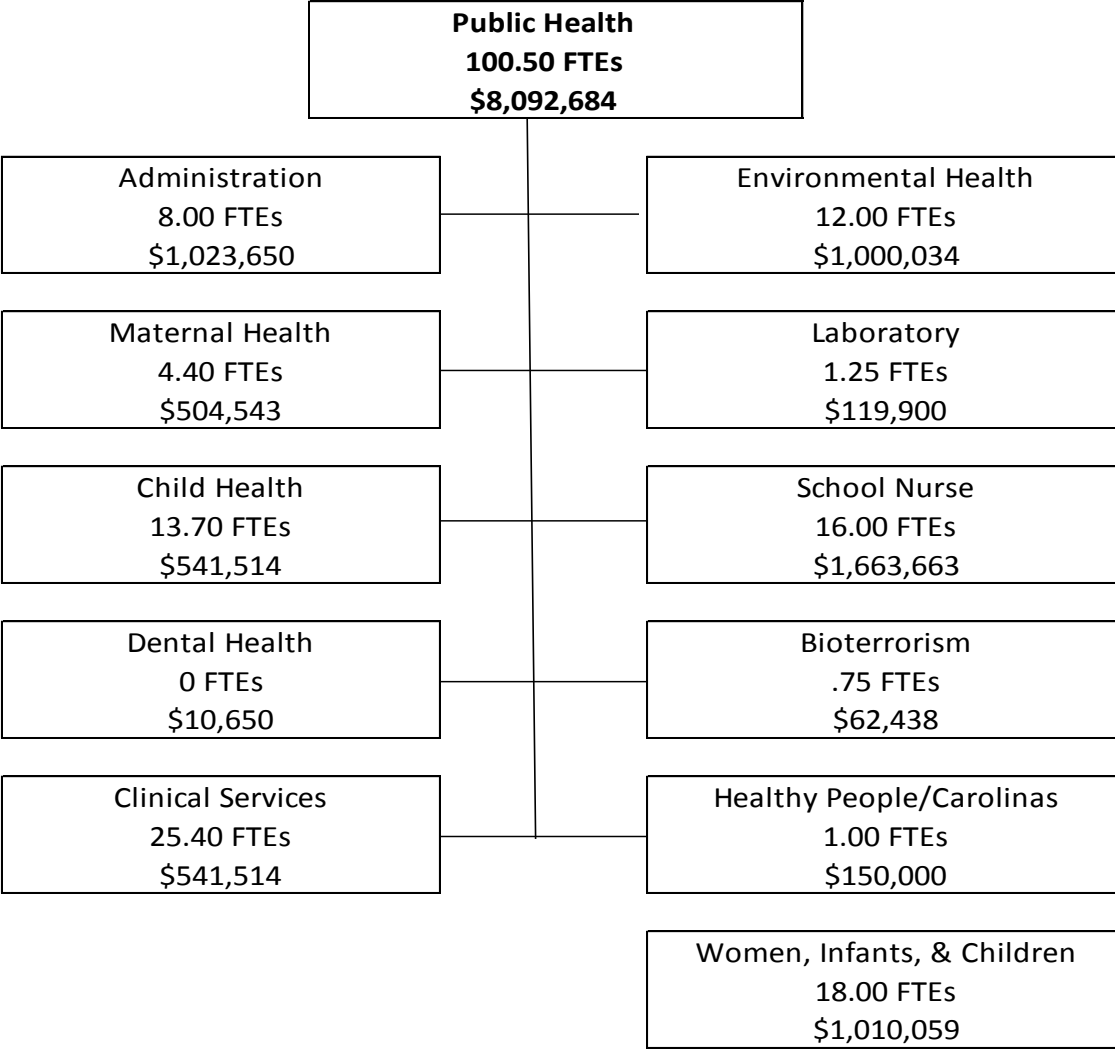


Catawba County Government



Public Health

Organizations: 580050 - 580550

	2014/15 Actual	2015/16 Current	2016/17 Requested	2016/17 Approved	Percent Change
Revenues					
Federal	\$40,965	\$51,000	\$41,000	\$41,000	-19.6%
State	980,245	1,120,245	1,075,744	1,084,920	-3.2%
Federal & State	1,489,297	1,589,890	1,542,400	1,542,400	-3.0%
Local	812,540	643,768	794,768	823,196	27.9%
Charges & Fees	3,817,148	4,265,544	1,009,180	1,023,330	-76.0%
Miscellaneous	39,983	94,750	52,550	52,550	-44.5%
Special Contingency	0	275,000	150,000	150,000	-45.5%
Fund Balance	0	0	0	0	0%
General Fund	3,097,050	2,624,417	3,375,242	3,375,288	28.6%
Total	\$10,277,228	\$10,664,614	\$8,040,884	\$8,092,684	-24.1%
Expenses					
Personal Services	\$7,961,665	\$8,186,321	\$6,781,395	\$6,837,054	-16.5%
Supplies & Operations	2,315,563	2,203,293	1,109,489	1,105,630	-49.8%
Capital	0	0	0	0	0%
Special Contingency	0	275,000	150,000	150,000	-45.5%
Total	\$10,277,228	\$10,664,614	\$8,040,884	\$8,092,684	-24.1%
Expenses by Division					
Administration	\$797,249	\$1,100,444	\$1,021,780	\$1,023,650	-7.0%
Home Health	2,746,232	2,716,543	0	0	0%
Environmental Health	830,042	847,790	986,486	1,000,034	18.0%
Maternal Health	482,110	486,110	502,980	504,543	3.8%
Laboratory	100,522	114,125	119,274	119,900	5.1%
Child Health	996,701	1,028,216	1,079,038	541,514	-47.3%
School Nurse	975,890	1,064,356	1,109,954	1,663,663	56.3%
Dental Health	478,373	433,460	10,650	10,650	-97.5%
Bioterrorism	64,011	58,251	61,968	62,438	7.2%
Healthy People/Carolinas	0	0	150,000	150,000	0%
Clinical Services (fmr. Nurses/FP)	1,962,773	1,957,903	1,995,543	2,006,233	2.5%
WIC	843,325	857,416	1,003,211	1,010,059	17.8%
Total	\$10,277,228	\$10,664,614	\$8,040,884	\$8,092,684	-24.1%
Employees					
Permanent	133.80	125.50	100.50	100.50	-19.9%
Hourly	2.33	2.00	0.25	0.25	-87.5%
Total	136.13	127.50	100.75	100.75	-21.0%

Budget Highlights

Public Health's budget decreased \$2,571,930, (24.1 percent) from the previous year. This is largely attributed to Home Health being sold in the spring of 2016 to Kindred Healthcare (also known as Gentiva) and contracting with Gaston Family Health Services, a Federally Qualified Health Center (FQHC), for dental services. Home Health was sold because the County's Home Health marketplace has grown increasingly competitive, and the payer mix had changed due to Medicaid reimbursement schedules, creating a situation where the private sector was better positioned to provide home health services than the County. The dental partnership will be beneficial to the citizens, with the FQHC projected to serve 2,900 clients in Fiscal Year 2016/17, a 105 percent increase from Fiscal Year 2014/15. The County's contribution to Public Health increased by 28.6 percent, also related to the change in structure. Local revenues increased by 29 percent, due to the award of a Duke Endowment grant and each of the three public school systems increasing their contribution to the school nursing program.

Controlling for Home Health and the Dental Clinic leaving, the total recommended budget is an increase of \$567,423 or 7.6 percent from Fiscal Year 2015/16. Further, controlling for the costs of the 27th payroll (which amount to \$246,001), normal operating increases equate to 4.3 percent.

Performance Measurements

Fiscal Year 2016/17

Catawba County Public Health will continue to focus on providing high quality health services for the County's citizens during Fiscal Year 2016/17. The department will identify and complete two Quality Improvement projects maximizing efficiency and/or reducing operational costs. In Environmental Health, the department will consistently apply all environmental health rules and best practices. The percentage of children appropriately immunized will increase, ensuring protection from childhood diseases. In Adult Health, the department will continue to reduce the spread of sexually transmitted diseases in the County. As part of a multi-year Bioterrorism Preparedness and Response project, the department will demonstrate medical readiness in preparation for public health emergencies.

Fiscal Year 2015/16

At mid-year, Public Health was on target to achieve 35 of its 39 outcomes. In Environmental Health the unit was on target to inspect 100 percent of permitted food service and lodging establishments. As of December 31, 2015, 1,125 inspections had been conducted at 1,028 permitted establishments, and 12 food service education and training sessions with a total of 67 participants had been held. In Children's Health, at mid-year the department ensured that 100 percent of uninsured or under-insured children served through the Healthcare Access Partnership with Catawba Pediatric Associates, PA (CPA) were referred to CCPH programs such as Dental, WIC, ECST, School Health, and CC4C. In Adult Health, 100 percent (12/12) of women screened for breast cancer in the Adult Health Clinic who were referred to an outside provider for evaluation and/or treatment of abnormal breast findings followed through with obtaining care. At mid-year in Prenatal Care, 61 percent (209/344) of Catawba County residents that received prenatal care from CVMC-MS initiated prenatal care in the first trimester of pregnancy. Ninety-four percent (324/344) who initiated care with CVMC-MS have continued care.

Fiscal Year 2014/15

During Fiscal Year 2014/15, Public Health Administration achieved both of its outcomes. Administration successfully oversaw a quality improvement process in the Dental Clinic that increased its sustainability. Full implementation of the strategies, however, was hampered due to the lack of a permanent dentist for most of the fiscal year. Another quality improvement project addressed immunizations for children 24 months old and younger. There are several barriers that prevent parents from ensuring their children are immunized. The test groups receiving intervention showed a two to three percentage point increase in immunization compliance at 21 to 22 months of age as compared to the control group. Administration also ensured the department delivered high quality customer service, with 99 percent of surveyed customers reporting they were either “satisfied” or “highly satisfied” with Public Health services.

Home Health achieved one of its three outcomes for the fiscal year, ensuring that 97.3 percent of Medicare/Medicaid patients received services within 48 hours of receiving the physicians’ orders. This greatly surpassed the national and state averages of 92.5 percent and 91.7 percent respectively. The two outcomes not achieved pertained to providing quality healthcare as an effective alternative to costly extended inpatient care and increasing Home Health referrals. In regards to quality healthcare, 85.2 percent (nearly five percentage points below the goal) of all patients discharged from the agency remained in their place of residence after discharge from Home Health. Increasing Home Health referrals has been difficult over the last several years. In Fiscal Year 2014/15, Public Health was 338 referrals (approximately 20 percent) short of its 1,700 goal for the year. This was an overall decrease in referrals of 163 from Fiscal Year 2013/14.

Environmental Health achieved all four of its outcomes. The continued safety and health of Catawba County residents was assured by conducting inspections on 100 percent of permitted food service and lodging establishments (2,330 inspections conducted at 991 permitted establishments). Additionally, Environmental Health provided 14 food service education and training sessions, which had 59 participants. A high level of responsiveness was maintained by investigating 100 percent of the 186 complaints received in the fiscal year within 48 hours. This was an increase of nearly 3 percentage points from the prior year. Environmental Health exceeded its outcome of assuring staff consistently applied rules and best management practices (by achieving a 90 percent on its internal quality improvement program) to its 99.2 percent of its 225 cases. Finally, 95 percent of onsite well and septic permits were issued (570) within 10 process days, exceeding its goal of 95 percent.

Maternal Health achieved all three of its outcomes. Maternal Health improved birth outcomes with 62 two percent of Catawba Valley Medical Center (CVMC) – Maternity Services prenatal patients beginning care in their first trimester, and 94 percent (665/702) of those women continuing care throughout their pregnancy. Thirty-nine percent (57/147) of prenatal patients reported they stopped smoking by the end of their pregnancy, an 11 percent improvement from the previous year. Additionally, 98 percent of women eligible for Pregnancy Care Management (PCM) services enrolled and received PCM services through a Public Health Care Manager, further improving birth outcomes. Maternal Health’s final outcome ensured 85 percent of pregnant women residing in Catawba County who receive health care management services through PCM completed a six-week postpartum visit.

Child Health achieved (or is on-target to achieve) all 13 of its outcomes. Child Health ensured specialized medical care and health risk monitoring continued for 100 percent (159/159) of Neonatal Intensive Care Unit graduates who received Medicaid. Child Health assured a medical home was established for 100 percent (94/94) of children in foster care or with special health needs were referred to and received care

from Care Coordination for Children (CC4C). Additionally, CC4C ensured 100 percent (14/14) of infants less than 1 year old and exhibiting signs of developmental delay were referred to CC4C case management. Upon evaluation, 50 percent (7/14) of infants were identified to receive early intervention services. Child Health also focused on having parents with children in CC4C use their child's medical home appropriately by ensuring 100 percent (92/92) of CC4C caseloads were contacted within 72 hours for follow-up and care management. Child Health ensured child care staff were trained and prepared to routinely manage children's medical conditions by having 100 percent (87/87) of child care staff demonstrate an understanding of and ability to respond to emergency medical situations for children with care plans for chronic conditions such as asthma and diabetes. Early Childhood Support Team (ECST) nurses managed a total of 23 care plans cumulatively for FY14/15. Of these 23 care plans, ECST nurses transitioned 11 children with medical needs to School Nurses in preparation for their 2015-16 kindergarten year. One hundred percent of child care centers participating in the Healthy Child Care Center Recognition Program (36/36) met all priority goals for the fiscal year. The recognition program impacted 2,242 children. Child Health ensured the most-at-risk children in childcare were healthy as they entered kindergarten by having an ECST Clinical Specialist provide a comprehensive health assessment for the child and subsequently having the child referred to the appropriate resources/services at Public Health. Better health for students was insured by having 95 percent of students (214/225) enrolled in the case management program meet their individual goals in areas such as attendance, grades, class participation, behavior, etc. Child Health increased the likelihood of healthy pregnancy outcomes by having 100 percent of identified pregnant students (9/9) referred to prenatal care within their first trimester.

Child Health is on target to achieve both of its multi-year outcomes. The first outcome is aimed at promoting overall health and reducing childhood obesity 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 95th percentile and who have met case management criteria (with parental permission). The first step in achieving this outcome was to train Public Health school nurses (23) in the SCOT, which was completed. The next multi-year outcome focuses on complying with North Carolina immunization laws to prevent pertussis (whooping cough) in the community by ensuring 90 percent of eligible sixth grade students will receive a Tdap booster by the 30th calendar day of school. To accomplish this Public Health implemented the following recommendations: Presentations and educational packets to all schools and partners of CCPH including pediatric and family doctors' offices; letters sent home to parents of rising 7th graders; call alert message from the school and from the district to parents of rising 7th graders; information added to each school's website; posts to CCPH's Facebook page; and School Nurse presentation in each 6th grade classroom.

Catawba County Dental Health missed both of its Fiscal Year 2014/15 outcomes. Neither outcome - improving access to dental services for low income school-aged children and increasing the number of children served at the dental clinic - were achieved. This is attributed to a vacancy in the staff dentist position for several months during the year.

Bioterrorism achieved all three of its Fiscal Year 2014/15 outcomes. First, the department successfully increased the staff's level of preparedness and ability to respond to Public Health threats, measured by having the entire staff score 90 percent on a post-test, a two percentage-point increase from the pre-test. Additionally, 94 percent of Public Health staff responded to call-down drills within four hours to ensure staff had a high level of readiness in case of a natural, technological or Chemical-Biological-Radiological disaster.

Clinical Services improved patient access to timely and convenient preventive and cancer screenings by employing the “open access” appointment scheduling model. This resulted in an 85 percent patient show rate for Adult Preventive Health Clinic appointments. Clinical Services also assured that breast cancer was properly diagnosed and treated by ensuring 97 percent (38/39) of women screened for breast cancer at the Adult Health Clinic who were referred to an outside provider follow through with obtaining care. Public Health reduced the spread of sexually transmitted diseases in Catawba County by ensuring 99.6 percent (257/258) of patients diagnosed with a sexually transmitted disease received treatment within two weeks, exceeding the goal of 90 percent. Clinical Services helped reduce the spread of Tuberculosis by having 93.55 percent (29/31) of patients identified with the Latent Tuberculosis Infection comply with treatment plan.

WIC achieved all four of its outcomes for Fiscal Year 2014/15. WIC maximized the growth and development of infants and children through improving their nutritional status. The unit served 4,222 children per month (99 percent) of its monthly participant caseload. WIC exceeded its outcome to encourage at least 75 percent of women in the Breastfeeding Peer Counseling Program to continue breastfeeding for at least six weeks by having 77 percent of women enrolled continue to breastfeed. Finally, 64.37 percent of WIC Farmers’ Market vouchers were redeemed (the third highest redemption rate in the State), surpassing the goal of 60 percent.

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. (During Fiscal Year 2013/14, 99 percent of those surveyed report that they were “satisfied” or “highly satisfied” with Public Health services.)

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 Fiscal Year 2014/15, 2,330 inspections were conducted at 991 permitted establishments, and 14 food service education and training sessions with a total of 59 participants. [For Fiscal Year 2013/14, Catawba County Environmental Health achieved 100 percent inspection rate, the only county out of 45 to do so. Of the seven counties with similar number of establishments (from 550 to 649), Catawba County Environmental Health was fifth of the seven who achieved 100 percent.
2. To maintain a high level of responsiveness, Environmental Health will respond to 98 percent of complaints related to possible violations of North Carolina Environmental Health statutes and rules within two business days after receiving the complaint by providing technical assistance, consultation, remediation, or other enforcement methods to resolve violations. (Fiscal Year 2014/2015: 100 percent response rate. Fiscal Year 2013/14: 97.11 percent response rate. 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 95 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. (Fiscal Year 2014/15: the OSWP rating was 99.2 percent and the FLI rating was 97.9 percent. Fiscal Year 2013/14: the OSWP rating was 99.5 percent and the FLI rating was 97.5 percent.)
4. To provide excellent customer service, Environmental Health will complete 92 percent of all onsite well and septic permits within ten Environmental Health process days. (Fiscal Year 2014/15: 95 percent. Fiscal Year 2013/14: 98.68 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 Obstetric Care Management (OBCM) 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. As reported in the 2014 State of the County's Health (SOTCH) and 2015 Community Health Assessment (CHA), only 80.7 percent of Catawba County births in 2013 were to mothers who received early and adequate prenatal care. 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 35 percent. 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. (Fiscal Year 2014/15: 62 percent of CVMC-MS patients entered into care in their first trimester. 94 percent (665/702) continued care throughout their pregnancy. 39 percent of those patients smoking when pregnancy started, stopped smoking prior to delivery.)
2. All women identified as eligible will be offered Obstetric Care Management services and 95 percent will be enrolled and receive OBCM services through a CCPH Care Manager. The OBCM 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. (Fiscal Year 2014/15: all eligible women were offered OBCM services, 98 percent (711/726) enrolled and received OBCM services. No State comparison data is available.)
3. CCPH will ensure that patients have continued access to safety net services (i.e. WIC, Family Planning, and care management) after delivery by having 84 percent of pregnant women residing in Catawba County that are receiving care management services through the Obstetric Care Management program complete their postpartum exam. (In Fiscal Year 2014/15, 85 percent (548/646) of CCPH prenatal patients completed their postpartum exam. No State comparison data is available.)
4. Catawba County Public Health OBCM will partner with CVMC-MS to ensure 10 percent of eligible pregnant women with oral health needs gain access to dental services at Catawba Family Dentistry. (In FY14/15, CVMC identified 424 pregnant women eligible for dental services.)

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. To ensure vulnerable children have access to valuable healthcare support services and programs, 90 percent of uninsured or under-insured children served through the Healthcare Access Partnership with Catawba Pediatric Associates, PA (CPA) will be referred to CCPH programs such as Dental, WIC, ECST, School Health, and CC4C.
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 integrate root cause and data analysis capacities into targeted outreach strategies. (The Fiscal Year 2012/13 NC Immunization Assessment rate for Catawba County was 79 percent; that same rate for Fiscal Year 2013/14 was 79 percent. The rate for Fiscal Year 2014/2015 should be available in February 2016.)
 - Fiscal Year 2016/17 (Year 3): Staff will use targeted strategies by analyzing the Fiscal Year 2015/16 rate and comparing to previous data analysis for trends and successful strategies. Strategies could include detailed tracking and follow-up of children not in compliance, working with physicians to ensure immunizations are entered into NCIR, coordinating with service providers of young children such as WIC, CC4C, dental, ECST, etc.

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 97 percent will establish care with a medical home within 30 days of discharge from NICU. (During Fiscal Year 2014/15, 100 percent (159/159) were offered and received services.)
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. (During Fiscal Year 2014/15, 100 percent (94/94) of newly referred children established a medical home.)
5. To increase the likelihood that a child will experience positive developmental outcomes, 97 percent of infants up to three years of age exhibiting signs of developmental delay will be referred by the CC4C case manager to the Early Intervention program for evaluation. Of those children evaluated by the Early Intervention Program and identified for services, 50 percent will 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 of infants and children and date referred to Children’s Developmental Services Agency (CDSA), date appointment kept with CDSA, and number of children identified to receive intervention services. During Fiscal Year 2014/2015, 100 percent (14/14) were referred and 50 percent (7/14) were evaluated by Early Intervention services).
6. To ensure appropriate use of a medical home, 97 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. (Fiscal Year 2014/15: 100 percent (92/92) were referred and received early intervention services. Fiscal Year 2013/14: 100 percent (10/10) were referred and received early intervention services. No State or regional data is available for Fiscal Year 2014/15.)

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 teachers' pre-and post-test survey. (Fiscal Year 2014/15: 100 percent (285/285) of child care staff passed emergency response after-training skills assessment and 100 percent (87/87) of child care staff who participated in medical needs training passed the post-training assessment. Fiscal Year 2013/14: 100 percent (325/325) of child care staff passed emergency response after-training skills assessment and 100 percent (43/43) of child care staff who participated in medical needs training passed the post-training assessment.)
8. To promote a healthy child care environment and to prevent the spread of childhood diseases (sheigellosis, norovirus, Hand, Foot, and Mouth Disease), 90 percent of child care centers participating in the Infant-Toddler Environmental Rating Scale (ITERS) and/or Early Childhood Environmental Rating Scale (ECERS) will maintain or improve their score in the areas of toileting/diapering and health practices after ECST Nurse assessment and consultation. ECST Nurses will use the NC Child Care Health and Safety Assessment Tool for assessing baseline data and measuring levels of improvement. This tool is supported by the Frank Porter Graham Child Development Institute.
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 90 percent of children referred to the ECST. 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. (Fiscal Year 2014/2015: 100 percent (33/33) received assessment and referral).

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 Fiscal Year 2014/15, 95 percent of students (225 of 241) achieved their goals.)

11. As reported in the 2014 State of the County's Health (SOTCH) and 2015 Community Health Assessment (CHA), only 80.7 percent of Catawba County births in 2013 were to mothers who received early and adequate prenatal care. To increase the likelihood of healthy pregnancy outcomes, 98 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. (Fiscal Year 2014/15: 100 percent of students began care in their first trimester. Fiscal Year 2013/14: 100 percent of students began care in their first trimester.)
12. To ensure compliance with the amended NC immunization requirements effective July 1, 2017 and to continue efforts to prevent pertussis and other vaccine preventable diseases in our community by June 20, 2018, 90 percent of eligible seventh grade students will receive a Tdap booster and Meningococcal vaccine by the 30th calendar day of school. North Carolina Administrative Code Title 10A, Chapter 41A .0401 requires one dose of Meningococcal conjugate vaccine for individuals entering the seventh grade or by 12 years of age, whichever comes first, on or after July 1, 2015. A booster dose is required by 17 years of age or by entering the 12th grade but not to individuals who enter the 12th grade before August 1, 2020.
 - Fiscal Year 2016/17 (Year 3): Staff will analyze the Fiscal Year 2015/16 rate and compare to previous data analysis for trends and successful strategies (such as initiating parent notification earlier in the school year, educational sessions with all rising 6th graders, and educational outreach with various medical providers in the community). Strategies such as awareness campaign, School Nurse contact with parent and student, school system support, and physician cooperation to encourage vaccines and reduce missed opportunities for vaccination. This will be used to improve the compliance rates.
13. Obesity was again identified as a health priority in the 2015 Community Health Assessment. Most recent State data indicated that 38.1 percent of Catawba County children were overweight or obese. 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 ≥ 95th 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.
 - Fiscal Year 2016/17 (Year 3): CCPH School Nurses will evaluate effectiveness of the SCOT interventions with students identified in Fiscal Year 2015/16 and maximize the successes in Fiscal Year 2016/17. Improvement in achievement toward individual healthy behavior goals will be demonstrated.

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. (During Fiscal Year 2014/15, 90 percent of staff scored 90 percent or better on the 35-question post-training preparedness test. No State or regional is data available.)
2. Catawba County Public Health will demonstrate readiness to conduct Medical Countermeasures operations in the event of Strategic National Stockpile (SNS) deployment during a public health emergency. A new tool has been released by the Centers for Disease Control and Prevention (CDC) titled *Medical Countermeasure Operational Readiness Review Tool* (MCMORR) and replaces the Local Technical Assistance Review (LTAR). The MCMORR will now be utilized to assess and document local and State public health readiness for coordinating mass distribution of medications and supplies critical to prevent spread of disease and protect the health of the community in a natural or manmade public health emergency or disaster. MCMORR uses EARLY, INTERMEDIATE, ESTABLISHED and ADVANCED as readiness indicators as compared with the former numeric scores on the LTAR tool. ESTABLISHED is the desired readiness level. The baseline score was set at 34 percent of MCMORR elements evaluated meeting the ESTABLISHED or ADVANCED category.
 - Fiscal Year 2016/17 (Year 2): Catawba County Public Health will demonstrate a 15 percent increase in the number of elements that meet ESTABLISHED or ADVANCED category as compared to the MCMORR baseline.
 - Fiscal Year 2017/18 (Year 3): Catawba County Public Health will demonstrate a 20 percent increase in the number of elements that meet ESTABLISHED or ADVANCED category as compared to the MCMORR baseline.
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. (Fiscal Year 2014/15 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. (Fiscal Year 2012/13: 82 percent. Fiscal Year 2013/14: 82 percent. Fiscal Year 2014/15: 85 percent. No State or regional data available for comparison.)
2. Cancer has been a Catawba County health priority since the 2007 Community Health Assessment. As reported in the 2015 Community Health Assessment (CHA), breast cancer has one of the highest incidence rates among all cancers in Catawba County (148.8 per 100,000) and is the second leading cause of cancer death locally. 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. (Fiscal Year 2012/13: 99 percent treatment rate. Fiscal Year 2013/14: 100 percent treatment rate. Fiscal Year 2014/15: 100 percent treatment. No State or regional data available for comparison.)
3. In an effort to reduce the spread of sexually transmitted diseases in Catawba County, 95 percent of Adult Preventive Health Clinic patients diagnosed with a sexually transmitted disease will receive treatment within two weeks of diagnosis. (Fiscal Year 2012/13: 95 percent treatment rate. Fiscal Year 2013/14: 99 percent treatment rate. Fiscal Year 2014/15: 99 percent treatment rate. No State or regional data available for comparison.)
4. To prevent new active cases and the spread of Tuberculosis (TB), 85 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. (Fiscal Year 2014/2015: 93.55 percent Latent TB treatment completion.)

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. In the US, every WIC dollar spent on a pregnant woman saves \$4.21 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. In collaboration with Catawba County Department of Social Services (DSS), Catawba County Public Health (CCPH) 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.
 - Fiscal Year 2016/17 (Year 3): To ensure eligible clients requesting food and financial assistance from DSS gain access to the WIC supplemental food and nutrition program at CCPH, 55 percent of clients referred to WIC from DSS will be enrolled in WIC services.
2. For women enrolled in the Breastfeeding Peer Counseling Program and left the hospital breastfeeding, 80 percent will continue for six weeks and of women breastfeeding at six weeks, 95 percent will continue for six months. Mother and newborn will experience the many health benefits linked by research to breastfeeding. (During Fiscal Year 2014/15, 77 percent of women breastfed for at least six weeks.)
3. To promote the use of locally grown fruits and vegetables, support local farmers markets, and to address obesity and chronic disease, 60 percent of WIC participants who receive Farmer's Market vouchers will redeem them in order to receive fresh fruits and vegetables. (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 62.88 percent while the NC rate was 47.48 percent; the 2014 rate for Catawba County was 64.37 percent while the NC rate was 44.66 percent.)