

CURRY COUNTY PUBLIC HEALTH

COMPREHENSIVE PLAN

FY 2010-2011

I. Executive Summary

In April, 2010 the Curry County Board of Commissioners merged the County's Health and Human Services Departments into a single entity. This was motivated by the Board's desire to establish a sustainable entity able to provide essential services to county citizens regardless of the County's financial status. Dwindling O & C funding from the Federal Government will leave a projected General Fund tax base of \$1.3 million in 2012-13. County government as we know it may cease to be functional.

In 2010-11, Curry County Health Department will continue to provide the five services (*) required by Oregon law to meet the health needs of the community. The Public Health Services which meet assurance standards as described in OAR

33-014-055 include:

- *Communicable Disease Control
- *Family Health Programs, such as Babies First, FP and Immunizations
- *WIC
- *Vital Records and Health Information and Referral
- *Environmental Health Services
- All Hazards Public Health Preparedness
- Chronic Disease Services, such as the Tobacco Program.
- School Based Health Clinics

Curry County Health Department's projected budget of \$1.3 million for FY 2010-

11, employs approximately 10 full-time FTE. The programs are primarily funded

through the funding streams from the Department of Human Services – State Public Health and through fee revenues for clinic services and environmental health.

We hope to initiate the Healthy Communities Grant for the 2010-2011 fiscal year.

In combination with the TPEP funding we hope to build greater awareness and collaborative strategies to address chronic conditions and promote healthy lifestyles.

The greatest challenge facing Public Health in Curry County is whether the Department is sustainable. While all basic public health services are currently available they are close to the breaking point. Current funding is insufficient, local resources are minimal, and the geographic spread of three different population centers leave a small staff that is under constant stress, vulnerable to burnout and with very little back up. Realistic planning will focus on strategies to shore up the core staff, provide some relief, and develop strategies and partners to maintain a locally operated public health presence.

II. Assessment - Comprehensive

Curry County is 1648 square miles located on the southern coast of Oregon. It is rural in nature with timber, agriculture, fishing and tourism as the major economic base. The county can be actually isolated during the rainy season due to mudslides along the canyon roads. Due to the mountainous terrain, there are few routes in or out of the county. The steep canyons limit the use of a number of communication devices such as cellular telephones, two-way radios, and pagers.

The county has only \pm 20% of the land available for private ownership. The rest is state or federal land. Currently, there is approximately 10% of the land that is part of the county tax base. Curry County has one of the lowest tax rates in the State of Oregon. Therefore, there are very few funds to provide public services. With the additional burden of the current economic situation, essential services are at a bare minimum.

The total population of Curry County is 22,000. The residents are approximately 92% white with most of the population living along the coast. The majority of Hispanic residents reside south of Brookings where they work in the lily fields and forest activities.

The following report, which was released in February 2010, will make up the base information of the County's comprehensive assessment. Updated information regarding more recent data will follow the report, "County Health Rankings".

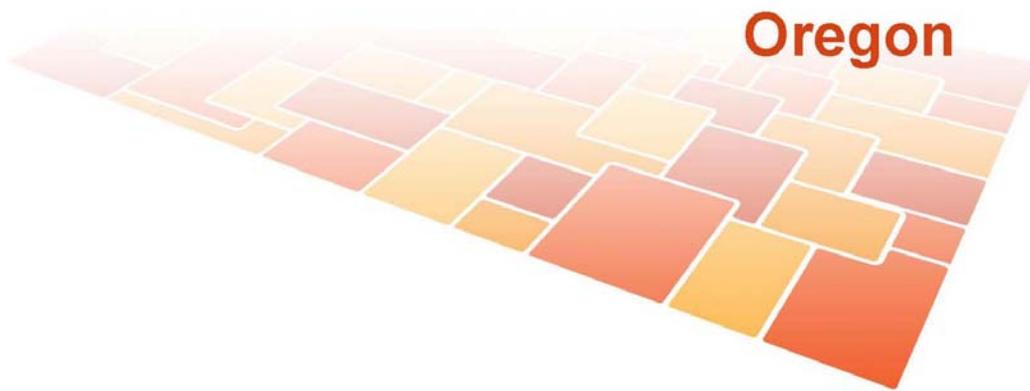
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County Health Rankings

Mobilizing Action Toward Community Health

2010
Oregon




Robert Wood Johnson Foundation

UNIVERSITY OF WISCONSIN
 **Population Health Institute**
Translating Research into Policy and Practice

Introduction

Where we live matters to our health. The health of a community depends on many different factors, including quality of health care, individual behavior, education and jobs, and the environment. We can improve a community's health through programs and policies. For example, people who live in communities with ample park and recreation space are more likely to exercise, which reduces heart disease risk. People who live in communities with smoke-free laws are less likely to smoke or to be exposed to second-hand smoke, which reduces lung cancer risk.

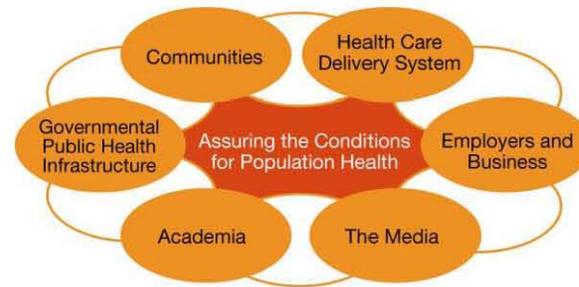
The problem is that there are big differences in health across communities, with some places being much healthier than others. And up to now, it has been hard to get a standard way to measure how healthy a county is and see where they can improve.

The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute are pleased to present the 2010 *County Health Rankings*, a collection of 50 reports that reflect the overall health of counties in every state across the country. For the first time, counties can get a snapshot of how healthy their residents are by comparing their overall health and the factors that influence their health, with other counties in their state. This will allow them to see county-to-county where they are doing well and where they need to improve. Everyone has a stake in community health. We all need to work together to find solutions. The *County Health Rankings* serve as both a call to action and a needed tool in this effort.

All of the *County Health Rankings* are based upon this model of population health improvement:



In this model, health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. These health factors and their outcomes may also be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies.



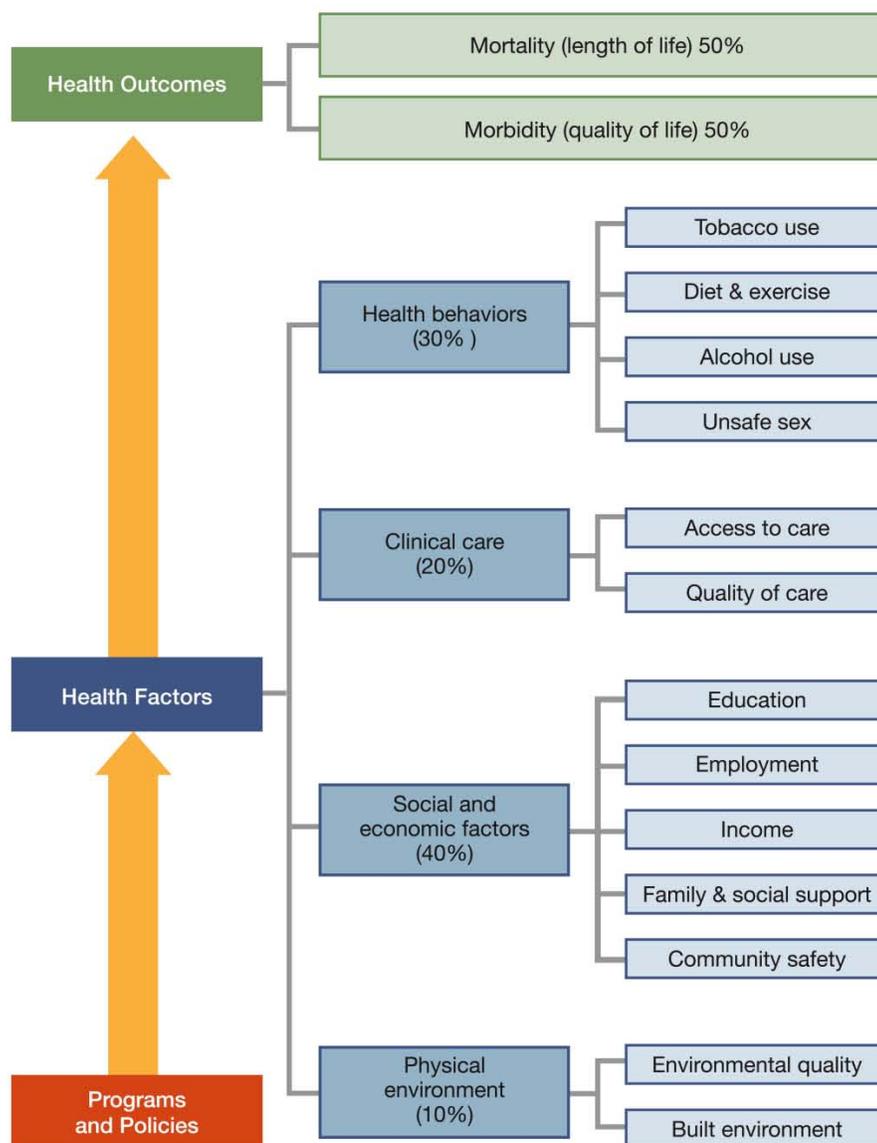
Institute of Medicine, 2002

To compile the *Rankings*, we built on our prior work in Wisconsin, worked closely with staff from the Centers for Disease Control and Prevention and Dartmouth College, and obtained input from a team of expert advisors. Together we selected a number of population health measures based on scientific relevance, importance, and availability of data at the county level. For a more detailed explanation of the choice of measures, see www.countyhealthrankings.org.

The Rankings

This report ranks Oregon counties according to their summary measures of **health outcomes** and **health factors**, as well as the components used to create each summary measure. The figure below depicts the structure of the *Rankings* model. Counties receive a rank for each population health component; those having high ranks (e.g., 1 or 2) are estimated to be the “healthiest.”

Our summary **health outcomes** rankings are based on an equal weighting of mortality and morbidity measures. The summary **health factors** rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, but represent just one way of combining these factors.



County Health Rankings model ©2010 UWPHI

Summary Health Outcomes & Health Factors Rankings

Counties receive two summary ranks:

- Health Outcomes
- Health Factors

Health outcomes represent how healthy a county is while health factors are what influences the health of the county.

Each of these ranks represents a weighted summary of a number of measures.

| Rank | Health Outcomes | Rank | Health Factors |
|------|-----------------|------|----------------|
| 1 | Benton | 1 | Benton |
| 2 | Washington | 2 | Deschutes |
| 3 | Clackamas | 3 | Washington |
| 4 | Polk | 4 | Hood River |
| 5 | Hood River | 5 | Clackamas |
| 6 | Deschutes | 6 | Wallowa |
| 7 | Grant | 7 | Polk |
| 8 | Wasco | 8 | Yamhill |
| 9 | Wallowa | 9 | Multnomah |
| 10 | Marion | 10 | Tillamook |
| 11 | Union | 11 | Columbia |
| 12 | Columbia | 12 | Union |
| 13 | Jackson | 13 | Jackson |
| 14 | Crook | 14 | Baker |
| 15 | Morrow | 15 | Curry |
| 16 | Umatilla | 16 | Wasco |
| 17 | Lane | 17 | Lane |
| 18 | Yamhill | 18 | Grant |
| 19 | Clatsop | 19 | Clatsop |
| 20 | Harney | 20 | Marion |
| 21 | Multnomah | 21 | Crook |
| 22 | Malheur | 22 | Morrow |
| 23 | Tillamook | 23 | Linn |
| 24 | Coos | 24 | Malheur |
| 25 | Curry | 25 | Lincoln |
| 26 | Linn | 26 | Klamath |
| 27 | Josephine | 27 | Josephine |
| 28 | Lincoln | 28 | Coos |
| 29 | Baker | 29 | Harney |
| 30 | Douglas | 30 | Umatilla |
| 31 | Lake | 31 | Lake |
| 32 | Klamath | 32 | Douglas |
| 33 | Jefferson | 33 | Jefferson |

Not Ranked: Gilliam, Sherman, Wheeler

Health Outcomes Rankings

The summary health outcomes ranking is based on measures of mortality and morbidity. Each county's ranks for mortality and morbidity are displayed here. The mortality rank, representing length of life, is based on a measure of premature death: the years of potential life lost prior to age 75.

The morbidity rank is based on measures that represent health-related quality of life and birth outcomes. We combine four morbidity measures: self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

| Rank | Mortality | Morbidity |
|------|------------|------------|
| 1 | Benton | Grant |
| 2 | Washington | Benton |
| 3 | Polk | Wasco |
| 4 | Clackamas | Clackamas |
| 5 | Deschutes | Polk |
| 6 | Hood River | Hood River |
| 7 | Morrow | Washington |
| 8 | Wallowa | Deschutes |
| 9 | Union | Marion |
| 10 | Columbia | Curry |
| 11 | Lane | Jackson |
| 12 | Marion | Clatsop |
| 13 | Crook | Malheur |
| 14 | Yamhill | Wallowa |
| 15 | Harney | Umatilla |
| 16 | Umatilla | Crook |
| 17 | Multnomah | Columbia |
| 18 | Jackson | Yamhill |
| 19 | Grant | Union |
| 20 | Wasco | Tillamook |
| 21 | Clatsop | Josephine |
| 22 | Tillamook | Multnomah |
| 23 | Linn | Lane |
| 24 | Malheur | Harney |
| 25 | Coos | Coos |
| 26 | Lincoln | Lincoln |
| 27 | Douglas | Lake |
| 28 | Baker | Morrow |
| 29 | Josephine | Linn |
| 30 | Curry | Baker |
| 31 | Klamath | Jefferson |
| 32 | Jefferson | Douglas |
| 33 | Lake | Klamath |

Health Factors Rankings

The summary health factors ranking is based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. Health behaviors include measures of smoking, diet and exercise, alcohol use, and risky sex behavior. Clinical

care includes measures of access to care and quality of care. Social and economic factors include measures of education, employment, income, family and social support, and community safety. The physical environment includes measures of environmental quality and the built environment.

| Rank | Health Behaviors | Rank | Clinical Care | Rank | Social & Economic Factors | Rank | Physical Environment |
|------|------------------|------|---------------|------|---------------------------|------|----------------------|
| 1 | Deschutes | 1 | Hood River | 1 | Benton | 1 | Wallowa |
| 2 | Benton | 2 | Multnomah | 2 | Washington | 2 | Curry |
| 3 | Washington | 3 | Deschutes | 3 | Clackamas | 2 | Jefferson |
| 4 | Wallowa | 4 | Clackamas | 4 | Hood River | 4 | Hood River |
| 5 | Hood River | 5 | Benton | 5 | Columbia | 5 | Deschutes |
| 6 | Clackamas | 6 | Washington | 6 | Deschutes | 6 | Morrow |
| 7 | Yamhill | 7 | Jackson | 7 | Tillamook | 7 | Josephine |
| 8 | Curry | 8 | Baker | 8 | Polk | 8 | Jackson |
| 9 | Union | 9 | Crook | 9 | Wallowa | 9 | Umatilla |
| 10 | Jackson | 10 | Marion | 10 | Clatsop | 10 | Douglas |
| 11 | Multnomah | 11 | Linn | 11 | Yamhill | 11 | Tillamook |
| 12 | Lane | 12 | Polk | 12 | Lane | 12 | Wasco |
| 13 | Polk | 13 | Columbia | 13 | Union | 13 | Columbia |
| 14 | Harney | 14 | Wasco | 14 | Wasco | 14 | Multnomah |
| 15 | Grant | 15 | Josephine | 15 | Morrow | 15 | Union |
| 16 | Baker | 16 | Klamath | 16 | Multnomah | 16 | Coos |
| 17 | Lake | 17 | Grant | 17 | Baker | 17 | Crook |
| 18 | Malheur | 18 | Douglas | 18 | Grant | 18 | Klamath |
| 19 | Tillamook | 19 | Yamhill | 19 | Marion | 19 | Benton |
| 20 | Klamath | 20 | Lane | 20 | Jackson | 20 | Lincoln |
| 21 | Crook | 21 | Malheur | 21 | Umatilla | 21 | Linn |
| 22 | Wasco | 22 | Lincoln | 22 | Linn | 22 | Baker |
| 23 | Marion | 23 | Curry | 23 | Lincoln | 23 | Clackamas |
| 24 | Clatsop | 24 | Clatsop | 24 | Coos | 24 | Malheur |
| 25 | Josephine | 25 | Union | 25 | Curry | 25 | Polk |
| 26 | Morrow | 26 | Coos | 26 | Lake | 26 | Washington |
| 27 | Columbia | 27 | Tillamook | 27 | Crook | 27 | Grant |
| 28 | Linn | 28 | Jefferson | 28 | Harney | 28 | Yamhill |
| 29 | Lincoln | 29 | Umatilla | 29 | Douglas | 29 | Lake |
| 30 | Coos | 30 | Wallowa | 30 | Malheur | 30 | Harney |
| 31 | Jefferson | 31 | Morrow | 31 | Josephine | 31 | Marion |
| 32 | Umatilla | 32 | Harney | 32 | Klamath | 32 | Clatsop |
| 33 | Douglas | 33 | Lake | 33 | Jefferson | 33 | Lane |

2010 County Health Rankings: Measures, Data Sources, and Years of Data

| | Measure | Data Source | Years of Data |
|----------------------------------|--|---|----------------|
| HEALTH OUTCOMES | | | |
| Mortality | Premature death (Years of Potential Life Lost) | National Center for Health Statistics | 2004-2006 |
| Morbidity | Self-reported health status | Behavioral Risk Factor Surveillance System | 2002-2008 |
| | Poor physical health days | Behavioral Risk Factor Surveillance System | 2002-2008 |
| | Poor mental health days | Behavioral Risk Factor Surveillance System | 2002-2008 |
| | Low birthweight | National Center for Health Statistics | 2000-2006 |
| HEALTH FACTORS | | | |
| HEALTH BEHAVIORS | | | |
| Tobacco | Adult smoking | Behavioral Risk Factor Surveillance System | 2002-2008 |
| Diet and Exercise | Adult obesity | National Center for Chronic Disease Prevention and Health Promotion | 2006-2008 |
| Alcohol Use | Binge drinking | Behavioral Risk Factor Surveillance System | 2002-2008 |
| | Motor vehicle death rate | National Center for Health Statistics | 2000-2006 |
| High Risk Sexual Behavior | Teen births | National Center for Health Statistics | 2000-2006 |
| | Chlamydia rate | National Center for Health Statistics | 2006 |
| CLINICAL CARE | | | |
| Access to Care | Uninsured adults | Small Area Health Insurance Estimates, U.S. Census | 2005 |
| | Primary care providers | Health Resources & Services Administration | 2006 |
| Quality of Care | Preventable hospital stays | Medicare/Dartmouth Institute | 2005-2006 |
| | Diabetic screening | Medicare/Dartmouth Institute | 2003-2006 |
| | Hospice use | Medicare/Dartmouth Institute | 2001-2005 |
| SOCIOECONOMIC FACTORS | | | |
| Education | High school graduation | National Center for Education Statistics ¹ | 2005-2006 |
| | College graduates | U.S. Census/American Community Survey | 2000/2005-2007 |
| Employment | Unemployment rate | Bureau of Labor Statistics | 2008 |
| Income | Children in poverty | Small Area Income and Poverty Estimates, U.S. Census | 2007 |
| | Income inequality | U.S. Census/American Community Survey ² | 2000/2005-2007 |
| Family and Social Support | Social/emotional support | Behavioral Risk Factor Surveillance System | 2005-2008 |
| | Single-parent households | U.S. Census/American Community Survey | 2000/2005-2007 |
| Community Safety | Violent crime ³ | Uniform Crime Reporting, Federal Bureau of Investigation | 2005-2007 |
| PHYSICAL ENVIRONMENT | | | |
| Air Quality⁴ | Unhealthy air due to ozone | U.S. Environmental Protection Agency / Centers for Disease Control and Prevention | 2005 |
| | Unhealthy air due to particulate matter | U.S. Environmental Protection Agency / Centers for Disease Control and Prevention | 2005 |
| Built Environment | Access to healthy foods | Census Zip Code Business Patterns | 2006 |
| | Liquor stores | Census County Business Patterns | 2006 |

¹ State data sources for KY, NH, NC, PA, SC, and UT (2007-2008).

² Income inequality estimates for 2000 were calculated by Mark L. Burkey, North Carolina Agricultural & Technical State University, www.ncat.edu/~burkeym/Gini.htm.

³ Homicide rate (2000-2006) from National Center for Health Statistics for AK, AZ, AR, CO, CT, GA, ID, IN, IA, KS, KY, LA, MN, MS, MT, NE, NH, NM, NC, ND, OH, SD, UT, and WV. State data source for IL.

⁴ Not available for AK and HI.

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Suggested citation: University of Wisconsin Population Health Institute. *County Health Rankings 2010*.

II. ASSESSMENT, continued

Several of the factors upon which the preceding findings were based have changed or need explanation. The section labeled **"Health Outcomes"** shows Curry County as having a high mortality rate but a good morbidity rate. The County's mortality rate is unchanged. There continues to be:

- traffic fatalities,
- river drownings as part of recreational activities,
- fishing vessels capsizing,
- drownings as people walk on the beach and don't watch the waves,
- high suicide rate among the adult population,
- people lost in the forest expanse of the County,
- cancer deaths before the age of 75

Public education has not had an effect on any of the categories. The only category that could effectively be addressed in a meaningful, timely way is the suicide rate. Curry County Mental Health has added several new positions and Curry Health District has and continues to recruit mental health professionals. Collaboration between Curry County Mental Health and Curry Health District has resulted in establishing a "hold room". Patients can be held in a secure place at Curry General Hospital while they are stabilized on meds and/or an acute psychiatric bed is located. There is also a sub-acute mental health facility available with the County.

With cuts to Medicare, possible changes in Social Security, housing costs in the area and the state of the economy, there is a concern that the suicide rate may increase, regardless of interventions.

"Clinical Care" includes access to care to primary care providers as well as quality of care. This was taken from 2005 & 2006 data.

As to ***Access to Care***, Medical providers, under this study, only include full-time physicians. It did not take into account the:

- Family Nurse Practitioners,
- Certified Midwives,
- Pediatric Nurse Practitioner,
- Psychiatric Nurse Practitioner,
- Geriatric Nurse Practitioner,
- Physician Assistants,
- Part-time physicians, nor
- Specialty physicians who come from Coos Bay, Crescent City, or Grants Pass/Medford and hold clinics in Curry County.

Additionally, since 2005-06, more providers, both physicians and nurse practitioners have been recruited to Curry County. Curry General Hospital has obtained Critical Access Hospital status. There are rural health clinics in both Port Orford and Brookings. Public Health has added a School-Based Health Center at the Brookings School complex and is also providing care in a School-Based Health Center at Pacific High School in the North end of the County.

The other half of "Access to Care" is uninsured adults. Curry County's uninsured population has risen dramatically since 2005. The commercial fishing industry has been adversely affected by closure or limitation of fishing seasons. The lumber industry continues to decline, partly due to governmental reasons and secondarily to the housing crisis. Most businesses in Curry County are small and do not offer health insurance to their employees. Oregon Health Plan has limited resources so all that need it are not necessarily on the Plan.

The State of Oregon is trying to expand coverage to the State's children. Curry County has many children living in poverty, so the new plan should help that section of our County's population.

The second part of "Clinical Care" concerns *Quality of Care*. Quality of care had three components: preventable hospital stays, diabetic screening, and use of Hospice care. All of this information is taken from periods ranging from 2001 to 2006.

Preventable hospital stays relates directly to access to primary care in the communities within the County. One would expect to see a decrease in preventable hospital stays as access to primary care is increased. For instance, the Sheriff's Office has upgraded care within the jail. As a result, four inmates within the last year have had their illnesses managed within the jail. Previously those same inmates would have been hospitalized.

The current primary care providers, nurse practitioners, physician assistants, and part time physicians included, are aware of the increase in diabetes through the efforts of mass media and targeted media. The Curry Health District obtained a grant to assist in the management of diabetes.

Hospice care in Curry County has increased its admissions by 16% since 2005 and continues to be active in the County.

The other low score for Curry County is "**Socioeconomic Factors**". The County has not fared well since the data that was analyzed by the University of Wisconsin. As mentioned previously, the main industries being reduced by outside jurisdictions and the economic downturn has only accentuated the problems. The unemployment rate is > 14%. Income has fallen. There are more

children living in poverty. Unless the Secure Rural School and Self Determination Act is funded by the Federal government, Curry County will either cease to exist as a local government or will cease to have the ability to support services after 2013. **This category of the report has gotten worse with no relief in sight.**

ASSESSMENT – Adequacy of Public Health Services

Epidemiology and control of preventable diseases and disorders;

Problems facing the provision of services in this area revolve around funding issues. There is not a dedicated person assigned to Communicable Disease. All the nurses and Environmental Health staff work on epidemiology and control of preventable diseases and disorders. Most of our reports involve water and food borne illnesses, STDs, and Hepatitis C as related to IV drug use.

The Public Health Department has 24/7 capacity to accept and respond to urgent reports of communicable disease or other potential widespread issue affecting the public well-being. CCPHD employees use the process developed by the State of Oregon that is disease-specific. A log of all reports has been put on the department-wide computer system which is password protected. At a quick glance, trends can be noted. *The Department is transitioning to exclusive use of ORPHEUS in reporting CD cases. This should help address the problem of timely notification to the State.*

The TB case load is manageable with staff being here with enough cases that DOT and contact investigation is carried out with few calls to the State.

The CCPHD offers the recommended vaccines to children and adults. There is close coordination with the schools for the exclusion program. We are active in the ALERT and IRIS program. Mass immunization clinics such as flu/pneumonia/H1N1 are publicized widely and held in at least the three main communities in the county. We provide vaccine to Home Health for flu immunizations to home-bound patients and their caregivers.

We work with Animal Control and the veterinarians on rabies control and prevention.

Tobacco Prevention and Education services are provided per standards set by the Program Element. A Health Support Worker does much of the education and public information. The Environmental Health Specialists investigate complaints regarding the Clean Air Act. They also educated new restaurant, food service, and tourist facility operators regarding the Clean Air Act requirements.

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

A Family Nurse Practitioner, Pediatric Nurse Practitioner and trained RNs are regularly scheduled at the clinic. They perform health assessments, education, counseling, and referral as needed. Family planning services are included in the clinics. A variety of birth control products are provided at the time of appointment and examination. Breast and cervical cancer screening are part of services. Pregnancy testing, assistance with OHP application, and referral for care are offered. There are home visits being performed through Babies First and CaCoon programs by a registered nurse and/or a family service/assessment worker. Breastfeeding assistance is provided by certified lactation specialists or a registered nurse. CCPHD developed a SBHC in cooperation with the Brookings School District. Care is readily available in the Brookings area for school-age children. As of April 2009, a SBHC satellite has been opened one day a week in Port Orford/Langlois area at Pacific High School.

Collection and reporting of health statistics;

Birth information is sent to the Vital Statistics clerk from birthing institutions and the state registrar. All certificates are processed according to state standards. Death certificates are entered into the computer system upon completion by the person's physician or the Medical Examiner. Requests for birth or death certificates are processed the day of request unless an emergency exists. There are back-up personnel to process certificates as necessary. Other health statistics are kept and reported as required and or requested, following HIPAA guidelines.

Health information and referral services:

Health information is given to clients at the time of service, on in-home visits, through media campaigns, public service announcements, and on two separate websites maintained by the Public Health Department. There is a vast array of brochures in English and Spanish on many health topics. Referral services provided include, but are not limited to: clinics, healthcare providers, educational classes, counseling, pharmacy assistance, financial assistance programs, and others as needed.

Environmental health services.

CCPHD is responsible for several services. First, there is the inspection of food service establishments, both fixed and temporary. Classes and testing are offered for food handlers and the issuance of the cards. The Registered Sanitarians have been through the process and

are "Standardized". The Sanitarians perform water system inspection and tests. They provide technical assistance in how to bring any noncompliant system into compliance. The third component of this division is the inspection of hotels and RV parks as well as testing of public pools and spas. As a courtesy, non-public water systems and bodies of water are tested upon request. Water exceeding EPA standards are reported to DEQ. CCPHD stocks drinking water test kits called *watersafe*®. The newest component of the Environmental Health unit is the enforcement of the Clean Air Act.

Describe the adequacy of services the "...health department should include or provide for programs..." (OAR 333-014-0050 (3))

Dental

Dental education is included in the WIC program. Toothbrushes are provided to the children, and adults as needed. Several dentists in the county provide dental care. However, only one accepts OHP clients. The Pediatric Nurse Practitioner has applied for, and received, several grants for the provision of dental screenings and dental care. During FY 06-07 year, >\$4,000 was raised which provided funding for a Pediatric Dentist to come to Curry County for two days and perform dental services on 38 children. In fiscal year 2007-2008, >\$14,000 has been raised for dental care for children. Fiscal Year 2008-2009 and FY 2009-2010 continued to receive grant funding for children's dental care. FY 2010-2011 will see a dramatic increase in grant funding for the children's dental program. Curry Health Foundation dedicated their large annual fund raising event proceeds to "Curry Cares for Kids" (the children's dental program). The Oregon Community Foundation agree to match whatever funds Curry Health Foundation raises for the children's dental program.

Now, the missing link is for dental care for low income adults.

Emergency preparedness

The Public Health Department serves as a member of the county emergency preparedness committee. The Public Health Emergency Preparedness Plan is now an official adjunct to the overall county plan. Potential disaster scenarios and targets have been identified and mitigation activities developed. The county received funding for construction of new communication towers. This has greatly improved radio communication throughout the County, except when the winds reach close to 200 mph. The microwave repeaters have been replaced and "hardened" to help prevent further communication problems in high wind storms. Press releases are provided to all mass media in Curry County when potential disaster scenarios present, i.e., H1N1 pandemic.

Information on emerging diseases is sent to healthcare providers as appropriate.

The response to H1N1 was handled without public panic. Vulnerable populations were vaccinated as they desired. The response was conducted utilizing existing staff.

Health education and health promotion

Health education and health promotion take place with all client encounters. STD & HIV prevention are covered with all Family Planning clients. Tobacco cessation information is offered to the public and when clients admit to tobacco use. Drug prevention education is offered in the schools and with clients. Breast self-exam information is available and disseminated. Literature and press releases have been distributed regarding West Nile Virus, what it is and how to prevent infection in humans and animals. The Public Health Department is active in numerous community organizations for the promotion of health and coordination of services. Speakers are provided to community groups at no cost on a variety of topics.

Laboratory services

Laboratory services are available through the local hospital, OHSU, Peace Health, the state lab, and CDC. Curry County Public Health maintains a laboratory license for limited moderate-complexity tests.

Medical examiner

The County Commissioners have contracted with Dr. Olsen for Medical Examiner duties. Autopsies are performed in Central Point by Dr Olsen.

Nutrition

A Registered Dietitian is on contract to provide services as necessary to Health Department clients. The dietician reviews the protocols and brochures. Courses are offered in the community for cooking for diabetics, heart patients, weight loss, etc. Breastfeeding is promoted in coordination with the local hospital.

Older adult health

Curry Health District has physician practices that service older adults. They also have developed an assisted living facility that has been well accepted and utilized. There are two new Assisted Living facilities being developed in the Brookings area. One is being run by a Geriatric Nurse Practitioner. Curry Home Care and Hospice are active in the county. Men's Health Screening clinics are offered. Older Driver classes are given by AARP. Seniors are targeted for flu and pneumonia vaccines in the fall.

Living with Arthritis classes and support groups are offered within the county.

Primary care services are provided to adults through the Health Department's FNP.

Primary health care

Private providers offer primary health care throughout the county. Many of the current physicians are not accepting new patients. CCPHD has applied for a FQHC planning grant to have the resources to get a comprehensive application ready for submission.

Shellfish sanitation

Shellfish samples are gathered and sent to OHSU for testing. When bans on harvesting are issued, notices are posted at public access points to the beaches, in sporting goods stores, restaurants, and motels. Periodic press releases are sent to the mass media in the county for reminders.

Section III : Action Plans

Individual action plans required by distinct programs have been submitted to those program offices.

Other Issues

The Curry County Board of Commissioners has re-combined the Public Health and Human Services Departments under one director. It is anticipated that there can be some efficiencies realized through this combination.

Additional Requirements

1. Agencies are required to include an organizational chart of the local health department with the annual plan.

Organizational chart is attached.

2. Use this section to briefly describe the Board of Health. For example: are there formal meetings of a Board of Health that are described as such for public notice? Does the Health Administrator report to the BOH? How often does the BOH meet?

The Curry County Board of Commissioners serves as the Board of Health. The Health Administrator reports directly to the BOC. The Administrator is able to place Public Health matters on the Board's regular agenda as well as to request public workshops wherein the Board can discuss issues. The Board generally meets weekly.

3. Separate from a BOH, Board of Commissioners, the Local Public Health Authority or other similar elected body, is there a Public Health Advisory Board? If so, briefly describe this PHAB and its activities.

There is a local Public Health Advisory Board which holds regular meetings (presently bi-monthly). Members are appointed by the Board of Commissioners. The Administrator meets with the PHAB and presents reports on programs and community needs. Board members participate in establishing the agenda. The current focus is on areas of integration with the local mental health system and health district.

Unmet needs

Use this section to describe the unmet needs regarding public health in your community. It is important that we understand what gaps will remain after these strategies are implemented. We will use this information to understand what initiatives we, as a system, should be pursuing.

The most significant unmet need is the lack of sustainability of Public Health services in the county. Core services are provided by 1.7 Nurses, 1 Nurse Practitioner, 2 Environmental Health Specialists and a less than full time Health Educator. Services are augmented by a volunteer .4 Nurse. School Based Health Centers have some additional NP time and .6 of a Nurse. The County is unable to contribute any funding assistance and is unable to provide facilities, IT, legal, payroll and other services without charging these costs to departments.

During the coming year(s) the Health & Human Services Department will be exploring strategies to stabilize the safety net as Federal funding winds down. The County will be placing a law enforcement levy on the November, 2010 ballot. If it passes it will buy time for the county and its departments to continue basic levels of service while developing on-going strategies and structures.

The LPHA will need to have serious discussion with State Health about how basic services could be maintained if the county becomes financially non-functional.

Budget

For purposes of this plan use your most recent Financial Assistance Contract to project funding from the state.

In early July of each year we will send you Projected Revenue sheets to be filled out for each program area.

Provide name, address, phone number, and if it exists, web address, where we can obtain a copy of the LPHA's public health budget.

Agencies are not required to submit a budget as part of the annual plan; they are **required** to submit the Projected Revenue information and the budget location information.

The LPHA public health budget may be requested from:
Linda James, Operations and Finance Manager
Curry County Health & Human Services
PO Box 746
Gold Beach, OR 97444
541-247-4082 x6126

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 and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.

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

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12, or more frequently based on epidemiological risk.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.

49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
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. *This is done through a separate department within the county structure, although the Public Health Department keeps track of current situations.*
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. *Again, this is done by a separate department within the county structure.*
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. *Depending upon the situation, referral for investigation may be referred to another, more appropriate agency. CCPHD follows the outcomes of the investigations.*
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.

Health Education and Health Promotion

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

Nutrition

72. Yes No Local health department reviews population data to promote appropriate nutritional services.

73. 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

74. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.

75. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

76. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

77. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

78. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.

79. 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.

80. 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

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

Primary Health Care

92. Yes No The local health department identifies barriers to primary health care services.
93. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

94. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
95. Yes No Primary health care services are provided directly or by referral.
96. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
97. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

98. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
99. 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.
100. Yes No The local health department assures that advisory groups reflect the population to be served.
101. 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

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

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

103. Yes X 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.

104. 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.

105. 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.

ORGANIZATIONAL CHART - CURRY COUNTY PUBLIC HEALTH

