

FISCAL YEAR 2012-2013 PROGRAM REPORT



**NORTHERN KENTUCKY
INDEPENDENT DISTRICT
HEALTH DEPARTMENT**

*Promoting and protecting the health of Northern Kentucky by providing
public health services essential for a safe and healthy community*



SEPTEMBER 2013

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Executive Summary

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During fiscal year 2012-2013, a historic event happened to the Health Department: On February 27, 2013, we became one of the first local health departments in the U.S. to become nationally accredited by the Public Health Accreditation Board. This designation, which was a number of years in the making and required the work of a staff team, our District Board of Health and our community partners, tells everyone that we successfully measured up against national standards in public health.

If that accomplishment weren't enough, this report is filled with the activities that moved us closer to our vision, programs that support our mission, and our efforts to continuously improve the work that we do. It also shares some of the challenges that we had to face this past year, some of which will continue into the foreseeable future. We did the following in fiscal year 2012 – 2013:

- Evaluated employee-related insurance benefits
- Provided learning experiences for a large number of students
- Increased use of social media (Twitter and Facebook)
- Implemented debit/credit card system to increase self-pay revenues
- Began migrating to an assurance role in some of our maternal and child health programs, like prenatal care and well child exams
- Implemented a hepatitis C screening program in the health centers
- Experienced staff turnover, primarily in Clinical Services, which impacted program performance
- Implemented a shigella prevention program in child care centers and schools as well as with swimming pool operators
- Received national attention for our mobile food service quality improvement project, “Operation Chuckwagon”
- Increased the number of staff who met disaster preparedness training requirements
- Expanded school-based oral health program to include dental cleanings and purchased an electronic dental record system
- Helped schools improve their school wellness policies
- Worked towards a smoke-free policy for public housing
- Began targeted HIV testing in high prevalence ZIP codes
- Worked with child care centers to improve nutrition and increase physical activity
- Began to group programs into categories by community health status and connect activities to program budgets and program performance

Fiscal year 2012-2013 showed us that we are a work in progress, continuing to build our performance management system and expanding quality improvement throughout the Health Department. We are growing and changing to meet the demands, opportunities, and challenges in the world around us. That is what an accredited health department does.

Section I: Introduction

As stewards of the public's health in Northern Kentucky, the District Board of Health is responsible for assuring that the Health Department effectively uses its resources towards achieving national (*Healthy People 2020*), state (*Healthy Kentuckians 2020*) and local (*Vision for a Healthy and Vibrant Community*) public health objectives. The following program report represents the actions the Health Department has taken in fiscal year 2012-2013 to achieve these objectives.

Health Department programs are based on the 10 Essential Public Health Services, which include:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

This report shares our progress in implementing our strategic plan, shows how we have moved closer towards our vision, and tells how we accomplished our mission throughout the fiscal year. In addition to the division highlights, we have provided program reports by grouping cost centers in to categories to show funding spent on various public health issues. Furthermore, performance objectives and quality improvement results are reported. (*Note: Not all programs had performance objectives or quality improvement projects*).

STRATEGIC PLAN IMPLEMENTATION

Most (67 percent) of the strategic objectives in the *Strategic Plan 2011* have either been completed or are in progress. Most all of objective #1 has been accomplished. There are several projects related to objective #2 (data) and objective #3 (communications) that are near completion, but not yet finalized. It is anticipated that most will be completed or finalized in the current fiscal year.

Strategic Objectives

#1. How can we ensure that the Health Department is rooted in the core public health functions, the 10 Essential Public Health Services and meets the needs of our diverse and changing population?

Ninety-three percent of the strategies for objective #1 are either complete or in progress. By successfully completing the accreditation standards, the Health Department staff demonstrated an understanding of the 10 Essential Public Health Services and the core functions of public health.

#2: How can we better identify data needs, manage the collection, storage and use of health and program data to provide real time information for program management, planning, evaluation, Board of Health reports, answer media inquiries and inform community leaders?

Sixty-three percent of the strategies for objective #2 are either complete or in progress. A Google website has been created with tables, reports and maps representing a summary of primary and secondary data utilized by the Health Department. Still to be accomplished is assuring the sharing of some internal primary data sets and contacting community partners for sharing data among agencies. The advent of electronic medical records and the HITECH Act makes this a challenging area to explore in the coming year.

#3. How can we create and maintain a positive public image by communicating the range and value of the public health services that we provide?

Forty-four percent of the strategies for objective #3 are either complete or in progress. A communications audit has been finalized and the data analyzed. In addition, draft key messages have been developed, but not finalized or approved. These on-going projects should be completed in the current fiscal year.

Section II: Reaching for our Vision

“The Northern Kentucky Health Department will be a nationally recognized leader in advancing the health and safety of the community.”

AWARDS

- National public health accreditation
- Bronze level Award of Excellence in Public Health Communication from the National Public Health Information Coalition for the “Sink or Swim: Help Prevent Shigella” campaign
- Runner-up for national Balderson Leadership Project Award from the National Public Health Leadership Development Network for our smoke-free public housing project
- National Kidney Foundation’s service award given to the Northern Kentucky Diabetes Coalition for kidney screening project
- 2012 I’m Your Community Guide Contest for school health incentive funds quality improvement project
- Kentucky Health Commissioner’s Award for Meritorious Achievement
- Gold, silver and bronze awards for high immunization performance from the Kentucky Department for Public Health’s regional Immunization program

PRESENTATIONS

- Presentation on the smoke-free public housing project for Society of Public Health Educators conference
- Conference call presentation on the ACHIEVE coalition for the National Association of Chronic Disease Directors
- Webinar presentation on the Public Health Quality Exchange submission process for Operation Chuck Wagon for the National Network of Public Health Institutes
- Presentation on Operation Chuck Wagon at the National Network of Public Health Institute’s Open Forum for Quality Improvement in Public Health
- National Association of City and County Health Officials webinar on Performing Better Together: Improving through Peer Networking
- Presentation on the 2011 shigella outbreak to the Louisville Metro Health Department
- Presentations on “Evaluation Methods in Public Health Nursing: Northern Kentucky Health Department Immunization project: A Success Story,” and “Accreditation and Epidemiology,” at the 2013 Kentucky Public Health Association conference
- Poster presentations on the 5-2-1-0 community campaign and straight-pipe abatement 319 grant project at the 2013 KPHA conference
- Overview of Erlanger’s pedestrian master plan and results of walking interventions including Safe Routes to School at the Kentucky Walking and Biking Summit
- Presentation on Northern Kentucky’s flu surveillance program at the Kentucky Epidemiology Regional Resource Training
- Webinar presentation on NAP SACC and 5.2.1.0 for the Growing Healthy Kids Summit

MEMBERSHIPS

- Academic Health Department Learning Community sponsored by the Public Health Foundation
- Center for Clinical and Translational Science and Training's Leadership Institute
- Expert panel for the Public Health Quality Improvement Exchange
- Immunization Committee for the National Public Health Information Coalition
- Kentucky and Appalachia Public Health Training Center
- Kentucky Dental Hygiene liaison to the National Health Center for Head Start
- Kentucky Oral Health Coalition
- Kentucky Public Health Leadership Institute
- Kentucky Public Health Research Network
- NACCHO's Accreditation Coordinators Learning Community
- NACCHO's MAPP (Community Health Assessment/Health Improvement) work group
- NACCHO's QI Leaders Learning Community

PUBLICATIONS

- Story on smoke-free pools, work with the Housing Authority of Covington and the Licking River Greenway Trail in the National Association of Chronic Disease Directors' *Creating Healthy Communities Success Stories*
- Article on synthesizing health data in community health assessments in the *Journal of Public Health Management and Practice*
- Article on our journey to becoming an academic health department in the *Journal of Public Health Management and Practice*

NATIONAL AND STATE GRANTS

- \$4,000 grant from the Kentucky Department for Public Health Office of Health Equity for the family planning outreach to Hispanic males quality improvement project
- Approximately \$7,100 grant from the Kentucky Department for Public Health Center for Performance Management for an HIV client prescription assistance quality improvement project
- More than \$5,000 grant from the Kentucky Department for Public Health to promote the diabetes prevention program
- More than \$8,200 grant from Kentucky Department for Public Health for public health emergency preparedness

OTHER

The Kentucky Department for Public Health adopted the following from Northern Kentucky to use with health departments across the state:

- Hepatitis C testing program
- Sexually transmitted diseases database
- Maternal-child health coordinator prenatal care assurance log
- Influenza surveillance process
- First two Kentucky dental hygienists to be specially licensed to practice as Public Health Dental Hygienists

Section III: Achieving Our Mission: Division Highlights

“Promoting and protecting the health of Northern Kentucky by providing public health services essential for a safe and healthy community.”

OFFICE OF THE DISTRICT DIRECTOR OF HEALTH

The District Director of Health oversees all public health functions for the four-county district. The position also manages division directors, Human Resources, Planning and Public Information. These functions are vital to the daily and long-range operations of the Health Department.

Human Resources

In addition to continuing the day-to-day services provided to management and staff, Human Resources worked with Administration and Accounting to evaluate employee-related insurance benefits, continued moving toward paperless files, and began standardizing class specifications and job descriptions.

Planning

- Coordinated the Public Health Accreditation Board site visit and celebrated being awarded accreditation status.
- Implemented a more comprehensive performance management system, with 54 objectives identified for key processes and programs throughout the Health Department. This completed the Health Department’s first full year of managing, tracking and reporting on performance objectives, as well as quality improvement projects. Lessons learned will inform improvement efforts in fiscal year 2013-2014.
- Sixty-eight students completed learning experiences, making valuable contributions to programs as they worked alongside staff to promote wellness and protect the health of clients.

Public Information

Web-based communications were a focus for public information in fiscal year 2012-2013. The agency continued to grow its presence on Twitter, increasing the number of followers from 179 in June 2012 to 470 in July 2013. Twitter has been utilized for interaction with news media, and stories have resulted from information posted on Twitter. Though programs have had Facebook pages in years past, the spring of 2013 marked the launch of the Health Department’s main page. A total of 70 people have liked the page since.

An average of 4,900 people visit the Health Department’s nkyhealth.org website in a month. While staff maintain the site, consultants assist with technical aspects, including web hosting. A new consultant was hired during the fiscal year, which resulted in a re-launch and refresh of the site. New features integrate social media posts, and make it easier for staff to make updates.

ADMINISTRATION AND ACCOUNTING

The fiscal year 2012-2013 budget was impacted by decreased resources and increased retirement expenses. Cuts to revenues, especially state and federal funding, as well as increases to the KERS contribution rate (from 3.79 percent to 23.61 percent) required the Health Department to reduce expenses to minimize use of reserves.

To prepare ourselves to meet public health needs for future fiscal years, much time was spent working on the fiscal year 2013-2014 proposed budget to accommodate the further reduction in state revenues and the expected reduction of Medicaid funding. This preparation and planning, while difficult, allowed for better alignment of resources with priority public health needs to maximize effectiveness. Staff was again able to prepare and present a budget that did not require the use of reserves.

The Health Department finished the year financially with revenues exceeding expenses by \$594,037. Although revenues did exceed expenses by this amount, \$53,766 of fiscal year 2012-2013 revenue will be considered restricted and will appear on the fiscal year 2014 balance sheet as restricted reserves. These figures result in a net increase to unrestricted reserves of \$540,271.

The table below summarizes the profit and loss statement and balance sheet.

EXPENSES	FY 2013 ACTUAL	BALANCE SHEET (As of 07/01)	FY 2013
SALARIES	\$6,424,627	ASSETS	
FRINGE	\$3,027,488	Cash	\$4,934,409
CONTRACTS	\$2,614,530		
TRAVEL	\$147,681	LIABILITIES	
SPACE COSTS	\$301,412	Withholdings	(\$24,653)
OFFICE OPERATIONS	\$355,019	Safety Seat Refunds	\$5,502
MEDICAL SUPPLIES/EQPT	\$187,024		
AUTOMOTIVE	\$14,276	FUND BALANCES	
OTHER OPERATING	\$1,091,669	Unrestricted	\$3,767,934
CAPITAL	\$42,629	Restricted-Capital	\$1,000,000
TOTAL EXPENDITURES	\$14,206,356	Restricted-Other	\$186,064

RECEIPTS	
STATE	\$1,973,788
FEDERAL	\$3,728,819
FEDERAL - DIRECT	\$260,266
LOCAL TAX	\$6,340,374
MEDICAID	\$2,130,915
SELF-PAY/OTHER	\$278,504
GRANTS-OTHER	\$34,652
INTEREST	\$53,076
TOTAL RECEIPTS	\$14,800,393
REVENUES LESS EXPENSES	\$594,037

CLINICAL SERVICES

Fiscal year 2012-2013 was a year of changes and challenges for Clinical Services. Staff turnover, particularly for nurses, continued to test our ability to provide safety net services. The impact that staff retention had on efficiency and productivity affected client appointments, workload of remaining staff and management, and the ability to achieve our performance objectives. Nevertheless, 35,822 unduplicated clients received 211,266 services in the four health centers during the fiscal year.

Due in part to the staffing challenges, as well as to changes in reimbursement from the Medicaid managed care organizations, Clinical Services began changing models for staffing and service provision. These changes addressed both the staffing types and levels used to provide services as well as determining which services we would do or assure that clients were linked to in the community. Throughout the changes, staff worked to preserve core public health services and assure that community needs were met. Moreover, these adjustments will help position the Health Department for the changes of the Affordable Care Act that are slated to begin in 2014.

The Health Department continues to provide our traditional public health clinical services of the WIC nutrition supplement program, sexually transmitted diseases and HIV screening, tuberculosis case management, communicable disease monitoring, immunizations, family planning and cancer screening; however, we assumed more of an assurance role for other programs.

For example, at the direction of the Kentucky Department for Public Health, we initiated coordination of maternal and child health programs such as maternity care. Through a contract with HealthPoint Family Care, the region's federally qualified health center, we assured that eligible pregnant women could access prenatal care and monitored the services and outcomes. Furthermore,

we began assuring the children on Medicaid were linked back to their primary care provider for well child exams and school physicals instead of providing these services directly.

We even made changes on the administrative side of the health centers by starting to accept debit and credit cards for payment. The result has been greater point of service collection of fees: To date, collections have increased by 32.5 percent or \$12,800.

A high point for Clinical Services in the fiscal year has been the work in the diabetes program. The Northern Kentucky Diabetes Coalition, led by the Health Department's diabetes staff, conducted supermarket tours to help people with diabetes or pre-diabetes learn how to read labels and make healthy food choices. More than 83 participants and 20 volunteers participated. In addition, the diabetes program partnered with the National Kidney Foundation for the first-ever free kidney screening in Northern Kentucky. More than 68 people participated in the event, which resulted in the program receiving a National Kidney Foundation's service award.

ENVIRONMENTAL HEALTH AND SAFETY

Environmental Health and Safety was responsible for a vast array of services and activities carried out in an effort to protect the public from illness and injury associated with exposure to environmental factors. This included inspections of food service establishments, hotels, mobile home/RV parks, public swimming pools, schools, tattoo and piercing shops, and other public facilities. Approximately 10,000 services were provided by Registered Sanitarians in these programs.

Additionally, the division handled numerous activities not associated with a facility such as inspections under the onsite sewage program, public health nuisance complaint and animal bite investigations, private water inspection and sampling and similar actions. More than 3,000 service activities were performed in these types of programs.

Staff also provided educational presentations at schools, community groups, local organizations and agencies, food managers classes, blood-borne pathogen trainings and community partner meetings.

Disaster Preparedness Coordinators took part in planning and response meetings, developed and updated disaster response plans and protocols, presented at educational events, provided training to Health Department staff and volunteers, developed and played active roles in response exercises, and interacted with officials at local, state and federal levels in order to prepare for public health emergencies.

POPULATION HEALTH

Population Health includes Epidemiology, Community Health Promotion and Oral Health.

Since the Division of Population Health has been without a division director for the past year, one of the District Director of Health's primary goals in fiscal year 2012-2013 was to fill this position. The Medical Director/Population Health Division Director position was advertised, six applicants were interviewed, and two offers were made; however, the position still remains vacant and recruitment continues.

In spite of this, much was accomplished.

Epidemiology

The Epidemiology staff worked with health care system partners to deal with the most active flu season in recent history. Moreover, staff worked with a multi-disciplinary team to prevent shigella outbreaks from occurring over the summer. The Disease Intervention Specialist continued to investigate large numbers of syphilis cases and the TB Control Nurse dealt with complex TB patients.

Epidemiology also hosted the Health Department's first CDC Public Health Associate, who worked with staff on special epidemiology projects throughout the year.

Community Health Promotion

Community Health Promotion programs target changes in systems, policies and the environment to create healthier behaviors.

To that end, staff worked with schools on improving staff blood pressure control, establishing tobacco-free grounds policies, strengthening school wellness policies, and implementing Safe Routes to School programs. In addition, staff implemented the Let's Move program in child care centers and the 5.2.1.0 campaign in Boone County. Staff also worked towards a smoke-free policy in public housing in Covington. HIV staff increased the number of clients with HIV/AIDS who obtained health insurance coverage to improve access to treatment that helps reduce the transmission of the virus.

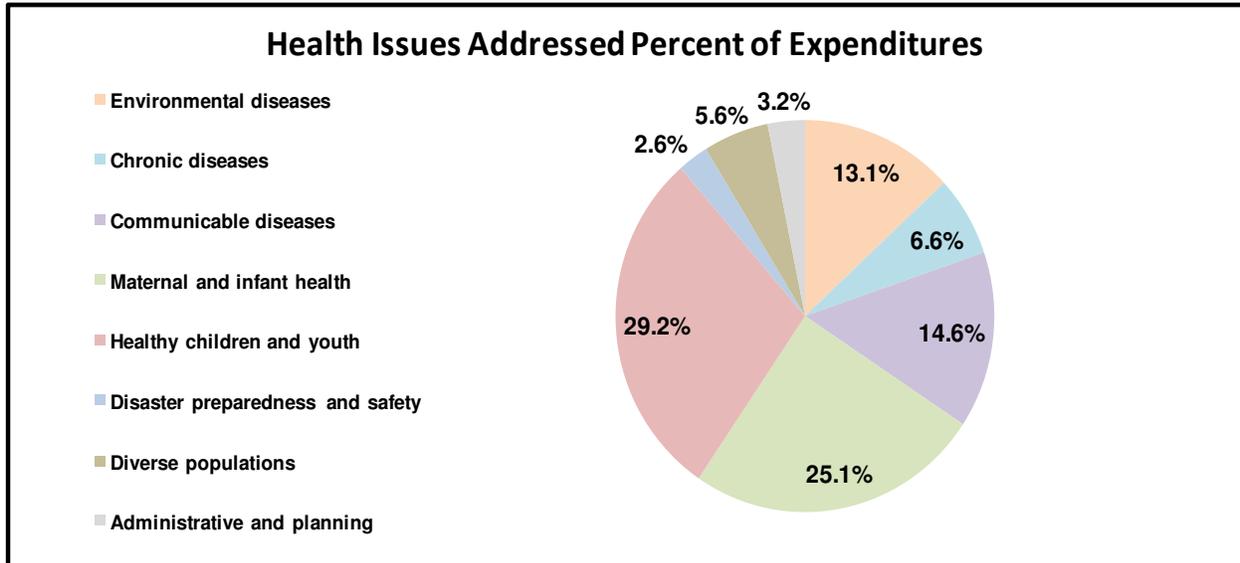
Oral Health

The Oral Health program had a number of positive changes this year. The school-based program for children added dental cleanings to the fluoride varnishes and sealants that were already being provided. An electronic dental record system was purchased, and the Kentucky Board of Dentistry approved protocols allowing for the special licensing of Public Health Dental Hygienists, resulting in the Health Department's two dental hygienists becoming the first two licensed PHRDHs in Kentucky.

This year was a challenge for the adult oral health access program. Much collaboration was done between the Health Department, the Campbell County Fiscal Court, HealthPoint Family Care, and the CincySmiles Foundation of Cincinnati. A pilot program to allow uninsured low income adults to receive emergency dental treatment has started in Campbell County, but further funding is needed in order to move this in to Boone, Grant and Kenton Counties.

Program Reports

Programs and services are grouped into eight health issues by cost centers. The chart below shows expenditures for each category, and displays where funds are spent to provide essential public health services. This information can support financial decisions. Following the chart are brief reports on services including 54 performance objectives which were monitored on a quarterly basis.



HEALTH ISSUES ADDRESSED	COST CENTERS	EXPENDITURES	% OF BUDGET
Environmental diseases	500, 520, 540, 560, 590, 595	\$1,857,765	13.1%
Chronic diseases	591, 725, 809, 813, 830, 832, 836, 841	\$944,112	6.6%
Communicable diseases	724, 757, 801, 806, 807, 810, 839, 842, 843, 844, 845	\$2,075,094	14.6%
Maternal and infant health	802, 803, 804, 833, 840	\$3,569,473	25.1%
Healthy children and youth	712, 736, 768, 800, 811, 827, 848, 852, 853, 857, 883	\$4,148,758	29.2%
Disaster preparedness and safety	729, 771, 821, 822, 823, 835, 873, 875, 876	\$371,380	2.6%
Diverse populations	738, 805, 812, 818, 831, 855, 872	\$791,884	5.6%
Administrative and planning	750, 890, 892, 894, 895	\$447,889	3.2%
TOTAL EXPENDITURES		\$14,206,356	100.0%

ENVIRONMENTAL DISEASES \$1,857,765 (13.1% OF BUDGET)

Food-borne disease prevention

Cost center	Program	Expenditures
500	Food service	\$975,277.49
590	Food service managers certification	\$88,697.93
	Total	\$1,063,975.42

The fiscal year saw more than 7,000 services performed under the food programs. This included more than 600 temporary food booths being inspected and close to 1,100 individuals being certified through the food manager's class. Operation Chuck Wagon, a grant-funded initiative focusing on permitting and improving the operational standards of mobile food trucks, was recognized nationally. It was featured on the Public Health Quality Improvement Exchange's website and spotlighted in a professionally produced video, conference presentation and webinar.

Challenges included keeping up with the increasing demands of the food program with reduced resources, and ensuring standardization of Registered Sanitarians to maintain the quality and consistent enforcement efforts necessary for a cutting edge department.

PERFORMANCE MANAGEMENT OBJECTIVES

- By June 30, 2013, 100% of registered sanitarians responsible for food inspections will be standardized on the 2005 FDA food code. **Results:** 82% of this objective was achieved; the remaining training will be completed in early FY14.
- By June 30, 2013, there will be a 3.5% increase in the average test scores on food manager's certification class tests, from 87% in FY12 to 90%. **Results:** There was a 2.3% increase in average test scores, from 87% to 88.97%.

Water-borne disease prevention

Cost center	Program	Expenditures
560	On-site sewage	\$259,976.85
	Total	\$259,976.85

In addition to the daily activities related to new septic system installations, repair inspections and associated services, a highlight was the conclusion of the Eagle Creek Straight-pipe Abatement Project. This seven-year effort received a total of \$473,000 and allowed for the repair or installation of 57 residential septic systems in the affected watershed; outreach to residents, students and farmers in the area; development and implementation of a watershed plan; and has eliminated more than 3.1 million gallons of sewage from the Kentucky River basin annually as a result.

Sanitation and vector disease prevention

Cost center	Program	Expenditures
520	Public facilities	\$272,477.09
540	General sanitation	\$261,336.01
	Total	\$533,783.10

In these cost centers, public pools were a focus of work, particularly education and proactive measures with pool operators and the general public to help prevent water-borne illnesses. This included one-on-one discussions with pool operators during opening inspections, mailings of educational information on steps to guard against the spread of communicable illnesses, and media outreach. As a result, Northern Kentucky did not see a water-borne outbreak in the summer of 2012.

A challenge this past year was interacting with SD1 in efforts to address the proliferating volume of sewage discharges from broken or malfunctioning private connections to public sanitary sewer systems.

PERFORMANCE MANAGEMENT OBJECTIVES

- By June 30, 2013, the number of Health Department-ordered pool closures due to facility operational deficiencies will decrease by 10%. **Results:** An 8% reduction was achieved. Environmental factors (higher temperatures) and increased education of pool operators that led to pools self-reporting prevented a 10% decrease. Most pools appear to be operating correctly and only 1 water-borne illness was reported where the person also swam in a public pool. Since these illnesses are usually cyclic, it is hoped this low number is due to pool operator and patron education about not swimming when ill.
- By June 30, 2013, 100% of general sanitation complaint investigations will begin within 3 days of notification. **Results:** 95% of this objective was achieved. Wrong addresses, disconnected phone lines and an inability to reach people at home during working hours impeded efforts to achieve 100%. This objective was a stretch goal over the state's 5-day response time.

CHRONIC DISEASE PREVENTION: \$944,112 (6.6% OF BUDGET)

Cancer prevention

Cost center	Program	Expenditures
591	Radon/indoor air quality	\$8,878.40
813	Breast and cervical cancer	\$501,029.22
	Total	\$509,907.62

The radon program received unanticipated funding, which allowed for the continuation of a local program to supply a radon test kit to residents upon request. These kits make it possible for homes to be tested for elevated radon levels and provided information on how to address elevated levels.

A women's cancer screening program is provided at the health centers.

PERFORMANCE MANAGEMENT OBJECTIVE

- By June 30, 2013, the number of unduplicated women screened by the Health Department in the Kentucky Women's Cancer Screening program will increase by 5%. **Results:** There was a 2% increase in the number of unduplicated women screened. The goal of increasing the number of women seen in this program by 5% was not met due to staff turnover and elimination of the position of Cancer Coordinator (responsible for outreach) due to lack of funding.

Cardiovascular health

Cost center	Program	Expenditures
832	Heart disease, stroke prevention	\$10,305.30
	Total	\$10,305.30

Several initiatives were part of this cost center: Thirty-one schools participated in a staff wellness blood pressure screening and education initiative. School personnel received pre and post blood pressure screening, with an educational encounter in between, over a three month period. Fifty-three percent of the staff returning for the May 2013 post check showed improvement in blood pressure levels.

Diabetes management and prevention

Cost center	Program	Expenditures
725	NCADD grant	\$5,073.57
809	Diabetes	\$182,238.11
841	Diabetes today	\$3,696.02
	Total	\$191,007.70

PERFORMANCE MANAGEMENT OBJECTIVES

- By June 30, 2013, there will be a 100% increase in the number of diabetes prevention classes and/or programs conducted (from two to four classes). **Results:** Exceeded expectations--staff achieved a 150% increase.
- By June 30, 2013, 75% of participants in the diabetes prevention classes and/or programs will create one SMART goal (related to being active, healthy eating, taking medications, monitoring, reducing risks for complications, or healthy coping). **Results:** Exceeded expectations—100% of participants created SMART goals.
- By June 30, 2013, the Northern Kentucky Diabetes Coalition will increase distribution of "Are You at Risk of Diabetes?" educational flyers by 20% or at least 6,000 flyers. **Results:** Distribution was 7.5% under the previous year's number of 5,000 flyers.

Tobacco use prevention

Cost center	Program	Expenditures
765	CDC local tobacco grants program	\$25,059.68
836	Tobacco use prevention and cessation	207,831.69
	Total	\$232,891.37

Staff assisted the Grant County Schools with implementing a tobacco-free grounds policy at the beginning of the 2012-2013 school year for all students, staff and visitors, on the entire campus grounds and at all school events. Staff also conducted activities to move the public housing communities in Covington towards a smoke-free policy.

COMMUNICABLE DISEASE PREVENTION: \$2,075,094 (14.6% OF BUDGET)

Epidemiology

Cost center	Program	Expenditures
757	Epidemiology support	\$11,323.26
810	Adult health	\$140,967.48
822	Epidemiology and surveillance capacity	\$90,119.66
	Total	\$242,410.40

The Epidemiology staff continued to lead an interdisciplinary team for shigella outbreak prevention. The information developed locally was used by the Kentucky Department for Public Health as a model for the rest of the state. Lastly, Epidemiology collaborated with Clinical Services on a hepatitis C testing program.

The main challenges are increasing Epidemiology capacity without an increase in funding, and how to maintain the electronic lab reporting systems.

PERFORMANCE MANAGEMENT OBJECTIVES

- By June 30, 2013, education regarding the importance of influenza vaccination for those 65 years and older will be sent to 100% of the physician groups in Northern Kentucky. **Results:** Achieved goal.
- By June 30, 2013, 95% of food-borne illness cases investigated will have onset dates documented in NEDSS. **Results:** Overall, 91% of cases had documented onset dates. Obtaining onset dates is contingent upon being able to make contact with cases. This was a stretch goal over the Council to Improve Food Outbreak Response's performance indicator of 66%.

Sexually transmitted infections

Cost center	Program	Expenditures
807	Sexually transmitted diseases	\$435,295.36
	Total	\$435,295.36

PERFORMANCE MANAGEMENT OBJECTIVE

- By June 30, 2013, 85% of syphilis cases will be interviewed within 5 days of notification. **Results:** Overall, 83% was achieved; a lower percentage in the 1st quarter offset by above goal percentages in the remaining quarters.

Tuberculosis

Cost center	Program	Expenditures
806	Tuberculosis	\$399,642.90
	Total	\$399,642.90

During this fiscal year, a new TB Control Coordinator was hired. TB cases continue to be increasingly complex and require more resources; however, funding has not increased for this program.

PERFORMANCE MANAGEMENT OBJECTIVE

- By June 30, 2013, 95% of patients with latent tuberculosis infection being treated through the Health Department will be offered HIV testing. **Results:** Exceeded expectations—100% were offered HIV testing. This was a stretch goal over Kentucky Department for Public Health's TB control percentage for the state (58%).

HIV /AIDS

Cost center	Program	Expenditures
724	Quality improvement grant	\$7,174.39
842	HIV counseling and testing Services	\$332.55
843	HIV high risk prevention education	\$121,311.30
844	Case management and HOPWA Services	\$244,364.42
845	HIV case management: Ryan White Funds	\$474,868.38
	Total	\$848,051.04

In effort to increase access to medical services for clients living with HIV/AIDS, 29 eligible clients were enrolled in pre-existing health insurance plans. These plans promote clients receiving the necessary medical care, while reducing program costs and out of pocket expenses to clients. Improving access to treatment can help reduce the transmission of HIV, thereby preventing new infections. In addition, staff began using an acuity scale to measure all clients on their level of need in order to better meet their priority issues and assign clients to the appropriate case manager.

PERFORMANCE MANAGEMENT OBJECTIVE

- By June 30, 2013, the administration of every 100 rapid tests will yield at least a 1% reactivity rate. **Results:** Achieved goal.

Approximately 399 rapid, oral swab HIV tests were conducted at walk-in and community testing events located throughout the community. In addition, HIV prevention services began to hone in priority ZIP codes, where the prevalence of HIV is highest, including Covington and Erlanger.

Immunizations

Cost center	Program	Expenditures
801	Immunizations	\$21,512.25
839	Immunization field representative	\$128,182.33
	Total	\$149,694.58

PERFORMANCE MANAGEMENT OBJECTIVES

- Maintain immunization coverage rates for children 24-35 months of age for universally recommended vaccines at 90% or higher at our health centers. **Results:** An 87%-99% coverage rate was achieved.
- By December 31, 2012, there will be a 10% decreased incidence of high risk storage and handling errors by Vaccine for Children providers from calendar year 2011 totals. **Results:** Exceeded goal—achieved 20% decrease.

MATERNAL AND INFANT HEALTH: \$3,569,473 (25.1% OF BUDGET)

Family planning

Cost center	Program	Expenditures
802	Family planning	\$1,231,864.69
	Total	\$1,231,864.69

PERFORMANCE MANAGEMENT OBJECTIVE

- By June 30, 2013, 100% of the four planned interactive family planning outreach programs to Hispanic males will be completed (one in each county). **Results:** Achieved goal. Even though the goal was met to provide these events, work is underway to use strategies learned through satisfaction surveys from the events to increase attendance and involve spouses or significant others.

Prenatal care

Cost center	Program	Expenditures
766	Maternal child health assurance coordination	\$26,007.09
803	Maternity visits	\$173,635.28
	Total	\$199,642.37

PERFORMANCE MANAGEMENT OBJECTIVES

- By June 30, 2013, all deliveries through the Health Department's maternity program will have reduced any delivery of low birth weight to an incidence of no more than 5% of live births. **Results:** Unknown; birth records not received from contracted provider (HealthPoint Family Care). In fiscal year 2013-2014, the reimbursement model was changed so that reimbursement is predicated on receiving this data. This will enable us to fulfill our assurance role in connecting women to prenatal care and to healthy birth outcomes.
- By June 30, 2013, all deliveries through the Health Department's maternity program will have reduced any delivery of very low birth weight to an incidence of no more than 1% of live births. **Results:** Unknown; birth records not received from contracted provider (HealthPoint Family Care). In fiscal year 2013-2014, the reimbursement model was changed so that reimbursement is predicated on receiving this data. This will enable us to fulfill our assurance role in connecting

WIC

Cost center	Program	Expenditures
804	Women, Infants and Children (WIC) program	\$2,015,548.96
	Total	\$2,015,548.96

PERFORMANCE MANAGEMENT OBJECTIVE

- By June 30, 2013, increase the number of WIC follow-up education services provided through group classes by 10% over the prior fiscal year. **Results:**
 Boone County: 97% increase
 Campbell County: 3% decrease
 Grant County: 87% decrease
 Kenton County: 58% decrease

WIC follow-up classes were held at each site, but not consistently due to staff turnover. The only county to exceed expectations was Boone County Health Center, which had the lowest staff turnover. Campbell, Grant and Kenton counties were below expectation due to staffing turnover.

Breastfeeding

Cost center	Program	Expenditures
833	WIC breastfeeding promotion	\$81,899.71
840	Breastfeeding peer counseling	\$40,517.51
	Total	\$122,417.22

PERFORMANCE MANAGEMENT OBJECTIVES

- By June 30, 2013, there will be a 15% increase (from fiscal year 2012 numbers) in the total number of WIC breastfeeding follow-up class services provided in the county health centers. **Results:** The number of services provided was 37% below fiscal year 2011-12 numbers. Staffing issues affected outcome.
- By June 30, 2013, there will be a 10% increase in the number of breastfeeding peer counselor referrals at each health center from the prior fiscal year. **Results:** Staffing issues affected outcome.
 Health center results:
 Boone County: 59% decrease
 Campbell County: 54% decrease
 Grant County: 34% decrease
 Kenton County: 45% decrease
- By June 30, 2013, there will be a 10% increase in the number of breastfeeding peer counselor referrals through the Health Department's home visiting unit from the prior fiscal year. **Results:** Exceeded expectations—there was a 29% increase from the fiscal year 2011-2012 numbers.

HEALTHY CHILDREN AND YOUTH: \$4,148,758 (29.2% OF BUDGET)

Dental

Cost center	Program	Expenditures
712	Dental health: Sealants / varnishing	\$164,856.61
	Total	\$164,856.61

In fiscal 2012-2013, the Oral Health program had success in many areas, as noted in the Population Health division highlights; however, with the increase in fees for non-Medicaid patients, and the increase in the number of children having dental homes, the consent rate for preventive oral health services continued to decline. The 2012-2013 consent rate decreased 10%, while 7% fewer patients

seen were uninsured. However, 709 dental cleanings and 705 fluoride varnishes were provided, for a total of 1,414 new and billable services for the year.

For the 2012/2013 school year, three staff members and 11 volunteer dentists provided dental screenings at 38 elementary schools at no cost to 780 children, placed 2,000 sealants on 600 children, and provided 709 cleanings and 705 fluoride applications to 2nd and 6th graders. Of those, 46% were found to have at least one area of decay (a 2% increase from the prior year).

The fluoride varnish program did free visual oral assessments at 10 facilities on more than 800 pre-schoolers and kindergartners and applied fluoride 790 times.

PERFORMANCE MANAGEMENT OBJECTIVE

- By June 30, 2013, the number of randomly chosen 3rd and 7th graders who were screened in the Health Department's Oral Health programs the previous school year and have NOT received the recommended dental treatment will be reduced from 65% to 50%. **Results:** Numbers were reduced to 57%.

School health

Cost center	Program	Expenditures
827	Williamstown school project	\$25,000.00
829	Grant County school-based Site	\$77,500.00
857	Coordinated school health	\$95,197.19
	Total	\$197,697.19

Activities by Health Department staff fall in cost center 857. Highlights include: Newport Independent Schools and the Erlanger-Elsmere School District received help in implementing a Safe Routes to School program. At Tichenor Middle School on average, 67% participated in the Walking and Wheeling Wednesday Challenge. During the program period, there was an increase in weekly student walking and biking from 63% to 74%. This ongoing effort to increase walking to school has resulted in an increase from 12% (in 2005) to 74% of students reporting that they are walking or biking to school.

PERFORMANCE MANAGEMENT OBJECTIVE

- By May 31, 2013, there will be a 7% improvement in the pilot schools' overall averaged School Health Index score from baseline to final score. **Results:** There was a 5% improvement of 80% for the overall score. Two of the schools achieved a 7% improvement.

Awards of Excellence in school health were presented to 11 schools: three gold (Southgate School, Sherman Elementary, and Grant County High School), seven silver (Collins Elementary, Fort Wright Elementary, Walton-Verona Elementary, Longbranch Elementary, North Pointe Elementary, Stephens Elementary and Dry Ridge Elementary), and one bronze (Latonia Elementary). This program honors schools that have made specific changes to their school environments (tobacco-free grounds, menus, etc).

General child wellness

Cost center	Program	Expenditures
800	Pediatric and adolescent health	\$1,152,131.38
848	Child care health consultants	\$101,861.05
857	EPSDT outreach	\$100,540.62
	Total	\$1,354,533.05

Consultation was provided to 65% of early child care centers on health and safety issues. Training topics offered to child care providers included a new regulation for pediatric abusive head trauma to help providers come into compliance with a part of a law on child abuse written into specific regulatory language for early child care environments.

Let's Move is an initiative to change early childcare physical activity and nutrition environments. It blends concepts from NAP SACC (Nutrition And Physical Activity Self Assessment for Child Care) related to improving menus, increasing physical activity and the 5-2-1-0 educational campaign related to improving nutrition and reducing screen time. Upon completion of the program, 70% of the child care centers showed an average of 30% improvement from their pre-assessment score.

The 5-2-1-0 community wide campaign promotes eating five fruits and vegetables a day, limiting recreational screen time to two hours or less, being physically active for one hour per day and drinking zero sugary drinks. The Health Department partnered with Boone County Success by 6 to implement 5-2-1-0 to parents of young children. Ninety percent of surveyed parents reported that they made significant change in three of the four categories.

PERFORMANCE MANAGEMENT OBJECTIVES

- By June 30, 2013, 100% of the staff at each county health center will be educated on the Prevent Child Abuse Kentucky program curriculum to detect child abuse and neglect. **Results:** Objective not met due to vacancy in child fatality position.
- By June 30, 2013, one community presentation of the Prevent Child Abuse Kentucky program curriculum to detect child abuse and neglect will be completed in each county (four presentations total). **Results:** Objective not met due to vacancy in child fatality position.
- By June 30, 2013, at least 8 of the 10 Northern Kentucky child care centers participating in the Let's Move program will have made a 20% improvement from their pre-assessment score. **Results:** Achieved 63% of the goal. While the number of schools (5) did not meet expectations, the percentage of improvement in those 5 schools averaged 36%.
- By June 30, 2013, EPSDT/well-child services will increase by 10% at each health center from the preceding year. **Results:** Since our role in provision of these services to children on Medicaid changed mid-year to an assurance and linkage role, the numbers only represent half the year and therefore are not valid to report for these objectives.

HANDS

Cost center	Program	Expenditures
768	MDTP KY expanded	\$133,800.00
853	HANDS program nurturing development	\$2,201,979.54
877	HANDS fed HV expansion (New for 2013)	\$36,524.70
	Total	\$2,372,304.24

The HANDS program is a home visiting program for first-time parents. In Boone, Campbell and Kenton Counties, the program is provided by Every Child Succeeds with Cincinnati Children’s Hospital, who subcontracts the services to Northern Kentucky agencies such as St. Elizabeth and Brighton Center. The Health Department provides the HANDS program directly in Grant County. The low and declining caseload of HANDS families has led to a decrease in the funding (and therefore staffing) for this program in Grant County.

PERFORMANCE MANAGEMENT OBJECTIVE

- By June 30, 2013, increase the number of families enrolled in the Grant County HANDS program by 10% from FY12 totals.
Results: The number of services provided was 47% below fiscal year 2011-2012 numbers.

Lead Poisoning

Cost center	Program	Expenditures
811	Lead	\$17,371.53
880	HUD project manager	\$41,995.66
	Total	\$59,367.19

During fiscal year 2012-2013, the vacant lead nurse coordinator position was moved from Environmental Health and Safety to Clinical Services. The nurse now in the position will continue to work with Environmental Health and Safety staff who perform assessments of homes to identify the source(s) of the lead causing elevated blood lead levels in children.

Health Department staff were successful in working with state partners to continue a HUD project grant from CDC which allowed for homes identified as having lead paint hazards to seek funding to help abate the conditions, thereby protecting children that may occupy these structures from future exposure to lead risks. The challenge was, and continues to be, identifying and getting property owners meeting grant guidelines to apply for and carry-out the steps necessary to receive funding and resolve the associated lead problem.

DISASTER PREPAREDNESS AND SAFETY: \$371,380 (2.6% OF BUDGET)

Medical Reserve Corps

Cost center	Program	Expenditures
729	ESVAR-VHP	\$7,786.14
823	Bioterrorism focus C	\$6,016.48
835	Medical Reserve Corps	\$3,368.63
	Total	\$17,171.25

The preparedness staff continued to recruit volunteers and orient them to the Medical Reserve Corps program. This program is an important augmentation of the Health Department's capacity to respond to emergencies. Volunteers are provided on-going training and participate in exercises and drills throughout the year.

PERFORMANCE MANAGEMENT OBJECTIVE

- By June 30, 2013, 100 new Medical Reserve Corps volunteers will be recruited, oriented and receive a badge. **Results:** Achieved 97% of this goal.

Readiness and planning

Cost center	Program	Expenditures
771	PHEP special project	\$8,216.78
821	B/T preparedness coordination	\$187,925.84
875	HRSA regional coordination	\$65,636.15
876	Cities Readiness program	\$92,070.41
	Total	\$353,849.18

The disaster preparedness programs have become part of the core public health services, with expectations by the public and community partners that seem to grow each year. Highlights from fiscal year 2011-2012 included training of department staff regarding their roles in public health emergencies, and the several month-long preparation and interaction with regional partners in anticipation of

PERFORMANCE MANAGEMENT OBJECTIVES

- By June 30, 2013, 100% of staff will meet the disaster preparedness training requirements, as per specified timeframes. (Note: State requirements changed just after the beginning of the fiscal year, presenting challenges in meeting goals.)
- By June 30, 2013, 90% of designated tier 1 staff will meet 90% of the disaster preparedness training requirements for tier 1. **Results:** Achieved an overall 47% of goal for the year. Improvements over the fiscal year led to a 94% achievement in the 4th quarter.

the 2012 World Choir Games, which took place in July 2012. Challenges included the changing deliverables imposed by federal guidelines, along with the ever-present demands presented by updating and developing response plans and actual response efforts during local emergencies affecting public health.

- By June 30, 2013, 90% of designated tier 2 staff will meet 90% of the disaster preparedness training requirements for tier 2. **Results:** No work accomplished for this objective--in the process of determining appropriate staff and training for this tier.
- By June 30, 2013, 90% of designated tier 3 staff will meet 90% of the disaster preparedness training requirements for tier 3. **Results:** Achieved an overall 45% of goal for the year. Training opportunities in the 3rd and 4th quarters allowed all of tier 3 staff to meet 100% of training requirements for tier 3 in both quarters.

DIVERSE POPULATIONS: \$791,884 (5.6% OF BUDGET)

General wellness

Cost center	Program	Expenditures
812	Campbell County medical indigent	\$219,836.63
891	Medicaid match	\$97,295.73
	Total	\$317,132.36

The Campbell County medical indigent funds are specifically designated by the Campbell County Local Board of Health for dental and medical services for eligible residents of Campbell County. These funds pass through the Health Department to appropriate service providers.

Medicaid match is the funds that the Health Department sends to the state to cover the state's match for the federal funds that are drawn down for Medicaid reimbursement of the Health Department. The match amount is based on a rate determined by the state and the Medicaid revenue generated by the Health Department for services provided.

Education and community

Cost center	Program	Expenditures
736	Healthy communities	\$180,856.61
805	Nutrition education	\$158,281.05
818	Community-based services	\$35,597.13
872	Grant County health challenge	\$9,860.50
	Total	\$384,595.29

In partnership with the City of Covington, the Health Department was awarded an \$88,000 ACHIEVE grant through the National Association of Chronic Disease Directors in January 2012 for a three year project. During fiscal year 2012-2013, the coalition *Move.Breathe.Grow. Covington* was formed to work on various initiatives in Covington and address the grant requirements.

One project supported with ACHIEVE funds was the continuation of work with the Covington farmers' market, providing matching funds for WIC clients to redeem vouchers. Further, two work groups were created within the coalition. One worked closely with Covington schools, both staff and students, on the initial steps for a 100% tobacco-free grounds policy while the other worked to develop four walking routes within Covington. Other initiatives included the implementation of smoke-free pools throughout Covington and continued financial and resource support to build a section of the Licking River Greenway Trail.

Community Health Promotion staff also provided support to the community coalition Fitness For Life Around Grant County (FFLAG). The coalition also received a \$20,000 planning grant from the Foundation for a Healthy Kentucky.

PERFORMANCE MANAGEMENT OBJECTIVE

- By June 30, 2013, the number of Medical Nutrition Counseling services provided by clinic Registered Dietitians will increase by 10% from fiscal year 2012 totals. **Results:** The number of services provided was 24% below fiscal year 2011-2012 numbers. Staffing issues affected ability to achieve outcome.

Diverse populations

Cost center	Program	Expenditures
831	Immigrant population services	\$85,472.19
855	Office of Health Equity mini grant	\$4,683.80
	Total	\$90,155.99

PERFORMANCE MANAGEMENT OBJECTIVE

- By June 30, 2013, 100% of all clients enrolled in the Hispanic Case Manager program in need of a primary care physician will be referred to appropriate community resources. **Results:** Achieved 100% of this goal.

ADMINISTRATIVE AND PLANNING: \$447,889 (3.2% OF BUDGET)

Planning

Cost center	Program	Expenditures
750	Accreditation	\$27,284.71
890	Assessment, planning/vital statistics	\$344,462.31
	Total	\$371,747.02

In the quest for accreditation by the Public Health Accreditation Board, the Health Department submitted documentation for 97 measures. In the site visit report, 61 (63%) of those measures were scored as fully demonstrated and another 28 (29%) were scored as largely demonstrated. Only seven measures were slightly demonstrated and one was not demonstrated. The challenge will be to maintain current levels and improve on areas of weakness in the next five years.

PERFORMANCE MANAGEMENT OBJECTIVE

- By June 30, 2013, 80% of all non-administrative cost centers will have identified community indicators and trend measurement data.
Results: Achieved 60% of this goal. Some cost centers do not have published data sources and may require the Health Department to collect primary data to meet this objective.

General administration

Cost center	Program	Expenditures
892	Minor restricted expenditures	\$12,355.80
894	Capital expenditures	\$42,629.00
895	Allocable direct expenditures	\$21,156.87
897	Space costs	indirect cost center
898	General administration	indirect cost center
899	Clinic expenses	indirect cost center
900	Clinical and community expenses	indirect cost center
901	Environmental expenses	indirect cost center
	Total	\$76,141.67

Along with day-to-day activities, the Administration and Accounting division accomplished the following during the fiscal year:

- Reviewed and eliminated phone lines to reduce expenses.
- Assisted in the implementation of self-pay credit card system to materially increase self-pay revenues.
- A state financial review result came back with no exceptions and no corrective action needed.

Challenges will continue to be decreased revenues due to sequestration and cuts to state revenue, plus increases to retirement expense.

PERFORMANCE MANAGEMENT OBJECTIVE

- Decrease the time it takes to get monthly financial reports out to program contacts so that by June 30, 2013, reports are consistently delivered between the 10th-12th of each month. **Results:** Overall achieved 58% of this goal. 100% and 67% were achieved in the 3rd and 4th quarters respectively. Holidays, illness and perennial state delays in processing payments (during the last month of the fiscal year) affected ability to achieve goal.

Section IV: Fiscal Year 2012-2013 Quality Improvement Plan Results Plan-Do-Check-Act Cycle

QI Project	Division	Description of this Project's Importance	AIM Statement	Results
Monthly Financial Reports	Administration and Accounting	The sooner program contacts receive their monthly financials, the quicker they can respond to program needs and make program-based decisions.	Decrease the time it takes to get monthly financial reports out to program contacts so that by June 30, 2013, reports are consistently delivered between the 10 th and 12 th of each month.	Achieved goal and completed QI project.
Family Planning Outreach to Hispanic Males	Clinical Services	This was a defined need in fiscal year 2012 resulting from a QI project that focused on better informing Hispanic males about family planning services available to them and their partners so improved health can be achieved in this population.	By June 30, 2013, 100% of the four planned interactive family planning outreach programs to Hispanic males will be completed (one in each county).	1 st cycle of PDCA did not achieve planned results and illuminated the need to reach the men through the women. A grant has been received for a 2 nd improvement cycle in fiscal year 2013-2014 that will involve the women.
Operation Chuck-wagon	Environmental Health and Safety	Unlicensed mobile food vendors may lack the appropriate structural requirements, proper food safety practices and techniques to prevent food-borne illnesses, and may not be obtaining food products from approved sources, thereby increasing the risk to the general public.	By November 30, 2012, increase the percentage of properly licensed mobile food vendors providing lunch to employees of businesses located in the counties of Boone, Kenton, Campbell and Grant from our baseline of 25% to 100%.	Achieved goal and completed QI project. Ongoing inspections will inform of any future actions that need to be taken.

QI Project	Division	Description of this Project's Importance	AIM Statement	Results
REACH: Improve the school health incentive funds program	Population Health	Research demonstrates that policy, system and environmental changes are effective in improving the health of a larger portion of the school population, and is more sustainable. Sustained positive change will lead to improved health of students and staff.	By December 31, 2012, develop a process that enables more than 50% of participating Northern Kentucky schools to implement health related policy and environmental change.	Completed Plan-Do-Check phases and will put into action in fiscal year 2013-14. Minor revisions to the project and materials will be incorporated into the Act phase, and lessons learned will inform future processes.
HIV Emergency Medication Assistance Program	Population Health	It is important for clients with HIV to have undetectable or low viral loads, so they can have better health and are less likely to transmit HIV. The Health Department's HIV Case Management unit has set a performance objective that 90% of clients report stable or improved health as demonstrated by undetectable viral loads by June 30, 2013. This unit has initially identified issues with internal processes that may be creating barriers to timely care.	By September 30, 2012, reduce by 20% the number of steps and amount of paperwork currently required for requesting permission, authorizing and paying for medical prescriptions for clients enrolled in the HIV Care Coordinator Program.	Completed QI project. Exceeded anticipated 20% decrease with a 52% decrease in steps and time.
Timely Dental Treatment	Population Health	Data collected over the last three years by the Oral Health Program has shown that few children who are referred by staff to local dentists to address decay issues have actually had the treatment completed. The number of children receiving necessary dental treatment needs to be increased in order to prevent pain, medical issues, and even death.	By June 30, 2013, the number of randomly chosen 3rd and 7th graders who were screened in the Health Department's Oral Health Programs the previous school year and have <u>not</u> received the recommended dental treatment will be reduced from 65% to 50%.	In Check/Study phase; analyzing data from the school year and documenting what worked, what has not and what needs to be improved. Flow chart is being updated. Will continue QI project in fiscal year 2013-14.