

**Whatcom County
5930 Progress Report
2008-2009**

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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	Progress To Date
1	<p>Increase linkage to and effective use of Child Profile</p> <ul style="list-style-type: none"> ▪ By December 31, 2008, two provider practices that do not currently use Child Profile or do not upload data on a routine basis will demonstrate improved use of Child Profile (Target: 4 practices) ▪ By December 31, 2009, two additional school districts will have access to Child Profile (Target: Meridian, Mt. Baker, Ferndale, and Lynden) 	<ul style="list-style-type: none"> ▪ Prioritize staff time to work with specific target practices and school districts ▪ Identify and utilize local physicians and provider office staff to serve as Child Profile “champions” with their colleagues ▪ Provide incentives/ supports for providers and school districts getting on Child Profile 	<ul style="list-style-type: none"> ▪ One additional practice tentatively agreed to sign up for Child Profile (2008) ▪ Four additional school districts (Mt. Baker, Ferndale, Lynden and Meridian) are now linked to Child Profile resulting in all school districts in Whatcom County being linked to CHILD Profile.
1	<p>Increase implementation of effective immunization reminder and recall systems</p> <ul style="list-style-type: none"> ▪ By December 31, 2008, four additional provider groups will use reminder and recall systems that include more than one reminder. (Target: practices with up-to-date immunization rates <80%) 	<ul style="list-style-type: none"> ▪ Increase staff/health officer time spent on provider relations and systems quality improvement ▪ Contract/collaborate with Child Profile staff for setting up recall systems 	<ul style="list-style-type: none"> ▪ Staff met with practice manager for FCN (includes multiple practices) to encourage improved use of Child Profile and enhanced reminder systems to increase immunization rates. (June 2008)
1	<p>Increase parent knowledge and understanding of immunizations and other communicable disease prevention approaches</p> <ul style="list-style-type: none"> ▪ By December 31, 2008, implement at least four activities to increase parent knowledge and understanding (Target: parents of school age children and pregnant mothers/parents of newborns) 	<ul style="list-style-type: none"> ▪ Implement immunization marketing/education campaign associated with “Back to School” and school sports physicals ▪ Develop and/or distribute educational materials for new parents/parents-to-be focusing on infant immunizations and communicable diseases (child birth classes/post-partum information at hospital) 	<ul style="list-style-type: none"> ▪ Immunization information distributed at high school Sports Physical Night in May 2008. ▪ Worked with WWU Community Health students to develop immunization social marketing campaign targeted at parents of school age children (Spring 2009) ▪ Educational materials and media messages developed and distributed encouraging seasonal and H1N1 flu vaccination for children, pregnant women, and household contacts/caregivers

			of young children. (Fall 2009)
1	<p>Increase health care provider and school/child care personnel knowledge and understanding of four priority vaccines: pediatric influenza, rotavirus, HPV, and varicella (need for 2nd dose)</p> <ul style="list-style-type: none"> ▪ By December 31, 2008, implement at least two activities to increase provider knowledge of priority vaccines. (Target: all pediatric, family practice and Gyn providers) ▪ By December 31, 2008, implement at least two activities to increase school and child care health personnel knowledge of priority vaccines (Target: Whatcom school districts, child care centers) 	<ul style="list-style-type: none"> ▪ Develop and/or distribute educational materials/newsletters to providers and school/child care health personnel 	<ul style="list-style-type: none"> ▪ Staff have encouraged providers to utilize new and underused vaccines during provider visits and contacts. MD faxes have included: new varicella requirements and pediatric influenza. ▪ Immunization Newsletter included information on priority vaccines. (2008) ▪ Staff presented information about priority vaccines and immunization updates at Spring and Fall school nurse meetings. (4/08,10/08, 4/09, 10/09) ▪ Information about pediatric flu vaccine provided at child care centers through flu clinics for staff. (Fall 2008)
1	<p>Reduce school immunization exemption rates (added for 2009)</p> <ul style="list-style-type: none"> ▪ By December 31, 2009, two school districts will modify registration processes to reduce “convenience” exemptions. 	<ul style="list-style-type: none"> ▪ Meet with school district staff to review registration processes/systems 	<ul style="list-style-type: none"> ▪ Met with Bellingham School District staff to review procedures and stress importance of school secretary and school nurse role in assuring positive immunization messages ▪ Introduced new “Certificate of Immunization” forms with school nurses (separate form needed for exemption)

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# 2	Objectives / Strategies	Action	Progress
2	Increase local health jurisdiction capacity to investigate and report notifiable conditions within required timeframes.	<ul style="list-style-type: none"> ▪ Hire additional new staff (1.0 FTE PHN); send to CD and PHIMs training; familiarize them with 2002 guidelines in PHIM ▪ Conduct an in-house training on the policy for timely and complete case investigation 	<ul style="list-style-type: none"> ▪ All staff attended via iLink a training using PHIMs reporting. Full time employees completed training in 2008 through Smart PH. ▪ A: Reporting timeliness increased from 86% in 2008 to 95% in 2009. ▪ B: Investigations were initiated within the specified timeframe 100% for 2008 and 99% for 2009. ▪ C: Investigation completeness went from 86% in 2008 to 96% in 2009.
	Improve investigation and reporting of Hepatitis C <ul style="list-style-type: none"> ▪ By December 31, 2008, report 90% of Hepatitis C cases within timeframe ▪ By December 31, 2008, follow up with 80% of ACUTE Hepatitis C cases to assess patient notification and education 	<ul style="list-style-type: none"> ▪ Hire Temp (PHN) staff for backlog. ▪ Estimated time dedicated to this: 1 day per week initially, then ½ day per week until new staff is hired and oriented. 	<ul style="list-style-type: none"> ▪ Acute Hepatitis C investigations were initiated within one working day of notification 100% of the time in both 2008 and 2009. ▪ 100% of acute Hep C cases were reported within 7 days of completion or 21 days post summary.
2	Improve investigation and follow-up of sexually transmitted diseases to ensure adequate treatment <ul style="list-style-type: none"> ▪ By December 31, 2008, investigate at least 20% of Chlamydia and 20% of Gonorrhea cases including contact follow up 	<ul style="list-style-type: none"> ▪ Hire 0.5 FTE PHN ▪ Participate with Expedited Partner Therapy (July or Dec) 	<ul style="list-style-type: none"> ▪ Staff assigned to STD work have completed training in PHIMs STD reporting module. ▪ Expedited Partner Therapy (EPT) data collection began in July 2008. EPT program began in Jan 2009. ▪ Reporting within the 3 day timeframe increased by 7.5%. ▪ As of Dec 2009, 75% of Chlamydia and 79% of Gonorrhea cases had been investigated.
2	Increase provider reporting of notifiable conditions <ul style="list-style-type: none"> ▪ By December 31, 2008, demonstrate at least 10% increase in annual provider reporting 	<ul style="list-style-type: none"> ▪ Hire 0.5 FTE PHN ▪ Personally visit Emergency Department and 50% of health care sites in the county to educate providers and RNs about notifiable conditions 	<ul style="list-style-type: none"> ▪ 100% of health care sites were visited and provider packets were distributed to all sites in 2009. ▪ STD provider reporting increased by 42%.

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	Progress
3	No activities planned with 5930 funding (2008)		
3	Develop a "Healthy Whatcom" Action Plan with focus on nutrition, physical activity and tobacco policy in: schools, worksites, healthcare settings, and the community (Added for 2009)		<ul style="list-style-type: none"> ▪ Applied for and received ACHIEVE grant from National Assoc of Chronic Disease Directors/CDC (March 2009) ▪ Convened community partners (April-Sept 2009) ▪ Completed draft Community Action Plan for nutrition, physical activity and tobacco (Sept 2009)