



Curry County Health and Human Services

Public Health / Mental Health, Addictions and Developmental Disabilities Programs

P O Box 746, Gold Beach, OR 97444
Telephone (541) 247-3300 **Fax** (541) 247-5601
T.D.D. (800) 735-2900.

May 31, 2011

Tom Engle RN,
Oregon Public Health
800 NE Oregon St.
Ste 930
Portland, Oregon 97232

Dear Mr. Engle,
Attached please find Curry County's Annual Plan for 2011-2012 which is being submitted pursuant to ORS 431.385. This plan has been prepared according to your instructions and assures that the activities defined in ORS 431.375 – 431.385 and ORS 431.416 are performed. If you have any questions or need additional information, please call me at (541) 575-0429.

Thank you,

Jan Kaplan, MSW
Public Health Administrator

I. Executive Summary

The Curry County Public Health Department (LHD) is a division of the Curry County Health & Human Services Department. In 2011-12, the LHD will provide a wide range of public health services which includes pediatric care, epidemiology and control of preventable diseases and disorders, maternal and child health services, family planning, collection and reporting of health statistics, health information and referral services, emergency preparedness, health education and promotion, immunizations, babies first, CaCoon, tobacco prevention, vital statistics registration, environmental health services which includes the drinking water program, WIC nutrition supplement and education program, School Based Health services. In order to best serve the dispersed population of Curry County, services are provided through a main office in Gold Beach, a satellite office in Brookings and a satellite office in Port Orford. The Department also operates a certified School based Health Center in Brookings and provides School Based services in Port Orford.

The LHD has operated not been financially stable for many years and has operated on loans from the county General Fund. Curry County itself is facing a severe financial challenge due to the loss of Federal timber funds and is on a trajectory to become financially “dysfunctional” during 2013 or 2014. In facing this challenge, the Curry County Local Health Authority (Board of Commissioners) combined the Human Services Department and the Health Department into the one Health & Human Services Department in April, 2010 and directed the Administrator to study the feasibility of merging the Department into the Curry County Health Network which is a Special Hospital District. The goal is to create a structure in which both the LHD and the Community Mental Health Program can be sustainable, remain under local control and remain accountable to locally elected officials.

During 2011-12 the LHD will collaborate with the Curry Health Network, the Curry County Commission on Children and Families, Jefferson Behavioral Health, Curry County Mental Health and other local partners to complete a Comprehensive Community Health Assessment and to develop Community Health Improvement Plans. This process will dovetail with the feasibility study on merger, and a Healthy Communities Capacity Building Plan as well as with a Strategic Planning process for the Health & Human Services Department. Early indications are that merger is feasible from the standpoint of Personnel, Governance, Programs, Facilities, and Legal Issues. This planning process will help to determine the future direction of the LHD as well as the larger “public” health system in Curry County.

This Plan is a continuation of the 2010-11 Annual Plan and with the exception of the Comprehensive Planning effort, most aspects are covered in the previous plan.

II. Assessment -

There have been no significant changes in Curry County since the submission of our Comprehensive Plan for 2010-11

III. Action Plan

Sections A- G

A. Epidemiology and control of preventable diseases and disorders

No significant changes or adjustments needed for communicable disease or Tuberculosis programs.

The Tobacco Program plan has been completed and submitted to the Tobacco Program for review and approval.

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

The LHD has increased nursing time devoted to home visiting programs- Babies First and CaCoon and anticipates increasing this service. There are no other significant changes.

1. WIC: The WIC Program plan has been completed and submitted to the WIC Program for review and approval.
2. Immunization Instructions – This plan has been completed and submitted directly to the state Immunization Program.
3. Family Planning- The Family Planning plan has been completed and submitted to the Family Planning office for review and approval

C. Environmental health

No significant changes in the program. No plans at this time to address any additional environmental public health issues.

D. Health statistics

The Comprehensive Community Health Assessment which will be completed during the coming year is anticipated to yield more detailed health statistics.

E. Information and referral

No change.

F. Public Health Emergency Preparedness

No significant changes to current plan at this time.

G. Other Issues

No other issues at this time.

IV. Additional Requirements

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

Please see Appendix A

2. Board of Health (BOH) - The Curry County Board of Health consists of the Grant Board of Commissioners:

George Rhodes, Chair

David Itzen, Vice-Chair

Bill Waddle, County Commissioner

The Curry County Health Department Administrator reports directly to the County Court on a regular basis.

3. Public Health Advisory Board- The Public Health Advisory Board is appointed by the Board of Commissioners. It meets bi-monthly to review programs and at least annually makes a report to the Board of Commissioners on Public Health activities and priorities.

4. Senate Bill 555: The LPHA (Board of Commissioners is the governing body for the local Commission on Children and Families.

V. Unmet needs

No significant changes.

VI. Budget

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

PE 01 State Support for Public Health	\$27,706
PE 03 TB Case Management	\$ 2,922
PE 04 PH Response to H1N1	\$15,540
PE 12 PH Emergency Preparedness July-Aug	\$ 9,183
PE 12 PH Emergency Preparedness Sept-June	\$70,393
PE 13 TPEP	\$55,237
PE 14 Healthy Communities	\$32,500
PE 40 WIC	\$98,184
PE 41 Family Health Services	\$ 7,343
PE 42 Family Health Services- General Fund	\$ 3,678
PE 42 Family Health Services- Child & Adolescent	\$ 5,474
PE 42 Family Health Services- Flexible	\$12,775
PE 42 Family Health Services- Perinatal	\$ 1,900
PE 42 Family Health Services- Babies First	\$ 6,205
PE 42 Family Health Services- OMC	\$ 4,858
PE 43- Immunization	\$ 7,603
PE 44- SBHC	<u>\$60,200</u>
<u>Total</u>	\$421,762

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

Gary Short
Curry County Finance Director
PO Box 746
Gold Beach, OR 97444
541-247-3232

VII. Minimum Standards

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

I. 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.
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 NA 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.

II. 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: Jan Kaplan, MSW _____

- 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.

The Health Administrator has 12 years of experience administering Local Health Departments in Oregon. He has attended the OR-Epi Conference twice and has attended additional trainings in environmental health and epidemiology. If necessary he will take additional courses on-line to satisfy any outstanding requirements by 2013.

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.

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:

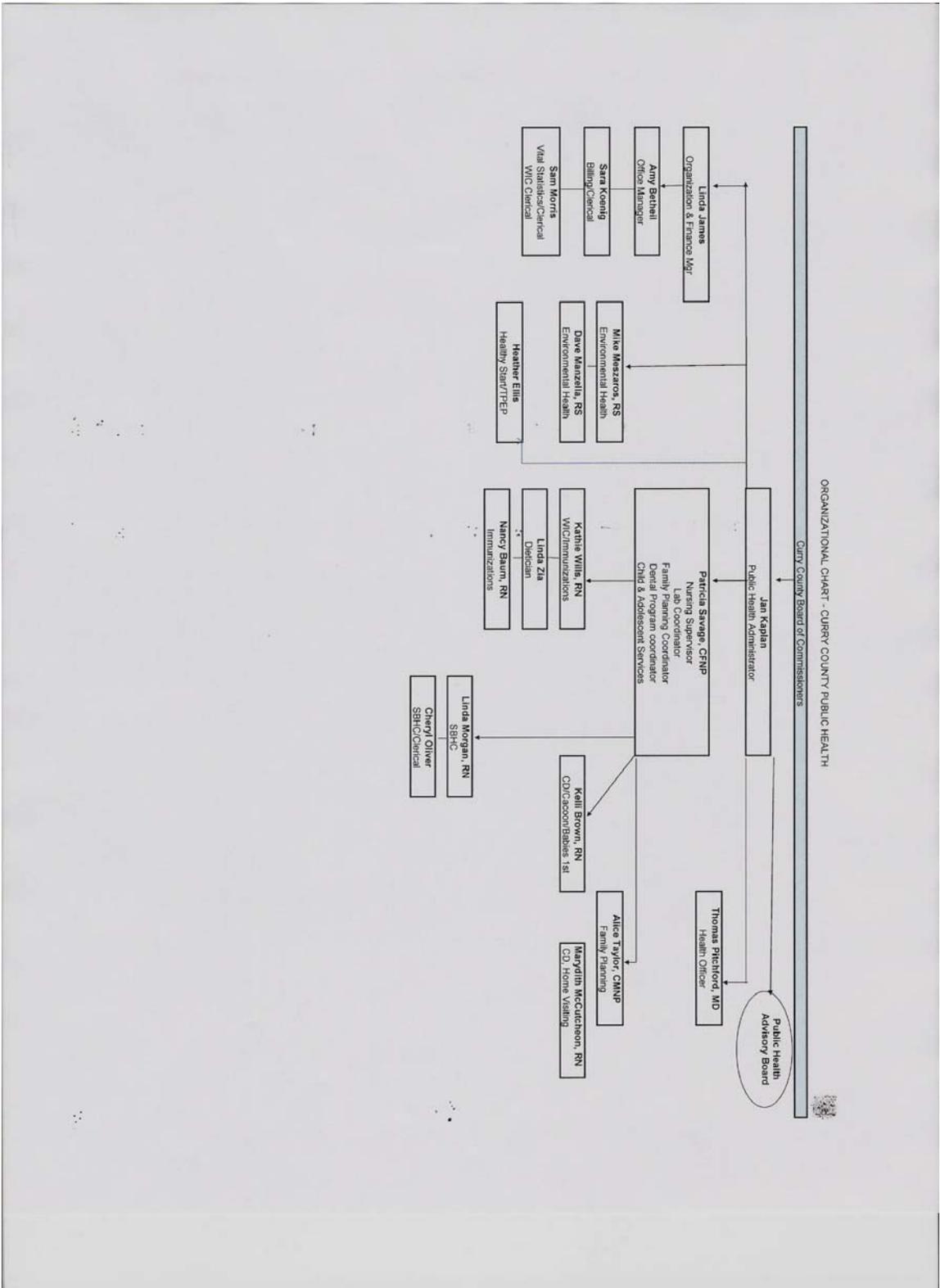
The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.

Jan Kaplan, MSW
Local Public Health Authority

Curry
County

5/31/11
Date

Appendix A



Appendix B

Data Links

1. Population pyramid, by age and sex:

http://www.censusscope.org/us/s41/chart_age.html

2. Oregon population center:

<http://www.pdx.edu/prc/>

3. Federal census center:

<http://quickfacts.census.gov/qfd/states/41000.html>

4. County facts:

<http://bluebook.state.or.us/local/counties/clickmap.htm>

5. Reportable diseases by county, and other disease surveillance data:

<http://oregon.gov/DHS/ph/acd/stats.shtml>

6. County data book:

<http://oregon.gov/DHS/ph/chs/data/cdb.shtml>

7. Chronic disease data:

<http://oregon.gov/DHS/ph/hpcdp/pubs.shtml>

<http://oregon.gov/DHS/ph/hpcdp/index.shtml>

8. Environmental Health licensed facility inspection report:

<http://www.oregon.gov/DHS/ph/foodsafety/stats.shtml>

9. Youth surveys:

<http://oregon.gov/DHS/ph/chs/youthsurvey/>

10. Benchmark county data:

http://egov.oregon.gov/DAS/OPB/obm_pubs.shtml#Benchmark%20County%20Data%20Books

11. Detailed census tables:

http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=DEC&_lang=en&_ts

12. Alcohol and Drug County Data

<http://oregon.gov/DHS/addiction/data/main.shtml#ad>

13. Web-based software for public health assessment

<http://www.oregon.gov/DHS/ph/lhd/vista/vista.pdf>

14. Center for Health Statistics

<http://oregon.gov/DHS/ph/chs/index.shtml>

15. Environmental Public Health Tracking

<http://www.oregon.gov/DHS/ph/epht/index.shtml>