

"To improve the health of our communities by identifying sustainable solutions to community health issues, developing partnerships for implementation of strategies, and demonstrating our success through measurement of outcomes."

March 3, 2009

Mr. Wayne Hammon, Administrator
Division of Financial Management
700 West State Street
Boise, ID 83720

Dear Mr. Hammon:

Please consider this packet of five project proposals as applications for federal stimulus dollars under the Federal American Economic Recovery and Reinvestment Act of 2009.

Included are five project proposals from programs at Central District Health Department. They include from:

- Reproductive Health – Health Information Technology: Electronic Medical Record System
- Communicable Disease Control & Public Health Preparedness – Health Information Technology: Bio-surveillance Project
- Immunizations and Refugees – Health Information Technology: Electronic Record System
- Community Health Promotion and Education – Prevention and Wellness Fund: Childhood Obesity Prevention
- Environmental Health – Health Information Technology: Electronic Food Safety and Child Care Health and Safety Inspections

Central District Health Department is one of Idaho's seven single purpose local public health districts locally governed and separated from State of Idaho government. The statutory authority for Central District Health Department is found in Idaho Code, title 39, Chapter 4.

Central District Health Department represents citizens in Ada, Elmore, Valley and Boise counties. Its vision is "Healthy People in Healthy Communities". The main office for Central District Health is located in Ada County in Boise. Satellite offices are operated in Valley and Elmore counties with co-located services provided in Boise County.

We appreciate the review you will provide our requests and look forward to hearing whether these projects will be funded.

Sincerely,



Cindy Trail
Deputy Director, CDHD

Serving Valley, Elmore, Boise, and Ada Counties

Ada / Boise County Office
707 N. Armstrong Pl.
Boise, ID 83704
Enviro. Health: 327-7499
Reproductive Health: 327-7400
Immunizations: 327-7450
Senior Nutrition: 327-7460
WIC: 327-7488
FAX: 327-8500

Elmore County Office
520 E. 8th St. North
Mountain Home, ID 83647
Enviro. Health: 587-9225
Family Health: 587-4407
WIC: 587-4409
FAX: 587-3521

Valley County Office
703 N. 1st St.
McCall, ID 83638
Ph. 634-7194
FAX: 634-2174

**Central District Health Department
Reproductive Health
February 27, 2009**

Health Information Technology: Electronic Medical Record System

Introduction:

Family Planning clinics have been working diligently toward the goals of providing access to care for underserved populations for the prevention of unintended pregnancy, cancer prevention and sexually transmitted infection prevention, detection and treatment for over 30 years. It is a program that is a good investment of governmental financial support in that for every dollar spent, four dollars are saved.

Central District Health Department has a current case load of 7100 clients per year in three clinics that are geographically separated by one hundred miles. Our society is very mobile and clients often transfer from one clinic to another. This often means their medical record gets left behind. As the demand for services rise, so does the need for more supporting materials, such as charts, filing bins, and storage space. Currently our clinic has 16,000 records in the filing racks and 6000 in storage. Electronic medical records will assist our clinical services by

- provide more efficient access to records as clients move from clinic to clinic
- improving documentation and legibility
- decreasing lab result data entering time by eliminating pulling and replacing charts
- decrease time currently spent recording the client visit in a required data reporting system for Title X
- improved accuracy in client billing
- better utilization of space currently used for storing records
- attain the goal of utilizing an EMR for each person in the United States by 2014

IDAHO GOVERNOR'S EXECUTIVE ORDER NO. 2009-06 – Template

- a. *The amount of federal funding desired under the act*
 - \$100,000

- b. *The title(s) and section(s) of the Act under which the funding is provided*
 - Title XIII-Health Information Technology, Title XXX-Health Information Technology and Quality, "Subtitle A – Promotion of Health Information technology, Sec. 3001. Office of the National Coordinator for Health Information Technology, (A), ii, vii; page H.R. 1-117
 - Title XIII – Health Information Technology, Title XXX – Health Information Technology and Quality, Subtitle A – Promotion of Health Information Technology, Sec. 3002. HIT Policy Committee (B) ii, iii, v, vii, viii; page H.R.1-120, 1-121

- c. *The requirements and deadline for applying for federal funding*
 - None

Central District Health Department
Communicable Disease Control and Public Health Preparedness
February 27, 2009

Health Information Technology: Biosurveillance Project

Introduction:

- CDHD lacks the ability to conduct data analysis, which can
 - cause delays to occur in the detection of and response to infectious disease outbreaks
 - hinder our ability assure findings and actions are based on accurate and complete data
- CDHD exclusively uses the National Electronic Disease Surveillance System (NEDSS) for data collection and reporting of reportable diseases to meet IDHW and Centers for Disease Control and Prevention (CDC) requirements
- NEDSS is inadequate for local level data collection and leads to repetitive data collection due to lack of flexibility and inability to analyze data within the system
- Other gaps in NEDSS include the inability to visualize disease trends and the inability to provide descriptive epidemiology of diseases within the community

IDAHO GOVERNOR'S EXECUTIVE ORDER NO. 2009-06 – Template

a. The amount of federal funding desired under the act

- \$250,000

b. The title(s) and section(s) of the Act under which the funding is provided

- TITLE XIII-HEALTH INFORMATION TECHNOLOGY, TITLE XXX-HEALTH INFORMATION TECHNOLOGY AND QUALITY, "Subtitle A-Promotion of Health Information Technology, "SEC.3002. HIT POLICY COMMITTEE, "(b), "(2), "(C) Other Areas for Consideration, "(i), "(I) and "(II); *page H.R.1-121*
- TITLE VIII-DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES, Department of Health and Human Services, Health Resources and Services Administration, Health Resources and Services, (2); *page H.R.1-61*
- TITLE XIII-HEALTH INFORMATION TECHNOLOGY, Subtitle A-Promotion of Health Information Technology, (7); *page H.R.1-116*
- TITLE XIII-HEALTH INFORMATION TECHNOLOGY, Subtitle C-Grants and Loans Funding, "Subtitle B-Incentives for the Use of Health Information Technology, "Sec. 3011, "(a), "(5) and "(7); *page H.R.1-133*

c. The requirements and deadline for applying for federal funding

- None

d. The requirements associated with the desired funding, including but not limited to spending limitations, state match or cost share requirements, percentage limitations and timeframes

- No requirements for spending limitations, state match or cost share
- No percentage limitations or timeframe requirements

e. When the federal funding would end

- One year from date of receipt (estimated May 31, 2010)

**Central District Health Department
Immunization and Refugee
February 27, 2009**

Health Information Technology: Electronic Record System

Introduction:

Immunization clinics have been working diligently toward the goal of providing access to care for underserved populations for the purpose of preventing and eliminating communicable disease outbreaks by providing immunizations for these vaccine preventable diseases. Ensuring access for clients who have no other means of receiving these services is the core mission of Central District Health Department.

The immunization and refugee programs at Central District Health Department have a current case load of 8700 clients (under the age of 19 years) and 1100 clients (age 19 years or older) per year in three clinics that are geographically separated by one hundred miles. Our society is very mobile and clients often transfer from one clinic to another. This often means their medical record gets left behind. As the demand for services rise, so does the need for more supporting materials, such as charts, filing bins, and storage space. Currently our clinic has 20,000 plus records in the filing racks and 10,000 plus records in storage. Electronic medical records will assist our clinical services by

- provide more efficient access to records as clients move from clinic to clinic
- improving documentation and legibility
- decreasing lab result data entering time by eliminating pulling and replacing charts
- decrease time currently spent manually recording the client visit in a paper chart
- improved accuracy in client visit documentation
- improved accuracy in client billing
- better utilization of space currently used for storing records
- attain the goal of utilizing an EMR for each person in the United States by 2014

IDAHO GOVERNOR'S EXECUTIVE ORDER NO. 2009-06 – Template

a. The amount of federal funding desired under the act

- \$107,400.00

b. The title(s) and section(s) of the Act under which the funding is provided

- TITLE XXX-HEALTH INFORMATION TECHNOLOGY AND QUALITY, "Subtitle A-Promotion of Health Information Technology, "SEC.3001 Office of The National Coordinator For Health Information Technology, "(b), "(2), and "(7) and "(3), "(A), "(ii); page H.R.1-117

c. The requirements and deadline for applying for federal funding

- None

d. The requirements associated with the desired funding, including but not limited to spending limitations, state match or cost share requirements, percentage limitations and timeframes

- No requirements for spending limitations, state match or cost share
- No percentage limitations or timeframe requirements

**Central District Health Department
Community Health Promotion and Education
March 3, 2009**

Prevention and Wellness Fund: Childhood Obesity Prevention

Introduction:

- A limited number of Idaho hospitals and medical clinics offer childhood obesity counseling services for families
- Low income, uninsured and under-insured families are often unable to afford the costs of existing counseling services
- The statewide Idaho 3rd Grade Body Mass Index (BMI) Assessment completed in school year 2007/2008 found 15.2% of participants were at risk for overweight and 12.8% were overweight. 2009 national expert committees would define Idaho's outcome as 15.2% overweight and 12.8% obese or 28% overweight and obese
- Overweight children are more likely to have increased blood pressure, cholesterol, lipid and insulin levels, and are also more likely to become overweight and obese adults
- Idaho's prevalence of adult overweight and obesity increased significantly from 1996 to 2005 (51.6% to 61.4%)
- Central District Health Department nutritionists receive frequent requests from low income, uninsured and under-insured families for counseling services to correct disordered eating problems

IDAHO GOVERNOR'S EXECUTIVE ORDER NO. 2009-06 – Template

a. The amount of federal funding desired under the act

- \$240,600

b. The title(s) and section(s) of the Act under which the funding is provided

- TITLE VIII-DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES, Department of Health and Human Services, Health Resources and Services Administration, Health Resources and Services, (2); page H.R.1-66

c. The requirements and deadline for applying for federal funding

- None

d. The requirements associated with the desired funding, including but not limited to spending limitations, state match or cost share requirements, percentage limitations and timeframes

- No requirements for spending limitations, state match or cost share
- No percentage limitations or timeframe requirements

e. When the federal funding would end

- One year from date of receipt (estimated May 31, 2010)

f. Whether additional spending authority would be necessary to expend the federal funds

- No

g. Whether any additional state employees are necessary to oversee or administer the federal funds and if so how many

- No

**Central District Health Department
Environmental Health
February 27, 2009**

Health Information Technology: Electronic Food Safety and Child Care Health and Safety Inspections

Introduction:

Central District Health Department conducts approximately 2,500 inspections of food establishments and 700 child care facilities annually. Health inspectors record inspection results written by hand on triplicate paper forms. Completed inspection forms are then submitted to clerical staff for manual entry into an electronic database.

The current process of recording inspections is inefficient and often results in illegible results that are not as useful to food establishment and child care operators as desired. Dissemination of inspection results to interested public clients is also hindered by our current capabilities.

This proposal is to purchase equipment to enable inspectors to record inspection results directly on tablet computers. An in-field printing capability is also requested so that high-quality inspection results can be provided to facility operators immediately upon completion of the inspection.

IDAHO GOVERNOR'S EXECUTIVE ORDER NO. 2009-06 – Template

a. The amount of federal funding desired under the act

- \$59,000 (14 computers/printers @ \$3,500 ea.; \$10,000 data system programming)

b. The title(s) and section(s) of the Act under which the funding is provided

- TITLE XIII-HEALTH INFORMATION TECHNOLOGY, TITLE XXX-HEALTH INFORMATION TECHNOLOGY AND QUALITY, "Subtitle A-Promotion of Health Information Technology, "SEC.3002. HIT POLICY COMMITTEE, "(b), "(2), "(C) Other Areas for Consideration, "(i), "(l) and "(ll); *page H.R.1-121*
- TITLE XIII-HEALTH INFORMATION TECHNOLOGY, Subtitle A-Promotion of Health Information Technology, (7); *page H.R.1-116*
- TITLE XIII-HEALTH INFORMATION TECHNOLOGY, Subtitle C-Grants and Loans Funding, "Subtitle B-Incentives for the Use of Health Information Technology, "Sec. 3011, "(a), "(7); *page H.R.1-133*

c. The requirements and deadline for applying for federal funding

- None

d. The requirements associated with the desired funding, including but not limited to spending limitations, state match or cost share requirements, percentage limitations and timeframes

- No requirements for spending limitations, state match or cost share
- No percentage limitations or timeframe requirements

e. When the federal funding would end

- One year from date of receipt (estimated May 31, 2010)