

## NCPHSD Strategic Plan 2014 - 2015 Report

| <b>Strategic Issue 1: How can we increase health behaviors &amp; lifestyles among residents that impact health?</b>  |   |   |  |   |  |
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| <b>Goal 1: Empower our communities to increase healthy behaviors &amp; lifestyles through information, education &amp; intervention</b>  |   |   |  |   |  |
| <b>Objective 1: Provide effective health education to residents to help them improve and manage their own health</b>   |   |   |  |   |  |
| <b>Action 1: Provide classroom education on nutrition, teen health, chronic disease self-management &amp; tobacco prevention education</b>   |   |   |  |   |  |
| <b>Measure: Pre &amp; Post Test</b>  |   |   |  |   |  |
| <b>Responsibility: Public Health Program Managers &amp; Staff</b>  |   |   |  |   |  |
| Nutrition First Things   | Teen Health   | Tobacco/Chronic Disease   |  |   |  |
| Health Educators provided nutrition education in the classrooms and collected pre and post test from 3rd to 8th grade students. All the pre and post test surveys were sent to ADHS to be scanned and analyzed. Results from the tests will be shared by September 30, 2015.   | In 2014, the Navajo County Teen Health Program provided classroom education at six (6) locations throughout the County (the Heber-Overgaard School District, the Holbrook Unified School District, the Navajo County Juvenile Restoration Center in Holbrook, Northern Arizona Academy in Taylor, and Sequoia Village School in Show Low. | Pre & Post Testing in CDSMP workshops. Youth presentation are measured by feedback from teachers and adult leaders.   |  |   |  |
| <b>Action 2: Provide one-on-one education</b>  |   |   |  |   |  |
| <b>Measure: Risk assessment, number of clients served, stat &amp; national reporting mandates</b>  |   |   |  |   |  |
| <b>Responsibility: Public Health Program Managers &amp; Staff</b>  |   |   |  |   |  |
| Animal Control   | WIC   | Teen Health   | Nursing Services   | Enviromental Health   | Child Care Health  |
| This information is documented and maintained through our Navajo County Information System (NCIS). For Fiscal Year 2014-2015.  | Within the past year (June 2014-June 2015) the Navajo County WIC Program has served 20,821 WIC Participants, with an average caseload of 1,602 participants served each month. All families served are provided one on one nutrition education at each WIC Appointment.   | The program collaborated with the Community Counseling Center in Show Low to present a summer session to the teens in their youth program). There were 455 participants who completed pre-surveys and 580 participants who completed post surveys. ADHS retains all surveys at the Teen Pregnancy Prevention Program office in Phoenix. | We served 190 women ages 14-54 years of age in 2014 through our Title V Family Planning Program. July 1, 2014 - March 31, 2015 we vaccinated 740 children free of charge through the Vaccine for Children (VFC) Program. During that same time frame we vaccinated 400 adults free of charge through the Vaccine for Adults (VFA) Program. We also vaccinated children and adults, and billed those vaccines to their private insurance. We don't have complete data yet on those numbers. | I provided one on one education to clients during my establishment inspections. Typically I'm training kitchen help in a restaurant setting. Approximately 20-25 per week, this is not documented but is nearly a daily occurrence.   | Sign In sheets, Pre and Post-tests given, Evaluations were completed. Safe Sleep/ SIDS Training, Diapering Trainings, and Hand washing trainings that were given to the Child Care Centers within a designated area. |
| <b>Objective 2: Provide intervention services to clients through various Public Health Programs</b>  |   |   |  |   |  |
| <b>Action 1: Provide direct services on WIC, Breastfeeding Newborn Development, Domestic Violence, STD&amp;HIV, Infectious Disease, Family Planning Immunizations, Environmental Health, Animal Control, Preconception Health and Chronic Disease Self- Management.</b>  |   |   |  |   |  |
| <b>Measure: Documentation of clients verbalized or demonstrated knowledge, skills &amp; ability, reduced risk upon review of assessment tools.</b>   |   |   |  |   |  |
| <b>Responsibility: Public Health Program Managers &amp; Staff</b>  |   |   |  |   |  |
| Animal Control   | WIC   | Enviromental Health   | Nursing Services   | Tobacco/Chronic Disease   | Child Care Health  |
| Through proactive patrols, there have been several enforcement actions taken to include a number of citations issued by our enforcement Officers. Every citation given or call responded to in 2014-2015 fiscal year is an opportunity to educate community members on State and County Animal Control Laws. The citations document the client demonstrated knowledge. | All WIC Participants served within this past year received nutrition (and breastfeeding education if applicable). Progress including demonstrated knowledge, is followed up and documented in every WIC Participants' file at each subsequent WIC appt  | Through response to citizen complaints intervention services are provided. This is a return phone call or a visit to a complainants address.  | Through this program women gained access to an annual well woman pap/breast exam, education, contraceptives and referrals as appropriate. Education on how to perform self-breast exams, how to properly use their contraceptive method, the importance of folic acid, pre-conception health, cervical and breast cancer, and other education was provided to each client as appropriate.  | 2 Chronic Disease workshops were held in the Show Low area with a total of 17 completers. 4 workshops were offered but were not provided due the need for fidelity in numbers per class. Our youth coalition has provided education to 2 different youth groups in partnership with CCC in early June 2015 and provided class room education to the 5th graders in Snowflake. | Post-Test were given, opportunities to practice the skills taught were provided, and opportunities following trainings to as quesitons.  |

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| Strategic Issue 2: How can we mobilize, strengthen, and improve public health partnerships to ensure the health of the public?                   |   |  |   |   |
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| Goal 1: Mobilize, strengthen, and improve public health partnerships to ensure the health of the public  |   |  |   |   |
| Objective 1: Partner with hospitals, public safety & other health & community stakeholders through MOU's, networking, outreach, coalitions, etc. |   |  |   |   |
| Action 1: Actively engage community partners & stakeholders to obtain agreements & MOU's, when needed & maintain healthy relationships.          |   |  |   |   |
| Measure: Through agreements & MOU's, documented participation at events, coalitions & meetings.  |   |  |   |   |
| Responsibility: Public Health Program Managers & Staff   |   |  |   |   |
| Nutrition First Things   | Teen Health   | Tobacco/Chronic Disease  | Nursing Services  | Injury Prevention   |
| Collected MOU and MOA with key stakeholders at School Districts. MOUs will be updated by September 30, 2015.                                     | Our partnership with Community Counseling Center (CCC) in Show Low during the Summer of 2014 with the CCC Teen Group was very successful. The staff spoke very highly of the program and partnered with us again to offer it as an after-school program to their teen group in the Fall of 2015. Our program also offers an annual Teen Maze event to schools throughout Navajo County to help teens better understand the challenges associated with risk-taking behaviors. The Teen Maze event requires a collaborative multi-agency effort involving local law enforcement, the county attorney's office, local social service agencies, behavioral health professionals, and community groups, as well as local health district staff representing various prevention programs. | We have developed partnerships with several schools throughout Navajo County to help them develop a School Health Index.   | Our PHN Supervisor and PHN's are networking and strengthening relationships with private provider offices by performing Provider Outreach Visits to private provider medical offices. We provided a visit to Silver Creek Family Walk-In Clinic on July 9, 2014. On February 19, 2015 we visited Summit Healthcare Pediatrics. On June 4, 2015 we visited Lakeside Family Health Center. On June 10, 2015 we visited Peace Family Practice. In 2014 our PHN Supervisor in HIV PHN worked with Summit Healthcare to align our policies and protocols in regards to HIV positive patients to reduce barriers and to increase linkage to care, reporting and referral processes.                               | We have two coalitions one that we chair and one we are very active members of: the Northeastern Arizona Safe Kids Chapter we chair and have members from Summit Health Care, Northland Therapy Services, Schools, Head Start, and Apache County Public Health etc. The second one is the White Mountain Fire & Life Safety Coalition. This coalition exists of Summit Health Care, Timber Mesa Fire, Pinetop Fire, Show Low PD, Schools, Cellular One and other community partners. Accomplishments include: Safety Village, Text & Wreck, Battle of the Belts and more vehicle PSA contest, the Bike Rodeo, Cyber Bullying Presentations & Campaign, and Mock Crashes. Safety Village 2014 we have taken to 12 different schools in the area and have worked cooperatively with 17 agencies at these schools. We set up 132 different stations and have made contact with about 2978 students and at least 140 adult teachers/parents. All together we have provided 18,949 safety messages. This has been a great success with providing the future leaders of our community, region, state, and everyone that has participated with the Safety Village. |
| Oral Health  | Medical Examiner  | Emergency Preparedness   | WIC   |   |
|  | Has a current contract with Silvercreek mortuary for Cold Storage use and facility use for south Navajo Co. I also have a current contract with Owens Livingston Mortuary for Cold Storage use and Facility use for North Navajo Co. Provided revolving teen youth training at the Juvenile detention center where I do a power point presentation about drugs, alcohol and bad decisions called the "Wake Up Youth" presentation.  | Through our partnership with the Salvation Army we have access through their MOU's with schools and churches for emergency shelters. Salvation Army will also supply food in the event we request them and we partner with Red Cross for supplies during an emergency. | We have informal partnerships with Strong Families Coalition and a Networking Coalition held at he Show Low Health Dept. every month. We have also done a lot of community outreach and networking throughout the year by either setting up visits and/or dropping off WIC flyers throughout the community including Local Head Start, DES Offices, Hospitals and Medical Clinics, Food Banks, Shelters, Churches, Day Care Facilities etc... An Outreach Log is kept within each WIC Clinic documenting which outreach activities they have participated in every month. We also collaborate with the Navajo County Oral Health Program in which they set up fluoride varnish clinics for our WIC Clients. |   |
| Animal Control   | Environmental Health  |  | Child Care Health   |   |
| Has contract with Holbrook, Snowflake-Taylor animal shelters and Human society of the White Mountains.   | Attended meeting at the Pine/Lakside Sanitary District and participated in the E-Waste Recycling event sponsored by ADEQ.   |  | Collaborative efforts with other Child Care Health Consultants throughout the state of Arizona with meetings held quarterly; Grantee meetings were attended that provide the opportunity to share program materials and available resources with other Grantees, such as the local hospital and their 0 -5 year old programs for child care centers and other clients, and the local community college and their programs that support child care.  |   |

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| <b>Strategic Issue 3: How can we strengthen &amp; improve workforce development &amp; capacity among healthcare professionals, key stakeholders, student communities?</b>  |   |  |  |  |
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| <b>Goal 1: Assess individual staff competencies &amp; address gaps by providing training &amp; professional development opportunities.</b>   |   |  |  |  |
| <b>Objective 1: Annual Performance Evaluations &amp; Licensures review.</b>  |   |  |  |  |
| <b>Action 1: Maintain personnel records with annual performance evaluations &amp; current training certificates.</b>   |   |  |  |  |
| <b>Measure: Documentation and Record Keeping</b>   |   |  |  |  |
| <b>Responsibility: Public Health Program Managers and Administration</b>   |   |  |  |  |
| Nutrition First Things   | Teen Health   | Tobacco/Chronic Disease  | Nursing Services   | Injury Prevention  |
| In May 2015 the program manager completed annual performance evaluations with all AzNN and NEOPP staff. In Fall 2015, program staff will utilize Corporate Training to improve professionalism development opportunities.  | Program Manager maintained and updated current performance evaluations on staff and ensured that staff members participate in professional development opportunities and required trainings provided by Arizona Department of Health Services. In November, program staff attended the ITCA's Tribal Youth Health Conference in Phoenix and also participated in an Active Parenting of Teens facilitation training webinar. In December, we wrapped up programs for the semester at Holbrook High School, HOPE School, Northern Arizona Academy, and Sequoia Village School. | Staff evaluations are done annually. Meetings with staff to review and create an action plan for the coming year are done during this time. Copies of evaluations are kept in staff file, give to staff and original is sent to Mary Herring.  | Annual performance evaluations are performed for each PHN. These were completed for nursing staff in June, 2015. Originals of the evaluations are sent to Human Resources, and a copy is place in each employee file.  | Both Shauna Clements and I are certified instructors in CPR, First Aid, and AED as well as Safe Kids Child Passenger Safety Instructors. We keep certification and maintain records needed in case of an audit from our certifying body/governing entity. We also keep other certifications received from other professional development opportunities we attend.  |
| WIC  | Medical Examiner  | Oral Health  | Nursing Services   | Environmental Health   |
| All New WIC Staff are trained using a 6 month WIC Training Plan in which requirements are set forth by ADHS WIC. We have had 2 new staff complete this within the past year. All existing WIC Staff are required to complete Civil Rights, Cultural Competency, and Confidentiality on an annual basis. All WIC Staff have also completed CPR Training this past year.   | I do not have any personnel records for my 1 investigator and I have no current training certs for him.   | The Oral Health Program Manager position has been filled as of August 2015. Certificates of current health educators for both contracts certifications are maintained with each individual and the program manager on file. Annual performance evaluations will be performed this fiscal year and will continue moving forward in the future fiscal years. Any future opportunities for trainings will be presented to staff and if budget allows for each fiscal year. Staff will take trainings pertaining to professional and personal development. |  | To maintain the certification, 12 hours of Continuing Education are required. This is satisfied by attending the Southwest Environmental Conference, sponsored by the Arizona County Directors of Environmental Health Services Association. The other certification I maintain is my Pest Applicators License. This also requires 6 hours of Continuing Education, satisfied by attending the Annual Arizona Vector Control Workshop sponsored by the Arizona Dept. of Agriculture, Office of Pest Management. Both are documented by Certificates. |
| <b>Objective 2: Annual Performance Evaluations &amp; Licensures review.</b>  |   |  |  |  |
| <b>Action 1: Comply with governing entity requirements</b>   |   |  |  |  |
| <b>Measure: Documentation and Record Keeping</b>   |   |  |  |  |
| <b>Responsibility: Public Health Program Managers and Administration</b>   |   |  |  |  |
| Nutrition First Things   | Teen Health   | Tobacco/Chronic Disease  | Nursing Services   | Injury Prevention  |
| In summer 2015, AzNN program will attend annual CLAS training, Basic Nutrition Training, Food Demo training and Policy, Systems and Environment training, and update First Aid and CPR certifications. In summer 2015, NEOPP program will attend annual CLAS training, Basic Nutrition Training, Food Demo training, and update First Aid and CPR certifications.  | Program Manager maintained and updated current performance evaluations on staff and ensured that staff members participate in professional development opportunities and required trainings provided by Arizona Department of Health Services.  | All staff are required to keep certificates from trainings in a file and available upon request.   | Each PHN is required to have current copies of their RN License, CPR and First Aid, Fingerprint Clearance and PPD skin test on file. Employees are skin tested in July of each year. In July of each year the PHN Supervisor reviews the nursing employee files to determine what documents will be expiring that year for each employee, and discusses what they will need to renew that year. The employee submits a copy of these required documents to the PHN Supervisor, who keeps them in the individual employee file. | Both program manager and staff are certified instructors in CPR, First Aid, and AED as well as Safe Kids Child Passenger Safety Instructors. We keep certification and maintain records needed in case of an audit from our certifying body/governing entity. We also keep other certifications received from other professional development opportunities we attend.  |
| WIC  | Medical Examiner  | Oral Health  | Nursing Services   | Environmental Health   |
| All WIC Staff are required to complete a 40 hr one-week intensive Breastfeeding Training provided by ADHS Breastfeeding Team every 5 years, and receives a certificate as a "CBA" (Certified Breastfeeding Authority) A total of 6 WIC Staff completed this within the past year. In addition, the WIC Registered Dietitian is required to maintain current licensure status as set forth by the Commission on Dietetic Registration-75 CPEUs every 5 years. Current RD License is kept on file. | I do not have any personnel records for my 1 investigator and I have no current training certs for him.   | Certifications of trainings, education or credits will be maintained on file with the program manager and staff. FTF offers education and information for Grantees with an annual summit. Any further education or certification will be applied to staff performance evaluation and accreditation purposes.   |  | Sanitarian Certification – Southwest Environmental Conference Feb. 2015 12 CEU's<br>Public Health Pesticide Applicator License – AZ Vector Control Workshop April 2015 6 CEU's   |

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**Child Care Health**

Maintaining a current RN license, and attending the training and obtaining the Child Care Health Consultation Certification, The Arizona Partnership for Immunization's Certificate of Completion, Diabetes Management for Child Care Training.

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**Child Care Health**

Maintaining a current RN license, keeping up to date on the current state requirements for the CCHC program and the required charting system, attended an Immunization training to keep up to date on the current requirements for children, and a Diabetes Management for Child Care training.

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| <b>Strategic Issue 4: How can we demonstrate more effective emergency preparedness response?</b>   |   |  |   |   |
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| <i>Goal 1: Maintain effective emergency preparedness &amp; response in the areas of mass care, infectious disease surveillance, environmental health, fatality management, emergency management &amp; animal control</i> |   |  |   |   |
| <i>Objective 1: Mitigate, prepare, respond &amp; recover.</i>  |   |  |   |   |
| <i>Action 1: Policy &amp; Plan Development</i>   |   |  |   |   |
| <i>Measure: Documentation Plans and policies on file</i>   |   |  |   |   |
| <i>Responsibility: Public Health Program Managers and Administration</i>   |   |  |   |   |
| Animal Control   | Medical Examiner  | Emergency Preparedness   | Nursing Services  | Environmental Health  |
| Started the process of developing an Emergency Operations plans for emergency response and care of animals during & after an emergency.  | The OME will collaborate with Emergency Preparedness and assist in policy and plan development      | Held a work session with Emergency Preparedness staff members to evaluate the Emergency Operations Plan, find gaps, determine our abilities and make revisions where necessary.  | In November, 2014 our Infectious Disease PHN trained Summit Healthcare Regional Medical Infection Prevention nurse on how to report via the MEDSIS web-based infectious disease reporting system. In January, 2015 Winslow Indian Health Service Infection Control Nurse was also trained on how to report via the MEDSIS system.   | All written policies/plans for Emergency Response are documented in the Public Health Emergency Preparedness & Response Plan. Environmental Health does not have a separate plan. I have trained on these plans, but not in fiscal year 2014-2015.                          |
| <i>Action 2: Training and Implementation</i>   |   |  |   |   |
| <i>Measure: Training Certificates, participation in exercises &amp; After-Action Reports</i>   |   |  |   |   |
| <i>Responsibility: Public Health Program Managers and Administration</i>   |   |  |   |   |
| Animal Control   | Medical Examiner  | Emergency Preparedness   | Nursing Services  | Environmental Health  |
| Requested Training to be budgeted for 2015-2016.<br>1. Advanced animal cruelty Investigation<br>2. Euthanize of Animal in the field  | The OME will assist and participate in all Emergency Preparedness drills, table tops and exercises. | Robert Schlesinger and Ryan Cluff from Emergency Preparedness attended and received a certificate as operations level HAZMAT personnel. Ryan Cluff and Trent Clatterback (M.E.'s office) attended a mass fatalities tabletop with personnel from Arizona State Department of Health Services, local statewide emergency preparedness programs, hospital emergency preparedness programs and Arizona Vital Records personnel to train for mass casualty/ fatality events. | Our Infectious Disease PHN participated in Annual Arizona Infectious Disease Training and Table Top Exercise July 22-24, 2014. She also participated in the Food Borne Illness Tabletop on August 19, 2015. On August 20-21, 2015 the Infectious Disease PHN and PHEP Outreach Specialist completed MEDSIS Infectious Disease Liaison and TB Liaison Training. Our Infectious Disease PHN completed the 30-40 hour online Introduction to Nurse Case Management Course on September 24, 2014. On October 9, 2015 our PHN Supervisor and Infectious Disease PHN completed training and certification in CDC Laboratory Packaging and Shipping for Category A & B Lab Samples. November 4-5, 2014 our Infectious Disease PHN attended the Four Corners HIV & TB Conference. February 4-5, 2015 the Infectious Disease PHN attended the Rocky Mountain Spotted Fever workshop hosted by ADHS. March 24-26, 2015 PHEP staff and our Infectious Disease PHN completed PERRC Conference. April 22-23, 2015 our PHN Supervisor and Infectious Disease PHN participated in the ADHS Annual Immunization Conference to obtain better training related to vaccine preventable diseases. May 5-6, 2015 Infectious Disease PHN attended the Epidemiologic Surveillance Committee Face to Face Meeting. May 14, 2015 our Infectious Disease PHN attended the Annual TB Program Meeting hosted by ADHS. May 28, 2015 our Infectious Disease PHN and STD PHN completed the CDC Division of Strategic National Stockpile Course. June 27-29, 2015 our PHN Supervisor and Infectious Disease PHN attended the annual Association for Professionals in Infection Control & Epidemiology Conference. | Non-emergency issues/situations I have responded to would be citizen complaints regarding possible foodborne illnesses, garbage, tobacco smoke and septic failures. There would be documentation for Smoke Free Arizona complaints and if a Notice of Violation was issued. |

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| <b>Strategic Issue 4: How can we demonstrate more effective emergency preparedness response?</b>   |  |   |  |  |
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| <i>Goal 1: Maintain effective emergency preparedness &amp; response in the areas of mass care, infectious disease surveillance, environmental health, fatality management, emergency management &amp; animal control</i>                             |  |   |  |  |
| <i>Objective 1: Mitigate, prepare, respond &amp; recover.</i>  |  |   |  |  |
| <i>Action 1: Policy &amp; Plan Development</i>   |  |   |  |  |
| <i>Measure: Documentation Plans and policies on file</i>   |  |   |  |  |
| <i>Responsibility: Public Health Program Managers and Administration</i>   |  |   |  |  |
| <i>Action 3: Respond to both emergency &amp; non-emergency issues &amp; situations, and complete recovery process. Enforce laws &amp; regulation pertaining to general public health.</i>  |  |   |  |  |
| <i>Measure: Medical examiners logs, infectious disease investigation reports, environmental health inspection reports &amp; permits, AAR's, Animal control Citations &amp; Logs</i>  |  |   |  |  |
| <i>Responsibility: Public Health Program Managers and Administration</i>   |  |   |  |  |
| Animal Control   | Medical Examiner   | Emergency Preparedness  | Nursing Services   | Environmental Health   |
| Through proactive patrols, there have been several enforcement actions taken to include a number of citations issued by our enforcement Officers. This information is documented and maintained through our Navajo County Information System (NCIS). | OME responds to emergencies and non-emergencies throughout the county on an on call basis 24 hrs a day 365 days a year. We assist in the recovery process by investigating deaths and handling the logistics of transportation, storage and facilitating the examinations in house our through our Medical Examiner Partners in Coconino County and Pima County. We have an active Medical Examiners log that collects pertinent data to track calls for service. We also have an active Medical Examiners decline log for cases called into our office to report the death and if it is deemed a non-medical examiner's case its logged in that data base for future reference.<br><br>We have received calls for service on 191 cases in fiscal year 2014-15<br>We investigated 114 cases called in for fiscal year 2014-15<br>We declined 77 cases that were called into our office for fiscal year 2014-15 | PHEP AAR's are located on the PHEP training officers computer desktop in a file. FY 2014-2015 there were 17 AAR's. WIHCC<br>Mass Vaccinations ADHS<br>Resources Request FE<br>Communication Outage<br>Communication Preparedness<br>Funeral Home Ebola Workshop<br>Heber-Overgaard POD Excersice<br>Mass Fatality Functional Excersice<br>Navajo CO White Powder Emergency<br>Navajo CO Fair First Aid and Radio<br>Saving Miss Piggy POD<br>Show Low Ebola Workshop<br>Snowflake Ebola Workshop<br>Timber Mesa Fire & Medical POD<br>Whiteriver Ebola Workshop X2<br>Winslow Ebola Workshop X2 | The Infectious Disease PHN completes infectious disease surveillance, investigations and reporting in compliance with federal and state statutes and mandates. The MEDSIS system is used for reporting purposes. | Environmental Health enforces laws and regulation pertaining to General Public Health. Arizona Revised Statutes 36-601<br>AZ Administrative Code Title 9 Health Services<br>Smoke Free Arizona<br>2014 - 2015 Health Inspections - 550<br>2014 - 2015 Health Permits - 725 |
| <i>Action 4: Create, staff &amp; maintain a fully functioning Emergency Operations Center</i>  |  |   |  |  |
| <i>Measure: Assignments, training &amp; performance</i>  |  |   |  |  |
| <i>Responsibility: Emergency Preparedness Program Director</i>   |  |   |  |  |
|  |  | Emergency Preparedness  | Enviromental Health  |  |

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| <b>Strategic Issue 4: How can we demonstrate more effective emergency preparedness response?</b>  |  |   |  |
| <b>Goal 1:</b> <i>Maintain effective emergency preparedness &amp; response in the areas of mass care, infectious disease surveillance, environmental health, fatality management, emergency management &amp; animal control</i> |  |   |  |
| <b>Objective 1:</b> <i>Mitigate, prepare, respond &amp; recover.</i>  |  |   |  |
| <b>Action 1:</b> <i>Policy &amp; Plan Development</i>   |  |   |  |
| <b>Measure:</b> <i>Documentation Plans and policies on file</i>   |  |   |  |
| <b>Responsibility:</b> <i>Public Health Program Managers and Administration</i>   |  |   |  |
|   |  | <p>In May 2015 PHEP provided training for our local Health EOC. During this training EOC staff roles were assigned and the duties of the different roles were discussed. Plans for future trainings were also discussed. Also attended a training in Phoenix with the Assistant Public Health Director and OME to review Mass Fatality Plan in March of 2015.</p> | <p>Our PHN Supervisor, STD PHN and Infectious Disease PHN all participate on the NCPHSD Health EOC. We all participated in EOC Training sponsored by our PHEP Program on May 26, 2015.</p> |

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| <b>Strategic Issue 5: How can we improve &amp; enhance health education &amp; services to the community?</b>  |   |   |   |  |
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| <i>Goal 1: Improve &amp; enhance health education &amp; services to the community.</i>  |   |   |   |  |
| <i>Objective 1: Provide quality, credible services through innovative practices &amp; partnerships both internally &amp; externally</i>   |   |   |   |  |
| <i>Action 1: Utilize policy change &amp; development, best practice &amp; evidence based strategies &amp; approaches.</i>   |   |   |   |  |
| <i>Measure: Quarterly managers meetings, regular staff meetings, participation in county LEAD Teams, BOS presentations, internal policy review &amp; development, program evaluation to ensure alignment with best practices &amp; evidence based approach.</i> |   |   |   |  |
| <b>Responsibility: Public Health Program Managers and Administration</b>  |   |   |   |  |
| Nutrition/First Things  | Teen Health   | Tobacco & Chronic Disease   | Injury Prevention   | Nursing Services   |
| AzNN and NEOPP staff attended staff meetings. Plans for future trainings are discussed. Also participates in quarterly program manager meetings. This programs is highlighted and presented or sent to the BOS quarterly.                                       | Teen Health Program Manager participates in monthly program managers' meetings. The Teen Health program staff regularly meet to for program planning and coordination of services. Each Teen Health program session is reported to ADHS utilizing an online Fidelity Monitoring tool, each set of sessions presented are also evaluated by program participants through pre and post surveys. | We held regular staff meetings monthly, notes are taken and a recap of the meeting is sent to all attendees and cc Mary Herring. During each monthly meeting we do have a workforce development training. Also participates in quarterly program manager meetings. This programs is highlighted and presented or sent to the BOS at least quarterly.  | Community Health Grant staff collaborate with community stakeholders through the Northeastern Arizona Safe Kids Chapter, Navajo Nation Safe Kids Coalition, Hopi Injury Prevention Coalition, and others to provide stronger policies and ordinances and locating resources for enforcement of these laws. Also participates in quarterly program manager meetings. This programs is highlighted and presented or sent to the BOS at least quarterly. | PHN Supervisor participates in quarterly program manager meetings. At least one of the nursing services programs is highlighted and presented or sent to the BOS each month.   |
| Child Care Health   | Enviromental Health   | Oral Health   | Medical Examiner  | WIC  |
| Child Care Program Manager participates in quarterly program manager meetings. This programs is highlighted and presented or sent to the BOS at least twice a year.   | Enviromental Health Program Manager participated in the Program Mangers Meetings Dec 2014, Feb 2015   | Navajo County and Coconino County has been working in partnership to reach the rural areas of the Navajo Nation. Meeting and coordination has been ongoing with other dental programs, mobile dental units to ensure majority of the children receive oral screening and fluoride varnish application. During this quarter, Navajo County Public Health continued to collaborate with White Mountain Apache child care providers, preschools and Head Start in order to schedule fluoride varnish events at their facilities. NCPHSD worked with Whiteriver WIC Program this quarter to provide fluoride varnish to their clients. The Navajo County Public Health Services District is collaborating with Coconino County Public Health Services District to meet the requirement of the Oral Health Grant. This collaboration ensures majority of the Navajo Nation rural communities are receiving services. We are in collaboration with the local dental clinics, mobile units and schools to ensure majority of the target population is reached. | OME participates in quarterly program manager meetings. This programs is highlighted and presented or sent to the BOS at least twice a year.  | WIC Staff attended staff meetings at minimum on a bi-monthly basis. WIC Program Manager participates in quarterly program manager meetings. This programs is highlighted and presented or sent to the BOS at least twice a year. |
| Animal Control  | Emergency Preparedness  |   |   |  |
| Animal Control Program Manager participates in quarterly program manager meetings. This programs is highlighted and presented or sent to the BOS at least twice a year.   | PHEP Program Manager participates in quarterly program manager meetings. This programs is highlighted and presented or sent to the BOS at least twice a year.   |   |   |  |

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| <b>Strategic Issue 5: How can we improve &amp; enhance health education &amp; services to the community?</b>   |   |   |  |   |
| <i>Goal 1: Improve &amp; enhance health education &amp; services to the community.</i>   |   |   |  |   |
| <i>Objective 1: Provide quality, credible services through innovative practices &amp; partnerships both internally &amp; externally</i>  |   |   |  |   |
| <i>Action 1: Utilize policy change &amp; development, best practice &amp; evidence based strategies &amp; approaches.</i>  |   |   |  |   |
| <i>Measure: Quarterly managers meetings, regular staff meetings, participation in county LEAD Teams, BOS presentations, internal policy review &amp; development, program evaluation to ensure alignment with best practices &amp; evidence based approach.</i>                        |   |   |  |   |
| <b>Responsibility: Public Health Program Managers and Administration</b>   |   |   |  |   |
| <b>Nutrition/First Things</b>  | <b>Teen Health</b>  | <b>Tobacco &amp; Chronic Disease</b>  | <b>Injury Prevention</b>   | <b>Nursing Services</b>   |
| <i>Action 2: Engage &amp; collaborate with community stakeholders in implementation of policies and ordinances</i>   |   |   |  |   |
| <i>Measure: Feedback from coalitions, coordinated school health assessments, documentation of policy change and development, and MOU's</i>   |   |   |  |   |
| <b>Responsibility: Public Health Program Managers and Administration</b>   |   |   |  |   |
| <b>Nutrition/First Things</b>  | <b>Teen Health</b>  | <b>Tobacco &amp; Chronic Disease</b>  | <b>Injury Prevention</b>   | <b>Nursing Services</b>   |
| In March 2015, the program manager provided Parent Ambassador Training for parents of the Kayenta Unified School District. The parent received training on public health and school systems and advocacy. The parent developed an action plan that will be implemented in August 2015. | In October, the high school TOP@ Club at Sequoia Village School presented a very successful school-wide assembly on the benefits of healthy living in which they talked about various aspects of a healthy lifestyle such as how proper nutrition can aid the learning process, the benefits of positive self-talk, why it is good to avoid drugs and alcohol, and setting goals for the future. They coordinated their presentation with a local Outstanding Teen pageant winner whose platform is teen depression and suicide prevention. The assembly was very well-received by both fellow students and school staff—there were many positive responses. The experience also served to bond the club participants as they supported one another through the nervous excitement of having to speak in front of their peers and teachers. | Through partnerships with schools, community members, and local agencies we complete 8 modules to build a School Health Advisory Council (SHAC) to complete the School Health Index (SHI). The SHI is the tool to help create the plan for the School Health Improvement Plan (SHIP) that will be executed to reach the following goals:<br>1. Increase health knowledge, attitudes, and skills. School health instruction helps young people improve their health knowledge. For example, students learn nutrition facts and how to read product labels so they can make healthy eating choices.<br>2. Increase positive health behaviors and health outcomes. School health programs can be designed to help youth avoid specific risk behaviors, including those that contribute to the leading causes of injury, illness, social problems, and death in the United States; alcohol and other drug use; tobacco use; injury and violence; unhealthy eating; physical inactivity; and sexual risk behaviors. These behaviors, often established during childhood and early adolescence, are interrelated and can persist into adulthood.<br>3. Improve education outcomes. Students who are healthy are more likely to learn than those who are unhealthy. School health programs can appraise, protect, and improve the health of students, thus reducing tardiness and absenteeism and increasing academic achievement.<br>4. Improve social outcomes. School health programs can provide opportunities to build positive social interactions and foster the development of students' respect, tolerance, and self-discipline. For example, conflict resolution and peer mediation programs help students learn how to listen and solve problems. | We have two coalitions one that we chair and one we are very active members of: the Northeastern Arizona Safe Kids Chapter we chair and has members from Summit Health Care, Northland Therapy Services, Schools, Head Start, Apache County Public Health etc. The second one is the White Mountain Fire & Life Safety Coalition. This coalition exists of Summit Health Care, Timber Mesa Fire, Pinetop Fire, Show Low PD, Schools, Cellular One and other community partners. Accomplishments include: Safety Village, Text & Wreck, Battle of the Belts and more vehicle PSA contest, the Bike Rodeo, Cyber Vullying Presentations & Campaign, and Mock Crashes. Safety Village 2014 we have taken to 12 different schools in the area and have worked cooperatively with 17 agencies at these schools. We set up 132 different stations and have made contact with about 2978 students and at least 140 adult teachers/parents. Altogether we have provided 18,949 safety messages. This has been a great success with providing the future leaders of our community, region, state, and everyone that has participated with the Safety Village. | Nursing Services is currently working with Summit Regional Healthcare to develop policy and procedure to ensure continuity of care for referrals for HIV positive individuals. Both entities hope to align our policies to allow this to happen, which will better serve clients and allow for smoother referrals between our agencies. |