

Performance Measure #1 – Increase the uptake of new and under-used child and adolescent vaccines; specifically focusing improvement efforts and reporting on Varicella, Rota Virus, HPV and Pediatric Influenza.

Reporting Measure

A: Number of doses of vaccine ordered by each LHJ

B: Number of doses administered as recorded in CHILD Profile

PM#	Objectives / Strategies	Action	Status As of Dec. 31, 2009
1	Increase use of CHILD Profile (CP) among vaccine providers.	Collect baseline data. Provide training, demonstration, and incentives to providers. GCHD enters data if providers are not entering.	GCHD was performing data entry for one of our smaller providers who felt they did not have the capacity to perform data entry. Peer-to-peer training was provided and it is no longer necessary for the health district to perform data entry. To-date, 95% of GCHD VFC providers are utilizing CP. CP training and demonstrations are provided as needed. GCHD staff is available to answer questions over the phone or to “walk” providers through any issues that may arise. If we are unable to assist, we reinforce the use of the CP help desk. The opportunity for further CP training is offered at site visits
1	Increase/Enhance the use of Vaccine Reminder/Recall systems.	Collect baseline data.GCHD immunization coordinator will teach 2 support staff and will monitor accomplishment of reminder/recalls. GCHD staff will promote and demonstrate reminder/recalls using CP for vaccine providers. Incentives.	PHAs (support staff) were trained in conducting generalized reminder/recalls using CP. The recalls included both children and adults. GCHD performed two major recalls in 2009, which generated a total of 1,125 letters. As for providers, the use of CP is always encouraged. Specifically, the reminder/recall report is encouraged to help providers increase their immunization rates. A demonstration is offered whenever on site visits are conducted. However, most providers utilize their own EMR system and/or another outside source.
1	Decrease vaccine exemptions by working with school and childcare staff.	Immunization training for school staff and for childcare provider staff. Follow-up communications regarding vaccine-preventable diseases, targeted toward susceptible or unimmunized students.	Involving school staff, specifically the nurses, in our school-based clinics has helped them understand the importance of Child Profile. School staff was accustomed to their own database, which is primarily based on patient/parent report of immunizations; it was beneficial for them to work with us and see the discrepancies between CP and those of their own internal system. Collaboration during school varicella outbreaks has also proven Child Profile to be a useful tool for all. GCHD nursing staff reviewed childcare immunization records with recommendations and timeline for compliance and discussed immunization policies regarding exemptions. Health educator/nurse conducted STARS training with childcare providers on immunizations and communicable diseases.
1	Active promotion of immunizations to increase uptake of varicella,	Health educator will assist nursing staff in promoting vaccines through HCCW activities (to parents and through community	GCHD promoted our back-to-school immunization clinics for kindergarten and 6 th grade students. Vaccines were offered for children age 5 and older, with the exception of HPV vaccine. Regarding outbreaks in Grant County in 2008 we

	rotavirus, and other vaccines.	level activities), and other child-focused venues, including schools, parent-groups. GCHD will provide "Back to School" information or clinic during open houses at area school(s). Immunization coordinator will provide provider office nurses education on vaccination schedule of Rotavirus. Immunization coordinator will share updates with providers regarding CDC data/VAERS reports regarding Rotavirus.	experienced measles and chickenpox outbreaks simultaneously. As a result, there were multiple communications to providers and the public in general regarding recommendations for vaccination. Free school-based varicella clinics were provided for close contacts of suspect cases.
1	Increase flu vaccine utilization.	Active promotion of influenza vaccination by health educator. Plan project(s) with 1 or more schools regarding flu immunizations.	School-based flumist outreach clinics in 2007-2009. Annual radio PSAs regarding promotion of influenza vaccinations. Conduct annual flu shot clinics in the community. Provided on-site flu vaccinations for staff and children at licensed childcare centers. For in-home care providers, offered \$5 vouchers for redemption at public flu shot clinics. Provided educational materials to parents via childcare providers.
1	Increase HPV vaccine utilization.	Promote and offer training to Family Planning and other service providers regarding HPV vaccine. Provide vouchers for HPV vaccine at special events. Integrate HPV vaccine promotion with community-level prevention activities (CPIP group). Provide "Back to School" information or clinic during open houses at area school(s).	Letters and reminder emails sent to VFC providers to encourage the vaccination of patients with HPV prior to HPV vaccine no longer being universal in 2009. Provided educational materials at health fairs and newspaper print ad. HPV was not promoted as initially intended.

Performance Measure #2 – Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.

Reporting Measure

A: Percent of notifiable condition cases reported to the LHJ within the required timeframe (per WAC)

B: Percent of notifiable condition cases reported to the LHJ where investigation was initiated within the timeframe specified in the Guidelines

C: Percent of notifiable condition cases reported to the LHJ with a completed investigation as indicated by completion of "essential fields"

PM#	Objectives / Strategies	Action	Status As of Dec. 31, 2009
2	Communications with healthcare providers to provide information on	Public health associates and IT to support the creation of CD reporting resource notebooks and on-line	- CD binder developed and shared with providers in 2007-2008, included most up-to-date notifiable

	notifiable conditions.	updates. Nurse to visit healthcare providers, hospitals, and clinics with notebook. Development of protocols for notification of healthcare providers regarding surveillance issues.	<p>conditions information, including special section on tuberculosis.</p> <ul style="list-style-type: none"> - Laminated Notifiable Conditions handout developed for providers and child cares. - Public Health Alerts (email/fax) to providers/schools during outbreaks with reminders of reporting requirements for CD and to report any noticeable increase in CD activity in general. - Communicated new H1N1 reporting requirements to hospitals/providers for hospitalized pt. - Upon initiation of treatment of 5 new TB cases during 2009, new GCHD staff trained on active TB protocols and PHIMS-TB. <p>-Provided visits to <u>providers</u> regarding reporting/testing requirements for H1N1 and review current CD/employee vaccination policies.</p> <p>- <u>Child care</u>- visited child care centers to review CD policies and provided most current notifiable conditions information.</p> <ul style="list-style-type: none"> - GCHD Website – Section for Health Care Professionals with link to DOH notifiable conditions. <p>EPT Program STD's, PHIMS-TB.</p>
2	In-house training and QI activities to improve investigation and reporting.	Training for responding staff based on existing case audit data. PHA assigned to CD/TB activities to work with CD nurses. PHA will enter cases in PHIMS based on information from responding staff, and will assure "essential fields" completed within appropriate timelines. Currently advertising for a nurse (1 FTE) who will oversee communicable disease reporting and investigation performance and deliverables.	<ul style="list-style-type: none"> - Staff turnover in 07, 08, and 09. Current CD nurse has 10+ years experience here as CD nurse till 2007. - Hired a support nurse for CD program 2009. - We did hire a PHA to assist in CD, but we determined it was best to have investigators doing the PHIMS entry. - PHA was hired to assist with CD/TB activities, primarily TB. <p>In house chart reviews of completed notifiable conditions reports/charts for past 2 years, and is currently in progress r/t 2009. Meeting planned in 2010 to work on system to improve timeliness and completion rates.</p>

Performance Measure #3 – Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities, or primary medical care.

Reporting Measure

A: Number and description of LHJ activities and interventions to address obesity or chronic disease and association risk factors in the community.

PM#	Activity	Resources	Status As of Dec. 31, 2009
3	Workplace wellness activity will be tested and promoted community-wide.	Current GCHD workplace wellness activity will be evaluated; conclusions and recommendations will be shared community-wide.	<p>We started a "Biggest Loser" Workplace Wellness challenge in January 2008 with a goal to improve our health and hoping that by improving our own health we could encourage our families and co-workers to do the same. In 2008 we had a combined weight loss of 217.6 pounds; in December of 2008 we donated to the local food banks an equal amount of non- perishable foods to celebrate our loss.</p> <p>In 2009 we continued our weight loss challenge; our group was smaller but we still ended up with a combined loss of 52 pounds. We started our 2010 challenge with 9 participants on January 4th; to date we have lost 22 pounds.</p> <p>Since January 2008 our group has lost a combined weight of 291.5 pounds; every team member has been able to either lose weight or maintained his/her weight.</p> <p>Impacts on our work environment include: employees are walking in groups during lunch or after work, conversations during lunch and breaks most of the time are about nutrition and making healthy choices.</p> <p>The HD wellness program has not only improved the health of the HD employees but also in some cases the health of our family and friends; due to the success of our HD Biggest Loser program I was asked by a group of friends to start a "Biggest Loser" group outside the office.</p> <p>Additionally the bargaining unit contract included 20 minutes of wellness information/presentation at each "all staff" meeting (every other month).</p> <p>Evaluations are ongoing and recommendations from our experience have not yet been shared community-wide.</p>
3	BFNEP activities integrated into currently existing focus.	BFNEP activities to include Head Start, corresponding with existing plans with Head Start and Migrant parent groups, youth programs, and Hispanic Health coalition focus.	BFNEP services have been provided to Head Start agencies, we have used LCDF funds for the match, as 5930 funds have been utilized on funding priorities 1 and 2.
3	Safe Kids activity integrated with Healthy Communities projects.	Local Safe Kids "walk to school" activities promoted and conducted in conjunction with	<ul style="list-style-type: none"> • GCHD Participates in the Moses Lake Trails Planning Team. • Coordinated with Ephrata schools to hold Walk to School events

		Moses Lake's HC Trails Planning Team's "walkability" efforts.	<p>in 2008. In 2009 the schools coordinated the events on their own. Coordinated Walk to School events with Moses Lake schools in 2007-2008.</p> <ul style="list-style-type: none"> • Assisted a Moses Lake schools with crossing guard training in 2007-2008. • Assisted Ephrata schools with walkability evaluation and grant writing. • Assisted Moses Lake schools with flashing light application in 2008-2009. • Discussed school zones with Ephrata city council in 2008. • Assisted Moses Lake School District by providing bike helmets for the bike safety education taught in their PE classes.
3	Healthy Youth survey report on consumption of soda, etc. to be distributed to educators and parents; best practices will be researched, not to be fully addressed until additional funding is obtained.	Assessment coordinator will work with school administrators regarding the report. Assessment coordinator will pursue grant-writing training.	Assessment coordinator did work with school administrators and sent out information regarding youth consumption on sodas. Best practices have not been researched for this, and assessment coordinator has not received grant-writing training.
3	GCHD staff will work with Hispanic Health Coalition to increase participation and "ownership" among Hispanic partners.	This partnership was started with a Washington Health Foundation grant and is not yet firmly established. GCHD staff involved: PHN and bilingual outreach workers.	Partnership with MLCHC to provide nutrition and health information to as many communities in our county as able. Attending Community health fairs, Community days, and other special events such as Children's day in Warden and the Farmers Market and the Fiesta Mexicana. Events that have a large Hispanic population we try to take traditional recipes and convert them into a healthier version. A "booth" has been set up at the Food Bank with information for our families with little money.
3	GCHD "Fit for Life" staff (PHN) will take grant-writing training.	GCHD will allocate time and travel expense for this.	A staff person received training, but is no longer with the agency.