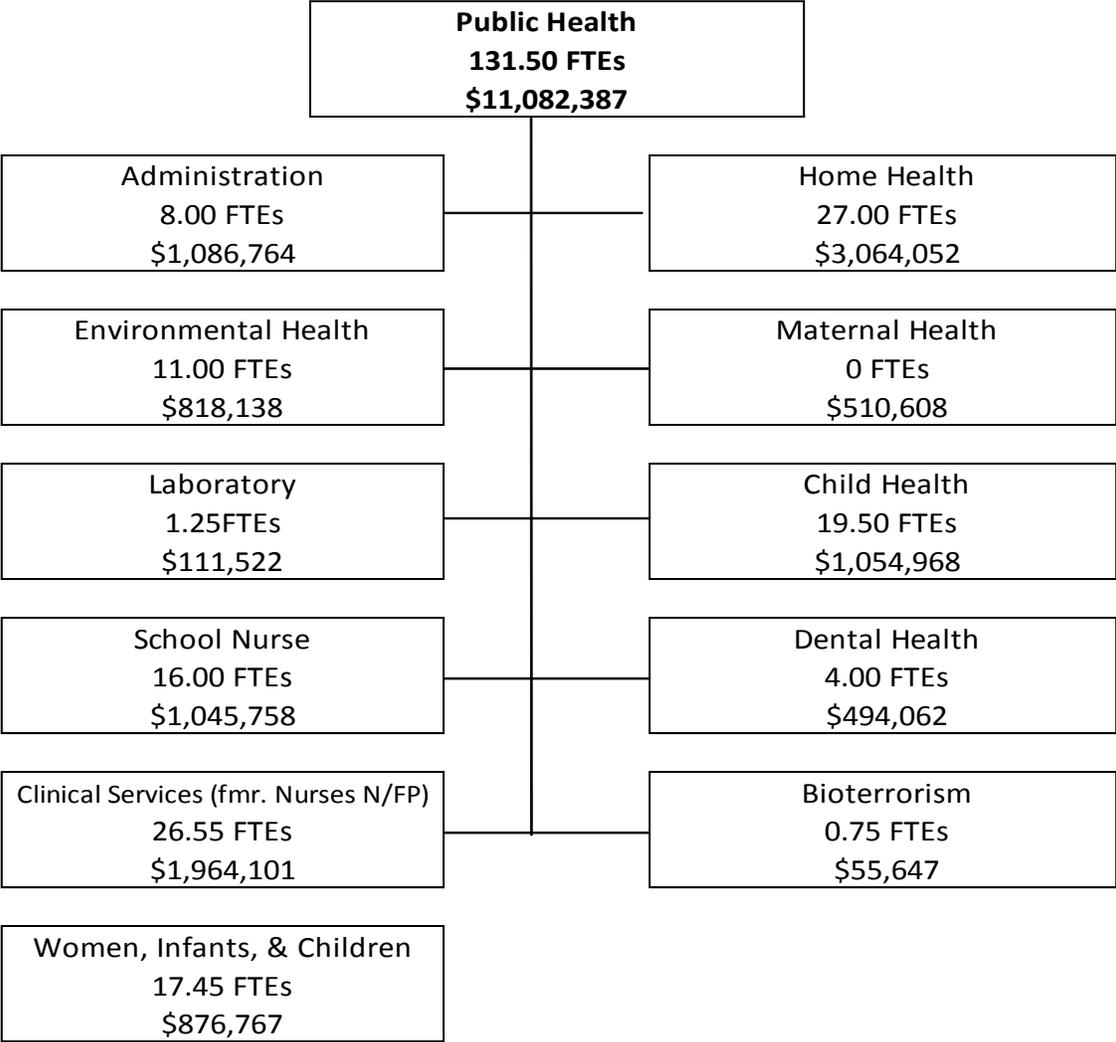


Catawba County Government



Public Health

Organizations: 580050 - 580550

	2012/13 Actual	2013/14 Current	2014/15 Requested	2014/15 Approved	Percent Change
Revenues					
Federal	\$59,552	\$57,121	\$55,488	\$55,647	-3%
State	1,065,527	1,116,342	1,210,680	1,210,680	8%
Federal & State	1,622,821	1,640,510	1,658,310	1,662,601	1%
Local	684,830	853,444	877,796	890,975	4%
Charges & Fees	4,685,577	5,179,954	4,810,288	4,935,634	-5%
Miscellaneous	112,964	134,689	110,750	110,750	-18%
Special Contingency	0	275,000	275,000	275,000	0%
Fund Balance	0	0	227,232	14,789	0%
General Fund	3,054,103	1,887,706	1,922,985	1,926,311	2%
Total	\$11,285,374	\$11,144,766	\$11,148,529	\$11,082,387	-1%
Expenses					
Personal Services	\$8,468,560	\$8,280,433	\$8,311,628	\$8,245,486	0%
Supplies & Operations	2,816,814	2,589,333	2,561,901	2,561,901	-1%
Capital	0	0	0	0	0%
Special Contingency	0	275,000	275,000	275,000	0%
Total	\$11,285,374	\$11,144,766	\$11,148,529	\$11,082,387	-1%
Expenses by Division					
Administration	\$887,304	\$1,046,553	\$1,084,218	\$1,086,764	4%
Home Health	3,148,201	3,068,160	3,051,243	3,064,052	0%
Environmental Health	850,066	795,157	816,455	818,138	3%
Family Care Coordination	0	0	0	0	
Maternal Health	638,961	524,427	512,496	510,608	-3%
Laboratory	167,586	109,010	111,272	111,522	2%
Child Health	1,560,445	1,613,563	1,111,182	1,054,968	-35%
Health & Wellness Trust	0	0	0	0	0%
School Nurse	860,165	1,010,830	1,042,444	1,045,758	3%
Dental Health	442,925	483,087	492,718	494,062	2%
Adult Health	682,839	474,403	0	0	0%
Bioterrorism	44,191	57,121	55,488	55,647	-3%
ABCD Grant	0	0	0	0	0%
Clinical Services (fmr. Nurses/FP)	1,187,674	1,090,268	1,999,662	1,964,101	80%
WIC	815,017	872,187	871,351	876,767	1%
Total	\$11,285,374	\$11,144,766	\$11,148,529	\$11,082,387	-1%
Employees					
Permanent	155.70	133.80	133.80	131.50	-2%
Hourly	9.64	4.62	2.33	2.33	-50%
Total	165.34	138.42	136.13	133.83	-3%

Budget Highlights

Public Health's budget decreased by .56 percent (\$62,379) from the current year's approved budget. The department underwent organizational and personnel restructuring. The largest change was creating Clinical Services. Clinical Services is a conglomeration of Adult Health, Nurses/Family Planning and a portion of Child Health, which explains the 80 percent increase in this section of Public Health.

The revenue losses that Public Health experienced during the current fiscal year will continue in Fiscal Year 2014/15. In response to the revenue losses, Public Health will eliminate four positions (two of which were vacant), reduce hours of one position, and unfund three positions, impacting citizens by reducing Public Health's appointment availability.

Performance Measurement

Fiscal Year 2014/15

Catawba County Public Health will continue to focus on providing high quality health services for the County's citizens during Fiscal Year 2014/15. For example in Environmental Health, rigorous standards will be applied to the creation and incorporation of a formal field performance review process, assuring citizens will have a beneficial interaction with the department. The Early Childhood Support Team will insure child care staff are trained and prepared to routinely manage children's medical conditions. The Dental clinic will improve low income school age children's access to dental services. Public Health has also developed four multi-year outcomes. Three of the multi-year outcomes focus on long-term community health issues such as reducing childhood obesity, complying with immunization laws, and maximizing growth and development in infants and children. The last multi-year outcome emphasizes developing and integrating data mapping to better serve the public.

Fiscal Year 2013/14

At mid-year, Public Health was on target to achieve or had already achieved 39 of 39 Fiscal Year 2013/14 outcomes. Catawba County Public Health achieved its most important outcome for Fiscal Year 2013/14 when it was re-accredited by the North Carolina Local Health Department Accreditation Board. Accredited status, which lasts four years, validates Public Health's ability to provide quality service to the public. Bioterrorism Preparedness and Response continues to enhance staff's ability to prevent, mitigate, and/or respond to biological threats to the community. During the first half of the year two call-down drills were held to demonstrate a "ready-to-respond" workforce. 92 percent of employees responded to the call-down drills within four hours. Children's Services assured the healthy growth and development for 99.6 percent of children with special health needs (who were referred to the CC4C program) by establishing a medical home. In an effort to provide quality customer service for adult clients, 98 percent of Adult Health clients seen in the Fast Track Clinic had an average wait time of 15 minutes per visit.

The Dental Clinic is well on its way to achieving its target of increasing the number of children ages one through five who received dental services to 432. At mid-year the clinic had seen 292 children (68 percent of goal). Environmental Health has conducted inspections on 100 percent of permitted food service and lodging establishments. Environmental Health has also investigated 99 percent of complaints within 48 hours of receipt. Home Health, in an effort to provide an effective alternative to costly inpatient care, worked to have 88 percent of all its discharged patients remain in their residence

after an episode of care. Prenatal is on target to achieving its goal (85 percent) of having new mothers complete their six week postpartum visit. During the first half of the year, Prenatal stands at 82.6 percent. The first half of the fiscal year was successful for WIC. It sought to have 65 percent of women enrolled in the Breastfeeding Peer Counseling Program continue to breastfeed for at least six weeks. At mid-year, 81 percent of women enrolled in the program continued breastfeeding for at least six weeks.

Fiscal Year 2012/13

Administration

Public Health successfully implemented a Quality Improvement (QI) program to maximize the department's impact and to improve efficiencies. The QI program was implemented in the WIC Clinic, resulting in decreased average time required for an initial appointment, an increase in patient satisfaction, and an improvement in staff satisfaction. Public Health has also successfully developed a plan to support its reaccreditation efforts for September 2013. 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.

Home Health

Catawba County Home Health (CCHH) achieved all three of its goals. The agency provided quality healthcare as an alternative to costly extended in patient care, resulting in 88.80 percent of patients remaining in their place of residence after discharge from Home Health services. In an effort to achieve long-term sustainability, CCHH increased its number of referrals by 7.74 percent from the previous fiscal year (108 referrals) during Fiscal Year 2012/13. Home Health scanned all medical records of new admissions ensuring that 100 percent of new patients had electronic medical records.

Environmental Health

Environmental Health (EH) achieved three of its four outcomes. EH provided 592 food safety education sessions. During Fiscal Year 2012/13 Environmental Health conducted inspections on 100 percent of permitted food establishments, which totaled 2,167 inspections at 1,005 permitted food service establishments.

The lone outcome not achieved was to respond to 100 percent of complaints related to possible violations of North Carolina Environmental Health statues and rules within 48 hours. There were 216 complaints during the fiscal year. EH responded to 215 within 48 hours for a compliance rate of 99.54 percent.

Maternal Health

Maternal Health (MH) achieved two of its three outcomes. A major success for Maternal Health was the enrolling and providing service to 100 percent of women identified as eligible for Pregnancy Care Management (PCM). A total of 1,586 women were served. The second outcome achieved was also linked to the PCM program. MH sought to ensure that 80 percent of pregnant women residing in Catawba County whom are receiving PCM services will complete their six-week postpartum visit. At the end-of-the-year, 86.7 percent of women completed their six-week postpartum visit.

The outcome not achieved by Maternal Health sought to ensure that 70 percent of women residing in Catawba County who received prenatal care from Catawba Valley Maternity Services will initiate care in

their first trimester of pregnancy and 90 percent will continue care through their pregnancy. Only 67 percent of women initiated care however, 92 percent of those women continued care throughout their pregnancy.

Child Health

Child Health (CH) achieved 9 of its 12 outcomes. Successes include: having 100 percent (81/81) of Neonatal Intensive Care Unit graduates (who receive Medicaid) visit their primary medical provider within 30 days of hospital discharge; achieving 99.6 percent (236/237) of children ages birth to five years who had special healthcare needs or were in foster care and assigned a Care Coordination for Children program manager had a medical home before case closure; and ensuring 100 percent (20/20) of children in Family Care Homes are appropriately immunized by 24 months of age.

Whereas CH was successful in ensuring children in Family Care Homes were properly immunized by 24 months, the division failed to have 80 percent of all children residing in Catawba County appropriately immunized by 24 months. CH had achieved a 77 percent immunization rate by mid-year. The State will release Fiscal Year 2012/13 data in January 2014.

Dental Health

Dental Health (DH) achieved 50 percent (1/2) of its Fiscal Year 2012/13 outcomes. DH increased the number of children ages one through five who received dental services at Catawba County Public Health Dental Practice by 155 percent. This represents an increase of 309 patients and greatly exceeds the goal of increasing children visits by 70 percent.

The outcome not achieved was to improve access to dental services for low income children by increasing the number of new children patients by 30 percent. Dental Health enrolled 514 new patients for care during Fiscal Year 2012/13, a 22 percent (93 new patients) increase.

Adult Health

Adult Health (AH) achieved five of its seven outcomes. Successes included: having 76 percent (13/17) of persons identified with latent tuberculosis completing the recommended treatment; establishing and maintaining 30 policy, system, and environmental changes such as developing comprehensive wellness policies in 10 local childcare centers; and the application of four evidence-based/best-practice programs such as using mass and small media to promote last year's flu campaign.

AH's two unsuccessful outcomes were missed by a few percentage points. The division wanted an 84 percent patient show rate. After using "open access" scheduling, a best practice, AH was able to achieve 82 percent. In regards of reducing the spread of STDs in Catawba County, AH sought to have 96 percent of patients diagnosed with a STD at the Adult Preventive Health Clinic receive treatment within two weeks. While Adult Health did not achieve this outcome, it made a good effort by achieving 95 percent.

Bioterrorism

Public Health's Bioterrorism unit achieved both of its outcomes. The first, to ensure that Public Health staff was well prepared and ready to respond to Public Health threats, was achieved by having 91 percent of staff score a 90 or better on a preparedness assessment. The second outcome, to demonstrate that Catawba County Public Health has the capacity and capability to receive, store, and

distribute the Strategic National Stockpile (SNS), was achieved by earning a composite score of 100 from the State of North Carolina on March 26, 2013.

Women, Infants, and Children (WIC)

WIC achieved all three of its outcomes. The WIC unit had 4,195 active participants per month from July 1st, 2012-June 30th, 2013. This was 98 percent of the assigned caseload, which exceeded the outcome target by one percentage point. During Fiscal Year 2012/13, WIC sought to have 35 percent of women enrolled in the Breastfeeding Peer Counselor Program continue to breastfeed their infant(s) for six weeks or longer. WIC greatly surpassed this target by having 80.32 percent of women enrolled in the program breastfeed their infant for six weeks or longer. WIC's third outcome, to promote the use of locally grown fruits and vegetables and support local farmers' markets by having 50 percent of WIC participants who receive Farmers' Markets vouchers redeem them at the markets, was also achieved. 50.89 percent of voucher recipients redeemed their vouchers at farmers' markets. This outcome was partially having Catawba County Public Health host the Catawba County Public Health Farmers' Market every Thursday from May 2, 2013 through October 2013.

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.

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, 90 percent of all Catawba County Home Health patients will remain in their place of residence after an episode of Home Health Care ends. The percent of patients discharged from HHA remaining in their residence after an episode of care was 87.13 percent in FY11/12 and 92 percent in FY12/13.
2. To achieve long term sustainability in the dynamic home health care industry, the goal of HHA marketing plan is to achieve 1,700 patient referrals in FY2013/14. (In FY2010/11, 1,325 referrals were received; 1,394 in FY2011/12; and 1,578 in FY2012/13.)
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 FY2012/13 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. In FY 2012-13, 2167 inspections were conducted at 1005 permitted establishments and 592 food service education and training sessions with a total of 1182 participants were conducted. (For FY2011-2012, Catawba County Environmental Health achieved a 100 percent inspection rate (55 of 100 NC counties achieved 100 percent with only 5 others comparable in size to Catawba County (550 to 628 establishments). Comparable counties data for FY2012/13 will be available in January 2014).
2. To maintain a high level of responsiveness, Environmental Health will respond to 95 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. (FY2012/13 response rate was 99.54 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 QIP evaluation of 90 percent for both field review and permit review components of the QIP. 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. (FY2012/13 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, 60 percent of Catawba County residents that receive prenatal care from Catawba Valley Medical Center - Maternity Services (CVMC-MS), 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. Decrease the number of prenatal patients that report smoking at the end of the pregnancy by 5 percent (no current baseline data – will begin collecting January 2013). 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 FY2012/13, 67 percent of CVMC-MS patients entered into care in their first trimester and 92 percent continued care with CVMC-MS throughout their pregnancy).
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 postpartum exam. (In FY2012/13, 86.7 percent of CCPH prenatal patients completed their postpartum exam. 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 0 through eighteen to 92 percent. According to research, this will assure positive health outcomes through timely and preventive acute health services. (FY2011/12 North Carolina access rate was 91 percent; Catawba County access rate was also 91 percent.)
2. To ensure the most effective protection against preventable childhood diseases, by June 30, 2017, 82 percent of all children residing in Catawba County will be age appropriately immunized by 24 months of age. To improve this rate over the next three years, Catawba County Public Health will develop and integrate data mapping and data analysis capacities into targeted outreach strategies. (The FY2010/11 NC Immunization Assessment rate for Catawba County was 77 percent; that same rate for FY2011/12 was 77 percent; and for FY12/13 was 79 percent).
 - a. FY 2014/15: CCPH will have staff who can use data mapping along with immunization and demographic data to determine the population of children that would benefit from targeted interventions. Once this analysis is completed of the FY 12/13 and FY13/14 cohort groups assessed in the NC Immunization rate for Catawba County, a plan detailing the profile of the out of compliance population including geographic location, gender, economic status, ethnicity, etc.; theory for non-compliance; other data or information supporting non-compliance theory; evidence based strategies; and recommendation of targeted strategies to use to improve the immunization rate. Two interventions will be implemented by 6/30/2015.

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 95 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 care 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 one 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 percent 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 early intervention is associated with improved developmental outcomes. (No baseline data. Measured by tracking name and date of infants less than one year of age referred to Children’s Developmental Services Agency (CDSA); 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 five 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 is a best practice and 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. (No State or regional data is available for comparison during this year. This outcome will be measured by tracking the name, date of children referred/discharged from the 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 manage children's medical conditions as well as respond quickly and accurately during emergencies, 95 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, healthy snack policies and compliance with tobacco-free campus.
9. To ensure the most at-risk children in childcare are healthy and health conditions are managed as they enter kindergarten, the ECST nurses will work with families to resolve individual health needs identified through comprehensive health assessments conducted on 100 percent of at-risk children managed by the ECST Clinical Specialists. Comprehensive health assessments will include access to medical and dental homes; routine physical exams; dental exams and treatment; immunizations; chronic medical conditions management and treatment, etc.

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

10. For students enrolled in the case management program, 95 percent or more 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 FY 2012/13, 99 percent of students achieved their goals.)

11. To increase the likelihood of healthy pregnancy outcomes, 93 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 FY2012/13, 100 percent of students began care in their first trimester.)
12. In order to comply with NC Immunization Laws and continue efforts to prevent pertussis in our community, 90 percent of eligible sixth grade students will receive a Tdap booster by the 30th calendar day of school. Catawba County Public Health School Nurses will collaborate with the immunization clinic for appointment times as well as provide education to parents, physician's offices, and school staff on the importance of receiving the vaccination.
 - FY 2014/15: Public Health will use data mapping along with immunization and demographic data to determine the population of children that would benefit from targeted interventions. Once this analysis is completed of the FY13/14 non-compliant student population for Catawba County, a plan detailing the profile of the out of compliance population including geographic location, gender, economic status, ethnicity, etc.; theory for non-compliance; other data or information supporting non-compliance theory; evidence based strategies; and recommendation of targeted strategies to use to improve the immunization rate. Two interventions will be implemented by 6/30/2015.
13. To promote overall health and reduce childhood obesity, CCPH School Nurses will offer case management services, using the National Association of School Nurses, "School Nurse Childhood Obesity Toolkit" (SCOT) for select students who have a Body Mass Index (BMI) in the $\geq 95^{\text{th}}$ percentile and who have met case management criteria (parental permission). For students who are case managed, 60 percent will meet one or more of their individualized healthy behavior goals by June 30, 2018 as evaluated by the school nurse. Example of healthy behavior goals include but are not limited to: increase weekly physical activity; increase in weekly consumption of fruits/vegetables; decrease in weekly sugary drink consumption; decrease in weekly screen time; and establishment of a medical home.
 - FY 2014/15: CCPH School Nurses will be trained to implement the SCOT; mass screenings of first, seventh, and ninth grades will be completed; data will be analyzed; and students who have a BMI in the $\geq 95^{\text{th}}$ percentile, will be identified.

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 serve 1,000 children ages six through 21 in FY 2014/15, an increase of 160 children as served in FY12/13. This will be accomplished through enhanced referral networks and increased awareness of the dental practice services and capacity. (In FY2012/13, 840 children were served. FY 2013/14 data not available)
2. CCPH Dental Practice will serve 534 children ages one through five in FY14-15, an increase of 100 children as served in FY12/13. 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 2012/13, 434 children were served. FY 2013/14 data not available)

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. The 2013 State average was 96.3 percent; the 2013 Cities Readiness Initiative (CRI) average was 98.6 percent; and the 2013 CCPH score 100 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. The 2013 call down drills averaged a 94 percent response from CCPH employees and partners within four hours.

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; and the show rate for FY2012/13 was 82 percent. (No State or regional data available for comparison.)
2. To assure that breast cancer is properly diagnosed and treated, 95 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 and the FY2012/13 rate 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, 90 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 and the FY2012/13 rate was 95 percent. (No State or regional data available for comparison.)
4. To prevent new active cases and the spread of Tuberculosis (TB), 75 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.

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. 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, 75 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, 60 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 while the rate for NC was 47.82 percent; the 2012 rate for Catawba County was 51.29 percent while the rate for NC was 47.43 percent; the 2013 rate for Catawba County was 62.8 percent while the NC rate will not be available until the summer of 2014.)
4. 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. In collaboration with Catawba County Social Services, Catawba County Public Health will identify clients being dually served by WIC/Food Assistance programs, analyze potential missed opportunities for service, and explore and report the feasibility, challenges, and benefits of improved eligibility coordination of similar client assistance programs.
 - FY 2014/15: Catawba County Social Services and Catawba County Public Health staff will identify commonly served clients interfacing with the WIC/Food Assistance programs. Using this data along with reviewing and analyzing processes and requirements required by WIC and similar Social Services programs, staff will determine if there are missed opportunities for referring or offering these clients WIC/Food Assistance programs; identify and employ immediate modifications that can improve client information about and access to WIC/Food Assistance programs; and develop a feasibility report that includes the limitations, benefits, challenges, and resources needed to implement complex system modifications. Public Health will use the annual marketing plan to target evidence based strategies to eligible population not currently being served as well as to the general WIC clients to retain current clients.