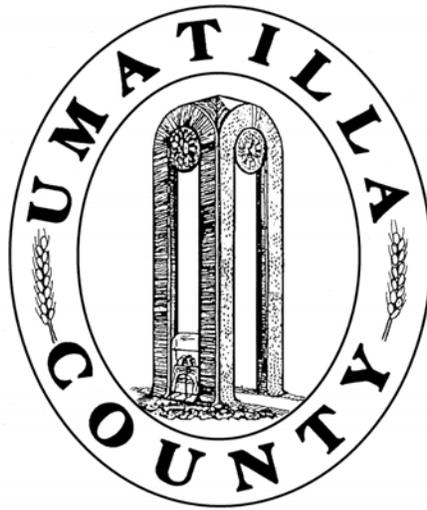


Public Health
Division Comprehensive Plan 2009



Genni Lehnert, Administrator

Umatilla County Public Health Comprehensive Plan 2008

Table of Contents

- I. Executive Summary
- II. Assessment
- III. Action Plan
 - A. Epidemiology and control of preventable diseases and disorders
 - B. Parent and child health services, including family planning clinics as described in ORS 435.205
 - C. Environmental health
 - D. Health statistics
 - E. Information and referral
 - F. Other Issues
- IV. Additional Requirements
- V. Unmet needs
- VI. Budget
- VII. Minimum Standards
- VIII. Signature of Local Public Health Authority
- VIII Organizational Chart

I. EXECUTIVE SUMMARY

Umatilla County is facing a very difficult year financially. With the reduction of grants and increase of costs within the county it is becoming increasingly more difficult to continue to provide existing services at the same level. The Health Department had a \$100,000 budget reduction from the proposed budget for '08-'09 and will be facing the loss of the Milton-Freewater Clinic.

The School Based Health Centers (SBHC) are in jeopardy of losing the Mental Health Specialist. At the time of this plan the position will be eliminated effective July 1, 2008. This position is essential to the schools but due to budget reductions and decreasing grant funds we will no longer be able to support this position. The student visits have increased to the SBHC and the Nurse Practitioner is treating more students this year than ever before.

With the implementation of citizenship verification we have struggled to secure the appropriate documentation from clients. We have identified more undocumented citizens seeking our services. This has placed an additional burden on a system already stressed. The Title X grant did not fund the previous case load of undocumented clients and the additional identification of others has placed a significant burden on this fragile system. As a result we have reduced the types of birth control methods offered.

Our health educators continue to provide classes available to all of the schools. We have developed relationships with most of the health teachers and counselors in the middle schools and high schools. Through this professional relationship we are informed about the classes that would be the most beneficial to the students each year. We create curriculum specific to the identified needs and have been successful in providing this valuable service to our community. Some of our curriculum expansion includes classes that address anger management, healthy relationships, eating disorders and steroids.

This department has continued to promote healthier living even after the completion of the Physical Activity and Nutrition (PAN) grant on 6/30/07. Within the health department a nutrition policy was approved by staff and implemented in all of the clinics. A yearly "Get Active" competition is waged each year by county departments. This friendly competition encourages employees to get moving every day. "The Healthy Perspective" is authored each month by a health educator and printed in the employee newsletter, with information ranging from heart disease to safe food storage.

Services at all of the clinic sites have been changed to better "fit" the lives of our residents. The clinics have moved to more walk-in services from appointment only services. Clinics have extended hours of operation and remain open during the noon hour. We continue to look for ways to better serve the community while remaining cognizant of the funding constraints.

II. Assessment

Aging Issues – 12.3% of Umatilla County residents are 65 years old and over. Assisted living facilities frequently have waiting lists for residents. Medical care is becoming an increasing problem due to the reducing number of physicians in the area. The residents are faced with finding new medical care when their physician leaves the area or retires. Many of these folks are forced to travel to Washington to seek medical care. This is a burden for the aging population that frequently relies on others for transportation and living on a fixed income. Many residents with Medicare are unable to find a physician due to the refusal of local physicians to take new Medicare patients. The reimbursement rate for Medicare patients is not covering the costs to physicians for providing services.

Alcohol & drug use- Alcohol continues to be viewed as “part of the culture” in Eastern Oregon. Use among adolescents is high. According to the Oregon Healthy Teens 2006 data 6% of 11th graders and 2.1% of 8th graders report to having been drunk or high at school in the past 12 months. The data for Pendleton High School 11th graders shows that 32.9% of students have binge drunk in the past 30 days and 25.5% have used marijuana or hashish in the past 30 days. These rates are higher than the state average and raise concerns around the growing rates of use.

UCCRUD (Umatilla County Coalition to Reduce Underage Drinking) meets monthly at St. Anthony Hospital. Membership also includes CTUIR (Confederated Tribe of Umatilla Indian Reservation). This coalition has been meeting for several years and is very active in the community. They recently held a community forum to help empower and educate the community around the issues of underage drinking. The coalition has received several grants in the past to purchase breathalyzers and provide “party” surveillance and disbandment.

Births, low birthweight- Umatilla County had a total of 1149 births in 2006. 35% of the births were to Hispanic mothers and 4% were teen mothers. We continue to have a high rate of mothers who smoke during pregnancy 14% while the state average was 12%. In 2006 there were 269 first births in the county. All first births are offered services from the health department. Working closely with the two hospitals in the county, we are notified of recent deliveries. The hospitals will also educate new mothers on services available at the health department.

2006 BIRTH DEMOGRAPHICS		
	OREGON	UMATILLA COUNTY
Total Births	48,684	1,149
Births By 1st Trimester Care	38,475	761
Low Birthweight Infants	508	17
Births by Maternal Hispanic Origin	9,934	406
Teen Pregnancies	1,348	50
Births By Reported Maternal Tobacco Use	5,941	164

Communicable disease- Chlamydia continues to be our most frequently reported communicable disease. In 2006 there were 192 reported cases, down from 196 reported cases in 2005. Campylobacteriosis was our second most commonly reported communicable disease at 21 cases. Gonorrhea had 6 reported cases, which were up from 0 cases in 2005.

Tuberculosis had 6 reported cases in 2006 which was up from the 2 cases reported in 2005. Tuberculosis is a heavy burden for this department. The investigation and follow up on these cases is labor intensive and tedious. This increase in cases has strained our already stretched Communicable Disease Department.

Umatilla County had its first case of West Nile Virus in 2006. This department works closely with West Umatilla Vector Control District to provide education to the entire county around mosquito borne illnesses and prevention of mosquito bites. The message was delivered through an aggressive media campaign, and Town Hall meetings with City Management.

Deaths and causes of death- The leading cause of death in Umatilla County is Heart Disease 23%. Cancer is ranked a close second at 22%. The county is facing a crisis with the decrease in available physicians. Individuals are forced to travel into Washington State to obtain much of their medical care. There are no physicians in the most eastern part of the county and the Pendleton area has seen a huge reduction in physicians.

Dental- This remains a major problem for Umatilla County. Many of the low income residents go without dental care due to cost and minimal to no coverage of OHP. The high meth rates add to the dental issues.

Emergency preparedness- A flu POD exercise was conducted in November in three cities on three different dates. Roughly 1500 free flu vaccinations were given to residents in the community. This exercise allowed us to practice the ICS structure and work closely in the PODs with EMS, Police, Fire, area hospitals and other county staff.

Umatilla County has a full scale exercise each year in May for the Chemical Depot. Public Health plays a vital role in this exercise. We participate in both the EOC and the JIC. Public Health staff work to field calls from concerned citizens as well as assist in the development of press releases and media mitigation.

Food borne illness reports- In 2006 a food borne illness outbreak was reported after a local Rotary Club lunch meeting. The meal was catered by a licensed caterer from Morrow County. 3 lab confirmed Campylobacteriosis and 9 presumptive cases were identified. A case was defined as someone who had cultured confirmed Campylobacteriosis or experienced three or more episodes of diarrhea in one day with a duration of two or more days within seven days of attending the luncheon. Of the 20 interviewed 12 met case definition. Predominant clinical signs were diarrhea 100% and

abdominal cramping 92%. Ages ranged from 31-74. Five individuals sought care for their illness.

Extensive education was provided to the members of the Rotary Club. A visit was made to the caterer by an Environmental Health Specialist. It was found that the caterer had prepared food in her mobile kitchen in Heppner and then later transported the unit to Hermiston with the food. She was only licensed to prepare food in the mobile kitchen on the event site.

Immunizations- The majority of vaccinations are given by the health department. The pediatricians' offices in Pendleton and Hermiston provide vaccinations but for the most part physicians do not offer immunizations. Outreach into medical offices has identified that physician's report that they are not reimbursed at a rate that is conducive to their clinical costs. In addition it is a labor intensive process that the physicians are not interested in investing staff time for.

In the Hermiston area a FQHC serves as a delegate agency to public health for immunizations. They see a large number of migrant farm workers and individuals that are not legal citizens.

69% of 24-35 month olds were reported to be up to date with the 4:3:1:3:3:1 series in 2007. This is up slightly from the 67% in 2006. With the 4:3:1:3:3:1 series the rate was 65% with the state average at 70%. We struggle with those receiving their fourth DTaP. Many return late or not until their one year shots. We have provided information to local providers and preformed outreach to parents through our home visit program. We have also partnered with WIC and Head Start to help educate parents on the importance of vaccinations.

Mental Health- Umatilla County does not provide Mental Health Services. Currently Lifeways offers those services. As with many other counties, Umatilla does not have enough providers for Mental Health services. Many of our residents go without care or with minimal care due to the shortage.

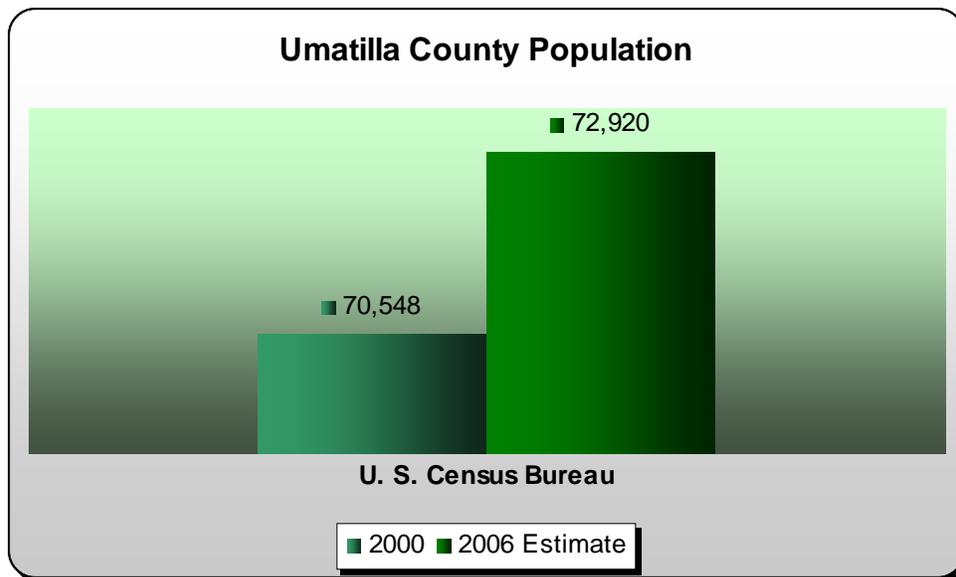
The School Based Health Centers have a 0.6 FTE Mental Health Specialist. This position provides the much needed services to this vulnerable population. With the budget reductions this position is slated to be removed June 30, 2008. The loss of this position will result in many adolescents not receiving mental health care and opening the door for potential future issues.

Physical activity, diet, and obesity- The health department has been proactive with physical activity and a healthier lifestyle. We sponsor a "Get Active" event each year. This event encourages teams to have some friendly competition with physical activity. The event has been well received throughout the county and this year 96 county employees are participating in the event. At the conclusion employees are asked to complete a short questionnaire that addresses their desire to participate next year and identifies if this event has promoted any long term lifestyle changes.

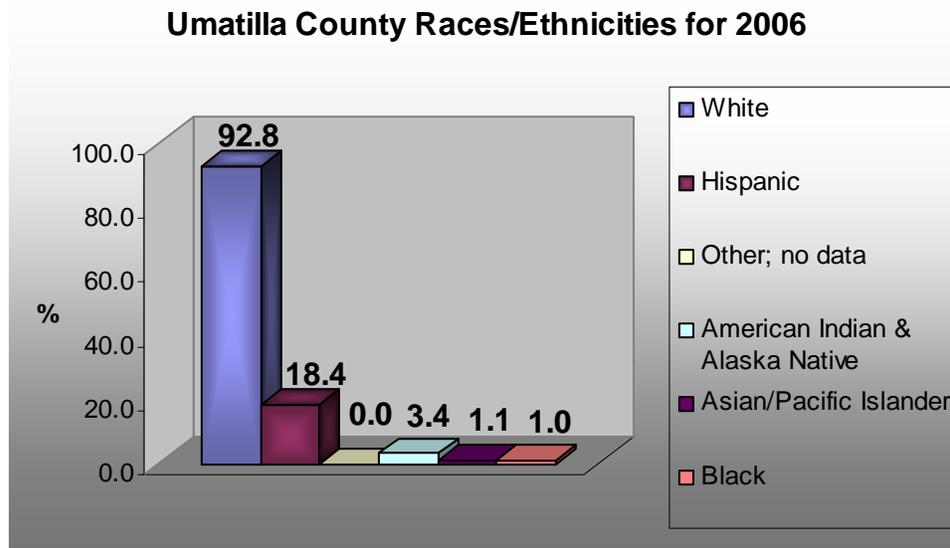
A county also has a newly formed wellness committee. This committee's mission is to educate and promote employees to have healthier lifestyles and to be aware of the existing benefits currently being offered by the county. Some benefits that are offered are a reduced membership fee to the local health club, a wellness benefit on our insurance package that pays for health assessments and various classes offered by local hospitals. The committee is sponsoring a health assessment for employees at their worksite. This assessment will check blood glucose along with cholesterol levels and other health indicators.

The health department implemented a food policy. The staff approved and voted for this policy. It simply states that if a staff person wishes to bring snacks for all staff, and they are not a healthy choice, than a healthy alternative shall also be offered. This has been widely accepted and followed.

Population, gender, age- The population in Umatilla County has shown a 3% growth rate overall for the past 6 years. The gender split is about 50% with the female rate in 2006 reported at 49.2%. 7.4% of the population is under 5 years old, 26.9% is under 18 years old and 12.3% is over 65 years.



Race-The Hispanic population is growing. All of the health departments offer bi-lingual services. 18.4% of the population is Hispanic while 3.4% is Native American. The majority of the population in the county is Caucasian.

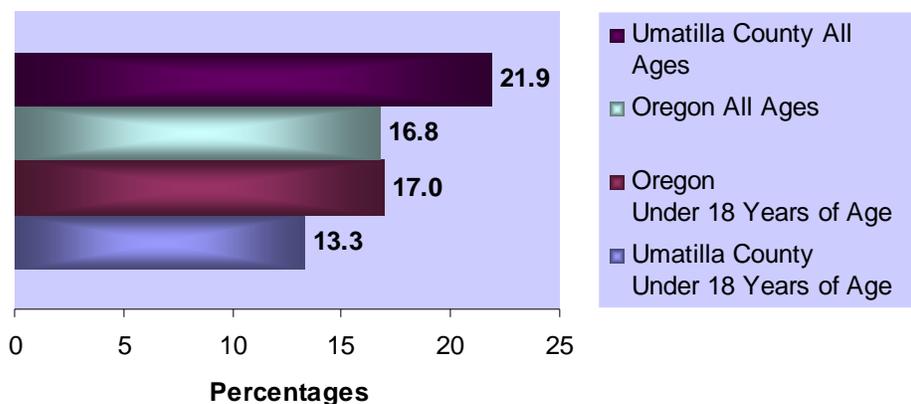


Geography-Umatilla County is situated in one of the largest wheat and green pea producing areas in the nation. Other agricultural commodities include potatoes, vegetables, cattle, hay, truck crops, fruit, and other seed crops.

It is the 13th largest county in Oregon and has 3231 square miles with twelve cities. The elevation ranges from 200 feet in Umatilla which is located on the Columbia River to nearly 5000 feet in the Blue Mountains on the eastern and southern edges of Umatilla County.

Socio-economic status- 13.3% of residents 18 and under live in poverty in Umatilla County. This is lower than the state average of 17%. The median family income in 2006 was \$50,273 the median non-family income was \$31,145. The average family size is 3.07 while and average household size is 2.50. Of all families in Umatilla County 12.1% had an income in the past 12 months (2006 data) that was below the poverty level. 10.7% were unemployed.

2006 Estimates for People Living in Poverty in Oregon



Prenatal care- The health department offers maternity case management services. This program provides a nutritional assessment, prenatal education and counseling to expecting mothers. The community has had a steep decline in OB physicians. This has led to many expecting mothers traveling to Washington to seek care or opting not to have prenatal care until their third trimester. 10% of women had less than 5 prenatal visits or they began prenatal care in the third trimester. Hispanic residents that are illegal have a particularly difficult time receiving prenatal care. They have no insurance and self pay is a barrier to service. CAWEM is available for emergency services and delivery but not prenatal care.

Teen pregnancy- The teen pregnancy rate is increasing in Umatilla County. The rate in 2007 was 32.9%. The average rate for the previous five years was 27.5%. The clinics were recognized by the State Family Planning Program for giving the “Most Future Need EC”. Yet our numbers continue to climb.

We had a total of 984 Umatilla County Middle School students participate in the STARS program in 2006-2007. Good Shepherd Medical Center administers the program in the western half of the county while the health department oversees the eastern half.

In addition to the STARS program we offered adolescent health classes to all schools within the county. Some classes offered are healthy relationships, puberty education, reproductive system education, birth control, STD-HIV/AIDS and Parenting/Baby Think it Over.

The health department is an active member of RAPP (Reduce Adolescent Pregnancy Partnership). RAPP is a coalition of community partners taking an active role in reducing the teenage pregnancy rate in Umatilla County through a comprehensive approach of community education, advocacy, family service development and enhancement. RAPP has sponsored pregnancy prevention advertising at agencies,

offices, and public billboards; sponsored Brad Henning of Life Resources in three Teen Summit school assemblies to 1000+ eighth grade students (from 10 schools) about abstinence choices and sponsored and distributed teen resource cards about local resources.

Tobacco use-26% of adults in Umatilla County currently smoke cigarettes and 11.6% of adult males use smokeless tobacco. The state rate is 20% and 5.7% respectively. Every year in Umatilla County 146 people die from tobacco use. 2854 people suffer from serious illness caused by tobacco use and \$22.8 million is lost from decreased productivity due to tobacco-related disability and death. Smokeless tobacco continue to be a part of the “rodeo” culture. The Tobacco Coalition meets monthly in both Hermiston and Pendleton to work on ways to reduce tobacco use.

The Tobacco Coalition and staff were successful in the implementation of County Ordinance 2006-17. This ordinance places a smoking ban around entrances in County controlled buildings. This 25 foot ban went into effect May 2, 2007.

Underage drinking- UCCRUD (Umatilla County Coalition to Reduce Underage Drinking) is a coalition group that meets monthly to identify strategies to reduce alcohol use among those that are underage. Public health plays an active role in this coalition.

Alcohol use among teens continues to be an ongoing problem. 33% of eighth graders report to having had their first drink before the age of 13. The state average is 22.30%. 26.80% of eighth graders have drunk alcohol in the past 30 days while 13% have had 5 or more drinks within a couple of hours in the past 30 days. Using alcohol is accepted as part of the culture. 49.3% of 11th graders reported it would be very easy to get some beer, wine or hard liquor if they wanted. Use has been linked to promiscuous behavior and poor judgment. 18% of 11th graders report to having drunk alcohol or used drugs before having sexual intercourse the last time and 5.7% of 11th graders reported at least once in the past 30 days driving when they had been drinking alcohol.

Adequacy of the local public health services

Epidemiology and control of preventable diseases and disorder:

Umatilla County provides all of the required communicable disease activities. We provide 24 hour public health emergency coverage and have 1 full time communicable disease RN on staff. We work closely with our two area hospitals to encourage disease reporting and open lines of communication. We mail letters out annually to all hospitals, physicians and labs notifying them of the reportable diseases and our willingness to assist them when requested. We work closely with the Umatilla County Indian Reservation Yellowhawk Clinic, the local jail and the two prisons.

Parent and child health services, including family planning clinics as described in ORS 435.205:

Umatilla County offers family planning services, immunizations, maternity case management, CaCoon, Healthy start and Babies First at all three clinic sites. We have

two School Based Health Centers located in the Pendleton High School and Sunridge Middle School. These centers provide physical and mental health services. We do not provide family planning services at the School Based Health Centers due to an agreement with the sponsoring hospital and school district.

Collection and reporting of health statistics:

Umatilla County Public Health provides all birth and death records in the county. Certified copies are available in the Pendleton office for a fee. Deputy Registrars work closely with hospital medical records departments, mortuaries, and physicians to assure accuracy and completeness. Confidentiality and security of non-public abstracts, records, documents and information are maintained in a locked and secure manner. Certified copies of registered birth and death certificates are issued within one working day of requested copy.

Health information and referral services:

Umatilla County Public Health provides health information to the community in both English and Spanish. We create classes specific to the needs identified within the community. We offer a wide variety of pamphlets in all of the clinical sites. Referrals are an integral part of our services provides. We collaborate with multiple community agencies who are knowledgeable about the services provided at the health department. A website is available with information about County services.

Environmental health services:

Umatilla County employs 1.5 FTE Environmental Health Specialist and 1 FTE clerical support. Services provided include restaurant inspections, mobile units, temporary restaurants, tourist accommodations, pools/spas, hotel/motels, prisons and jails. We contract with Morrow County to provide their environmental health services. Environmental health education is provided to the public when requested. Food handler tests are offered in all clinics and on-line. A limited numbers of Food handler classes are offered to the community when classes are 10 or more. We contract with Oregon Department of Education and Oregon Child Care Division to provide inspection of schools and daycare facilities. Drinking water services are provided by the state.

Adequacy of program services

Dental

The dental services in Umatilla County are inadequate. Many children are not having appropriate dental care and poor oral hygiene has resulted in an increase of dental carries. Public Health provides dental health education in our home visiting program. We educate parents on the danger of bottle propping and importance of oral hygiene beginning at a young age. Our services only address a small area of the dental concerns. We are in need of

Emergency preparedness-

A full time emergency preparedness coordinator works closely with community partners. We are active participants in the annual CSEPP (Chemical Stockpile Emergency Preparedness Program) exercise. We continue to write and rework plans for the county.

We exercised our ability to manage and run a POD (Point of Dispensing) in November 2007. Collaboration between law enforcement, fire/EMS, tribe, hospital, prisons and emergency management continues to be our main focus. Exercises aimed at improving communication and coordination are high priorities.

Health education and health promotion

Umatilla County provides many health classes to the schools in the county. We create curriculum specific to the assessment performed by counselors and teachers. Our classes offered include anger management, healthy relationships, suicide prevention, self injury and cutting, eating disorders/steroids, STD-HIV/AIDS, Birth control, reproductive system, puberty, parenting, youth risky behaviors resources, nutrition, hygiene and personal boundaries/refusal skills.

Laboratory services

The health department lab is licensed by CLIA as a waived laboratory. The laboratory services provided outside our capacity or licensure are either performed by the state or Interpath lab. We work closely with Interpath lab, a local service provider. We have a smooth reporting system and use this service provider for tests that are not covered or provided by the state.

Nutrition

All clients seen in the clinic and our home visit programs are counseled about nutrition. A nutritional assessment is performed by the nurse. Pamphlets and educational materials are given at the time of the visit. The School Based Health Centers perform BMI's on students seen in the clinic.

Older adult health

We offer referral services and health information to our older adults. Many pamphlets are available to address specific health issues. Blood pressure checks are given for free in all clinics. Immunizations for influenza and pneumonia are given annually in special clinics aimed at this population.

III Action Plan

A. Epidemiology and control of preventable diseases and disorders

Goal #1: UCHD will continue to control the spread of all communicable/reportable diseases through prompt investigation, needed intervention and public education.

Objective:

1. UCHD will initiate disease investigation, per established CDC/ODHS Epidemiology guidelines, upon receiving faxed, phoned or verbal reports of a reportable condition.
2. UCHD will complete and submit disease investigations per established CDC/ODHS Epidemiology guidelines.

Plan of Action:

1. CD RN will review submitted reports daily, print investigative report and guidelines from ODHS website and complete investigative report per the guidelines.
2. CD RN will contact affected individuals, their care providers and families as needed for investigation, to provide education, ensure correct treatment and follow up.
3. CD RN will submit completed investigation forms to ODHS Epidemiology department per established timeline.

Evaluation: Quarterly audits of Disease Investigations will be done to check for time/date of initial report, investigation initiation, client contact, notification of ODHS Epidemiology, completion of form and submission to ODHS.

Goal #2: UCHD will maintain the ability to receive reports at any time during a 24 hour period and respond within 15 minutes to any emergency report.

Objective: UCHD will be available by phone 24hrs a day for public health emergencies.

Action plan:

1. UCHD will use County Emergency dispatch for after hour's notifications.
2. A satellite pager will be worn by one of the UCHD managers at all times.

Evaluation: Quarterly testing of pager system will be done to ensure it is working and that staff member responds within 15 minutes of being paged by Emergency Dispatch.

Goal #3: UCHD will continue to be vigilant and proactive regarding the monitoring and treatment of Tuberculosis in Umatilla County.

Objective: UCHD will continue to appropriately manage all clients with known Tuberculosis infection or disease, per CDC and ODHS TB Program guidelines.

Action plan:

1. UCHD will maintain and update a TB protocol based on CDC/ODHS guidelines and have a TB case manager on staff.
2. TB case manager will immediately investigate all reports of TB infection in county residents per CDC/ODHS guidelines.
3. All clients determined to be infectious with active TB will be treated and monitored per CDC/ODHS guidelines and ODHS will be notified of case.
4. All contacts to active TB cases will be tested and treated as needed, if found to have LTBI, per county protocol.
5. TB case manager will collaborate with client's PCP to ensure continuity of care.
6. TB case manager will evaluate all other county residents diagnosed with LTBI for risk factors and need for treatment per county protocol.
7. All A and B waivers will be investigated and treated per CDC/ODHS guidelines.

8. All reports will be initiated, completed and submitted to ODHS TB program per established guidelines.

Evaluation:

1. Quarterly audits of TB case reports will be done to determine time/date of report, initiation of investigation, completion of report and treatment, submission of report to ODHS.
2. Will contact ODHS to ensure reports received.

Goal #4: UCHD will reduce the rate of HIV infections in the county by serving as a resource for HIV testing and prevention education.

Objective: UCHD will continue to offer all forms of HIV testing, counseling, risk assessment and prevention education at every clinic site.

Action plan: All RN and CNA staff members will be trained in HIV Counseling and Testing services.

1. All clients requesting HIV testing will be seen regardless of ability to pay.
2. CD RN will collaborate with local county and community agencies to provide HIV education and testing to mutual clientele.
3. Contacts of known HIV positive residents will be counseled and tested as soon as possible.
4. UCHD will offer both Confidential and Anonymous HIV testing services and maintain current protocols regarding said testing.
5. All clients requesting STD testing at UCHD will complete a self risk assessment during their appointment and offered HIV testing.

Evaluation: Annual audits of HIV case reports will be done to determine the effectiveness the plan.

B. Parent and child health services, including family planning clinics as described in ORS 435.205

Immunization:

Goal #1: UCHD will improve rate of completed immunization requirements (4:3:1:3:3:1) for 2 year old clients to work toward National Goals set by ACIP.

Objective: UCHD will improve access to and awareness of needed immunizations to ensure improvement in immunization rates.

Plan of Action:

1. All UCHD clinic sites will offer immunization services 2 days each week on a walk-in basis.

2. Clients' information will be entered into Alert database and immunization forecast done at each visit.
3. Reminder cards will be sent to clients needing follow up immunizations to complete the series.
4. UCHD clerical staff will complete training on the Alert system and its use.
5. UCHD clerical staff will enter vaccine information into IRIS within 1 week of client receiving immunization.
6. UCHD RNs will counsel/educate families on preventable diseases, need for and effectiveness of immunizations.

Evaluation:

1. Quarterly check of Alert data to determine number of immunizations given
2. Quarterly check of Alert system to ensure data entered correctly.
3. Client comments.

Goal #2: UCHD will improve immunization rates for children, adolescents and adults in Umatilla County.

Objective: UCHD will ensure all clients receive needed immunizations.

Plan of Action:

1. UCHD will maintain and update Standing Orders and Immunization Policies to remain current on all recommended immunization practices.
2. UCHD Health Officer will sign all Immunization Standing Orders.
3. UCHD will have on file any changes in current recommendations for immunizations related to vaccine shortage, outbreaks, etc.
4. All RNs, CNA and clerical staff will be regularly educated on current immunization recommendations and practices.
5. All RNs will educate clients regarding current immunization recommendations and practices.
6. Clinic staff will follow all VFC and 317 rules regarding vaccine coding and payment for immunizations received by clients.

Evaluation:

1. Quarterly audit of Immunization Standing Orders and Protocols.
2. Quarterly audit of Immunization Vaccine Administration Records.
3. Client comments.

Goal #3: UCHD will promote the use of AFIX information county wide provider plan to improve one area of AFIX measures.

Objective: UCHD will promote AFIX

Plan of Action:

1. Contact all county providers to arrange a meeting with AFIX state representative to discuss county specific AFIX measures

2. UCHD will host the meeting

Evaluation: By May 2009 a meeting with all county provider and state representatives will be held to discuss county specific AFIX measures.

Goal #4: Promote and administer 50 vaccinations to adolescents at (2) school district sponsored sports physicals events.

Objective: Promote and vaccinate adolescents at school sponsored sports physicals on school grounds to upcoming 6th graders and returning middle school and high schoolers.

Plan of Action: Attend sport physical event with staff available to provide vaccinations to the students receiving physicals.

Evaluation: Fewer school exclusions and fewer reports from schools of missed vaccinations for students in the district.

Goal #5: Attend Health Fair presented to the community by Family Care to administer 40 vaccinations to those attending the event.

Objective: Educate attendees at the health fair about vaccinations needed for children and adults. Administer vaccine when appropriate.

Plan of Action: Attend health fair with nurses and vaccine. Administer vaccinations when appropriate and provide education about vaccine safety and requirements.

Evaluation: Vaccinations will be given to attendees of the health fair. Pamphlets about vaccinations will be handed out and cards for follow up appointments will be given.

Family planning

Goal #6: 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
I. Changes in FPEP enrollment have led to increased staff time without additional reimbursement, threatening the ability of UCHD to maintain current level of service.	I-1. Increase donation revenue by 10% by June 30, 2009.	I-1a. Keep our donation policy and procedure consistent with Title X guidelines. I-1b. Train all newly hired front staff to make donation requests per policy. I-1c. Evaluate policy for consistency, equality and effectiveness.	I-1a. Quarterly and fiscal year end donation revenue reports. I-1c. Customer and staff feedback
	I-2. Increase client awareness of the actual value of the services provided at each visit.	I-2 Ensure every client receives a receipt for services provided at the end of each clinic visit.	I-2 Customer and staff feedback
II. Umatilla County teen pregnancy rate increased to 26/1000 teens (15-17yo) in 2006.	II-1 Decrease teen pregnancy numbers	II-1a. Maintain our STARS program in schools and continue to increase the number of schools where our UCHD community educator is part of the curriculum. II-1b. Continue to be an active participant in the local RAPP (reducing adolescent pregnancy partnership)	II-1. Umatilla County teen pregnancy rate will return to 2005 levels with a further 1% decrease by June 30, 2009.
	II-2. Empower our teens through education and options counseling.	II-2a EC will be available for walk-in clients during all normal clinic hours. II-2b. EC for future use will be dispensed to established clients as needed.	II-2 Will audit charts for EC use and dispensing.

Goal #7: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

Problem Statement	Objective(s)	Planned Activities	Evaluation
Unable to offer IUDs at this time.	1. Clinic nurses will educate clients on IUDs as an option for family planning and refer them to appropriate area care providers for IUD insertion/removal. 2. Continue to provide alternative family planning methods.	1. Maintain current list of area care providers who insert IUDs for family planning method. 2a. Maintain in the clinic pharmacy an adequate supply of various oral contraceptives, medroxyprogesterone injections, spermicides, male and female condoms. 2b. Obtain diaphragms for specific clients per NP orders.	1. Update list of care providers yearly based on phone contact made by UCHD. 2. Monitor usage/re-ordering of family planning methods through pharmacy log counts.

I. Progress on Goals / Activities for FY 08

(Currently in Progress)

II. Goal / Objective	III. Progress on Activities
Unable to offer IUD's at this time.	We do not have an NP or Health Officer who can commit to taking the training for IUD insertion and removal at this time. We will continue to work on this issue so we can add the IUD as one of our contraceptive alternatives.

Maternal and child health programs

Goal #8: Decrease the percent of teen pregnancies by 5%

Objective: Work with the middle and high schools in the county to provide pregnancy prevention services.

Plan of Action:

1. Coordinated with RAPP in identifying new approaches to teen pregnancy prevention and ask for assistance in financing any new curriculum if needed
2. Begin communication with school administration about teen pregnancy rates and prevention.
3. Engage middle and high school counselors to help identify new pregnancy preventative measures for students and invite them to the RAPP meetings.
4. Utilize Public Health Nurse Educators in the Pendleton and Hermiston middle and high schools to teach about pregnancy prevention in the health education classes

Evaluation:

1. Pendleton, Milton-Freewater and Hermiston middle and high school administration has been informed about teen pregnancy rates and need for prevention by the end of school year 2008-2009.
2. School counselors are actively participating in discussion on new prevention methods by January 2009.
3. Public Health Nurse Educators are scheduled in the middle and high schools teaching pregnancy prevention for the school year.2009-2010.

Infant and child health

Goal #9: All infants and children in the Babies First program with developmental delays will receive intervention

Objective: Developmental screenings will be completed at 4, 8, 12, 18, 24 and 36 months to identify all children in the Babies First Program with developmental delays and the families will receive appropriate intervention for identified delays.

Plan of Action:

7. All new staff will receive instruction on the use of the ASQ and ASQ-SE
8. All clients will be screened utilizing the ASQ and ASQ-SE and /or the RDSI screenings at 0-6 wks, 4, 8, 12, 18, 24 and 36 months
9. The home environment will be evaluated for issues causing delays in development
10. The home visit nurse will work with the families to improve the development of any child with environmental issues causing delays in development
11. The home visit nurse will refer the families with a child with developmental delays not responding to intervention by home visit nurse to Early Intervention
12. The home visit nurse will follow-up to ensure the families connect with Early Intervention.

Evaluation:

4. Weekly meetings with home visit nurses on caseload
5. Annual ORCHIDS data assessment
6. Client comments.

Adolescent health

Goal #10: Teen Screen 75% of sophomores in Pendleton High School and provide counseling to the students screening positive. Provide counseling to any student referred to clinic for at risk behavior.

Objective: Maintain mental health services in the Pendleton High and Sunset Middle Schools.

Plan of Action:

1. Plan a meeting between the SBHC management team, Lifeways Mental Health representative, and Umatilla County representative, and Teen Screen local volunteer to discuss funding
2. Work with SBHC management team to problem solve funding issues
3. Look at utilizing mental health volunteers to help provide counseling to students
4. Continue to utilize a local volunteer to offer Teen Screens to all sophomores

Evaluation:

1. Annual Teen Screen report at end of school year
2. Mental Health services continue to be offered in both Pendleton High and Sunset Middle School.

C. Environmental health

Current Condition: Lack of information and communication throughout the communities.

Goal #1: Streamline the temporary restaurant licenses and educate the public by June 2009.

Objective: Temporary restaurant licenses procedure will be easily understood by the community.

Action Plan: Write a letter to organizations and Restaurants to inform them of the rules regulations and importance of food safety.

Evaluation:

1. Be more present in the community by phone or personal contact.
2. Decrease the probability of food borne illness in our communities.

Current Condition: The lack of and compliance of re-inspections

Goal #2: To complete the re-inspections in a timely manner and take the appropriate measures if necessary by January 2009.

Objective: Make re-inspections a streamlined process that is understood by staff and the operators.

Action Plan:

1. Become fully staffed.
2. Allow adequate time for re-inspections.
3. Perform re-inspections in a timely manner.
4. Be proficient with the rules and regulations on closures or suspended licenses.

Evaluations: All re-inspections completed in timely manner and correctly.

Current Condition: Disorganization of all permits to open establishments or facilities

Goal #3: Cooperation with cities, counties, municipalities, to ensure compliance and understanding of local ordinances by June 2009.

Objective: Educate cities, counties, municipalities about county ordinances to assure compliance with licenses issued

Action Plan:

1. Contact agencies to learn and understand their procedures, rules and regulations.
2. Educate community that come into the department about procedures, rules and regulations.

Evaluations: Ensure compliance before a license is issued.

Current Condition: Issues identified with owners/operators but with no long term corrections. There is little buy in and interest in changing conditions. Minimal way for the operators to understand and assist in the changes vs. being told what and how to make change.

Goal #4: Outline a Risk Control Plan

Objective: Owners/operators will have an interest in changing conditions that could be potentially harmful to the public.

Activities: A risk control plan will be developed, reviewed with EH staff and compared to various existing plans. The plan may be offered to two owner/operators that may be good candidates for this type of work improvement plan.

Evaluation: The plan will be fine tuned and if offered monitored for long term, sustainable changes.

Current Condition: Food handler cards/test are only offered via open book with no regularly scheduled classes.

Goal #5: Offer in person food handler classes routinely to those that are interested at least two times during 2009.

Activities: A curriculum will be developed with a power point presentation for in person instructed classes.

Evaluation: Response and requests from community for these types of classes as well as a better understanding from recipients of the food handlers cards.

D. Health statistics

Current Condition

Health statistics involve the collection of data recorded on birth and death certificates, i.e. vital statistics.

The purpose for maintaining vital records is to:

- Assure that birth and death certification is complete and accurate
- Assess public health statistical information to analyze the state of health in our county
- Identify populations at risk for the provision of intervention services

The Oregon Vital Events Registration System (OVERS) created the module EDRS, Electronic Death Registration System, that Umatilla County Public Health began using during the summer of 2007. This is an electronic tool used to complete and register death certificates.

Additionally, OVERS created a second module, the Electronic Birth Registration System (EBRS) that replaced the outdated DOS-based Electronic Birth Certificate (EBC) system. Beginning January 2008, the EBRS is used to complete and register birth certificates for births occurring in Umatilla County.

Hospital birth clerks enter birth certificate information into the Web-based EBRS, which can be performed at any computer with Internet access. EBRS information is available immediately and county staff are able to issue birth certificates from EBRS.

Funeral directors and medical certifiers are able to enter death certificate information and county staff can issue certified copies from EDRS. Access is limited to features needed for the particular user and/or facility.

Certified copies of birth and death certificates are issued within one working day of requested copies and are available from the Pendleton clinic up to six months from the date of event.

The blank certificate paper (Intaglio), birth and death records are kept in a secured location.

Child deaths are reviewed by Umatilla County Child Fatality Review Board. UCPHD's website has links to Oregon Health Services and other public health sites containing health statistics.

Goal #1: Maintain the current level of service and improve public access to health statistics with fewer errors made on the records.

Objective: The community will be aware of the service changes and the current level of service will be maintained with minimal errors.

Plan of action: Perform out reach to funeral homes, hospitals and the community informing and educating them about the services avail bible with EDRS and EBRS

Evaluation:

1. Records processed will have decreased possibility of human error due to the EDRS and EBRS systems resulting in fewer queries and corrections.
2. Compliance during the Triennial Review.
3. Community partners will utilize the new systems in place.
4. Number of website “hits”

Goal #2: Issue 100% of birth and death certificates within 24 hours of request.

Objective: Minimal human error on birth and death certificates will be made due to the EDRS and EBRS system.

Plan of action: Train all deputy registrars on the EDRS and EBRS system.

Evaluation: All birth and death certificates will be issued within 24 hours of request.

E. Information and referral

Please refer to adequacy of local public health services.

F. Other Issues

Goal #1: UCHD will continue to develop and improve community emergency preparedness per PE-12 requirements.

Objective: UCHD will complete all required PE-12 elements by date specified in contract.

Plan of Action:

1. Preparedness Coordinator will attend scheduled conference calls at 1pm on first Tuesday of each month.
2. Preparedness Coordinator will attend scheduled Region 9 meetings on the first Thursday of alternate months.
3. Preparedness Coordinator will maintain local HAN user directory and ensure all user profiles are current.
4. Preparedness Coordinator will ensure all UCHD employees have completed IC courses-100,200,700 and 800.
5. Preparedness Coordinator will ensure all employee profiles are current in Learning Center.
6. Preparedness Coordinator, or designate, will test local HAN notification system quarterly.

Evaluation:

1. Audits performed by State Preparedness Program
2. Peer reviews

Current Condition: None of the 11 cities in Umatilla County have an ordinance or rule (similar to Umatilla County's) ordinance to prohibit smoking outside of windows, entryways or doorways.

Goal #2: By June 2009 two cities in Umatilla County will enact rules or ordinances that prohibit smoking with 25 feet (as a guideline) of door ways, windows or ventilation systems for city buildings.

Plan of Action:

1. Meet with Coalition to determine target cities. Meet with city representatives from potential cities to determine state readiness for pursuing ordinance work.
2. Make presentations to city councils and assist in implementation of ordinances passed.

Evaluation: State Quarterly reports confirming completion of community action plan.

Current Condition: In Umatilla County 66.5% of residents are classified as overweight or obese, (compared with 59.1% for the State) In Umatilla County 20.3% of adults consume at least 5 servings of fruits and vegetables per day, (compared to 25.8% for the state.) In Umatilla County 31% of 8th graders are at risk of or are overweight, (compared to 25.8 % for the state.) The workgroup Healthy Active Pendleton and the Hermiston Wellness Coalition are currently working on community goals to increase activity and improve nutrition for both adults and youth Umatilla County.

Goal #3: Assist both Healthy Active Pendleton and the Hermiston Wellness Coalition in developing goals to increase activity and improve nutrition.

Plan of Action: Present to both groups the information gathered from the Umatilla County team who attended Oregon's Healthy Active Institute 2007. Distribute the new Guidelines for Oregon for Increasing Activity and Improving Nutrition (available summer 2007.) Provide technical assistance to both groups in setting goals, forming workgroups and engaging community partners.

Evaluation: June 2009 report on activities accomplished by Healthy Active Pendleton and the Hermiston Wellness Coalition.

Current Condition: In Umatilla County, 37.4% of adults meet the CDC recommendation for physical activity, (compared to 54.7% for the state. A number of health risk factors, including inactivity have been shown to be associated with higher medical claims. The work done through the Physical Activity and Nutrition Worksite Wellness grant for both Public Health employees, and through the activity promotions for all employees has set the stage for continuing Worksite Wellness for Umatilla County Employees.

Goal #4: Assist Human Resources and/or the Insurance Committee in maintaining an Employee Wellness Committee to work on worksite wellness for Umatilla County Employees

Plan of Action: Work with the County's Insurance Provider, Human Resources, County Commissioners, and Department Heads, Employee Union representatives, Insurance Committee & employees to help sustain an Employee Wellness Committee. Provide technical assistance in setting training, education, health screening and other goals.

Evaluation: Wellness Committee will be active and meet a minimum of three times and have set goals.

IV. Additional Requirements

The Local Public Health Authority, the Umatilla County Board of County Commissioners, is also the governing body that oversees the local Commission on Children and Families. Additionally, UCPHD and UCCCF have a close and cooperative working relationship.

V. Unmet needs

Umatilla County Public Health like many LPHA is struggling to provide services with decreased funding. The possible closure of a clinic will result in many residents not having easily accessible services. The reductions have resulted in the removal of many supplies and some staffing. The family planning program has had to reduce the number of available birth control methods due to the rising cost and lost revenue that occurred with citizenship verification. Our Title X funding comes nowhere close to the amount needed to see those clients. TB funding is inadequate for the increased cases that we have seen. The amount of time and expense it cost to investigate, treat and follow those cases is enormous.

The School Based Health Centers are struggling to remain in operation. The loss of state revenue to fund these centers over the years has placed a burden on the clinics. A three year grant was obtained several years ago for the implementation of TeenScreen but once that grant period was over it has become increasingly difficult to find funding for operations. The grants available are for expansion but this department is leery to expand into other areas when the two clinics in operation are not sustainable. The upcoming SY will most likely face the reduction of a mental health specialist. This is a crucial position in these clinics. Mental health services are limited in the county and it is difficult to make the referral system work for these children. They will likely go without services due to the cumbersome referral process and lack of providers.

The preparedness funds over the years have helped sustain the infrastructure of this department. With the allocation change of these funds it has resulted in the infrastructure

that was built originally with those funds being lost. The expected reduction of that funding stream is making it exceedingly more difficult to provide those services.

In the past the health department was able to provide prescription assistance to residents. The funds were provided by a local non profit agency that has since closed its doors. Many residents are unable to fill expensive prescriptions and do not qualify for OHP. These individuals are left without any means to fill prescriptions.

VI. Budget

The budget for FY 08-09 will be adopted in June. At the time of this report the budget was in the review process by the budget committee. Once adopted a copy of the budget may be obtained by contacting the Finance Department at the Umatilla County Court House.

Heather Blagg, Administrative Assistant
216 SE 4th Street
Pendleton, Or 97801
541-278-6235

VII. Minimum Standards

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

(1) Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.

7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.

23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.

36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

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

Environmental Health

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

60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448. (Added per G.S. request, not in program indicators)

Health Education and Health Promotion

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

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No WIC UCPHD (does not have WIC)
 - b. Yes No Family Planning
 - c. Yes No Parent and Child Health
 - d. Yes No Older Adult Health
 - e. Yes No Corrections Health
75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

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

83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes No Comprehensive family planning services are provided directly or by referral.
85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes No Child abuse prevention and treatment services are provided directly or by referral.
87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes No There is a system in place for identifying and following up on high risk infants.
89. Yes No There is a system in place to follow up on all reported SIDS deaths.
90. Yes No Preventive oral health services are provided directly or by referral.
91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.
94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes No Primary health care services are provided directly or by referral.
97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

(a) *Cultural Competency*

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

Health Department Personnel Qualifications

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

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

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

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

2. 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.

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

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

OR

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

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

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

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

_____ Umatilla 5/1/08
Local Public Health Authority County Date

UMATILLA COUNTY PUBLIC HEALTH

