It is a great pleasure to present the 2015 Annual Report for the Nursing Division at Tri-County Health Department. As you will see in this report our staff and programs impact individuals, families, and the community.

Collaborating with many community partners enable us to positively affect the health of many residents and the community as a whole.

What is Public Health Nursing?
The American Public Health Association defines Public Health Nursing as the practice of promoting and protecting the health of populations using knowledge from nursing, social and public health sciences.

Public Health Nurses work to improve health at the individual level, family, community and population levels.

They are proactive with respect to social and health care trends, changing community conditions, and policy and legislative activities.

The practice is population focused with goals of promoting health and preventing disease and disability of all people through the creation of conditions in which people can be healthy.

Public Health Nurses believe that health is affected by factors that include culture, education, income, lifestyle, genetics and environment.

Working to impact these social determinants of health are the basis of program development and implementation for programs within the division, thus our focus on vulnerable individuals, families and communities.
With the implementation of the Affordable Care Act, Medicaid expansion, and greater access to health insurance coverage, we have experienced an impact in the need for our direct/clinical services.

We have seen a reduction in the provision of our individual patient services since 2011. It remains unclear if or how that demand will change; however, in the absence of a system providing universal health care coverage, “safety net” needs will remain. Many individuals and families are underinsured or ineligible for health care coverage.

For the foreseeable future, we envision an ongoing need for provision of essential direct services even for persons with Medicaid due to shortage of Medicaid providers and often lengthy wait times for those that are available.

Many practices do not carry currently recommended vaccines and contraception methods. Access to family planning and specifically long acting reversible contraception (LARC) is cost prohibitive for many in other health care settings.

As part of the TCHD Strategic Plan there is a greater emphasis on identifying opportunities to work with key community partners to optimize access and linkage to health care and navigation for the appropriate use of health services.

Even though access to health care has improved, there is an increased need to provide assurance of access to timely and appropriate health care. The Healthy Communities program is continuing to be a critical linkage to care and community resources.

Public Health Achievements

In 1999, the CDC developed a list of the 10 greatest public health achievements in the United States since 1900. The average life span has increased by more than 30 years in the United States since 1900, and the CDC attributes 25 years of this gain to public health measures. These 10 achievements selected by the CDC were “based on the opportunity for prevention and the impact on death, illness, and disability.” Our programs continue to impact these achievements of prevention:

- **Vaccination** has resulted in eradication of smallpox; elimination of poliomyelitis in the Americas; and control of measles, rubella, tetanus, diphtheria, and other infectious diseases in the United States and other parts of the world.

  New research and development of old and new vaccines more individuals as well as the community are protected.

  The child and adult immunization program sets the community standard in providing one of the most powerful ways of preventing communicable diseases.

- **Control of infectious diseases** has resulted from clean water and improved sanitation. The discovery of antimicrobial therapy has been critical to successful public health efforts to control infections such as tuberculosis and sexually transmitted infections.

  Testing for HIV, Sexually Transmitted Infections, and Hepatitis C Virus is the foundation for both prevention and care efforts.

  The prevention benefit of treatment can only be realized with effective treatment, which requires linkage to and retention in care, and adherence to therapy recommendations.
Public Health Achievements

• **Access to family planning and contraceptive services** has provided health benefits such as smaller family size and longer intervals between children; increased opportunities for preconception counseling and screening; fewer infant, child, and maternal deaths; and the use of barrier contraceptives to prevent pregnancy and transmission of HIV and other STDs.

Unintended pregnancies have been associated with: birth defects, low birth weight, elective abortion, maternal depression, increased risk of child abuse, lower educational attainment, delayed entry into prenatal care. Teen mothers are less likely than their peers to earn a high school diploma or GED.

Long Acting Reversible Contraceptives (LARC) is the most effective birth control available. Between 2009-2014, the TCHD Family Planning program received private funding from the Colorado Family Planning Initiative (CFPI) to provide low and no cost (LARC) to clients. In Colorado between 2009 and 2014, 30,000 women chose LARC as a form of contraception.

Of those 30,000 women, 9.6% were TCHD Family Planning clients. The results of this successful statewide program are tremendous; a 40% decrease in unintended pregnancies. The success of this program shows the enormous impact direct client public health services can have on the outcomes of the health of the population.

• **Healthier mothers and babies** have resulted from better hygiene and nutrition, availability of antibiotics, greater access to health care and technologic advances in maternal and neonatal medicine.

The Maternal Child Health program partners with many community partners to achieve collective success in effectively make the greatest impact to individual families and the community. The Maternal Child (MCH) program focuses on increasing the number of children receiving health assessments and follow-up diagnostic and treatment services; improving the identification, screening and referral for women at risk for depression before and after pregnancy.

Home visiting programs work with families to improve pregnancy outcomes, improve child health and development, increase the families’ self-sufficiency, and impact successful parenting with the intent of preventing child abuse and neglect.

• **Decline in deaths from coronary heart disease and stroke** have resulted from risk-factor modification such as smoking cessation and blood pressure control, coupled with improved access to early detection and better treatment.

In collaboration with the health care delivery system, the Community Health Teams have been developed to support and bolster cardiovascular disease prevention.

Through the continued commitment to excellence from the entire staff and community, the Nursing Division will continue to work to make a difference in the lives and health of our community.
Addressing the Needs of Our Vulnerable Populations

Health is not just the absence of disease or infirmity but is a state of complete physical, mental and social-wellbeing\(^1\). Our most vulnerable populations face a greater risk of poorer health outcomes and often have limited access to resources that support a healthy lifestyle. From nurse home visiting to family planning and access to care, the programs within the Nursing Division support individuals in accessing resources that promote health in all aspects of their lives.

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Providing care coordination for children and youth with special healthcare needs, HCP worked with 372 children and their families in 2015.

The Nurse Family Partnership (NFP) program served 655 low-income first-time mothers in Adams, Arapahoe and Douglas Counties and provided 7,736 home visits.

In 2015, 94.8% of TCHD NFP clients initiated breastfeeding at birth, slightly above Colorado NFP (94.6%) and significantly higher than NFP clients nationally (87.5%). At 6 months, 46.8% of TCHD clients continued to breastfeed at 6 months compared to 45.8% of Colorado NFP clients and 37.9% of National NFP clients.

Ninety-five percent (95%) of the clients served by the Family Planning Program had incomes at or below 150% of the federal poverty level (FPL). Women with lower levels of income are less likely to have access to family planning services and based on these numbers, we estimate that in this population 1,620 unintended pregnancies and 500 abortions were prevented.

Long acting reversible contraceptives (LARC) are the most effective reversible birth control available. The Family Planning Program provided 706 LARCs in 2015.

Community members in Aurora participated in 24 Tri-County Walks events to promote physical and mental health and increase connections within the community.

The Arapahoe County Senior Dental Program provided dental services for 381 seniors for a total of 1,696 visits to the clinic.
Preventing the Spread of Disease

Preventing illness and death remains a major public health challenge. The Nursing Division delivers services and programs that prevent the spread of person-to-person diseases such as whooping cough (Pertussis) and sexually transmitted infections.

The immunization program gave 25,279 immunizations to both adults and children who could not easily access vaccines from providers, or were uninsured.

CDC recommends annual chlamydia screening for all sexually active women 24 years and younger to prevent serious reproductive complications.

72% of Family Planning clients under 24 were screened for chlamydia in 2015.

The Linkage the Care Program worked with 20 HIV positive clients to increase access to and coordination of HIV treatment and care.

The HIV/STI Prevention and Outreach Program completed 861 rapid HIV tests, 69 rapid Hepatitis C tests and 939 tests for Chlamydia and Gonorrhea.

Core and Immunization Nurses conducted 204 Child Care Center visits, screening over 14,966 immunization records to ensure children in those centers were up-to-date on immunizations.

Core Nurses completed 79 visits to dispense and monitor medications for clients being treated for Latent Tuberculosis Infection. This prevents the reactivation of TB and spread to others in the community.

Pertussis is highly contagious and can be deadly for infants. To study the effectiveness of antibiotic treatment for those exposed to pertussis, Core Nurses participated in a CDC study visiting 29 individuals in their homes to conduct interviews and collect laboratory samples.

Immunization and Core nurses provided surge support to the TCHD Disease Investigation Team on 24 disease investigations.

Scan the QR code to visit the TCHD social media page.
For Additional Information www.tchd.org
TCHD Twitter and facebook: www.tchd.org/79/Social-Media
Impacting Population Health Through Collaboration

No single agency can do it alone, so strong partnerships and collaborations are key to improving population health. These partnerships focus on a number of different issues affecting the communities and involve partners from multiple sectors. While focused on specific topics, these larger efforts also aim to impact social determinants of health that limit individuals’ ability to be healthy. Through collaboration with our partners and community members we see better health outcomes for the entire population.

- Core and Immunization nurses participated on steering committees and boards for the Colorado Children’s Immunization Coalition, working to improve access and compliance with Colorado state immunization laws.

- Since 2011, the Maternal and Child Health Program has focused its work on specific Colorado state priorities targeting the health of women and children, Pregnancy Related Depression, Medical Home and Early Childhood Screening and Referral.

- HCP and Healthy Communities participate in the Colorado Care Coordination Collaborative (Team 4C) focused on reducing duplication of care coordination services for children and youth with special health care needs on Medicaid.

- Focused on the state priority of increasing the number of children receiving developmental assessments, the Maternal and Child Health Program works with community partners to implement a coordinated monitoring, screening and referral system in and across county lines.

- Through reaching out to women at risk of pregnancy related depression (PRD), developing relationships with providers and community partners to promote awareness and evidence based screening, the program works to increase the percentage of women being assessed for PRD.

- Overall, the Maternal and Child Health Program participated in more than 35 community based efforts, logging approximately 500 hours annually working with community partners to improve the health of women, children and families.

- Starting in 2015, the Community Health Team is an innovative and team-based program, working closely with primary care practices to provide chronic diseases prevention and management services.

- Staff across the Nursing Division actively participate in Local Health Alliances across Adams, Arapahoe and Douglas counties, focusing on community driven health systems change.
Financials

FY15 Nursing Division Revenue
Total: $17,350,556

- General Funds: 7,523,705 (43.4%)
- State Funds: 4,144,527 (23.9%)
- Federal Pass Through Funds: 3,236,207 (18.7%)
- In Kind Revenue: 1,090,399 (6.3%)
- Medicaid: 802,686 (4.6%)
- Fees: 428,393 (2.5%)
- Grants: 124,639 (0.7%)

FY15 Nursing Division Expenses
Total: $17,350,556

- Salary & Benefits: 10,200,205 (58.8%)
- Indirect: 2,818,844 (16.2%)
- Operating Expenses: 2,069,917 (11.9%)
- In Kind Expenses: 1,090,399 (6.3%)
- Contract Services: $839,363 (4.8%)
- Capital Equipment: 331,828 (1.9%)