

The Public Health Foundation of Columbia County

Annual Plan 2012-13

Columbia County, Oregon

January 2012



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

Karen Fox Ladd, RN, BSN, MS

Columbia

January 13, 2012

Local Public Health Authority

County

Date

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Executive Summary

The local public health plan for Columbia County and its updates can be found at www.oregon.gov. This year all counties are submitting new comprehensive public health plans. The requirements for a local public health annual plan are in statutes ORS 431.375-431.385 and ORS 431.416. The applicable administrative rules can be found in OAR Chapter 333, Division 14. ORS 431.375 defines policy for local public health services. Policy states that the public health system in Oregon is to provide basic public health services and that counties can provide or contract responsibility or relinquish these services to the state, and that all public funds utilized for public health services must be approved by the local public health authority. If a county chooses to relinquish public health service provision to the state, the public health authority is also transferred back to the state and the county loses all local control over services provided.

The Minimum Standards for Local Health Departments document states “In the state of Oregon, responsibility for public health protection is shared between the Oregon Health Authority (OHA) Public Health Division and the local public health authorities. Local and state agencies perform different tasks. They have unique but complimentary roles and they rely on one another to make the public health system work effectively.” The community relies upon the partnership between the state and local government as well as the partnerships at the federal level.

Most of the public health funding in Columbia County is federal: public health emergency preparedness, WIC (Women, Infant, and Children nutrition program), maternal child health services provided through Title X funds, water systems’ dollars provided through Environmental Protection Agency, and federal dollars reimbursed for services delivered. These programs are tightly connected to contracts and program assurances.

State general funds are linked to the provision of communicable disease and epidemiology standards through per capita funds, a quarter time registered nurse to provide home visit services to ages 0-8 years, school-based health center dollars (SBHC) to support SBHCs in St. Helens and Rainier, and tobacco tax dollars that support tobacco education and community planning for healthy living.

Local revenues are provided by Columbia County as defined in Oregon statute. Funding is generated by the provision of services through fee-for-service reimbursement and donations.

This is true through fiscal year 2011. No one is certain yet what the future will look like. The governor of the state and the legislature are moving two major design changes forward for how the state provides services. The Early Learning Council (ELC) is developing a brand new system that would use dollars from current agency budgets and create a new model. The ELC, according to a legislative summary of HB 3086, will formulate and direct a unified system of early childhood services coordinated with the education system and with the goal of supporting the educational success of every child in Oregon. There are some public health dollars being considered in this system design change. All nursing home visit dollars as well as maternal health dollars that provide services for teens have been targeted for inclusion in the ELC budget as well as WIC and immunization dollars. The ELC design team will take their report back to the 2012 legislature for review/approval.

In addition to the ELC design, the governor is working on an Oregon design for health care reform to compliment federal health care reform. This design includes primary care homes and coordinated care organizations with the goal

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of keeping Oregonians healthy and insured. The state applied for several federal waivers to put this system into place. Oregon has received two of the waivers (at the writing of this summary) and is waiting to hear on the others and special federal funding to implement elements of the plan. Health systems and other health care organizations and counties are trying to design models that will fit into the governor's design. Counties are concerned about the safety net services that disadvantaged people who have only had access through local public and mental health services receive. If dollars that have been providing services at the local level through public and mental health programs are redirected into this new design, there will be no services to those vulnerable populations. This design will return to the 2012 legislative session as well as the ELC design.

Until these two major system changes occur in Oregon, predicting or planning for the future is particularly challenging.

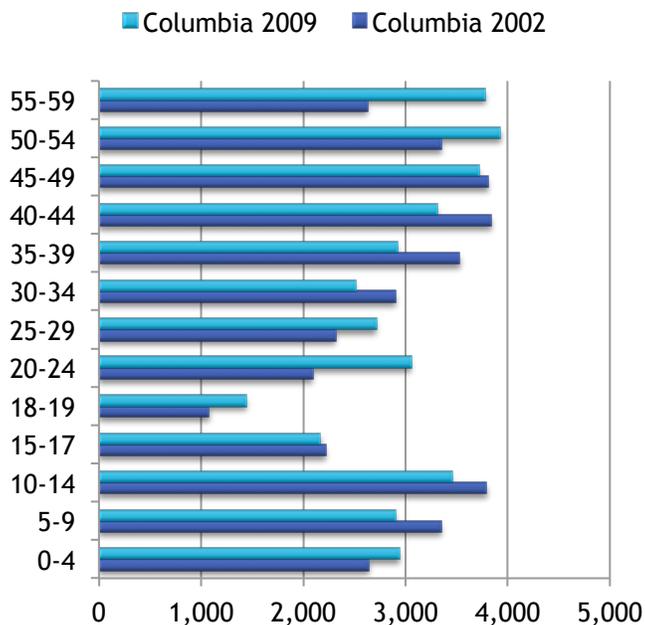
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Assessment

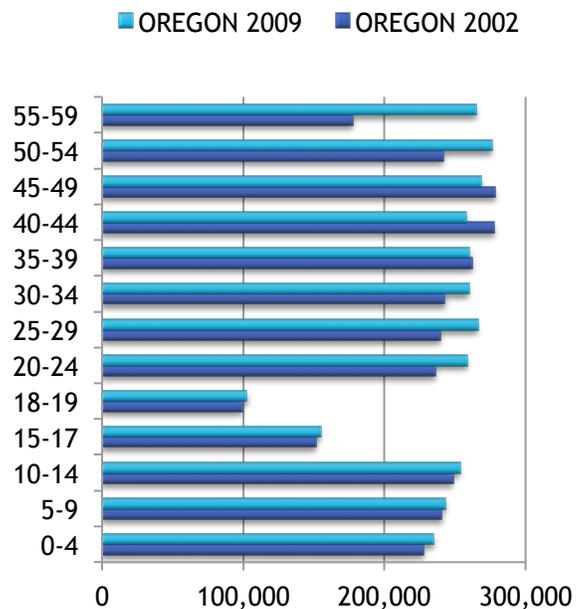
Columbia County is 687 square miles of picturesque scenery. The Columbia River defines the northern and eastern borders of the county. The terrain is mountainous with winding two lane roads. Columbia County's history is agriculture and timber oriented. Most of the agricultural land has been sold to developers and no longer produces fruits and vegetables. The timber industry is also decreasing. Housing development replaced the farms. Family wage jobs are becoming increasingly scarce. Commuting to the Portland metro area is becoming the norm. The unemployment rate for Columbia County is high (10.9% October 2011) and higher than state (9.6%) and national (9.1%) averages. Recently, the Columbia County Rider transportation system has been established to transport commuters into the metro area; additional routes are being added to connect the towns within the county.

Geography:	Northwest Oregon, 687 square miles.
Average Temperature:	January 39 ^o F July 68.4 ^o F
Annual Precipitation:	44.6"
Population:	49,351 (2010 US Census)
	Population Change 2000 to 2010: 13.3% increase

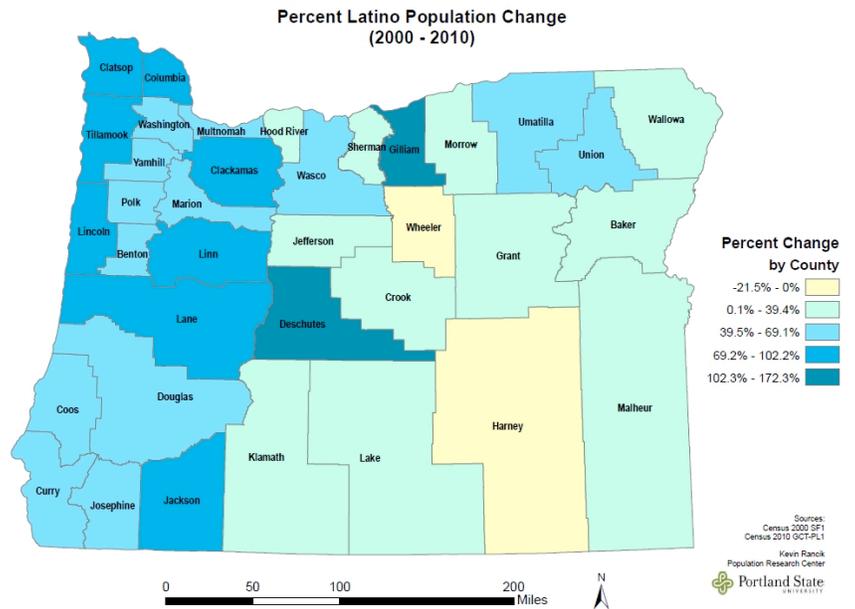
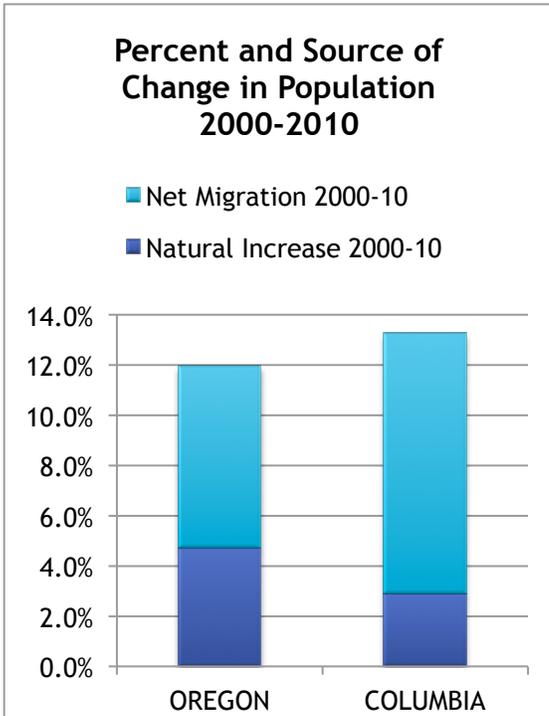
Population by Age, Columbia County



Population by Age, Oregon

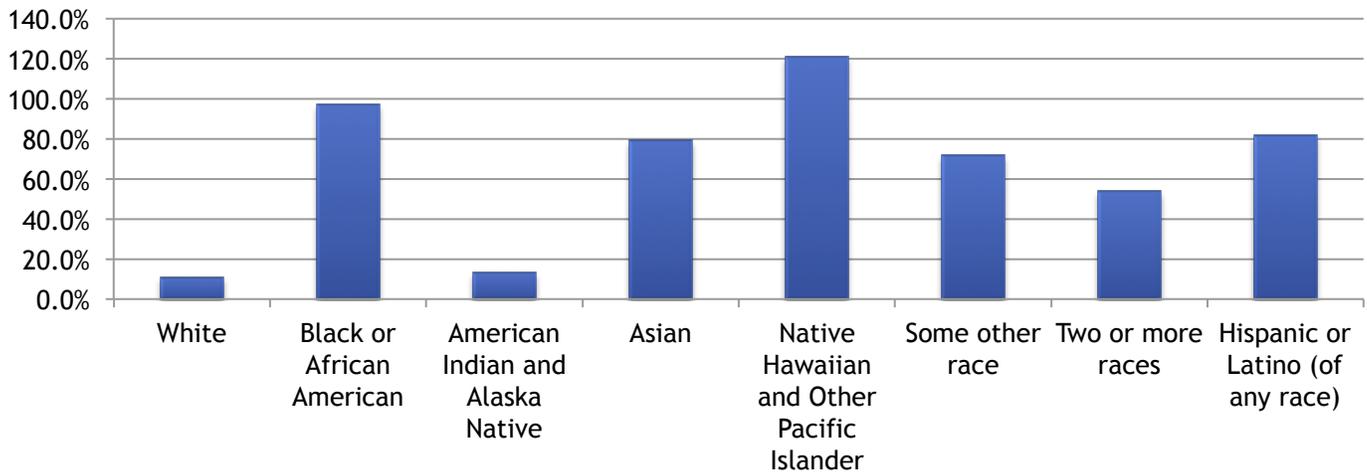


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In addition to population growth, the racial diversity of Columbia County is growing.

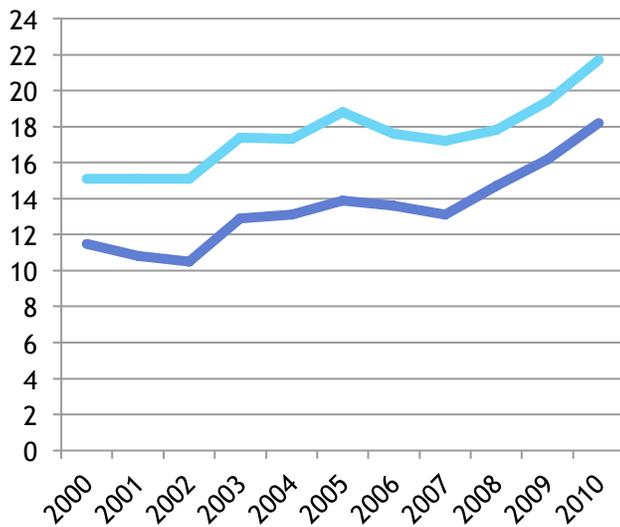
Percent growth by race (2000-2010) Columbia County population



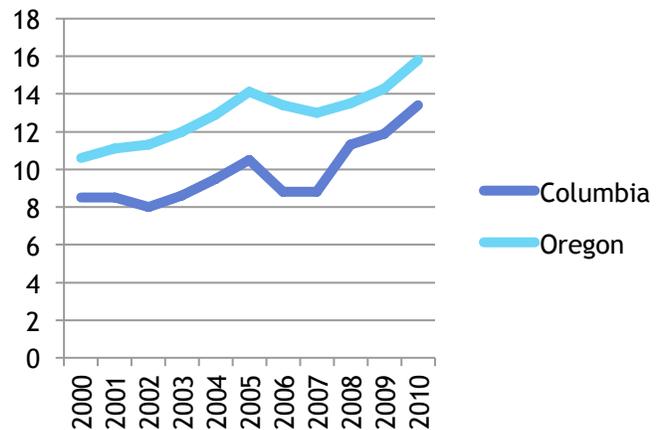
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The state and federal economic situation continues to challenge the residents of Columbia County, leaving more families in poverty, unemployed, and without health insurance. The median household income is declining, and the poverty rates are increasing.¹

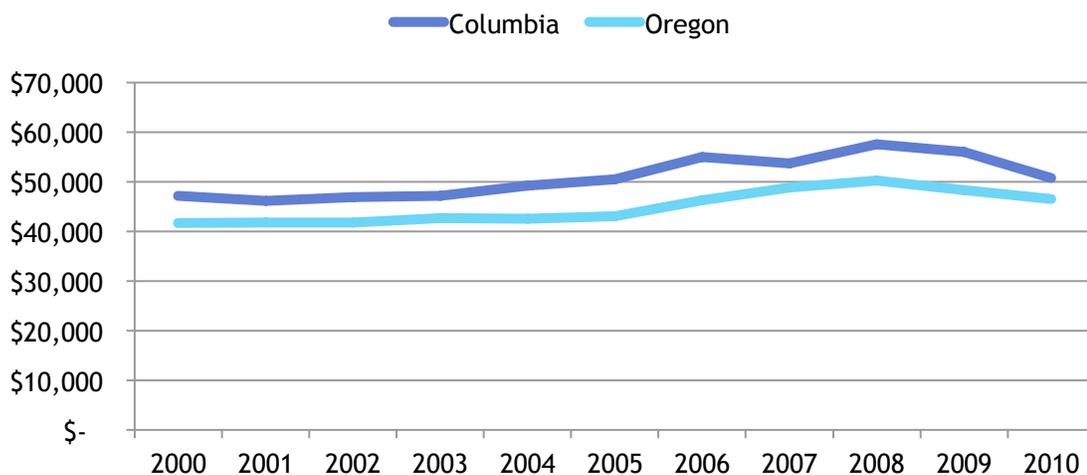
Percent of Population in Poverty (under age 18)



Percent of Population in Poverty (all ages)



Median household income, in dollars



¹ U.S. Census Bureau. 2010. <http://www.census.gov/cgi-bin/saippe/saippe.cgi>

² Oregon Health Authority, Public Health Division, 2011. "Healthy Aging in Oregon Counties" Aging Fact Sheet, Columbia County. Annual Plan 2012-13

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Columbia County still has its high-level community issue: Access to health care. The population continues to age and the population is growing, but the access to care is not growing to meet the demand. Columbia County does not have a hospital to serve its population base of 49,351 residents. The health care resources for the county eroded further when Providence Health System left Vernonia in December 2011.

Oregon's last governor obtained a federal designation from the Health Resources and Services Administration (HRSA) for the county being a medically underserved population (MUP). That designation is in addition to a previous HRSA designation of the entire county being a health professional shortage area (HPSA). Neither of these designations have helped Columbia County increase health care resources. HRSA recently denied a Federally Qualified Health Center (FQHC) access point grant to Vernonia.

The current governor of Oregon plans to make sweeping changes to the health care system. The proposed changes do not guarantee an increase in access to care in Columbia County, which will not help people be healthier. Public Health dollars currently provide services to vulnerable populations but most of these dollars are slated to become a part of a statewide "global fund" which may jeopardize current services.

In summary, Columbia County has a lack of health care providers, a significant medically underserved population and a state system that is expected to change and eliminate the basic, stable funding for public health clinical services to exist.

Public Health strives to provide services in all areas of the county, as outlined in the table below.

Public Health Locations where services are provided

- ⊕ = Main Office location
- ★ = Service provided in designated town via staff travel

Service or Program	Clatskanie	Rainier	Saint Helens (county seat)	Scappoose	Vernonia	Other
Emergency Preparedness	★	★	⊕	★	★	
Women, Infants, Children (WIC)	★	★	⊕	★	★	★*
Babies First/CaCoon (Home Visits)	★	★	⊕	★	★	
Immunizations	★	★	⊕	★	★	
Environmental Health	★	★	⊕	★	★	
Licensing (restaurants, pools, tourism facilities, schools)	★	★	⊕	★	★	★
Food Handler's Permits			⊕			★*
Water Survey	★	★	⊕	★	★	★
Family Planning	★		⊕			
Tobacco Prevention	★	★	⊕	★	★	
Healthy Communities	★	★	⊕	★	★	
School-Based Health Centers (Coordination)			⊕			
Rainier School-Based Health Center	★**	⊕				
Sacagawea Health Center			⊕			
Vernonia (planning partnership)			⊕		★	
Communicable Diseases	★	★	⊕	★	★	★

*Available online

**Open all hours to Clatskanie students

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Preventive Services

A significant portion of the population suffers from chronic conditions but must travel up to 60 miles one-way to receive management or treatment (see Table: Chronic Conditions, BRFSS, 2004-2007). The prevalence of high blood pressure and high blood cholesterol increases as adults age. High blood pressure and cholesterol have been independently linked to chronic conditions, such as coronary heart disease and stroke.²

Chronic Conditions, BRFSS, 2004-2007

	45-59 years	60-74 years	75+ years
Arthritis	38%	48%	58%†
Coronary Heart Disease	2%	9%	17%†
Diabetes	9%	22%	10%
High Blood Pressure	35%	60%	68%†
High Cholesterol	43%	46%	54%†
Major Depression	6%	0%†	*
Stroke	1%	6%	8%†

* Data not available.

† Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

The Centers for Disease Control and Prevention (CDC) list the top nine actual causes of death in the following order:

Cause of Death	Public Health Program to prevent
Tobacco use or second-hand smoke	Tobacco Prevention and Education Program (TPEP)
Poor diet	Healthy Communities Women, Infants, Children (WIC)
Alcohol consumption	
Microbial agents	Communicable Disease Environmental Health Immunizations Emergency Preparedness
Toxic agents	
Motor vehicle accidents	
Firearms	
Sexual behavior	Family Planning Students Today Aren't Ready for Sex (STARS)
Illicit drug use	

Public Health addresses the major causes of death

This year our county will receive a full grant for tobacco prevention dollars. Columbia County will educate and work with businesses, government and schools around tobacco and wellness policies.

² Oregon Health Authority, Public Health Division, 2011. "Healthy Aging in Oregon Counties" Aging Fact Sheet, Columbia County. <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Pages/healthyaginginoregoncounties.aspx>

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Oregon has an Indoor Clean Air Act. The county responds to complaints and provides the footwork for the state. The Oregon Health Authority also has limited funds available to provide some counties with a “Healthy Communities” grant to help prevent and manage chronic diseases in local communities. Columbia County was a recipient of the capacity building grant, and is currently receiving implementation funding. Implementation funds support the three-year Healthy Communities plan, comprised of objectives established by the Columbia Health Coalition.

TPHFCC provides diet education to several population groups. The WIC program serves women who are pregnant and breastfeeding, infants, and children with nutritional risks, through the age of four years. School-based health clinics and women’s health clinics assess diet and educate if the client is interested. The Columbia County Extension Service provides the community education programs available to the general public in our county.

Public Health in Columbia County has no program directed to alcohol consumption - the third leading cause of death in the U.S. There is information and referral to the local mental health agency, which provides alcohol and drug programs in the county. Court mandated counseling and Alcoholics Anonymous (AA) programs are available in every community in Columbia County.

The fourth largest actual cause of death in the U.S. is microbial agents. Public health has invested dollars that will help protect the entire population. Public Health has for 20 years offered both influenza and pneumonia vaccinations to the entire population. Currently, the state is purchasing influenza vaccines. As part of our Public Health Preparedness program, we have developed pandemic influenza mass prophylaxis plans, which are annexes to the county Emergency Operations Plan. This funding gives us the opportunity to plan for the most likely major public health problem that may occur. Planning is essential and so is practice.

CDC’s list of actual causes of death numbers five, six, and seven are not vested with any public health dollars in our county and so no services are provided. The Oregon EMS program deals with toxic agents. Motor vehicle programs are provided by county public safety agencies. There is a car seat program through the fire department and public safety agencies have periodic safety belt check program and do social marketing campaigns around holidays.

The eighth cause of death from the list is sexual behavior. Here, public health is vested in providing education and services that include physical exams, contraceptives, pregnancy testing, and sexually transmitted disease education and screening. HPV vaccine is offered to all of our age appropriate clients. Public health also offers a sexually transmitted disease clinic for some types of sexually transmitted diseases. The Public Health website www.tphfcc.org also provides service and education messages.

Illicit drug use is the ninth actual cause of death in the CDC list. Our community mental health agency has the only drug treatment program with extensive education in our county. The unmet needs are many and the dollars are finite, stretched thinner and thinner each year. Mental health counselors are available in our school-based health centers for individual counseling or resource referrals.

Epidemiology and Preventable Conditions

Public Health staff (public health nurses, environmental health specialists, and health officer) assess, monitor, and provide investigation of 42 diseases and nine other conditions that are considered uncommon and of potential public health significance. Laboratories licensed in the state of Oregon are required to report to counties on communicable

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disease results. Physicians are also required to report both labs confirmed and clinically suspect cases that are by law reportable. The public health staff investigates each report using the state's reporting guidelines, timelines, and technical assistance if needed. Disease reporting enables appropriate public health follow up for patients. Reporting helps public health identify outbreaks and provide a better understanding of morbidity patterns and may even save lives.

Public health works to identify those who have been exposed to communicable disease, provide health guidance and preventive measures, and work to prevent the spread or recurrence of disease. Public health works with the community health providers to provide education to the general public on communicable diseases.

Funding is insufficient for Columbia County to have an active surveillance system. Columbia County is a growing community but government resources are spiraling downward with the economy. Yet new diseases are coming to our attention every year. Two public health staff spent two weeks tracking and responding to H1N1 virus information at the national, state, regional and local level. If any other communicable disease issue had occurred during that time, we wouldn't have been able to respond adequately. TPFCC has a five-member team that responds 24/7.

Parent and Child Health

The Public Health Foundation now has two school-based health centers in the county. St. Helens has a kindergarten through grade 12 model and TPFCC passes through dollars to the Sacagawea SBHC. Rainier has a community model and TPFCC is the medical sponsor for this program. Rainier School District opened their center in June 2009. The goal is to have a school-based health center in each school district. Columbia County has five school districts. Vernonia is planning to have a school-based health center in their new school complex in Fall 2012.

Public health offers the Women, Infant, and Children (WIC) nutrition program and the farmer's market program when it is available. WIC travels to Clatskanie, Rainier, Scappoose and Vernonia monthly to certify clients. The farmer's market program is a voucher program that allows clients to purchase fresh fruits and vegetables from local growers in the summer months.

Public Health began offering Oregon MothersCare Program January 2010. The Oregon MothersCare provides prenatal needs assessment appointments at no charge. The site coordinator provides coordination with pregnancy testing, prenatal care, Oregon Health Plan assistance, referrals and education resources at no charge.

Public health offers obstetric services through a contract with Oregon Health Sciences University School of Nursing. The nurse midwife provides prenatal care until delivery and OHSU nurse midwives deliver the baby.

Public health provides the following maternity care services:

- Maternal case management to clients.
- Home visits to babies who are at risk of social or medical complications or care coordination for those infants who have known medical issues.
- Contraceptive Care services to women and men.
- A range of contraceptive methods and pregnancy testing.
- Information and education on the options we provide.

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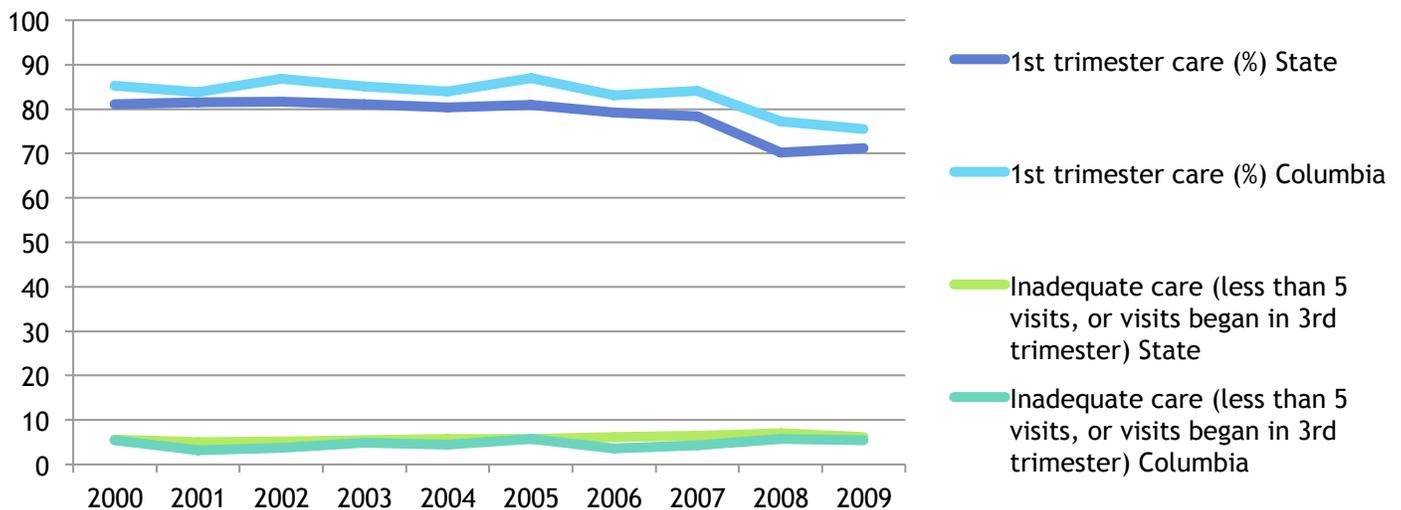
- HPV vaccine to prevent cervical cancers and infections.

Another significant health issue for Columbia County residents is women’s health. Public Health helps meet the health needs of women and children through multiple programs including the Contraceptive Care program. In 2006, the Contraceptive Care programs were required to implement new guidance from Centers for Medicare and Medicaid Services (CMS). In order to be eligible for a subsidized visit, the client must provide proof of United States residency (picture ID plus birth certificate).

Columbia County continues to exceed the state average for providing services to a large percent of the population in need, and has fewer cases of inadequate care than the state average (See Chart: Prenatal Care for Mothers Residing in Columbia County & Oregon).³

There were 529 pregnancies for all ages in Columbia County in 2009⁴. Of this total, 5.4% received inadequate prenatal care (defined as less than 5 prenatal visits or care began in the 3rd trimester). This is lower than the State average of 6.2%. Columbia County ranked in the top 11 for clients who received adequate prenatal care. In 2009, 75.5% of the 529 pregnant women in Columbia County, received prenatal care in the 1st trimester, this is higher than the State average of 71.2%⁵.

Prenatal Care for Mothers Residing in Columbia County & Oregon



Based on the Perinatal Data provided by DHS, Public Health provided prenatal care to 109 unduplicated women from July 2006 to June 2007:

- 89 were unplanned
- 89 had nutritional risk factors

³ Oregon Health Authority, Public Health Division. 2011. <http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2009/Pages/codat09.aspx>

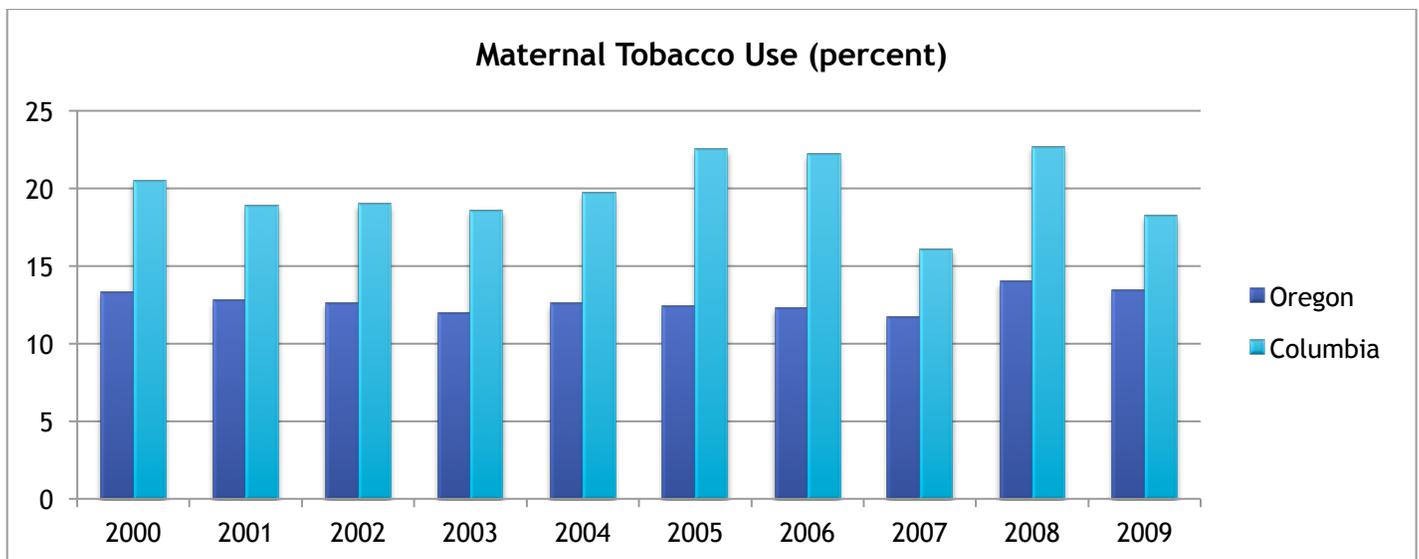
⁴ Oregon Vital Statistics County Data 2009, DHS, Table 2-10.

⁵ Oregon Vital Statistics County Data 2007, DHS, Table 2-20.

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- 35 had tobacco use
- 13 had substance abuse issues
- 4 noted domestic violence
- 18 had no high school degree
- 0 were 17 years of age or under
- 4 were homeless
- 79 were unmarried

An additional issue of concern for pregnant women is tobacco use. Rates of maternal tobacco use are significantly higher among Columbia County residents than the state average.⁶



Maternal Risk Factors by County of Residence, Oregon 2009 shows tobacco use in the 529 pregnant women in Columbia County was 18.2% (96 women), our County ranks 21st in the State of Oregon, above the State average of 13.4%⁷. Smoking has a tremendous impact on both the baby and the mother's health, which continues to negatively impact infants and children as they grow.

Our most difficult problem for pregnant women in Columbia County is smoking during their pregnancy, or relapsing during the postpartum period. Many of our pregnant women know they should quit, but are lacking the support and tools to help them achieve their smoking cessation goals. A majority of our prenatal clients are motivated to quit smoking during their pregnancy and are in need of the support for smoking cessation and information to help them quit and not relapse. Pregnancy is the best time for a woman to quit smoking. Smoking during pregnancy can cause serious health consequences to the mother and her baby. Statistics show poor birth outcomes such as: low infant birth weights, increased risk of miscarriage, an increased risk of still-births, pre-term births, slower fetal growth, allergies, asthma, ear infections, respiratory illnesses and Sudden Infant Death Syndrome (SIDS).

⁶ Oregon Health Authority, Public Health Division, 2011.

<http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/birth/Pages/trends.aspx>

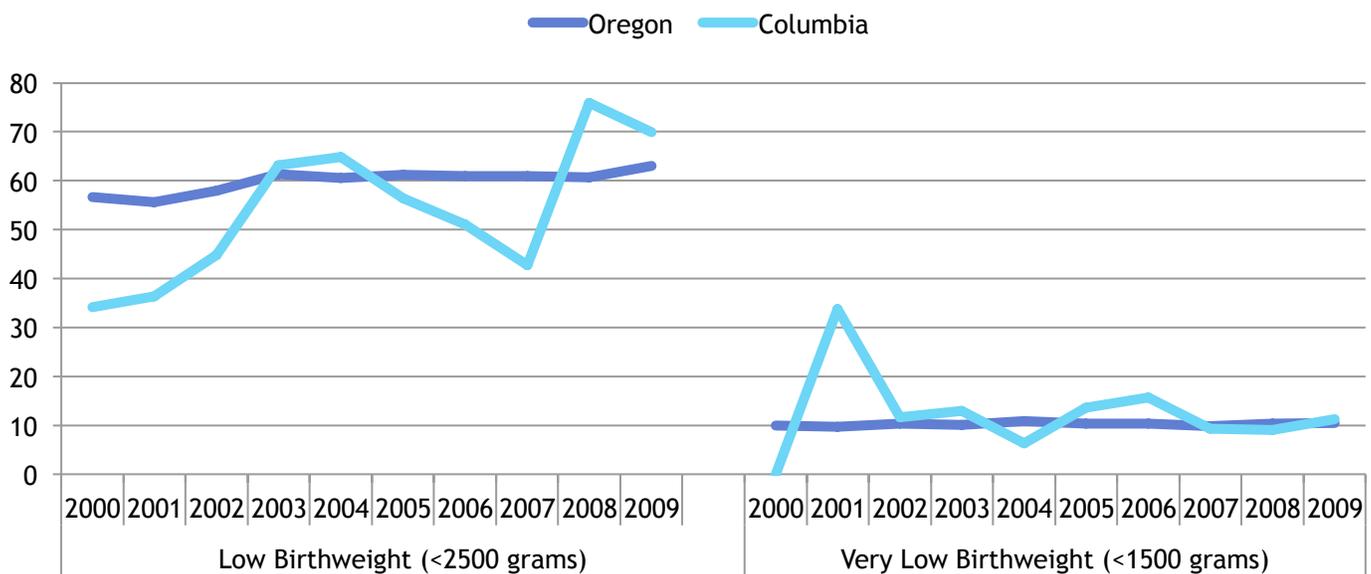
⁷ Oregon Vital Statistics County Data 2007, DHS, Table 2-15.

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Participation in risky behaviors during pregnancy may lead to issues such as infant mortality and infants being born at low or very low birth weights. In 2008, there was a peak in maternal tobacco use and low birth weight outcomes. While we cannot identify a correlation between the two, Public Health recognizes the need for tobacco cessation for this subset of the population with high rates of tobacco use.

Of the 529 total live births, 37 infants were born with low birth weight, or a low birth rate of 69.9 per 1000 births, compared to the State average low birth rate of 63.0 per 1000 births⁸. This rate was lower than the previous year. Entry into prenatal care in the first trimester was 75.5%. The risk factors for these women were not significantly different from the state's overall maternal risk factors.

Birth Outcomes for Mothers in Oregon and Columbia County

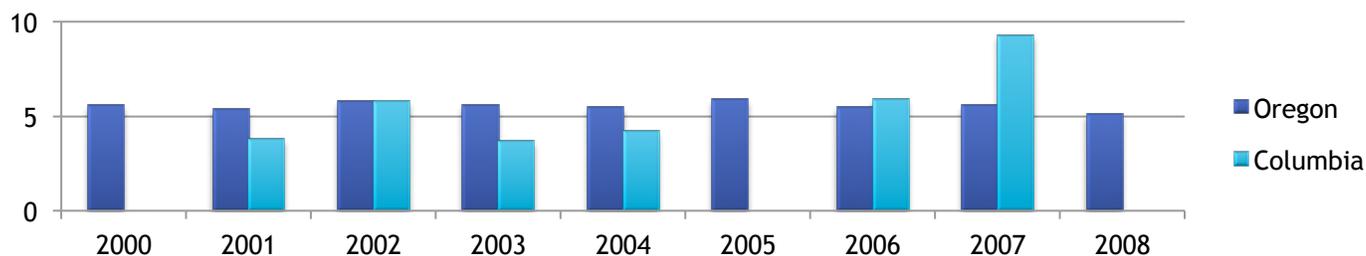


Infant mortality during 2001-2006 was lower than Oregon's average. This is a difficult indicator to make any statements about because the numbers are too small for statistical comment. Columbia County has no obstetricians/gynecologists locally but offers a prenatal care program through Public Health in conjunction with Oregon Health Sciences University School of Nursing.

⁸ Oregon Vital Statistics County Data 2007, DHS, Table 2-32.

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Infant Mortality Rate (percent) (data not available 2005, 2008)



Health Statistics

Columbia County registers all deaths that occur in Columbia County. Since we currently do not have a hospital, only at-home births are registered at the county level. The county forwards the information to the state as required by administrative rules. The county contracts with the state of Oregon for medical examiner services. The state medical examiner's office determines whether a death in Columbia County requires an autopsy.

Information and Referral

Public Health strives to link people to needed personal health services and assures the provision of health care when otherwise unavailable. Public Health has a new website that is updated by local public health program staff. This site is easy to use and has links to many of our partners. It is an excellent way for the community to access the state website as well as the CDC website. Public Health also provides information and referral services during regular business hours. A local community action team agency produces a countywide resource booklet that all the local agencies use for referral.

Primary health care services are harder to provide referral for. There are no reduced fee or free clinics in Columbia County. OHSU Scappoose and Legacy St. Helens will provide services and bill clients after the service is provided. Public Health refers to Outside In in Portland and The Family Health Clinic in Longview, Washington. Because of this lack of health care services, Public Health has worked toward building a hospital (project shut down May 2011) and establishing school-based health centers. Public Health contracts with Oregon Health Sciences University School of Nursing for nurse practitioners to provide specific women's health care services.

Public Health assists eligible people in applying for the Oregon Health Plan. Public Health has most of their health education materials in alternative language formats, a translator service available, and provides access via a TTY number. The agency also works in collaboration with Columbia County regarding vulnerable populations during emergencies and disasters.

Public Health provides a competent public health and personal health care workforce. Life-long learning through continuing education, training, and mentoring are available to agency employees. Public Health has monthly staff meetings, an online training system, and offers continuing education activities throughout the year. Employees are

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encouraged to seek training opportunities connected with their positions. Most employees attend at least one outside training or conference each year. An educated and trained workforce helps public health attain its goals.

Environmental Health

The environmental health program licenses and inspects restaurants, motels, RV parks, pools, spas and organizational camps. Public Health also licenses and inspects temporary food events that are open to the public.

Our environmental health specialist teaches and certifies food handlers. Food handlers can get educational material in the public health and walk-ins are welcome to take the test for a permit in the public health office during regular business hours. As an alternative method, food handlers can access the test online by following a link from the TPFCC website to the Lane County food handler's online testing site.

Public health investigates reported cases of food-borne and water-borne illnesses. Public health staff offer education and assistance to nursing homes, assisted living facilities and other institutional settings with outbreaks.

Environmental health monitors and surveys different water systems. There are community water systems; non-transient, non-community water systems; transient non-community water systems; and state regulated water systems. The water program is a program that has struggled for years. In the 2009-10 legislative session additional dollars were provided and Public Health was able to hire a part-time environmental health specialist to monitor and follow up on significant non-compliers, to survey one-third of the water systems we need to survey and to work with systems to complete their emergency response plans. There is a possibility that these water dollars will be lost for the next biennium.

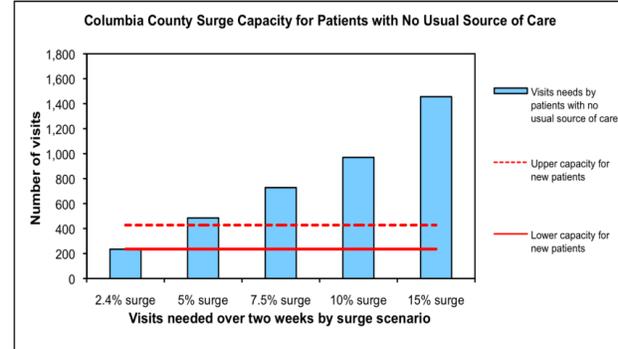
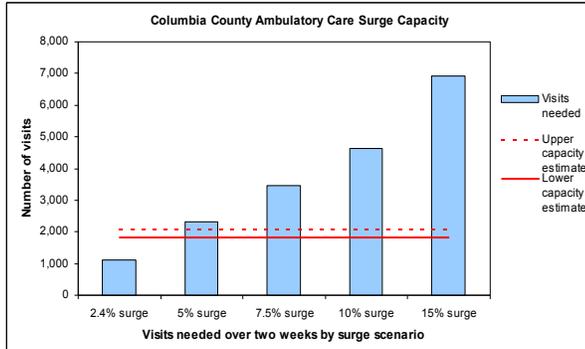
Public Health Emergency Preparedness

Public Health Preparedness (PHP) is a public health program that networks and plans with the community medical system. The two entities support each other for the community's benefit. All medical clinics must have plans that address surge capacity as well as employer absenteeism during emergencies. Public Health has a process to request Strategic National Stockpile (SNS) supplies and the Medical Reserve Corps to assist in emergencies. The chart below shows that Columbia County would exceed a 5% capacity with less than 2000 extra visits.

The Office for Oregon Health Policy and Research prepared a report entitled: Ambulatory Surge Capacity in Northwest Oregon in May 2006. The following charts are from that report. The second chart shows that Columbia County's uninsured population would be overwhelmed at 2.4% surge (approximately 200 visits over two weeks). Columbia County clearly needs increased access to services. A hospital and more School-Based Health Centers would help with this need.

Columbia County needs improved health care access, particularly for the uninsured and low-income population.

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Other Issues

In 2011, the governor designated Columbia County a Medically Underserved Population.

Not only is health care access limited in Columbia County, but also healthcare costs in Oregon and the U.S. have been growing at a rate higher than the rest of the market for the last decade. For those who are privately insured, there are not enough health care providers. Uninsured patients are assisted in applying for enrollment in the Oregon Health Plan. The Office of Health Policy and Research presented a paper to the 74th legislative assembly titled “Trends in Oregon’s Healthcare Market and the Oregon Health Plan.” The paper is summarized below, to show the impact of Oregon Health Plan trends on individuals, families, and local public health authorities.

The main drivers of healthcare costs are: growing and shifting population, age distribution, racial and ethnic makeup, and economic factors. Oregon families do not have the financial capacity to contribute significantly toward healthcare costs until they are earning at least 250% of the federal poverty level (\$51,625 for a family of four in 2007). Increasingly expensive health insurance premiums and declining employer-sponsored coverage are both likely contributors to Oregon’s uninsured population, which remained statistically flat from 2004 at 17% uninsured to 15.6% uninsured in 2006. Unemployment in Columbia County is 10.9% as of October 2011, and with unemployment we see rising rates of uninsured.

Of Oregon Health Plan (OHP), Medicaid and SCHIP enrollees approximately 55% are children 18 years and under, 35% adults 19-64 years of age, and 9% adults 65 years and older.

A 2004 survey of children from low-income families in Oregon found that children without a usual source of care were three times more likely to be taken to an emergency room or an urgent care clinic for regular care. The School-Based Health Center planning efforts attempt to improve children’s access to primary care, thus reducing emergency room/urgent care visits.

Oregon’s health care safety net is a community’s response to meeting the needs of people who experience barriers that prevent them from having access to appropriate, timely, affordable and continuous health services through the regular health system. Columbia County’s healthcare safety net includes:

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Type of Center	# In Columbia County
Federally Qualified Health Centers	0
Rural Health Centers	2
Tribal Health Centers	0
County Health Departments	1
Migrant Health Centers	0
School-Based Health Clinics (SBHC)	2
Veteran's Administration Clinics	0
Volunteer and Free Clinics	0
Hospital emergency departments	0
Some private healthcare providers	NA
Urgent care centers	1

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Action Plan

Epidemiology and Preventable Conditions

Descriptions of problems, goals, activities

The role of public health and communicable diseases is defined in ORS 413.416 2(a) and the Oregon administrative rules 333-014-0050(2)(a). In this law it specifies the diseases of public health importance that must be reported by diagnostic laboratories and health care professionals. Local health departments are the first to investigate reports. Their role according to the 2007 Oregon Communicable Disease Summary is to collect demographic information about the case, characterize the illness, identify possible sources of the infection, and to take steps to prevent further transmission. Program elements #01, #03 and #07 are the state contract components that allow funding of the activities and that define the requirements local counties must perform. These funds, along with epidemiologic and laboratory data, constitute Oregon's surveillance system.

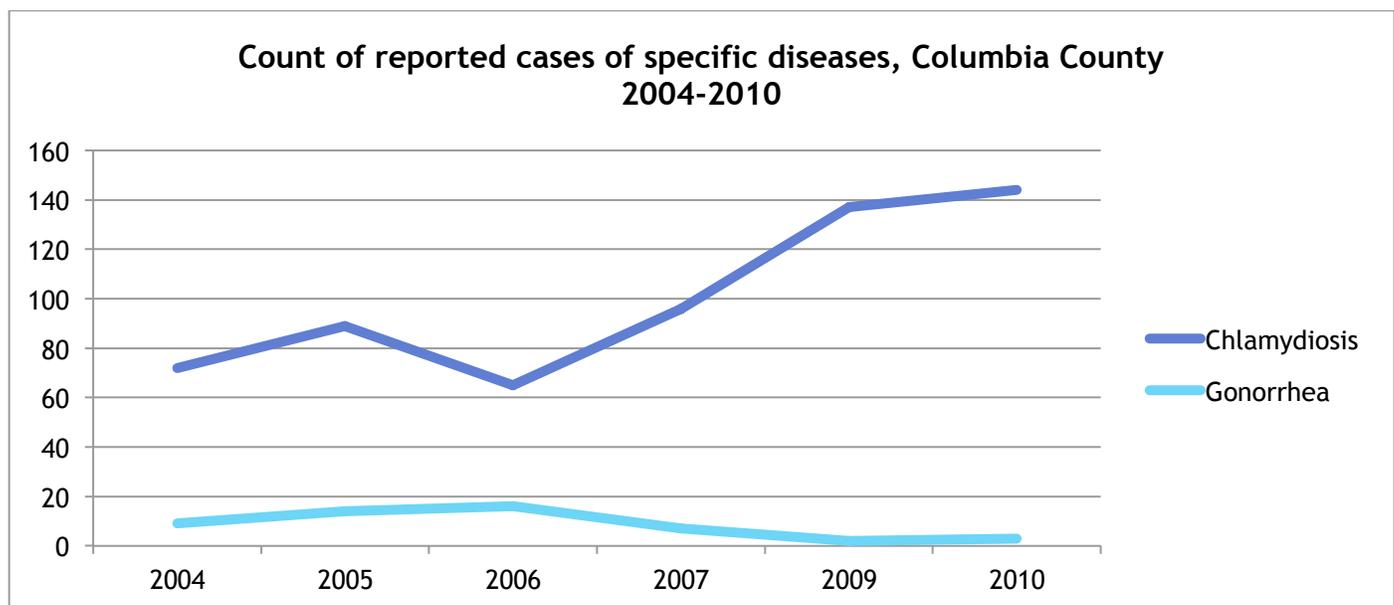
This table is a side-by-side comparison of some communicable diseases and their incidences in Columbia County from 2004-2010. Public Health reported communicable disease cases to the Oregon Public Health Division at a rate of 55% within 1 working day, and 45% within 2-5 days. The table shows minor changes in most of the reportable conditions listed:

Communicable disease	2004	2005	2006	2007	2008	2009	2010
HIV/AIDS	2	23	26	25		23	27
Campylobacteriosis	9	5	10	4	8	4	13
Chlamydiosis	72	89	65	96		137	144
Cryptosporidiosis	0	0	1	1	0	8	8
E.coli 0157	1	2		0	1	0	0
Giardiasis	2	6	1	5	5	4	3
Gonorrhea	9	14	16	7		2	3
Haemophilus influenza	0	0	1	1	0	0	1
Hepatitis A	0	0		0	1	0	0
Hepatitis B (acute)	1	2	3	2	0	0	0
Hepatitis C (acute)	0	0		0	1	0	0
Hepatitis C (chronic)		0		0			
Legionellosis	1	0		0		0	0
Listeriosis	0	0		0			0
Lyme Disease	0	0		0		0	1
Malaria	0	0		0		0	0
Meningococcal Disease	1	1		0		0	0
Pertussis	10	1		0	4	1	3

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Communicable disease	2004	2005	2006	2007	2008	2009	2010
Rabies, animal	0	0		0		0	0
Salmonellosis	3	2	3	4	3	2	0
Shigellosis	4	0		1	0	0	0
Early Syphilis	0	0		0		0	0
Taeniasis						0	0
Tuberculosis	0	1		0		1	0
Vibrio parahaemolyticus	0	0			1		
West Nile	0	0		0		0	0
Yersiniosis	1	0			1		

Chlamydia has continuously increased since 2004. It has also increased continuously statewide since 1998. Hopefully, this is a result of more people receiving health care and more practitioners testing for Chlamydia. Since Chlamydia is bacterial it is easily treatable with follow through on the part of the cases and their partners.



Giardiasis has been decreasing statewide since 1998 although not in Columbia County. This county provides many camping opportunities that include chances to drink untreated water out of rivers and streams that have been contaminated by animal excrement.

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H. Influenza now can be prevented by vaccination. There can also be cases of non-vaccine serotypes of H. influenza and this could be causing a new replacement disease in the 0-4-year-old population and 50-year-old and older population.

Hepatitis A has constantly decreased since the vaccine was licensed in 1995. Columbia County hasn't had a case of Hepatitis A disease in several years. The school immunization law now includes Hepatitis A vaccine as mandatory, so we expect even less disease. Statewide, there were only 33 cases of Hepatitis A disease in 2007.

The Hepatitis B vaccine has also caused the same impact on disease statistics. Hepatitis B disease has decreased continuously statewide since 1998. The behaviors that expose a person to Hepatitis B are still prominent - unclean needle use and/or unprotected sex with a person who carries the virus.

There are more cases of chronic Hepatitis C in our county than all the other combined reportable diseases total. While we recorded no cases of acute Hepatitis C disease, we are overwhelmed with case reports for chronic Hepatitis C disease.

There is no vaccine available for Hepatitis C. The specific test that isolates Hepatitis C from other hepatitis viruses is fairly new. People who test positive for Hepatitis C are encouraged to get Hepatitis A and Hepatitis B vaccinations to help reduce the potential for further liver damage.

Meningococcal diseases have decreased statewide and in Columbia County since 1998. A vaccine exists to prevent this disease.

In 2004, Columbia County had ten cases of Pertussis. Statewide and nationally the cases of Pertussis increased until a new vaccine was introduced. The Pertussis component of the DTP vaccine was only given in children 0-6 yrs. Many of the cases of Pertussis disease were in older children and adults. A new vaccine was approved for an older population. The state has given Columbia County Tdap "special projects" vaccine to help increase the number of people protected by the new vaccine. By being immunized, this group will prevent others from acquiring the disease. In 2007, Columbia County had zero cases of Pertussis disease and less than five cases per year since then.

In other communicable disease activities, public health is required to investigate outbreaks. In FY 2009, TPFCC investigated five potential outbreaks. In 2010, two potential outbreaks were investigated and in 2011, one potential outbreak was investigated.

The program elements of PE #01 and #03 include operating a communicable disease program in accordance with the requirements and standards set forth in ORS chapters 431, 432, and 437 and OAR chapter 333, divisions 12, 17, 18, 19 and 24. The local program must investigate individual cases of specific diseases that have the potential for becoming outbreaks and actual outbreaks of communicable diseases, institute appropriate control measures and submit reports to the Oregon Public Health Division.

Program element #07 allows Columbia County to provide HIV testing and counseling. The program requires a trained counselor who can assess risk, draw venous blood samples, and counsel clients according to their risk. The program also includes community outreach to populations that might be at risk. Columbia County uses the Partnership Project at OHSU for referrals. The Partnership Project provides an opportunity for persons living with HIV/AIDS to access medical and social services in the Portland metro area. The Partnership Project represents all of the health systems as

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well as government. Program element #07 has its own planning format and is not presented within this document. This program will be discontinued in 2012 due to state funding shifts.

Communicable Disease investigation and control

As required by Chapter 333-014-0040, TPHFCC provides control of communicable disease that includes the following components:

- Providing epidemiologic investigations that report, monitor, and control communicable disease and other health hazards;
- Provide diagnostic and consultative communicable disease services;
- Assure early detection, education, and prevention activities which reduce the morbidity and mortality of reportable communicable disease;
- Assure the availability of immunizations for human and animal target populations;
- Collect and analyze of communicable diseases and other health hazard data for program planning and management to assure the health of the public.

The following is an action plan for one of our communicable disease program goals:

Objectives	Activities	Outcome Measures	Evaluation
Columbia County will have a CD program that follows the standards and guidelines of Oregon during the CTP timeframe	Program staff (nurse, office manager, administrator and environmental health specialist) will: <ul style="list-style-type: none"> • Monitor lab reports daily • Access OHD CD website for investigative guidelines and forms to complete on each report • Contact physician for information • Contact client for information • Give educational information to client based on individual needs • Refer client to their MD for further information and care • Offer safety net services as available through TPHFCC (including immunizations) • Enter data into state database • Field community questions • Access state on call person with any unusual circumstances • Consult with health officer if needed 	Reports will be filed in a timely manner Disease transmission will be limited through education and referral	
CD outbreaks will be investigated in a timely manner throughout the CTP timeframe	Program staff will: <ul style="list-style-type: none"> • Call state and acquire an outbreak number • Supply test kits based on symptoms • Educate and instruct facility staff on collection and collection process • Transport specimens to OPHL for 	Limit transmission of communicable disease in group facilities Provide	December 2011 TPHFCC received assistance from the Oregon Health Authority on a Norovirus outbreak investigation.

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Objectives	Activities	Outcome Measures	Evaluation
	testing <ul style="list-style-type: none"> • Provide education on breaking chain of transmission • Provide literature to facility staff • Provide updates to the facility as results become available • File report with the state CD section 	education to clients and facility staff Provide testing for some communicable diseases	TPHFCC provided an onsite educational meeting for staff and the outbreak was stopped.
Education and training for program staff will be offered at least yearly	Program Staff will: <ul style="list-style-type: none"> • Attend OR-EPI • Complete CD 101 • Complete CD 303 • May attend other trainings as available and budget allows 	Program staff have completed training or are in process	
CD will have a 24/7 call system during the CTP timeframe	<ul style="list-style-type: none"> • A 5 member team exists to provide on-call coverage for CD et. al. • Each member has call once every 5 weeks • On-call member must test other members once each week with calls or e-mails • Response times will be less than an hour for this team 	The on-call team files a call out test roster response sheet each week If test is via HAN, HAN will use the member profiles	

Tuberculosis case management

Program element #03 defines the local responsibility and minimum services required for a tuberculosis program. The program requirements include testing, reading the results (48-72 hrs. later), follow up referrals for more specific testing, working with the health care community to assure treatment of any person testing positive and tracking down others that might have been exposed. The standard of care for treatment is observing the client taking the medicine daily or however often the medication is given. TB is increasing in the world and the U.S. due to a standard that cannot be financed. In addition, TB is increasing and becoming resistant to many of the standard treatment drugs due to noncompliance. Columbia County had no TB cases in 2011.

Tobacco Prevention and Education Program

Columbia County conducts Tobacco Prevention and Education Program (TPEP) activities. As described in Section I, part 3, TPEP attempts to tackle the number one cause of death, according to the CDC. Oregon Health Authority had not released the requirements for 2012-13 at the time this annual plan was submitted. For additional information, please contact the state program where annual work plans are submitted, reviewed, and monitored (see below).

Tobacco Prevention Education Program:

Jacqueline Villnave, MPH

Community Programs Liaison

Diabetes Program Coordinator

The Public Health Foundation of Columbia County

Health Promotion and Chronic Disease Prevention Program
Oregon Public Health Services, DHS
800 NE Oregon St., Suite 730
Portland OR 97232-2162
Phone 971-673-1039

Plans for Chronic Disease Prevention (Healthy Communities Program)

The Healthy Communities program focuses on reducing asthma, obesity, arthritis, and other chronic diseases through policy, system, and environmental change. Oregon Health Authority had not released the requirements for 2012-13 at the time this annual plan was submitted. For additional information, please contact the state program where annual work plans are submitted, reviewed, and monitored (see contact information above).

Parent and Child Health

The total population of Columbia County for 2010 is 49,351. Total clients served in the Contraceptive Care (CCare) program by TPFCC for FY 2011 total 730.

In the CCare program, “teen” is defined as any individual ages 10-19 years. TPFCC served 221 male and female teens (31.7% of clientele). 2.7% of the total clients were male in 2011, compared to the state average of 6.2%.

Oregon Health Authority statistics showed an estimated 2,840 Women In Need (WIN) in Columbia County in 2011, ages 13-44. The Family Planning program served 675 unduplicated female clients, 10-44 years of age for FY 2011, or 23.8% of WIN with the state average of 21.3%. In addition, 221 unduplicated female teen clients were served in 2011, or 31.7% of total clients were teens, well above the state average of 25.4%.

Pregnancy Rates of Teens by County of Residence, Oregon 2009 shows the teen pregnancy rate in ages 10-17 as 5.5 per 1000 women in Columbia County. This is significantly lower than the State average of 8.9% (5th lowest in the state)⁹.

Many teens in Columbia County are unemployed, or working at minimum wage jobs. The U.S. Census 2009 Quick facts shows the percent of high school graduates in Columbia County aged 25 and older as 88.3%, and those with a Bachelor’s degree or higher as 16.9%. The Median household income in Columbia County for 2009 = \$55,920. Postponing parenthood will allow these young adults more time to improve their wages and continue education and employment possibilities. The CCare Program - FY 2011 Data Review provided from Oregon Health Authority reports that our agency averted 50 unwanted teen pregnancies (under 20 years of age) and 71 Adult pregnancies (20+ years old).

Estimated taxpayer savings in prenatal, labor and delivery, and infant health care costs for every unintended birth prevented by the Oregon Reproductive Health Program is about \$9,450¹⁰.

Columbia County has over 500 births a year, but no hospital where women can deliver their babies. They must travel to Washington or to Portland to a hospital or deliver their babies at home. Women have access to three nurse midwives and one family practice physician countywide for prenatal care. Most women travel to Portland for prenatal care. High-risk pregnant women are referred to Portland for their care. There are no local obstetricians who manage high-risk

⁹ Oregon Vital Statistics Annual Report 2009, DHS, Table 10.1.

¹⁰ Columbia County ContraceptiveCare Facts 2010. Office of Family Health, Public Health Division, Oregon Health Authority.

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pregnancies. There is currently limited public transportation system, and our clients must travel by their own transportation, walk, use bicycles, or pay for a taxi/Columbia County Rider transit service.

Our clinic hours of operation remain limited due to funding and space availability. As funds become available we hope to increase staffing and clinic hours of operation. We continue to take great pride in providing quality confidential reproductive health care education and information to men, women and teens seeking services.

Women, Infant, Children (WIC)

The 2012-13 plan for the WIC program will not be released from Oregon Health Authority until May 2012. Please see Annual Plan 2011-12 for the corresponding plans.

Immunizations

Immunizations are one of the best preventive health measures available. The schedule of childhood vaccines developed by the American Academy of Pediatrics and the Centers for Disease Control and Prevention now help to protect against fourteen diseases. If you review a disease baseline from the 20th century and compare it to prevalence of specific diseases in 2004, the decrease in cases of those specific diseases clearly shows how amazing vaccines are (Red Book: 2006 Report of the Committee of Infectious Diseases, 27th edition). Smallpox, diphtheria, polio, and congenital rubella syndrome have all been decreased by 100% in the United States, with the advent of vaccines. Other childhood illnesses that can have tragic consequences, such as tetanus, measles, mumps, rubella, and H. influenza type B, have also been decreased by percentages that range from 82% to 99% due to vaccines.

For 2007, Columbia County had one case of H. influenza and two cases of Hepatitis B. Oregon lists Columbia County in the middle of the range of Oregon counties for both H. influenza cases and Hepatitis B occurring from 1998 to 2007. (www.oregon.gov/DHS/ph/imm/Research/index.shtml#county)

The two-year-old up-to-date immunization rate for Columbia County in 2008 was 71%. The SDA region one rate was 73% and the Oregon local health department average was 72%. The immunizations that are included in this rate are: 4 DTaP, 3 IPV, 1 MMR, 3 Hib, 3 Hepatitis B, and one Varicella. In order to be up-to-date, a two-year-old has to receive all of the vaccinations listed above. This information comes from the 2008 Annual Assessment of Immunization Rates and Practices provided by the Oregon Health Authority- Public Health division immunization program. The goal would be to have 100% of two-year-olds up-to-date. The Columbia County immunizations program has instituted action plans to decrease the missed shot rates and increased up-to-date rates for the vaccines listed above, among 2-year-olds.

The Kindergarten up-to-date immunization rate from 2010 is 91.8% for Columbia County, which exceeds the state rate of 88.6%.

Vaccines have even become a method for preventing specific cancers caused by some types of the human papilloma virus (HPV). The HPV vaccine became available in Columbia County in 2007. It has the potential to decrease cancers as well as decrease pap smear abnormalities caused by this virus and therefore decrease costs of health care. Another new vaccine is herpes zoster vaccine. This vaccine helps prevent shingles in older adults. Columbia County is not yet able to offer this vaccine except by special arrangement due to its high cost.

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Most of our vaccines are provided through a CDC grant and we order and receive vaccines on a quarterly basis. We are obligated to pay the cost of any vaccine that is destroyed or lost by other means. We also receive a grant from the state of Oregon. For fiscal year 2009, Columbia County received \$15,321. Program element #43 of the state contract clarifies all the requirements that the health department must meet in order to receive this grant. This grant supports one day each week for immunization activities. This day includes immunizing children, ordering vaccine, completing the monthly vaccine report to the state, completing review process forms, transferring vaccine administration data via electronic transfer, completing the immunization status report, and completing the annual progress reports, and completing the outreach and education activities. The goals and objectives selected for this program follow in Attachment 3: “Immunization Comprehensive Triennial Plan”.

[MCH Block Grant](#)

TPHFCC uses the Maternal and Child Health Block grant to support obstetric care, home visit nursing, and immunization programs.

Home visit nursing: Babies First! is Oregon's public health nurse home visiting program for children at risk for poor health and development outcomes. The objective of Babies First! is to identify children who have conditions associated with poor health outcomes, and then to improve the health outcomes of these vulnerable children through prevention and early identification of problems. In the 2012-13, the Home Visit Nurse aims to follow up with 100% of families by phone within 14 days, and in-person within 30 days of initial referral. The goal for home visits is 40-60 visits per month.

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Family Planning

Goal 1: To direct services to address disparities among 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. See table on following page.

Year of Activity	Problem Statement	Objective(s)	Planned Activities	Evaluation	Progress (those currently in process) as of 2009
Fiscal Year 2012	Title X Family Planning Agency Data for FY 2011 showed 53.3% of female clients served received EC for future use, with the State average being 51.1%	Increase/maintain the percentage of female clients receiving EC for future use to 53% or higher	Offer plan B to all clients at each visit. Give plan B brochures/handout to each client at every visit. Documents client's acceptance or refusal of plan B in the chart.	Review Ahlers data at 4-month intervals to evaluate progress toward goal. Review charts quarterly for documentation of plan B offered.	Based on data supplied by the "Title X Family Planning Agency Data" we provided EC to 53.3% total female clients, above the State average of 51.1%.
Fiscal Year 2012	Columbia County is a rural community with limited public transportation system, many clients do not have available transportation /commuting means and must travel by walking, bicycle, or pay for Taxi service Columbia River Rider (bus service). 2009 FY data shows 675 women in need (WIN) (23.8% which is higher than state average of 21.3%). Total teens 10-19=221 (31.7% which is higher than state average of 25.4%)	Enhance services to decrease access barriers for potential clients underserved populations, women and men, uninsured and person with disabilities. Outreach to areas outside of St. Helens to more rural areas of Columbia County to provide access to Family Planning Services by establishing a clinic site in Clatskanie, Oregon and SBHC.	Continue Community Outreach. Attend community events i.e. fairs and festivals, and provide Family Planning flyers and information. Establish Family Planning clinic at the Clatskanie Medical Clinic where the CNM from TPHFCC will see clients for Initial/Annual/New Teen/ New Supply/ECP/Pregnancy test/FP Problem visits: the 3 rd Wednesday of every month from 11am-4pm using staff from TPHFCC to travel to outer county to provide services to outreach community with limited access to services d/t transportation. Continue to provide services based on sliding scale income and remain low cost. Commitment to services to establish customer relationships	Review of Client data supplied by Oregon DHS "Title X Family Planning Agency Data" of services.	

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Goal 2: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

Year of Activity	Problem Statement	Objective(s)	Planned Activities	Evaluation	Progress (those currently in process)
2012-13	Chlamydia is the leading cause of infertility in young women. TPFCC testing for women by cervical swab only at initial/Annual Exams ad problem visits. In 2010, TPFCC tested 144 (5% of female clients; lower than state average of 6%)	<ul style="list-style-type: none"> • Begin offering urine or a vaginal CHL testing to all new FP clients seen for Delayed Pelvic Start, ECP, or pregnancy test appointments • Begin offering male client testing. 	<ul style="list-style-type: none"> • Develop simple scrip that any staff can use to inform FP clients that CHL testing will be offered/done and importance of screening with a choice of specimen collection site. • Develop simple scrip for all staff to use to let FP clients know the benefits of self-collection vaginal swab and how to collect the sample. • Post collection instruction in the clinic bathroom where clients go to collect sample, as well as posting the directions in the exam rooms. • At annual exam offer FP clients choice of vaginal swab or urine for CHL screening if pelvic exam is not indicated. 	<p>Quarterly chart reviews to assess for gaps and missing opportunities of screening target populations and use these findings for quality improvement.</p> <p>Review CHL test on IPP data for target population annually and inform staff of progress.</p>	
FY 2012	Teen pregnancy rate has increased from 5.5/1000 in FY 2009 to 7.9/1000 in FY 2010	<p>To increase the number of teens receiving a birth control method to reduce unintended pregnancies.</p> <p>To provide men, women and teens with access to comprehensive and uniform health education information consisting of Family Planning services, STD education, contraceptive services and ultimately reducing the number of unintended pregnancies and STDs in our community.</p>	<ul style="list-style-type: none"> • Collaborate with SBHC in Rainier to provide Family Planning program information /education/ brochures. Encourage referral to either TPFCC/Clatskanie Clinic for Birth control method counseling and dispensing. • Collaborate with district School Nurses, Women's Resource Center and other community access delivery systems and community organizations to provide information and request referrals of clients to Family Planning program and information for men, women and teens in need. • Provide outreach and program information to high school teachers and counselors. • Continue walk-in services: extreme flexibility in Family Planning schedule with willingness to see clients on a "walk-in" basis during all hours of clinic operation. 	<p>Ahlers data and fiscal Reports showing a Reduction in FY rate.</p> <p>Data from intake form: "Where did you hear about our services?"</p> <p>Data source: "Pregnancy Averted Data" supplied by local DHS office.</p>	

Maternal, child and adolescent health services

Public Health also coordinates the planning and implementation of new School-Based Health Centers in the county. In 2000, St. Helens School District opened Sacagawea Health Center, serving students up to 8th grade. As of 2010, Sacagawea Health Center now serves grades kindergarten through twelve. In 2009, Rainier School District opened the Rainier Health Center serving kids and the community at large for acute conditions. Vernonia School District will plan

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for a SBHC in 2012-13. School-Based Health Centers improve health care access on 55 campuses in Oregon. In Columbia County, where health care access is particularly limited, SBHCs have impacted many families. For additional SBHC information, please contact Rosalyn Liu.

School-Based Health Centers:
Rosalyn Liu, Systems Development Specialist
School-Based Health Center Program
Adolescent Health Section
Office of Family Health
Oregon State Public Health Division, DHS
800 NE Oregon St, Ste 825
Portland, OR 97232
Phone: 971.673.0248
Fax: 971.673.0240
Email: rosalyn.liu@state.or.us

Oregon Mother's Care

Early and complete prenatal care is very important for the good health of both mother and baby. In Oregon, one in five women does not receive this care as soon as they should. They should be seeing a healthcare provider within the first three months of their pregnancy, the first trimester.

In 1998, private and public agencies met to find a way to make sure prenatal care would be available to *all* women in Oregon within the first trimester of their pregnancy. The result of their meetings was the creation of the Oregon MothersCare Program (OMC).

This program helps women find out about and get the services they need such as:

- Pregnancy testing
- Assistance applying for the Oregon Health Plan
- Help making their first prenatal care appointment with a doctor, nurse practitioner or midwife
- Assistance making a dental appointment
- Information about the WIC program which provides nutrition education and healthy food
- Information about Maternity Case Management services offered in their community
- Other information and services they may be eligible for

Oregon MothersCare started with five sites in January of 2000 and now has twenty-nine sites as of December of 2009. In 2008, the program helped 5,111 women get pregnancy and prenatal information, assistance and services. Eighty-three percent of those women were able to get prenatal care in their first trimester of pregnancy.

To learn more about the Oregon MothersCare program contact:

Lesia Dixon-Gray
Oregon Health Authority
Office of Family Health

The Public Health Foundation of Columbia County

Oregon MothersCare Program
Lesa.dixon-gray@state.or.us
(971) 673-0252

Environmental Health

Description of services

The responsibilities of the state Office of Environmental Health, DHS Public Health and the counties of Oregon are to:

- Assure statewide control of environmental hazards through drinking water protection, radiation protection, environmental toxicology, epidemiology programs
- Regulate food, recreational facilities (including pools and lodging)

The local level provides services according to Oregon Revised Statutes 624.010 - 624.121 including such rules concerning construction and operation of restaurants, bed and breakfast facilities, and temporary restaurants as are reasonably necessary to protect the health of those using these facilities. The rules include:

- Water supply adequate in quantity and safe for human consumption
- Cleanliness and accessibility of toilets and hand washing facilities
- Cleanliness of the premises
- Refrigeration of perishable foods
- Storage of food for protection against dust, dirt and contamination
- Equipment of proper construction and cleanliness of equipment
- Control of insects and rodents
- Cleanliness and grooming of food workers
- Exclusion of unauthorized persons from food preparation and storage areas
- Review of proposed plans for construction and re-modeling of facilities subject to licensing

Description of how program requirements will be met

The triennial review in 2009 revealed that inspections made did not always detail the reference to the OAR that was applicable. A concerted effort has been made to see that follow-up inspections are made as required since the triennial review. Now, all inspections make reference to an applicable OAR as required.

The triennial review from 2006 required that a Water Emergency Response plan be adopted. That document has been assembled by Public Health staff and was approved by the state.

Columbia County has 123 restaurants. Each restaurant is inspected routinely twice per year. If issues arise, follow up inspections occur. Columbia County had 240 temporary restaurants last year with 150 temporary restaurants at summer events. Columbia County has a county fair, city festivals and 13 Nights on the River (a weekly event all

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summer long) in St. Helens. All events require licensing to protect the public's health by inspecting to assure standards are in place.

ORS 624 also requires that "any person involved in the preparation or service of food in a restaurant or food service facility licensed under ORS 624.020 or 624.320 must complete a food training program and earn a certificate of completion within thirty days after hire". Public Health offers food handler's books and testing during regular business hours. The website also provides a link to take the food handler's test online. The online testing and permitting is offered in conjunction with Lane County.

ORS 448.005 - 448.090 regulate traveler's accommodations, recreational parks, colleges, schools, organizational camps (446.310), clubs, pools and wading pools connected to private and public businesses. Columbia County has 190 traveler's accommodations and pools. These accommodations are inspected routinely.

Water systems are regulated under ORS 448.115 - 448.285. The purpose of this statute is to ensure that all Oregonians have safe drinking water and provide a simple and effective regulatory program for the drinking water systems. The combined state/ local system is a means to improve inadequate drinking water systems. The federal safe drinking water act strives to provide good water quality with technical, financial, and educational assistance. The state/local program provides useful water quality information for the public and partners. Water quality standards provide protection to the public and preservation of the water of the state. Along with monitoring and best practices the state strives to maintain quality water standards.

The two charts below¹¹ compare Columbia County and the state of Oregon on

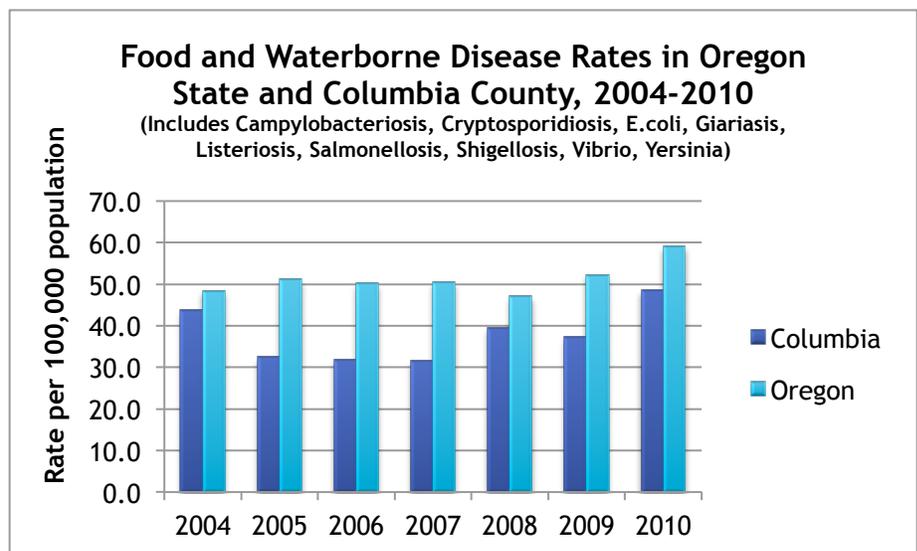
- Food and waterborne disease rates from 2004-2010 and
- Rates of selected food and waterborne disease from 2004-2010 averages.

Columbia County has annually reported significantly lower rates of food and waterborne diseases than across the state of Oregon (chart to right)

Of particular note, the rates of Salmonella and E.coli 0157 are less than half that of the state (chart below).

Although Columbia County has lower rates than the state of Oregon overall, the county still struggles with those diseases. Columbia County also struggles with adequate staffing to respond to outbreaks and disease investigations. Columbia County will work on two goals for the next fiscal year.

- Timely response to institutional outbreak settings



¹¹ Oregon Health Authority, Public Health Division. Communicable Disease Annual Reports 2004-2010.

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Epidemiological response will commence within 24 hours of notification

- Environmental Health Specialist (EHS) or nurse will establish an outbreak investigation with the state
- EHS or nurse will obtain forms from state and disease guidelines

Epidemiological process will be prompt and complete

- EHS or nurse will open investigation with the facility
- EHS or nurse will obtain sample test kits
- EHS or nurse will transport the kits and forms to the PHL
- EHS or nurse will review test results as they return
- EHS and nurse will establish a plan of action for the facility
- EHS and nurse will provide educational materials to the facility
- Nurse will work with the facility infection control person
- EHS will inspect and work with the kitchen supervisor (if appropriate to the disease)
- EHS will fill out state epidemiological report
- EHS or nurse will check back with the facility in two weeks after chain of infection has been broken

The nurse and the EHS will complete evaluation after each outbreak

- All staff involved will meet and evaluate process
- All suggestions for change will be given to the administrator

- Timely response of significant non-compliers (SNCs) in small water systems to improve water quality for system users

EHS will respond to SNCs within two weeks of receiving the report

- EHS will respond to individual SNCs within time frame
- If unable to meet the time frame, the EHS will notify the administrator
- Administrator will decide whether to add extra EHS time

EHS will use process established by the state

- EHS will work with water system owner for correction or will direct an additional EHS to follow up
- EHS will work with water system until issue is resolved

EHS will evaluate process and complete report for the state

- EHS will submit report to the state
- EHS will attend continuing education trainings on water quality

EHS will evaluate and assist the water system owner if additional resources are needed

The Public Health Foundation of Columbia County

Health Statistics

The Columbia County registrar provides “health statistics which include birth and death reporting, recording, and registration; analysis of health indicators related to morbidity and mortality; and analysis of services provided with technical assistance from the state health division” according to Chapter 333-014-0050. Columbia County does not have a hospital so only home births (babies delivered by midwives or EMTs or lay people) are recorded locally. Deaths are recorded in the county for those citizens who die in the county.

The recent funding of the Healthy Communities program required the collection and compilation of local-level health statistics. Community resources pertaining to access to health care, fresh produce, physical activity and support groups were inventoried. Additionally, epidemiological statistics were collected from sources such as the Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System, Oregon Healthy Teens, and many others. This inventory will be improved with the completion of a new CDC tool, called the Community Health Assessment Resource Tool (CHART).

Public Health Emergency Preparedness

If an epidemic or large-scale disease outbreak were to occur, Columbia County would be behind the curve in caring for the populations, surveillance, control activities, and prevention. The TPFCC connection with local health care providers and veterinarians has improved through ongoing emergency communication work funded by the federal public health preparedness grant. However, the lack of basic infrastructure continues to be a challenge. If an epidemic or large-scale disease outbreak was to occur and the county needed to expand health care, it would be difficult for the current providers to scale-up to meet the demand.

In 2007, Columbia County experienced severe flooding. In 2008-2009 there were severe winter storms with heavy snowfall and in 2009-10, the H1N1 pandemic. All of these events stressed the existing infrastructure and resources from outside of the county were requested to help address the various medical needs of county residents. Public health has improved their ability to respond to the medical needs of county residents, as evidenced during the H1N1 pandemic and activation of the Columbia County Medical Reserve Corps (MRC) to assist with vaccinations. However, gaps in medical service delivery during disasters/emergencies remain due to the small number of licensed health care professionals in the county.

Columbia County has a Homeland Security & Emergency Management Commission (HSEMC) with representation from public and private entities including Public Health. Even though the main public health clinic provides no primary care services, the emergency planners often see the agency as the leader for medical response because there is no other entity to fill this role. A hospital would have been a more appropriate source to rely on for surge capacity, subject matter expertise, and as a planning partner. However, it is unlikely in the near future that Columbia County will have a local hospital after two failed attempts to receive a “Certificate of Need”. There are three major health care access points for Columbia County citizens: Multnomah and Washington counties (Oregon), and Cowlitz County (Washington). Multnomah, Washington, Clackamas, Clark and Columbia counties continue to collaborate on a regional memorandum of understanding and mutual aid agreements to be used during exercises, emergencies, and activation of the county Medical Reserve Corps for emergencies.

In addition to participation with HSEMC for emergency planning efforts, Public Health continues to be actively involved with the Local Emergency Planning Committee (i.e., Columbia Emergency Planning Association (CEPA)) and the Citizen

The Public Health Foundation of Columbia County

Corps Council to further address the health/medical planning needs of the county. It is through all of these avenues that Public Health has been able to provide preparedness education regarding public health issues during disasters/emergencies. This contributes to the resilience of the county.

Preliminary work began in late 2010 and early 2011 between County Emergency Management and Public Health Preparedness to identify the current capacity of the few existing medical clinics within the county. The two clinics interviewed had little-to-no pre-staged medical supplies for disaster/emergency support and were not clear on their role during a disaster in Columbia County. Since the initiation of this project there has been further erosion of the medical resources in the county with the loss of the medical clinic in Vernonia. This further supports the need to continue to build capacity through enrollment of licensed medical professionals in the Columbia County Medical Reserve Corps and further develop countywide plans to bridge gaps in our medical and mental/behavioral health response.

The collaborative regional work with the Portland metropolitan Cities Readiness Initiative (CRI) program continues with the focus on mass prophylaxis planning and improving dispensing capacity through enrollment in the Columbia County Push Partner Registry (PPR). The county PPR continues to show healthy growth with increasing interest from community partners to join after the successful completion of the 2011 Town CRI-OR full scale exercise and mass prophylaxis plan updates presented at CEPA. The current PPR enrollment plans will target city governments, planned responder agencies, large employers and service providers for at-risk individuals. This partnering with local agencies and organizations is critical for Public Health to rapidly dispense medical countermeasures to the entire county population in the event of a large-scale natural or human-caused emergency.

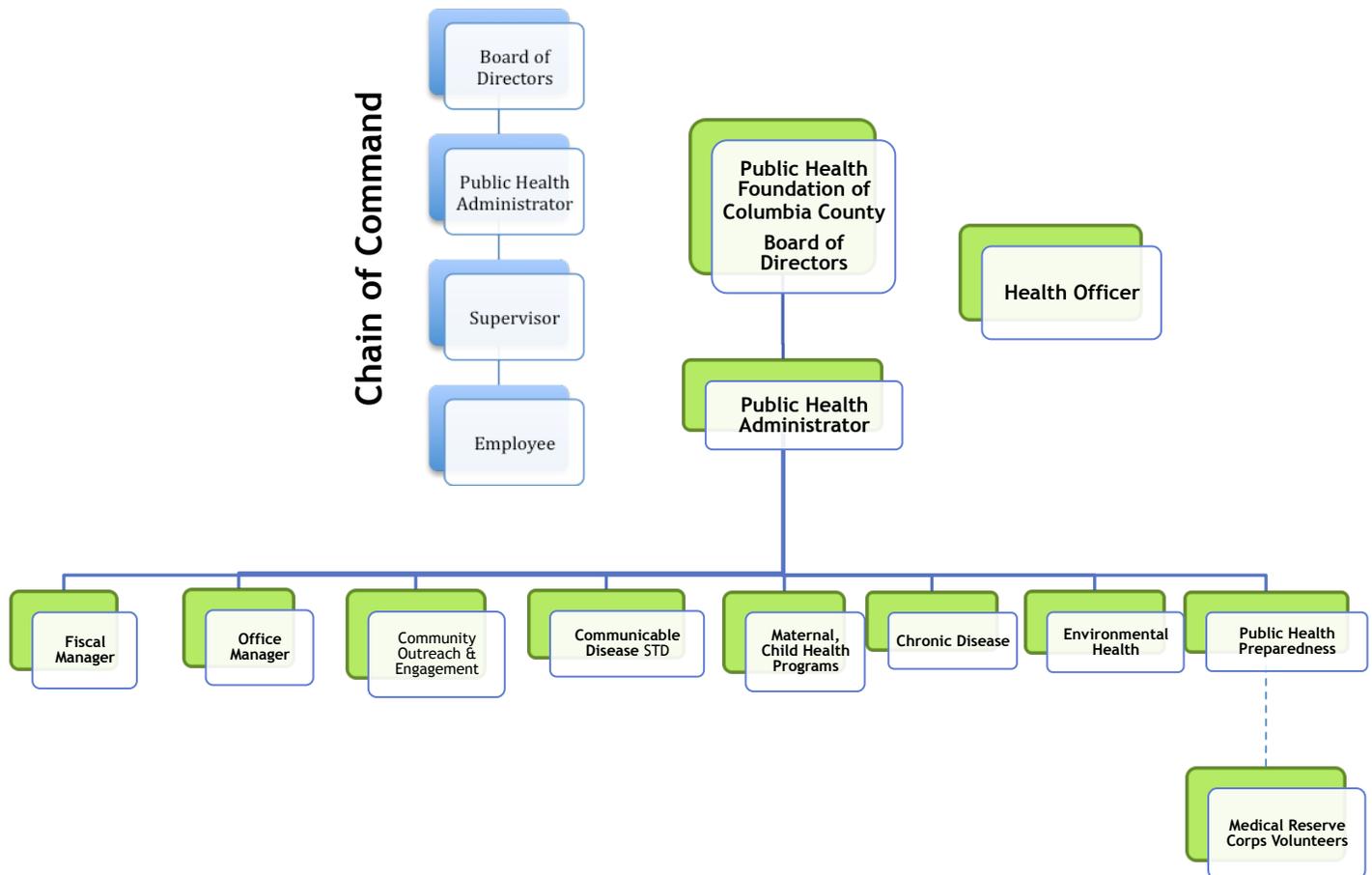
TPHFCC's preparedness program continues to move forward with all-hazards and medical countermeasure dispensing planning efforts. At the same time, the *Public Health Preparedness Capabilities: National Standards for State and Local Planning* developed by the Centers for Disease Control and Prevention, are being addressed as outlined by the Oregon Public Health Division (OPHD) in Program Element 12. The capabilities identified by OPHD to be initiated this year include: Community Preparedness, Community Recovery, Emergency Public Information and Warning, Medical Countermeasure Dispensing, Medical Materiel Management and Distribution, and Public Health Surveillance and Epidemiological Investigation. Each of these capabilities has been included in public health preparedness planning with input from After Action Reports and Improvement plans, Community Hazard Risk Assessment, staff, and community partner discussions. This body of work will focus on building community resilience through community preparedness outreach, building new partnerships and timely and accurate emergency communications. It will also ensure public health can continue to operate during emergencies, manage and dispense medical countermeasures, and strengthen our surveillance and epidemiological investigation capability. As funding continues to decline it is imperative that public health preparedness continues to work in partnership with the Communicable Diseases, Epidemiology, and Environmental Health programs of TPHFCC as well as Emergency Management and all other appropriate community partners to further develop and refine our ability to respond to all public health threats.

Other Issues

The Public Health Foundation of Columbia County

Additional Requirements

Organizational Chart



Board of Health

The Public Health Foundation of Columbia County, through a contract between Columbia County and TPHFCC provides public health services and enforcement authority. TPHFCC, a private non-profit with a volunteer board, provides the public health services required in ORS 431.375 - 431.385 and ORS 431.416 and rule (Chapter 333, Division 14). The Foundation board meets each month at a regularly scheduled time. The mission of TPHFCC is to respond to the health needs of the citizens of the district and surrounding communities.

The Public Health Foundation of Columbia County

Advisory Board and/or Community Partnerships

The Public Health Foundation of Columbia County provides many health services to the community, as well as partnering with several local agencies. Those partnerships are described below.

- **Mental health services:** Columbia County Mental Health provides mental health services in Columbia County. CCMH contracts with the county and is a private, non-profit agency.
- **Columbia County Commission on Children and Families:** a department within county government. Public Health has a position on the executive board of the Commission. Public Health participates in the planning efforts of the Commission and in support of best practice program allocations.
- **State DHS services:** State DHS staff provides self-sufficiency, food stamps, and senior and disabled services locally.
- **School Districts:** memorandums of understanding with Rainier School District and the Sacagawea SBHC to provide school-based health center services in the two school districts.
- **Oregon Health Sciences University:** contract for provision of women's health care through OHSU Nurse Practitioners.

Involvement of Public Health staff in the local communities takes many forms. The public health staff participates in committees linked with their role inside the agency. The following are committees with which Foundation staff participates, locally.

- Columbia County local alcohol and drug prevention committee/Columbia County Mental Health advisory committee
- Head Start advisory committee
- Healthy Start advisory committee
- Early intervention advisory committee
- District attorney's MDT committee
- SBHC advisory committees (Rainier, Vernonia)
- Sacagawea Health Center Board of Directors
- Local Commission on Children and Families
- Columbia County Emergency Planning Association
- Columbia County Medical Reserve Corps
- Homeland Security and Emergency Management Commission
- The Public Health Foundation of Columbia County
- Teen Health Advocacy Team of St. Helens
- Columbia Health Coalition
- Vernonia Prevention Coalition

Regionally, staff are involved in the Northwest Region I regional coordinator and leadership emergency planning committee and the 7-county City Readiness Initiative.

The Public Health Foundation of Columbia County

Triennial Review

The state public health division within Oregon Health Authority provides the agency with a performance review of all programs on a 3-year cycle. Some programs are evaluated more frequently. The triennial review provides a qualitative measure as well as a quantitative evaluation of each program. In addition, administration and fiscal services are also reviewed.

The Public Health Foundation of Columbia County

Unmet Needs

We continue to work with a health planning process. During a yearlong process, we identified healthcare needs. With projected growth in the county, we need to address an increasing demand for services in an area where there is already a lack of supply. Columbia County is medically one of the most underserved counties in Oregon, and the only county its size without a hospital. We found a common barrier prevents much of our health planning for the county from being successful: the lack of a licensed inpatient hospital in the county. A hospital is central to a health service delivery system and without one, isolated health services cannot develop into systematic health service delivery.

We lack physicians. The county needs about 19 primary care and 40 specialists. There is no hospital and no emergency room in the county and the closest ER is approximately 30 miles away. There is one urgent care clinic in the county and it does not provide services 24 hours a day. We have major unmet prevention and mental health needs, and all services in outlying rural areas are minimal. Children are particularly under served. We have a projected need for four pediatricians, yet only one currently practices in the county.

In both Clatskanie and Vernonia, there is a higher death rate among young people than the rate for Oregon. We aim to expand the School-Based Health Center program, thus improving access to health care in an environment that feels safe and familiar for children.

Our population base is growing rapidly. We have a limited transportation service. Additionally many residents have low-income levels, and receive fewer services because of the lack of local health services and the challenges of transportation to outside services.

While some of the following needs may be addressed individually, a hospital could provide a partial solution to many different problems and greatly enhance all efforts to increase health services

- Need to obtain an emergency room that operates 24 hours/day and an inpatient hospital
- Need to generate and distribute a recruitment packet for potential healthcare providers outlining advantages to practicing in Columbia County.

A local hospital is the cornerstone of a community health care system. The existence of a hospital is likely to support the presence of other medically related businesses and activities. Most commonly these are physician services, pharmacies, independent allied health professionals and others. These businesses or services are connected through a hospital and with each other.

A hospital can provide an enhanced sense of medical community among providers, i.e. medical staff and medical society. It makes it easier to attract and recruit physicians and specialists. It enables opportunities for improved coordination of existing local resources such as nursing homes, mental health, and physical therapy.

Further, it provides local infrastructure to a community:

- Collection and reporting of health statistics.
- Health information and referral services.
- Environmental health services.

The Public Health Foundation of Columbia County

In addition to being a medically underserved county, Columbia County is also lacking many resources for patients with chronic conditions. Below is a description of a few of the identified needs.

Columbia County has an enormous need for nutrition education for not only the diabetes population, but for our low socioeconomic population, children, organizations, and agencies. Residents do not have access to the Meals Made Easy program designed to educate and empower diabetes patients to plan meals specific to their dietary needs. In addition to Meals Made Easy there have been classes offered on food safety, food purchasing, and meal planning which were affiliated through the OSU Extension office. While these programs are not typically provided through public health, TPHFCC is currently working with the OSU Extension Service to strategize possibilities for expanding the outreach of these programs in Columbia County to meet the needs of this vulnerable population.

Additionally, Columbia County does not offer any Living Well programs. Living Well is designed to support, empower, and educate those impacted by chronic conditions via peer group mentorship.

Another best-practice program missing in Columbia County is the Arthritis Foundation Exercise Program. Although this program has not been offered in the past, we aim to address this need in the near future.

The Public Health Foundation of Columbia County

Budget



The Public Health Foundation of Columbia County

Clinic Services

*Babies First
CaCoon
Communicable Disease
HIV Prevention Services
Immunizations
Maternity Case Management
Prenatal/Family Planning
Sexually Transmitted Disease
School-Based Health Centers*

Health Education

*Healthy Communities
Public Health Preparedness
Tobacco Prevention & Education
WIC (Women, Infants, Children)
Lactation Specialists*

Community Response

*Community Readiness Initiative
Medical Reserve Corps*

Environmental Health

*Food Handler's Permits
Water Systems Survey
Restaurant Licensing
Hotel, Motel, Tourism Licensing*

Public Health Foundation Board Members

Dan Garrison, Chair
Brian Burright
Rita Bernhard
Michael Carter
Trent Dolyniuk
Heather Lewis
Diane Pohl
Charleen Pruett

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(2370 Gable Road)
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503-397-4651
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Fax: 503-397-1424
www.tphfcc.org

It is my privilege to present to you the approved budget for Fiscal Year 2011-2012. As required by law, the budget is balanced and it provides for the basic needs and requirements of public health. The budget has been prepared with the expertise of the Public Health Administrator Karen Fox Ladd, Administrative Services Manager Thalia Piano and with auditor's recommendations.

The Public Health Foundation of Columbia County

INCOME

State Grants:	State Support Public Health	\$58,159
	Water	\$22,132
	TB	\$1,169
	HIV Prevention	\$8,811
	Public Health Preparedness	\$95,856
	Tobacco Prevention	\$63,346
	Healthy Communities	\$53,950
	Women Infant & Children	\$209,977
	Contraceptive Care	\$169,000
	Maternal Child Health	\$35,920
	Babies First!/CACOON/	
	Maternity Case Management	\$25,066
	Prenatal Expansion Project	\$49,937
	Columbia County	\$100,000
		\$893,323

Fees:

Environmental Health	\$73,100
Water Surveys	\$12,000
MISC/Client Fees/	
Rainier Health Center Fees	\$19,500
Assessments	\$850
Oregon Health Plan & Insurance	\$42,300
Breast Cervical Cancer	\$1,500
Interest/Donations	\$200
Cash on Hand	\$54,215
	\$203,665

Meyer Memorial Grant	\$30,000
Federal HRSA Grant amount is \$500,000 admin portion	\$15,000

TOTAL INCOME: **\$1,141,988**

Vaccine Account \$35,000

The Public Health Foundation of Columbia County

EXPENSES

Salaries:	\$710,898
Benefits & Taxes:	\$176,273
	\$887,171

Facility:	
Utilities	\$8,064
Lease	\$1
Maintenance	\$9,000
Security/Fire Alarm	\$3,000
Janitorial	\$7,800
	\$27,865

Communications:	
Phone	\$5,000
Cell Phones	\$6,100
Internet	\$1,080
Advertising	\$500
	\$12,680

Professional Services:	
Providers	\$11,615
CPA/Information Technology	\$9,513
Legal	\$5,780
Sacagawea Clinic	\$27,675
OHSU Contract	\$47,017
	\$101,600

Lab	\$9,200
Office Supplies	\$27,222
Postage	\$5,600
Medical Supplies	\$16,300
Program Supplies	\$4,500
Travel	\$11,000
Cont Education	\$5,850
Agency Liability	\$23,000
Audit	\$10,000
	\$112,672

TOTAL EXPENSES:	\$1,141,988
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The Public Health Foundation of Columbia County

Minimum Standards

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

Organization

1. Yes No ___ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No ___ The Local Health Authority meets at least annually to address public health concerns.
3. Yes No ___ A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No ___ Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No ___ Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No ___ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No ___ Local health officials develop and manage an annual operating budget.
8. Yes No ___ Generally accepted public accounting practices are used for managing funds.
9. Yes No ___ All revenues generated from public health services are allocated to public health programs.
10. Yes No ___ Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No ___ Personnel policies and procedures are available for all employees.
12. Yes No ___ All positions have written job descriptions, including minimum qualifications.
13. Yes No ___ Written performance evaluations are done annually.
14. Yes No ___ Evidence of staff development activities exists.
15. Yes No ___ Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No ___ Records include minimum information required by each program.
17. Yes No ___ A records manual of all forms used is reviewed annually.
18. Yes No ___ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No ___ Filing and retrieval of health records follow written procedures.
20. Yes No ___ Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No ___ Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No ___ Health information and referral services are available during regular business hours.
23. Yes No ___ Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No ___ 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No ___ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No ___ Certified copies of registered birth and death certificates are issued within one working day of request.

The Public Health Foundation of Columbia County

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

Control of Communicable Diseases

37. Yes X No ___ There is a mechanism for reporting communicable disease cases to the health department.
38. Yes X No ___ Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes X No ___ Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes X No ___ Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes X No ___ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes X No ___ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes X No ___ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes X No ___ Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes X No ___ Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes ___ No X Rabies immunizations for animal target populations are available within the local health department jurisdiction.

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Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.

50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No The health department provides and/or refers to community resources for health education/health promotion.

The Public Health Foundation of Columbia County

69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No Local health department supports healthy behaviors among employees.
71. Yes No Local health department supports continued education and training of staff to provide effective health education.
72. Yes No All health department facilities are smoke free.

Nutrition

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

Older Adult Health

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

Parent and Child Health

82. Yes No Perinatal care is provided directly or by referral.
83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes No Comprehensive family planning services are provided directly or by referral.

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

Primary Health Care

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

Cultural Competency

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

Health Department Personnel Qualifications

The Public Health Foundation of Columbia County

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Karen Fox Ladd

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

Yes X No ___ The local health department Health Administrator meets minimum qualifications:

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

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

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

AND

The Public Health Foundation of Columbia County

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

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

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

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

OR

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

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

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

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

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