.00	
7/16/2015	10933	DWORSCHAK, KEVIN	\$20.39	
7/16/2015	10934	H2OREGON BOTTLED WATER INC.	\$105.50	
7/16/2015	10935	HENRY SCHEIN	\$1,008.16	
7/16/2015	10936	SMITH MEDICAL PARTNERS LLC	\$2,456.04	
7/16/2015	10937	UPS	\$90.40	
7/16/2015	10938	US BANK	\$1,624.94	
7/16/2015	10939	WASCO COUNTY	\$1,133.11	
7/21/2015	10940	HENRY SCHEIN	\$169.41	
7/21/2015	10941	OFFICE MAX INCORPORATED	\$425.66	
7/21/2015	10942	NETSMART TECHNOLOGIES, INC.	\$21,028.56	
7/21/2015	10943	CIS TRUST	\$13,955.49	
7/22/2015	10944	THE DALLES CHRONICLE	\$52.00	
7/23/2015	10945	THE DALLES CHRONICLE	\$52.00	
7/27/2015	10946	CA STATE DISPURSEMENT UNIT	\$231.50	Payroll A/P Checks
7/27/2015	10947	NATIONWIDE RETIREMENT SOLUTION	\$2,213.08	
60		TOTAL:	\$121,095.16	

NCPHD Board of Health authorizes check numbers 10899 through 10947 and payroll EFT numbers 156-157, 159-162, 164, 166, 168, 170-171 & 173 totalling \$121,095.16.

Signed: _____
Commissioner Michael Smith, Chair

Date: _____

**NCPHD
Accounts Payable Checks
Issued - August 2015**

Check Date	Check Number	Vendor Name	Amount
6/30/2015	153	PERS	\$415.45
7/10/2015	158	PERS	\$8,386.86
7/10/2015	163	PERS	\$641.82
7/11/2015	167	PERS	\$310.79
7/24/2015	172	PERS	\$8,489.57
8/10/2015	174	IRS	\$10,837.29
8/10/2015	175	ASIFLEX	\$270.00
Reserved in Que	176		
8/10/2015	177	OREGON STATE, DEPT OF REVENUE	\$2,559.75
8/25/2015	178	IRS	\$10,854.23
8/25/2015	179	ASIFLEX	\$270.00
Reserved in Que	180		
8/25/2015	181	OREGON STATE, DEPT OF REVENUE	\$2,567.91
8/21/2015	182	IRS	\$363.65
Reserved in Que	183		
8/21/2015	184	OREGON STATE, DEPT OF REVENUE	\$88.04
Reserved in Que	185		
8/21/2015	186	IRS	\$144.95
Reserved in Que	187		
8/21/2015	188	OREGON STATE, DEPT OF REVENUE	\$34.55
8/3/2015	10948	EAGLE NEWSPAPERS, INC	\$599.00
8/3/2015	10949	MID-COLUMBIA MEDICAL CENTER	\$794.00
8/3/2015	10950	PSC ENVIRONMENTAL SERVICES	\$2,963.96
8/3/2015	10951	RICOH USA INC.	\$144.06
8/3/2015	10952	THE DALLES CHRONICLE	\$169.00
8/3/2015	10953	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	\$1,058.00
8/3/2015	10954	CIS TRUST	\$21,066.94
8/3/2015	10955	OFFICE MAX INCORPORATED	\$277.57
8/3/2015	10956	OPTIMIST PRINTERS	\$425.00
8/3/2015	10957	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	\$800.00
8/3/2015	10958	QWIK CHANGE LUBE CENTER INC.	\$35.95
8/3/2015	10959	SPARKLE CAR WASH, LLC	\$32.50
8/3/2015	10960	STAEHNKE, DAVID	\$87.57
8/13/2015	10961	CA STATE DISPURSEMENT UNIT	\$231.50
8/13/2015	10962	NATIONWIDE RETIREMENT SOLUTION	\$2,213.08
8/13/2015	10963	COX, MARIA DEL PILAR	\$125.00
8/13/2015	10964	U.S. CELLULAR	\$58.37
8/13/2015	10965	ADVANCED TECH SERV	\$220.00
8/13/2015	10966	ANDERSON, GRACE	\$18.63
8/13/2015	10967	BEERY ELSNER & HAMMOND LLP	\$67.50
8/13/2015	10968	COX, MARIA DEL PILAR	\$25.00
8/13/2015	10969	H2OREGON BOTTLED WATER INC.	\$61.50
8/13/2015	10970	HENRY SCHEIN	\$115.08
8/13/2015	10971	MID-COLUMBIA MEDICAL CENTER	\$225.00

**Payroll A/P (EFT) Electronic
Fund Transfers**

Payroll A/P Checks

8/13/2015	10972	OREGON STATE, DEPT OF HUMAN SERVICES	\$4,000.00
8/13/2015	10973	SAIF CORPORATION	\$984.72
8/13/2015	10974	SATCOM GLOBAL INC.	\$51.57
8/13/2015	10975	SHRED4LESS	\$39.00
8/13/2015	10976	U.S. CELLULAR	\$58.38
8/13/2015	10977	UPS	\$90.40
8/13/2015	10978	US BANK	\$1,452.31
8/13/2015	10979	WASCO COUNTY	\$572.98
8/21/2015	10980	AHLERS & ASSOCIATES	\$6,900.00
8/21/2015	10981	CYTOCHECK LABORATORY LLC	\$100.00
8/21/2015	10982	OR STATE PUBLIC, HEALTH LABORATORY	\$1,211.95
8/21/2015	10983	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$3,576.10
8/21/2015	10984	AHLERS & ASSOCIATES	\$800.00
8/21/2015	10985	ASSOCIATION OF, OREGON COUNTIES	\$500.00
8/21/2015	10986	CYTOCHECK LABORATORY LLC	\$90.00
8/21/2015	10987	DEVIN OIL CO INC.	\$177.66
8/21/2015	10988	OFFICE MAX INCORPORATED	\$279.24
8/21/2015	10989	OPTIMIST PRINTERS	\$69.98
8/25/2015	10990	CA STATE DISPURSEMENT UNIT	\$231.50
8/25/2015	10991	NATIONWIDE RETIREMENT SOLUTION	\$2,273.08
8/27/2015	10992	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$1,662.80
8/27/2015	10993	OREGON STATE, DEPT OF HUMAN SERVICES	\$12,927.69
8/27/2015	10994	ADVANCED TECH SERV	\$19.00
8/27/2015	10995	COX, MARIA DEL PILAR	\$75.00
8/27/2015	10996	OFFICE MAX INCORPORATED	\$45.48
8/27/2015	10997	RICOH USA INC.	\$146.28
8/27/2015	10998	SMITH MEDICAL PARTNERS LLC	\$1,154.41
		TOTAL:	\$117,538.60

Payroll A/P Checks

NCPHD Board of Health authorizes check numbers 10948 through 10998 and payroll EFT numbers 153, 158, 163, 167, 172, 174-175, 177-179, 181-182, 184, 186 & 188 totalling \$117,538.60

Signed: _____
Commissioner Michael Smith, Chair

Date: _____

Pertussis 2015

Diary of an Outbreak

Pertussis

- Bordatella Pertussis is a highly contagious bacterial disease-also known as whooping cough
- The disease is characterized by spasms of severe coughing lasting 6-10 weeks
- In children less than a year old, either unimmunized or with incomplete immunization, the disease can be severe, life altering or fatal
- Half of children under one year of age who contract this disease will be hospitalized

Case Definitions

- **CONFIRMED:** positive lab result, cough lasting a minimum of 14 days, and Paroxysms of coughing, inspiratory whoop, or post tussive vomiting.
- **PRESUMPTIVE:** linked to a confirmed case and cough lasting at least two weeks, and paroxysms of coughing, inspiratory whoop, or post tussive vomiting
- **SUSPECT:** those with compatible illness but not linked to a case, positive culture but symptoms don't fit the case definition, infants linked to a case and a cough

So it begins....

- First report received 6/12
- Two calls to providers office for information
- Call to parent to discuss symptoms, contacts, risks, immunization status
- Communication begins with Public Health Division

And continues...

- Additional reports of cases received 6/18, 6/19 (2), 6/24, 6/25 (3)
- Many calls to providers for information
- Many calls to parents to discuss contacts, risks, exposures with particular attention to exposures to pregnant women and children under 1 year of age

Common Ground...

- Two cases with common NWCSD classrooms noted
- Telephone calls to NWCSD administrative offices to discuss communication with close contacts
- Letters drafted and translated for distribution by NWCSD to classroom contacts

Concurrent Outbreaks

- During the Pertussis outbreak, NCPHD staff were concurrently working to investigate and contain two additional outbreaks in Wasco County
 - An outbreak of diarrhea in 10 children in a daycare center reported 6/17
 - An outbreak of gastrointestinal illness affecting a large number of teens at an organizational camp reported 6/15

Public Information

- Public Service Announcements were crafted and shared with all local media for distribution
- Spanish language version sent for translation and distribution
- NWCSD distributed letters in Spanish and English to all classroom contacts of cases—as more cases were reported, more classrooms were affected

More information....

- One case had contact with unimmunized playmates in Washington State who were part of an outbreak.
- Although school was out, cases were active in The Dalles Little League
- Messages drafted for distribution by TDLL Board Chair after contact made.
- Letters distributed specifically to area health care providers to ask for heightened awareness of pertussis
- Communication initiated with neighboring County Health Departments

Cases Continue

- As of June 25, 9 cases were reported
- Outbreak declared in consultation with the Public Health Division June 25, 2015
- NCPHD Incident Command Structure set up to manage the event
- As of July 1, 16 cases were reported

Investigation

- All cases require calls to providers, parents or patients; discussion of symptoms, household and close contacts of cases and their risks
- Confirmation of immunization status of cases, household and close contacts either through personal report or accessing ALERT, the statewide electronic data base

Prevention

- Discussions were held with contacts and their providers regarding the need for antibiotic treatment to stop the spread of disease
- Conversations with parents about voluntary isolation of cases and when normal activities could be resumed

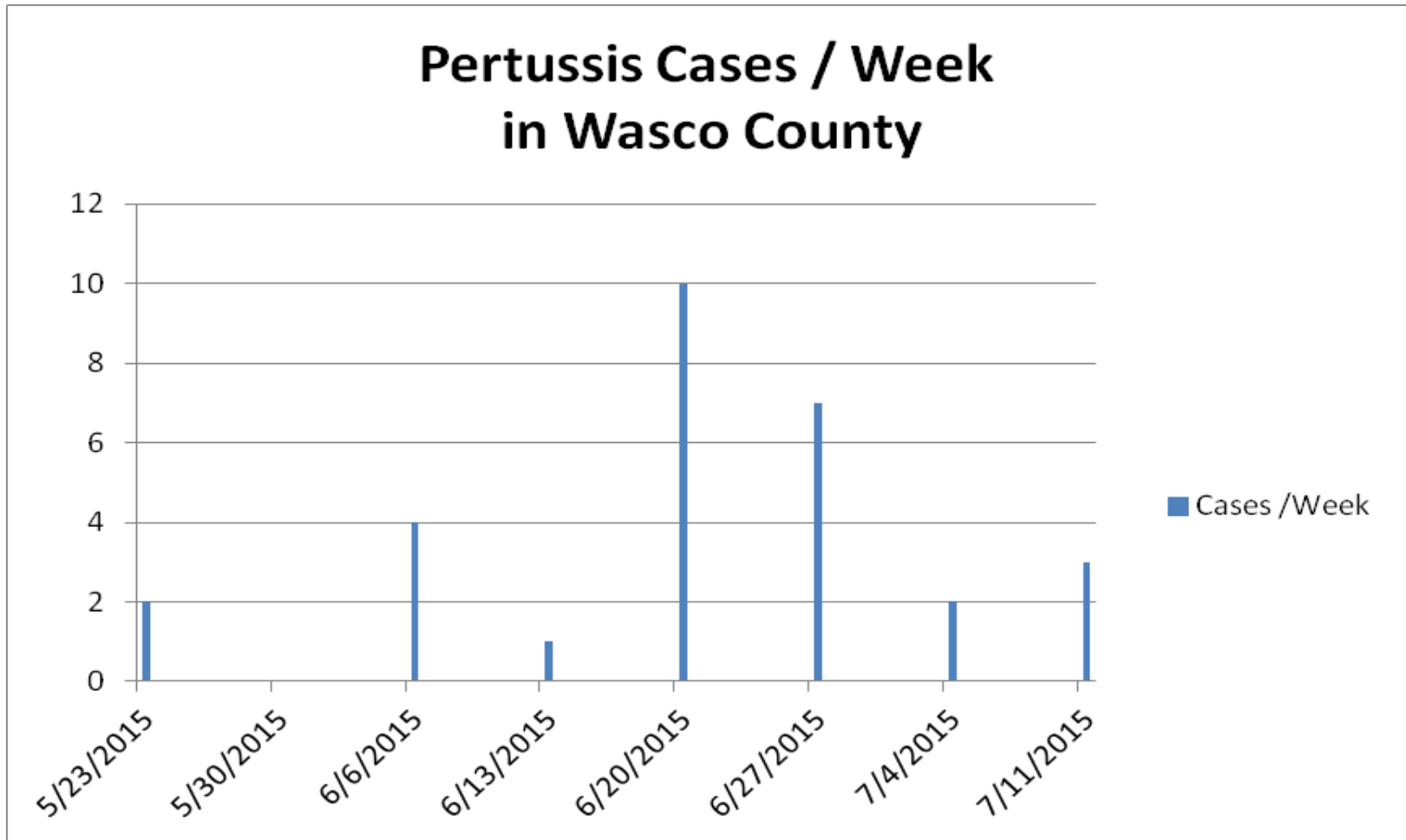
Prevention

- Ongoing discussions with Public Health Division Immunization Program regarding availability of vaccine
- Decision made to hold vaccination clinics
- Two clinics held: July 9 and 16
- 121 Vaccinations Given
- Area providers surveyed to determine if vaccine administration was increasing in clinics

Messaging

- PSA 6/19
- Info sharing to medical partners 6/29
- PSA 6/29
- 7/1 PSA Spanish
- 7/2 PSA for Tdap Clinic
- 7/6 PSA for Tdap Clinic Spanish
- 7/7 Tdap Clinic Flyer distributed to partners
- 7/13 Pertussis Article for The Dalles Chronicle
- 7/14 PSA Tdap Clinic #2 Spanish and English
- 8/20 PSA
- 8/25 PSA Spanish

Epicurve



In Summary...

- First two cases were fully immunized grade school children exposed to unimmunized cases in Washington State
- Most subsequent cases were fully immunized but a handful were not. Much of the transmission occurred in grade school classrooms
- 14 confirmed cases
- 4 Presumptive Cases
- 11 Suspect Cases

Staff Time...

- Approximately 347 Staff hours including CD Nurse, other staff nurses, PHEP Coordinator, Administrative staff, Nursing Supervisor, Director and Health Officers
- Approximately \$14,764.85

Funding

- State Support for Public Health
- Public Health Emergency Preparedness

Finally...

- Outbreak declared over August 20, 2015.