



CHELAN DOUGLAS HEALTH DISTRICT

2014 Annual Report

for the Board of Health and Community



2014 EBOLA OUTBREAK

Information and updates

www.cdhd.wa.gov

Public Health Serving the People of Chelan and Douglas Counties



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***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 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	2011	2012	2013	2014
Chlamydia	279	374	392	439
LGV	-	1	0	0
Gonorrhea	15	12	20	20
*Herpes	30	26	14	10
Syphilis	0	0	2	1
HIV—new	4	3	4	2
Total	328	416	432	472

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

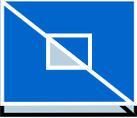
OTHER COMMUNICABLE DISEASES

TB TUBERCULOSIS

Surveillance data in our two counties show 1 new case of active TB disease reported in 2014. The 1 pulmonary TB case moved to California and planned to follow up on treatment there.

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.

2011	2012	2013	2014	TB in Our Community
135	60	139	65	# of unduplicated Clients that Received TB Services at PH
30	1	2	3	# of unduplicated Clients that Received Treatment at PH
2	1	3	0	# of unduplicated Clients that had Active TB at PH
320	98	230	135	# of Client visits provided at PH
23	1	199	0	# of people traced as contacts for active TB clients at PH



SURVEILLANCE AND REPORTING



Reported Conditions	2011	2012	2013	2014
Legionella	1	0	0	1
Infant Botulism	1	1	0	0
Wound Botulism	-	-	1	0
Hepatitis A	-	-	4	0
Perinatal Hepatitis B Virus	2	0	0	0
Neonatal Herpes Simplex	-	1	0	0
Cocci	1	0	0	0
Relapsing Fever	1	0	0	0
WNV Viremic Donor				1
Q Fever	1	0	0	0
Influenza death				2
Malaria				1
Hepatitis C (chronic)	58	46	26	46
Animal Bites with rabies prophylaxis	5	6	8	2
Salmonella	9	9	4	5
Giardia	6	2	9	6
Campylobacter	13	12	14	21
Shigella	0	2	1	1
Hepatitis B (chronic)	5	1	5	1
Hepatitis B (acute)	-	1	0	1
Pertussis	2	61	14	3
E. coli (all shiga toxin producing)	2	3	5	3
<i>Haemophilus influenzae</i> type b (Hib)	0	0	1	0
<i>Carbapenem-resistant Enterobacteriaceae (CRE)</i>	-	-	1	0
Totals	107	145	93	205

CAMPYLOBACTER

Campylobacteriosis is an infectious disease caused by bacteria of the genus *Campylobacter*. Most people who become ill with campylobacteriosis get diarrhea, cramping, abdominal pain, and fever within two to five days after exposure to the organism. The diarrhea may be bloody and can be accompanied by nausea and vomiting. The illness typically lasts about one week. Chelan and Douglas counties had an increased number of cases reported in 2014. Sources of infection included: overseas travel exposures, local recreational waters, “back yard” chickens, pets and unpasteurized cheese.

MEASLES

Measles is still a threat in the United States although measles vaccination is readily available. In 2014, the U.S. experienced 23 measles outbreaks, including one large outbreak of 383 cases, occurring primarily among unvaccinated Amish communities in Ohio. Many of the cases in the U.S. in 2014 were associated with cases brought in from the Philippines, which experienced a large measles outbreak

Washington has had 32 cases of measles in 2014. **This is more measles cases than in the past five years combined.** Chelan and Douglas counties had no cases of measles reported in 2014.



VACCINE PREVENTABLE DISEASES

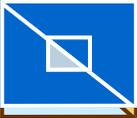
CHALLENGES

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

2011	2012	2013	2014	Immunization Activities in Our Community
29	29	11	10	# of Public Health Shot Clinics for Seasonal Flu Outreach
14	14	15	15	# of VFC Provider Sites Visited
24	17	19	16	# of Educational Updates for VFC Providers
29	36	13	10	# of Immunization Clinics Held
161	142	102	128	# of Vaccines Given to Children
675	670	309	326	# of Adult Vaccinations
836	117	404	452	# of Flu Vaccinations Given by PH
-	-	4	1	# of free flu clinics for underserved populations (new)



WOMEN INFANTS AND CHILDREN



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

W I C	2011	2012	2013	2014	
	66%	66%	69%	61%	% of births in Douglas Co. served by WIC
	72%	71%	70%	69%	Douglas Co. WIC families living in poverty
	76%	79%	73%	75%	Douglas Co. % of WIC working families
	68%	65%	63%	61%	% of births in Chelan Co. served by WIC
	78%	74%	71%	64%	Chelan Co. WIC families living in poverty
	79%	82%	79%	81%	Chelan Co. % of WIC working families

1,460 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 \$647,564 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.

2011	2012	2013	2014	Case Management
33	18	55	41	# of New Referrals Received
89	48	57	50	# of Home Visits by PHN
23	15	35	31	# of New Clients
45	35	37	56	# 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.

2011	2012	2013	2014	Oral Health Requires an Early Start
84	71	102	111	# of New ABCD Clients
707	605	407	435	# of Children Enrolled in ABCD
6	7	7	12	# of ABCD Dentists
0	1	0	5	# of New ABCD Dentists

Community Health & Preparedness



PREPAREDNESS ACTIVITIES

2011	2012	2013	2014	Preparedness Systems in Place Were Used
57	104	84	85	# of after hours calls for 24/7 System for the Public and MD's to call PH
16	55	93	117	# of public health alerts sent to health care partners and other partners
0	1	1	1	# of ICS activations for a public health event
3	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 2014 the coalition purchased additional equipment for two registration trailers for use in the medical needs shelters. Each trailer contains general cache equipment needed to operate a shelter. The coalition exercised opening a 125 bed shelter in October of 2014 at the Okanogan County Fairgrounds using Regional and County Control Hospital roles under a United Incident Command.

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 CARE FACILITY PLANNING

The coalition took action to complete two registration trailers for use with our 5 medical needs trailers for medical surge emergency response. These trailers can be used for local, county, regional or state disaster response needs. The workgroup will work on patient tracking issues, staffing the ACF and getting and training volunteers for emergency response.

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 later 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.



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 2013 exercise was held in Grant County.
- * The 2014 exercise was held in Okanogan County.
- * The 2015 exercise will be in Kittitas County

2014 EBOLA RESPONSE

In 2014 we worked with coalition partners to respond as a region to the Ebola threat. Many hours of public health planning included planning for a coordinated response working with State and Regional partners. Confluence Health took the lead holding regional meetings with hospital and essential public health partners. This also included sharing training and PPE resources when possible, even though some were in very short supply. The cost of the Ebola planning effort by CDHD staff was approximately \$51,000 through 12/31/14.



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 509-886-6410 [Chelan Douglas Health District](#)

Environmental Health

ENVIRONMENTAL SURVEILLANCE

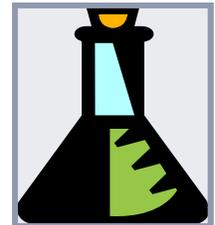
2011	2012	2013	2014	Monitoring Illnesses in Our Community
16	23	16	12	# of calls for WNV or Rabies
6	14	12	9	# of animals tested for Rabies
1	1	0	0	# of animals positive for Rabies
1	0	1	0	# of animals tested for WNV
0	0	0	0	# of positive samples for WNV



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



LABORATORY SERVICES



Drinking water contaminated with nitrates and/or coli form bacteria has the potential to cause human illness. To protect public health, staff analyze drinking water samples for the presence of coliform bacteria and nitrates and process various medical samples.

2011	2012	2013	2014	
1,930	1,854	1,699	1,626	Water Samples Analyzed
117	32	95	28	Medical Samples Processed



FOOD SAFETY



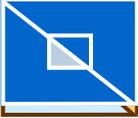
The Center for Disease Control recently estimated that food borne illness results in 48 million illnesses, 128,000 hospitalizations, and 3,000 deaths annually. Most illnesses result from improper cooking & holding temperatures, cross contamination, and poor hygiene.

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.

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

2011	2012	2013	2014	Results for Routine Inspections
36	20	14	30	# of Restaurants with Unsatisfactory Inspections > 35 critical points. Critical Violations are high risk activities associated with food borne illness.
311	290	311	282	# of Temporary Food Service Inspections conducted

2011	2012	2013	2014	Food Safety in Our Community
722	699	730	710	Restaurants Permitted Annually
1,147	1,007	898	993	Inspections Conducted (all) Restaurants
454	458	456	438	Temporary Food Service Events Permitted
5,504	6,192	5,835	6,776	Food Workers Educated & Issued Cards
65	27	60	32	Food Safety Complaints Investigated



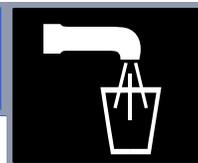
WATER RECREATION



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.

2011	2012	2013	2014	POOLS
183	183	182	185	Water Recreational Facility Permits Issued
352	252	188	226	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.

2011	2012	2013	2014	
3	3	2	4	# of Boil Water Health Advisories
289	284	190	1,304	# of people affected by Advisories
72	71	61	71	New Private Water Sources Evaluated
7	7	4	3	New Public Water Systems Reviewed
17	12	13	23	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: Insure timely investigation and correction of reported septic system failures.

2011	2012	2013	2014	
13	5	9	3	# of Failing septic systems with corrective action initiated within 14 days
203	209	292	294	New Onsite Septic Permits Issued
104	67	71	84	Repair Onsite Sewage Permits
97	83	97	89	Land use applications reviewed
123	120	134	124	Septic Industry Professionals Licensed

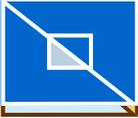
SOLID & HAZARDOUS WASTE



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.

2011	2012	2013	2014	
60	76	65	89	# of Solid Waste Complaints
95%	95%	100%	86%	Solid Waste Complaints Investigated & Resolved
11	11	12	12	Solid Waste Facilities Permitted
42	44	58	48	Solid Waste Facility Inspections Conducted
12	12	16	12	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.

2011	2012	2013	2014	
2	0	0	0	Properties Under Assessment for Meth Lab Contamination
0	0	0	0	Initial Investigations Conducted on Suspected Contaminated Properties
3	0	0	3	Site Hazard Assessments Completed

VITAL RECORDS



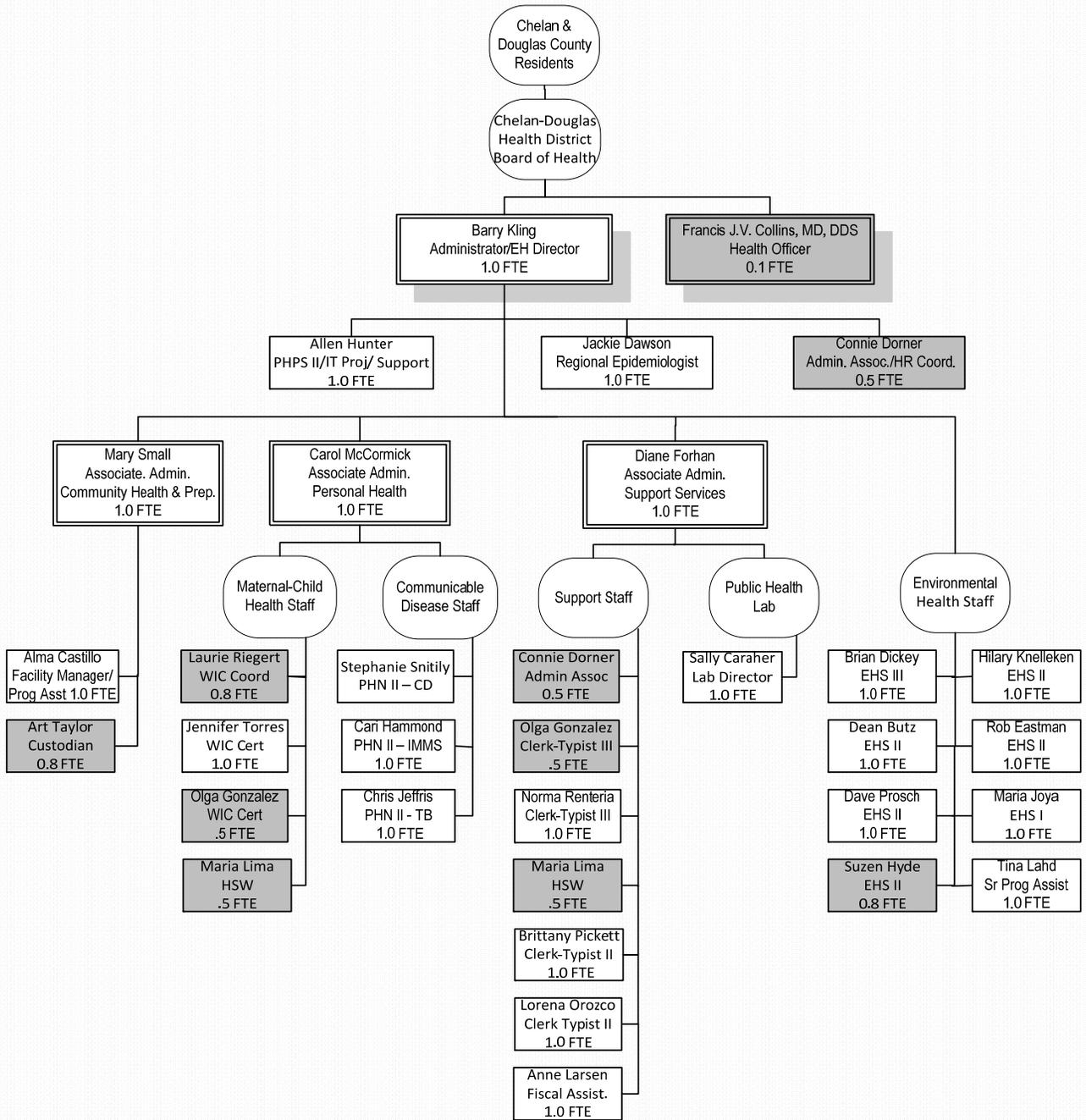
Staff issue local birth and death certificates for the community. The forms are also available on our website for customer convenience. <http://www.cdhd.wa.gov/>

2011	2012	2013	2014	Births and Deaths by the Numbers
8,608	8,458	8,654	8,812	Combined total of birth & death certificates Issued
3,607	3,589	3,448	3,578	# of Birth Certificates Issued
5,001	4,869	5,206	5,234	# of Death Certificates Issued
1,510	1,443	1,393	1,462	Chelan Co—941 / Douglas—521 # of BIRTHS
1,080	1,013	1,086	1,125	Chelan Co—931 / Douglas—194 # of DEATHS



Chelan-Douglas Health District 2014 Organization Chart

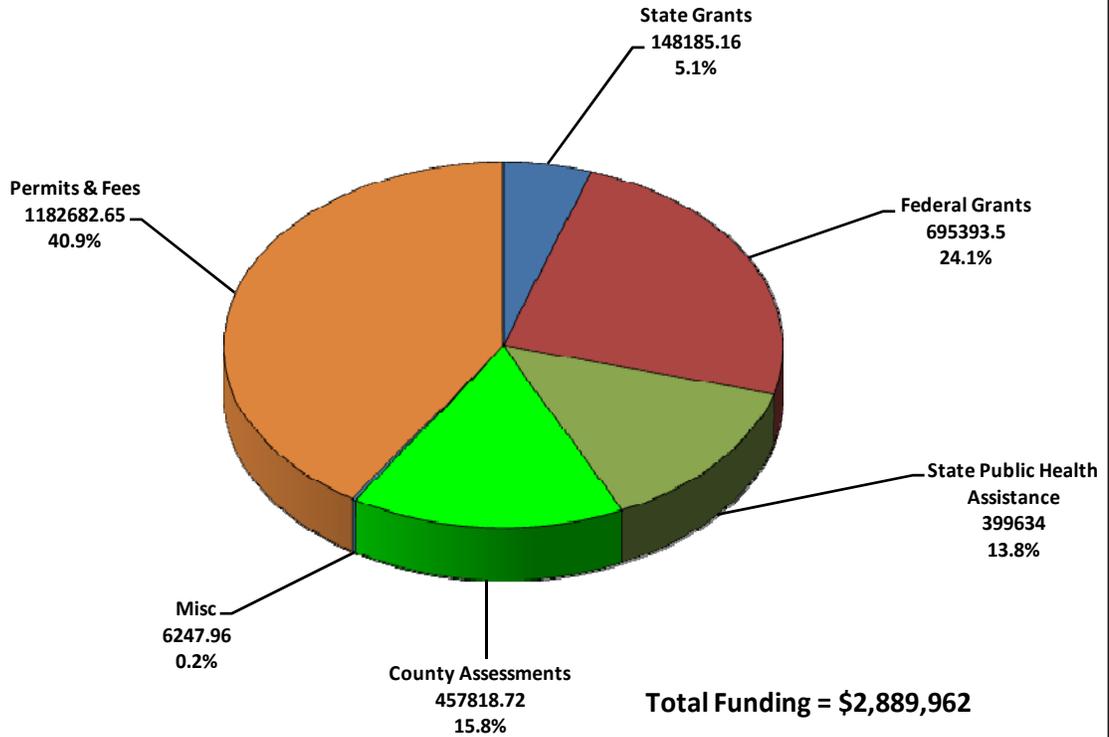
January 8, 2014



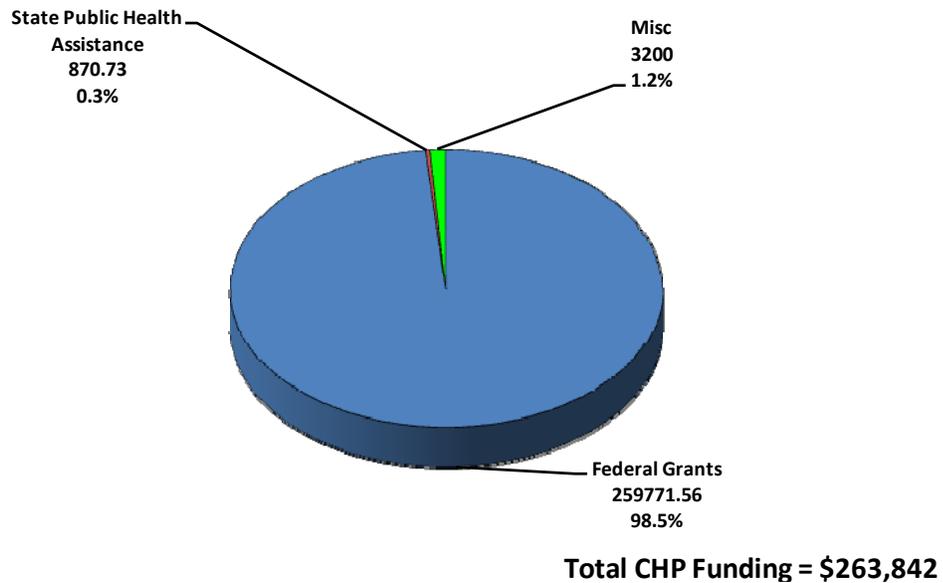
Part-time or Split Positions

S:/Admin/BOH 2014/Org Chart 2014 with Names, FTEs & Job Titles

2014 Agency Funding Sources

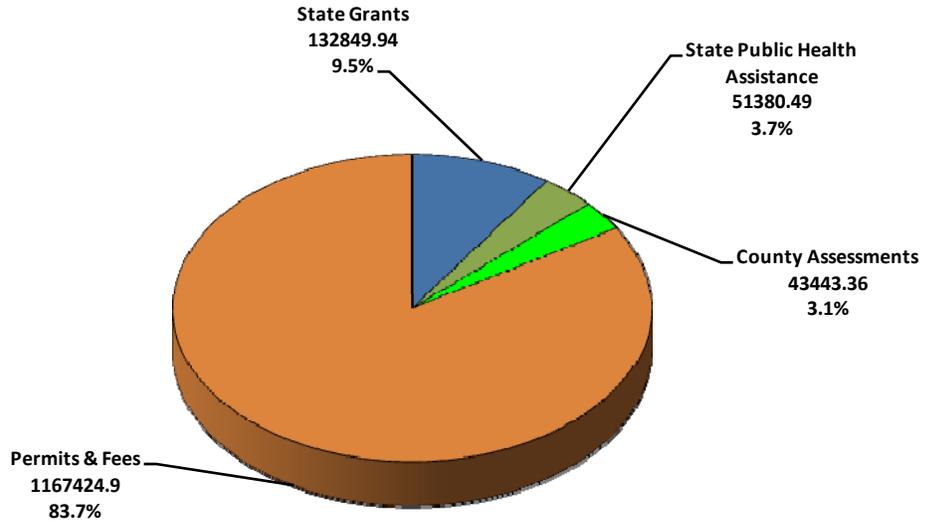


2014 Community Health Preparedness Funding Sources



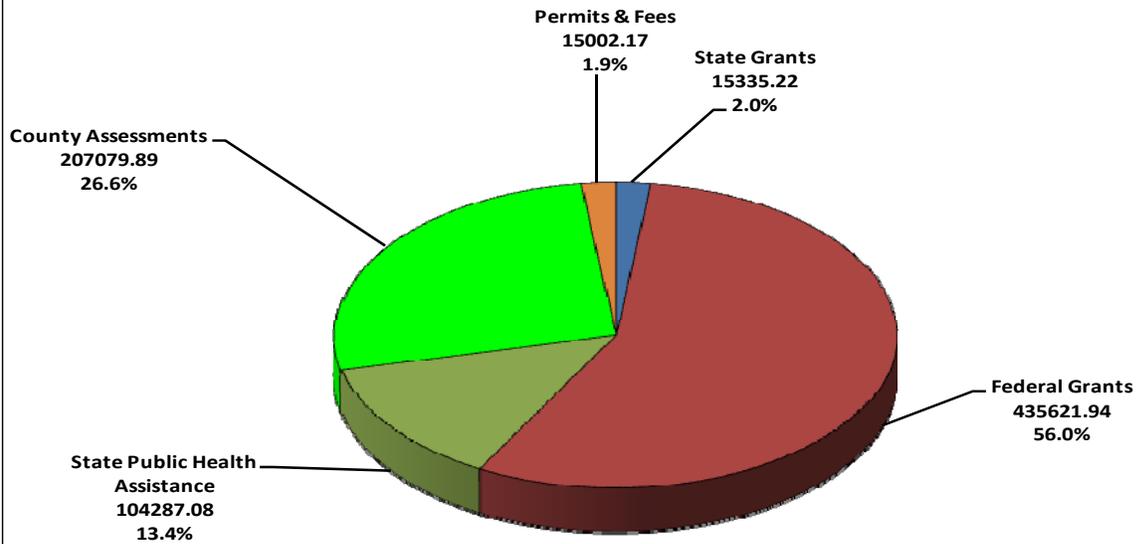


2014 Environmental Health Funding Sources



Total Environmental Health Funding = \$1,395,099

2014 Personal Health Funding Sources



Total Personal Health Funding = \$777,326

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.