

WHEELER COUNTY PUBLIC HEALTH
COMPREHENSIVE PLAN

2007-2010

Report and Update for 2009-2010

Submitted by:

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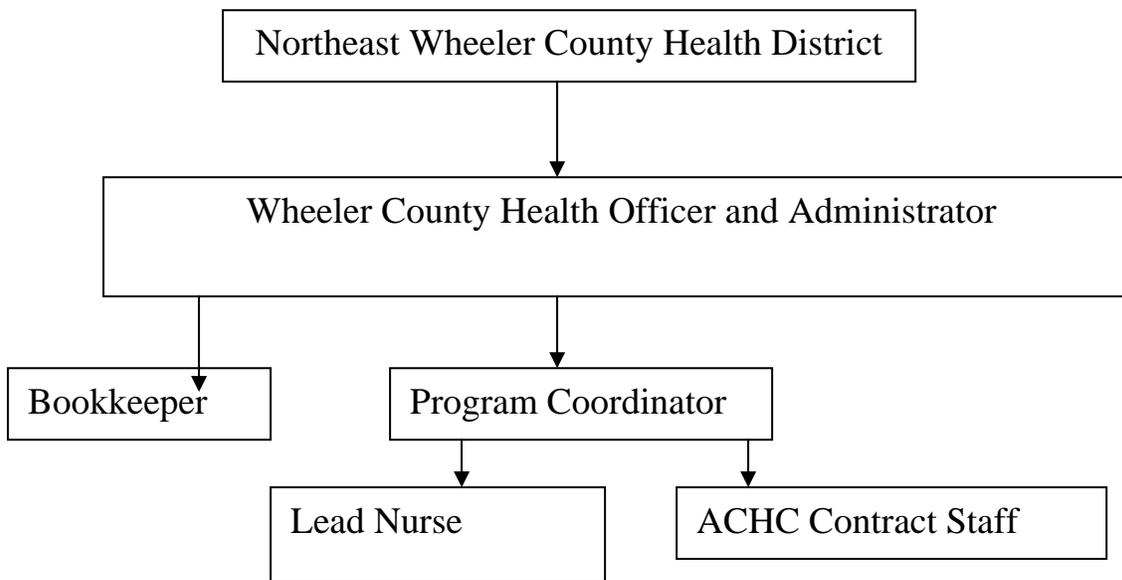
WHEELER COUNTY PUBLIC HEALTH
COMPREHENSIVE PLAN 07/10

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**WHEELER COUNTY PUBLIC HEALTH
ORGANIZATIONAL CHART**

WHEELER COUNTY COURT/ PUBLIC HEALTH AUTHORITY



I. Executive Summary

Wheeler County Public Health Department provides the core public health services of communicable disease reporting and investigation, family planning, child and adolescent health, immunizations, perinatal, emergency preparedness, and Babies First! and CaCoon programs. In January, 2008, we added the tobacco prevention program (TPEP).

Mitchell School Based Health Center (MSBHC) continues to serve Mitchell School District #1, K-12, as well as the entire community and surrounding ranches. The site offers primary care, including reproductive health, but does not offer family planning services for students, at the request of the school board. The center does offer diagnosis and treatment of STDs and pregnancy testing. Family planning services for students are offered by referral.

Grant funds applied for last year were received and work began on construction of a permanent clinic on the school site in Mitchell. It has been completed, and an open house was held there on February 28, 2009. The MSBHC offers universal access to dental care and primary care.

II. ASSESSMENT

ALCOHOL & DRUG USE

In 2008 Wheeler County had 29 people in counseling for drug and alcohol use. That is slightly under 2% of the total county population and a **decrease of seven people** from last year. There are minors included in this who will (do) repeat offenses and do not continue counseling beyond the requirements of law as a result of being apprehended. We need to expand prevention and create new ways to reach the youth.

BIRTHS

Most births occur outside the county as we do not have a hospital or birthing clinic, and must refer clients for prenatal care. As a result of this, we do not receive the birth certificates. The only available data is from the Babies First! birth notifications which reflect seven (7) births in 2008. This data flow is sporadic. We are researching the accuracy of this data.

COMMUNICABLE DISEASE

There were five cases of Hepatitis C in 2008. There were no other reportable communicable diseases.

DEATHS & CAUSES OF DEATH

Wheeler County Clerk reports that in 2008 Wheeler County had 10 deaths. We do not currently have the data for causes of death.

DENTAL

We have had no permanent dental facility in Wheeler County until recently. In February, 2009, the Mitchell School Based Health Center opened in a new building on the school grounds and does contain a dental office. In 2008 Asher Community Health Center (ACHC) contracted for a dental van to visit each of the three communities in Wheeler County. These were provided by Medical Teams International, which operates a fleet of dental vans for low income persons in the Pacific Northwest. They served 108 children and 192 adults in 2008.

DIABETES

We have initiated a disparities program involving ongoing diabetic treatment and care and within the year should have statistics on both patient and provider compliance. We participated in the West Coast Diabetes Collaborative and completed Level I. We are currently using the PECS database to monitor patient outcomes.

We now have the data base form inmost diabetic's charts and will be interfacing it with PECS data base to monitor patient outcomes.

DOMESTIC VIOLENCE

We have several programs operating in Wheeler County which are independent of Public Health. There are CASA and VOCA programs and Morrow/Wheeler Behavioral Health.

AGING ISSUES

Wheeler County has a significant elder population. The issues are dementia, diabetes, hypertension, high cholesterol, falls, and the high cost of medication.

CHRONIC DISEASE

Chronic diseases are diabetes, hypertension, high cholesterol, and dementia.

FOOD BORNE ILLNESS REPORTS

We have had no reportable cases of food borne illness in the past year.

IMMUNIZATIONS

We have an ongoing need for free or affordable immunizations for children. Many of our residents have no insurance or are underinsured for immunizations.

We continue to travel to each of the three towns to offer influenza vaccine to the elderly and community in general at Senior Meal locations in October or November of each year.

In 2008 we purchased a special transport to enable us to carry varicella vaccine to the Spray Clinic and the Mitchell School Based Health Center. Now we are able to offer all vaccines at all locations.

LOW BIRTH WEIGHT

There were seven births and no report of low birth weight in 2008.

MENTAL HEALTH

As mentioned above, Morrow/Wheeler Behavioral Health is the primary agency providing services.

PHYSICAL ACTIVITY, DIET & OBESITY

We encourage physical activity among all age groups. Specifically, we have sponsored “walk to school” days and supplied pedometers to the school in an effort to make it more fun. We provide nutritional counseling and disseminate information regarding diet and obesity.

A healthy community exercise and weight loss program was begun in Fossil in 2008 and quickly expanded to Spray and Mitchell. Asher Community Health Center (ACHC) with whom we contract has also supported this program through Deb Boettner, PAC.

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)

Wheeler County Public Health has agreements in place with the schools in Fossil, Mitchell and Spray to use their facilities in an emergency. There is also an agreement with the Wheeler County Fair Board to use the Isobel Edward Hall if needed in emergency.

2008 We had two full scale exercises complete with setting up a POD. The first one was October 15th in Fossil. We utilized our agreement with the Fair Board to use the Isobel Edwards Hall. The second one was October 16th in Spray where we used the Spray Grange Hall.

We have exercises every quarter for an internal call out of our emergency personnel.

We purchased a generator to supply alternate power in an emergency. We conduct exercises yearly (or more often if we have new employees) to make sure that all employees are capable of setting up the generator and connecting the necessary appliances indoors.

The Public Health Hazard Vulnerability Analysis was completed in May, 2008, and Wheeler County Court adopted it by Resolution in November, 2008 as a necessary addition to the existing hazard analysis for Wheeler County.

Exercises scheduled for FY 2009-10 are as follows:

January 7, 2009, Exercise Design meeting with community partners and Region 7 representatives.

March 4, 2009 Table Top Exercise in Fossil in collaboration with Region 7.

May 9, 2009 Full Scale Exercise in Fossil.

The work of collaborating with community partners to review and rewrite earlier Emergency Preparedness plans is an ongoing process.

ADEQUACY OF FIVE BASIC SERVICES
Required by ORS 431.416

1. Epidemiology and control of preventable diseases

Public Health staff (public health nurses and the health officer) follow up on any confirmed or suspected cases of diseases and conditions for which medical providers and labs are required by law to report to the health department. We coordinate these reports with DHS (state public health). We investigate to identify the cause or source of any outbreak, identify those who have been exposed to communicable disease, provide health guidance and preventive measures, when appropriate and available; and endeavor to prevent the spread or recurrence of disease. These services are adequate in normal times, but we are chronically short-staffed and would need assistance in a large outbreak.

2. Parent and child health services, including family planning clinics (ORS 435.205)

RN provides home visitation in Babies First! and CaCoon programs, which have been well received in the community and are adequate.

Family Planning services are available at our facility. In 2007 we cancelled our FPEP program because it no longer paid for the time we spent verifying citizenship and eligibility. We offer counseling, contraception, and when necessary, referral.

3. Collection and reporting of health statistics.

The collection and reporting of health statistics in Wheeler County is done by the Wheeler County Clerk, currently Barbara Sitton. The Clerk may be contacted at the Wheeler County Courthouse, 701 Adams Street, P.O. Box 447, Fossil, OR 97830. 541-763-3460. FAX 541-763-2026.

4. Health Information and Referral Services.

All health department programs provide health information and referrals to programs within and without our facility. We provide health information in the form of pamphlets in our lobby and in the schools. We have a health educator who visits the schools and community groups upon request.

We publish in the local newspapers an article bimonthly on pertinent issues of public health prevention such as tick bites, West Nile Virus, and influenza vaccine.

5. Environmental Health Services

Wheeler County Court contracts with Grant County to provide these services. Specifically, Wheeler County is served by John Combs, REHS Trainee, Grant County Health Department, 528 East Main Street, Suite E, John Day, OR 97845. 541-792-0069. FAX 541-575-3604.

We have the Food Handlers educational booklet, tests, and cards in our office and act as proxy to administer the tests and issue cards in John's absence.

III. Action Plan

CONTROL OF COMMUNICABLE DISEASE

Current Condition:

There were five (5) cases of Hepatitis C reported in 2008. These were not all new cases; some moved into the area with a previous diagnosis.

1. Wheeler County Public Health is able to respond to communicable disease calls 24/7.
2. Investigations of reportable conditions and communicable diseases will be conducted, control measures carried out, and investigation report forms will be completed and submitted as per the Investigative Disease Guidelines.
3. We are in need of on-going staff training and additional staff.
4. Immunizations are available here. Rabies immunizations for animals are available in our jurisdiction from a private veterinarian. Rabies treatment, if needed, must be referred outside our facility.
5. We have access to HAN and receive public health alerts.

Goals:

- To continue to be prepared to identify and respond to reports of communicable disease outbreaks 24/7.
- To complete and submit CD investigation documentation within the mandated timelines.
- To continue to provide health education to the community.

Activities:

1. Maintain 24/7 accessibility to receive calls and alerts.
2. Obtain training for new Physician Assistants who work part-time.
3. Investigate all reported communicable diseases/conditions within the investigative guidelines.
4. Continue to test internal call-down roster for 24/7 response.

Evaluation:

Make sure we meet the time lines for investigation and submission of forms to DHS.

Log the number of calls received.

Monitor the results of communication testing.

PARENT AND CHILD SERVICES

Current Conditions:

We receive referrals for Babies First! and CaCoon. The nurse is a part-time employee, and visits need to be made as soon as possible after the referral.

Goals

- Continue to visit families as soon as possible after receiving referral
- Continue care coordination for the CaCoon clients

Activities

1. Contact referrals by telephone when we have the number
2. Contact by letter when necessary

Evaluation

Review data from state when available
Quality assessment review of files
Poll client satisfaction

FAMILY PLANNING

Current Condition:

In 2008 we performed 81 pap tests. This is a considerable increase, but not all clients were of child-bearing age. Data received from DHS reflects ten family planning clients in Wheeler County in 2008.

We are not currently able to offer either insertion or removal of IUDs except by referral.

Teens seeking contraception meet barriers of financial need and strong community resistance to accessibility of contraception methods for teens, believing that it encourages early sexual activity. We have a fund from Northeast Wheeler County Health District which will pay for lab tests for indigent teenagers.

Funding to maintain our family planning services has been cut to less than half of previous years and yet we continue to serve women who cannot (or will not) pay for services.

Goals:

- Reach more of the WIN in Wheeler County.
- Establish a fund from which to pay the laboratory costs of teens unable to pay. This was done in 2008.
- Offer IUD insertion/removal at our facility.

Activities:

1. Have discussion in Advisory Board for creative ways to reach WIN.
2. Approach the Northeast Wheeler County Health District Board of Directors with a request for funding to pay for the laboratory tests for teens unable to pay. This was done in 2008 and is working well.
3. Establish policy for the dispensing of these funds. This was done in 2008.
4. Obtain training for Provider for IUD insertions/removals.

Evaluation:

Calculate in-house the numbers of WIN served.

Monitor year-end fiscal reports for laboratories paid on behalf of teens.

Document the response to program by teens and our staff.

The Provider will receive IUD certification.

Track number of IUDs inserted/removed.

IMMUNIZATIONS

Current Conditions

Percentage of 24 months old children fully covered with 4:3:1:3:3 series has increased to 100% in 2007 from 75% in 2006, but dropped in 2008 to only 60%.

Goals

- Continue to increase the number of 24 months old fully covered.

Activities

1. Assess every child's immunization status at every visit.
2. Utilize tickler file to remind parents when shots are due.

Evaluation

We rely on the information published by Department of Human Services entitled "Assessment of Immunization Rates and Practices".

Current Condition

Because Oregon continues to place so highly in the national statistics for incidence of Hepatitis A, we chose to increase Hepatitis A vaccine coverage for all ages. In '04-05 we administered 4 vaccines. We chose this for our focus area in '05-06 and gave 24 shots. In '06-07 we gave 22 vaccinations. In 2008 we administered 34 Hepatitis A vaccines.

Goals

- Every child immunized for Hepatitis A.
- Continue to increase the number of adults immunized against Hepatitis A.
- Increase vaccination rates for HPV vaccine.

Activities

1. Offer vaccine information to parents when registering at preschool.
2. Provide pamphlets at the elementary school during registration.
3. Send Public Health Educator to High Schools for education.
4. Publish educational articles in the local newspapers.
5. Review adult immunization status at the annual examination.

Evaluation

Count numbers of students vaccinated against Hepatitis A.
County numbers of adults vaccinated against Hepatitis A.
Count numbers of eligible females vaccinated against HPV.

WIC

WIC services are provided in Wheeler County by Letter of Agreement with Umatilla County, by and through Maryann McKuen, Supervisor, 541-966-3354. Connie Lovett comes to Asher Community Health Center every other month. She makes her own appointments by telephone with residents of Wheeler County in advance. Connie may be contacted at 541-667-2545.

HEALTH STATISTICS

Health statistics for Wheeler County are collected by the County Clerk, Wheeler County Courthouse, 701 Adams Street, P.O. Box 447, Fossil, OR 97830. 541-763-3460. FAX 541-763-2026.

HEALTH INFORMATION AND REFERRAL SERVICES

Current Condition

Public Health clients often have needs that are without the range of services offered in our agency. Some are aware of the information or services they are seeking, and call for contacts and telephone numbers. However, many are unaware of services available, and therefore do not inquire. These clients are dependent on public health staff to take the initiative and suggest services and opportunities that might be beneficial to them.

All programs are currently providing information and making referrals to clients for services offered at the Health Department, as well as services of other agencies.

We have a contract with Asher Community Health Center (ACHC) for part-time services from their staff. This includes the services of the ACHC Outreach Worker, who assists clients to apply for publicly funded health insurance, locate primary healthcare, and access dental care, either through the visiting dental van, or through referral out-of-county.

Goals

- To assure that those who qualify are connected with the services available through public and private agencies designed to improve their quality of life.

Activities

1. We will continue to attend the monthly meeting of Multi-Agency Teams (MAT) which facilitates inter-agency service.
2. ACHC Outreach Worker will continue to assist clients in their efforts to obtain services.

Evaluation

We will check data from the ACHC Outreach worker.
Monitor attendance at the MAT meeting

ENVIRONMENTAL HEALTH

Wheeler County Court has contracted with Grant County to provide these services.

John Combs, REHS, Environmental Health Specialist Trainee is the person who is currently providing licensure, inspection and enforcement of facilities under ORS 624, 448, and 446.

John Combs, REHS, Environmental Health Specialist Trainee, Grant County Health Department, 528 East Main Street, Suite E, John Day, OR 97845. 541-620-0965. FAX 541-575-3604. combsj@grantcounty-or.gov

We have the Food Handlers educational booklet, tests, and cards in our office and act as proxy to administer the tests in John's absence.

PUBLIC HEALTH EMERGENCY PREPAREDNESS

Current Condition

Wheeler County Public Health continues to work towards coordination of emergency planning with our partners within the county, within Region 7, and the State of Oregon.

The Hazard Vulnerability Analysis for Wheeler County Public Health was completed in May, 2008, and Wheeler County Court adopted it by Resolution in November, 2008 as an addition to the existing hazard analysis for Wheeler County.

A complete list of exercises may be found on page 8 herein.

Goals

- Continue to prepare for emergencies through various exercises.
- Obtain CD training for our newly hired personnel.
- Continue 24/7 telephone response capability.
- Be prepared to respond to reports of unusual events in an efficient manner.
- Continue to improve communications amongst agencies and community partners.

Activities

1. We have a Full Scale Exercise scheduled for May 9, 2009.
2. Schedule CD training through the DHS Learning Center for new personnel.
3. Continue to meet periodically with the Emergency Operations Manager and volunteer personnel to plan further exercises.

Evaluation

Evaluation of our progress will be done quarterly using the assurances provided by Program Element 12 of the Intergovernmental Agreement with Oregon State Public Health, DHS. We will maintain records of activities and training.

IV. OTHER

Unmet Needs

There is an ongoing need for a full time public health nurse and funds for the salary.

Budget Statement

The budget is included as an attachment to this comprehensive plan.

Wheeler County Court has approved contribution of \$1,000 per year for Public Health programs.

Comprehensive Plan Statement

Wheeler County Public Health is not the governing body for the Commission on Children and Families. The Director of the Commission on Children and Families and the Program Coordinator of Wheeler County Public Health are in close communication and collaborate on each agency's comprehensive plan.

VII. Minimum Standards

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

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

Organization

1. Yes 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 N/A 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 N/A Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.

29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.

54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No * Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control. * (All except vector control.)
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No WIC
 - b. Yes No Family Planning
 - c. Yes No Parent and Child Health
 - d. Yes No Older Adult Health
 - e. Yes No Corrections Health
75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

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

Parent and Child Health

82. Yes No Perinatal care is provided directly or by referral.
83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes No Comprehensive family planning services are provided directly or by referral.
85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes No Child abuse prevention and treatment services are provided directly or by referral.
87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes No There is a system in place for identifying and following up on high risk infants.
89. Yes No There is a system in place to follow up on all reported SIDS deaths.

90. Yes No Preventive oral health services are provided directly or by referral.
91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

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

Cultural Competency

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

Health Department Personnel Qualifications

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator name: Robert J. Boss, MD

- Does the Administrator have a Bachelor degree? Yes No
- Does the Administrator have at least 3 years experience in public health or a related field? Yes No
- Has the Administrator taken a graduate level course in biostatistics? Yes No
- Has the Administrator taken a graduate level course in epidemiology? Yes No
- Has the Administrator taken a graduate level course in environmental health? Yes No
- Has the Administrator taken a graduate level course in health services administration? Yes No
- Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes No

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

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

ATTACHMENT: Experience as Clinic Administrator, Personnel Management, and Medical Director in three clinics for multiple years as well as Public Health workshops may help to satisfy this requirement.

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

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

AND

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

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

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

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

OR

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

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

Wheeler County Court has contracted with Grant County to provide this service. John Combs is an EHS trainee continuing to meet current requirements.

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

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

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

Agencies are **required** to include with the submitted Annual Plan:

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.

/s/ Robert J. Boss, MD
Local Public Health Authority

Wheeler
County

April 22, 2009
Date

APPENDIX

Local Health Department: Wheeler County

Plan A - Continuous Quality Improvement: Increase number of fully covered 24 months old children
 Fiscal Years 2008-2010

Year 1: July 2007 – June 2008				
Objectives	Activities	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A. Increase number of 4:3:1:3:3:1 coverage for 24 months old children by 2% (6% in 3 years)</p>	<p>Clinic staff will:</p> <ul style="list-style-type: none"> Assess every child's immunization status at each visit via the IRIS forecasting function (as of 10/15/07) Utilize tickler file to remind parents when shots are due Review and use true contraindications when giving shots Use accelerated schedule for children who are behind on their immunizations 	<ul style="list-style-type: none"> Increased 4:3:1:3:3:1 rates by 2% Tickler file set up and being used Staff review on true contraindications Increased 4:3:1:3:3:1 rates by 2% 	<ul style="list-style-type: none"> We increased our 4:3:1:3:3:1 rates by 25% in 2007 	<ul style="list-style-type: none"> Staff has begun to assess child's immunization status at every visit We make appointment for follow-up at each visit and make a telephone reminder call for the appt.

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

² **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.

Year 2: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results³	Progress Notes⁴
<p>A. Increase number of 4:3:1:3:3:1 coverage for 24 months old children by 2% (6% in 3 years)</p>	<p>Clinic staff will:</p> <ul style="list-style-type: none"> • Continue to assess every child's immunization status at each visit via the IRIS forecasting function • Continue to utilize tickler file to remind parents when shots are due • Continue to review and use true contraindications when giving shots • Continue to use accelerated schedule for children who are behind on their immunizations • Modify plan as needed 	<ul style="list-style-type: none"> • Increased 4:3:1:3:3:1 rates by 2% • Tickler file set up and being used • Staff review on true contraindications • Increased 4:3:1:3:3:1 rates by 2% 	<p>2008 rate for 4:3:1:3:3:1 decreased 40% from 2007</p>	<ul style="list-style-type: none"> • Staff does assess child's immunization status at every visit • At each visit, we make appointment for follow-up and later make a telephone reminder call

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

⁴ **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.

Year 3: July 2009 – June 2010				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results⁵	Progress Notes⁶
A. Increase number of 4:3:1:3:3:1 coverage for 24 months old children by 2% (6% in 3 years)	<p>Clinic staff will:</p> <ul style="list-style-type: none"> • Continue to assess every child's immunization status at each visit via the IRIS forecasting function • Continue to utilize tickler file to remind parents when shots are due • Continue to review and use true contraindications when giving shots • Continue to use accelerated schedule for children who are behind on their immunizations • Modify plan as needed 	<ul style="list-style-type: none"> • Increased 4:3:1:3:3:1 rates by 2% • Tickler file set up and being used • Staff review on true contraindications • Increased 4:3:1:3:3:1 rates by 2% 	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report

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

⁶ **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.

Local Health Department: Wheeler County
Plan B - Chosen Focus Area: Increase Hep A rates and HPV rates
Fiscal Years 2008-2010

Year 1: September 2007 – August 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Increase Hepatitis A rates by 15% over 3 years	<ul style="list-style-type: none"> Distribute Hep A educational info to parents of pre-school and elementary school children Publish an article on Hep A in local newspaper Review patient immunization status at every visit and complete series 	<ul style="list-style-type: none"> Increased Hep A rates by 5% Number of pamphlets distributed to pre-schoolers and to elementary school students Publish article by August 2008 	<ul style="list-style-type: none"> We increased our Hep A vaccinations by 53% in 2007 Every student in Wheeler county received a Hep A brochure Articles have not yet been published 	<ul style="list-style-type: none"> Because we discovered limited reading of the local newspapers, and we exceeded our goal in 2007 without the articles, we are considering omitting this part of our original plan.

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

² **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. Increase the number of adolescents and young adults receiving HPV vaccine by 50% over 3 years</p>	<ul style="list-style-type: none"> • Provide HPV education at middle and high school <ul style="list-style-type: none"> - handouts - presentations - letter to parent in the packet • Review HPV status at every visit, provide education and immunization when appropriate • Provide reminder for next dose until series is complete 	<ul style="list-style-type: none"> • Number of packets sent to parents of 11-13 year old • Number of packets sent to parents of 15-18 year old • HPV status reviewed 	<ul style="list-style-type: none"> • We increased our HPV vaccinations by 600% in 2007 	<ul style="list-style-type: none"> • Educational packets were distributed to every 11-18 year old student in Wheeler County • We made appointments for the succeeding vaccination each time and followed up with a telephone reminder of the appointment
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¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **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

Year 2: September 2008 – August 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Increase Hepatitis A vaccination rates by 15% over 3 years	<ul style="list-style-type: none"> • Continue to distribute Hep A educational info to parents of school children • Publish an article on Hep A in local newspaper • Continue to review patient immunization status at every visit and complete series • Modify plan as necessary 	<ul style="list-style-type: none"> • Increased Hep A rates by 5% • Number of pamphlets distributed to pre-schoolers and to elementary school students • Publish article by August 2009 	<ul style="list-style-type: none"> • We increased our Hep A vaccinations by 54% in 2008 • Every student in Wheeler county received a Hep A brochure 	<ul style="list-style-type: none"> • We did not publish newspaper articles

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

² **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. Increase the number of adolescents and young adults receiving HPV vaccine by 50% over 3 years</p>	<ul style="list-style-type: none"> • Continue to provide HPV education at middle and high school <ul style="list-style-type: none"> - handouts - presentations - letter to parent in the packet • Continue to review HPV status every visit, provide education and immunization when appropriate • Provide reminder for next dose until series is complete • Modify plan as necessary 	<ul style="list-style-type: none"> • Number of packets sent to parents of 11-13 year old • Number of packets sent to parents of 15-18 year old • HPV status reviewed 	<p>2008 HPV vaccinations decreased 28% from 2007</p>	<p>Educational packets were distributed to every 11-18 year old student in Wheeler County</p> <p>We made appointments for the succeeding vaccination each time and followed up with a telephone reminder of the appointment</p>
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¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **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.

Year 3: September 2009 – August 2010				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Increase Hepatitis A rates by 15% over 3 years	<ul style="list-style-type: none"> Continue to distribute Hep A educational info to parents of school children Publish an article on Hep A in local newspaper Continue to review patient immunization status at every visit & complete series Modify plan as necessary 	<ul style="list-style-type: none"> Increased Hep A rates by 5% Number of pamphlets distributed to pre-schoolers and to elementary school students Publish article by August 2010 	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report

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

² **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. Increase the number of adolescents and young adults receiving HPV vaccine by 50% over 3 years</p>	<ul style="list-style-type: none"> • Continue to provide HPV education at middle and high school <ul style="list-style-type: none"> - handouts - presentations - letter to parent in the packet • Continue to review HPV status every visit, provide education and immunization when appropriate • Provide reminder for next dose until series is complete • Modify plan as needed 	<ul style="list-style-type: none"> • Number of packets sent to parents of 11-13 year old • Number of packets sent to parents of 15-18 year old • HPV status reviewed 	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>
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¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

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**IV. BUDGET
WHEELER COUNTY PUBLIC HEALTH
PROPOSED BUDGET
FY 2009-2010**

PROGRAMS	2008-2009 EXPENSE	REVENUE	NEEDED REVENUE	2009-2010 BUDGET
CaCoon	5,953	3,420	2,533	5,953
MCH Title V Flex funds	11,270	9,860	1,410	11,270
CHILD & ADOLESCENT HEALTH	9,150	7,126	2,024	9,150
BABIES FIRST!	5,270	4,725	545	5,270
PERINATAL/GENERAL FUND	1,612	1,612	0	1,612
EMERGENCY PREPAREDNESS	48,490	40,550	7,950	48,500
FAMILY PLANNING	7,250	6,602	648	7,250
IMMUNIZATIONS	2,750	1,733	1,017	2,750
SCHOOL BASED HEALTH CE	85,000	60,000	25,000	85,000
STATE SUPPORT FOR P.H.	1,920	1,803	197	2,000
TOBACCO PREVENTION	16,750	16,750	0	16,750
TOTALS	195,415	154,181	41,324	195,505