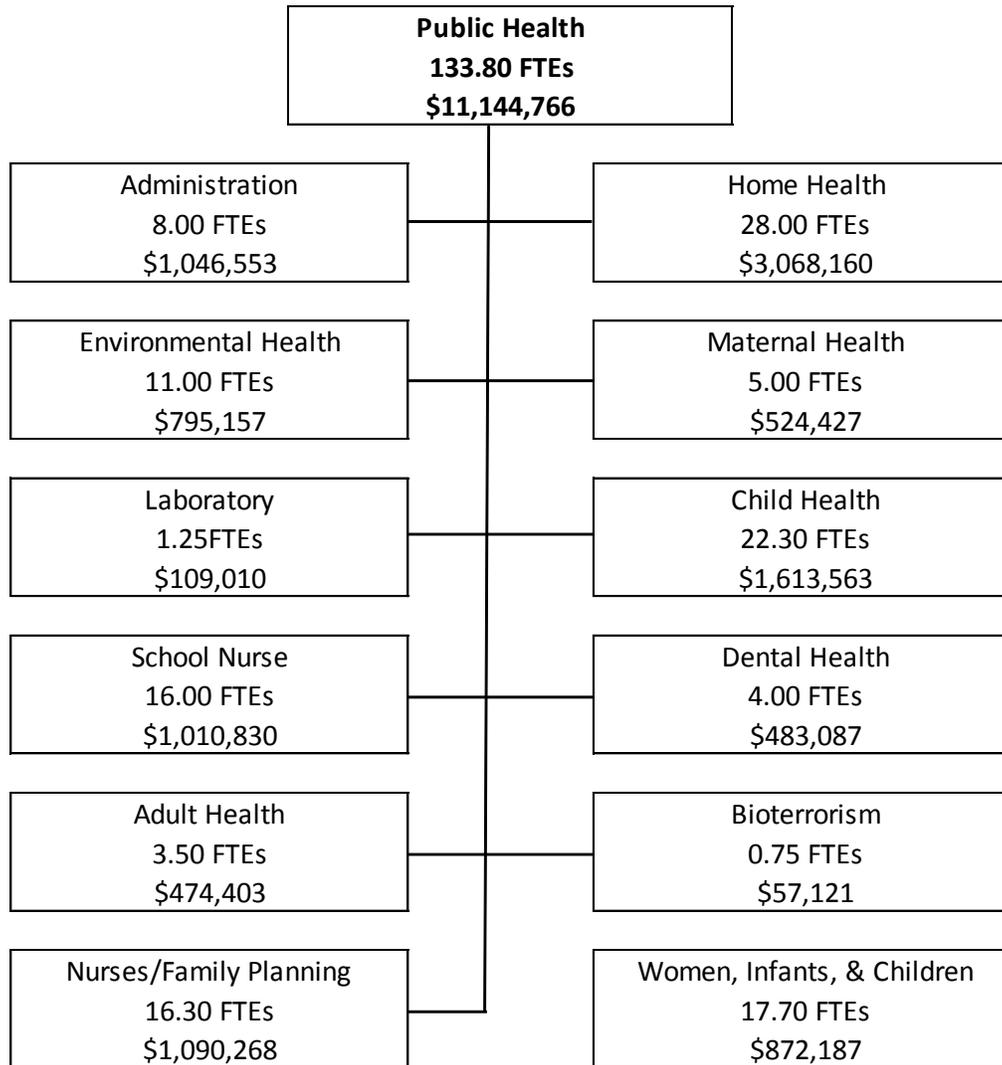


Catawba County Government



Public Health

Organizations: 580050 - 580550

	2011/12 Actual	2012/13 Current	2013/14 Requested	2013/14 Approved	Percent Change
Revenues					
Federal	\$46,678	\$47,228	\$56,936	\$57,121	21%
State	1,070,344	1,004,912	1,112,918	1,116,342	11%
Federal & State	1,276,005	1,521,549	1,645,776	1,640,510	8%
Local	703,086	777,995	842,840	853,444	10%
Charges & Fees	6,037,646	6,365,387	5,153,597	5,179,954	-19%
Miscellaneous	87,451	83,319	114,689	134,689	62%
Special Contingency	0	275,000	275,000	275,000	0%
General Fund	2,435,430	1,844,801	1,872,440	1,887,706	2%
Total	\$11,656,640	\$11,920,191	\$11,074,196	\$11,144,766	-7%
Expenses					
Personal Services	\$8,348,405	\$8,677,583	\$8,217,225	\$8,280,433	-5%
Supplies & Operations	3,291,335	2,967,608	2,581,971	2,589,333	-13%
Capital	16,900	0	0	0	0%
Special Contingency	0	275,000	275,000	275,000	0%
Total	\$11,656,640	\$11,920,191	\$11,074,196	\$11,144,766	-7%
Expenses by Division					
Administration	\$902,899	\$1,195,184	\$1,086,459	\$1,046,553	-12%
Home Health	2,961,331	3,260,060	3,050,943	3,068,160	-6%
Environmental Health	850,642	921,753	789,541	795,157	-14%
Family Care Coordination	520,463	0	0	0	
Maternal Health	1,185,110	578,133	606,076	524,427	-9%
Laboratory	0	174,474	108,697	109,010	-38%
Child Health	1,283,330	1,664,786	1,443,816	1,613,563	-3%
Health & Wellness Trust	98,164	0	0	0	0%
School Nurse	875,290	905,875	940,096	1,010,830	12%
Dental Health	501,715	496,202	471,777	483,087	-3%
Adult Health	658,143	687,599	480,017	474,403	-31%
Bioterrorism	42,323	47,228	56,936	57,121	21%
ABCD Grant	0	0	0	0	0%
Nurse/Family Planning	1,018,858	1,162,245	1,172,335	1,090,268	-6%
WIC	758,372	826,652	867,503	872,187	6%
Total	\$11,656,640	\$11,920,191	\$11,074,196	\$11,144,766	-7%
Employees					
Permanent	155.50	155.70	134.80	133.80	-14%
Hourly	7.47	9.64	4.62	4.62	-52%

Budget Highlights

Public Health's recommended Fiscal Year 2013/14 budget of \$11,144,766 is a decrease of seven percent (-\$775,425) from their Fiscal Year 2012/13 budget. County share funding for the department is \$1,887,706, a two percent increase from the previous year. This places the recommended County portion of Public Health's budget at 17 percent. This percentage is a one percentage point increase from Fiscal Year 2012/13.

Public Health projects \$1.12 million less revenue in Fiscal Year 2013/14 from: Home Health (\$887,933) and Cost Settlement (\$223,940). Home Health revenue loss is attributed to both a Medicaid and Medicare reimbursement change that occurred in 2012 and a change in payer mix for the clients served. A decrease in the number of high reimbursable visits combined with an increase in the number of low reimbursable visits and a more competitive home health market has led to an overall decrease in Home Health revenue. In the past, Home Health's payer mix was balanced in a manner that benefitted the program, and Public Health as a whole by providing funding for programs like Adult Health, Environmental Health, and Child Health.

Another issue driving Public Health's decreasing revenue is a decrease in Cost Settlement dollars. The State, for the last 15 years, has provided Health Departments a cost settlement payment to cover the difference between the Medicaid State average cost of a service and the Health Department's cost to provide the service. The new formula resulted in Catawba County Public Health receiving approximately 39 percent less funding. The State developed the new formula at the Federal government's request. Whereas the old formula rewarded Public Health's efficiency (as described in the example above), the new formula is designed to be a disincentive for that efficiency.

In response to revenue losses, Public Health will eliminate 23 positions (14 of which are vacant) and reduce hours of 7 additional positions. The revenue loss and the reduction in force will directly impact Catawba County citizens in the following manner:

- Citizens needing services and treatment for Family Planning, Sexually Transmitted Diseases, and Breast and Cervical Cancer exams will have to wait 4-5 days for an appointment versus the current 1-2 days.
- Intermittent reductions in Adult Health clinic hours (4-8 hours per week and 40-50 less available appointments per week) will result in longer patient wait times.
- Adult/Child Immunizations and Flu vaccinations will decrease from daily to 2-3 days per week with no provision for "walk-in" flu vaccinations during flu season.
- Days for permit completions will increase from 98 percent within 7 processing days to 95 percent within 10 processing days.
- Decrease in flexibility to schedule appointments and increase in clinic time from 30 minutes to 1 hour may be experienced by patients requesting interpreter services

Performance Measurement

Fiscal Year 2013/14

Public Health outcomes for Fiscal Year 2013/14 continue to focus on providing quality health services, serving target populations, and exceeding national and State benchmarks. Quality improvement is a major departmental goal. Adult Health will employ a scheduling program (Fast Track Clinic) that will facilitate prompt and efficient service. The Fast Track Clinic is designed to expedite the visit of those patients needing an uncomplicated follow-up service such as Depo-Provera injections, birth control pill refills, and STD treatment. Dental care for children continues to be a priority. Dental Health seeks to improve school aged children's access to dental care. Obesity in school aged children remains a concern. The department with its staff of nurses will continue to promote overall health and reduce childhood obesity. Other outcomes of note are:

- 90 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.
- 95 percent of children on the Care Coordination for Children caseload (birth to age 5 Medicaid children) that have a hospital admission, emergency room visit, or hospital readmission will be contacted within 72 hours of discharge for follow-up and care management.
- 90 percent of Catawba County Public Health employees will respond to quarterly call-down drills (per the department's agreement addenda) within four hours to demonstrate and ensure a Public Health ready-to-respond workforce. A call-down drill is performed to ensure that the Public Health workforce is ready and available to respond to a public health (natural and/or man-made) emergency. The drill is administered by the Preparedness Coordinator (PC). The PC uses Emergency Management's reverse call down system, Code Red, to automatically call all public health employees. Public Health employees will receive an automated message requesting that they respond by email or calling their availability. Ninety percent of the workforce must respond within four hours. This is the first year for this outcome.
- 70 percent of all persons identified with latent Tuberculosis will complete the recommended treatment (generally a six to nine month medication regimen).

Fiscal Year 2012/13

At mid-year, Public Health was on target to achieve or had already achieved 37 of its 39 outcomes. The two outcomes that Public Health either failed to meet or was not on target to achieve were in Environmental Health and Dental Health. The Environmental Health outcome sought to respond to 100 percent of complaints within 48 hours. As of December 31st,

Environmental Health had received 87 complaints and responded to 86 within 48 hours for a compliance rate of 98.9 percent. The Dental Health outcome sought to improve access to dental services for low income children by increasing new patients by 30 percent (548 new enrollees). Through December Dental Health had enrolled 247 new patients (only 45 percent of target).

Public Health expanded a Quality Improvement (QI) program that maximized the department's resources and improved efficiencies. Maternal Health ensured that patients had a healthy recovery from pregnancy by having 87 percent of pregnant women complete their six week postpartum visit. This was a primary function of Public Health's Pregnancy Care Management program. Child Health increased access to a medical home for 91 percent of Medicaid recipients ages 0-18. Adult Health's "open access" scheduling resulted in a patient show rate of 81 percent, which was on target to meet its outcome 84 percent show rate.

Fiscal Year 2011/12

Public Health achieved 76 percent (28 of 37) of its outcomes. The department successfully implemented a Quality Improvement program to maximize impact and to improve efficiencies. The QI program was implemented in the Women's Preventive Health Clinic, resulting in decreased average time required for an initial appointment, an increase in patient satisfaction, and an improvement in staff satisfaction. Customer Service quality was a department wide goal. Staff ensured that 99 percent of internal and external surveyed customers were "satisfied" or "very satisfied", better than the department's goal of 95 percent. Other successes include:

- Home Health exceeded its goal of having 70 percent of patients remain in their home after an episode of home health care ends. After a mid-year adjustment the goal increased to 85 percent, which the office successfully met.
- During Fiscal Year 2011/12, Environmental Health conducted 2,466 inspections at 1,004 permitted establishments and presented 20 food service education and training sessions with 236 participants attending.
- Child Health ensured that 94 percent of children receiving health care services at Public Health were appropriately immunized by 24 months of age.
- The Bioterrorism unit ensured that Public Health staff was sufficiently trained to respond to public health threats by completing a FEMA designed and a locally designed training. The unit also demonstrated the capability to receive, store, and distribute the Strategic National Stockpile (SNS) by achieving a score of 99.4 percent on a SNS plan evaluation.
- WIC averaged 4,268 participants per month, maximizing the growth and development of infants and children through improved nutritional status. This number is a 297 increase from the current 3,971 assigned caseload.

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 identify and successfully complete two Quality Improvement (QI) projects to maximize the impact of available CCPH resources and improve efficiencies by utilizing skills learned in Public Health Quality Improvement 101 and QI Advisor program.
2. Catawba County Public Health will ensure programs, services, and staff meets the expectations of its internal and external customers by having 90 percent of surveyed customers report that they are “satisfied” or “highly satisfied” with Public Health services.
3. Catawba County Public Health will be recognized as a high quality, high performing public health organization by achieving (repeating) North Carolina Public Health Accreditation designation by December 31, 2013.

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 socio-economic status.

Outcomes

1. To provide quality healthcare that is an effective alternative to costly extended inpatient care, 88 percent of all Catawba County Home Health patients will remain in their place of residence after an episode of Home Health Care ends. Data from 2012 indicates that 87.13 percent of patients discharged from our agency remained in their residence after an episode of care.
2. To achieve long term sustainability in the dynamic home health care industry, the HHA marketing plan will be expanded to achieve a patient referral goal of 1530 for FY2013/14. (In FY2010/11, there were 1,325 referrals received; in FY2011/12, there were 1,394 patient referrals received.)
3. To ensure patients receive a timely and seamless transition to home care, Catawba County Home Health will initiate physician ordered services for 95 percent of patients within 48 hours of receiving the referral. (Federal FY2011/12 averages were National – 91 percent; NC – 91 percent; surrounding market – 90 percent; and CCHHA – 97 percent.)

ENVIRONMENTAL HEALTH

Statement of Purpose

To assure 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.

Outcomes

1. Provide for the continued safety and health of Catawba County residents by conducting inspections on 100 percent of permitted food service establishments and lodging establishments that are scheduled for an inspection. (FY2009/10 Statewide inspection rates: 50 percent of all counties in North Carolina achieved 100 percent; 63 percent of counties comparable to Catawba achieved 100 percent. FY2010/11 inspection rates delayed due to change to new Food Code - will update when available.)
2. To maintain a high level of responsiveness, Environmental Health will respond to 90 percent 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. (FY2011/12 response rate was 98.31 percent. No State or regional data available for comparison.)
3. To assure consistent application of Environmental Health rules and established best practices, Environmental Health staff will achieve an average Quality Improvement Program (QIP) evaluation score of 90 percent. The QIP evaluation identifies critical rule interpretation, application, and decision making items that are evaluated for adherence with established best practices and program standards.
4. To provide excellent customer service, Environmental Health will complete 95 percent of all onsite well and septic permits within ten Environmental Health process days. (FY2011/12 rate was 99.65 percent. No State or regional data available for comparison)

PRENATAL

Statement of Purpose

Catawba County Public Health (CCPH) aspires to ensure the highest quality and most efficient prenatal services to pregnant women by assuring early access to prenatal and postpartum medical care and support services through the Pregnancy Care Management (PCM) Program that aims to maximize healthy birth outcomes. CCPH, in partnership with Catawba Valley Medical Center (CVMC), assures comprehensive prenatal care is available to all pregnant women in Catawba County.

Outcomes

1. To improve birth outcomes, 50 percent of Catawba County residents that receive prenatal care from Catawba Valley Maternity Services, a partnership with Catawba County Public Health, will initiate care in their first trimester of pregnancy and 90 percent will continue care throughout their pregnancy. 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. (In Fiscal Year 2010/11, 63 percent of CCPH patients entered into care in their first trimester; in Fiscal Year 2011/12, 51 percent of CCPH patients entered into care in their first trimester.)
2. All women identified as eligible will be offered Pregnancy Care Management services and 95 percent will be enrolled and receive PCM services through a CCPH Care Manager. The PCM program is a partnership between NC Public Health, Community Care of North Carolina, and NC Medical Assistance that promotes healthy mothers and healthy babies. This program provides care management services for high risk women during pregnancy and for two months after delivery by a social worker or nurse. No State comparison data is available.
3. CCPH will ensure that patients have continued access to safety net services (e.g. WIC, Family Planning, and care management) after delivery by having 85 percent of pregnant women residing in Catawba County that are receiving care management services through the Pregnancy Care Management program complete their six week postpartum visit. (In FY2011/12, 83 percent of CCPH prenatal patients completed the six week postpartum visit. No State comparison data is available.)

CHILDREN'S SERVICES

Child 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. Through partnerships with local physicians and pediatricians, CCPH will assure Catawba County has the capacity for all children to receive healthcare by increasing access to a medical home for Medicaid recipients ages birth through eighteen to 92 percent. According to research, this will assure positive health outcomes through timely and preventive acute health services. (Fiscal Year 2011/12 North Carolina access rate was 91 percent; Catawba County access rate was also 91 percent.)
2. In order to continue preventing childhood diseases, 78 percent of all children residing in Catawba County will be age appropriately immunized by 24 months of age. (The FY2010/11 NC Immunization Assessment rate for Catawba County was 77 percent; that same rate for FY2011/12 was 77 percent.)

Care Coordination for Children (CC4C)

Statement of Purpose

Catawba County Public Health seeks to ensure care management services are provided for all Medicaid children birth to five years of age that are determined to be high-risk and qualify for services. The Care Coordination for Children (CC4C) program, in partnership with Community Care Networks, implements community based interventions for children to maximize health outcomes. Priority risk factors include children with special health care needs, having or at increased risk for chronic physical, behavioral or emotional conditions, exposed to toxic stress in early childhood including extreme poverty in conjunction with continuous family chaos, recurrent physical or emotional abuse, chronic neglect, severe enduring maternal depression, persistent parental substance abuse, repeated exposure to violence within the community or family, those in the foster care system, or those who are high cost/high users of service.

Outcomes

3. To ensure that specialized medical care and health risk monitoring by a physician continues after an infant is discharged from the Neonatal Intensive Care Unit (NICU), all Medicaid eligible NICU graduates will be offered CC4C and 90 percent will establish care with a medical home within 30 days of discharge from NICU.
4. To assure healthy growth and development through the receipt of continuous primary health care, 95 percent of all children ages birth to five years who are referred for and receive CC4C case management services for special health care needs and foster care will establish care with a medical home.
5. To increase the likelihood that a child will experience positive developmental outcomes, 95 percent of Medicaid eligible infants less than 1 year of age exhibiting signs of developmental delay, will be referred by the CC4C case manager to the Early Intervention program for evaluation; and once evaluated, 50% of children will be identified to receive intervention services. The CC4C program encourages case managers, physicians, and parents to “refer” children for evaluation instead of a “wait and see” approach. Research shows the early intervention is associated with improved developmental outcomes. (No baseline data. Measured by tracking name and date of infants less than 1 year of age referred to Children’s Developmental Services Agency (CDSA); date appointment scheduled; date appointment kept with CDSA; and number of children identified to receive intervention services.)
6. To ensure appropriate use of a medical home, 95 percent of children on the CC4C caseload (birth to age 5 Medicaid children) that have a hospital admission, emergency room visit, or hospital readmission will be contacted within 72 hours of discharge for follow-up and care management. This timely follow-up will allow Public Health to identify the reason(s) for the visits/admissions and create a plan that will transition the family from unnecessary and/or intermittent emergency room/urgent care use to appropriately using and receiving continuous care from a consistent medical provider. (This is a new program and outcome. No State or regional data available for comparison during this baseline year. This outcome will be measured by tracking the name, date of children referred/discharge from hospital or emergency department, and the date that the patient is contacted)

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, assistance to families in locating and

obtaining health resources, and identification and development of emergency action plans for children with chronic illnesses.

Outcomes

7. To insure that child care staff are trained and prepared to routinely manager children's medical conditions as well as respond quickly and accurately during emergencies, 90 percent of child care center staff will demonstrate an understanding of and ability to respond to emergency medical situations for children with care plans in place for chronic medical conditions such as asthma and diabetes (as evaluated by teacher(s) pre-and-post-test survey).
8. To promote a culture of health and well-being for children, their families, and the child care center workforce, 90 percent of child care centers participating in the Healthy Child Care Center Recognition Program will meet 100 percent of the priority goals, thereby supporting a culture that promotes the health and well-being of children enrolled in that facility as well as their families and the child care center workforce. Examples of goals include offering fresh fruit and/or vegetables at least three times a week, offering water daily, decreasing screen time, and the implementation of healthy fundraisers and healthy snack policies.

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

9. For students enrolled in the case management program, 90 percent 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. Examples of strategies includes, but are not limited to: following up with students that are absent for more than one consecutive day, assessment of sleeping and/or eating patterns, assessment of vision and hearing, ensuring the child has an identified medical home and is receiving routine care, educating the student about their health condition for improved self-management, and making all appropriate referrals where needed. (In FY2011/12, 97 percent of students achieved their goals.)
10. To promote overall health and reduce childhood obesity, CCPH will work with Catawba County Health Partners (CCHP) to lower the Body Mass Index of fifth grade students to 19.0 by June 30, 2014 and to 18.0 by June 30, 2015. (June 2012 average was 20.52.) To

accomplish this, CCPH school nurses will identify at-risk or obese children and connect them to services, assist in the implementation of the Healthy School Recognition Program in Catawba County schools, and work with the school systems to implement healthy school fundraisers and concessions for after school activities.

11. To maintain the safety of all students who rely on school provided transportation, 90 percent of school bus drivers in Catawba County will receive CPR and First Aid training or recertify at the beginning of the school year in 2013.
12. To increase the likelihood of healthy pregnancy outcomes, 90 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. (In FY2011/12, 100 percent of students began care in their first trimester.)

DENTAL

Statement of Purpose

To improve the oral health of children without access to dental services, income and Medicaid eligible children ages one through 21 will have access to comprehensive, preventive, and treatment dental services through the Catawba County Public Health (CCPH) Dental Practice.

Outcomes

1. To improve access to dental services for low income school age children, the CCPH Dental Practice will increase the number of children ages six through 21 served by 6.5 percent, from 855 to 913. This will be accomplished through enhanced referral networks and increased awareness of the dental practice services and capacity. (In FY2010/11, 987 children were served; in FY2011/12, 855 children were served.)
2. CCPH Dental Practice will increase the number of children ages one through five who received dental services within the past year at CCPH Dental Practice by 21 percent, from 357 to 432. This will be accomplished by strengthening partnerships with programs and/or organizations who serve low income children to more efficiently identify and refer those without dental care. (In FY 2010/11, 199 children were served; in FY2011/12, 357 children were served.)

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. To improve patient access to timely and convenient preventive and cancer screening services, Adult Preventive Health Clinic will use “open access” (a best practice model) appointment scheduling and employ quality improvement strategies to achieve a patient show rate of 84 percent. The show rate for FY2010/11 was 85 percent; the show rate for FY2011/12 was 83 percent. (No State or regional data available for comparison.)
2. To assure that breast cancer is properly diagnosed and treated, 90 percent of women screened for breast cancer in the Adult Preventive Health Clinic who are referred to outside providers for evaluation of abnormal breast findings will follow through with obtaining care. The treatment rate for FY2011/12 was 99 percent. (No State or regional data available for comparison.)
3. In an effort to reduce the spread of sexually transmitted diseases in Catawba County, 85 percent of Adult Preventive Health Clinic patients diagnosed with a sexually transmitted disease will receive treatment within two weeks of diagnosis. The treatment rate for FY2011/12 was 95.2 percent. (No State or regional data available for comparison.)
4. To provide quality customer service, 90 percent of clients seen in the Adult Preventive Health Fast Track Clinic will have a total visit time of 45 minutes or less. The Fast Track Clinic is newly designed for patients needing an uncomplicated follow-up service such as Depo-Provera injections, birth control pill refills, and STD treatment.
5. To prevent new active cases and the spread of Tuberculosis (TB), 70 percent of all persons identified with latent TB will complete the recommended treatment (generally a six to nine month medication regimen). Treatment is strongly recommended but not required for patients with latent TB. Although the latent variation of the disease is not active or contagious, if not treated it may progress to active (contagious) TB. (The NC Communicable Disease Section requires CCPH to maintain a 65 percent treatment completion.)

6. In an effort to facilitate community-wide, sustainable improvements to Catawba County's health priorities (access to care, cancer, obesity and substance abuse), Catawba County Health Partners, Inc. will implement five local policy, systems, and/or environmental (PSE) changes. PSE changes are broad-based strategies that affect a large population and help make the healthy choice the default choice in a community. They are viewed as the gold standard in public health practice for their ability to affect long-term statistical improvement in disease and mortality rates.

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. To increase the Catawba County Public Health staff's level of preparedness and ability to respond to Public Health threats, all CCPH staff will participate in annual preparedness training and demonstrate a 90 percent competency score on the post test. A pre-test will be administered before training is initiated. (No State, regional or local 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 95.5 percent on the annual local Public Health SNS Plan review, benchmarked to Centers for Disease Control and Prevention (CDC) standards. The 2012 State average was 86.2 percent; the 2012 Cities Readiness Initiative (CRI) average was 95.4 percent; and the 2012 CCPH score 99.4 percent.
3. To ensure a high level of readiness in the case of a natural or technological disaster or a CBR attack, 90 percent of Catawba County Public Health employees will respond to quarterly call-down drills within four hours to demonstrate and ensure a Public Health ready-to-respond workforce.

WOMEN, INFANTS, AND CHILDREN (WIC)

Statement of Purpose

The WIC program is a federally funded initiative with both State and local management that provides nutrition education and supplemental foods to eligible women, infants, and children 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. For those women that are enrolled in the Breastfeeding Peer Counseling Program and who breastfeed their infant at birth, 65 percent will continue to do so for at least six weeks. This will expose the mother and newborn to the many health benefits linked by research to breastfeeding.
3. To promote the use of locally grown fruits and vegetables and support local farmers markets, 51 percent of WIC participants who receive Farmer's Market vouchers will redeem them in order to receive fresh fruits and vegetables. (The 2011 rate for Catawba County was 50.89 percent; the 2011 rate for NC was 47.82 percent; and the 2012 data will be available in April 2013.) Strategies to increase the use of Farmer's Market vouchers may include partnerships with Agriculture Extension, Catawba County Health Partners' ESMM coalition, and municipal Farmer's Markets as well as NC WIC program to provide educational opportunities and incentives for voucher use as well as continuing the CCPH Farmer's Market location (if successful in the Spring of 2013).