

WHEELER COUNTY PUBLIC HEALTH COMPREHENSIVE PLAN

2010-2012

Submitted by:

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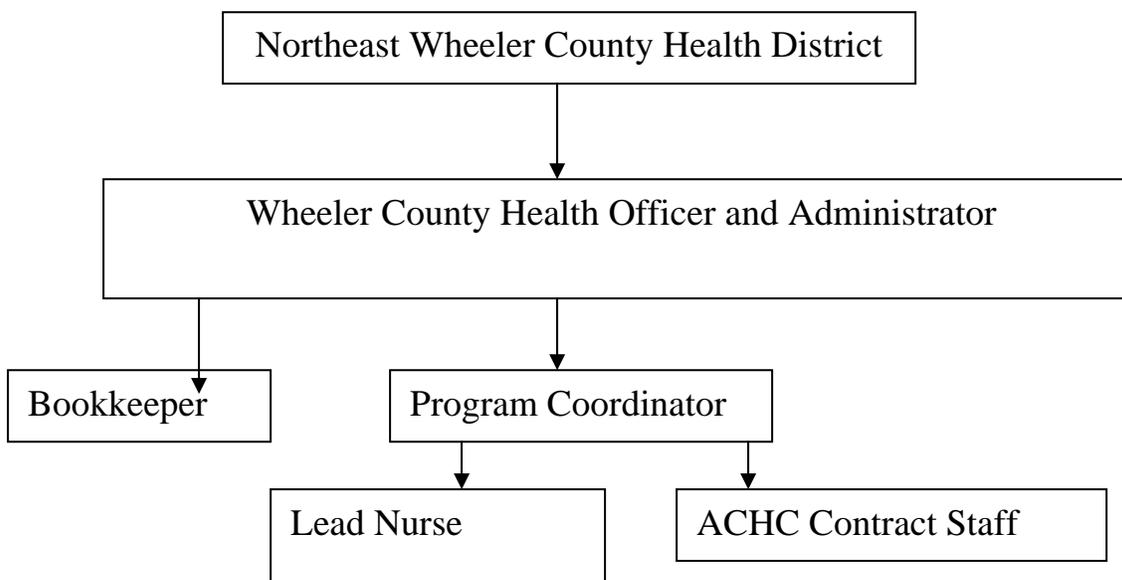
WHEELER COUNTY PUBLIC HEALTH
COMPREHENSIVE PLAN FY 2010 - 2012

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**WHEELER COUNTY PUBLIC HEALTH
ORGANIZATIONAL CHART**

WHEELER COUNTY COURT/ PUBLIC HEALTH AUTHORITY



I. Executive Summary

Wheeler County Public Health Department provides the core public health services of communicable disease reporting and investigation, family planning, child and adolescent health, immunizations, perinatal, emergency preparedness, and Babies First! and CaCoon programs. We also have Tobacco Education and Prevention (TPEP).

Mitchell School Based Health Center (MSBHC) continues to serve Mitchell School District #55, K-12, as well as the entire community and surrounding ranches. The site offers primary care, including reproductive health, but does not offer family planning services for students, at the request of the school board. The center does offer diagnosis and treatment of STDs and pregnancy testing. Family planning services for students are offered by referral.

Construction began on a permanent facility for the School Based Health Center and was completed in February, 2009. In March, 2009, the MSBHC opened a dental operatory. Please refer to Attachment A for further details on the MSBHC.

II. ASSESSMENT

ALCOHOL & DRUG USE

In 2009 Wheeler County had 68 people in counseling for drug and alcohol use. That is slightly over 4% of the total county population and an increase of 32 from last year. There are minors included in this who will (do) repeat offenses and do not continue counseling beyond the requirements of law as a result of being apprehended. We need to expand prevention and create new ways to reach the youth.

BIRTHS

Most births occur outside the county as we do not have a hospital or birthing clinic, and must refer clients for prenatal care. As a result of this, we do not receive the birth certificates. The only available data is from the Babies First! birth notifications which show 18 births in Wheeler County in 2009.

COMMUNICABLE DISEASE

There was one new case of Hepatitis A in 2009.

There were four cases of Hepatitis C in 2009.

There were two cases of Chlamydia in 2009.

There was one case of confirmed Hanta Virus in March, 2010.

DEATHS & CAUSES OF DEATH

Wheeler County Clerk reports that in 2009 Wheeler County had 15 deaths.

Causes of death are as follows:

- Cardiac arrest 5
- Chronic obstructive pulmonary disease 2
- Myocardial infarction 2
- Artherosclerotic heart disease 1
- Head and neck injuries 1
- Multiple gunshot wounds 1
- Carcinoma 1
- Esophageal cancer 1
- Diabetes/renal failure 1

DENTAL

We have completed construction of the Mitchell School based Health Center (MSBHC) building and opened for services in February, 2009. In March, 2009, we also opened a dental operatory. Please see Attachment A for more details.

DIABETES

We have initiated a disparities program involving ongoing diabetic treatment and care and within the year should have statistics on both patient and provider compliance. We participated in the West Coast Diabetes Collaborative and completed Level I. We are currently using the PECS database to monitor patient outcomes.

DOMESTIC VIOLENCE

We have several programs operating in Wheeler County which are independent of Public Health. There are CASA and VOCA programs and Community Counseling Solutions which does Drug and Alcohol counseling as well.

AGING ISSUES

Wheeler County has a significant elder population. Our issues are dementia, diabetes, hypertension, high cholesterol, falls, and the high cost of medication.

CHRONIC DISEASE

Chronic diseases are diabetes, hypertension, high cholesterol, and dementia.

FOOD BORNE ILLNESS REPORTS

We have had no reportable cases of food borne illness in the past year.

IMMUNIZATIONS

We have an ongoing need for free or affordable immunizations for children. Many of our residents have no insurance or are underinsured for immunizations. We continue to increase the number of children enrolled in the ALERT program.

We continue to travel to each of the three towns to offer influenza vaccine to the elderly and community in general at Senior Meal locations in October of each year. In October and November, 2009 we added a second visit to each of the three communities in Wheeler County in order to offer H1N1 vaccine at the schools. We continued to offer H1N1 vaccine at each of our three health care sites throughout the winter and early spring.

LOW BIRTH WEIGHT

There was no report of low birth weight in 2009.

MENTAL HEALTH

As mentioned above, Community Counseling Solutions is the primary agency providing services.

PHYSICAL ACTIVITY, DIET & OBESITY

We encourage physical activity among all age groups. Specifically, we have sponsored “walk to school” days and supplied pedometers to the school in an effort to make it more fun. We provide nutritional counseling and disseminate information regarding diet and obesity.

Public Health has collaborated with Asher Community Health Center (ACHC) to implement an integrated overall community wellness program including improved health screening, exercise and diet modification. This program has received recognition from Governor Ted Kulongowski, KATU TV, National Public Radio, the Oregonian and numerous local newspapers.

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)

In October, 2006, a Mutual Aid Agreement between all the counties of Region 7 was finalized and signed by our County Commissioners. In 2007 it was decided that it needed to be updated. The new agreement was signed in Wheeler County on February 20, 2008.

Wheeler County Public Health has agreements in place with the schools in Fossil, Mitchell and Spray to use their facilities in an emergency. There is also an agreement with the Wheeler County Fair Board to use the Isobel Edward Hall if needed in emergency.

Exercises completed in 2009:

- Exercise design meeting January 7, 2009
- Table Top exercise March 4, 2009
- Back-up Power exercise with ACHC staff September, 2009
- POD exercise October 7, 2009 in Fossil
- POD exercise October 8, 2009 in Spray
- H1N1 real time POD November 2, 2009 Fossil school.
- H1N1 real time POD November 3, 2009 Spray school.

Two of our employees completed ICS 300 and ICS 400 in 2007.

The Public Health Hazard Vulnerability Analysis was completed in May, 2008 and incorporated into the existing Wheeler County Hazard Analysis on November 5, 2008.

The work of collaborating with community partners to review and rewrite earlier Emergency Preparedness plans is an ongoing process.

ADEQUACY OF FIVE BASIC SERVICES

Required by ORS 431.416

1. Epidemiology and control of preventable diseases

Public Health staff (public health nurses and the health officer) follow up on any confirmed or suspected cases of diseases and conditions for which medical providers and labs are required by law to report to the health department. We coordinate these reports with DHS (state public health). We investigate to identify the cause or source of any outbreak, identify those who have been exposed to communicable disease, provide health guidance and preventive measures, when appropriate and available; and endeavor to prevent the spread or recurrence of disease. These services are adequate in normal times, but we are chronically short-staffed and would need assistance in a large outbreak.

2. Parent and child health services, including family planning clinics (ORS 435.205)

RN provides home visitation in Babies First! and CaCoon programs, which have been well received in the community and are adequate.

Family Planning services are available at our facility. In 2007 we cancelled our FPEP program because it no longer paid for the time we spent verifying citizenship and eligibility. We offer counseling, contraception, and, when necessary, referral.

3. Collection and reporting of health statistics.

The collection and reporting of health statistics in Wheeler County is done by the Wheeler County Clerk, currently Barbara Sitton. The Clerk may be contacted at the Wheeler County Courthouse, 701 Adams Street, P.O. Box 447, Fossil, OR 97830. 541-763-2400. FAX 541-763-2026.

4. Health Information and Referral Services.

All health department programs provide health information and referrals to programs within and without our facility. We provide health information in the form of pamphlets in our lobby and in the schools. We have a health educator who visits the schools and community groups upon request.

We publish in the local newspapers an article bimonthly on pertinent issues of public health prevention such as tick bites, West Nile Virus, and influenza

vaccine. In 2009 there were numerous articles informing the public regarding H1N1 and CDC recommended precautions as well as information on when and where to access immunizations and the priority groups as each was being served. Another article followed in December when the vaccine became available to all.

5. Environmental Health Services

Wheeler County Court contracts with Grant County to provide these services. Specifically, our county is served by John Combs, Environmental Health Specialist Trainee, and Administrator of Grant County Health Department, 528 East Main, Suite E, John Day, Or 97845. 541-620-0965. FAX 541-575-3604. email combsj@grantcounty-or.gov

We have the Food Handlers educational booklet, tests, and cards in our office and act as proxy to administer the tests in John's absence.

III. Action Plan

CONTROL OF COMMUNICABLE DISEASE

Current Condition:

1. Wheeler County Public Health is able to respond to communicable disease calls 24/7.
2. Investigations of reportable conditions and communicable diseases will be conducted, control measures carried out, and investigation report forms will be completed and submitted as per the investigative Disease Guidelines.
3. We are in need of on-going staff training and additional staff.
4. Immunizations are available here. Rabies immunizations for animals are available in our jurisdiction from a private veterinarian. Rabies treatment, if needed, must be referred outside our facility.
5. We have access to HAN and receive public health alerts.

Goals:

- To continue to be prepared to identify and respond to reports of communicable disease outbreaks 24/7.
- To complete and submit CD investigation documentation within the mandated timelines.
- To continue to provide health education to the community.

Activities:

1. Maintain 24/7 accessibility to receive calls and alerts.
2. Obtain training for new Physician Assistants who work part-time.
3. Investigate all reported communicable diseases/conditions within the investigative guidelines.
5. Continue to test internal call-down roster for 24/7 response.

Evaluation:

Make sure we meet the time lines for investigation and submission of forms to DHS.

Log the number of calls received.

Monitor the results of communication testing.

PARENT AND CHILD SERVICES

Current Conditions:

We receive referrals for Babies First! and CaCoon. The nurse is a part-time employee, and visits need to be made as soon as possible after the referral.

Goals

- Continue to visit families as soon as possible after receiving referral
- Continue care coordination for the CaCoon clients

Activities

1. Obtain training updates for nurse in Cacocon program
2. Contact referrals by telephone when we have the number
3. Contact by letter when necessary

Evaluation

Review data from state when available
Quality assessment review of files
Poll client satisfaction

FAMILY PLANNING

Current Condition

Data for 2009 is the most current data provided to us by DHS, and reflects that we served 6 clients in 2009, which is a decrease from 2008 when we served 10 clients. We do know that there were reporting errors discovered amongst our Providers on the Client Visit Record (CVR) and note here that we have served 10 in the first four months of 2010 following a quality assurance meeting and improved reporting.

Teens seeking contraception meet barriers of financial need and strong community resistance to accessibility of contraception methods for teens, believing that it encourages early sexual activity.

The Wheeler County Northeast Health District (NEWCHD) has established a fund to pay for necessary laboratory tests for indigent and uninsured minors.

Goals:

- Continue to provide high quality women’s health care and family planning.
- Increase by 10% the number of ct tests for family planning clients
- Increase number of free condoms available in Wheeler County
- Reach more of the women in need (WIN) in Wheeler County.

Activities:

1. Use new urine based tests in order to offer testing to more clients.
2. Provide condom baskets in restrooms at Mitchell School Based Health Center and Asher Community Health Center (ACHC) Spray Clinic.
3. Have discussion in Advisory Board for creative ways to reach WIN.

Evaluation:

Compare numbers of ct tests performed for family planning clients from previous years.

Calculate in-house the numbers of WIN served.

IMMUNIZATIONS

Current Conditions

Percentage of 24 months old children fully covered with 4:3:1:3:3:1 series reached 100% in 2007. In 2008 this dropped to 60%. Data is not yet available for 2009.

Goals

- Continue to increase the number of 24 months old fully covered.

Activities

1. Assess every child's immunization status at every visit.
2. Utilize tickler file to remind parents when shots are due.
3. Recall children who were deferred because of the Hib shortage.

Evaluation

We rely on the information published by Department of Human Services entitled "Assessment of Immunization Rates and Practices".

Current Condition

Because Oregon continues to place so highly in the national statistics for incidence of Hepatitis A, we chose to increase Hepatitis A vaccine coverage for all ages. In '04-05 we administered 4 vaccines. We chose this for our focus area in '05-06 and gave 24 shots. In '06-07 we gave 22 vaccinations. 08-09 we gave 31.

Goals

- Every child immunized for Hepatitis A.
- Continue to increase the number of adults immunized against Hepatitis A.

Activities

1. Offer vaccine information to parents when registering at preschool.
2. Provide pamphlets at the elementary school during registration.
3. Send Public Health Educator to High Schools for education.
4. Publish educational articles in the local newspapers.
5. Review adult immunization status at the annual examination.

Evaluation

Count numbers of students vaccinated against Hepatitis A.
Count numbers of adults vaccinated against Hepatitis A.

In addition to the vaccination goals above, we plan to replace our continuous tracking digital thermometers because of increasing age.

WIC

WIC services are provided in Wheeler County by Letter of Agreement with Umatilla County, by and through Maryann McKuen, Supervisor, 541-966-3354. Connie Lovett comes to Asher Community Health Center every other month. She makes her own appointments by telephone with residents of Wheeler County in advance. Connie may be contacted at 541-667-2545.

HEALTH STATISTICS

Health statistics for Wheeler County are collected by the County Clerk, Wheeler County Courthouse, 701 Adams Street, P.O. Box 447, Fossil, OR 97830. 541-763-3460. FAX 541-763-2026.

HEALTH INFORMATION AND REFERRAL SERVICES

Current Condition

Public Health clients often have needs that are without the range of services offered in our agency. Some are aware of the information or services they are seeking, and call for contacts and telephone numbers. However, many are unaware of services available, and therefore do not inquire. These

clients are dependent on public health staff to take the initiative and suggest services and opportunities that might be beneficial to them.

All programs are currently providing information and making referrals to clients for services offered at the Health Department, as well as services of other agencies.

We have a contract with Asher Community Health Center (ACHC) for part-time services from their staff. This includes the services of the ACHC Outreach Worker, who assists clients to apply for publicly funded health insurance, locate primary healthcare, sliding fee scale when applicable, and access dental care, in either of the ACHC sites.

Goals

- To assure that those who qualify are connected with the services available through public and private agencies designed to improve their quality of life.

Activities

1. We will continue to attend the monthly meeting of Multi-Agency Teams (MAT) which facilitates inter-agency service.
2. ACHC Outreach Worker will continue to assist clients in their efforts to obtain services.

Evaluation

We will check data from the ACHC Outreach worker.
Monitor attendance at the MAT meeting

ENVIRONMENTAL HEALTH

Wheeler County Court has contracted with Grant County to provide these services.

John Combs, EHS Trainee, Environmental Health Specialist Trainee is the person who is currently providing licensure and inspection of facilities, enforcement when necessary, under ORS 624, 448, and 446.

Contact information: John Combs, Administrator, Grant County Health Office, 528 East Main Street, Suite E, John Day, Oregon 97845. 541-620-0965.

We have the Food Handlers educational booklet, tests, and cards in our office and act as proxy to administer the tests in John's absence.

PUBLIC HEALTH EMERGENCY PREPAREDNESS

Current Condition

Wheeler County Public Health continues to work towards coordination of emergency planning with our partners within the county, within Region 7, and the State of Oregon.

Our Public Health Annex was incorporated in the Wheeler County Emergency Operations Plan on April 13, 2005. The Wheeler County Emergency Operations Plan was revised, updated, and approved by the County Court on January 17, 2007. There are portions under revision now.

The H1N1 Influenza Pandemic of 2009 created a need to respond in real time that has superseded the planned exercise for that time period. Wheeler County Public Health responded with a county-wide mailing to inform residents of the threat and recommended precautions. We delivered seasonal influenza vaccine earlier than usual in order to facilitate the H1N1 vaccination clinics as soon as possible after receiving the vaccine. We were able to deliver the H1N1 vaccine at the schools as well as local clinic sites.

Goals

- Continue to prepare for emergencies through various exercises.
- Obtain CD training for our newly hired personnel.
- Further the education of existing personnel in NIMS requirements.
- Continue 24/7 telephone response capability.
- Be prepared to respond to reports of unusual events in an efficient manner.
- Continue to improve communications amongst agencies and community partners.

Activities:

1. The Health officer and Preparedness Coordinator have both Completed the ICS 300 and 400 classes offered in 2007 by Texas Engineering Extension Service.
2. Schedule CD training through the DHS Learning Center for new personnel.
3. Continue to meet periodically with the Emergency Operations Manager and volunteer personnel to plan further exercises.

Evaluation

Evaluation of our progress will be done quarterly using the assurances provided by Program Element 12 of the Intergovernmental Agreement with Oregon State Public Health, DHS. We will maintain records of activities and training.

IV. OTHER

Unmet Needs

There is an ongoing need for a full time public health nurse and funds for the salary.

Budget Statement

The budget is included as an attachment to this comprehensive plan.

Comprehensive Plan Statement (SB555)

Wheeler County Public Health is not the governing body for the Commission on Children and Families. The Director of the Commission on Children and Families and the Program Coordinator of Wheeler County Public Health are in close communication and collaborate on each agency's comprehensive plan.

VI. Minimum Standards

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

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

Organization

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

13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.

28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.

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

Health Education and Health Promotion

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

Nutrition

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

Older Adult Health

78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

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

90. Yes No Preventive oral health services are provided directly or by referral.
91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

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

Cultural Competency

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

Health Department Personnel Qualifications

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Robert J. Boss, MD

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

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

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

ATTACHMENT: Experience as Clinic Administrator, Personnel Management, and Medical Director in three clinics for multiple years as well as Public Health workshops may help to satisfy this requirement.

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

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

AND

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

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

c. Yes No The local health department Environmental Health Supervisor meets minimum qualifications:

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency

OR

a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

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

Wheeler County Court has contracted with Grant County to provide this service. John Combs is an EHS trainee continuing to meet current requirements.

d. Yes No The local health department Health Officer meets minimum qualifications:

Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

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

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.

/s/ Robert J. Boss, MD
Local Public Health Authority

Wheeler
County

April 28, 2010
Date



ATTA

Asher Community Health Center

Asher Clinic: P.O Box 307, Fossil OR 97830

Spray Clinic: 106 2nd St., Spray OR 97874

Mitchell School-Based Health Center: 340 SE High St., Mitchell, OR 97750

Telephone: (541) 763-2725 ♦ Fax: (541) 763-2850 ♦ TTY: 1 (800) 735-2900

MITCHELL SCHOOL-BASED HEALTH CENTER A FEW STATISTICS

WHO DOES THE MITCHELL SBHC SERVE?

Southern Wheeler County: Zip code 97750

417 people, 509 square miles, Median income \$26,250 (2000 Census data)

- 92% of visits are from the Mitchell Zip Code
- 63% of visits are females
- 37% of visits are age 18 or less; 46% age 19-64; 17% age 65+

Federal Poverty Level of Visits to Mitchell School-Based Health Center July 1, 2008 to June 30, 2009

Percent of Federal Poverty Level	# of Visits	% of Visits
<=100%	161	35%
101-150%	88	19%
151-200%	33	7%
>200%	177	39%
	459	100%

MITCHELL SBHC CHARGES AND PAYMENTS July 1, 2008-June 30, 2009

FINANCIAL CLASS	# Visits	% of Visits	Charges	Charge/visit	Payments	Payment/visit
PRIVATE INSURANCE	99	22%	\$12,477	\$126	\$5,221	\$53
NONE (Self Pay)	159	35%	\$9,315	\$59	\$5,814	\$37
MEDICARE	91	20%	\$10,601	\$116	\$5,740	\$63
MEDICAID	96	21%	\$13,354	\$139	\$6,142	\$64
TOTAL	459	100%	\$45,747	\$100	\$22,917	\$50

Note: The \$5,814 Payments shown as NONE (Self Pay) include co-pays and deductibles of those who have private insurance.

- Payments are about half of charges.
- Even if full payment were received it would not cover the \$238 cost per visit.

ATTACHMNET A

Services Provided at Mitchell SBHC July 1, 2008-June 30, 2009

ICD9_CODE1	Total	% of Total	
V20.2	47	9.9%	Health supervision of infant or child
272.2	28	5.9%	Mixed hyperlipidemia
250.00	20	4.2%	Diabetes mellitus
401.1	14	3.0%	Essential hypertension-benign
461.9	14	3.0%	Acute sinusitis
296.20	12	2.5%	Major depressive disorder-single episode
381.00	12	2.5%	Nonsuppurative otitis media
V05.3	11	2.3%	Vaccination-viral hepatitis
477.9	10	2.1%	Allergic rhinitis
465.9	9	1.9%	Acute upper respiratory infection
296.7	7	1.5%	Bipolar disorder
300.02	7	1.5%	Phobia-unspecified
078.10	6	1.3%	Viral warts
244.8	6	1.3%	Acquired hypothyroidism
266.2	6	1.3%	B-complex deficiency
462	6	1.3%	Acute pharyngitis
681.10	6	1.3%	Cellulitis-finger
V70.0	6	1.3%	Routine general medical exam
380.4	5	1.1%	Impacted cerumen
626.0	5	1.1%	Absence of menstruation
706.1	5	1.1%	Other acne
719.45	5	1.1%	Arthralgia
780.79	5	1.1%	Other malaise and fatigue
		46.8%	ALL OTHER (less than 5 visits)
Grand Total	474	100.0%	

OTHER SERVICES

- A dental operatory opened in February 2009. For calendar year 2009:
 - 493 dental visits
 - 198 unduplicated patients
 - 74% of visits were persons <= 200% of the Federal Poverty Level, hence eligible for reduced fees (\$25 per visit for 100% or less of the FPL)

- Counseling is offered 5 hours per week with a \$5 waiveable fee for low income persons
 - 16 people and 60 visits between May 1 and December 31, 2009 (7.5 visits/month)

WHAT DOES IT COST TO RUN IT?

Mitchell School-Based Health Center Income/Expense		July 1,	
(EXCLUDING DENTAL SERVICES)		2008-June 30, 2009	
INCOME		EXPENSE	
State SBHC grant	\$54,000	Medical Assistant (2 days/wk @ \$13/hr)	\$10,816
Miscellaneous grant	\$1,661	Physician Asst. (2 days/wk @ \$36/hr)	\$30,000
Client fees	\$22,917	Housekeeping	\$1,040
Federal--FQHC grant	\$30,429	Payroll Tax	\$4,186
TOTAL	\$109,007	Subtotal	\$46,042
		Equipment	\$3,171
		Supplies	\$1,486
		Translator contract	\$350
		Facility/utilities	\$638
		Telephone	\$847
		Travel	\$4,803
		Miscellaneous	\$1,485
		Subtotal	\$12,781
		Shared administration	\$50,184
		TOTAL	\$109,007

NOTE: DENTAL EXPENSE AVERAGES \$180,000 PER YEAR

- The State School-Based Health Center (SBHC) funding formula allocates \$60,000 for the first SBHC in a county. Asher CHC receives less as funds are passed through Wheeler County Public Health, the Local Public Health Authority.
- The SBHC grant does not cover full cost of services. Client fees are expected, though no student may be turned away due to lack of ability to pay.
- The SBHC grant actually received by Asher CHC plus Client fees (\$54,000 + \$22,917 = \$76,917) did cover base operating cost (direct payroll @ \$46,042 plus equipment/supplies/facility @ \$12,781= \$58,823). However additional overhead (administration, book keeping, billing, insurance, etc.) adds considerable cost to operating an SBHC.
- It is difficult to make a SBHC financially viable unless it is aligned with a larger organization with which it can share administrative costs.

Immunization Comprehensive Triennial Plan

Due Date: May 1
Every year

Local Health Department:
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2010-2012

Year 1: July 2010-December 2010					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

ATTACHMENT B

<p>Increase number of 4:3:1:3:3:1 coverage for 24 months old children by 2% (6% in 3 years)</p>	<p>Clinic staff will:</p> <ul style="list-style-type: none"> • Assess every child's immunization status at each visit via the ALERT forecasting function • Recall children who missed a Hib because of the shortage • Review and use true contraindications when giving shots • Use accelerated schedule for children who are behind on their immunizations 		<p>Immunization Coordinator</p>	<p>Increased 4:3:1:3:3:1 rates by 2%</p> <p>Tickler File being used properly</p> <p>Staff reviewing true contraindications every time</p>	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>
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ATTACHMENT B

B					To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
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Immunization Comprehensive Triennial Plan

<p>Due Date: May 1 Every year</p>

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2010-2012

Year 2: January-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Increase number of 4:3:1:3:3:1 coverage for 24 months old children by 2% (6% in 3 years)</p>	<p>Clinic Staff will: Continue to assess every child's immunization status at each visit via the ALERT forecasting function</p> <p>Continue to utilize tickler file to remind parents when shots are due.</p> <p>Modify plan as needed</p>			<p>Increased 4:3:1:3:3:1 rates by 2%</p> <p>Tickler file being used effectively</p>	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>

ATTACHMENT B

B.					To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
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Immunization Comprehensive Triennial Plan

<p>Due Date: May 1 Every year</p>
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Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2010-2012

Year 3: January-December 2012						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Increase number of 4:3:1:3:3:1 coverage for 24 months old children by 2% (6% in 3 years)</p>	<p>Clinic staff will:</p>			<p>Increased 4:3:1:3:3:1 rates by 2%</p> <p>Tickler file being used effectively</p>	<p>To be completed for the CY 2012 Report</p>	<p>To be completed for the CY 2012 Report</p>
	<p>Continue to assess every child's immunization status at each visit via the ALERT forecasting function</p>					
	<p>Continue to utilize tickler file to remind parents when shots are due</p>					
	<p>Modify plan as needed</p>					

ATTACHMENT B

B.					To be completed for the CY 2012 Report	To be completed for the CY 2012 Report
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Immunization Comprehensive Triennial Plan

**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2010-2012**

**Due Date: May 1
Every year**

Year 1: July 2010-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
		Due	Staff			
A. Improve vaccine accountability practice in existing clinics	Replace aging continuous tracking thermometers Train staff on use of new equipment			Compare rates of wasted vaccine year-to-year Monitor staff progress	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

ATTACHMENT C

B.					To be completed for the CY 2010 Report	To be completed for the CY 2010Report
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Immunization Comprehensive Triennial Plan

**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2010-2012**

**Due Date: May 1
Every year**

Year 2: January-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Promote the ALERT registry	Interview staff at each school to ascertain their ability to use and benefit from ALERT Offer ALERT education to new personnel Advise existing and new ALERT users of the expansion to a lifespan registry	Due	Staff	Compare numbers of successful users from year-to-year	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

ATTACHMENT C

B.					To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
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Immunization Comprehensive Triennial Plan

**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2009-2011**

**Due Date: May 1
Every year**

Year 3: January-December 2012						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Promote the ALERT registry	Contact new and existing staff members at each school to ascertain their ability to use and benefit from ALERT Offer ALERT education to new personnel	Due	Staff	Compare numbers of successful users from year-to-year	To be completed for the CY 2012 Report	To be completed for the CY 2012 Report

ATTACHMENT C

B.					To be completed for the CY 2012 Report	To be completed for the CY 2012 Report
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IV. BUDGET

WHEELER COUNTY PUBLIC HEALTH PROPOSED BUDGET FY 2010-2011

PROGRAMS	2009-2010 EXPENSE	REVENUE	NEEDED REVENUE	2010-2011 BUDGET
CaCoon	3,760	3,420	340	3,760
MCH Title V Flex funds	10,240	9,516	724	10,240
CHILD & ADOLESCENT HEALTH BABIES FIRST!	7,124	6,875	249	7,124
PERINATAL/GENERAL FUND	4,980	4,718	262	4,980
EMERGENCY PREPAREDNESS	1,710	1,490	220	1,710
FAMILY PLANNING	44,554	35,876	8,678	44,554
IMMUNIZATIONS	7,112	5,726	1,386	7,112
SCHOOL BASED HEALTH CE	24,688	2,313	2,421	4,734
STATE SUPPORT FOR P.H.	109,007	60,000	49,007	109,007
TOBACCO PREVENTION	5,287	2,287	0	2,287
	16,565	16,565	0	16,565
TOTALS	213,205	148,786	63,287	212,073