



CHELAN DOUGLAS HEALTH DISTRICT

2013 Annual Report

for the Board of Health and Community

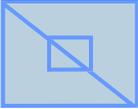


53+ new food establishments



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—11

Environmental Health

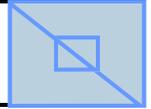
- ◆ Environmental Surveillance 12
- ◆ Lab Services 12
- ◆ Food Protection 13
- ◆ Drinking Water 14
- ◆ Water Recreation—Pools, Spas, & Water parks 14
- ◆ Onsite Septic & Land Use 15
- ◆ Solid & Hazardous Waste 15
- ◆ Chemical & Physical Hazards 16
- ◆ Vital Records 16

Organizational Chart

17

Fiscal Reports

- ◆ **Agency Funding** 18
- ◆ Community Health and Preparedness 18
- ◆ Environmental Health 19
- ◆ Personal Health 19
- ◆ Strategic Plan 20-21

***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.

One reflection of these challenges is the Strategic Plan adopted by our Board of Health in April of 2013. You can see it on the final pages of this annual report.

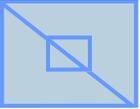
I hope you find this report informative, and will not hesitate to get in touch if you have any questions or concerns about public health in Chelan and Douglas Counties.

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)



STD's remain the highest for number of reported conditions in Chelan and Douglas Counties. Many cases of chlamydia, gonorrhea and syphilis still go undiagnosed and unreported. Resulting in only a fraction of the true burden of STD's in our counties being captured.

STD's are a significant health challenge. CDC estimates that 19 million new STD infections occur every year in this country, nearly

half among young people ages 15–24. Each of these infections is a potential threat to an individual's immediate and long-term health and well-being. In addition to increasing a person's risk for HIV infection, STD's can lead to severe reproductive health complications, such as infertility.

STDs are a serious drain on the U.S. healthcare system, costing the nation about \$17 billion in health care costs every year.

STD's Here	2010	2011	2012	2013
Chlamydia	255	279	374	392
LGV	-	-	1	0
Gonorrhea	4	15	12	20
*Herpes	20	30	26	14
Syphilis	2	0	0	2
HIV—new	8	4	3	4
Total	289	328	416	432

*INITIAL DIAGNOSIS

OTHER COMMUNICABLE DISEASES

TB TUBERCULOSIS

Surveillance data in our two counties show 3 new cases of active TB disease reported in 2013. This includes 1 case of extra-pulmonary TB and 2 infectious TB cases. The 2 pulmonary TB cases resulted in large contact investigations.

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

SURVEILLANCE AND REPORTING



Reported Conditions	2009	2010	2011	2012	2013
Legionella	-	-	1	0	0
Infant Botulism	-	-	1	1	0
Wound Botulism	-	-	-	-	1
Hepatitis A	-	-	-	-	4
Perinatal Hepatitis B Virus	-	-	2	0	0
Neonatal Herpes Simplex	-	-	-	1	0
Cocci	-	-	1	0	0
Relapsing Fever	-	-	1	0	0
Q Fever	-	-	1	0	0
Hepatitis C (chronic)	82	70	58	46	26
Animal Bites with rabies prophylaxis only	x	x	5	6	8
Salmonella	12	13	9	9	4
Giardia	4	10	6	2	9
Campylobacter	6	18	13	12	14
Shigella	2	1	0	2	1
Hepatitis B (chronic)	2	7	5	1	5
Hepatitis B (acute)	-	-	-	1	0
Pertussis	0	1	2	61	14
E. coli (all shiga toxin producing)	1	3	2	3	5
Haemophilus influenzae type b (Hib)	1	0	0	0	1
West Nile Virus	0	1*	0	0	0
Carbapenem-resistant Enterobacteriaceae (CRE)	-	-	-	-	1
Totals	126	169	107	145	93

*Infection acquired out of state

X change made in what is reported

MEASLES

- * Five Chelan County high school residents attended a tennis tournament in Oregon and were exposed to measles. After investigation, it was found all 5 students were fully vaccinated against measles having received two MMR vaccinations.

HEPATITIS A

- * Investigation of a health care worker with hepatitis A who worked while infectious. CDHD worked with the employer to identify patients the case provided care for and reviewed infection control measures that were in place to determine if any patients were exposed. After investigation, no potential exposures were identified.

RABIES EXPOSURE

- * Coordinated with Vancouver BC Interior Health to ensure 2 Vancouver residents who were potentially exposed to rabies while visiting Chelan Co received rabies PEP after returning home to Vancouver.



VACCINE PREVENTABLE DISEASES

CHALLENGES

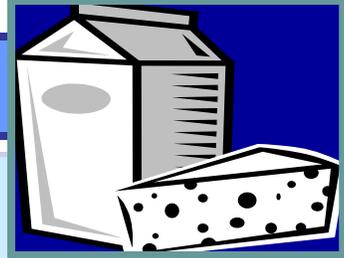
Achieving high immunization rates for our adolescent and adult populations, educating parents about the risks associated with not vaccinating, and assuring access to immunizations for our underserved populations (i.e. people residing in rural areas, under insured and uninsured people) . We continue work 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

2010	2011	2012	2013	Immunization Activities in Our Community
34	29	29	11	# of Public Health Shot Clinics for Seasonal Flu Outreach
7	14	14	15	# of VFC Provider Sites Visited
29	24	17	19	# of Educational Updates for VFC Providers
60	29	36	13	# of Immunization Clinics Held
371	161	142	102	# of Vaccines Given to Children
3,073	675	670	309	# of Adult Vaccinations
3,937	836	117	404	# of Flu Vaccinations Given by PH
-	-	-	4	# 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	
	66%	66%	69%	% of births in Douglas Co. served by WIC
	72%	71%	70%	Douglas Co. WIC families living in poverty
	76%	79%	73%	Douglas Co. % of WIC working families
	68%	65%	63%	% of births in Chelan Co. served by WIC
	78%	74%	71%	Chelan Co. WIC families living in poverty
	79%	82%	79%	Chelan Co. % of WIC working families

1,472 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 \$597,279 for WIC clients to buy healthy foods.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

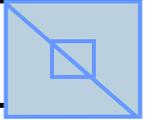
This program provides public health nurse (PHN) visits for children (birth to 18 years of age) who have physical, behavioral or emotional conditions that require services beyond those required by children in general.



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.

2010	2011	2012	2013	Case Management
37	33	18	55	# of New Referrals Received
115	89	48	57	# of Home Visits by PHN
-	23	15	35	# of New Clients
-	45	35	37	# 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.

2010	2011	2012	2013	Oral Health Requires an Early Start
286	84	71	102	# of New ABCD Clients
1,146	707	605	407	# of Children Enrolled in ABCD
6	6	7	7	# of ABCD Dentists
1	0	1	0	# of New ABCD Dentists

The Oral Health Coalition explores access issues for oral health care in our community.

Community Health & Preparedness



PREPAREDNESS ACTIVITIES

2010	2011	2012	2013	Preparedness Systems in Place Were Used
53	57	104	84	# of after hours calls for 24/7 System for the Public and MD's to call PH
6	16	55	93	# of public health alerts sent to health care partners and other partners
1	0	1	1	# of ICS activations for a public health event
3	3	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 **2013** the coalition purchased additional equipment for five 25 bed trailers for use as **medical needs shelters**. Each trailer contains 25 beds and general cache equipment needed to open and operate a shelter. The coalition exercised opening a 75 bed shelter in May of 2013 at Grant County Airport using Regional and County Control Hospital roles under a United Incident Command. A training video was produced for future participants in the healthcare coalition or its exercises to assist in training for ACF activation and roles and responsibilities in a medical surge event.

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 | <ul style="list-style-type: none"> • Emergency Use Satellite Phones & Testing • Pharmaceutical Supplies • Regional Exercises • New Member Orientation | <ul style="list-style-type: none"> • Hospital Equipment • Staff Training • 5 25-Bed Medical Surge Cache Trailers • Region 7 EPI Position |

ALTERNATE CARE FACILITY PLANNING

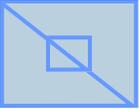
The coalition took action to complete a fifth tier II medical needs trailer for medical surge emergency response. These trailers can be used for local, county, regional or state disaster response needs. The fifth trailer will give us 125 bed surge capacity. The workgroup will work on patient tracking issues, staffing the ACF and getting 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 2013. Almost all hospitals have a great track record for using the system daily, except 2. We will continue to try to improve on the two hospitals that are not keeping up with entering daily data.



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 community.

The 2013 exercise was held in Grant County.

The 2014 exercise will be in Okanogan County.

The 2015 exercise will be in Kittitas County.

In 2016 we will coordinate with State and neighboring Regional partners for a larger scale event building upon the experience of the last several years.



REGION 7 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

Sleep Center Conference Room, 1000 N. Miller St., Wenatchee

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

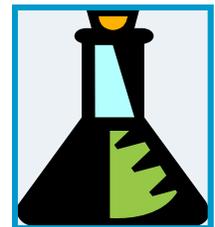
2010	2011	2012	2013	Monitoring Illnesses in Our Community
14	16	23	16	# of calls for WNV or Rabies
10	6	14	12	# of animals tested for Rabies
1	1	1	0	# of animals positive for Rabies
1	1	0	1	# of animals tested for WNV
0	0	0	0	# of positive samples for WNV



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

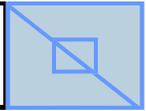


LABORATORY SERVICES



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.

2010	2011	2012	2013	
2,086	1,930	1,854	1,699	Water Samples Analyzed
331	117	32	95	Medical Samples Processed



FOOD SAFETY



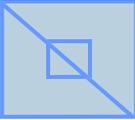
The Center for Disease Control recently estimated that food borne illness results in 48 million illnesses, 128,000 hospitalizations, and 3,000 deaths annually. Most illnesses result from improper cooking & holding temperatures, cross contamination, and poor hygiene.

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.

2010	2011	2012	2013	
42	36	20	14	# of Restaurants with Unsatisfactory Inspections > 35 critical points. Critical Violations are high risk activities associated with food borne illness.
262	311	290	306	# of Temporary Food Service Inspections conducted

2009	2010	2011	2012	2013	Food Safety in Our Community
671	712	722	699	730	Restaurants Permitted Annually
1,142	1,196	1,146	1,007	1,112	Inspections Conducted
358	423	453	458	444	Temporary Food Service Events Permitted
5,506	5,666	5,504	6,192	5,835	Food Workers Educated & Issued Cards
69	61	64	27	60	Food Safety Complaints Investigated



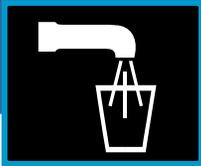
WATER RECREATION



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.

2009	2010	2011	2012	2013	POOLS
184	183	183	183	182	Water Recreational Facility Permits Issued
338	283	352	252	188	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.

2009	2010	2011	2012	2013	
-	0	3	3	2	# of Boil Water Health Advisories
-	0	289	284	190	# of people affected by Advisories
122	75	72	71	61	New Private Water Sources Evaluated
9	8	7	7	4	New Public Water Systems Reviewed
12	30	17	12	13	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.

2010	2011	2012	2013	
12	14	6	13	# of Failing septic systems with corrective action initiated within 14 days
213	203	209	292	New Onsite Septic Permits Issued
56	104	67	71	Repair Onsite Sewage Permits
114	97	83	97	Land use applications reviewed
123	123	120	134	Septic Industry Professionals Licensed

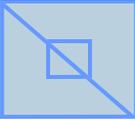
SOLID & HAZARDOUS WASTE



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.

2009	2010	2011	2012	2013	
77	77	60	76	65	# of Solid Waste Complaints
100%	99%	95%	95%	100%	Solid Waste Complaints Investigated & Resolved
12	10	11	11	12	Solid Waste Facilities Permitted
48	40	42	44	58	Solid Waste Facility Inspections Conducted
12	11	12	12	16	Bio-solids Compliance Inspections Conducted
3	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.

2009	2010	2011	2012	2013	
3	4	2	0	0	Properties Under Assessment for Meth Lab Contamination
1	0	0	0	0	Initial Investigations Conducted on Suspected Contaminated Properties
11	6	3	0	0	Site Hazard Assessments Completed

VITAL RECORDS

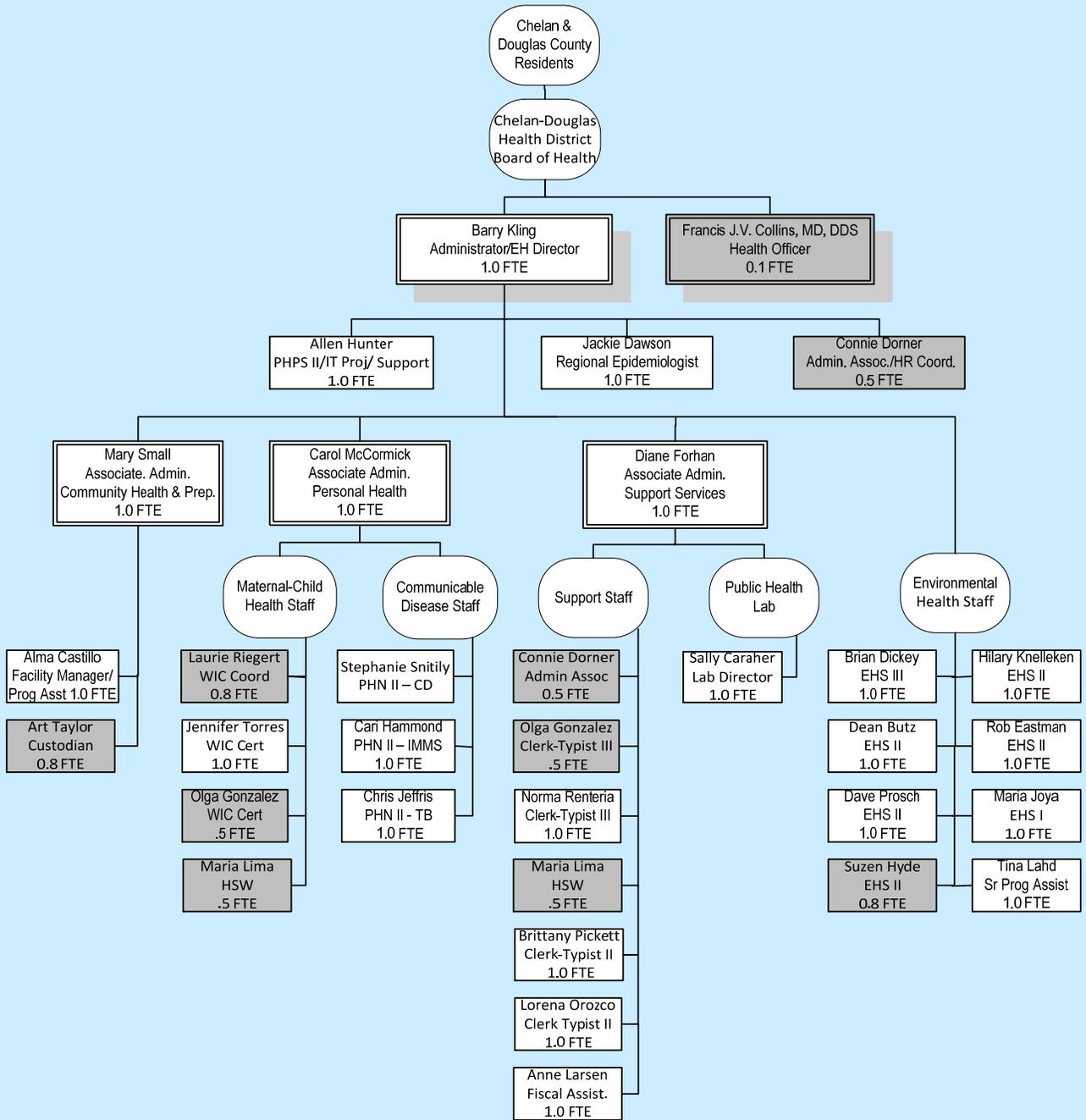


Staff issue local birth and death certificates for the community. The forms are also available on our **website** for customer convenience. <http://www.cdhd.wa.gov/BirthandDeathCertificates.htm>

2010	2011	2012	2013	Births and Deaths by the Numbers
8173	8,608	8,458	8,654	Combined total of birth & death certificates Issued
3,651	3,607	3,589	3,448	# of Birth Certificates Issued
4,522	5,001	4,869	5,206	# of Death Certificates Issued
1,273	1,510	1,443	Not available	# of BIRTHS Numbers will be released by DOH later this year.
986	1,080	1,013	1,086	# of DEATHS

Chelan-Douglas Health District 2014 Organization Chart

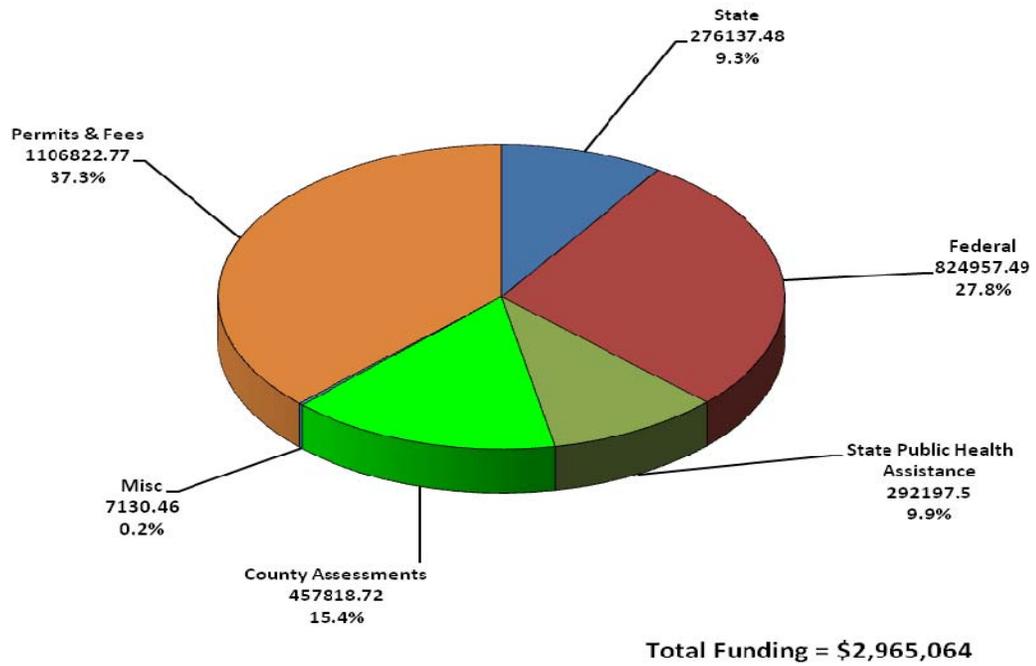
January 8, 2014



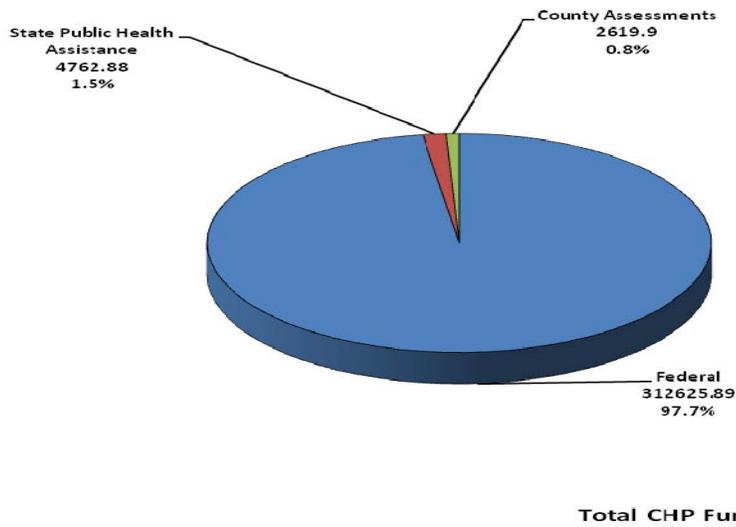
Part-time or Split Positions

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

2013 Agency Funding Sources

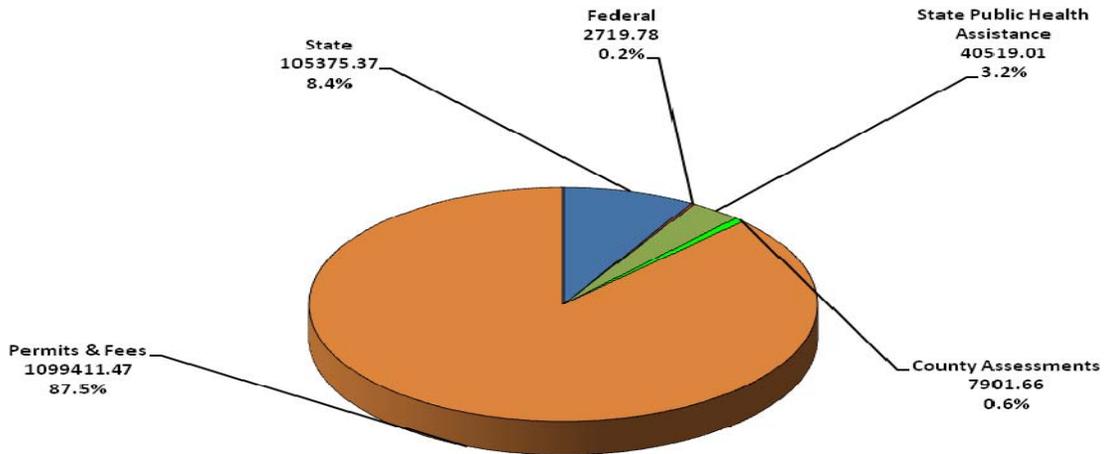


2013 Community Health Preparedness Funding Sources



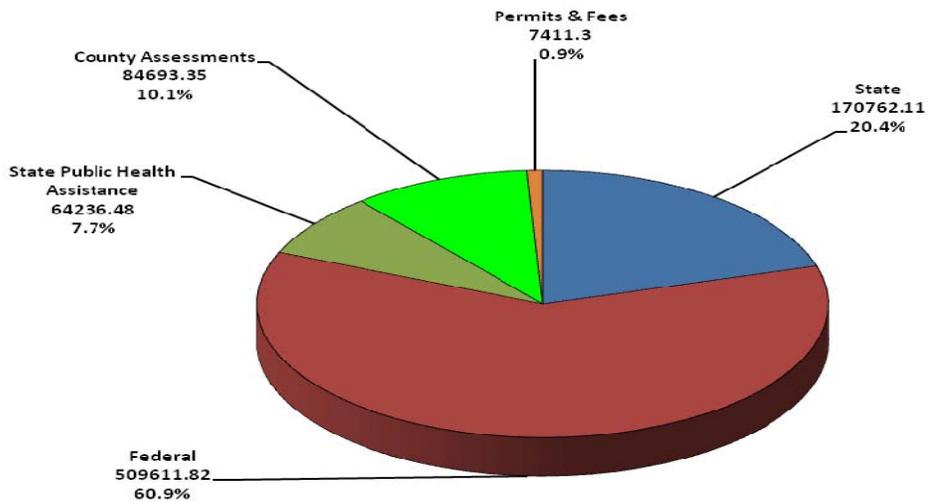


2013 Environmental Health Funding Sources



Total Environmental Health Funding = \$1,255,927

2013 Personal Health Funding Sources



Total Personal Health Funding = \$836,715

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.

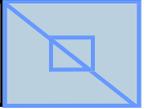
Strategic Initiatives 2013-2018

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.