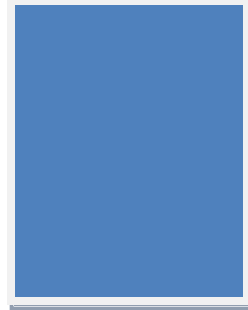


Public Health in our Community

North Central Public Health District



Teri Thalhofer, RN, BSN
Public Health Director

Annual Report
2015 / 16

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”

December 2016

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.

2015-16 was a challenging year for NCPHD as we faced funding reductions and reforms to the health care delivery system. NCPHD worked closely with community partners to protect the health of those most vulnerable in our communities. Thank you for taking the time to read this report to see where our efforts were concentrated.

Sincerely,



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



Alyssa Borders
EH Program Secretary
5 Years of Service



Cynthia Rojas
Program Secretary
6 Years of Service



Dianne Kerr, RN
Public Health Nurse
42 Years of Service



Eloise Mortimore
Public Health Nurse
7 Years of Service



Glenda Clark
Accountant
1 Year of Service



Gloria Perry
Executive Assistant
3 Years of Service



Grace Anderson, RN
Public Health Nurse
-1 Year of Service



Hayli Eiesland
TPEP Coordinator
-1 Year of Service



Jean Christmas
Office Specialist
-1 Year of Service



Jeremy Hawkins
CD Investigator
-1 Year of Service



Jessie Elias
Office Specialist II
3 Years of Service



John Zalaznik, REHS
EH Specialist
Supervisor
21 Years of Service



Kathi Hall
Finance Manager
22 Years of Service



Kevin Dworschak
EH Specialist
6 Years of Service



Lori Treichel, RN
Public Health Nurse
10 Years of Service



Lyn Richardson, RN
Public Health Nurse
1 Year of Service



Maria DePeña
Certified Community
Health Worker
23 Years of Service



Maricela Elias
WIC Certifier
8 Years of Service



Mayra Avila
WIC Certifier
4 Years of Service



Dr. Miriam McDonell
Health Officer
3 Years of Service



Nancy Hammel, RN
Public Health Nurse
7 Years of Service



Shellie Campbell
Clinical Programs
Supervisor
2 Years of Service



Tanya Wray
PHEP Coordinator
8 Years of Service



Teri Thalhofer, RN, BSN
Director
16 Years of Service



Yary Ruiz
Community Health
Worker
5 Years of Service

NCPHD Board Members

Commissioner Michael Smith, Chair (Sherman County)

Roger Whitley (Sherman County)

Linda Thompson (Sherman County)

Judge Steve Shaffer (Gilliam County)

David Anderson (Gilliam County)

Michael Takagi (Gilliam County)

Commissioner Scott Hege (Wasco County)

Fred Schubert, Vice-Chair (Wasco County)

William Hamilton (Wasco County)

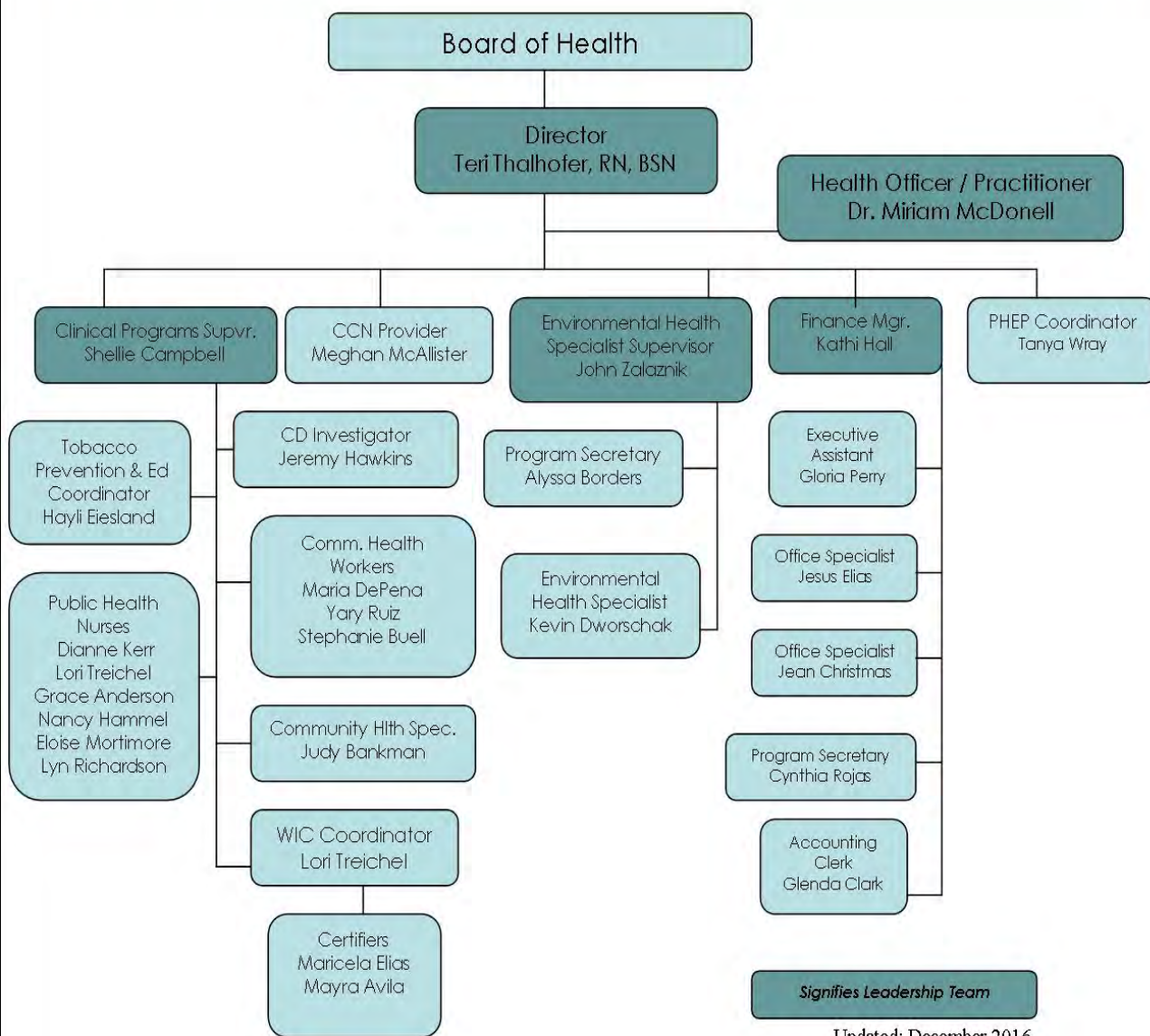


Public Health
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NORTH CENTRAL PUBLIC HEALTH DISTRICT

"Caring For Our Communities"

North Central Public Health District Organizational Chart



Updated: December 2016

Public Health in Wasco, Sherman, Gilliam Counties

Protecting Our Communities from Disease

- 444 inspections were done in restaurants, schools, RV parks, pools, spas and organizational camps
- 480 members of our communities were vaccinated against preventable disease
- 528 reportable diseases were investigated
- 3 outbreaks were contained

Working Toward Healthy, Prepared Communities

- The Public Health Emergency Preparedness Program (PHEP) Coordinator participated in the “Get Ready The Dalles event” to provide information to the community on preparing for a public health emergency. The PHEP program also combined efforts with the Health System Preparedness Program to coordinate and plan region wide efforts in the case of an emergency.
- The Tobacco Prevention and Education (TPEP) Coordinator, new to the position this fiscal year, worked with the City of Moro on tobacco and smoke free policy. The TPEP Coordinator continued to support area governments on their efforts to strengthen and expand tobacco free policies. She also worked with the Hood River Prevention Department to support tobacco cessation efforts and training with area health care providers to assess and refer patients desiring to quit tobacco. This effort directly support CCO efforts.

Working Toward Healthy Families

- 120 community members were connected to Oregon Health Plan. Pregnant women applying for OHP at NCPHD were also connected to prenatal care providers, dental providers, and offered home visiting supports.
- A monthly average of 950 clients received nutrition education and food vouchers through the Women, Infants and Children (WIC) program
- Home visiting Public Health Nurse and Community Health workers provided community based supports to pregnant women, children at risk of developmental delay, and children with special health care needs. NCPHD staff performed 711 home visits to provide education, parenting support, developmental screening, connection to services and case management

- 517 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.

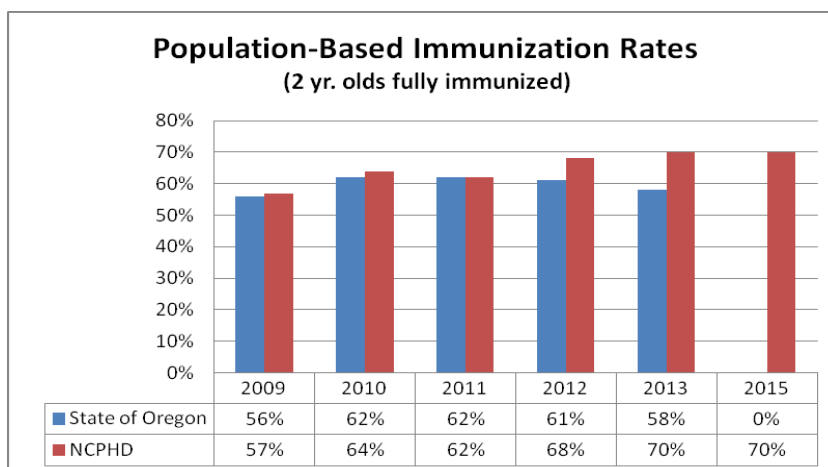
PUBLIC HEALTH RESPONSE: Vaccines are offered from birth through adulthood. These vaccines prevent disease from diphtheria, tetanus, pertussis, polio, chickenpox, shingles, measles, mumps, rubella, hepatitis A, hepatitis B, haemophilus influenza type b, pneumonia, influenza, human papillomavirus (which 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 521 vaccines to community members, a decrease of 89 vaccinations from last year.

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 2015-2016 fiscal year, 191 letters were mailed to families informing them of impending exclusion, an increase of 31 letters from the previous year. 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. Due to

reduced hours available to provide immunizations at NCPHD, staff reached out early to area primary care providers to plan for immunization exclusion. Area PCP offices increased walk-in hours for immunizations and proactively reached out to their client population to bring clients into the office for needed immunizations. Efforts were especially well received with partners at Mid-Columbia Outpatient Clinics and proactive planning is in place for the 2017 exclusion season.

COMMUNITY CLINICS: Immunizations were available Wednesday and Thursday from 1-5 at the NCPHD office in The Dalles throughout the 2015-2016 fiscal year. Through discussions with the Board of Health when deciding how funding reductions would be implemented, it was decided to reduce services that are offered by other area providers. NCPHD staff worked diligently with the participants in our home visiting and WIC programs encouraging them to seek immunizations through their primary care provider. Additional clinics were held twice at the Arlington Clinic. The NCPHD Immunization Program continued to work 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. This year the history of consultation was especially important as more of the burden of immunization provision was shifted to the primary care clinics.



2015 data not available from State

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 2015-2016 there were 3 Outbreaks of Communicable Disease in Wasco County. This represents a significant decrease in outbreaks. Some of this decrease may be due to strong outreach efforts by CD staff to provide technical support and education to area schools, medical providers and long term care facilities.
- 2015 brought concerns around Zika Virus to the US. Most alarming about Zika was the relatively mild illness that resulted in severe fetal birth defects. Initially the concern was for women who had traveled outside the US to South and Central America. Fairly quickly, Zika was found to be present in Florida and Texas in the US and transmission was documented. NCPHD staff worked closely with area prenatal care providers to provide screening for pregnant women who had traveled to affected areas.

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. Environmental Health staff conducted 51 more inspections this fiscal year than the prior year. These inspections are positive indicators of economic development in the region as more restaurants open for operation. 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".

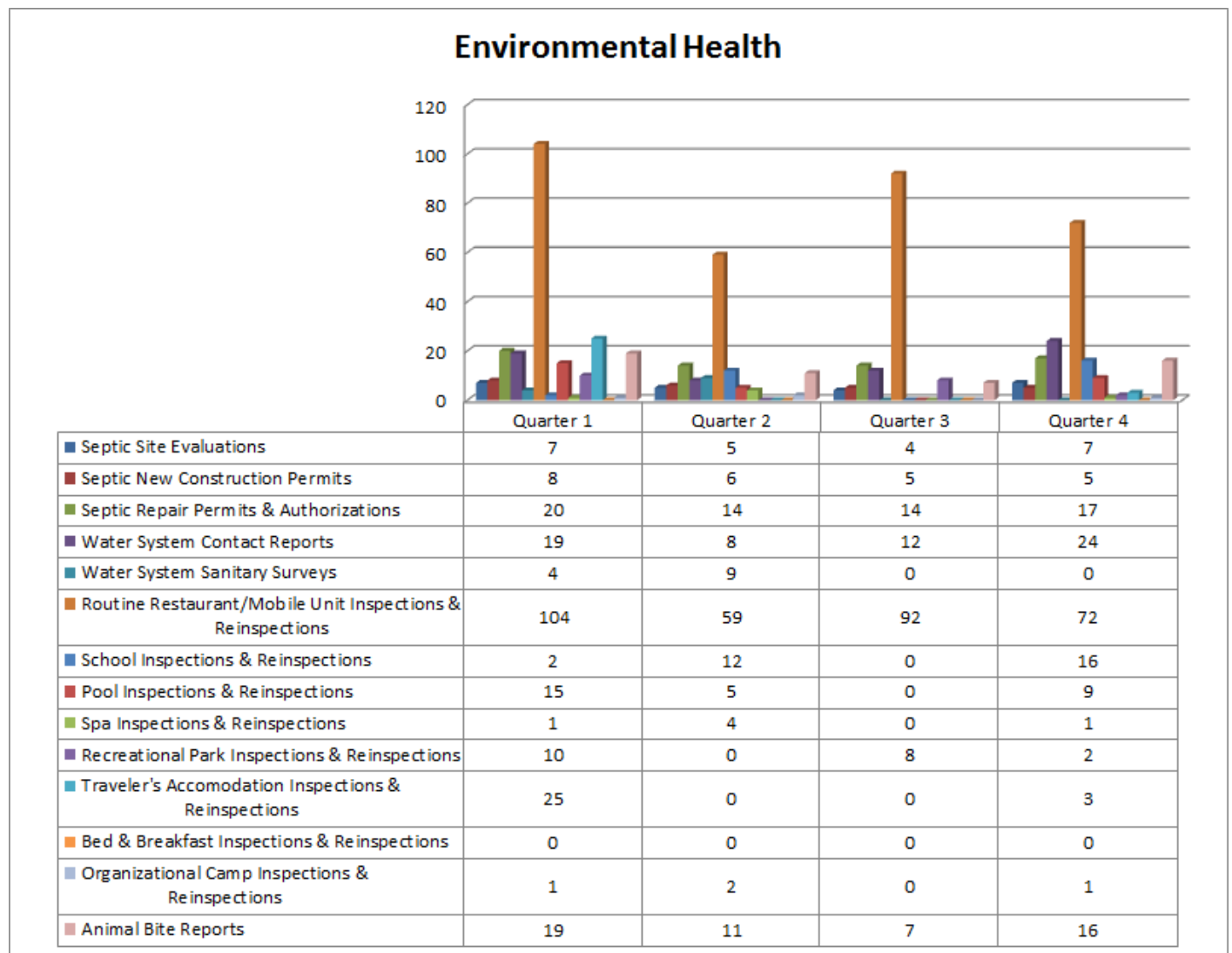
NCPHD has oversight over small public water systems in the District (serving 4 or more connections or <3000 users). Services in the drinking water program primarily help public water system operators sort through the maze of rules which help to assure the quality of the

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 worked with staff at the City of Mosier as their water system was compromised by a train derailment in June of 2016.

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 with local health systems partners to provide a Quarterly Hazard Awareness Project, including subjects such as Wildfire, HAZMATR, etc. Work done with partners last year to prepare for Ebola was critical to responding to Zika as the newest emerging disease.

ADDITIONAL PROGRAM HIGHLIGHTS

- PHEP staff worked closely with area first responders to respond to the Mosier Train Derailment on June 3, 2016
- Messaging and response to a Pertussis outbreak in August 2015
- Cascadia Rising Exercise planning and participation
- Secured a Homeland Security Grant to purchase a trailer, inflatable tend and first-aid supplies, as well as encouraging and financing MRC members to attend first-aid training. This effort adds community response capacity in case of a public health emergency.
- MRC activities also included securing a NACCHO grant for Step It Up! Students, a project of the MRC to encourage activity among school age children and the 3rd annual blanket drive
- Informative Public Service Announcements were shared with the community on topics such as Ticks, Extreme Heat, Air Quality, Flu Season, etc.
- Information sharing with medical partners on topics such as pertussis, shigella and Zika virus

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. 2015 data shows us that 8th graders in the region eat breakfast less often, drink less milk and are overweight at rates higher than their Oregon peers.

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

- Brought on a new TPEP Coordinator who worked diligently to become familiar with program requirements and continue relationships built by previous coordinators.
- Provided presentations to community groups and stakeholders about flavored tobacco products and E-cigarettes.

- Provided consultation to City of Moro, City of The Dalles, North Wasco County Parks and Recreation District and MCMC on strengthening current tobacco policies
- In conjunction with the Hood River Prevention Department, supported a grant funded effort through the Knight Cancer Institute to work with area primary care providers to assess and refer to cessation services those clients using tobacco products.
- Supported the MCH Team to implement 2A's and an R (an evidenced based intervention to ask about tobacco use, assess willingness to stop using tobacco, and referring to the Quit Line) for every encounter with family planning clients, WIC adult and teen clients and adults and teens encountered during homevisiting.

North Central Health District Tobacco Fact Sheet, 2014

Tobacco's toll in one year



4,200 Adults who regularly smoke cigarettes

1,485 People with a serious illness caused by tobacco



76
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 Health District

-  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
-  **The Tobacco Industry spent \$112 million a year promoting tobacco products in Oregon stores in 2012.**

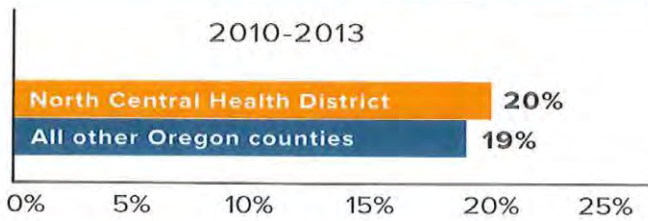
Components of a comprehensive tobacco prevention program



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:

- 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

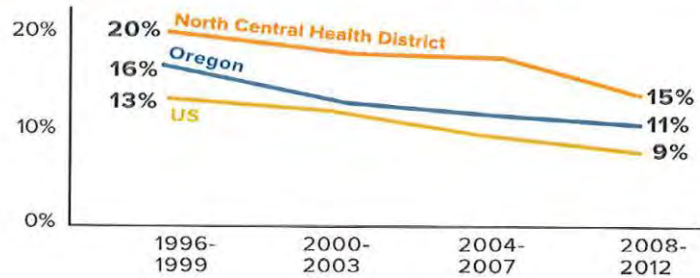
Adult cigarette smoking



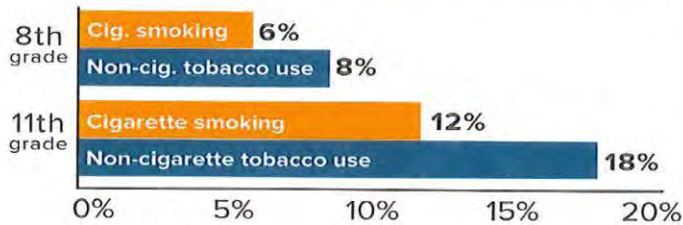
Cigarette smoking among adults in North Central Health District is similar to the rest of Oregon.

Cigarette smoking during pregnancy

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



Youth cigarette and non-cigarette tobacco use



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

Note: non-cigarette tobacco products include: cigars, pipe tobacco, hookah tobacco, chewing tobacco, dissolvable tobacco, and electronic cigarettes.



Want to know more or have questions about the burden of tobacco in your community?

Visit Smokefree Oregon to find out what you can do:
<http://smokefreeoregon.com/what-you-can-do/>

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:

Work with the Fit in Wasco Coalition has continued and efforts to support initiatives that will enhance child and family wellness continued. Especially exciting for The Dalles Community was the donation of land that has accelerated the Gorge Youth Center activity. Fundraising is currently in full swing.

Also very exciting this year was the creation of the Fit in Beverage (Currently known as Drink Fit) program that is the first of its kind in the nation. This program provides an incentive in the form of a reduced licensing fee to restaurants that implement per ounce pricing and eliminate free refills for sugar sweetened beverages. Table tents providing information on the program were distributed across the region. The program has been well received by area independent restaurants and has been supported by funding from Eastern Oregon Coordinated Care Organization.



Promoting Healthy Families

COMMUNITY NEED: Healthy families are a foundation for a healthy community. Society also benefits when children are intended, and 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 an 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

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 2015-2016 fiscal year, 517 men and women received services through the NCPHD Reproductive Health Clinic. This represented a decrease of 98 clients over the previous fiscal year. This decrease can likely be attributed to reduced clinic hours due to funding reductions. NCPHD staff worked with area providers to increase awareness of reproductive health services through primary care providers. Feedback was received from community members that the decrease in walk-in availability created a hard ship for more vulnerable members including teens and people of color.

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. This year NCPHD staff provided 711 visits to area families.

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 25 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.

This year the leadership team was faced with the challenge of implementing a significant budget reduction. Emphasis was on maintaining programs that were only offered by NCPHD and making reductions where services were offered elsewhere. There was also the decision to reduce our staffing level by 3.6 FTE. This objective was met through the layoff of 2 staff and through attrition with staff resignations and retirements. However, in March 2016 NCPHD received a one-time award of \$90,000.00 from the Columbia Gorge CCO. This enabled NCPHD to hire two positions with a total FTE of 1.6. The total net change for 2016 was -2.0 FTE.

Efforts toward national public health accreditation were slowed with decreased staffing capacity. To address our continuing desire for national accreditation, we requested inactive status from the Public Health Accreditation Board for a period of time to provide for the board and staff to plan to either withdraw from the process or in the case of increased staff capacity, continue toward accreditation.

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

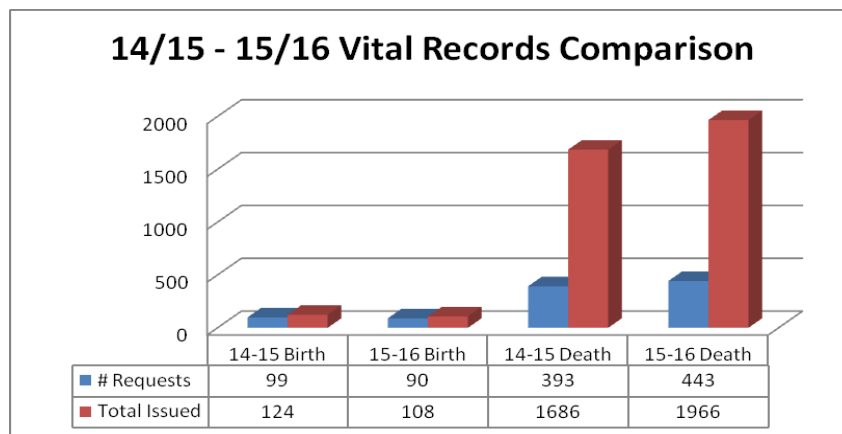
- Serving on state and local committees which make decisions on the distribution of millions of federal dollars throughout the state
- Grant writing to bring in additional program dollars
- Collaborating with community partners on application and implementation of grant funded projects
- Presentations 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 reviews all policies and protocols which are implemented under her authority. She provides consultation to nursing staff, medical providers and other community partners. Additional duties of Medical Examiner for Wasco and Sherman County were added to the Health Officer role this past year.

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.



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
- Oregon Public Health Advisory Board (representing Oregon's smallest Counties)
- Conference of Local Environmental Health Supervisors
- Health Officers Caucus
- Public Health Administrators of Oregon
- Conference of Local Health Officials
- CLHO Communicable Disease Committee
- CLHO Healthy Families Committee
- Regional PHEP Collaborative
- Regional Hospital Preparedness Program
- Wasco County Early Childhood 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 Dental Health Coalition
- 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
- HAVEN/NCPHD Safer Futures Leadership Team
- HPP Exercise Committee
- Get Ready The Dalles
- Region 6 ESF

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.*