

Clatsop County Department of Public Health
Comprehensive Local Public Health Authority Plan
2012-2013



Submitted by:

Margo Lalach RN MPH
Director of Public Health

Lori Christiansen RN
Clinical Manager-Nursing Supervisor

Clatsop County Department of Public Health
820 Exchange St. Ste. #100
Astoria, OR 97110

503-325-8500 Phone 503-35-8678 Fax

health@co.clatsop.or.us Email

Table of Contents

- I. Executive Summary
- II. Assessment
 - a. Description of local public health issues
 - b. Description of adequacy of local public health services
 - c. Description of five basic services (ORS 431.416)
 - d. Description of adequacy of other services in the community
- III. Action Plans for local public health services
 - a. Epidemiology and control of preventable diseases and disorders
 - b. Parent and child health services, including family planning
 - I. WIC
 - II. Immunizations
 - III. Maternal Child Health
 - IV. Family Planning
 - c. Environmental Health
 - d. Health Statistics
 - e. Information and Referral
 - f. Public Health Emergency Preparedness
 - g. Comprehensive
- IV. Additional Requirements
 - a. Organizational chart
 - b. Board of Health
 - c. Triennial Review
 - d. Senate Bill 555
- V. Unmet Needs
- VI. Budget

I. Executive Summary

In 2011 A strategic plan was developed and approved by the CCare program. The Center for Health Training approved a request for consultation to assess the operational structure and service delivery system for clinic programs including: Immunizations, Counseling Testing and Family Planning. Fiscal year 2012-13 will continue to determine the viability of the CCare program within the Department of Public Health.

The County in partnership with Western Oregon Waste developed a county-wide Household Hazardous Waste (HHW) program that was implemented fiscal year 2010-11. The HHW program will reside within the Environmental Health program. The event was well attended and successful. A permanent HHW site is currently under evaluation. The next collection event is May of 2012.

Public health is rarely without challenges. Quality, integrity, and mentorship are integral components of our public health practice. We accomplish this through continuous review of our service delivery systems, accountability to each other and the clients we serve and mentoring students and volunteers who will become the next generation of the public health workforce.

II. Assessment

A. Description of local public health issues

In 2009, The Health of Clatsop County Report was created by the Health Communities Coordinator and funded by Phase I of the Oregon Healthy Communities Grant. A copy of this report is included in this document.

B. Adequacy of local public health services

The Clatsop County Department of Public Health provides quality services to the residents of Clatsop County and adjacent counties. Currently, there 14.10 FTEs dedicated to 13 programs. HIV Prevention/RW Case Management/Communicable Disease is staffed by one full-time nurse. A similar staffing ratio applies to Maternal Child Health Programs. Excluding Management, there is only one full-time Nurse on staff. The rest are part-time. There are two full-time and one part-time administrative staff to support all the public health programs. Budgeted hours vary from 2 hours/day to a full 0.2 FTE. Due to funding, we are only able to offer clinics four days/week except WIC. With the current restructuring of public health we have aligned programs to increase efficiency and cross-training between clinic staff.

Except for the Wednesday WIC clinic at the Seaside Library, we are no longer able to provide Nursing support for Family Planning and Immunization services in south-county. The revenue stream is not sufficient to support a south county operation. The lack of Public Health services no longer being offered in South County is clearly reflected in the data. The number of Clients served has declined in the past two years. Transportation is a barrier for many due to the cost of a bus ride, time, and the route schedules particularly during the summer months. Some clients are eligible for transportation vouchers in their respective programs. The immunization program conducted a community survey in the spring; transportation and time of clinics were the primary barriers to accessing services. Providing alternative clinic schedules would benefit a variety of clients, yet negotiating this with the bargaining units creates an internal barrier.

An integrated clinic schedule has been implemented ensuring that clients are seen within 72 hrs of requesting an appointment. With the expansion of health insurance to the general population permitting the establishment of a medical home, we are witnessing a decrease in the number of clients served in the immunization program. While this is good for the community, public health is still considered the expert on immunization practices; without the revenue stream it is difficult to fund additional clinics. Hence, an integration of program services is critical.

C. Provision of five basic services – (ORS 431.416)

The local public health authority must assure activities necessary for the preservation of health or prevention of disease. “These activities shall include but not be limited to Epidemiology and control of preventable diseases and disorders; Parent and child health services, including family planning clinics as described in ORS 435.205; Collection and reporting of health statistics; Health information and referral services; and Environmental health services.”

1. Epidemiology and control of preventable diseases and disorders

a. **Communicable Disease** – Nurses investigate cases of diseases that are reportable by law to identify the source and prevent spread. Nurses and Environmental Health Specialists work as a team to respond to food borne outbreaks.

b. **Sexually Transmitted Infection** – low cost services are provided in the Astoria clinics. CD Nurse conducts investigation of identified contacts for treatment as indicated.

c. **Immunizations** are provided in both regularly scheduled clinics, walk in patients and targeted outreach clinic sites (ie: project homeless) as well as at WIC visits and home visits. Focus on disease prevention through Advisory Committee on Immunization Practices (ACIP) recommended vaccine administration to infants, children, and adults. Provide regular well child immunizations as well as immunizations post-exposure to communicable diseases. Provide community based clinics for flu, pneumonia, Tetanus/Diphtheria and Pertussis, HPV, and other vaccines required for school attendance. Participate in back-to-school immunization clinics. Take lead in community planning and exercising point of dispensing clinics for pandemic influenza and other communicable diseases.

d. **Tuberculosis Program** – provides treatment and case management to persons with

tuberculosis both active LTBI. Targeted screening of high risk populations.

e. **Human Immunodeficiency Virus services** – Counseling and testing offered at the health department. Additional outreach to high-risk populations including the county jail and local treatment centers. Media outreach to encourage high-risk persons to be tested. Ryan White Case Management offered on a voluntary basis to any person living with HIV in Clatsop County. ***NOTE: As of 1-4-12 Clatsop County will not be receiving funding for HIV prevention after June 30th 2012***

f. **Health Promotion/Chronic Disease Prevention** – Tobacco Prevention and Education Program focuses on promoting policy change that results in reduced use of tobacco and exposure to secondhand smoke. Health Communities reduce the burden of chronic diseases most closely linked to tobacco use, physical inactivity and poor nutrition. Such chronic diseases include: arthritis, asthma, cancer, diabetes, heart disease, obesity, and stroke.

2. Parent and child health services

a. **CaCoon** – Nurse case management in home setting to infants and children (0-20 years) at risk for developmental delays due to qualifying medical conditions.

b. **Babies First!** – Nurse case management in home setting to infants and children (0-3 years) at risk for developmental delays due to qualifying medical or social risk factors.

c. **Maternity Case Management** – Nurse case management in home setting by referral in order to facilitate a healthy birth outcome.

d. **Women-Infants-Children (WIC)** – nutrition program for children 0-5 and pregnant and postpartum women. Health screening, education and food vouchers. Free and low-cost breast pump rental program.

e. **Women's Health Care** – provide family planning and women's health services and information.

h. **Teen Pregnancy** – Provide family planning services to all women including teens or reproductive age including pregnancy testing, certain STD testing, emergency contraception, pregnancy options.

i. **Vasectomy Referral and Counseling Services** – Counseling for men seeking permanent sterilization with referral for procedure to local Healthcare Provider.

3. Health Statistics

a. **Birth** – Electronic Birth Registry, providing birth certificates for first 6 months of life, and Forms for parents wishing to establish paternity if not noted on original Birth Certificate. Actual proof of Paternity is Client responsibility.

b. **Death** – Electronic death registry and issuing of Death Certificates.

c. **State immunization database** – submit data for all immunizations provided in Clatsop County Health Department clinics. Enter data from WIC client immunization records. Alert II

d. **Communicable disease data** – submit data for reportable diseases via ORPHEUS.

4. Health information and referral services

a. Clients are provided with program-specific materials. Written resource information about our health and human services is available and includes eligibility, enrollment procedures, scope and hours of service in both English and Spanish.

- b. All front office staff and case managers have information on community health resources to assist callers.
- c. Maintain comprehensive website that includes e-mail capability. Facebook and Twitter accounts.
- d. 24/7 Emergency phone response for any Public Health Emergency and Public Health Preparedness Program
- e. Resources are available to schools and community members through participation in school Nursing program, health fairs, community presentations, and individual meetings.
- f. Clatsop County Department of Public Health informs the public through local newspapers and media throughout the County regarding health services and programs. These media also serve to educate and inform the community regarding health alerts and adverse health conditions. Broadcast fax is the primary form of communication with medical providers in the community.
- g. Health referral and information are available daily during business hours by CCDPH staff and are available in Spanish. Interpreter services Telephone numbers and facility addresses are publicized in several local media as well as our county web page.

5. Environmental health services

- a. **Licensed Facilities** – Environmental Health Specialists inspect and license food service facilities, traveler’s accommodations, pools/spas and organizational camps. Food service facilities include restaurants, mobile food units and temporary food booths as well as school lunch programs. In addition, EH conducts plan review for new or remodeled facilities.
- b. **Food handler Training** – Food Handler classes are provided via classroom, by video and online training and must be renewed every three years. Manager training is good for five years and is available in-person only.
- c. **Drinking Water** – CCPH is responsible for enforcing the laws pertaining to the Safe Drinking Water Act.
- d. **Child Care Facilities** – Environmental Health contracts and inspects licensed day care centers annually.
- e. **Household Hazard Waste Program** - Environmental Health contracts and collects household waste on an annual basis. A permanent site is under consideration for ongoing collections. CCDPH next public HHW collection is scheduled for May of 2012.
- e. **Other Services** – Environmental Health investigates bites from rabies-susceptible animals in addition to all illness that may be food-borne. Technical assistance is provided for West Nile Virus as well as rodent complaints.

D. Adequacy of other services important to Clatsop County

1. Primary Care for the Uninsured/Safety-Net Medical Services:

Coastal Family Health Center has been the safety-net clinic in Clatsop County serving primarily the underinsured or uninsured population. (FQHC) They have one Physician on staff and three Nurse Practitioners using the loan forgiveness program as an incentive. Presently, they are expanding operations in two ways: establishing dental services which are desperately needed and planning to relocate with Clatsop Behavioral Health and the Women’s Resource Center.

Demands upon the area hospital Emergency Department for primary care access is challenging and unsustainable. Additional support for provision of services and for financial support of the uninsured is needed to ensure that they can access affordable, accessible, appropriate primary care in a timely manner. While local initiatives and efforts can help address the proximate issues, more comprehensive state and federal action will be necessary to address the root causes.

CCPHs primary role in the community is to assure adequate access to health care services for all. To meet this goal, CCPH has developed a broad cooperative network of direct and indirect service delivery providers to focus on the undeserved. The many CCPH partnerships will help to assure a seamless continuum of care and access to quality and appropriate care.

2. Oral Health Prevention and Care for the Uninsured

An inadequate number of dental providers for the target population, the cost of care and lack of awareness about oral health contribute to the lack of oral health care in the area. Private Dentists in the service area are reluctant to serve uninsured clients. At this time there is one provider in the county who will accept OHP patients. There are no Pediatric Dentists practicing in the county. Each year mobile dental clinics such as the Medical Teams International Dental van visit the county to provide urgent dental care to children attending school.

3. School Nursing Program

The CCPH does not contract with the school district for nursing services. The Health Department provides consultation on concerns related to communicable disease, immunizations, and environmental health issues. CCPH partners with school districts to provide flu clinics and reproductive health information as well as emergency preparedness exercises. CCPH is also part of a multidisciplinary team, Community Connections that provides consultation and support to children with special healthcare needs or other developmental issues attending school.

4. Enabling and Outreach Services

CCHD directly offers a range of enabling services. The Health Department maintains a current list of resources and refers as needed for medical care, mental and oral health, transportation, housing, nutritional services, financial services, rehabilitation services, social services, and substance, abuse services. Especially among older patients, prevention-oriented services exist for self-health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

5. Case Management:

CCHD provides case management by nurses to individuals living with HIV/AIDS participating in the Ryan White Case Management and the Maternal Child Health Programs.

6. Nutrition:

Clients obtain nutrition education and services through WIC. Other clients identified at nutritional risk are provided with or referred for appropriate interventions. Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

7. Health Education and Health Promotion:

Culturally and linguistically appropriate materials and methods are integrated within programs. The Health Department provides leadership in developing community partnerships to provide health education and health promotion resources for the community. For example, CCHD participates in the annual County health fair to inform people about CCHS services. Clatsop County coordinates both the Tobacco Prevention Program (TPEP) and the Health Promotions Program.

8. Correctional Health

The Nursing Supervision of the Jail Health was transferred to the Medical Authority for the Jail in July of 2011. A comprehensive review and revision of jail health policies and procedures was conducted fiscal year 2009-10. Public Health remains a resource for consultation for Correctional Health Nursing staff.

III. Action plans for local public health services**1. Epidemiology and control of preventable diseases and disorders**

CCPH assures control of reportable communicable disease by providing epidemiological investigations which report, monitor, and control communicable disease and other health hazards; provides diagnostic and consultative communicable disease services; assures early detection, education, and prevention activities which reduce the morbidity and mortality of reportable communicable disease; assures the availability of immunizations for human and animal target populations; and collects and analyzes communicable disease information and other health hazard data for program planning and management to assure the health of the public. The purpose is to prevent, detect, control and eradicate communicable disease by immunization, environmental measures, education or direct intervention. This is accomplished by the following:

- Encouraging and providing clear and effective means for reporting, monitoring, investigating, and controlling communicable disease and other health hazards through coordinated medical and environmental epidemiological intervention.
- Maintain a mechanism for reporting communicable disease cases to the local Health Department. Provide 24/7 reporting access by having an experienced staff person on call.
- Ongoing education with the medical community and First Responders to maintain timely reporting of reportable communicable disease and conditions.
- Conduct investigations of all reportable conditions and communicable disease cases, assure control measures are carried out, ensure disease case reporting data to ORPHEUS in the manner and time frame specified for the particular disease in the Oregon Disease Investigation Guidelines.

- Assure outcomes of an investigation are provided to the reporting health care provider for each reportable condition or communicable disease case received.
- Assure access to prevention, diagnosis, and treatment services for reportable communicable diseases are assured when relevant to protecting the health of the public.
- Maintain mechanism for reporting and following up on zoonotic diseases.
- Meet targets outlined in PE 12 for timeliness and completeness in investigation and reporting.
- Assure that immunizations for human target populations are available within local health department jurisdiction.
- Rabies immunizations for animal target populations are available within local health department jurisdiction. This vaccine can be ordered for next day delivery to health department by contacting OHSU Pharmacy or calling (800)VACCINE which orders directly from the manufacturer.
- Assure early detection, treatment, education and prevention activities which reduce
- Exercise the public health statutory responsibility in responding to community aspects of communicable disease control and social distancing.
- Encourage staff responsible for epidemiology/communicable disease/environmental health services to participate in appropriate and available training annually.
- Maintain system for the surveillance and analysis of the incidence and prevalence of communicable disease (ORPHEUS).
- Annual reviews and evaluation of data are for future program planning. Above activities will be performed by Public Health Nurses/Communicable Disease Nurse (and environmental health staff as necessary during outbreaks) and as funding allows, we will maintain our 100% response to reportable diseases and condition standard for all who reside in Clatsop County

2. Tuberculosis Case Management

Clatsop County has a low TB incidence with 2-3 cases of LTBI in a year. Clatsop County provides preventative treatment for those with latent TB infection and responds quickly to cases and contacts of suspected of Active TB. This is accomplished by:

- Preventing the spread of tuberculosis.
- Have early and accurate detection, diagnosis and reporting of TB cases
- Assure contact investigation is done for active cases
- Assure DOT administration of medications for active cases
- Assure completion of treatment for LTBI
- Maintaining relationships with private providers within the county
- Offering education and information about disease reporting in a timely manner to private providers in the County.
- Communicable disease nurse serves as case manager for active cases and will complete contact investigation for active cases
- Follow up with contacts for testing and any further care
- Nursing staff are trained to administer medications and monitor for possible side effects

- Nursing staff will monitor LTBI clients for compliance in medical regimen, provide Medication, education and review and monitor possible side effect
- Use ORPHEUS reporting system

2. Parent and child health services, including family planning

I. WIC

FY 2012 - 2013 WIC Nutrition Education Plan Form

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

Activity 1: WIC Training Supervisors will completed the Participant Centered Education e-Learning Modules. Completion of the modules was done in the later half of 2011

Implementation Plan and Timeline:

Implementation Plan and Timeline:

WIC certifiers have completed the PCE learning modules include:

- *Patsy Lee Horceny RN*
- *Tory Sutherland*
- *Yami Garcia*
- *Celine McEwan RD*
- *Trina Robinson RN*
- *Sarah Kuhl*
- *Dawn Lewis*
- *We are in the process of training the WIC interpreter to provide additional support to WIC as needed. The current WIC certifiers are working with her to complete the modules.*

Activity 3: Local agency staff will attend a regional Group Participant Centered Education training in 2012-2013

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

The two primary WIC Certifiers will attend the training:

- *Yami Garica*
- *Tory Sutherland*

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

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

Activity 1: Each agency will continue to implement strategies identified on the checklist entitled “Supporting Breastfeeding through Oregon WIC Listens”

Implementation Plan and Timeline:

Trina Robinson RN IBCLC has completed the Breastfeeding Assessment for WIC Listens. She continues to provide lactation consultation high risk clients as well as teaching a breastfeeding class every other month. Based upon the assessment we will focus on priority areas or areas that need improvement. Additionally, the MCH nurse has been approved to take the IBCLC exam in July and has received a scholarship from WIC to do so. This nurse will serve as our Breastfeeding Coordinator and will actively participate in the Coordinator calls and other activities in support breastfeeding and WIC Listens.

Activity 2: Local agency breastfeeding education will include evidence-based concepts from the state developed Prenatal and Breastfeeding Class

Implementation Plan and Timeline:

We are on tract to modify our current program to accommodate any evidenced-based concepts recommended by the state.

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

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

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

Implementation Plan and Timeline:

- *Headstart*
- *Childcare Resource and Referral*
- *OSU Extension*
- *Womens Health Clinic*

Implementation Plan and Timeline:

- *Childcare Centers*
- *Womens Health Center*
- *La Leche League*

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

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

Activity 1: Local agency staff will complete the new online Child Nutrition Module

Implementation Plan and Timeline:

Activity 2: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2012-2013.

**FY 2012-2013 WIC Nutrition Education Plan
WIC Staff Training Plan**

Quarter	Month	In-Service Topic	In-Service Objective
1	January 2012	PCE Skills	Enhance existing PCE Skills
2	October 2012	State provided regional Group Participant Centered Education	Learn to adapt PCE skills to a group format
3	January 2013	PCE Skills @ front desk check-in	Give language to obtain proofs using PCE skills
4	May 2013	Breast feeding and PCE	IBCLC RN will share how to use PCE skills in breastfeeding class and during breastfeeding assessment one on one

EVALUATION OF WIC NUTRITION EDUCATION PLAN

Goal 1: Oregon WIC staff will have the knowledge to provide quality nutrition education.

Year 2 Objective: During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

Activity 1: Staff will complete the appropriate sections of the new Food Package module by December 31, 2012.

Evaluation criteria: Please address the following questions in your response.

- Did staff complete the module by December 31, 2012
- Were completion dates entered into TWIST?

Response: Completed. *Dates entered into TWIST by Tory Sutherland*

Activity 2: Staff will receive training ongoing in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new WIC food packages by December 31, 2012.

Evaluation criteria: Please address the following questions in your response.

- How were staff who did not attend the 2011 WIC Statewide Meeting trained on the topic of infant feeding cues?
- How has your agency incorporated the infant cues information into 'front desk', one-on-one, and/or group interactions with participants?

Response:

DVDs. An understanding of infant cues is innate with the WIC staff. Our group interactions include Quick-WICs and Breastfeeding classes offered every other month.

Activity 3: Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2012.

Evaluation criteria: Please address the following questions in your response.

- Were nutrition education lesson plans and written materials reviewed and revised?
Yes, when the program switched to the Quick-WIC model
- What changes, if any, were made? *Setup accessible to all groups of participants including Hispanic participants.*

Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2012-2013.

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service

FY 20011-2012 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
Fresh Choices in WIC	New Fresh Choices Food Package	All staff will be familiar and fluent in their teaching of the new food package
Health Eating Summit OSU-Corvallis	Promote health eating and active life styles	To implement cohesive synergistic efforts to promote physical activity and healthy eating
Refresher: WIC Listens	State PCE Spring training and planning	Keep momentum of PCE active and current in daily clinic practice
Medical Documentation	Policy and Procedure surrounding use of Medical Documentation Form	Staff will be competent interpreting Medical Documentation form, interfacing, with PCPs on requirements and data input into TWIST system

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients’ needs.

Year 2 Objective: During plan period, each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

Activity1: Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing .

Evaluation criteria: Please address the following questions in your response:

- Which core components of participant centered services are used most consistently with your staff? What has made those the most easiest to adopt?
- Which core components have the least buy-in? What are the factors that make these components difficult to adopt?

Response:

- Program Integrity, WIC Program Overview, Nutrition Assessment Process, Communication, Nutrition Education, Community Resource and Referral
- *Principles of life-cycle nutrition, Anthropometric and biochemical data collection techniques, Technology Literacy*

Activity 2: Each agency will implement at least two strategies to promote growth of staff’s ability to continue to provide participant centered services.

Evaluation criteria: Please address the following questions in your response.

- What strategy has been implemented to maintain the core components of participant centered services during a time of change?
- What strategy has been implemented to advance staff skills with participant centered services?

Response:

- *State offered f/u assistance and consultation with lesson plans*
- *Collegial support*
- *Ability to participate in any additional training*
- *Ability to shadow other programs*
- *Completed lesson plans*

Goal 3: Improve the health outcomes of WIC clients and WIC staff in the local agency service delivery area.

Year 2 Objective: During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.

Activity 1: Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners.

Evaluation criteria: Please address the following questions in your response.

- Which community partners did your agency select?
- Which strategies did you use to promote the positive changes with Fresh Choices?
- What went well and what would you do differently?

Response:

- *OSU Extension*
- *OSU Extension participates in every Quick-WIC clinic offering additional information on health shopping, demonstrations on preparing healthy foods and snacks, how to calculate quantity of foods like weight into a grocery budget. Our program relies on face-to-face contact and client feedback.*
- *The community is very supportive of WIC, we have increased compliancy with vendors and increased farmers market participation.*

Activity 2: Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation.

Evaluation criteria: Please address the following questions in your response.

- How did your agency collaborate with the state WIC Research Analysts in evaluating Fresh Choices?
- How were you able to utilize, if appropriate, information collected from your agency?

Response:

- *Conference calls*
- *Increase focus on fruits and vegetables and promote maximum expenditure of vouchers*

Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.

Year 2 Objective: During plan period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.

Activity 1: Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration .

Evaluation Criteria: Please address the following questions in your response.

- What strengths and weaknesses were identified from your assessment?
- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response:

- *Increased post partum f/u with client.*
- *Rapid response to client needs and referrals for additional support both in the office and community*

Activity 2: Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency.

Evaluation criteria: Please address the following questions in your response.

- Which strategy or strategies did your agency implement to improve breastfeeding exclusivity and duration?
- Based on what you saw, what might be a next step to further the progress?

Response:

- Increase capacity for breastfeeding f/u. The WIC nurse is only available one day/week. t. There is an excellent initiation rate, then clients stop or request pumps. We issue the pumps, but have difficulty w/ the f/u. We are currently continuing to develop a strategy to address this for 2012

Breastfeeding Assessment

Supporting Breastfeeding through Oregon WIC Listens
 A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key/below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
A. Breastfeeding Policies and Procedures							
1. Our WIC agency breastfeeding policy affirms the value of breastfeeding and influences all aspects of clinic operations.					X	Local policy created in 2006. It is currently in place and practice.	Possible review and update this year
2. Our WIC agency/county health department has applied for and received the state designation as a <i>breastfeeding mother friendly employer</i> and displays the certificate on site.	X					There is no application process in place.	This would be a long term goal. The staff would like to focus on other areas of priority for the local agency.
3. Breastfeeding promotion knowledge, skills and attitudes are part of position descriptions and the employee evaluation process.		X				It is an implicit rather than explicit expectation.	Review position description and add this to the evaluation process of the annual performance
B. Staff roles, skills and training							
1. All WIC staff use Oregon WIC Listens skills when talking with pregnant women and mothers about breastfeeding.					X	This is particular strength of this local agency.	
2. All WIC staff have completed the breastfeeding module level appropriate for their position.			X				The RD and MCH PHN need to complete the module.
3. Our WIC agency has a sufficient number of staff who have completed a 5 or 6 day advanced breastfeeding training such as the Portland Community College Lactation Management course.			X			1-CPA, full time employee(bilingual) has completed 5 day training. 1-PHN IBCLC wks 1day/wk	Have full time MCH nurse complete training this year. Need to check on staff and caseload ratio for these services.

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

Supporting Breastfeeding through Oregon WIC Listens
 A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
(Note: A sufficient number based on your agency's caseload and the need for breastfeeding services.)							
4. Our WIC agency has an IBCLC on staff.			X			Only available 1 day/wk	Increase staff hours
C. Prenatal Breastfeeding Education and Support							
1. WIC staff use Oregon WIC Listens skills to encourage pregnant women to share their hopes and beliefs about breastfeeding and respond accordingly.					X	All prenatal clients are interviewed about future feeding goals.	
2. WIC staff help women to recognize their own unique strengths which will help them breastfeed successfully.					X	Client interviews are strength-based	
3. WIC staff prepare women to advocate for themselves and their infants during the hospital or home birth experience.				X		Is not normally covered in every interview.	
4. WIC staff encourage women to fully breastfeed, unless contraindicated.					X		
5. Women planning to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks.					X		
6. WIC staff teach women infant behavioral cues and how these relate to breastfeeding success.				X			This aspect is covered in the Breastfeeding Class

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

Supporting Breastfeeding through Oregon WIC Listens
A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
7. WIC staff help women prepare for breastfeeding after returning to work or school.					X	<u>Pump support is a high priority</u>	
D. Postpartum Education and Support							
1. Our WIC agency offers breastfeeding support throughout the postpartum period.	X					<u>Support is limited by staff availability</u>	<u>Increase staff time for this, as it is a high priority for successful breastfeeding.</u>
2. Staff members contact each breastfeeding mother within 1-2 weeks of expected delivery to assess any concerns or problems and to provide assistance.	X					<u>WIC report received regarding anticipated deliveries. If staff availability allows, calls are made.</u>	
3. WIC staff with advanced breastfeeding training are available to assess, assist and/or refer all mothers requesting breastfeeding help within 1 business day of her contacting the WIC office.	X					<u>1. No time is set aside</u> <u>2. WIC staff have no clerk to free up time for this.</u> <u>3. IBCLC only 1 day/wk</u>	<u>Hire clerk</u> <u>Breastfeeding Coordinator expand availability</u> <u>Designated time and staff for this</u>
4. WIC staff encourage and support mothers to fully breastfeed throughout the postpartum period, unless contraindicated.					X	<u>As much support is given as possible</u>	
5. Breastfeeding mothers wanting to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks			X			<u>This is a double bind-how to encourage breastfeeding w/o supporting the formula "safety net"</u>	<u>United message from WIC staff</u>

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

Supporting Breastfeeding through Oregon WIC Listens
 A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key/below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
6. WIC staff teach women about infant behavioral cues and how these relate to breastfeeding success.			X			Only reviewed in Breastfeeding Class, which has a limited population	Poster cues in clinic?
7. Our agency provides breast pumps when needed.					X	High priority	
E. Breastfeeding Food Packages							
1. WIC staff assess each pregnant woman's breastfeeding intentions and provide information about how WIC supports breastfeeding including no formula issuance in the first month postpartum.				X		Postpartum options are reviewed when client calls to make PP appt.	
2. A WIC CPA completes an assessment when a breastfeeding mother requests formula and tailors the amount of formula provided. Breastfeeding assistance is also provided to help the mother protect her milk supply.				X		A verbal assessment is made on the phone, the common message is "breastfeed first, then supplement"	

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

Supporting Breastfeeding through Oregon WIC Listens
 A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key/below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
F. Creating a community that supports breastfeeding.							
1. Our agency participates in a local breastfeeding coalition, task force, and/or the statewide Breastfeeding Coalition of Oregon (BCO).	X					No designated time	Interested in pursuing if funding is expanded
2. Our agency staff collaborate with nurses, lactation staff and physicians at area hospitals to support breastfeeding in the community.				X		Receive referrals are responded to within the working day	Ongoing outreach to community regarding breastfeeding support available
3. Our agency staff communicate with local medical providers on a regular basis to promote breastfeeding and WIC services.	X					No designated time	Interested in pursuing if funding is expanded
4. Our agency works with breastfeeding peer support organizations in the community such as La Leche. If no organizations are available, write in N/A			X			La Leche brochures are given to postpartum breastfeeding moms.	Develop a tighter network with La Leche in Astoria
5. Our agency promotes breastfeeding through local media.	X						Yearly Breastfeeding promotion during August.

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

II. Immunizations

Immunization Comprehensive Triennial Plan

Due Date: May 1 Every year

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

Year 1: July 2010-December 2010					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase the up-to-date rate for 2 year olds (431331) seen at Clatsop County Department of Public Health by 5% over the next 3 years	- Train staff to make reminder calls	On-going	IC Admin	- Admin staff trained & making immunizations reminder & no-show calls	To be completed for the CY 2010 Report
	- F/U calls for no shows	On-going	IC	- Alert II training for data input/admin staff during the next year	
	- Train/retrain clerical & data input staff on vaccine eligibility coding, minimum spacing for return appts, & Alert II data input	On-going	Admin	- Parents will be reminded of need to bring child UTD @ each encounter	
	- Parents to make next appt before leaving clinic	On-going	IC	- CD & MCH nurses able to screen & administer vaccines	
	- Give all shots due unless truly contraindicated	On-going	WIC	- WIC will reference TWIST when conducting immunization reviews	
	- Immunization review @ each WIC appt & refer to PCP or CCHD	7/10	IC	- Review survey data to determine barriers & increase rates	
	- Electronic survey to local childcare coordinators & providers to identify barriers	8/10	IC	- Immunization rates increased	
- Outreach after hours clinics offered					To be completed for the CY 2010 Report

Immunization Comprehensive Triennial Plan

Due Date: May 1 Every year

Local Health Department:

**Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2010-2012**

Year 2: January-December 2011					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

A. Increase the up-to-date rate for 2 year olds (431331) seen at Clatsop County Department of Public Health by 5% over the next 3 years	Continue year one activities & modify as needed: <ul style="list-style-type: none"> Admin staff trained & making immunization reminder & no-show calls Train/retrain clerical & data input staff on vaccine eligibility coding, minimum spacing for return appts, & Alert II data input Parents to make next appt before leaving clinic Give all shots due unless truly contraindicated Immunization review @ each WIC appt & refer to PCP or CCHD Outreach after hour clinic's offered 	On-going	IC	<ul style="list-style-type: none"> Admin staff trained & making immunizations reminder & no-show calls Alert II training for data input/admin staff during the next year Parents will be reminded of need to bring child UTD @ each encounter CD & MCH nurses able to screen & administer vaccines WIC will reference TWIST when conducting immunization reviews Immunization rates increased 	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
		On-going	Admin			
		On-going	Admin			
		On-going	IC			
		On-going	WIC			
On-going	IC					

Immunization Comprehensive Triennial Plan

Due Date: May 1 Every year

Local Health Department:

**Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
 Calendar Years 2010-2012**

Year 3: January-December 2012					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

A. Increase the up-to-date rate for 2 year olds (431331) seen at Clatsop County Department of Public Health by 5% over the next 3 years	Continue year two activities and modify as needed: <ul style="list-style-type: none"> Admin staff trained & making immunization reminder & no-show calls Train/retrain clerical & data input staff on vaccine eligibility coding, minimum spacing for return appts, & Alert II data input Parents to make next appt before leaving clinic Give all shots due unless truly contraindicated Immunization review @ each WIC appt & refer to PCP or CCHD Outreach after hour clinic's offered 	On-going	IC	<ul style="list-style-type: none"> Admin staff trained & making immunizations reminder & no-show calls Alert II training for data input/admin staff during the next year Parents will be reminded of need to bring child UTD @ each encounter CD & MCH nurses able to screen & administer vaccines WIC will reference TWIST when conducting immunization reviews Immunization rates increased 	To be completed for the CY 2012 Report	To be completed for the CY 2012 Report
		On-going	Admin			
		On-going	Admin			
		On-going	IC			
		On-going	WIC			
		On-going	IC			

Immunization Comprehensive Triennial Plan

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

Due Date: May 1 Every year

Year 1: July 2010-December 2010					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Decrease barriers to immunizations by increasing the number of outreach immunization clinics geared toward vulnerable population	- Offer immunization screening and clinics during Multiphasic & Kindergarten Roundup	On-going Admin	- # of Multiphasic & Kindergarten Roundup clinics offered & # of clients served		
	- Partner with childcare facilities & Head Start	On-going IC	- # of childcare & # of Head Start facility clinics offered along with # of clients served		
	- Continue to work with agencies serving vulnerable populations. Implement EP plan for vaccinating vulnerable clients & support staff in these agencies	On-going Admin IC	- # of PSA's released		
	- Work with radio, TV, &/or print media to distribute Imm PSA's	On-going Admin	- # of agencies serving vulnerable clients, # of shot clinics held, & # of patients & staff receiving vaccine		
	- Identify # of agencies serving vulnerable populations. Implement EP plan for vaccination vulnerable clients & support staff in these agencies	On-going IC	- # PSA where culture specific information is posted		
	- Increase outreach to Hispanic community	On-going	- Survey # of respondents		
				To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

2

B. Make HPV available by partnering with Family Planning, STD clinic, & Clatsop County jail	- Offer HPV @ every Family Planning or STD clinic appt	On-going Admin	- 100% of all women ages 19-26 years old who are participating in Family Planning or STD clinic will be offered HPV @ every visit		
	- County jail nurse will evaluate inmates weekly to see if they qualify	On-going Jail RN	- 75% of all incarcerated women 19-26 yrs old will be offered HPV		
	- Schedule F/U appts before leaving clinic	On-going Admin			
				To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

Immunization Comprehensive Triennial Plan

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

Due Date: May 1 Every year

Year 2: January-December 2011					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

A. Decrease barriers to immunizations by increasing number of outreach immunization clinics geared toward vulnerable population	Continue year one activities & modify as needed:	Due	Staff		To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
	- Offer immunization screening and clinics during Multiphasic & Kindergarten Roundup	On-going	Admin	- # of Multiphasic & Kindergarten Roundup clinics offered & # of clients served		
	- Partner with childcare facilities & Head Start	On-going	IC	- # of childcare & # of Head Start facility clinics offered along with # of clients served		
	- Identify # of & continue to work with agencies serving vulnerable populations. Implement EP plan for vaccinating vulnerable clients & support staff in these agencies	On-going	Admin IC	- # of clients served - # of agencies serving vulnerable clients, # of shot clinics held, & # of patients & staff receiving vaccine		
	- Work with radio, TV, &/or print media to distribute Imm PSA's	On-going	Admin	- # of PSA's released		
- Increase outreach to Hispanic community	On-going	IC	- # PSA where culture specific information is posted - Survey # of respondents			

B. Participate in any state immunization sponsored special project related to vaccine preventable diseases	- Commit staff time & resources to project	On-going	Admin	- Staff time committed & project began per directions of state coordinator	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
	- Identify & assess local immunization issues & concerns	On-going	IC	- Assessment of community need & plan preparation for implementing program		
	- Speak with other County Health Departments that are participating in program for promotion activity ideas	On-going	IC	- Contact 2 other LHD regarding promotion idea's		

Immunization Comprehensive Triennial Plan

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

Due Date: May 1 Every year

Year 3: January-December 2012					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

A. Decrease barriers to immunizations by increasing number of outreach immunization clinics geared toward vulnerable population	Continue year two activities and modify as needed:	Due	Staff			
	- Offer immunization screening and clinics during Multiphasic & Kindergarten Roundup	On-going	Admin	- # of Multiphasic & Kindergarten Roundup clinics offered & # of clients served		
	- Partner with childcare facilities & Head Start	On-going	IC	- # of childcare & # of Head Start facility clinics offered along with # of clients served		
	- Continue to work with agencies serving vulnerable populations. Implement EP plan for vaccinating vulnerable clients & support staff in these agencies	On-going	Admin	- # of clients served		
	- Work with radio, TV, &/or print media to distribute Imm PSA's	On-going	IC	- # of PSA's released		
	- Identify # of agencies serving vulnerable populations. Implement EP plan for vaccination vulnerable clients & support staff in these agencies	On-going	Admin	- # of agencies serving vulnerable clients, # of shot clinics held, & # of patients & staff receiving vaccine		
	- Increase outreach to Hispanic community	On-going	IC	- # PSA where culture specific information is posted		
				- Survey # of respondents		
				To be completed for the CY 2012 Report	To be completed for the CY 2012 Report	

B. Participate in any state immunization sponsored special project related to vaccine preventable diseases	- Commit staff time & resources to project	On-going	Admin	- Staff time committed & project began per directions of state coordinator		
	- Identify & assess local immunization issues & concerns	On-going	IC	- Assessment of community need & plan preparation for implementing program		
	- Speak with other County Health Departments that are participating in program for promotion activity ideas	On-going	IC	- Contact 2 other LHD regarding promotion idea's		
				To be completed for the CY 2012 Report	To be completed for the CY 2012 Report	

II. Maternal Child Health (MCH)

Clatsop County Health Department promotes physical, social, and mental well-being of families based on assessed needs. There is a major emphasis on reducing risks related to pregnancy and parenting through case management services to women with infants and small children and their families. Through the funding sources services are available for pregnant women, pregnant and parenting women with substance abuse issues and children at risk for developmental delays in order to obtain the best possible outcomes for their pregnancies and young children. Perinatal services include and promote preconception counseling and access to early and continuous prenatal care. Clients are linked to WIC, maternity case management, Babies First, Cocoon, medical care, nutrition counseling and Oregon Health Plan. These activities are designed to improve and increase outcomes. The MCH program is staffed with 1 full-time RN who is also IBLCL certified. Average caseload is ~180 clients. Clatsop County is seeking to participate in the Nurse Family Partnership project within the next few years.

IV. Family Planning

Clatsop County Family Planning Program struggles, yet is a necessary and critically important service to women and men seeking reproductive services locally. These are services they would not be able to access elsewhere in the community. July 2010, the Vasectomy Program started scheduling clients.

**Region X Family Planning
Technical Assistance Site Report
Log# ORO1.11TA
7/28/2010**

Consultant: Sharon N. Black, RN

Recipient Agency/Contact: Clatsop County Family Planning/Margo Lalich

Address: 820 Exchange St.; Astoria, Oregon 97103

Dates Technical Assistance Provided: 7/2/2010 – 7/28/2010 On-site 7/26/2010

Purpose of Technical Assistance Visit

The Clatsop County Family Planning program has requested a "consultant's evaluation of current scheduling and staffing patterns to make recommendations aligned with best practices to achieve maximum clinic efficiency with limited/reduced financial resources in the Family Planning program."

List of things to be done and desired outcomes:

- Assess specific agency strengths, limitations, problems and needs regarding Title X services
- Review current clinic staffing patterns and appointment scheduling
- Review program expenses and revenue
- Observe clinic staff in their roles during a clinic day
- Research best practices for service-delivery model for an agency of this size and with these demographics (clinic management decided to accept the knowledge level of the consultant and drop this portion of the request)
- Develop recommendations, including a specific implementation plan and rationale
- Provide a presentation of the above plan to clinic staff
- Perform assessment, three to six months after implementation of plan, to assess effectiveness and to modify as indicated (follow-up visit scheduled for September 27, 2010)

Technical Assistance (TA) Rendered

- Planning and TA phone calls with Margo Lalich
- Document review
 - Qualitative evaluation of the Family Planning program written by Margo Lalich
 - Revised clinic schedules for July 2010
 - FTE summary 2010 – 2011
 - Organizational chart
 - Health and Human Services management team memo dated 5/13/2010
 - Budgets for 2009 – 2010 and 2010 – 2011
 - Ahlers data 2008, 2009, 2010
- Site visit 7/26/2010 to include:
 - Intake meeting with all Family Planning staff
 - Margo Lalich, Health Department Administrator
 - Lori Christiansen, Clinic Manager
 - Belinda Kruger, Nurse Practitioner
 - Sheri Salber, Clinic RN
 - Cathy Gonzalez, Finance
 - Dawn Lewis, Family Planning Administrative Staff
 - Annette Brodigan, Clinic Administrative Staff

- Individual interviews will all staff noted above, except Margo Lalich
- Clinic observation
 - Front desk
 - Exam
- Exit interview with Margo Lalich and Lori Christiansen

Conclusions

- The Clatsop County Family Planning program has experienced significant financial shortfalls. They are seeking strategies to improve the financial profile of the program. Areas of concern are:
 - Low clinic productivity
 - Decreased demand for service
 - Billing and collection challenges
- The organization is implementing a new staffing pattern and appointment system. The changes are being made this month (July 2010). Among the changes are:
 - New clinic manager
 - MA support for the nurse practitioner
 - Integrated public health schedule for the clinic RN
 - Improved front desk functions
 - Increased daily schedule of nurse practitioner
 - Philosophical shift regarding clinical services
- The agency's changes to a more integrated system and a history of relaxed past practices results in a need for program documentation, including improved program definition, role definition, and policies and procedures.
- The agency has a mix of long-term and new staff. The staff is experiencing significant change at many levels. The changes and financial concerns appear to be contributing to staff stress and resistance.

Recommendations and Materials

The Clatsop County Family Planning program has experienced significant financial shortfalls; management staff are seeking strategies to improve its financial profile. Areas of concern:

- Low clinic productivity
- Decreased demand for service
- Billing and collection challenges
- Long history of dependence on other public health programs for financial support for the Family Planning program

Recommendation: Due to the good leadership of Margo Lalich, the financial situation at Clatsop County Health Department is improving. To keep the improvement trend going and decrease the dependence on financial support from other programs, I recommend the following plan:

Action	Timeline	Notes/ Materials Provided

<p>Implement an incremental increase in the Nurse Practitioner's daily appointments</p> <ul style="list-style-type: none"> ○ Visit successful sites with Nurse Practitioner ○ Start with the new July schedule ○ Evaluate show- and fail-rates ○ Increase appointments to compensate for the fail rate ○ Increase the appointments to 14 per full day ○ Increase appointments to compensate for the fail rate ○ Continue to monitor show and fail rates again ○ Create a QI reporting system to monitor productivity ○ Increase clinical days based on improved demand 	<p>July 2010 ASAP July July-early August Mid-August October Ongoing</p>	<p>Tillamook Consult with the state FP office for other ideas Note: Be sure to use the visit count rather than unduplicated patient count when making visit estimates (Ahlers)</p>
<p>Design and implement an outreach and patient-recruitment and -retention plan to include:</p> <ul style="list-style-type: none"> ○ Assessment of customer satisfaction ○ Customer service improvements as indicated ○ Evaluation of community need for services ○ Assessment of services available at other locations ○ Focused outreach ○ Implementation of plan ○ Creation of QI reporting system to monitor demand 	<p>August September October</p>	<p>We can do some customer service training at the follow-up visit if needed</p>
<p>Continue existing billing and collection work</p> <ul style="list-style-type: none"> ○ Document agency grant information; share w/staff ○ Include program, requirements, and billing details ○ Create billing flow sheet, and billing policy and procedures to include scripts, patient handouts, signs and encounter-form improvements ○ Create QI reporting system to measure collections by payment source ○ Provide staff with billing and collection training 	<p>Ongoing August September October October</p>	<p>We can do some collections values training when I come back as needed</p>
<ul style="list-style-type: none"> ○ Communicate fiscal status to FP team regularly ○ Communicate with stake holders regarding improving accountability regarding collections and productivity: county leadership, staff, FP program, union(s), others ○ Build billing and collections measures into performance evaluations for non-clinician staff ○ Build support for the fiscal needs of the organization and productivity into clinician staff performance evaluation ○ Make positive movement in the direction of financial success ○ Consider change of FP Grantee status based on the fiscal status of the program and the needs of the community 	<p>Ongoing September /October November November Ongoing December</p>	

The organization is implementing a new staffing pattern and appointment system. The changes are being made this month (July 2010). Among the changes:

- A new Clinic Manager
- MA support for the nurse practitioner
- An integrated Public Health schedule for the clinic RN
- Integration of front desk functions
- An increase in the nurse practitioner's daily schedule
- A more integrated philosophy regarding clinical services

Action	Timeline	Notes/ Materials Provided
○ Ensure training for the new Clinic Manager	Ongoing	Start with Title X and C-Care
○ Involve the new Clinic Manager in the program and billing documentation efforts	Ongoing	
○ Implement the MA plan ○ Design an agreed-upon task list for the MA ○ Include rooming, room cleaning, chart prep, basic lab duties, client education, paperwork including logs and lab slips, room stocking, follow-up calls as appropriate, referrals, other paper work and clinic work in MA scope ○ Select a skilled and flexible new MA ○ Involve the Nurse Practitioner in decisions and training as appropriate ○ Provide excellent training and supervision ○ Allow the Nurse Practitioner to act as coach with supervision being provided by the Clinic Manager	July July August August/ September Ongoing Ongoing	
○ Ensure safe RN practice ○ Ensure training for the clinic nurse	Ongoing	Reproductive Health and CHT Web-conferences
○ Ensure policies, protocols and procedures for RN care	August	
○ Add saves and save policy into RN and NP schedules to ensure access to FP consultation or NP visit ○ Ensure that saves are not wasted	August	See appt-design workbook
○ Design uniform policies and procedures for front-desk tasks ○ Involve staff in the design ○ Build expectations into the evaluation process	August - September November	
○ Start CQI activities with the FP staff as the CQI committee ○ Do a PDSA regarding check out ○ Select at least one clinical measure to add to measures noted earlier	September August October	
○ Ensure documentation and training needed to support new integrated philosophy		

The agency's changes to a more integrated system, and a history of relaxed past practices, result in a need for program documentation, including improved

program definition, role definition, and policies and procedures. See comments in previous two sections.

The agency has a mix of long-term and new staff. The staff is experiencing significant change at many levels. The changes and financial concerns appear to be contributing to staff stress and resistance.

Action	Timeline	Notes/ Materials Provided
○ Manage the change process using consistent communication and CQI processes	Ongoing	<i>Managing Transitions by Bridges</i>
○ Consider the needs for succession-planning and the movement of staff into roles with increased training and responsibility	Ongoing	
○ Give reasonable support to individuals struggling with change while continuing to move forward on improvements	Ongoing	Listening Respect EAP services
○ Continue to assume best intentions and problem solve barriers to improvement in a team-based and collaborative fashion	Ongoing	
○ Design systems to hold staff members accountable to change	Ongoing	CQI process and measures
○ Celebrate successes – small and large	Ongoing	

Suggestions for improving TA process: This timeline for planning got a bit delayed, but that is unusual

Follow-up: One team follow-up meeting scheduled on September 27, 2010

Attachments: Meeting schedules

3. Environmental Health

EH conducts inspection, licensure, consultation and complaint investigation of food services (B&B's and restaurants), tourist facilities (hotels, RV Parks, organizational camps), and public swimming and spa pools. EH inspects food booths associated with temporary events as well as mass gatherings. In addition, EH responds to public health issues including mold, West Nile Virus, animal bites, food-borne illness and general health complaints. Inspection goals are as follows:

1. Food service facilities a minimum twice annually
2. RV Parks twice annually
3. Pools and spas twice annually
4. Traveler's accommodations at least biannually
5. Organizational Camps annually
6. Food borne illness and animal complaints are responded to immediately
7. Other complaints are responded to based on danger to the health of the public
8. All non-benevolent temporary restaurants receive an onsite inspection. Benevolent inspections receive a phone consultation at a minimum
9. Drinking water systems are surveyed on schedule provided by the OHS-DWP All alerts and consultation activities are provided in a timely manner.
10. Hazard waste collection by collaboration with contracted company for annual event.

The Environmental Health Specialist monitors inspection loads of the staff and prioritizes activities to accomplish goals and assure the health of the public. The Department of Human Services evaluates the County program every three years.

Clatsop County has adopted by ordinance fees for licensed facilities that are due annually. Staff attend all required training, ensuring 2.0 CU's are obtained annually to maintain current environmental health registration.

The County shall respond to drinking water emergencies and waterborne disease outbreaks, and maintain a current emergency plan. The County shall take independent enforcement actions against public water systems serving licensed facilities. The County will update Health Services computer database inventory records of public water systems, as changes to this data become known. The County shall respond to requests from water systems for info on the regulatory requirements. The County shall investigate all water quality and be alert for detection of regulated contaminants. The County shall consult with and advise the water system operators on actions to assure sampling is completed. The County shall contact and consult with public water systems that violate regulations pertaining to drinking water standards.

4. Health Statistic (Vital Records)

Health departments in Oregon are mandated by statute to collect and report certain health statistics to the State (i.e., electronic and paper data from birth and death certificates).

Birth attendants initiate the birth certification process; and physicians and funeral directors initiate the death certification process. With the implementation of the new EDRS system all birth certificates are processed at the local hospital and sent electronically to State Vital Records. County Registrars complete the certification process by assuring the completeness, accuracy, confidentiality, and proper certification of births and deaths within six months after the event. Analytical capacity exists at the State level to evaluate vital statistics for information to identify at-risk populations and assess trends over time. State Vital statistics give public health officials access to confidential information that allows for the establishment of effective public health interventions. For example, birth data is used on an on-going basis for the purpose of evaluating the effectiveness of public health programs; and death data is used to supplement communicable disease outbreak information and to map cases. At the State level, the Infant Mortality Review Committee receives data of fetal and infant deaths to support analysis of the perinatal system in an effort to promote healthier birth outcomes. The purposes of maintaining vital statistics as a function of public health are to:

- Assure that birth and death certification is complete and accurate.
- Analyze public health data received from State Vital Records to determine the health of the community.
- Identify populations at risk in order to provide effective interventions.
- Assure accurate, timely and confidential certification of birth and death events, and minimize the opportunity for identity theft.
- Utilize birth and death data to support analyses of health conditions of the population or of a segment of the population through the EDRS system or paper format.
- Analyze public health data received from State Vital Records to determine the health of the community
- Death reporting, recording, and registration; and
- Provide weekly notice to County clerk for removing deceased persons from voter registration list.

4. Information and Referral

Previously described in Provision of Five Basic Health Services

5. Public Health Emergency Preparedness

Public health emergencies range in scale from a communicable disease outbreak to a major event or disaster such as flooding, wind storm, earthquake, tsunami or other disaster. The general public as well as public and private organizations expect the Clatsop County Health Department to be prepared and able to respond to an emergency. A comprehensive response to an emergency requires systematic planning, comprehensive education, training and emergency response exercises. It requires communication and coordination with emergency management staff, emergency services, local authorities, local providers and the hospital. CCPH can be accessed 24/7/365 for all emergencies.

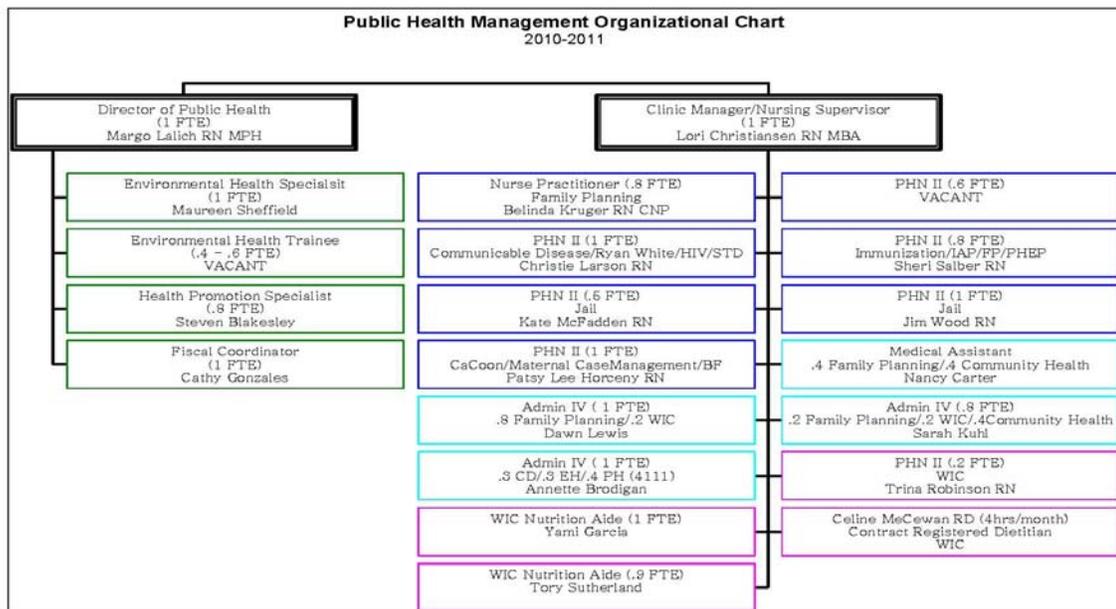
Clatsop County Health Department will comply with all PE12 requirements. CCPH will

participate in countywide and statewide preparedness events. CCPH will continue to coordinate activities with our emergency management department. Activities have been fully outlined in our multi-year training and exercise plan submitted to PHEP. The CCPH PHEP Plan will cover training specific to coordination with community partners, including the local hospital, medical providers, emergency services, law enforcement, emergency management and Red Cross. CCPH will provide educational materials and resources to provide to schools, businesses and churches CCPH will alert community to any potential threats, hazards or events.

Evaluation provided per twice yearly PHEP reviews through Oregon Department of Human Services. Maintain after action reports and plans which may be adjusted per outcomes of training and exercises.

IV. Additional Requirements

1. Organization Chart



2. Board of Health

The Clatsop County Board of Health is comprised of the Clatsop County Board of Commissioners (BOCC). Clatsop County is one of nine home-rule charter counties in Oregon. Home rule charters are county rule books, much like constitutions, that allow local citizens to craft their own laws rather than relying on state statutes. Home rule provides greater local governance control to our citizens. According to our charter, Clatsop County must have five volunteer elected Commissioners to establish policies and

set the vision of the county. The BOCC are elected by geographic districts to four-year terms.

The Board of Commissioners generally holds regular meetings on the second Wednesday at the month at 10 a.m. and on the fourth Wednesday at 6 p.m. The Board usually meets in the Judge Guy Boyington Building located at 857 Commercial St. in downtown Astoria. The public is always welcome to attend the Board meetings. A monthly Public Health Staff report is submitted monthly to the County Managers who briefs the Board of Health on public health activities.

The commissioners serve without salary but may receive a stipend as recognition for their service. Each year the lay members of the Budget Committee determine the amount of the stipend. For 2011-2012, the chairperson receives \$1,000 a month and the other commissioners receive \$800 a month. The county reimburses the Board members for all actual and necessary expenses incurred on county business while outside the county.

3. Triennial Review

The Clatsop County Department of Public Health had a Triennial Review scheduled in December 2010.

For the first time in the State of Oregon Clatsop County Family Planning had a no correction survey. All Departments were compliant.

V. Unmet Needs

Clatsop County Department of Public Health struggles with maintaining a highly qualified public health workforce. Recruitment in a rural area is challenging as recent graduates or transplants prefer working in the private sector because of the competitive wage. At this time, CCPH has a stable and competent workforce with a desire to recruit some positions from the private sector due to an appreciation for competition and understanding of structuring that must comply with standards for accreditation. This is proving to be an asset.

It is rare to interview a nurse who can answer the simple question, ‘what is public health?’ This needs to be addressed more thoroughly in nursing education. CCPH is very proactive regarding clinical opportunities for nursing students.

Health promotion/disease prevention is a high priority. Presently, CCPH is applying for a six year federal Healthy Communities Coalition Grant that will target adolescent girls and women in the community. This will be a collaborative effort in the Lower Columbia Regional Area if funded.

VII. Budget

**EXHIBIT 1
FINANCIAL ASSISTANCE AWARD**

State of Oregon Department of Human Services Public Health Services		Page 1 of 2	
1) Grantee Name: Clatsop County Health & Human Services		2) Issue Date July 27, 2010	This Action AMENDMENT FY2011
Street: 820 Exchange St., Suite 100 City: Astoria State: OR Zip Code: 97103		3) Award Period From July 1, 2010 Through June 30, 2011	
4) DHS Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	48,268	0	48,268 (i)
PE 03 TB Case Management	2,337	0	2,337
PE 07 HIV Prevention Services HIV Prevention Block Grant Services Ryan White Title II HIV / AIDS Services	10,758	0	10,758
PE 08 Ryan White--Case Management	22,238	0	22,238
PE 08 Ryan White--Support Services	5,294	0	5,294
PE 12 Pub. Health Emergency Preparedness/(July-Aug. 8)	9,842	0	9,842 (d)
PE 12 Pub. Health Emergency Preparedness/(Aug 10-June30)	75,393	181	75,574
PE 13 Tobacco Prevention & Education	58,545	3,672	60,217
PE 15 Healthy Communities -- Phase 2	48,750	0	48,750
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES	190,183	1,800	191,983 abhj
PE 41 Family Planning Agency Grant FAMILY HEALTH SERVICES	26,789	0	26,789 (c)
5) FOOTNOTES:			
a) July-Sept. grant is \$49,346 and includes \$9,869 of minimum Nutritional Education and \$2,130 for Breastfeeding Promotion.			
b) October through June grant is \$142,637 and includes \$28,527 of minimum Nutritional Education and \$6,391 for Breastfeeding Promotion.			
c) \$19,707 is Title X Base Grant ; \$7,062 is Title V.			
d) July 1 - August 9th awards must be spent by 8/9/10 and a report submitted for that period.			
e) Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).			
f) \$600 is Immunization 2011 Conference Award to all counties.			
g) \$13,492 is total immunization Basic Special Payment Award. Funding must be tracked and reported separately			
h) \$-756 represents P. C. E. one-time funding			
6) Capital Outlay Requested in This Action:			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

The Health of Clatsop County—2009 Report



The Health of Clatsop County



2009 Report



Director's Note:

It is with a sense of pride and collective accomplishment that Clatsop Health & Human Services releases "The Health of Clatsop County" to our many partners and to the residents of the county. As first for our department, this comprehensive report provides an assessment of our collective health status in many areas, and compares Clatsop data to similar neighboring counties and to Oregon state as a whole.

The role of public health is "what we, as a society, do collectively" to assure the conditions in which people can be healthy." (World Health Organization). For public health, the community is our patient. Our work is guided by 5 principles:

1. A broad community perspective
2. Use of population-based data
3. Use of evidence based practices
4. And emphasis on effective outcomes
5. Focus on primary prevention which keeps disease or health conditions from occurring

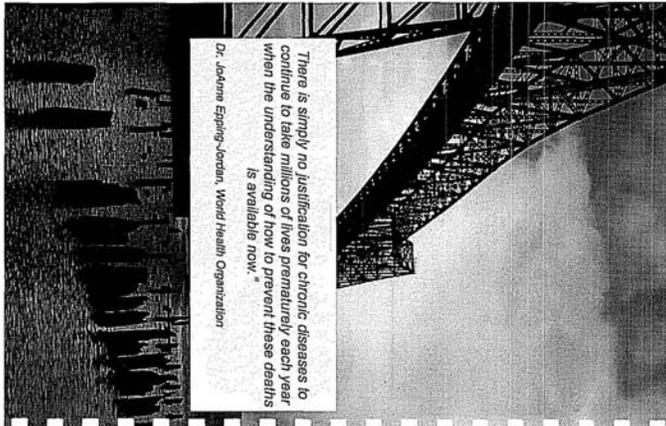
We have all chosen to live in this beautiful corner of the world. The data in this report should move us all to action regarding health and quality of life issues; we commit to work with you to make Clatsop County a healthier place to live.

Healthy People 2010

Healthy People 2010 is a federal initiative started in 2000 by the U.S. Department of Health and Human Services which sets national disease prevention and health promotion standards to be achieved by the end of the decade. It is a nationwide plan to tackle the increasing burden of chronic disease and has 467 specific objectives, 28 goals, and 10 leading health indicators.

The Leading Health Indicators are:

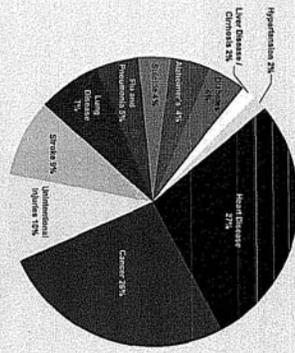
1. Physical Activity
2. Overweight and Obesity
3. Tobacco Use
4. Substance Abuse
5. Responsible Sexual Behavior
6. Mental Health
7. Injury and Violence
8. Environmental Quality
9. Immunization
10. Access to Health Care



CAUSES OF DEATH

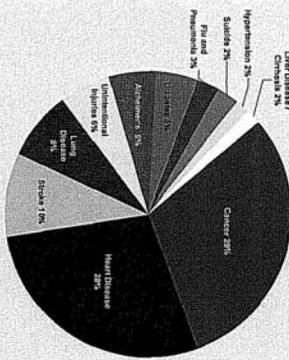
Leading Causes of Death Clatsop County, 2005

Source: *Vital/Physician-DRUG Center for Health Statistics*



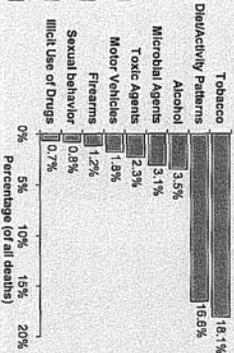
Leading Causes of Death Oregon, 2005

Source: *Vital/Physician-DRUG Center for Health Statistics*



Actual Causes of Death United States, 2000

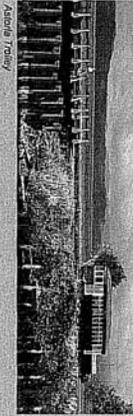
Source: *Mackler et al., Journal of the American Medical Association, March 10, 2004, Vol. 291, No. 10*



Causes of deaths in Oregon?

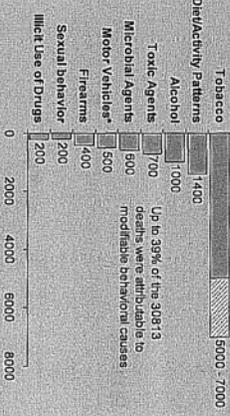
Approximately half of all deaths in the U.S can be attributed to preventable behaviors and exposures. In 2003, 30,813 deaths were attributed to modifiable behaviors.

The top two contributors are tobacco and poor diet / physical inactivity. Until recently tobacco has been the leading cause. With smoking rates on the decline nationwide and obesity on the rise, poor diet / physical inactivity is predicted to overtake tobacco.



Astoria, Oregon

Actual Causes of Death of Oregonians, 2003



* Includes alcohol-related crashes
 Source: *CD Summary May 17, 2005—Vol. 44 No. 10*
<http://www.oregon.gov/DHS/DRUG/summary.asp>



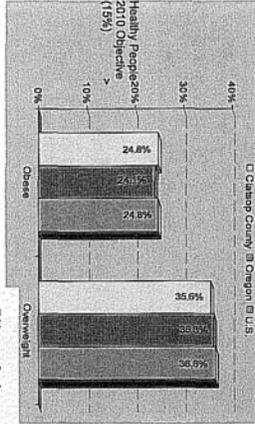
Stunt over Young's Bay from Coast Guard boating

The Health of Clatsop County—2009 Report
ADULT CHRONIC DISEASE

Overweight and Obesity

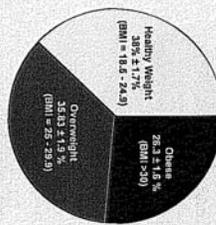
Being overweight or obese can increase the risk of many preventable causes of premature death. Being overweight is likely to be associated with:

- High blood pressure
 - High cholesterol
 - Type 2 diabetes
 - Heart disease
 - Stroke
 - Some types of cancer
- Clatsop County has higher obesity rates than the US and the states of Oregon.



Overweight and Obesity in Oregon Adults

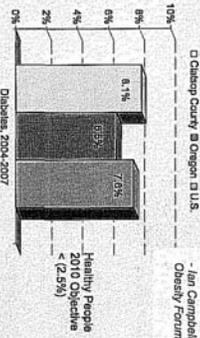
Overweight and obesity are commonly defined using BMI (Body Mass Index) as a benchmark. BMI is calculated using a person's height and weight.



Approximately 62% of Oregon adults are overweight or obese



Diabetes



"We are facing a public health time-bomb and can't afford to be complacent about waist size."
 —Jan Campbell—ex-president of the National Obesity Forum (NOF)

Type 1 diabetes is insulin-dependent, childhood onset diabetes. Type 2 is associated with being overweight and often seen in older adults—with childhood prevalence being on the rise. Type 2 diabetes accounts for approximately 90-95 percent of all diagnosed cases of diabetes.

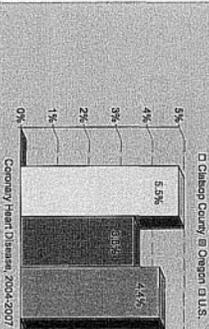
The rising trend in childhood obesity means that more and more children and adolescents are being diagnosed with type 2 diabetes. It is predicted that if the obesity epidemic isn't halted, as many as 1 in 3 children born on or after the year 2000 will develop diabetes.

Clatsop County's rates of diabetes are above state and national averages.

Coronary Heart Disease

Coronary heart disease (CHD) affects approximately 16 million people nationwide each year. The risk for developing CHD increases substantially with high cholesterol, obesity, high blood pressure and tobacco use. CHD is the number one cause of death of women today.

Improving one's diet and adding some physical activity can greatly reduce the chances of contracting CHD. Clatsop County's prevalence of CHD is higher than both the national and state average.

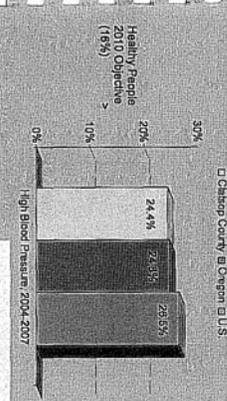


The Health of Clatsop County—2009 Report
ADULT CHRONIC DISEASE

High Blood Pressure

High blood pressure—also known as hypertension—affects 1 in 4 American adults and is a leading cause of kidney failure in addition to being a risk factor for other conditions such as heart disease, stroke, heart failure and arterial aneurysm.

The risk of hypertension is five times higher in the obese than people of normal weight. Two thirds of hypertension cases can be attributed to excess weight.

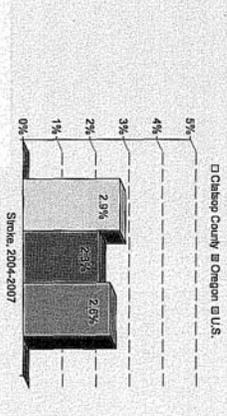


"Without action, almost 400 million people in the world will die from chronic diseases in the next 10 years. Many of these deaths will occur prematurely, affecting families, communities and countries alike."
 Dr. Catherine La Gaite-Camus, World Health Organization

Stroke

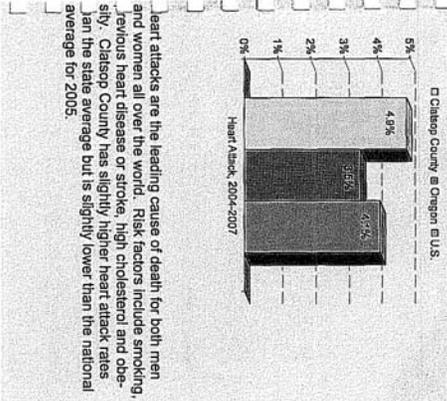
Most strokes can be prevented by changing one's behavior. The main modifiable risk factors are high blood pressure and abnormal heart rhythm (atrial fibrillation). Other risk factors include diabetes, high cholesterol, smoking and heavy alcohol use.

Clatsop County has almost twice the state and national prevalence of stroke. Strokes should be considered a major public health concern for Clatsop County focus.

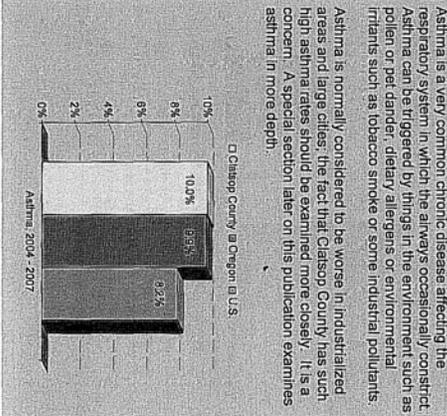


Asthma

Asthma is a very common chronic disease affecting the respiratory system in which the airways occasionally constrict. Asthma can be triggered by things in the environment, such as pollen or pet dander, dietary allergens or environmental irritants such as tobacco smoke or some industrial pollutants. Asthma is normally considered to be worse in industrialized areas and large cities; the fact that Clatsop County has such high asthma rates should be examined more closely. It is a concern. A special section later on this publication examines asthma in more depth.



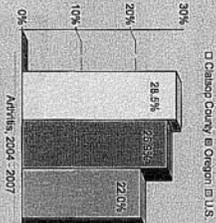
Heart attacks are the leading cause of death for both men and women all over the world. Risk factors include smoking, previous heart disease or stroke, high cholesterol and obesity. Clatsop County has slightly higher heart attack rates than the state average but is slightly lower than the national average for 2005.



ADULT CHRONIC DISEASE

Arthritis

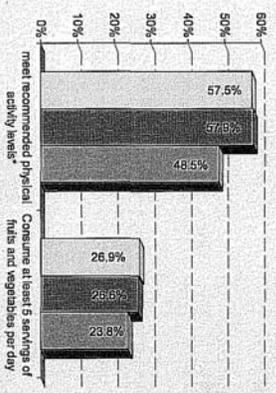
Arthritis is a disease that causes pain and loss of movement in the joints. People of all ages including children and young adults can develop arthritis. There are over 100 kinds of arthritis with osteoarthritis being the most common and rheumatoid arthritis being one of the most disabling.



"The real tragedy is that overweight and obesity, and their related chronic diseases, are largely preventable. Approximately 80% of heart disease, stroke, and type 2 diabetes, and 40% of cancer could be avoided through healthy diet, regular physical activity and avoidance of tobacco use"

Dr. Robert Beaglehole, Director of Noncommunicable Diseases and Health Promotion, WHO

Exercise and Nutrition



The Healthy People 2010 goals for consuming 5 servings of fruits and vegetables is for 75% of the population to consume a minimum of two servings of fruit and for 50% of the population to consume 3 servings of vegetables. Clatsop County, the state of Oregon and the USA as a whole all fall short of meeting this objective. The Healthy People 2010 objective for physical activity is 30% of the population exercising 30 minutes a day or more. Clatsop County exceeds this goal by almost double.

Living Well with Chronic Conditions Self Management programs

Living Well with Chronic Conditions is a 6-week workshop. It teaches real-life skills for living a full, healthy life with a chronic condition. Participants share their successes and build a common source of support. The workshop builds confidence around managing health, staying active, and enjoying life. The topics covered include:

- Managing symptoms
- Medication "how-to"
- Working with your health care team
- Setting weekly goals
- Effective problem solving
- Better communication
- How to relax
- Handling difficult emotions
- Tips for eating well
- Safe, easy exercise

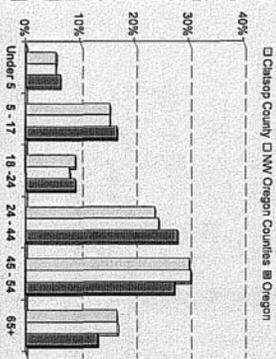


DEMOGRAPHICS

Age Distribution

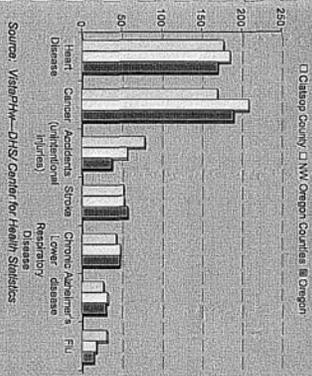
Clatsop County has a higher population 45 and older than neighboring counties and Oregon as a whole.

Population by age—2007



Source: VastPhW—DHIS/Center for Health Statistics

Top 5 Causes of Death, 2005



Source: VastPhW—DHIS/Center for Health Statistics

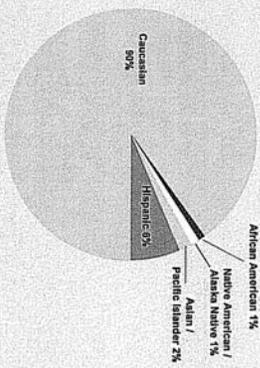
Clatsop County's top cause of death over the past few years has been heart disease. In the rest of Oregon, it is cancer. Clatsop County also has accidents as its third highest cause of death, whilst in most other counties in the state, accidents are not even in the top 10 causes of death.

Racial / Ethnic Demographics

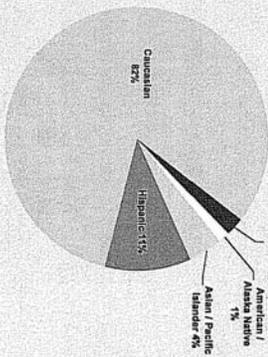
Clatsop County's racial/ethnic make-up is slightly less diverse than Oregon's. Ten percent of the population in Clatsop County identified as being non-Caucasian.

Population by race—2007

Clatsop County



Oregon



Columbia River Estuary Study Testimony workers trapping for juvenile salmon in a restored wetland

ADOLESCENT BEHAVIORS AND RISK FACTORS

The Health of Clatsop County—2009 Report

Young people who consume alcohol, use tobacco, and take illicit drugs are more likely to continue this behavior as adults. Heavy substance abuse as a teen is shown to be a factor in some of the leading causes of death among adults, including heart and respiratory disease.

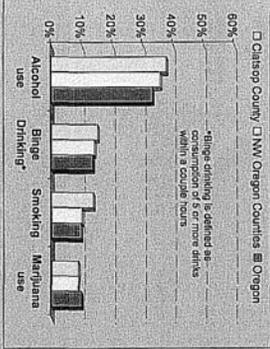
Alcohol is the drug of choice for Clatsop youth and they begin drinking alcohol at very young ages. Clatsop youth are more likely to start drinking before 13 years of age than to start smoking cigarettes (26 percent for alcohol use vs. 12 percent for cigarette use). Binge drinking rates, are among the highest in the state.

Young women on the north coast are experiencing a very high incidence of underage drinking. High school females report more frequent use of alcohol, using alcohol younger, higher rates of lifetime use and binge drinking, and easier access to alcohol than their male counterparts.

Clatsop youth rate above the state average for tobacco and marijuana use. An emerging trend is the use of prescription drugs without a doctor's direction. Eleven and a half (11.5) percent of 16-17 year olds report using prescription drugs to get high in the past month.

Three factors known to influence the likelihood of youth substance abuse are: accessibility, perceived risk of harm, and parent's disapproval of substance use.

Substance use among 13-14 year olds

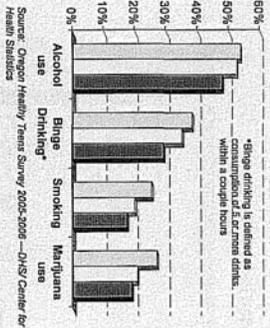


Source: Oregon Healthy Teens Survey 2005-2008
DHSV Center for Health Statistics

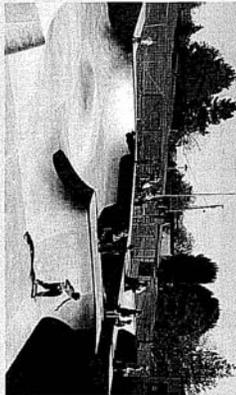


Students on a school field trip sitting on the porch at the Elwell House in Astoria

Substance use among 16-17 year olds



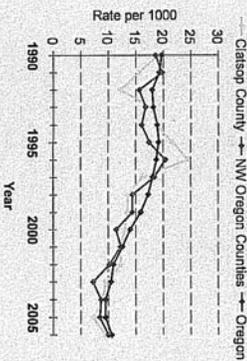
Source: Oregon Healthy Teens Survey 2005-2008—DHSV Center for Health Statistics



Teens at the Toadus state park in Astoria

Teen Pregnancy (ages 10-17)

Since 1990, teen pregnancy has been on an overall decline in Oregon and nationwide. Recent years have shown an increase in teen pregnancy almost everywhere in the U.S.

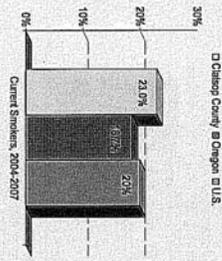


Source: VitalPulse—DHSV Center for Health Statistics

The Health of Clatsop County—2009 Report
TOBACCO USE AND ADULT HABITS

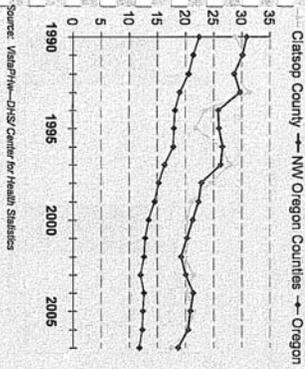
Smoking / Tobacco Use in Adults

It is well documented that smoking is among the leading causes of lung cancer, COPD (chronic obstructive pulmonary disease), heart attacks and strokes (narrowing of the blood vessels). Smoking during pregnancy can give rise to birth defects and very low birth-weight babies. Clatsop County has very high rates of smoking compared to the rest of Oregon and the U.S.



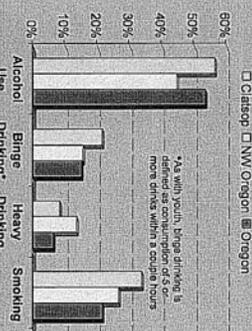
Percentage of infants born to mothers who smoked tobacco during pregnancy

Whilst tobacco use is on the decline in Clatsop County, across all demographics, it is still higher than the State and national averages. Particularly alarming is the use of tobacco through pregnancy. Even so, the rates have dropped 14 percentage points from 31% in 1990 to 17.4% in 2007.



Potentially harmful habits among adults

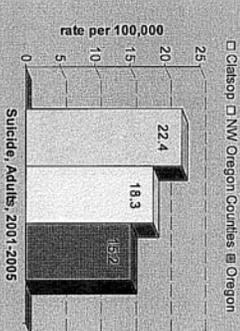
Clatsop County has high alcohol use, binge drinking and smoking rates compared to the rest of the state and neighboring counties. This follows from the previous page that habits learned in youth can perpetuate in adulthood.



Toddler at the dunes at Fort Stevens State Park

Suicide among Clatsop County adults

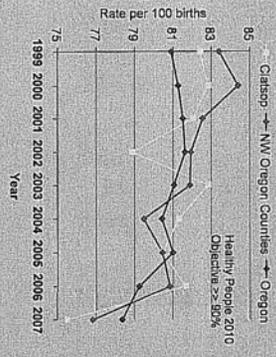
Clatsop County has almost the highest suicide rate in the state of Oregon. The chart below is for the years 2001—2005.



The Health of Clatsop County—2009 Report
MATERNAL /CHILD HEALTH

Pregnant women receiving care in their first trimester

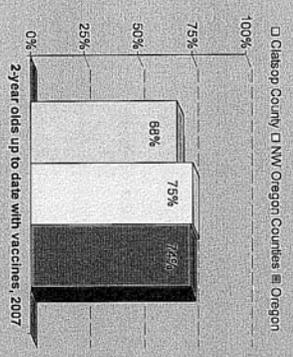
In recent years, the percentage of pregnant women receiving care in their first trimester has seen a dramatic decline. Due to the fact that the sooner a pregnant woman receives care, the better her pregnancy outcome is likely to be, it is important to reverse this downward trend.



Source: Vaccines—DHQ Center for Health Statistics

Childhood Vaccinations

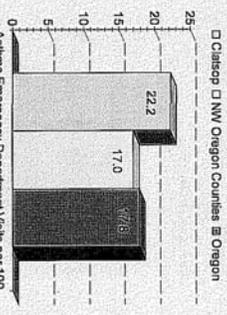
Clatsop County has lower vaccination rates than the rest of Oregon and neighboring counties. In 2007 only 68% of two-year olds in Clatsop County were up to date with their immunizations. Young children are a very vulnerable population. Immunizations provide them with protection against diseases that are relatively harmless in adults but can be fatal to children such as pertussis (whooping cough), tetanus and measles.



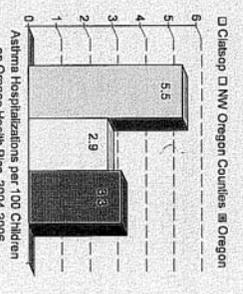
Source: Vaccines—DHQ Center for Health Statistics

Asthma

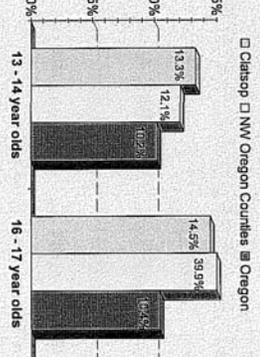
According to the "Geographic Disparities in Pediatric Asthma Control Among Oregon Children on Medicaid" report, Clatsop ranks among the poorest in the state for asthma control, and ranks amongst the highest in the state for asthma hospitalizations and emergency department visits. Clatsop County also has high adolescent asthma rates, irrespective of insurance status.



Source: Rodney Gairland, Oregon Asthma Program



Source: Rodney Gairland, Oregon Asthma Program



Source: The Burden of Asthma in Oregon, 2008 and Oregon Healthy Teens Survey 2005
 2008—DHQ Center for Health Statistics

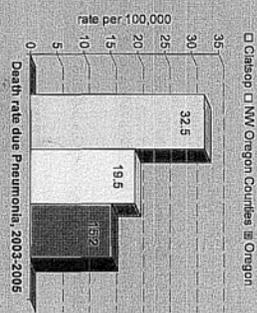
DISEASES

Influenza and Pneumonia

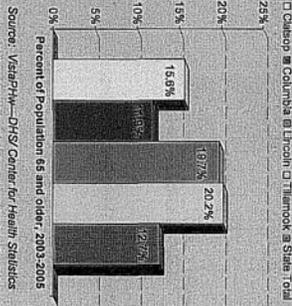
Clatsop county ranks very high with regards to deaths due to pneumonia. All of the deaths occur in the winter months during flu season and the vast majority of them occur in the elderly. Clatsop County does not have a higher percentage of senior citizens (65+) than neighbors, nor a significantly higher percentage than the state as a whole. The fact that Clatsop experiences such high flu-related pneumonia deaths underscores the importance of immunizing vulnerable populations. By increasing access to flu and pneumonia vaccinations we can reduce our death rate.



Public Health nurses preparing flu vaccines



Source: Vital/Phy-DHS/Center for Health Statistics

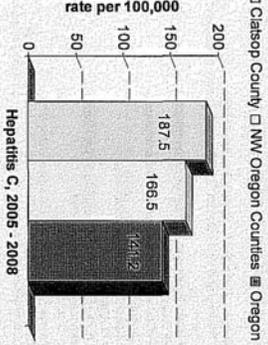


Source: Vital/Phy-DHS/Center for Health Statistics

Communicable Diseases

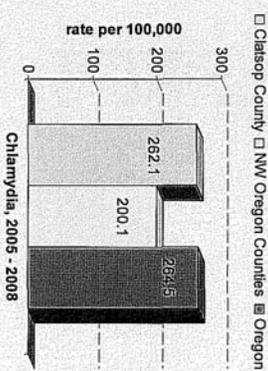
Clatsop County has high rates of Chlamydia compared to its neighboring counties, but not as high as the state average. In 2006 Clatsop County saw a dramatic increase in Hepatitis C infections, but that could be due to underdiagnosis in previous years. Hepatitis C became a notifiable disease in 2005.

Rate of Hepatitis C (per 100,000)



Source: Vital/Phy-DHS/Center for Health Statistics

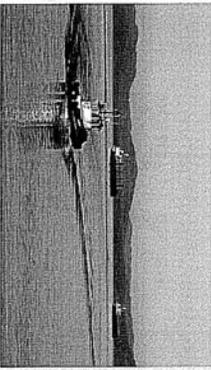
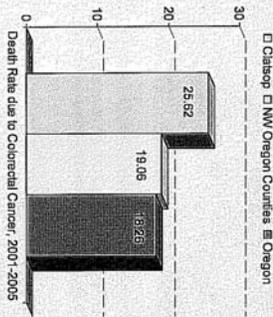
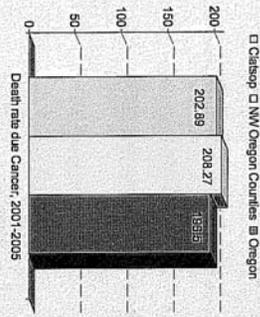
Rate of Chlamydia (per 100,000)



Source: Vital/Phy-DHS/Center for Health Statistics

Cancer

Clatsop County does not stand out from the rest of the state with respect to cancer mortality. However, if individual cancers are examined, it becomes apparent that Clatsop County has alarming rates of colorectal cancer mortality. Colorectal cancer has a high survival rate. The fact that Clatsop County has such high mortality indicates people aren't getting screened. Early detection is key for positive cancer outcomes.



Columbia River Pilot returning to headquarters

Note on Data
Most data are expressed as rates and percentages and don't represent actual numbers of people. If you have any questions regarding anything in this publication, please contact
Clatsop County Health and Human Services
829 Exchange St.
Suite 100
Astoria, OR 97103

Tel: 503-325-8500
Email: health@co.clatsop.or.us

All data in this report were collected by other organizations outside of Clatsop County Health and Human Services and are the most current data available at the time of this publication.
Healthy People 2010 objectives are included throughout this report when available.
Throughout this report, NW Oregon Counties are defined as the Clatsop, Columbia, Lincoln and Tillamook Counties, with the exception of the youth section. Lincoln County did not participate in the Oregon Healthy Teen Survey.
All charts with no sources cited used data from "Keeping Oregonians Healthy: Preventing Chronic Diseases by Reducing Tobacco Use, Improving Diet, and Promoting Physical Activity and Preventive Screenings—2007" and from CDC's BRFSS data.



Acknowledgements

Clatsop County would like to thank the following people for their contributions to this report:

- Darren Gooch and Mary Blake from Sunset Empire Parks and Recreation
- Cindy Wulde—Director of Astoria's Sundry Market
- Andrea Turner and Yamil Garcia from Clatsop County Health and Human Services
- City of Astoria Parks and Recreation Department
- Columbia River Bar Pilot Association
- Clatsop County Area Chamber of Commerce
- Cannon Beach Chamber of Commerce
- Jennifer M. Carroll
- CREST (Columbia River Estuary Study Taskforce)
- Jill Quackenbush—Lifeworks NW

This report was prepared by Geala Kingress, MS, MPH, Health Communities Coordinator, Clatsop County Health and Human Services with resources supplied by the State of Oregon's Health Promotion

2011 | CLATSOP, OREGON

- [Additional Measures](#)
- [Find Programs and Policies](#)

To see more details, click on a measure.

	Clatsop County	Error Margin	National Benchmark*	Oregon	Rank (of 33)
Health Outcomes					17
Mortality					20
Premature death	7,324	6,329-8,318	5,564	6,478	
Morbidity					13
Poor or fair health	13%	10-17%	10%	14%	
Poor physical health days	4.0	3.0-4.9	2.6	3.7	
Poor mental health days	3.3	2.3-4.2	2.3	3.3	
Low birthweight	5.7%	4.8-6.6%	6.0%	6.0%	
Health Factors					15
Health Behaviors					15
Adult smoking	24%	19-29%	15%	18%	
Adult obesity	24%	18-30%	25%	25%	
Excessive drinking	16%	12-21%	8%	16%	
Motor vehicle crash death rate	17	12-22	12	14	
Sexually transmitted infections	254		83	287	
Teen birth rate	34	30-38	22	36	

	Clatsop County	Error Margin	National Benchmark*	Oregon	Rank (of 33)
Clinical Care					27
Uninsured adults	24%	20-28%	13%	21%	
Primary care physicians	789:1		631:1	739:1	
Preventable hospital stays	68	63-73	52	46	
Diabetic screening	89%	75-100%	89%	85%	
Mammography screening	54%	42-66%	74%	65%	
Social & Economic Factors					13
High school graduation	70%		92%	74%	
Some college	56%		68%	64%	
Unemployment	8.9%		5.3%	11.1%	
Children in poverty	21%	16-26%	11%	18%	
Inadequate social support	16%	12-22%	14%	16%	
Children in single-parent households	38%		20%	29%	
Violent crime rate	179		100	275	
Physical Environment					6
Air pollution-particulate matter days	9		0	12	
Air pollution-ozone days	0		0	1	
Access to healthy foods	75%		92%	62%	
Access to recreational facilities	13		17	12	



CLATSOP COUNTY DEPARTMENT OF PUBLIC HEALTH

820 EXCHANGE ST. SUITE 100 • ASTORIA, OR 97103 • Phone: 503-325-8500 Direct Line: 503-338-3680 Fax: 503-325-8678

Annual Plan—STD 2012

Summary: Suffice it to say STDs remains a thriving business. Total Chlamydia counts for 2011 for were 129. This is up from 114 in 2010 and 96 in both 2009 and 2008. Gonorrhea counts for 2011 were 5. We had 2 for 2010, 1 for 2009 and 4 for 2008. We received no reports of syphilis or contacts to syphilis.

Clatsop County has provided 11 EPTs since 12-30-10, when we first implemented our EPT protocol. We are not seeing a lot of EPT treatment being done by private providers. We revised our Chlamydia/Gonorrhea case report forms that go out to private providers to include EPT information. STD urine testing has been folded into general clinic, so testing is available 4 days/week. Protocols are scheduled to be updated yearly and signed by the Health Officer. The gonorrhea protocol was again updated in December 2011 to reflect the most recent CDC Treatment guidelines.

Goals and Objectives: Are to meet the program elements of the State STD Program and to assure that our protocols reflect the most current CDC/OHA STD guidelines.

Assessment of how things are going: I think overall people are getting adequate STD interventions. It could always be better. We are a safety net at the Health Department for people who cannot or chose not to be screened in the private sector. Since it is nurses, rather than clinicians, that staff the general clinic, our licensure does not cover medical evaluations. Our role is limited to screening, harm reduction counseling, case investigation and providing STD treatment per our signed protocols for cases and contacts. If a client is in need of a pelvic or genital exam they are referred to a private provider.

Where are the gaps?: There are definitely gaps.

In the general STD clinic, we can only offer free chlamydia and gonorrhea testing to those who qualify for the IPP Project. This excludes people 30 and over who want routine screening and also MSM who are 30 and over even if they are a confirmed contact to chlamydia or gonorrhea. We get a \$13.55 charge for those labs which we must pass on to our clients. We quit treating for genital warts years ago, due to the cost and that overall, it was viewed as a cosmetic issue.

As previously stated, our STD clinic is staffed by an RN, not a clinician, so we do not do genital or pelvic exams in that clinic. This means we do not do herpes lesion testing, wet mounts, or bimanual exams.

We do not provide herpes blood testing, since the State does not provide this test. Additionally, clinician intervention would be needed for herpes prescriptions.

Our Family Planning practitioner used to do a lot of exams in general clinic, but with dwindling resources, she now only provides those services to her family planning clients. In addition, she used to be able to do a lot of consulting to RNs in general clinic, but again, with dwindling resources and a family planning budget that is often in the red, her own allotted time with clients has been drastically reduced, leaving her very little time for clinic nurse consultations.

340B drugs cannot be dispensed for EPT, so a clinician must write a prescription. As previously stated, there are no clinicians in general clinic, so EPT prescriptions can only be provided if a Family Planning clinician is present and free to write a prescription. We have actually gotten a stamp for prescription directions, so the clinician only needs to date and sign the prescription.

We make a lot of referrals to our local FQHC, Coastal Family Health, for STD exams, testing and treatment that we cannot provide in our general clinic. We frequently encounter clients who have past due bills at Coastal Family Health and cannot be seen until those bills are paid. There is also a co-pay of \$20 at Coastal Family Health that some clients say is unaffordable for them. This leaves people without resources getting their care in the emergency rooms.

Submitted by Christie Larson RN, Public Health Nurse January 6, 2012

**FAMILY PLANNING PROGRAM ANNUAL PLAN
FOR FY 2013**

July 1, 2012 to June 30, 2013

As a condition of Title X, funding agencies are required to have a plan for their Family Planning Program, which includes objectives that meet SMART requirements (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-Bound). In order to address state goals in the Title X grant application, we are asking each agency to **choose two** of the following four goals and identify how they will be addressed in the coming fiscal year:

- Goal 1:** Move forward with adapting family planning and reproductive health services to the requirements of state and national health care reform, including the use of electronic health records, partnering with Coordinated Care Organizations (CCOs), investigating participation in health insurance exchanges, etc.
- Goal 2:** Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use.
- Goal 3:** Promote awareness and access to long acting reversible contraceptives (LARCs).
- Goal 4:** Address the reproductive health disparities of individuals, families, and communities through outreach to Oregon's high priority and underserved populations (including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities) and by partnering with other community-based health and social service providers.

The format to use for submitting the annual plan is provided below. Please include the following four components in addressing these goals:

- 1. Problem Statement** – For each of two chosen goals, briefly describe the current situation in your county to be addressed by that particular goal. The data provided may be helpful with this.
- 2. Objective(s)** – Write one or more objectives for each goal. The objective(s) should be realistic for the resources you have available and measurable in some way. An objective checklist has been provided for your reference.
- 3. Planned Activities** – Briefly describe one or more activities you plan to conduct in order to achieve your objective(s).
- 4. Evaluation** – Briefly describe how you will evaluate the success of your activities and objectives, including data collection and sources.

Specific agency data is also provided to help with local agency planning. If you have any questions, please contact Carol Elliot (971 673-0362) or Connie Clark (541 386-3199 x200).

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY 2013**

July 1, 2012 to June 30, 2013

Agency: _____

Contact: _____

Goal #____

Problem Statement	Objective(s)	Planned Activities	Evaluation

Goal #____

Problem Statement	Objective(s)	Planned Activities	Evaluation

Objectives checklist:

- Does the objective relate to the goal and needs assessment findings?
- 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 2012
(Currently in Progress)

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

Goal / Objective	Progress on Activities

Local Public Health Authority Immunization Annual Plan Checklist
July 2012-June 2013
Clatsop County Health Department

LHD staff completing this checklist: Sheri Salber, RN

State-Supplied Vaccine/IG

- 1. Uses the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR), or a county VAR given prior approval by OIP
- 2. Accurately codes all immunizations according to OIP Vaccine Eligibility Charts
- 3. Pays quarterly Billable Project invoices in timely manner

Vaccine Management & Accountability

- 4. Has an assigned immunization program coordinator
- 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management
- 6. Uses and maintains OIP-acceptable refrigeration equipment
- 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer
- 8. Has an OIP-approved vaccine emergency plan
- 9. Complies with OIP vaccine expiration & wastage requirements

Delegate Agencies

- 10. Has one or more delegate agencies: LHD has up-to-date addendum agreements for each site N/A
- 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines N/A

Vaccine Administration

- 12. Has submitted annual Public Provider Agreement & Provider Profile
- 13. Provides all patients, their parents or guardians with documentation of immunizations received
- 14. Complies with state & federal immunization-related document retention schedules
- 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine
- 17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

Immunization Rates & Assessments

- 18. Participates in the annual AFIX quality improvement immunization assessment and uses rate data to direct immunization activities

Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation

- 19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs
- 20. Has a process for two-way notification between LHD and community hospital infection control or birthing center staff of pending deliveries by identified HBsAg-positive pregnant women
- 21. Enrolls newborns into case management program & refers mother plus susceptible household & sexual contacts for follow-up care
- 22. [Multnomah County only] provides centralized case management work over the tri-county area of Washington, Clackamas & Multnomah N/A
- 23. Documents & submits to OIP the infant's completion or status of 3-dose Hepatitis B vaccine series by 15 months of age (excluding Washington & Clackamas counties) N/A
- 24. Works with area hospitals to promote the Hepatitis B birth dose vaccine to all infants and Hepatitis B vaccine and IG to affected infants whose mothers are HBsAg positive or whose status is unknown
- 25. Screens all pregnant women receiving prenatal care from public programs for HBsAg status or refers them to other health care providers for the screening
- 26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus
- 27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women
- 28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

Tracking & Recall

- 29. Forecasts shots due for children eligible for immunization services using ALERT IIS
- 30. Cooperates with OIP to recall any patients who were administered sub-potent (mishandled or misadministered) vaccines

WIC/Immunization Integration

- 31. Assists and supports the Oregon Health Authority (OHA) to provide WIC services in compliance with *USDA policy memorandum 2001-7: Immunization Screening and Referral in WIC*

Vaccine Information

- 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered
- 33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration
- 34. Makes VIS available in other languages

Outreach & education

35. Designs & implements a minimum of two educational or outreach activities in each fiscal year (July 2012 through June 2013). [Can be designed for parents or private providers and intended to reduce barriers to immunization. This can not include special immunization clinics to school children or for flu prevention.] **Report activity details here:**

(Activity 1) Will blast fax to local providers the results of 2010 AFIX 4th DTap & educate regarding minimum spacing possibilities & giving 4th DTap during 12 month vaccinations if there has been 6 months since the 3rd DTap.

(Activity 2) Outreach to county juvenile detention center to vaccinate teens.

(Activity 3)

Surveillance of Vaccine-Preventable Diseases

36. Conducts disease surveillance in accordance with *Communicable Disease Administrative Rules*, the *Investigation Guidelines for Modifiable Disease*, the *Public Health Laboratory Users Manual*, and OIP's *Model Standing Orders for Vaccine*

Adverse Events Following Immunizations

37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP
38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP
39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

School/Facility Immunization Law

40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)
- a. Conducts secondary review of school & children's facility immunization records
 - b. Issues exclusion orders as necessary
 - c. Makes immunizations available in convenient areas and at convenient times
41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline
42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

American Recovery & Reinvestment Act (ARRA) Stimulus Funds

43. Completes and meets all ARRA (state and federal) reporting requirements **including the ARRA Final Summary Report by November 30, 2011.**

Report submitted? Yes No

Performance Measures

44. Meets the following performance measures: [Refer to your 2011 Performance Measure spreadsheet]
- Yes No: 4th DTaP rate of $\geq 90\%$, or improves the prior year's rate by 1% or more
 - Yes No: Missed Shot rate of $\leq 10\%$, or reduces the prior year's rate by 1% or more
 - Yes No: Correctly codes $\geq 95\%$ of state-supplied vaccines per guidelines in ALERT IIS
 - Yes No: Completes the 3-dose hepatitis B series to $\geq 80\%$ of HBsAg-exposed infants by 15 months of age
 - Yes No: Enters $\geq 80\%$ of vaccine administration data into ALERT IIS within 14 days of administration

Terms & Conditions Particular to LPHA Performance of Immunization Services

- 45. Reimburses OHA for the cost of wasted state-supplied vaccines/IG when required
- 46. Returns at LHD's expense all styrofoam containers shipped from Oregon Immunization Program (and not by McKesson)
- 47. Participates in state-sponsored annual immunization conferences, and uses dedicated OIP-provided funds for at least one person to attend

Reporting Obligations & Periodic Reporting

48. Submits, in timely fashion, the following reports (along with others required & noted elsewhere in this survey):
- Monthly Vaccine Reports (with every vaccine order)
 - Vaccine Orders (according to Enhanced Ordering Cycle [EOC] assignment)
 - Vaccine inventory via ALERT IIS
 - Immunization Status Report
 - Annual Progress Report
 - Corrective Action Plans for any unsatisfactory responses during triennial review site visits N/A

Non-Compliance Explanation Detail Sheet

Use these table rows to document any checklist statements you were unable to check off or answer with a "Yes". Be sure to insert the corresponding statement number for each response.

Q. 25 N/A No public run programs in the county
Q. 26 Working in coordination with peri-natal coordinator Maureen Cassidy-
Q. 27 Working in coordination with peri-natal coordinator Maureen Cassidy-
Q. 28 Follows OAR Regulations & county only follows up with postive reports
Q. 44 See outreach #35
Q. 44 No HBsAg exposed infants in 2009
Q.
Q.
Q.
Q.

To Submit:

1. Save and print this document for your records
2. Include a copy with Agency Annual Plan
3. Submit as an attachment via e-mail to: Oregon.VFC@state.or.us