

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: HEALTH SERVICES AGENCY
Urgent _____ Routine X
CEO Concurs with Recommendation YES X NO _____
(Information Attached)

BOARD AGENDA # *B-8
AGENDA DATE August 28, 2001
4/5 Vote Required YES _____ NO X

SUBJECT: AUTHORIZATION TO APPLY FOR A PROPOSITION 10 DESIGNATED PILOT PROJECT GRANT FROM THE STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION FOR AN ENHANCED STOP SMOKING PROGRAM DURING PREGNANCIES FOR YOUNG MOTHERS AND FATHERS.

STAFF
RECOMMEN-
DATIONS:

1. AUTHORIZATION TO APPLY FOR A PROPOSITION 10 DESIGNATED PILOT PROJECT GRANT FROM THE STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION FOR AN ENHANCED STOP SMOKING PROGRAM DURING PREGNANCIES FOR YOUNG MOTHERS AND FATHERS.
2. AUTHORIZE THE MANAGING DIRECTOR OF THE HEALTH SERVICES AGENCY OR HER DESIGNEE TO SIGN AND EXECUTE THE APPLICATION.

FISCAL
IMPACT:

This is a grant application requesting \$50,000 to implement this pilot project. There will be no financial impact to the County General Fund.

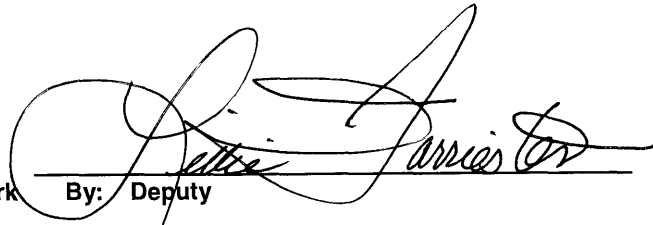
BOARD ACTION AS FOLLOWS:

No. 2001-638

On motion of Supervisor Blom, Seconded by Supervisor Simon
and approved by the following vote,
Ayes: Supervisors: Mayfield, Blom, Simon, Caruso, and Chair Paul
Noes: Supervisors: None
Excused or Absent: Supervisors: None
Abstaining: Supervisor: None

- 1) X Approved as recommended
- 2) _____ Denied
- 3) _____ Approved as amended

MOTION:



ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

By: Deputy

File No.

SUBJECT: AUTHORIZATION TO APPLY FOR A PROPOSITION 10 DESIGNATED PILOT PROJECT GRANT FROM THE STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION FOR AN ENHANCED STOP SMOKING PROGRAM DURING PREGNANCIES FOR YOUNG MOTHERS AND FATHERS.

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DISCUSSION: The Stanislaus County Children and Families Commission is accepting Designated Pilot Project grant applications to support community-based projects that promote the development and support of young children (0-5 years of age) and their families in Stanislaus County.

HSA is proposing a pilot project to provide intensive public health nurse case management to 25 low-income pregnant women that will result in improved birth outcomes, decreased numbers of low-birth-weight babies, and decreased tobacco and other substance abuse during pregnancy. The project is designed to address Designated Strategy 1 – An Enhanced Stop Smoking Program During Pregnancies for Young Mothers and Fathers. The design of this project is based on recent research and best practices for smoking cessation during pregnancy, on Stanislaus County Public Health Data, and on HSA's experiences and past achievements in our Prenatal Care Guidance Program.

The 1999, 2000, and 2001 Stanislaus County Community Health Reports have each identified low-birth-weight babies as a problem in Stanislaus County. Although the rate has been decreasing, we still exceed the Healthy People 2010 goal of 5.0%. African Americans in Stanislaus County have the highest low birth weight percentages when compared to any other race or ethnicity. The infant death rate is linked quite closely with the low birth weight. Infants born at low-weight are 40 times more likely to die during their first month of life.

Studies have shown that intensive case management by public health nurses with a case load of 25 can improve birth outcomes. Current funding does not allow for this level of case load. A new Public Health Nurse (PHN) position will provide the services under this project, accessing an HSA Community Health Worker II for language interpretation as needed. Since this is a pilot project, there is a high likelihood of future funding to support the positions if we can prove that our methodology results in beneficial outcomes.

**POLICY
ISSUES:**

Approval to apply for this grant meets the Board of Supervisors priority of ensuring a safe, healthy community by improving the health of pregnant women, their newborn children, and their families.

**STAFFING
IMPACTS:**

None.



Administration
830 Scenic Drive
P.O. Box 3271
Modesto, CA 95353
Fax 209/558-7123

BEVERLY M. FINLEY
Managing Director
www.schsa.org

August 15, 2001

United Way of Stanislaus County
ATTN: Designated Pilot Program Application
113 Palm Avenue
Modesto, CA 95350

Dear Review Committee:

Enclosed are two signed originals and nine copies of our application for a Designated Pilot Program under the following strategy:

1. An Enhanced Stop Smoking Program During Pregnancies for Young Mothers and Fathers

This application is submitted in advance of approval from the Stanislaus County Board of Supervisors. A resolution in support of the proposal has been prepared and is on the agenda for their August 28, 2001 meeting. Should the resolution not be approved, we will notify you and ask that our proposal not be considered.

Should you have any questions or require further information, please contact Nancy Fisher, Public Health Nurse Supervisor, at 558-7428. Thank you for your consideration of this application. We look forward to hearing from you.

Sincerely,

Beverly M. Finley
Managing Director

Enc.

Cc: Sandy Wallace, Grant Writer
Finance
Nancy Fisher, Public Health Nurse Supervisor

Designated Pilot

PROPOSAL CHECKLIST

Please check-off each section to insure your proposal is complete and returned in the following order.

<input checked="" type="checkbox"/>	Proposal Section
<input type="checkbox"/>	A. Agency Program and Information Page
<input type="checkbox"/>	B. Table of Contents
<input type="checkbox"/>	C. Proposal Summary
<input type="checkbox"/>	D. Target Population
<input type="checkbox"/>	E. Program Alignment with Selected Designated Pilot
<input type="checkbox"/>	F. Capacity
<input type="checkbox"/>	G. Program Logic Narrative
<input type="checkbox"/>	H. Program Logic Chart
<input type="checkbox"/>	I. Assessing the Achievement of Outcomes
<input type="checkbox"/>	J. Client Focused Collaborations/Linkages
<input type="checkbox"/>	K. Budget and Justification
<input type="checkbox"/>	L. Disclosure Statement

DESIGNATED PILOT PROGRAM
STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION
 In Partnership with United Way of Stanislaus County
 Fiscal Year 2001-2002 Application for Funding

Agency and Program Information Page

Organization Name: Stanislaus County Health Services Agency (HSA)

Address: P.O. Box 3271 City: Modesto Zip Code: 95353

Contact Person: Nancy Fisher Title: Public Health Nurse Supervisor

Phone: 558-7428 Fax: 558-8315 E-mail: nfisher@schsa.org

Fiscal Sponsor (if applicable)

Type of Business/Organization (check one):

Individual Corporation
 Public agency Partnership
 Private non-profit Other

If other, describe _____

Program Name:	Designated Strategy	TOTAL FUNDING REQUEST:
HSA Stop Smoking Case Management Project	An Enhanced Stop Smoking Program During Pregnancies for Young Mothers and Fathers	\$50,000

Identify addresses of all sites where program is delivered:

Site Address	Project number of people served	Approximate % of total request for this site
Client's homes	25 (and their families)	90%
HSA Main Campus 830 Scenic Dr., Modesto	Grant Management	10%

Pat Paul, Chair, Board of Supervisors
 (Print Name)

Signature, Board Chair Date
 pending board approval on 8/28/01

Beverly M. Finley, Managing Director
 (Print Name)

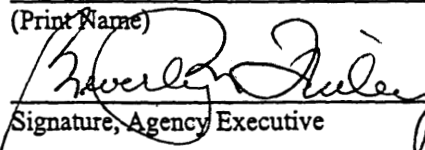
 8/15/01
 Signature, Agency Executive Date

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Proposal Summary

Stanislaus County Health Services Agency (HSA) is proposing a pilot project to provide intensive public health nurse case management to 25 low-income pregnant women that will result in improved birth outcomes, decreased numbers of low birth weight babies, and decreased tobacco use during pregnancy. The project is designed to address Designated Strategy 1 – An Enhanced Stop Smoking Program During Pregnancies for Young Mothers and Fathers. The design of this project is based on recent research and best practices for smoking cessation during pregnancy, on Stanislaus County Public Health Data, and on HSA's experiences and past achievements in our Prenatal Care Guidance Program.

The 1999, 2000, and 2001 Stanislaus County Community Health Reports have each identified low birth weight babies as a problem in Stanislaus County. Although the rate has been decreasing, we still exceed the Healthy People 2010 goal of 5.0%. African Americans in Stanislaus County have the highest low birth weight percentages when compared to any other race or ethnicity. The infant death rate is linked quite closely with the low birth weight. Infants born at low weight are 40 times more likely to die during their first month of life.

Studies have shown that intensive case management by public health nurses with a caseload of 25 can improve birth outcomes. Current funding does not allow for this level of caseload.

The target population for this project will be pregnant low-income women living in Stanislaus County who are on Medi-Cal and/or those who are at risk for poor birth outcome due to smoking and second hand smoke exposure. Cases will come from women referred to HSA's Prenatal Care Guidance Program and through referral from prenatal care providers who identify patients as at high risk for poor birth outcome.

HSA's project combines the inputs of intensive case management from a public health nurse that include activities such as outreach and case finding, case management, referral and follow-up, health teaching, counseling, consultation, collaboration, and advocacy. Outputs include pregnant women participants receiving a minimum of two home visits per month throughout their pregnancy and one home visit within one month of their baby's birth. This project addresses the desired outcomes described in the Proposition 10 Designated Pilot Program Application Kit to "decrease the amount of smoking by case managed pregnant women by 40%" and that "birth weight of infants born to mothers receiving either intervention will be no less than 5.5 pounds."

Target Population

The target population for this project will be pregnant low-income women living in Stanislaus County who are on Medi-Cal and/or those who are at risk for poor birth outcome due to smoking or second hand smoke exposure. Cases will come from women referred to HSA’s Prenatal Care Guidance Program and through referral from prenatal care providers who identify patients as at high risk for poor birth outcome. This project will serve the entire Stanislaus County geographic area.

The following tables show demographic characteristics of pregnant women and births in Stanislaus County:

Age Group and Expected Payment Source for Delivery for all Births, Stanislaus County, 2000

	00-17	18-19	20-34	35+	Total
Unknown	0	0	0	1	1
Medi-Cal	229	481	2,409	245	3,364
No Insurance	27	32	110	9	178
Other/Gov	0	0	9	3	12
Prepaid	80	110	2,185	379	2,754
Private Insur.	19	30	758	114	921
Unattended	0	0	5	3	8
Total	355	653	5,476	754	7,238

Age Group and Mother’s Ethnicity for all Births, Stanislaus County, 2000

	00-17	18-19	20-34	35+	Total
Unknown	0	5	41	13	59
Am Ind	1	3	22	4	30
Asian	14	17	262	46	339
Black	10	25	129	14	178
Hispanic	216	337	2,509	303	3,365
Other	0	0	1	0	1
White	114	266	2,512	374	3,266
Total	355	653	5,476	754	7,238

The following statistics are from HSA’s Perinatal Outreach Program. This program served 61 mothers in FY99/00.

63 babies were born	Two sets were twins	61 mothers
Very low birth weight	0	
Low birth weight	6	9.5%
3 of the 4 twins were low birth weight		
Mothers receiving care in the first trimester		59%

Mothers receiving care in the second trimester	21%
18 of the 61 mothers smoked	30%
2 of the smoking mothers cut down on their smoking during pregnancy	10%
3 of the smoking mothers quit	15%
25 of the mothers were exposed to secondhand smoke	41%
22 of the 63 infants were Substance Exposed Infants (SEI)	35%
15 of the SEI were infants exposed to smoking by mothers	24% of total
15 of the SEI were also exposed to secondhand smoke	24% of total
Of the 6 low-birth-weight babies, 5 were born to smoking mothers	
Of the 6 low-birth-weight babies, 5 were SEI	
3 of the mothers of low-birth-weight babies entered prenatal care in the 3 rd trimester	13% of SEI mothers

This designated pilot project builds upon the information we have about the target population. The design of the project is based on recent research and best practice information demonstrating that intensive case management by a public health nurse can improve birth outcomes and assist pregnant women in achieving smoking cessation.

The program will be coordinated by the Community Health Services division of HSA at the main campus at 830 Scenic Drive in Modesto. Please see Attachment A for a copy of the HSA Organizational Chart showing where the Community Health Services division fits into the overall organization of the agency. The services will be provided to women in the location of their choice, preferably their home, but a clinical or community setting could be provided if they prefer. Services will be provided between the hours of 8 a.m. to 5 p.m., Monday-Friday.

A Public Health Nurse (PHN) will provide the services under this project, accessing an HSA Community Health Worker II for language interpretation as needed. A common definition of public health is, “what we, as a society, do collectively to assure the conditions in which people can be healthy.” A common definition of nursing is, “to assist the individual, sick or well, in the performance of those activities contributing to his health or recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible. The nurse is temporarily the consciousness of the unconscious, the love of life for the suicidal, the leg of the amputee, the eyes of the newly blind, a means of locomotion for the infant, knowledge and confidence for the young mother, and the voice of those too weak or withdrawn to speak.” Public health nursing is the “synthesis of the art and science of public health and nursing.”

The PHN will contact potential referral sources to explain the project and it’s goals in order to encourage referrals of clients. The PHN will accept referrals from a variety of resources including but not limited to prenatal care providers, prenatal care guidance, WIC, school nurses and hospitals. Emphasis will be placed on accepting referrals for pregnant women who smoke or who are regularly exposed to secondhand smoke in their home.

Program Alignment with Selected Designated Strategy

Stanislaus County Health Services Agency (HSA) is proposing a pilot project to provide intensive public health nurse case management to 25 low-income pregnant women that will result in improved birth outcomes, decreased numbers of low birth weight babies, and decreased tobacco and other substance abuse during pregnancy. The project is designed to address Designated Strategy 1 – An Enhanced Stop Smoking Program during Pregnancies for Young Mothers and Fathers. The design of this project is based on recent research and best practices for smoking cessation during pregnancy, on Stanislaus County Public Health Data, and on HSA's experiences and past achievements in our Prenatal Care Guidance Program.

The following information is taken from a report entitled Smoking Cessation Programs for Pregnant Women, Patricia Dolan Mullen, DrPH, University of Texas School of Public Health:

The first study (1984) of the effectiveness of a prenatal smoking cessation intervention was conducted by epidemiologists interested in providing conclusive proof of a causal relation between maternal cigarette smoking and low birth weight. **Researchers achieved a 25 percent difference in validated cessation between experimental and control groups with an intensive intervention that included multiple telephone contacts and a home visit. Further, they found a 92 gram improvement in birth weight.**

Twelve years later (1996), reports from more than two dozen intervention trials have appeared in English language journals. These trials have tested various intervention strategies in diverse populations of pregnant women, and 14 of them provide reliable and valid data to answer questions of interest to obstetric care providers and health plan administrators. Most of these trials tested brief counseling at the first prenatal visit plus pregnancy-specific self-help material.

An analysis using data from 14 trials addressed the following questions: (1) What conclusions can be drawn about the effectiveness of intervention during pregnancy? (2) Do interventions work better with some subgroups than others? (3) How well does abstinence achieved during pregnancy endure after the birth? (4) Are pregnant patients willing to identify themselves as smokers? (5) What is the cost of intervention, and what financial benefits can be expected by the sponsoring organization?

[The average outcome from the studies indicated] a 40 percent increase in smoking cessation. Thus, significant cessation can be achieved with interventions that include counseling at the first prenatal visit by designated staff plus self-help material tailored to pregnancy. **It also appears that more intensive intervention can be expected to achieve greater effects.**

CONCLUSIONS

Based on further examination of these trials, the following conclusions can be drawn:

- Pregnancy is a time of change, and spontaneous and assisted smoking cessation occur at higher rates than other times in women's lives. Spontaneous quitting may be as high as 40% of women who had smoked prior to pregnancy.

- Four studies with smoking cessation outcomes also evaluated the impact of an intervention on birth outcomes. The findings are roughly consistent with the epidemiology literature, **with a reduced risk of low birth weight in trials with higher cessation rates.**
- Intervention success is not lower among African-American and Hispanic (Mexican origin) women.
- Interventions tested to date appear to be much more successful for lighter smokers than for heavier smokers. For highly addicted pregnant smokers, over-the-counter nicotine replacement therapy might be considered.
- Increasingly, pregnant women are reluctant to describe themselves as smokers in the context of obstetric care and especially after smoking cessation counseling. History taking should offer multiple-choice answers (i.e., “always, most of the time, sometimes, rarely, never”) that allow a woman to say that she has reduced her smoking. This approach improves disclosure of true smoking status by 45%.
- Intervention can produce significant cessation that is beneficial not only to the health of the infant but also to the health of care providers’ “bottom line,” achieving a \$3 return for every \$1 invested. When a broader range of benefits is considered, re-hospitalizations in the first year and long-term health care costs, the benefit-cost ratio is 18:121.
- These benefits can be achieved with a relatively small investment of resources.
- Despite disappointing rates of return to smoking postpartum, more than one third of women who stopped smoking during pregnancy are still abstinent one year after the birth. Thus, obstetric caregivers can influence the long-term health of their patients.

A study entitled Long-term Effects of Home Visitation on Maternal Life Course and Child Abuse and Neglect, Journal of the American Medical Association, August 27, 1997

demonstrated that intensive case management by public health nurses with a case load of 25 can improve birth outcomes. Current HSA funding does not allow for this lower level of case load. Through funding of this proposed Proposition 10 Designated Pilot Project, we will document that this intervention is successful and seek other grant and local funding to continue and expand this model.

HSA’s Prenatal Care Guidance Program currently provides outreach to pregnant women on Medi-Cal through telephone calls made by a PHN during each trimester of the client’s pregnancy and immediately postpartum. The woman’s needs and attendance to prenatal visits are assessed and she is encouraged to follow through, her questions are answered and she is referred to appropriate community services including smoking cessation programs. The primary focus of the program is to encourage regular prenatal care visits. Women who are identified as needing intensive case management due to circumstances that make them at high risk for poor perinatal outcomes are referred to a PHN for in home case management. Our current funding level does not allow us to provide intensive case management for all women who may need or benefit from this type of service and the current intensive case management is not designed to include an integrated stop smoking cessation program or education and counseling about the effects of tobacco use.

The 1999, 2000, and 2001 Stanislaus County Community Health Reports have each identified low birth weight babies as a problem in Stanislaus County. Although the rate has been decreasing, we still exceed the Healthy People 2010 goal of 5.0%. African Americans in Stanislaus County have the highest low birth weight percentages when compared to any other race or ethnicity. The infant death rate is linked quite closely with the low birth weight. Infants born at low weight are 40 times more likely to die during their first month of life.

About 19.9% of pregnant women smoke. The greatest incidence of prenatal smoking is found in a woman who is unmarried, receiving no prenatal care, and enrolled in Medicaid (Medi-Cal). Smoking is related to low birth weight. Ahlsten, Cnatingius, and Lindmark (1993) demonstrated that small-for-gestational age births were 100% higher in a smoking group when compared to a nonsmoking group. Maternal smoking during pregnancy has also been associated with reduced fertility, increased incidence of spontaneous abortion, abruptio placentae, placenta previa, bleeding during pregnancy, and premature rupture of amniotic membranes. Further, smoking has also been implicated in sudden infant death syndrome, increased morbidity and mortality in infancy, slower rate of growth, congenital urinary tract anomalies, a reduction in mental aptitude that persists into late adolescence, and other birth defects including idiopathic mental retardation. Medi-Cal hospital costs for low birth weight babies average \$32,800, thirteen times higher than that of non-low birth weight babies.

Capacity

HSA is a Stanislaus County government agency and network of outpatient medical offices and public health services located throughout the County. Our mission is to lead the development, implementation and promotion of public policy and health care services to achieve excellent physical, psychological and social well being. Our vision statement is *Leading the Way to a Healthy Community*. This project aligns with our agency mission by developing, implementing and promoting a program to achieve excellent physical, psychological and social well being of pregnant women and their newborns.

HSA continually strives to integrate our public health services with our ambulatory services to provide continuity of medical care in the communities where our patients reside. Our ambulatory services include an Urgent Care Center, Specialty Clinics, and nine Medical Offices strategically located throughout the county to offer a full range of services including family practice, family planning, internal medicine, pediatrics, geriatrics, OB/GYN, and dentistry. Clinics are located in Empire, Hughson, Ceres, Turlock, Modesto (5), and also include a mobile clinic, the MOMobile. Our public health services include: adolescent/family life programs; adult health services; AIDS case management; children's clinic; communicable disease surveillance; HIV testing/counseling; immunizations; managed care services; nutrition case management; prenatal outreach; public health nursing; tuberculosis screening/treatment; Women, Infants and Children (WIC) nutrition; prevention education and health promotion on dental care, lead poisoning, tobacco and general health; and nutrition and cardiovascular disease prevention task forces.

This project will expand HSA's capacity to provide intensive service to at risk pregnant women. HSA's internal assets include our experience working with high risk pregnant women, having the

interventions in place and having qualified staff who are knowledgeable about pregnancy and prenatal care.

We leverage external resources continuously through our daily activities and knowledge of community resources. Knowing our community well has helped us to pioneer community efforts. A unique characteristic of Stanislaus County is that the Board of Supervisors and HSA's Managing Director encourages community participation to help identify needs and service gaps, eliminate duplication of services and maximize community organization efforts. Senior leadership acknowledges community health advocacy as a process used for social change and realizes that combined efforts provide the means to generate, mobilize, coordinate and/or redistribute resources that fulfill the unmet health needs of the community. Over the last six years, we have taken the lead in either establishing or actively participating in the following:

- Domestic Violence Task Force
- Perinatal Outreach Task Force
- HEART Coalition of Stanislaus County
- Breastfeeding Coalition
- Immunization Coalition
- Nutrition & Fitness Council
- Keep Baby Safe (KBS) Network
- Tobacco Education Coalition
- Oral Health Advising Committee
- Five Community Collaboratives
- Child Welfare Advisory Board
- Family Preservation Family support Committee
- Infant Services Committee
- Teen Pregnancy and Parenting Network
- Perinatal substance Abuse coalition
- MultiAgency Team for Children's Health Service

Program Logic Narrative

1. Inputs

Inputs will include staff, key partners, materials, financial resources, and flexibility of location. A Public Health Nurse (PHN) will provide services under this project, accessing language interpreters as needed through HSA's existing staff pool of Community Health Worker IIs. The project will coordinate with existing stop smoking programs, prenatal care providers, the WIC Program, and other community-based organizations as appropriate. Materials used will include standard Public Health Nursing assessment and education materials and the American Cancer Society "Make Yours a Fresh Start Family" materials. Please see Attachment D for a sample of these materials. Medi-Cal Targeted Case Management funds will be leveraged to fully fund the program. These funds only become available to HSA if we first have a source of local funds prior to billing Medi-Cal. This pilot project grant will serve as our source of local funds. The services will be provided to women in the location of their choice, preferably their home, but a clinical or community setting could be provided if they prefer. Please see Attachment B of job descriptions for the Public Health Nurse and Community Health Worker.

2. Activities

The following public health nursing interventions will be used for this project:

Outreach and Case Finding: The PHN will contact potential referral sources to explain the project and its goals in order to encourage referrals of clients. The PHN will accept referrals from a variety of resources including but not limited to prenatal care providers, prenatal care guidance, WIC, school nurses and hospitals. Emphasis will be placed on accepting referrals for pregnant women who smoke or who are regularly exposed to secondhand smoke in their home.

Case Management: The PHN will work with the pregnant woman and her family to increase self-sufficiency and improve the women's ability to have optimal health for herself and her baby through coordinated use of community resources. This will include a comprehensive intake assessment of her needs and an individualized plan to meet those needs. The client will be followed throughout her pregnancy with a minimum of two home visits per month. These home visits will include continued assessment, prenatal education and, where needed, a focused stop smoking message following the "Make Yours A Fresh Start Family" guidelines. This will include tobacco education materials, videos, information on smoking cessation strategies and referral to smoking cessation programs.

Referral and Follow-up: The PHN will refer the client to needed community resources, assist her in accessing them and conduct follow-up activities to assure desired results.

Health Teaching: The PHN will provide client-focused health education about all aspects of pregnancy health, prenatal care and parenting of a newborn with emphasis on decreased exposure to tobacco and other substance abuse and continued participation in family planning. The American Cancer Society "Make Yours a Fresh Start Family" will be used as a primary smoking cessation educational tool.

Counseling: The PHN will develop a relationship with the client, providing emotional support to foster a client's success in having a healthy newborn.

Consultation: The PHN will work with the client to develop strategies to implement the plans to improve their pregnancy outcome and decrease exposure to tobacco and other substance abuse.

Collaboration: The PHN will collaborate with the client and with community agencies to decrease the barriers to services and increase the seamlessness of the services the client receives.

Advocacy: The PHN will advocate on behalf of the client to decrease barriers to services.

3. Outputs

Twenty-five at-risk pregnant women will receive a minimum of two home visits per month throughout their pregnancy and one home visit within one month of their baby's birth.

4. Outcomes

- 60% of the women who smoke during their pregnancy will decrease or discontinue their smoking
- 100% of women exposed to secondhand smoke in their home will decrease or discontinue their exposure
- 90% of the babies born will weigh 5.5 pounds or more

Assessing the Achievement of Outcomes

Each client will be assessed during the first visit to identify her smoking and second hand smoke exposure using a standardized form. Please see Attachment C for samples of the intake forms we will use. The client will be reassessed every three months and at the close of the program to assess her tobacco use or second hand smoke exposure. All PHN activities with the clients will be documented in a client record. The PHN will review the progress with the client with her supervisor after the initial assessment and every three months thereafter. If desired outcomes are achieved, we will look for continued funding to expand and continue the process with pregnant women. The educational programs will be implemented for all pregnant clients.

Client-Focused Collaborations/Linkages

This project will enhance and be coordinated with the work of HSA's Perinatal Outreach and Education Planning Task Force. Representatives from Doctors Medical Center, Memorial Hospitals Association, Emmanuel Medical Center and Oak Valley Hospital help comprise the Task Force. Other members include HSA's epidemiologist, Maternal Child Health Director, Perinatal Outreach Education staff, health educators, WIC Program staff, nursing directors from area hospitals, the Medi-Cal Program staff and hospital social workers. To date the Task Force has:

- Identified specific areas of the county with high Low Birth Weight rates.
- Developed an Outreach Team of Community Health Workers with language skills to address the diverse populations of the County.
- Developed an Educational Calendar with information for pregnant women/teens. These calendars have been distributed through various outreach methods such as door to door, at flea markets, etc.
- Extended the education and outreach activities to include males to assist in encouraging the understanding of the need for early prenatal care and fetal development.
- Continued monitoring through birth certificate data, focus groups and post discharge interviews.

Designated Pilot

PROGRAM LOGIC CHART

Agency: Stanislaus County Health Services Agency (HSA)

Program Name: HSA Stop Smoking Case Management Project

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
<ul style="list-style-type: none"> • 1 FTE Public Health Nurse • 20% FTE Community Health Worker II (Language Interpreter) – may be more or less depending on need • Existing smoking cessation programs • Prenatal care providers • WIC Program • Other community-based service organizations as appropriate and needed • Standard public health nursing assessment and education materials • American Cancer Society’s “Make Yours A Fresh Start Family” materials • Medi-Cal Targeted Case Management Funds (match) 	<ul style="list-style-type: none"> • Outreach and Case Finding • Case Management • Referral and Follow-up • Health Teaching • Counseling • Consultation • Collaboration • Advocacy 	<ul style="list-style-type: none"> • Twenty-five at-risk pregnant women will receive a minimum of two home visits per month throughout their pregnancy and one home visit within one month of their baby’s birth. 	<ul style="list-style-type: none"> • 60% of the women who smoke during their pregnancy will decrease or discontinue their smoking • 100% of women exposed to secondhand smoke in their home will decrease or discontinue their exposure • 90% of the babies born will weigh 5.5 pounds or more

The results of this project will be reviewed by the Task Force. The supervisor of the nurse in the program will be a member of the Task Force. The public health nurse on this project will work with the tobacco education staff at HSA and the American Cancer Society to obtain the “Make Yours A Fresh Start Family” information and make it available to project participants. S/he will coordinate with all nine HSA Medical Offices and other prenatal care providers to assured continued care. S/he will refer women to and assist them in accessing appropriate community-based supportive services including, but not limited to, substance abuse treatment programs, WIC, smoking cessation programs, parenting classes and other support services for basic needs.

The specific roles of our collaborators on this project will include:

WIC	All women will be referred to WIC where they will receive nutrition education in addition to WIC coupons for nutritional foods.
Prenatal clinics	Will provide referrals, prenatal medical care, and support to women ceasing tobacco use.
Interfaith ministries and other community based food and clothing banks	Will provide emergency food and/or clothing.
Children’s Crisis Center	Women will be referred to this agency if there is a need for respite or parenting classes
HAVEN	Women will be referred to these services if they are identified as being at risk for injury due to domestic violence.

Please see Attachment E for letters of support and/or commitment to this project.

Designated Pilot

BUDGET REQUEST FORM

Complete this form for the entire project. If there are subcontractor(s) budgets involved, please complete an additional form for each. Identify the subcontractor, and the line items involved in each subcontract. Please note this form may be expanded to provide additional line items or space for clarification.

Stanislaus County Health Services Agency
Name of Organization/Individual

558-7428
Telephone

Address: P.O. Box 3271
Modesto, CA 95353

(✓ the appropriate box)
<input checked="" type="checkbox"/> Prime contractor's budget
<input type="checkbox"/> Subcontractor's budget
Identify subcontractor:

Budget Period (10/1/2001-9/30/2002)			Amount Requested from Commission	Total Amount Available from other funding sources*	Total Project Budget
I. PERSONNEL					
Position Title	Salary	Hours/week	54%	46%	
A. Public Health Nurse	27.72/hour	40	31,135	26,523 NS	57,658
B. Community Health Worker II	14.89/hour	8	1,672	1,425 NS	3,097
Benefits @ 35%			11,483	9,781 NS	21,264
Subtotal Personnel			44,290	37,729 NS	82,019
II. OPERATING EXPENSES					
A. Rent and Utilities				500 NS	500
B. Office Supplies and Materials				50 NS	50
C. Telephone/Communications				500 NS	500
D. Postage/Mailing				50 NS	50
E. Reproduction/Copying				100 NS	100
F. Printing				100 NS	100
G. Equipment					
H. Travel: 400 miles/mo x 12 mos x .345/mile				1,656 NS	1,656

Designated Pilot

Budget Period (10/1/2001-9/30/2002)	Amount Requested from Commission	Total Amount Available from other funding sources*	Total Project Budget
I. Insurance			
J. Audit			
K. Training/Conferences			
L. Consultants			
M. Subcontractors			
N. Other (please specify)			
O. Evaluation Costs			
Subtotal Operating Expenses		2,956 NS	2,956
III. INDIRECT COSTS ** (@ 10% of total budget excluding capital expenditures)	5,710	2,798 NS	8,498
IV. TOTAL PROGRAM COSTS	\$50,000	\$40,527	\$90,527

IN-KIND: Identify any in-kind support that is available to this project (i.e., Volunteer hours (Identify roles of volunteers), donated office space or equipment, etc.)

BUDGET NARRATIVE: Attach a narrative justification of how all budget figures (line items) were derived, a simple justification of expenses and how the budget related back to the program description.

* List in this column all agency funds available to support the project. Indicate with an "NS" next to the amount any that are not yet secured.

** Indirect costs should not exceed 10% of total budget, excluding capital expenses.

Budget Narrative

Personnel

A Public Health Nurse will be devoted full-time to this project to provide the daily intensive case management services as described in the grant application narrative, to provide referrals and coordinate services with collaborating partners, and to conduct the evaluation of this grant project. We have budgeted a Community Health Worker II position at eight hours per week to this project to provide interpreter services. CHW's at HSA are currently available for interpreter services in the languages of Spanish, Hmong, Cambodian and Lao. We have budgeted 54% of the personnel costs under this project from the Proposition 10 grant. The remaining 46% of costs will come through reimbursements from the Medi-Cal Targeted Case Management Liaison program.

Benefits

HSA uses a rate of 35% for all fringe benefits to include payroll taxes, health insurance, retirement, and vacation liability. We have budgeted 54% of the personnel costs under this project from the Proposition 10 grant. The remaining 46% of costs will come through reimbursements from the Medi-Cal Targeted Case Management Liaison program.

Operating Expenses

All operating expenses below will be paid as a match to the Proposition 10 funds through reimbursements from the Medi-Cal Targeted Case Management Liaison program.

Rent

HSA assigns a portion of office space costs based on FTE. The amount shown reflects the use of 1 FTE Public Health Nurse at the main HSA campus on 830 Scenic Drive in Modesto. Space will be needed to conduct the grants management and referral work of this project.

Office Supplies and Materials

Includes routine office supplies such as paper, pens, paper clips, file folders, etc. Amount budgeted is low but is calculated based on an abundance of existing supplies that will be available to this project's staff use.

Telephone/Communications

HSA assigns a portion of telephone costs based on FTE. The amount shown reflects the use of 1 FTE Public Health Nurse at the main HSA campus on 830 Scenic Drive in Modesto. Telephone use is needed to schedule appointments with clients and to make referrals to services.

Postage/Mailing

Routine mailing of correspondence to and from the Proposition 10 Commission may be required as well as mailing of correspondence to clients, collaborating partners and referral agencies.

Reproduction/Copying

Costs are included for in-house copying of files and intake forms. Costs are estimated at .04 cents per copy for an estimated total of 2,500 copies during the entire project period.

Printing

Outside printing is budgeted for bulk copying of educational materials for client use and reference.

Travel

Local mileage reimbursement will be paid to the PHN at the California per diem rate of .345/mile for her travel to and from client homes and the HSA main campus. We estimated this travel will be an average of 400 miles/month x 12 mos x .345/mile.

Indirect Costs

Indirect costs include those costs not easily attributable to individual grant projects such as finance, human resources, and administration. We are requesting a share of the 10% indirect costs and will receive the remaining share through the Medi-Cal Targeted Case Management Liaison program.

Designated Pilot

STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION

In Partnership with United Way of Stanislaus County

Designated Pilot Program

Disclosure Statement

I, Beverly M. Finley, of Stanislaus County Health Services Agency (HSA), hereby state
Name Name of Organization

that the funds being requested in this application do not supplant any existing revenue sources.



Beverly M. Finley

Signature

8/15/01

Date

Managing Director

Title

Attachment A

HSA Organizational Chart

STANISLAUS COUNTY HEALTH SERVICES AGENCY

Board of Supervisors

Chief Executive Officer
Reagan Wilson

Health Services Agency
Managing Director
Beverly Finley

Medical Director – Garfield Pickell, M.D.

Director Residency Program
John Payne, M.D.

Public Health Officer

HSA Foundation

Senior Executive Secretary

Director of Volunteer Services
Kathy Phillips

SFMG Administrator
George Killian

Ancillary Services
John Schaper

Regional Clinic
System
Kathy Kohrman

Public Health
Services
Cle Moore

Health Promotion
& Employee
Wellness
Phoebe Leung

Marketing &
Business
Development
David Jones

Finance
Cindy Coit

Managed Care
Mary Ann Lee

- Pharmacy
- Laboratory
- Radiology
- Rehabilitation
- Medical Records
- Central Scheduling Unit
- M.D. Contracting and M.D. Relations

- Ceres Medical Office
- Empire Medical Office
- Family Practice Clinic
- Hughson Medical Office
- Medical Arts Building
 - OB/GYN
 - Peds
 - Dental
 - PMP Clinic
- MoMobile
- McHenry Medical Office
 - Family Planning
 - Salida Women's Health
- Oakdale Medical Office
- Turlock Medical Office
- Urgent Care

- Epidemiology
- Vital Statistics
- CCS/MTU
- Children's Medical Service
- HIV/STD
- TB/CD
- MCH
- Community Health Services
 - Case Management
 - Contracts
 - Education & Outreach

- Nutrition
- Community Health Promotion
- Patient Education
- Employee Services
 - Human Resources
 - Payroll
 - Education & Training

- HSA Foundation
- Public Relations
- Business Development

- Financial Services
- Patient Finances
- Information Services
- Support Services
 - Security
 - Environmental Services
 - Materials Management
 - Engineering
 - Dietary

- MediCal Managed Care
- Healthy Families
- Risk Management
- IHCP
- Insurance Contracting & Credentialing
- MediCal Outreach

Attachment B

Job Descriptions of Key Personnel



Public Health Nurse

Salary Range \$3,874 - \$4,7087 Monthly

FINAL FILING DATE...Continuous

GENERAL INFORMATION

The current opening is in California Children Services to work in Maternal and Child Health to provide in home Public Health Nursing services for families.

The result of this recruitment will also be to establish a comprehensive eligible list, designed to be utilized for Public Health vacancies occurring in the next six months. Public Health Nurses are assigned to one of a variety of specialized areas including senior health, communicable disease, community health and child health.

Unless otherwise provided, this position is part of the Classified Service of the County and is assigned to the Registered Nurse Bargaining Unit for labor relations purposes. Incumbents are also subject to overtime, standby and call-back assignments.

Minimum Qualifications

Ability to:

- Plan, organize and conduct public health nursing activities as assigned;
- Work effectively with individuals and families to assist them in satisfactory solutions of health issues;
- Cooperate and work productively with individuals and agencies outside the department;
- Analyze situations accurately and take effective action;
- Speak and write effectively; and,
- Assess health problems accurately, applying knowledge and skill.

Note:

Individual Clinics have specific physical requirements the incumbent will perform. These may include, but are not limited to: stand and walk for long periods of time, lift and carry coolers containing vaccine for clinics or baby scales for home visits, and move tables and equipment in the process of setting up and tearing down temporary clinics.

Knowledge of:

- Current principles and practices of Public Health Nursing, including community aspects of nursing programs and provision for continuity of patient care;
- Federal and State laws and regulations governing public care;
- Causes, means of transmission and methods of control of communicable diseases;
- Human growth, development and the aging process;

- Related community resources;
- Principles of group and family dynamics; and,
- Use and effects of medicines.

License:

- Possession of a valid license as a Registered Nurse issued by the State of California.

Certificate:

- Possession of a valid certificate as a Public Health Nurse issued by the State of California.

Driver's License:

- Applicants must possess and maintain a valid California Driver's License and remain free from repeated preventable accidents.

GENERAL QUALIFICATIONS

- Pass County-paid job background or reference check.
- Pass County-paid health screening examination.
- Perform job duties in a manner assuring a safe relationships with the general public, co-workers, supervisors and members of diverse cultural and linguistic backgrounds regardless of race, color, national origin, ancestry, political affiliation, sex, sexual orientation, religion, marital status, age (over 40), pregnancy relation condition, medical condition (cancer related), persons with a physical disability (including AIDS), or mental disability.
- Maintain confidential information according to legal standards and/or County regulations as required.

THE SELECTION PROCESS

The selection process can/may include one or more of the following: (1) All applicants will complete the standard Stanislaus County Application form and supplemental questionnaire when appropriate. (2) All applications are reviewed. The County may utilize a screening committee of qualified individuals to review all applications and determine which applicants will be further considered. (3) Persons who qualify will be asked to appear for a written examination and/or to appear before a Qualifications Appraisal Panel, or a combination of both. The scope of the oral interview will include an evaluation of each candidate's education and experience as it relates to the position. In appraising experience, greater consideration will be given to the breadth and regency of experience and evidence of ability to accept and fulfill increasing responsibility than to the length of experience. Rating categories include presentation, ability and knowledge and potential to perform the functions of the job. (4) Pre-Interview Exercise. (5) Physical abilities/agility exam used primarily for law enforcement positions.

ADDITIONAL INFORMATION

If you meet the requirements stated herein, you may compete in the selection process. Possession of the minimum qualifications does not assure your participation in this recruitment or a place on the eligible list.

MEDICAL/FINGERPRINTING REQUIRMENTS

A medical screening and fingerprinting are required of all applicants. Some positions require a thorough background investigation.

EQUAL EMPLOYMENT OPPORTUNITY

The County of Stanislaus is an Equal Opportunity Employer. All qualified applicants are encouraged to apply for positions.

APPLICANTS APPEAL RIGHTS

Examination results may be appealed by applicants presenting facts alleging irregularity, fraud or error in scoring. Appeals must be in writing and submitted to the Chief Executive Officer within seven (7) days after examination results are mailed.

IMMIGRATION REFORM AND CONTROL ACT

The Immigration Reform and Control Act of 1986 makes it illegal for an employer to knowingly hire or employ illegal aliens. In order to comply with this law, all individuals will be required to provide verification of authorization to work in the United States at the time an offer of employment is made. Acceptable verification would include a driver's license and social security card; or a driver's license and birth certificate; or a United States passport, etc.

PROBATIONARY PERIOD

Individuals who are hired in a full-time classified position are required to serve a twelve-month (12) probationary period, which may be extended an additional six (6) months for a total of eighteen (18) months. The probationary period does not apply to Unclassified positions.

INTERNAL REVENUE CODE 415

Notice is hereby given pursuant to Government Code Section 31673.1 that any persons who, for the first time, becomes a member of the Stanislaus County Employees' Retirement Association on or after January 1, 1990, shall be subject to, and such persons shall not have any retirement right or benefit which exceeds, and no retirement right or benefits shall accrue to or vest such persons which exceeds, the limitations in the Internal Revenue Code upon public retirement systems.

SMOKING

Stanislaus County Ordinance 9.50.000 prohibits smoking in County facilities, except in designated areas.

TESTING ACCOMODATIONS

Arrangements may be made to accommodate disabilities or religious convictions. Describe the special-test arrangements you require in Section 13 of the application form.

TO APPLY

Applications may be obtained and must be returned to: STANISLAUS COUNTY PERSONNEL, SECOND FLOOR, 1100 "H" STREET, MODESTO, CALIFORNIA 95354. TELEPHONE: (209) 525-

6341 (8-5PM). JOB LINE: (209) 525-4339.

NOTES:

Make your application as complete as possible so a full and realistic appraisal may be made of your qualifications. Applicants are invited to submit a brief resume outlining paid or non-paid experience relevant to the position. **Resumes will not be accepted in lieu of application.** Postmarks will not be accepted.

DISCLAIMER:

Stanislaus County reserves the right to revise the examination plan described in this flyer to better meet the needs of County service. The provisions of this bulletin do not constitute an express or implied contract. Any provision contained in this bulletin may be modified or revoked without notice. The information contained in the bulletin is information which sets forth a general summary of benefits for this respective position. This information is not legally binding. The benefits and other information regarding this position may be found in the Stanislaus County code, the Stanislaus County Personnel Policies manual, or in the applicable Memorandum of Understandings, and such information prevails over information contained in this flier. Questions regarding this announcement may be directed to the Stanislaus County Chief Executive Office, or by calling (209) 525-6341.

Equal Employment Opportunity

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Home

Last update: 06-25-99



COMMUNITY HEALTH WORKER II

Salary Range \$10.38 - \$12.62 Hourly

FINAL FILING DATE....October 12, 2000

GENERAL INFORMATION

This recruitment will be used to establish an eligibility list for both part-time and full-time positions at the Health Services Agency. The list will be used to fill vacancies, which occur in the next six months, and could be extended up to one year.

The current vacancy is a full time opening in the Women Infants and Children's program. This position will do nutritional counseling, training and re-certification for WIC Eligibility.

Unless other wise provided, this position is part of the Classified service of the County and is assigned to the Community and Health Services Bargaining Unit for labor relations purposes. Incumbents are also subject to overtime, standby and callback assignments.

TYPICAL TASKS

-
- Prepares nutritional assessments for WIC clients.
- Clarifies professional/medical instructions to patients, and provides supportive counseling such as counseling problem pregnancy, teenage pregnancy and nutritional counseling.
- Provides information including community referral sources as necessary, on health-related topics, which may include birth control, infectious diseases and nutrition.
- May perform limited tests, take vital signs and collect specimens.
- May assist with medical procedures by preparing patients, arranging supplies and instruments.
- Cleans and sterilizes instruments after procedures.
- Interviews patients to discover, define and document health conditions, and to determine eligibility for program participation.
- Obtains medical histories.
- Records observations on patients' basic health conditions
- Maintains patients' records.
- Reports and records test results.
- Group facilitation skills.
- Completes WIC certification or recertification paperwork.
- Supplies treatment rooms.
- Inventories and orders supplies.
- May act as interpreter for non-English speaking patients.
- May translate education materials from English to Spanish.
- May participate in community-oriented educational activities and programs.
- May be required to independently perform work at outreach clinics and make home visits.
- May perform clinical follow-ups including contacting clients to inform them of test results, make referrals, etc.

MINIMUM QUALIFICATIONS**Ability to:**

- Function effectively as a health care team member;
- Understand and follow routine nutrition or medically-oriented oral and written instructions;
- Chart clearly and concisely;
- Interact with patients objectively using empathy;
- Communicate clearly both orally and in writing; and,
- React quickly in crisis situation.

Knowledge of:

- Basic human anatomy and physiology;
- Available community services and resources;
- Routine nursing techniques including first aid procedures;
- Aseptic laboratory techniques; and,
- Methods and techniques of effective communication and interviewing.

Education/Experience:

- **Pattern I:** will qualify for promotion to Community Health Worker II; **OR,**
- **Pattern II:** The equivalent of 12 months of clerical and para-professional nursing training or experience, either voluntary or paid, in a health care setting, and 15 related semester units of college-level course work, including at least one class in any of the following: Psychology, Sociology, Biology or Physiology; **OR,**
- **Pattern III:** A Bachelor's degree in the Behavioral Sciences, Biology, Social Services, Health Education, or a closely-related field; **OR,**
- **Pattern IV:** Current California License as a Registered Nurse or Licensed Vocational Nurse; **OR,**
- **Pattern V:** Graduation as a Medical Assistant from a vocational school training program and six months of experience in a health care setting.

DESIRABLE QUALIFICATIONS

- Bilingual English/Spanish

GENERAL QUALIFICATIONS

- Pass County-paid job-related background or reference check.
- Pass County-paid health screening examination including a drug screen test.
- Perform job duties in a manner assuring a safe working environment for oneself and others.
- Establish and maintain effective working relationships with the general public, co-workers, supervisors and members of diverse cultural and linguistic backgrounds regardless of race, color, national origin, ancestry, political affiliation, sex, sexual orientation, religion, marital status, age (over 40), pregnancy related condition, medical condition (cancer related), persons with a physical disability (including AIDS) or mental disability.
- Maintain confidential information according to the legal standards and/or County regulations as required.

EQUAL EMPLOYMENT OPPORTUNITY

The County of Stanislaus is an Equal Opportunity Employer. All qualified applicants are encouraged to apply for the positions.

TESTING ACCOMMODATIONS

Arrangements may be made to accommodate disabilities or religious convictions. Describe the special-test arrangements you require in Section 13 of the application form.

APPEAL RIGHTS

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Equal Employment Opportunity

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Last update: 02-17-2000

Attachment C

Sample Intake Forms

STANISLAUS COUNTY HEALTH SERVICES AGENCY
ADULT INTAKE

Reason for Referral _____

Health Assessment

Medical Concerns _____

Medi-Cal / Med Ins _____

Primary Care Provider _____

Last Seen _____ Next Appt _____

G _____ P _____ SAB _____ TAB _____ Other _____

Family Planning Provider _____

Method: Past _____ Present _____

Unprotected Sex: Past-Y / N Present-Y / N Multiple Partners: Y / N

CD Hx: TB STIs Hep A-B-C HIV _____

Immunizations Up-to-Date: Y / N Unknown Data Recorded

Medications _____

Dental Provider _____ Last Visit _____

General Appearance/Hygiene _____

Exercise Routine _____

Substance Use: Tobacco Alcohol Drugs

Parent Y / N Y / N Y / N _____

Partner Y / N Y / N Y / N _____

Past (client) Y / N Y / N Y / N _____

Present (client) Y / N Y / N Y / N _____

Treatment Program _____

Mental Health _____

Emotional Health: Angry / Fearful / Overwhelmed / Depressed

Adjustment to Pregnancy _____

Hx of PP Blues: Y / N _____

Socio-Economic Assessment

Basic Needs: Housing - Type _____ #BR _____ # People _____

Permanent / Temporary / Section 8 / Low Income

Maintenance _____

Sanitation _____

Water - Y / N Heat - Y / N Electricity - Y / N Gas - Y / N Phone - Y / N

Refrigerator - Y / N Cooking - Y / N

Food: Adequate - Y / N Appropriate - Y / N Food Stamps - Y / N

WIC: Y / N / Declined / NA Next Appt _____ Site _____

Transportation: Car / Bus / Bike / Other _____

Financial Resources: TANF / SSI / Other

Total Income: < \$70,000/yr. > \$70,000/yr.

Meets TCM qualifications - Y / N

NAME _____

Safety: Seatbelt Use - Y / N Helmet Use - Y / N Smoke Alarm - Y / N

Secondhand Smoke - Y / N _____

Lead Exposure: Paint / Pottery / Folk Meds Y / N Unknown

Anyone threatened / harmed your pet? Y / N N/A

By Whom? _____

Feels Safe: With Family - Y / N With Partner - Y / N In Home - Y / N

In Neighborhood - Y / N At School - Y / N

Gang Involvement - Y / N Weapon - Y / N

Victim of Violence - Y / N Domestic Violence - Y / N

Education / Employment

Last School Attended _____ Grade Completed _____

Current School _____ Program/Grade _____

Reads: Y / N Language(s) _____

Writes: Y / N Language(s) _____

Employment _____

Child Care: Family / Day Care / Needed / N/A

_____ Funding _____

Parenting

Past Experience: Y / N _____

Parenting Classes: Y / N _____

Discipline as a Child: Spanked / Verbal / Time Out _____

Discipline Used Now: Spanking / Verbal / Time Out _____

CPS Involvement: As a Child - Y / N _____

As a Parent - Y / N Current - Y / N _____

Support / Relationships

FOB: Involved - Y / N Supportive - Y / N _____

Partner: Involved - Y / N Supportive - Y / N _____

Friends: Involved - Y / N Supportive - Y / N _____

Family: Involved - Y / N Supportive - Y / N _____

Legal Issues

Custody: Pending / Needed / Established / Not Desired

Paternity: Pending / Needed / Established / Not Desired

Restraining Order: For Client / Against Client / Needed

Probation / Parole _____

Client Concerns _____

Client Goals _____

Other _____

DOB _____

ASSESSMENT SUMMARY

Environmental Strengths: _____

Family Strengths: _____

Relationships/Community Strengths: _____

Personal Strengths: _____

Case Manager Concerns: _____

GUIDANCE

- Annual Exam / Pap
- Breast Self-Exams
 - Mammogram
- Contraception
- Dental Care
- Effects of:
 - Alcohol
 - Street Drugs
 - Tobacco
 - Secondhand Smoke

- Emotional Well Being
 - Depression - Signs / Symptoms
 - Healthy Relationships
- Environmental Sanitation
- Financial Management
- HIV, Hep A, B, C, STI Risk Reduction
- Health Care Access
- Medications - OTC
- Medications - Prescription
- Nutrition

- Parenting
- Perinatal Education Checklist
- Personal Hygiene
- Safety Precautions
 - Household
- Domestic Violence
- Weapons
- Transportation Safety
 - Bike / Helmet
 - Seatbelts

Other Guidance: _____

LINKAGE: Resource List Given: Y / N

Referrals Logged: Y / N

ASSISTANCE WITH ACCESS: _____

CRISIS ASSISTANCE PLANNING: _____

OTHER AGENCIES PROVIDING CASE MANAGEMENT SERVICE: Y / N Agency _____
Focus of Service _____

IMMEDIATE PLAN: _____

Services Complete:

Next Visit: _____

Service Plan Initiated: Y / N

CASE MANAGER _____

Date _____

**STANISLAUS COUNTY HEALTH SERVICES AGENCY
PROGRESS NOTE: ADULT**

Date/HV/TC			NOTES			
Interviewee						
Gen Health/Med Care						
CD						
Immunizations						
Prenatal / PP Care						
Breast Health						
Contraception						
Meds / Fe / Vitamins						
Dental						
Personal Hygiene						
Mental Health						
Sub Abuse / Tobacco						
Nutrition						
WIC						
Basic Needs			GUIDANCE	DATE	GUIDANCE	DATE
Financial / Legal			Annual Exam		Health Care Access	
Transportation			Breast Health		Medications - OTC	
Education			Contraception		Medications - Rx	
Child Care			Dental Care		Nutrition	
Employment			Effects of:		Parenting	
Safety			Alcohol		Perinatal Education Cklist	
Risk Behaviors			Street Drugs		Personal Hygiene	
Changes / Stresses			Tobacco		Safety Precautions:	
Support/Relationships			Secondhand Smoke		Household	
Independent Living			Emotional Well-Being:		Domestic Violence	
Parenting Skills			Depression S/S		Weapons	
PIER			Healthy Relationships		Transportation Safety	
CLSS			Environmental Sanitation		Bike/Helmet Safety	
DLC			HIV,HepA,B,C,STI RiskReductn			
Other						
			PLAN			
Return Visit						
Initials						

Initials Signature Title

CODES:

1. Assessment
 2. Plan Development
 3. Linkage & Consultation
 4. Assistance w/ Access
 5. Crisis Assistance Planning
 6. Periodic Review
- G - Guidance

- WNL - W/In Normal Limits
 NC - No Change
 Utd - Up-to-Date
 Location:
 N - Notes Section
 D - Standardized Form
 R - Referral Log
 S - Service Plan

**STANISLAUS COUNTY HEALTH SERVICES AGENCY / COMMUNITY HEALTH SERVICES
PERINATAL / PARENTING INTAKE SUPPLEMENT**

Complete this section for all pregnant clients.

G _____ P _____ SAB _____ TAB _____ Other _____

EDC _____ Delivery Date _____

Month / Trimester Entered Care _____

Prenatal Provider _____ Next Appt _____

Feelings About Pregnancy: Happy / Sad / Excited / Concerned

Pregnancy is: Planned / Wanted / Unplanned / Unwanted

History PP Blues? Y / N _____

Options Explored: Parenting / Termination / Adoption

Who / Help with Pregnancy/Babu? FOB/ Friend / Your/His Parents / Siblings

Relationship with FOB: Emotional Support / Financial Support /

Not in Contact _____

Prenatal Vitamins: Y / N _____ Iron: Y / N _____

How is your appetite? Good / Fair / Poor

Do you have any of these problems? Nausea / Vomiting / Heartburn /

Constipation / Diarrhea / Leg Cramps / Other _____

How many cups of the following do you drink a day? Regular Coffee _____

Regular Tea _____ Sodas _____ Milk _____ Water _____

Foods Avoided: _____

Have you eaten or had cravings for any of the following: Dirt / Clay /

Ice (more than 1 cup/day) / Cornstarch / Plaster / Cigarette Ashes

Change in eating habits since pregnant: Y / N

WIC: Y / N / Declined / NA Next Appt _____ Site _____

Breastfeeding Now: Y / N

Planning to Breastfeed: Y / N Support Person: Y / N

Prenatal Classes: Y / N _____

Complete this section for pregnant/parenting clients < 18 years of age:

BC Method: Past _____

Family Planning Provider _____

Unprotected Sex: Y / N Multiple Partners: Y / N STIs: Y / N

Parenting

Past Experience: Y / N _____

Parenting Classes: Y / N _____

Discipline as a Child: Spanked / Verbal / Time Out _____

Dicipline Used Now: Spanking / Verbal / Time Out _____

CPS Involvement: As a Parent - Y / N Current - Y / N _____

Child Care: Family / Day Care / Needed / N/A

_____ Funding _____

Legal Issues

Custody: Pending / Needed / Established / Not Desired

Paternity: Pending / Needed / Established / Not Desired

Restraining Order: For Client / Against Client / Needed

Feels safe with FOB: Y / N Partner: Y / N

GUIDANCE

CHOICES / DECISIONS

- Adoption
- Birth control
- Breastfeed
- Childbirth preparation
 - Prenatal classes
 - VBAC
 - Hospital pre-registration
 - Pediatric care
 - Layette preparation
 - Transportation to hospital
 - Child care during hospitalization
 - Stork Tour
- Circumcision
- HIV Test

EFFECTS OF SUBSTANCES

- Alcohol
- Drugs
- Tobacco

EMOTIONAL CHANGES

- Adjustment to pregnancy
- Mood changes

HEALTHY RELATIONSHIPS

- Support system
- Increased dependency

INFANT CARE / FEEDING

- Breastfeeding
- Bottle feeding
- Newborn care
- Infant supplies
- Infant carseat
- No honey
- Nurturing / comfort
- Visitors

LABOR / DELIVERY

- Labor signs
- ROM
- Prolapsed cord
- Show
- Stages of labor
- Relaxation
- When to go to the hospital
- Average length of labor
- How to time contractions
- Fetal monitoring

- "IV"
- Transportation
- What to take to the hospital
- Hospital policies
- Support system
- Medications
- Analgesics
- Anesthesia
- Type of delivery
 - Vaginal
 - Cesarean
 - Episiotomy

MEDICATIONS

- Prenatal Vitamins
- Iron
- OTC / prescriptions
- Rhogram injection
- Herbal remedies

MENTAL HEALTH

- Postpartum blues
- Postpartum depression
- _____

NUTRITION

- Weight gain
- Daily diet, fluids
- Caffeine, fats and sugars
- Folic Acid
- Anemia
- Pica
- Prenatal vitamins
- Nutrition needs during breastfeeding
- WIC

PHYSICAL CHANGES

- A&P of pregnancy
- Fetal development
- Common discomforts & remedies
 - Nausea, vomiting 1,3
 - Breast tenderness/changes 1,2,3
 - Dizziness, fainting 1
 - Emotional changes 1
 - Fatigue / rest needs 1,2,3
 - Headaches 1
 - Increased vaginal discharge 1,2,3
 - Constipation 1,3
 - Heartburn 1,2,3
 - Hormonal effects on gums 2,3
 - Leg cramps 2,3
 - Ligament pain/backache 2,3
 - Skin changes/stretch marks 2,3
 - Frequent urination 3
 - Shortness of breath 3
 - Varicose veins/mild edema 3

- Braxton-Hicks contractions 3
- Quickening 2
- Lightening 3
- Involution Vag flow changes PP
- Vaginal/rectal discomfort PP

PRECAUTIONS / WARNINGS

- General precautions
 - Diet drinks
 - High temp / hot tubs
 - Medications
 - Strenuous exercise
- When to Seek Emergency Medical Care:
 - General symptoms
 - Pre-eclampsia
 - Preterm labor
- X-rays, chemicals
- Cat feces, undercooked meat
- Sexual activity
- Safe sex
- HIV/Hep ABC, STI Risk Reduction
- False labor signs
- True labor signs
- Show
- Rupture of membranes
- Leg pain
- Potential for Falls and Accidents
- _____

SAFETY

- Domestic violence*

SELF-CARE

- Hygiene
- Dental care
- Exercise
- Kegel exercise
- Support system*
- Rest
- Bed rest for preterm labor
- Breast care
- Breast self-exam
- Episiotomy/ Perineal hygiene
- PP Physical exam/annual Pap
- _____
- _____

TESTING

- Blood pressure, weight, urine
- STI cultures
- Blood tests
 - AFP
 - HIV
 - Hepatitis
 - Rh factor
 - Syphilis
 - Red blood count (anemia)
 - 1° Glucose test
- Amniocentesis
- Ultrasound
- _____
- _____
- _____

Other Guidance: _____

HANDOUTS:

- Contraceptive Brochure
- Postpartum Feedings
- WIC Pregnancy Nutrition Brochure
- Breast Self-Examination Brochure
- _____
- _____
- _____
- _____

IMMEDIATE PLAN: _____

Next Visit: _____

STANISLAUS COUNTY HEALTH SERVICES AGENCY

PROGRESS NOTE: PERINATAL

	I	II	III	IV	
Date					NOTES
Trimester (1-2-3-PP)					
Prenatal / PP Care					
Physical Changes					
Emotional Changes					
Medications / Vitamins*					
Dental Care					
Hygiene					
Rest / Exercise					
Nutrition: Fluids*					
Nutrition: Foods*					
WIC					
Immunizations					
Inf Exp / Cont / STIs					
Contraception					
Basic Needs					
Financial / Legal					
Transportation					
Education/Employment					
Safety*					
Changes / Stressors					
Risk Behaviors					
Support/Relationships*					
Sub Abuse / Tobacco*					
Mental Health					
Parenting Skills					
Other					
Return Visit					
Initials					

* Assess these items at least once per trimester.

<u>Initials</u>	<u>Signature</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CODES:

- 1. Assessment
- 2. Plan Development
- 3. Linkage & Consultation
- 4. Assistance w/ Access
- 5. Crisis Assistance Planning
- 6. Periodic Review
- G - Guidance

- WNL - W/in Normal Limits
- NC - No Change
- Utd - Up-to-Date
- Location:
- N - Notes Section
- D - Standardized Form
- R - Referral Log
- S - Service Plan

CLIENT NAME _____

DOB _____

PAGE _____

GUIDANCE

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<td><input type="checkbox"/></td> <td>Fetal development</td> </tr> <tr> <td colspan="5">COMMON DISCOMFORTS & CHANGES</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Nausea, vomiting 1,3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Breast tenderness 1,2,3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Dizziness, fainting 1</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Emotional changes 1</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Fatigue / rest 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type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Leg cramps 2,3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Ligament pain / backache 2,3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Skin changes, striae 3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Frequent urination 3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Shortness of breath 3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Decreased appetite 3</td> </tr> <tr> <td><input 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<td>Lightening 3</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Breast changes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Involution vag flow changes PP</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Vaginal / rectal discomfort PP</td> </tr> </table>	I	II	III	IV	MEDICATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prenatal vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Iron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTC / prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rhogram injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Herbal remedies	MENTAL HEALTH					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Postpartum blues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Postpartum depression	NUTRITION					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Weight gain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily diet, fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Caffeine, fats and sugars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Folic Acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pica	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prenatal vitamins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition needs during breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WIC	PHYSICAL CHANGES					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A&P of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fetal development	COMMON DISCOMFORTS & CHANGES					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nausea, vomiting 1,3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast tenderness 1,2,3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness, fainting 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional changes 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fatigue / rest needs 1,2,3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headaches 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Increased vaginal discharge 1,2,3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Constipation 1,3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heartburn 1,2,3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hormonal effects on gums 2,3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leg cramps 2,3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ligament pain / backache 2,3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin changes, striae 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent urination 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decreased appetite 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varicose veins 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hemorrhoids 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Edema (mild) 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Braxton-Hicks contractions 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quickening 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lightening 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Involution vag flow changes PP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vaginal / rectal discomfort PP	<table border="0" style="width:100%;"> <tr> <td style="width:5%; text-align:center">I</td> <td style="width:5%; text-align:center">II</td> <td style="width:5%; text-align:center">III</td> <td style="width:5%; text-align:center">IV</td> <td style="width:80%;">PRECAUTIONS / WARNINGS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>X-rays, chemicals</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Cat feces, undercooked meat</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Sexual activity</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Safe sex</td> </tr> <tr> <td colspan="5">GENERAL WARNING SIGNS</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Preterm labor</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Pre-eclampsia</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Emergency medical care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>False labor signs</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>True labor signs</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Show</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Rupture of membranes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Legs (Homan's Sign)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Potential for falls, accidents</td> </tr> <tr> <td colspan="5">SAFETY</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Victim of violence</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Domestic violence</td> </tr> <tr> <td colspan="5">SELF-CARE</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hygiene</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Dental care</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Exercise</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Kegel exercise</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Support system</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Rest</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Bed rest for preterm labor</td> 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<td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Blood pressure</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Urine tests</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>STE cultures</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>AFP</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>HIV</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Syphilis</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hepatitis</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Rh factor</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Red blood count (anemia)</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>1° Glucose test</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Amniocentesis</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Ultrasound</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input 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activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safe sex	GENERAL WARNING SIGNS					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preterm labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pre-eclampsia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	False labor signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	True labor signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Show	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rupture of membranes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legs (Homan's Sign)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potential for falls, accidents	SAFETY					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Victim of violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Domestic violence	SELF-CARE					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kegel exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Support system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed rest for preterm labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast care 3, PP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breast self-exam PP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Episiotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Perineal hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PP physical exam / annual Pap	TESTING					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urine tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STE cultures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AFP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rh factor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Red blood count (anemia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1° Glucose test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Amniocentesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Attachment D

Sample “Make Yours A Fresh Start Family” Materials

Make Yours A
Fresh Start Family[®]

Self-Study Guide

STAGE

Smoking

Cessation

Intervention

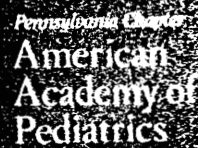
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Make Yours

a Fresh

Start Family

magazines



The STAGE Intervention

Objectives

- Describe the process of behavior change as it relates to smoking cessation and how to assess a smoker's position along the "quitting spectrum."
- Explain the use of health surveys to gather knowledge of a smoker's status.
- Review how to give clear and direct recommendations to women to quit smoking.
- Link a smoker's readiness to quit with the appropriate sections of the self-help magazine.
- Develop STAGE-based plans for quitting.
- Review optional program materials.

The STAGE Intervention

The five steps of the STAGE Intervention are:

- Survey
- Tailor health message
- Assess readiness to quit
- Give materials and a plan of action
- Evaluate progress at follow-up visits

Although each step is critical, nothing is more important than properly assessing the woman's readiness to quit smoking. The women smokers you encounter may be in one of several levels of readiness to quit. Thus, it is this step that determines what message is given to her as well as what plan of action is prescribed.

Counseling that is tailored to the smoker's readiness to quit is more likely to help her progress in the quitting process. Psychologists see behavior change, such as smoking cessation, as a complex process, not a one-step act. (Prochaska and DiClemente, 1983)

The Process of Behavior Change

Behavior change stages have been described as:

- *Pre-contemplation*: not ready and not interested in quitting
- *Contemplation*: not ready to quit but interested in learning what quitting will entail
- *Preparation*: ready to learn about quitting and setting a quit date
- *Action*: quitting the habit (a quitter may remain in this category over a period of time—say, six months—until she quits for good)
- *Maintenance*: smoke-free for six months or so
- *Relapse*: return to smoking

These terms constitute the basis of a smoker's "quitting spectrum," with pre-contemplation at one end of the spectrum and exsmoker on the other end. Clients who smoke can be classified into the pre-contemplator, contemplator, or preparation or relapse categories. The goal for these clients is to motivate them to move forward along the spectrum towards cessation. Those women who have recently quit or who have been smoke-free for six months face the chance of relapse. It is important to prevent these women from moving "backwards."

Every client will move along the spectrum at varying rates. Some clients will be more motivated than others and others will find it hard to move forward along the quitting spectrum at all.

The STAGE Intervention Step-by-Step

Step #1: S-URVEY

The purpose of this step is to identify smokers and recent quitters and strengthen the remaining steps of the intervention by assessing nicotine dependence and possible barriers to quitting.

There are two forms to use: the Health Survey (pp. 18-19) and the Smoking Status Checklist (p. 20). There are two versions of the Health Survey, one for pregnant women and one for mothers of pediatric patients; you will select the form that fits your practice. Master copies of these forms for your office staff to photocopy and use are in the Office Coordinator's Guide and Camera-Ready Packet.

The Health Survey puts a system in place to ask all women about their smoking status. Give the Health Survey to every woman to complete at her first or second office visit.

The STAGE Intervention

(Although it is not realistic to think that staff will have the time to administer the Health Survey to every woman, this is an option in some cases.)

Use the Smoking Status Checklist to ask all smokers/recent quitters additional questions found in the survey section.

Look at the Health Survey: The form identifies smokers, assesses nicotine dependence and the woman's belief in the harmful effects of smoking on the fetus/child/herself, and aids in your assessment of her readiness to quit. You may already routinely obtain and document some of this information.

Each client completes this form during her first or second prenatal or well-child visit.

Look at what the responses reveal:

[*Note:* The question numbers are slightly different on each of the two forms.]

Question #1: Women who have never smoked or who have quit should be congratulated and encouraged not to start smoking.

Women who quit during a current pregnancy are considered recent quitters. These women sometimes quit during the first trimester, for example, due to nausea, but they may resume smoking later in the pregnancy. Therefore, it is important to intervene with recent quitters.

No further action is needed for never smokers or others who have quit.

Question #2: "Have you had a cigarette, even a puff, within the past seven days?" is a standard question used to assess whether or not the woman is currently smoking.

Questions #3 and #4: These items assess nicotine dependence. In general, a woman who smokes 20

cigarettes or more per day is considered to be a heavy smoker. Heavy smokers are more often addicted to nicotine and have greater difficulty with nicotine withdrawal.

However, the number of cigarettes alone does not determine the level of dependence. Even light smokers (≤ 16 cigarettes/day) who report smoking within the first 30 minutes of waking are more likely to have strong symptoms of nicotine withdrawal.

Women who appear to be dependent upon nicotine should be provided with information about nicotine replacement therapy.

Therefore, **Question #4** is important to determine the level of nicotine dependence.

Questions #5 and #6: "How much do you think smoking can hurt your baby/child/you?"

Assessing the patient's belief in the harmful effects of smoking is an aspect of assessing readiness to quit. Women who are not ready to quit or have no interest in quitting often will not know or will deny the effects of maternal smoking.

Questions #6, #7, #8: These questions give a preliminary assessment of the woman's intent to think about quitting (contemplation). A word of caution about this question: remember that intention does not necessarily mean action. But intention to do something is one step in the process of behavior change.

[*Note:* If circumstances do not permit the patient to complete the survey, the health care provider can ask the questions. They are summarized on the top of the provider's checklist.]

Now look at the Smoking Status Checklist, which guides the health care provider through the five steps of the STAGE protocol. The

The STAGE Intervention

checklist format also provides a quick way to document the intervention and follow-up.

This form summarizes information you will need to conduct an effective smoking cessation intervention. The survey questions in #1 are the same as those on the Health Survey. They are repeated here for situations where the client does not fill out the Health Survey herself. Or, the information the patient provides can be recorded here to have all smoking information in one place.

This checklist can help integrate the STAGE Intervention into your practice. It:

- serves as a reminder of the STAGE steps to take (quality assurance).
- can document counseling provided (for billing).
- can remind you of the need for follow up at later visits.
- can prompt staff to provide counseling to all smokers.

The checklist can be filled out by a nurse, nurse practitioner, or physician—whatever is easiest in your office. *However, if it is a nurse, it is important that the physician be involved in some way.* For example, taking a second to acknowledge smoking status and reinforce what the nurse has said.

It is highly recommended that the provider ask each smoker about why they smoke, or what prevents them from quitting. For those who have relapsed, ask what has prevented them from staying quit.

Ask for or verify additional information in a nonjudgmental way. Pregnant smokers may be reluctant to reveal their smoking status, especially if they feel threatened.

Most likely the woman is facing a barrier preventing her from changing her behavior. Spend a few minutes probing what barrier(s) could be preventing her from quitting (or preventing her from staying smoke-free).

Such barriers include stress, weight gain, proximity to other smokers, and withdrawal symptoms.

Once the barrier(s) are identified, you can refer her to the appropriate section of the self-help magazine.

The bottom section of the checklist is used to record the woman's progress. If she is still smoking, you'll want to continue to talk with her at future visits.

Here are some examples of what to say:

"I see from the Health Survey form you filled out that you smoke about 10 cigarettes a day. Is this the amount that you usually smoke or has that changed in any way?"

"I noticed on your Health Survey form that you quit smoking since you became pregnant. Some women quit because they're too sick to smoke. Was that why you stopped or did you plan to quit when you got pregnant?"

For Men

Although most of these materials are especially tailored to women who smoke, this approach can be modified should you encounter a father/prospective father who smokes.

For this survey step, modify the questions you ask at the top of the checklist to fit the man.

Health Survey for Pregnant Women

Name _____ Date _____

1. Please circle the sentence below that best describes you:

- A. I smoke cigarettes regularly now—about the same as before I found out I was pregnant.
- B. I smoke some now, but I have cut down since I found out I was pregnant.
- C. I tried to stop, but I started smoking again.
- D. I stopped smoking after I found out I was pregnant. I am not smoking now.
- E. I stopped smoking before I found out I was pregnant. I am not smoking now.
- F. I have never smoked cigarettes.

If you circled E or F, STOP.

If you circled A, B, C, or D, please read on.

2. Have you had a cigarette, even a puff, within the last 7 days? yes no

3. During the past 7 days, how many cigarettes or packs of cigarettes did you smoke on an average day? (There are 20 cigarettes in a pack.)

- cigarettes or packs (write in number)
- less than 1 cigarette each day
- did not smoke at all
- don't know

4. How soon after you wake up do you smoke your first cigarette on most days?

- within minutes (write in number)
- within hours (write in number)
- no usual time

5. How much do you think smoking can hurt your baby?

- not at all a little some a lot

6. How much have you been thinking about quitting?

- not at all a little some a lot

7. Are you ready to quit in the next month?

- yes no not sure

Thank you.

Health Survey for Mothers of Pediatric Patients

Name _____ Date _____

1. Please circle the sentence below that best describes you:

- A. I smoke cigarettes regularly.
- B. I smoke now and then.
- C. I tried to stop, but I started smoking again.
- D. I used to smoke but I stopped. I am not smoking now.
- E. I have never smoked cigarettes.

If you circled E, **STOP.**

If you circled A, B, C, or D please read on.

2. Have you had a cigarette, even a puff, within the last 7 days? yes no

3. During the past 7 days, how many cigarettes or packs of cigarettes did you smoke on an average day? (There are 20 cigarettes in a pack.)

- cigarettes or packs (write in number)
- less than 1 cigarette each day
- did not smoke at all
- don't know

4. How soon after you wake up do you smoke your first cigarette on most days?

- within minutes (write in number)
- within hours (write in number)
- no usual time

5. How much do you think smoking can hurt you?

- not at all a little some a lot

6. How much do you think your smoking can hurt your children?

- not at all a little some a lot

7. How much do you think about quitting?

- not at all a little some a lot

8. Are you ready to quit in the next month?

- yes no not sure

Thank you.

Smoking Status Checklist

Name _____ Date _____

1. Survey

No. of children _____

No. of previous pregnancies _____

Pregnant _____ yes _____ no Smoked throughout last pregnancy _____ yes _____ no _____ n.a.

No. of years smoked _____

No. of previous attempts to quit _____

No. of smokers in household _____ Review ETS effects

Current smoker _____ Recent quitter _____

Cigarettes smoked per day _____

Smokes within 30 minutes of waking _____ yes _____ no

Believes harmful effect on fetus/child _____ yes _____ no

Believes harmful to self _____ yes _____ no

Thinking about quitting _____ yes _____ no

Ready to quit in next month _____ yes _____ no _____ not sure

2. Tailor Health Message

Acknowledge difficulty of quitting

Review health effects of smoking on fetus/children in household

Review maternal health effects

Give clear and direct message to quit

3. Assess Readiness to Quit

Not interested in quitting

Not ready to quit

Willing to learn more about quitting

Ready to quit in next month

Recent quitter

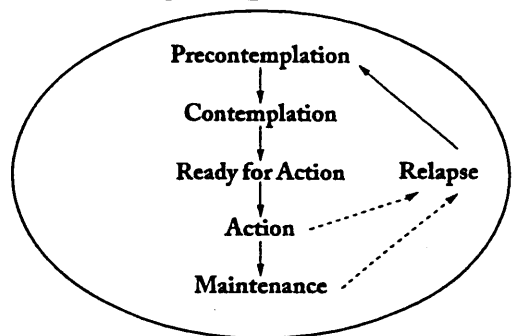
4. Give Materials and a Plan of Action

Review *Make Yours a Fresh Start Family* magazine section(s)

Set a quit date if ready to quit ____ / ____ / ____

Other plans _____

Assessing Stage of Readiness



5. Evaluate Progress at Follow-Up Visits

Visit date Not ready Ready Recent quit Progress/Plans

The STAGE Intervention

Step #2: T-AILOR a Health Message

The purpose of Step 2 is to motivate the smoker to move toward a more active stage of quitting by giving a clear and direct message to quit as well as information about the health risks of smoking.

This step lays a foundation for offering help and asking about readiness to quit. As a health care provider, what you say to the smoker can be very influential:

- Acknowledge the difficulty of quitting.
- Give information about the effects of smoking on the fetus/child/smoker.
- Stress the benefits of quitting.
- Give a clear recommendation to quit.
- Positively reinforce recent attempts/success at quitting.

It is important that this information be given in a matter-of-fact manner without using scare tactics.

Here are some examples of what to say:

“Did your nurse or doctor talk with you about quitting smoking during your last pregnancy?”

If yes: “So, you’ve already heard that women who smoke during pregnancy can have less healthy babies. In addition, parents who smoke have children with more respiratory and ear infections and worse asthma. That is not good for your child, and it makes taking care of your child more difficult for you. I know that quitting is not an easy thing to do. But, I have to say again that quitting smoking is one of the most important things you can do for your baby and yourself.”

“As your [nurse], it’s my responsibility to tell you about what smoking can do to you and

your baby. Because I want you to have the healthiest baby/child possible, I strongly suggest that you stop smoking.

“I know that you might have heard this before, but I really recommend that you try to quit during this pregnancy/now. Your smoking is not good for you, and it also can harm your baby/child.”

“It’s great that you have quit smoking. As your [doctor] I want to stress that not smoking is one of the most important things you can do to help yourself and protect your child.”

For Men

You will want to provide a strong message to quit, pointing out the benefits to him and to his baby/child/family. Also point out that partners who decide to quit together can reinforce each other’s efforts. Give him the Dear Partner letter and/or the American Cancer Society’s *Smart Move* brochure.

Step #3: A-SSESS Readiness to Quit

The purpose of Step 3 is to determine the woman’s stage of readiness to quit, that is, her level of interest in quitting and/or her intention to take action to quit.

This step provides the foundation for giving a woman the self-help magazine and a plan for quitting. It’s considered one of the most important steps because the assessment of the patient will determine the context of the message that is tailored to her specific need.

You will want to remember:

- Offer help in quitting.

The STAGE Intervention

- Ask if she is willing to try to quit with some help.
- Build confidence in her ability to quit with help.
- If she is not ready to quit, try to interest her in learning more about quitting.
- If she has no interest in quitting, encourage her to think more about the effects of smoking on her pregnancy/self/child. Consider with her the pros and cons of smoking; help her to see why the cons outweigh the pros.
- If she has recently quit, build her confidence in her ability to stay quit.
- If she has recently relapsed, build her confidence to try quitting again.

This is where you classify the patient into one of the following categories: pre-contemplator, contemplator, preparation, action, maintenance, or relapse.

Here are some examples of what to say:

“If we give you some help, would you be willing to give it a try to stop smoking?”

If yes, she is most likely a *contemplator*. If she is ready to quit in the next month or so, she is considered to be in the *preparation* phase.

If no, she is a *pre-contemplator*.

“Have you thought at all about quitting? Would you be willing to try to quit now that you are pregnant?”

If yes, she could be in either the *contemplator*, *preparation*, or *action* phase (further probing will identify her readiness).

If no, she is a *pre-contemplator*.

In general, if the client is not ready to set a quit date in the next month, she is considered a

contemplator. At this point, document the woman's readiness to quit on the Smoking Status Checklist. A chart at the bottom of the form lists the different levels of readiness and serves as an excellent reference.

For Men

The counseling messages are the same. The self-help magazines are tailored to women. However, in the next step we will talk about what you can hand out to men.

Step #4: G-IVE Materials and a Plan of Action

The purpose of Step 4 is to help a smoker take positive action toward quitting appropriate to her readiness to quit.

This step provides the foundation for further follow-up and reinforcement.

Now, turn to the self-help magazines, *Make Yours a Fresh Start Family*.

There are two versions, one for pregnant smokers and one for mothers who smoke. While each is tailored to a different smoker, the content is basically the same.

Each magazine is in full color and written at a fifth-grade reading level.

First-person vignettes are featured throughout the magazines. They are based on real stories and comments made by women in each target audience. The goal is to increase self-confidence about the smoker's ability to quit and to demonstrate how other women overcame their barriers to quitting.

The STAGE Intervention

Each magazine is divided into five sections:

1. Motivation for quitting
2. Steps to quitting
3. Staying off cigarettes
4. Health promotion tips to improve quitting success
5. Relapse and effects of environmental tobacco smoke on infants

Therefore, it will be essential for you:

- to become familiar with the magazine(s).
- to know the sections of the magazine(s) that are most appropriate for each level of quitting.
- to practice directing smokers to one or more sections.

Each magazine is arranged in these sections with information and messages tailored for the stages of quitting:

Section 1: Having a Healthy Baby (pregnant women) and Healthy Family (mothers)

Most appropriate for women not ready to quit and not interested in quitting. They are designed to motivate women to think about quitting.

These sections cover:

- the effects of maternal smoking on the development of the fetus/effects on the child.
- common barriers to quitting smoking.
- reasons to stop.

Section 2: Three Steps to Quitting (for pregnant women) and Getting Ready to Quit and Four Steps to Quitting (for mothers)

These sections are most appropriate for contemplators (women not ready to quit, yet interested in learning more about quitting and women

ready to quit). They describe the step-by-step action plan that is essential for quitting. This plan prepares the smoker for the quit date and for dealing with situations without cigarettes.

Section 3: Staying Stopped (for pregnant women and mothers)

Designed for women ready to quit, this section describes the first day without cigarettes, how to deal with nicotine withdrawal, and how to handle a relapse to smoking.

Section 4: Looking Good/Feeling Great (for pregnant women) and Feel Great and Look Good (for mothers)

These are designed for women who are ready to quit or who have recently quit but have concerns about one of the most commonly reported barriers to quitting: weight gain.

Section 5: What to Do When Baby Comes Home (for pregnant women) and Healthy Future (for mothers)

For women who have recently quit, this information serves to motivate a woman to remain a nonsmoker. It covers the effects of environmental tobacco smoke on the infant and how to handle stress.

In Summary

- Offer the smoker a copy of the appropriate version of the self-help magazine.
- Open the magazine and show her at least one section that is most appropriate for her level of readiness. Use the Health Care Provider Guide (in the Appendix) to quickly locate the appropriate section(s). (See next section.)

The STAGE Intervention

- Mark the sections she should read.
- Suggest one or more specific actions she could take to move her toward a more active stage of quitting.

[*Note:* For some, looking at or reading over the magazine and just thinking about her smoking is the most appropriate action. The purpose is to take a tangible step to move forward in the cessation process.]

- Express clearly your intention to ask her about her smoking during future visits.
- It is not necessary to review the entire magazine with a client. Studies using self-help materials found that directing smokers to an appropriate section is more likely to advance the smoker to a more active stage in the quitting process; clients are then more likely to make a quit attempt.
- Directing the smoker to a section of the magazine most appropriate for her stage of readiness to quit is one of the most important steps in the STAGE Intervention.

Health Care Provider Guide

The Health Care Provider Guide (p. 39 in the Appendix) will help you quickly identify which sections of the magazines are appropriate for your patient. This guide serves as an easy reference for choosing which section(s) of the magazine is most appropriate for each woman's level of readiness to quit. It also suggests a plan of action and provides a sample message for each level of readiness.

Here are some examples of what to say:

Pre-contemplator (Not ready and not interested in quitting): "Would you be willing to take a look at this? It talks about some of the reasons that women give for stopping

smoking. We can talk about what you think about it during your next visit."

Contemplator (Not ready but willing to learn more about quitting): "Why don't you take a look at these steps to stopping? They tell you about what you have to do to get ready to quit. Having a plan does improve your chances for success. We can talk about this during your next visit."

Preparation (Ready to quit): "Do you want to pick a stop day? Having a stop day improves your chances for success. (If not pregnant:) I want you to consider using a nicotine replacement product to help lessen the "cravings" you might experience. Take a look at these other steps to stopping. They talk about what you can do to get ready for your stop day. We'll talk about how you're doing during your next visit."

Action/Maintenance (Recent quitter): "I know you're trying hard to stay off cigarettes. Here's how some quitters got back on track after they slipped up. It might give you some ideas about what to look out for. We'll talk about how you're doing during your next visit."

For women who have **relapsed**, it will be necessary to determine which of the levels described above she has slipped to in order to show her the appropriate section.

Use of Optional Materials

The Health Survey, the Smoking Status Checklist, and self-help magazines are the core components you will use in the program. However, there are additional materials available if you think that they will be useful. The materials are available so that you can tailor

The STAGE Intervention

the STAGE Intervention to fit your patients and your own style. You'll find these materials ready to photocopy in the Office Coordinator's Guide and Camera-Ready Packet:

- **Dear Partner Letter:** For the woman who says that she will have trouble quitting because her partner smokes. The letter should be sent home after counseling. The letter can help the smoker get the support she needs at home. It also encourages the partner who smokes to quit.
- **Nicotine Replacement Fact Sheet:** For the smoker who demonstrates nicotine addiction. This resource provides information about available products and suggests that the pregnant woman discuss the use of such products with you before using them on her own. This fact sheet is based on the AHCPR clinical practice guidelines report.
- **Spontaneous Quitter Fact Sheet:** Used to reinforce cessation in the woman who has quit on her own. As discussed in Smoking Facts and Figures, some pregnant smokers have already quit on their own. It is very common for these spontaneous quitters to relapse once morning sickness passes. Relapse rates are also very high postpartum. Therefore, reinforcement for these quitters is very important.
- **Certificate:** Provides more reinforcement for the woman who quits. She can post it at home as a reminder to herself and family of her commitment to stay quit.
- **Reminder Postcard:** Provides additional support between visits. Although the STAGE Intervention is especially designed to take a minimal amount of your time, the AHCPR guidelines point out that the more

you intervene, the greater the likelihood of successful cessation. This follow-up postcard can serve as an important cessation cue to women you have counseled to quit.

- **STAGE Card for Providers:** Helps you remember the five steps to helping your clients quit smoking.

Chart Sticker: The AHCPR guidelines recommend identifying smoking status on all patient charts. If your practice does not already do this, you may find that colored stickers, purchased at an office supply store, are an easy way to identify smokers.

For Men

The counseling approach is the same. However, the self-help magazines are tailored to women. Instead, offer:

Smart Move! a low literacy self-help brochure designed for the woman's partner or someone at home who smokes. The fact that another smoker lives in the house may make it more difficult for her to quit. You can give her this brochure to share or give it to the dads/prospective fathers you see.

Step #5: E-VALUE Progress at Follow-up Visits

The purpose of Step 5 is to praise and reinforce any steps the smoker has made toward smoking cessation.

To encourage her progress:

- Ask specifically about her smoking at the next follow-up visit.

The STAGE Intervention

- Praise any positive actions she has taken. Support confidence in her ability to continue her efforts and move to the next stage in the quitting process.
- Reinforce your initial messages by restating them in a slightly different way based on changes in the client's level of readiness to quit.
- Redirect her back to the self-help magazines, making suggestions based on changes in the client's level of readiness to quit.
- Build her motivation to continue as a non-smoker after delivery during the last few visits before the Estimated Date of Delivery and/or as child care progresses.
- Document the woman's status on the Smoking Status Checklist.

Here are some examples of what to say:

"We looked at that self-help magazine about smoking the last time you were here. Did you get a chance to look at it at home?"

"The last time you were here you told me that you were thinking about quitting smoking. How have you made out? Did you try to stop?"

"The last time you were here, you were smoking about 10 cigarettes a day. How are you doing now?"

Case Studies

Now it is time to put all of your skills together and try out the STAGE Intervention. There are four case studies for you to review at the end of this section.

These situations are made to resemble realistic occurrences. Most physicians/nurses/other health care providers serving these women will sometimes find themselves in difficult predicaments. Needless to say, the more you practice using the STAGE Intervention, the more comfortable you will be with the STAGE process and as a result, you will find that your counseling will take less time and be more effective.

The Health Care Provider Guide (in the Appendix) will help you become familiar with specific sections of the magazine.

The STAGE Card for Providers (in the Office Coordinator's Guide and Camera-Ready Packet) is designed to be a quick reminder in the office.

Please take the time to review each case study and think about what you would do. When you have finished, check your counseling skills against the Case Study "answers" in the Appendix, pp. 41-48.

As you know, you cannot expect to guide every smoker to successful cessation immediately. Cessation is a process that may include quitting and starting again over a period of time. The important goal is to keep a woman moving through this cycle of quitting until she stops for good.

Remember, you might not see the immediate effects of your counseling in terms of successful quitting. However, the cumulative effects of your efforts may result in a permanent quit in the future. And any positive change in smoking behavior will result in improved health outcomes for mother and family.

Attachment E

Letters of
Support/Commitment



MEDICAL ARTS BUILDING

700 17th Street, Modesto, CA 95354/Phone: 209.558.8400
Fax: Dental 209.558.8432 OB/GYN 209.558.8436 Pediatrics 209.558.8443 PMP 209.558.8482
www.hsahealth.org

Beverly M. Finley
Managing Director

August 13, 2007

To Whom It May Concern

The Health Services Agency OB/GYN Clinic provides 50 new patients OB services monthly. The patient group comprises 20 patients that are considered high-risk. Additionally, the Clinic receives ten community high-risk referrals monthly. The risk conditions include but are not limited to pregnancy with diabetes, cardiac disease, thyroid disease, renal disease, asthma, coagulopathy, hemoglobinopathy, epilepsy, hypertension, cervical incompetence, multiple gestation, intrauterine growth restriction, fetal anomalies, preterm labor, abdominal trauma during pregnancy, placenta previa, syphilis infection during pregnancy and maternal substance abuse.

As a patient group, a significant number exhibit low educational achievement as well as possible multiple psychosocial, environmental and relationship problems. This hinders patient compliance with desired medical direction. Clinical visits provide a limited time frame to address the previously enumerated problems. A Public Health Nurse would deal with these high-risk obstetric patients in their home setting. This interaction would improve patient compliance, leading to improved patient health and enhanced birth outcomes.

I strongly support the Community Health Services grant proposal focused on funding a Public Health Nurse position that provides high-risk pregnant women intensive home visits.

Sincerely,

Lina A. Ruppel, RNC, NP, MSN
OB/GYN Clinic Manager



**HEALTH SERVICES AGENCY
Turlock Medical Office**

800 Delbon Street, Suite A
Turlock, CA 95382
Phone: (209) 664-8000 Fax: (209) 664-8002
www.hsahealth.org

August 7, 2001

This letter is written in support for a Public Health Nurse position that will provide intensive support for 25 at risk pregnant women in Stanislaus County. As the manager of a very busy County clinic which offers, as one of its services, obstetrical care and counseling through the State Comprehensive Perinatal Services Program, I see first hand the impact of unhealthy lifestyles on mothers and their babies. Of particular concern is a mother's smoking or exposure to second hand smoke during pregnancy. It has been shown that exposure to smoke during early conception can cause damage to the developing baby which is life long.

The benefits of helping "at risk" women develop healthier lifestyles are measurable not only for their babies but for themselves. Any programming which helps accomplish this has my full support and encouragement.

Sincerely,

Lawana Earl R.N.FNP, Clinic Manager
Stanislaus County Health Services Agency
Turlock Medical Office



**HEALTH
SERVICES
AGENCY**

BEVERLY M. FINLEY
Managing Director
www.schsa.org

Administration
830 Scenic Drive
P.O. Box 3271
Modesto, CA 95353
Fax 209/558-7123

August 31, 2001

United Way of Stanislaus County
ATTN: Undesignated Pilot Project Application
113 Palm Avenue
Modesto, CA 95350

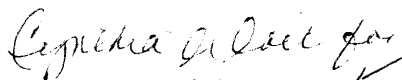
Dear Review Committee:

Enclosed are two signed originals and nine copies of our application for an Undesignated Pilot Project under the following strategy:

Improved Child Health: Healthy Children

Should you have any questions or require further information, please contact Nancy Bancroft, Public Health Nurse/Immunization Registry Coordinator, at 558-4815. Thank you for your consideration of this application. We look forward to hearing from you.

Sincerely,


Beverly M. Finley
Managing Director

Enc.

Cc: Sandy Wallace, Grant Writer
Finance
Nancy Bancroft, Public Health Nurse/Immunization Registry Coordinator

PROPOSAL CHECKLIST

Please check-off each section to insure your proposal is complete and returned in the following order.

<input checked="" type="checkbox"/>	Proposal Section
<input type="checkbox"/>	A. Agency Program and Information Page
<input type="checkbox"/>	B. Table of Contents
<input type="checkbox"/>	C. Proposal Summary
<input type="checkbox"/>	D. Target Population
<input type="checkbox"/>	E. Program Alignment with Selected Designated Pilot
<input type="checkbox"/>	F. Capacity
<input type="checkbox"/>	G. Program Logic Narrative
<input type="checkbox"/>	H. Program Logic Chart
<input type="checkbox"/>	I. Assessing the Achievement of Outcomes
<input type="checkbox"/>	J. Client Focused Collaborations/Linkages
<input type="checkbox"/>	K. Budget and Justification
<input type="checkbox"/>	L. Disclosure Statement

**UNDESIGNATED PILOT PROGRAM
STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION**

In Partnership with United Way of Stanislaus County
Fiscal Year 2001-2002 Application for Funding

Agency and Program Information Page

Organization Name: Stanislaus County Health Services Agency

Address: 830 Scenic Drive City: Modesto Zip Code: 95353

Contact Person: Nancy Bancroft Title: Project Director
Immunization Registry

Phone: 558-4815 Fax: 558-7511 E-mail: nbancroft@schsa.org

Fiscal Sponsor (if applicable)

Type of Business/Organization (check one):

Individual Corporation
 Public agency Partnership
 Private non-profit Other


If other, describe _____

Program Name:	Designated Strategy	TOTAL FUNDING REQUEST:
RIDE Immunization Registry Private Provider Assistance Project	Improved Child Health: Healthy Children	\$50,000

Identify addresses of all sites where program is delivered:

Site Address	Project number of people served	Approximate % of total request for this site
HSA Main Campus, 830 Scenic Modesto, CA		10%
Private Provider Offices (To be determined)	2-5 private providers 30,000 child immunization records	90%

Supervisor Pat Paul
(Print Name)


Signature, Board Chair Date

Beverly M. Finley, Managing Director
(Print Name)

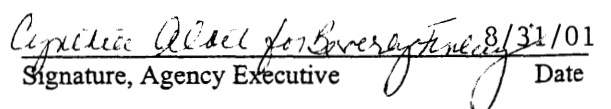

Signature, Agency Executive Date

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Proposal Summary

Stanislaus County Health Services Agency (HSA) is proposing a pilot project to provide temporary data entry assistance and training to private pediatrician or family practice providers in Stanislaus County in order to bring those providers in as sites of the RIDE Immunization Registry System. This undesignated pilot project aligns with the fourth strategic result sought by the Stanislaus County Children and Families Commission. That result is “Improved Child Health: Healthy Children.”

The mission of the RIDE Immunization Registry is to protect all children from vaccine preventable diseases by raising parental awareness of the critical need for timely infant immunizations, fostering the establishment of a systematic method to locate and immunize children, and providing convenient access to immunization services into the future.

The target population for this pilot project are private pediatrician or family practice providers in Stanislaus County who have a backlog of immunization data that needs to be entered into the web-based Regional Immunization Data Exchange (RIDE). While we have identified several providers who would benefit from the assistance we will provide under this project, we have prioritized our efforts based on the size of the provider’s practice and the amount of data that can be reasonably entered within the funding period and with the amount of funds available for this pilot project. We will give priority to the following providers for this pilot project:

1. Valley Oak Pediatrics Clinic
2. Aspen Medical Clinic
3. Turlock Pediatrics – Dr. Goel
4. Dr. Poinsett

By providing the inputs of temporary data entry clerk assistance to these private providers, we will be able to achieve the following outputs:

- A minimum of two and maximum of five private providers will participate on this pilot project.
- A minimum of 30,000 Immunization Records from these private providers will be entered into the RIDE system during the pilot project period.

Our outcomes for this pilot project will include:

- An increase of 5% in their patient’s immunization rates.
- Private provider staff will increase their knowledge and benefits of the RIDE Immunization Registry.
- Three of the four targeted private providers will continue to use the RIDE system six months after the pilot project ends.

Target Population

The target population for this pilot project are private pediatrician or family practice providers in Stanislaus County who have a backlog of immunization data that needs to be entered into the web-based Regional Immunization Data Exchange (RIDE). While we have identified several providers who would benefit from the assistance we will provide under this project, we have prioritized our efforts based on the size of the provider's practice and the amount of data that can be reasonably entered within the funding period and with the amount of funds available for this pilot project. We will give priority to the following providers for this pilot project:

1. Valley Oak Pediatrics Clinic
2. Aspen Medical Clinic
3. Turlock Pediatrics – Dr. Goel
4. Dr. Poinsett

Should this pilot project prove successful, we will seek more funding to provide this service to more providers.

Services under this project will be provided in the offices of the private providers between the hours of 8 a.m. to 5 p.m., Monday-Friday. Two temporary data entry clerks will be hired to enter the immunization data into the RIDE system. Existing RIDE staff will simultaneously provide training to the provider's staff to ensure that new immunization data is continually entered into the system once the pilot project ends.

Program Alignment With Selected Designated Strategy

Stanislaus County Health Services Agency (HSA) is proposing a pilot project to provide temporary data entry assistance and training to private pediatrician or family practice providers in Stanislaus County in order to bring those providers in as sites of the RIDE Immunization Registry System. This undesignated pilot project aligns with the fourth strategic result sought by the Stanislaus County Children and Families Commission. That result is "Improved Child Health: Healthy Children."

Every year, 4 million babies are born in the United States, over 7,000 in Stanislaus County. Today's immunization schedule has grown more complex with the addition of new vaccines. We're now able to protect children from disease, but it requires 18-22 shots by six years of age. This can make it difficult for providers and parents to keep track of what immunizations are due and when.

Although the United States has record high immunization levels and a record low incidence of most vaccine-preventable diseases, almost a million children under age two are missing one or more doses of at least one series of vaccine. California's rates lagged behind the national average for on-time immunizations of children under three years old until recently. With several years of improvements, California's rates now compare favorably to the national rate. Despite this encouraging trend, California failed to achieve the Healthy People 2000 goal. According to the 1998/99 National Immunization Survey, California reached immunization rates of 71.9

percent for two year olds, well below the national 90 percent target. California's history of poor immunization rates for young children was a major cause of the 1988-91 measles epidemic, in which there were over 17,000 reported cases of measles (mostly preschoolers). This costly outbreak resulted in over 3,390 hospitalizations and 75 unnecessary deaths. More than half of the patients were younger than five years; the highest incidence was among infants younger than 12 months.

Maintaining high immunization rates is a continuing challenge that is threatened by several factors including:

- Health care providers and state and community public health agencies need a consistent method for accurately assessing the immunization status of their populations;
- Providers frequently overestimate the immunization status of their patients;
- Parents often do not know the immunization status of their children and often change health care providers in our mobile society;
- Most providers do not have systems to automatically remind parents when immunizations are due or missed;
- Missed opportunities for providing immunizations are common; and
- Disease levels are at record lows and thus do not provide a visible reminder to patients and providers of the need for immunization.

An immunization registry provides a source of accurate immunization histories for health care providers and parents. It is a tool to assess a person's current immunization needs and a means of contacting parents of children who need immunizations. It is also a way to evaluate provider immunization practices and an instrument for documenting immunization coverage rates.

In 1996, Stanislaus County was one of 16 counties to receive a grant from the State of California to implement an immunization registry. In 2000, we joined with the San Joaquin Region which now includes the counties of Amador, Merced, Tuolumne, Calaveras, Mariposa, San Joaquin, and Stanislaus. The RIDE system was deployed in March 2001. It includes a central database housed at San Joaquin County Public Health Services. Individual providers and other agencies who are authorized to view this information can use the system once they have signed a Memorandum of Understanding (MOU) and have received the appropriate training. The database can then be viewed over a secure connection from any computer that has internet access and the appropriate security software. All patients, immunization providers, schools, child care facilities, preschools, health care plans, WIC, and CalWorks programs are eligible to participate in the registry.

Every RIDE user is assigned a unique password for accessing the registry. Patient records can be retrieved using specific search criteria. RIDE users are required to enter information to identify a record within the registry. The system does not allow users to browse through the database. All patients are informed and give a disclosure.

The benefits of the RIDE system are:

Parent Benefits	Provider Benefits	Community Benefits
<ul style="list-style-type: none"> • Provide an accurate, official copy of a child’s immunization history. • Ensure vaccine safety. • Provide a reminder and recall system for patients. • Prevent over-immunization. • As families move or change providers, their immunization records will remain intact and easily accessible to new providers. 	<ul style="list-style-type: none"> • Consolidate immunizations from all providers into one record. • Improve and maintain high immunization rates. • Help providers to decrease “missed opportunities” to immunize. • Provide current ACIP recommendations for immunizations. • Reduce the burden of paperwork in a provider’s practice. • Generate HEDIS reports for managed-care organizations. 	<ul style="list-style-type: none"> • Help control vaccine-preventable diseases. • Help identify at-risk and under-immunized populations. • Help prevent disease outbreaks. • Provide information on community and state coverage rates. • Ensure vaccine safety.

Filling Identified Gaps

Since 1996, the HSA Immunization Program implemented the RIDE system at the following sites: Modesto City Schools, Doctors Medical Center, National Health Plans, Juvenile Hall, Turlock Medical Office, Community Health Services, Blue Cross, Head Start Sylvan, Head Start Muncy, Head Start Riverbank, Head Start Oakdale, Head Start Central, Public Health Clinic, Dr. Winkler, Don Pedro Family Practice, CFP Family Practice, GVHC Homeless Health Care Program, McHenry Medical Office, Ceres Medical Office, Empire Medical Office, Hughson Medical Office, Family Practice Center, MOMobile, Preferred Medical Plan, HSA Pediatric Clinic, Turlock Pediatrics, Modesto Primary Care, and Pathways.

Our goal is to have 50 registry participants by 2002. Future sites we have identified include: Gould Medical Center, Oak Valley Hospital, Orangeburg Medical Group, Aspen Family Medical Group, Dr. Yacoub, Dr. Poinsett, Department of Education, CSU Stanislaus, and the Golden Valley Health Center sites at 6th street, Robertson Road, Westley, Hanshaw, Patterson, Newman, Los Banos, Merced A, Merced B, Dos Palos, and Planada.

The major barrier to implementing RIDE at the above future sites is the large backlog of existing immunization data. These providers simply do not have the staff available to address their backlog. They are willing to implement and continue the RIDE system within their practice if we can address their backlog and train their staff to use the system. Addressing the major barrier is what drives our request for this pilot project.

Evidence of Need

Please see Attachment C for letters from private providers explaining the need for this project in their own words.

Wendy Garlitz, coordinator of the successful Wisconsin RECIN Immunization Registry, has found an essential element for implementing private providers onto the registry is to assist them with data entry. She has conveyed to our staff the need to provide this assistance.

The following is taken from the State Immunization Information System, Private Provider Recruitment Guidelines for Immunization Registries, March 2001, pages 56 and 57:

Retaining Private Provider Participation: Successful Strategies and Activities:

1. Provide data entry of the patient's historical immunization records for a select population (e.g., 0-2 year olds) at the practice/clinic when a provider joins the registry. Advantages of this approach include:
 - Date entry staff serve as a training resource for provider staff. This availability beyond the initial training session makes it easy to ask questions and solve problems. It increases provider staff comfort with the registry.
 - Providers reap benefits from registry participation right away. They can utilize reminder/recall and assess their coverage rates.
 - It contributes to the building of a positive personal relationship with providers

San Bernadino County Immunization Program has employed a variety of approaches to recruit providers and build participation in the Inland Empire Immunization Tracking System (IEITS). One of the more successful approaches has been multi-purpose, provider-based site visits, with registry staff providing information and demonstration of the IEITS on site, a practice based immunization assessment, on-site training of staff, short term data entry assistance by project staff, and ongoing training and support.

Capacity

HSA is a Stanislaus County government agency and network of outpatient medical offices and public health services located throughout the County. Our mission is to lead the development, implementation and promotion of public policy and health care services to achieve excellent physical, psychological and social well being. Our vision statement is *Leading the Way to a Healthy Community*. This project aligns with our agency mission by promoting the RIDE Immunization Registry as a means to assure all children are adequately vaccinated against disease.

The mission of the RIDE Immunization Registry is to protect all children from vaccine preventable diseases by raising parental awareness of the critical need for timely infant immunizations, fostering the establishment of a systematic method to locate and immunize children, and providing convenient access to immunization services into the future.

HSA continually strives to integrate our public health services with our ambulatory services to provide continuity of medical care in the communities where our patients reside. Our ambulatory services include an Urgent Care Center, Specialty Clinics, and nine Medical Offices strategically located throughout the county to offer a full range of services including family practice, family planning, internal medicine, pediatrics, geriatrics, OB/GYN, and dentistry. Clinics are located in Empire, Hughson, Ceres, Turlock, Modesto (5), and also include a mobile clinic, the MOMobile. Our public health services include: adolescent/family life programs; adult health services; AIDS case management; children's clinic; communicable disease surveillance; HIV testing/counseling; immunizations; managed care services; nutrition case management; prenatal outreach; public health nursing; tuberculosis screening/treatment; Women, Infants and Children (WIC) nutrition; prevention education and health promotion on dental care, lead poisoning, tobacco and general health; and nutrition and cardiovascular disease prevention task forces.

This project will expand our capacity to track and use immunization data to ensure healthy children and a healthy community. HSA's internal assets include our experience working with the RIDE Immunization Registry and existing staff available to conduct training on the registry and to supervise the temporary staff we propose to hire to address the private provider backlogged immunization data.

We leverage external resources continuously through our daily activities and knowledge of community resources. Knowing our community well has helped us to pioneer community efforts. A unique characteristic of Stanislaus County is that the Board of Supervisors and HSA's Managing Director encourages community participation to help identify needs and service gaps, eliminate duplication of services and maximize community organization efforts. Senior leadership acknowledges community health advocacy as a process used for social change and realizes that combined efforts provide the means to generate, mobilize, coordinate and/or redistribute resources that fulfill the unmet health needs of the community. Over the last six years, we have taken the lead in either establishing or actively participating in the following:

- Domestic Violence Task Force
- Perinatal Outreach Task Force
- HEART Coalition of Stanislaus County
- Breastfeeding Coalition
- Immunization Coalition
- Nutrition & Fitness Council
- Keep Baby Safe (KBS) Network
- Tobacco Education Coalition
- Oral Health Advising Committee
- Five Community Collaboratives
- Child Welfare Advisory Board
- Family Preservation Family support Committee
- Infant Services Committee
- Teen Pregnancy and Parenting Network
- Perinatal substance Abuse coalition
- MultiAgency Team for Children's Health Services

Program Logic Narrative

1. Inputs

HSA will hire two temporary data entry clerks to enter the backlogged immunization records of two-five private providers in Stanislaus County. The clerks will receive training on the RIDE Immunization Registry from our existing registry staff. HSA will provide the clerks with routine office supplies, local mileage reimbursement and a portable copy machine. The private providers will provide the clerks with office space, training time to train the private providers' staff, an adequate computer system, and an internet connection. An adequate computer system is one that includes the following:

- Windows or MAC operating system
- Internet Explorer or Netscape 3 and above (recommended Internet Explorer 5 or above).
- Web browser must support 128 bit encryption.
- Recommended 56K modem.

Private providers must also inform their patients, through a disclosure letter, that their immunization records are being entered into the registry. Patient data will not be entered if the patient or parent declines.

2. Activities

The first step to implementing this pilot project will be for the Immunization Registry Coordinator, Nancy Bancroft, to negotiate and obtain an MOU with the private providers who will participate on this pilot project. Please see Attachment C for a copy of the MOU we use. Once an MOU has been accomplished, staff will conduct an Implementation Site Visit at each provider. At this site visit, staff will complete a CASITA assessment survey to ascertain the level of immunization registry activity currently being conducted by the provider. Staff will also conduct a pre-survey to measure the private provider staff's knowledge about and benefits of immunization registries. The RIDE software will also be installed at this time.

We will then recruit and hire the temporary data entry clerks. Please see Attachment B for job descriptions for these clerks. The clerks will receive training on the RIDE system from our existing registry staff. The clerks will then be placed in the providers office to begin identifying the providers' 0-5 aged patient population, pulling those immunization records, and entering the immunization data on to the RIDE system. It has been our experience that a good data entry clerk can enter approximately 100 records into the system during an eight hour work day.

Once all the records have been entered of the providers participating in this pilot project, staff will then conduct the post-CASITA to measure their participation in the registry as well as the post-survey to measure their staff's knowledge of and benefits of immunization registries.

3. Outputs

Outputs will include:

- A minimum of two and maximum of five private providers will participate on this pilot project.
- A minimum of 30,000 Immunization Records from these private providers will be entered into the RIDE system during the pilot project period.

4. Outcomes

Outcomes will include:

- An increase of 5% in their patient's immunization rates.
- Private provider staff will increase their knowledge and benefits of the RIDE Immunization Registry.
- Three of the four targeted private providers will continue to use the RIDE system six months after the pilot project ends.

Assessing the Achievement of Outcomes

Through the RIDE system, our existing Immunization Registry staff will be continually able to review whether or not the private providers assisted with this project are participating in the RIDE system.

We will also conduct the pre and post CASITA as well as the pre and post survey to measure their participation in the RIDE system and their staff's knowledge about and benefits of immunization registries.

Client Focused Collaborations/Linkages

Our primary collaborators on this project will be the targeted private providers who will receive our data entry assistance and training. Please see Attachment C for letters of commitment from them. Providers will provide office space for our temporary data entry clerks and use of a computer and internet connection to access the RIDE system. Providers will also make their staff available for training on the RIDE system and participate in our CASITA assessment and pre/post surveys of staff knowledge.

PROGRAM LOGIC CHART

Agency: Stanislaus County Health Services Agency (HSA)

Program Name: HSA Immunization Registry Project

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
<p>HSA inputs will include:</p> <ul style="list-style-type: none"> • Two temporary data entry clerks • Existing Immunization Registry staff • Portable Copy Machine • Office Supplies • Staff travel time <p>Private Provider inputs will include:</p> <ul style="list-style-type: none"> • Office space • Training time for private provider staff • Disclosure letter sent to all clients • Adequate computer system • Internet connection 	<ul style="list-style-type: none"> • MOU and Implementation Site Visit to targeted providers • Existing Immunization Registry staff will complete a CASITA (short assessment survey) at the beginning and end of the project to evaluate the providers' use of the RIDE system • Staff will also conduct a pre/post survey of provider staff to measure increase in knowledge and benefits of the RIDE Immunization Registry • Set up software on computer and network connection via internet • Identify provider's 0-5 patient population • Pull Immunization Records for the identified population • Data Entry into RIDE • Simultaneous training plan 	<ul style="list-style-type: none"> • A minimum of two and maximum of five private providers will participate on this pilot project • A minimum of 30,000 Immunization Records from these private providers will be entered into the RIDE system during this pilot project time period. 	<ul style="list-style-type: none"> • Among the private providers served by this project, an increase of at least 5% in their patients' immunization rate will be achieved. • Private Provider Staff will increase their knowledge and benefits of the RIDE Immunization Registry • Three of the four targeted private providers will continue to use the RIDE system within the six months after the project ends.

PROGRAM LOGIC CHART

Agency: Stanislaus County Health Services Agency (HSA)

Program Name: HSA Immunization Registry Project

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES
	for staff to continue data entry once the temporary assistance ends <ul style="list-style-type: none">• Begin to use the RIDE system on their own		

Budget Period (10/1/2001-9/30/2002)			Amount Requested from Commission	Total Amount Available from other funding sources*	Total Project Budget
I. PERSONNEL					
Position Title	Salary	Hours/week			
10% FTE Project Coordinator (Nancy Bancroft)	29.1	4		6,053	6,053
10% FTE Health Educator (Shanette Williams)	19.71	4		4,100	4,100
Temporary Data Entry Assistance Clerk I (47 weeks from 11/1/01-9/30/02)	10.99	1880 hours	19,870		19,870
Temporary Data Entry Assistance Clerk II (37 weeks from 1/1/01-9/30/02)	10.99	1560	16,705		16,705
Benefits					
Benefits for Project Coor @ 26% of salary				1,574	1,574
Benefits for Health Educator @ 39% of salary				1,599	1,599
Subtotal Personnel			36,575	13,325	49,900
II. OPERATING EXPENSES					
A. Rent and Utilities					-
B. Office Supplies and Materials: \$70/mo x 12 mos			840		840
C. Telephone/Communications					-
D. Postage/Mailing: \$15/mo x 12 mos			180		180
E. Reproduction/Copying: \$30/mo x 12 mos			360		360
F. Printing					-
G. Equipment: Portable Copy Machine @ \$1,000 Computer/Laptop @ \$3,000			4,109		4,109
H. Travel: Clerk I = 47 weeks x 50 miles/week x .345/mile Clerk II = 37 weeks x 50 miles/week x .345/mile			1,449		1,449
I. Insurance					-
J. Audit					-
K. Training/Conferences					-
L. Consultants					-
M. Subcontractors					-
N. Other (please specify)					-
O. Evaluation Costs					-
Subtotal Operating Expenses			6,938	-	6,938
III. INDIRECT COSTS ** (@ 10% of total budget excluding capital expenditures)			6,487	1,333	7,819
IV. TOTAL PROGRAM COSTS			50,000	14,658	64,657

Budget Justification

Personnel: Two Temporary Data Entry Clerk positions will be hired to complete the major activities of this project, assisting private providers to enter backlogged immunization data into the RIDE Immunization Registry. Salaries for these positions are based on previous Temp Agency costs to hire similar skill level positions. One clerk will work for 47 weeks, from November to September, and one clerk will work for 37 weeks, from January to September. These schedules are based on when the private providers we have targeted to assist can accommodate this work in their practices. Nancy Bancroft, our Immunization Registry Coordinator, will contribute 10% of her time to this project as the Project Coordinator as an inkind match.

Fringe Benefits: Fringe Benefits for Nancy Bancroft are calculated at 33% of salary costs as an inkind match to this project. Fringe benefits include payroll taxes, medical, dental and vision insurance, as well as vacation liability and retirement. Fringe Benefits for the two Temporary Data Entry Clerk positions are included in the contracted salary rate through the Temp Agency.

Operating Expenses

Office Supplies: Routine office supplies will be needed by the two data entry clerks. These include paper, pens, files, etc. Calculated at \$35 per employee per month for twelve months.

Postage/Mailing: Some mailed communication between private providers, patients, and HSA staff will be needed to complete this project. Estimated at \$15 per month x 12 months.

Reproduction/Copying: Covers paper costs and toner cartridge costs for portable copy machine.

Equipment: A portable copy machine will be required for the two data entry clerks to use at the offices of the private providers. Copy machines may not always be available at the private providers offices so this will allow us to complete the project in a timely manner. A laptop or PC computer may be needed since not every private provider will have a computer always available for our use when the data entry clerks are there to enter immunization data into the RIDE system.

Travel: We are required to compensate the two data entry clerks for travel between HSA and the private provider offices. We use the current federal mileage reimbursement rate that is now .345/mile.

Indirect Costs: Indirect costs include those costs not easily attributable to individual grant projects such as finance, human resources, and administration. We are requesting a share of the 10% indirect costs, the remaining will be an inkind contribution from the Immunization Registry program funds.

STANISLAUS COUNTY CHILDREN AND FAMILIES COMMISSION

In Partnership with United Way of Stanislaus County
Undesignated Pilot Program

Disclosure Statement

I, Beverly M. Finley, of Stanislaus County Health Services Agency, hereby state
Name Name of Organization

that the funds being requested in this application do not supplant any existing revenue sources.

Beverly M. Finley *Cynthia A. Coil for Beverly Finley* 8/31/01
Signature Date

Managing Director
Title

Attachment A

HSA

Organizational

Chart

STANISLAUS COUNTY HEALTH SERVICES AGENCY

Board of Supervisors

Chief Executive Officer
Reagan Wilson

Health Services Agency
Managing Director
Beverly Finley

Medical Director - Garfield Pickell, M.D.

Director Residency Program
John Payne, M.D.

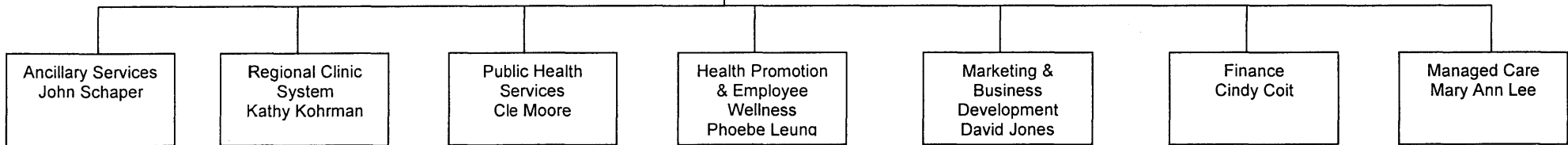
Senior Executive Secretary

Public Health Officer

Director of Volunteer Services
Kathy Phillips

HSA Foundation

SFMG Administrator
George Killian



- Pharmacy
- Laboratory
- Radiology
- Rehabilitation
- Medical Records
- Central Scheduling Unit
- M.D. Contracting and M.D. Relations

- Ceres Medical Office
- Empire Medical Office
- Family Practice Clinic
- Hughson Medical Office
- Medical Arts Building
 - OB/GYN
 - Peds
 - Dental
 - PMP Clinic
- MoMobile
- McHenry Medical Office
 - Family Planning
 - Salida Women's Health
- Oakdale Medical Office
- Turlock Medical Office
- Urgent Care

- Epidemiology
- Vital Statistics
- CCS/MTU
- Children's Medical Service
- HIV/STD
- TB/CD
- MCH
- Community Health Services
 - Case Management
 - Contracts
 - Education & Outreach

- Nutrition
- Community Health Promotion
- Patient Education
- Employee Services
 - Human Resources
 - Payroll
 - Education & Training

- HSA Foundation
- Public Relations
- Business Development

- Financial Services
- Patient Finances
- Information Services
- Support Services
 - Security
 - Environmental Services
 - Materials Management
 - Engineering
 - Dietary

- MediCal Managed Care
- Healthy Families
- Risk Management
- IHCP
- Insurance Contracting & Credentialing
- MediCal Outreach

Attachment B

Job

Descriptions of Key Personnel

DATA PROCESSOR



Salary...\$10.55-12.82 Hourly

FFD: March 14, 2001

GENERAL QUALIFICATIONS

- Pass County-paid job-related background or reference check.
- Pass County-paid health screening examination including a drug screen test.
- Perform job duties in a manner assuring a safe working environment for oneself and others.
- Establish and maintain effective working relationships with the general public, co-workers, supervisors and members of diverse cultural and linguistic backgrounds regardless of race, color, national origin, ancestry, political affiliation, sex, sexual orientation, religion, marital status, age (over 40), pregnancy related condition, medical condition (cancer related), persons with a physical disability (including AIDS) or mental disability.
- Maintain confidential information according to the legal standards and/or County regulations as required.

TO APPLY

Applications may be obtained and must be returned to: **STANISLAUS COUNTY PERSONNEL, 1010 10TH STREET, SUITE 2300, MODESTO, CA 95354.**

Telephone: 209-525-6341

Job Line: 209-525-4339

Web page: www.co.stanislaus.ca.us then click on Human Resources

EQUAL EMPLOYMENT OPPORTUNITY

The County of Stanislaus is an Equal Opportunity Employer. All qualified applicants are encouraged to apply for positions.

NOTES:

Make your application as complete as possible so a full and realistic appraisal may be made of your qualifications. Applicants are invited to submit a brief resume outlining paid or non-paid experience relevant to the position. **Resumes will not be accepted in lieu of a completed application.** Postmarks will not be accepted.

TESTING ACCOMODATIONS

Arrangements may be made to accommodate disabilities or religious convictions. Describe the special-test arrangements you require in Section 13 of the application form.

APPEAL RIGHTS

Examination results may be appealed by applicants presenting facts alleging irregularity, fraud or error in scoring. Appeals must be in writing and submitted to the Chief Executive Officer within seven days after the examination results are mailed.

DISCLAIMER

Stanislaus County reserves the right to revise the examination plan described in this flyer to better meet the needs of County service. The provisions of this bulletin do not constitute an express or implied contract. Any provision contained in this bulletin may be modified or revoked without notice. The information contained in the bulletin is information, which sets forth a general summary of benefits for this respective position. This information is not legally binding. The benefits and other information regarding this position may be found in the Stanislaus County Code, the Stanislaus County Personnel Policies manual, or in the applicable Memorandum of Understandings, and such information prevails over information contained in this flyer. Questions regarding this announcement may be directed to the Stanislaus County Chief Executive Office/ Personnel.

DATA PROCESSOR

A RECENT (WITHIN FOUR [4] YEARS TYPING CERTIFICATE FROM MODESTO JUNIOR COLLEGE, ANY TEMPORARY EMPLOYMENT AGENCY OR A COMPARABLE INSTITUTION WILL BE ACCEPTED. THE CERTIFICATE MUST BE A FIVE-MINUTE TIMED TEST AT 45 WPM (NET CORRECTED). **APPLICATIONS WITHOUT PROOF OF TYPING SPEED WILL NOT BE CONSIDERED. APPLICANTS NEED TO INDICATE UNDER SECTION 12 ON THE STANDARD APPLICATION FOR EMPLOYMENT FORM THE NUMBER OF KEYSTROKES PER HOUR THEY ACCURATELY PERFORM.**

GENERAL INFORMATION

This recruitment is being conducted to fill a current vacancy at the Health Services Agency and to establish an eligible list that will be used to fill vacancies in county departments during the course of this list. Eligible lists are usually good for six months and may be extended for up to one year.

Unless otherwise provided, this position is part of the Classified Service of the County and is assigned to the Office Worker/Clerical Bargaining Unit for labor relations purposes. Incumbents are also subject to overtime, standby and callback assignments.

ABOUT THE POSITION

Under general supervision, to operate numeric and alphabetic data entry and data verifier equipment, or to perform word processing duties, and perform other related work as required.

TYPICAL TASKS

- Organizes and arranges documents from different sources and/or departments and reduces data to numeric and alphabetic codes according to established procedures.
- Enters data from departmental documents and verifies data entry of other staff members.
- Operates a variety of equipment such as various personal computers, printers, copy machines, detacher, and scanner.
- May direct workloads and work priorities in the absence of the Supervisor or other supervision.
- Answers the telephone and takes messages, as required.
- The Data Processors in the Agency typically perform the duties of a word processor, such as typing, processing letters, recordkeeping, archiving documents, creating/producing reports, creating data bases, entering data accurately from handwritten documents into a database, and other such word processing duties.
- Works accurately and quickly with names, numbers, codes and symbols maintaining an average of 6501-8000 keystrokes per hour.
- Works under deadline pressure with interruptions and perform production data entry over long and sustained periods of time.
- Hand sorts documents, prepares and maintains handwritten logs.
- Folds documents by hand.

DATA PROCESSOR

PAGE 4

- Trains new and temporary staff on tasks, duties, procedures, equipment functions and policies.
- May interact with the Public.
- Performs other related work as required to meet Department needs.

MINIMUM QUALIFICATIONS

Ability to:

- Operate data entry and data verifier equipment skillfully and accurately at a speed of not less than 5,000 strokes per hour;
- Make comparisons and calculations rapidly and accurately;
- Work accurately with names, numbers, codes and symbols;
- Work under pressure and operate data entry equipment over long and sustained periods of time;
- Comprehend and carry out written and oral instructions;
- Assume the duties of the Senior Data Processor or other supervision involving the organizing and scheduling of work for subordinate personnel as assigned; and,
- Type 45 WPM and operate word-processing related printer in the case of Data Processors in the Community Services Agency.

Knowledge of:

- The methods and machines used in data entry, verifying, processing, information; and,
- General office methods, practices and procedures.

Education/Experience:

- Data Entry or Word Processing Certificate from a vocational school or college.

OR

- Six (6) months of data entry experience (minimum of four [4] hours per day, within the last [2] years) on a computer display terminal.

DESIRABLE QUALIFICATIONS

Ability to:

- Read and understand job related manuals;
- Relay information accurately and concisely;
- Lift and carry large volumes of paper; weighing 5-25 lbs.
- Sit at a computer workstation for extended amounts of time;
- Interact effectively with the public;
- Communicate effectively orally and in writing to individuals and families from varying cultural, ethnic, social, economic and educational backgrounds;
- Knowledge of medical terminology;
- Provide exceptional internal and external customer service; and,
- Bend, stoop, and reach overhead;

Equal Employment Opportunity

DATA PROCESSOR

PAGE 5

- Read small printed words, numbers and characters rapidly and accurately; and,
- Ability to operate programs such as Microsoft Word, Access, and Excel.

Attachment C

Letters of Support/ Commitment



August 29, 2001

Beverly M. Finley
 Managing Director
 Stanislaus County Health Services Agency
 c/o Sandy Wallace
 Staff Services Coordinator
 P.O. Box 3271
 Modesto, CA 95353

S. Rush Bailey, M.D.
 Fellow American Academy of Pediatrics

Kathryn J. Bolton, M.D.
 Fellow American Academy of Pediatrics

Ronald A. Goldman, M.D.
 Fellow American Academy of Pediatrics

Stephen Jacobs, M.D.
 Fellow American Academy of Pediatrics

Sarah L. Koch, M.D.
 Fellow American Academy of Pediatrics

Dena Lenser, M.D.

Marcella Murphy, M.D.
 Fellow American Academy of Pediatrics

Robert P. Madrigal, M.D.

Steven M. Althoff, M.D., Ph.D.

Marsha Andrae, R.N., B.S.N.
 Certified Pediatric Nurse Practitioner

E.M. Bailey, R.N., M.S.
 Certified Pediatric Nurse Practitioner

Jill J. Manchester, R.N.C., M.S.
 Certified Pediatric Nurse Practitioner

Donna J. Silva, R.N., M.S., P.N.P.

James D. Costello
 Physician's Assistant

Dear Ms. Finley:

Valley Oak Pediatric Associates is happy to provide this letter of support/commitment for your planned Undesignated Pilot Project grant application to the Proposition 10 Children and Families Commission. We know the Commission is seeking applications for pilot projects to support community-based projects that promote the development and support of young children (0-5 years of age) and their families in Stanislaus County.

We are familiar with the Health Service Agency's participation in the Stanislaus County KIDS Immunization Information System and that you are applying for a grant that will provide temporary data entry personnel to assist private providers in entering immunization information into the system.

As the largest pediatric private provider in Stanislaus County, we provide care for over 40,000 infants, children, and adolescents a year, approximately 25,000 of whom are from birth to 5 years of age. We have, therefore, intimate knowledge of the need for this immunization registry program. Giving and maintaining adequate immunization levels for our patients is a major focus for our group.

Valley Oak Pediatrics is currently assessing its ability to manage its immunization data and is exploring more efficient ways to do this.

We look forward to our partnership with you on this grant project and to fulfilling the Stanislaus County KIDS Immunization Information System's mission to care for our children today for a healthier tomorrow. We wish you success in your grant application.

Sincerely yours,
James Costello, P.A.

James Costello, P.A.
 For Valley Oak Pediatrics

1525 Melrose Avenue
 Modesto, California 95350
 (209) 544-7300
 Fax (209) 544-7323



8/6/01

Beverly Finley
Managing Director
Stanislaus County Health Department
820 Scenic Dr.
Modesto, CA 95350

Dear Beverly,

First I want to take a second to thank you for all you have done to make people in Stanislaus County healthier. Although it has been over 15 years since you were my Director of Nursing I have always seen you as a strong leader and visionary in the area of healthcare for those most in need.

Years ago you hired me to be a med floor nurse at Scenic Hospital. When I asked you if I should pursue my dream to be a Nurse Practitioner you gave me your full support and a letter of reference to Stanford's program. I think your aware that when I graduated I started Aspen Family Medical Group. You might say AFMG has offered the services that you espouse without the political constraints I saw you struggle with all these years. We are not rich but we are solvent and growing without government assistance. Dr. Reldon Jones and I are very proud of that.

I have been asked by Nancy Van Croft to send you a letter supporting her request for funding to pay for a worker to input our patients into the new vaccination monitoring system for Stanislaus County. We have approximately 3000 kids under 5 who would be input and it would be impossible for us to ask an obviously overextended staff to do that. We really want to be part of this system. The benefits to our patients and the County Public Health Department should be exciting. But without the existing records entered the project will be stalemated from producing viable statistics for much longer than necessary.

Again, thank you for everything you have done for this county and good luck in your future plans.....I know your not going to just sit in an old rocking chair when you retire !

Sincerely,

Matt Freitas FNP-C, PA-C

MEMORANDUM OF UNDERSTANDING

BETWEEN SAN JOAQUIN COUNTY PUBLIC HEALTH SERVICES IMMUNIZATION REGISTRY AND PARTICIPATING PROVIDERS/AGENCIES

The goal of the San Joaquin County Immunization Registry Project is the development and implementation of a county-wide computer based immunization monitoring and follow-up system for all children up to the age of five years.

This document is to serve as a Memorandum of Understanding (MOU) between San Joaquin County Public Health Services (here after referred to as "SJCPHS"), on behalf of the San Joaquin County Immunization Registry Project and Turlock Pediatrics (hereafter referred to as "Provider/ Agency").

- I. PURPOSE: Participate in the development, implementation, and use of a computerized immunization registry to:
 - A. Maintain accurate, complete, and up-to-date immunization histories and personal demographic data of all children in the targeted age group living in San Joaquin County.
 - B. Maintain data on children from birth to at least five years of age.
 - C. Provide State Immunization Branch with immunization data, which excludes personal identifying information, to support state level analysis efforts.
 - D. Support sharing of California patients' immunization records.

- II. TERM: The term of the Memorandum of Understanding shall be indefinite from the date of final approval of this Memorandum of Understanding. This memorandum is contingent upon the receipt of State funds. If the State does not provide funds for the maintenance of the Immunization Registry, this memorandum shall be null and void.

- III. DESCRIPTION OF SERVICE:
 - A. SJCPHS agrees to :
 1. Provide ready access to the database by participating providers and by the Statewide Immunization Information System (SIIS) hub.
 2. Provider/Agency will be granted access to patient records identified as under their care. Initial access to records of

new patients will be granted when the Provider/Agency supplies adequate information to specifically identify the patient.

3. Maintain standardized lists of vaccine types, manufacturers, lot numbers, immunization schedules, and (optionally) vaccine inventories as a service to participating local providers.
4. Determine recommended immunizations for patients based on patient and immunization histories and an approved vaccine schedule.
5. Identify registry patients who are due and/or overdue for immunizations and produce reminder/recall notices for participating Providers/Agency.
6. Provide for confidentiality and security which meets requirements of Health & Safety Code Section 120440, Chapter 2.5 (Disclosure of Immunization Status) and of established State standards.
7. Control access to and updates of patients' records via an established protocol.
8. Create a written Operational Recovery Plan, also known as a disaster recovery plan. The goal of the Operational Recovery Plan shall be the ability to recreate the registry and all of its components with minimal loss of data after a disaster, in order to restore all essential registry functions.
9. Develop a mechanism to monitor access and to detect intrusions to the computer systems and have an established protocol for responding to such attempts.
10. Employ current virus detection software for the purpose of detecting and removing computer viruses from registry components, including, but not limited to, server machines, provider machines, and mass storage devices. Machines and storage devices will be routinely scanned.
11. Define reasonable procedures for the patient/parent/ or guardian to inspect the patient's record and to indicate errors in it to SJCPHS.

B. Provider/Agency Agrees:

1. To access the registry only through use of registry approved access procedures.
2. Not to browse the registry.

3. Not to disclose registry access codes or protocols to unauthorized persons.
4. To be responsible for ensuring that only authorized personnel have access to immunization data and the registry; any lapse in enforcing security by the provider may result in the provider being disqualified from participation in the registry.
5. To use information obtained from the registry only to provide immunization services or appropriate outreach to their patients/clients.
6. To maintain the confidentiality of patients' information obtained from the registry as required of medical records. Provider/Agency understands that inappropriate disclosure of this information will subject him/her to civil and criminal penalties per Sections 56.35, 56.36, 1798.53 and 1798.57 of the Civil Code.
7. To include provisions on confidentiality and re-disclosure in contracts with all third parties, including payors and other providers.
8. To disclose to patient or to patient's parent/guardian that information from the patient's record will be shared with other providers as necessary to provide immunization services, and with health plans, schools, daycare providers, WIC programs, with local and state health departments, and with third party payors and that patient or parent/guardian has the right to refuse to have information shared.
9. That information from the patient's record will not be shared if the patient or parent/guardian refuses to have the information shared with other providers.
10. To inform patient or parent/guardian of their right to refuse to receive immunization reminder or recall notices.
11. To inform patient or parent/guardian of their right to inspect and point out errors in the patient record and of their right to be informed of who has accessed the record, upon request.
12. To forward to the SJCPHS any patient/parent/guardian requests for review of patient information, correction of

records, review of who has accessed patient's record, or refusal to receive reminders.

13. Provider agrees to report any breach of security or confidentiality which has occurred to SJCPHS immediately upon discovery.

IV. DISCLOSURE OF REGISTRY INFORMATION

1. Unless there is a refusal to permit record sharing, the Agency/Provider may disclose the information in Section 2 below to these local registries and Department of Health Services (DHS), which in turn, may disclose the information to other local health departments, schools, day care providers, WIC programs, health plans, and health care providers taking care of the patient, upon request for information pertaining to a specific person.
2. The information that may be disclosed by health care providers to the registries and the Department of Health Services are: 1) name of the patient and names of the patient's parents or guardians; 2) date of birth of the patient; 3) current address and telephone number of the patient and the patient's parents or guardians; 4) patient's gender; 5) patient's place of birth; 6) manufacturer and lot number for each immunization received; 7) types and dates of immunizations received by the patient; 8) adverse reaction to immunizations received; 9) other non-medical information necessary to establish the patient's unique identity and record; 10) and, any other elements authorized by law.
3. Information will not be shared with other providers or agencies if the patient or parent/guardian refuses to have the information shared.
4. Immunization reminder or recall notices will not be sent if the patient or parent/guardian refuses to receive these notices.
5. Information will be shared with a querying provider or agency only if sufficient personal information is provided to identify the patient.
6. The patient or patient's parent or guardian has the right to examine any shared immunization-related information and to indicate errors in it to the registry, which, upon notification

by acceptable means, will correct the error or note disagreement about whether an error exists. The registry will define reasonable procedures to do this.

7. In general, any disclosure of patient information shall be made only in the best interests of the child, and any person or entity to which information is disclosed or re-disclosed will be subject to the same conditions of confidentiality and penalties imposed by legislation.
8. Training and training materials for standard confidentiality practices shall be provided for employees and providers handling confidential data.
9. Data on any removable storage media shall be rendered unrecoverable before discarding or disposing of the storage media.
10. Any hard copy produced by a registry that contains confidential data will be shredded before disposal.

V. TERMINATION:

A. This Memorandum of Understanding may be terminated by either party with thirty (30) days written notice to terminate the agreement.

VI. RESPONSIBILITY

A. Provider or agency acknowledges that SJC PHS is not responsible for the accuracy of the data which they receive

B. In no event shall SJCPHS be liable for special, indirect, and/or consequential damages. Provider or agency hereby waives any claim and recourse against SJCPHS for such damages.

C. Provider shall strive to provide accurate and timely data

D. Provider acknowledges that all equipment (hardware and/or software) provided by the SJCPHS is contingent upon the provider staying with the registry.

VII. RIGHT TO AUDIT

SJCPHS has the right to audit compliance with the confidentiality protection in this agreement and to make recommendations for improvement.

VIII. HOLD HARMLESS

The Provider/Agency agrees to indemnify, hold harmless, and defend the county, it's officers, agents, and employees from any and all claims and losses accruing or resulting to any and all contractors, suppliers, laborers, and any other person, firm, or corporation furnishing or supplying work services, material or supplies in conjunction with this agreement, and from any and all claims and loss accruing or resulting to any person, firm, or corporation who may be injured or damaged by acts or omissions in the performance of this agreement.


IX. NONWAIVER

The failure of either Party to insist upon or enforce strict performance by the other party of any of the provisions in this agreement, or to exercise any right or remedy under this agreement will not be considered as a waiver or relinquishment to any extent of that party's right to assert or rely upon such provisions, rights or remedies in that or any other instance; rather the same will be and remain in full force and effect.

This agreement constitutes the entire agreement, and supercedes any and all prior negotiations, representations, correspondence, understandings and agreements with regard to the subject of this agreement. No amendment or

modification of any of the provisions of this agreement will be valid unless set forth in a written instrument signed by both parties.

In witness thereof, the parties have executed this MOU as of the date hereof.

<hr/>	
Karen Furst, MD Health Officer Public Health Services of San Joaquin County	Date
	7/16/01
<hr/>	
Authorized Signature	Date
<hr/>	
Printed Name & Title	
<hr/>	
Provider/Agency	Turlock Pediatrics
<hr/>	

Attachment D

Sample Pre/
Post Test

PROVIDER SURVEY

1. An Immunization Registry is a confidential, computerized system that stores a child's immunization record.

Agree Somewhat Agree Disagree Strongly Disagree

2. RIDE is an acronym that stands for Regional Immunization Data Exchange.

Agree Somewhat Agree Disagree Strongly Disagree

3. RIDE is the Immunization Registry used by the NC RIDE Region.

Agree Somewhat Agree Disagree Strongly Disagree

4. The NC RIDE Region consists of 5 counties.

Agree Somewhat Agree Disagree Strongly Disagree

5. Parents must be informed that their child's shot record will be shared with authorizing registry participants.

Agree Somewhat Agree Disagree Strongly Disagree

6. Healthcare providers must get a signed consent from the parent to include them the Immunization Registry.

Agree Somewhat Agree Disagree Strongly Disagree

7. Parents have the right to refuse participation in the Immunization Registry.

Agree Somewhat Agree Disagree Strongly Disagree

8. The Immunization Registry can assist in making ACIP recommendations.

Agree Somewhat Agree Disagree Strongly Disagree

9. The Immunization Registry reduces the burden of paperwork in a healthcare providers office.

Agree Somewhat Agree Disagree Strongly Disagree

10. The Immunization Registry can help increase coverage rates in a Healthcare providers office.

Agree Somewhat Agree Disagree Strongly Disagree

Thank you for you participation

Please Sign &
Return

Proposition 10 Designated Pilot Agreement

Grant Recipient: Stanislaus County Health Services Agency (H.S.A.)
c/o (Contact Person): Nancy Fisher, Public Health Nurse Supervisor
Organization Address: P.O. Box 3271, Modesto, CA 95353

Designated Number: DES-001

Duration of Grant Period: October 1, 2001 to September 30, 2002

Grant Type: Designated Pilot Program

Project Title: Stop Smoking Case Management Project

Awarded Amount \$50,000.00*

**For specific program criteria identified in your proposal only.*

Terms and Conditions

Designated Representative

United Way of Stanislaus County, 113 Palm Avenue, Modesto, California 95350, at phone number (209) 523-4562, is the contracted agency who will administer this Grant Agreement on behalf of the Stanislaus County Children and Families Commission.

The funding period shall be from October 1, 2001, through September 30, 2002. This grant is made with the understanding that United Way of Stanislaus County has no obligation to find other additional support or grants to the Grant Recipient.

Program Evaluation Report

Initial Report Due: March 15, 2002 (Reporting October 1, 2001 – February 28, 2002)

Mid- Report Due: July 15, 2002 (Reporting October 1, 2001 – June 30, 2002)

Final Report Due: October 15, 2002 (Reporting October 1, 2001 – September 30, 2002)

Grant Award and Fund Disbursement

All parties in this Grant Agreement understand that this initiative grant may be used only for Designated Pilot Program benefiting children prenatal to age five (5). The purpose of the Designated Pilot Program is to support seven (7) specific community concerns that were highlighted in the Commission's Strategic Plan. The funds may not be used to supply another fund.

The contract must be signed and submitted to United Way of Stanislaus County before disbursement can take place.

Funding

Grant Recipient is entitled to funding for specific identified items and services requested in the proposal as approved by Stanislaus County Children and Families Commission only. Grantee must present invoice billing to United Way in form of an invoice, original receipt or purchase order for payment of costs rendered for the Housing First Program.

A systematic accounting record shall be kept by the Grant Recipient of adequate financial records of this grant. Accounting records must be made readily available for use by United Way.

Random site visits will be made by United Way on a scheduled basis during the program period beginning October 1, 2001 through September 30, 2002.

Declination of Award

Notification of declination of award shall be sent in writing by the awarded grantee, stating the reasons for cancellation.

United Way of Stanislaus County and the Stanislaus County Children and Families Commission is entitled to cancel the contract in the event the Grant Recipient is unwilling to follow Proposition 10 funding objectives and guidelines.

Changes in Condition

Grant Recipient agrees to provide immediate written notice to United Way if significant changes or events occur during the term of this award which could potentially impact the progress or outcome of the grant.

Right of Ownership, right use and licensing

Equipment: Unless otherwise agreed in writing or specified in these general terms of contract, the Grant Recipient owns the equipment purchased with project funds.

The Grant Recipient is required to insure the condition of the equipment and keep it in good working order. The Grant Recipient shall not grant any security interest in such equipment.

Hold Harmless Agreement

To the fullest extent permitted by law, Grant Recipient shall defend, indemnify and hold harmless the Stanislaus County Children and Families Commission and their officers, agents, departments, officials, representatives and employees from and against any all claims, liabilities, loss, costs, damages, injury or death, fees, expenses, demands and actions including payment of reasonable attorneys' fees arising out of or resulting from any action or claim.

Acknowledgement of Funds

The Stanislaus County Children and Families Commission is funded by taxpayers' dollars. It is important that the public know the organizations that are receiving funds through the Commission's grant making components. Therefore, the Grant Recipient shall acknowledge the grant in statements or printed materials appropriate to the purpose of the grant. All printed materials related to this grant shall contain the following information in a type size and style appropriate to the materials.

*Made possible by a grant from the
Stanislaus County Children and Families Commission*

United Way of Stanislaus County in partnership with Stanislaus County Children and Families Commission is pleased to make this grant to your organization. Please sign and return one copy of this Grant Agreement as evidence of your understanding of the terms outlined. Return the completed documentation to United Way of Stanislaus County, c/o Dorali Mitre, Community Impact Associate, P.O. Box 3066, Modesto, CA 95353-3066. If you have questions, please call Dorali Mitre, Community Impact Associate, United Way of Stanislaus County, at (209) 523-4562 ext. 125.

I, Kathy Kohrman, accept and agree to the above contract terms set forth by United Way of Stanislaus County and the Stanislaus County Children and Families Commission. I understand that the funds being awarded in this request do not supplant any existing revenue sources.

Organization Name: Stanislaus County Health Services Agency (H.S.A.)

If Applicable: Business License No. _____

Non-Profit ID No. _____

Mailing Address: 830 Scenic Drive Modesto 95350
(City) (Zip Code)

Shipping Address: Same _____
(City) (Zip Code)

Kathy Kohrman
Contractor's Signature (Grant Recipient)

11-29-01
Date

Kathy Kohrman
Print Name

Interim Managing Director
Title