

# **POLK COUNTY PUBLIC HEALTH**



## **COMPREHENSIVE ANNUAL PLAN 2009-2010**

# **2009-2010 Annual Plan**

## **TABLE OF CONTENTS**

<b>I</b>	<b>Executive Summary</b>	<b>Page</b>	<b>3</b>
<b>II</b>	<b>Assessment</b>	<b>Page</b>	<b>4</b>
<b>III</b>	<b>Action Plan</b>	<b>Page</b>	<b>11</b>
<b>IV</b>	<b>Additional Requirements</b>	<b>Page</b>	<b>41</b>
<b>V</b>	<b>Unmet Needs</b>	<b>Page</b>	<b>42</b>
<b>VI</b>	<b>Budget Statement</b>	<b>Page</b>	<b>43</b>
<b>VII</b>	<b>Minimum Standards</b>	<b>Page</b>	<b>44</b>

## **I. Executive Summary**

The document that follows is the 2009-2010 Comprehensive Annual Plan for Polk County Public Health (PCPH). This comprehensive plan serves as a milepost for PCPH every three years. While some things seem to be constantly changing other issues continue to stay the same.

Polk County Public Health continues to provide key programs to the community including Family Planning, Immunizations, WIC, Communicable Disease surveillance, Emergency Preparedness and Maternal Child Health. We have added Tobacco Prevention and Education back into the services offered by Public Health and are looking to add Chronic Disease Prevention sometime this year.

The past year has been a time of change for PCPH in that the department has seen several staffing changes due to retirement and personal life changes. New candidates have been recruited and hired and programs remain staffed.

Polk County continues to plan and develop partnerships with regional and state partners to plan for emergencies whether they are caused by nature or man. The Public Health staff put emergency preparedness training into action as Polk County was significantly affected by the H1N1 influenza outbreak of 2009.

Though PCPH strives to provide service to the community in a fiscally responsible way, funding issues for rural counties continue to be on uncertain footing. The general downturn in the economy and anticipated cuts at the state and local government levels impact the ability of Public Health to expand services and forecast future needs. Unfortunately demand for services usually increases as funding falls. By careful stewardship of public funds PCPH hopes to maintain current programs available to the community.

Our goal is to increase the awareness of the important contribution Public Health makes to the community. Our staff will continue to work closely with community partners and resource agencies. Some of these include the Health Advisory Board, West Valley Hospital, Oregon Child Development Coalition, Ryan White/HIV Coalitions, Early Childhood Intervention Groups, Service Integration Council, and the Polk County Commission on Children and Families.

Improving access to health care for our children is an important issue. During the coming year we hope to partner with funding agencies and providers to remove financial barriers for children seeking health care.

Though the need for our services often exceeds our resources, PCPH seeks to continue to provide the county with valuable services and programs. These programs will be administered with quality outcomes and high levels of customer service. Our goal is to improve community awareness and knowledge of our services as we work to improve the health of Polk County citizens.

Andy Walker RN, MSN  
Polk County Public Health Administrator  
182 SW Academy St. Suite 302  
Dallas OR 97338

## **II. ASSESSMENT**

### **A. Description of Public Health Issues and Needs in Polk County**

#### **1. Polk County Demographics**

##### **Polk County Cities and Industry**

Polk County stretches from West Salem on the banks of the Willamette River to Willamina in the forested foot hills of the coast range. It was established on December 22, 1845 and was named after President James Polk who was president at the time. Polk County was the primary destination of early wagon trains which took the southern route to Oregon. The county covers an area of 745 square miles in the mid-Willamette Valley and is bordered by Yamhill, Marion, Benton, Linn, Tillamook and Lincoln Counties.

Polk County has a current population of 67,505 with its largest population center in West Salem which is often seen as part of Salem in Marion County. The county seat is in the city of Dallas located 15 miles west of the state's capitol Salem. Other Polk County communities include Independence, Monmouth, Falls City, Perrydale, Pedee and portions of Grand Ronde and Willamina. Once outside of West Salem, the majority of Polk County is rural. Traveling the county roads you will find covered bridges, pleasant parks, vineyards, wineries, and bed and breakfast lodgings spotting the surrounding hills. Primary industries in Polk County are agriculture and forestry. Spirit Mountain casino brings many visitors to Polk County and has become Oregon's most visited tourist attraction. The county is also noted for having the second largest area of land devoted to grape production in Oregon.

##### **Race and Ethnicity**

The mixture of race and ethnicity found in Polk County mirrors many of the rural counties across the state. White non-Hispanic individuals comprise the largest group at 84.1% of the population. The Hispanic population now includes 10% of the population up from 8.8% three years ago. The rest of the population includes 1.9% American Indian/Alaska Native, 1.4% Asian, 0.7% Black, 0.3% Native Hawaiian/Pacific Islander and 2.1% who identify as 2 or more races.

At one time, many in the Hispanic community participated in seasonal agricultural work. Over time many have transitioned to year round employment. Polk County continues to show permanent resident growth in the Hispanic population. The growing Hispanic population is due to more families finding year long employment instead of just seasonal summer work. Approximately 35% of PCPH clients identify as Hispanic and of this number approximately 10% have limited or no English speaking skills. PCPH has several bicultural and bilingual staff that can assist with communication and translation needs.

##### **Age**

Population data from 2007 shows the county has 22.7% of its residents under the age of 18, 63.1% are age 18-64 and 14.1% are 65 years or older. Senior citizens continue to stay independent with 98.5% living independently. The population is 51.4% female and 48.6% male.

##### **Poverty Status**

Looking back over the past decade Polk County saw a decrease in poverty while also seeing an increase in population growth. In 2007 the poverty rate dropped to 9.3% which was well below the state average of 12.9%. The job market grew at 1.9% adding 343 new positions ranging in income from \$32,221 to \$37,192. The median household income was \$45,939 which was slightly lower than the state average of \$48,730.

Before the recession of 2009 Polk County had a relatively strong economic framework. Unemployment typically ran between 5 & 6% and there was a high home ownership rate of 70%. As of December 2008 the unemployment rate was 7.9% and as of February has gone to 8.7%. The numbers will likely continue to climb as the forest products industry continues to reduce operations due to the poor demand for timber products. This is still better than the current state average of 12%. Given the current market decline it is difficult to predict the impact of the economic downturn on the long term outlook for employment and poverty status in the county.

When it comes to poverty single women and children are affected more than the general population. Children under 5 experience a high rate of poverty at 17.1% and children younger than 18 years of age experience poverty at 13%. Single women with children under 18 have the highest poverty rate at 37%. This particular statistic emphasizes the importance of family planning services in a young woman's life. Additional indicators of poverty are the number of students in school who are eligible for free and reduced lunch, the number of people receiving food stamps and those receiving temporary assistance to needy families (TANF). Forty eight % of students enrolled in Polk County schools are eligible for free and reduced lunch, 14% receive food stamps and 3% receive Temporary Assistance to Needy Families (TANF).

On the other end of the spectrum people 65 years of age and older continue to experience the lowest rate of poverty at 7%. The 65 and over age group has a growing population because Polk County is conducive to those seeking a friendly retirement environment.

Income eligibility for several of PCPH's programs is based on 185% of the federal poverty level. In Polk County, approximately 27% of the residents do fall below the 185% of the federal poverty threshold.

## **2. Polk County Public Health Indicators**

### **Polk County Births and Risk Factors**

The birth rate has hovered between 11 and 12 per 1000 over the past two decades but the number of births continues to increase with the population growth in the county. In 2007 a record number of 852 births were recorded for Polk County residents. Most babies are actually born outside the county as Polk County does not have a birthing center within its boundaries. This does not pose significant hardship as there are 3 major hospital centers within 25 to 30 miles of Dallas and Salem Hospital is only 5 minutes from West Salem. Expectant mothers are able to gain access to OB services as shown by 93.7% receiving adequate prenatal care. Of mothers seeking prenatal care 76 to 80% began that care in the first trimester of pregnancy.

### **Risk Factors**

Multiple risk factors affect pregnancy outcomes:

- Teen Pregnancies: (Age <15-19) 11.4%
- Less than 12 years of Education 17.0%
- Unmarried 33.6%
- Tobacco Use During Pregnancy 14.4%
- Alcohol Use During Pregnancy 1.0%

- Illicit Drug Use 2.8%
- Low Birth Weight for Infants 7.2%
- Late or not prenatal care 4.3%
- Multiple Births 3.3%
- Pregnant >35 yrs 11.4%

Public health must continue to work towards community education that can reduce pregnancy risk factors. The health and well being of mothers and their newborns is an indicator of the overall health of the county population. Many of the interventions that promote healthy pregnancies such as reducing drug, alcohol and tobacco use; improved graduation rates and access to higher education; reduced poverty rates by attracting jobs to the county; and access to fresh fruits and veggies for better nutrition also promote a healthier community for all.

**Polk County Deaths and Cause of Death**

Cancer, heart disease, and strokes are the leading causes of death in Polk County. Each of these serious conditions is affected by lifestyle choices such as tobacco use, dietary intake, exercise and obesity. As the population continues to get heavier and obesity grows for all age groups these diseases will continue to increase. Currently 21% of the population is considered obese, and 37% are overweight. Obesity is fast outpacing tobacco as the leading cause of premature death. Other leading causes of death in descending order include: chronic respiratory disease, Alzheimer’s diseases, diabetes and accidents.

Of the deaths in Polk County in 2007 18.7% were directly related to tobacco use. Approximately 16% of Polk County residents smoke cigarettes which is lower than the 19% rate for Oregon and the nation. Another 3% use smokeless tobacco which also causes significant health problems. An additional 10% of the population is exposed to the adverse effects of second hand smoke in their homes.

**Polk County Prevalence of Communicable Disease**

According to the 2008 State of Oregon Selected Reportable Communicable Disease (CD) Summary, the following number of Communicable Diseases occurred in Polk County:

- |                          |           |                    |          |
|--------------------------|-----------|--------------------|----------|
| • Campylobacteriosis     | 7 cases   | • HIV (Cumulative) | 27 cases |
| • Chlamydiosis           | 169 cases | • Lyme Disease     | 2 cases  |
| • Cryptosporidiosis      | 1 case    | • Meningococcal    | 0 case   |
| • E. coli 0157 infection | 2 cases   | • Pertussis        | 4 cases  |
| • Giardiasis             | 8 cases   | • Salmonellosis    | 6 cases  |
| • Gonorrhea              | 9 cases   | • Shigellosis      | 6 cases  |
| • Hepatitis A            | 0 case    | • Syphilis         | 1 case   |
| • Hepatitis B (acute)    | 0 cases   | • Tuberculosis     | 0 cases  |
| • Hepatitis B (chronic)  | 10 cases  | • West Nile        | 0 cases  |
| • Hepatitis C (acute)    | 1 case    |                    |          |

The sexually transmitted disease Chlamydia continues to be the most prevalent communicable disease in Polk County. This illness has been increasing rapidly both in Oregon and nationally. Each CD case is investigated and case contacts are interviewed to track the number and severity of illness. Ill individuals are encouraged to seek treatment with their primary care provider. Treatment for some STDs is available through Public Health for those with out other medical resources.

## **B. Adequacy and Provision of Basic Polk County Public Health Services**

### **1. Extent to which Polk County Public Health provides the five basic services listed in Oregon Revised Statute 432.616.**

#### **a. Epidemiology and Control of Preventable Diseases**

The Communicable Disease (CD) Program collaborates with local healthcare providers to obtain reports of communicable diseases in the community. A CD team member then does a follow up investigation with the disease carrier and their contacts to identify the impact of the illness in the community. Steps are then taken to control the spread of the illness and assure those that are ill seek treatment for their disease.

Staff are trained in conducting epidemiologic investigations and function as a team in any investigation and/or follow-up required in the event of an outbreak within the County. The CD investigations are done according to state investigative guidelines and completed within the specified time frames. The CD nurse collaborates with other Public Health staff in Environmental Health and Emergency Preparedness as appropriate according to the scope of the disease being investigated. The CD nurse also partners with the Immunization Program to provide immunizations that prevent vaccine preventable diseases. Information can also be shared rapidly with local health care providers, clinics, hospitals, pharmacies and even veterinarians through the Alertcast system. This and other technology allows us to communicate information on communicable disease outbreaks as it becomes available.

#### **b. Parent and Child Health Service including Family Planning (ORS 435.205)**

Polk County has a multidisciplinary team able to provide Parent and Child Health services. These include nurse practitioner, public health nurses, medical assistant, certified WIC staff and bilingual staff members able to provide Spanish language interpretation.

The Maternal and Child Health Programs aim to provide a multi-faceted approach to ensuring the healthy development of very young children through interacting in a variety of ways with pregnant women, new mothers and families. Intervention at an early stage can decrease infant mortality and Sudden Infant Death Syndrome (SIDS), reduce the use of alcohol and tobacco during pregnancy and increase the percentage of healthy newborns whose mothers received prenatal care during the first trimester. Continuing assistance with young families can improve the physical, developmental and emotional health of high-risk infants, increase the immunization status of small children, decrease child abuse and improve the health, safety and development of children in childcare settings. Service delivery programs include: Maternity Care Management, Babies First and Cacoon.

Through the Women Infants and Children (WIC) program Polk County Public Health Provides families with nutrition education and counseling, nutritious supplemental foods and health screenings. Referral to a Registered Dietitian (RD) can be provided to high risk clients. The WIC program is for pregnant or breastfeeding women, infants and children (under five years of age), whose income is at or below 185% of the Federal poverty level. Nutrition classes and most education materials are available in English and Spanish.

The Family Planning clinic offers comprehensive reproductive health services including education and assistance in pregnancy planning or prevention for men and women. Most methods of birth control are available. The clinic is open Monday – Thursday for walk-in visits and appointments for exams can be scheduled with the nurse practitioner on Wednesday and Thursday. Family Planning services are provided under the Title X guidelines and the Family Planning Expansion Program (FPEP).

### **c. Health Statistics – Collection and Reporting**

A variety of health statistics are reported by PCPH. The vital records registrar tracks birth and deaths that occur in Polk County. Of note is that birth records average less than 10 a year since most births occur at hospitals outside the county boundaries. All reportable communicable diseases including Tuberculosis (TB) and sexually transmitted diseases (STDs) are tracked for statistical reporting. Immunization data is also tabulated and entered into a data base that other Oregon immunization providers can access. Keeping an accurate record of immunizations prevents children from receiving duplicate vaccines and helps assure they are protected against diseases for which vaccines are available. The Oregon Child Information Data System or ORCHIDS assists the Maternal Child Health nurses in organizing their clients and in data reporting. Data collected is for statistical purposes and individual confidentiality is strictly maintained. Compliance with the Indoor Clean Air Act is also tracked by the Tobacco Prevention & Education Program.

### **d. Health Information and Referral**

Polk County Public Health uses a variety of methods to provide health information to clients and the community. Printed materials on many health issues are available on site along with some video presentations. The county website is used to provide information to the community on current health issues and emergencies. We recognize that there is a wealth of information covering a vast scope of health related issues on the internet. Public Health refers clients to websites that are staffed by professionals who provide expert knowledge on Public Health issues and keep their information up to date. Sites such as the Oregon Department of Human Services, Oregon Public Health and the Centers for Disease Control offer access to current accurate health information.

Polk County Public Health also collaborates with Service Integration. (SI) to share information and coordinate community resources and prevent duplication of services. Each month in Leadership Council leaders from Human Services, school districts, county and state organizations, private non-profits and other service oriented groups meet together to act as a “think tank” on service planning and delivery. Service Integration Teams (SITs) also active in all of the county’s school districts. These teams are designed to respond to local needs and goals develop community projects and coordinate services. By being a part of this network Public Health is able to stay connected to the community and be able to distribute information quickly.

Public Health also works closely with local health care providers, West Valley hospital, Salem Hospital, and the Tribal Health Center in Grande Ronde to coordinate the distribution of health information and improve access to health care.

### **e. Environmental Health Services**

Environmental Health is located in the Community Development office in the Polk County courthouse. as they work closely with the planning and permitting process for both new development and maintenance of existing properties. Though not in the same office Environmental Health and Public Health work together to investigate illnesses or broader outbreaks especially when they relate to food borne illness, vector borne illnesses, water quality issues or mismanagement of solid waste. Environmental Health is available to investigate reports of environmental contamination that would affect the environment and the health of the public..

Environmental Health is continually active in inspection, consultation and compliance investigations of foodservices, tourist facilities, public swimming and spa pools, and regulation of water supplies, solid waste and on-site sewage disposal systems. The clean drinking water program is also a part of their services. Environmental Health coordinates with the DEQ programs, the Department of Planning and with the Department of Agriculture.

Other services provided by Environmental Health include: food handler classes provided through an on-line training program, surveillance for West Nile virus, investigation of animal-bites and surveillance for rabies. Environmental Health is also an important part of the process of emergency preparedness planning, and exercises

## **2. Adequacy of Other Services of Import to the Community**

### **Dental**

Public Health provides some general dental health education through the maternal child health programs. Information and referral services are provided. Two staff nurses are trained and certified to perform oral dental screenings and the application of a fluoride varnish to children less than 4 years of age. Public Health also partners with the Clock Tower dental program to increase accessibility to quality oral care services to persons with HIV/AIDS. There is a need for low cost dental services with in Polk County especially for children. Public Health has partnered with Medical Teams International to bring dental vans to Polk County and more recently we have been able to get the Tooth Taxi sponsored by ODS to visit our local schools.

### **Emergency Preparedness**

Locally, within the County, Polk County Public Health Emergency Preparedness continues to review and/or develop response plans for a variety of major crisis events that may impact the health of the community. The basic document is Polk County Emergency Response Plan/Annex G Health and Medical. To support this document are several appendixes that address Natural Disasters, Chemical Event, Radiation Event, and Pandemic Illness to name just a few. In addition, Public Health collaborates with multiple agencies and services in Polk County and the neighboring jurisdictions in order to better respond and provide necessary support before, during or after an event occurrence. Polk County Public Health leadership and staff have been trained in the Incident Command System. Training, education, and exercise opportunities are developed to share with members of the public, government agencies, health care organizations and other business or volunteer organizations. The Polk County Public Health Emergency Preparedness Coordinator actively participates in meetings and training sessions with Region 2 Hospital Preparedness Program (formerly HRSA), neighboring jurisdictions and State Public Health. The PHEP Coordinator also meets with volunteer groups such as American Red Cross-Willamette Chapter and area Community Emergency Response Teams (CERT). Numerous health messages are pre-developed for various types of health crisis's that may be used as a basic template to more rapidly modify and disseminate information through media outlets to the community. Communication is also supported by use of Health Alert Network (HAN) messaging for health departments, health care providers, and the general community. Alerts, both exercise and real-world, are sent via HAN and PCPH also tests the department telephone alert system. The Polk County website, the department telephone information line, and our 24/7 emergency telephone line are also communication means between PCPH and members of the community.

### **Healthy Communities Program** (Chronic Disease)

Polk County hopes to establish the Healthy Communities program during 2009. The purpose of the Healthy Communities grant is to plan a population-based approach to reduce the burden of chronic diseases most closely linked to physical inactivity, poor nutrition and tobacco use. Such chronic diseases include: arthritis, asthma, cancer, diabetes, heart disease, obesity and stroke. Tobacco use is the single most preventable cause of death and disease in Oregon. Poor nutrition and physical inactivity together are the second leading cause of preventable death and disease. We reach these goals by collaborating with community partners, completing a community needs assessment and developing a plan for a three

year implementation process. By reducing chronic diseases Polk County can indeed promote healthier communities.

### **Lab Services**

Public Health has been approved by CLIA (Clinical Laboratory Improvement Amendments) to perform waived laboratory testing & some microscopy procedures. Basic waived tests provided are capillary hemoglobin, urinalysis, and pregnancy tests. Clients in need of additional laboratory work have their blood drawn in Public Health and the specimen is then sent to a local reference lab or the Oregon State Public Health Lab (OSPHL). The OSPHL provides testing for most communicable diseases including sexually transmitted infections. Pap smears must also be sent to Lab Corp.

### **Medical Examiner**

The Medical Examiner (ME) is contracted by the County through the District Attorney's office. The Medical Examiner and Health Department review collaborative efforts at least annually.

### **Nutrition**

The Women Infants and Children Nutrition Program (WIC) provides nutrition information to pregnant women and parents of children to age five. WIC nutrition classes are provided in both English and Spanish. Moderate to high-risk clients are referred to the Registered Dietician, who then provides more in-depth nutrition evaluation and education. The Registered Dietician also provides nutrition-related updates for the staff and provides curriculum input for the monthly WIC nutrition classes. Nutrition screening is also done by the Registered Nurses who work in the Maternal Child Health programs. Children at risk can be screened in their own homes and appropriate referrals made for follow up care.

### **Older Adult Health**

The primary service to older adults is through the annual flu and pneumonia vaccination campaign. Flu and pneumonia vaccines are available to older adults through small clinics, conduct by Public Health staff members, in local assisted living and long term care facilities. The impact of influenza and pneumonia can be severe and even life threatening among senior citizens. By promoting vaccination against the flu we are working to prevent the severe complications influenza can bring. Other care to seniors is limited to information and referral to health resources available in the community.

### **Primary Health Care**

Though Public Health does not provide primary care we do refer to providers in the community. We work closely with North West Human Services who operate clinics in both West Salem and Monmouth. Salem Hospital has also been sponsoring a clinic in West Salem for the uninsured. Given the current economic climate there is a need in the community for low cost primary health care.

### **Tobacco Prevention and Education Program**

The Polk County Tobacco Prevention and Education Program (TPEP) strives to eliminate exposure to secondhand smoke, prevent the initiation of tobacco by youth, increase access to cessation resources for adults and youth and eliminate disparities in tobacco use. We do this by working with school districts to implement comprehensive tobacco-free environment policies, working with landlords and housing authorities to transition to smoke-free properties, providing smoke-free events for our community, educating local businesses about the Indoor Clean Air Act, conducting retailer compliance checks and providing access to Quit line resources.

### III. ACTION PLANS

#### A. **Epidemiology and Control of Preventable Diseases and Disorders.**

Epidemiology and Control of Preventable Diseases and Disorders. Disease Reporting			
<p><b>I. Current condition or problem:</b> Manual reporting forms for CD have been successfully transitioned to the Multnomah County Data Base for centralized electronic disease reporting. The system is further evolving to a new reporting system, called Orpheus, and additional training will be needed to integrate the changes into Polk County’s current data collection and reporting process.</p>			
Goal (s)	Activities	Who is Responsible	Evaluation
Complete Orpheus Data Base Training	Continue with monthly CD Database meetings with DHS	CD Nurse and Lead Nurse	Start of New Orpheus System is anticipated by end of 2009. Evidence of use of entire system will be evaluated within one month of start of new system.
Assure that all CD and IS staff are properly trained in the correct use of Orpheus System. Correct timelines and disease information required by state effectively communicated.	In-service review of Orpheus system with Polk County staff. Request additional training from DHS personnel if needed.	CD coordinator and Public Health Director	Evidence of consistency in reporting contents and timeliness of delivery will be evaluated monthly after implementation of new system.

Epidemiology and Control of Preventable Diseases and Disorders. Distribution of Health Information			
<p><b>II. Current condition or problem:</b> Current information and referral service information to the public on the Polk County Website is limited and needs updating. The county website is being redesigned to allow better access for editing content but will not be available until third quarter of 2009.</p>			
Goal (s)	Activities	Who is Responsible	Evaluation
Provide updated, current health information and referral services to the public to promote health and maintain healthy behaviors.	Review and update current information and referral information on Polk County Public Health Site related to disease prevention.	CD Nurse; Polk County IS department; Public Health Directory	Evidence of updated health information and referral sources for health promotion will be available on Polk County Public Health Site by end of 2009.

Epidemiology and Control of Preventable Diseases and Disorders.  
Tuberculosis

**III. Current condition or problem.**

Diagnosis and treatment of active and latent Tuberculosis has continued to be updated and a new blood test, Quantiferon Gold, is now available through the State of Oregon Public Health Lab. This test needs to be delivered to the state lab within 12 hours of the blood draw and currently the closest courier system comes to Salem Hospital only. Integrating other updated recommendations for a longer treatment of Latent Tuberculosis with INH is also being recommended.

Goal (s)	Activities	Who is Responsible	Evaluation
Complete review of current recommendations for LTBI treatment and incorporate new standards into practice.	Review updated Center for Disease Control (CDC) recommendations for evaluation and treatment of active and latent TB.	CD Nurse, Health Officer and Public Health Director.	Evidence of updated TB policy and procedure with consistency in treatment and testing approach to new and ongoing TB suspect cases by end of 2009.
Assure that all CD staff are trained in Quantiferon testing and follow-up with State of Oregon Public Health Lab and state TB program.	Attend regularly scheduled TB trainings offered by state TB program coordinator. Work with Salem Hospital lab and Infection Control Committee to coordinate TB activities.	CD coordinator, lead PH Nurse, Health Officer, and Public Health Director	Evidence of appropriate use of Quantiferon testing in suspect TB cases and timely follow-up with results from State Public Health Lab. Improved monthly communication with Salem Hospital lab and infection control specialists.

Polk County Public Health  
Local Tobacco Prevention & Education Program Plan  
**2009 - 2010**

The Tobacco Prevention and Education Program (TPEP) has established 4 basic goals to achieve statewide. These goals are:

1. Eliminate or reduce exposure to secondhand smoke
2. Countering pro-tobacco influences
3. Promote quitting
4. Reduce the burden of tobacco-related chronic diseases

The following is a list of the 10 objectives selected by the TPEP program for implementation in Polk County. Each of the objectives seeks to support at least one of the four basic goals of the TPEP program. Each of these objectives is achieved by performing an initial assessment of the objective focus area and then coordinating and collaborating with key community partners. The TPEP program also works to provide community outreach and education through various media sources. After working with key partners policy will be developed and that will promote successful implementation of each objective

Best Practice Objective # 1: Tobacco-Free Worksites

By June 2010 all 5 government buildings' property in Polk County will be in process to adopt tobacco-free campus policies.

Best Practice Objective # 2: Tobacco-Free hospitals/health systems

By April 2010, all health care providers at West Valley Hospital will be providing tobacco cessation messages and information about evidence based assistance for quitting during all provider-patient interactions.

Best Practice Objective #3: Tobacco-Free Community Colleges

By June 2010 Chemeketa Community College will have adopted a tobacco-free policy for campuses in Polk, Marion and Yamhill counties.

Best Practice Objective # 4: Smoke-Free multi unit housing

By June 2010, 2 multi-unit housing facilities, West Valley Housing Authority and Salem Housing Authority will have adopted no-smoking rules for their properties.

Best Practice Objective #5: Implement the smoke free workplace law

By June 30th 2010, Polk County will have responded to all complaints of violation of the Smoke free Workplace Law according to the protocol specified in the Delegation Agreement.

Best Practice Objective #6: Build Capacity for Tobacco-Related Chronic Disease Prevention

By June 2010 Polk County TPEP Coordinator will attend 5 TROCD Capacity Building Institutes.

Best Practice Objective #7: Tobacco-Free Head Start

By April 1<sup>st</sup>, 2010, all Head Start programs in Polk County will have passed a model tobacco-free policy.

Best Practice Objective # 8: Tobacco-Free Schools

By May 1<sup>st</sup> 2010, all Polk County School Districts in Polk County will have passed gold standard tobacco-free policies.

Best Practice Objective #9: Tobacco-Free Outdoor Venues

By June 2010, Polk County Fair Grounds, Dallas City Parks and Independence City Parks will have passed tobacco-free policies.

Best Practice Objective #14: Tobacco-Free Post Secondary Education And Training Institutions

By June 2010, Western Oregon University will have adopted a tobacco-free policy.

This is a summary of the TPEP plan for Polk County. Additional details on the plan can be obtained by contacting the TPEP coordinator at Polk County Public Health.

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

### **1. WIC Program**

#### **WOMEN, INFANTS AND CHILDREN PROGRAM (WIC)**

#### **INFORMATION SHEET**

### **WIC NUTRITION EDUCATION PLAN**

The Oregon WIC Program Nutrition Education Plan is designed to support and promote a comprehensive approach in the delivery of WIC services. This structure involves a three-year strategy focusing on providing quality nutrition services including nutrition assessment and education in preparation for the federally mandated implementation of the Value Enhanced Nutrition Assessment (VENA) project also known as Oregon WIC Listens. The multi-year plan will continue to support the Oregon Statewide Nutrition and Physical Activity Plan, Breastfeeding Promotion, and MCH Title V National Performance Measures.

### **VENA Background**

VENA is a nationwide WIC nutrition education initiative. It is a part of a larger national initiative to revitalize quality nutrition services (RQNS) in WIC. The goal of VENA is to expand the purpose of nutrition assessment from eligibility determination to improved, targeted, client centered nutrition education. The six competency areas for WIC nutrition assessment include Principles of life-cycle nutrition; Nutrition assessment process; Anthropometric and hematological data collection techniques; Communication; Multicultural awareness; and Critical thinking. VENA is to be implemented in all WIC Programs across the United States by October 1, 2009.

### **Year One – FY 2007-2008**

The primary mission of the WIC Program is to improve the health outcomes of our participants. The first year of the WIC Nutrition Education Plan will be devoted to building staff skills and technical knowledge regarding nutrition assessment and quality nutrition education in order to help facilitate healthy behavior change. The focus of Year One will involve conducting a thorough assessment in order to appropriately target nutrition education, then identifying the key nutrition messages appropriate to the client's personal, cultural and socioeconomic preferences. Activities for WIC staff will include completion of the new Oregon WIC Nutrition Risk Module, implementation of the dietary assessment module revisions and understanding Oregon WIC's key nutrition messages. The desired outcome is Oregon WIC staff can appropriately assess clients' risks, concerns, and dietary preferences to deliver quality nutrition education tailored to the client's need.

### **Year Two – FY 2008-2009**

The second year of the WIC Nutrition Education Plan will be devoted to increasing staff nutrition knowledge related to the revised WIC food packages and Oregon WIC's Key Nutrition Messages. The focus of Year Two will be assessing and evaluating where staff are in providing participant centered services and supporting A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012.

### **Year Three – FY 2009-2010**

The third year of the WIC Nutrition Education Plan will continue to be devoted to enhancing staff knowledge related to the revised WIC food packages – Fresh Choices. Year Three will also be devoted to enhancing and sustaining staff skills with participant centered services – Oregon WIC Listens. The focus of Year Three will be to assure successful implementation of Fresh Choices and to support the foundation for health and nutrition of all WIC families.

General guidelines and procedures for the Nutrition Education Plan are described in Policy 850 of the Oregon WIC Policy and Procedure Manual. USDA requires each local agency to complete an annual Nutrition Education Plan [7 CFR 246.11(d)]. Even though we are focusing on specific goals, WIC agencies should plan to continue to provide a quality nutrition education program as outlined in the WIC Program Policy and Procedure Manual and the Oregon WIC Nutrition Education Guidance.

### **Materials included in the FY 2009-2010 Oregon WIC Nutrition Education Plan:**

- FY 2009-2010 WIC Nutrition Education Plan Goals, Objectives and Activities
- FY 2008-2009 Evaluation of WIC Nutrition Education Plan (return to state by May 1, 2009)
- FY 2009-2010 WIC Nutrition Education Plan Form (return to state by May 1, 2009)
- Attachment A – WIC staff Training Plan (return to state by May 1, 2009)

**Polk County**  
 FY 2009 - 2010 WIC Nutrition Education Plan  
**Goals, Objectives & Activities**

**Overall Mission/Purpose:** *The Oregon WIC Program aims to provide public health leadership in promoting the health and improved nutritional status of Oregon families by providing:*

- Nutrition Education
- Breastfeeding Promotion
- Supplemental Nutritious Foods
- Partnerships With and Referrals to Other Public and Private Community Groups

FY 2009 - 2010 WIC Nutrition Education Plan Form

**County/Agency:** Polk County Public Health

**Person Completing Form:** Inge Daeschel RD & Andy Walker RN

**Date:** 4/24/2009

**Phone Number:** (503) 623-8175

**Email Address:** walker.andy@co.polk.or.us

**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:**                      Polk County WIC staff will complete the new Food Package Assignment Module by December 31, 2009. Completion will be documented in TWIST.

**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 food 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:**                      Polk County WIC staff will receive initial training on Infant Feeding Cues at the State WIC conference in June 2009 and will utilize this information with participants when implementing the new WIC food packages prior to December 2009. Additional training will occur during a quarterly in-service on Infant Feeding Cues in February 2010.

**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 not 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:** *Polk County WIC staff will review lesson plans for consistency with the Key Nutrition Messages and new food package changes during July and August. Updates will be discussed during a quarterly in-service on Fresh Choices in November 2009.*

**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 WIC A by May 1, 2009.

**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:** *Polk County staff will participate in state sponsored Oregon WIC Listens in-services during August and October 2009.*

**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:** *Polk County staff will participate in state sponsored Oregon WIC Listens observation activities during August and October 2009. Progress with development of participant centered skills will be periodically reviewed at staff meetings.*

**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:** *Polk County WIC staff will distribute updated WIC outreach materials to community partners by October 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:** *Polk County WIC staff will participate in the state Fresh Choices evaluation by April 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:** *Polk County WIC staff will use state provided resources to assess breastfeeding promotion and support activities by December 2009. Strategies for improvement will be identified.*

**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:** *Polk County WIC staff will implement one identified strategy by April 2010.*

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

Agency: Polk County Public Health  
Training Supervisor(s) and Credentials: Inge Daeschel RD / Andy Walker RN

### **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	August 2009	Oregon WIC Listens Client Centered Training	Improve interaction with clients to promote education that meets client's needs.
2	November 2009	Fresh Choices new food packages	Be able to explain the reasons why changes were made to clients & encourage positive food choices.
3	February 2010	Infant Feeding Cues	Be able to provide client education on how to recognize cues infants give to indicate hunger vs. other needs.
4	May 2010	Focus on Fruit and Vary your Veggies	Understand the importance of consuming a variety of fruits and vegetables in building a balanced diet.

## EVALUATION OF WIC NUTRITION EDUCATION PLAN FY 2008-2009

WIC Agency: Polk County Public Health

Person Completing Form: Inge Daeschel & Andy Walker

Date: 4-24-2009 Phone: 503-313-5600

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

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

*Activity 1: By October 31, 2008, staff will review the WIC Program's Key Nutrition Messages and identify which ones they need additional training on.*

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

- How were the WIC Program's Key Nutrition Messages shared with staff in your agency?  
Folders were created and dispersed in August in which the key nutrition messages for the Oregon WIC program were included. Staff was asked to review the messages in the packet and write notes indicating which topics they felt they would like to learn more about. The dietitian then reviewed the returned packets and developed nutrition education training.
- Which messages did staff identify as needing additional training on?  
The certifiers identified "Feeding the infant or child who is growing poorly: Weight gain tactics". The staff also felt a brush up on the high risk nutrition referral process would also be helpful. In addition staff training on the new participant education classes was requested.
- How did this training occur?

This training occurred October 8<sup>th</sup> in a planned in-service training.

*Activity 2: By March 31, 2009, staff will review the proposed food package changes and:*

- *Select at least three food package modifications (for example, addition of new foods, reduction of current foods, elimination of current foods for a specific category).*
- *Review current nutrition education messages most closely connected to those modifications, and*

- *Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or, reduce client resistance to change.*

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

- How did staff review the proposed food package changes? On 2/26/09 the staff was provided a folder with nutrition education materials including a copy of the Fresh Choices in WIC power point. Staff reviewed the power point presentation, and answered questions on which new foods correlate with the Key Nutrition Messages and what messages need to be changed.
- Which nutrition education messages were identified that need to be modified? Staff identified that the messages basically remain the same however it's how the messages are explained that may change.
- How will these messages be shared with participants? The messages will be shared with participants by identifying the differences in the packages and why the changes were made using a client centered approach as promoted in the WIC Listens staff training.

*Activity 3: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2008-2009.*

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

- Did your agency conduct the staff in-services you identified?  
The staff in-service occurred 10-9-08 on the following topics
  1. high risk nutrition referral process
  2. Feeding the infant and child who is growing poorly
  3. New classes: Physical activity it's a lifestyle
    - I'm not a baby anymore
    - 14 steps to breastfeeding
    - Feeding 8-12 month olds
- Were the objectives for each in-service met? Yes
- How do your staff in-services address the core areas of the CPA Competency Model?

Response:

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

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

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

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

- Did staff review the assessment steps from the Dietary Risk Module? This was also part of the packet provided in August 2008.
- Which steps did staff identify as needing additional training on?  
The staff identified a concern about referral for high risk nutrition counseling and how to determine who should be referred to the dietitian. They were unsure about using probing questions and critical thinking and what specifically this entails. They wanted to know "how to get the client to open up more"
- How did this training occur?  
Dietitian conducted in-service October 8<sup>th</sup> on the referral process for high risk and made charts on which risk categories are TWIST assigned and which must be manually assigned. A summary chart was provided that indicated the most common high risk referral categories.  
Staff attended WIC state training March 11 and 12<sup>th</sup> 2009 which addressed how to use client centered probing questions and use critical thinking skills.

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

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

- How have staff modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules? They are much more consistent in identifying high risk referrals and assigning and documenting risk factors. They are using strategies they learned from their WIC Listen's in-service. Patty has added to the back of her

patient follow up scheduling form a “What we talked about in WIC today” form with circles included to help staff organize their participant centered responses and with client’s input address their prioritized concerns.

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

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

*Activity 1: Identify your objective and strategy to facilitate healthy behavior change for WIC staff.*

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

- Which objective and strategy did your agency select?

Increase fruit and vegetable intake to five serving per day.

- How did your agency decide on this objective and strategy?

Staff felt this was desirable and achievable. Staff was encouraged to bring fruits and vegetables as snacks to the work site and for events and meetings that entailed eating and to be mindful in what they ate at home. Posters that support vegetable and fruit intake were posted in the halls and offices.

- Did the strategy help meet the objective? Yes, almost all staff felt they increased fruit and vegetable intake. Some who already had high intakes continued to consume a healthful array of fruits and vegetables.
- What went well and what would you do differently? The posters were informative and got staff thinking about the advantages of fruits and vegetables. Next time we might consider a more formal method of tracking fruit and vegetable intake by staff.

*Activity 2: Identify your objective and strategy to facilitate healthy behavior change for WIC clients.*

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

- Which objective and strategy did your agency select? Encouraging clients to eat more fruits and vegetables, at least 5 per day.
- How did your agency decide on this objective and strategy?

We offered Farmer’s Market coupons. Posters of colorful fruits and vegetables were displayed in the halls and offices. We plan to implement “The Get Health Now Show” that promotes fruits and vegetables to clients and their children during the next class schedule change.

- Did the strategy help meet your objective? Parents comment on the colorful posters. Demand for Farmers Market Coupons remains high.
- What went well and what would you do differently?

It is difficult to assess if families are actually eating more fruits and vegetables. The comments regarding the posters have been favorable.

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

**Year 2 Objective:** During plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one objective and implement at least on strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

*Activity 1: Identify your objective and strategy to improve breastfeeding outcomes for WIC clients.*

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

- Which objective and strategy did your agency select? Object 1 and strategy d.
- How did your agency decide on this objective and strategy? We completed and were trained by state WIC staff the Breastfeeding Basics and Enhanced Breastfeeding knowledge August 14<sup>th</sup> and 21<sup>st</sup> 2008 During the October 8<sup>th</sup> in-service breastfeeding support and out reach was discussed and the letters about the legalities of breastfeeding in the work place sent to us by the state office were copied and made available to mothers who asked advice about breastfeeding and the return to work.
- Did the strategy help meet your objective?

Yes because staff felt more comfortable counseling breastfeeding mothers and mothers are being made more aware of their rights when they return to work.

- What went well and what would you do differently? We have not had time to survey mothers about the support they are getting from their primary care physicians about breastfeeding.

## 2. Immunizations.

### Immunization Comprehensive Triennial Plan

#### Local Health Department:

#### Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

#### Calendar Years 2009-2011

Year 1: July 2009-December 2009						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p><b>A. Increase the up-to-date rate for 2 year olds (431331) seen at Polk County Health Department by 1% a year over the next 3 years</b></p> <p><b>[Yearly % increase chosen must be <math>\geq 1\%</math>]</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use most recent AFIX assessment data as the baseline</li> <li><input type="checkbox"/> Assure every shot is entered in IRIS/ALERT from clinic within 14 days of administration.</li> <li><input type="checkbox"/> Screen for imms at all WIC appts &amp; ensure clients are referred to medical home or LHD immunization clinic</li> <li><input type="checkbox"/> Provide parents with a written reminder for return to clinic for next scheduled vaccinations.</li> <li><input type="checkbox"/> Fully screen each patient for imms using IRIS/ALERT and immunize as needed.</li> <li><input type="checkbox"/> Provide immunization education, reminders, and immunization clinic schedules to parents at Babies First home visits.</li> </ul>	July For all	Judy for all	<ul style="list-style-type: none"> <li><input type="checkbox"/> Baseline set</li> <li><input type="checkbox"/> 2009 timeliness report from OIP improved from 53% to 80% from 2008</li> <li><input type="checkbox"/> Screening for imms at ever visit by WIC staff</li> <li><input type="checkbox"/> Set up system to assist parents in making next appointment on July1, 2009.</li> <li><input type="checkbox"/> Screening &amp; imms at every visit by immi staff</li> <li><input type="checkbox"/> Babies 1<sup>st</sup> CHNs now providing immi education at home visits</li> <li><input type="checkbox"/> UTD rate increase by 1%</li> </ul>	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report

<p><b>B. Decrease the Polk County Health Department missed shot rate 1% each year for 3 years</b></p> <p>[Yearly % decrease chosen must be <math>\geq 1\%</math>]</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use most recent AFIX assessment data as the baseline for missed shot rate</li> <li><input type="checkbox"/> Fully screen each patient for immes at every visit and immunize or schedule as needed.</li> <li><input type="checkbox"/> Provide vaccine education to parents, including: <ul style="list-style-type: none"> <li><input type="checkbox"/> Take home materials on vaccine safety</li> <li><input type="checkbox"/> Simplified immunization schedule for first 2 years</li> </ul> </li> <li><input type="checkbox"/> Assure every shot is entered in IRIS/ALERT from clinic and other sites within 14 days of administration.</li> <li><input type="checkbox"/> Give all shots due unless truly contraindicated</li> </ul>	<p>July for all</p>	<p>Judy for all</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Baseline set</b></li> <li><input type="checkbox"/> <b>Screening at every visit by all staff</b></li> <li><input type="checkbox"/> <b>Vaccine education materials identified and take home packets created. Distribution began July 1, 2009</b></li> <li><input type="checkbox"/> <b>2009 timelines report from OIP improved from 53% to 80% from 2008</b></li> <li><input type="checkbox"/> 2009 Missed Shot rate in AFIX assessment decreased from 15% to 14%</li> </ul>	<p>To be completed for the CY 2009 Report</p>	<p>To be completed for the CY 2009 Report</p>
---	--	---------------------	---------------------	--	---	---

**Year 2: January 2010-December 2010**

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p><b>A. Increase the up-to-date rate for 2 year olds (431331) seen at Polk County Health Department by 1% a year over the next 3 years</b></p> <p><b>[Yearly % increase chosen must be <math>\geq 1\%</math>]</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use most recent AFIX assessment data as the baseline</li> <li><input type="checkbox"/> Continue screening each patient for imms at every visit and immunize as needed.</li> <li><input type="checkbox"/> Continue entering every shot into IRIS/ALERT from clinic and other sites within 14 days of administration.</li> <li><input type="checkbox"/> Continue providing immunization information to new mothers and at Babies First home visits.</li> <li><input type="checkbox"/> Continue screening for imms at all WIC appts &amp; referring to medical home or LHD immunization clinic for shots needed</li> </ul>	<p>As soon as available from OIP</p>	<p>Judy for all</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Screening &amp; imms at every visit by all staff</b></li> <li><input type="checkbox"/> <b>2010 timeliness report from OIP improved from __% to __% from 2009</b></li> <li><input type="checkbox"/> <b>UTD rate increase by __%</b></li> </ul>	<p align="center">To be completed for the CY 2010 Report</p>	<p align="center">To be completed for the CY 2010 Report</p>
<p><b>B. Decrease the Polk County Health Department missed shot rate 1% each year for 3 years</b></p> <p><b>[Yearly % decrease chosen must be <math>\geq 1\%</math>]</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use most recent AFIX assessment data as the baseline for missed shot rate</li> <li><input type="checkbox"/> Continue to fully screen each patient for imms at every visit and immunize or schedule as needed.</li> <li><input type="checkbox"/> Continue to provide vaccine education to parents, including:               <ul style="list-style-type: none"> <li>o Take home materials on vaccine safety</li> <li>o Simplified immunization schedule for first 2 years</li> </ul> </li> <li><input type="checkbox"/> Continue to assure every shot is entered in IRIS/ALERT from clinic and other sites within 14 days of administration.</li> <li><input type="checkbox"/> Continue to give all shots due unless truly contraindicated</li> </ul>	<p>As soon as available from OIP</p>	<p>Judy for all</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Screening at every visit by all staff</b></li> <li><input type="checkbox"/> <b>Vaccine education materials given to parents at every immunization visit.</b></li> <li><input type="checkbox"/> <b>2010 timeliness report from OIP improved from __% to __% from 2009</b></li> <li><input type="checkbox"/> 2010 Missed Shot rate in AFIX assessment decreased from __% to __%</li> </ul>	<p align="center">To be completed for the CY 2010 Report</p>	<p align="center">To be completed for the CY 2010 Report</p>

**Year 3: January 2011-December 2011**

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p><b>A. Increase the up-to-date rate for 2 year olds (431331) seen at Polk County Health Department by 1% a year over the next 3 years</b></p> <p><b>[Yearly % increase chosen must be <math>\geq 1\%</math>]</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use most recent AFIX assessment data as the baseline</li> <li><input type="checkbox"/> Continue screening each patient for imms at every visit and immunize as needed.</li> <li><input type="checkbox"/> Continue entering every shot into IRIS/ALERT from clinic and other sites within 14 days of administration.</li> <li><input type="checkbox"/> Continue providing immunization information to new mothers and at Babies First home visits.</li> <li><input type="checkbox"/> Continue screening for imms at all WIC appts &amp; referring to medical home or LHD immunization clinic for shots needed</li> </ul>	<p>As soon as available from OIP</p>	<p>Judy for all</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Screening &amp; imms at every visit by all staff</li> <li><input type="checkbox"/> 2011 timeliness report from OIP improved from __% to __% from 2010</li> <li><input type="checkbox"/> UTD rate increase by __%</li> </ul>	<p align="center">To be completed for the CY 2011 Report</p>	<p align="center">To be completed for the CY 2011 Report</p>

<p><b>B. Decrease the Polk County Health Department missed shot rate 1% each year for 3 years</b></p> <p>[Yearly % decrease chosen must be <math>\geq 1\%</math>]</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use most recent AFIX assessment data as the baseline for missed shot rate</li> <li><input type="checkbox"/> Continue to fully screen each patient for imms at every visit and immunize or schedule as needed.</li> <li><input type="checkbox"/> Continue to provide vaccine education to parents, including: <ul style="list-style-type: none"> <li><input type="checkbox"/> Take home materials on vaccine safety</li> <li><input type="checkbox"/> Simplified immunization schedule for first 2 years</li> </ul> </li> <li><input type="checkbox"/> Continue to assure every shot is entered in IRIS/ ALERT from clinic and other sites within 14 days of administration.</li> <li><input type="checkbox"/> Continue to give all shots due unless truly contraindicated</li> <li><input type="checkbox"/></li> </ul>	<p>As soon as available from OIP</p>	<p>Judy for all</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/></li> <li><input type="checkbox"/> <b>Screening at every visit by all staff</b></li> <li><input type="checkbox"/> <b>Vaccine education materials given at every immunization visit.</b></li> <li><input type="checkbox"/> <b>2011 timeliness report from OIP improved from __% to __% from 2010</b></li> <li><input type="checkbox"/></li> <li><input type="checkbox"/> <b>2011 Missed Shot rate in AFIX assessment decreased from __% to __%</b></li> </ul>	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>
---	--	--------------------------------------	---------------------	---	---	---

**Immunization Comprehensive Triennial Plan**

**Local Health Department:**

**Plan B – Community Outreach and Education Calendar Years 2009-2011**

Year 1: July 2009-December 2009						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
Promote AFIX in: <input type="radio"/> Private Provider offices <input type="radio"/> Delegate Clinics	<input type="checkbox"/> Commit staff time and resources to project	Due July	Staff July	<input type="checkbox"/> List of providers created and possible clinics to recruit for AFIX identified by _____ <input type="checkbox"/> OIP committed to provide services on _____ <input type="checkbox"/> AFIX materials gotten from OIP and CDC. Reviewed by ____ <input type="checkbox"/> Monthly and then bi-weekly contact with OIP health educator Reminder calls made <input type="checkbox"/> Clinics/Hospital contacted and educated on benefits of free AFIX assessment & feedback with staff	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report
	<input type="checkbox"/> Determine the number of private providers in county; ask OIP for list of providers who have never received an AFIX assessment or who have not received one in 3 or more years	July	Judy			
	<input type="checkbox"/> Participate in AFIX training in order to answer questions during recruitment	Pending per OIP	Judy			
	<input type="checkbox"/> Arrange for OIP assistance with this project	July	Judy			
	<input type="checkbox"/> Dedicate staff time to contacting hospital and getting approval to present at hospital staff meeting and contacting private providers to get approval to present at a luncheon at providers office.	July	Judy			

<p><b>A. Continued</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Keep list of “no-thanks” clinics to contact next year</li> <li><input type="checkbox"/> Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.)</li> <li><input type="checkbox"/> Provide reminder call to clinic 1 week prior to feedback</li> <li><input type="checkbox"/> OIP to run assessments and present feedbacks</li> <li><input type="checkbox"/> OIP to present an introduction of AFIX, ALERT and VFC at hospital staff meeting.</li> <li><input type="checkbox"/> Attend feedback sessions and participate in discussion. Be responsible for handing out materials, getting attendance form completed, etc.</li> <li><input type="checkbox"/> Post-feedback, send note of appreciation to provider and recommend annual assessments</li> </ul>	<p>Aug.</p> <p>Aug.</p> <p>Sept.</p> <p>Sept</p> <p>Sept.</p> <p>Sept.</p> <p>Oct.</p>	<p>Judy</p> <p>Judy Alison</p> <p>Judy</p> <p>Alison</p> <p>Alison</p> <p>Judy Alison</p> <p>Judy</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> List updated with 2<sup>nd</sup> year prospects</li> <li><input type="checkbox"/> Number of Feedbacks held <ul style="list-style-type: none"> <li>o Name of clinic(s)</li> <li>o Feedback dates</li> <li>o # participants at each</li> </ul> </li> <li><input type="checkbox"/> Thank you notes sent post-feedback within 2 weeks of presentation</li> </ul>	<p>To be completed for the CY 2009 Report</p>	<p>To be completed for the CY 2009 Report</p>

# Immunization Comprehensive Triennial Plan

## Local Health Department:

### Plan B – Community Outreach and Education

#### Calendar Years 2009-2011

Year 2: January-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<b>A.</b> Update AFIX in: <input type="radio"/> Private Providers Offices <input type="radio"/> Delegate Clinics	<input type="checkbox"/> Commit staff time and resources to project <input type="checkbox"/> Arrange for OIP assistance with this project <input type="checkbox"/> Dedicate staff time to contacting hospital/providers and getting approval to present at staff/luncheon meeting. <input type="checkbox"/> Keep list of “no-thanks” clinics to contact next year <input type="checkbox"/> Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.) <input type="checkbox"/> Provide reminder call to clinic 1 week prior to feedback <input type="checkbox"/> OIP to run assessments and present feedbacks <input type="checkbox"/> Attend feedback sessions and participate in discussion. Be responsible for handing out materials, getting attendance form completed, etc. <input type="checkbox"/> Post-feedback, send note of appreciation to provider and recommend annual assessments	Due Jan.  Feb.  March  March  March -Sept.  As scheduled  As scheduled  After presentation	Staff Judy Alison  Judy Alison  Judy Alison  Alison  Judy Alison  Judy	<input type="checkbox"/> OIP committed to provide services on <input type="checkbox"/> AFIX materials gotten from OIP and CDC. Reviewed by _____ <input type="checkbox"/> Hospital/Providers contacted to schedule update on AFIX assessment & feedback with staff <input type="checkbox"/> List updated with 3 <sup>rd</sup> year prospects <input type="checkbox"/> Monthly and then bi-weekly contact with OIP health educator Reminder calls made <input type="checkbox"/> Number of Feedbacks held o Name of clinic(s) o Feedback dates o # participants at each  <input type="checkbox"/> Thank you notes sent post-feedback within 2 weeks of presentation	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

**Immunization Comprehensive Triennial Plan**

**Local Health Department:**

**Plan B – Community Outreach and Education**

**Calendar Years 2009-2011**

Year 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Update AFIX in:</p> <ul style="list-style-type: none"> <li>○ Private Providers Offices</li> <li>○ Delegate Clinics</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Commit staff time and resources to project</li> <li><input type="checkbox"/> Arrange for OIP assistance with this project</li> <li><input type="checkbox"/> Dedicate staff time to contacting hospital/providers and getting approval to present at staff/luncheon meeting.</li> <li><input type="checkbox"/> Keep list of “no-thanks” clinics to contact next year</li> <li><input type="checkbox"/> Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.)</li> <li><input type="checkbox"/> OIP to run assessments and present feedbacks</li> <li><input type="checkbox"/> Attend feedback sessions and participate in discussion. Be responsible for handing out materials, getting attendance form completed, etc.</li> <li><input type="checkbox"/> Post-feedback, send note of appreciation to provider and recommend annual assessments</li> </ul>	<p>Due Jan.</p> <p>Feb.</p> <p>March</p> <p>March</p> <p>March -Sept.</p> <p>As scheduled</p> <p>After presentation</p>	<p>Staff Judy Alison</p> <p>Judy</p> <p>Judy</p> <p>Judy Alison</p> <p>Judy Alison</p> <p>Judy</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> OIP committed to provide services on</li> <li><input type="checkbox"/> AFIX materials gotten from OIP and CDC. Reviewed by _____</li> <li><input type="checkbox"/> Hospital/Providers contacted to schedule update on AFIX assessment &amp; feedback with staff</li> <li><input type="checkbox"/> Monthly and then bi-weekly contact with OIP health educator Reminder calls made</li> <li><input type="checkbox"/> Number of Feedbacks held               <ul style="list-style-type: none"> <li>○ Name of clinic(s)</li> <li>○ Feedback dates</li> <li>○ # participants at each</li> </ul> </li> <li><input type="checkbox"/> Thank you notes sent post-feedback within 2 weeks of presentation</li> </ul>	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>

### **3. Maternal Child Health Services**

#### **A. Maternity Case Management Action Plan**

**Goal: Healthy Babies for High Risk Mothers.**

##### **Current Condition or Problem**

While early and adequate prenatal care is important for all pregnant women, there are women in the community that face greater barriers to prenatal care access due to risk factors impacting their lives. The greater the number of risk factors, the less likely a pregnant woman is to seek prenatal care and the greater the risk to both mother and baby's health.

##### **Objectives:**

Increase access to early and adequate prenatal care for high risk mothers.  
Access to health insurance coverage to remove financial barriers to prenatal care.  
Early identification of complications that could affect mother and baby's health.  
Referral to community agencies and services that address client needs.  
Referral to treatment of substance abuse issues and mental health issues as needed.

##### **Risk Factors:**

Risk factors that have significant potential to reduce access to prenatal care include but are not limited to. Drug and alcohol issues, mental health issues, developmentally delayed, young age, homelessness, limited education, Intimate partner abuse issues and victim of child abuse.

##### **Activities:**

Through referrals from local health care providers, community partners and government agencies the MCM nurse will obtain client contact information and evaluate each case. Those clients at greatest risk for negative health outcomes will be contacted for case management.

##### **Evaluation:**

Numbers and percentage don't necessarily provide an effective evaluation of this program due to the small number of clients we are able to serve. The true evaluation of this program comes by seeing a mother at risk give birth to a healthy baby and be able to care for her child's needs.

##### **Challenges:**

The support for perinatal services is insufficient for the number of women who need Maternity Case Management services.  
The Medicaid reimbursement rate for MCM services does not reflect the actual cost of providing these services in the community. Lack of financial support significantly limits the services that can be provided.

## **B. Babies First Action Plan**

**Goal: To improve the physical, developmental and emotional health of high risk infants.**

### **Current Condition or Problem**

Early intervention is vital in the life of a child with potential for developmental delays or life long health issues. Often parents with children at risk may not know how to access care and information needed to reverse these problems. The ability to access care can be impeded further by a person's lack of financial resources, educational deficits or even cultural differences. The presence of a visiting nurse in the home has great potential to improve the health of children and improve the parent's ability to care for a child with special needs.

### **Objectives:**

1. To improve the early identification of infants and young children at risk of developmental delay or other health related problems.

Activities:

- Encourage local providers to refer at risk newborns and infants to the Babies First program for early screening, assessment and follow up.
- Standardized screening tools will be used.
- Children with abnormal screening will be referred for intervention.

2. Assist families to identify and access the appropriate community resources that meets their child's specific needs.

Activity:

- The MCH nurse will provide case management as appropriate.

3. Standardize Maternal Child Health nurses ability to assess: 1) child growth and development, 2) health issues affecting young children, 3) appropriate use of screening tools, 4) community resources available for referral.

Activity:

- MCH nurse will receive ongoing training and education in infant growth and development as well as pediatric health and medical issues.

4. Collection of accurate encounter information to be able to provide improved service.

Activities:

- Client visit information will be entered promptly in the Oregon Child Health Information Data System (ORCHIDS) for statistical analysis.
- MCH nurses will be able to access client data from ORCHIDS to evaluate services provided.

### **Evaluation:**

Periodic evaluation by the Lead Nurse will be done to assess progress on meeting the objectives by the MCH nurses. Objective and activities will be evaluated and updated as appropriate. Client input will be considered to ensure case management activities meet the needs of the both parents and children.

**C. Family Planning g Action Plan.**

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR  
POLK COUNTY PUBLIC HEALTH DEPARTMENT  
FY '10**

July 1, 2009 to June 30, 2010

**Agency: Polk County Public Health**

**Contact: Andy Walker, Public Health Manager**

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

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
Need to maintain/increase FP revenues	1) increase donation revenues by 10% for period ending 6/30/2010	1) Ask all clients for donation	1) Donation dollars tracked quarterly.
	2) Increase FPEP revenue by proper completion of Client Visit Record	2) Periodic CVR review for completion by fiscal person/FP coordinator.	2) Decrease by 10% improperly completed CVR

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

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
Unable to offer Mirena IUS due to untrained staff	NP able to insert Mirena IUS by 6/30/2010	Send NP to Mirena training	1)Certificate/verification of Mirena training 2) Have Mirena available in office supplies

**Progress on Goals / Activities for FY 09**

(Currently in Progress)

<b>Goal / Objective</b>	<b>Progress on Activities</b>
1) increase donation rates and obtain required ID	Donations have been increasing sporadically, so need to continue working on this. More clients have been providing appropriate ID documents
Communicate to the community about FP services	Letter was sent to high school counselors, have had information at health fairs, spoke to a group at WOU

## D. Environmental Health.

### 2009 – 2010 ENVIRONMENTAL HEALTH

#### ACTION PLAN

Oregon Administrative Rule 333-014-0050 provides the minimum components of a county's environmental health program. It is as follows:

*1) Each county and district health department shall perform (or cause to be performed) all of the duties and functions imposed upon it by Oregon Revised Statutes, and by official administrative rules adopted by the State Health Division and filed with the Secretary of State. These duties and functions shall be performed in a manner consistent with Minimum Standards for Local Health Departments, adopted by the Conference of Local Health Officials (CLHO).*

*(2) The following program areas shall be considered essential, and be specifically included in the overall annual plan of each county and district health department who shall assure programs are available:*

*(e) Environmental health services which includes inspection, licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public swimming and spa pools, and regulation of water supplies, solid waste and on site sewage disposal systems.*

The following describes how the Environmental Health Division and the Community Development Department implements the required elements and others, as noted in the OAR.

COMPONENT:

**Environmental Health Licensing and Inspection – “inspection, licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public swimming and spa pools.”**

#### Current condition or problem.

Staff of the DHS Food Safety Program reviewed the Inspection program component during March of 2009. The program was found to be in compliance with the delegation agreement between DHS and Polk County. This included inspection frequencies and licensing and inspection elements of the food service component. Based on their review, the licensing and inspection elements of the tourist facilities, institutions, and public swimming and spa pools components were also in compliance with the delegation requirements. Environmental Health now provides food handler testing to individuals on an appointment basis during normal working hours. Environmental Health (EH) has entered into a contractual agreement with Lane County to provide online food handler training via the Polk County and DHS websites. If a group of 10 or more individuals are organized, a formal class will be conducted by an Environmental Health Specialist.

During the current budget review process, EH reported the following numbers of facilities in each component: food service – 143, mobile units – 12, temporary restaurants – 138, tourist facilities – 15, swimming/spa pools – 24, institutions – 3, food handlers trained - 127.

#### Goals.

The goal of this component is to protect the public health through licensing and inspection as well as education of the proprietors and operators of the facilities.

### Activities.

The county employs a full time Environmental Health Supervisor and 1 FTE Environmental Health Specialist. They are supported by one FTE clerical staff, a portion of a Code Enforcement Officer, and they are supervised by the Community Development Director. The EHS Supervisor and the Environmental Health Specialist have been certified as State Standardized Training Officers. Certification demonstrates the ability to apply knowledge of the Oregon Food Code, HACCP principles and methods of controlling food borne disease risk factors. As noted above, the review by DHS revealed compliance.

### Evaluation.

Activities are monitored and reported on a quarterly basis for the Board of Commissioners' review. Reporting includes numbers of facilities inspected and those facilities that have either failed to comply or were closed. Monitoring of food borne illness is also conducted in coordination with the CD nurse in the Health Department.

## **Environmental Health Drinking Water Program – “regulation of water supplies.”**

### Current condition.

This program component was reviewed in March 2009 by staff of the Drinking Water Program, DHS. The review found, in summary, “The LPHA has a small but effective drinking water program. The staff is doing an exemplary job of responding to water quality alerts. Response time has been consistently within 24hrs of receiving the alert notice from DHS. All the required water system surveys were completed on time last year. There are no LPHA water systems currently classified as significant non-complying systems.” The county monitors and provides technical assistance to 14 community and non-community water systems.

### Goal.

To complete 2009-2010 sanitary surveys and to keep water systems off the SNC list.

### Activities.

The county receives grant funds from DHS to assist in covering the costs of conducting this program. As a result, the activities are required in the grant assurances. EH conducts those activities and provides assistance to Non-EPA water systems to assure a safe water supply. This includes assisting the water systems with preparation and completion of their emergency response plans. EH will, as requested, conduct construction inspections for those with plans reviewed by DHS.

### Evaluation.

Triennial review and annual monitoring for compliance with grant assurances. This component will be reported on a quarterly basis to the Board of Commissioners.

## **Environmental Health Solid Waste – “solid waste.”**

### Current condition.

The Environmental Health Division serves as the administrative agency for the County's Solid Waste Franchise Ordinance, the County's Recycling Program, and the Household Hazardous Waste program.

Goal.

The goal for this component this year is to conduct up to two Household Hazardous Waste collection events. In addition, continue to monitor and support the implementation of the Opportunity to Recycle Plan to meet DEQ's statewide goal of a 50% recovery rate.

Activities.

Staff will continue to work with Marion County and Yamhill County to locally fund the three county HHW program (permanent facility). Staff serves as the recycling coordinator to assure continued compliance with the opportunity to recycle plan throughout the county. Staff has developed a recycling guide to display on the Polk County website. Staff will continue to improve the website to provide more information on recycling opportunities.

Evaluation.

Successfully conduct at least two satellite HHW events and continue to comply with DEQ recycling goals. A report will be prepared following each event and annually for the Board of Commissioners.

**Environmental Health On-site Sewage – “on site sewage disposal systems”**

Current condition.

The county conducts the on-site waste water treatment program under a contract with the Department of Environmental Quality. Of the 65,670 persons in the county, 40 percent are served by private, on-site systems. Currently, there are no concentrated cases of malfunctioning systems. New On-site septic rules took effect on March 2005. The new rules passed additional authority to the county for some former WPCF permits and for the new Alternative Treatment Technologies for those systems treating less than 2500 gallons per day.

Goal.

To meet the timelines directed by the Board of Commissioners to process applications.

Activities.

About 0.5 FTE EHS is devoted to this program component. New rules have required additional staff time for implementation of a tracking system of new Alternative Treatment Technologies and holding tanks.

Evaluation.

Program statistics are reported on a quarterly basis to the Board of Commissioners.

**Environmental Health West Nile Virus.**

Current condition.

There has been little West Nile Virus in the Willamette Valley since 2006. Since there are no mosquito control districts serving the county or surrounding region, a response plan has been adopted by the Board of Commissioners to meet needs based on situation present. Since the risk is less than one death per one

million persons, we will continue to focus on education and nuisance abatement. Testing for West Nile Virus will continue on dead corvids when they are reported within 24 hrs of death.

### Goal.

Educate the public about WNV risk and the use of personal protective equipment to avoid WNV infection. This should help reduce the public's concern and interest in pesticide use. There may be more negative impacts from pesticide use against mosquitoes than the actual risk from WNV.

### Activities.

Activities are proposed to be implemented based on WNV activity in the state and local areas. Monitoring will be the key element in the 2009 mosquito season. Additional educational activities may be undertaken as the level of WNV activity increases.

### Evaluation.

Number of calls calling for mosquito abatement has been low. Should the virus arrive and humans are impacted, the response plan will be used to mitigate mosquito activity.

## E. Health Statistics

<b>Component: HEALTH STATISTICS</b>			
<b>Current condition or problem:</b> Polk County Public Health (PCPH) would gain a better understanding of the community health needs by completing a community health assessment. Multiple health indicators are available in a variety of formats from a wide scope of sources. This information would be more readily available and useable if combined into a county health assessment report.			
<b>Goal(s)</b>	<b>Activities</b>	<b>Who is responsible</b>	<b>Evaluation</b>
Complete a community health assessment by reviewing available health and demographic information.	Gather information from the Health Advisory Board and other key partners on the perceived health of Polk County Sept 2009	Public Health Manager, Public Health Program Staff.	Information will be recorded and assessed to provide direction to the assessment process.
	Identify and compile key public health indicators for Polk County that would provide a broader awareness for the community. Complete by December 2009	Public Health Manager, Assigned Public Health Staff.	Evidence of appropriate data collection that procedure and constant basis for reporting.
	Generate a report on the state of Public Health in Polk County that would present statistical information in an easy to read and understand format for the community. Complete by Feb 2010.	Public Health Manager, assigned staff.	Evidence of statistics that provide valuable information to the public.
	Post the results of the assessment electronically on the county web site by April 2010.	Public Health Manager & IS staff.	Community members are able to access the Public Health Report on-line.

## F. Information and Referral

**Component: INFORMATION AND REFERRAL**

**Current condition or problem:** Important to have continual, updated knowledge of current information and new resources. The proper information must be made available to those with specific needs.

Goal(s)	Activities	Who is responsible	Evaluation
<p>Continue to provide PCPH clients with the updated Dallas Resource Center’s “Resources &amp; Services Directory” on a continuous basis.</p> <p>Continue to send PCPH staff members to local Academy sessions to meet/network with other resource agencies.</p>	<p>Participate in the updating of the “Resource &amp; Services Directory” with the Dallas Resource and other Referral Partners. Continual basis.</p> <p>Schedule staff appropriately. Continual basis.</p>	<p>Public Health Manager and Community Resource and Referral Partners.</p> <p>Public Health Manager and staff.</p>	<p>Public receives information that assists them with managing their health.</p> <p>Evidence that other resource agencies have been provided some form of education about the Polk County Health services.</p>
<p>Properly update and utilize the Public Health Information (telephone) Line and County web-site.</p>	<p>Train respective staff to make timely information entries into each of the information resources. Continual basis.</p>	<p>BT Coordinator and Medical Assistant.</p>	<p>Timeliness of subject matter and respective information.</p>
<p>Ensure all fact sheets and service brochures/pamphlets are current and properly stocked.</p>	<p>Assign designated staff to monitor inventory and to make every effort to ensure that most materials are available in English and in Spanish. Continual basis.</p>	<p>Public Health Manager/Lead staff.</p>	<p>Accurate inventory of the number of brochures/materials updated and distributed.</p>

**G. Public Health Emergency Preparedness**

**Component: PUBLIC HEALTH EMERGENCY PREPAREDNESS**

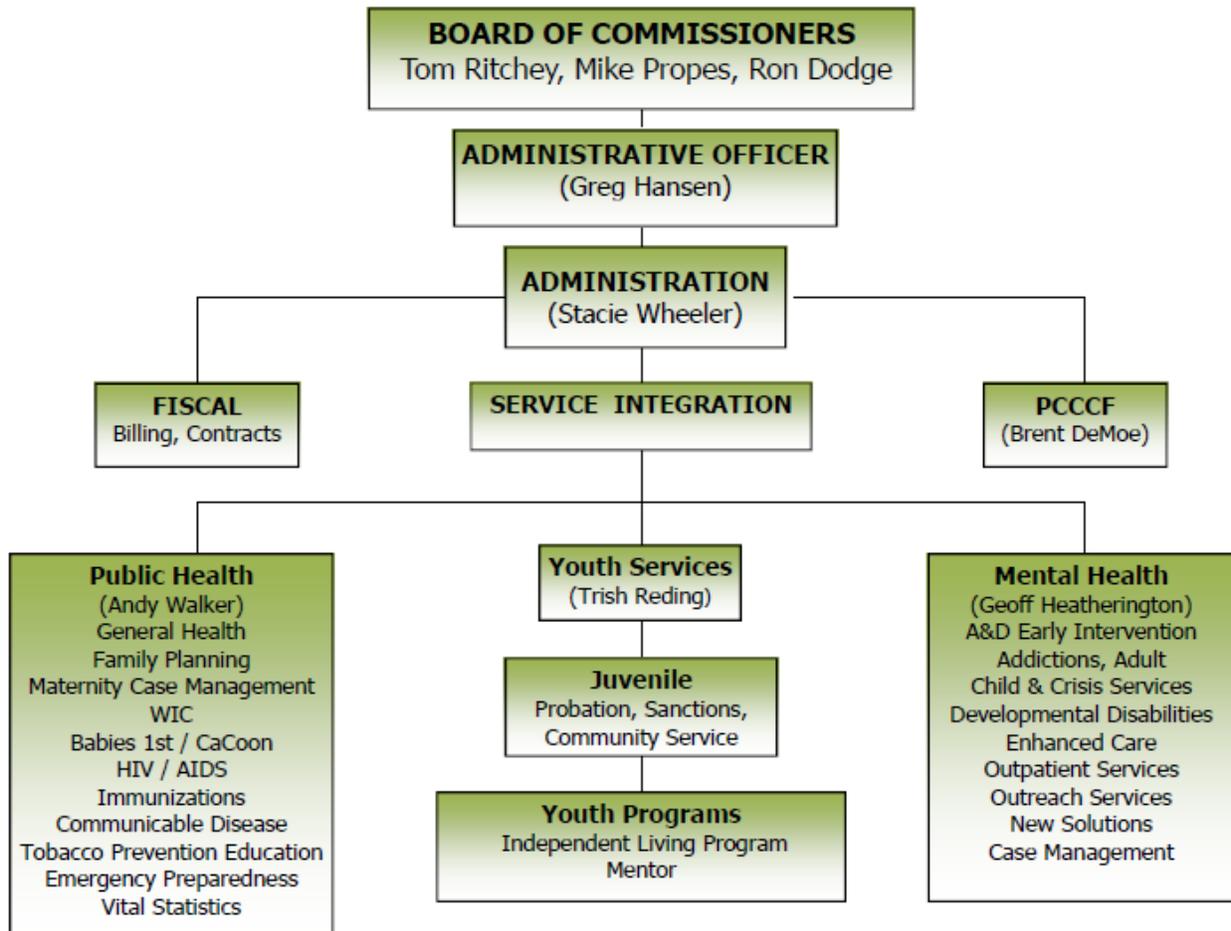
**Current condition or problem:** The public health preparedness program responsibilities have grown and shifted focus from bioterrorism to all-hazard public health preparedness. With the change in focus at the CDC, Program Elements 12 has added significantly to the Public Health responsibilities. **Community engagement around pandemic influenza planning and response is clearly a priority as well as continued work on POD (point of dispensing) clinic preparations.** Public Health is now responsible for several appendixes to the county plan including: chemical response, natural disaster and radiological response. Public health is required to have Tabletop, functional and full-scale exercises with the local response partners as a yearly requirement. Oregon Health Alert Network, HOSCAP, and OpsCenter computer programs are routinely used during exercises, real events and alert notifications. Contact and communication is maintained with individuals and organizations within the county and neighboring jurisdictions to better plan and coordinate public health activities.

Goal(s)	Activities	Who is responsible	Evaluation
Review and Revise Polk County Emergency Operation Plan, Annexes, and Appendixes.	Continue to work closely with Polk County Emergency Manager and the state Public Health liaison for assistance and guidance as we complete these reviews. Complete by November 2009.	Emergency Manager, Public Health Emergency Response Coordinator, and agency managers.	Evidence of completed and BOC authorized documents.
Develop Local Emergency Planning Committee	Plan, coordinate, execute, and evaluate training and exercises for PC Organizations. Complete by July 2010.	Emergency Manager and Public Health Emergency Preparedness Coordinator.	Evidence of effective training and exercises.
Continue with local and regional planning efforts concentrating heavily on pandemic planning and response. Engage all aspects of our community in this planning effort.	<p>Conduct Healthcare Pandemic Flu tabletop exercise and functional and full-scale pandemic flu exercises. Complete all by Dec 2009.</p> <p>Continue with ongoing HPP meetings and regional exercises.</p>	PH Emergency Response Coordinator and the ICS team.	Evidence of completed exercises.

#### IV. Additional Requirements

##### 1. Organizational Chart

### Polk County Human Services



Revised 2/23/2009

## **2. Local oversight of Public Health.**

The Polk County Board of Commissioners (BOC) functions as the Board of Health for Polk County. Regular meetings of the Board of Commissioners are held on Tuesday and Wednesday each week. The Tuesday meeting is held in the Board of Commissioners' Office Conference Room, 850 Main Street, Dallas, Oregon. The Wednesday meeting is held in the Courthouse Conference Room, 850 Main Street, Dallas, Oregon. Each meeting begins at 9:00 a.m. and is conducted according to a prepared agenda that lists the principal subjects anticipated to be considered. Pursuant to ORS 192.640, the Board may consider and take action on subjects that are not listed on the agenda.

Separate from the BOC there is a local Health Advisory Board (HAB). The mission of the Polk County Health Advisory Board is to assist the Polk County Board of Commissioners (BOC) in their efforts to administer the Mental and Public Health programs through Public/Mental Health activities/services. To assure activities necessary for the preservation of behavioral and physical health and/or prevention of disease and mental illness in Polk County as provided in both departments' annual plan.

## **3. Public Health and PCCCF**

Polk County takes an integrated approach to human services. Both Public Health and the Commission on Children and Families fall under the umbrella of Polk County Human Services. Both teams are managed by the same administrator who also oversees Mental Health, and Youth Programs. Significant emphasis is placed on the concept of Service Integration. All of the Polk County Human Services teams are part of Service Integration activities as are community partners. The Comprehensive Plan for Children and Families of Polk County will often define focus areas that directly relate to Public Health. This years plan includes the importance of early childhood development and the need to increase the awareness of services. Public Health actively supports and works together with the Commission on Children and Families within the Service Integration framework to promote activities that focus on supporting children and families. Planning for events and activities are further enhanced through regular Service Integration meetings as well as the close working proximity of departmental offices.

## **V. Unmet Needs**

In Polk County we actively work with community partners to reduce needs in the community. The community partnerships and integration of services has been successful in meeting many needs in the community. Often problems are solved and barriers removed by working with partners to look for creative and collaborative solutions. While we work to reduce the needs in our community reality still tells us we have much ground to cover. Factors such as the increasing cost of housing and the lack of employment opportunities in the county further increase the need for services.

Some of the unmet Public Health needs in the community include:

- Primary medical care for those without insurance who are not eligible for the Oregon Health Plan.
- Access to dental care and oral health services for those without insurance, especially children.
- Access to health and dental care for smaller rural communities.
- Bilingual and bicultural health professionals to serve the growing Hispanic population in the community.

- Community wide approach of health education and promotion around lifestyle related health issues such as obesity and its negative effects on health. This would include community promotion of healthy choices including nutrition and exercise.
- Community health education that address prevention and management of chronic diseases particularly in the older adult.
- Maternity case management for more than just the highest risk mothers, especially teen mothers with limited support and resources.
- Child care that provides a healthy environment that is affordable, safe and accessible.

## **VI. BUDGET**

### **Polk County Budget Information Contact:**

Greg Hansen  
Administrative Officer  
Board of Commissioners Office  
850 Main St.  
Dallas, OR 97338

Phone: (503) 623-8173 FAX: (503) 623-0896

### **Projected Revenue**

To be added after the beginning of the new budget cycle.

## VII. Minimum Standards

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

### Organization

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

18. Yes  No  There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes  No  Filing and retrieval of health records follow written procedures.
20. Yes  No  Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes  No  Local health department telephone numbers and facilities' addresses are publicized.
22. Yes  No  Health information and referral services are available during regular business hours.
23. Yes  No  Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes  No  100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes  No  To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes  No  Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes  No  Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes  No  A system to obtain reports of deaths of public health significance is in place.
29. Yes  No  Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes  No  Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes  No  Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes  No  Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes  No  Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.

34. Yes  No  Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes  No  Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired.
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  If requested, 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.
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 N/A
  - e. Yes  No  Corrections Health N/A
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.



b. Yes No x **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.**

The current Supervising Nurse has an Associate Degree in nursing but has many years of experience. We are developing a plan for continuing education subject to available finances. The Public Health Administrator who has a BSN and MSN will provide support to the Nursing Supervisor in situations where a BSN is necessary.

c. Yes x 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.

d. Yes x 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.

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.

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

\_\_\_\_\_  
County

\_\_\_\_\_  
Date