



CHELAN-DOUGLAS HEALTH DISTRICT

2015 Annual Report

for the Board of Health and Community

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TB

Public Health Emergency Preparedness & Response 7

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Cover it!

WNV

ALGAE

Legionnaires' Disease Outbreak

EBOLA PLANNING

www.cdhd.wa.gov

Public Health Serving the People of Chelan and Douglas Counties



	page
WHAT IS PUBLIC HEALTH	4
Personal Health	
◆ Sexually Transmitted Diseases	5
◆ Tuberculosis Prevention & Treatment	5
◆ Surveillance and Reporting	6
◆ Vaccine Preventable Diseases	7
◆ WIC	8
◆ Children With Special Health Care Needs	8
◆ ABCD Dental Care	9
Community Health & Preparedness	
◆ Public Health Emergency Preparedness & Response	9
Environmental Health	
◆ Environmental Surveillance	12
◆ Food Protection	13
◆ Drinking Water	14
◆ Water Recreation—Pools, Spas, & Water parks	14
◆ Onsite Septic & Land Use	15
◆ Solid & Hazardous Waste	15
◆ Chemical & Physical Hazards	16
◆ Vital Records	16
Organizational Chart	17
Fiscal Reports	
◆ Agency Funding	18
◆ Community Health and Preparedness	18
◆ Environmental Health	19
◆ Personal Health	19
◆ Strategic Plan	20

***From the desk of the Administrator:***

These are challenging times in public health. Budget cuts over the last several years have required that we focus on the most basic of public health services locally. At the same time, the health needs of our community require that we stretch beyond the basics to deal with new challenges.

Those basic public health services are easily taken for granted, but only until they are neglected. Clean water, safe food, communicable disease control, immunizations, safe waste disposal – none of these have gone out of style, and they continue to be important public health responsibilities that involve new and different challenges. Our commitment to address these needs, and to do so at a high level of quality and with excellent customer service, continues to guide our everyday work.

At the same time, we know there are important community health needs that we are not well equipped to address. Examples from recent community health assessments include:

- The nation-wide (and local) obesity epidemic – a problem that threatens to make the life expectancy of our children's generation shorter than that of their parents', which has never before happened in our nation's history.
- Teenage pregnancy rates in our community have increased in recent years.
- Increasing efforts are under way to address problems in our medical care system, which is the most expensive in the world but produces population health results that fall behind most of the world's developed nations. Much of this shortfall has to do with inadequate measures to prevent and manage chronic lifestyle-related diseases like diabetes and coronary heart disease.
- Our local mental health and substance abuse treatment systems are especially distressed and underfunded.

None of these problems could be effectively addressed by public health acting alone; all require active partnerships. Fortunately, those partnerships are alive and well in Chelan and Douglas Counties, and in Washington State. The Health District is working to become a more active and capable partner in addressing these problems.

I hope you find this report informative, and will not hesitate to get in touch if you have any questions or concerns about public health in Chelan and Douglas Counties.

Sincerely yours,

Barry Kling, MSPH
Administrator

What is Public Health?



- **Public Health works to protect the whole community from health threats like contagious disease or unsafe drinking water.**
 - ◊ **Public health is not government medical care (a common misconception), but a community-oriented set of prevention services.**
 - ◊ **Public health is basic to any community, like fire protection and law enforcement.**
- ◆ **Examples of Public Health Services Include:**
 - ◊ **Controlling Tuberculosis and other contagious diseases.**
 - ◊ **Keeping food safe through restaurant inspections.**
 - ◊ **Protecting at-risk children through public health nursing visits and supplemental foods (WIC).**
 - ◊ **Disease outbreak investigations, to find and stop the source of infection.**
 - ◊ **Smoking prevention.**
 - ◊ **Safe landfills to protect air and water.**
 - ◊ **Safe septic systems to prevent disease, protect groundwater.**
 - ◊ **Drinking water protection.**
 - ◊ **Immunizations to prevent disease, for children and for adults.**
 - ◊ **Resolving problems with illegal dumps and similar solid waste issues.**
 - ◊ **Preparedness for health emergencies such as pandemic influenza, fires or weather disasters.**
- ◆ **Local, state and federal funds support our locally-governed public health departments.**



Personal Health

SEXUALLY TRANSMITTED DISEASES (STD)



Sexually Transmitted Diseases (STD) are the most commonly reported diseases in Chelan and Douglas Counties. Many are curable, others are treatable, and all are preventable.

Anyone under the age of 25 and is sexually active should get tested annually. At any age, if you think you may have been exposed to a sexually transmitted disease, you and your sex partner(s) should visit a health clinic, hospital or doctor for testing and treatment.

Most people with STDs don't have obvious symptoms, but without treatment they can spread disease and possibly develop serious complications.

STD's	2012	2013	2014	2015
Chlamydia	374	392	439	395
LGV	1	0	0	0
Gonorrhea	12	20	20	37
*Herpes	26	14	10	5
Syphilis	0	2	1	12
HIV—new	3	4	2	6
Total	416	432	472	455

FREE treatment is available for partners! Expedited Partner Therapy (EPT) provides for the treatment of sex partners of infected individuals. This treatment can be offered without requiring partners to be tested or seen by health care providers. All providers in Chelan and Douglas Counties are able to participate in this program.

*INITIAL DIAGNOSIS

OTHER COMMUNICABLE DISEASES

TB TUBERCULOSIS

Our highest priority is to prevent TB transmission in the community through case management of the infectious clients, including case finding contact investigations, as well as consulting, training, and outreach to high risk groups and implementing TB control measures in high risk community settings.

2012	2013	2014	2015	TB in Our Community
60	139	65	4	# of unduplicated Clients that Received TB Services at PH
1	2	3	4	# of unduplicated Clients that Received Treatment at PH
1	3	0	3	# of unduplicated Clients that had Active TB at PH
98	230	135	235	# of Client visits provided at PH
1	199	0	23	# of people traced as contacts for active TB clients at PH

SURVEILLANCE AND REPORTING



Legionella Outbreak

CDHD has an ongoing *Legionella* outbreak. We are actively pursuing the investigation with input from the Washington State Department of Health and CDC.

To date, there have been 9 patients diagnosed with *Legionella* pneumonia. Two patients are residents of Okanogan County but have ties to the Wenatchee area. This is an unusual number of cases considering that CDHD normally has an average of about 1 case a year.

All 9 patients were hospitalized. CDHD has received excellent cooperation from Confluence Health during the investigation. Although the illnesses were serious there have fortunately been no fatalities to date.

The investigation has involved excellent teamwork between the CDHD Epidemiology, Communicable Disease and Environmental Health staff. It has also consumed a lot of staff time, delaying a significant amount of normal work, illustrating just how short-staffed local public health is here and across the state.

Reported Conditions	2012	2013	2014	2015
Legionella	0	0	1	7
Infant Botulism	1	0	0	2
Wound Botulism	-	1	0	0
Hepatitis A	-	4	0	1
Neonatal Herpes Simplex	1	0	0	0
WNV Viremic Donor	-	-	1	0
Influenza death	-	-	2	1
Malaria	-	-	1	0
Hepatitis C (chronic)	46	26	46	27
Animal Bites with rabies prophylaxis	6	8	2	2
Salmonella	9	4	5	8
Giardia	2	9	6	10
Campylobacter	12	14	21	16
Shigella	2	1	1	2
Hepatitis B (chronic)	1	5	1	3
Hepatitis B (acute)	1	0	1	0
Pertussis	61	14	3	7
E. coli (all shiga toxin producing)	3	5	3	5
<i>Haemophilus influenzae</i> type b (Hib)	0	1	0	0
Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE)	-	1	0	0
Totals	145	93	94	91

Goats, pigs and hand washing at the Chelan County Fair September/October

Two children were diagnosed with *E. coli* O157. One is almost 2 years old and was hospitalized in Seattle Children's Hospital for 5 days. The riskiest part of *E. coli* infection for children under 5 years old is the potential shut down of their kidneys. Many end up on dialysis, some permanently. Our little child was treated successfully and released. The other child is 6 years old and luckily did not have to be sent to Children's Hospital. The older the child, the more likely they can "fight" the toxin released by the *E. coli* bacteria and therefore more likely to be treated locally. The third child has a currently undiagnosed gastrointestinal illness. The parent brought their 5 year old to the doctor after he became ill a few days after visiting the Chelan County Fair.

Staff interviewed the parents of all three children and determined, using state standards, that the most likely source of infection was the Chelan County Fair. All three children petted the goats or pigs. In the *E. coli* outbreak in Whatcom County related to the Milk Maker's Fest. 1,300 school children attended the event in April. 61 people were diagnosed with *E. coli*. Whatcom County, in conjunction with CDC and WA DOH, determined the children were more likely to be infected if they ate in the area with the animals, failed to wash their hands and chewed their nails. Environmental testing revealed that even the bleachers, where many sat for lunch, tested positive for *E. coli* O157.

The CDHD food inspectors visited the fairgrounds, but with the new information recently released from the Whatcom Co *E. coli* outbreak we are forming a Communicable Disease, Epi and food inspector subcommittee to review all the information available. We work to continually improve our Public Health response to Fair Events.



VACCINE PREVENTABLE DISEASES

CHALLENGES

Achieving high immunization rates for our adolescent and adult populations, educating parents about the risks associated with not vaccinating, and assuring access to immunizations for our underserved populations (i.e. people residing in rural areas, under insured and uninsured people) . We continue work to increase the uptake of new and underused vaccines for adolescents, offer immunization services to the underserved through outreach clinics, and improve adult immunization rates by sharing effective immunization strategies with providers caring for adults.



IMMUNIZATION

2012	2013	2014	2015	Immunization Activities in Our Community
29	11	10	9	# of Public Health Shot Clinics for Seasonal Flu Outreach
14	15	15	17	# of VFC Provider Sites Visited
17	19	16	18	# of Educational Updates for VFC Providers
36	13	10	9	# of Immunization Clinics Held
142	102	128	98	# of Vaccines Given to Children
-	-	-	2	# of Enrollment Visits
670	309	326	257	# of Adult Vaccinations
117	404	452	354	# of Flu Vaccinations Given by PH
-	4	1	0	# of free flu clinics for underserved populations



WOMEN INFANTS AND CHILDREN



**W
I
C**

Even though most are working the majority of WIC families in both counties are living in poverty.

2012	2013	2014	2015	
66%	69%	61%	59%	% of births in Douglas Co. served by WIC
71%	70%	69%	65%	Douglas Co. WIC families living in poverty
79%	73%	75%	76%	Douglas Co. % of WIC working families
65%	63%	61%	58%	% of births in Chelan Co. served by WIC
74%	71%	64%	60%	Chelan Co. WIC families living in poverty
82%	79%	81%	83%	Chelan Co. % of WIC working families

1,259 The Total Number of WIC Clients

Helping pregnant women, new mothers, and young children eat well, learn about nutrition and learn how to stay healthy. CDHD WIC provided \$518,880 for WIC clients to buy healthy foods.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

This program provides public health nurse (PHN) visits for children (birth to 18 years of age) who have physical, behavioral or emotional conditions that require services beyond those required by children in general. Examples include developmental delays, cancer, Down’s syndrome, and premature birth.



The PHN facilitates access to health care needs, provides care coordination, supports family centered care, teaches advocacy skills and promotes the coordination of care across systems.

2012	2013	2014	2015	Case Management
18	55	41	32	# of New Referrals Received
48	57	50	62	# of Home Visits by PHN
-	-	-	27	# of office visits
15	35	31	22	# of New Clients
35	37	56	57	# of Total Clients Served



The ABCD Program was named a "best practice" by the American Academy of Pediatric Dentistry in 2000

In 1994 a group of concerned dentists, dental educators, public health agencies, the state dental association, and State Medicaid representatives came together to address the problem of the severe lack of dental access by Washington State's high risk preschool children. The proposed solution was the development of the Access to Baby and Child Dentistry (ABCD) Program. ABCD focuses on preventive and restorative dental care for Medicaid-eligible children from birth to age six, with emphasis on enrollment by age one. It is based upon the premise that starting dental visits early will yield positive behaviors by both parents and children, thereby helping to control the caries process and reduce the need for costly future restorative work.

2012	2013	2014	2015	Oral Health Requires an Early Start
71	102	111	109	# of New ABCD Clients
605	407	435	474	# of Children Enrolled in ABCD
7	7	9	9	# of ABCD Dentists
1	0	0	1	# of New ABCD Dentists

Community Health & Preparedness



PREPAREDNESS ACTIVITIES

2012	2013	2014	2015	Preparedness Systems in Place Were Used
104	84	85	61	# of after hours calls for 24/7 System for the Public and MD's to call PH
55	93	117	103	# of public health alerts sent to health care partners and other partners
1	1	1	1	# of ICS activations for a public health event
1	1	1	1	# of times we activated the ICS system for Exercises



REGION 7 DISASTER PREPAREDNESS HEALTHCARE COALITION



Health Care Partners Serving Chelan, Douglas, Grant, Kittitas & Okanogan Counties
Work Together to Improve Regional Response

Mission

Planning for medical surge capacity & capability for region-wide resource management in large scale health emergencies.

In 2015 the R-7 Health Care Coalition deployed 4 of 5 ACF trailers during the wildfires in Chelan and Okanogan Counties for medical needs shelters. These ACF trailers supported senior living center evacuations. Lesson Learned: Seniors do best in senior living centers not shelters. Plan to shelter in place or move to other assisted living facilities. Their pets are another hot topic!

REGIONAL RESOURCES

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> • Regional All Hazards Plan | <ul style="list-style-type: none"> • Alternate Care Site Plans | <ul style="list-style-type: none"> • Mass Fatality Planning |
| <ul style="list-style-type: none"> • Region 7 Healthcare MOU • Library Resources • ACF Staff Training Video • Region 7 Healthcare Coalition website • Healthcare Coalition Charter | <ul style="list-style-type: none"> • Emergency Use Satellite Phones & Monthly Testing • Pharmaceutical Supplies • Regional Exercises • New Member Orientation • 2 Registration Trailers | <ul style="list-style-type: none"> • Hospital Equipment • Staff Training • 5 25-Bed Medical Surge Cache Trailers • Region 7 EPI Position • Resource Development |

ALTERNATE SENIOR CARE FACILITY PLANNING

The coalition took action to add senior living centers to WATrac for medical surge emergency response. This will take a while but it will serve the hospitals everyday to be able to see open beds to place patients and help to find the needed beds in real life evacuation emergencies.

VULNERABLE POPULATIONS PLANNING

Work is ongoing for regional planning around our vulnerable populations. The identified populations and our work to reach these populations in each county will be added to our Region 7 All Hazards Plan. DSHS as a partner can help us reach their high-risk clients through their extensive data base which includes GPS coordinates.

WA-TRAC—HOSPITAL BED TRACKING

This bed tracking system has modules for emergency response that will become available to us in 2015-16. Almost all hospitals have a great track record for using the system daily. Our region has a designated WA-Trac Specialist (Alma Castillo) to assist partners in using this system. R-7 will test the WATrac patient tracking module in 2016.



Taking Exercises On the Road

The active participation by regional partners in our Healthcare Coalition is partly due to the rotational exercise plan we have incorporated. Local partners get involved when the exercise is in their own community.

- ◇ The 2012 FX exercise was held in Chelan County at Town Toyota Center.
- ◇ The 2013 FX exercise was held in Grant County at the Airport.
- ◇ The 2014 FX exercise was held in Okanogan County at the Okanogan Fairgrounds.
- ◇ The 2015 TTX exercise was held in Kittitas County at Central Washington University.
- ◇ The 2016 FX exercise will be held at Central Washington University in Kittitas County.



REGION 7's WEBSITE

A GREAT RESOURCE FOR REGION 7 MEDICAL SURGE AND EMERGENCY RESPONSE

Annual Report	Training Calendar	Meeting Dates	Meeting Agendas	Meeting Minutes	Attendance Roster
Coalition Charter	Membership Form	Purchasing Guide-lines	Triage Tools	Staff Credentials	ACF Staff ID Badges
All Hazards Plan	Strategic Plan	ACF Plan with appendices	Mass Fatality Plan	Region 7 MOU	ACF Signs
Job Action Sheets	Vest Assignments	Staffing Matrix	More ACF Checklists	Just In Time Training	
ACF Set Up	Standing Orders	American Red Cross Safe & Well	Patient Tracking Form		Approved Med List

Coalition Members are Comprised of Representatives from

Hospitals, Public Health, Community Health Centers, Emergency Medical Services, Apple Valley Red Cross, Colville Tribes and Emergency Management

Meetings are held the 3rd Thursday of
September, November, January, March, May and June

Time: 10:00 am - 2:00 pm

Coalition Chair: [Mary Small - Regional Emergency Response Coordinator](#)



Environmental Health

ENVIRONMENTAL SURVEILLANCE

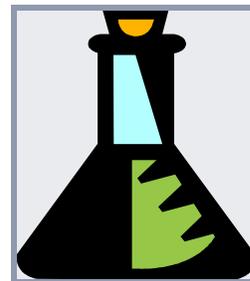
2012	2013	2014	2015	Monitoring Illnesses in Our Community
14	12	9	12	# of animals tested for Rabies
1	0	0	0	# of animals positive for Rabies
0	1	0	1 (horse)	# of animals tested for WNV
0	0	0	1	# of positive samples for WNV



Surveillance activities include seasonal monitoring for diseases like West Nile Virus (WNV) & Rabies.



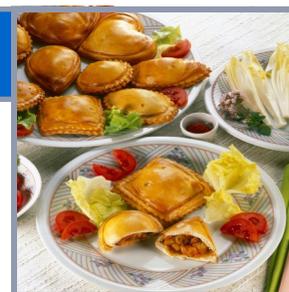
LABORATORY SERVICES



Drinking water testing for wells is no longer done at the health district. The lab was closed at the end of February in 2015. Private sector labs offer well water testing.



FOOD SAFETY



The Center for Disease Control recently estimated that food borne illness results in 48 million illnesses, 128,000 hospitalizations, and 3,000 deaths annually. Most illnesses result from improper cooking & holding temperatures, cross contamination, and poor hygiene.

To protect public health, staff provide basic training to food industry employees, conduct regular inspections of restaurants, review menu and design plans for new restaurants, and investigate food borne illness complaints.

2012	2013	2014	2015	Food Safety in Our Community
699	730	710	590	Restaurants Permitted Annually
1,007	898	993	1045	Inspections Conducted (all) Restaurants
458	456	438	428	Temporary Food Service Events Permitted
6,192	5,835	6,776	6,946	Food Workers Educated & Issued Cards
27	60	32	24	Food Safety Complaints Investigated

Program Objective: Reduce the number of restaurants seen during the year with >35 critical violation points, or unsatisfactory inspections.

2012	2013	2014	2015	Results for Routine Inspections
20	14	30	24	# of Restaurants with Unsatisfactory Inspections > 35 critical points. Critical Violations are high risk activities associated with food borne illness.
290	311	282	270	# of Temporary Food Service Inspections conducted



WATER RECREATION

Pools, spas and water parks are a potential source for waterborne illnesses, unintentional injuries and accidental drowning. To protect public health, staff review plans for proposed facilities, investigate complaints, and conduct health and safety inspections on all permitted facilities.

2012	2013	2014	2015	POOLS
183	182	185	186	Water Recreational Facility Permits Issued
252	188	226	397	Water Recreational Inspections Conducted

DRINKING WATER



Contaminated drinking water is a known cause of serious waterborne illnesses. To protect public health, staff review development proposals for the presence of approved water sources, conduct site evaluations for new water systems, and monitor water quality data for operating water systems.

2012	2013	2014	2015	
3	2	4	1	# of Boil Water Health Advisories
284	190	1,304	100	# of people affected by Advisories
71	61	71	79	New Private Water Sources Evaluated
7	4	3	9	New Public Water Systems Reviewed
12	13	23	24	Sanitary Surveys Completed Group A & B



ONSITE SEPTIC AND LAND USE



To protect public health & the environment from the affects of improper wastewater disposal, staff evaluate proposed installation sites, review the design & construction of new septic systems, license industry professionals, and investigate reports of failing septic systems.

Program Objective: Ensure timely investigation and correction of reported septic system failures.

2012	2013	2014	2015	
5	9	3	2	# of Failing septic systems with corrective action initiated within 14 days
209	292	294	424	New Onsite Septic Permits Issued
67	71	84	86	Repair Onsite Sewage Permits
83	97	89	92	Land use applications reviewed
120	134	124	125	Septic Industry Professionals Licensed



SOLID & HAZARDOUS WASTE

Improper waste disposal has the potential to attract disease carrying vermin and adversely impact air & water quality. To protect public health, staff investigates complaints concerning solid waste accumulations & illegal dumping, regulate the operation of solid waste facilities, review design plans for proposed solid waste facilities, and monitor the maintenance of closed landfills.

Program Objective: Maintain a 90% success rate for resolving solid waste complaints.

2012	2013	2014	2015	
76	65	89	63	# of Solid Waste Complaints
95%	100%	86%	44%	Solid Waste Complaints Investigated & Resolved
11	12	12	2	Solid Waste Facilities Permitted
44	58	48	48	Solid Waste Facility Inspections Conducted
12	16	12	7	Bio-solids Compliance Inspections Conducted
4	4	4	4	Closed Landfills Monitored



CHEMICAL & PHYSICAL HAZARDS

To protect public health, staff assist local law enforcement during investigations of suspected methamphetamine labs and post contaminated properties as “Unfit for Use” when appropriate. Once posted, staff provide technical assistance to the property owners concerning required cleanup measures.

Program Objective: Prevent public exposure to hazardous chemicals used in illegal drug production and other activities.

2012	2013	2014	2015	
0	0	0	0	Properties Under Assessment for Meth Lab Contamination
0	0	0	0	Initial Investigations Conducted on Suspected Contaminated Properties
0	0	3	2	Site Hazard Assessments Completed



VITAL RECORDS

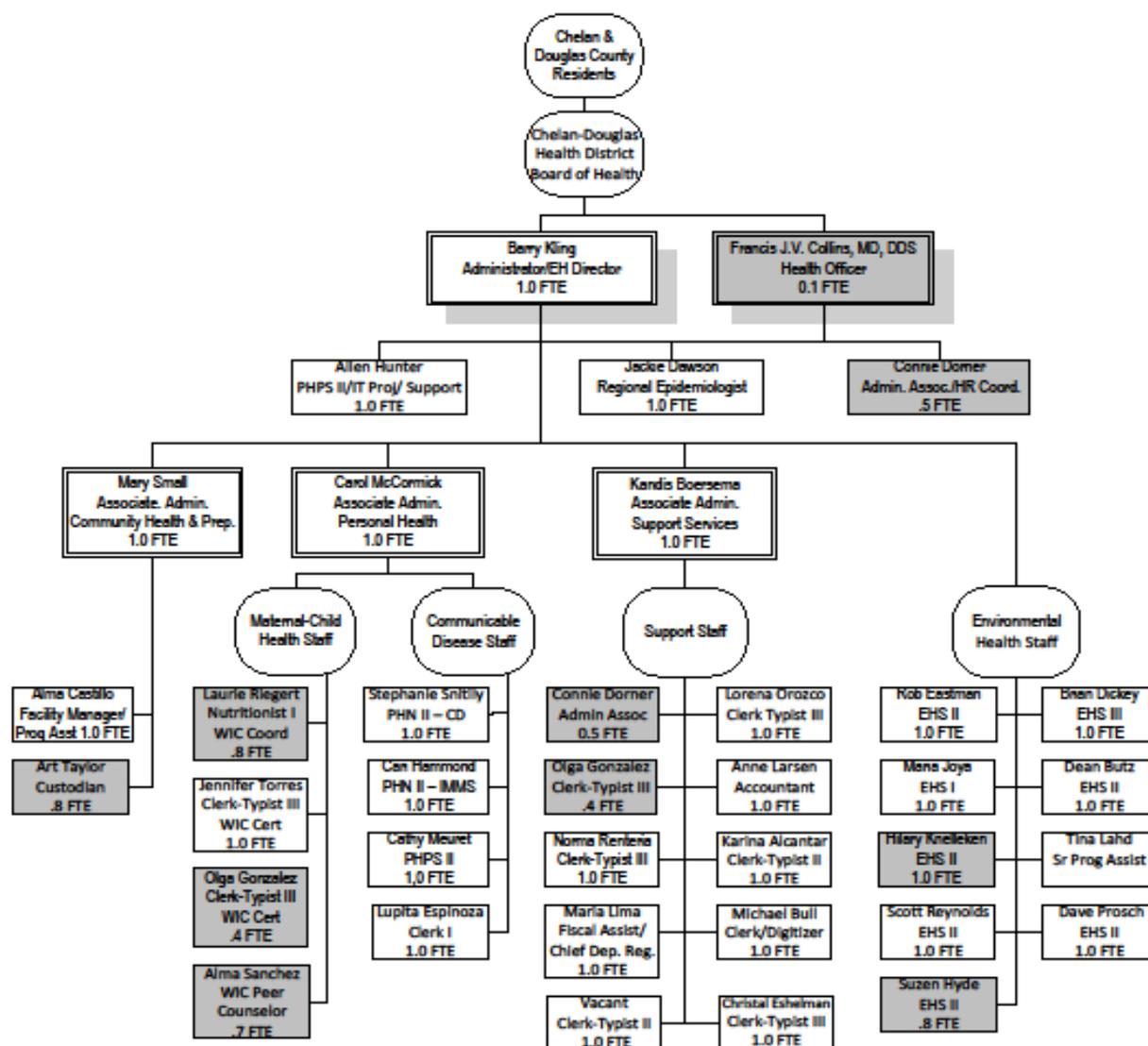
Staff issue local birth and death certificates for the community. The forms are also available on our website for customer convenience. <http://www.cdhd.wa.gov/>

2012	2013	2014	2015	Births and Deaths by the Numbers
8,458	8,654	8,812	9,394	Combined total of birth & death certificates Issued
3,589	3,448	3,578	4,070	# of Birth Certificates Issued
4,869	5,206	5,234	5,324	# of Death Certificates Issued
1,443	1,393	1,462	1500	Chelan Co—953 / Douglas—547 # of BIRTHS
1,013	1,086	1,125	1,005	Chelan Co—695 / Douglas—310 # of DEATHS



Chelan-Douglas Health District 2015 Organization Chart

December 17, 2015

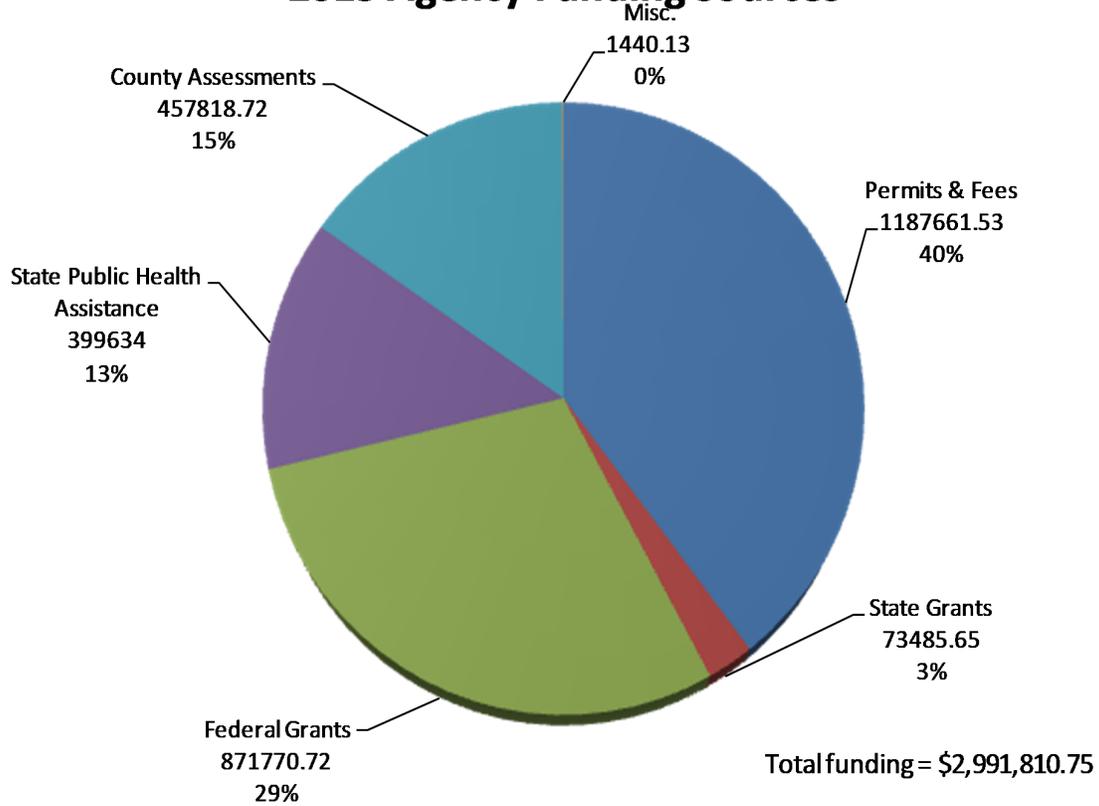


Part-time or Split Positions

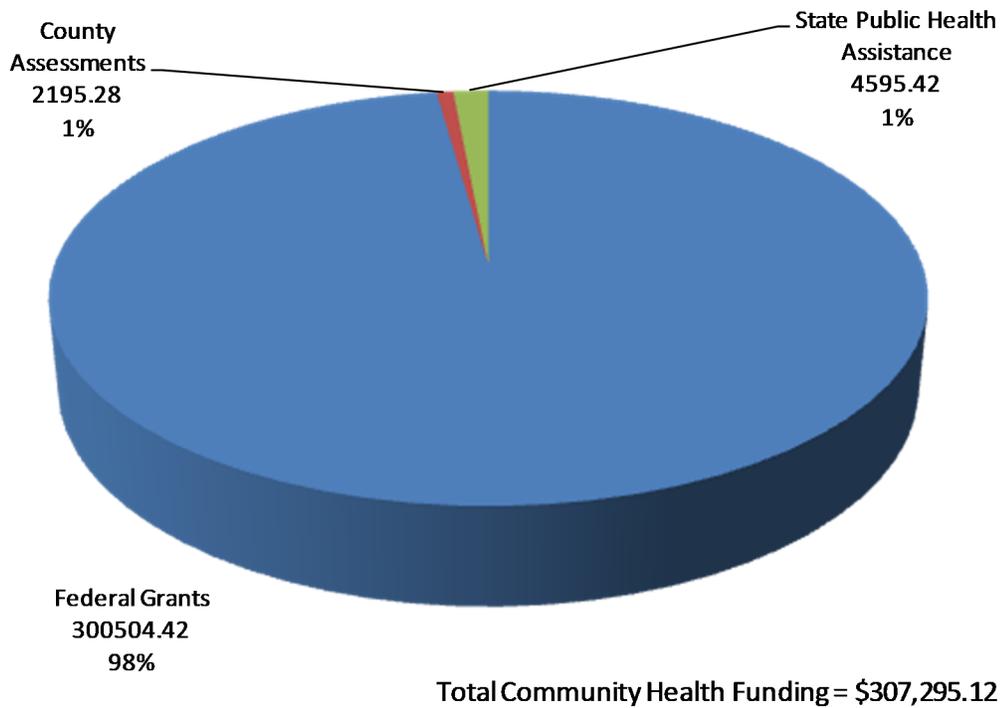
S:/Admin/BOH 2015/Org Chart 2015 with Names, FTEs & Job Titles



2015 Agency Funding Sources

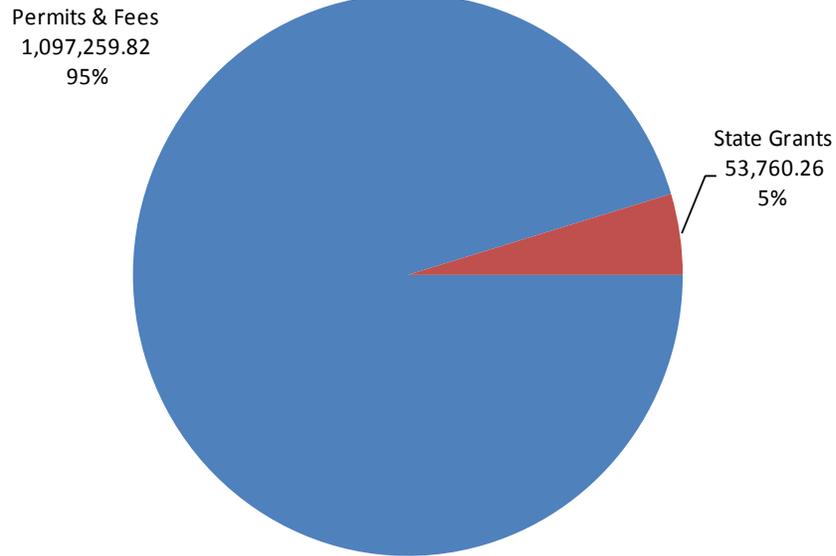


2015 Community Health Preparedness Funding Sources



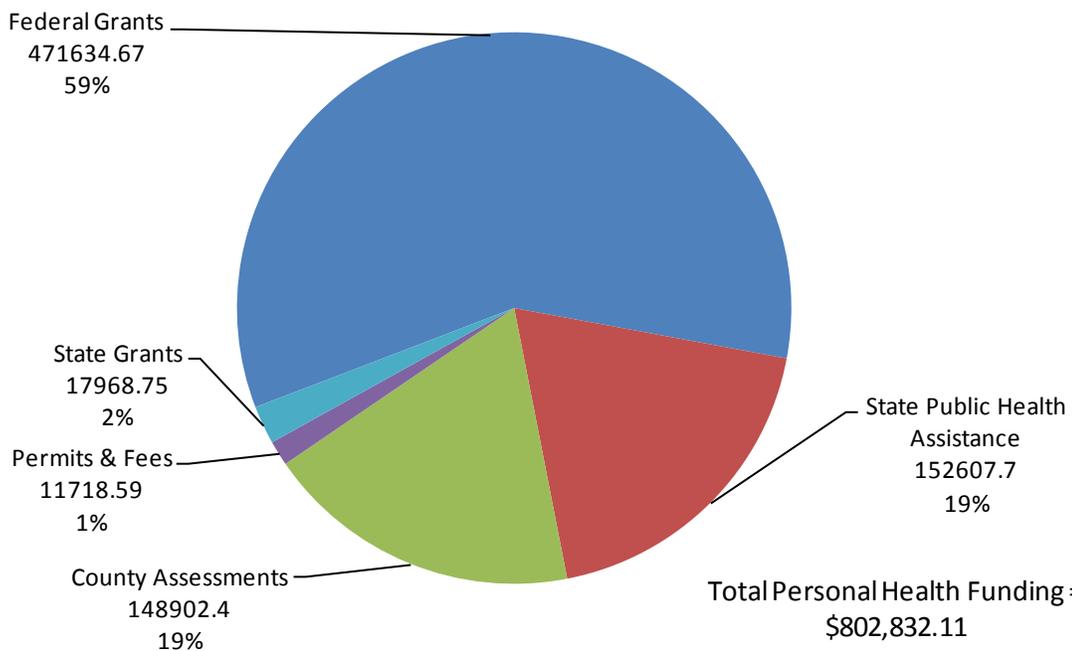


2015 Environmental Health Funding Sources



Total Environmental Health Funding = \$1,151,020.08

2015 Personal Health Funding Sources



Total Personal Health Funding = \$802,832.11



Chelan-Douglas Health District

Strategic Plan

Adopted by Board of Health April 15, 2013

Scope of This Plan

Because this is an internal strategic plan for our organization, rather than a community health improvement plan, it focuses on our organization and its needs. Strategic Initiatives are meant to address the five years following their adoption by the Board of Health.

Vision

Chelan-Douglas Health District makes optimal use of available resources and partnerships to provide high quality public health services in Chelan and Douglas Counties. Its program priorities emphasize the foundational public health functions basic to public safety in any community.

Mission

To protect and improve the health of individuals and communities in Chelan and Douglas Counties through the promotion of health and the prevention of disease and injury.

We Value:

- **Prevention:** We believe that prevention is the most effective way to protect our community from disease and injury.
- **Collaboration:** Community partnerships produce cost effective health outcomes by bringing people, resources and organizations together.
- **Population-based services:** We make data-driven decisions and deliver science-based programs, knowing that the provision of population-based services is the defining responsibility of public health.
- **Equity:** We believe everyone in our community deserves an equal opportunity for a healthy life.
- **Community Service and Accountability:** As vigilant stewards of the public's trust, we provide efficient services that are responsive and accountable to the community and its elected representatives.
- **Improvement:** We continuously improve the quality of our services and systems to better serve our community through a system of benchmarks and program evaluation.
- **Education:** Education is a key tool in achieving all public health objectives.

Strategic Initiatives 2013-2018

Participate actively in efforts to establish a system of sustainable funding for Foundational Public Health Services.

- * Participate at the state level through WSALPHO and WSAC.
- * Participate at the local level through proposals for city funding of basic public health.

Maintain financial stability and openness of the Health District.

- * Attempt to achieve year-to-year cash carryover sufficient to assure financial stability.
- * Maintain the high level of fiscal transparency achieved in the Health District by continuing to make detailed financial statements available to staff, management and any interested members of the public on a monthly and quarterly basis.



Foster a sustainable and skilled public health workforce.

- * Attempt to assure that salaries and benefits keep pace with those at LHJs in similar jurisdictions in the state.
- * Support continuing education experiences for staff to assure up to date knowledge and the development of professional relationships with staff members from other agencies including the state Department of Health.
- * Plan for the expected retirement of some key staff members over the next few years to assure an effective transition minimizing the loss of specialized knowledge.

Improve the visibility of public health in the community and especially among community leaders.

- * Update the Health District web site.
- * Regularly provide presentations on public health to service organizations, city councils, and similar venues which include community and private sector leaders.
- * Use social media to disseminate public health messages.

Maintain effective partnerships through active participation in local coalitions of health care providers, social service providers and emergency response partners.

- * Some of these are standing coalitions but we also participate in *ad hoc* groups involving special or emergent circumstances.

When interacting with individuals and organizations regulated by the Health District, maintain a helpful, educational and respectful approach, resorting to penalties only when other approaches have failed to achieve results.

The Health District will acquire, maintain and use up to date digital technology and provide sufficient staff training and technical support to assure its effective use.

- * The Health District will complete the digitization of its land use records and convert as fully as possible to paperless handling of such records.
- * The Health District will, as much as possible, conduct its business on-line.
- * The Health District will continue to maintain and develop its Environmental Health software in support of EH programs.
- * Health district computing equipment, software and infrastructure will remain current with established industry standards.

Health District managers will continue to provide accurate and complete information to the Board of Health and to be responsive to the Board's governance and leadership.

Future program funding opportunities will be evaluated for their priority in relation to foundational public health services and for sustainability.