Local Health
Program Plan Reporting System

Full Program Plan Report
Clay County Health Department
2016 Reporting Year

Transmittal Information

Health Department Name:	Clay County Health Department
Mailing Street Address:	PO Box 36
Mailing City:	Clay
Mailing County:	Clay
Mailing Zip:	25043-0036
Phone:	(304) 587-4269
Fax:	(304) 587-7415
Email Address:	
Website Address:	http://www.cchd.wv.gov

Health Department Type:	Single County
Delivery Street Address:	452 Main Street
Delivery City:	Clay
Delivery County:	
Delivery Zip:	25043

Fiscal Year April 1, 2015 to July 31, 2015

Chairperson

Phone	Fax:	Email:
Chairperson Signature: _____ Joyce McLaughlin		Date: 5/18/2015

Health Officer

Health Officer Signature: _____   Date: 5/18/2015   Dr. Leela Patel

By signing the above, the Clay County Health Department agrees to comply with all applicable state and federal rules, regulations, Department of Health and Human Resources policies and standards.

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Emergency Information

Answering Machine:	Yes	(304) 587-4269
Answering Service:	No	
Office of Emergency Services/911/Communications Center:	Yes	(
On-call Pager or Cell	Yes	

Services

Adult Services	No
Behavioral Health	No
Breast/Cervical Cancer	Yes
Cancer Detection	No
Cardiac	No
Community Health Promotion	Yes
Dental	No
Diabetes	No
Disaster Response	Yes
Environmental Health	Yes
Epidemiology	Yes
Family Planning	Yes
Fluoride	No
General Health	Yes
Health Check	No
HIV/AIDS	Yes
Home Health	No
Hypertension	No
Immunization	Yes
Lab	Yes
Lead	Yes
Pediatric	No
Prenatal	No
Right from the start	Yes
School Health	No
Sexually Transmitted Disease	Yes

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Services

Threat Preparedness	Yes
Tobacco	Yes
Tuberculosis Services	Yes
WIC	Yes

Fees

Clinical Fee	Yes
Environmental Permit Fee	Yes
Environmental Service Fees	Yes

Mission Statement

Our team of professionals provides resources to prevent adverse health effects from disease outbreaks, unsafe food and water, environmental hazards, injuries, chronic diseases, and risky health behaviors; promote health; and protect people from health problems and hazards that already exist.

Hours of Operations

Monday	8:00 AM - 4:00 PM
Tuesday	8:00 AM - 4:00 PM
Wednesday	8:00 AM - 4:00 PM
Thursday	8:00 AM - 4:00 PM
Friday	8:00 AM - 4:00 PM
Saturday	Closed
Sunday	Closed

Activities outside normal hours of operation
None

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Other Facilities

Location Name:	
Address:	
City:	
State:	
Zip:	
Contact Name:	
Hours:	

Combined Health Department

Health Department Name:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Sunday:	

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Financial Information

Projected Budget Information

Funding Source	Projected Revenue
State Revenue	$125,674.00
Direct County Commission	$0.00
County Levy	$0.00
City Levy	$0.00
Municipalities	$0.00
Board of Education	$5,000.00
Clinical Service Revenue	$48,216.00
Environmental Fee Permits	$6,000.00

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Projected Budget Information

Funding Source	Projected Revenue
Environmental Fee Services	$3,100.00
Federal Revenue	$860,348.00
Additional Revenue	$22,600.00
Total:	$1,070,938.00

Projected Expenditures

Expense	Amount
Classified Service Personnel	$695,004.16
Current Operating Expenditures	$379,810.84
Capital Outlay Expenditures	$0.00
Total:	$1,074,815.00

Additional Revenue Sources Information

Funding Source Description	Projected Revenue Amount
Interest	$4,500.00
Building Use Fee for FRN	$3,000.00
Building Use Fee for Dr Magley	$1,100.00
Ambulance Service Portion of Utilities	$14,000.00
Total:	$22,600.00

Projected Budget Information Continued

Actual Ending Balance:	$282,719.00
Number of FTE's (Full-time Equivalent):	18.65
Current Investments:	$500,000.00
Accounting Software Program:	QuickBooks
Other Accounting Software Program:	
Software Year:	2014

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	Personnel	Facility	Utilities	Other	Total
County	$0.00	$0.00	$0.00	$0.00	$0.00
Municipality	$0.00	$0.00	$0.00	$0.00	$0.00
Board of Education	$0.00	$0.00	$0.00	$0.00	$0.00
Other	$0.00	$0.00	$0.00	$0.00	$0.00
Total	$0.00	$0.00	$0.00	$0.00	$0.00

Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Adult Services	$0.00
Behavioral Health	$0.00
Breast/Cervical Cancer	$300.00
Cancer Detection	$0.00
Cardiac	$0.00
Community Health Promotion	$1,000.00
Dental	$0.00
Diabetes	$0.00
Disaster Response	$0.00
Environmental Health	$28,000.00
Epidemiology	$0.00
Family Planning	$0.00
Fluoride	$0.00
General Health	$0.00
Health Check	$0.00
HIV/AIDS	$877.00
Home Health	$0.00
Hypertension	$0.00
Immunization	$22,519.00
Lab	$0.00
Lead	$0.00
Office Management and Administration	$130,413.00
Other	$0.00
Pediatric	$0.00

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Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Prenatal	$0.00
Right from the Start	$47,376.00
School Health	$1,000.00
Sexually Transmitted Diseases	$3,000.00
Threat Preparedness	$35,594.00
Tobacco	$94,000.00
Tuberculosis Services	$2,500.00
WIC	$708,236.00
Total:	$1,074,815.00

Statewide Chart of Accounts

Has your local health department completed and audit within the last fiscal year?	Yes
If no, please provide a detailed description of the steps your agency has taken to secure an audit in the box below.	
In your most recent audit were you required to submit a "Corrective Action Plan"? If yes, please submit documentation.	Yes
Does your health department expend $500,000 or more in federal funding?	Yes

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Contacts by Position

Position	Name
Administrator	Angela Brown
Primary Nursing Contact	Judy Buzzard
Health Officer	Dr. Leela Patel
Equipment and Information Technology Contact	Robin Childress
Financial Management Contact	Angela Brown
Environmental Health Contact	Ezra Cliver
Health Promotion Contact	April Taylor
Epidemiology Contact 1	April Taylor
Epidemiology Contact 2	Angela Brown
Rabies Contact	Ezra Cliver
Sexually Transmitted Disease Contact	April Taylor
Human Immunodeficiency Virus Contact	April Taylor
Tuberculosis Contact	Angela Brown
Vaccine Preventable Disease Contact	Angela Brown
Smallpox Contact	Angela Brown
West Virginia Electronic Disease Surveillance System Contact	Robin Childress
Threat Preparedness Coordinator	April Taylor
Threat Preparedness Back-up	Angela Brown
Strategic National Stockpile Coordinator	April Taylor
Strategic National Stockpile Back-up	Judy Buzzard
Volunteer Coordinator	Robin Childress
Volunteer Coordinator Back-up	April Taylor
Risk Communication Coordinator	Robin Childress
Risk Communication Coordinator Back-up	Angela Brown
Responder Health & Safety Coordinator	Judy Buzzard
Responder Health & Safety Coordinator Back-up	Jack Fields
Health Alert Network Coordinator	Angela Brown
Health Alert Network Coordinator Back-up	April Taylor

Salary & FTE by Employee Listing

Name	Monthly Salary	Percent FTE

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-- Vacant --	$0.00	0.00
Angela Brown	$4,134.90	0.80
Robin Childress	$1,982.93	1.00
Judy Buzzard	$3,147.00	1.00
April Taylor	$2,168.29	1.00
Jack Fields	$2,571.45	1.00
Ezra Cliver	$2,076.00	0.60
Dr. Leela Patel	$2,500.00	0.05
Carrie Adkins	$1,673.00	1.00
Donna Davenport	$2,080.00	1.00
Ruby Fitzwater	$2,600.00	0.10
Cadance Fowler	$2,646.83	1.00
Marcie Honaker	$1,546.00	0.80
Jessica Waid	$1,546.00	1.00
Brenda Young	$3,417.00	1.00
Nancy Workman	$1,906.66	0.40
Sharon Hubbard	$1,906.66	0.20
Emma Ladd Bird	$3,850.00	0.60
April Lloyd	$3,349.00	1.00
Fonda Love	$2,175.00	1.00
Rosemary McNabb	$1,546.13	0.40
Susan Micheli	$2,426.67	1.00
Terra Nottingham	$1,546.00	0.60
Vanessa Stapleton	$1,906.67	1.00
Cheryl Jackson	$3,529.17	1.00
Amanda Criner	$1,906.67	0.40
Total	$60,138.03	18.95

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Communicable Disease

Immunization Services

1	Does your local health department report all immunizations administered to children 0-18 years of age every two weeks as required by 64C SR7?	Yes
2	Does your local health department document VFC eligibility (or lack thereof) in the immunization records entered into WVSIIS, either through direct data entry into WVSIIS or through the HealthStat 2000 system for export into WVSIIS?	Yes
3	Does your local health department conduct case management activities related to infants born to HBsAg positive mothers and report findings to the Division of Immunization Services in a timely manner?	Yes
4	Does your local health department report vaccine doses administered and vaccine doses on-hand by the fifth business day of each month?	Yes
5	Does your local health department submit a completed temperature log by the fifth business day of each month?	Yes
6	Does your local health department submit a quarterly report documenting progress toward meeting the objectives outlined in the Immunization Action Plan within 15 days of the end of each quarterly reporting period?	Yes
7	Has your Local Board of Health been apprised of the BPH recommendation to adopt or expand a private vaccine purchasing and billing system which would require the LHD to bill third party payers and individuals (on sliding fee scale) for some out-of-pocket payment?	Yes
8	Has your Local Board of Health indicated any concern or unwillingness regarding the development or expansion of such a private vaccine immunization program?	Yes
9	If you answered No or NA to any question, please explain: Question 8: CCBoH is always looking to expand services but we cannot buy all the various types of immunization to maintain private stock due to cost. Clay County has a high rate of Medicaid eligible children. There is a very small portion that carries private insurance, of those children, nearly all are immunized at their pcp. CCHD cannot buy private stock and administer them prior to the vaccines expiring and loss the cost.	

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STD, HIV and Hepatitis

1	Does your local health department collaborate with Disease Intervention Specialists (DIS) in investigating and assuring treatment for all syphilis, gonorrhea and Chlamydia cases (including all clinical cases i.e., all positives, all symptomatic, and all contacts of a known positive case) according to 2010 CDC STD Treatment Guidelines.	Yes
2	Does your local health department complete and submit the HIV/AIDS Confidential Case Report on all newly diagnosed HIV/AIDS cases to the West Virginia Division of STD/HIV and Hepatitis in a confidential, postage-paid envelope.	Yes
3	Does your local health department routinely recommend syphilis and HIV testing to all individuals who have tested positive for an STD?	Yes
4	Does your local health department offer HIV/AIDS testing and counseling including posttest counseling and referral on all HIV/AIDS positive cases?	Yes
5	Does your local health department complete and submit VD 91 (confidential morbidity and treatment report) on all positive Chlamydia, gonorrhea and syphilis cases.	Yes
6	Does your local health department routinely schedule appointments for individuals to return for their test results?	Yes
7	Does your local health department identify and investigate hepatitis B cases, including partner management.	Yes
8	If you answered No or NA to any question, please explain:	

Tuberculosis Elimination

1	Does your local health department provide directly observed therapy to all active TB patients?	Yes
2	Does your local health department perform a TB risk assessment prior to testing on all individuals presenting for tuberculin screening/testing?	Yes
3	Does your local health department evaluate, treat and report to TB Elimination all immigrants and refugees designated as Class A, B1 or B2?	Yes

4	Does your local health department perform HIV counseling and testing for all active and latent TB patients?	Yes
5	Does your local health department interview the patient (or their proxy) and start a contact investigation within 3 days of notification of a pulmonary/laryngeal case of TB?	Yes
6	Local health department personnel will participate in the Cohort Review Process for all active TB cases within their jurisdiction.	Yes
7	Does your local health department submit all required reports when they are due to the Division of TB Elimination? (All required reports may be found on WV-DTBE webpage @ www.dhhr.wv.gov/oeps/tuberculosis).	Yes
8	If you answered No or NA to any question, please explain:	

Infectious Disease Epidemiology

1	Does your local health department use WVEDSS to report all infectious diseases?	Yes
2	Does your local health department report all outbreaks to DIDE within one hour of notification?	Yes
3	Does your local health department report infectious diseases, complete the investigation, and submit for review within one month of notification?	Yes
4	Does your local health department actively participate in all outbreak investigations?	Yes
5	Does your local health department complete animal bite investigations within 30 days of report; and does your health department manage animal bites in accordance with standards in the current DC-4?	Yes
6	Does your local health department have an influenza sentinel provider that consistently reports throughout the season?	Yes
7	Does your local health department identify, investigate, and manage hepatitis B cases according to the BPH Hepatitis B protocol, including partner management?	Yes

| 8 | If you answered No or NA to any question, please explain: | |

Feedback / Ideas

| 1 | We invite your ideas on how we could better support your local health department in performing your job. (For example, specific trainings, technical assistance, supplies, process changes, things you like and don't want changed, etc.): | |

Health Promotion

Community Health Needs Assessment

1	Was a formal community health needs assessment completed in your county within the past 5 years?	True
2	If yes, enter the year the assessment was completed.	2013
3	If yes, when do you plan to start your next assessment?	3/1/2017
4	If no, within this fiscal year, when do you expect a community health needs assessment to be completed?	
5	If no, describe plans to complete the community health needs assessment and include a time line of these actions.	
6	List one to five priority health areas from the community health needs assessment that you plan to address: (minimum of one required) Health Promotion Access to healthcare	

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Community Health Implementation Plan

Priority Area:	Health Promotion
Objective:	Continue to promote health through education and prevention
Activity	BC Awareness Walk; Childhood Cancer Awareness Activities; Community Fitness Activities; health fair, immunizations

Priority Area:	Access to Healthcare
Objective:	Expand access to healthcare within Clay County
Activity	business development Plan to expand health department services; collaborate with community partners to expand services offered

Training and Technical Assistance Needs

1	List Training and Technical Assistance Needs

Environmental Health

Disaster / Disease

	Establishment or Discipline	Number	Inspections
1	Tattoo Studio:	1	1 every Year
2	Body Piercing Studio:	0	0 every Year

Food

	Establishment or Discipline	Risk Based Inspections Conducted?	Number	Inspections
1	Food Establishment:	Yes	30	60 every Year

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	Establishment or Discipline	Number	Inspections
1	Milk Samples:	0	
2	Vending Machines:	0	0 every Year
3	Temporary Food Facilities:	20	20

Housing / Institutions

	Establishment or Discipline	Number	Inspections
1	Bed and Breakfast	0	0 every Year
2	Child Care Facilities	1	2 every Year
3	Home Loan Evaluations	0	
4	Institutions	0	0 every Year
5	Labor Camps	0	0 every Year
6	Manufactured Home Communities	0	0 every Year
7	Motel/Hotel/Lodging	1	1 every Year
8	Other Care Facilities	1	1 every Year
9	Schools	6	6 every 2 Years

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Recreation

	Establishment or Discipline	Number	Inspections
1	Campground	0	0 per Season
2	Fairs/Festivals/Mass Gatherings	2	2 per Event
3	Recreational Water Facilities	1	2 per Season
4	Organized Camps	0	0 per Year
5	Parks/Forests	0	0 per Year

Sewage

	Establishment or Discipline	Number
1	Alternative System	2
2	Home Aeration Unit	0
3	Standard Individual Systems	35
4	Sewage Tank Cleaners	2

Water

	Establishment or Discipline	Number
1	Individual Supply	6

Permit Fees

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Permit Fees

	Permit	Fee for Permit as of July 1
1	Permit Late Fee Charged	False
2	Bed And Breakfast Fee	$0.00
3	Mass Gathering (includes fairs, festivals, concerts) Fee	$0.00
4	Care Facilities Fee	$0.00
5	School (Physical) Fee	$0.00
6	Mobile Food Unit Fee	$25.00
7	Organized Camp Fee	$75.00
8	Recreational Water Facility Fee	$50.00
9	Retail Food Store (1 Checkout) Fee	$30.00
10	Retail Food Store (2 Checkouts) Fee	$60.00
11	Retail Food Store (3 Checkouts) Fee	$90.00
12	Retail Food Store (4 Checkouts) Fee	$120.00
13	Retail Food Store (5 Checkouts) Fee	$150.00

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Permit Fees

14	Retail Food Store (6 or More Checkouts) Fee	$180.00
15	Temporary Food Service Establishment Fee	$25.00
16	Vending Machine Permits Fee	$0.00
17	Water Well Permits Fee	$62.50
18	Campground Permits (1-10 Sites) Fee	$50.00
19	Campground Permits (11-14 Sites) Fee	$50.00
20	Campground Permits (15 Sites) Fee	$50.00
21	Campground Permits (20 Sites) Fee	$50.00
22	Campground Permits (25 Sites) Fee	$50.00
23	Campground Permits (30 Sites) Fee	$50.00
24	Campground Permits (35 Sites) Fee	$50.00
25	Campground Permits (40 Sites) Fee	$100.00
26	Campground Permits (45 Sites) Fee	$100.00
27	Campground Permits (50 Sites) Fee	$100.00

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Permit Fees

28	Campground Permits (55 Sites) Fee	$100.00
29	Campground Permits (60 Sites) Fee	$100.00
30	Campground Permits (65 Sites) Fee	$100.00
31	Campground Permits (70 Sites) Fee	$100.00
32	Campground Permits (75 Sites) Fee	$100.00
33	Campground Permits (80 Sites) Fee	$150.00
34	Family Day Care (7-12 Children) Fee	$30.00
35	Day Care Centers (13-25 Children) Fee	$30.00
36	Day Care Centers (>25 Children) Fee	$30.00
37	Food Service Establishment (Seating 0-20) Fee	$50.00
38	Food Service Establishment (Seating 21-50) (old 21-35) Fee	$50.00
39	Food Service Establishment (Seating 21-50) (old 36-50) Fee	$100.00
40	Food Service Establishment (Seating 51-80) (old 51-75) Fee	$100.00
41	Food Service Establishment (Seating 51-80) (old 76-80) Fee	$150.00

Permit Fees

42	Food Service Establishment (Seating Over 80) Fee	$150.00
43	Food Service Establishment w/ Liquor add Fee	$0.00
44	Hotel/Motel (0-20 Rooms) Fee	$50.00
45	Hotel/Motel (21-50 Rooms) (old 21-35) Fee	$50.00
46	Hotel/Motel (21-50 Rooms) (old 36-50) Fee	$100.00
47	Hotel/Motel (51-80 Rooms) (old 51-75) Fee	$100.00
48	Hotel/Motel (51-80 Rooms) (old 76-80) Fee	$150.00
49	Hotel/Motel (Over 80 Rooms) Fee	$150.00
50	Individual, Innovative & Alternative Sewage Systems - Conventional Single Family Dwelling Fee	$125.00
51	Individual, Innovative & Alternative Sewage Systems--All other types Fee	$125.00
52	Manufactured Home Communities (Up to 20 Sites) Fee	$62.50
53	Manufactured Home Communities (25 Sites) Fee	$62.50
54	Manufactured Home Communities (30 Sites) Fee	$62.50
55	Manufactured Home Communities (35 Sites) Fee	$62.50

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Permit Fees

56	Manufactured Home Communities (40 Sites) Fee	$125.00
57	Manufactured Home Communities (45 Sites) Fee	$125.00
58	Manufactured Home Communities (50 Sites) Fee	$125.00
59	Manufactured Home Communities (55 Sites) Fee	$125.00
60	Manufactured Home Communities (60 Sites) Fee	$125.00
61	Manufactured Home Communities (65 Sites) Fee	$125.00
62	Manufactured Home Communities (70 Sites) Fee	$125.00
63	Manufactured Home Communities (75 Sites) Fee	$125.00
64	Manufactured Home Communities (80 Sites) Fee	$175.00
65	Subdivisions (1-5 Lots) Fee	$0.00
66	Subdivisions (6-10 Lots) Fee	$0.00
67	Subdivisions (11 Lots) Fee	$0.00
68	Subdivisions (12 Lots) Fee	$0.00
69	Subdivisions (13 Lots) Fee	$0.00

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Permit Fees

70	Subdivisions (14 Lots) Fee	$0.00
71	Subdivisions (15 Lots) Fee	$0.00
72	Subdivisions (16-18 Lots) Fee	$0.00
73	Subdivisions (19-23 Lots) Fee	$0.00
74	Subdivisions (24 Lots) Fee	$0.00
75	Subdivisions (25 Lots) Fee	$0.00
76	Subdivisions (26 Lots) Fee	$0.00
77	Subdivisions (27 Lots) Fee	$0.00
78	Subdivisions (28 Lots) Fee	$0.00
79	Subdivisions (29 Lots) Fee	$0.00
80	Subdivisions (30 Lots) Fee	$0.00
81	Tattoo Studios Fee	$200.00
82	Body Piercing Studio Fee	$200.00
83	Sewage Cleaning Trucks Fee	$50.00

Service Fees

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Service Fees

	Service	Fee for Service as of July 1
1	Duplicate Foodhandler's Card Fee	$0.00
2	Food Worker Training-food handler's card- Volunteer/non-profit Fee	$10.00
3	Food Worker Training--food handler's cards Fee	$10.00
4	Campground Re-Inspection Fee	$25.00
5	Child Care Center Re-Inspection Fee	$25.00
6	Food Establishment Re-Inspection Fee	$25.00
7	Hotel/Motel/ Lodging Re- Inspection Fee	$25.00
8	Manufactured Home Community Re-Inspection Fee	$25.00
9	Recreational Water Facilities Re-Inspection Fee	$25.00
10	School Re-Inspection Fee (physical plant only) Fee	$0.00
11	Sewage Re-Inspection Fee	$25.00
12	Tattoo Studio/ Body Piercing Studio Re-Inspection Fee	$35.00
13	Food Establishment Plan Review Fee (0-35 Seating Capacity) Fee	$75.00

Service Fees

14	Food Establishment Plan Review Fee (36-75 Seating Capacity) Fee	$75.00
15	Food Establishment Plan Review Fee (76 and Over Seating Capacity) Fee	$75.00
16	Other Facilities Plan Review Fee Fee	$0.00
17	Home Loan Evaluations-Individual Water Wells Fee	$40.00
18	Home Loan Evaluations-Sewage Only Fee	$60.00
19	Home Loan Evaluation -Water & Sewage Fee	$90.00
20	Home Loan Evaluation -New Installation Fee	$0.00
21	Home Loan Evaluations-Additional Visits Fee	$40.00
22	Home Loan Evaluations-Sanitarian Fee Fee	$0.00
23	Individual Water Samples Fee	$40.00
24	Individual Water Sample Follow-up/Re-sample Fee	$0.00
25	Subdivision Site Inspection Fee	$0.00
26	Subdivision Consultation (No Charge if accompanied with a permit) Fee	$0.00
27	Homeowner Installer's Test Fee	$0.00

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Service Fees

28	Community Water Consultation (No Charge if accompanied with a permit) Fee	$0.00
29	Health Education Fee	$25.00
30	Consultative Services (normally done in the field) Fee	$25.00
31	School Lunch Inspections Fee	$0.00
32	School Physical Inspections Fee	$0.00
33	Indoor Air Quality Evaluation (excluding cost of sample collection and/or analysis) Fee	$0.00
34	Nuisance Complaint Investigation Fee	$0.00
35	Animal Specimen/Rabies Testing (including head removal) Fee	$0.00
36	Animal Bite Inspections Fee	$0.00
37	Duplicate Permit Fee	$10.00
38	Change of Installer Fee	$0.00
39	Permit Re-Issue Fee	$0.00
40	Food handlers card 3-year profit or non-profit Fee	$0.00
41	Septic tank perc test inspection Fee	$0.00

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Service Fees

42	Septic tank final inspection Fee	$0.00
43	Field visit 2 hours (currently food handler class on-site) Fee	$0.00
44	DEP Sewage Tank Registration-that portion returned to LHD Fee	$15.00

Threat Preparedness

Primary Location:

Clay county Dept of Highways

Triplett Ridge Rd

Clay, WV 25043

(304) 587-4241

Additional Location:

Clay County 911 Center

Main Street

Clay, WV 25053

(304) 587-2019

Feedback / Ideas

Promising Practices

Promising Practice #1

Topic Area

☐ Community Health Assessment/Surveillance
☐ Communicable Disease Prevention/Control
☐ Chronic Disease Prevention
☐ Environmental Health Protection

☐ Administrative
☐ Emergency Preparedness
☐ Other

Specific Issue Addressed

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Brief Description of Activity/Project

Impact/Outcome

Promising Practice #2

Topic Area

☐ Community Health Assessment/Surveillance   ☐ Administrative

☐ Communicable Disease Prevention/Control   ☐ Emergency Preparedness

☐ Chronic Disease Prevention   ☐ Other

☐ Environmental Health Protection

Specific Issue Addressed

Brief Description of Activity/Project

Impact/Outcome

Promising Practice #3

Topic Area

☐ Community Health Assessment/Surveillance   ☐ Administrative

☐ Communicable Disease Prevention/Control   ☐ Emergency Preparedness

☐ Chronic Disease Prevention   ☐ Other

☐ Environmental Health Protection

Specific Issue Addressed

Brief Description of Activity/Project

Impact/Outcome