I. Executive Summary

North Central Public Health District continues to strive to provide equally appropriate services to each of the three counties we serve: Wasco, Sherman and Gilliam.

Teri Thalhofer, RN, BSN is in her second year serving as Local Public Health Administrator. The Leadership Team at NCPHD enjoyed the addition of Mary Catherine Clites, RN, MS in the position of Clinical Programs Manger in November. Mary Catherine had previously served as the CD Nurse for the District. Other members of Leadership Team include Kathi Hall, Business Manager; Glenn Pierce, Environmental Health Supervisor; Beatriz Olivan, WIC Coordinator; Connie Clark, NP, Family Planning Coordinator; and Tracy Willett, Health Officer. This team has worked diligently to transition the District from the informal partnership of Wasco-Sherman Public Health, to the NCPHD, serving three individual counties.

The District enjoys the growing pains of any new endeavor and is still working out issues regarding budget, employee supervision and liability, and service delivery. The Board of Health now consists of a County Commissioner from each of the three counties served and two public members. This board received an intensive half day orientation to public health by the staff of the District.

The formation of the NCPHD continues to be challenging as we work together to create new processes and understandings. Rather than providing regional public health services, we are looking more closely at providing appropriate plans and services for each of the three counties. Understanding of rural and frontier cultures has provided us with a significant advantage when looking at issues such as access to care and transportation.

We continue to serve all of our communities with immunization outreach and appropriate referral to services. We continue to attempt to engage our community partners in conversations around vaccine safety and vaccine resistance.

Family planning services continue to serve large numbers of women in need from each of the three participating counties at our clinic in The Dalles. Outreach and awareness may become a focus in the upcoming year. Services to “at risk” youth at the local alternative high school in The Dalles were well accepted and will continue.

Environmental Health, Public Health Emergency Preparedness, Tobacco Prevention and Education and WIC have been highly successful in serving each of the three counties this past year. Homevisiting services are expanding due to a wonderful partnership with North Central Education Service District.

Every day presents an exciting new challenge in public health, and we are preparing to be ready!

II. Assessment-Annual

As we 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 area 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, MS, was promoted to the position of Clinical Programs Manager and Nancy Hammel, RN, BSN was hired as CD Nurse. Communicable disease work focused last year on H1N1 response.

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. Responsibilites were clearly defined and an action plan was created. Relationships and reporting had improved significantly. Recently we have again had issues with clinically diagnosed rather than lab diagnosed reportable conditions not being reported. Appropriate staff at the area hospital have been notified of the problem, however, the problem continues. We have sought consultation at the OPHD and DOJ to work to resolve the issue.

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. Staffing the programs in rural Wasco County, Sherman County, and Gilliam County are Dianne Kerr, RN, BSN and the newest member of our home visiting staff, Eloise Mortimore, RN. Eloise previously provided Babies First! services in Gilliam County through the DHS contract with North Central ESD. This addition and the relationship that continues with NCESD has allowed for greater coordination in Gilliam and Sherman Counties, especially. NCESD is the Healthy Start contractor for those counties, and we contract with them for Eloise to provide the home visits. This relationship will very likely prove beneficial as the revisioning for home visiting continues in Oregon.

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. Home visiting staff were also trained in client centered counseling for HIV testing. This will be the beginning of approaching rural families about such important issues while in the home.

We have continued the quest for electronic documentation and data collection for all nursing services. We have viewed several vendors and will soon be entering the Wasco County contracting process to purchase a system. Work between state and local entities has been carefully considered and has contributed to the slow movement of this process.

b. Family Planning

FAMILY PLANNING PROGRAM ANNUAL PLAN FOR COUNTY PUBLIC HEALTH DEPARTMENT FY '11

July 1, 2010 to June 30, 2011

Agency: North Central Public Health District **Contact:** Connie Clark, NP/Family Planning Coordinator

Wasco County Annual Plan

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.	Assess financial status of the program and perform a cost analysis on a regular basis.	The financial status of the program will be evaluated quarterly and this information shared with the Family Planning staff. A cost analysis will be performed yearly. Fee adjustments will be proposed to the Board of Health, and if approved, will be changed yearly and will reflect results obtained from the cost analysis.	• The cost analysis was completed 12/30/09. It will be repeated by 12/10. • Fees will be increased by 50% of the difference effective 1/2010. • Fees will be reevaluated and adjustments made by 1/2011 • The Billing Specialist will track data on percent pay clients and anecdotal information on the impact of fee changes on clients served • Continue quarterly and FY end revenue reports. • Continue quarterly and FY end tracking of clients served.
	Hire a Billing Specialist in place of the Office Specialist currently performing the role of fee collection. This will provide the opportunity to bill accurately and increase revenue potential.	The position is currently posted. Requirements for hire include experience with billing codes/billing third party payers, and experience managing billing systems.	• Develop a billing system that allows more accurate tracking of billing and revenue obtained. • Consolidate tasks related to billing currently spread among various staff and assign to the Billing Clerk.

	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.	• 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.	• Continue quarterly and FY end tracking of salary expenditures. • Continue tracking number of clients served and to monitor length of wait time for exams. • Continue to evaluate on a quarterly basis the need to increase days exams offered.
	Rehire a part time nursing supervisor.	A Nursing Supervisor was hired effective 10/09.	• Complete

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 clinician.	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 STD exams.	• 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.	• **Complete** • Health Officers currently attempting to develop policies and procedures for RN performed STD exams
	Develop a system for cross coverage for nurse practitioner leave time by June 30, 2011.	• 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. • Current Health Officers will provide coverage as needed at our agency.	• Intra-agency system was developed utilizing the Health Officer • Track usage of coverage system. • Client and staff feedback.

Objectives checklist: assessment findings?

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

Progress on Goals / Activities for FY 10

(Currently in Progress)

The annual plan that was submitted for your agency last year is included in this mailing. Please review it and report on progress meeting your objectives so far this FY.

Goal / Objective	Progress on Activities
Assess financial status of the program and perform a cost analysis on a regular basis.	A cost analysis was performed and completed 12/09. The analysis indicates that our prices do not reflect the cost to provide the service by as much as 55% below cost. A comparison was made between our cost to provide service with the fees set by an adjacent County Health Department and a Federally Qualified Health Care Center. Our calculated costs were very close to the fees set by both organizations. This information was presented to the Family Planning Advisory Board and the Board of Health. The Board of Health voted to increase fees incrementally over the period of 2 years, raising fees by half the difference effective 1/2010 and the remainder by 1/2011. This will allow the program to assess the impact of fee increases on percent pay clients before making a large increase. Staffing patterns were evaluated, models of staffing configurations were analyzed, and staffing was changed to reflect the least costly service delivery mode (as of 11/09 the NP will work without an assistant). The time analysis data that was collected does not reflect this change and should have an impact on cost to provide service. 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 for the fiscal year 10 but by a narrow margin.
Hire a Billing Specialist in place of the Office Specialist currently performing the role of fee collection. This will provide the opportunity to bill accurately and increase revenue potential.	A review of our current billing system revealed some major problems and a general system failure. Private insurance/3rd party billing, as well as OHP, percent pay and FPEP billing was not performed accurately. FPEP billing errors were as high as 30% of submissions at one point. We developed a new check-in and check-out procedure with the Front Office staff as a partial measure to reduce errors. Our Financial manager is now supervising the front office staff and errors have

	decreased. A billing system will be developed and implemented once the position is filled.
Nursing staff will be trained to perform STD exams for male and female clients and repaps/IUD checks by June 30th, 2008 A system will be in place by June 30th 2010 allowing RN to perform a limited range of exams	Our full time nurse completed the didactic training for STD exams as 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
Increase number of clients served by at least 10% by the period ending June 30th 2009	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 not 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.
Develop a system for cross coverage for nurse practitioner leave time by June 30th, 2011	Currently I have been unable to network with other clinicians to arrange cross coverage between agencies. Our new Health Officer is open to covering clinic in my absence. This allows for staff vacation time without jeopardizing the financial stability of the program.

Progress on Title X Expansion Funds:

Also, a reminder that supplemental "expansion funds" were awarded as part of your agency's regular Title X grant again this year. These funds were awarded for the purpose of increasing the number of new, low-income clients by expanding the availability of clinical family planning services. Please report any progress on the use of these funds for the following purposes:

☐ Increase the range of contraceptive methods on your formulary and/or the available number of high-end methods (IUDs and Implanon): Our clinic has been able to continue to provide high cost methods. We were recognized by the State for having the highest percentage of use of long term methods (IUDs and Implanon) than any other county.

☐ Increase the hours of your clinic(s), the number of staff available to see clients, the number of days services are available or offer walk-in appointments: We were able to increase the hours of our Nurse Practitioner to full time. We were also able to continue to offer same-day and walk-in appointments for STD/repap/IUD check exams

☐ Add other related preventive health services, such as diagnosis and treatment of STIs _____

☐ Other objective you identified specifically for your agency

_____

Sherman County Annual Plan

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
FPEP services are provided on a limited basis in Sherman County	Accurately assess the number of clients residing in Sherman County that are accessing the Family Planning Program	Petition the State to provide county specific data on access to services. Continue to have the Sherman County School Nurse provide Family Planning services as needed to Sherman county residents at the schools and Moro Medical Clinic	• Review client data provided from the State • Track number of clients served by the school nurse • Make changes to services provided based on the data

Staff changes and FPEP enrollment changes have resulted in higher costs and decreased reimbursement that threatens the sustainability of the program over time.	Assess financial status of the program and perform a cost analysis on a regular basis.	The financial status of the program will be evaluated quarterly and this information shared with the Family Planning staff. A cost analysis will be performed yearly. Fee adjustments will be proposed to the Board of Health, and if approved, will be changed yearly and will reflect results obtained from the cost analysis.	• The cost analysis was completed 12/30/09. It will be repeated by 12/10. • Fees will be increased by 50% of the difference effective 1/2010. • Fees will be reevaluated and adjustments made by 1/2011 • The Billing Specialist will track data on percent pay clients and anecdotal information on the impact of fee changes on clients served • Continue quarterly and FY end revenue reports. • Continue quarterly and FY end tracking of clients served.
	Hire a Billing Specialist in place of the Office Specialist currently performing the role of fee collection. This will provide the opportunity to bill accurately and increase revenue potential.	The position is currently posted. Requirements for hire include experience with billing codes/billing third party payers, and experience managing billing systems.	• Develop a billing system that allows more accurate tracking of billing and revenue obtained. • Consolidate tasks related to billing currently spread among various staff and assign to the Billing Clerk.

	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.	• 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.	• Continue quarterly and FY end tracking of salary expenditures. • Continue tracking number of clients served and to monitor length of wait time for exams. • Continue to evaluate on a quarterly basis the need to increase days exams offered.
	Rehire a part time nursing supervisor.	A Nursing Supervisor was hired effective 10/09.	• Complete

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 clinician.	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 STD exams.	• 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.	• **Complete** • Health Officers currently attempting to develop policies and procedures for RN performed STD exams
	Develop a system for cross coverage for nurse practitioner leave time by June 30, 2011.	• 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. • Current Health Officers will provide coverage as needed at our agency.	• Intra-agency system was developed utilizing the Health Officer • Track usage of coverage system. • Client and staff feedback.

Objectives checklist: assessment findings?

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

Progress on Goals / Activities for FY 10

(Currently in Progress)

Goal / Objective	Progress on Activities
Assess financial status of the program and perform a cost analysis on a regular basis.	A cost analysis was performed and completed 12/09. The analysis indicates that our prices do not reflect the cost to provide the service by as much as 55% below cost. A comparison was made between our cost to provide service with the fees set by an adjacent County Health Department and a Federally Qualified Health Care Center. Our calculated costs were very close to the fees set by both organizations. This information was presented to the Family Planning Advisory Board and the Board of Health. The Board of Health voted to increase fees incrementally over the period of 2 years, raising fees by half the difference effective 1/2010 and the remainder by 1/2011. This will allow the program to assess the impact of fee increases on percent pay clients before making a large increase. Staffing patterns were evaluated, models of staffing configurations were analyzed, and staffing was changed to reflect the least costly service delivery mode (as of 11/09 the NP will work without an assistant). The time analysis data that was collected does not reflect this change and should have an impact on cost to provide service. 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 for the fiscal year 10 but by a narrow margin.
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Nursing staff will be trained to perform STD exams for male and female clients and repaps/IUD checks by June 30th, 2008 A system will be in place by June 30th 2010 allowing RN to perform a limited range of exams	Our full time nurse completed the didactic training for STD exams as 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
Increase number of clients served by at least 10% by the period ending June 30th 2009	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 not 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.
Develop a system for cross coverage for nurse practitioner leave time by June 30th, 2011	Currently I have been unable to network with other clinicians to arrange cross coverage between agencies. Our new Health Officer is open to covering clinic in my absence. This allows for staff vacation time without jeopardizing the financial stability of the program.

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☐ Increase the hours of your clinic(s), the number of staff available to see clients, the number of days services are available or offer walk-in appointments: We were able to increase the hours of our Nurse Practitioner to full time. We were also able to continue to offer same-day and walk-in appointments for STD/repap/IUD check exams

☐ Add other related preventive health services, such as diagnosis and treatment of STIs _____

☐ Other objective you identified specifically for your agency

_____

Gilliam County Annual Plan

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
FPEP services are provided on a limited basis in Gilliam County No accurate data is available to determine how many residents are served and where they receive services	Accurately assess the number of clients residing in Gilliam County that are accessing the Family Planning Program	Petition the State to provide county specific data on access to services. Offer both the Condon Clinic and the Arlington Clinic the opportunity to have the Nurse Practitioner and Family Planning RN from Wasco County visit each clinic once per month at minimum to provide Family Planning services and exams	• Review client data provided from the State • Track number of clients served by the traveling Family Planning troupe • Make changes to services provided based on the data

Staff changes and FPEP enrollment changes have resulted in higher costs and decreased reimbursement that threatens the sustainability of the program over time.	Assess financial status of the program and perform a cost analysis on a regular basis.	The financial status of the program will be evaluated quarterly and this information shared with the Family Planning staff. A cost analysis will be performed yearly. Fee adjustments will be proposed to the Board of Health, and if approved, will be changed yearly and will reflect results obtained from the cost analysis.	• The cost analysis was completed 12/30/09. It will be repeated by 12/10. • Fees will be increased by 50% of the difference effective 1/2010. • Fees will be reevaluated and adjustments made by 1/2011 • The Billing Specialist will track data on percent pay clients and anecdotal information on the impact of fee changes on clients served • Continue quarterly and FY end revenue reports. • Continue quarterly and FY end tracking of clients served.
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	Rehire a part time nursing supervisor.	A Nursing Supervisor was hired effective 10/09.	• Complete

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(Currently in Progress)

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Goal / Objective	Progress on Activities
FPEP services are provided on a limited basis in Gilliam County No accurate data is available to determine how many residents are served and where they receive services	With the formation of the Health District effective 7/2009, a review of the status of Family Planning services quickly ensued. The Arlington Clinic currently provides FPEP services, and the Condon Clinic provides Title X services. Utilization of service data is not accessible, yet is vital to determining current status and possible need for improvements.
Assess financial status of the program and perform a cost analysis on a regular basis.	A cost analysis was performed and completed 12/09. The analysis indicates that our prices do not reflect the cost to provide the service by as much as 55% below cost. A comparison was made between our cost to provide service with the fees set by an adjacent County Health Department and a Federally Qualified Health Care Center. Our calculated costs were very close to the fees set by both organizations. This information was presented to the Family Planning Advisory Board and the Board of Health. The Board of Health voted to increase fees incrementally over the period of 2 years, raising fees by half the difference effective 1/2010 and the remainder by 1/2011. This will allow the program to assess the impact of fee increases on percent pay clients before making a large increase. Staffing patterns were evaluated, models of staffing configurations were analyzed, and staffing was changed to reflect the least costly service delivery mode (as of 11/09 the NP will work without an assistant). The time analysis data that was collected does not reflect this change and should have an impact on cost to provide service. 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 for the fiscal year 10 but by a narrow margin.

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Develop a system for cross coverage for nurse practitioner leave time by June 30th, 2011	Currently NP has been unable to network with other clinicians to arrange cross coverage between agencies. Our new Health Officer is open to covering clinic in the NP's absence. This allows for staff vacation time without jeopardizing the financial stability of the program.

Progress on Title X Expansion Funds:

Also, a reminder that supplemental "expansion funds" were awarded as part of your agency's regular Title X grant again this year. These funds were awarded for the purpose of increasing the number of new, low-income clients by expanding the availability of clinical family planning services. Please report any progress on the use of these funds for the following purposes:

☐ Increase the range of contraceptive methods on your formulary and/or the available number of high-end methods (IUDs and Implanon): The Dalles clinic has been able to continue to provide high cost methods to residents of all 3 Counties. We were recognized by the State for having the highest percentage of use of long term methods (IUDs and Implanon) than any other county in the State.

☐ Increase the hours of your clinic(s), the number of staff available to see clients, the number of days services are available or offer walk-in appointments: We were able to increase the hours of our Nurse Practitioner to full time. We were also able to continue to offer same-day and walk-in appointments for STD/repap/IUD check exams at The Dalles clinic. We will be offering the clinics in Arlington and Condon the opportunity to have a Nurse Practitioner and RN on site once a month to provide Family Planning services.

☐ Add other related preventive health services, such as diagnosis and treatment of STIs _____

☐ Other objective you identified specifically for your agency

_____

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
Increase the UTD rate at 24 mo. of age by 4% each year for the next three years.	a. Assess AFIX data for UTD rates at 24 mo. in 2007 data. b. Utilize IRIS forecast for 100% of client immunization	g. Measure increase in UTD rates by 24 month period using 2007 AFIX Assessment Data; should increase by 4%. h. Missed shots	Rates have decreased 2% • 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

	visits. c. Assure every shot is entered into Alert/Iris system. d. Give all shots forecasted unless truly contraindicates. e. Give written educational materials to parents who are hesitant to vaccinate their child. f. Develop a recall/reminder system for immunization clients.	should decrease within Health Department.	MCMC – No response. • Clinic Nurses urging parents to give all forecasted immunizations.

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.	i. Assess AFIX data for UTD rates at 24 mo. in 2008 data. j. Continue to use IRIS forecast for 100% of client immunization visits. k. Assess use of written educational materials for hesitant parents. l. Implement the recall / reminder system for immunization clients.	m. Using AFIX Assessment Data for 2008, measure increase of UTD rates by 24 mo. n. Missed shots should continue to decrease within Health Department.	• UTD Rates have fallen significantly during 2009 – 2010. • Vaccine shortages have contributed to the decrease in the UTD rates with the HIB shortage. We are now giving the 4th HIB dose and will ask the State for a recall list of HIB clients needing the 4th HIB. • The private provider's in our area continue to give vaccine hesitant clients an alternate immunization schedule. Our largest private clinic had vaccine shortage issues along with storage issues. Clients coming from these providers were among those following the alternate schedule. Have two new health officers who plan to present at the medical providers meeting about immunizations. H1N1 clinics also impacted our ability to input data into IRIS and a shortage of office

			staff. We have recently hired more staff which should help data input.
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.	o. Assess AFIX data for UTD rates at 24 mo. in 2009 data. p. Continue to use IRIS forecast for 100% of client immunization visits. q. Evaluate the recall / reminder system for immunization clients.	r. Using AFIX Assessment Data for 2009, measure increase of UTD rates by 24 mo.	

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.	• 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.	• 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.	• 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.	• Business Manager will explore obtaining a Medicare billing account for health department. • Have correct CPT and billing codes for adult immunizations.	• Will obtain Medicare billing account. • Will be able to bill correctly for adult clients.	• 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.	• Continue screening. • Provide written information to new private providers. • Offer additional trainings to community partners if needed.	• 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.	• PHN presented training to Commu-nity Corrections concerning Twin Rix and availability to their clients. Also discussed special HPV project for their eligible female clients. Community Corrections will be moving to a build-ing next to health department which will help client access care. • Also discussed Twin Rix with Norcor nursing staff. Continue to offer STD clients Twinnix and special project HPV for eligible females.

ACTIVITY 2: Ability to bill for adult immunizations	Continue objective.	Continue methods from Year 1	• 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.	• Obtained Medicare billing account, however only for flu vaccine billing. Clients would continue to pay cash for adult immunization or refer to private providers or local pharmacy.

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 2010 - 2011 WIC Nutrition Education Plan Form

County/Agency: North Central Public Health WIC Wasco/Sherman/Gilliam Counties
Person Completing Form: Beatriz Olivan
Date: 4/24/10
Phone Number: (541) 506-2612
Email Address: beatrizo@co.wasco.or.us

e.
f.
g.
h.

Goal 1: Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

Year 1 Objective: During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

Activity 1: WIC Training Supervisors will complete the Participant Centered Education e-Learning Modules by July 31, 2010.

Implementation Plan and Timeline:

WIC Training Supervisors will complete the Participant Centered Education e-Learning Modules by July 31, 2010. Training Supervisor will have time on 1-2 hours on Fridays to work on completion of the Participant Centered Education e-Learning starting the mid April.

Activity 2: WIC Certifiers who participated in Oregon WIC Listens training 2007-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.

Implementation Plan and Timeline:

WIC Certifiers who participated in Oregon WIC Listens training 2007-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by
July 31, 2010 in order for all Certifiers to attend the regional Group Participant Center Education training.

Activity 3: Local agency staff will attend a regional Group Participant Centered Education training in the fall of 2010.

Note: The training will be especially valuable for WIC staff who lead group nutrition education activities and staff in-service presentations. Each local agency will send at least one staff person to one regional training. Staff attending this training must pass the posttest of the Participant Centered Education e-Learning Modules by August 31, 2010.

Implementation Plan and Timeline including possible staff who will attend a regional training:

All WIC Certifiers in the local agency staff will attend a regional Group Participant Centered Education training in the fall of 2010.

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.

Year 1 Objective: During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by March 31, 2011.

Note: This checklist was sent as a part of the FY 2009-2010 WIC NE Plan and is attached.

Implementation Plan and Timeline:

Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by March 31, 2011. We will continue to offer support to our breastfeeding mom and continue to have a breastfeeding friendly environment.

Activity 2: Local agency breastfeeding education will include evidence-based concepts from the state developed Prenatal and Breastfeeding Class by March 31, 2011.

Note: The Prenatal and Breastfeeding Class is currently in development by state staff. This class and supporting resources will be shared at the regional Group Participant Centered ducation training in the fall of 2010.

Implementation Plan and Timeline:

Local agency breastfeeding education will include evidence-based concepts from the state developed Prenatal and Breastfeeding Class by March 31, 2011.

Goal 3: Strengthen partnerships with organization that serve WIC populations and provide nutrition and/or breastfeeding education.

Year 1 Objective: During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to enhance partnerships with these organizations by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional Group Participant Centered Education training fall 2010.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Implementation Plan and Timeline:

Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional Group Participant Centered Education training fall 2010.

Activity 2: Each agency will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics training and/or complete the online Oregon WIC Breastfeeding Module.

Note: Specific Breastfeeding Basics training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Module will be sent out as soon as it is available.

Implementation Plan and Timeline:

Each agency will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics training and/or complete the online Oregon WIC Breastfeeding Module.

Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.

Year 1 Objective: During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

Activity 1: Local agency staff will complete the new online Child Nutrition Module by March 31, 2011.

Implementation Plan and Timeline:

All staff at our local agency staff will complete the new online Child Nutrition Module by March 31, 2011.

Activity 2: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2010-2011. Complete and return Attachment A by May 1, 2010.

Agency Training Supervisor(s):

Beatriz Olivan

Attachment A
FY 2010-2011 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2010 through 6/30/2011

Agency:
Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned program initiatives, 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, 2010 – June 30, 2011. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2010	PCE Module	To talk and finish the PCE online module
2	November 2010	Childhood Obesity	To explore the factors that are contributing to childhood obesity and development a class that includes activities children can do over the Winter months
3	March 2011	Child Nutrition	For all staff to complete the Child Nutrition Module
4	May 2010	Breastfeeding	To have all staff meet and find out what areas in breastfeeding we need more training on.

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 3.0 FTE Environmental Health Specialists (EHS); and is fully staffed as of 6-8-10.
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. Field train the 3rd FTE EHS in the Onsite Wastewater Management Program (OWM) and with our fully staffed EH program be prepared to assume the OWM Program in Gilliam County if it becomes necessary.
2. To increase the percentage of restaurant managers with advanced Special Food Manager Training within North Central Public Health District.
3. To continue having a State Standardized Food Program Training Officer.
4. To conduct sanitation inspections of licensed facilities in a timely manner.

5. To continue coordinating food & water borne investigations and vector diseases within the Communicable Disease (CD) team.
6. 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 (6-22-10). All systems are either up to date on Sanitary Surveys or have scheduled appointments for surveys.

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. Gilliam County births and deaths continued to be registered by the Gilliam County Clerk's office.

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 Continues to be coordinated by Kristy Beachamp. Kristy works closely with our regional consultant to ensure that the PE#12 requirements are fulfilled. This past year Kristy was the lead in the overall response to H1N1 for the three counties. Kristy works closely with the emergency managers for each of the three counties and this proved particularly helpful during the H1N1 response. Law enforcement was engaged in the public clinic activities in Wasco County, especially, and helped to maintain security and order at our large public vaccination clinics. Outreach activities have included the partnership with Wasco County Emergency Management and the Red Flag Task Force to present the annual Emergency Preparedness Fair for the local community. 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. H1N1 Influenza cards were mailed to all households in the three counties outlining home preparedness for illness and encouraging vaccination.

IV. Additional Requirements

1. Organizational Chart: See Attachment "B":

2. Board of Health

On October 7, 2009, an Intergovernmental Agreement became effective for North Central Public Health District. This agreement followed the resolutions under ORS 431.375(2) which formed the District earlier in the year. On January 25, 2010, bylaws were adopted creating a board of health comprised of one member of each of the three county commissions and 2 public members from each of the three counties. The public members are specifically designated as a city or town administrator, a school district representative, a physician or other health professional, a social services representative, and business representative and a private citizen. The Board meets usually monthly but must meet at least quarterly. These meetings are publicly noticed in each of the three counties. Phone conferencing is available. The Public Health Administrator reports to the board of health.

3. A public health advisory board does not currently exist.

4. N/A
5. No significant changes have occurred in the NCPHD relationship with either the Wasco or Sherman County Commissions on Children and Families. In Gilliam County, Dianne Kerr, RN, has started to attend Commission meetings and work with staff and community members on current issues. The TPEP Coordinator for NCPHD also participates in prevention activities in Gilliam County.

V. Unmet Needs

NCPHD has a large gap in electronic data collection. Current systems in place are cumbersome and make data extraction difficult. We have been working with state programs to ensure that data about county population is broken out for each of the three counties. Specific clinic activities can be collected as NCPHD. 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 To view budget please go to:

http://co.wasco.or.us/county/documents/requirementsadopted2011.pdf

VII. Minimum Standard

Both

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

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

Organization

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

2. Yes _X__ No ___ The Local Health Authority meets at least annually to address public health concerns.

3. Yes _X__ 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 _X__ No ___ Current local health department policies and procedures exist which are reviewed at least annually.

5. Yes _X__ No ___ Ongoing community assessment is performed to analyze and evaluate community data.

6. Yes X___ No ___ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.

7. Yes _X__ No ___ Local health officials develop and manage an annual operating budget.

8. Yes X___ No ___ Generally accepted public accounting practices are used for managing funds.

9. Yes __X_ No ___ All revenues generated from public health services are allocated to public health programs.

10. Yes _X__ No ___ Written personnel policies and procedures are in compliance with federal and state laws and regulations.

11. Yes X___ No ___ Personnel policies and procedures are available for all employees.

12. Yes _X__ No ___ All positions have written job descriptions, including minimum qualifications.

13. Yes _X__ No ___ Written performance evaluations are done annually.

14. Yes _X__ No ___ Evidence of staff development activities exists.

15. Yes __X_ No ___ Personnel records for all terminated employees are retained consistently with State Archives rules.

16. Yes _X__ No ___ Records include minimum information required by each program.

17. Yes X___ No ___ A records manual of all forms used is reviewed annually.

18. Yes _X__ No ___ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.

19. Yes _X__ No ___ Filing and retrieval of health records follow written procedures.

20. Yes _X__ No ___ Retention and destruction of records follow written procedures and are consistent with State Archives rules.

21. Yes _X__ No ___ Local health department telephone numbers and facilities' addresses are publicized.

22. Yes _X__ No ___ Health information and referral services are available during regular business hours.

23. Yes _X__ 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 _X__ 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 _X__ No ___ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.

26. Yes _X__ No ___ Certified copies of registered birth and death certificates are issued within one working day of request.

27. Yes _X__ 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 _X__ No ___ A system to obtain reports of deaths of public health significance is in place.

29. Yes _X__ 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 _X__ No ___ Health department administration and county medical examiner review collaborative efforts at least annually.

31. Yes _X__ No ___ Staff is knowledgeable of and has participated in the development of the county's emergency plan.

32. Yes __X_ No ___ Written policies and procedures exist to guide staff in responding to an emergency.

33. Yes __X_ No ___ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.

34. Yes _X__ No ___ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.

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

38. Yes _X__ 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 _X__ 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 _X__ 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 _X__ 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 _X__ No ___ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.

43. Yes _X__ No ___ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes _X__ 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 __X_ No ___ Immunizations for human target populations are available within the local health department jurisdiction.

46. Yes _X__ No ___ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

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

48. Yes _X__ No ___ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.

49. Yes _X__ No ___ Training in first aid for choking is available for food service workers.

50. Yes _X__ No ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.

51. Yes _X__ No ___ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.

52. Yes _X__ No ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

53. Yes _X__ No ___ Compliance assistance is provided to public water systems that violate requirements.

54. Yes _X__ No ___ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

55. Yes _X__ No ___ A written plan exists for responding to emergencies involving public water systems.

56. Yes _X__ No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs.

57. Yes _X__ No ___ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.

58. Yes _X__ No ___ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.

59. Yes __X_ No ___ School and public facilities food service operations are inspected for health and safety risks.

60. Yes X___ 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 _X__ No ___ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.

62. Yes _X__ No ___ Indoor clean air complaints in licensed facilities are investigated.

63. Yes _X__ No ___ Environmental contamination potentially impacting public health or the environment is investigated.

64. Yes _X__ No ___ The health and safety of the public is being protected through hazardous incidence investigation and response.

65. Yes _X__ 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 _X__ 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 __X_ No ___ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

68. Yes _X__ No ___ The health department provides and/or refers to community resources for health education/health promotion.

69. Yes _X__ No ___ The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

70. Yes _X__ No ___ Local health department supports healthy behaviors among employees.

71. Yes __X_ No ___ Local health department supports continued education and training of staff to provide effective health education.

72. Yes _X__ No ___ All health department facilities are smoke free.

Nutrition

73. Yes __X_ 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 _X__ No ___ WIC
    b. Yes _X__ No ___ Family Planning
    c. Yes __X_ No ___ Parent and Child Health
    d. Yes ___ No ___ Older Adult Health(N/A)
    e. Yes ___ No ___ Corrections Health(N/A)

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

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

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

Older Adult Health

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

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

80. Yes _X__ 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 _X__ 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 _X__ No ___ Perinatal care is provided directly or by referral.

83. Yes _X__ No ___ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes _X__ No ___ Comprehensive family planning services are provided directly or by referral.

85. Yes _X__ 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 _X__ No ___ Child abuse prevention and treatment services are provided directly or by referral.

87. Yes _X__ No ___ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes _X__ No ___ There is a system in place for identifying and following up on high risk infants.

89. Yes X___ No ___ There is a system in place to follow up on all reported SIDS deaths.

90. Yes _X__ No ___ Preventive oral health services are provided directly or by referral.

91. Yes _X__ No ___ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

92. Yes _X__ No ___ Injury prevention services are provided within the community.

Primary Health Care

93. Yes _X__ No ___ The local health department identifies barriers to primary health care services.

94. Yes X___ No ___ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes _X__ No ___ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes _X__ No ___ Primary health care services are provided directly or by referral.

97. Yes _X__ No ___ The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

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

Cultural Competency

99. Yes _X__ No ___ The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes _X__ 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 _X__ No ___ The local health department assures that advisory groups reflect the population to be served.

102. Yes _X__ No ___ The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

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 L. Thalhofer_____

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

a. Yes ___ No _X__ 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.

Please see Attachment "C"

b. 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.

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.

_____	_____	_____
Local Public Health Authority	County	Date
_____	_____	_____
Local Public Health Authority	County	Date
_____	_____	_____
Local Public Health Authority	County	Date

ATTACHMENT “C”

Plan for local health department Health Administrator to meet minimum qualifications:
Respectfully submitted by Teri Thalhofer, RN

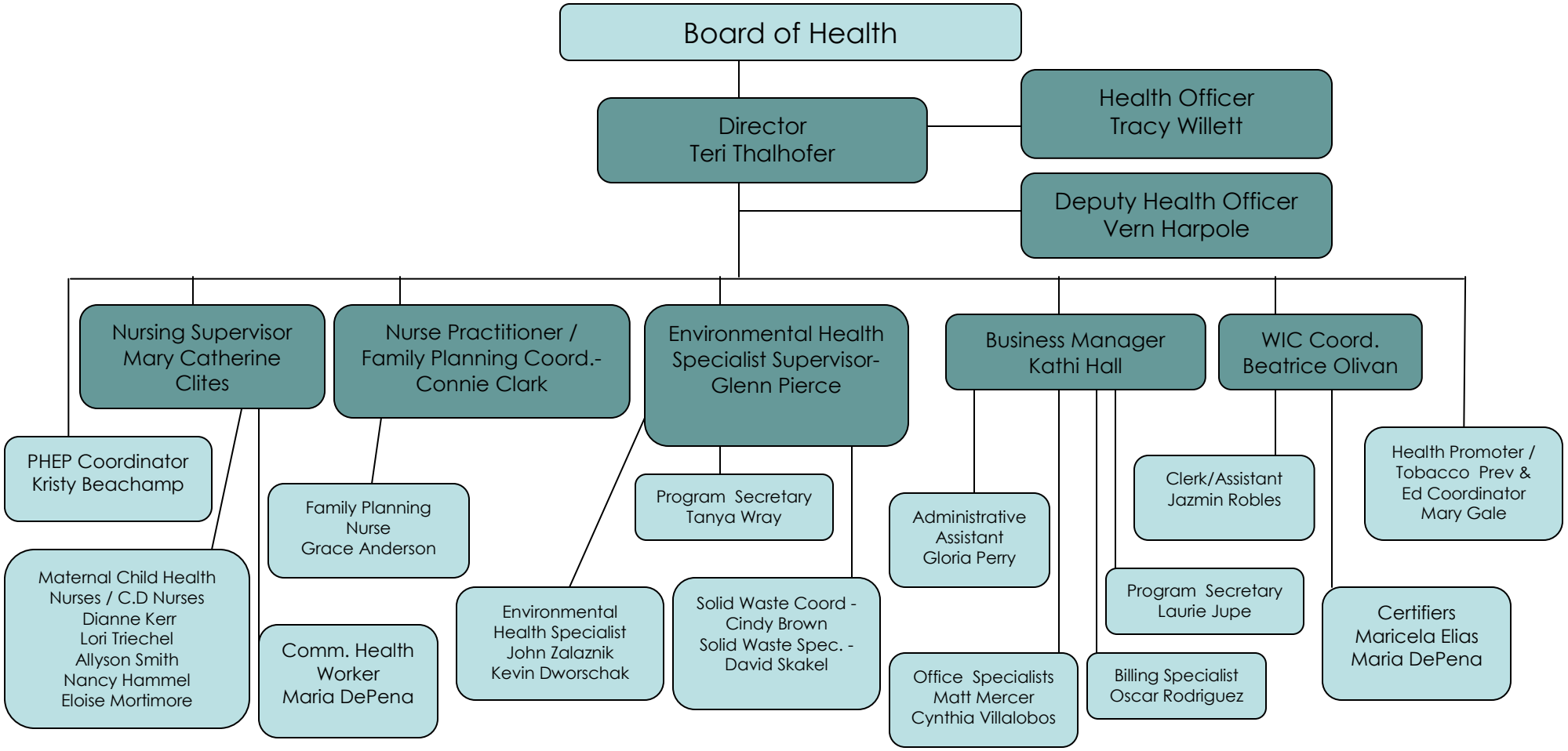
During the last year, I was able to investigate the process to apply for the Graduate Certificate in Public Health. A prerequisite for this program is undergraduate statistics. I do not have this class. My plan to take undergrad statistics last winter was derailed by the H1N1 work required at the local level. Because of the time that has passed between now and my undergrad degree, I may need to take lower level math to prepare for statistics. I am working with the local community college placement office determine the proper course of action.

Barring another outbreak, my new educational trajectory should begin with Fall Term, 2010.

North Central Public Health District

Organizational Chart

Public Health
Prevent. Promote. Protect.
NORTH CENTRAL PUBLIC HEALTH DISTRICT
"Caring For Our Communities"



Signifies Leadership Team

Revised: July 2010