

Community & Family Health Annual Report



Our Vision ~A Healthy Mason County

*Our Mission ~ Promote Health in
Mason County through Prevention,
Protection, Partnership and
Preparedness.*

***“Always Working for a Safer and
Healthier Mason County”***

2010

Community & Family Health Programs

Community & Family Health is funded primarily through state and federal grant monies that are specific in their program scope of work and deliverables. In 2010 our staff worked in 19 programs. Each staff typically works in three to four different programs.

Birth to Three Program	EIP -Early Intervention Program	EFSS -Early Family Support Services
Community Health Prevention	CSHCN -Children with Special Health Care Needs	
CD -Communicable Disease Notifiable Condition Investigation & Reporting		HCCW -Healthy Childcare of WA
HIV Prevention & Control	HIV Case Management Program	ICM - Infant Case Management
Immunization Program	MSS -Maternity Support Services	NFP -Nurse Family Partnership Program
Oral Health	TB -Tuberculosis Prevention & Control	STD -Sexual Transmitted Disease
TPC- Tobacco Prevention & Control	PHERP -Public Health Emergency Response Program	Work First Program

Community & Family Health Team-2010

- Linda Bullock, PHN, RN, MSN- CPS Contract Program Coordinator-EFSS, EIP; NFP; MSS, ICM; Epi-Communicable Disease Team- (CD Team,=STD, TB, HIV, Notifiable Conditions)
- Diane Crabtree, PHN, RN- CSHCN Program Coordinator; HCCW; Birth to Three; DSHS Work First Program; Children’s Immunization Program
- Elizabeth Custis, PHN, RN,- Maternal Child Health Program Coordinator-MSS, ICM; NFP; EFSS, EIP; Epi-CD Team
- Joy Fulling, PHN, RN- Epi Communicable Disease Program Coordinator; Immunization Program Coordinator
- Heidi Iyall, Health Educator- Oral Health Program Coordinator, Tobacco Program Coordinator, Community Health Promotion
- Ben Johnson, Health Educator- HIV Program Coordinator, HIV Prevention & Control; Tobacco Program, Epi-CD Team
- Contract service support included: Eunice Santiago, MSW- MSS, ICM; Rosa Borja, Interpreter Services; Annie Merritt, Health Educator, PHERP; Kim Klint, PhD, Mason Matters-Community Assessment and Initiatives
- Lydia Buchheit- PHN, RN,-Community & Family Health Manager

Our success depends on our entire team which includes our Director, Vicki Kirkpatrick, Health Officer, Dr. Diana Yu; Fiscal Department, Casey Bingham and Anne Voice; the Environmental Health Team and our Public Health Clerical, Shelly Bellisle, Sonja Cochran, and Kim Knapp.

Promoting Health through Preventing Disease & Injury

Communicable Disease Prevention and Investigation

The Communicable Disease program has legal requirements for reporting 74 communicable diseases. Reporting communicable diseases benefits the community in preventing the spread of disease through case investigation. Our nurses assist in rapid identification of health threats and aid in the determination of public health priorities through surveillance. The program provides health education and resources to patients, medical providers, and the general public.

Annually each medical provider and the hospital are visited and provided updated CD education, a list of the notifiable conditions that are reportable, along with instructions on how to contact public health during and after business hours. In 2010, the communicable disease program investigated and reported 175 notifiable conditions, which included campylobacter, giardia, shigella, bacterial meningitis, and salmonella. Included were 137 sexually transmitted disease (STD) case reports of positive screenings, identified as Chlamydia Infections (CT). This number was slightly improved from 144 last year. During 2010, Mason County providers continued utilizing the EPT, Expedited Partner Treatment Program which treats partners of patients with CT without them needing to access a medical provider prior to treatment. Reduction and elimination of CT is vital to a healthy Mason County. All Public Health Nurses are cross-trained in CD to ensure adequate coverage during staffing reductions.

Tuberculosis Prevention, Investigation and Treatment

The Tuberculosis program for Mason County helps provide a healthier environment by reducing TB through education, identification and prevention. This program provides case management to individuals with TB disease (active pulmonary TB) and high risk individuals positive for TB infection (latent TB). This includes screening, lab and x-rays, education and monitoring of medication for 6 months or more per client. In the case of an active TB patient, directly observed therapy (DOT) is conducted for the full course of treatment. DOT means that a Public Health Nurse (PHN) directly observes the patient taking all doses of medication. It also includes identification and screening of contacts, followed by contact treatment if indicated.

In 2010, the TB program case managed 1 active TB cases, 5 contacts for latent TB treatment and 7 other TB investigations that resulted in no further follow-up needed.

HIV Prevention & Support Program

HIV Outreach & Education: In 2010 we provided HIV education services for high risk youth in a detention setting to increase knowledge of HIV transmission and prevention methods. We reached an average of 5-10 predominately male incarcerated youth per week. Adult education classes, to reduce sexual risky behavior and HIV transmission by increasing AIDS knowledge, were conducted at St Peter Chemical Dependency, BHR and Skokomish Tribal Drug Treatment and averaged 5-10 participants per session. One new HIV+ client was provided a 3-session intervention offering intensive, individualized support, and counseling.

HIV Counseling and Testing: The goal of on-going voluntary, confidential HIV counseling/testing services is to identify cases of HIV and to provide HIV Prevention Counseling to clients. In 2010 we tested approximately 10 residents per quarter, predominately heterosexual.

Case Management: We provided services for 13 HIV/AIDS clients for a total of 327 home or office visits as outlined by the Ryan White CARE act. The range of client-centered, coordinated services included assistance with housing, food, transportation, utilities, medical and pharmaceutical supplies, access to social and health service programs, emergent problem-solving with referrals to dental, medical, psychosocial, and legal services as well as various other community resources. Key activities are assessing, planning, implementing and evaluating client needs in accordance with a comprehensive plan. The goal is to prevent transmission of HIV

and to maintain and improve the overall health status and quality of life for the citizens with HIV/AIDS our county serves.

Immunization Program

At the close of the 2008 year, due to budget projections, we closed our Immunization Clinic, which included children's immunizations, and adult immunizations for travel and work. We continue to work with our community medical providers to assure immunization availability in our community. We continue to receive federal funding to improve access to immunization services, support community providers to provide children's vaccines, and perform accountability activities in accordance with federal requirements.

Accountability Activities: We cross-trained another PHN for Immunization Coordinator activities as back up with our budget reductions and shrinking nursing staff. Ten site visits were completed with our Vaccine for Children (VFC) providers and 10 AFIX assessment reports were completed on their activities. We enrolled a new VFC provider in the North end of the county and continued monthly oversight, ordering and tracking VFC vaccines for Mason County medical providers.

Adult High Risk Immunization: In 2010 we continued to not provide vaccine at our department and we did not order any adult seasonal flu vaccine ourselves, but spent the year working with community providers and pharmacies to better serve the needs of our community around adult flu and Pneumococcal vaccines. We also emphasized available resources in our community offering immunizations.

MCPH undertook a media campaign this year with the theme "It's never too late to vaccinate". This included, banners in our community during flu vaccination season, facebook postings, newspaper ads and postings on our website. All meant to increase the uptake of adult vaccines, including flu and pneumococcal vaccines. Due to budget we did not order any seasonal flu vaccine for the 2009-2010 flu season. It was our objective to focus the public on getting their flu shots at their medical provider's or at other community locations.

Local Identified Activity: In 2010 our goal was to increase childhood vaccine uptake in our county and thereby increase our county's vaccination rates over all. It was our objective to highlight our community resources, and encourage parents to vaccinate their children even if they are behind. Our logo/theme: "It's never too late to vaccinate". Results on Mason County immunization reate will be available in April 2011.

Promoting Health through Protecting From Unsafe Environment And Promoting Healthy Lifestyles

Tobacco Prevention & Control Program (TPC)

Quit Line Outreach: Distributed Quit Line materials to WIC, Planned Parenthood, BHR, DSHS, Work First, medical and dental clinics, MGH, pharmacies, Mason County Fair, tribal health fairs, and other community health fairs.

Provided quarterly cessation education for women in the Harvest Program outpatient chemical treatment program (25 women total). Encouraged cessation and promoted the Quit Line for Mason County Health Challenge participants. Delivered 67 Quit line resources to MGH, English and Spanish.

Compliance Checks: Prevent youth access to tobacco products through tobacco retailer compliance checks. In 2010 we trained 1 youth on how to do compliance checks and performed onsite retail education to approximately 29 retailers, reminding them of their responsibility, offering resource material, and informing them about random compliance checks. We conducted 21 SYNAR checks (4 sales, 17 no-sales), using 2 youth 29 SYNAR checks (2 sales, 27 no-sales), using 1 youth, for a compliance rate of 81%.

Peer Education Program: Trained co-worker and one youth how to conduct compliance checks. Compliance check results reported to media outlets and BOH.

Public Education: Raising community awareness and increasing media attention to TPC activities included 8 press releases to local media on various TPC topics and organizing the Great American Smoke out cigarette butt pick-up at local skate park that included hundreds of student youth participants from Shelton HS and OBJH. Miss WA USA joined us for the event taking pictures with students and encouraging them to abstain from smoking and chewing tobacco. The students were asked to sign a pledge to quit or reduce smoking for one day and made anti-tobacco signs hang up around the schools. Smoke Free Environment Promotion and Education activities included: creating and disseminating a smoke-free housing survey to 25 multi-unit housing complexes in Mason County, developing a policy and procedure for Smoking in Public Places, RCW 70.160, enforcement, responding to one complaint of a business violating RCW 70.160, and adding a Smoking in Public Places reminder to Food Permit renewal mailing to 250 county businesses. Provided tobacco education to 3 female participants at BHR Harvest program and 10 participants at Turning Pointe Domestic Violence Center.

Oral Health

ABCD: Completed 140 enrollments of Medicaid-eligible children in the Access to Baby and Child Dentistry (ABCD) program. Completed dental referrals for 22 Medicaid-eligible children (ages 6-18) and 28 uninsured adults. Distributed 194 Oral Health Kits to new parents delivering at MGH (116 in English and 78 in Spanish).

Coalition Work: Facilitated monthly Dental Coalition meetings in 2010. Operated Mason Community Dental Clinic, providing care to 923 patients for a total value of \$802,017 in dental care. Patients served included: 38% Medicaid adults, 34% of low-income, uninsured adults with dental emergencies, 29% Medicaid children, 1% adults living with HIV/AIDS. Provided oral health referral information and training to 5 pediatric/family practice clinics and 1 OBGYN clinic. Organized WA Dental Service Foundation training at Oakland Bay Pediatrics to screen oral health and apply fluoride varnish during well child exams. Organized dental screening day at Evergreen Elementary (bi-lingual) School, recruiting local dentists and hygienist volunteers, to be completed in January 2011. Worked with 9 schools to identify families in need of insurance, medical, or dental providers through questionnaire, resulting in 111 families being linked to services. Received funding from Community Foundation and Homeless Plan to help with emergency charity care for uninsured populations.

Smile Survey: Completed Smile Survey for Kindergarten and 3rd graders in 7 county schools. Waiting for state data to complete report and disseminate results to the community. This oral health assessment will help identify disparities and support initiatives to improve the oral health needs in Mason County.

Early Family Support (EFSS) and Early Intervention Program (EIP)

These programs provide in home visitation services for families that are screened by CPS to be low to moderately low risk of abuse or neglect but still have enough risk to warrant education, training and monitoring. The Public Health Nurse serves as a case manager going into homes to provide assessment, identification of health risk factors, health and parenting education, developmental testing and community referrals and linkages. Both the EFSS and EIP programs provide services to families in the least intrusive manner gaining the trust of the family to improve family stability, prevent future referrals to CPS for neglect and abuse, and improve the safety of children. All referrals are received from CPS and some referrals are co-managed by an assigned CPS caseworker and a Public Health Nurse. Two public health nurses share a maximum open caseload of 18 clients.

In 2010 there were 27 new family referrals to the program and a total of 96 home visits completed. 19 cases were discharged and exit summaries completed.

Nurse Family Partnership Program

The Nurse Family Partnership (NFP) program is a best practice intensive home visitation program offered to first-time parents. This program engages clients beginning in pregnancy and continues until the child turns two years of age. The program is designed to help first-time parents succeed by promoting a healthy pregnancy and helping clients learn to be competent, responsible parents. NFP nurses also encourage self-sufficiency by helping parents develop a plan to complete their education and become employed.

In 2010 we served 17 NFP clients and provided 136 home visits. Two clients graduated, for a total of 25 graduates since inception in August 2001. We have enrolled 75 clients over the past 9 years: 40 clients have either graduated or are still in the program, 5 have transferred to other NFP programs, 30 have dropped the program, 19 of which moved out of the service area.

Our data shows our clients had a 15% reduction in the number of smokers that our clients completion rate for immunizations was 89% and 86% of our NFP clients initiated breastfeeding which is well above the Healthy 2010 goal of 75%. The NFP model is an evidenced based program demonstrating positive effects like a 48% reduction in child abuse and neglect and outcomes supporting promotion of school readiness.

The Federal Health Care Reform Act has highlighted targeted best practice home visitation programs like NFP and new funding streams are being developed. Due to budget cuts and reduced staffing, our NFP program had to scale back in 2010. In December of 2010, Mason County's NFP program applied for and received a new Thrive by Five grant that will return our program to full capacity in 2011 could possibly provide funding through 2015.

Maternity Support Services (MSS) & Infant Case Management (ICM)

The First Steps Program (MSS & ICM) serves low-income pregnant women by providing information and support to ensure healthy birth outcomes. The goals of the program are to prevent pre-term and low birth weight newborns by promoting early prenatal care, smoking cessation and healthy lifestyle choices, including avoiding alcohol and substance abuse. Clients are eligible to receive visits from a nurse, social worker/behavioral health specialist and nutritionist. Case management is provided for high-risk families during pregnancy and up to one year postpartum. Infant Case Management provides linkages and referrals to support services in the community. The program also strives to ensure that all women have access to reliable birth control to prevent future unintended pregnancies. Due to state program changes in criteria for this program and budget cuts, nurses provided few home visits to clients in this program.

In 2010, two Public Health Nurses and a bilingual social worker served 107 women and 76 infants, providing 649 home visits to these clients.

Children with Special Health Care Needs (CSHCN)-Birth to Three & Work First Programs

The CSHCN program provides support and assistance to families with medically and developmentally at-risk children to promote better access to care and services. Birth to Three provides developmental screenings for children ages birth to three years for the Shelton School District through a contract, which we assisted with for the first half of 2010. Work First evaluations are completed by a nurse to provide an assessment of TANF participants and recommendations to assist the parent in being able to seek and maintain employment, while caring for a child with special health care needs.

During 2010, we provided home or phone contacts with 91 families of Children with Special Health Care Needs, 26 home visits for the Birth to Three program and 9 visits for DSHS Work First referrals. Of these, families 23% were Spanish speaking and needed an interpreter for visits or coordinated services. Most of the families served are at or below the poverty level. Referrals come from various sources such as hospitals,

neuro-developmental programs, schools, parents, Department of Social and Health Services (DSHS) and other nurses in the health department.

Nurses also participated in community resource development which includes: regional CSHCN meetings with other CSHCN nurses and the Department of Health, meetings with the Birth to Three Early Intervention Program staff at the Shelton School District as their health consultant, Center for Advocacy and Personal Development, Interagency Council on Early Childhood Education, Pediatric provider meetings at Mason General Hospital, the OB department to discuss Newborn Hearing Screening, Division of Developmental Disabilities; DSHS Work First Program, and Head Start.

Healthy Childcare of Washington (HCCW)

HCCW state funding provides the availability of a public health nurse for consultation to childcares in Mason County. Some of the consultation topics discussed were communicable disease, immunizations, child development, access to medical care, diapering, feeding, non-communicable disease, oral health, social-emotional development, child abuse and neglect, emergency preparedness, health policy reviews, and children with special needs.

Other services that were provided were a Mason County childcare newsletter which addresses a different topic every two months sent to all providers. The HCCW nurse was a STARS (State Training and Registry System) certified trainer to provide training to childcare providers for continuing educational credit. Meetings attended include Regional Childcare Consultant meetings with other nurses and a two-day meeting/training in Ellensburg. The CSHCN nurse also facilitated a community meeting called Mason County Healthy Childcare Stakeholders.

There are 58 licensed childcares in Mason County. In the first half of 2010, consults by phone and in person numbered 52. Due to planned budget cuts by the state in this program, and staff reductions due to retirement, this program was only offered until June 30, 2010.

Promoting Health through Partnership

Community Health Promotion

Workplace Wellness and Employee Health: Conducted the 5th Annual 2010 Mason County Health Challenge, 171 employees from 12 worksite participated in the Health Challenge ~ Active for Life program. Mason County Public Health partnered with American Cancer Society to utilize the Active for Life online tracking tool and set up 10-weeks of health classes, activities, and newsletters to assist adults in becoming more active, eating better, engaging in healthy behaviors, getting preventive care, and achieving a healthy weight. Survey results indicated people increased their activity level and benefited from participating:

- Only 10.4% exercised regularly (4 or more days a week) at the beginning of the Health Challenge, compared to 42.7% at the end of the Health Challenge.
- The top benefits to participating in the Health Challenge reported included: feeling better physically, feeling better psychologically / feeling better about myself, planning to make physical activity a regular part of my day, setting a goal, and being part of a team.
- The top barriers to participating reported included: bad weather, lack of time to exercise, and illness/injury.
- 94.7% reported they would participate in the Health Challenge in the future.

Mason County Community Health Report Card: Developed a communication plan to disseminate the community health status information collected in the Report Card and 2010 County Health Rankings report. The strategy included offering a PowerPoint presentation to school districts, businesses, community agencies,

civic groups, and local leaders to provide information about local health indicators, health outcomes, and the factors that influence community health. The presentation has been shared with 24 groups, for a total of 490 individuals. Community feedback was solicited through a survey to identify health priorities, which will be used to develop a community improvement plan. Thus far, 301 surveys have been completed.

Mason Matters: Mason Matters is a non-profit community capacity-building/community mobilization initiative supported by MC Public Health and Hospital District #1. Besides assisting Public Health with community needs assessments other Mason Matters' Work Plan activities in 2010 included:

- Mason County Public Health is the lead for the MAPP (Mobilizing for Action thru Planning and Partnership) process and Mason Matters staff served on the Steering Committee as well as participated in first phase assessment and data collection activities.
- Mason Matters worked with MC Public Health Educators to educate school leadership (superintendents) on the relationship between student success and student health. In the Fall of 2010, MC Public Health was invited to participate in the evaluation of public school district curriculum and relate-promoting policies and procedures with Shelton School District. To support the goal of offering healthier food menus to students, Mason Matters and WSU Cooperative Extension started the planning process to implement a Farm to Cafeteria Program. The impact of this effort will be measured in 2011 (and added to the 2011 Work Plan).
- Partnered with Public Hospital District #1 and Behavioral Health Resources to develop a plan to address lack of medical home for individuals with mental health (a grant was submitted to HRSA in October 2010)
- Offered technical assistance to Heart for the Homeless, a new organization interested in supporting chronically homeless individuals.
- Partnered with Mason General Hospital and Love, Inc to develop a community response to lack of summer meals for low-income youth (wrote a grant on behalf of group)
- Completed five 2010 Mason County Data Series sheets
- Assisted Mason County Public Health with data for grants and 1/10 of 1% Mental Health proposal.

Vital Records

- Mason County Public Health is responsible for certifying death records and issuing certified birth and death certificates. In 2010 we Issued 609 death certificates and 1091 birth certificates. Much of our statistical data for Mason County is derived from birth and death certificates.

Promoting Health through Preparing for Response to Public Health Emergencies

Public Health Emergency Response Program

The purpose of emergency preparedness is to develop improved capacity and infrastructure for public health preparedness and response to acts of terrorism, all hazards, other outbreaks of infectious disease and other public health threats and emergencies including the potential of surge capacity for Mason County's health care system response. This work will support the ultimate goal of building an improved statewide system of emergency response, with state and local public health jurisdictions and local/regional partners. 2010 accomplishments:

- Reviewed, updated and enhanced local emergency response plans, to include our Strategic National Stockpile Plan and Pandemic Influenza Plan.
- Created an Alternate Care Facility Plan
- 24/7 capacity assessment of notification of key/lead staff in the event of a community emergency.
- Participated in exercises that drilled our local and regional emergency response plans.

- Participated in monthly meetings with the Mason County Emergency Management planning team.
- Participated in monthly meetings with the Mason General Hospital Disaster Team.
- Participate in Region 2(Harrison Hospital) Health Care Coalition Meetings.
- Continued to be compliant with National Incident Management System (NIMS) requirements, which entails all public health staff completing a number of Federal required courses.
- Continuously developing and maintaining collaborative relationships with our community partners around emergency preparedness planning. Participation in planning efforts with: local businesses, tribes, hospitals, pharmacies, community health centers, skilled nursing facilities, health care provider personnel, health care provider agencies, emergency management, first responders, local elected officials, and other community sectors.
- Focused on recruitment and training for the Mason County Medical Reserve CORP volunteers.