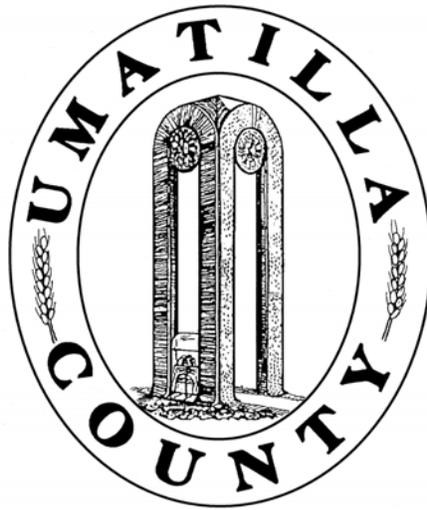


**Public Health**  
**Annual Plan 2010**



Genni Lehnert, Administrator

# **Umatilla County Public Health Annual Plan 2010**

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## **I. EXECUTIVE SUMMARY**

Umatilla County has yet another difficult financial year ahead. The county required the health department to take a \$230,000 general fund reduction. The budget has yet to be approved but at the time I wrote this summary the following plans were expected to take effect. All services provided that were not mandated were removed with the exception of limited health education services. In addition the county will returned Healthy Start to CCF and will offer only a limited nurse home visit program. The Milton-Freewater satellite clinic will close effective July 1, 2009. Clinic service days will be decreased in both the Pendleton and Hermiston clinics as well as a loss of the extended clinic hours.

The School Based Health Centers (SBHC) remain in jeopardy of closing. The funding for this program is inadequate. The funding for SY '09-'10 is not sufficient to sustain the program for the entire school year and is slated to close mid-April if no additional funding is secured. State funding has decreased so dramatically that it does not even support a 0.8 FTE clerical position. The opening on new SBHC's under the governors plan puts existing centers at risk due to the funding constraints and concerns me greatly about the sustainability of this program.

We will continue to offer the majority of our clinic services on a walk in basis. This allows residents the freedom to frequent the health department when it fits their schedule. The clinics will offer limited appointments for those individuals who require it. Our main goal is to be as accessible to the community while providing quality services with the limited funding available.

Citizenships verification has resulted in the identification of 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.

A 0.5 FTE health educator is slated for lay off July 1, 2009 due to the county budget cuts. This will leave only a single 20 hr/wk health educator to provide classes to the schools in Umatilla County. Public Health has worked diligently over the past five years to create strong relationships with the health teachers, counselors, and administrators in both the middle and high schools. With the reduction of health education staff we will no longer be able to have a presence in all the schools that we currently provide classes for. This is a great loss to the public health system and our education system where our health educators have taught over 4000 students in this past school year.

Funding is this departments' biggest concern. Grants are actively being sought and additional revenue is desperately needed. If the state under goes a 30% reduction this department will be forced into more layoffs. The most recent budget cuts effective July 1, 2009 will remove 7 FTE from this department. I fear that the public health system is now so deeply fractured that we will not be able to effectively respond to a public health emergency in our communities.

## 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 11<sup>th</sup> graders and 2.1% of 8<sup>th</sup> graders report to having been drunk or high at school in the past 12 months. The data for Pendleton High School 11<sup>th</sup> 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 1,128 births in 2007. 34% of the births were to Hispanic mothers and 12% were teen mothers. We continue to have a high rate of mothers who smoke during pregnancy 15% while the state average was 12%. In 2007 there were 372 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.

<b>2006 BIRTH DEMOGRAPHICS</b>		
	<b>OREGON</b>	<b>UMATILLA COUNTY</b>
<b>Total Births</b>	49,684	1,128
<b>Births By 1st Trimester Care</b>	38,589	722
<b>Low Birthweight Infants</b>	3,011	171
<b>Births by Maternal Hispanic Origin</b>	10,129	388
<b>Teen Pregnancies</b>	4,378	132
<b>Births By Reported Maternal Tobacco Use</b>	5,719	160

**Communicable disease**- Chronic Hepatitis C and Chlamydia are our most frequently reported communicable diseases. In 2008 there were 182 cases of chronic Hepatitis C and 191 cases of Chlamydia. Chronic Hepatitis C is a concern due to the increased risk of liver cancers and liver failure when this disease is not treated effectively. Salmonellas was the third most commonly reported communicable disease with 13 cases, however only 4 cases were linked to a national outbreak that occurred in the summer of 2008. The other cases were never linked to an outbreak of any kind. Gonorrhea infection persists with 7 reported cases and we are working with area care providers regarding prevention education and effective treatment methods for our mutual clients.

There were no cases of active TB in our county in 2008.

Public Health continues to work closely with West Umatilla Vector Control District to provide education to the entire county regarding mosquito borne illnesses and prevention of mosquito bites. This program is proving to be highly successful with no animal or human cases of West Nile disease being reported in Umatilla County in 2008 and only 5 mosquito pools in the Cold Spring Reservoir area testing positive for West Nile in the same time frame.

**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 Milton-Freewater. Roughly 250 flu vaccinations were given to residents in that community. The exercise allowed us to practice the ICS structure and work closely with EMS and other county staff.

Umatilla County has a full scale exercise each year 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 the summer of 2008 four cases of salmonellosis were identified as being caused by the same salmonella strain that was causing the national outbreak. Extensive investigation work and sample collecting done by the CD nurse and EH inspector was unable to identify/determine the local source of the bacteria. Education was provided to cases, family members and food supply sources regarding the outbreak and safe food and personal hygiene practices.

**Immunizations**- The majority of immunizations are provided by the health department and our delegate clinics: Mirasol Family Health Center, an FQHC and Yellowhawk Tribal Health Center. In addition the pediatric practices in Pendleton and Hermiston also provide immunizations but for the most part other area physicians do not provide this service due to reimbursement issues. We have communicated closely with area care providers regarding the shortage of the Hib vaccine and have provided this vaccine to their clients when the providers have referred them to us due to their lack of vaccine.

In 2008 73% of 24-35 month olds were up to date with the 4:3:1:3:3:1 series. This was a significant increase of 4% from the previous year. The health department also improved the number of missed shots by 4%. We now provide immunizations at least two days every week in all 3 clinic sites and this change had a direct impact on improving these rates along with the outreach our Home Visit program provides to clients. We continue to partner 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.

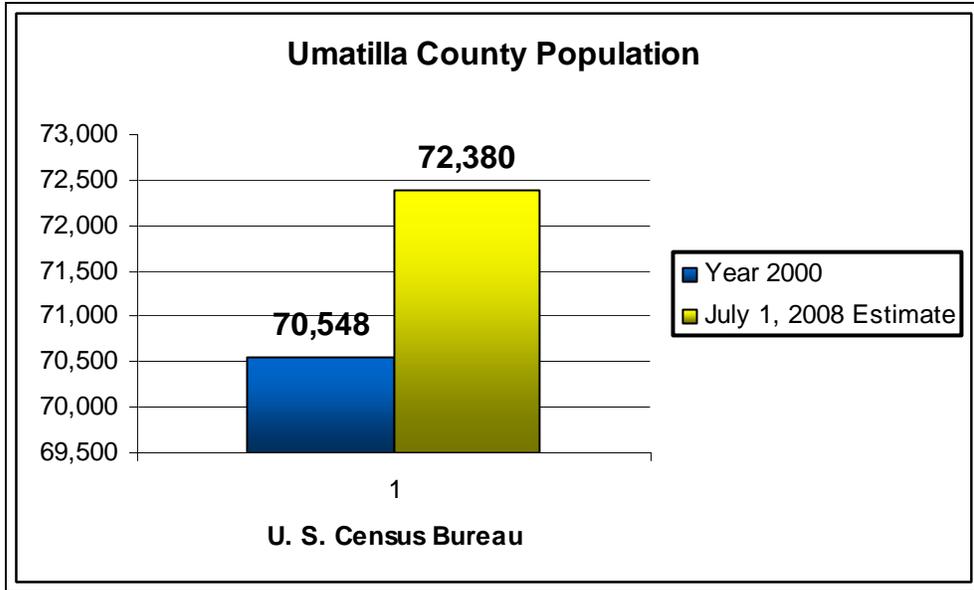
The School Based Health Centers have a 20/hr/wk contracted Mental Health Specialist. This position provides the much needed services to this vulnerable population. Without additional funds for the SBHCs this position is at risk.

**Physical activity, diet, and obesity**- The health department has been proactive about physical activity and a healthier lifestyle. The wellness committee sponsors a “Get Active” event annually. This event encourages teams to have some friendly competition with physical activity. The event has been well received throughout the county and 98 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.

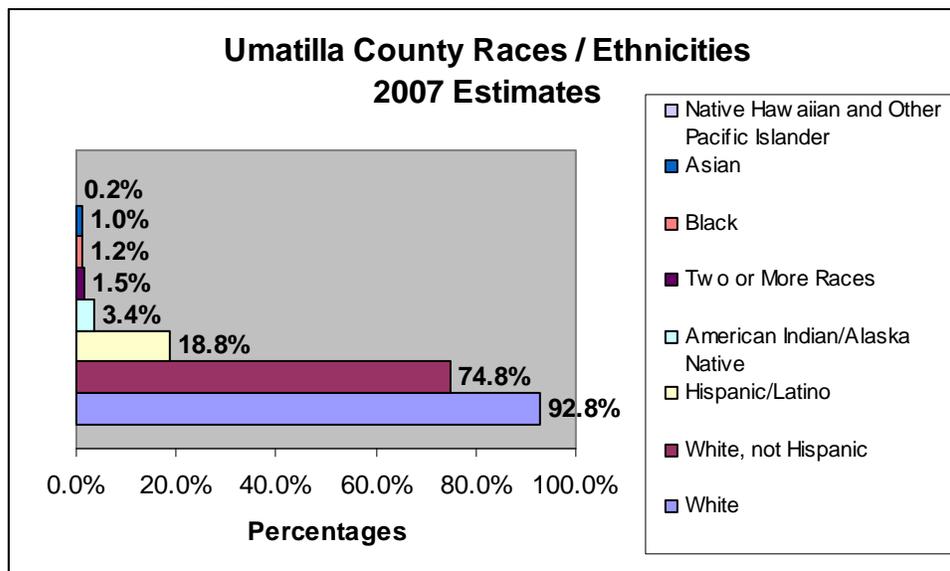
The wellness committee continues to educate employees. The mission of this committee is to educate and promote employees to have healthier lifestyles and to be aware of the existing benefits currently being offered by the county. Some benefits that are offered are a reduced membership fee to the local health club, a wellness benefit on our insurance package that pays for health assessments and various classes offered by local hospitals. The committee sponsors 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 healthy food policy in 2008. Staff continues to support this policy which 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.

**Population, gender, age-** The population in Umatilla County has shown a 3% growth rate overall for the past 8 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.

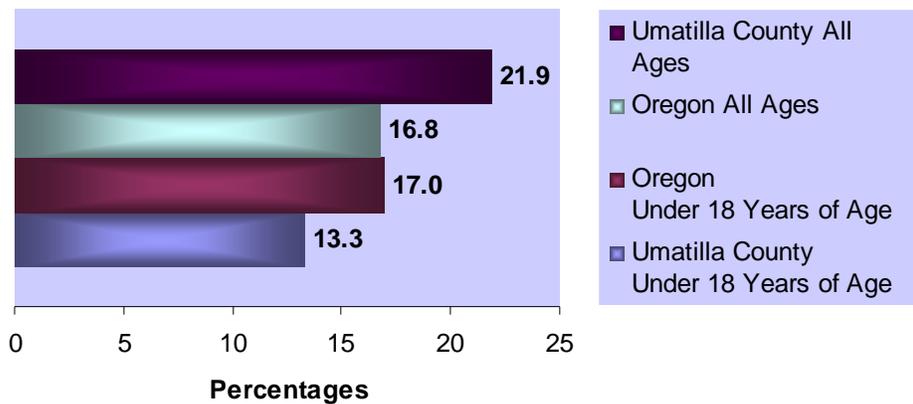


**Geography-**Umatilla County is situated in one of the largest wheat and green pea producing areas in the nation. Other agricultural commodities include potatoes, vegetables, cattle, hay, truck crops, fruit, and other seed crops.

It is the 13<sup>th</sup> 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 lead 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 decreasing in Umatilla County. The rate for 10-17 year olds is 12.6/1000. The state average is 10.6/1000.

In 2008 a total of 984 Umatilla County Middle School students participated in the STARS program. 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**-25% of adults in Umatilla County currently smoke cigarettes and 13% of adult males use smokeless tobacco. The state rate is 20% and 6% respectively. Every year in Umatilla county 142 people die from tobacco use, 2775 people suffer from serious illness caused by tobacco use, over 22 million is spent on medical care for tobacco related illnesses and over 23 million in productivity is lost due to tobacco-related deaths. Smokeless tobacco continues to be a part of "rodeo" culture despite the Pendleton City Ordinance that bans free samples of tobacco. 16% of 11th grade males use smokeless tobacco, while our 11th grade smoking rate is 15%.

Our Tobacco Prevention staff meets regularly with our Local Advisory group to formulate strategies to reduce tobacco use, and utilizes work groups around the county to accomplish specific goals such as smokefree housing. A successful "Why Wait " campaign saw local bars and bar/restaurants go smokefree early in anticipation of the January 1, 2009 Smokefree Workplace law.

**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. 37.6% of eighth graders report to having had their first drink before the age of 13. The state average is 37.8%. 33% of eighth graders have drunk alcohol in the past 30 days while 14% 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 11<sup>th</sup> 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 11<sup>th</sup> graders report to having drunk alcohol or used drugs before

having sexual intercourse the last time and 10.9% of 11<sup>th</sup> 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 2008. 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. This program will be scaled back as a result of the decreased funding.

##### **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 through our home visit programs are counseled about nutrition. A nutritional assessment is preformed 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's 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 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 2010 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 6<sup>th</sup> 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.

## Family planning

**Goal #5:** 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
<p>I. FP services and income will be decreased due to satellite clinic closure and remaining clinic hours being decreased to 16-24 hrs/weekly.</p>	<p>I-1. Increase donation revenue by 4% by June 30, 2010.</p> <p>I-2. Increase FPEP income by 4% by June 30, 2010.</p>	<p>I-1a. Continue to keep our donation policy and procedure consistent with Title X guidelines.</p> <p>I-1b. Ensure all front staff are making donation requests per policy.</p> <p>I-2. Ensure every FP client is informed of FPEP program and assisted with completing application and obtaining necessary documentation.</p>	<p>I-1. Quarterly and fiscal year end donation revenue and FPEP income reports.</p> <p>I-2. Customer and staff feedback</p>
<p>II. Umatilla County teen pregnancy rate increased to 32.9/1000 teens(15-17yo) in 2008.</p>	<p>II-1 Decrease teen pregnancy numbers by 2%.</p> <p>II-2. Empower our teens through education and options counseling.</p>	<p>II-1a. Maintain our STARS program in schools and continue to keep our Health Educator presence in area schools.</p> <p>II-1b. Continue to be an active participant in the local RAPP (reducing adolescent pregnancy partnership)</p> <p>II-2a EC will be available for walk-in clients during all normal clinic hours and prophylactic EC will be dispensed to established clients as needed/requested.</p> <p>II-2b. Condoms will continue to be available to all persons requesting them, during clinic hours.</p>	<p>II-1. School staff, SBHC staff, Health Education staff and customer feedback.</p> <p>II-2 Quarterly chart and Ahler audits for EC use and dispensing.</p>

**Goal #6:** Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
Unable to offer IUDs at this time.	1. Clients will be able to obtain IUD's through alternative resources by June 30, 2010. 2. Continue to provide alternative family planning methods.	1. Develop a list of area care providers willing to work with clients on a payment plan to cover insertion costs and update list yearly. 1b. Provide clients with applications and contact information to obtain Paragard via a Duramed program. 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.	1a. Contact area care providers yearly by phone. 1b. Customer feedback. 1c. Care provider feedback.  2. Monitor usage/re-ordering of family planning methods through pharmacy log counts.

## I. Progress on Goals / Activities for FY 09

(Currently in Progress)

<b>II. Goal / Objective</b>	<b>III. Progress on Activities</b>
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 have modified our objective as above so that we can provide clients with the tools needed and the referrals to get an IUD from other community resources.

## Maternal and child health programs

**Goal #7:** Decrease the percent of teen pregnancies by 2%

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 Educator 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 2009-2010.
2. School counselors are actively participating in discussion on new prevention methods by January 2010.
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 #8:** 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 #9:** 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. Apply for Core SBHC grants
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 2010.

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, give presentations to community groups, and send letters to operators who will be serving food to the community at events named in the newspaper.

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 2010.

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 2010.

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 comes 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 food handler classes to those groups of 10 or more interested at least twice during 2010.

**Activities:** Maintain a curriculum 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 of maintaining vital records is to:

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

The Oregon Vital Events Registration System (OVERS) created the EDRS module (Electronic Death Registration System) that UCPHD began using during the summer of 2007. The EDRS completes and registers death certificates.

Funeral Directors and medial certifiers enter death information in the EDRS, and the county registrar and deputy registrars can issue certified copies from EDRS of the death certificate for six months from date of event. Access is limited to features needed for the particular user and/or facility.

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

Hospital birth clerks input data for the birth certificate in the Web-based EBRS, which can be performed on any computer with Internet access. EBRS information is recorded immediately and is available for the county registrar and deputy registrars to issue birth certificates directly from EBRS.

Hospital birth clerks input data for the birth certificate in the Web-based EBRS, which can be performed on any computer with Internet access. The EBRS information is recorded immediately and is available for the county registrar and deputy registrars to issue birth certificates directly from EBRS.

Birth and death records along with the blank certificate paper (Intaglio) are kept in a secured location.

Child deaths are reviewed by Umatilla County Child Fatality Review Board. UCPHD's web site 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 service change and the current level of service will be maintained with minimal errors.

Plan of action: Perform out reach to funeral homes, hospitals, medical clinics, and the community informing and educating them about the services available 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" will be monitored.

**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 EDRS and EBRS system.

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

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. Public Health Emergency Preparedness**

**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 each month.
2. Preparedness Coordinator will attend scheduled Region 9 meetings each month.
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

**G. Other Issues**

Current Condition: UCPHD has no Public Health Advisory Board. The Public Health Administrator would benefit from a board that can provide input and direction on public health concerns in the community.

**Goal #1:** The Public Health Administrator will work the commissioners to create a Public Health Advisory Board by January 2010.

Objective: Administrator will educate the county commissioners on the benefits of a Public Health Advisory Board and request the appointment of members.

Plan of Action:

1. Administrator will meet with commissioners to educate them on the importance of a Public Health Advisory Board.
2. Commissioners will appoint members to the board.
3. Public Health Advisory Board will be convened and have its first meeting by January 2010.

Evaluation:

Public Health Advisory Board convened and hold first meeting in January 2010.

Current Condition: UCPHD does not adequately service the elder population. Education related to chronic medical information is limited to pamphlets that are distributed in the clinics.

**Goal #2:** UCHPD will actively seek ways to fund services that would directly service the elderly population for health education pertinent to their needs.

Plan of Action:

1. Complete a Community Assessment to determine the health education needs of the elderly population.
2. The Community Nursing Supervisor will actively seek grants that would provide funding to provide services that benefit the elderly.

Evaluation:

Health education services (beyond pamphlets) for the elderly will be implemented in Umatilla County.

Current Condition: Funding for UCPHD has been dramatically reduced over the past few years. The system is at risk as a result of these reductions.

**Goal #3:** Actively look at ways to increase funding to the department either through grants or fee for service programs.

Plan of Action:

1. Complete a Community Assessment to determine the health gaps and needs of the community to better understand where funding would provide the most benefits.
2. Actively look for grant streams or fee for service programs.

Evaluation:

Funding for UCHPHD will be increased through grant streams or fee for service.

#### 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 will result in the removal of staff and non-mandated services. 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 cases that we treat and follow.

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 either of a mental health specialist or early closure. 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 4<sup>th</sup> 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.

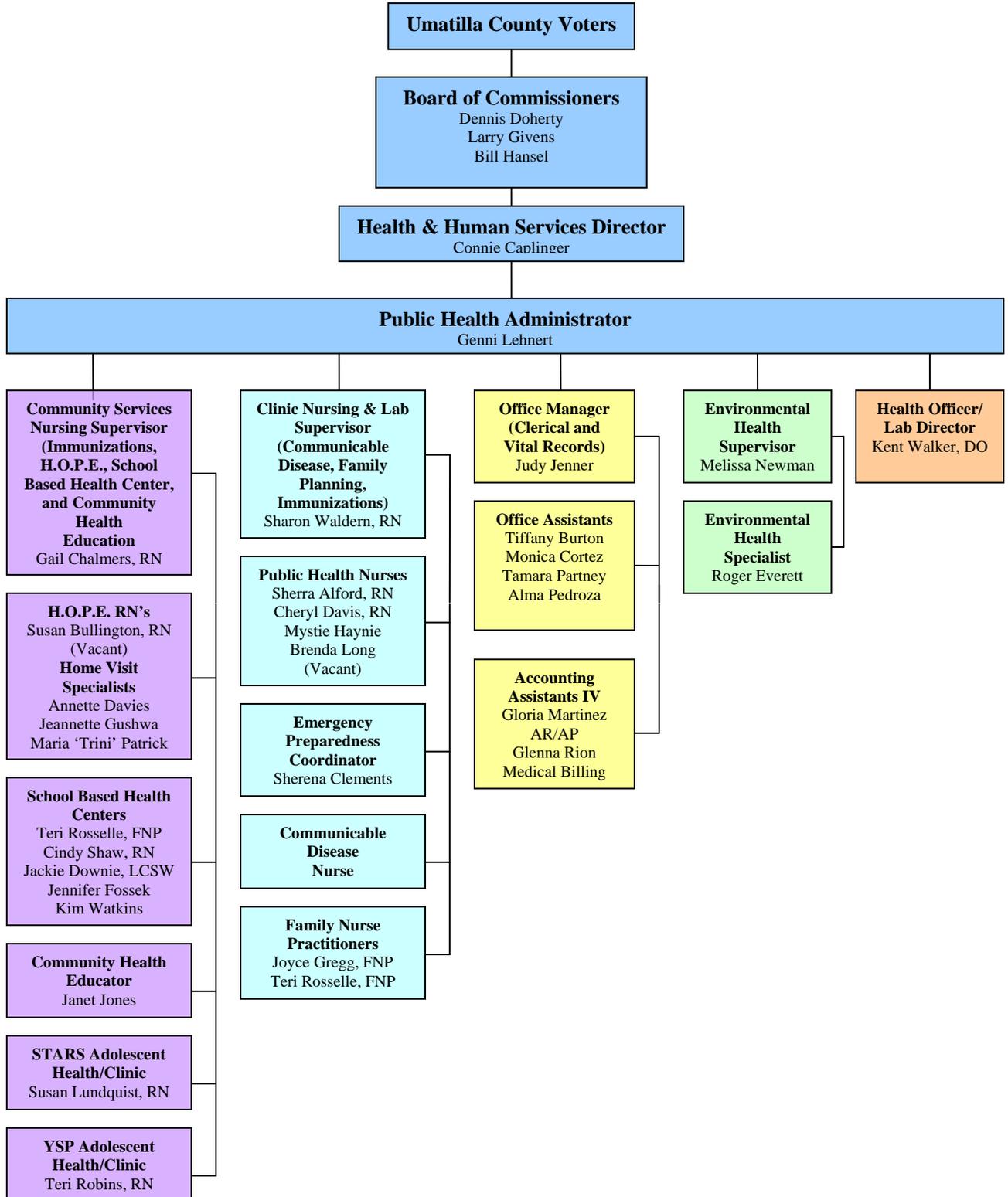
The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.

\_\_\_\_\_  
Local Public Health Authority

Umatilla  
County

5/1/09  
Date

**Umatilla County Public Health  
ORGANIZATIONAL CHART  
2009/2010**



APPENDIX

Local Health Department: Umatilla CHD  
 Plan A - Continuous Quality Improvement Raise LHD UTD rates  
 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>
<p>A. By June 2011, UCHD will improve rate of completed immunization requirements (4:3:1:3:3:1) for 2 year old clients by 1% or better each year.</p>	<p>1. All UCHD clinic sites will offer immunization services 2 days each week on a walk-in basis.</p> <p>2. Clients' information will be entered into IRIS database and immunization forecast done at each visit.</p> <p>3. Reminder cards will be sent to clients needing follow up immunizations to complete the series.</p> <p>4. UCHD clerical staff will complete training on the ALERT system and its use.</p> <p>5. UCHD clerical staff will enter vaccine information into IRIS within 1 week of client receiving immunization.</p> <p>6. UCHD RNs will be trained to counsel/ educate families on preventable diseases, need for and effectiveness of immunizations.</p>	<p>1. Clerical staff trained to enter shot records into IRIS accurately &amp; on time by December 31, 2008 or within 3 months of hire.</p> <p>2. Walk-in clinics set up and functioning by December 31, 2008..</p> <p>3. Quarterly check of IRIS data to determine number of immunizations given</p> <p>4. Quarterly check of IRIS system to ensure data entered correctly.</p> <p>5. Client comments.</p> <p>6. Reminder card system set up and used monthly.</p> <p>7. RN training completed by within 3 months of hire dates.</p> <p>8. UTD rate will improve by 1% or more as shown by yearly AFIX assessment</p>	<p>2. Immunizations available at walk-in clinics every Tue. and Thurs. in Pendleton, and Hermiston and every Tue. and Wed in Milton-Freewater since 9/1/2008. On 1/5/ 2009 Monday walk-in clinics were added in Hermiston and we created the ability for clients to schedule immunization appointments one day each month.</p> <p>2. Clerical staff use forecaster at every visit unless system down. All clerical staff access Alert for clients not in IRIS data base. They continue to work on entering vaccine info into IRIS within 2 week time limit but are still not at 100%</p> <p>3. 2008 report showed significant improvement. UTD rates increased by 5% to 73% of population, Late starts have dropped 4% to 14% of population and missed shots have dropped by 4% to 13% of population</p> <p>4. 3 new RNs have completed orientation.</p>	<p>1. Continuing to work on entering shots into IRIS within 2 week time frame. VARS being given to clerical person with more time to get this info entered as required.</p> <p>2. Clerical staff send out reminder cards to all clients with upcoming immunizations.</p> <p>3. Plan to have more immunization inservices for new RNs to improve knowledge base and comfort with immunization vaccines and requirements. Provided brief inservice on use of Pentacel and on receiving and documenting vaccine shipments. Have had sales people from Merck and GSK speak with RNs and provide educational materials to further their knowledge.</p> <p>4. Have discussed techniques on providing education and reassurance to parents with questions regarding vaccine schedule and safety. Have provided RNs with printed info on Thimerasol, adverse reactions, vaccine safety, etc.</p> <p>5. Advise all RNs when vaccine standing orders have been updated and ensure they have read new orders.</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. UCHD</b> will improve staff immunization standards &amp; accountability</p>	<ol style="list-style-type: none"> <li>1. UCHD will maintain and update Standing Orders and Immunization Policies to remain current on all recommended immunization practices.</li> <li>2. UCHD Health Officer will sign all Immunization Standing Orders.</li> <li>3. UCHD will have on file any changes in current recommendations for immunizations related to vaccine shortage, outbreaks, etc.</li> <li>4. All RNs and clerical staff will be regularly educated on current immunization recommendations and practices.</li> <li>5. All RNs will educate clients regarding current immunization recommendations and practices.</li> <li>6. Clinic staff will follow all VFC and 317 rules regarding vaccine coding and payment for immunizations received by clients.</li> </ol>	<ol style="list-style-type: none"> <li>1. Quarterly audit of Immunization Standing Orders and Protocols.</li> <li>2. Quarterly audit of Immunization Vaccine Administration Records.</li> <li>3. Client comments.</li> <li>4. Shot records entered into IRIS will meet current performance measures as set by the Oregon State Immunization Program: <ul style="list-style-type: none"> <li>▪ Eligibility coding will be accurate</li> <li>▪ Data will be entered into IRIS within 2 weeks of shot administration</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Have the most current vaccine Standing Orders signed and present in each clinic for staff to follow.</li> <li>2. Have implemented the most current guidelines for administration of Hib vaccine.</li> <li>3. Have started using Pentacel to help with Hib shortage and are changing our current documentation practices to accommodate this change.</li> <li>4. Have provided inservice on receiving vaccine, documentation of same and maintaining vaccine viability during process.</li> </ol>	<ol style="list-style-type: none"> <li>1. Update standing orders as soon as state program notifies us re: new orders.</li> <li>2. Still having delays in entering shot records within 2 week time frame-this task is being taken on by a clerical person in one of the quieter clinics. While doing IRIS audits with monthly report I have noticed one or two inaccurate lot #'s each month. We are continuing to work on these issues.</li> <li>3. RNs now documenting vaccine name on VARS and Lifetime Record due to increase in vaccine types available and to ensure accurate documentation, coding and billing.</li> <li>4. RNs have been provided with websites and printed info on parental educational materials on vaccine safety, scheduling, thimerosal, preventing administration errors, etc.</li> </ol>
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<p>C. By June 2011, UCHD will decrease missed shot opportunities by 1% or greater each year.</p>	<p>Continue year 1 activities and</p> <ol style="list-style-type: none"> <li>1. All UCHD RNs will give every recommended vaccine at each client visit.</li> <li>2. All UCHD RNs will educate and counsel parents/clients on needed immunizations for prevention of illness and optimal health benefits.</li> <li>3. UCHD Immunization coordinator will maintain an adequate supply of vaccine stock in all 3 clinics.</li> </ol>	<ol style="list-style-type: none"> <li>1. Quarterly audit of vaccine reports in IRIS.</li> <li>2. Monthly vaccine counts and reports.</li> <li>3. Shot records entered into IRIS will meet current performance measures set by the State Immunization Program.</li> </ol>	<ol style="list-style-type: none"> <li>1. Missed shot rate decreased by 4% from 2007 to 2008. Rate now at 13%.</li> <li>2. Have maintained an adequate supply of most vaccines but did run short of Varivax, Menactra and ActHib during Feb. 09.</li> </ol>	<ol style="list-style-type: none"> <li>1. Continue progress of current practices but are preparing for the possibility of an increase in missed shot rate due to Milton-Freewater clinic being closed as of 7/01/2009 due to budget cuts.</li> <li>2. Varivax was ordered at end of January and did not arrive until end of Feb. causing us to run out. I miscalculated the run on Menactra during exclusions. We only deferred 1 client for lack of Hib.</li> </ol>
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<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>3</sup></b>	<b>Progress Notes<sup>4</sup></b>
<p>. By June 2011, UCHD will improve rate of completed immunization requirements (4:3:1:3:3:1) for 2 year old clients by 1% or better each year.</p>	<p>Continue year 1 activities and moderate as needed:</p> <ol style="list-style-type: none"> <li>1. All UCHD clinic sites will offer immunization services 2 days each week on a walk-in basis.</li> <li>2. Clients' information will be entered into IRIS database and immunization forecast done at each visit.</li> <li>3. Reminder cards will be sent to clients needing follow up immunizations to complete the series.</li> <li>4. UCHD clerical staff will review training on the IRIS system and its use.</li> <li>5. UCHD clerical staff will enter vaccine information into IRIS within 1 week of client receiving immunization.</li> <li>6. UCHD RNs will continue to counsel/ educate families on preventable diseases, need for and effectiveness of immunizations.</li> </ol>	<ol style="list-style-type: none"> <li>1. Clerical staff continue to enter shot records into IRIS accurately &amp; on time</li> <li>2. Walk-in clinics set up and functioning</li> <li>3. Quarterly check of IRIS data to determine number of immunizations given</li> <li>4. Quarterly check of IRIS system to ensure data entered correctly.</li> <li>5. Client comments.</li> <li>6. Reminder card system set up and used monthly.</li> <li>7. RN staff updated on any relevant immunization information on an ongoing basis.</li> <li>8. UTD rate will improve by 1% or more as shown by yearly AFIX assessment</li> </ol>	<p>To be completed for the FY 2010 report</p>	<p>To be completed for the FY 2010 report</p>

<sup>3</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>4</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. UCHD will improve staff immunization standards &amp; accountability</b></p>	<p><b>Continue year 1 activities and moderate as needed</b></p> <ol style="list-style-type: none"> <li>1. UCHD will maintain and update Standing Orders and Immunization Policies to remain current on all recommended immunization practices.</li> <li>2. UCHD Health Officer will sign all Immunization Standing Orders.</li> <li>3. UCHD will have on file any changes in current recommendations for immunizations related to vaccine shortage, outbreaks, etc.</li> <li>4. All RNs, CNA and clerical staff will be regularly educated on current immunization recommendations and practices.</li> <li>5. All RNs will educate clients regarding current immunization recommendations and practices.</li> <li>6. Clinic staff will follow all VFC and 317 rules regarding vaccine coding and payment for immunizations received by clients.</li> </ol>	<ol style="list-style-type: none"> <li>1. Quarterly audit of Immunization Standing Orders and Protocols.</li> <li>2. Quarterly audit of Immunization Vaccine Administration Records.</li> <li>3. Client comments.</li> <li>4. <b>Shot records entered into IRIS will meet current performance measures as set by the Oregon State Immunization Program:</b> <ul style="list-style-type: none"> <li>▪ Eligibility coding will be accurate</li> <li>▪ Data will be entered into IRIS within 2 weeks of shot administration</li> </ul> </li> </ol>	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>
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<p>C. By June 2011, UCHD will decrease missed shot opportunities by 1% or greater each year.</p>	<p>Continue year 1 activities and moderate as needed.</p> <ol style="list-style-type: none"> <li>1. All UCHD RNs will give every recommended vaccine at each client visit.</li> <li>2. All UCHD RNs will educate and counsel parents/clients on needed immunizations for prevention of illness and optimal health benefits.</li> <li>3. UCHD Immunization coordinator will maintain an adequate supply of vaccine stock in all 3 clinics.</li> </ol>	<ol style="list-style-type: none"> <li>1. Quarterly audit of vaccine reports in IRIS.</li> <li>2. Monthly vaccine counts and reports.</li> <li>3. Shot records entered into IRIS will meet current performance measures set by the State Immunization Program.</li> </ol>	<p>To be completed for the FY 2010 report.</p>	<p>To be completed for the FY 2010 report.</p>
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Year 3: July 2010 – June 2011				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>5</sup>	Progress Notes <sup>6</sup>
A. By June 2011, UCHD will improve rate of completed immunization requirements (4:3:1:3:3:1) for 2 year old clients by 1% or better each year.	<p><b>Continue year 2 activities and moderate as needed:</b></p> <ol style="list-style-type: none"> <li>All UCHD clinic sites will offer immunization services 2 days each week on a walk-in basis.</li> <li>Clients' information will be entered into IRIS database and immunization forecast done at each visit.</li> <li>Reminder cards will be sent to clients needing follow up immunizations to complete the series.</li> <li>UCHD clerical staff will review training on the IRIS system and its use.</li> <li>UCHD clerical staff will enter vaccine information into IRIS within 1 week of client receiving immunization.</li> <li>UCHD RNs will continue to counsel/ educate families on preventable diseases, need for and effectiveness of immunizations.</li> </ol>	<ol style="list-style-type: none"> <li>Clerical staff continue to enter shot records into IRIS accurately &amp; on time</li> <li>Walk-in clinics set up and functioning</li> <li>Quarterly check of IRIS data to determine number of immunizations given</li> <li>Quarterly check of IRIS system to ensure data entered correctly.</li> <li>Client comments.</li> <li>Reminder card system set up and used monthly.</li> <li>RN staff updated on any relevant immunization information</li> <li>UTD rate will improve by 1% or more as shown by yearly AFIX assessment</li> </ol>	To be completed for the FY 2011 R eport	To be completed for the FY 2011 Report

<sup>5</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>6</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. UCHD will improve staff immunization standards &amp; accountability</b></p>	<p><b>Continue year 2 activities and moderate as needed</b></p> <ol style="list-style-type: none"> <li>1. UCHD will maintain and update Standing Orders and Immunization Policies to remain current on all recommended immunization practices.</li> <li>2. UCHD Health Officer will sign all Immunization Standing Orders.</li> <li>3. UCHD will have on file any changes in current recommendations for immunizations related to vaccine shortage, outbreaks, etc.</li> <li>4. All RNs, CNA and clerical staff will be regularly educated on current immunization recommendations and practices.</li> <li>5. All RNs will educate clients regarding current immunization recommendations and practices.</li> <li>6. Clinic staff will follow all VFC and 317 rules regarding vaccine coding and payment for immunizations received by clients.</li> </ol>	<ol style="list-style-type: none"> <li>1. Quarterly audit of Immunization Standing Orders and Protocols.</li> <li>2. Quarterly audit of Immunization Vaccine Administration Records.</li> <li>3. Client comments.</li> <li>4. Shot records entered into IRIS will meet current performance measures as set by the Oregon State Immunization Program: <ul style="list-style-type: none"> <li>▪ Eligibility coding will be accurate</li> <li>▪ Data will be entered into IRIS within 2 weeks of shot administration</li> </ul> </li> </ol>	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>
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<p>C. By June 2011 UCHD will decrease missed shot opportunities by 1% or greater each year.</p>	<ol style="list-style-type: none"> <li>1. All UCHD RNs will give every recommended vaccine at each client visit.</li> <li>2. All UCHD RNs will educate and counsel parents/clients on needed immunizations for prevention of illness and optimal health benefits.</li> <li>3. UCHD Immunization Coordinator will maintain an adequate supply of vaccine stock in all 3 clinics.</li> </ol>	<ol style="list-style-type: none"> <li>1. Quarterly audit of vaccine reports in IRIS.</li> <li>2. Monthly vaccine counts and reports.</li> <li>3. Shot records entered into IRIS will meet current performance measures set by the State Immunization Program.</li> </ol>	<p>To be completed for the FY 2011 report.</p>	<p>To be completed for the FY 2011 report.</p>
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**Local Health Department: Umatilla CHD**

**Plan B - Chosen Focus Area: UCHD will promote the use of AFIX information with county wide providers to improve one area of AFIX measure immunization practices 2008-2011**

<b>Year 1: July 2008-June 2009</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. UCHD will promote the use of AFIX information county-wide to private providers to improve immunization practices	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	By May 2009 a meeting with all county provider and state representatives will be held to discuss county specific AFIX measures.	3/17/2009-No progress as yet.	Minimal outreach done, other than with delegates and pediatric providers in county. Focused on covering own clinics to ensure adequate staffing to provide direct client care. Plan meeting with state liaison to assist in initiating this activity.

<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.</b> Promote and administer 50 vaccinations to adolescents and adults in Umatilla county at community events</p>	<ul style="list-style-type: none"> <li>▪ Promote and vaccinate adolescents at school sponsored sports physicals on school grounds to upcoming 6th graders and returning middle school and high-schoolers</li> <li>▪ Attend Health Fair presented to the community by Family Care to administer 40 vaccinations to those attending the event.</li> <li>▪ Educate attendees at the health fair about vaccine safety &amp; vaccinations needed for children and adults</li> <li>▪ Pamphlets about vaccinations will be handed out and cards for follow up appointments will be given.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Immunizations given to at least 50 students at these events</li> <li>▪ Reduced school exclusions and fewer reports from schools of missed vaccinations for students in the district</li> <li>▪ Vaccinations will be given to attendees of the health fair.</li> <li>▪ Pamphlets about vaccinations handed out and cards for follow up appointments given.</li> </ul>	<p>1. 37 immunizations given to Pendleton High School students during SBHC sports physicals.  2. 78 clients provided with immunizations during Health Fair sponsored by Family Care in August 2008.  3. Additional clients provided with vaccine information and appointment cards for Varivax immunizations.</p>	<p>1. No current plan to provide immunizations during sports physicals for 09/10 school year contemplating immunization clinics in outlying schools during fall of 2009.  2. Ran into difficulties getting complete insurance information from some of Health Fair attendees and unable to bill and redeem cost of vaccines. Working with Family Care to resolve billing issues and still reach clients in community that would benefit from Health Fair approach.</p>
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<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>
<p>A. UCHD will promote the use of AFIX information county-wide to private providers to improve immunization practices</p>	<p>1. Contact all county providers to arrange a meeting with AFIX state representative to discuss county specific AFIX measures</p> <p>2. UCHD will host the meeting</p>	<p>By May 2010 a meeting with all county immunization providers and state representatives will be held to discuss county specific AFIX measures.</p>	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 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.</b> Promote and administer 50-vaccinations to adolescents and adults in Umatilla county at community events</p>	<ul style="list-style-type: none"> <li>▪ Promote and vaccinate adolescents at school sponsored sports physicals on school grounds to upcoming 6th graders and returning middle school and high-schoolers</li> <li>▪ Attend Health Fair presented to the community by Family Care to administer 40 vaccinations to those attending the event.</li> <li>▪ Educate attendees at the health fair about vaccine safety &amp; vaccinations needed for children and adults</li> <li>▪ Pamphlets about vaccinations will be handed out and cards for follow up appointments will be given.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Immunizations given to at least 50 students at these events</li> <li>▪ Reduced school exclusions and fewer reports from schools of missed vaccinations for students in the district</li> <li>▪ Vaccinations will be given to attendees of the health fair.</li> <li>▪ Pamphlets about vaccinations handed out and cards for follow up appointments given.</li> </ul>	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>
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<p><b>Year 3: July 2010-June 2011</b></p>				
<p><b>Objectives</b></p>	<p><b>Methods / Tasks</b></p>	<p><b>Outcome Measure(s)</b></p>	<p><b>Outcome Measure(s) Results<sup>1</sup></b></p>	<p><b>Progress Notes<sup>2</sup></b></p>
<p>A. UCHD will promote the use of AFIX information county-wide to private providers to improve one area of AFIX measure immunization practices</p>	<ol style="list-style-type: none"> <li>1. Contact all county providers to arrange a meeting with AFIX state representative to discuss county specific AFIX measures</li> <li>2. UCHD will host the meeting</li> </ol>	<p>By May 2011 a meeting with all county provider and state representatives will be held to discuss county specific AFIX measures.</p>	<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.</b> Promote and administer <del>50</del> vaccinations to adolescents and adults in Umatilla county at community events</p>	<ul style="list-style-type: none"> <li>▪ Promote and vaccinate adolescents at school sponsored sports physicals on school grounds to upcoming 6th graders and returning middle school and high-schoolers</li> <li>▪ Attend Health Fair presented to the community by Family Care to administer <del>40</del> vaccinations to those attending the event.</li> <li>▪ Educate attendees at the health fair about vaccine safety &amp; vaccinations needed for children and adults</li> <li>▪ Pamphlets about vaccinations will be handed out and cards for follow up appointments will be given.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Immunizations given to at least 50 students at these events</li> <li>▪ Reduced school exclusions and fewer reports from schools of missed vaccinations for students in the district</li> <li>▪ Vaccinations will be given to attendees of the health fair.</li> <li>▪ Pamphlets about vaccinations <del>will be</del> handed out and cards for follow up appointments <del>will be</del> given.</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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