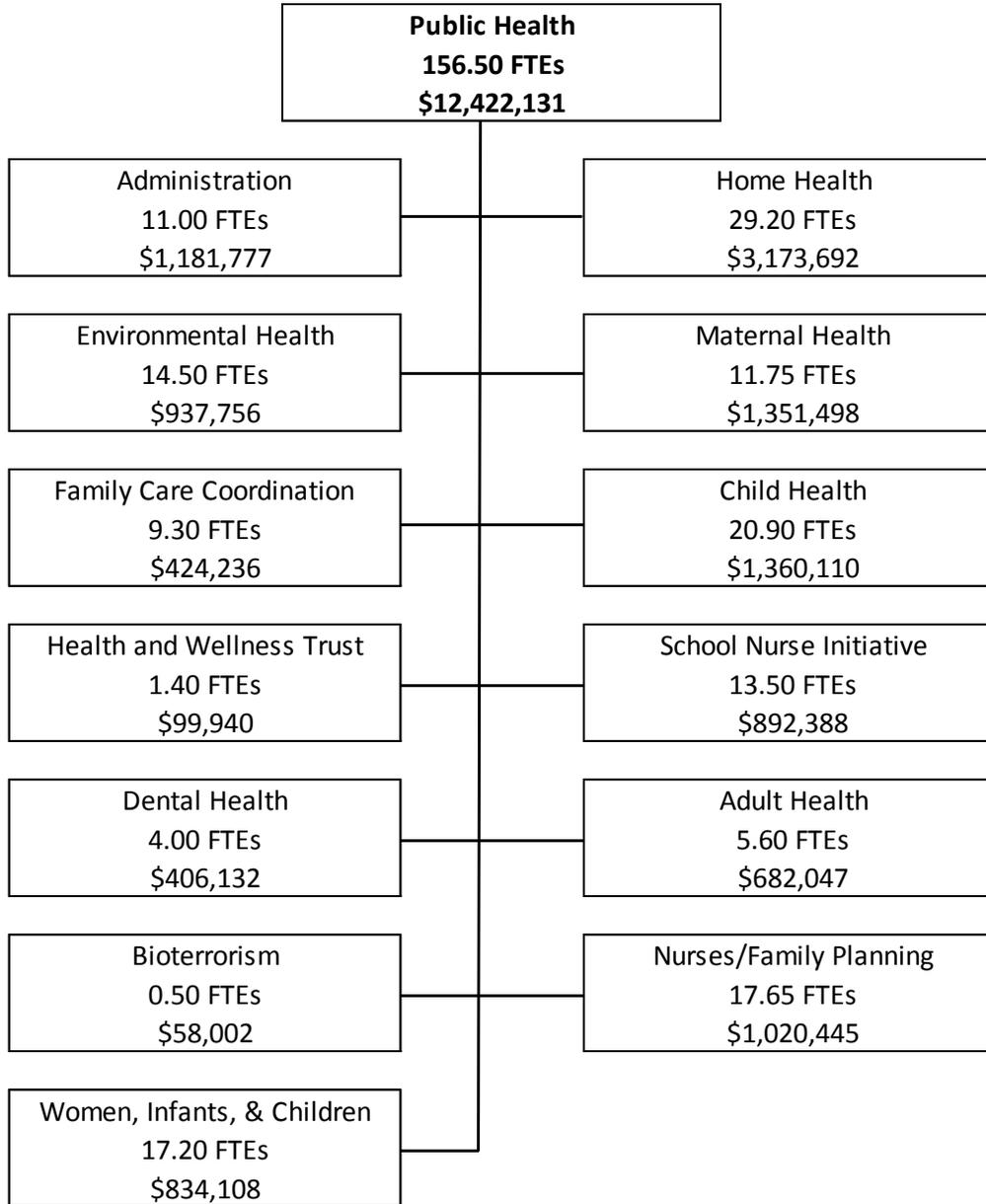


# Catawba County Government



# Public Health

Summary

	2009/10 Actual	2010/11 Current	2011/12 Requested	2011/12 Approved	Percent Change
<b>Revenues</b>					
Federal	\$261,709	\$64,163	\$58,023	\$58,023	-10%
State	1,167,244	1,188,234	1,213,361	1,213,303	2%
Federal & State	754,819	817,960	817,713	817,713	0%
Local	652,485	712,779	703,328	703,095	-1%
Charges & Fees	7,133,977	7,795,162	7,465,836	7,466,918	-4%
Miscellaneous	89,279	71,900	63,850	63,850	-11%
Special Contingency	0	275,000	275,000	275,000	0%
General Fund	1,909,237	1,880,707	1,932,494	1,824,229	-3%
<b>Total</b>	<b>\$11,968,750</b>	<b>\$12,805,905</b>	<b>\$12,529,605</b>	<b>\$12,422,131</b>	<b>-3%</b>
<b>Expenses</b>					
Personal Services	\$8,232,974	\$8,802,737	\$8,768,437	\$8,639,764	-2%
Supplies & Operations	3,696,051	3,728,168	3,486,168	3,507,367	-6%
Capital	39,725	0	0	0	0%
Special Contingency	0	275,000	275,000	275,000	0%
<b>Total</b>	<b>\$11,968,750</b>	<b>\$12,805,905</b>	<b>\$12,529,605</b>	<b>\$12,422,131</b>	<b>-3%</b>
<b>Expenses by Division</b>					
Administration	\$898,132	\$1,224,437	\$1,170,450	\$1,181,777	-3%
Home Health	2,792,321	3,116,913	3,194,889	3,173,692	2%
Environmental Health	963,157	1,003,558	996,081	937,756	-7%
Maternal Health	1,778,457	1,937,913	1,335,394	1,351,498	-30%
Family Care Coordination	0	0	424,652	424,236	0%
Child Health	1,270,552	1,296,908	1,366,382	1,360,110	5%
Adolescent Health	161,591	0	0	0	0%
Child Service Coordination	273,024	279,755	0	0	0%
Health & Wellness Trust	72,194	98,900	100,000	99,940	1%
School Health Assistants	21,778	0	0	0	0%
School Nurse Fund Initiative	152,318	164,721	167,590	167,515	2%
School Nurse	632,759	706,018	725,448	724,873	3%
Dental Health	400,646	426,181	406,542	406,132	-5%
Adult Health	566,609	598,456	662,437	682,047	14%
Bioterrorism	246,214	64,285	58,023	58,002	-10%
Nurse/Family Planning	984,550	1,067,884	1,086,653	1,020,445	-4%
WIC	754,448	819,976	835,064	834,108	2%
<b>Total</b>	<b>\$11,968,750</b>	<b>\$12,805,905</b>	<b>\$12,529,605</b>	<b>\$12,422,131</b>	<b>-3%</b>
<b>Employees</b>					
Permanent	154.90	160.10	156.50	156.50	-2%
Hourly	4.67	8.00	8.37	7.47	-7%
<b>Total</b>	<b>159.57</b>	<b>168.10</b>	<b>164.87</b>	<b>163.97</b>	<b>-2%</b>

## Budget Highlights

The Public Health Department's Fiscal Year 2011/12 budget is a 3 percent decrease over Fiscal Year 2010/11. This decrease is due primarily to changes in the Maternal Health division, combined with targeted County reductions. Significant decreases are described in more detail below:

- *Environmental Health*- While Environmental Health's workload is beginning to stabilize, it remains down from previous levels due to the decline in building and construction. Because of this, the department has eliminated a vacant Environmental Health Specialist position.
- *Maternal Health*- The Maternal Health program has experienced a steady decline of 32 percent in the number of deliveries coordinated through Public Health since Fiscal Year 2008/09. Countywide, the birthrate is also down approximately 6 percent. Because of these factors, the division expects to receive less revenue from Medicaid and fees. In addition to this decline, Maternity Care Coordination, previously considered a part of Maternal Health, was combined with Child Services Coordination to create a new "Family Care Coordination" program.
- *Dental Program*- This program's decreases came from reductions in State Smart Start revenue and expenses, as well as the shifting of administrative personnel to another division.
- *Bioterrorism*- This program may realize a decrease in the State bioterrorism grant funds in the upcoming year. They have therefore cut significantly the amount of educational materials they can purchase for the public, as well as their educational efforts with County employees.
- *Nurse/ Family Planning*- With private physicians accepting more Medicaid patients post pregnancy, revenues coming from patient fees and Medicaid reimbursements are decreased. In addition to this downturn, Public Health has frozen a nurse position within this program as a way to reach their 5 percent reduction target for County Share funding. Losing this position may cause a slightly longer wait time for clients, and/or increased usage of part-time help to address peak times.

In addition to these decreases in programs, Public Health has also experienced noteworthy increases in two programs, which are detailed below:

- *Adult Health*- Adult Health has experienced growth in Medicaid payments and fee revenue relating to an increased number of Medicaid clients. Additionally, an administrative position was moved to this division from Administration to better align with the duties of the position.
- *Child Health*- This division experienced an increase due to two office support positions coming to this division from Adolescent Health, since Public Health no longer directly offers this service but rather coordinates it through Catawba Pediatric Associates. Additionally, this division's budget now includes the contract costs associated with Catawba Pediatric Associates providing this service.

## ***Performance Measurement***

### ***Fiscal Year 2011/12***

For Fiscal Year 2011/12, Public Health has revised its outcomes to continue progress towards measuring the true effectiveness of programs. The department challenged itself to increase percentage based outcomes and has changed some measurements to benchmark its performance against State averages. New and modified outcomes focus on positive results due to Public Health programs, such as lower BMI in children, healthy birth weights and environments for babies, earlier access to medical care by pregnant mothers, and prevention of unwanted teenage pregnancy.

### ***Fiscal Year 2010/11***

As of mid-year, Public Health was on target to achieve almost all of its outcomes. During the fiscal year, the department successfully focused on implementing best practices, increasing access to health services for pregnant women, promoting health and well being in the three school systems, and increased service availability through collaborative partnerships.

One outcome Public Health is not on target to achieve relates to maintaining at least 97 percent of its State required base caseload active in the Women, Infants, and Children (WIC) program. Statewide, WIC participation has decreased by approximately 10,000 people, prompting widespread outreach to increase knowledge about WIC services.

### ***Fiscal Year 2009/10***

During the fiscal year, Public Health achieved the following:

- Six clinical areas completed electronic customer satisfaction surveys via utilization of Survey Monkey and achieved an average score of 95 percent of Satisfied/Highly Satisfied.
- One hundred percent (242/242) of all children enrolled in the Child Service Coordination Program (CSCP) were in compliance with all State immunizations within three months of case initiation.
- Ninety-eight percent of Environmental Health complaints were investigated within 48 hours.
- The percentage of women enrolled in WIC who initiated breastfeeding, increased from 55.3 percent to 65.1 percent. The Statewide average was 52.3 percent for 2007. (Most current data)
- One hundred percent (238 out of 238) of patients are age appropriately immunized per Advisory on Immunization Practices at the time of their complete physical exam. In addition, 31 patients were immunized during acute visits.
- Catawba County had an infant mortality rate of 6.4 deaths, which was well below the State rate of 8.2 in 2008. (Most current data)

## ADMINISTRATION

### Statement of Purpose

To manage and administer quality, cost effective, and customer driven public health programs and services to Catawba County residents.

### Outcomes

1. Catawba County Public Health (CCPH) will implement a Quality Improvement (QI) program to maximize impact of available CCPH resources and improve efficiencies by participating in Public Health Quality Improvement 101 (QI 101). The QI 101 program will train a core team through didactic and experiential learning. The team will put learned skills into practice by successful improvement of a public health service by September 2011. QI goals are as follows:
  - Decrease the average time required for an initial appointment from 129 minutes to 114 minutes and an annual appointment from 96 minutes to 86 minutes.
  - Increase the percentage of patients that are highly satisfied from 41 percent to 60 percent as indicated on our patient satisfaction survey.
  - Improve the percentage of staff that is very satisfied from 26 percent to 75 percent.
2. Catawba County Public Health will ensure programs, services, and staff meets the expectations of its internal and external customers by having 95 percent of surveyed customers report that they are “satisfied” or “highly satisfied” with Public Health services.

## **HOME HEALTH**

### **Statement of Purpose**

Catawba County Home Health Agency (HHA) is a community based non-profit agency serving residents in Catawba and surrounding counties. Home Health provides skilled nursing, physical therapy, speech therapy, and occupational therapy as well as home health aide and medical social work services to residents in their homes. The overall goal is to ensure that HHA clients in the Catawba Valley area will have access to and receive quality home health care regardless of their socioeconomic status.

### **Outcomes**

1. Seventy percent of HHA patients will remain in their home after an episode of home health care ends. (North Carolina average 67 percent; national average 68 percent.)
2. HHA will secure 25 percent of the home health market share in Catawba County. To be competitive and sustainable in the home health market, marketing strategies will be implemented to increase patient referrals by 50 patients annually. (2009/10 market share currently 24 percent.)
3. The percentage of patients who enter the hospital while a part of home health care will decrease from 23 percent to 22 percent by providing care according to Best Practice and Standards of Care. (North Carolina average 30.5 percent; national average 31.5 percent based on Home Health Compare Quality Measures.)

## ENVIRONMENTAL HEALTH

### Statement of Purpose

For the purpose of assuring a safe and healthful environment for the citizens of Catawba County with respect to permitted establishments, subsurface waste disposal, private well construction and protection, and North Carolina smoke-free laws in compliance with State requirements, the Environmental Health (EH) Division shall:

### Outcomes

1. Provide for the continued safety and health of Catawba County residents by providing food safety education and conducting inspections on 100 percent, an increase from 98 percent in Fiscal Year 2009/10, of permitted food service establishments such as restaurants, food stands, elderly nutrition, public schools, and colleges according to the requirements in 10A North Carolina Administrative Code (NCAC) 46 .0213. No regional or State data available for comparison.
2. Respond to 98.5 percent, an increase from 98 percent in Fiscal Year 2009/10, of complaints related to possible violations of North Carolina Environmental Health statutes and rules within 48 hours after receiving the complaint by providing technical assistance, consultation, remediation, or other enforcement methods to resolve violations. No regional or State data available for comparison.
3. Inspect a minimum of 100 percent, an increase from 98 percent in Fiscal Year 2009/10, of all onsite wastewater systems requiring Public Management Entity (PME) inspections as required and scheduled by the inspection frequencies defined in 15A NCAC 18A, .1961(j). No regional or State data available for comparison.
4. Complete within seven Environmental Health process days, 95 percent, an increase from 90.18 percent in Fiscal Year 2009/10, of all Environmental Health onsite well and septic permits, (including required field activities and documentation. No regional or State data available for comparison.
5. Encourage responsible environmental practices by Catawba County Government employees and decrease two percentage points the Catawba County Government carbon footprint by leading and partnering with County departments and/or community organizations to initiate and evaluate a model worthy program.

## PRENATAL

### Statement of Purpose

To provide comprehensive prenatal care and delivery services that will promote positive pregnancy outcomes utilizing a multi-disciplinary team including nurses, nurse practitioners, certified nurse midwives, OB/GYN physicians, Family Care Coordination (FCC) social workers, Pregnancy Care Manager (PCM), and Care Coordination for Children (CC4C), health educators, and nutritionists.

### Outcomes

1. Sixty-one percent (increased from 60 percent in 2009/10) of prenatal patients who receive care from Catawba County Public Health (CCPH) will enter into prenatal care within the first trimester. Research shows that early entry into prenatal care improves pregnancy outcomes by identifying and managing medical and social risk factors that cause poor birth outcomes such as preterm labor, gestational diabetes, tobacco use, substance abuse, family support issues, etc. (No State comparison data available.)
2. The percentage of low birth weight infants (low birth weight is less than 2,500 grams or 5lbs. 8oz.) born to CCPH patients will be 6.6 percent, which is a decrease from 6.7 percent in 2009. According to the State Center for Health Statistics (SCHS) 2005-2009 data, the North Carolina percentage of low birth weight infants was 9.1 percent; Catawba County percentage was 8.9 percent; and, CCPH prenatal patients percentage was 6.7 percent.
3. The infant mortality rate (infant deaths under one year per 1,000 live births) for the Catawba County African-American population will be 11.9. As per the SCHS 2005-09 data, this is a decrease from 12.0 in 2009. The North Carolina rate for the same period was 15.4. The infant mortality rate for Catawba County total population will be 7.4 deaths per 1,000 live births, which is a decrease from 7.5 in 2009 per SCHS 2005-2009 data. The North Carolina rate for the same period was 8.3.
4. In an effort to improve birth outcomes by preventing preterm deliveries and providing evidence-based, high quality maternity care, 80 percent of CCPH prenatal patients identified as at-risk for preterm delivery that initiate 17 P (Progesterone) will complete the prescribed treatment protocol. Studies of 17 P showed a 33 percent decrease in preterm in preterm births in women who have had a previous preterm birth. (New outcome – no local, regional or State comparison data available.)
5. To ensure that CCPH patients have a healthy recovery from pregnancy and continued access to wrap-around services such as WIC, Family Planning, and case management services after they deliver, 80 percent of CCPH prenatal patients will complete the postpartum clinical visit. This is a new outcome with no comparison data available.

6. One hundred percent of all FCC (PCM and CC4C) clients will understand the relationship between parent-child co-sleeping and SIDS-related deaths and agree to refrain from this practice by signing a memorandum of understanding (MOU) after FCC staff makes a home visit to complete a sleep environment assessment and provide parent/caregiver education. This is a new outcome with no comparison data available.

## **CHILD AND SCHOOL HEALTH**

### **Statement of Purpose**

Catawba County Public Health (CCPH) seeks to ensure that children ages 0-18 have access to preventive and acute health care. Routine health care promotes physical, social, and emotional growth of children through the early detection, treatment and referral of health problems, illness prevention, and anticipatory guidance.

### **Outcomes**

1. Increase access to a medical home by two percentage points to 80 percent for Medicaid recipients ages 0-18. (The Fiscal Year 2009/10 North Carolina access rate was 76 percent and CCPH was 78 percent). Research shows that access to a medical home helps assure positive health outcomes through timely and preventive acute health services.
2. Ninety-three percent of children receiving health care services at CCPH will be age appropriately immunized by 24 months of age. The Fiscal Year 2008/09 North Carolina average Health Department rate was 81 percent, and CCPH was 90 percent. Fiscal Year 2009/10 data available February 2010.

### **Early Childhood Support Team**

#### **Statement of Purpose**

The Early Childhood Support Team (ECST) nurse provides health promotion/health prevention to identified ECST Child Care Centers, the children enrolled, and their families as a member of a multi-agency, multi-disciplinary team, including health education for children, center staff and families, health consultation and staff development, dental screenings, assistance to families in locating and obtaining health resources, and identification and development of an individualized health plan for children with chronic illnesses.

#### **Outcomes**

3. One hundred percent of all children identified with chronic medical conditions will have a care plan in place coordinated by the ECST and elementary school nurse prior to the child entering kindergarten to ensure a seamless transition of the child's chronic disease management. Establishing a plan of care before kindergarten entry reduces the risk of exacerbations of the disease and ensures staff is aware and prepared for the special health needs of each child. This is a new outcome with no comparison data available.
4. Ninety percent of Family Child Care Homes (FCCH) will receive Immunization Audit training by the Child Health Care Consultant (CHCC) and submit the center State

Immunization Report on the required date resulting in a two percentage point increase in FCCH two year old immunization rates. This is an increase from 41 percent in Fiscal Year 2009/10 to 43 percent.

## **School Health**

### **Statement of Purpose**

The School Health Program provides school site, direct health services, health education, consultation for faculty and staff, and health promotion/prevention for staff and students to promote maximum physical, social, emotional, and educational growth of children.

### **Outcomes**

5. Seventy percent of students enrolled in the case management program will meet their individual goals in areas such as attendance, grades, class participation, behavior, etc. as evaluated by teacher(s) pre and post test survey.
6. A two point reduction in Body Mass Index (BMI) to 18.6 of fifth grade student measures will result from the coordination of community organizations to initiate and accomplish *Eat Smart Move More* programs targeted at Catawba County children such as the *Healthy Schools Recognition Program*. The 2010 average fifth grade BMI was 20.6.
7. Seventy percent of students with uncorrected 20/70 vision and above that receive vision care will have an increase in overall school performance as reported by the students' teacher(s). This will be based on pre and post treatment survey. This is a new outcome with no comparison data available.
8. Eighty percent of newly identified pregnant students known by the school nurse will begin prenatal care within the first trimester. Evidence shows that early entry into prenatal care improves pregnancy outcomes. This is a new outcome with no comparison data available.

## **DENTAL**

### **Statement of Purpose**

To improve the overall dental health of Catawba County children and increase the community's "dental IQ." Income eligible Catawba County children will have access to comprehensive, preventive, and treatment dental services through Catawba County Public Health (CCPH) Dental Practice.

### **Outcomes**

1. The CCPH Dental Practice facility will be expanded to double the current patient service capacity from three to six operatories and serve one-third more patients (from 1,068 to 1,388) as well as provide the space and equipment required to maintain Dental Practice Care Standards, such as panoramic x-rays and improve service delivery to patients and families through confidential treatment and consultation rooms).
2. The CCPH Dental Practice will offer a dental home for 100 percent of at-risk young children participating in Catawba County Schools Early Head Start (approximately 80 children).
3. Untreated dental decay for kindergarten students will decrease to 13 percent from 14 percent in Fiscal Year 2008/09 as compared to the State average of 17 percent. The percentage of fifth grade students with sealants will increase to 64 percent from 62 percent in Fiscal Year 2008/09 as compared to the State average 44 percent as a result of dental education, screening, and dental services secured by the CCPH School Nurse Team and North Carolina Oral Health Division Dental Hygienist.

## COMMUNITY AND ADULT HEALTH

### Statement of Purpose

Catawba County Public Health (CCPH) Adult Health Programs provide patients with screening exams for early detection of breast, cervical, and communicable diseases, provide methods and strategies for the prevention of unplanned pregnancy and diseases, and focus on the promotion of health and wellness through education on healthier lifestyle choices.

### Outcomes

1. Utilizing the best practice model of “open access” scheduling, Adult Preventive Health Clinic will maintain a patient show rate of 84 percent, an increase from 83 percent in Fiscal Year 2009/10. No State or regional data available for comparison.
2. Ninety-seven percent of women, an increase from 96 percent in Fiscal Year 2009/10, screened for breast cancer in Adult Health Clinic who are referred to outside providers for evaluation and/or treatment of abnormal breast findings will follow through with obtaining care. No State or regional data available for comparison.
3. In an effort to reduce the spread of sexually transmitted diseases in Catawba County, 96 percent, an increase from 95 percent in Fiscal Year 2009/10, of Adult Health Clinic patients diagnosed with a sexually transmitted disease will receive treatment within two weeks of diagnosis. No State or regional data available for comparison.
4. Seventy percent of all persons (non-contacts) who begin treatment for latent Tuberculosis infection will complete treatment. North Carolina Communicable Disease Section requires 65 percent treatment completion. The CCPH Fiscal Year 2009/10 rate was 65 percent, and the CCPH mid-year rate for Fiscal Year 2010/11 was 66 percent.
5. Catawba County Health Partners, Inc. (CCHP) will ensure progress toward the long-term goal for each health priority as stated below. Annual action plans for each committee will be updated and submitted prior to July 1, 2011.
  - a. Alcohol and Substance Abuse Prevention (ASAP) of Catawba County: By June 2012, reduce the non-compliance rate of Hickory merchants selling alcohol to minors from 20 percent to 15 percent as measured by The Division of Alcohol Law Enforcement in North Carolina (ALE) compliance checks.\*

*\* ASAP members/volunteers, in accordance with ALE officers, perform periodic compliance checks with Hickory merchants by having very young looking 21 year olds attempt to purchase alcohol to see if they are asked to show ID. Records are kept and merchants not in compliance are notified.*

- b. Cancer Task Force: Increase prostate cancer screening and advocacy among minority men over 40 and colorectal cancer for all populations over 50 by 30 percent every year through 2012.
- c. Eat Smart, Move More (ESMM) Catawba County: By 2012, decrease the number of overweight or obese children in Catawba County ages 2-18 by 2.5 percent (from 40 percent to 37.5 percent) through behavioral, environmental and policy change.\*

*\*When this effort began in 2008 the State average for overweight or obese children was 33.9 percent and Catawba County was 40 percent. In 2010, the State average was 34.2 percent and Catawba County was 38.19 percent.*

## **BIOTERRORISM PREPAREDNESS AND RESPONSE**

### **Statement of Purpose**

Ensure Catawba County Public Health (CCPH) is prepared to prevent, mitigate, and/or respond to disease outbreaks and biological threats to our community.

### **Outcomes**

1. Catawba County Public Health staff will be prepared and ready to respond to Public Health threats by participating in annual preparedness training and demonstrating a 90 percent competency score. This is a new outcome with no comparison data available.
2. Catawba County Public Health will demonstrate the capability to receive, store, and distribute the Strategic National Stockpile (SNS) by achieving a score of 88 percent on the annual local Public Health SNS Plan review, benchmarked to Centers for Disease Control and Prevention (CDC) standards. The 2010 State average was 52.5 percent; the 2010 Region 7 average was 82.6 percent; and, the 2010 CCPH score 86 percent.

## **WOMEN, INFANTS, AND CHILDREN (WIC)**

### **Statement of Purpose**

To provide nutrition education and supplemental foods to eligible women, infants, and children (WIC) of Catawba County. State data proves that WIC lowers infant mortality by 25 to 66 percent among Medicaid beneficiaries who participated in WIC as compared to Medicaid beneficiaries who did not participate in WIC and saves public health dollars in North Carolina. Every WIC dollar spent on a pregnant woman saves \$3.13 in Medicaid cost during the first 60 days of an infant's life.

### **Outcomes**

1. To maximize the growth and development of infants and children through improved nutritional status, the WIC Program will maintain participant caseload at a minimum of 97 percent of the State WIC program assigned base caseload and serve 90 percent of the Catawba County population at risk (PAR). No State comparison data is available.
2. Sixty-seven percent of women enrolled in WIC will initiate breastfeeding to expose the mother and newborn to the many health benefits linked by research to breastfeeding. Current data (2008) shows that 65 percent of WIC participants initiate breastfeeding. The State average is 55 percent, and the State goal for North Carolina counties is 75 percent.
3. Twenty-seven percent of pregnant women served by the WIC program will receive program services during the first trimester of pregnancy. WIC participation decreases the incidence of low birth weight infants by 3.3 percent and decreases preterm labor by 3.5 percent. Current data (2008) shows that 25 percent of WIC participants are served in their first trimester. The State average is 29 percent.