

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 third 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.

Nancy Hammel, RN, BSN continues to serve as our CD Nurse. Communicable disease work focused last year on working effectively and efficiently with community partners. Challenges remain and we look for creative solutions as we all strive to better serve the citizens of the three County area.

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) Are supervised by Mary Catherine Clites, RN, Clinical Programs Manager. Lori Treichel, RN, serves clients in The Dalles and coordinates with local Wasco County partners. ,Staffing the programs in rural Wasco County, Sherman County, and Gilliam County are Dianne Kerr, RN, BSN and 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 chosen a vendor and have started 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.

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT**

FY '12

July 1, 2011 to June 30, 2012

Agency: North Central Public Health District

Contact: Connie Clark, NP/Family Planning Coordinator

North Central Public Health District 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
Higher costs and decreased reimbursement have threatened 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.	<ul style="list-style-type: none"> • 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.

<p>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.</p>	<p>One of our Front Office staff accepted this position and has resolved all past outstanding claims. He is now working on developing a tracking system for billing</p>	<ul style="list-style-type: none"> • 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.
<p>Increase number of clients served by at least 10% by the period ending June 30, 2011.</p> <p>Increase the numbers of teens served in clinic by at least 10% by the period ending June 30, 2010.</p>	<ul style="list-style-type: none"> • Continue with Clinic Services meetings based on COPE model to evaluate client recruitment & retention. • At least quarterly Clinic Services meetings. • Teach birth control and sexually transmitted infection class for District 21 Health classes each semester. • Develop a spread sheet of commonly asked questions from the classes and post the questions and answers in the class room bulletin board within one month of teaching class. • Expand the Family Planning Program by providing a RN on site at the Discovery (alternative) High School to provide classroom instruction, hold office hours, and provide on-site birth control and STI testing / counseling. • RN at Discovery High School will administer a pre and post test to assess effectiveness of instruction provided. 	<ul style="list-style-type: none"> • Continue quarterly and FY end tracking of 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.

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
<p>Appointments for exams are limited by having only one clinician.</p>	<p>Nursing staff will be trained to perform STD exams for male and female clients by June 30, 2008.</p> <p>Provide system structure that allows RN to perform limited STD exams.</p>	<ul style="list-style-type: none"> • Add walk-in STD / repap / IUD check exams to our services. • Develop a policy and procedure for limited nurse performed exams by June, 2010. • Develop a system that allows RN to provide limited services without compromising Oregon State Board of Nursing and Board of Pharmacy rules by June, 2010. 	<ul style="list-style-type: none"> • Complete • Health Officers currently attempting to develop policies and procedures for RN performed STD exams
	<p>Develop a system for cross coverage for nurse practitioner leave time by June 30, 2011.</p>	<ul style="list-style-type: none"> • Meet with community and regional partners/providers. • Assess need for a coverage system. • Agree on a system for coverage, if needed. • Implement the coverage system as needed. • Current Health Officers will provide coverage as needed at our agency. 	<ul style="list-style-type: none"> • Intra-agency system was developed utilizing the Health Officer • Track usage of coverage system. • Client and staff feedback.

Progress on Goals / Activities for FY 10

Goal / Objective	Progress on Activities
<p>Assess financial status of the program and perform a cost analysis on a regular basis.</p>	<p>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.</p> <p>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.</p>

<p>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.</p>	<p>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.</p>
<p>Nursing staff will be trained to perform STD exams for male and female clients and repaps/IUD checks by June 30th, 2008</p> <p>A system will be in place by June 30th 2010 allowing RN to perform a limited range of exams</p>	<p>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</p>
<p>Increase number of clients served by at least 10% by the period ending June 30th 2009</p>	<p>Total clients served in our clinic has increased 1.5% from CY07 to CY08, yet overall the State numbers dropped by 7.2%. Thankfully, we have 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.</p>
<p>Develop a system for cross coverage for nurse practitioner leave time by June 30th, 2011</p>	<p>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.</p>

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	<ul style="list-style-type: none"> • 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

<p>Staff changes and FPEP enrollment changes have resulted in higher costs and decreased reimbursement that threatens the sustainability of the program over time.</p>	<p>Assess financial status of the program and perform a cost analysis on a regular basis.</p>	<p>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.</p>	<ul style="list-style-type: none"> • 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.
	<p>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.</p>	<p>The position is currently posted. Requirements for hire include experience with billing codes/billing third party payers, and experience managing billing systems.</p>	<ul style="list-style-type: none"> • 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.

	<p>Increase number of clients served by at least 10% by the period ending June 30, 2011.</p> <p>Increase the numbers of teens served in clinic by at least 10% by the period ending June 30, 2010.</p>	<ul style="list-style-type: none"> • Continue with Clinic Services meetings based on COPE model to evaluate client recruitment & retention. • At least quarterly Clinic Services meetings. • Teach birth control and sexually transmitted infection class for District 21 Health classes each semester. • Develop a spread sheet of commonly asked questions from the classes and post the questions and answers in the class room bulletin board within one month of teaching class. • Expand the Family Planning Program by providing a RN on site at the Discovery (alternative) High School to provide classroom instruction, hold office hours, and provide on-site birth control and STI testing / counseling. • RN at Discovery High School will administer a pre and post test to assess effectiveness of instruction provided. 	<ul style="list-style-type: none"> • Continue quarterly and FY end tracking of 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.
	<p>Rehire a part time nursing supervisor.</p>	<p>A Nursing Supervisor was hired effective 10/09.</p>	<ul style="list-style-type: none"> • 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
<p>Appointments for exams are limited by having only one clinician.</p>	<p>Nursing staff will be trained to perform STD exams for male and female clients by June 30, 2008.</p> <p>Provide system structure that allows RN to perform limited STD exams.</p>	<ul style="list-style-type: none"> • Add walk-in STD / repap / IUD check exams to our services. • Develop a policy and procedure for limited nurse performed exams by June, 2010. • Develop a system that allows RN to provide limited services without compromising Oregon State Board of Nursing and Board of Pharmacy rules by June, 2010. 	<ul style="list-style-type: none"> • Complete • Health Officers currently attempting to develop policies and procedures for RN performed STD exams
	<p>Develop a system for cross coverage for nurse practitioner leave time by June 30, 2011.</p>	<ul style="list-style-type: none"> • Meet with community and regional partners/providers. • Assess need for a coverage system. • Agree on a system for coverage, if needed. • Implement the coverage system as needed. • Current Health Officers will provide coverage as needed at our agency. 	<ul style="list-style-type: none"> • Intra-agency system was developed utilizing the Health Officer • Track usage of coverage system. • Client and staff feedback.

Objectives checklist: findings?

- Does the objective relate to the goal and needs assessment
- 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
<p>Assess financial status of the program and perform a cost analysis on a regular basis.</p>	<p>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.</p> <p>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.</p>
<p>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.</p>	<p>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.</p>
<p>Nursing staff will be trained to perform STD exams for male and female clients and repaps/IUD checks by June 30th, 2008</p> <p>A system will be in place by June 30th 2010 allowing RN to perform a limited range of</p>	<p>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</p>

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

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
<p>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</p>	<p>Accurately assess the number of clients residing in Gilliam County that are accessing the Family Planning Program</p>	<p>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</p>	<ul style="list-style-type: none"> • 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

<p>Staff changes and FPEP enrollment changes have resulted in higher costs and decreased reimbursement that threatens the sustainability of the program over time.</p>	<p>Assess financial status of the program and perform a cost analysis on a regular basis.</p>	<p>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.</p>	<ul style="list-style-type: none"> • 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.
	<p>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.</p>	<p>The position is currently posted. Requirements for hire include experience with billing codes/billing third party payers, and experience managing billing systems.</p>	<ul style="list-style-type: none"> • 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.

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<p>Appointments for exams are limited by having only one clinician.</p>	<p>Nursing staff will be trained to perform STD exams for male and female clients by June 30, 2008.</p> <p>Provide system structure that allows RN to perform limited STD exams.</p>	<ul style="list-style-type: none"> • Add walk-in STD / repap / IUD check exams to our services. • Develop a policy and procedure for limited nurse performed exams by June, 2010. • Develop a system that allows RN to provide limited services without compromising Oregon State Board of Nursing and Board of Pharmacy rules by June, 2010. 	<ul style="list-style-type: none"> • Complete • Health Officers currently attempting to develop policies and procedures for RN performed STD exams
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Objectives checklist:
findings?

- Does the objective relate to the goal and needs assessment
- 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)

<p>Nursing staff will be trained to perform STD exams for male and female clients and repaps/IUD checks by June 30th, 2008</p> <p>A system will be in place by June 30th 2010 allowing RN to perform a limited range of exams</p>	<p>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</p>
<p>Increase number of clients served by at least 10% by the period ending June 30th 2009</p>	<p>Total clients served in our clinic has increased 1.5% from CY07 to CY08, yet overall the State numbers dropped by 7.2%. Thankfully, we have 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.</p>
<p>Develop a system for cross coverage for nurse practitioner leave time by June 30th, 2011</p>	<p>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.</p>

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

FY 2011 - 2012 WIC Nutrition Education Plan Form

County/Agency: North Central WIC (Wasco County)

Person Completing Form: Beatriz Olivan

Date: 3/22/2011

Phone Number: (541) 506-2612

Email Address: beatrizo@co.wasco.or.us

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2011
Sara Sloan, 971-673-0043

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

Year 2 Objective: During planning period, staff will incorporate participant centered education skills and strategies into group settings.

Activity 1: Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

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

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

All staff who offer Group Nutrition classes will plan to attend the Group Participant Centered training in the fall of 2011.

Activity 2: Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

North Central WIC will modify at least one nutrition education group lesson plan from the category core classes, by September 2011.

Activity 3: Each agency will develop and implement a plan to familiarize all staff with the content and design of 2nd Nutrition Education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

Implementation Plan and Timeline:

North Central WIC will develop and implement a plan to familiarize all staff with content and design of the 2nd Nutrition Education options to be able to assist participants in selection the nutrition education experience that would best meet their needs by December 2011.

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

Year 2 Objective: During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

North Central WIC will modify at least one prenatal breastfeeding class to include PCE skill and strategies by March 31, 2012. We will use specific PCE skills and strategies that were presented during the PCE Group trainings that were held in Fall of 2010 and Spring of 2011.

Activity 2: Each agency's Breastfeeding Coordinator will work with the agency's Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

Note: In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide and/or Breastfeeding Basics – Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

North Central certifying WIC staff will work together with Coordinator to provide an in-service for all staff using participant centered skills to support breastfeeding

counseling using Grow and Glow Curriculum and supporting resource materials developed by the state WIC staff by February 2012.

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

Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite at last one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held fall of 2011.

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

Implementation Plan and Timeline:

North Central WIC will invite at least one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held fall of 2011.

Activity 2: Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics – Grow and Glow Training complete the Oregon WIC

Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

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

Implementation Plan and Timeline:

North Central WIC will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics-Grow and Glow Training complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course by December 2011.

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

Year 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: Each agency will conduct a Health Outcomes staff in-service by March 31, 2012.

Note: An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

North Central will conduct a Health Outcomes staff in-service to all Public Health Department staff by March 31, 2012 to increase their understanding of the factors

influencing health outcomes using supporting resource materials developed by state WIC staff.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Implementation Plan and Timeline:

North Central WIC staff and home-visiting nurses will complete the new online Postpartum Nutrition Course by March 31, 2012.

Activity 3: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1, 2011.

Agency Training Supervisor(s):

Beatriz Olivan

Attachment A

FY 2011-2012 WIC Nutrition Education Plan

WIC Staff Training Plan – 7/1/2011 through 6/30/2012

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, 2011 – June 30, 2012. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	September 2011	All WIC allowable Formulas/Medical substitutes	Go over the different formulas available through WIC, the medical substitutes and discuss why an infant/child would need them.
2	November 2011	Protein Allergy VS Lactose Intolerance	To discuss in detail the difference between lactose intolerance and a milk protein allergy and discuss what changes would need to be made to an infant/child's diet.
3	January 2012	Breastfeeding using PCE	Discuss how to incorporate participant centered skills to support the breastfeeding counseling.
4	May 2012	Immunizations Benefits	To better understand the benefits of each vaccine and the risk of not immunizing children.

b. 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 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.	g. Measure increase in UTD rates by 24 month period using 2007 AFIX Assessment Data; should increase by 4%. h. Missed shots should decrease within Health Department.	Rates have decreased 2% <ul style="list-style-type: none"> • Attended OPIC Conference in Medford related to vaccine hesitant parents. • Health Officer gave presentation to local medical group encouraging giving all forecasted immunizations. • Offered GSK Booklet to OB unit at MCMC – No response. • Clinic Nurses urging parents to give 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.	<p>a. Assess AFIX data for UTD rates at 24 mo. in 2008 data.</p> <p>b. Continue to use IRIS forecast for 100% of client immunization visits.</p> <p>c. Assess use of written educational materials for hesitant parents.</p> <p>d. Implement the recall / reminder system for immunization clients.</p>	<p>e. Using AFIX Assessment Data for 2008, measure increase of UTD rates by 24 mo.</p> <p>f. Missed shots should continue to decrease within Health Department.</p>	<ul style="list-style-type: none"> • 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.	<p>g. Assess AFIX data for UTD rates at 24 mo. in 2009 data.</p> <p>h. Continue to use IRIS forecast for 100% of client immunization visits.</p> <p>i. Evaluate the recall / reminder system for immunization clients.</p>	<p>j. Using AFIX Assessment Data for 2009, measure increase of UTD rates by 24 mo.</p>	<p>We anticipate that our UTD rates have continued to decline. Staff is continuing to educate parents on vaccines which are forecasted. Private providers in our area are continuing to offer modified schedules to clients rather than what is forecasted. We are going to recruit health providers in our three counties to join our Immunization Coalition to jointly work on increasing our UTD rates.</p>

Local Health Department: Wasco Sherman Public Health
 Plan B – Outreach Activities
 Fiscal Years 2008 – 2011

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

Year 2: March 2009 - 2010				
	Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Results
ACTIVITY 1: Focus on High Risk Population	Continue to increase vaccination rates of Hep A & B in high risk population.	<ul style="list-style-type: none"> • Continue screening. • Provide written information to new private providers. • Offer additional trainings to community partners if needed. 	<ul style="list-style-type: none"> • Hep A & B rates in our service area will be maintained at our current low rates. • Increased use of Hep A & B vaccine at the health dept. 	<ul style="list-style-type: none"> • PHN presented training to Community 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 building 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	<ul style="list-style-type: none"> • Will have obtained Medicare billing account. • Will be able to offer billing for adult immunizations for correct payment. • Will order and maintain vaccines such as shingles, PPV 23 to give adult clients. 	<ul style="list-style-type: none"> • 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	Outcome: Twinrix continues to be offered to all STD clients. Community Corrections has now moved next to the health department. We are planning to place flyers offering Twinrix in the waiting room for their high risk clients. Also will offer high risk female clients (19-26 yr old) the special HPV vaccine as long as it is available.
ACTIVITY 2: Ability to bill for adult immunizations	Continue objective.	Continue Method	Continue Outcome Measures from Year 2	Have a Medicare number but can only bill for flu vaccine. Adult clients are referred to local pharmacies for Shingles and PPV 23 vaccines.

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.

Update: The third EHS is receiving training on the OWM program. Special Food Manager Training has been offered in Wasco County this year. All three EHS are State Standardized.

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 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(N/A)
- e. Yes No Corrections Health(N/A)

75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

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

Parent and Child Health

82. Yes No Perinatal care is provided directly or by referral.
83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes No Comprehensive family planning services are provided directly or by referral.
85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

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

Primary Health Care

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

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

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

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

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Teri L. Thalhofer

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.

Please see Attachment “C”

- 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.

Local Public Health Authority County Date

Local Public Health Authority County Date

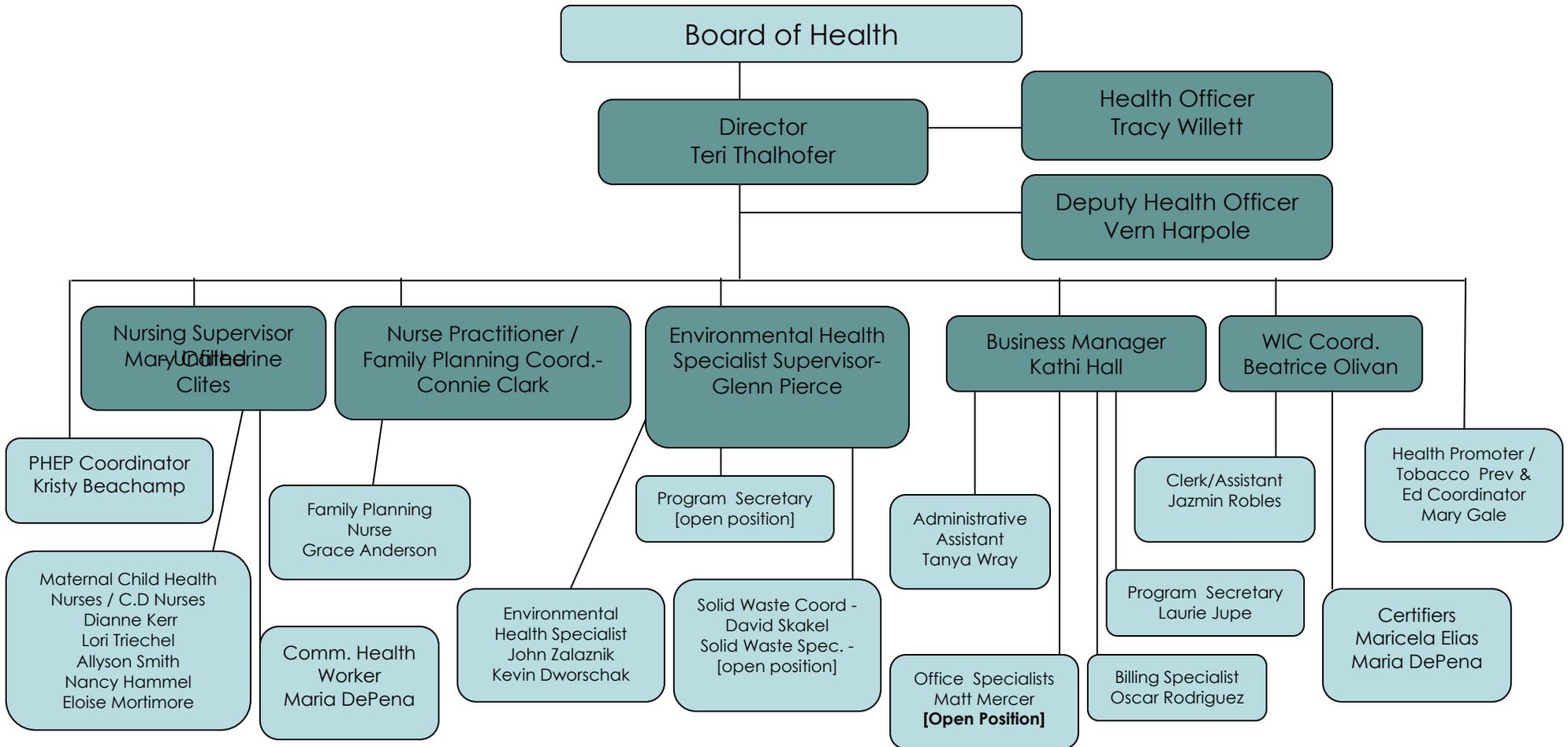
Local Public Health Authority County Date



Public Health
Prevent. Promote. Protect.

NORTH CENTRAL PUBLIC HEALTH DISTRICT
"Caring For Our Communities"

North Central Public Health District Organizational Chart



Signifies Leadership Team

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.

I am currently scheduled for the math assessment at Columbia Gorge Community College. I am investigating the online MPH at OSU and various Masters in Community Health Nursing Programs. Online course work is essential due to limited ability to travel.