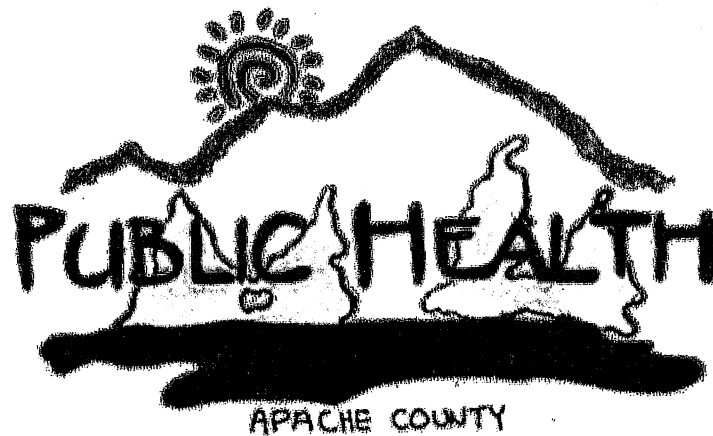


2008-2009

Annual Report

Apache County Public Health Services District



September 15, 2009

Presented by

Elizabeth Kizer, Director

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## **Introduction:**

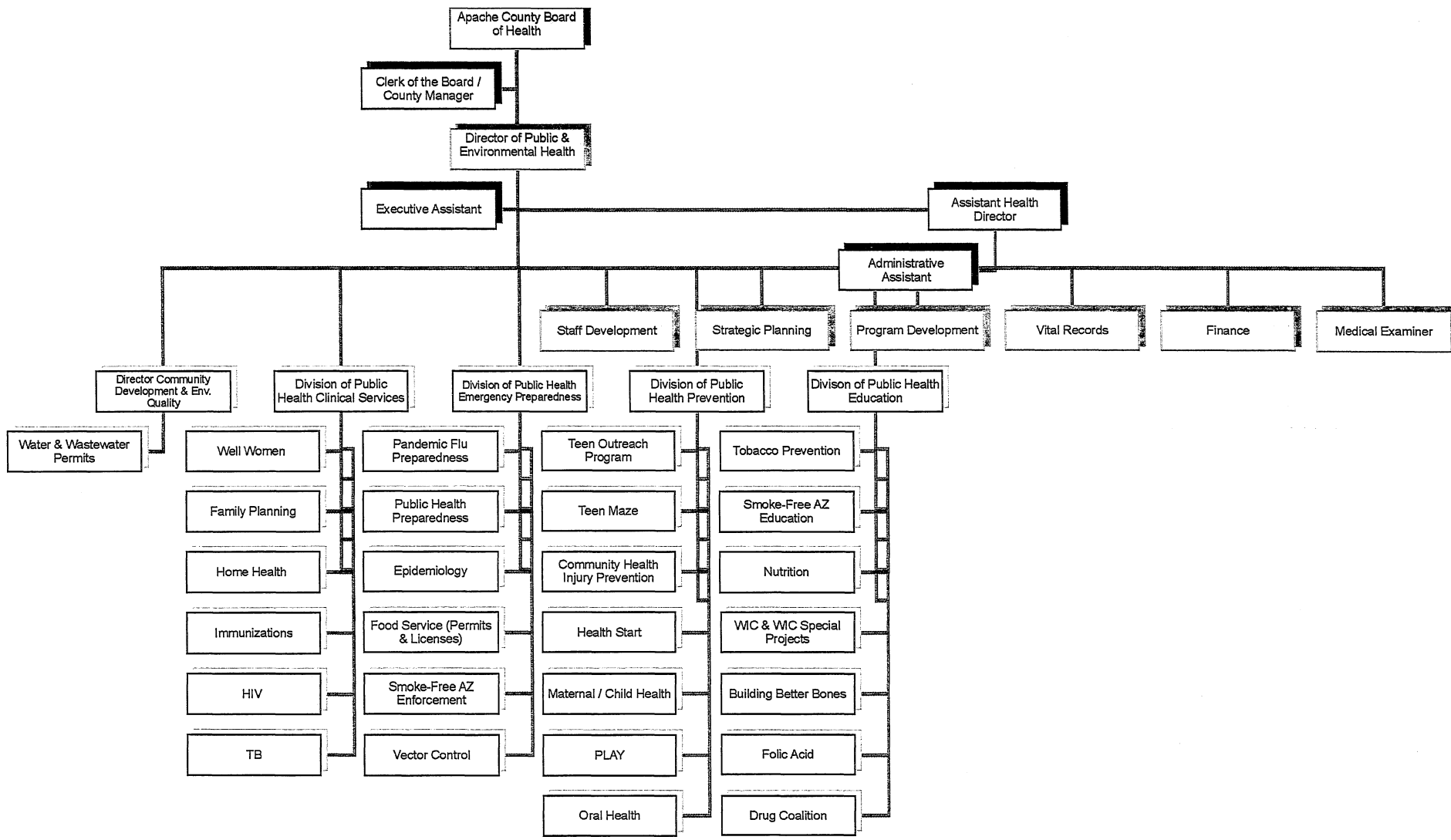
On July 1, 2007 the Apache County Public Health Services District (ACPHSD) was formed. We have now operated as a District for two full years. This change has fostered significant developments in the provision of public health services in Apache County. Not only have new services become available, but infrastructure improvements have been made, and organizational restructuring including the creation of new positions has led to greater accountability, better communication, and a greater sense of shared purpose among public health employees. It is my pleasure to present these accomplishments and more in this report.

The accomplishment that stands out as most significant for this year is the creation of a public health staff development program. This program ensures that all public health professionals receive relevant training on a regular basis. During the reporting period classes in governmental ethics, bloodborne pathogens, sanitation/MRSA, discrimination/harassment, chronic disease management, self-reliance, personal preparedness, personal improvement (Pacific Institute PX2), foodborne illness, worksite safety, grant writing and many more were offered. Further, the District adopted a policy mandating staff to obtain a set number of training hours each calendar year. Most classes were offered more than once to accommodate the varied schedules of 35 staff members.

The annual report, though required by A.R.S. § 36-186(7), is an opportunity for the Director to formally report the progress and challenges of the past year, as well as to make recommendations for the future. It is my hope that this report will provide some insight into the valuable services provided by the Apache County Public Health Services District employees as well as outline how the District has enhanced public health services in the 2008-2009 fiscal year. Our recent successes are complimented by supportive leadership at the county level. I would like to extend my gratitude to the Apache County Board of Health/Supervisors and County Manager. In partnership we have made great progress this year.

Best Health,

Elizabeth Kizer, Director



Apache County Board of Health

Clerk of the Board / County Manager

Director of Public & Environmental Health

Executive Assistant

Assistant Health Director

Administrative Assistant

Staff Development

Strategic Planning

Program Development

Vital Records

Finance

Medical Examiner

Director Community Development & Env. Quality

Division of Public Health Clinical Services

Division of Public Health Emergency Preparedness

Division of Public Health Prevention

Division of Public Health Education

Water & Wastewater Permits

Well Women

Family Planning

Home Health

Immunizations

HIV

TB

Pandemic Flu Preparedness

Public Health Preparedness

Epidemiology

Food Service (Permits & Licenses)

Smoke-Free AZ Enforcement

Vector Control

Teen Outreach Program

Teen Maze

Community Health Injury Prevention

Health Start

Maternal / Child Health

PLAY

Oral Health

Tobacco Prevention

Smoke-Free AZ Education

Nutrition

WC & WC Special Projects

Building Better Bones

Folic Acid

Drug Coalition

**Public Health District Employees as of July 7, 2009**

<u>Title/Position</u>	<u>Employee Name</u>
<b>1 Health Director</b>	<b>Elizabeth Kizer</b>
<b>2 Assistant Health Director</b>	Keli Sine-Shields
<b>3 Executive Assistant</b>	Kimberly Penrod
<b>4 PT Administrative Assistant - Vital Records</b>	Michael Johnson
Contract Medical Examiner	Dr. James Sielski
Contract Medical Consultant	Dr. Catherine O'Rourke Taylor
<b>5 Division Manager - Public Health Clinical Services</b>	<b>Jennifer Foote</b>
<b>6 Program Coordinator II</b>	Sandra Russell
<b>7 Program Coordinator I</b>	Devonie Norman
<b>8 Public Health Nurse RN</b>	Shonde Burgess
<b>9 Public Health Nurse LPN</b>	Catherine Chustz
<b>10 Secretary/Receptionist</b>	Tomee Brown
<b>11 Home Health Aid / Housekeeping</b>	Carla Walker
<b>12 Division Manager - Public Health Emergency Preparedness</b>	<b>Kellie Monterrosa</b>
<b>13 Epidemiology Nurse Coordinator</b>	Bill Worsnop
<b>14 Administrative Coordinator</b>	Eric Nietzel
<b>15 CERT Coordinator</b>	Jean Wilson
<b>16 Division Manager - Public Health Prevention</b>	<b>Debbie Padilla</b>
<b>17 Program Coordinator II</b>	Octavia Thompson
<b>18 Program Coordinator I</b>	Geraldine Tohannie
<b>19 Program Coordinator I</b>	Theresa Jumper
<b>20 FT Health Educator</b>	Marcella Walker
<b>21 FT Health Educator</b>	Tyla Merrill
<b>22 PT Health Educator</b>	Laura Salazar
<b>23 PT Health Educator</b>	TBD
Contract Program Coordinator	Connie Rogers
Contract Hygienists/Assistants	Allen, Morse, Soderquist, Rogers
<b>24 Divison Manager - Public Health Education</b>	<b>Robin Aguero</b>
<b>25 Program Coordinator II</b>	Lee Castillo
<b>26 Program Coordinator I</b>	Sandy Liston
<b>27 FT Health Educator</b>	Tomasa Lozoya
<b>28 FT Health Educator</b>	Kyrie Hale
<b>29 FT Secretary/Receptionist</b>	Brenda Plumb
<b>30 PT Community Nutrition Worker</b>	Marge Silva
<b>31 PT Community Nutrition Worker</b>	TBD
<b>32 FT Dietician</b>	TBD
<b>33 PT Health Educator</b>	Malena Bazurto-Jaramillo
Contract Dietician (RD)	Anne Staffnik
<b>34 Division Manager - Environmental Health</b>	<b>Chris Sexton</b>
<b>35 Environmental Health Coordinator</b>	Jonathan Catlin
<b>36 Administrative Assistant</b>	Liz Castillo

**District Activities and Services:**  
**Public Health Administration**

**Coalition to Advance Health Resources and Essential Services:**

As mentioned in previous Apache County Public Health Services District (ACPHSD) annual reports, a goal was set to undertake a community-wide strategic planning process called Mobilizing for Action through Planning and Partnership (MAPP). This year significant progress was made in conducting the first step of this process, organizing for success. In Apache County the name of the process has been changed to CAHRES (Coalition to Advance Health Resources and Essential Services), however it is based upon the NACCHO (National Association of City and County Health Offices) product, MAPP.

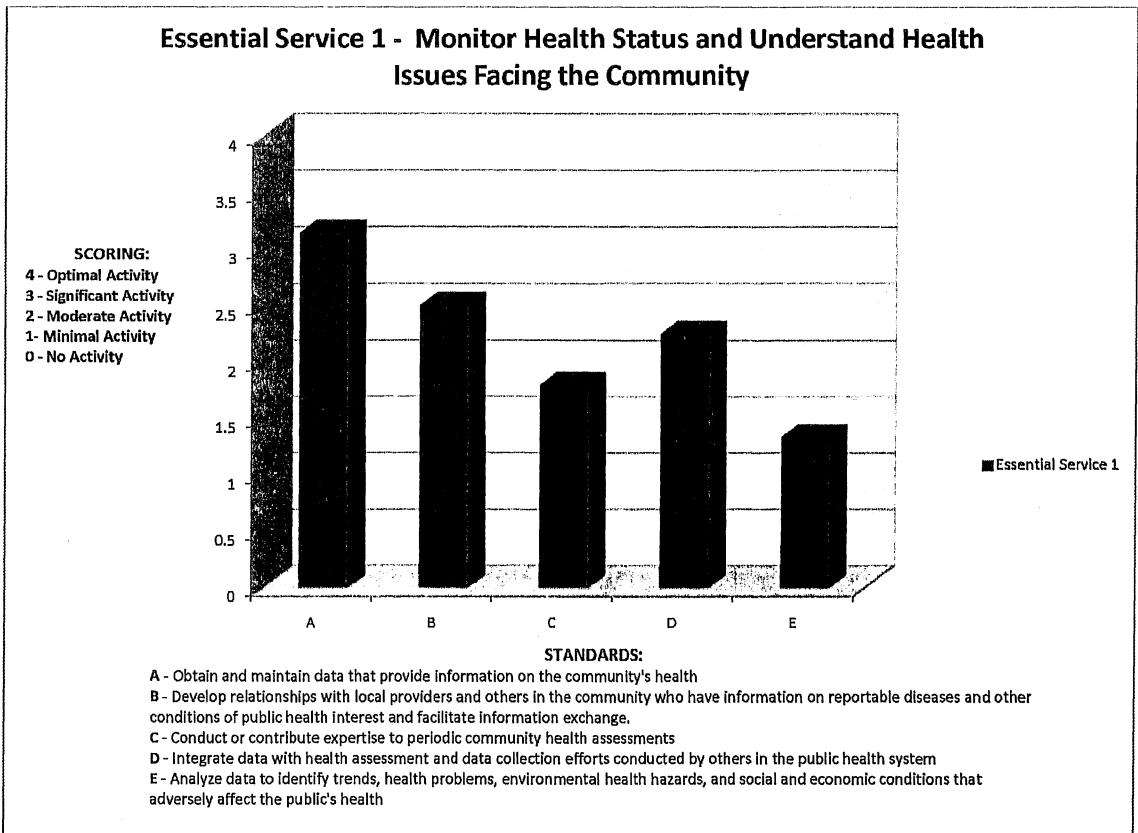
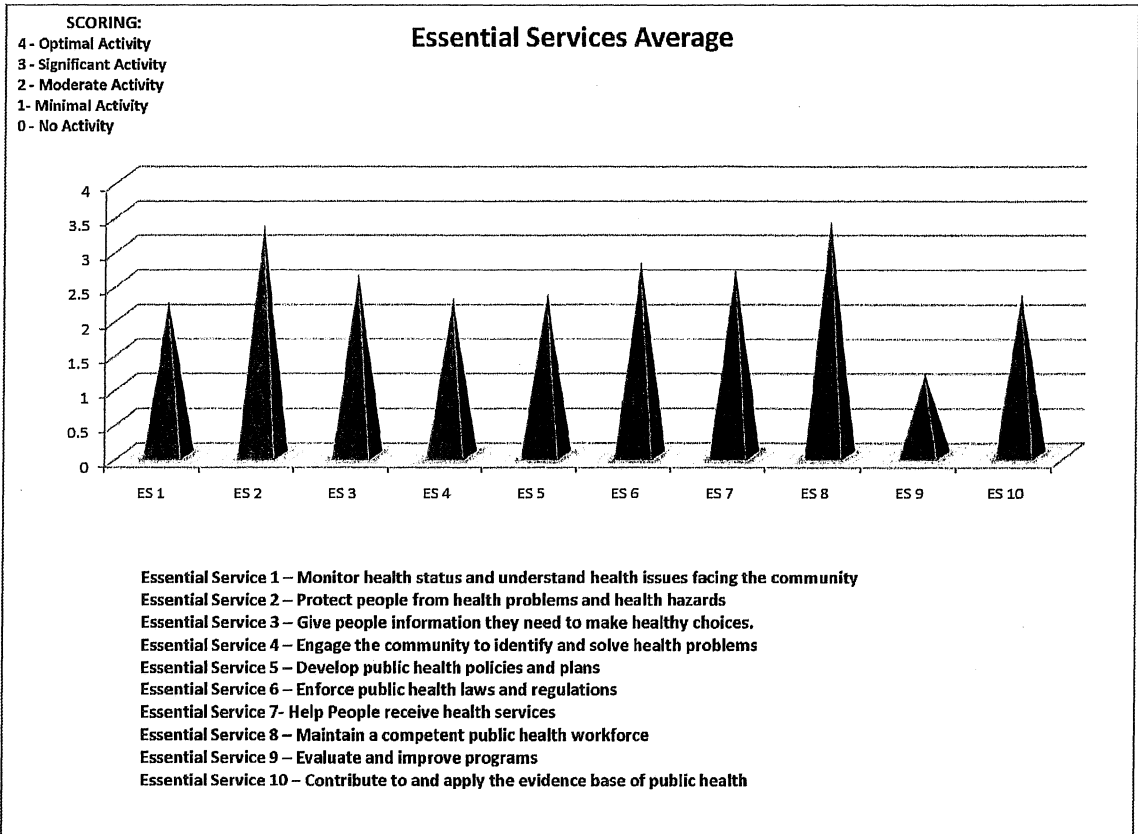
Beginning in November of 2008 monthly meetings were held by a newly formed core team of public health employees. The Apache County Tobacco Use Prevention Program organizational structure evolved to accommodate changes in the state's strategic plan. One change was the creation of a community liaison position to facilitate strategic planning and community building activities on the county level. Sandy Liston accepted that position and became a primary member of the core committee. Also involved were Robin Aguero, Keli Sine-Shields and Elizabeth Kizer. This group decided on the name CAHRES and embarked upon a public health informational campaign that included a series of articles in the local paper, chamber of commerce newsletters, school and hospital newsletters, and other community forums.

The team, knowing Navajo County was also engaged in this process, sent representatives to observe their progress in the later steps so as to assist in preparation for Apache County. In February 2009 the first "What is Public Health" article appeared in the White Mountain Independent and the committee began planning the Local Public Health Department Assessment which took place in April 2009.

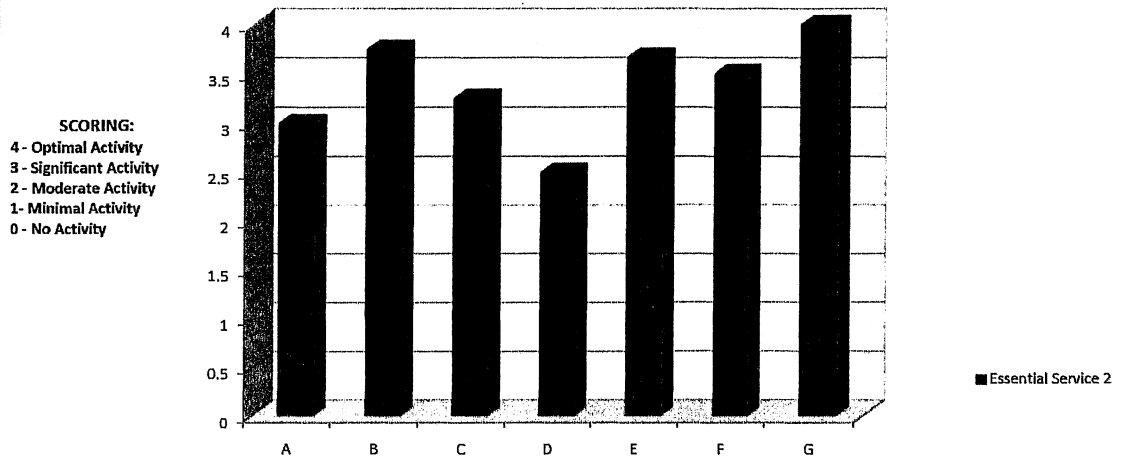
The Local Public Health Department Assessment measured the ACPHSD's provision of the 10 Essential Public Health Services. The assessment itself was completed by all staff with the title of Program Coordinator and above (18 staff) and took place April 13 and 14, 2009. The results of this assessment are presented over the next six pages.

During the last three months of the year the core team continued to publish articles in various newsletters and the White Mountain Independent as well as prepare for the community recruitment process, scheduled for August 4, 2009. The plan for that meeting is to invite as many community partners as possible for a lunch-time presentation and solicit volunteers to make up the CARHES Committee which will oversee the rest of the process. CARHES is a community-driven process to assess and improve the public health system, not just the public health department. On August 4, 2009 community members will be shown how they are part of the public health system and how valuable their participation is to the overall process.

In the end, the CAHRES process will yield a report which will show existing gaps in the public health system in Southern Apache County. From that point forward partners can each seek to address gaps which fall under their purview of service. The process is meant to be repeated every five years to assess progress and identify additional gaps. This creates a cycle and culture of improving the system.



## Essential Service 2 - Protect People from Health Problems and Health Hazards

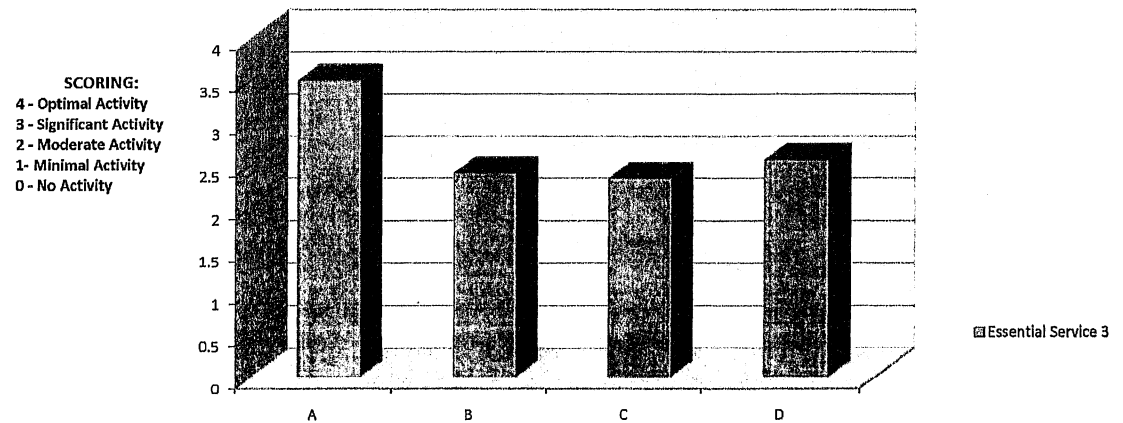


**SCORING:**  
 4 - Optimal Activity  
 3 - Significant Activity  
 2 - Moderate Activity  
 1 - Minimal Activity  
 0 - No Activity

**STANDARDS:**

- A - Investigate health problems and environmental health hazards
- B - Prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food, water, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities
- C - Coordinate with other governmental agencies that investigate and respond to health problems, health disparities, or environmental health hazards
- D - Lead public health emergency planning, exercises, and response activities in the community in accordance with the National Incident Management System, and coordinate with other local, state and federal agencies
- E - Fully participate in planning, exercise, and response activities for other emergencies in the community that have public health implications, within the context of state and regional plans and in a manner consistent with the community's best public health interest
- F - Maintain access to laboratory and biostatistical expertise and capacity to help monitor community health status and diagnose and investigate public health status and diagnose and investigate public health problems and hazards.
- G - Maintain policies and technology required for urgent communications and electronic data exchange

## Essential Service 3 - Give People Information They Need to Make Healthy Choices

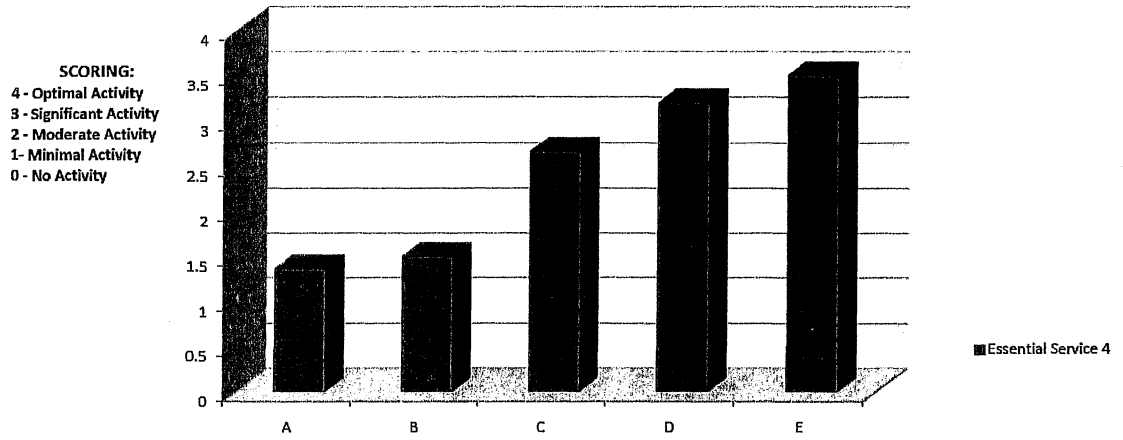


**SCORING:**  
 4 - Optimal Activity  
 3 - Significant Activity  
 2 - Moderate Activity  
 1 - Minimal Activity  
 0 - No Activity

**STANDARDS:**

- A - Develop relationships with media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource
- B - Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health
- C - Provide targeted, culturally appropriate information to help individuals understand what decisions they can make to be healthy
- D - Provide health promotion programs to address identified health problems

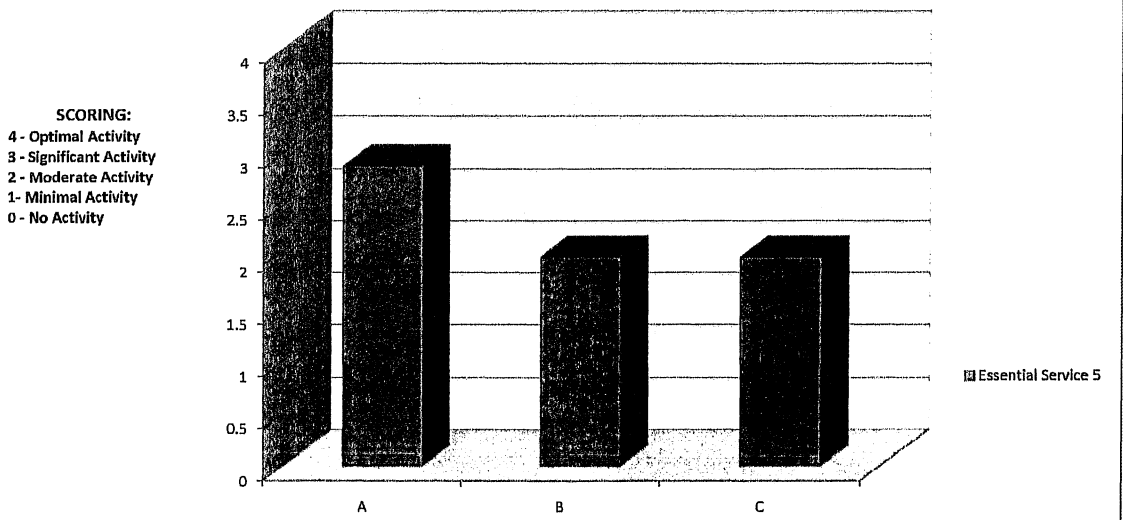
### Essential Service 4 - Engage the Community to Identify and Solve Health Problems



**STANDARDS:**

- A - Engage the local public health system in an ongoing, strategic, community-driven, comprehensive process to identify, prioritize, and solve public health problems; establish public health goals; and evaluate success in meeting the goals.
- B - Promote the community's understanding of, and advocacy for, policies and activities that will improve the public's health
- C - Support, implement, and evaluate strategies that address public health goals in partnership with public and private organizations
- D - Develop partnerships to generate interest in and support for improved community health status, including new and emerging public health issues
- E - Inform the community, governing bodies, and elected officials about governmental public health services that are being provided, improvements being made in those services, and priority health issues not yet being adequately addressed.

### Essential Service 5 - Develop Public Health Policies and Plans

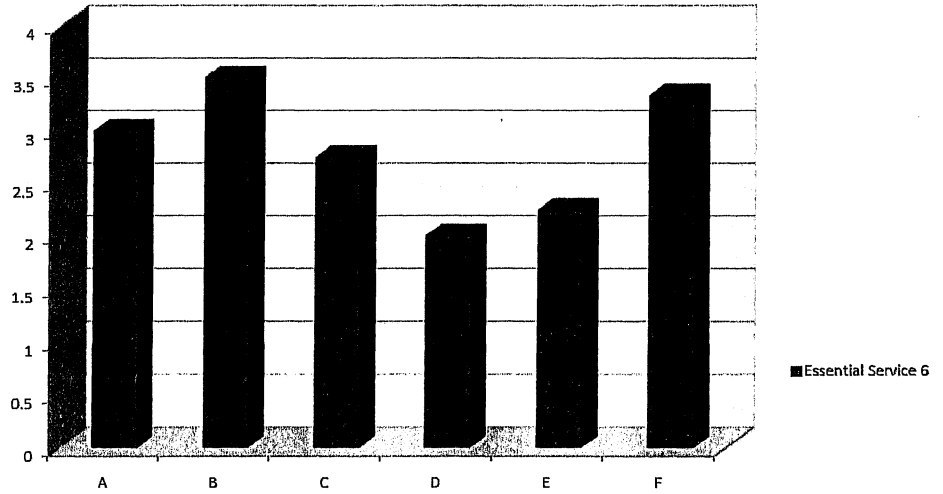


**STANDARDS:**

- A - Serve as a primary resource to governing bodies and policymakers to establish and maintain public health policies, practices, and capacity based on current science and best practices
- B - Advocate for policies that lessen health disparities and improve physical behavioral, environmental, social and economic conditions in the community that affect the public's health.
- C - Engage in LHD strategic planning to develop a vision, mission and guiding principles that reflect the community's public health needs, and to prioritize services and programs.

### Essential Service 6 - Enforce Public Health Laws and Regulations

**SCORING:**  
 4 - Optimal Activity  
 3 - Significant Activity  
 2 - Moderate Activity  
 1 - Minimal Activity  
 0 - No Activity

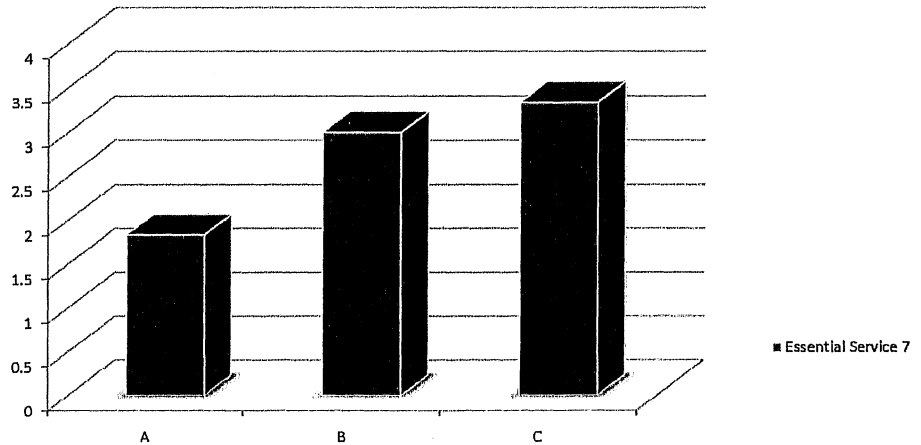


**STANDARDS:**

- A - Review existing laws and regulations and work with governing bodies and policymakers to update them as needed
- B - Understand existing laws, ordinances, and regulations that protect the public's health
- C - Educate individuals and organizations on the meaning, purpose and benefit of public health laws, regulations, and ordinances and how to comply
- D - Monitor, and analyze over time, the compliance of regulated organizations, entities, and individuals
- E - Conduct enforcement activities
- F - Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health.

### Essential Service 7 - Help People Receive Health Services

**SCORING:**  
 4 - Optimal Activity  
 3 - Significant Activity  
 2 - Moderate Activity  
 1 - Minimal Activity  
 0 - No Activity

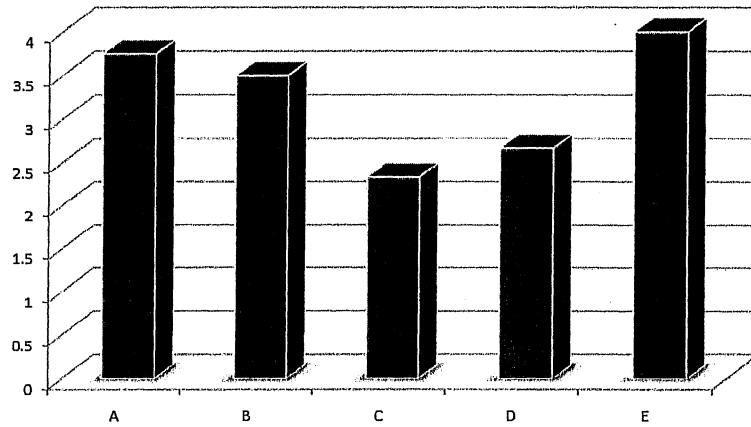


**STANDARDS:**

- A - Engage the community to identify gaps in culturally competent, appropriate, and equitable personal health services, including preventive and health promotion services, and develop strategies to close the gaps
- B - Support and implement strategies to increase access to care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community
- C - Link individuals to available, accessible personal healthcare providers

### Essential Service 8 - Maintain a Competent Public Health Workforce

**SCORING:**  
 4 - Optimal Activity  
 3 - Significant Activity  
 2 - Moderate Activity  
 1 - Minimal Activity  
 0 - No Activity

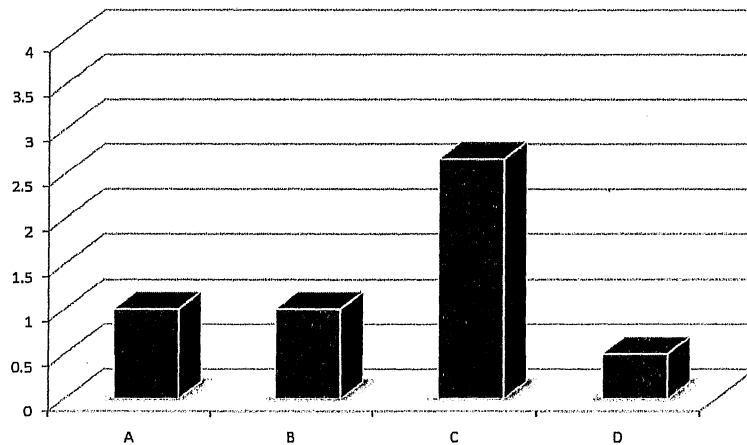


**STANDARDS:**

- A - Recruit, train, develop and retain a diverse staff
- B - Evaluate LHD staff members' public health competencies, and address deficiencies through continuing education, training, and leadership development activities
- C - Provide practice and competency based educational experiences for the future public health workforce and LHD staff expertise in developing and teaching public health practice curricula, through partnerships with academia
- D - Promote the use of effective public health practices among other practitioners and agencies engaged in public health interventions
- E - Provide the public health workforce with adequate resources to do their jobs

### Essential Service 9 - Evaluate and Improve Programs

**SCORING:**  
 4 - Optimal Activity  
 3 - Significant Activity  
 2 - Moderate Activity  
 1 - Minimal Activity  
 0 - No Activity

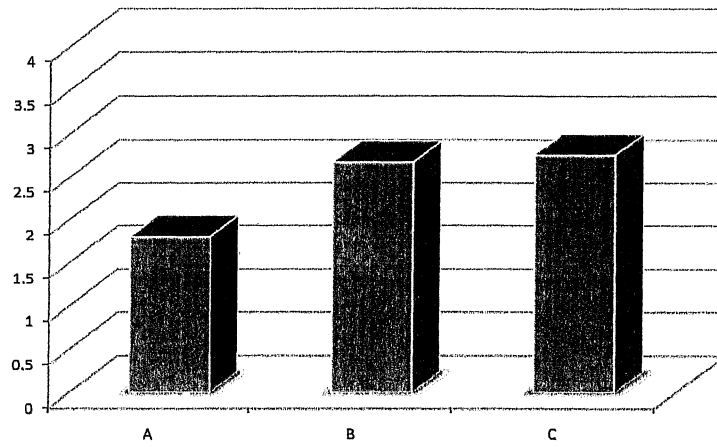


**STANDARDS:**

- A - Develop evaluation efforts to assess health outcomes to the extent possible
- B - Apply evidence-based criteria to evaluation activities where possible
- C - Evaluate the effectiveness and quality of all LHD programs and activities and use the information to improve LHD performance and community health outcomes
- D - Review the effectiveness of public health interventions provided by other practitioners and agencies for prevention, containment, and/or remediation of problems affecting the public's health, and provide expertise to those interventions that need improvement

## Essential Service 10 - Contribute to and Apply the Evidence Base of Public Health

**SCORING:**  
4 - Optimal Activity  
3 - Significant Activity  
2 - Moderate Activity  
1 - Minimal Activity  
0 - No Activity



■ Essential Service 10

### STANDARDS:

- A - When researchers approach the LHD to engage in research activities that benefit the health of the community
- B - Share results of research, program evaluations, and best practices with other public health practitioners and academics
- C - Apply evidence-based programs and best practices where possible

**Assistant Health Director Report:**

**Staff Development:**

In January 2009, the Apache County Public Health Services District (ACPHSD) implemented a staff development and training program. Building a staff development program was a priority in order to meet the eighth Public Health Essential Service; *ENSURE A SKILLED, COMPETENT PUBLIC HEALTH WORKFORCE*, ensure National Incident Management System (NIMS) training compliance for all staff, and because the ACPHSD leaders believe that quality services can only be delivered by well trained, knowledgeable staff.

New employees are introduced to public health practice by taking online courses that include an introduction to public health and an orientation to the Incident Command System (ICS 100 & 700). While learning their job duties, new employees build a foundation in public health upon which they will add layers of knowledge as they continue their careers.

Annual mandatory training for all staff is a core component of the staff development and training plan. The mandatory number of training hours required are outlined in the ACPHSD training policy and the classes offered for the year are outlined in calendar form accessible to all staff. Employees are required to attend a minimum number of training hours depending on their length of employment and whether they are a full or part-time employee. For example, full-time employees with less than five years experience are mandated to attend 40 hours of training during the calendar year. Additionally certain classes are mandated while others are elective in nature. In the 2009 training year (January 1, 2009 - December 30, 2009) bloodborne pathogens, office safety, ethics and HIPAA training were required for staff. The majority of the 2009 trainings have been facilitated by current public health management staff and other local experts in an effort to keep training costs down and to utilize local talent.

A total of 87 hours of training have been offered to Public Health employees during the first half of the 2009 calendar year. These classes include:

- Bloodborne Pathogens
- General /Office Safety Awareness
- Basic Tobacco Cessation Skills
- Breast Health
- Hand Washing/MRSA
- Medical Examiner Partners meeting
- 2<sup>nd</sup> Annual Investment in Leadership
- Foodborne Illness
- Chronic Disease Management
- True Colors Personality Styles
- Self-Reliance
- ICS 200
- Grant Writing
- Open Meeting Law
- Public Records Training
- Confidentiality
- Ethics for Government Employees
- PX2 (Pacific Institute)
- MAG 300 & 400

**Vital Records & Medical Examiner:**

The office of Vital Records registers deaths and issues certified death certificates for all deaths occurring in Apache County. The Vital Records office is supervised by the Assistant Director, Keli Sine-Shields. Michael Johnson is a part-time employee who provides the majority of the death registration work including: receiving requests for disposition transit permits and generating permit numbers, receiving death certificates from funeral homes and entering the data in the electronic system (VSIMS), investigating and clearing incomplete or incorrect data, and answering public inquiries.

VSIMS continues to be upgraded by the state. The state's goal is that instead of having local health departments receive faxed copies of the death records and completing the data entry manually, the funeral homes and Medical Examiners (MEs) will enter their data directly into the system. The electronic data will then be forwarded to Apache County for review and certification. In some counties this electronic process is already occurring. Apache County funeral homes and Medical Examiner will be trained and start entering death information in VSIMS in the 2009-2010 fiscal year.

Dr. Thomas Bigham served as Medical Examiner in Apache County for the 2008-2009 fiscal year. The ME is responsible for ordering autopsies and authorizing cremation. Nineteen autopsies were ordered by the ME in the 2008-2009 fiscal year.

Dr. Bigham attended the Medicolegal Death Investigator Training Course at Saint Louis University School of Medicine in October 2008. He held an informative partners meeting in January 2009 to share information he obtained. The meeting was attended by members of the law enforcement community throughout the county, funeral homes from Arizona and New Mexico, Child Fatality Review Team members, Public Health employees, and Apache County Youth Council members. Additional presenters included a representative from the state Vital Records office who presented information on completing the cause of death information on death certificates and the coordinator for the Apache County Child Fatality Review who presented local data on children's deaths.

The chart below reports death certificate and Medical Examiner data from the date Apache County assumed administration of the death certificate program (October 26, 2007) through the present.

### Vital Records & Medical Examiner Measures

MEASURE	Fiscal Year		% Increase / Decrease
	2007-2008 (10/26/07-6/30/08)	2008-2009	
# of deaths registered	208	323	N/A
# of certified copies of death certificates issued	1091	1705	N/A
Average turnaround to issue certified copy of death certificate	12.5	9.5	N/A
# of autopsies completed	8	19	N/A
# of Medical Examiner reviewed deaths	75	111	N/A

**Apache County Child Fatality Review Team:**

The Apache County Public Health Services District continues to be an active participant in the Apache County Child Fatality Review process. Public Health contributes to the review process by collecting the information necessary to complete a detailed review of the circumstances surrounding each child death that occurs in Apache County. During each review, the team completes a standardized data form and develops recommendations for reducing preventable childhood deaths. A local multidisciplinary team meets throughout the year to complete the reviews. The local team consists of representatives from the Apache County Attorney's office, Physicians, local law enforcement, Child Protective Services, Little Colorado Behavioral Health Center, New Hope Ranch, CASA, Navajo Nation Division of Social Services and the St. Johns School District. During 2007 twenty-one child deaths were reviewed and in 2008 the number was twenty deaths.

**Community Involvement:**

ACPHSD employees represent public health in a variety of community settings and coalitions such as:

- Arizona Local Health Officers Association (ALHOA) – Elizabeth Kizer
- Arizona County Directors of Environmental Services Association (ACDEHSA) – Elizabeth Kizer
- Apache County Child Fatality Review Team – Keli Sine-Shields, Michael Johnson, Debbie Padilla
- Safe Kids Coalition – Debbie Padilla
- E-Team – Liz Castillo
- LEPC – Kellie Monterrosa, Keli Sine-Shields
- Special Needs sub-committee LEPC – Shonde Burgess, Kellie Monterrosa, Jean Wilson
- Citizen Corps Council – Jean Wilson
- Navajo Nation Emergency Preparedness coalition – Kellie Monterrosa
- Arizona Local Public Health Emergency Response Association (ALPHERA) – Kellie Monterrosa

- Arizona County Directors of Nursing Association (ACDONA) – Jennifer Foote
- Coalition to Advance Health Resources and Essential Services (CAHRES) – Sandy Liston, Robin Aguero, Keli Sine-Shields, Tyla Merrill, Elizabeth Kizer
- LATCH/AZ – Statewide breastfeeding coalition – Lee Castillo, Theresa Jumper
- Arizona Local Agency WIC Association (ALAWA) – Robin Aguero, Erin Howard
- Apache County Drug Free Alliance – Sandy Liston, Keli Sine-Shields
- Apache County Community Action Board – Robin Aguero, Kimberly Penrod
- Apache County Social Services Block Grant Committee – Robin Aguero, Kimberly Penrod
- Apache County Youth Council – Robin Aguero, Keli Sine-Shields, Octavia Thompson, Sandy Liston
- Diabetes Advisory Council at WMRMC – Jennifer Foote
- Wellness Coalition (WMRMC) – Jennifer Foote, Lyanne Goodluck, Laura Salazar
- Kids in the Woods Leadership Group – Laura Salazar

## Division of Public Health Clinical Services (PHCS)

The Division of Public Health Clinical Services administers a number of grant-funded programs which require the knowledge and expertise of qualified medical professionals. Jennifer Foote, RN is the Division Manager of Clinical Services. The contracts PHCS administers include Immunization Services, Tuberculosis Control Program, HIV Services, Reproductive Health, Home Health Services, and Well Women Health Check. Additionally, the PHCS office offers walk-in blood pressure checks (85 checks were done during the reporting period).

### **Immunization Services:**

Immunization Services provides immunizations to children up to 19 years of age at no out of pocket cost to their family through the Vaccines for Children Program (VFC), a federally funded entitlement program. Immunization Services provides adult vaccines from three (3) sources; the AZ Department of Health Services 317 program which provides hepatitis vaccines to uninsured or underinsured adults at high risk for contracting hepatitis disease; the Vaccines for Adults Program which provides recommended adult vaccines to uninsured or underinsured adults; and privately purchased vaccines for insured or cash pay adults.

Clinics are held weekly in Springerville on Tuesdays and in St. Johns on Wednesdays. We extend our Springerville clinic hours once a month to 7:00 pm to accommodate those who work out of town or are otherwise unable to attend during regular clinic hours. Clinics are also expanded for busy seasons (i.e. back-to-school vaccinations and seasonal flu vaccination.) Additionally, we had 12 travel clinics to schools in Round Valley, Concho, Vernon, Sanders and Ganado, and 10 clinics for flu season which covered northern and southern Apache County, including the simultaneous *Vote and Vax* campaigns in Eagar and St. Johns in collaboration with the PHEP Division.

Immunization Services also serves as case managers for the Perinatal Hepatitis B Prevention, a program for pregnant mothers infected with hepatitis B virus (HBV). Case management educates the mother on the risks of hepatitis B to herself and her newborn, ascertains the vaccination history of all household contacts and vaccinates those as needed, contact with the birthing facility regarding the administration of immune globulin and the first hepatitis B vaccination within 12 hours of birth, and assures the completion of the hepatitis B vaccination series and the post vaccination testing. Since the implementation of this program in 1990, the transmission of HBV has been significantly reduced in the US.

Immunization Services records historical and current immunization data into the AZ State Immunization Information System (ASIIS), a HIPPA approved immunization registry. ASIIS provides access to immunization records for authorized physicians, school health personnel, and state programs assessing the Healthy AZ 2010 initiative. Additionally, we participated in an ASIIS "test-run" during the Vote and Vax clinics to assess the ability to collect and process data within 24 hours for the CDC in the event of a pandemic.

Immunization Services promotes immunization completion by age two (2) through education at community health fairs and reliable vaccine information resources, reminder cards to parents that their child is due for immunizations and phone calls to parents whose child is past due on their vaccinations. ASIIS provides a monthly county-wide *missing DtaP* list which we use to notify the administering clinics and a card to the parents to make an appointment with their provider.

Immunization Services will contract with The Partnership for Immunization (TAPI) to bill AHCCCS and private insurance for administration fees of insured VFC recipients and is currently obtaining insurance provider contracts so we will be able to bill insurance for the vaccine and administration fee of insured adults. This will enable us to lend financial support to this program which is, in part, funded by the Public Health Services District.

### Adult Vaccinations Breakdown

**Report Criteria** **Report Date:** August 4, 2009

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**IRMS:** 6001 - APACHE CHD - ADULT IMMUNIZATIONS  
**Facility :** All  
**Include Inactive Patients:** No  
**Include Historical Vaccinations:** No **VFC Code:** All  
**Vaccinator:** All **Program:** All  
**Health Plan:** All **Zip Code:** All  
**Race:** All **State:** All  
**Vaccination Date Range:** **County:** All  
 07/01/2008 to 06/30/2009  
**VFC PIN:** None **District/Region:** All

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**Selected Total:** 1939

Vaccine Name	Number of Vaccinations	Percent of Total Selected
Hep A 2 dose - Ped/Adol	3	0
IPV	1	0
HPV, quadrivalent	13	1
Tdap	69	4
Hep A 2 dose - Adult	21	1
PPD Positive Result	1	0
PPD Test	182	9
Meningococcal Conjugate (MCV)	18	1
Td (Adult)	11	1
Varicella	1	0
Typhoid, ViCPs	9	0
Hep A/Hep B - Adult	86	4
Pneumococcal(PPSV)	85	4
Hepatitis B--adult	63	3
Influenza Split	1149	59
Zoster, live	43	2
PPD Negative Result	153	8
MMR	31	2
<b>Total</b>	<b>1939</b>	<b>100</b>

## Children Vaccinations Breakdown

Report Criteria

Report Date: August 4, 2009

IRMS: 17 - APACHE CHD

Facility : All

Include Inactive Patients: No

Include Historical Vaccinations: No

Vaccinator: All

Health Plan: All

Race: All

Vaccination Date Range:

07/01/2008 to 06/30/2009

VFC PIN: None

VFC Code: All

Program: All

Zip Code: All

State: All

County: All

District/Region: All

Selected Total: 3241

Vaccine Name	Number of Vaccinations	Percent of Total Selected
Hep A 2 dose - Ped/Adol	560	17
IPV	96	3
DTaP/IPV	54	2
Influ split 36+ mos	138	4
HPV, quadrivalent	248	8
DTaP	120	4
Rotavirus, monovalent RV1	1	0
Influenza Nasal Spray	246	8
Tdap	297	9
Hib--PRP-OMP	57	2
Hep B - Ped/Adol - presv. free	98	3
Influenza split, 6-35 mos.	88	3
Meningococcal Conjugate (MCV)	350	11
Varicella	367	11
PPD Test	17	1
Td (Adult)	15	0
Rotavirus, pentavalent RV5	49	2
Hep B/Hib	6	0
DTaP/Hep B/IPV	40	1
Pneumococcal(PPSV)	1	0
Hep B 2 dose - Adol/Adult	4	0
PPD Negative Result	15	0
MMR	185	6
Influenza Split	15	0
Pneumococcal(PCV)	130	4
DTaP/Hib/IPV	44	1
<b>Total</b>	<b>3241</b>	<b>100</b>

### Immunization Service Measures

(Services which experienced 50% increase or more from last year in bold)

MEASURE	Fiscal Year		% Increase /Decrease
	2007-2008	2008-2009	
# of Children Patients ( <i>birth through 18 years</i> )	1,141	1,248	9.38 (+)
# of Completions by 24 months of age	36	52	44.44 (+)
# of Adult Patients ( <i>19 and up</i> )*	1,531	1,551	1.3 (+)
Total # of Patient Visits	3,258	3,486	7 (+)
Total # of Vaccinations	5,424	5,403	0.39 (-)
<b>Total # Children's Flu Vaccinations</b>	<b>270</b>	<b>412</b>	<b>52.6 (+)</b>
Total # Adult Flu Vaccinations	1,250	1,309	4.72 (+)
# Reminder/Recalls mailed	6,450	6,710	4.03 (+)
# of Updated Patient Demographics in ASIIS	4,928	5,425	10.08 (+)
# of Updated Patient Vaccination History in ASIIS	10,561	9,274	12.19 (-)

**Tuberculosis Control Program:**

The Tuberculosis Control Program provides Tuberculosis Skin Tests, test results, referral for diagnostic testing, investigation, management of latent tuberculosis infection, and Direct Observation Therapy (DOT) for tuberculosis disease.

TB skin testing is offered during Immunization Clinic hours in Springerville and St. Johns for \$10 to non-contact, non-suspect cases. Contact and suspect cases are tested at no charge.

During fiscal year 2008-2009 there has been one (1) case of pulmonary tuberculosis and one (1) case of latent tuberculosis infection. Both cases are under a physicians care and patients are compliant with recommended treatment.

Apache County contracts with Northern Arizona Council of Governments (NACOG) to provide TB skin tests to Head Start students and staff. In 2008 NACOG revised their criteria for testing to high risk individuals only. None from this high risk group had positive skin tests.

Tuberculosis information is available to the public through our office, and at health and resource fairs.

### Tuberculosis Control Measures

MEASURE	Fiscal Year		% Increase / Decrease
	2007-2008	2008-2009	
# of PPD Tests Placed	166	199	19.87 (+)
Head Start students/staff	N/A	17	N/A
Community	166	182	9.6 (+)
# of Chest x-rays ordered	0	1	N/A
# of Positive results	0	1	N/A

#### **HIV Prevention Services Program:**

HIV Prevention Services provides confidential HIV counseling, rapid testing and referral services, targeting populations at highest behavioral risk for HIV, and those infected with TB. Additionally, the program offered a simple urine test for Chlamydia and Gonorrhea, treatment of disease for patient and partner(s), and makes condoms and educational material available through the confidential "brown bag" program.

HIV rapid tests are offered by appointment only. The cost of an HIV rapid test is based on a sliding fee scale from \$0-\$25 for individuals who are not at high-risk or infected with TB. High-risk individuals or those infected with TB are tested at no charge.

STD testing and treatment services are offered free of charge. Appointments are encouraged. STD services will be provided under a new contract which began in May 2009. The new contract will allow the financial means to provide blood tests for other sexually transmitted diseases, courier and laboratory fees, and education and out-reach.

### HIV Program Measures

MEASURE	Fiscal Year		% Increase / Decrease
	2007-2008	2008-2009	
# Pre-test evals completed	4	9	125 (+)
# HIV Rapid tests completed	4	9	125 (+)
# HIV blood tests completed	0	0	0
# of partner notifications	0	0	0
# of Urine STD Tests	21	30	42.85 (+)
# of brown bags	336	350	4.17 (+)

**Reproductive Health/Family Planning Services:**

Family Planning Clinics are held in Springerville one day a month with Debra Smalley, RNP, CNM. Services include nutrition, birth control and STD education and counseling, urinalysis, pelvic exam, cervical smear, clinical breast exam, and Chlamydia and Gonorrhea screening. Abnormal pap smears are referred to the WWHC program. There is no cost to patients with no health insurance, that have a household income under 100% of the federal poverty level, who desire access to birth control, pregnancy testing, and/or STD testing.

Contraception offered by Apache County includes oral contraceptive pills (OCP), Depo-Medroxyprogesterone Acetate (DMPA) contraceptive injections, or contraceptive film and condoms. OCP are dispensed by Western Drug in Springerville and St. Johns Pharmacy for a dispensing fee of \$2.00. DMPA is administered in the office by standing orders by nursing personnel at no charge. There is no fee for film and condoms.

Clients using an OCP or DMPA are screened four times a year for health and behavior risks by completing a contraception evaluation. Blood pressure and weight are taken at each visit and education and pregnancy tests are given and assessed. Family Planning paperwork, initial screening and education, and refills are generally taken on a walk-in basis or by appointment.

Pregnancy tests and referrals and urine screening for Gonorrhea and Chlamydia for non-Family Planning clients, both men and women, are available on a walk-in basis or by appointment. There is no charge for these services. "Brown Bags" consisting of condoms, lubricant, and STD/HIV educational material are available at no charge to men and women by walk-in. Condoms and some educational materials are provided by ADHS HIV Prevention Program. Both the patient and partner(s) of a positive Chlamydia or Gonorrhea case are treated in the office by standing orders by nursing personnel at no charge. A follow-up STD urine test is requested. Azithromycin is provided by ADHS. In the future services such as pap, cervical exam, and DEPO shots may be offered to clients who do not meet the financial criteria on a sliding fee scale in order to generate additional income for the program.

**Family Planning**

MEASURE	Fiscal Year		% Increase /Decrease	# of Clients < 18 Years Old	# of Positive Tests	# of Clients < 100% of Federal Poverty Level
	2007-2008	2008-2009				
# of Family Planning Clients	77	72	6.5 (-)	18	3	70
# of Family Planning Visits	353	291	17.57 (-)	N/A		
# of Pregnancy Tests	162	146	9.88 (-)	24	31	142

**Home Health Program:**

Home Health delivers in-home nursing and/or home health aide services to members of the community over the age of 60 who have a medical need. In the 2008-2009 fiscal year Apache County brought on a new Licensed Practical Nurse, Catherine Chustz, to conduct visiting nurse services. Shonde Burgess received her Registered Nurse license, and accepted the position of Public Health Nurse –RN which oversees the program. During the reporting period Apache County lost the housekeeping component of the contract to a private provider after a competitive grant application process. However a new service, Home Health Aide, was added to the contract. Carla Walker remained with the program and accepted an amendment of her duties. Instead of providing housekeeping services, she now assists clients with personal hygiene. One client described her as “irreplaceable... the help she gives me has significantly increased my quality of life.”

The Home Health program changes lives and brings positive interactions to otherwise isolated seniors. The program also helps seniors live independently longer, thereby reducing the time spent in long-term care. Through communication with providers and interventions with patients, the program has helped three patients to quit smoking, sent many patients for emergency medical care resulting in avoidance of life threatening complications, and supplied the local providers a competent set of helping hands to monitor their patients from home.

While the NACOG contract with Apache County allows reimbursement of up to a certain number of hours, Home Health staff are generally able to provide in excess of that number of hours of service while staying within their allotted budget.

**Home Health Measures**

MEASURE	Fiscal Year		% Increase / Decrease
	2007-2008	2008-2009	
Average number of clients served by home health aide each month	N/A	8.3	N/A
Total # of client contacts - HHA	N/A	100	N/A
Total # of HHA hours delivered	N/A	415.62	N/A
Average number of clients served by visiting nurse each month	16.3	18.16	11.4 (+)
Total # of client contacts - visiting nurse	196	218	11.22 (+)
Total # of visiting nursing hours delivered	372.92	593.48	59.14 (+)

**Home Health Clients Served FY2008-2009**

<b>Month/Year</b>	<b>Number of clients that received home health aide service:</b>	<b>Number of home health aide hours provided:</b>	<b>Number of clients that received in-home nursing services:</b>	<b>Number of nursing hours provided:</b>
July 2008	8	35.12	18	28.70
August 2008	9	33.50	19	26.20
September 2008	8	32.75	15	35.40
October 2008	7	26.0	17	38.37
November 2008	9	29.75	20	36.85
December 2008	8	32.50	17	44.25
January 2009	7	28.75	17	48.15
February 2009	7	25.25	16	47.46
March 2009	7	33.25	16	59.65
April 2009	7	25.50	19	71.75
May 2009	11	46.75	22	77.0
June 2009	12	66.50	22	79.70
<b>Average monthly clients:</b>		-----		-----
<b>Contract hours allotted:</b>	-----	<b>500</b>	-----	<b>375</b>
<b>Total hours delivered:</b>	-----	<b>415.62</b>	-----	<b>593.48</b>
<b>(+/-) Contract hours:</b>	-----	<b>-84.38</b>	-----	<b>+218.48</b>

**Well Women Health Check:**

The Well Women Health Check Program (WWHC) is a breast and cervical cancer screening program that serves women with a household income of up to 250% of the federal poverty level. WWHC paid 50% or \$250 of the fee for the Mobile Onsite Mammography unit (M.O.M.) to travel to White Mountain Regional Medical Center (WMRMC) during the fiscal year; 22 women benefited from this service and avoided the 116 mile round-trip travel necessary to obtain the same service in Show Low. WMRMC has contracted with Assured Imaging which is a mobile onsite mammography unit to come once a month to Springerville to provide these services. In the future WWHC will pay \$135.00 per qualified visit.

WWHC is contracted with all providers in southern Apache County and southern Navajo County for related treatments. Enrolled women may visit any of these providers for pap smears and clinical breast exams. In the event that a patient has an abnormal screening breast mammogram, a diagnostic mammogram is scheduled. If this test warrants further evaluation, a surgical consult with a contracted breast surgeon is scheduled. The WWHC program covers the cost of breast biopsies. If a breast biopsy confirms breast cancer, patients will be enrolled in the Nation Breast and Cervical Cancer Treatment Program (NBCCTP) for treatment through the state. In this way women who exceed the income

threshold for AHCCCS eligibility are enrolled in AHCCCS for treatment and are subsequently removed from the WWHC program.

In the event that a patient has an abnormal pap result, WWHC assures that follow-up visits are scheduled, proper referrals are made, and affordable treatment is secured. Certain diagnostic procedures are covered by the WWHC program as are referrals to contracted surgical specialists.

This year fewer clients were seen due to a combination of factors including a less robust outreach effort due to staff turnover, and the fact that many existing clients obtained insurance and were then ineligible for the program. In the 2008-2009 fiscal year a plan has been developed to increase outreach efforts. An example of one outreach effort that is ongoing happens on the first Tuesday of every month; pink flags are flown at various business locations throughout Apache County. In addition, the "White Mountain Independent" newspaper prints a Pink Breast Cancer Awareness Ribbon on the front page as a reminder for women to do a monthly self breast exam.

This year funding for the M.O.M. unit was reduced resulting in one visit compared with two visits in the 2007-2008 fiscal year. This is due to White Mountain Regional Medical Center establishing a mammography unit in Round Valley. Future plans include the possibility of a monthly clinic in St. Johns.

#### Well Women Health Check Program Measures

MEASURE	Fiscal Year		% Increase / Decrease
	2007-2008	2008-2009	
# of clients served	122	118	3.28 (-)
# of abnormal breast results	52	23	55.77 (-)
# of breast cancer	0	1	N/A
# of breast biopsies	9	5	44.45 (-)
# of screenings by M.O.M. unit	42	22	47.62 (-)
# of abnormal pap results	16	9	43.75 (-)
# of cervical cancer	0	1	N/A

## **Division of Public Health Education (PHE)**

The Division of Public Health Education is overseen by Robin Aguero, Division Manager of Public Health Education. This division administers the Tobacco Use Prevention Program, WIC (Women, Infants, & Children), Nutrition Programs and the educational component of the Smoke-Free AZ Act. Additionally, members of PHE are taking the lead in the Coalition to Advance Health Resources and Essential Services (CAHRES report found on pages 6-12), attend community-based coalition meetings and are available to hear, and then address, public health concerns from local agencies and community members. PHE is active in the Apache County Drug-Free Alliance utilizing their skills and resources to promote alcohol, tobacco and drug awareness and reduce substance abuse in our communities.

### **Apache County Tobacco Use Prevention Program (ACTUPP):**

#### **School-based education**

The majority of the ACTUPP's efforts are directed towards preventing initiation of tobacco use among young people. Two age-appropriate intensive curricula are utilized in classrooms. Fourth and fifth graders receive nine lessons of Eglin Longhorn of Nightshade County. This curriculum helps children understand the harmful effects of tobacco, while providing a wealth of information across all major content areas such as language arts, mathematics, science, health and technology supporting schools in reaching the Academic Standards and Performance Objectives for the Arizona Department of Education. Sixth and/or seventh graders receive eleven lessons of Project Alert. This program is designed to prevent initiation of drug use and the transition to regular use. It focuses on the substances that adolescents use most commonly: alcohol, tobacco, marijuana, inhalants, and prescription drugs. Students learn how to develop reasons not to use drugs, identify pressure to use, learn how to say no to external pressure, and recognize the benefits of resistance. Seventh/Eighth graders receive three booster lessons in Project Alert. Additionally less intensive tobacco education is provided as requested to all southern Apache County schools. ACTUPP collaborates with community agencies and businesses when participating in Teen Maze activities each year.

#### **Community-based education**

ACTUPP participates in community events aimed at raising the level of awareness about the dangers of tobacco use and second-hand smoke exposure. In March ACTUPP staff put together a successful event for Kick Butts Day. More than 200 visitors attended to participate in games, activities and contests focused on the dangers of Tobacco. During Kick Butts Day we also introduced the new statewide campaign, VENOMOCITY. The Venomocity website was made available for youth between 12-18 to visit and become familiar with the site and the dangers of addiction. In addition to health fairs, ACTUPP sets up booths at events such as Chrome in the Dome and the Apache County Fair, writes articles for the White Mountain Regional Medical Center newsletter, builds floats for display in local parades, attends community meetings to present information, and provides interviews to local radio stations. Additionally, ACTUPP partners with the Arizona Attorney General's Youth Tobacco Program in recruiting youth and following

up with tobacco vendors. Finally ACTUPP facilitates educational sessions to youth detained in the juvenile detention center. This year classes were given reaching 71 juveniles.

### **Tobacco Cessation**

During the reporting period the county discontinued cessation classes due to directives from the Arizona Department of Health Services (ADHS). ADHS conducted studies as to the efficacy of the eight session cessation class and found that this was an inefficient use of dollars. ADHS found the ASHLine to be an alternative to structured cessation classes with excellent outcomes. However, because of community demand and local complaints regarding the ASHLine, ACPHSD opted to continue to offer these classes as needed, in addition to making referrals to ASHLine. Six clients benefited from the program in the last quarter of the 2008-2009 fiscal year. Referrals to ASHLine went down this year because people in the community were not contacting us for cessation services as in previous years due to the suspension of the program for nine months.

### **Tobacco Use Prevention Program Measures**

<b>MEASURE</b>	<b>2007-2008</b>	<b>2008-2009</b>	<b>% of goal met</b>
# of school-based intensive interventions (6-7 <sup>th</sup> grade)	8 schools	8 schools	100%
# of school-based intensive interventions (4-5 <sup>th</sup> grade)	8 schools	8 schools	100%
# of school-based booster lessons (7-8 <sup>th</sup> grade)	8 schools	8 schools	100%
# of school-based presentations (other)	10 classrooms	29 classrooms	190 % (+)
# of community events	15 events	21 events	40 % (+)
# of cessation classes completed		3	N/A
	<b>FY2007-2008</b>	<b>FY2008-2009</b>	<b>% Increase / Decrease</b>
# of youth in juvenile detention receiving education	67	71	6 (+)
# of referrals to Ashline	52	34	34.62 (-)
# of adults receiving cessation education	38	6	N/A – services only offered in last quarter
# of adults in state prison receiving education	62	22	64.52 (-)

**Women, Infants, and Children (WIC)/Folic Acid Program:**

The Apache County WIC program serves pregnant, breastfeeding and post partum women, infants and children up to age five. We offer breastfeeding education, support by a Certified Lactation Counselor, and promotional items, the Keep it Simple breastfeeding book, breast pads, privacy scarves, personal electric breast pumps, hospital grade breast pump loan program, breast milk storage bags, cooler bags and freezer packs. Other services include nutrition education, food instruments for supplemental foods, health screenings and referrals to other programs and medical providers as needed. WIC/Nutrition staff attended six meetings and four trainings with ADHS during the reporting period.

WIC clinics throughout the state saw a significant increase in the number of clients served this year due to the state of the economy. As a result, the state provided additional funding to add another part-time community nutrition worker to the program.

This year the AZ Nutrition Network funding was cut by the state. This funding supplemented the salary of a Registered Dietician (RD) who made school-based nutrition interventions. Without the funding, ACPHSD was forced to reduce the hours of the RD and restrict their activities to only serving high-risk WIC clients.

The Folic Acid program offers women of child-bearing age a yearly supply of supplemental vitamins to help in the prevention of neural tube birth defects. This year we reached our goal of 160 women.

**WIC/Nutrition Measures**

MEASURE	Fiscal Year		% Increase /Decrease
	2007-2008	2008-2009	
# of WIC clients served	5,931	6,453	8.8 (+)
# of school-based nutrition interventions	515	0	Funding cut
# of teacher nutrition interventions	30	0	Funding cut
# of folic acid vitamins	160	160	0

**Smoke-Free Arizona Education:**

During the reporting period 110 businesses were contacted and provided information on the Smoke-Free Arizona Act which went into effect May 1, 2007. The requirements of Apache County as outlined in the Smoke-Free Arizona contract with ADHS include both education and enforcement. Because the bulk of the work in the beginning was educational (i.e. explaining the law to business owners and helping them gain compliance with the requirements of the law) the PHE Division took the lead in administering the program. As future efforts focus more on long-term compliance, and enforcement of complaints, the lead for this project will fall to Environmental Health. During routine food establishment inspections, the Environmental Health Coordinator will conduct compliance checks, supply new signs, and generally educate new staff about the provisions of the law. They will also investigate complaints occurring at licensed facilities. The goal is to educate business owners when complaints are received, and not to issue citations unless deliberate noncompliance is detected. The PHE Division will only respond to complaints of workplaces that do not fall under the jurisdiction of the Environmental Health. PHE staff will also continue to contact local businesses to provide education and additional information on the Smoke-Free Arizona Act.

Overall businesses in Apache County have been very cooperative and willing to adhere to the law. In the infrequent case of complaints, most business owners simply were not aware of a particular provision or their employees had not been briefed on the provisions. In all cases but one, complaints were resolved through one or two inspections. More information on the law as well as the electronic complaint form can be found at the Smoke-Free Arizona webpage, <http://www.smokefreearizona.org/>.

The reporting period for this program is based upon a year beginning when the law took effect, May 1, 2007.

**Smoke – Free Arizona Measures**

MEASURE	Reporting Period		% Increase / Decrease
	May 07- April 08	May 08 – April 09	
# of presentations (group events)	4	5	25 (+)
# of participants/audience (group events)	108	95	13.68 (-)
# of consultations and counseling provided	254	159	59.75 (-)
# of media contacts	0	0	N/A
# of complaints	9	5	80 (-)
# of complaint inspections	12	4	200 (-)
# of Notice of Violations Issued	1	0	100 (-)

**Division of Public Health Prevention (PHP)**

The Division of Public Health Prevention is overseen by Debbie Padilla, Division Manager of Public Health Prevention. This division administers the Community Health Injury Prevention Program (CHIPP), Governor’s Office of Highway Safety Injury Prevention Program, Community Prenatal Block Grant (CPBG), Health Start, Teen Outreach Program, Teen Maze, Physical Activity Program, and Oral Health Services.

**Community Health Injury Prevention Program (CHIPP):**

Apache County Public Health Services District in collaboration with Indian Health Services (Navajo Nation) continues their efforts to reduce the rate of injuries, both intentional and unintentional; reduce preventable infant mortality; and reduce obesity and overweight among women and children in communities we serve. The purpose of this project will primarily target women and children, but will be inclusive of “teens,” and the male population.

The Community Health Injury Prevention Program (CHIPP) offers the following services: car seat safety classes, booster seat campaign, and seat belt safety/crash dynamic classes (provided to 4<sup>th</sup>, 6<sup>th</sup> and 9<sup>th</sup>-12<sup>th</sup> grade students). High school education is provided before major events such as homecoming and prom. Operation Collaboration is a three-day event that deals with seat belt safety/crash dynamics, alcohol and drug awareness. CHIPP collaborates with Indian Health Service (IHS) to provide car seats for distribution to community residents who meet income guidelines in northern Apache County (Fort Defiance) through their injury prevention program. The injury prevention programs are well established in the communities of southern and northern Apache County. Personnel of the programs are all certified child passenger safety technicians.

The CHIPP fiscal year runs January through December; therefore the data are reported through December of 2008.

**CHIPP Measures**

MEASURE	Calendar Year		% Increase /Decrease
	2007	2008	
# of 4 <sup>th</sup> and 6 <sup>th</sup> grade students receiving education	304	467	53.61 (+)
# K-8 students provided activity/nutrition program	-	327	N/A
# women receiving preconception educational material	76	103	35.5 (+)
# of individuals attending car-seat classes	302	208	31.13 (-)
# of car-seat classes provided to Native American families	47	132	180 (+)

# of child passenger safety technicians certified	30	16	46.67 (-)
# of preschool children served by booster-seat campaign	291	440	51.20 (+)
# of booster-seat classes	21	28	33 (+)
# high-school students who received education	278	887	219 (+)

**Governor's Office of Highway Safety:**

Funding was awarded to ACPHSD during the reporting period to expand injury prevention services to the neighboring communities in northern Apache County. Agency personnel working in the communities of Sanders, Tsaile, Round Rock, Chinle, Fort Defiance and Window Rock will be offered funding to provide child passenger safety education to community members. Car seats, child passenger safety and alcohol and substance abuse educational supplies will be provided to agencies for distribution. A requirement of the program is that certified child passenger safety technicians will promote the service. Technicians will target Head Starts, schools, hospitals, clinic settings, and health fairs for distribution of materials.

**County Prenatal Block Grant**

The County Prenatal Block Grant offers services to pregnant women and their families in southern Apache County. The program works closely with the Health Start Prenatal Outreach Program offering classes that mutual clients can benefit from. Families are assessed for needs once enrolled in the program and referred accordingly. Age appropriate assessments are offered to families for developing children and home visits are offered during pregnancy. Additionally, interpreter services, lactation consultant services, and childbirth classes are available.

Educational hand-outs specific to the trimester of pregnancy are distributed to women once enrolled. "Ages and Stages Questionnaires" assist families to determine if their child is developing at a normal rate. Questionnaires are provided at 4, 8, 12, 18 and 24 months of age. Developmental/educational tools are provided to clients to assist them with the assessment. Tools given at each stage include: stacking blocks, cereal containers with cereal, fork and spoon sets. Childbirth class packets are provided to participants who attend the four day class.

Unfortunately funding for this program was cut after the third quarter of the year; therefore outputs below are reported solely from July 1, 2008 through March 31, 2009. Despite the reduction in funding many of the yearly goals were met or exceeded.

### County Prenatal Block Grant Measures

MEASURE	Fiscal Year				% of 2007-2008 goal met
	2007-2008		2008-2009		
	GOAL	Output	GOAL	Output	
# of women assessed for referral services	65	65	65	154	137 (+)
# of women who received trimester relevant info	65	65	65	79	21.5 (+)
# community events	10	10	10	5	50 (-)
# of women who received info on importance of breastfeeding	100	100	50	74	48 (+)
# of teenagers provided info regarding health lifestyle choices	40	60	40	348	770 (+) Info provided at Teen Maze events

#### **Health Start Prenatal Outreach Program**

Since August of 2000, Apache County Public Health Services District, ACPHSD, has administered the Health Start Program to women and children in communities of southern Apache County. Primary care areas of our communities include: Round Valley (Springerville, Eagar, Greer, Nutrioso, Alpine, Blue Canyon and Vernon), and St Johns (St. Johns, Sanders, and Concho). These areas are federally designated as Medically Underserved Areas (MUAs).

Currently the program provides services to clients enrolled in the program through home or office visits. The majority of the visits are done in the homes of these women. Women who are deemed "high-risk" are referred to and invited to enroll into the program. Established partnerships with Health Start and agencies within the community allow for referral information to be provided to participants in a limited amount of time. The program will continue to provide prenatal outreach services and referral services to women and their families of our communities. In addition, the program will increase efforts to enroll Native American women into the program and offer Interconception care to women through additional client visits, and outreach events.

ACPHSD will increase enrollment opportunities for Native American women by promoting the Health Start program in the Sanders area. Geographically isolated; Sanders is located 80 miles from the Health Start program housed in Springerville. Previous barriers to provide services include the long distance associated for travel to Sanders, winter driving conditions and lack of lay health workers who reflect the ethnic, cultural and socioeconomic makeup of the neighborhood they would serve. A recent addition to our program was the hiring of a full-time lay health worker who is Navajo. Geraldine Tohannie, is fluent in Navajo and reads and writes in her native language. ACPHSD will designate Ms. Tohannie as the "Navajo Liaison" for our program. Ms. Tohannie will

work closely with the nurse at Valley High School, in Sanders, for referrals of teens into our program and class opportunities; work with personnel at Sanders Health Clinic for referrals of women they see during OB/GYN appointments and who may not be enrolled in any prenatal services offered by Indian Health Services; and work with Public Health Nurses at Indian Health Services Clinic to enroll women who are not enrolled in their prenatal program or who would like to attend classes offered by the Health Start program.

Health disparities for women in Sanders can be contributed to distance needed to travel for prenatal care, families living below poverty level, and lack of resources available to families due to their isolated geographic area. In 2006, births by mothers in the community of Sanders totaled 35. Six of these women were under the age of 19; 3 had infants that weighed less than 2500 grams (Low birth weight), and 28 of them were to unwed mothers. Our program will work together with personnel in Sanders to target teens but will assist women of all ages who meet enrollment requirements of the program. We anticipate enrolling ten women annually and will offer classes as determined by the needs of the clients.

**Health Start Measures**

MEASURE	Fiscal Year		% Increase /Decrease
	2007-2008	2008-2009	
# of classes provided	26	18	15.4 (-)
# of rural classes		4	
# of families served	81	89	23.45 (+)
# of rural families served		11	
# of prenatal visits	339	204	31.3 (-)
# of rural prenatal visits		29	
# of family follow-up visits	452	411	11.28 (+)
# of rural follow-up visits		92	
# of multiple-visits (families with two or more eligible children)	82	54	34.15 (-)

**Teen Outreach Program (TOP):**

The Teen Outreach Program promotes healthy behaviors for successful achievement in school and attainment of real life goals among adolescents (12-17 years of age) by providing an after-school program with a community service learning component, life skills classes at middle and high schools, and outreach to the Juvenile Detention Center youth.

After-School Program

The program works closely with: Donna Grimsley, Superior Court Presiding Judge; Apache County Juvenile Probation; White Mountain Academy and Round Valley High School. The curriculum, *Wyman Teen Outreach Program*, is used as an after-school program to students involved in the criminal justice system during the 2008-2009 school

year. Enrollment opportunity for students was based on a referral process. At the start of the school year, students were either referred from the Juvenile Probation Department and/or by the teachers at White Mountain Academy (WMA), an alternative high school.

A variety of incentives were implemented for students who were willing to commit to the program. For those who were on probation, the Juvenile Probation Department agreed to offer students service hours equivalent to the number of hours spent in class. Therefore, students were capable of earning up to three hours a week to go towards completing their community service requirement. Another incentive was directed toward students who attended the alternative school. Karl Turley, Head Teacher of White Mountain Academy, offered to give students a ½ elective credit upon successful completion of a semester of class with the program.

The after-school program totaled 57 classes which translated into 85.5 hours of class time during the 2008-2009 school year. In addition, each student averaged 20 hours of community service/internship hours within the same time period. Six of the eight referred students completed the program successfully.

Collaboration with Apache County Workforce also provided students an opportunity to gain employment during Summer 09. Four of the six students who successfully completed the program obtained summer employment.

Life Skills Classes The TOP served the Round Valley High School's Law classes (9-12<sup>th</sup> grades), Sander's 6<sup>th</sup> graders and St. Johns 7<sup>th</sup> graders with lessons on a variety of life skills during the 08-09 school year. Lessons were at least an hour in duration. Life Skills classes were also provided to the Juvenile Detention Center from August-December 2008 and resumed April 2009.

#### Teen Outreach Measures

MEASURE	Fiscal Year		% Increase /Decrease
	2007-2008	2008-2009	
# of students who completed the 9 month long after-school program	-	6	N/A
# of youth served at the Juvenile Detention Center	-	31	N/A
# of outreach life skills classes provided to Middle and High Schools	-	27	N/A

#### Teen Maze:

The goal of the teen maze project is to increase the knowledge of youth as to the risks and consequences of certain behaviors so that they will make healthy choices and decisions that will enable them to achieve their aspirations for the future. Apache County works with the local Youth Council, high schools, and other organizations within the

community to implement this project. The purpose of the maze is to provide primary and secondary prevention and health promotion education to youth on topics including but not limited to: teen pregnancy, responsible sexual behavior including abstinence, date rape, substance abuse, school and domestic violence, suicide prevention, diversity, physical activity, nutrition, higher education, and vocational/career options.

Two Teen Maze events were held this year. On September 24<sup>th</sup>, 2008, the event was provided to Round Valley High School students. On March 10<sup>th</sup>, 2009, the event was provided to St. Johns High School students, where the entire student body was able to attend. Collaborators included: the Division of Public Health Prevention, the Division of Public Health Education, the Division of Public Health Emergency Preparedness, the Division of Public Health Clinical Services, Public Health Administration, CERT Volunteers, North Country, AZ Youth Partnership, Burnham Mortuary, White Mountain Ambulance, Navajo County Public Health Department, Sheriff's Department, County Attorney's Office, Workforce, Department of Public Safety, John Gill, CBC Motorsports, Paul Appleby, Apache County Drug Free Alliance, Eagar and Springerville Police Departments, and other volunteers. The students navigate through the various stations receiving and participating in brief educational lectures and activities.

**Teen Maze**

MEASURE	Fiscal Year		% Increase /Decrease
	2007-2008	2008-2009	
# of students served by Teen Maze event	407	669	64.37 (+)

**Physical Activity Program:**

The Physical Activity Program implements the classroom-based program Promoting Lifetime Activity for Youth (PLAY) in schools and a community-based adult physical activity intervention program, Walk Everyday Live Longer Arizona (WELL AZ). The intervention strategies focus on increasing the amount of daily activity in youths and adults. PLAY is a teacher-directed 12-week program promoting 60 minutes of daily physical activity to 4<sup>th</sup>-8<sup>th</sup> graders. Students who log at least 60 minutes, at least 5 of the 7 days of the week, for at least 6 weeks will earn the President's Active Lifestyle Award (PALA). Emphasis is placed on physical activity being fun. In the 2007-2008 school year six southern Apache County schools (Alpine, Concho, Vernon, St. Johns Middle, Coronado, and Round Valley) and three northern Apache County schools (Sanders, Fort Defiance, and Ganado) participated in the PLAY program. WELL AZ is a 5-week community-based program, developed by Arizona State University faculty, focusing on increasing physical activity levels of sedentary Arizonans. Tools are provided to monitor and motivate people to increase their physical activity. The Physical Activity program is also involved in one local coalition promoting physical activity through community events, public service announcements and other advertisements.

**Physical Activity Program Measures**

MEASURE	Fiscal Year		% Increase /Decrease
	2007-2008	2008-2009	
# of participating students	944	1139	20.65 (+)
# of PALA awards	441	329	25.4 (-)
# of teachers participating	41	53	29.27 (+)
Total # of schools participating	9	10	11.11 (+)
# of Navajo Nation schools participating	3	3	N/A
# of community events	9	18	100 (+)
# of WELL participants	119	106	11 (-)

**Dental Sealant Program:**

Dr. Stephen Palmer, Eagar dentist, obtained the credential of “affiliated practice” needed to allow ACPHSD to implement its dental sealant program for southern Apache County students. Contracts have been put in place for an affiliated hygienist, and two dental assistants to administer the program through a mobile dental office. This year, dental sealants and exams were provided at the beginning of the year to Concho School students and will continue this fall at other area schools in the district.

Contractors attended training with Arizona Department of Health Services (ADHS), Office of Oral Health to implement the program. ADHS contacts and invite schools to participate in the program. Staff will follow-up with school personnel to set-up schedules for students during fall classes. Two-hundred students are anticipated to be served.

## **Division of Public Health Emergency Preparedness (PHEP)**

The Division of Public Health Emergency Preparedness facilitates preparedness efforts relating to public health and pandemic influenza under the direction of Kellie Monterrosa, PHEP Division Manager. Additionally, the Division handles the receipt and investigation of all disease reports for Apache County. To that end response plans are created and maintained, trainings are attended, partnerships are cultivated, exercises are developed, organized and executed, education is provided to the community, relationships with medical providers are maintained, and investigations are conducted. The Division is fully funded through the Bioterrorism Preparedness and Response Program contract from the Center for Disease Control (CDC) through ADHS. Because ADHS contracts separately with the Navajo Nation and Apache County, PHEP works with the tribal preparedness group but focuses its efforts on southern Apache County. Further, PHEP collects information pertaining to, and facilitates a public health response to, reportable diseases such as those listed below in Table A for the entirety of the county.

In the last week of April and the first part of May Apache County Public Health and public health agencies across the nation, responded to the "swine flu" (now called H1N1) outbreak. It is estimated that the District expended over \$17,500 on this response effort in terms of personnel, travel, supplies and other expenses. The most significant part of this response was the receipt and distribution of the Strategic National Stockpile (SNS). The SNS contains antiviral medications and personal protective equipment. The Department of Homeland Security alerted the nation in the latter part of the week of April 20<sup>th</sup> that 25% of the SNS would be released to states. On May 1, 2009 Apache County Public Health Services District was prepared to receive, divide and distribute the items from the Arizona Department of Health Services to all providers across Apache County. In total Apache County received over 2000 doses of antiviral medications and a number of cases of N95 masks, face shields, and surgical gowns. Based on population distribution the items were divided up and delivered to the four hospitals in the county (White Mountain Regional Medical Center, Sage Memorial, Chinle IHS, and Fort Defiance IHS) as well as the 10 clinics in the county (Mountain Avenue Clinic, North Country-RV, North Country-St. Johns, White Mountain Specialty Clinic, St. Johns Clinic, Tsaile Clinic, Teec Nos Pos Clinic, Sanders IHS Clinic, St. Michaels Clinic, Sanders non-IHS clinic). The District set up an Incident Command to manage the SNS shipment and all items were delivered and chain-of-custody ensured to each location. It was the first time Apache County had an opportunity to practice receipt, storage and distribution of the SNS. Public Health staff rose to the occasion and many individuals worked long hours during those two weeks. Most notably, Kellie Monterrosa and Jennifer Foote are to be commended for they were integral in the response and both made themselves available during and after regular business hours.

Additionally, PHEP conducted the following activities during the reporting period per their grant deliverables:

### Project Public Health Ready (PPHR) Recognition

- PHEP hired an outside consultant to rewrite the Emergency preparedness plan for Apache County Health Department; this plan has been written in conjunction with Apache County Emergency Management. We will be the only county in the state to have one integrated plan that will act as a single document for all emergency responses within the state.
- Attendance of all PPHR meetings as mandated by ADHS
- 2009-2010 we will submit our plan for recognition to ADHS and PPHR
- All staff participated in a Training Needs Assessment for PPHR. ACPHSD will incorporate training recommendations from this assessment into the staff development program.

### Special needs Populations

- Special needs subcommittee was formed through the Local Emergency Planning Committee (LEPC), the subcommittee has meet two times and is creating a list of goals for the committee for the next year. Current Chairperson is Shonde Burgess, Public Health Nurse - RN, Co-Chair person is Tyla Merrill (Health Start). Next meeting of the subcommittee is August 27, 2009 from 1 P.M. to 3 P.M. at the Eagar City Council Chambers. The goals of this committee over the next year will be to increase the capacity of the emergency system within Apache County to respond to the special needs of the community during a crisis, this will include creation of a data base that allows access to needed information. We expect issues will arise such as HIPAA and are looking to the state for guidance.
- Arizona Department of Emergency Management (ADEM) is sponsoring a special needs committee whose focus is to complete a special needs plan at the state level. Kellie Monterrosa and Tyla Merrill have participated in this committee via phone.

### Exercising and training to current plan

- Vote and Vax 2008
  - Planned and carried out a functional exercise with White Mountain Ambulance service, Apache County Health Clinical Services Division, CERT members and local law enforcement to offer a mass vaccination clinic during the General Election held November 3, 2008.
  - Exercise was set up at two locations; St. Johns, in the County Annex and Round Valley, at the White Mountain Ambulance barn. Both sites were chosen to be close to the voting place, yet far enough away to prevent legal issues with the voting activities.
  - During the exercise we vaccinated 156 adults and 63 children between both locations.

- We produced an After Action Report, which described the issues; we experienced a communication problem with our cell phones, we had issues with signage and advertisement.
- Court Pan Flu TTX
  - Participated with Emergency Management and Ken Martin at the courts to practice the pandemic flu response.
- Wild land Fire Exercise
  - Arizona Department of Forestry and Arizona Department of Emergency Management in conjunction with Apache County Emergency Management simulated a mass evacuation of Greer and Eagar as well as the prison during this exercise. Eric Neitzel attended this event to represent Public Health.
- Mass Casualty School Bus
  - Navajo County and Lakeside Fire simulated a mass casualty school bus accident; Eric Neitzel from the PHEP department participated as the operator of the JIC/JIS and acted as PIO for the incident.
- HHP-Hav-a-bed drills
  - Acted as a secondary contact for all hospitals in our jurisdiction during 2 drills during the course of the year. This link allowed ACPHSD to check communications and help the local hospitals to fulfill a grant deliverable for them.
- Increase Volunteer Capacity
- ESAR\_VHP
  - Began recruiting individuals into the state database that registers volunteers and checks credentials of medical personnel. Volunteers are only accessible by contacting the state with a request for the needed personnel.
- Citizens Corp
  - CERT- Citizens Emergency Response Team - ACPHSD currently has 74 members on the CERT team, an increase of 5 over the previous year.
  - Education has been offered to the members of this team, to increase readiness for response.
  - Red Cross training has been provided covering the areas of: Red Cross mission, sheltering operations, damage assessment and fulfilling the mission.
  - Weather spotter training provided.
  - One additional 20 hour course was offered to train new CERT members.
  - CERT team members have been utilized in the following ways this year:
    - Help with traffic control and patient movement at VOTE and VAX
    - Called on by Alpine police to assist with activities for 4<sup>th</sup> of July celebration in Alpine

- Asked by Mike Hogan, Eagar police chief, to assist with traffic and pedestrian control at Eagar Daze.
- Set up CERT booth at the county fair, LDS church preparedness fair, WMRMC preparedness fair and the Human Society fundraiser.
- MRC –Medical Reserve Corp
  - This program is under development. This corp. will provide a pool of medical professional that are available for emergency response in Apache County.
  - Initial Application will be submitted by the end of September, 2009.
  - Will be used in conjunction with ESAR-VHP to increase capacity.

#### Communications

- Tested Communications during exercises that were conducted throughout the year, using the problems found to create solutions.
  - H1N1 response highlighted several issues with communications on the Navajo Nation.
  - Vote and Vax highlighted issues with cell phone coverage inside facilities and the need for training on the radio system that is currently owned by PHEP.
- Developed a social media plan that focused on reaching the younger populations of Apache County.
  - Twitter , Facebook and Myspace were developed to reach the local teens. These are not fully implemented due to constraints within IT.
  - Twitter and Facebook have also been implemented to the JIC/JIS 593 information to expand the reach of those interested in information for Apache County. Currently there are 400 twitter subscribers that follow all tweets sent out by the JIC manager.

#### Create Community Partnerships

- Navajo County
  - Worked with partners in Navajo county to increase 593 information capabilities by training staff in that jurisdiction to make updates to the 593 web site and all related joint information systems (JIS/JIC) in Apache County.
  - Offered a disease containment and outbreak investigation workshop Flagstaff in partnership with Navajo, Coconino and Apache County.
  - Conducted several exercises in conjunction with Navajo County including the mass casualty bus incident and wild land fire incident.
  - In conjunction with Navajo County and the other counties in the northern regions, we have successfully found storage for the Alternative Care Site

(ACS) equipment the state purchased with pan flu money. This equipment is stored at TEP in the warehouse. Thanks to Dave Kirk for providing the needed space and coordinating the facility.

- Red Cross
  - In conjunction with Apache County Emergency Management we have partnered with Tara Livingston from the Red Cross and worked on sheltering plans, offered trainings and attended public meetings to promote the responsibilities and plans of the Red Cross.
- Community Trainings
  - Three Red Cross trainings offered to CERT.
  - Weather training was offered to the public as well as citizen corp.
  - Dr. Katuz from ADHS offered Radiation and Decontamination Training for the community at WMRMC. This 8 hour training focused on decontamination of victims and was geared towards the response of first receivers. Training included the proper operation of equipment that detects radioactive material. The decontamination tent belonging to WMRMC was set up and personal protective equipment was taken on and off to demonstrate how to accomplish this task properly.
  - In 2009-2010 we intend to offer several new courses for the community. These will include personal preparedness training and information about mitigation of the influenza virus.
- Worked with I.H.S and Navajo Nation
  - In conjunction with ADHS and Navajo Nation Health preparedness Apache County has participated in plans for the creation of a new SNS site that will service the Navajo Nation.
  - PHEP has participated in the Navajo Nation Emergency Response Coalition; this group meets to help talk about issues that affect the Navajo Nation and the counties that share jurisdiction. Currently the coalition is working on a resource book that will act as a master document for resources within the Navajo Nation and jurisdictional counties.
  - Attended I.H.S. health fair in Chinle, took time to tour the facility and talk with staff at the lab about training issues they are experiencing.
  - HHP grant drills were facilitated through PHEP. We contacted the hospital to provide education on the drills and participated on the day of the drill to ensure that our hospital didn't lose HHP funding.
- WMRMC
  - Worked on developing a better connection with WMRMC to ensure public health's readiness in an emergency.
    - Meeting with Randy Mattice or Lyle Hummel to discuss emergency preparedness at the hospital and a partnership to ensure that Apache County is ready for any emergency.

- Dr. Katuz from ADHS offered Radiation and Decontamination Training for the community at WMRMC.
- HHP grant drills, were facilitated through PHEP, we contacted the hospital to provide education on the drills and participated on the day of the drill to ensure that our hospital didn't lose HHP funding.

Coordination of disease data and reporting

- Trained additional users on the disease reporting database from the state, we now have 4 additional users, including Bill Worsnop, Shonde Burgess, Kellie Monterrosa and Jennifer Foote. In addition we have one user from the Chinle Service unit; her name is Kris McConaha, RN.
- Hired a new Epidemiologist, Bill Worsnop, that is in charge of surveillance and investigations of all reportable diseases.
- Participated in various committees at the state level for epidemiology. These committees deal with the various disciplines within epidemiology and are instrumental in creating better community within the state for epidemiology practice.
- Participated in 4 quarterly drills from the state to gauge the response time and action taken at the county level for 24 hour reportable diseases. Each drill was passed with a variety of lesson learned that have helped us make changes to specific areas within the reportable disease process.

**Disease Surveillance/Reporting:**

The Apache County Public Health Emergency Preparedness (PHEP) Epidemiology Coordinator serves as the contact person for disease reporting in the county.

All medical offices and White Mountain Regional Medical Center have been supplied with the Arizona Department of Health Services (ADHS) "Reportable" disease list as well as "communicable disease report" (CDR) forms. Each office has been provided with a training and a binder supplied by PHEP which includes instructions on reporting as well as a 24 hour number for "urgent" disease reports. The goal is to get all providers on the ADHS web-based electronic reporting system Medical Electronic Disease Surveillance Intelligence System (MEDSIS). Some laboratories will begin implementation of Electronic Laboratory Reporting (ELR) this year. Currently we still rely on reporting by mail, phone and fax.

On the Navajo Nation the disease surveillance and investigation is handled by Indian Health Services, but good communications and working relationships have been the key to good disease reporting and medical needs assistance. With this in mind PHEP personnel have begun in-person visits to IHS medical facilities to establish more personal contact and share ideas about individual needs that our county personnel may be of help with.

Other surveillance efforts are our "Flu Surveillance Sites." We have six sites in southern Apache County (Sentinel Sites) that report Influenza-Like Illness (ILI) data to the County, State, and Centers for Disease Control (CDC). This system is used to determine the severity and spread of flu. The State and CDC tell us that information thus gathered is a very accurate indicator of actual disease extent in the county. Feedback is then provided to these reporting sites from the State by reports generated by ADHS regarding the flu cases in Arizona and where they are distributed.

This year with the unknown spread and severity of H1N1 flu around the corner we are making a concerted effort to prepare our school populations for the flu season. Schools are seen as an at risk population for flu because of the close proximity of many working and playing together sharing germs from many different sources. Our Health District has set a goal of immunizing 85% of all our school populations in southern Apache County against seasonal influenza and we are hopeful that if an H1N1 vaccine is available by early fall to try to achieve a similar number of these vaccinations.

Apache County Schools are also involved in "varicella" (chicken pox) surveillance. The school nurses send a monthly report to the PHEP office on the number and severity of chicken pox cases in their schools. This information is passed on to ADHS and compiled there.

"Active" surveillance is instituted whenever a potential Public Health concern is identified. Active surveillance is accomplished by calling providers to inquire if they have patients experiencing certain symptoms.

Health Alert Network notices of potential health concerns that are generated by ADHS are forwarded via e-mail to providers. The [www.593info.org](http://www.593info.org) website and the 593 phone information system is updated to reflect current health information and notices.

A new monthly PHEP newsletter has been developed and is being sent to Public Health employees and medical providers. This newsletter provides data on diseases that have been reported in the county as well as educational articles to promote reporting and disease recognition. An epidemiology newsletter is also in the process of being developed which will concentrate more directly on disease exposure and prevention.

Table A

**Apache County  
Summary of Selected Reportable Diseases  
Confirmed and Probable Cases**

Disease	7/1/2007– 6/30/2008	7/1/2008– 6/30/2009
Amebiasis	1	0
Aseptic Meningitis, viral	3	1
Botulism	0	0
Campylobacteriosis	23	20
Chlamydia	437	406
Cryptosporidiosis	31	2
E. Coli enterohemorrhagic	1	1
Giardiasis	2	0
Gonorrhea	25	26
Haemophilus Influenzae, 1	8	1
Hantavirus	1	1
Hepatitis A	5	1
Hepatitis B	21	4
Hepatitis C	39	0
Influenza virus	3	83 (12 H1N1)
Legionellosis	1	0
Meningococcal Invasive Disease	0	1
MRSA (from a sterile site)	6	7
Measles	1	0
Mumps	1	0
Pertussis	4	2
Plague	1	1
RSV	1	80
Salmonellosis	29	39
Shigellosis	10	8
Streptococcal Group A, Invasive	2	3
Streptococcus Pneumoniae	41	25
Syphilis	3	3
Tuberculosis	0	0
VRE	16	0
West Nile Virus	2	0

**Data are provisional. For more information call:  
William Worsnop, 928-337-7640  
Public Health Emergency Preparedness  
PO Box 697  
St. Johns, AZ 85936**

**Division of Public Health Environmental Services**

**Environmental Health – DEQ:**

During the reporting period the Public Health Department of Environmental Quality-DEQ was overseen by Milton Ollerton, Community Development Director, but funded by the Public Health Services District. The Arizona Department of Environmental Quality delegates authority to Apache County to reviews plans, inspects sites, and issues permits for conventional and alternative septic permits to the county under various conditions. The primary condition is the retention of qualified personnel. Only a Registered Sanitarian certified by the State of Arizona or an Engineer is qualified to carry out the duties of the delegation agreement.

In August of 2008, Jonathan Catlin joined the office as a sanitarian-in-training and he obtained his Registered Sanitarian license approximately six months later. Having the position consistently filled over the past year has greatly improved the program and the service available to the residents. Jonathan has been a great asset to the program; he is conscientious and extremely intelligent. Through remarkable self-motivation he has learned a great deal about the rules and statutes governing sanitary facilities. With continued experience his knowledge will continue to grow.

From the 2008 fiscal year to the 2009 fiscal year the development of septic tanks remained rather consistent (fell approximately 3%) as compared to the significant reduction from the 2007 fiscal year to the 2008 fiscal year (almost 38%). Perhaps this trend indicates that the slow-down in new construction in Apache County has reached its lowest point.

**ACPHSD – DEQ Measures**

MEASURE	Fiscal Year		% Increase /Decrease
	2007-2008	2008-2009	
Septic Applications Processed	183	177	(-) 3.3
Well Applications Processed	43	31	(-) 38.7

**Environmental Health –DHS:**

The Division of Environmental Health Services licenses and inspects restaurants, and issues food-handler cards. These functions are overseen by a Registered Sanitarian (RS) certified by the State of Arizona per statute and rule and per Apache County’s delegation agreements with the Arizona Department of Health Services (ADHS). These services are administered from the Public Health Services District.

There are a number of minimum requirements an applicant must meet in order to even qualify to sit for the Registered Sanitarian exam in the State of Arizona. The individual must either:

- ❖ Possess a minimum of 30 college credits in the natural sciences
- ❖ Possess five years experience as a sanitarian aide under the direct supervision of a Registered Sanitarian
- ❖ Possess five years of full-time military service in the field of environmental health

Rural counties across the state face a significant obstacle in finding an applicant that meets one of these requirements to even sit for the exam. The exam itself contains questions covering twelve domains including food, water & wastewater, air, vector and pest control, hazardous materials management, waste management, radiation, recreation, housing and institutions, occupational health and safety, general environmental health, and program planning and legal aspects. The majority of individuals that sit for the exam do not pass it on their first attempt. In Apache County over the past two years four candidates have sat for the exam. Two passed it their first time and two passed on their second attempt. The test is offered by the State on a quarterly basis.

During the reporting period ACPHSD employed a fully-licensed Registered Sanitarian for only four months. In contrast to previous years the RS only had oversight of the food program and not the wastewater activities, which allowed more focus on the needs of the food program. However, most of the year was spent training a sanitarian-in-training who then found a more lucrative position elsewhere once they obtained their certification. The majority of the inspections that were completed during the reporting period were completed by Registered Sanitarians, employed by the county in other positions, who were willing to devote some time to assisting the program. Much thanks goes to Bill Worsnop, Jonathan Catlin, and Steve Kizer for their invaluable assistance.

#### Food Program Measures

MEASURE	Fiscal Year		% Increase /Decrease
	2007-2008	2008-2009	
# of licensed food establishments	133	166	24.8 (+)
# of routine food inspections	66	118	78.8 (+)
# of pre-operational inspections	3	5	66.7 (+)
# of licensed public accommodations	27	33	22.2 (+)
# of public accommodation inspections	0	23	230 (+)
# of public school inspections	3	9	200 (+)
# of food handler's tests administered	171	226	32.1 (+)
# of food handler's cards issued	132	190	43.9 (+)

## **Financial Analysis**

Due to the formation of the Apache County Public Health Services District July 1, 2007, a property tax continues to supplement the revenue of the District. In 2007-2008 the percentage of grants, service fees, and local revenue was approximately 74% of the Public Health Services District budget with the other 26% coming from a secondary property tax levy. In the 2008-2009 fiscal year 67% of the Public Health Services District funding came from grants, fees, and other local sources and 33% of the revenue resulted from a secondary property tax levy.

There are a number of reasons the proportion of revenue from grants, fees, and local sources declined during the reporting period. First, there was some reduction in grant funding due to budget constraints at the state level. Apache County saw a loss of over \$28,000 in grant funding during the reporting period. Additionally, the Board of Health saw fit to shift the burden of the Medical Examiner's office to the Public Health Services District effective July 1, 2008. The District also purchased two parcels of land in St. Johns. The land was purchased with the future goal of building an administrative office/clinic in the county seat. Finally, two new positions were approved by the Board of Health for the reporting period. These positions included an Assistant Health Director and an additional Public Health Registered Nurse.

The addition of an Assistant Health Director was a prudent and necessary step in order for the District to provide excellent and uninterrupted services to the public. With the addition of the administration of the Vital Records program in October of 2007 and the Medical Examiner's office in July of 2008 it became necessary to delegate those tasks away from the daily routine of the Health Director. Additionally, in seeking to meet the goals outlined by the National Public Health Essential Services (ES), it was apparent that Apache County needed to strengthen efforts in the provision of ES #8, which states, "maintain a competent public health workforce." Until Keli Sine-Shields accepted the position as Assistant Health Director the District had not the means to implement a staff development program. However, after only months in the position a training program complete with a District training policy and varied curriculum of classes was made available to the 36 employees of the District. In the first six months of the program 87 hours of training were offered to staff. Further, the District opened enrollment in many of the classes to other county employees. Each month a flyer of classes being offered is circulated to the various county offices, additionally all training opportunities have been posted to the calendar on the county web page. This program has been a great source of pride for the District. The Assistant Health Director has also been crucial in efforts to carry out the CARHES process as described above.

The second new position the Board approved for this year was a Public Health Registered Nurse. This position was accepted by Shonde Burgess who, while working for the District, obtained her RN license. Prior to approval of this position the District only employed two nurses, one RN (the Division Manager of Clinical Services) and one LPN (Home Health Visiting Nurse) to carry out the multitude of requirements of each clinical services contract. However the single RN was also required to oversee the work of six other staff members including the LPN. With the addition of a third nurse, especially an RN, the District was finally able to meet all of its contractual obligations in full.

Shonde Burgess assumed oversight of the Home Health program, which requires an RN to supervise the LPN through periodic client visits, review of charts, and assisting with decision-making related to client health. The Well Women program benefitted from the new position in that a nurse is now available at monthly clinics to aid in patient counseling and preparation for exams. Clinical Services began offering blood pressure clinics for both the Round Valley (249 blood pressures taken) and St. Johns' (161 blood pressures taken) Senior Centers once a week. These clinics have resulted in serious conditions being identified in seven instances and clients referred immediately to primary care physicians before the conditions resulted in emergency room visits. Perhaps the greatest advantage of having another nurse on the team is the consistency with which immunization clinics have been staffed. In previous years it was common to cancel clinics due to the obligations of the nurses; however having one extra person alleviates the burden on the other two and the community benefits from consistent and reliable service. Finally, the Division Manager of Clinical Services has been freed up from a number of other public health nursing duties and has been able to work on the development of policy and procedure (a requirement of the license for the two District outpatient clinics), assisting in disease investigations with the Epidemiology Coordinator, staying current on training for all six programs she oversees, strengthening the tuberculosis control program, advocating for the family planning program, and networking with local hospital and clinic providers to create a strong and cohesive public health system and develop strong relationships with the doctors in southern Apache County.

Though there are a number of examples of the positive outcomes related to this new Public Health Nurse position there are two issues that must be highlighted. First, it is noted that from the 2007-2008 fiscal year to the 2008-2009 fiscal year, visiting nursing hours spent with Home Health clients increased by almost 60% with level funding. This is because the Home Health program was properly supervised, in that the RN had the time to devote to ensuring the service was being efficiently delivered. Secondly, when the swine flu outbreak occurred at the end of April – beginning of May, Jennifer Foote, RN (Division Manager of Clinical Services) was able to arrange an after-hours meeting with all of the doctors and providers in southern Apache County and they all showed up to receive the most current information regarding the outbreak. There may not be a more compelling example of the benefit of this position than this. Doctors are notoriously difficult to get a hold of, let alone attend an after-hours meeting, but because Ms. Foote had the time this year to develop relationships with them, she was able to bring them all to the table for the benefit of public health.

The above listed projects and positions account for the increase in the property tax from the 2007-2008 fiscal year to the 2008-2009 fiscal year. However, as seen in the reports below, the Public Health Services District moves into the next fiscal year with an estimated carry-over amount of over \$200,000 due to conservative spending and excellent grant management by all the Coordinators and Managers in the District. The exact carry-over amount will not be known until all fiscal year 2009 revenues are received. Receipts continue to be received through December or January of the following fiscal year.

Revenue Code	Program Name	FINAL Revenue FY2008	Budgeted Revenue FY2009	Estimated Revenue FY2009
	Opening Balance 212	-\$12,826.88	\$15,000.00	-\$3,007.13
	Opening Balance PHEP (213)		\$50,000.00	
33141	Immunizations	\$49,650.00	\$55,000.00	\$52,155.00
33142	Subvention	\$10,305.15	\$0.00	\$0.00
33143	Building Better Bones	\$1,005.00	\$2,000.00	\$0.00
33145	HIV	\$3,892.21	\$7,681.00	\$6,412.00
33543	Per Capita	\$6,720.00	\$5,040.00	\$2,706.00
33544	Direct Grant	\$35,407.69	\$35,408.00	\$26,555.76
33545	TOP	\$14,693.51	\$99,420.00	\$113,588.00
33546	Tobacco Prevention	\$208,780.82	\$192,569.00	\$185,000.00
33547	Cardiac Education	\$41,478.00	\$42,191.00	\$42,191.00
33548	State Mini Grant (GOHS)	\$0.00	\$0.00	\$0.00
33549	CHIPP	\$77,160.02	\$90,356.00	\$90,356.00
33552	PHEP	\$0.00	\$271,685.00	\$348,421.00
33554	Tuberculosis	\$28,901.00	\$25,000.00	\$18,476.00
33556	Teen Maze	\$6,000.00	\$6,000.00	\$0.00
33557	Pandemic Flu	\$0.00	\$0.00	\$23,200.00
34190	Service Fees	\$46,581.00	\$20,000.00	\$34,834.00
34198	Vital Records	\$7,090.00	\$9,000.00	\$13,850.00
34420	Environmental Fees - ADHS	\$95,754.00	\$40,000.00	\$36,340.00
34421	Environmental Fees -ADEQ	\$0.00	\$90,000.00	\$56,311.00
39500	Contributions prvt source	\$250.00	\$0.00	\$0.00
39900	other mis revenue	\$648.48	\$0.00	\$2,124.00
22-33548	DES Instructor	\$7,856.00	\$0.00	\$0.00
24-33140	Maternal/Child CPBG	\$37,344.00	\$37,344.00	\$25,481.00
26-33140	Oral Health	\$0.00	\$0.00	\$0.00
27-33140	Dental Sealant	\$330.00	\$11,000.00	\$1,860.00
32-33140	Well Women Health Check	\$75,559.43	\$100,000.00	\$83,799.00
34-33140	WIC	\$103,784.78	\$114,283.00	\$104,654.00
35-33140	WIC Special Projects	\$5,000.00	\$3,150.00	\$5,785.00
44-33140	Family Planning	\$7,898.00	\$11,500.00	\$9,879.00
45-33140	Health Start	\$76,000.00	\$63,000.00	\$63,000.00
48-33140	Folic Acid	\$4,000.00	\$3,000.00	\$3,000.00
50-33140	Smoke-Free AZ	\$80,018.45	\$97,500.00	\$97,500.00
52-33100	Home Health Care	\$101,783.91	\$40,181.00	\$40,181.00
52-39500	Home Health Care Donations	\$2,404.00	\$2,000.00	\$100.00
95-33590	Drug Coalition	\$30,968.49	\$30,000.00	\$30,000.00
96-33590	Meth Prevention	\$8,238.38	\$39,000.00	\$592.66
39100	Salt River Project	\$119,525.00	\$144,227.00	\$129,804.30
39100	Interest Earning	-\$1,487.00	\$0.00	\$3,000.00
30128	Property tax (FY08-30127; FY09-30128)	\$420,249.36	\$742,848.00	\$707,412.00
50200	County transfer in - Maint of effort	\$105,688.00	\$105,688.00	\$155,688.00
	<b>Total fund 212 Revenue</b>	<b>\$1,806,650.80</b>	<b>\$2,601,071.00</b>	<b>\$2,511,248.59</b>
	Anticipated carry-over to next fiscal year	-\$3,007.13	\$0.00	\$228,592.45
213 -				
33552	Bioterrorism	\$261,754.00	\$0.00	\$0.00
33557	Pandemic Influenza	\$37,386.00	\$0.00	\$0.00
	<b>Total fund 213</b>	<b>\$299,140.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Expense Code	Program Name	FINAL Expense FY2008	Budgeted Expense FY2009	Estimated Expense FY2009
1000	Contingency		\$160,968.00	\$88,300.00
-	State Subsidy		\$25,000.00	
5100	Health Services Admin	\$365,496.89	\$443,585.00	\$320,923.00
5115	Tuberculosis	\$25,731.37	\$25,000.00	\$24,035.00
5121	GOHS	\$0.00	\$0.00	\$27.00
5122	CHIPP	\$85,874.56	\$99,356.00	\$99,356.00
5123	DES Instructor	\$6,202.27	\$0.00	\$291.00
5125	Vital Records	\$1,633.99	\$5,530.00	\$8,018.00
5127	TOP	\$20,361.20	\$99,420.00	\$99,420.00
5130	Immunizations	\$76,169.68	\$79,541.00	\$75,000.00
5140	Pub Fid	\$62.62	\$0.00	\$0.00
5195	Drug Coalition	\$33,507.52	\$30,000.00	\$30,000.00
5196	Meth Prevention	\$8,831.04	\$39,000.00	\$0.00
5200	Home Health Care	\$103,131.49	\$50,927.00	\$47,400.00
5300	Tobacco Prevention	\$187,740.03	\$175,063.00	\$185,000.00
5350	Smoke-Free AZ	\$80,018.45	\$97,500.00	\$97,500.00
5353	Cardiac Education	\$43,552.01	\$44,411.00	\$44,411.00
5624	Maternal/Child CPBG	\$41,297.69	\$37,344.00	\$25,481.00
5625	Teen Maze	\$3,817.07	\$6,000.00	\$0.00
5626	Oral Health	\$0.00	\$0.00	\$0.00
5627	Dental Sealant	\$259.00	\$11,000.00	\$2,154.14
5632	Well Women Health Check	\$83,330.97	\$119,674.00	\$83,799.00
5634	WIC	\$111,243.41	\$117,964.00	\$124,366.00
5635	WIC Special Projects	\$8,749.68	\$3,150.00	\$0.00
5644	Family Planning	\$10,049.74	\$11,725.00	\$9,879.00
5645	Health Start	\$60,002.47	\$64,000.00	\$63,000.00
5648	Folic Acid	\$0.00	\$4,000.00	\$630.00
5655	PHEP		\$266,206.00	\$292,091.00
5660	Pan Flu	\$87.79	\$0.00	\$0.00
5664	HIV	\$6,965.81	\$8,426.00	\$8,401.00
5700	Environmental-ADHS	\$141,145.19	\$90,342.00	\$51,618.00
5701	Environmental-ADEQ	\$0.00	\$89,137.00	\$89,786.00
5800	Subvention	\$9,316.23	\$0.00	\$0.00
5900	Building Better Bones	\$1,413.76	\$3,000.00	\$0.00
3800	Medical Examiner	\$0.00	\$60,000.00	\$77,968.00
	Total Expenditures	\$1,515,991.93	\$2,267,269.00	\$1,948,854.14
51200	County transfer out - OMB Circ	\$293,666.00	\$333,802.00	\$333,802.00
	Total fund 212 Expenses	\$1,809,657.93	\$2,601,071.00	\$2,282,656.14
213 -				
5655	Bioterrorism	\$256,670.19	\$0.00	\$0.00
5660	Pandemic Influenza	\$36,948.20	\$0.00	\$0.00
	Total fund 213	\$293,618.39	\$0.00	\$0.00

## **Report on 2008-2009 Goals:**

A number of exciting goals were envisioned for the 2009 fiscal year. Here is a report on progress made towards each goal.

<b>Fiscal Year 2007-2008 Goals Included:</b>	<b>Fiscal Year 2008-2009 Progress</b>
Purchase land in St. Johns for the future site of the ACPHSD Administrative Office & Clinic and begin the planning and research process for construction of this building.	Purchased two parcels of land from the county based on a current assessment of value for each. Worked with Historic Streetscapes' Ron Peters to design an ACPHSD Administrative / Clinical office.
Expand the Environmental Program to include two Environmental Health Coordinators (Registered Sanitarians), one for food and one for wastewater. Become current on all restaurant inspections.	While two positions existed, it was a challenge to keep them staffed with qualified personnel. This goal continues to be important for ACPHSD and will be worked on in the 2009-2010 fiscal year.
Create the position of Assistant Health Director	Complete - Accomplishments discussed above on pages 13-15, and 47-49.
Create a Public Health Nurse – RN position	Complete - Accomplishments discussed on pages 47-49 above.
Begin the Mobilizing for Action, Planning and Partnership strategic planning process.	Complete – Progress discussed above on pages 6-12
Assume administration of the county Medical Examiner.	Complete – Program fully integrated into ACPHSD functions. Progress discussed on page 14 above.
Start a contingency fund for future projects.	Will carry forward approximately \$200,000 into the next fiscal year.
Reduce turnover in key professional positions.	Nursing staff has been stable this year; however Registered Sanitarians continue to present a challenge to retain.
Start a staff development program.	Complete – Progress discussed above on page 13

## **Goals for 2009-2010 Fiscal Year**

- ❖ Create plan for financing new ACPHSD Administrative / Clinical Office in St. Johns. This plan will likely include seeking legislative change to allow Public Health Services Districts the ability to bond.
- ❖ Continue the CAHRES strategic planning process.
- ❖ Mount an effective response to the H1N1 pandemic.
- ❖ Become current on all restaurant and public accommodations inspections.
- ❖ Start a Child Health Care Consultant program funded by First Things First. Hire a Registered Nurse to administer the program.
- ❖ Retain highly qualified professionals such as nurses and sanitarians.

**Recommendations:**

The staff of the ACPHSD are to be commended for an excellent year. Moving into the next fiscal year the biggest concern is one of office space. In only one year the building at 323 S. Mountain Avenue in Springerville has been outgrown due to the addition of additional programs and staff. In July of 2008, when staff were moved to that location, it was a perfect fit. However the WIC program has added an additional full-time staff member and the District will start a new program in the 2010 year that will require the addition of another nurse. In order to accommodate these changes the storage room in the 323 S. Mountain Avenue building has been emptied and staff are being moved in. It is prudent that the District continue to pursue alternative office space options such as the construction of a large administrative/clinical office in St. Johns and seeking additional office space in Round Valley. As it currently stands the Round Valley Annex may offer some additional space which will ease the burden in the upcoming year.

The results of the Local Public Health Department Assessment (presented on pages 7-12) are a useful guide for where strengths and weaknesses exist. In upcoming years, after the CAHRES process is complete, it will be necessary to prioritize gaps in the public health system and allocate resources based on community demand.

The staff development program will continue to provide trainings relevant and necessary to public health staff. As appropriate these classes will be offered to the rest of the county. As mentioned above, all public health staff participated in a Training Needs Assessment for the Public Health Emergency Preparedness contract. This assessment outlined gaps in staff training in the area of NIMS and preparedness target capabilities. In this next year efforts will be made to offer trainings which fill these gaps.

Finally, despite short funding throughout the county, it is requested that exceptional requests for pay raises be considered, especially for staff that are highly qualified, statutorily mandated, and indispensable to operations. For those employees that fit into these criteria are highly valued in other settings as well and it would be prudent to retain them rather than start over with new staff.