

# Lake County Public Health Comprehensive Triennial Plan



**2008-2009**

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## Table of Contents

<b>I.</b>	<b>Executive Summary</b>	<b>3</b>
<b>II.</b>	<b>Assessment</b>	<b>4</b>
	<b>1. Public Health Issues</b>	
	<b>Population</b>	<b>4</b>
	<b>Economics</b>	<b>4</b>
	<b>Birth</b>	<b>5</b>
	<b>Death</b>	<b>5</b>
	<b>Chronic Disease</b>	<b>5</b>
	<b>Tobacco/Alcohol/Drugs</b>	<b>5</b>
	<b>Communicable Disease</b>	<b>6</b>
	<b>Environmental Hazards</b>	<b>6</b>
	<b>2. Adequacy of Local Public Health Services</b>	<b>6</b>
	<b>3. Providing Services Required by Statute</b>	<b>6</b>
	<b>Epidemiology</b>	<b>6</b>
	<b>Parent and Child Health, Including Family Planning</b>	<b>7</b>
	<b>Health Statistics</b>	<b>8</b>
	<b>Information and Referral</b>	<b>8</b>
	<b>Environmental Health</b>	<b>8</b>
	<b>4. Other Services of Import</b>	<b>9</b>
<b>III.</b>	<b>Action Plan</b>	<b>10</b>
	<b>A. Epidemiology</b>	<b>10</b>
	<b>B. Parent and Child Health Services</b>	<b>18</b>
	<b>Immunization Progress Report 2007-2008</b>	<b>18</b>
	<b>Immunization Plan 2008-2011</b>	<b>20</b>
	<b>WIC Evaluation of 2007-2008 Plan</b>	<b>28</b>
	<b>WIC Annual Plan 2008-2009</b>	<b>32</b>
	<b>WIC Nutrition Education Plan</b>	<b>38</b>
	<b>Family Planning Annual Plan 2008-2009</b>	<b>39</b>
	<b>Maternal and Child Health</b>	<b>40</b>
	<b>C. Environmental Health</b>	<b>41</b>
	<b>D. Health Statistics</b>	<b>42</b>
	<b>E. Information and Referral</b>	<b>42</b>
	<b>F. Other Issues</b>	<b>42</b>
<b>IV.</b>	<b>Additional Requirements</b>	
	<b>Organization Chart</b>	<b>43</b>
<b>V.</b>	<b>Unmet Needs</b>	<b>44</b>
<b>VI.</b>	<b>Budget</b>	<b>44</b>
<b>VII.</b>	<b>Minimum Standards</b>	<b>45</b>
<b>VIII.</b>	<b>Signature Page</b>	<b>54</b>

## **I. Executive Summary**

Living in a large sparsely populated county has many benefits, but proposes many challenges to providing public health services. Funding for programs is based on a population formula, yet assurances are standardized to all counties. Lake County Public Health is striving to meet contract requirements and provide the core public health functions.

All of the public health duties noted in the Oregon Revised Statutes and Administrative Rules are issues that should be address in Lake County. However, Lake County Public Health must prioritize the deployment of staff and funds to meet the minimum standards set forth by the Oregon Revised Statutes, Oregon Administrative Rules, and Coalition of Local Health Officials (CLHO).

Lake County Public Health will continue to strive to improve programs and provide quality service to our citizens.

## II. ASSESSMENT

### 1. Public Health Issues

#### **Population:**

Lake County incorporates an area of 8,359 square miles and is located in South Eastern Oregon. This beautiful but somewhat secluded region is home to an estimated 7,498 people. The *Oregon Blue Book(1)* has shown a positive percentage of change at 1.6% between the years 2000 and 2006. This is an improvement from the -2% reported by the U.S. Census Bureau in 1999. The age group from 40-65 years makes up 33% of the population, 0-19 26%, 65 and over 22%, and 19-39 make up 19%. The sexes are fairly evenly divided with 50.13% being male and 48.87% being female. (2)

Population by race/ethnicity in 2005 for Lake County is as follows; 96% white, 3% Native American, 1% Asian and 6% Hispanic<sup>1</sup>. The Hispanic population has increased by 4% since the year 2000 according to *CensusScope Social Science Data Analysis Network (3)*

Geographically the population is spread out over the 8,000 plus square miles in four areas. Lakeview, the county seat has the largest population of about 2,000, to the East are the small communities of Plush and Adel, the Town of Paisley lies in the middle of the county and Christmas Valley in the North. The minimum distance between the areas is 40 miles.

#### **Economics:**

Agriculture, forestry, fishing, hunting and mining are the leading industries in Lake County employing 20% of the population. Health and Social Assistance rank second with Public Administration and Educational Services a close third.(3) Occupations show that the majority of the persons are employed in the service section (healthcare, protective service, personal care, food preparation, building and grounds cleaning and maintenance), sales and office (sales, office and administrative support) rank second and business and financial operations rank third. (3)

The median income for families in Lake County in 2004 was \$31,639.00. The number of families living under the Federal Poverty Level poverty level has increased by 3% since 2003. In 2005 Lake County had 16% of its population living under 100% of the Federal Poverty level. (2) The U. S. Census State and County Quick Facts (4) put this number at 18.1%. This is 4% -6% higher than the rate for

the State of Oregon. This percentage is spread across all age groups with the highest percent being those under 5 years of age.

Unemployment for February of 2008 is 10.5% (5). Experimental Estimates for health insurance coverage for Lake County show that 19.8% are uninsured and 17.5% of those under 18 years of age are uninsured. The Department of Medical Assistance Program data shows that 13% of the population is eligible for state assisted health care.

### **Births:**

The birth rate in Lake County has gone from 57 in 2004 to 78 in the year 2006. The rate of unmarried mothers for the years 2004-2006 has been; 40.3%, 25%, and 41%. The largest portions of the births are occurring in women 20-29 years of age. In 2006 the number of births to women less than 19 years of age has gone from 8 to 17. The numbers of Hispanic births have increased from 3 to 10. Maternal risk factors for 2004-2006, in order of highest rate are; Unmarried, Tobacco Use, <12 years of education, minority, 4+ live births, Inadequate care, Age greater than 35, and Age <18. Low birth rate babies have decreased in 2006. In 2004 Medicaid/OHP paid for 40% of the births. In 2006 that number has increased to 50%.(6)

### **Death:**

In 2005 there were more deaths than births. This has been a trend for the last several years. The main causes of death are Cancer, Heart Disease, and Unintentional Injuries (motor vehicle accidents and poisoning/drug). Of the 93 deaths that year 22 were linked to tobacco. Other causes of death in order of rate of occurrence, the first being the highest, include; Alzheimer's, diabetes, flu& pneumonia, Parkinson's, perinatal condition, suicide, and alcohol induced.(6)

### **Chronic Disease:**

Lake County has the highest rate of Arthritis in the state, and the second highest rate of Asthma according to the Department of Human Services Health Promotion and Chronic Disease program.(7)

### **Tobacco/Alcohol/Drugs**

In Lake County 20 people die from tobacco use on average. 391 people suffer from serious illness caused by tobacco smoke. Tobacco use among Lake County youth exceeds the state rate in all but one category. This is especially true of smokeless tobacco. (8) Loss of the Drug Free Community grant is jeopardizing the School Resource Officer that can educate and enforce the laws. Alcohol and Methamphetamines are the drug of choice for those incarcerated in the Lake County Jail. According to Chief of Police Jeff Kamp, the ability to purchase

methamphetamines is becoming much more difficult in Lake County, however he has seen an increase in marijuana use in persons of all ages. Lake County Mental Health has developed an under age drinking task force to address the issue that has been an ongoing problem. The loss of the School Resource Officer and money for compliance checks will negatively effect the task force.

### **Communicable Disease**

Communicable disease reports have increased from 13 in 2004 to 30 in 2006.(9) Hepatitis C is the most reported, followed by Chlamydia. It is not unusual for Lake County to have a few Giardia or Campylobacter cases throughout the year. One outbreak of gastrointestinal illness reported from a restaurant turned out to be a Noro Like virus. Lake County Public Health has investigated three such outbreaks in the last four years.

### **Environmental Hazards**

Lake County does have a “Superfund” clean up sites west of Lakeview for Uranium tailings and a mass chemical dump around the Christmas Valley area. While closely monitored and regularly inspected by the federal government, the potential for the release of hazardous amounts of radioactivity materials does exist.

Lake County has also experience several earthquakes, wild fires, floods and severe winter storms. All of these may present a significant impact tot he infrastructure of the health care system and public health.

## **2. Adequacy of the Local Public Health Service**

Lake County Public Health is only able to provide the five basic services required in ORS 431.416 and Preparedness. Funding limits the scope of services that may need to be addressed. Staffing is adequate for the current day to day work load but could not provide all services in the event of a major disruption such as a large outbreak. Staffing is being decreased this budget year by a .85 FTE. If financial assistance continues to decrease it is questionable if Lake County Public Health can maintain adequate services for its mandated functions.

## **3. Lake County Provides Services by Statute in the following manner;**

### **Epidemiology**

- Health data has been analyzed annually to determine a base line for incidence of disease.

- Written plans, policies, and procedures are in place for surveillance of communicable disease as well as receiving, reporting, investigation, control and treatment.
- Utilization of the Electronic Laboratory Reporting system to receive reports from numerous laboratories.
- Written policy and procedure for 24/7 ability to receive reports.
- All staff has access to the Health Alert Network for notification and to obtain information.
- Written plans and procedures are in place for community notification of disease.
- Utilization of the CD Data Base to send reports electronically to the State Acute and Communicable Disease Program.
- All nursing staff has had basic training in responding to communicable disease reports.
- Specimen collection for communicable diseases is available on site. Testing is done by private laboratories or the Oregon State Public Health Laboratory.
- Collaboration with county agencies, hospital infection control, schools, mental health, and service clubs to provide information regarding communicable diseases.
- All childhood and adult immunizations for the county are given at Lake County Public Health.
- Utilization of the IRIS and Alert Data Bases
- Forms are available in English and Spanish.
- Collaboration with local Veterinarians regarding animal inoculations.

#### Parent and Child Health Services, Including Family Planning

- Collaboration with Head Start to provide group parent education on childhood concerns.
- Collaboration with Lake District Hospital to provide childbirth education classes.
- Collaboration with Lake District Hospital to provide discharge booklets.
- Home visiting programs that include Babies First, Maternity Case Management, and CaCoon. These include developmental screening, parent education, and referral.
- Collaboration with Educational Services District and Physicians for referral.
- Hearing screening offered with immunizations.
- Infant car seats and booster seats available with education on correct installation.

- Family Planning services according to Title X and FPEP guidelines.
- Utilization of Ahlers and ORCHIDS Data Base.
- Forms are provided in English and Spanish.

#### Health Statistics

- One Registrar and two Deputy Registrars to provide birth and death reporting, recording and registration in a timely manner.
- Utilization of the Electronic Birth and Death Registry.
- Collaboration with Lake District Hospital to provide information in the discharge packet regarding birth certificates.
- Annual analysis of mortality reports.

#### Information and Referral Services

- Pamphlets are available with information on primary care providers, crisis intervention, mental health agencies, communicable disease, immunizations, lead, asbestos, pesticides, nutrition, heart disease, diabetes, prescription drug assistance, and emergency planning.
- If there is no information on the subject in the office, staff will search for the information for the client.
- Oregon Health Plan applications are available.
- Referrals have been made to Child Welfare, Adult and Family Services, TANF, Oregon Health Plan, Primary Care, Education Services District, Mental Health, Department of Environmental Quality, Department of Fish and Wildlife, Ministerial Society, Dornbecker Children's Hospital, Shriners Children's Hospital, Building and Planning and Town of Lakeview. This list is not all inclusive, but shows that Lake County Public Health endeavors to help clients find the information they seek.
- Lake County Public health has provided presentations to local agencies on communicable disease, disease reporting, emergency planning, childhood safety, and childbirth.

#### Environmental Health Services

- Lake County Public Health employs a Registered Sanitarian who provides inspection consultation and complaint investigation of food services, tourist facilities, schools, day care, public swimming pools and spas.
- 2006 data for inspections show that they were not adequate. Improvement has been made in 2007.
- Public Health monitors water only in tourist facilities and organized camps.

- Public water is monitored by the water systems of Lakeview, Paisley and Christmas Valley. Private wells are numerous throughout the county.
- Department of Forestry monitors federal campgrounds and results are sent to public health.
- Water collection kits are available at public health.
- Solid Waste is regulated by the County.
- Sewage is monitored by the Town of Lakeview and DEQ.

#### **4. Other Services of Import**

##### Emergency Preparedness

- Public Health Emergency Plans are in place for ESF 8, Strategic National Stock pile, Mass Vaccination Clinic, Communications, Chemical, Radiation and Earthquake.
- Lake County Public Health participates in two exercises a year.
- For more information please see the Lake County Emergency Preparedness Annual Review material.

##### Laboratory Services

- Lake County Public Health provides laboratory services for diagnostic and screening tests to support public health services. These include, but are not limited to; virology, bacteriology and parasitology .
- Specimens are sent to private laboratories ( InterPath, Blue Mountain, MedTox, Kansas State University, Oregon State University and the Oregon State Public Health Laboratory.

Medical Examiner Services, Dental Health (excluding individual education by home visiting and WIC), Nutrition Services (other than WIC), Older Adult Health, Primary Care and Shellfish Sanitation are not provided by Lake County Public Health.

### III. ACTION PLAN

#### A. Epidemiology and Control of Preventable Disease and Disorders

<b>Time Period: Ongoing</b>				
<b>GOAL: Comply with OAR 333-014-0050(2) and ORS 431.416(2)(a)</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Preservation of health and prevention of disease	Follow written plans, polices and procedures for surveillance of communicable disease	No significant spread of disease. Diseases will be reported in compliance with timelines	Annual analysis of rates of communicable disease. Review of county case reporting and investigation summary	
<b>B.</b>				
<b>Time Period: Ongoing</b>				
<b>GOAL: Increase Immunizations for Influenza</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Provide infants children and adults with immunizations for preventable disease and influenza	1. Hold a Point of Dispensing for influenza vaccine for those who cannot afford it. 2. Offer influenza vaccine to all children when receiving other vaccines.	1. A 10% increase of adults receiving state vaccine  2. A 10% increase in the number of children 6 months to 5 who receive influenza vaccine.	1/2. Records of vaccine given will be reviewed and compared to the previous year	
B. Improve awareness of flu vaccine clinics.	1. Use advertising and flyers to make people aware of the "hot line" they can contact to let them know where and when clinics are. 2. Utilize radio to inform the location of clinics.	A 10% increase in the number or people utilizing private vaccine.	Records of vaccine given will be reviewed and compared to the previous year	

3. The plan to detect, investigate and control communicable disease (From Lake County Public Health Active Surveillance Plan)

## **Policy**

It is the policy of Lake County Public Health to maintain vigilant surveillance for and respond to any report of a communicable disease according to standards set by the Conference of Local Health Officials (CLHO) Minimum Standards for Reportable Communicable Disease. Lake County Public Health will also abide by Oregon Revised Statutes (ORS) and Oregon Administrative Rules (OAR) regarding surveillance, reporting, investigation, and control of communicable disease. The CHLO minimum standards may be found at [www.dhs.state.or.us/publichealth/lhd/stnds992.pdf](http://www.dhs.state.or.us/publichealth/lhd/stnds992.pdf) Information regarding the statutes and rules may be found at [www.ohd.hr.state.or.us/acd/disrpt.cfm](http://www.ohd.hr.state.or.us/acd/disrpt.cfm) . A copy of the rules and statutes are on file at Lake County Public Health.

## **Purpose**

The purpose of this policy is to assure systematic and consistent response to a communicable disease in order to protect the Lake County community.

## **Definition of Active Surveillance**

Active surveillance is the timely, active seeking of information so that systematic collection, collation, and analysis of data can be done. Also fundamental is the rapid dissemination of information to those who need to know so action can be taken.

## **Rationale**

A large outbreak of disease or other emergency affecting large numbers in any Oregon community will lead to increases in human morbidity and mortality. Optimal alleviation of morbidity requires data about the numbers of ill or injured their characteristics, symptoms, or type of injuries, onset times, place of residence, and other information pertinent to the situation. It is also important to monitor the control measures implemented during and after the situation. A pandemic of a new strain of influenza is an example of a situation where the local health department may need to start active surveillance.

## **Objective**

To enhance Lake County Health Department's surveillance for communicable disease and other morbidity and mortality during and immediately following a large-scale outbreak or disaster by;

- Outlining Triggers for active surveillance
- Identifying who will be contacted during active surveillance
- Outline how to contact those individuals
- Discuss how reports will be received
- Outline Considerations for data collection
- Discuss type of feedback to reporters
- Discuss monitoring control measures

## **Lake County Roles and Responsibilities**

- Know the baseline disease incidence and mortality for the county. It will be the responsibility of the Administrator to review disease data at least annually. Sources of review may be found at <http://oregon.gov/DHS/ph/acd/stats.shtml>
- Detect increases in morbidity and mortality due to the outbreak or event through active case findings.
- Consult with the state Acute and Communicable Disease Program regarding the investigation.
- Maintain capacity to receive reports 24/7.
- Provide ongoing surveillance for all reportable communicable disease.
- Consult with state epidemiologist to assist with data analysis
- Rapidly assess resources needed to investigate and respond to a public health emergency, shift resources if needed
- Disseminate feedback to health care providers and Acute and Communicable Disease Prevention staff
- Institute control measures
- Monitor effectiveness of control measures

## **Possible Triggers for Active Surveillance**

Public health may become aware of a communicable disease outbreak or bioterrorist outbreak in a variety of ways. Possible triggers to alert the department for need of active surveillance include but are not limited to:

- Notification of an outbreak or disaster in the community or in surrounding counties
- Reports of unusual disease presentations
- An unusual temporal or geographic cluster of illnesses
- An unusual age distribution for common diseases
- A request for active surveillance from the state health department

## **Responsibility**

The Administrator is primarily responsible for response to communicable disease reports or community concerns. When the administrator is unavailable the responsibility will be delegated to Beth Hadley RN, or Lillie George RN in that order. All Lake County Public Health Nurses are trained in communicable disease investigation and have the ability to accept the responsibility.

## **Procedure: Communicable Disease Active Surveillance**

### **I. RECEIVING NOTIFICATION OF DISEASE:**

Physicians and laboratories are required by law to report certain communicable diseases within a time frame. See Oregon Administrative Rule (OAR) 333-018-0015 (5) for a list of reportable diseases and time frame. Also concerned citizens often are the first notification that an unusual incident is occurring in the community. Notification may come to Lake County Public Health (LCPH) from a doctor, laboratory, or private citizen via the following means:

### **Phone**

### **Land Lines –**

Public Health has one public number 541-947-6045 with two lines available. Voice mail is available and is checked twice daily, once in the morning and once in the evening. A non published line 541-947-5279 is available for communication to the state and other agencies. This is the “back line” for emergency communication when the published line may be busy.

### Laboratory or Physician’s Office:

1. During working hours the laboratory or physician may call the health department’s office number (541-947-6045). The caller will identify themselves as a doctor, laboratory with a health concern and the call will be routed to a Registered Nurse. If a nurse is not available in the office, the contact number is taken and the clerk will contact the 24/7 cell phone (541-219-1651) and give the RN on call the message. This will be done as soon as possible after receiving the call. It is the responsibility of the receiving nurse to communicate with the laboratory, doctor to obtain the information.

- a) In the event that the on call nurse cannot be reached, the office personnel will attempt to contact one of the public health nurses. Names and numbers are on file at public health. If they are not successful in contacting a nurse they will notify the health officer (number also on file at public health)
- b) If the reporting timeline is immediate and the health officer cannot be reached the office personnel will inform the commissioner liaison that they are unable to reach any licensed personnel. The office staff will then contact the Acute and Communicable disease staff at 1-971-673-1111.

2. The office phone is programmed to receive high and medium priority Alert Oregon messages from the state. High Alert regarding Lake County will initiate the above process. Medium alerts require notification of an RN, whom will use their discretion on contacting the health officer. (This is assuming that no immediate action need be taken)

### Concerned Citizen

1. Concerned citizens are often the first indication of an unusual incident of disease in the community. They may call the public health number during working hours. The staff member taking the initial call will complete the basic information on the *Community Reports and Concerns* form. The form/call will be routed to a Registered Nurse. If a nurse is not available in the office, the contact number is taken and the clerk will contact the 24/7 cell phone (541-219-1651) and give the RN on call the message. This will be done as soon as possible after receiving the call. If a nurse is not available the information will be placed on the Administrators box utilizing the orange priority clip. The information should be evaluated within one working day of the call.

### **Cell Phone –** Public health has one cell phone (541-219-1651)

1. Public Health maintains a 24/7 phone response for receiving emergency notifications. Office calls after hours prompts the caller to call 911 or 541-947-2504 for dispatch. Dispatch will then contact public health cell per the 24/7 policy. The pager and cell phone are the responsibility of the Administrator.

2. The public health cell phone is programmed to receive high and medium priority Alert Oregon messages.

### **Fax**

1. LCPH is a member of the Electronic Laboratory Response Network (ELR) Certain laboratories including Quest, Medtox, LabCorp, Oregon Medical Laboratories, TAMARAC, ARUP, Legacy and Kaiser and will automatically send a fax when the client is a resident of the county. When a fax is sent from a laboratory the clerk will give it to a RN as soon as they receive it. The RN accepting the fax will be responsible for the reporting, investigation and follow up. If there is not a nurse in the office that day, the 24/7 cell phone will be used to contact a nurse. The chain of contact as listed in (Phone1) above will be followed.

2. Department of Human Services Health Services Acute and Communicable Disease also sends notification through the fax. The same notification of licensed personnel will apply.

### **E-Mail**

1. ELR sends out e-mail notification that a fax has been sent to Lake County Public Health. Beth Hadley RN and Mary Wilkie RN receive the notice. E-mails will be checked daily, during regular working hours, to ensure that no fax is missed.

2. The Administrator's and the general public health e-mail both receive ORCD-Alert.

The Administrator or his/her designee will be notified of all communicable disease reports.

## **II. RESPONSE TO NOTIFICATION RECEIVED FROM:**

### **Physician Diagnosis/Confirmed Laboratory Results**

1. The nurse accepting the phone call, fax or e-mail is responsible for the report, beginning the investigation if indicated, and the follow up until the Administrator is available. He/ She will:

a) Locate the appropriate form and guidelines on the Oregon Health Division Communicable Disease Home page <http://oregon.gov/DHS/ph/acd/> there are links to;

"Guidelines" - these will give a overall picture of the disease and general guidelines for reporting and investigation. The RN will print out a hard copy for reference in her report.

"Forms" - This is the report that must be faxed to the Department of Human Services Health Services, Acute and Communicable Disease section.

b) Notify the health officer by fax, phone or page, or all depending on the type and number of cases of the disease.

2. The RN will contact the primary physician to gather information such as date of onset, symptoms and treatment and if the client has been notified of the condition.

3. The RN will then contact the client to gather pertinent information requested on the report form and give education regarding the specific disease process. The client will be asked if anyone else has like signs or symptoms of the illness.
4. The RN will fill out the form with information she has from the laboratory/physicians office and from the client. Information from the form will be entered into the CD Data Base. A copy of the form will be printed and faxed to the Oregon Health Services Acute and Communicable Disease Program at **1-971-673-1100**. The CD Data Base information will be transmitted electronically to the state within the appropriate timeline. This is the notification of disease portion of the reporting process. The form may not be complete at this time and will be completed with a follow up or a complete investigation and information transmitted as above.
5. The RN will, or shall direct office staff, to fax a “informational” notice to, county physicians, hospital infection control and EMS. There is a group fax for this process. The information fax will designate the type of disease reported and disease specific information as well as contact precautions recommended by the CDC. This will increase the index of suspicion for providers and possibly identify more cases in the county.

### **Concerned Citizens**

1. Staff member accepting the call will fill out the basic information on the *Community Reports and Concerns* found in the front office and the Administrators office.
2. The form/call will be forwarded to a registered nurse who will gather detailed information regarding the complaint or concern. The information will be pertinent to the type of call, but will include the what, when, where, how, who and how many. Information regarding others with same symptoms will be gathered and an investigation may be initiated based on the information given.
2. If an investigation seems warranted the nurse will contact the health officer for orders to collect samples for laboratory confirmation. Upon confirmation the investigation will proceed as indicated under confirmed laboratory reports above.
3. Recommendations and referrals will be documented on the *Community Reports and Concerns* form or progress notes.
4. All *Community Reports and Concerns* will be filed under the “Complaints Received” file in the communicable disease file cabinet.

### **III. CONTACT INFORMATION**

Dependent on the circumstances, some combination of people or organizations that may be chosen to contact include but are not limited to;

- Infection Control
- Hospital Emergency Department
- Physician
- Laboratories
- Emergency Response (EMS)

- Law Enforcement
- Home Health
- Mental Health
- Schools
- Local Government Officials
- State Acute and Communicable Disease Program

### **How To Contact Above Agencies**

Contact information can be found in the protocol for CD Active Surveillance.

### **Frequency of Contact**

The frequency of contact is dependent upon the situation. It may be once to several times a day.

## **IV. DATA ANALYSIS**

Data analysis is dependent on accurate and timely processing of information. At this time data analysis will be performed by the Department of Human Services Health Services, Acute and Communicable Disease Department.(ACD) Investigative guidelines can be found at <http://oregon.gov/DHS/ph/acd/reporting/guideln/guideln.shtml> For cases which do not have a confirmed diagnosis you will want to collect the information below.

### **What Type of Information to Collect**

- Numbers of ill or injured and their demographic characteristics
- Symptoms of persons presenting to clinics or emergency room
- Other information related to person, place and time including onset times and place of residence
- Hospital Admissions
- Information of possible contacts (family members, place of work, large gatherings or meetings attended)

## **V. EXTENSIVE INVESTIGATION:**

Not all reports require an investigation. The investigative guidelines will give direction as to what needs to be investigated. For those requiring an extensive investigation the following steps will be taken.

1. The RN will notify the Administrator or his/her designee. It is the responsibility of the administrator or his/her designee to authorize additional personnel to expedite the investigation.
2. The Health Officer will be notified by phone or page.
3. Acute and Communicable Disease Section of the Oregon Health Services will be contacted at that time for technical assistance and possibly man power. The contact number is  
**1-971-673-1111 all hours**
4. A blast fax will be sent to the hospital, physician offices, EMS, and other agencies that would be affected by the disease. The information will include number of cases to date,

disease information, contact precautions, and infection control measures as recommended by the CDC.

5. Laboratory samples will be collected as designated by the health officer and the Acute and Communicable Disease Department at the state. The testing may be provided free of charge by the Oregon State Public Health Lab or will be the responsibility of Lake County Public Health. Shipping will be paid for by Lake County Public Health.

6. Data will be transmitted to the Department of Human Services Health Services Acute and Communicable Disease Program in a timely manner by fax/electronically.

7. Public Information will be made available as directed by the health officer and released by the public information officer. Templates for public health announcements are available on the Crisis Risk Emergency Management Disc in the Administrators office or on the computer in the public information officer's office. (Beth Hadley's) The Oregon State Health Division may be of assistance in this matter.

7. At the close of the investigation all report forms will be faxed to the Acute and Communicable Disease program within 30 days after completing the investigation.

#### **Monitor Established Control Measures**

- Alter case definitions or data collection methods as informed by the data
- Maintain active surveillance as long as deemed necessary by the Health Officer or other public health officials.

#### **VII. RECORDS**

All communicable disease reports will be filed in the bottom shelf of the locked cabinet located in the family planning nurse's office. These will be maintained for the appropriate amount of time designated in retention of records policy.

#### **Confidentiality**

The protection of personal health information is a priority of LCPH and all information is treated as confidential. However, Health Care Providers in Oregon Have the legal responsibility to report known or suspected communicable diseases (OAR 333-018 and 333-019-0405, Appendices A-25, A-26) to the local health authority. All reporting is authorized by ORS 433.004 (Appendix A-27) and OAR 333-18-000 (Appendix A-25).

The HIPAA Privacy Rule also "permits covered entities to disclose protected health information (PHI) without consent or authorization for public health purposes..." These public health purposes are defined very broadly in HIPAA, and include disease control and prevention, surveillance, investigations and interventions (45 CFR 164.512(b), Appendix A-24.

## B. Parent and Child Health Services, including Family Planning Clinics

### Immunization Progress Report Lake County

**Plan A - Continuous Quality Improvement: Increase 4<sup>th</sup> Dtap of children 24 months of age at LHD**

<b>Year 3: July 2007 – June 2008</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A. Reevaluate rates of children 24 months of age who have received a 4<sup>th</sup> Dtap to increase the percentage of children 24 months of age who received a 4<sup>th</sup> Dtap by 5% by June 2008.</b>	<ul style="list-style-type: none"> <li>• Reassess target population access to LHD in addition to WIC</li> <li>• Implement changes to recall system as determined by 2006-2007 evaluation.</li> <li>• If no increase develop a plan to address issues from evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>• Rates of children 24 months of age receiving 4<sup>th</sup> Dtap will increase by 5%.</li> </ul>	Rate in 2005 was 75% Rate in 2006 was 85% a Rate in 2007 was 81%	Individual reminder cards were decreased in the year 2007. Need to implement them again.
<b>B. Reevaluate the partnership of private providers to increase the percentage of children 24 months of age that receive a 4th Dtap by June 2008.</b>	<ul style="list-style-type: none"> <li>• Determine needs of providers based on evaluation 2006-2007.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued to meet with providers on annual basis to inform and update information on immunization practice.</li> <li>• Provided Immunization Practice Report from the state and encourage input to meet goal of increase of 5%. If increase is met , encourage participation to set new objective.</li> </ul>	Met with provider staff in February of 2007. Copies of current ACIP recommended vaccine were distributed. Have not distributed the 2007 AFIX report at this time.	Time lines and other duties prevented sharing the reports.

**Lake County**

**Plan B - Chosen Focus Area: Alert Promotion**

<b>Year 3: July 2007 – June 2008</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<b>A. All schools and physicians will be enrolled in alert which will assist in decreasing the number of children with incomplete school records by 10% by June 08.</b>	<ul style="list-style-type: none"> <li>• Training on Alert for physicians and staff to enhance utilization of the program.</li> </ul>	<ul style="list-style-type: none"> <li>• Primary review compared and the number of children with incomplete records decreased by 10%.</li> </ul>	Primary review for 2007 and 2008 were reviewed. 37 exclusions were issued in 2007 and 28 were issued in 2008. This meets the goal of decreasing the number of children with incomplete immunizations for school.	New vaccines to the 2008 table may increase the amount of children with incomplete records. This will be addressed in the 2008-2011 plan.

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

## Lake County Immunization Plan 2008-2011

Plan A - Continuous Quality Improvement: Increase 4<sup>th</sup> Dtap of children 24 months of age at LHD

**2008-2011**

Year 1: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>ii</sup>	Progress Notes <sup>iii</sup>
A. Increase the percentage of children age 24 months with Dtap 4 at LHD by 5% by June 2009.	<ul style="list-style-type: none"> <li>• Increase Screening of WIC clients for immunization to 100%</li> <li>Review child immunization files for children due for 4<sup>th</sup> Dtap.</li> </ul>	<ul style="list-style-type: none"> <li>• Baseline measure determined of number of children screened for WIC, daily review.</li> <li>• Children that are due for 4<sup>th</sup> Dtap determined and a monthly reminder system developed.</li> </ul>	To be completed for the FY 2009 Report	To be completed for the FY 2009 Report

<sup>ii</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>iii</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>B. Encourage partnership of private providers to increase 4<sup>th</sup> Dtap in children 24 months of age at LHD by June 2009.</b></p>	<ul style="list-style-type: none"> <li>• Provide providers info on immunization schedule</li> </ul> <p>Provide providers with immunization records when client presents for immunization, to allow providers to track their clients and refer to LHD.</p>	<ul style="list-style-type: none"> <li>• Send current ACIP immunization schedule to all health care providers</li> <li>• Continue to send 100% of records to physicians noted on form.</li> <li>• Review all records and indicate if no medical home</li> </ul>	<p>To be completed for the FY 2009 Report</p>	<p>To be completed for the FY 2009 Report</p>
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Plan A - Continuous Quality Improvement: Increase 4<sup>th</sup> Dtap of children 24 months of age at LHD

<b>Year 2: July 2009 – June 2010</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<b>A. Evaluate the percentage of children 24 months of age who received the 4<sup>th</sup> Dtap by June 2010.</b>	Review number of children that were screened for immunizations at WIC. Evaluate the review of child immunization records and reminder system.	<ul style="list-style-type: none"> <li>Utilize Immunization Practices Data sent from the state for comparison. 4<sup>th</sup> Dtap at 24 months should be improved by 5%</li> </ul>	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report
<b>B. Evaluate the partnership of private providers to increase 4<sup>th</sup> Dtap in children 24 months of age at LHD by June 2010.</b>	<ul style="list-style-type: none"> <li>Encourage private physicians to screen children for immunizations and refer for vaccination.</li> </ul>	<ul style="list-style-type: none"> <li>Discuss with provider staff once a year to remind them to screen for immunizations.</li> <li>Provided state Immunization practice report to providers.</li> </ul>	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Lake County

Plan A - Continuous Quality Improvement: Increase 4<sup>th</sup> Dtap of children 24 months of age at LHD

<b>Year 3: July 2010 – June 2011</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<p><b>A. Reevaluate rates of children 24 months of age who have received a 4<sup>th</sup> Dtap to increase the percentage of children 24 months of age who recieved a 4<sup>th</sup> Dtap by 5% by June 2011.</b></p>	<ul style="list-style-type: none"> <li>• Reassess target population access to LHD in addition to WIC</li> <li>• Implement changes to recall system as determined by 2006-2007 evaluation.</li> <li>• If no increase develop a plan to address issues from evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>• Rates of children 24 months of age receiving 4<sup>th</sup> Dtap will increase by 5%.</li> </ul>	<p>To be completed for the FY 2011 Report</p>	<p>To be completed for the FY 2011 Report</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>B. Reevaluate the partnership of private providers to increase the percentage of children 24 months of age that receive a 4<sup>th</sup> Dtap by June 2011.</b></p>	<ul style="list-style-type: none"> <li>• Determine needs of providers based on evaluation 2009-2010.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued to meet with providers on annual basis to inform and update information on immunization practice.</li> <li>• Provided Immunization Practice Report from the state and encourage input to meet goal of increase of 5%. If increase is met , encourage participation to set new objective.</li> </ul>	<p>To be completed for the FY 2011 Report</p>	<p>To be completed for the FY 2011 Report</p>
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Lake County

Plan B - Chosen Focus Area: Increase use of Standards for Pediatric and Adolescent Vaccinations

**2008-2011**

Year 1: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
A. All school age children will have the new recommended requirements of Tdap and Hep A.	<ul style="list-style-type: none"> <li>Attend School Registrations and make appointments for children needing the vaccination.</li> <li>Provide all needed vaccines when a client presents to the clinic</li> </ul>	<ul style="list-style-type: none"> <li>Primary review will show that no children are excluded for lack of Hep A or Tdap</li> </ul>	To be completed for the FY 2009 Report	To be completed for the FY 2009 Report

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help meet these objectives in the future.

Lake County

*Plan B - Chosen Focus Area:* Increase use of Standards for  
Pediatric and Adolescent Vaccinations

<b>Year 2: July 2009– June 2010</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<b>A.</b> All clients will be offered all forecasted vaccines when they present to the clinic.	<ul style="list-style-type: none"> <li>All clients will be verbally informed of the ACIP recommendations and advised to obtain all vaccines due at that time.</li> </ul>	<ul style="list-style-type: none"> <li>Forms will be reviewed and refusal documented on the data base to determine if children are receiving all vaccines and if not which ones are being refused.</li> </ul>	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Lake County

Plan B - Chosen Focus Area: Increase use of Standards for Pediatric and Adolescent Vaccinations

<b>Year 3: July 2010– June 2011</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
A. All clients will be offered all forecasted vaccines when they present to the clinic.	<ul style="list-style-type: none"> <li>Data will be collected on children receiving vaccines and those refused and reason for refusal.</li> </ul>	<ul style="list-style-type: none"> <li>75% of the children and adolescents will have ACIP standard immunizations</li> </ul>	To be completed for the FY 2011 Report	To be completed for the FY 2011 Report

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

# **EVALUATION OF WIC NUTRITION EDUCATION PLAN**

## **FY 2007-2008**

WIC Agency: Lake County Public Health \_\_

Person Completing Form: Vickie Hogen \_\_\_\_\_

Date: 03/18/2008 \_\_\_\_\_ Phone: 541-947-6045 \_\_\_\_\_

Return this form, attached to email to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) by May 1, 2008

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year One Objectives. If your agency was unable to complete an activity please indicate why.

### **Goal 1: Oregon WIC staff will have the knowledge to provide quality nutrition education.**

Year 1 Objective: During plan period, staff will be able to correctly assess nutrition and dietary risks.

*Activity 1: All certifiers will complete the Nutrition Risk Module by December 31, 2007.*

Outcome evaluation: Please address the following questions in your response.

- Did all certifiers successfully complete all the activities of the Nutrition Risk Module by December 31, 2007?
- Were the completion dates entered into TWIST and the competency achievement checklist filed for each certifier?

Response:

L. Warner-George and V. Hogen both attended train the trainer.

B. Hadley and J. Harlan completed the Nutritional risk module post test. All certifiers were entered into twist.

*Activity 2: All certifiers will complete the revised Dietary Risk Module by March 31, 2008.*

Outcome evaluation: Please address the following questions in your response.

- Did all certifiers successfully complete all the activities of the Dietary Risk Module by March 31, 2008?
- Were the completion dates entered into TWIST and the competency achievement checklist filed for each certifier?

Response:

L. Warner-George and V. Hogen attended train the trainer.

B. Hadley and J. Harlan completed the Dietary risk module post test. All completions entered into twist.

*Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2007-2008.*

Outcome evaluation: Please address the following questions in your response.

- Did your agency conduct the staff in-services you identified?
- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

Response:

Yes, our agency conducted staff in service trainings. As of March 2008 all topics that were identified were covered. Training supervisor for WIC is Vickie Hogen.

All staff are present at staff in-service. Our local agency has multiple programs, and personnel must be competent in more than one program. When we plan a staff in-service we attempt to hit topics that more than one program need training in. Each program then has an allotted time for the training material that is needed in their program. Example, Cultural awareness would be geared for all programs, reviewing new food packages, and vena would be discussed for WIC purposes. Any changes in WIC policy and procedure are discussed with all staff. Community resources and referrals are discussed if anything new is available.

## **Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.**

Year 1 Objective: During plan period, each agency will implement strategies to provide targeted, quality nutrition education.

*Activity1: Using state provided resources, conduct a needs assessment of your community by September 30, 2007 to determine relevant health concerns and assure that your nutrition education activity offerings meet the needs of your WIC population.*

Outcome evaluation: Please address the following questions in your response:

- Was the needs assessment of your community conducted?
- What health concerns did you determine were relevant to your community?
- What did you do with the information you collected?
- Who did you communicate the results of your needs assessment with?

Response:

Community needs assessment was conducted. The biggest health concern in our community was over weight family's or family's at risk of being overweight. We are gathering information on current physical activity events in our community. We discussed the results during March 2008 staff meeting.

*Activity 2B: If your agency does not offer group nutrition education activities, how do you determine 2<sup>nd</sup> individual nutrition education is appropriate to the clients' needs?*

Response:

Every client is offered IE. NE is specific to each client's needs or concerns. If a client has no concerns then appropriate monthly NE material is provided. For example, February is dental health month; NE material might be on BBTD or oral health info for a pregnant woman.

### **Goal 3: Improve the health outcomes of WIC clients and WIC staff in the local agency service delivery area.**

Year 1 Objective: During plan period, each local agency will develop at least one specific objective and activity to help facilitate healthy behavior change for WIC staff and at least one specific objective and activity to help facilitate healthy behavior change for WIC clients.

*Activity 1: Local Agency Objective to facilitate healthy behavior change for WIC staff. Local Agency Staff Activity.*

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response:

Our office agreed to offer daily encouragement to each other. We felt peer pressure, or encouragement would be beneficial. We will ask "Are you going to curves?" Or "Are you walking today?" Several of our employees continue to be members of curves and continue to encourage each other to go and work out at lunch. We feel that the daily encouragement has been beneficial to keep us motivated.

This year we have agreed to come up with monthly goals and encourage each other. We have implemented healthy snack month for March, and April will be stretching daily before work. We continue to encourage others to bring healthy snacks, get daily physical activity, and will continue to set monthly goals.

*Activity 2: Local Agency Objective to facilitate healthy behavior change for WIC clients. Local agency Client Activity.*

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response:

LCPH partnered with the Lake County Fair and Rodeo to put on the annual kids day, and a kindergarten rodeo during the fair. We wanted to promote healthy physical activity for children. We had 2 days of active fun at the fair. We got rid of the coke guzzling contest and participated in the Hermiston watermelon grower's seed spitting contest. We offered ribbons, and goodie bags filled with pencils and toys instead of the candy bars previously offered. We had a great turn out of kids who had a great time. Our entire office volunteered at least one day.

We will continue to put on these two events. We will increase our advertising of both events this year. We did not advertise on our own, the fair and rodeo added us into their fair ads. This year we will have flyers for our clients, and will try and get it out on flyers around town. Possibly placing an ad in the paper the week of fair.

#### **Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.**

Year 1 Objective: During plan period, each local agency will develop at least one objective and activity to help improve breastfeeding outcomes for WIC staff or WIC clients.

Activity 1: Local Agency Breastfeeding Objective. Local agency Breastfeeding Activity.

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response:

Our office put on our annual rock and relax booth for nursing mothers at the fair. This was our third annual rock and relax booth at our county fair. We have had good responses to the last two years. Our booth contains rocking chairs and a changing station for breastfeeding moms. We offer information on breastfeeding.

Our booth is normally set up in a grassy area where children play. This year however the wind ripped our booth down, and it was unable to be repaired. For the 2008 fair we will continue the rock and relax booth, but will try and get it inside a central building. We will continue to work with the fair to see if an inside area would be available, or even a more protected outside area.

## **FY 2008 - 2009 WIC Nutrition Education Plan Form**

*County/Agency: Lake County Public Health*

*Person Completing Form: Vickie Hogen*

*Date: 03/19/2008*

*Phone Number: 541-947-6045*

*Email Address: [vjhogenlcph@yahoo.com](mailto:vjhogenlcph@yahoo.com)*

Goal 1: Oregon WIC Staff will have the knowledge to provide quality nutrition education.

Year 2 Objective: During plan period, through informal discussions, staff in-services and/or targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

### Activity 1:

By October 31, 2008, staff will review the Oregon WIC Key Nutrition Messages and identify which one's they need additional training on.

Resources: American Academy of Pediatrics, MyPyramid.gov, Maternal and Child Health Oral health website – <http://www.mchoralhealth.org/Openwide/> Information from the 2008 WIC Statewide meeting.

### Implementation Plan and Timeline:

July 2008 staff meeting will review the Oregon WIC Key Nutrition messages. After identifying messages that need additional training, we will utilize identified resources to offer appropriate training during September 08 staff meeting.

### Activity 2:

By March 31, 2009, staff will review the proposed food packages changes and:

- Select at least three food packages modifications (for example, addition of new foods, reduction of

current foods, elimination of current foods for a specific category),

- Review current nutrition education messages most closely connected to those modifications, and
- Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change.

Resources: WIC Works Website WIC food package materials, Information from the 2008 WIC Statewide meeting, State provided materials.

### Implementation Plan and Timeline:

Local agency will review new food packages. At September 08 staff meeting our agency will select 3 packages that we feel are good choices. We will the review the current nutritional education messages and decide which message follow new food packages and can remain the same, and which messages need to be modified. All reviews will be done by March 31, 2009.

### Activity 3:

Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2008-2009. Complete and return Attachment A by May 1, 2008.

**Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.**

Year 2 Objective: During Plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

Activity 1: By September 30, 2008, staff will review the diet assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

Implementation Plan and Timeline:

By September 2008 staff will have reviewed the diet assessment steps from Dietary Risk module, and will have identified which steps need further training.

Training will be incorporated into following staff in-service.

Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.

Resources include: State provided guidance and assessment tools.

Implementation Plan and Timeline:

Local agency will use state provided review tools to assess our individual counseling skills. Evaluations will be done by November 30, 2008.

**Goal 3: Improve the health outcomes of clients and staff in the local agency service delivery area.**

**Year 2 Objective: During Plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.**

Activity 1:

Identify your setting, objective and strategy to facilitate healthy behavior change for WIC staff.

Setting: Work site

Objective: III

Strategy: C

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

Lake County has already begun trying to encourage employees to become more physically active. LCPH will offer flex time to employees to increase our physical activity time. We will also set monthly goals such as bringing healthy snacks to work, or 10 min stretch time before work in am. LCPH will try a weekly verbal check in with our employees to encourage each other and stay motivated.

We chose this objective partially because these are implementations that we are currently starting to working towards. We will begin applying these strategies now.

We currently have a base line physical activity evaluation for each employee. We will use same evaluation periodically to see if there have been any positive changes.

Activity 2:

Identify your setting, objective and strategy to facilitate healthy behavior change for WIC clients.

Setting: Home / Household

Objective: III

Strategy: F

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

LCPH will offer information at the Daily day's health fair booth on physical activity and its importance. We will also offer information at our Rock and relax booth at the Lake County fair and rodeo. We will continue to put on the kids day and kindergarten rodeo at the fair. In our local health department office we will offer information on local activities like fun runs, walks, or other activities for families.

By informing our families of the importance of physical activities and promoting fun activities that are happening locally we hope to increase participation in these events.

Our office will offer a simple questionnaire to clients before our first booth and after the last physical activity to see if any families participated in local events, and if there was an increase in daily physical activity.

**Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.**

**Year 1 Objective: During Plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one setting, objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.**

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Activity 1:

Setting: Health care

Objective: I

Strategy: A

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

We want to encourage our local hospital, if they have not already, to adopt and use baby friendly policies.

We would like to see mothers get adequate support from hospital staff, Physicians, and our local agency if needed. Communicating to physicians and hospital what support is available to assure mothers and babies needs are met to reach their Breastfeeding goals.

We will use our client's goals and accomplishments to evaluate how we are doing to support our local hospital and physicians.

**Attachment A**  
**FY 2008-2009 WIC Nutrition Education Plan**  
**Goal 1, Activity 3**

**WIC Staff Training Plan – 7/1/2008 through 6/30/2009**

Agency: Lake County Public Health Department

Training Supervisor(s) and Credentials: Vickie J. Hogen / Beth Hadley / Mary Wilkie.

**Staff Development Planned**

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2008 – June 30, 2009. State provided in-services, trainings and meetings can be included as appropriate.

<b>Quarter</b>	<b>Month</b>	<b>In-Service Topic</b>	<b>In-Service Objective</b>
1	July	WIC Key Messages Physical activity	Review WIC key messages, evaluate what we need training in. NE in physical activity.
2	September	New food package review.	Review WIC key messages and new food packages.
3	December	Pregnancy and oral health. Civil rights	Discuss pregnant women’s oral health.  Civil rights training.
4	March	Physical activity  Cultural awareness.	Evaluate office’s current physical activity level and compare to first evaluation.  Cultural awareness training.

## FAMILY PLANNING PROGRAM ANNUAL PLAN

July 1, 2008 to June 30, 2009

Agency: Lake County Public Health

Contact: Beth Hadley, R.N.

**Goal 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.**

Problem Statement	Objective(s)	Planned Activities	Evaluation
Small clinics such as ours have all the same basic expenses as large clinics but receive less money. In order to assure our clinic operates at the highest level possible we must be vigilant in promoting clinic efficiency.	Increase the number of clients seen by Nurse Practitioner on clinic days.	Set up a second exam room to allow for better flow and more clients to be seen on monthly clinic days.	Supplies will be ordered and second exam room set up by June 30, 2008.
	Evaluate operating costs and clinic fees to promote cost effectiveness.	Evaluate costs and set clinic fees using formula's set forth in the programs provided by Gerry Christie.	Cost analysis will be completed by Jan. 1, 2009.

**Goal 2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.**

Problem Statement	Objective(s)	Planned Activities	Evaluation
It is an on going challenge to advertise or promote our services to teens in this conservative community.	Increase teen's knowledge of public health by providing information to teens in small group settings.	Guest speaking/presentations for Lake County School's health classes.	At least one presentation for students will be given by June 30, 2008.
	Encourage teens to promote our services to each other.	Survey teen clients to identify barriers and listen to their ideas to break down possible barriers.	Barriers and ideas to improve will be reviewed by advisory board and implemented if feasible.

### Progress on Goals / Activities for FY 08

(Currently in Progress)

Goal / Objective	Progress on Activities
Remaining vigilant in reminding clients to bring in proper proof for FPEP.	Staff has developed a log sheet for each person's chart that shows at a glance what proof is still needed. Clients needing to bring proof are reminded when they schedule appointments and again at clinic reminder calls to bring proof.
Increase revenue from donations by 10% by June 30, 2008.	Staff is working on improving our "super bill" to make it less confusing and more "user friendly" to show clients what their visit cost. Signs were posted in waiting areas and exam room saying "we gladly accept donations", and policy has been written stating staff will ask all clients for donations at each visit.

**Maternal and Child Health Program Annual Plan**  
**2008-2009**

<b>Time Period: June 2009</b>				
<b>GOAL: Infants diagnosed with hearing loss will be enrolled in early intervention by six months</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Screen all 2 and 4 month old children for hearing loss at the time they present for immunizations	Children 2-12 months of age will be given the opportunity to be screened for hearing at time of immunization. Verbal and written material will be presented to the parents. Form will be in English and Spanish.	100% of children that show a hearing deficiency will be referred to Early Intervention.  Documentation of referrals will be evaluated in June to see number of children referred and their ages.		
B. Collaborate with Hospital to provide information on hearing screen.	A flyer for hearing screening will be included in the OB hospital discharge packet.	Clients present for screening before two month immunizations.  Documentation of screenings will be evaluated as to age of first screen.		
<b>Time Period: June 2009</b>				
<b>GOAL: Improved Oral Health in Pregnant Women and children</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Pregnant women will become aware of the importance of good oral hygiene	Collaboration with dentist to obtain tooth brushes to give to Pregnant women. Provide an oral health packet to pregnant women in WIC and MCM Review oral hygiene issues at next visit.	75% of the women receiving the Oral health packet will report they have improved oral hygiene. A survey will be presented.		
B. The ability to provide dental sealant for children.	Send one RN to become trained in dental sealant procedures.	RN will be trained in dental sealant procedures.		

## C. Environmental Health

<b>Time Period:</b> July 2008 – June 2009				
<b>GOAL: Improve Rate of Food Pool and Lodging inspections</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Food, Pool and Lodging inspections will meet the number required in OAR 333-012-0055	Require Sanitarian to travel at specific times to complete inspections and avoid bad weather.	The number of required inspections will be at least 90%. Facility inspection reports from the state will be reviewed. And compared.		
<b>Time Period:</b> July 2008-June 2009				
<b>GOAL: Food Handler Training will be done by local staff</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Increase in the number of Food Handlers Classes available to the public	Train staff to provide the food handler class and monitor testing.	Food Handlers classes will be held quarterly. Documentation of classes held will be reviewed.		
<b>Time Period:</b> July 2008-June2009				
<b>GOAL: Improve Environmental Health Services</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Increase staff available for environmental health.	Register a RN BSN with the state to shadow the RS and take the Sanitarian Boards.	Ability to monitor temporary restaurants and respond on site to complaints.		Currently our contracted RS lives in the Portland area.
B. Investigate complaints and cases of food born illness in a timely manner.	See Active Surveillance Protocol in the Epidemiology plan..	100% of food born complaints will be investigated. Investigation will document when Sanitarian was called and her response time.		
C. Reduce the rate of health and safety violations.	Inspections will be done in a more timely manner.	Food, Pool and Lodging inspections will meet the number required in OAR 333-012-0055		

## D. Health Statistics

<b>Time Period:</b> July 2008-June 2009				
<b>GOAL: Death Certificates will be reported to the Court House within one week</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Death Certificates will be reported to the courthouse within one week.	The Deputy Clerk will hand delivery the death certificates every Thursday to the Clerks Office.	100% of the Death certificates will be delivered within the accepted time frame. Documentation of when the records were delivered will be maintained and reviewed.		
<b>Time Period:</b> July 2008-June 2009				
<b>GOAL: Electronic Birth and Death Certificates will be issued in a timely manner</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Birth and Death Certificates will be obtained electronically and issued as soon as they are available.	Collaboration with the Funeral Homes to notify Public Health when the records are available. Once a request is made the clerk will attempt to retrieve the certificate, If unavailable will document time and date of attempt.	100% of death and birth certificates will be issued within 24 hours after it becomes available on the data base.		

## E. Information and Referral

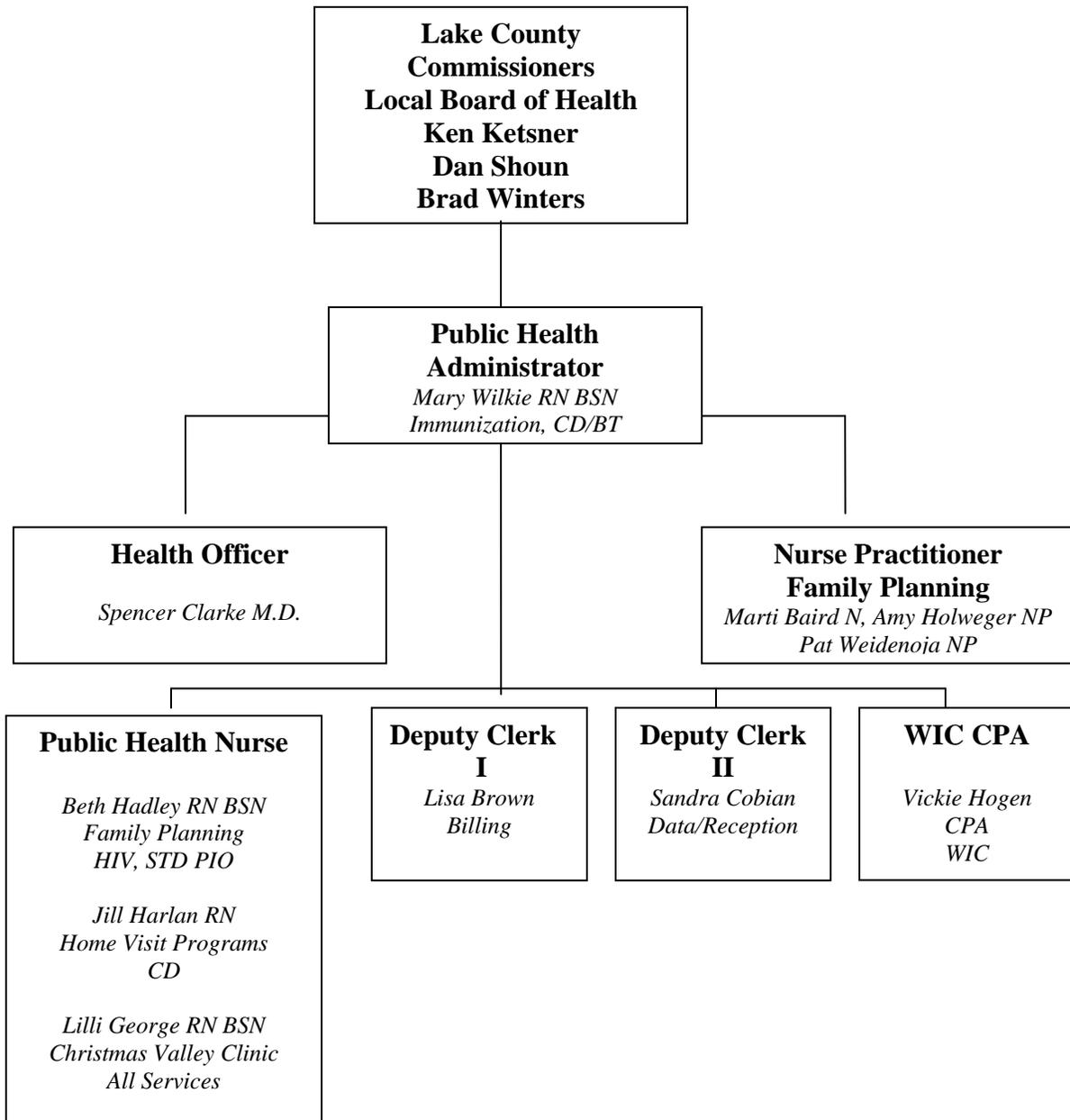
Please see; II. Assessment 3. Lake County Provides Services By Statute.

## F. Other Issues

Oral Health, Tobacco, and Obesity are major risk factors for morbidity and mortality in the County. Lake County Public Health will pursue grants to help implement programs to address these issues.

## IV. Additional Requirements

### Lake County Public Health Organizational Chart



## **V. Unmet Needs**

Lake County Public Health cannot meet the Minimum Standard Requirements for a Public Health Administrator. The current administrator is a Registered Nurse with a Bachelor of Science Degree in Nursing and 10 years of experience in Public Health, eight of those as the administrator. It is questionable if the cost verses the benefit of a Master Degree is viable. Lake County is in a financial situation where increase in salaries is very doubtful. The Commissioners have expressed satisfaction with the current administrator. At the time of the current administrators retirement recruitment will be for an individual whom holds a Mater's degree from an accredited college or university in public health, health administration, behavioral health, social or health science, or related field, plus two years of experience.

## **VI. Budget**

Budget information may be obtained from;

Bob Pardee  
Assistant to the Commissioners  
513 Center Street  
Lakeview, Oregon 97630  
541-947-6003

## VII. Minimum Standards

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

15. Yes  Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes  Records include minimum information required by each program.
17. Yes  A records manual of all forms used is reviewed annually.
18. Yes  There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes  Filing and retrieval of health records follow written procedures.
20. Yes  Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes  Local health department telephone numbers and facilities' addresses are publicized.
22. Yes  Health information and referral services are available during regular business hours.
23. Yes  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  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. **ON PAPER CERTIFICATES FROM ANOTHER COUNTY-EDR AND EBR ARE CORRECTED AT THE STATE LEVEL.**
25. Yes  To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. No  Certified copies of registered birth and death certificates are issued within one working day of request **TIMING IS DEPENDENT UPON STATE REGISTRARS SIGNATURE – IF THE CERT IS SIGNED IT IS ISSUED AS SOON AS THE REQUEST IS MADE, OTHER TIMES IT HAS BEEN MORE THAN ONE WORKING DAY.**
27. Yes  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. 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. No  Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes  Staff is knowledgeable of and has participated in the development of the county's emergency plan . **The ESF 8 portion.**
32. Yes  Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes  Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes  Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes  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  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  There is a mechanism for reporting communicable disease cases to the health department.
38. Yes  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  Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received. **PROVIDERS DON'T USUALLY REPORT BUT WE CONTACT THEM UPON RECEIVING A CD NOTIFICATION.**
40. Yes  Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes  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  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes  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  Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes  Rabies immunizations for animal target populations are available within the local health department jurisdiction.

### *Environmental Health*

47. Yes  Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes  Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes  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  Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system. **NOT BY PUBLIC HEALTH**
52. Yes  Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.  
**NOT BY PUBLIC HEALTH**
53. Yes  No  Compliance assistance is provided to public water systems that violate requirements. **NOT BY LOCAL PUBLIC HEALTH**
54. Yes  All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken. **NOT BY PUBLIC HEALTH**
55. Yes  A written plan exists for responding to emergencies involving public water systems. **Available at Town of Lakeview**

56. Yes  Information for developing a safe water supply is available to people using on-site individual wells and springs. **Building and planning**
57. Yes  A program exists to monitor, issue permits, and inspect on-site sewage disposal systems. **Building and Planning**
58. Yes  Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes  School and public facilities food service operations are inspected for health and safety risks.
60. Yes  Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes  A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste. **BY COUNTY LANDFILL NOT PUBLIC HEALTH**
62. No  Indoor clean air complaints in licensed facilities are investigated.
63. Yes  Environmental contamination potentially impacting public health or the environment is investigated. **BY DEQ – NOT PUBLIC HEALTH**
64. Yes  The health and safety of the public is being protected through hazardous incidence investigation and response. **REGIONAL HAZMAT IN KLAMATH FALLS**
65. Yes  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  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  Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes  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  Local health department supports healthy behaviors among employees.
71. Yes  Local health department supports continued education and training of staff to provide effective health education.
72. Yes  All health department facilities are smoke free.

### *Nutrition*

73. 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  WIC
  - b. No  Family Planning
  - c. No  Parent and Child Health
  - d. No  Older Adult Health
  - e. N/A Corrections Health
75. Yes  Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes  Local health department supports continuing education and training of staff to provide effective nutritional education.

### *Older Adult Health*

78. Yes  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes  A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes  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. 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  Perinatal care is provided directly or by referral.
83. Yes  Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes  Comprehensive family planning services are provided directly or by referral.
85. Yes  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  Child abuse prevention and treatment services are provided directly or by referral.
87. Yes  There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes  There is a system in place for identifying and following up on high risk infants.
89. No  There is a system in place to follow up on all reported SIDS deaths.
90. Yes  Preventive oral health services are provided directly or by referral.
91. Yes  Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. No  Injury prevention services are provided within the community.

## Primary Health Care

93. Yes  The local health department identifies barriers to primary health care services.
94. Yes  The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes  The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes  Primary health care services are provided directly or by referral.
97. Yes  The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes  The local health department advocates for data collection and analysis for development of population based prevention strategies.

### *Cultural Competency*

99. Yes  The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. 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  The local health department assures that advisory groups reflect the population to be served. **MAKES EFFORTS TO DO SO**

102. Yes  The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

### *Health Department Personnel Qualifications*

103. No  The local health department Health Administrator meets minimum qualifications: **SEE Unmet Needs.**

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  *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 X 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 X 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.**

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Resources for Assessment:

- (1) Oregon Blue Book: County Populations
- (2) Vista PHw Data Base
- (3) Census Scope Social Science Data Analysis Network
- (4) United States Census; State and County Facts
- (5) Oregon State Labor Board, Work Source Oregon Employment Department
- (6) Oregon Vital Statistics Annual Report 2004, 2005, 2006
- (7) Department of Human Services, Public Health Chronic Disease Data
- (8) Oregon Tobacco and Prevention and Education Program; Lake County Fact Sheet 2007
- (9) Lake County CD Data Base from Multnomah County

**Signature Page for Lake County Public Health  
Comprehensive Annual Plan 2008-2009**

The local public health authority is submitting the LPHAP pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.

Approved by the Local Public Health Authority 4/22/08. Lake. Hard copy will be mailed.

\_\_\_\_\_  
Local Public Health Authority                      County                      Date