



Public Health
Prevent. Promote. Protect.

North Central Public Health District
"Caring For Our Communities"

North Central Public Health District Board of Health Meeting

September 13, 2016
3:00 PM
Meeting Room @
NCPHD

AGENDA -

1. **Minutes**
 - a. No minutes to approve
 - b. Set Next Meeting Date (10/11/2016)
2. **Additions to the Agenda**
3. **Public Comment**
4. **Unfinished Business**
 - a. Status of Accreditation
 - b. Staffing Update
 - c. CHA-CHIP Update
5. **New Business**
 - a. Status of Electronic Health Record & Health Information Exchange
 - b. Program Updates
 - c. Air Quality
 - d. Status of Annual Report
 - e. County Funding Analysis
 - f. Unaudited 2016 Year-End Analysis
 - g. Review of A/P checks issued (July 2016 & August 2016)
 - h. Contracts
 - i. Pauly, Rogers, & Co
 - ii. OHSU – Knight Cancer Institute Award Agreement (Step It Up! The Dalles)
 - iii. LCAC IGA
 - i. Director's Report

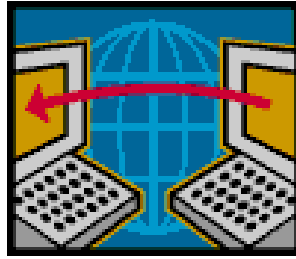
Note: This agenda is subject to last minute changes.

Meetings are ADA accessible. If special accommodations are needed please contact NCPHD in advance at (541) 506-2626. TDD 1-800-735-2900. NCPHD does not discriminate against individuals with disabilities.

If necessary, an Executive Session may be held in accordance with: ORS 192.660 (2) (d) Labor Negotiations; ORS 192.660 (2) (h) Legal Rights; ORS 192.660 (2) (e) Property; ORS 192.660 (2) (i) Personnel

NORTH CENTRAL PUBLIC HEALTH DISTRICT

Health Information Exchange and Electronic Health Record History and Current Status



7/2/2009	Kathi Hall attends a meeting at MCMC where community partners discussed the value and possible applications of an electronic regional health information system.
6/16/2010	Gorge Health Connect is incorporated; Brian Ahier, representing MCMC, was elected President, Kathi Hall, representing NCPHD, was elected as a member of a nine member board. Other agencies represented on the board were MCMC, CGCC, La Clinica Del Carino, Mid Columbia Center for Living, Columbia River Women’s Clinic, Providence Memorial Hospital, Mid Columbia Surgical Specialists, and Hood River County Health Department.
2010	NCPHD’s client billing and data collection software, Ahlers, did not have the capacity to meet meaningful use. In order to meet meaningful use, NCPHD sent out an RFP for an electronic medical record software vendor.
2011	Gorge Health Connect partners with Medicity to provide the platform for direct access through the iNexx application. Gorge Health Connect (GHC), participated in a Direct Project Pilot, one of the first in the nation, which is an important step in realizing the Federal government’s goal of a connected healthcare system that encompasses all providers. GHC is now the recipient of a Federal grant from NIST to provide identity management solutions. Initial scope of the pilot is to provide a mechanism for organizations and providers within the Gorge Health Connect community to exchange clinical information using Direct project specifications. Later phases of the Pilot will include organizations external to Gorge Health Connect but that exchange clinical information via Referrals or visiting providers affiliated with other organizations.
May 2011	The NCPHD selection committee selected Netsmart’s Insight solution for health departments. NCPHD continued to send data to Ahlers for data collection and reporting to the OHA as required by OHA contract.
2012	GHC partners with Resiliant to participate in a pilot project to achieve security and privacy through zero knowledge identify & privacy protection service.
10/23/2012	Attested for CMS meaningful use funds for Tracy Willet – Year one (adopt). Was awarded \$21,250.00
4/4/2013	Kathi Hall became Secretary of GHC, Inc.
5/7/2013	Attested for CMS meaningful use funds for Vern Harpole – Year one (adopt). Was awarded \$21,250.00
6/11/2014	GHC Board discussed JHIE proposal to accept GHC assets.
11/30/2014	Attested for Vern Harpole – Year one. \$8,500.00
6/30/2015	Attested for Vern Harpole – Year two. \$8,500.00
2015	Final transfer of all assets from GHC to JHIE

EHR = black
HIE = blue

AMERITIES – Summary of Concerns and Questions from Wasco County Public Works (8/31/16)

Why is the smell so strong on some days? Naphthalene is the main smell associated with operations at AmeriTies-West. The smell is similar to what mothballs smell like, and the human nose can detect it very easily. Naphthalene odors happen when wood is pressure treated and when the treated ties are left outside to dry. Odors also happen when some equipment (pressure treating cylinders) are open and closed. Odors may also be stronger in different weather patterns (wind, inversion, heat).

What are the health effects and symptoms? For some people odors can cause health symptoms. Some symptoms include headache, dizziness, burning nose or throat, watery eyes, and stress. However, just because we sense an odor does not mean that we are being exposed to toxic amounts of chemicals. In general, we can smell many hazardous substances before they are at harmful levels. To learn more about odors and smell, please reference OHA's [Odors and Your Health](#) factsheet.

What are the short and long term exposure risks? Creosote releases components known as volatile organic compounds (VOCs) and polycyclic aromatic hydrocarbons (PAHs). Some of them are hazardous to the environment and human health. At and around AmeriTies, an ingredient of creosote that is being released into the air is naphthalene. People are most likely to be exposed to naphthalene by breathing in the vapors. Naphthalene is also found in cigarette smoke, car exhaust, and smoke from forest fires. It is also used as an insecticide and pest repellent. The U.S. Environmental Protection Agency (EPA) has classified naphthalene as a possible human carcinogen, based on animal studies.

Are there vulnerable populations? Children can be more sensitive to contaminants in air than adults because they breathe more air for their body size and are going through critical stages of development. The air quality goals and toxicity threshold numbers that we use are designed to protect children. People deficient in the enzyme G6PD are more susceptible to the hemolytic anemia effects of naphthalene. None of the monitoring results available for residential areas around AmeriTies indicate naphthalene levels that would be immediately dangerous to children or people with G6PD deficiency.

Can a cancer cluster analysis be performed? Cancer is a complex and often deadly disease that has no single cause or simple cure. The Oregon State Cancer Registry tracks cancer trends over time at the state and county levels. Cancer data like these offer broad overview information about cancers in specific geographic areas, but cannot determine the reasons why specific cancer cases occur. This is due to:

- Personal health exposures and other factors known to be associated with cancer type (e.g., smoking).
- Lag time between possible exposures and occurrence of cancer.
- In-migration and out-migration for population of interest.

Residents' concern regarding possible environmental contamination needs to be addressed; however, neighborhood cancer rate analyses contribute little to protecting public health when contaminants of concern have already been identified. As a state, we currently address cancer through a variety of approaches that include cancer prevention, early detection and survivorship. For more information on

criteria for a cancer case inquiry, please visit:

<http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Cancer/oscar/Documents/Understanding%20Cancer%20Rate%20Analyses.pdf>

What is the risk indoor vs outdoor? The relationship between indoor air and outdoor air is complicated and varies by how tightly a house is sealed and the types of heating/air conditioning or ventilation systems in place. Generally, indoor air is somewhat insulated from outdoor air, however there is always exchange between inside and outside.

Can I eat the Blackberries grown right outside our office? Yes. Naphthalene is unlikely to accumulate in or on berries. Sunlight breaks naphthalene down into less toxic substances within a day and microorganisms in water break down any naphthalene dissolved in water in a similar time frame. This means that naphthalene does not last long enough in the environment, especially on the surface of a berry to build up over time.

Will there be ongoing monitoring and evaluation of efforts? Yes. DEQ committed to monitoring air quality in The Dalles for at least 90 days and may extend the monitoring program if either DEQ or OHA determine more information is needed. This could include changing the number of monitors or changing the monitoring locations. DEQ will update the public on the status of the monitoring program when we know what the next steps will be.

What do the numbers mean, specifically, the newspapers mention of 117 times above the benchmark? These numbers mean we are not meeting our air quality goals. The currently measured levels do not necessarily mean they will harm health. The air quality goal is set with long-term (lifetime) exposure in mind and has a significant safety buffer built into it. There is not an urgent or immediate health threat from measured naphthalene levels. This means that there is time for OHA to do a comprehensive Public Health Assessment that will characterize long-term risk and for DEQ to work with the facility to bring down emissions over the next few months.

How are benchmarks established? Oregon's benchmark for naphthalene is 0.03 micrograms per cubic meter. Benchmarks are clean air goals for Oregon, that are health based, and are not currently tied to regulations or permit conditions. However, DEQ and OHA are in a rulemaking process to begin statewide and risk-based regulations to the air toxics permitting program. Learn more about Cleaner Air Oregon (www.cleanerair.orgon.gov). Benchmarks are set based on the most current toxicological and medical science research with safety 'buffers', or uncertainty factors, built in. This means that an exceedence is reason for state agencies and regulators to pay attention and address the situation, but it does not mean there is a health emergency or even necessarily a real health risk.

Is there a less hazardous way to do business? AmeriTies will be using an alternative preservative that contains less naphthalene than the current preservative. It's referred to as P3 creosote formulation. The reason for switching formulas is to reduce odors, which will also reduce many PAHs, including naphthalene. Other business changes may occur as a result of Cleaner Air Oregon.

Are they going to be required to change practices? If so, will we still have reason to be concerned? The new preservative contains the same polycyclic aromatic hydrocarbons, or PHA's as the formula AmeriTies has recently used. Generally, the new formula contains fewer hydrocarbons, including

naphthalene. However, the new formula contains more petroleum byproducts than the existing formula, though generally these emissions are relatively low, including emissions of hydrogen sulfide.

Whose responsibility is it? It is DEQ's responsibility to ensure that permit holders comply with the terms of the air quality permit. The company is currently in compliance with the permit.

Would you feel safe coming to work in this building every day? Yes. The benchmark assumes that a person will be breathing the air 24 hours a day, 7 days a week over a 78 year lifetime. A person working a 40 hour week for 30 years will only be breathing that air for about a 10th as long as the benchmark assumes (and that estimate is assuming no vacation days or holidays). Commercial buildings also have better ventilation and air filtration than typical residential buildings, so indoor air at the public works building likely has less naphthalene than the outdoor air.

The Portland meeting date has been changed to Wednesday, Oct. 5. All meeting end times have been extended to 8:30 p.m.

Summary

DEQ and OHA invite the public to attend four regional forums this fall in preparation for the Cleaner Air Oregon Regulatory Reform. Public input from the four regional forums will be shared with the [Cleaner Air Oregon Regulatory Reform Advisory Committee](#). That advisory committee will meet from October through April 2017 and provide input into the drafting of new air toxics rules.

Additional Information

The regional forums will take place:

Medford	Tuesday, Sept. 13, 6 p.m. to 8:30 p.m. Jackson County Library Map
Bend	Tuesday, Sept. 20, 6 p.m. to 8:30 p.m. Central Oregon Community College, Wile Hall Map
Pendleton	Wednesday, Sept. 28, 6 p.m. to 8:30 p.m. Pendleton Convention Center Map
Portland (Please note date change from Oct. 4 to Oct. 5)	Wednesday, Oct. 5, 6 p.m. to 8:30 p.m. Oregon Convention Center, Oregon Ballroom Map

You can RSVP for the forums at <http://cleanerair.oregon.gov/forum-rsvp/>.

More information can be found on the [Cleaner Air Oregon Rulemaking](#) page or by contacting:



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NORTH CENTRAL PUBLIC HEALTH DISTRICT

“Caring For Our Communities”

419 East Seventh Street
The Dalles, OR 97058-2676
541-506-2600
www.ncphd.org

September 13, 2016

Pete Shepherd, Interim Director
Oregon Department of Environmental Quality
811 SW 6th Avenue
Portland, OR 97204

Dear Mr. Shepherd,

In recent months, citizens of The Dalles, OR have become increasingly concerned about the environmental exposures and health risks associated with emissions from Amerities West. NCPHD staff have spent considerable time responding to citizen concerns and collaborating with our partners at DEQ and Oregon Health Authority Public Health Division. We appreciate the support and outreach these two agencies have provided locally.

As this issue continues, it is our understanding that DEQ is committed to an additional 90 days of air quality monitoring following the initial release of data. We are also aware that Amerities West has agreed to change the formulation used to one with a reduced amount of naphthalene. This change is planned to occur when Amerities West is able to complete infrastructure changes necessary to accommodate the formulation change. This formulation change is planned to occur after the additional 90 days of air quality monitoring.

On behalf of the NCPHD Board of Health, we request that DEQ continue air quality monitoring in The Dalles for a period of time after the formulation change has occurred. This additional monitoring will serve to provide information that will be useful to our citizens, as well as our partners.

Thank you for your consideration,

Commissioner Michael Smith
Chair, NCPHD Board of Health

Cc: Leah Felden, DEQ Deputy Director
Wendy Wiles, Environmental Solutions
Linda Hayes-Gorman

Direct County Funding Support

	2015 Actual	2016 Bud	2016 Actual	2017 Bud
Sherman County	\$97,194	\$102,054	\$102,054	\$102,054
Gilliam County	\$98,656	\$103,589	\$103,589	\$103,589
Wasco County	\$376,000	\$314,000	\$314,000	\$340,000
Total Gilliam, Sherman, & Wasco Co.	\$571,850	\$519,643	\$519,643	\$545,643

Program Support:	Co support	BUD	2016 ACT	2016	BUD	
7141 Septic Systems	\$377,736	\$358,166	\$353,299		14,000	
7141 Vital Records					343,755	
7141 Schools						
7141 Admin						
7142 WIC	0	0				
7143 CAH - Imm Serv	34,213	31,090	31,090		32,738	
7144 Women's Health	47,043	42,749	42,748		43,651	
7145 State Support	4,276	0	0		1,499	
7146 EH Services	0	0	0			
7148 Perinatal				MAC gross rev		
	Medicaid Admin Claim. (50% local match)	48,300	40,000	30,552	\$69,012 38,460	40,000
7149 PHEP & CD	0	0	0			
7152 Health Promotion	0	0	0			
7153 Immun Special Prm	0	0	0			
7154 Cacoon & CCN	0	0	0			
7155 Tobacco Ed & Prev	0	0	0			
7156 Water	0	0	0	TCM gross rev		
7158 Babies First	60,000	47,638	61,954	\$158,351 96,397	70,000	
7159 OMC	\$0	0	0			
		\$571,568	\$519,643	\$519,643		\$545,643

(2015 amt diff. PR exp.) payroll taxes for term employee paid by Wasco Co.

NCPHD Recap Report Fourth Qtr 2016		FY 2014 (rev incl \$210k transfer)								
	Budgeted	July-Sept		Oct - Dec		Jan - Mar		Apr - June		Total
Grand Total REV	2,263,573	412,156	21%	405,181	18%	710,907	31%	520,993	23%	
Grand Total EXP	2,263,573	448,752	22%	442,080	20%	483,337	21%	525,977	23%	
		-36,596		-36,899		227,570		-4,984		222,586

End bal

FY 2015										
	Budgeted	July-Sept		Oct - Dec		Jan - Mar		Apr - June		Total
Grand Total REV	2,223,195	442,647	20%	616,043	28%	440,556	20%	603,540	27%	2,102,785
Grand Total EXP	2,231,195	496,516	22%	465,598	21%	499,540	22%	520,953	23%	1,982,607
		-53,869		150,445		-58,984		82,587		120,178

95%

89%

342,765 end bal

257,948 Bud Beg Bal.

FY 2016										
	Budgeted	July-Sept		Oct - Dec		Jan - Mar		Apr - June		Total
Grand Total REV	2,189,594	367,812	17%	538,705	25%	618,611	28%	366,636	86%	1,891,764
Grand Total EXP	2,189,594	466,005	22%	489,396	22%	425,889	19%	482,619	85%	1,863,909
		-98,193		49,309		192,722		-115,983		27,855

86%

85%

370,620 ending bal. before
audit & \$8964.60

60 day receipts

350,000 Budgeted End Bal.

Fee Analysis Summary

	2014	2015	2016	2017
	Actual	Actual	est YE	BUD
Immunizations	33,728	22,767	11,200	14,600
Family Planning	70,045	103,337	29,650	101,700
CCARE	92,993	101,023	50,000	80,000
CD & STD	18,712	9,334	1,600	7,200
	<u>215,478</u>	<u>236,461</u>	<u>92,450</u>	<u>203,500</u>

Fee Analysis Detail

FY 2014											
Clinic Fees & OHP	Budgeted	July-Sept		Oct - Dec		Jan - Mar		Apr - June		Total	
Immunizations	62,450	7,704	12%	10,131	16%	4,716	8%	11,178	18%	33,728	54%
Family Planning	103,000	11,012	11%	16,016	16%	7,308	7%	35,709	35%	70,045	68%
CD & STD	17,050	3,278	19%	1,880	11%	2,377	14%	11,178	66%	18,712	110%
		21,994		28,027		14,401				122,485	
CCARE	175,000	38,288	22%	40,789	23%	32,119	18%	22,586	13%	92,993	

FY 2015											
Clinic Fees & OHP	Budgeted	July-Sept		Oct - Dec		Jan - Mar		Apr - June		Total	
Immunizations	45,000	4,296	10%	6,762	15%	6,737	15%	4,972	11%	22,767	51%
Family Planning	63,500	10,379	16%	32,624	51%	30,153	47%	30,182	48%	103,337	163%
CD & STD	14,600	2,680	18%	3,902	27%	1,040	7%	1,711	12%	9,334	64%
		17,355		43,288		37,930		36,865		135,438	
CCARE	170,000	20,770	12%	27,111	16%	23,957	14%	29,184	17%	101,023	

FY 2016											
Clinic Fees & OHP	Budgeted	July-Sept		Oct - Dec		Jan - Mar		Apr - June		Total	
Immunizations	27,200	1,271	5%	3,281	12%	4,409	16%	2,246	8%	11,208	41%
Family Planning	87,500	10,461	12%	9,343	11%	3,802	4%	12,943	15%	36,550	42%
CD & STD	11,800	1,140	10%	0	0%	22	0%	994	8%	2,156	18%
		12,873		12,625		8,233		16,183		49,914	
CCARE	100,000	11,113	11%	12,824	13%	17,575	18%	8,970	9%	50,483	50%

FY 2017											
Clinic Fees & OHP	Budgeted	July-Aug								Total	
Immunizations	14,600	3,216	22%		0%		0%		0%	3,216	22%
Family Planning	101,700	7,549	7%		0%		0%		0%	7,549	7%
CD & STD	7,200	162	2%		0%		0%		0%	162	2%
		10,927		0		0		0		10,927	
CCARE	80,000	10,056	13%		0%		0%		0%	10,056	13%

**NCPHD
Accounts Payable Checks
Issued - July 2016**

Check Date	Check Number	Vendor Name	Amount
7/8/2016	277	IRS	\$11,045.36
7/8/2016	278	ASIFLEX	\$280.00
7/8/2016	279	P E R S	\$9,430.98
7/8/2016	280	OREGON STATE, DEPT OF REVENUE	\$2,584.34
Reserved in Que	281		
7/25/2016	282	IRS	\$10,290.54
7/25/2016	283	ASIFLEX	\$220.00
Reserved in Que	284		
7/25/2016	285	OREGON STATE, DEPT OF REVENUE	\$2,456.55
7/7/2016	11373	CIS TRUST	\$22,590.28
7/12/2016	11374	CA STATE DISPURSEMENT UNIT	\$231.50
7/12/2016	11375	NATIONWIDE RETIREMENT SOLUTION	\$1,000.00
7/14/2016	11376	BEERY ELSNER & HAMMOND LLP	\$652.50
7/14/2016	11377	CAMPBELL, SHELLIE	\$16.70
7/14/2016	11378	COLUMBIA GORGE COMM. COLLEGE	\$55.00
7/14/2016	11379	DEVIN OIL CO INC.	\$121.43
7/14/2016	11380	MID-COLUMBIA MEDICAL CENTER	\$337.50
7/14/2016	11381	OFFICE MAX INCORPORATED	\$192.56
7/14/2016	11382	OPTIMIST PRINTERS	\$436.99
7/14/2016	11383	OREGON STATE, DEPT OF ENVIRONMENTAL QUA	\$1,200.00
7/14/2016	11384	OREGON STATE, DEPT OF HUMAN SERVICES	\$23.00
7/14/2016	11385	PETTY CASH	\$20.61
7/14/2016	11386	QWIK CHANGE LUBE CENTER INC.	\$35.95
7/14/2016	11387	RICOH USA INC.	\$149.55
7/14/2016	11388	SATCOM GLOBAL INC.	\$57.46
7/14/2016	11389	STAEHNKE, DAVID	\$75.06
7/14/2016	11390	STERICYCLE INC.	\$488.63
7/14/2016	11391	U.S. CELLULAR	\$254.85
7/14/2016	11392	UPS	\$100.00
7/14/2016	11393	US BANK	\$3,724.22
7/14/2016	11394	WASCO COUNTY	\$437.35
7/14/2016	11395	QWIK CHANGE LUBE CENTER INC.	\$39.95
7/14/2016	11396	SAIF CORPORATION	\$563.65
7/14/2016	11397	STAPLES ADVANTAGE	\$116.36
7/14/2016	11398	THE DALLES TIRE FACTORY	\$160.26
7/14/2016	11399	THE POOL & SPA HOUSE INC.	\$26.10
7/19/2016	11400	AHLERS & ASSOCIATES	\$860.00
7/19/2016	11401	CIS TRUST	\$13,473.68
7/19/2016	11402	ORCHWA	\$250.00
7/19/2016	11403	CYTOCHECK LABORATORY LLC	\$170.00
7/19/2016	11404	OPTIMIST PRINTERS	\$120.00
7/19/2016	11405	SPARKLE CAR WASH, LLC	\$56.00
7/27/2016	11406	MULTNOMAH EDUC. SERVICE DIST	\$220.00
7/27/2016	11407	WASCO COUNTY	\$525.20
7/27/2016	11408	HENRY SCHEIN	\$108.49

Payroll A/P (EFT)

Payroll A/P Checks

7/27/2016	11409	MORTIMORE, ELOISE	\$17.99	Payroll A/P Checks
7/27/2016	11410	PARAGARD DIRECT	\$1,128.75	
7/27/2016	11411	CA STATE DISPURSEMENT UNIT	\$231.50	
7/27/2016	11412	NATIONWIDE RETIREMENT SOLUTION	\$950.00	
TOTAL:			\$87,526.84	

NCPHD Board of Health authorizes check numbers 11373 - 11412 and payroll EFT numbers 276 - 280, 282 - 283, & 285 totalling \$87,526.84.

Signed: _____ Date: _____
 Commissioner Michael Smith, Chair

**NCPHD
Accounts Payable Checks
Issued - August 2016**

Check Date	Check Number	Vendor Name	Amount
8/10/2016	286	IRS	\$10,625.74
8/10/2016	287	ASIFLEX	\$220.00
8/10/2016	288	P E R S	\$8,922.12
8/10/2016	289	OREGON STATE, DEPT OF REVENUE	\$2,508.61
8/25/2016	290	IRS	\$10,428.98
8/25/2016	291	ASIFLEX	\$220.00
Reserved in Que	292		
8/25/2016	293	OREGON STATE, DEPT OF REVENUE	\$2,482.88
8/2/2016	11413	OPTIMIST PRINTERS	\$79.98
8/2/2016	11414	CIS TRUST	\$23,964.39
8/2/2016	11415	OFFICE MAX INCORPORATED	\$504.43
8/2/2016	11416	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$119.00
8/2/2016	11417	OREGON STATE, DEPT OF ENVIRONMENTAL OUA	\$1,900.00
8/2/2016	11418	STAEHNKE, DAVID	\$81.31
8/2/2016	11419	STAPLES ADVANTAGE	\$349.82
8/2/2016	11420	THERA COM INC	\$2,943.00
8/2/2016	11421	WASCO COUNTY	\$310.38
8/10/2016	11422	AHLERS & ASSOCIATES	\$860.00
8/10/2016	11423	OREGON COALITION OF LOCAL, HEALTH OFFICIALS INC	\$2,121.15
8/10/2016	11424	RICOH USA INC.	\$148.97
8/10/2016	11425	SAIF CORPORATION	\$320.08
8/10/2016	11426	SATCOM GLOBAL INC.	\$57.46
8/10/2016	11427	SPARKLE CAR WASH, LLC	\$40.00
8/10/2016	11428	UPS	\$100.00
8/10/2016	11429	WASCO COUNTY	\$127.20
8/11/2016	11430	CA STATE DISPURSEMENT UNIT	\$231.50
8/11/2016	11431	NATIONWIDE RETIREMENT SOLUTION	\$950.00
8/16/2016	11432	CYTOCHECK LABORATORY LLC	\$45.00
8/16/2016	11433	OFFICE MAX INCORPORATED	\$6.05
8/16/2016	11434	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$1,500.00
8/16/2016	11435	BEERY ELSNER & HAMMOND LLP	\$45.00
8/16/2016	11436	COLUMBIA GORGE COMM. COLLEGE	\$65.00
8/16/2016	11437	DEVIN OIL CO INC.	\$47.86
8/16/2016	11438	MID-COLUMBIA MEDICAL CENTER	\$315.00
8/16/2016	11439	PRINT IT! INC.	\$49.50
8/16/2016	11440	SMITH MEDICAL PARTNERS LLC	\$859.20
8/16/2016	11441	STERICYCLE INC.	\$488.63
8/16/2016	11442	U.S. CELLULAR	\$351.62
8/16/2016	11443	US BANK	\$272.00
8/22/2016	11444	OREGON STATE, DEPT OF HUMAN SERVICES	\$8,973.49
8/22/2016	11445	AMERICAN ASSOCIATION, OF BIOANALYSTS	\$107.00
8/22/2016	11446	HALLETT, RACHEL	\$40.00

Payroll A/P (EFT)

Payroll A/P Checks

8/22/2016	11447	HENRY SCHEIN	\$606.27
8/22/2016	11448	OFFICE MAX INCORPORATED	\$320.78
8/24/2016	11449	OREGON STATE, DEPT OF HUMAN SERVICES	\$25,000.00
8/30/2016	11450	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$50.00
8/30/2016	11451	OREGON STATE, DEPT HUMAN SERVICES- OFS	\$3,296.47
8/30/2016	11452	WASCO COUNTY	\$428.18
8/30/2016	11453	ADVANCED TECH SERV	\$62.00
8/30/2016	11454	EIESLAND, HAYLI	\$91.80
8/30/2016	11455	STAPLES ADVANTAGE	\$396.78
8/30/2016	11456	CA STATE DISPURSEMENT UNIT	\$231.50
8/30/2016	11457	NATIONWIDE RETIREMENT SOLUTION	\$950.00
TOTAL:			\$115,216.13

Payroll A/P Checks

NCPHD Board of Health authorizes check numbers 11413 - 11457 and payroll EFT numbers 286 - 291, & 293 totalling \$115,216.13.

Signed: _____ Date: _____
 Commissioner Michael Smith, Chair



PAULY, ROGERS, AND CO., P.C.
12700 SW 72nd Ave. ♦ Tigard, OR 97223
(503) 620-2632 ♦ (503) 684-7523 FAX
www.paulyrogersandcocpas.com

March 25, 2016

North Central Public Health District
419 East Seventh Street
The Dalles, OR 97058

We are pleased to confirm our understanding of the services we are to provide for the year ended June 30, 2016. We will audit the basic financial statements of North Central Public Health District as of and for the year ended June 30, 2016 in connection with its annual reporting obligation to the State of Oregon.

Accounting standards generally accepted in the United States of America provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to the RSI in accordance with auditing standards generally accepted in the United States of America. These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

We have also been engaged to report on supplementary information other than RSI that accompanies the financial statements. We will subject the supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America and will provide an opinion on it in relation to the financial statements as a whole.

Any other information accompanying the financial statements will not be subjected to the auditing procedures applied in our audit of the financial statements, and for which our auditor's report will not provide an opinion or any assurance.

Audit Objectives

The objective of our audit is the expression of opinions as to whether your financial statements are fairly presented, in all material respects, in conformity with accounting principles generally accepted in the United States of America. Our audit will be conducted in accordance with auditing standards generally accepted in the United States of America, and will include tests of the accounting records of North Central Public Health District and other procedures we consider necessary to enable us to express such opinions. If our opinions are other than unmodified, we will fully discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed an opinion, we may decline to express an opinion or issue a report as a result of this engagement. If circumstances occur related to the condition of your records, the availability of sufficient, appropriate audit evidence, or the existence of a significant risk of material misstatement of the financial statements caused by error, fraudulent financial reporting, or misappropriation of assets, which in our professional judgment prevent us from completing the audit or forming an opinion on the financial statements, we retain the right to take any course of action permitted by professional standards, including declining to express an opinion or issue a report, or withdrawing from the engagement.

Management Responsibilities

Management is responsible for the basic financial statements and all accompanying information as well as all representations contained therein. You are also responsible for making all management decisions and performing all management functions; for designating an individual with suitable skill, knowledge, or experience to oversee our assistance with the preparation of your financial statements and related notes and any other nonattest services we provide; and for evaluating the adequacy and results of those services and accepting responsibility for them.

Management is responsible for establishing and maintaining effective internal controls, including monitoring ongoing activities; for the selection and application of accounting principles; and for the fair presentation of the basic financial statements in conformity with U.S. generally accepted accounting principles.

Management is responsible for establishing and maintaining internal controls for compliance with laws, regulations, contracts and agreements. In fulfilling this responsibility, estimates and judgments by management are required to assess the expected benefits and related costs of the controls. The objectives of internal control are to provide management with reasonable, but not absolute, assurance that assets are safeguarded against loss from unauthorized use or disposition, that transactions are executed in accordance with management's authorizations and recorded properly.

Management is responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud or illegal acts affecting the District involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud or illegal acts could have a material effect on the financial statements. Management is also responsible for informing us of your knowledge of any allegations of fraud or suspected fraud or illegal acts affecting the District received in communications from employees, former employees, regulators, or others. In addition, you are responsible for identifying and ensuring that the District complies with applicable laws and regulations and for taking timely and appropriate steps to remedy any fraud or illegal acts that we may report.

Management is responsible for making all financial records and related information available to us. We understand that you will provide us with such information required for our audit and that you are responsible for the accuracy and completeness of that information. You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, (2) additional information that we may request for the purpose of the audit, (3) unrestricted access to persons within the entity from whom we determine it necessary to obtain audit evidence, and if applicable, (4) unrestricted access to component information, persons at components (including management and those charged with governance, or component auditors, if applicable). We will advise you about appropriate accounting principles and their application and will assist in the preparation of your financial statements, but the responsibility for the financial statements remains with you. That responsibility includes the establishment and maintenance of adequate records and effective internal control over financial reporting, the selection and application of accounting principles, and the safeguarding of assets. Management is responsible for adjusting the financial statements to correct material misstatements and for confirming to us in the representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Management is responsible for the preparation of the supplementary information in conformity with U.S. generally accepted accounting principles. Management agrees to include our report on the supplementary information in any document that contains and indicates that we have reported on the supplementary information. You also agree to make the audited financial statements readily available to users of the supplementary information no later than the date the supplementary information is issued with our report thereon. Your responsibilities include acknowledging to us in the representation letter that (1) you are responsible for presentation of the supplementary information in accordance with GAAP; (2) that you believe the supplementary

North Central Public Health District
March 25, 2016

information, including its form and content, is fairly presented in accordance with GAAP; (3) that the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

We will provide you with an auditor's assistance package prior to our arrival at each stage of fieldwork. This package will detail the schedules and information that we expect your employees to have prepared by the time we arrive. We understand that your employees will have all auditor assistance package items ready and will type all confirmations we request and will locate any invoices selected by us for testing. *The fee for the examination is based on the completion of these supporting schedules and providing other assistance on a timely basis.*

Schedules and Financial Statements Prepared by Management

Management is responsible for ensuring that all accounts are reconciled, preparing the financial statements and all supplementary schedules, preparing the notes to the financial statements, and preparing and reviewing the management's discussion and analysis section. Our responsibility is to audit the financial statements, which includes a review of the notes to the financial statements. Any additional work to assist with the work listed above or any other requested work will be billed at our hourly rate. We will obtain approval of any additional fees before we begin any extra work. We have included our fees for assistance in preparation of the financial statements and notes in our fee section below.

General Audit Procedures

An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements; therefore, our audit will involve judgment about the number of transactions to be examined and the areas to be tested. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We will plan and perform the audit to obtain reasonable rather than absolute assurance about whether the financial statements are free of material misstatement, whether caused by error or fraud. Because an audit is designed to provide reasonable, but not absolute, assurance and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements (whether caused by errors or fraud), illegal acts, misappropriation of assets, or noncompliance may exist and not be detected by us. Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is a risk that material misstatements may exist and not be detected by us, even though the audit is properly planned and performed in accordance with U.S. generally accepted auditing standards. In addition, an audit is not designed to detect immaterial misstatements, immaterial illegal acts, or illegal acts that do not have a direct effect on the financial statements or major programs. However, we will inform you of any material errors that come to our attention and any fraud that comes to our attention. We will also inform you of any illegal acts that come to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to matters that might arise during any later period for which we are not engaged as auditors.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, and may include tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected individuals, creditors and financial institutions. We will request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry. At the conclusion of our audit, we will also request certain written representations from you about the financial statements and related matters.

Audit Procedures – Internal Controls

Our audit will include obtaining an understanding of the entity and its environment, including internal control, sufficient to assess the risks of material misstatement of the financial statement and to design the nature, timing, and extent of further audit procedures. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

We will obtain an understanding of the design of the relevant controls and whether they have been placed in operation, and we will assess control risk. Tests of controls may be performed to test the effectiveness of certain controls that we consider relevant to preventing and detecting errors and fraud that are material to the financial statements and to preventing and detecting misstatements resulting from illegal acts and other noncompliance matters that have a direct and material effect on the financial statements. Tests of controls relative to the financial statements are required only if control risk is assessed below the maximum level. Our tests, if performed, will be less in scope than would be necessary to render an opinion on internal control and, accordingly, no opinion will be expressed.

Audit Procedures – Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of compliance with the provisions of applicable laws, regulations, contracts, and agreements. However, the objective of our audit will not be to provide an opinion on overall compliance and we will not express such an opinion.

Audit Administration, Fees and Other Items

Roy R. Rogers is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

At the conclusion of the engagement, we will provide copies of our reports to various local and state agencies, as they require. However, it is management's responsibility to submit these reports. At the conclusion of the engagement, we will provide information to management as to where the reporting packages should be submitted and the number to submit.

The District hereby indemnifies Pauly, Rogers and Co., P.C. and its partners, principals and employees and holds them harmless from all claims, liabilities, losses and costs arising in circumstances where there has been a knowing misrepresentation by a member of the District's management, regardless of whether such person was acting in the District's interest. This indemnification will survive termination of this letter.

The workpapers for this engagement are the property of Pauly, Rogers and Co., P.C. and constitute confidential information. However, we may be requested to make certain information available to grantor agencies pursuant to authority given to it by law or regulation. If requested, access to such workpapers will be provided under the supervision of Pauly, Rogers and Co., P.C. personnel. Furthermore, upon request, we may provide photocopies of selected workpapers to grantor agencies. The grantor agency may intend, or decide, to distribute the photocopies or information contained therein to others, including other governmental agencies.

North Central Public Health District
March 25, 2016

The workpapers for this engagement will be retained for a minimum of three years after the date the auditors' report is issued or for any additional period requested by a federal awarding agency or pass-through entity. If we are aware that a federal awarding agency, pass-through entity, or auditee is contesting an audit finding, we will contact the party(ies) contesting the audit finding for guidance prior to destroying the workpapers.

Our fees for these services will be based on the actual time spent at our standard hourly rates, plus travel and other out-of-pocket costs such as report production, typing, postage, etc. Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Our invoices for these fees will be rendered as we progress through the audit and are payable upon presentation. The fees for our services should not exceed the following:

Audit Services:	
Financial Statement Audit	\$ 11,500
Non-Audit Services:	
Assistance in preparation of Financials Statements (including review, printing and binding of reports)	2,200
Total	<u>\$ 13,700</u>

This fee includes up to 15 bound copies of the report plus one unbound copy. Additional copies will be billed at the rate of \$40 per copy. This fee is based on the anticipated cooperation from your personnel and on the assumption that the books will be closed, balanced, reconciled, with all material accruals recorded, all auditor requested information prepared prior to our arrival, and that unexpected circumstances will not be encountered during the audit. Our fee is also based upon the scope of work that was done in the previous year. If there is additional activity this year, beyond the scope of last year's work, we will need to charge for that additional work. We will give you a change of scope letter explaining the added work and our estimated fees, which must be signed by you, before we can continue the engagement or before we perform the additional work. Additional time may be necessary due to work which is beyond the scope of the engagement indicated above. Such work could include, but is not limited to, additional agreed upon procedures, audit testing required under the Single Audit Act Amendments of 1996 that was not previously specified, and reconciliations and/or adjustments needed to bring financial statements into conformity with generally accepted accounting principles. The additional time will be billed at our standard hourly billing rates for the individuals who perform those services.

If the District does not have substantially all items on the preparation list available and ready for audit, including all accounts reconciled, the District must contact us to re-schedule the audit. Cancellation for any reason must be communicated to the in-charge auditor at least three days prior to the first scheduled date of fieldwork, otherwise a mobilization fee of \$500 will be charged to the District. If the audit team arrives at the District's offices to conduct fieldwork and finds that the books and records are not adequately prepared for audit, the audit team will have to re-schedule fieldwork until such time that the District's books and records are adequately prepared for audit and a mobilization fee of \$500 will be charged to the District.

Upon issuance of any invoices, there is a 30 day grace period for payment before a finance charge is assessed on any outstanding balance. Should any outstanding balance for our services exceed 31 days, you will be notified in writing of the balance due for the specified work performed, and we will perform no further services until we are paid in full. A total of three letters will be sent before we begin collection procedures after 120 days. You agree to reimburse us for all administrative, collection service, attorney, and other related filing fees and costs associated with the collection of our fees.

North Central Public Health District
March 25, 2016

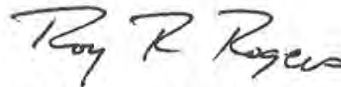
Any claim arising out of services rendered to this agreement shall be resolved in accordance with the laws of the State of Oregon. It is agreed by the District and Pauly, Rogers and Co., P.C. or any successors in interest that no claim arising out of services rendered pursuant to this agreement by or on behalf of the District shall be asserted more than two years after the date of this engagement report issued by us.

With regard to the electronic dissemination of audited financial statements, including financial statements published electronically on your website, you understand that electronic sites are a means to distribute information and, therefore, we are not required to read the information contained on those sites or to consider the consistency of other information in the electronic site with the original document.

We have provided staff to work with your District as auditors. In the future, you may decide that you need the services of one or more full-time employees for this work. At that time, we can assist you in identifying qualified individuals. However, because of the knowledge that our staff has obtained about your District, you may wish to hire one or more of them. If this should occur, we will charge you a recruiting fee equivalent to twenty percent of the annual salary offered to our employee to compensate us for the loss of our valued and extensively trained employee.

We appreciate the opportunity to be of service to the North Central Public Health District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us. This letter will continue in effect until canceled by either party per the terms of our original contract.

Sincerely,



ROY R. ROGERS, CPA
PAULY, ROGERS AND CO., P.C.

Signature: 

Title: Director

Date: 7/7/2016



June 15, 2016

Award Agreement

OHSU Knight Cancer Institute
Community Partnership Program

Mail code CR145
3181 S.W. Sam Jackson Park Road
Portland, OR 97239-3098
Tel 503 494-1617, option 6 | knightcancerCRO@ohsu.edu

Organization Receiving Award: North Central Public Health District

Primary Contact: Miriam D. McDonell

Project Title: Step It Up! The Dalles

Award Amount: \$50,000 **Award Number:** 2016-1-SC4

Grant Cycle: Rnd 3 2016-1 **Grant Tier:** Tier 3 Special Call

Project Start Date: 7/1/2016 **End Date:** 6/30/2017

Term

The term of this grant award contract will commence on the **project start date** 7/1/2016 and terminate on the **project end date:** 6/30/2017 unless extended by mutual agreement. In the event the principal investigator completes the work under this agreement prior to the end of the term, the grantee may submit a final project report prior to the established term end date to be eligible for another cycle of funding if all obligations have been met.

In the event that this award is to be used to continue a project previously funded by the Community Partnership Program, the principal investigator agrees that all previously funded project activities and award obligations have been met prior to the start date of this award, and demonstrated as such in the corresponding final project report. Funds awarded under this agreement may not be used toward any project objectives funded in a previous or future cycle.

Terms and Use of Funds

The funds given pursuant to this grant shall be used solely for the purposes specified in the proposal and budget during the project period cited above. Reallocating funds between budget categories is allowed within reason, and applicable to direct project costs only. Maximum allowance for indirect or overhead costs is 10% of the total budget grant award. Grantee must provide written approval of applicable Institutional Review Board (IRB) for all research to initiate distribution of funds. Payment will be made by OHSU Knight Cancer Institute in a single installment.

Protection of Human Subjects

The Grantee is responsible for the protection of the rights and welfare of human subjects involved in any and all activities supported by the Knight Cancer Institute. This project is in the process of seeking determination of whether or not human subjects research will be conducted and as such may be subject to oversight by an Institutional Review Board (IRB). The project must receive the appropriate level of oversight as determined by an Institutional Review Board prior to implementation.



If human subjects research is being conducted, the principal investigator (Grantee) agrees to comply with any existing or new OHSU and federal policies and guidelines that may affect the research being undertaken by this grant. This includes but is not limited to obtaining prior written approval from the OHSU or other Institutional Review Board (IRB) before undertaking any form of human subjects research and from the Institutional Animal Care & Use Committee for research studies involving vertebrates. Following completion of this grant, Grantee will have option to maintain or close the study based on future project needs.

Communications

Please refer to the attached Communications Toolkits for policies about acknowledgment of your award from the OHSU Knight Cancer Institute, brand use, and sharing communications materials with the Knight Cancer Institute.

Amendments

Grantee is to notify Knight Cancer Institute of any significant changes to the grant contract, including change of Principal Investigator or any anticipated changes in grant activities.

Extension without Additional Funds

The Principal Investigator (Grantee) may request to extend the term of the contract if additional time beyond the established expiration date of the grant term is required to assure adequate completion of the original scope of work within the funds originally made available. A single extension, which shall not exceed twelve months, must be submitted at least 30 days prior to the expiration date of the original award. A no cost extension request form will be provided.

Termination

Knight Cancer Institute reserves the right to terminate or cancel a grant contract, in whole or in part, at any time prior to its expiration under the following guidelines:

- A. When the Grantee has failed to comply with the terms and conditions of the grant contract or when Knight Cancer Institute has other reasonable cause.
- B. When the Grantee and Knight Cancer Institute mutually agree to do so.
- C. When the Grantee provides written notice to the Knight Cancer Institute setting forth reasons for such action, the effective date, and in the case of partial termination, the portion to be terminated.
- D. When the Grantee has failed to provide the final report by the due date.

Following termination, normal grant contract closeout procedures will be initiated. Grantee must submit end of project report detailing activities completed, or in progress, through the date of termination. Grantee will be required to report grant account balance and return any unused funds to the Knight Cancer Institute if unable to transfer the responsibility to another appropriate entity.

Please send the following immediately:

1. Signed award agreement by a North Central Public Health District authorized signer
2. Confirm or corrected remittance information (see appendix)
3. Current W-9

And, to receive funds, send the following as available:

4. Memo of approval or determination that oversight is not required from an IRB
5. Waiver of oversight (IAA) or Memorandum of Understanding between two IRBs if applicable



To be eligible to apply funding in the future, you will need to be in compliance with the following:

- Submit grant report within 30 days of the grant end date (template will be provided)
- Maintain IRB compliance, should it become applicable
- Follow the policies and procedures outlined in the communications toolkits, attached
- Inform the Community Partnership Program of significant changes to the proposal that was submitted
- Within three (3) years preceding this offer, the organization applying for or receiving funds and all individuals responsible for the management of project funds must not have been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract of subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.
- Satisfactory participation in grantee related activities, including calls, trainings, and networking opportunities. We will contact you as soon as possible if we determine that participation is unsatisfactory.



Signature Authority (sign name)

Teri L. Thalhofer, RN, BSN

Signature Authority (print name)

7/5/2016

Date

Director

Title

Kerri Winters-Stone

Kerri Winters-Stone
Knight Cancer Institute
Community Partnership Program Co-Director

7-11-16

Date



Appendix 1 – Remittance Information

Please check the following information carefully and advise us of any corrections or missing information.

Check will be made out to:

North Central Public Health District

Check mailing address:

Miriam D. McDonell
North Central Public Health District
419 East Seventh Street
The Dalles, OR 97058

Primary contact information:

Name: Miriam D. McDonell
Title: Health Officer
Telephone: 541-340-0023 or 541-506-261541
Email: mimim@co.wasco.or.us

**INTERGOVERNMENTAL COOPERATIVE AGREEMENT
TO PROVIDE ADMINISTRATIVE STAFF
TO SERVE AS THE COORDINATOR FOR THE
SHERMAN COUNTY LCAC**

THIS AGREEMENT, made this 1st day of July, 2016, by and between North Central Public Health District (NCPHD), hereinafter called "NCPHD" and, Sherman County for coordination of the Local Community Advisory Council (LCAC) for the Eastern Oregon Coordinated Care Organization (EOCCO), hereinafter called "SHERMAN COUNTY".

WITNESSETH:

WHEREAS, the State of Oregon has enacted statutes allowing intergovernmental agreements which authorize agencies to respond in assistance to other governmental entities,

NOW, THEREFORE, in consideration of the mutual covenants of the parties, each to the other giving, the parties do hereby agree as follows:

A. LCAC Coordinator Services Summary

- a. NCPHD will provide administrative staff to serve as the Coordinator for the Sherman LCAC.
- b. The LCAC Coordinator will be responsible for the following activities:
 - i. Create and maintain a contact list of Sherman LCAC members and interested parties.
 - ii. Serve as the main point of contact for information sharing between EOCCO staff and the Sherman LCAC.
 - iii. Assure that meeting space is available.
 - iv. Create and disseminate, in cooperation with the Sherman LCAC Chair, agendas, minutes and meeting notices to the group.
 - v. Provide healthy snacks at meetings.

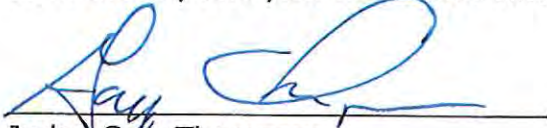
B. Length of Agreement

- a. Beginning date: July 1, 2016 – Ending date: June 30, 2017
- b. NOTE: The length of service delivery may be negotiated at any time by Sherman County and NCPHD. Based on mutual agreement, the length of service may be extended or shortened depending on the needs of either party. Any changes in length of service delivery, agreed to by both parties, will be in writing. Copies will go to Sherman County and to NCPHD and become an amendment to this agreement document.

C. NEGOTIATED FEE

- a. Sherman County will reimburse NCPHD \$4,600.00 per year in quarterly payments.
- b. This fee will cover 0.1 FTE Office Specialist II and healthy snacks for meetings.

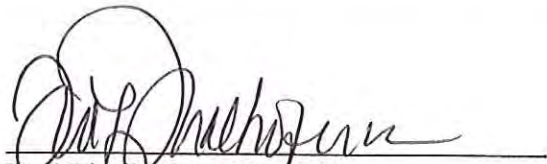
IN WITNESS WHEREOF, the parties hereto have executed this agreement in duplicate as of the day and year first above written.



Judge Gary Thompson
Sherman County

8/3/16

Date



Teri Thalhofer, RN, BSN
Director
North Central Public Health District

8/3/2016

Date



Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT

"Caring For Our Communities"

Directors Report for the Board of Health September 13, 2016

Staffing:

NCPHD was pleased to welcome Dillon Melady, a VISTA volunteer, to our programs this month. Dillon comes to Oregon from Connecticut and will be working with Dr. McDonell and Tanya Wray on the grants to increase walking in the community.

With the generous gift of funding from a community member to increase Maternal-Child Health services, specifically home visits to pregnant families, we are please to welcome Stephanie Buell to NCPHD. Stephanie will be a Community Health Worker on the Maternal-Child Health team. Stephanie starts on September 12.

We will be welcoming Judy Bankman from New York to the position of Community Health Specialist on September 19. Judy is in a temporary, one year position to work on MCH systems development and social media efforts.

Community Engagement:

John Zalaznik and I have been working with partners at OHA/PHD and DEQ around next steps with the air quality monitoring in The Dalles. Along with Dr. McDonell, we attended a meeting of Wasco County staff working at the Public Works building. Staff had an opportunity to share their concerns about exposure and get questions answered. OHA provided a Q&A sheet, based on employee concerns and questions that have been shared with Wasco County. NCPHD shared with staff that we are available to answer questions and provide resources to employees and other community members.

We will continue to work with OHA as well as Federal partners on an assessment and community engagement plan.

NCPHD prevention staff has been working closely with Hood River Prevention Department on two grant applications with the Knight Cancer Institute to reduce tobacco use. The first grant would continue work that has started this year to provide primary care providers and their offices with the tools and resources to assess for tobacco use, willingness to quit, and cessation resources. HRPD is the lead on that effort.

The second grant come from some alarming data shared at a stakeholder meeting that showed that eighth graders in the region are using electronic cigarettes at an alarming rate. The link to this data is:

<https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/countyfacts/OHA-NCHD-TobaccoFactSheet.pdf> and
https://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/countyfacts/data_table_youth.pdf

This second grant would focus on providers working with youth ages 11-18, a new focus population for the work. Resources would be dedicated to assessing what providers are doing currently and providing resources and education around evidence based practices to reduce youth smoking initiation. NCPHD is the lead for this grant.

We look forward to hearing if we are successful later this fall.

Shellie Campbell and I have been working with community partners to coordinate services to pregnant and parenting families in the region. Thanks to a generous gift from a community member, we are able to hire a Community Health Worker to support the Maternal-Child Health Public Health Nurses to serve more families during pregnancy. We have had meetings with One Community Health and Hood River Health Department as well as Columbia River Women's Center to work on creating systems of support that extend beyond the provider's office into the community.

Shellie and some MCH staff recently attended a meeting convened by Kristen Dillon, MD, Medical Director of CGCCO. At this meeting, community partners evaluated circumstances of infants admitted to NICU who are clients of CGCCO. The only shared factor was the limited use of referrals to public health programs including nurse home visiting and WIC. Both programs have evidence that they lead to better birth outcomes. Dr. Dillon will be taking this information to the Clinical Advisory Panel.

NCPHD has also been working with partners at OSU Extension and United Way to provide data to support a Blue Zones Demonstration Community application for City of The Dalles. OSU Extension is the applying entity. For more information about Blue Zones, here are some links:

- 1) <https://oregon.bluezonesproject.com/>
- 2) <https://www.bluezones.com/>
- 3) TED Talk: <https://www.youtube.com/watch?v=waGHi6aMzh8>
- 4) http://www.nytimes.com/2012/10/28/magazine/the-island-where-people-forget-to-die.html?pagewanted=all&_r=0

Modernization:

CLHO (The Coalition of Local Health Officials) is working with a contractor, Rede Group, to help move forward implementation of the Public Health Modernization model.

Between now and January of 2017 there will be engagement with local public health officials and other stakeholders to hold 10 regional meetings across Oregon. The goal of these meetings will be to generate community understand of Public Health Modernization and to better understand local barriers and challenges to implementation. These meetings will be instrumental in the future work to develop tools and technical assistance to overcome those barriers and challenges.

NCPHD is part of a region consisting of Hood River, Wasco, Sherman and Gilliam Counties. We are currently working to see if we can share resources and time with the Health Services Summit planned by CGCCO on November 3.

Communicable Disease:

Influenza season is fast approaching. Please get your immunization. Flu vaccine is carried by most primary care offices and pharmacies.

Respectfully submitted,

Teri Thalhofer, RN, BSN