



Community Health Division
Triennial Plan
2009-2010 Annual Update

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CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION
PUBLIC HEALTH SERVICES
TRIENNIAL PLAN
2009 – 2010 ANNUAL UPDATE

I. Executive Summary

Clackamas County Public Health Services continue to be provided as a section of the Community Health Division of the county's Department of Human Services. Within the last year a new Director of our DHS, Cindy Becker, also became the Director of Community Health, while overseeing several other Divisions. The Public Health Services Manager was appointed the Local Public Health Administrator.

Within the Division, we have closed the Molalla and Canby sites of our primary care system, with the Oregon City site remaining. Those closings caused concern in other parts of the health care system, resulting in an ongoing process to study health care delivery needs and possible short and long term solutions. The ongoing process is facilitated and involves health care stakeholders, advocates, and other interested parties. Many options are under consideration.

The Behavioral Health system is embarking on a facilitated community collaborative redesign process to determine future directions in behavioral health and addictions services within Clackamas County.

The Public Health section has fully implemented the Tobacco Prevention and Education Program. We have been involved with two School-Based Health Center planning processes, in North Clackamas and Canby School Districts. We continue to staff the Oregon City SBHC and have recently opened the Canby SBHC in Canby High School. We have been unsuccessful in finding other medical sponsors for SBHC's, but are continuing to work toward that. A third SBHC is working toward an opening date of fall, 2010 in the Milwaukie High School.

Finally, we have initiated a year-long community assessment and community engagement process, using the Mobilizing for Action Through Planning and Partnerships (MAPP) tool from the National Association of City and County Health Officials. A consultant has worked with several staff to train them in group facilitation. The Health Officer team has been engaged in collecting data as part of the assessment. We initially used the Northwest Health Foundation funding through the Conference of Local Health Officials for public health leadership development in the pilot phase of this project. With an internal grant of timber funds from the county, we will complete the project throughout the county. We expect the outcomes of this project to inform our planning and to result in new community partnerships to address health-related issues collaboratively.

II. **Assessment.** Unchanged from the current 2008-2010 Triennial Plan.

III. **Action Plan.** Unless otherwise noted within, there is no change from the current 2008-2010 Triennial Plan.

A. Epidemiology and Control of Preventable Diseases.

1. Communicable Disease. The CD Team consists of three Community Health Nurses, who receive day-to-day reportable information, conduct investigations, and report required information to the State of Oregon, Department of Human Services (DHS). The nurses are cross-trained to assure coverage and rapid response to urgent requests and routine public inquiries. The nurses participate in outbreak investigation and response and may create epidemiological charts and graphs. The team provides case management for TB clients and investigation and testing of contacts.

- ⊕ The Metro-area Health Officer Team approves protocols and provides general direction to CD and TB activities.
- ⊕ Field Team nurses and CD staff provide DOT visits. Planning to hire an outreach worker to provide DOT services.
- ⊕ After hours and weekend CD response is covered by the members of the Incident Response Team, (IRT) consisting of PC and PH managers trained to provide initial response to calls forwarded through an answering service. The CD staff is providing resources for the IRT staff in an electronic resource folder.
- ⊕ State of Oregon, DHS CD staff provides technical support and often participates directly in large investigations.
- ⊕ A State Disease Investigation Specialist, assigned to Clackamas County, investigates STDs.

Plans for this service area include:

1. Development of a central computerized database of employee TB skin testing and immunizations, by 12/30/08. The database system is complete and is now implementing and training users.
2. Development of internal capacity to fit test appropriate staff for N95 masks, by 12/30/08. Fit testing has been completed. Onsite staff will be trained to do fit testing. Working with the Health Officer we will implement a PAPR employee protection system for clinic and CD staff.

2. Human Immunodeficiency

CCCHD's HIV Program has a number of initiatives currently in place that will be continued into the upcoming three year period. Because the majority of individuals infected with HIV in Clackamas County (as well as in the State) are Men who Have Sex with Men (MSM), these initiatives specifically target that population.

The first of these is a community-level HIV prevention intervention in collaboration with Washington and Multnomah counties. The Community PROMISE intervention is one of CDC's evidence-based interventions, targeting those men in our County at highest risk for transmitting or

becoming infected with HIV. The goal of this intervention is to change community norms regarding risk perception and risk behaviors.

Clackamas County also initiated limited internet outreach to MSM during the 06-07 fiscal year, and intends to continue and expand this initiative in the next three years. Internet outreach has increased the number of MSM accessing testing in Clackamas County at least threefold and is an efficient and effective method of outreach.

Year One

- ⊕ Clackamas County's HIV Program will continue to conduct internet outreach in order to increase the number of MSM accessing HIV Counseling, Testing and Referral (CTR) and will expand internet outreach to at least one new site targeting MSM.
- ⊕ A State Disease Investigation Specialist, assigned to Clackamas County, investigates STDs.
- ⊕ The HIV Program will also continue to collaborate with community partners and health departments on the Community PROMISE intervention focused on MSM.
- ⊕ The HIV Program will begin to develop potential partnerships with community-based organizations with a vested interest in HIV prevention activities.
- ⊕ The HIV Program will assess all HIV testing sites for effectiveness in reaching populations at highest risk and will redesign current relationships based on this assessment.

Year Two

- ⊕ Clackamas County's HIV Program will continue to build community partnerships and, when appropriate, provide training to community partners on conducting HIV prevention and/or testing activities.
- ⊕ The HIV Program will implement a screening tool for use by public clinic sites, such as the Beaver Creek Clinic, to ensure that those at highest risk are referred for HIV CTR.
- ⊕ The HIV Program will also implement changes to testing sites and frequency of testing based on the assessment conducted in Year One regarding access to high risk populations.
- ⊕ The HIV Program will continue to conduct internet outreach and testing targeting MSM, utilizing Craigslist and at least one other site.
- ⊕ The HIV Program will evaluate the effectiveness of the Community PROMISE intervention in reaching high risk MSM in Clackamas County and create an action plan based on this evaluation.
- ⊕ The HIV Program will participate in a joint community assessment with Multnomah and Washington counties of the needs of MSM in the tri-county area. This assessment will guide future program planning.

Year Three

- ⊕ Clackamas County's HIV Program will continue to build community partnerships and, when appropriate, provide training to community partners on HIV prevention and/or testing activities.
- ⊕ Clackamas County's HIV Program will continue to conduct internet outreach and testing targeting MSM.
- ⊕ The HIV Program will evaluate the effectiveness of the two sites utilized for internet outreach to MSM and develop an action plan based on this evaluation.
- ⊕ The HIV Program will implement the action plan developed based on the evaluation of Community PROMISE and the tri-county needs assessment of MSM.
- ⊕ The CD Team Supervisor provides program and personnel oversight and is also the Environmental Health Supervisor, assuring coordinated investigation of food borne and other outbreaks.

B. Parent and Child Health Services.

1. Women, Infants and Children Nutrition. Please see attached:
 - ⊕ ATTACHMENT A - Nutrition Education Plan
 - ⊕ ATTACHMENT A.1 – WIC Staff Training Plan
2. Immunization. Please see attached:
 - ⊕ ATTACHMENT B – Plan A
 - ⊕ ATTACHMENT B.1 – Plan B
3. Family Planning. Please see attached Plan, ATTACHMENT C.
4. Maternal and Child Health Home Visiting. Since the triennial plan was written, our Field Team has been reduced to 4 FTE Community Health Nurses. We unfortunately do not have any nurses fluent in Spanish at this time, so are using interpreters from our primary care clinic to accompany nurses on home visits when needed. Fortunately, these interpreters are very familiar with medical terminology and with the families we are serving. A bilingual office specialist helps with phone calls in the office.

Plans:

- ⊕ We are continuing to focus on reducing infant and child exposure to secondhand smoke and are just beginning to study outcomes in ORCHIDS.
- ⊕ Implement SIDS home visits from referrals from Medical examiner office
- ⊕ Implement maternal depression screening
- ⊕ Continue focus on breastfeeding support

C. School Based Health Centers.

We continued to provide NP and BH services at the Oregon City SBHC through the school year 08-09. We participated in two planning processes within the county, one at Milwaukie High School and one at Canby High School. The plan for the upcoming year includes:

1. Continue to provide 10 hours of NP time at Oregon City HS. Redesign BH personnel assigned to the school to increase efficiency. Work with school personnel to increase collaboration and seek a sustainable medical sponsor.
2. Continue involvement with Milwaukie HS planning group, with a goal of opening a SBHC in 2010.
3. Provide 10 hours of NP time to the Canby site, which has just opened, through next school year. Become certified. Build a strong SBHC in the school, while searching for funding and medical sponsor sustainability.

D. Tobacco Education and Prevention Program.

The Tobacco Prevention and Education Program (TPEP) received renewed funding from the Oregon State Department of Human Services in 2007. The program is staffed by two full time Health Educators and is oriented toward working at the policy level to further tobacco control efforts. The program focuses on the mandatory work areas of reducing or eliminating tobacco use on hospital campuses, community college campuses, and in multi-unit housing. Other objectives relate to helping implementing the enhanced Smoke free Workplace Law. The Clackamas County TPEP collaborates with Multnomah, Washington and Clark counties as well as with the American Lung Association of Oregon and Health Insight LLC to accomplish these goals.

At the state level, the Tobacco Prevention and Education Program is part of the Healthy Communities program (formerly Health Promotion and Chronic Disease Prevention). The state program is increasingly focused on chronic disease prevention utilizing methods that have proven effective in tobacco control. Therefore, local programs are also encouraged to gather data regarding chronic disease and to increase capacity to work with the community to implement policies that reduce the burden of chronic disease.

Year One

- ⊕ The Clackamas County Tobacco Prevention and Education Program (TPEP) will work in a consultative role with three School Districts in Clackamas County in adopting comprehensive tobacco-free policies.
- ⊕ The Clackamas County TPEP will work with one Clackamas County hospital to pass tobacco-free policies.
- ⊕ The Clackamas County TPEP will assist Clackamas Community College in reviewing and updating its campus tobacco policy.
- ⊕ The Clackamas County TPEP will work with local multi-unit housing property managers to adopt tobacco-free policies.
- ⊕ The Clackamas County TPEP will educate local businesses about the new Clean Indoor Air Act and will respond to complaints regarding the law following its implementation.
- ⊕ The Clackamas County TPEP will work with Head Start programs in the county to adopt model tobacco-free policies.

Year Two

- ⊕ The Clackamas County TPEP will assist one hospital in its transition to a tobacco-free campus.
- ⊕ The Clackamas County TPEP will provide technical assistance to Clackamas Community College and other colleges in improving campus tobacco policies.
- ⊕ The Clackamas County TPEP will continue to work with local multi-unit housing property managers to adopt tobacco-free policies.
- ⊕ The Clackamas County TPEP will continue to respond to complaints regarding the Clean Indoor Air Act.
- ⊕ The Clackamas County TPEP will provide technical assistance to day care facilities in the county in adopting tobacco-free policies.
- ⊕ The Clackamas County TPEP will provide technical assistance and support to outdoor venues in passing tobacco-free policies.

Year Three

- ⊕ The Clackamas County TPEP will continue to provide technical assistance to Clackamas Community College and other colleges in improving campus tobacco policies.
- ⊕ The Clackamas County TPEP will continue to work with local multi-unit housing property managers to adopt tobacco-free policies.
- ⊕ The Clackamas County TPEP will continue to respond to complaints regarding the Clean Indoor Air Act.
- ⊕ The Clackamas County TPEP will continue to provide technical assistance to day care facilities in the county in adopting tobacco-free policies.

D. Environmental Health.

Five FTE Environmental Health Specialists each cover a geographic area of the County, within which they conduct all of the required and contracted food service and pool inspections, education and support. One FTE Environmental Health Specialist focuses on water system requirements for the County. The Environmental Health Supervisor closely monitors the work of the team and provides backup and support, including responding to most inquiries from the

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public, as needed. Food Handler testing and certification is provided by trained office staff. EH and CD staff work collaboratively to investigate complaints, outbreaks, and cases of food borne illness.

Plans:

1. All Environmental Health Specialists completed the State Standardization process, by 12/30/08, and will continue to maintain their standardization.
2. Post the restaurant inspection information and scores on the County's website, which is completed and ongoing.
3. Complete implementation of Permits Plus software, by 3/30/08 and continue to maintain the system and provide training.
4. Work with the State Food Program to pilot study the new web-based inspection software when it comes on line in 2010.
5. Continue to work closely with communities to oversee repair and replacement of wading pools, so they are compliant with new wading pool rules, by December 2009. Provide training for our pool operators regarding the implementation of the Virginia Graeme Baker Act.
6. Work with organization camp operators in the Mt. Hood area to get them compliant with licensing requirements, ongoing. We have enhanced our inspection procedures, created a protocol and inspection guidelines. We have posted camp information on the county website.
7. Continue annual pool operator seminars.
8. Continue to operate the Hand Washing Demonstration Mobile Unit at yearly County fairs.
9. Implement the new requirements related to small public water systems. Maintain IGA requirements for the State Drinking Water Program.
10. Working with the Tobacco Program to provide tobacco use surveillance in restaurant facilities.

E. Public Health Emergency Preparedness.

**Public Health Emergency Preparedness Report
April 21, 2009**

Incident Response Team (IRT)

The IRT provides 24/7 coverage for Communicable Disease. Members of this team are the first responders in the event of a public health emergency.

Trainings and workshops for the IRT include:

- Responding to reports from doctors, labs and other agencies and people after business hours
- Working within the Emergency Operations Center during emergencies
- Communications training, both technical and crisis response
- Initial incident assessment, notification and response during a public health emergency
- Request and management of health resources, including the Strategic National Stockpile (SNS)

Future plans for the IRT include Incident Command position-specific training, joint exercises with intra- and inter- county agencies and management of the public health surge capacity.

Public Health Surge Capacity

Training is progressing for Public Health staff in strategic positions to respond during a Public Health Emergency. This staff includes the Communicable Disease Team, The Environmental Health Team, The Field Nursing Team, the Health Educator Team and a few RNs from Primary Care. Trainings done include the basics of the Incident Command Structure, communications and

outbreak investigation. Both the IRT and the surge staff have been trained in using the Health Alert Network (HAN) which is both an alerting tool and a SharePoint tool.

Medical Reserve Corps (MRC)

The MRC is a group of 49 medically licensed volunteers who not only volunteer to help in emergencies, but also assist Clackamas County Public Health in outreach activities and preparedness exercises. Their skills and leadership qualities will contribute to the success of any emergency response.

The MRC has had a solid foundation laid by the Cities Readiness Initiative (CRI) which continues to assist with organization and funding. Our goal now for the group is to guide it to be a self-sustaining and self-directed organization. To accomplish that, we are applying for a VISTA volunteer to not only build capacity, but also identify volunteers who have the ability and willingness to take the MRC to the next level. We also are looking for ways to integrate the MRC and other ESF# 8 volunteer response groups within the county.

Conex

A new Conex (storage unit) should be arriving next month to house Preparedness supplies such as those for the Point-of-Dispensing Clinics (PODs).

IV. Additional Requirements

A. Senate Bill 555:

The Community Health Division participates in the development of the 555 plan and uses the plan as we are prioritizing activities for the future.

B. Organizational Chart – ATTACHMENT D

V. Unmet Needs. Unchanged from the current 2008-2010 Triennial Plan.

VI. Budget. Unchanged from the current 2008-2010 Triennial Plan.

Budget Officer Contact Information

Karen Slothower, Business Services Manager, is the Budget Officer contact for Clackamas County Community Health Division and can be reached at:

Clackamas County Community Health Division
Public Services Building
2051 Kaen Road, Suite 367
Oregon City, OR 97045

Telephone: 503-742-5300
Email: KarenS@co.clackamas.or.us

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 PH as defined by Oregon Law.

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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 PH services are allocated to PH programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.

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

Control of Communicable Diseases

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

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.

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

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

68. Yes No The health department provides and/or refers to community resources for health education/health promotion.
69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No Local health department supports healthy behaviors among employees.
71. Yes No Local health department supports continued education and training of staff to provide effective health education.
72. Yes No All health department facilities are smoke free.

Nutrition

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

Older Adult Health

78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

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

Parent and Child Health

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

Primary Health Care

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

98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

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

Health Department Personnel Qualifications

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: Marti Franc

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 Yes No

social and behavioral sciences relevant to public health problems?

- a. Yes No **Yes 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.

Take one class per semester at OHSU, starting summer or fall of 2009. Classes to include graduate level biostatistics, epidemiology, environmental health, and social and behavioral sciences relevant to public health problems.

- 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.

- 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.

ATTACHMENT A
FY 2009-2010 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2009 through 6/30/2010

Agency: Clackamas County Community Health Division
 Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2009 – June 30, 2010. State provided in-services, trainings and meetings can be included as appropriate.

| Quarter | Month | In-Service Topic | In-Service Objective |
|----------------|---------------|--------------------------------|--|
| 1 | July 2009 | Infant Feeding Cues | Staff will be able to assist participants in correct assessments of their infants feeding cues. |
| 2 | October 2009 | Food Package Assessment Module | Staff will be able to correctly assign food packages to each WIC category. |
| 3 | February 2009 | Dental/Fluoride | Staff will be able to offer correct information to participants requesting information about Fluoride. |
| 4 | April 2009 | Technology and WIC | Staff will be able to identify one additional technology to use for information transfer during counseling or Nutrition Fairs. |

ATTACHMENT A.1

FY 2009 - 2010 WIC Nutrition Education Plan Form

County/Agency: Clackamas County Community Health
Person Completing Form: Dana R. Lord
Date: April 13, 2009
Phone Number: 503-655-8405
Email Address: danalor@co.clackamas.or.us

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2009
Sara Sloan, 971-673-0043

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

Year 3 Objective: During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

Activity 1: Staff will complete the appropriate sections of the new Food Package Assignment Module by December 31, 2009.

Resources: Food Package Assignment Module to be released summer 2009.

Implementation Plan and Timeline:

Food Package Assignment Module will be completed during the annual Nutrition Education Retreat in October 2, 2009.

Activity 2: Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new WIC food packages by December 31, 2009.

Resources: Sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009.

Implementation Plan and Timeline:

Nutrition Counselors and RDs will attend the Infant Feeding Cues training at the June 2009 statewide meeting.

Activity 3: Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

Example: Pregnant women will no longer be able to routinely purchase whole milk with their WIC FIs. If the nutrition education materials your agency uses indicates all pregnant women should drink whole milk, those materials would need to be revised.

Implementation Plan and Timeline:

Staff will be assigned to review lesson plans and materials by August 1, 2009. Current Nutrition Fair activities include Key Messages and address new food package changes.

Activity 4: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2009-2010. Complete and return Attachment A by May 1, 2009.

Implementation Plan and Timeline:

Julie Aalbers, RD and Dana R. Lord Coordinator co-trainers. See Attachment A.

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

Year 3 Objective: During planning, each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

Activity 1: Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing by October 31, 2009.

Examples: Use state provided resources such as the Counseling Observation Guide to identify participant centered skills staff are using on a regular basis. Use state provided resources such as self evaluation activities done during Oregon WIC Listens onsite visits to identify skills staff are working on and want to improve on.

Implementation Plan and Timeline:

Using feedback from Oregon WIC listens onsite visits and use of peer review we will identify skills that are working and those that need improvement. A plan to address issues if needed and a timeline for additional training will be developed at the October 2, 2009 Nutrition Education Retreat.

Activity 2: Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

Examples: Using the information from Goal 2, Activity 1, schedule quarterly staff meeting time to review Oregon WIC Listens Continuing Education activities related to participant centered skills staff identified they want to improve on. Schedule time for peer to peer observations to focus on enhancing participant centered services.

Implementation Plan and Timeline:

We will continue to support participant centered services by allowing time both at our monthly staff meetings and at our annual Nutrition Education Retreat. In addition the co-champions will be charged with continuing monthly activities to support enhancing staff skills.

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

Year 3 Objective: During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to

Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.

- *Breastfeeding is a gift of love.*
- *Focus on fruit.*
- *Vary your veggies.*
- *Make half your grains whole.*
- *Serve low-fat milk to adults and children over the age of 2.*

Activity 1: Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by October 31, 2009.

Example: Determine which partners in your community are the highest priority to contact such as medical providers, food pantries, breastfeeding coalitions, and/or Head Start programs. Provide a staff in-service, written materials or presentation to those partners regarding Fresh Choices.

Implementation Plan and Timeline:

We will use the county web based resource listings and calendar to talk about the fresh fruit and vegetable benefit from WIC. We will also use our WEB site to highlight changes and use email to contact partners about the changes and the key message, Vary your Veggies by October 31, 2009.

Activity 2: Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

Example: Your agency is a cooperative partner in a state led evaluation of Fresh Choices such as hosting focus groups or administering questionnaires with participants.

Implementation Plan and Timeline:

We will participate as requested with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

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

Year 3 Objective: During planning period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.

Activity 1: Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

Resources: State provided Oregon WIC Breastfeeding Study data, the breastfeeding promotion assessment tool and technical assistance for using the tool. Technical assistance will be provided as needed from the agency's assigned nutrition consultant and/or the state breastfeeding coordinator.

Implementation Plan and Timeline:

Our Breastfeeding co-coordinators will work with our State Nutrition Consultant and use the assessment tools provided to evaluate our breastfeeding promotion efforts.

Activity 2: Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency by April 30, 2010.

Implementation Plan and Timeline:

Utilizing the data and our internal assessment we will identify and implement one agreed upon strategy to improve breastfeeding exclusivity by April 30, 2010.

ATTACHMENT B

Local Health Department: Clackamas County
Plan A - Continuous Quality Improvement: Decrease Missed Shot Rates
January 2008-December 2010

| Year 1: January-December 2008 | | | | |
|-------------------------------|-----------------|--------------------|---|-----------------------------|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results ¹ | Progress Notes ² |

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>Decrease missed shot rates from 21% to 18% by December 2008.</p> | <p>Develop plan for reminder/recall system</p> <p>Utilize IRIS and ALERT for forecasting at each well child and immunization appointment</p> <p>Educate staff on catch up schedule and correct coding of immunizations on VAR</p> | <ul style="list-style-type: none"> Reminder/recall plan developed by December 2008 Quarterly audit tool results of 100% compliance for use of IRIS/ALERT for forecasting in county clinics and satellite/delegate agencies IRIS print-out of "Forecast: Shots Not Given" to be printed with each quarterly audit Annual AFIX report All staff educated on 2008 CDC catch up schedule and correct coding on VAR's by June 2008 | <ul style="list-style-type: none"> Reminder/recall plan not developed by December 2008. Quarterly audit results of 100% compliance for forecasting through IRIS/ALERT for each client. "Forecast: Shots Not Given" report was printed for each site (7/1/07-6/30/08). Results show missed shot rate at 15% for fiscal year. 2008 AFIX report shows a significant decrease in missed shot rate. Current missed shot rate is 13%. Training on VFC, 317 and vaccine coding provided to clinic staff August 2008. | <ul style="list-style-type: none"> We have explored options for implementing a reminder/recall system, but due to a significant improvement in our missed shot rate, combined with the postcard system in place at the Oregon Immunization Program, we do not feel this is necessary. We have removed this task from our year 2 plan. The "Forecast: Shots Not Given" report allows us to track our missed shot rate quarterly, as we complete the quarterly audit for each site. The AFIX report allows us to see our missed shot rate for the calendar year. This end result, shows a decrease in the missed shot rate from 15% (6/30/08) to 13% (12/31/08). |
|---|---|--|--|---|

| | | | | |
|--|--|---|---|--|
| <p>A. Decrease missed shot rates from 21% to 18% by December 2008.</p> | <p>Begin development of the Public Health Education Team to provide input on Immunization Program goals and activities</p> | <ul style="list-style-type: none"> Public Health Education Team developed by June 2008 | <ul style="list-style-type: none"> Public Health Education Team developed February 2008 with monthly meetings occurring. | |
|--|--|---|---|--|

| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results ¹ | Progress Notes ² |
|---|---|---|---|-----------------------------|
| <p>A. Decrease missed opportunity rates from 13% to 10% by December 2009.</p> | <ul style="list-style-type: none"> • Utilize IRIS and ALERT for forecasting at each well child and immunization appointment • Continued staff education on methods to decrease missed opportunities <ul style="list-style-type: none"> • Public Health Education Team to begin meetings • Work with Oregon City and Canby School-Based Health Centers to increase adolescent immunization rates. | <ul style="list-style-type: none"> • Quarterly audit tool results of 100% compliance for use of IRIS/ALERT for forecasting in county clinics and delegate agencies • Education/update on methods to decrease missed opportunities provided by December 2009 • Two Public Health Education Team meetings held by December 2009 • VAR's from SBHC's show an increase in recommended adolescent vaccines administered. | | |

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 meet these objectives in the future.

Year 3: January-December 2010

| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results ¹ | Progress Notes ² |
|---|--|--|---|-----------------------------------|
| <p>A. Decrease missed opportunity rates from 15% to 12% by December 2010.</p> | <ul style="list-style-type: none"> • Evaluate Clackamas County reminder/recall system • Utilize IRIS and ALERT for forecasting at each well child and immunization appointment • Staff education on methods to decrease missed opportunities • Public Health Education Team to continue meetings | <p>Outcome Measure(s)</p> <ul style="list-style-type: none"> • Random review of county clients who were contacted by reminder/recall system. To be completed by June 2010 • Quarterly audit tool results of 100% compliance for integrating methods and practices for decreasing missed opportunity rates Education on methods to decrease missed opportunities provided by June 2009 • Five Public Health Education Team meetings held by December 2010 | <p>Outcome Measure(s) Results¹</p> | <p>Progress Notes²</p> |

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.

ATTACHMENT B.1

Local Health Department: Clackamas County Public Health Division

Plan B - Chosen Focus Area: Improving Vaccine Management Practices in County Clinics and Satellite/Delegate Agencies

January 2008-December 2010

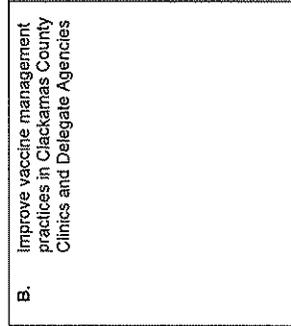
| Year 1: January-December 2008 | | | | |
|--|--|---|--|---|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results ¹ | Progress Notes ² |
| A. Improve vaccine management practices in Clackamas County Clinic(s), satellites and delegate agencies. | <ul style="list-style-type: none"> Provide education/training to current clinic staff on vaccine management protocols. Provide education/training to new clinic staff. Review Vaccine Accountability Plan for each county clinic and delegate agency. Conduct quarterly audits in each county clinic, satellite and delegate agency to assess vaccine management practices. Recognize/award one private and one county clinic for excellent or most improved vaccine management practices | <ul style="list-style-type: none"> Education/training provided to clinic staff by December 2008. Education/training provided to new clinic staff within one month of start date. Review Vaccine Accountability Plan twice yearly and update staff as needed. Four audits conducted for each county clinic, satellite and delegate agency, with the exception of the Oregon City SBHC. One private and one county clinic to be recognized /awarded at Annual Provider Meeting | <ul style="list-style-type: none"> Vaccine management update based on quarterly audit provided to clinic staff March 2009. Training provided to new School-Based Health Center (SBHC) staff April 2009. Staff updated four times each year via quarterly audits. Clinics, Jail and Timberlake: Three quarterly audits completed for dates July 1, 2008-April 30, 2009. Oregon City SBHC: one quarterly audit completed for dates July 1, 2008-April 30, 2009. No meeting will be held in 2009, and we will therefore not be awarding a provider. | <ul style="list-style-type: none"> Due to compelling projects, our Immunization Program Nurse was not able to provide the training until March 2009. This meeting was driven by the results of the February 2009 quarterly audit. The fourth quarterly audit will be completed at each site by June 30, 2009. <p>Typically, our Annual Provider Meeting does not occur until May or June. At this time, we are not planning to host a meeting in 2009 due to lack of attendance at the 2008 event. We will focus our efforts elsewhere.</p> |
| Improving Vaccine Management Practices in County Clinics and Delegate Agencies | | | | |
| Year 2: January-December 2009 | | | | |
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results ³ | Progress Notes ⁴ |

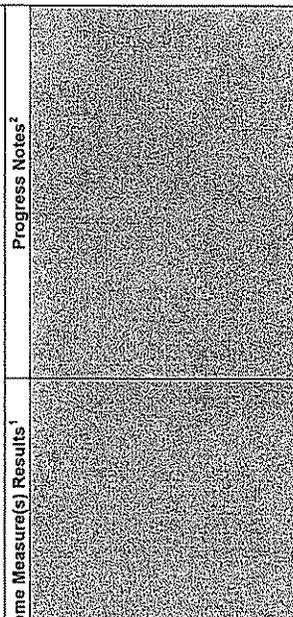
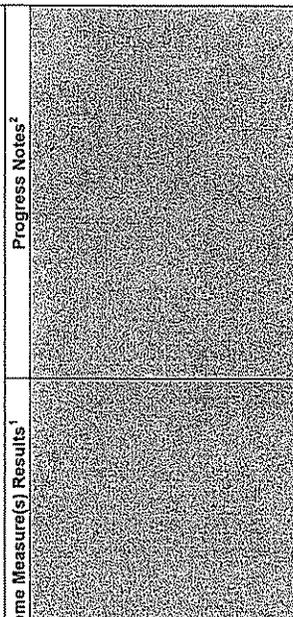
¹ Outcome Measure(s) Results – please report on the specific Outcome Measure(s) in this table.

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.

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.

| | | | |
|---|--|--|---|
| <p>B. Improve vaccine management practices in Clackamas County Clinics and Delegate Agencies</p> | <ul style="list-style-type: none"> • Provide education/training to current clinic staff on vaccine management protocols • Provide education/training to new clinic staff • Review Vaccine Accountability Plan for each county clinic and delegate agency • Conduct quarterly audits in each county clinic and delegate agency to assess vaccine management practices | <ul style="list-style-type: none"> • Education/training provided to clinic staff by December 2009 • Education/training provided to new clinic staff within one month of start date • Review Vaccine Accountability Plan twice yearly and update staff as needed • Four audits conducted for each county clinic and delegate agency |  |
|---|--|--|---|

| Year 3: January-December 2010 | | | | |
|---|---|---|--|--|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results ¹ | Progress Notes ² |
| <p>C. Improve vaccine management practices in Clackamas County Clinics and Delegate Agencies</p> | <ul style="list-style-type: none"> • Provide education/training to current clinic staff on vaccine management protocols • Provide education/training to new clinic staff • Review Vaccine Accountability Plan for each county clinic and delegate agency • Conduct quarterly audits in each county clinic and delegate agency to assess vaccine management practices • Recognize/award one private and one county clinic for excellent or most improved vaccine management | <ul style="list-style-type: none"> • Education/training provided to clinic staff by December 2010 • Education/training provided to new clinic staff within one month of start date • Review Vaccine Accountability Plan twice yearly and update staff as needed • Four audits conducted for each county clinic and delegate agency • One private and one county clinic to be recognized/awarded at Annual Provider Meeting |  |  |

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

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**ATTACHMENT C
FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT**

FY10

July 1, 2009 to June 30, 2010

Agency: Clackamas County Community Health Division
Contact: Mary Horman, CHN

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

| Problem Statement | Objective(s) | Planned Activities | Evaluation |
|--|--|---|------------|
| Family Planning QA process has been isolated from the clinic QI Process. | To integrate the Family Planning QA with the clinic QI process by August 2009. | 1. Report the results of the semi-annual clinic chart audits to the QI committee., which meets monthly. | |
| | | 2. Establish plans to implement the findings noted from the chart audits at the monthly clinic QI meetings. | |

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

| Problem Statement | Objective(s) | Planned Activities | Evaluation |
|--|---|--|------------|
| Low Emergency Contraceptive dispensing rate. | 1. Increase the consistency of dispensing EC at Family Planning visits. | 1. Training for the RN's and Providers to remember to include EC with each Family Planning visit and document on the Encounter form. (May 2009 provider meeting with follow-up at November 2009 meeting. | |
| | | | |

Objectives checklist:

- Does the objective relate to the goal and needs assessment findings?
- Is the objective clear in the terms of what, how, and where the situation will be changed?
- Are the targets measurable?
- Is the objective feasible within the stated time frame and appropriately limited in scope?

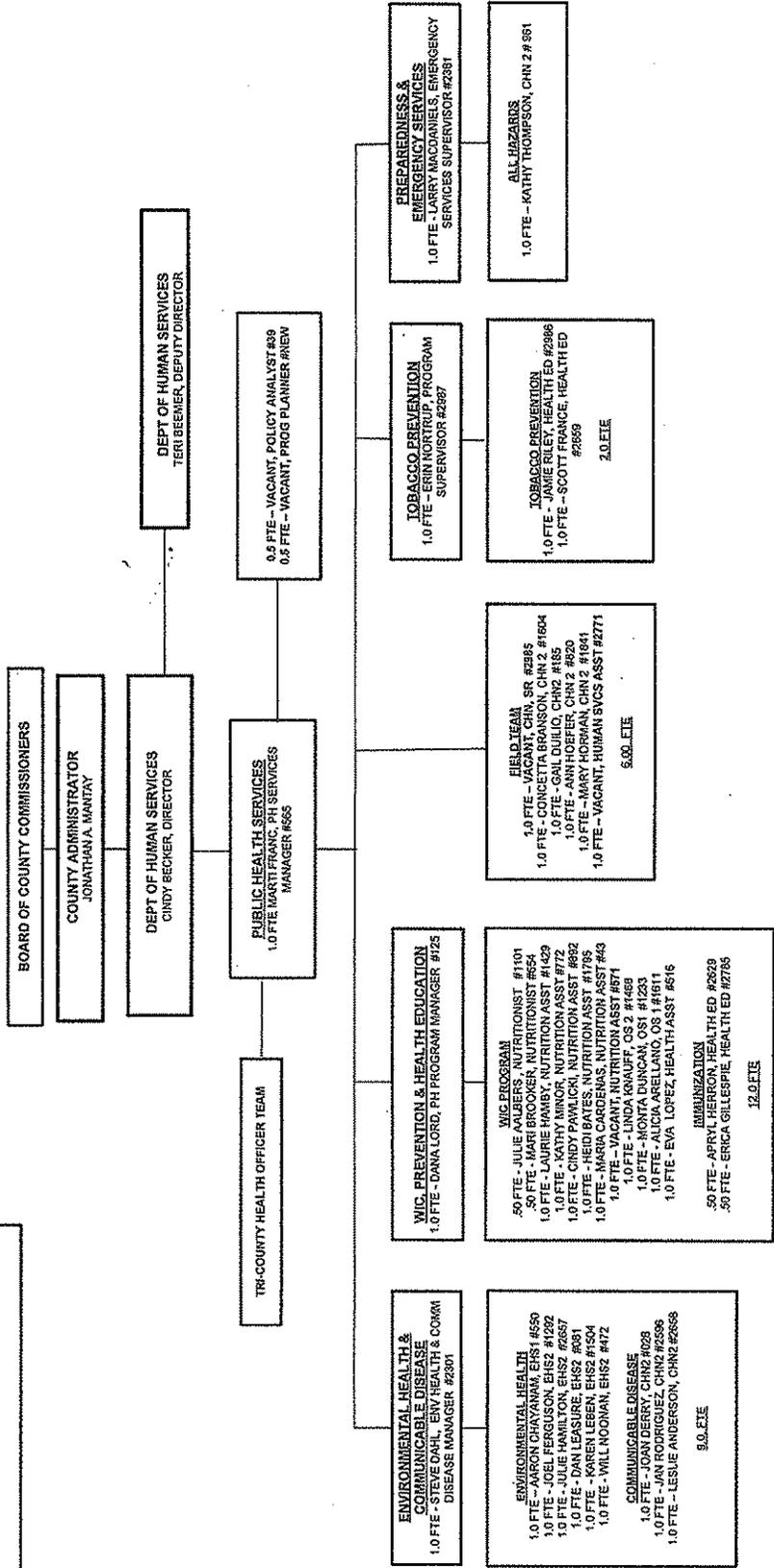
Progress on Goals / Activities for FY 10

(Currently in Progress)

| Goal / Objective | Progress on Activities |
|---|---|
| No current method to regularly evaluate service quality. | <ol style="list-style-type: none"> We have implemented chart audits, which were done twice in 2008. The Family Planning Coordinator met with the staff after the audits to notify of the results. |
| Reaching a low percentage of teenage population with FP services / Increase the % rate of 15-17 y.o. females from 7.5 to 15%. | <ol style="list-style-type: none"> The current FY 2008 Title X FP Agency Data shows the Teen client % at 18.1%. |

CLACKAMAS COUNTY COMMUNITY HEALTH
PUBLIC HEALTH SERVICES

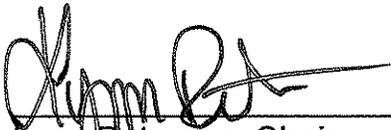
DEPARTMENT OF HUMAN SERVICES
Community Health Division
Budget Fiscal Year 2009-2010



36.0 FTE

CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION
PUBLIC HEALTH SERVICES
TRIENNIAL PLAN
2009 – 2010 ANNUAL UPDATE

The local public health authority is submitting this 2008 – 2010 Triennial Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375-431.385 and ORS 431.416, are performed.



Lynn Peterson, Chair
Board of County Commissioners
Local Public Health Authority

Clackamas
County

6-4-09
Date



Cindy Becker
Community Health Director

Clackamas
County

6/4/09
Date