

**Grant County Health Department
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January 12, 2012

Tom Engle
Oregon Health Authority
800 NE Oregon St., Ste. 930
Portland, OR. 97232

Mr. Engle,

Attached please find Grant County's Annual Plan for 2012-2013 which is being submitted pursuant to ORS 431.385. This plan has been prepared according to your instructions and assures that the activities defined in ORS 431.375 – 431.385 and ORS 431.416 are performed. If you have any questions or need additional information, please call me at (541) 575-0429.

Thank you,

John Combs

John Combs, Administrator
Grant County Health Department

Grant County Health Department

2012-2013 Annual Plan

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I. Executive Summary

Grant County is a rural frontier community in eastern Oregon that was established in 1864. While Grant County is an excellent place to live and raise a family, it also presents many challenges which are largely related to the struggling local economy. Grant County Health Department (GCHD) continues its attempt to provide the core public health functions and to promote and protect health in Grant County with limited staff and funding.

Grant County Health Department provides a wide range of public health services which includes primary care, epidemiology and control of preventable diseases and disorders, maternal and child health services, family planning, collection and reporting of health statistics, health information and referral services, emergency preparedness, health education and promotion, immunizations, babies first, cacoon, tobacco prevention, vital statistics registration, environmental health services which includes the drinking water program, WIC nutrition supplement and education program, and the Grant County Healthy Smiles Dental Clinic which is housed within the GCHD.

We continue to have 2 Family Nurse Practitioner’s contracted through the health department who provide primary care and family planning services. One of our providers is in the clinic 4 days/week, while the other comes in 2 days/month for a total of 144 hours/month, which allows us to maintain or Rural Health Clinic status.

Grant County Health Department’s budget of \$833,963 for FY 2011-2012 now employs 5 full time staff along with 5 part-time staff for a total of 6.95 FTE, an increase of 0.78 FTE. GCHD also has 3 contracted personnel which include 2 FNP’s and a Health Officer, all of whom are part time. Our programs are funded through state and federal grants along with fees for service, the total grant amounts for FY2011 equals \$181,982. We receive no general funds from the county.

Grant County Health Department continues to grow despite the constant struggles with staffing and funding concerns. We will continue to provide our existing services in the best manner possible as we explore ways to improve revenue and research new programs to improve our service to the community. The 2011 County Health rankings for Grant County indicated the following:

Health Outcomes:	6 th in Oregon - up 1 from 2010
Health Factors:	19 th in Oregon - down 1 from 2010
Health Behaviors:	17 th in Oregon - down 2 from 2010
Clinical Care:	21 st in Oregon - down 4 from 2010
Social & Economic:	18 th in Oregon - no change from 2010
Physical Environment:	14 th in Oregon - up 13 from 2010
Mortality:	22 nd in Oregon - down 3 from 2010
Morbidity:	1 st in Oregon - no change from 2010

II. Assessment

a. Description of public health indicators and issues in Grant County

Grant County covers an area of 4,529 square miles. The county has a 2010 U.S. Census Bureau estimated population of 7,445 people and it is sparsely populated at only 1.6 persons per square mile. Grant County has experienced a 12.0 % decrease in population since the year 2000. The largest city in the county is John Day which has a population of 1,744 residents. Grant County borders more other counties than does any other county in Oregon; 8. It is surrounded by Crook and Wheeler on the west, Morrow and Umatilla on the north, Union on the northeast, Baker and Malheur on the east, and Harney on the south. Grant County consists of more than 150,000 acres of wilderness area and contains the head waters of the John Day River, which has more miles of Wild and Scenic designation than any other river in the U.S. More than 60 percent of the land in the county is in public ownership and administered by the Forest Service or Bureau of Land Management. The county's principal industries include livestock, timber, agriculture, recreation and government employment. The struggling timber industry has had an enormous impact on the overall economy. The closure of several sawmills and the loss of multiple logging companies has led to the highest unemployment rates in the history of Grant County.

The county is predominately white with the following demographics (2010):

- 95.0% white, or 93.4% white non-Hispanic
- 2.8% Hispanic or Latino
- 1.2% Native American
- 0.3% Asian
- 0.2% African American
- 0.1% Native Hawaiian and other Pacific Islander
- 2.3% Persons reporting two or more races
- Female Population – 50.3%
- Persons under 5 years old – 4.5%
- Persons under 18 years old – 19.2%
- Persons 65 and over – 23.6%

The average median household income in 2009 was \$36,252 compared to the statewide average of \$48,325. The average household size is 2.09 and 16.9% of Grant County residents lived below the federal poverty level. The level of educational achievement includes 88.9% of the adult population as high school graduates and 16.5% of the population having a bachelor's degree or higher.

Preliminary statistics for Birth and Death in 2011 shows 54 births and 62 deaths. There was 1 birth to women under 18 years old, 1 to mothers age 18-19 years old, and 52 to mothers over 20 years old. Of the 54 births, 35 were to mothers who were married and 19 were unmarried. In Grant County, 13.0% of infants were born to mothers who used tobacco, in comparison to the statewide prevalence of 12%. Of the 54 births, 6 were low birthrate infants with 1 of those 6 at less than 1500 grams. 92.3% received adequate prenatal care. Of the 62 deaths, there were 11 between 18 and 64 years old and 51 over 65 years old. 58 of the deaths were from natural causes, 2 from suicide, and 2 from accidents. The 4 leading causes of death in Grant County in 2009 were cancer, heart disease, unintentional injuries, and cerebrovascular diseases.

The 2000 census showed that 14.9% of the population of Grant County had no health insurance compared to 13.5% in Oregon, and 13.2% of children under age 18 had no health insurance compared to 11% statewide. It is easy to assume that these numbers have worsened given the current state of the local economy.

The 2010 Oregon Health Authority(OHA) Communicable Disease Summary report shows 3 persons living with AIDS/HIV, 14 cases of Chlamydia, 1 case of Campylobacteriosis, and 1 case of Giardiasis for Grant County. Grant County typically has a low rate of communicable disease outbreaks.

The 2011 Grant County Tobacco Fact Sheet from the OHA Tobacco Prevention and Education Program reports tobacco's toll on Grant County in one year as 1,452 adults who regularly smoke cigarettes, 430 people who suffer from a serious illness caused by tobacco use, 22 deaths from tobacco use (25% of all deaths in the county), over \$4 million spent on medical care for tobacco-related illness, and over \$4 million in productivity lost due to tobacco-related deaths. Tobacco use was reported as 24% of adults in Grant County smoking cigarettes and 30% using smokeless tobacco compared to 17% cigarette and 6% smokeless in Oregon. These statistics show that the use of tobacco products has an enormous impact on both the health and the cost of healthcare for the residents of Grant County.

The Oregon Department of Human Services(DHS) Overweight, Obesity, Physical Activity, and Nutrition Facts January 2007 report shows that for Grant County adults: 42.4% are overweight, 22.9% are obese, 72.9% met the CDC recommendations for physical activity, and 18.0% consumed at least 5 servings of fruits and vegetables per day. For Grant County 8th graders, 15.4% are at risk of overweight, 18.5% are overweight, 63.8% met the physical activity recommendations, and 13.3% consumed at least 5 servings of fruits and vegetables per day. For Grant County 11th graders, 10.0% are at risk for overweight, 10.2% are overweight, 50.2% met physical activity recommendations, and 16.4% consumed at least 5 servings of fruits and vegetables per day.

According to the 2010 Oregon Child Welfare Data Book, 23 children were victims of child abuse/neglect, which is a rate of 14.9 per 1,000 children compared to the state rate of 12.7 per 1,000 children. Of the 24 incidents of abuse/neglect, the report shows that 1-5 were a result of physical abuse, 10 from neglect, and 12 were from threat of harm. The report also shows that 17 children in the county had been in foster care at least once during the past year for a rate of 7.1 per 1,000 children which is below the statewide rate of 10.1 per 1,000 children.

According to the OHA Report on Alcohol, Illicit Drugs and Mental Health in Grant County, Oregon 2000 to 2010, the rate of death from motor vehicle crashes per 100,000 population in Grant County was 34 from 2003-2007 and 35 from 2002-2006 compared to the statewide rates of 14 from 2002-2006 and 13 from 2003-2007. The rate of death from alcohol-induced disease per 100,000 population in Grant County was 32 from 2002-2006 and 27 from 2003-2007, these rates are well above the statewide rates of 13 during those time ranges. 481 persons ages 12 and older both in the county and in Oregon had alcohol dependence or abuse in the past year from 2006-2008. From 2004-2007, 49% of women and 68% of men age 18 and older reported alcohol use in the past 30 days compared to 53% and 64% for the state. From 2004-2007, 32% of females and 17% of males over the age of 18 reported binge drinking in the past 30 days compared to 10% and 22% for the state. Also from 2004-2007, 15% of females and 7% of males ages 18 and over were shown to be heavy drinkers in the past 30 days compared to 8% for both males and females statewide. According to the same report, in Grant County 2010, 30% of 8th graders and 38% of 11th graders reported drinking alcohol on one or more occasions in the past 30 days; the state rate was 23% and 36%. Binge drinking by youth in Grant County in 2010 was reported as 8th graders at 12% and 11th graders at 22% in the past 30 days, the Oregon percentages were 9% and 21%. In 2010, Grant County 11th graders showed 7% of youth who drove when they had been drinking and Oregon results showed 7% as well. The report shows that 19% of Grant County 11th graders reported they were less than 11 years old when they drank alcohol for the first time compared to 13% for Oregon. The 2010 report also shows 64% of Grant County and 72% of Oregon 11th graders reporting that it is "Sort of Easy" or "Very Easy" to get some beer, wine or hard liquor.

According to the OHA Report on Alcohol, Illicit Drugs and Mental Health in Grant County, Oregon 2000 to 2010, the rate of death from drug-induced causes in Grant County from 2003-2007 was 21 per 100,000 population and 14 per 100,000 in Oregon. From 2006-2008, 178 persons 12 or older reported drug dependence or abuse during the past year in Grant County. Both Grant county and the state show 20% of persons age 18 to 25 reported using marijuana or hashish in the past 30 days and 10% of persons for both county and state age 18 to 25 reported using illicit drugs other than marijuana in the past 30 days. For persons 26 and older, in Grant County 4% used marijuana or hashish and 6% of Oregonian of that age reported use, 3% of the county and 4% of the state 26 and older used illicit drugs other than marijuana. In 2010, 4% of 8th graders and 18% of 11th graders in Grant County reported using marijuana one or more times in the past 30 days compared to 12% and 24% statewide. Also in 2010, 2% of 8th graders and 6% of 11th

graders reported using illicit drugs other than marijuana in the past 30 days compared to 3% and 5% in the state. For 2010, 8% of 8th graders and 1% of 11th graders in the county reported using inhalants in the past 30 days compared to 6% and 2% for the state. Prescription drug use in 2010 shows 3% of 8th graders and 7% of 11th graders using the drugs to get high in the past 30 days compared to 4% and 7% statewide reports. In 2010, 9% of 11th graders reported they were less than 11 years old when they tried marijuana for the first time compared to 7% for the state. Also in the 2010 report, 17% of 8th graders and 54% of 11th graders say it would be “Sort of Easy” or “Very Easy” to get marijuana in comparison to the state percentages of 36% and 66%. For illicit drugs, 4% of 8th graders and 9% of 11th graders say it would be “Sort of Easy” or “Very Easy” to obtain compared to 10% and 24% for Oregon.

b/c. Adequacy of Local Public Health Services and Provision of the Five Basic Services

Epidemiology and control of preventable diseases and disorders:

Grant County provides all of the required communicable disease activities. We provide 24 hour public health emergency coverage with procedures in place to respond to public health emergencies. We have one 0.5 FTE communicable disease RN on staff as well as a part time MA available to assist as needed. All state guidelines and procedures are followed for disease investigation and reporting requirements. At this time, only one staff member has CD 303 and ICS training. We work closely with our local hospital to encourage disease reporting and open lines of communication.

Parent and child health services, including family planning clinics:

Grant County Health Department offers family planning services, immunizations, maternity case management, CaCoon, Oregon Mothers Care, Babies First, Healthy Smiles Dental Clinic, and primary care services. We participate in local Multidisciplinary Team meetings to reduce child abuse and provide classes for sex education when requested by schools. Considering our limited staff, our services are very adequate for providing Parent and Child Health Services.

Collection and reporting of health statistics:

Grant County Health Department provides all birth and death records in the county. Deputy Registrars work closely with hospital medical records department, mortuaries, and physicians to assure accuracy and completeness. Confidentiality and security of non-public abstracts, records, documents and information are maintained in a locked and secure manner. We also provide data for immunizations, Babies First, CaCoon, WIC, OMC, environmental health, and family planning for the state data systems.

Health information and referral:

Grant County Health Department provides health information to the community in both English and Spanish. We create classes specific to the needs identified within the community. We also offer a wide variety of pamphlets at the clinic. Referrals are a major part of the services we provide. We collaborate with multiple community agencies who understand the services provided at the health department.

Environmental health services:

Grant County employs a Registered Environmental Health Supervisor for 12 hrs/wk and a REHS at 0.5 FTE. Services include restaurant inspections, mobile units, temporary restaurants, traveler's accommodations, pools/spas, and jails. We contract with Harney and Wheeler Counties to provide their environmental health services. Food handler tests are offered in all 3 counties. We contract with Oregon Department of Education and Oregon Child Care Division to provide inspections of schools and daycare facilities. We also provide the Drinking Water Program for Grant and Harney Counties.

d. Adequacy of Other Community Services

Emergency Preparedness:

Grant County employs a 0.5 FTE PHEP coordinator. We are continuously working to develop and implement emergency response plans, conduct exercises, and work with community partners.

Tobacco Prevention and Education Program:

Grant County employs a 0.5 FTE TPEP coordinator. We provide information to individuals and businesses on smoking and issues surrounding smoking. We provide information on new laws concerning smoking and work with the state on the enforcement of those laws. We also work with schools to enhance their existing no smoking policies.

Older Adult Health:

We offer referral services and health information to our older adults. Many pamphlets are available to address specific health issues. Blood pressure checks are given for free in the clinic 5 days/wk. Immunizations for influenza and pneumonia are given annually at several locations throughout the county.

Dental:

Grant County has established the Healthy Smiles Dental Clinic within the health department. The clinic is staffed by a 0.3 FTE Dental Clinic Coordinator. We currently have 2 volunteer dentists from the local community who come in 1 day/month each and provide services to low income children and adults. This service has been a huge success thus far and has filled a great need in the community.

Primary Care:

Grant County Health Department is qualified as a Rural Health Clinic and serves a remote frontier community. We are currently contracting with 2 FNP's to provide primary care services 18 days/month. Grant County is designated as a primary care high need shortage area so these services are invaluable to the county due to the remote area and shortage of healthcare professionals. Both of our FNP's provide primary care as well as family planning services which works very well for the health department.

Laboratory Services:

Grant County Health Department provides laboratory services in compliance with CLIA standards. The lab services provided outside our capacity or licensure are either performed by Interpath lab, the Oregon State Public Health Lab, or Blue Mountain Hospital.

III. Action Plan

a. Epidemiology and Control of Preventable Diseases and Disorders

condition:

Grant County Health Department has the responsibility of reporting communicable diseases through surveillance, investigation and reporting. Routinely, the department operates in passive surveillance, receiving reports of disease from the medical community and laboratories.

Goals:

To detect, prevent and control communicable disease in our community through both passive and active surveillance, environmental measures, immunization and education.

Activities:

- CD investigations are done according to state guidelines and requirements and are reported in a timely manner.
- Continuous surveillance in the community for disease trends.
- Have the 24/7 emergency call in procedures in place and kept up to date with contact information.
- Give presentations to community partners regarding communicable disease prevention information.
- Staff is knowledgeable with CD policies and procedures and continues to work to keep them up to date.
- Continue efforts to reduce barriers for immunizations.

Evaluation:

- Review CD log monthly to assess for timeliness, accuracy and disease trends
- Review training and educational needs of staff and arrange for appropriate classes to be taken as time and budget allow.
- Routinely assess the vaccination process to remove barriers and ensure the highest possible level of vaccination within the community.

Tuberculosis Program

Our Tuberculosis program has a current plan for treatment, testing and follow up. We have not had an active case in Grant County in many years. We keep current TB medication in our med room with current policies and protocols on how to use them. We continue to monitor for active and latent cases of TB.

The Tobacco Program plan has been completed and submitted to the state Tobacco Program.

b. Parent and Child Health Services

Maternal and Child Health Programs

Current condition:

Grant County Health Department provides services to women and children through the following programs; Maternity Case Management, Babies First, CaCoon, Dental Clinic, WIC, Immunization, Family Planning and education and referral.

Goals:

To provide these services to parents and children to increase their knowledge base and access to nutrition education, child development, family planning options and other associated health issues.

Activities:

- Instruct clients in nutrition, child development, family planning and associated health issues as needed.
- Carefully balance client needs and services with resources
- Keep staff nurses up to date with ongoing educational opportunities
- Offer a wide variety of family planning options

Offer family planning services consistent with Title X guidelines

WIC

The WIC Program plan has been completed and submitted to the state WIC Program.

Immunization

This plan has been completed and submitted to the state Immunization Program.

Family Planning

This plan has been completed and submitted to the state Family Planning Program.

c. Environmental Health

Current condition:

Grant County Health Department provides all licensed facility environment health services to Grant, Harney and Wheeler Counties as well as the Drinking Water Program for both Grant and Harney Counties. All services are provided following state guidelines.

Goal:

To detect, prevent and control illness caused by contamination of food, water or other miscellaneous environmental exposures.

Activities:

- Inspect each identified licensed facility according to ORS regulation
- Follow up on complaints or noncompliance of facilities
- Provide information and education to the public
- Assist with outbreaks, disasters or other incidents
- Keep current on issues and regulations

Evaluation:

- Monitor records to ensure at least a 90% inspection rate of all licensed facilities
- Review complaint investigations and resolution
- Continue to evaluate the financial statistics of the programs

d. Health Statistics

Current condition:

Grant County Health Department employs 1 Registrar and 3 Deputy Registrars to assist as needed, both positions are part time. GCHD receives birth and death information in electronic format and hard copy format. All birth and death certificates are processed in a timely manner. GCHD relies on program manuals as a resource. Program policies and procedures need to be developed.

Goal:

The GCHD registrar and deputy registrar will receive additional training in vital records as needed. Policies and procedures will be developed and implemented.

Activities:

- GCHD staff will attend training offered by OHA that pertain to birth and death certificates
- GCHD staff will request assistance from OHA with obtaining policy templates
- GCHD staff will develop, review and implement policies and procedures that pertain to birth and death certificates
- GCHD will develop a quality assurance program to provide direction in implementing new systems

Evaluation:

- GCHD will train staff on policies and procedures; training will be documented in the training manual
- GCHD will assure proper implementation of policies and procedures by quality assurance activities

e. Information and Referral

Current condition:

Grant County Health Department provides unbiased and accurate information and referrals to clients seeking services. Information is presented through oral presentations and written materials. GCHD receives many referrals from community partnerships regarding activities involving public health services and available community resources.

Goal:

To continue to provide accurate and updated information and referral services. To maintain an accurate database of resources.

Activities:

- Assure that the information and referral data base remains updated on an annual basis and as changes occur
- Assure that written information is available upon request
- Include GCHD information and referral training at staff meetings

Evaluation:

- Documentation of review and update of information and referral data
- Monitor that written material is available on an ongoing basis
- Documentation of staff training in training manual

f. Public Health Emergency Preparedness

Current condition:

Grant County Health Department has a 0.5 FTE Public Health Emergency Preparedness Coordinator who is the primary contact for all PHEP issues. We have emergency plans in place in accordance with the PE 12 requirements. We have an emergency public information phone line available 24/7, contact with the PHEP coordinator is maintained through the use of cell phones, satellite phones, satellite pagers and land line

phones. We participate in the Health Alert Network and have a HAN administrator. GCHD is in compliance with the ORS and PE12 requirements.

Goals:

To be prepared to meet the needs of public health emergencies that might arise in Grant County and to assist the community in preparation for these emergencies.

Activities:

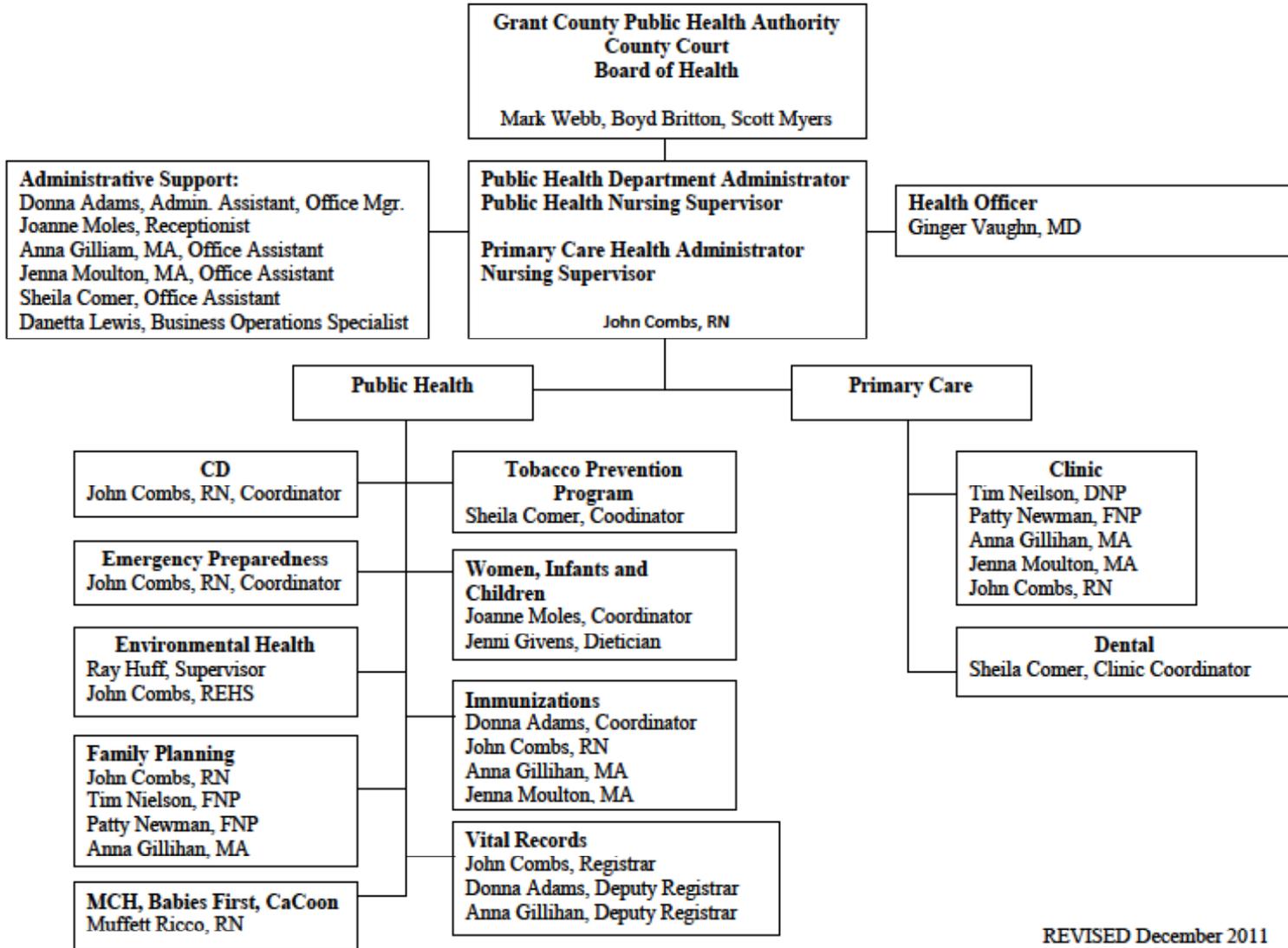
To comply with the requirements set forth in PE12.

Evaluation:

- Keep all staff up to date with procedures and training needs
- Use After Action Reports from exercise activities to identify needs and make improvements to plans and procedures
- Monitor the HAN and perform testing as required by PE12

IV. Additional Requirements

a. Grant County Health Department Organizational Chart:



REVISED December 2011

b. Board of Health

The Grant County Board of Health consists of the Grant County Court:

- Mark Webb, County Judge
- Boyd Britton, County Commissioner
- Scott Myers, County Commissioner

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

c. Public Health Advisory Board

At this time there is not a PHAB in place.

d. Senate Bill 555

The LPHA is the governing body for the local commission on children and families.

V. Unmet Needs

Some of the unmet needs as determined by this assessment remain consistent with those identified in last years annual plan and include the following:

- Our ability to maintain staffing and provide a high level of service continues to be a constant struggle with a steady decline in state funding for our programs. We have become very creative in operating the department as efficiently as possible, but I am very concerned about staff workloads and the associated stressors that coincide with that.
- Alcohol and drug use among both the youth and adult population within the community.
- The poor state of the local economy and the high unemployment rate in the county create a multitude of risk factors that are very concerning.
- Even with the terrific progress over the past few years, tobacco use remains a very significant problem for the overall health of the population as well as the impact it has on the cost of healthcare.

VI. Budget

For budget information contact:

Kathy Smith
Grant County Treasurer
201 S. Humbolt
Canyon City, OR. 97820
(541) 575-1798

VII. Minimum Standards

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

Organization

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

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

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

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.

42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

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

55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No N/A 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 N/A A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

Nutrition

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

Older Adult Health

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

Parent and Child Health

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

91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.

94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes No Primary health care services are provided directly or by referral.

97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

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

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

Health Department Personnel Qualifications

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: _____John Combs_____

Does the Administrator have a Bachelor degree? Yes No

Does the Administrator have at least 3 years experience in public health or a related field? Yes No

Has the Administrator taken a graduate level course in biostatistics? Yes No

Has the Administrator taken a graduate level course in epidemiology? Yes No

Has the Administrator taken a graduate level course in environmental health? Yes No

Has the Administrator taken a graduate level course in health services administration? Yes No

Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes No

a. Yes ___ No X 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.

Explanations to (a) & (d) of the Personnel Qualifications section:

Health Administrator Minimum Qualifications

I am the Public Health Administrator at the Grant County Health Department. I have a BSN from OHSU School of Nursing but I am lacking the graduate courses needed to meet the minimum requirements of a LHD Administrator. I have registered to begin the first of 5 required courses beginning with H525, Principles and Practices of Epidemiology for winter term 2012. At this time, I plan to take 1 class per term over the next 5 terms to satisfy the requirements.

Health Officer Minimum Qualifications

GCHD recently lost the services of our Health Officer of over 20 years. We are very fortunate to have filled the role with a local MD who is very excited about the opportunity to serve as the new Health Officer for Grant County. At this time she is only a little over a year out of residency so she does not quite meet the requirements of a minimum 2 years of practice after residency. However, she is a fantastic fit for the GCHD in this position and for us to be lucky enough to find someone at the local level to fill this need is very fortunate. Our new Health Officer will meet the 2 year requirement in less than a year and the issue will be resolved at that point.

John Combs

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

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

AND

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

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

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

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

OR

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

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

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

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

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

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.

___John Combs_____ ___Grant_____ _1/12/2012_
Local Public Health Authority County Date