

Wasco Sherman County
Public Health
Annual Plan
FY 09-10

Including introduction of
North Central Public Health District

I. Executive Summary

Wasco-Sherman Public Health Department has faced many challenges in the past year and has emerged stronger for the challenge. A change in administration was prompted in January of 2009 with the resignation of Lynnette Benjamin to return to her native Michigan to pursue opportunities in Public Health Administration. After an exhaustive, nationwide search process, local candidate and current Clinical Programs Supervisor, Teri Thalhofer, RN, BSN was chosen to lead the agency. Teri comes to the position with nine years of public health nursing to her credit with positions of increasing responsibility over time. Staff was excited and supportive of the choice.

Shortly after taking the helm, work began in earnest to create a three county health district serving Wasco, Sherman and Gilliam Counties. Many public health services are currently provided by contract with the Oregon Public Health Division by WSPHD to Gilliam County. Gilliam County Court felt they were ready to regain Local Public Health Authority and participate in a locally coordinated effort for their residents. WSPHD was chosen as a natural partner given our current presence in the County in the areas of Communicable Disease Control and Public Health Emergency Preparedness.

Wasco, Sherman and Gilliam Counties, like most counties in Oregon are feeling the effects of the national economic downturn. Unlike other counties, these started into the current economic climate with higher poverty and unemployment levels and less education. The need for public health services continue to increase as are seen by the increase in numbers of family planning and WIC participants.

Our greatest challenge in the upcoming year will be providing equitable, appropriate services to the residents of all three counties of the service district. This change has given us the opportunity to step back and examine our current practices. We have found that some areas could be served much more efficiently with updated tools. We plan a major overhaul of our home visiting service delivery to provide for streamlined documentation and increased visit numbers. This is a timely process as more and more families will look to public health to extend primary care functions.

We will continue to serve the communities with our immunization programs working diligently to accommodate vaccine resistant partners to the best of our abilities while maintaining good coverage for as many children as possible.

Family planning services have recently been extended to serve “at risk youth” at the alternative high school in The Dalles. We are confident that this will serve this population well and increase word of mouth referrals from the traditional high school campus.

Environmental Health and Public Health Emergency Preparedness work consistently and efficiently to protect the health of the citizens of the three county area.

We look forward to this new challenge and hope to provide a model for other Local Public Health Authorities who may need to look at regionalization as a survival mechanism in difficult economic times.

II. Assessment-Annual

As we plan to expand our service area to cover Wasco, Sherman and Gilliam Counties, we must look at the similarities and differences in these communities.

All three counties share a larger percentage of residents over the age of 65 as compared to the Oregon state average. Gilliam County has the largest discrepancy with 24.3% of residents compared with the state average of 13%. Median income below the state average is shared by the three counties with Sherman County standing out in this area with a difference of \$8781. Education level of County residents >25 years is also with only 13% of those Gilliam County residents having achieved a Bachelor's degree or greater. Residents in the three county areas live in poverty in greater numbers than the state as a whole. The range is 11% in Gilliam County to 15.5 % in Sherman County. This compares to the Oregon average of 13%.(US Census Bureau)

Differences in demographics are evident in the district. Wasco County has the most diverse population of the three and exceeds the state demographic in some areas. Native Americans are 4.1% of the population in Wasco County compared to 1.4% statewide. Residents of Hispanic origin also exceed the state average at 11.9% compared to 10.6%.

These demographics present challenges related to culture, transportation, access to primary care and health outcomes disparities.

III. Action Plan-Annual

A. Epidemiology and control of preventable diseases and disorders.

Staff changes have occurred in our Communicable Disease program in the past year. Mary Catherine Clites, RN, joined Wasco-Sherman Public Health as the lead CD nurse. She is responsible for coordinating CD control and response. Named director in March, 2009, Teri Thalhoffer, RN, is responsible for the 24/7 response.

Outbreak highlights over the last year have included response to Norovirus in nursing homes and Neisseria Meningococcal disease in an assisted living facility. The Meningococcal response included coordinating antibiotic prophylaxis for staff and residents.

A CD challenge that received action in the last year was a difficult relationship with the area hospital in the areas of reporting requirements and response to outbreaks. With the help of Dr. Paul Ceislak of the Acute and Communicable Disease Program, we were able to facilitate a meeting among WSPHD staff, including health officer, hospital infectious disease staff and medical clinic staff. Responsibilities were clearly defined and an action plan was created. Relationships and reporting has improved significantly.

Wasco-Sherman Public Health has also entered the arena of chronic disease programming. Allyson Smith, RN, former CD nurse, has accepted new responsibilities working with the Tobacco Prevention and Education Program Coordinator on chronic disease demographics. She is also addressing second-hand smoke exposure policies in area HeadStart and Early Intervention Programs. Allyson works as staff support to the Physical Activity and Nutrition Coalition which with the support of a Northwest Health Foundation grant hopes to improve school promotion of a healthy diet and physical

activity, community promotion of the same and support for policy change that supports built environment that makes the easy choice the healthy choice. Allyson continues in her role as HIV prevention coordinator and HIV case manager, and directs the TB control program.

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

a. Maternity Case Management (MCM), Babies First!(BF!), and Community Based Care Coordination (CaCoon) continue to be coordinated by Lori Treichel, RN. We continue to work toward the goals outlined in our comprehensive plan with some minor adjustments. We have had difficulty obtaining 5A's training to implement this process with all pregnant women. This training has now been scheduled by the state Office of Family Health and several staff will attend. We have also faced some barriers when coordinating with LaClinica del Carino, a new prenatal care provider in the community, due to staff changes at their facility. We have newly forged relationships with their staff and will continue in our efforts toward care coordination and referral.

Successes in the program include an integration of services with WIC and Home visiting staff and increased coordination with Early Intervention around audiology screening for newborns at risk for hearing loss.

In the next year we hope to address the burden our current system of paper charting has on home visiting staff. We hope to streamline our documentation and allow for increased efficiency and visits from staff.

b. Family Planning

Family Planning Program Three-Year Plan for
Wasco Sherman County Public Health Department
FY '09

July 1, 2008 to June 30, 2011

Agency: Wasco Sherman Public Health

Contact; Connie Clark NP

Goal 1:

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
Staff changes and FPEP enrollment changes have resulted in higher costs and decreased reimbursement that threatens the sustainability of the program over time.	<ul style="list-style-type: none"> • Completely assess current financial status of the program for the 2006-2007 FY, completing the assessment by June 30, 2008. 	<ul style="list-style-type: none"> • Enter final time use data. • Compare final cost analysis for level of service provided with current fees. • Adjust fees to reflect cost to provide service for changes of 10% or less. • For services with greater than 10% discrepancy in 	<ul style="list-style-type: none"> • The cost analysis was completed, but not before we made significant changes in staffing. • Analysis had indicated that prices do not reflect the cost to provide the service. • No fee adjustment was enacted as staff changes decreased the

		<p>cost to provide versus current fee, evaluate each step in the provision of service for opportunities to reduce cost, and adjust fees to reflect a 10% adjustment.</p> <ul style="list-style-type: none"> • Develop long range plan for fee adjustment items with >10% discrepancy. • Repeat cost analysis by December 30, 2009. 	<p>cost to provide services.</p> <ul style="list-style-type: none"> • Continue quarterly and FY end revenue reports. • Continue quarterly and FY end tracking of clients served. • Review results of cost analysis with Leadership Team. • Track meetings with County Court
	<ul style="list-style-type: none"> • Increase number of clients served by at least 10% by the period ending June 30, 2011. • Increase the numbers of teens served in clinic by at least 10% by the period ending June 30, 2010. 	<ul style="list-style-type: none"> • Continue with Clinic Services meetings based on COPE model to evaluate client recruitment & retention. • At least quarterly Clinic Services meetings. • Teach birth control and sexually transmitted infection class for District 21 Health classes each semester. • Develop a spread sheet of commonly asked questions from the classes and post the questions and answers in the class room bulletin board within one month of teaching class. • Expand the Family Planning Program by providing a RN on site at the Discovery (alternative) High School to provide classroom instruction, hold office hours, and provide on-site birth control and STI testing / counseling. • RN at Discovery High School will administer a pre and post test to assess effectiveness of instruction provided. 	<ul style="list-style-type: none"> • Continue quarterly and FY end tracking of clients served. • Review student evaluations for each class. • Evaluate pre and post test data and adjust instruction accordingly. • Track number of clients entering the Family Planning Program from the High Schools.
	<ul style="list-style-type: none"> • Rehire a part time nursing supervisor. 	<ul style="list-style-type: none"> • In-house RN that assumed Nursing Supervisor role was hired as interim director 3/2009. A new Nursing Supervisor will be hired by 	<ul style="list-style-type: none"> • Staff feedback. • Continue quarterly and FY end tracking of salary expenditures. • Continue tracking number of

		12/2009. <ul style="list-style-type: none"> Tracking wait time to schedule an appointment quarterly. 	clients served and to monitor length of wait time for exams. <ul style="list-style-type: none"> Continue to evaluate on a quarterly basis the need to increase days exams offered.
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Goal 2:

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
Appointments for exams are limited by having only one part-time clinician.	<ul style="list-style-type: none"> Nursing staff will be trained to perform STD exams for male and female clients by June 30, 2008. Provide system structure that allows RN to perform limited exams. 	<ul style="list-style-type: none"> Add walk-in STD / repap / IUD check exams to our services. Develop a policy and procedure for limited nurse performed exams by June, 2010. Develop a system that allows RN to provide limited services without compromising Oregon State Board of Nursing and Board of Pharmacy rules by June, 2010. 	<ul style="list-style-type: none"> Nurse has been trained and perception is complete. Track number of nurse performed exams. Client and staff feedback. Approval of revised policy and procedures.
	<ul style="list-style-type: none"> Develop a system for cross coverage for nurse practitioner leave time by June 30, 2011. 	<ul style="list-style-type: none"> Meet with community and regional partners/providers. Assess need for a coverage system. Agree on a system for coverage, if needed. Implement the coverage system as needed. 	<ul style="list-style-type: none"> Track usage of coverage system. Client and staff feedback.

Progress on Goals / Activities for FY 09

(Currently in Progress)

Goal / Objective	Progress on Activities
Completely assess current financial status of the program for the 2006-2007 FY, completing the assessment by June 30 th , 2008. Repeat the cost analysis by December 30 th 2009 after performing another time study	The cost analysis was completed. The fees for services provided did not reflect the cost to provide the service. Staffing patterns were evaluated, models of staffing configurations were analyzed, and staffing was changed to reflect the least costly service delivery model. The time analysis data that was collected does not reflect current staffing, and will therefore need to be recollected. We have continued with quarterly tracking of clients served, revenue generated, and program costs. The data indicate that the program has made a significant turn towards budget neutrality. Our cost for supplies and salary were both below what was projected as of 3/2009.
Nursing staff will be trained to	Our full time nurse completed the didactic training for STD exams as

<p>perform STD exams for male and female clients and repaps/IUD checks by June 30th, 2008</p> <p>A system will be in place by June 30th 2010 allowing RN to perform a limited range of exams</p>	<p>well as STD training offered by region X and has her certificate. She also completed the preceptor training by our nurse practitioner. In an effort to write the policies and procedures supporting her in this role, it was discovered that the Oregon State Board of Nursing and Board of Pharmacy severely restrict the ability of an RN to perform these types of exams. At this time, our Health Officer is investigating Board requirements for RNs and we will be developing (if possible) a system supported by policy and procedures that allows the RN to perform limited exams. It may not be possible for an RN to perform STD exams</p>
<p>Increase number of clients served by at least 10% by the period ending June 30th 2009</p>	<p>Total clients served in our clinic has increased 1.5% from CY07 to CY08, yet overall the State numbers dropped by 7.2%. Thankfully, we have do seen a decrease in clients served. Given the increase in women in need (WIN) residing within our service area has increased by 415 women and the number of women served has increased only slightly, the number of WIN served by our clinic has dropped to 63%. The alarming trend in the data for our service area is the decrease in teens served and the increase in teen pregnancy rate. We are attempting to reach teens by becoming more involved with the High Schools. The State will be advertising FPEP on billboards in our counties in recruitment efforts. Our Clinical Services group continues to meet almost weekly to review policies & procedures and client flow. Morale has increased and areas of contention decreased.</p>
<p>Develop a system for cross coverage for nurse practitioner leave time by June 30th, 2011</p>	<p>A brief discussion with the director of our neighboring county took place, and she did not view this as a need at this time. I checked with the Oregon State Board of Nursing and the Washington State Board of Nursing regarding rules governing NP's providing coverage in outside their practice state, and both organizations require licensure for each state. The only exception would be in the event of a disaster or Public Health emergency at which time the NP or nurse would be allowed temporary practice privileges. There may still be some interest locally and this will be pursued.</p>

c. Immunizations

Local Health Department: Wasco Sherman Public Health
Plan A – Continuous Quality Improvement: Increase UTD rate by 24 mo. of age
Fiscal Years 2008 – 2011

Year 1: March 2008 – Feb 2009			
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Results
<p>Increase the UTD rate at 24 mo. of age by 4% each year for the next three years.</p>	<ul style="list-style-type: none"> • Assess AFIX data for UTD rates at 24 mo. in 2007 data. • Utilize IRIS forecast for 100% of client immunization visits. • Assure every shot 	<ul style="list-style-type: none"> • Measure increase in UTD rates by 24 month period using 2007 AFIX Assessment Data; should increase by 4%. • Missed shots should decrease within Health Department. 	<p style="text-align: center;">Rates have decreased 2%</p> <ul style="list-style-type: none"> • Attended OPIC Conference in Medford related to vaccine hesitant parents. • Health Officer gave presentation to local medical group encouraging giving all forecasted immunizations. • Offered GSK Booklet to OB unit at MCMC – No response. • Clinic Nurses urging parents to give

	<p>is entered into Alert/Iris system.</p> <ul style="list-style-type: none"> • Give all shots forecasted unless truly contraindicates. • Give written educational materials to parents who are hesitant to vaccinate their child. • Develop a recall/reminder system for immunization clients. 		all forecasted immunizations.
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Year 2: March 2009 – Feb 2010			
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Results
Continue to increase UTD rate at 24 mo of age by 4% this year.	<ul style="list-style-type: none"> • Assess AFIX data for UTD rates at 24 mo. in 2008 data. • Continue to use IRIS forecast for 100% of client immunization visits. • Assess use of written educational materials for hesitant parents. • Implement the recall / reminder system for immunization clients. 	<ul style="list-style-type: none"> • Using AFIX Assessment Data for 2008, measure increase of UTD rates by 24 mo. • Missed shots should continue to decrease within Health Department. 	

Year 3: March 2010 – Feb 2011			
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Results
Continue to increase UTD rate at 24 mo of age by 4% this year.	<ul style="list-style-type: none"> • Assess AFIX data for UTD rates at 24 mo. in 2009 data. • Continue to use IRIS forecast for 	<ul style="list-style-type: none"> • Using AFIX Assessment Data for 2009, measure increase of UTD rates by 24 mo. 	

	100% of client immunization visits. • Evaluate the recall / reminder system for immunization clients.		
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Local Health Department: Wasco Sherman Public Health
 Plan B – Outreach Activities
 Fiscal Years 2008 – 2011

Year 1: March 2008 - 2009				
	Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Results
ACTIVITY 1: Focus on High Risk Population	Due to increase reporting of Hepatitis C cases and STD cases to the health dept., the health dept., will work to increase the vaccination rates for Hep A & B within high risk populations.	<ul style="list-style-type: none"> • Continue to screen all STD clients accessing care at health dept. • Provide written information to all private providers in the service area about Hep A & B vaccination programs at health dept. • Work with community partners who work with high risk clients to offer training for staff about the Hep A & B program. 	<ul style="list-style-type: none"> • Hep A & B rates in our service area will be maintained at our current low rates. • Increased use of Hep A & B vaccine at the health dept. 	<ul style="list-style-type: none"> • Twin Rix offered to STD client after counseling, recall system in place. • New CD Nurse hired – has not had time to contact community partners.
ACTIVITY 2: Ability to bill for adult immunizations	Explore and expand ability to bill for adult immunizations with Medicare or private insurance. Currently all adult clients must pay cash then bill their insurance for immunizations given.	<ul style="list-style-type: none"> • Business Manager will explore obtaining a Medicare billing account for health department. • Have correct CPT and billing codes for adult immunizations. 	<ul style="list-style-type: none"> • Will obtain Medicare billing account. • Will be able to bill correctly for adult clients. 	<ul style="list-style-type: none"> • Continuing to work on obtaining a Medicare billing account.

Year 2: March 2009 - 2010				
	Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Results
ACTIVITY 1: Focus on High Risk Population	Continue to increase vaccination rates of Hep A & B in high risk population.	<ul style="list-style-type: none"> • Continue screening. • Provide written information to new private providers. • Offer additional trainings to community partners if needed. 	<ul style="list-style-type: none"> • Hep A & B rates in our service area will be maintained at our current low rates. • Increased use of Hep A & B vaccine at the health dept. 	
ACTIVITY 2: Ability to bill for adult immunizations	Continue objective.	Continue methods from Year 1	<ul style="list-style-type: none"> • Will have obtained Medicare billing account. • Will be able to offer billing for adult immunizations for correct payment. • Will order and maintain vaccines such as shingles, PPV 23 to give adult clients. 	

Year 3: March 2010 - 2011				
	Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Results
ACTIVITY 1: Focus on High Risk Population	Continue objective	Continue Method	Continue Outcome Measures from Year 2	
ACTIVITY 2: Ability to bill for adult immunizations	Continue objective.	Continue Method	Continue Outcome Measures from Year 2	

d. Women, Infants and Children

FY 2009-2010 WIC Nutrition Education Plan

WIC Staff Training Plan – 7/1/2009 through 6/30/2010

Agency: Wasco Sherman Public Health

Training Supervisor(s) and Credentials: Beatriz Olivan, WIC Coordinator

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	April 2009	Advanced Breastfeeding	Both the CPA and Coordinator attended a week-long conference on breastfeeding to be able to support and help new and existing breastfeeding moms.
2	July 2009	Fresh Choices	To make sure all staff understand all the changes and are ready to implement them starting August 3, 2009
3	September 2009	Breastfeeding Basics/ Completing Breastfeeding Module	Clerical staff will be attending the Breastfeeding Basics training so that all staff is can support and promote breastfeeding.
4	January	Twist CPA training	Clerical staff will attend this training so that all staff will be cross-trained.

C. Environmental Health

Current Condition or Problem

1. The function of Wasco, Sherman and Gilliam Counties Environmental Health Program is to identify health risks in the environment and implement or promote solutions that eliminate or reduce risk. This includes investigation and containing diseases and injuries to reduce the incidence of contagious diseases, and reduce the disabilities related to disease and injury.
2. The Environmental Health (EH) program covers three counties: Wasco, Sherman and Gilliam.
3. The EH program currently contains 2.8 FTE Environmental Health Specialists (EHSs).
4. The Environmental Health services offered include, but are not limited to:
 - a. Sanitation inspections
 - b. Plan reviews
 - c. Licensing
 - d. Enforcement
 - e. Complaint investigation
 - f. Technical assistance and formal training of restaurants, public swimming pools and spas, motels, organizational camps and RV parks
 - g. State (DHS) Drinking Water Program
 - h. Department of Environmental Quality (DEQ) Onsite Wastewater Management Program

Additionally, Wasco County Environmental Health is the lead agency for the Tri County Hazardous Waste Management and Recycling Programs, serving Wasco, Sherman and Hood River Counties. These programs contain 1 FTE Hazardous Waste and Recycling Coordinator and 1 FTE Solid Waste Specialist

Goals

1. To gain the .2 FTE EHS needed to conduct the State Drinking Water Program and the (DEQ) Onsite Wastewater Management Program when Wasco and Sherman Counties become a Health District with Gilliam County.
2. To continue having a State Standardized Food Program Training Officer.
3. To conduct sanitation inspections of licensed facilities in a timely manner.
4. To continue coordinating food & water borne investigations and vector diseases within the Communicable Disease (CD) team.
5. To continue Food Handler training.

Activities

1. Conduct health inspections of all licensed facilities.
2. Conduct health inspections of unlicensed facilities as requested (prison, certified day care facilities, school food service programs, nursing homes, etc.).
3. Provide Environmental Health education to the public.
4. Collect data on licensed facilities, water systems and waste management.

Evaluation

1. Files will be maintained for each licensed facility and contain inspection reports.
2. Logs of citizen complaints will be kept regarding licensed facilities.
3. Logs of all animal bites are kept. Information will be provided to the state.
4. Food Handler testing records will be kept.

Drinking Water Program

Currently, no Wasco or Sherman county water systems are listed as being out of compliance by DHS Drinking Water (4-9-09). All systems are either up to date on Sanitary Surveys or have scheduled appointments for surveys in April 2009.

The current billing system is largely based on fees for services ensuring compliance with current standards and violation corrections. As water systems have received more guidance and recommended improvements are made, it becomes difficult to reach full billing potential. Recently "State" water systems were added to county oversight by DHS. Most of these water systems have had no contact with county staff for years. The addition of the State Water Systems may make reaching the billing potential easier but it will also demand increased staff time.

Food Borne Illness & Fecal Oral Illness

Food borne disease investigation is conducted with a team approach, involving Environmental Health (EH) and the Communicable Disease (CD) team. Fecal-oral illness whether food, water or physical cross contamination is also investigated using a team approach. Either of the above events may activate a Crisis Action Center within the Health Department.

Prevention of contracting the illness or spreading it is key. Sanitation inspections are conducted in all DHS licensed facilities, along with schools, daycare centers and other

facilities as requested. Food Handler classes are made available to all food service workers. Consultations on all sanitation issues are available.

D. Health Statistics

There are no substantial changes in the area of Health Statistics.

E. Information and Referral

There are no substantial changes in the area of Information and Referral.

F. Public Health Emergency Preparedness

The PHEP Program serving Wasco, Sherman and Gilliam Counties has undergone a staffing change in the last year. Kristy Beachamp currently serves as the program coordinator. Kristy works closely with our regional consultant to ensure that the PE#12 requirements are fulfilled. Restored base funding for Sherman County has allowed the program to return to fully staffed. The program coordinates an annual Emergency Preparedness Fair for the local community. They have also recently distributed Home Emergency Preparedness booklets to all first responders in the three county area in partnership with the Red Flag Task Force. This task force is a diverse group of Wasco County public and private agencies committed to providing emergency preparedness information and resources to the community.

IV. Additional Requirements

A. Organizational Chart: (See Attachment "A")

B. Board of Health

The current health department is responsible to the county courts of Wasco and Sherman Counties as separate Local Public Health Authorities and this year met with each court individually. As of July 1, 2009, Wasco-Sherman Public Health will become a three county health district serving Wasco, Sherman and Gilliam Counties. The Board of Health for the District, to be known as North Central Public Health District, consists of at least 2 members of each county court. The board will meet at least quarterly with the current meeting schedule being monthly. The three counties plan to move toward an Intergovernmental Agreement which would allow a more flexible board membership than is currently in statute with a more equitable representation of the three counties. There is not currently a Public Health Advisory Board although it is a consideration of the new district.

C. Coordination with the Local Commission on Children and Families

In Wasco County, Public Health is well represented at the Wasco County Commission on Children and Families. The director, Teri Thalhofer, RN, is a Commission member in addition to being co-chair of the Early Childhood Committee. Public Health staff are active members and work to coordinate with the key areas of the Commission plan including decreasing childhood abuse and neglect, increasing kindergarten readiness, supporting homeless and runaway youth and reducing youth substance abuse. Childhood

abuse and neglect and kindergarten readiness are addressed through our home visiting programs. This year, through a small Commission grant, we were able to expand family planning services to the alternative high school campus in The Dalles that serves homeless and runaway youth and those at risk. Our TPEP Coordinator is an active member of the Youthink Prevention Coalition and actively works with the Commission Prevention Coordinator on issues relating to youth substance abuse, including tobacco.

Sherman County has a very robust Commission on Children and Families and Public Health is represented there by Dianne Kerr, RN. Dianne has served the community through home visiting and school nursing for many years. She is active in helping frame the work of public health in relation to the Commission plan. Our local TPEP Coordinator also actively participates in the prevention coalition in Sherman County.

V. Unmet Needs

WSPHD has a large gap in electronic data collection. Current systems in place are cumbersome and make data extraction difficult. In many cases it is difficult to separate data for the two counties as we are recognized as one entity by many programs. We hope to purchase a program that will enable us to obtain a truer picture of the services currently provided and identify gaps.

Electronic medical records could also present an opportunity to increase efficiency and information exchange. Currently all documentation of clinical programs is hand written. This is incredibly time consuming for home visiting and family planning staff. We are cautious in making this leap. We have experienced records that are far less descriptive than our current system and feel we must mindfully make a change to assure benefit to our clients.

VI. Budget

Both

To obtain a copy of the North Central Public Health District budget:

Kathi Hall
Business Manager
419 E. 7th
The Dalles, OR 97058
541-506-2628

VII. Minimum Standards

Both

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 X No ___ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.

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

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

35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

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

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
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
 - 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.

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Teri Thalhofer, RN, BSN

Does the Administrator have a Bachelor degree? Yes No

Does the Administrator have at least 3 years experience in public health or a related field? Yes No

Has the Administrator taken a graduate level course in biostatistics? Yes No

Has the Administrator taken a graduate level course in epidemiology? Yes No

Has the Administrator taken a graduate level course in environmental health? Yes No

Has the Administrator taken a graduate level course in health services administration? Yes No

Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes No

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

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

(See Attachment “B”)

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

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

AND

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

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

c. Yes 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.

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

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.

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

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

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

Teri Thalhofer, RN, BSN
Local Public Health Authority

Wasco Sherman County
County

June 1, 2009
Date

ATTACHMENT "B"

Being new to the position, I look forward to expanding my formal education into Public Health practice. To begin this journey, and to fulfill to minimum requirement set forth, I will complete the Graduate Certificate in Public Health application by September 1, 2009 to begin classes in Fall term. My plan is to complete one class per quarter. I plan on achieving this through the support of CHLO and the Local Board of Health.

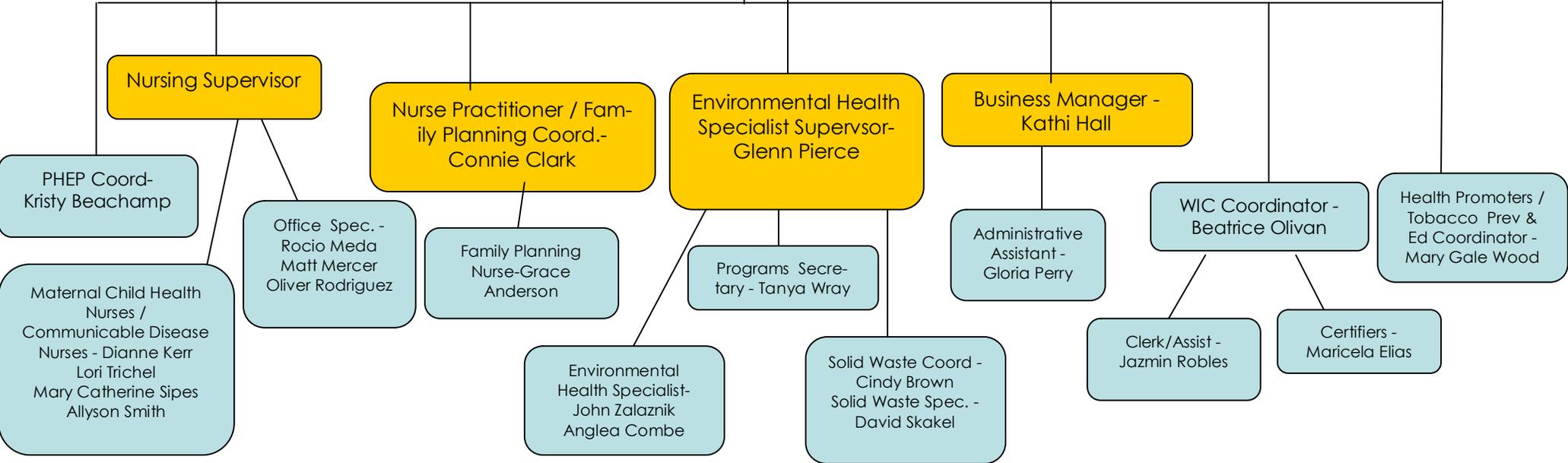


Attachment A Wasco-Sherman Public Health Department Organizational Chart

Wasco County Board of Health (County Commissioners)

Director-Teri Thalhofer

Health Officer-Beth Epstein



Signifies Leadership Team