

JEFFERSON COUNTY PUBLIC HEALTH ANNUAL PLAN 2008-2009

The Jefferson County Public Health Department is currently responsible for the following services and functions within Jefferson County.

- **Public Health:**

Public Health Surveillance, Assessment, Assurance; Family Planning, Immunization, WIC, Communicable Disease surveillance, tracking and response; Maternity Case Management, Infant and high risk child home visitation, Mothers Care, School Based Health Center; Emergency Preparedness planning, infrastructure development and response; Tobacco Prevention, STARS, Vital statistics; HIV Case Management; STD Clinic.

- **Environmental Health:**

Restaurant inspections; Food Handler training; Food-borne illness investigation; Public Water system inspections; Water-borne illness outbreak investigation; Regulatory action for Significant Non-Complier water systems; Inspection and complaint follow up on mobile home parks, recreational areas, swimming pools and Transit Occupancy facilities.

- **Commission on Children and Families:**

Staff to the Commission; Needs assessment, planning and community mobilization around issues related to children and families; grant administration; advocacy for services for children and families.

- **Jail Medical Services:**

Supervise and maintain jail medical staffing; develop protocols and procedures to be used by the Jail Medical staff; Coordinate with Jail Management the delivery of services; promote programs to reduce high risk behaviors and recidivism.

Fiscal year 2008-2009 has been a tumultuous year with staff turnover, continued staff moral problems, shrinking budgets, increased costs, building problems and increased workload. The School Based Health Center Program was returned to Public Health to run after a private CBO could not adequately staff the clinic.

The County Board of Commissioners underwent a change this last year with two newly elected commissioners joining the board. While they appear to support the efforts of public health, the county financial status is such that they are unable to “pay their fair share” of public health services.

In addition, state funding is decreasing as FPEP funding has shrunk to ½ its previous amount. The federal law on having a birth certificate to get services has become a tremendous barrier to family planning services, especially for teens born out of Oregon. There were 2 active cases of tuberculosis diagnosed this year, which the state funding for TB was used up quickly and the county CD funds were also used completely.

County central government has approached the BOCC with a proposal to move the Vital Records program from Public Health to the Clerk’s Office. While Vital Records brings in approximately \$12,000 in fees, it cost the county approximately \$29,000 for staffing. Central government anticipates the Clerk’s office doing the program without increasing their costs.

II. Assessment-Annual

1. The public health issues found in Jefferson County are widespread and affect the populace in whatever health topic is discussed. Issues for senior citizens center around: costs of medications, health care, food and shelter.. In addition, being on a fixed income adds to the financial strain on these residents.

Illicit drug and alcohol and underage drinking use continues to be a significant problem in Jefferson County. While Meth production has significantly decreased, underage drinking is becoming more prevalent and deadly. Last year, community partners signed the Jefferson County Alcohol, Tobacco and Other Drug (ATOD) Protocol to “maintain consistency and to address the alcohol and drug problems within our community.”. The partners include: county residents and representatives from the Board of County Commissioners, city government, Police Departments, Sheriff’s Department, District Attorney’s Office, Health Department, School Districts, County Adult and Juvenile Justice, Oregon Liquor Control Commission, Commission on Children and Families, private physicians, local hospital, Warm Springs Indian Reservation and Indian Health Services, Emergency Medical Services, Best Care Treatment Center, DHS, and Emergency Medical Services.

Maternal Child Health services in Jefferson County continue to limp along on funding provided by the state. The cost of Maternity Case Management more than doubles the revenue brought in by that program and the County Board of Commissioners bailed out the program this year and the Health Department has received a \$17000 March of Dimes Grant to provide Maternity Case Management Services next year. Prenatal services are available from private medical providers and a rural and migrant health clinic, Mt. Jefferson Clinic. However, the number of women with inadequate prenatal care according to the Oregon Vital statistics is double the state average.

Chronic disease support and prevention are unmet needs within the county. The Health Department applied for and was granted a state Chronic Disease Prevention grant for fiscal year 2008-2009.

This year we had 2 active TB cases. While being a low risk county, when a TB case is diagnosed in Jefferson County, there is a large cost in manpower and testing that the county has to bear. State funding for TB is only \$1093/year. The last case was also homeless and the state had to pay over \$2000 to keep him housed until he was non-communicable.

In Emergency Preparedness, there have been a number of changes. The staff is being trained in Incident Command and exercises are held regularly. There is a 24/7 Emergency Response Plan in place in the Health Department.

Mental Health funding continues to be cut and needs are being prioritized by Best Care the treatment provider. Even with the funding cuts, Best Care provides individual therapy as well as groups for males, females dealing with a wide variety of issues. Best Care is providing a “Stay Sober” support group for high school students at the School Based Health Center weekly. This support group is funded by the Oregon School Based Health Center Association.

There is no comprehensive plan in Jefferson County to address physical activity, diet or obesity. There are many new exciting developments in this regard though. The Health Department and Commission on Children and Families head a “Healthy Eating, Active Living” committee that has advocated for walking trails, have conducted a bike clinic and participated in TB turn off week. They also publish a Healthy Eating, Active Living Newsletter. In addition the Mountain View Hospital Community Health Improvement Partnership, of which the Health Department belongs, is funded to work with OHSU in collecting BMI for

targeted children in area schools. In addition, this partnership is applying for a federal grant to measure knowledge and behavior changes in parents of kindergarteners in Jefferson County. In addition, County employees being reimbursed \$10 of any gym membership fees or aquatic center fees. The Health Department also has an exercise room with Bow Flex, Treadmill, stationary bike and other equipment for county employee use. The Public Health staff also created healthy meeting guidelines for the Health Department, which includes ideas such as having healthy alternatives when ever high fat/high sugar items are served at meetings.

Tobacco use continues to be a health hazard in Jefferson County. Tobacco education continues in the Health classes in the local schools. The Tobacco Prevention Program has a group of Middle School Team leaders who have advocated for tobacco free areas at the fair grounds, and have protested when tobacco companies try to bring their “free samples” to this county.

2. Jefferson County Public Health is woefully underfunded. All Public Health services, with the exception of the school based health center and the jail infirmary, are based out of the Madras Public Health office. At this time, epidemiology and control of preventable diseases and disorders are provided by the Environmental Health Specialist (food borne outbreaks and two Public Health Nurses (Director and Nurse Supervisor). At this time we are recruiting for a CD Program Coordinator.

Parent and child services are provided by a PHN (Babies First, Cocoon. Maternity Case Management and WIC). Family planning services and SBHC are provided by a family NP, a women’s reproductive health NP and a RN (Nursing Supervisor). There is also a WIC certifier and front office staff. All front office staff are bilingual and serve as translators. Currently the Emergency Preparedness Coordinator position is vacant and applications are being accepted. School Based Health Center services are provided at the Health Center at Madras High School by both Nurse Practitioners and RN’s. Mental Health Therapists also provide assessments and therapy one afternoon at week at the Health Center.

Collection and reporting of health statistics are handled at this time by a Vital Records Deputy Registrar. The last year has been busy with the conversion of both birth and death certificates to an electronic system. This system requires both physicians and morticians to enter data on-line.

Health Information and referral are part of all client encounters. Both Jefferson County and Wheeler County Environmental Health Services are provided for by an experienced EHS on a full time basis.

VII. Minimum Standards - Both

Agencies are **required** to complete this section.

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.

16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.

32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.

45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.

61. Yes ___ No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes ___ No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No ___ Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes ___ No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes ___ No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No ___ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes No ___ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No ___ The health department provides and/or refers to community resources for health education/health promotion.
69. Yes No ___ The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No ___ Local health department supports healthy behaviors among employees.
71. Yes No ___ Local health department supports continued education and training of staff to provide effective health education.
72. Yes No ___ All health department facilities are smoke free.

Nutrition

73. Yes No ___ Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No ___ WIC
 - b. Yes No ___ Family Planning
 - c. Yes No ___ Parent and Child Health
 - d. Yes ___ No Older Adult Health

e. Yes No Corrections Health

75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.

76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.

80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes No Perinatal care is provided directly or by referral.

83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes No Comprehensive family planning services are provided directly or by referral.

85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes No Child abuse prevention and treatment services are provided directly or by referral.

87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes No There is a system in place for identifying and following up on high risk infants.
89. Yes No There is a system in place to follow up on all reported SIDS deaths.
90. Yes No Preventive oral health services are provided directly or by referral.
91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.
94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes No Primary health care services are provided directly or by referral.
97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes No The local health department assures that advisory groups reflect the population to be served.
102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

103. Yes No The local health department Health Administrator meets minimum qualifications:

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

104. Yes No The local health department Supervising Public Health Nurse meets minimum qualifications:

Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency;

AND

Baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

105. Yes No The local health department Environmental Health Supervisor meets minimum qualifications:

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency

OR

a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

106. Yes No The local health department Health Officer meets minimum qualifications:

Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.