

JACKSON COUNTY

*Health & Human
Services*

Local Public Health Authority Comprehensive Plan FY 2012-2013

The mission of Jackson County Health and Human Services is to plan, coordinate and provide public services that protect and promote the health and well being of county residents.

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I. EXECUTIVE SUMMARY

Jackson County has the distinction of being Oregon's sixth largest county and the Southernmost county on Oregon's busiest highway corridor, I-5. Fifty percent of the population lives in the two most populated cities, Medford and Ashland, another twenty percent live in the other nine incorporated cities and the rest, thirty percent, live in the unincorporated areas of the County. While, Medford is known nationally as an agricultural stronghold, Ashland is known for its internationally recognized Shakespeare Festival. These two cities act as bookends to the diversity of the County as a whole, while at the same time highlighting the complexity of the challenges and opportunities faced by the Local Public Health Authority.

As noted in the plan, Jackson County faces difficulties in the areas of economics, employment, education and preventative health issues. These issues, while specific to the County, are not unique to Oregon, or the nation. What is outstanding, if not unique, about Jackson County is the relationships and partnerships that thrive among programs that overlap with Jackson County Health and Human Services (JCHHS). JCHHS participates in local conversations with private, non-profit, and public entities to address health related opportunities and concerns in the community. In addition, JCHHS works with many regional partners through a variety of committees and partnerships that include partners in Josephine, Coos, Curry, Douglas, and Klamath, as well as Statewide and National partners. Jackson County recognizes collaborations are the key to improving the health of our community, despite limiting issues related to economic woes or other obstacles.

As noted in this Annual Plan, Jackson County expects to meet all of the required mandates for the Local Public Health Authority as outlined in its contract with the Oregon Health Authority for fiscal year 2012-2013. In addition, Jackson County Public Health and Environmental Public Health meet the Center's for Disease Control Ten Essential Functions of Public Health, through the mandated programs and other contractual programs as required by the County, the community, or based on identified opportunities to improve the health of the citizens of Jackson County.

The 2012-2013 Fiscal year brings with it many challenges and opportunities, from the development of local Coordinated Care Organizations (CCO's) and Early Learning Center Accountability hubs to efforts to prepare for Public Health Accreditation. Due to strong partnerships, established processes and policies, and supportive elected and non-elected County leadership, Jackson County HHS is prepared to address these new opportunities with enthusiasm.

II. ASSESSMENT

A. Description of Public Health Issues and Needs in Jackson County

Population and Census Data:

Jackson County is home to 203,206 persons (2010 US Census Bureau data) making it the sixth most populous county in Oregon. It has experienced population growth of 12.1% from 2000-2010. About 70% of the population lives in the 11 incorporated cities in the county. Jackson County's median income for 2009 was \$45,212 compared to \$48,325 for the state average. In 2009, 14.9% of the population lived at or below 100% of the Federal Poverty Level, which is higher than the rate of 13.5% in 2008. November 2011 unemployment rates show a decrease of 2% in Jackson County from the prior year, down to 11.1%, however, this is still 2% above the State rate at 9.1%. These changes in income, poverty level and unemployment are consistent across the State and nation, as the economy has continued to limp along. In addition, these rates affect the health and education status of our residents.

2010 Census data also shows a change in the ethnic makeup of the County. White persons comprise 88.7% of the population, down from 94.3% in 2008; persons of Latino or Hispanic descent comprise 10.7% of the population, up from 9.2%; Persons reporting two or more races comprise 3.5% of the population (previously unreported), while all other races remain steady: Asian at 1.2%; American Indian and Alaska natives at 1.2%; African Americans comprise 0.7%; and native Hawaiians and Pacific Islanders comprise 0.3%.

Other Demographic Factors:

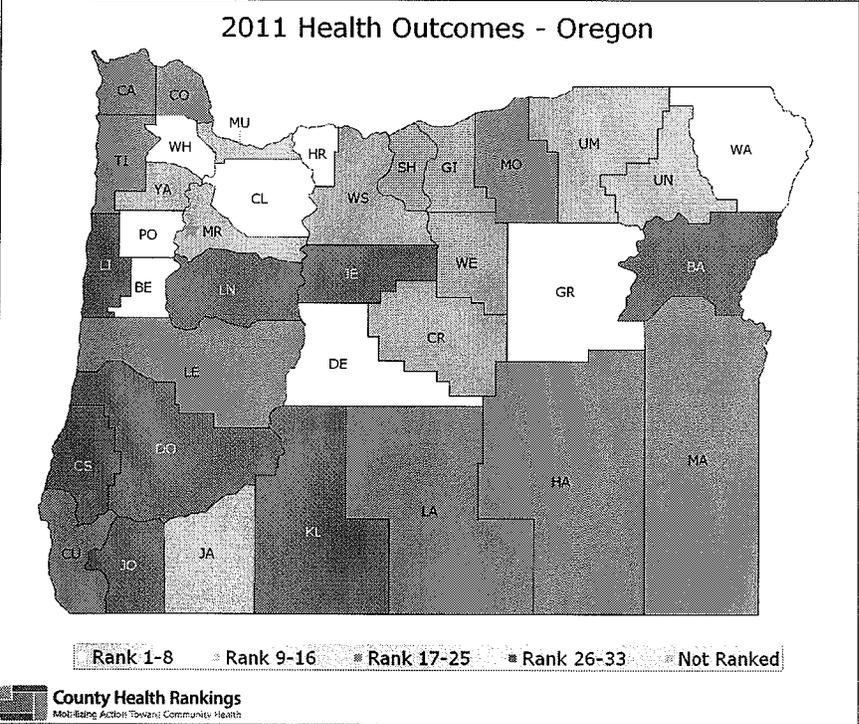
For the second year in a row, Jackson County ranked 13th and 14th among other Oregon Counties in the 2011 County Health Rankings from The University of Wisconsin. Jackson County ranked 13th in Health Outcomes (Map #1), which focuses on Morbidity and Mortality rates. Specifically, Jackson County ranks higher (worse) than the National and Oregon averages on Premature Death, Poor or Fair Health, Poor Physical Health Days and Poor Mental Health Days. However, Jackson County ranks lower than Oregon and the Nation on low birthweight.

In Health Factors (Map #2), Jackson County ranked 14 out of Oregon Counties in areas of Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment. Areas where Jackson County ranked higher (worse) than the National and Oregon averages include: Adult smoking, Motor vehicle crash death rates, Teen Birth rate, Uninsured adults, Primary Care Physicians numbers, high school graduation rates, college attendance rates (some college), unemployment, number of children in poverty, and number of children in single parent households. Areas that Jackson County did better than or equal to National and Oregon rates are: Adult obesity, Diabetes and Mammography screenings.

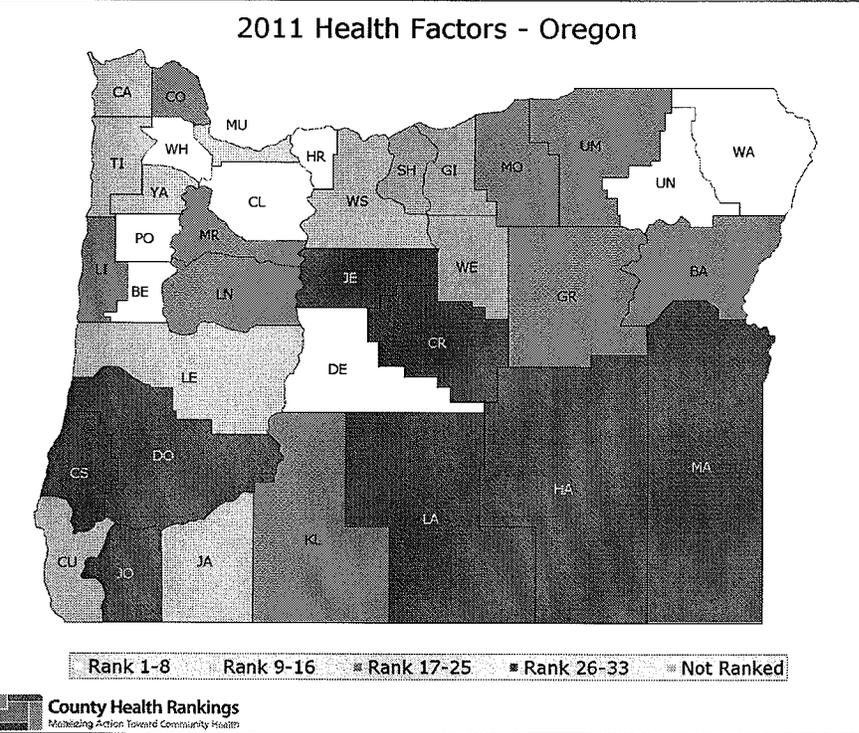
County Health Rankings data is important for comparison purposes to other Counties in Oregon and the National Benchmark of 90% in any specific category. Unfortunately, County Health Rankings data are a compendium of data from multiple years, reaching

as far back as 2001. Due to the time frame of the data and the recent economic recession that began in 2009, data for the State and Counties are likely to become worse before they get better, despite local efforts to improve health outcomes.

Map #1



Map #2



Immunization rates:

From 2005 to 2010, Jackson County's percentage of age-appropriately immunized two-year-olds has increased from 70.8% to 74.8%. In particular, DTaP (Diphtheria, Tetanus and Pertussis) vaccinations improved from 81.6% in 2005 to 86.6% in 2009. And similarly, MMR (measles, mumps, rubella) vaccine rates improved from 88.3% in 2005 to 92.5% in 2009. However, within the Ashland Public School District, the rates of religious exemptions for immunizations are 24%, significantly higher than the State rate and other areas of Jackson County, creating a community with significant vulnerability to vaccine-preventable diseases. Ashland is Jackson County's 2nd largest city, and Oregon's 23rd largest city, with a population of 20,430. In addition, Ashland has a large influx of tourists and college students from throughout the world, who may or may not have been fully vaccinated in their home states or countries. Jackson County has been working with local schools and stakeholders to address this issue. Efforts include information sessions at local schools, increasing vaccine availability through local Naturopath offices, increasing awareness of risks in the Ashland business community and among local pediatricians, and a pending 3 year research study to address specific issues of significance around vaccine hesitancy.

Alcohol and Drug Use in Jackson County:

Jackson County, like the rest of the country and the state, has seen a dramatic change in the pattern of drug abuse over the past decade. Prescription drug abuse has increased almost exponentially nationally and with it, escalating drug abuse mortality rates which many less urban areas, like Jackson County, have been unaccustomed to. For reasons not entirely clear, our county appears to have one of the highest, if not the highest, prescription drug death rate in the state (extrapolated state data, conversation with State). With Oregon ranking in the top 10 states for prescription drug mortality (figure #5 below), that makes Jackson County one of the deadliest counties in the country for prescription drug abuse.

We have recognized the importance of prescription drug abuse in Jackson County and made it a public health priority for the past 7 years. The following graph illustrates overall mortality in Jackson County from prescription drugs, opiates often in combination with benzodiazepines, since 2002 (graph #1). Community mitigation strategies have included:

- Grand rounds at all four (4) community hospitals, and in-services at a number of group practices
- Collaboration with both of Jackson County FQHCs incorporating education and creation of safe prescribing policies and procedures.
- Working with our local state supported Alcohol and Drug providers to establish chronic pain components to their treatment programs and to facilitate easy communication between their organizations and community physicians.

- Strengthen the relationship between the various points of entry for addiction services (Mental Health, A and D, FQHCs, and private physicians) to identify abuse and find rapid and effective treatment within our county structure.
- Privatize our local methadone clinic to reduce restrictions on access.
- Collected data in collaboration with the Jackson County Medical Examiner's office. This has allowed us to identify patterns of abuse such as identifying the specialties of prescribers, which drugs and drug combinations are most deadly, and trends in mortality suggesting effective mitigation strategies.
- Established a website for ongoing provider discussion and information sharing: www.opioidprescribers.com

Graph #1: Prescription Drug Overdose Deaths in Jackson County over time

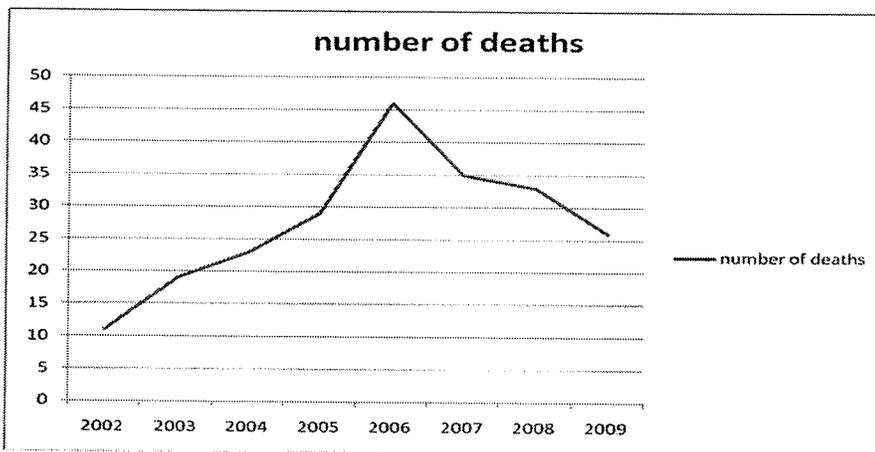
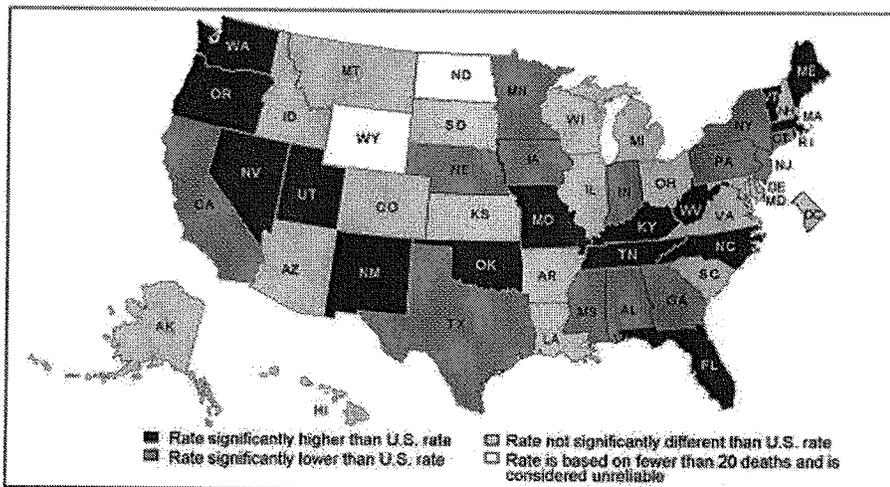


Figure 5. Age-adjusted death rates for poisonings involving opioid analgesics: Comparison of state and U.S. rates: United States, 2008



Jackson County, along with Josephine and Douglas Counties has also been actively engage in screening pregnant women on their alcohol, tobacco and drug use prior to and during pregnancy. The “4-P’s” screening tool, developed by Dr. Ira Chasnoff of the Children’s Research Triangle of Chicago, Illinois, is validated to provide accurate information of drug and alcohol use by asking questions about Parents, Partners, Past Use and Present Use. Women who screen positive for use are both given a brief intervention addressing the risk of using substances to their unborn child, and are referred to additional services like drug and alcohol treatment. Additional questions have been added locally to address prescription drug use, domestic violence issues and medical marijuana use. As seen by the data in Tables 3 and 6 below, show some of the data from this project. Comparative data to 40 other communities using the same screening tool also show Southern Oregon use rates as being some of the highest in the Nation. Jackson County’s Perinatal Task Force, formed in the 90’s, is charge with addressing these issues in order to reduce the risk on the fetus.

Table 3. Alcohol use pattern since knowledge of pregnancy

	n	%	Valid %
Did not drink	3173	55%	78%
Every day	38	1%	1%
3 to 6 days a week	52	1%	1%
1 or 2 days a week	200	3%	5%
Less than 1 day a week	597	10%	15%
Total	4060	70%	100%

Table 6. County and positive screens

4P's Plus		Jackson	Josephine	Douglas	Total
	Positive	2261	1099	326	3686
	59%	74%	72%	64%	
Negative	1586	384	127	2097	
	41%	26%	28%	36%	
Total	3847	1483	453	5783	

Teen Pregnancy Rates:

In 1990, teen pregnancy rates for 10-17 year olds were 20.9 per 1000 in Jackson County. Through community partnerships, implementation of education programs, community forums and events, the rate of teen pregnancy reduced almost in half by 2008 to 10.8 per 1000. While this reduction is significant, Jackson County's teen pregnancy rate still remains higher than the State average in the 10-17 and 15-17 age ranges, and is in the top 10 of Oregon counties. Jackson County's Hispanic teen pregnancy rate of 23% was lower than the State rate of 33.7% (10-17 year olds from 2006-2008), however, this rate is higher than the Hispanic population in Jackson County, which was 9.2% (though has since risen to 10.7%). Therefore Hispanic teens are overrepresented in teen pregnancy numbers in Jackson County. To address this health disparity, Jackson County has partnered with the Latina Health Coalition, formed in 2010, to assess community readiness and knowledge around the issue. Initial assessments done in 2011 show the community is not fully informed of the issue, and therefore more education, data and partnerships can increase this knowledge level to better address change. Another outcome of the assessments was to recommend the introduction of a new program to Latino youth, like the Cuidate! (Take Care of Yourself), HIV/AIDS awareness and reduction program. To that end, Jackson County applied for and received an award from the Oregon Health Authority to initiate this program beginning in 2012. By addressing the health disparity of Latina Teen pregnancy, Jackson County hopes to see a decrease in Hispanic and overall rates of teen pregnancy by 2014.

2. Adequacy of the Local Public Health Services

Jackson County Health and Human Services meets all of the mandated programs as required by the Oregon Health Authority, including the 5 basic services as listed below.

3. A description of the extent to which the local health department assures the five basic services contained in Statute.

Required Services (ORS 431.416 and OAR Chapter 333, Division 14)

Epidemiology and Control of Preventable Diseases and Disorders: Jackson County's communicable disease control, immunization, STD/HIV, and tuberculosis control services are adequate. Jackson County meets mandated deadlines for reporting as set by the OHA. Jackson County works with partners in the community to address specific areas of need, including outreach to hard-to-reach populations for education and testing, outreach to under immunized populations, and collaboration on drug abuse and teen pregnancy.

Parent and Child Health Services: Jackson County's parent and child health services, while meeting the minimum standards, are unable to meet the community's needs. Referrals to community health nurses for maternal and child case management far exceed capacity, despite augmenting federal assistance through the *Healthy Start* initiative purposed at reducing infant mortality and its causes, resulting in service delivery for only the highest risk cases. Family Planning services at Jackson County Public Health compliment other services available in the community, and are currently deemed adequate for the range of services needed, including: Title X services, Bilingual/bicultural services, Walk-in appointments, and provision of a broad range of Family Planning supplies. Jackson County is also the host agency to two of the eight School Based Health Centers in the County, and employs the part-time Nurse that works at the only High School Teen Parent Center in the County. Jackson County currently is in a partnership with the local Domestic Violence shelter to host a staff member 8 hours a week at the Public Health office. This partnership has increased awareness of DV related Public Health issues, and allows for a warm hand off with clients seeking services from a confidential advocate.

Collecting and Reporting on Health Statistics: Jackson County works with a variety of funeral homes, the Medical Examiner's office, hospitals and birthing centers to meet mandates and community requests for Birth and Death Certificates. Jackson County has is also actively engaged in a variety of local Community Health Assessments. Jackson County's Healthy Communities program is in the process of completing a community assessment using the CDC's CHANGE tool as a part of the program's third year. In addition, staff have increased participation in other local assessment activities, including with Asante Health Systems (local hospital system), ACCESS, Inc. (local food bank), and Leightman-Maxey forums (local Nutrition focused foundation).

Health Information and Referral Services: Jackson County weaves information and referral services into all of its programs. Information is gained by use of current online data sources, State and Local experts, and through research using trusted sources. Staff participate in local boards, task forces and commissions to share and garner up-to-date relevant information. As noted in the Action Plan (page 19), information is shared with partners and the public in a variety of different methods. Referral information is kept current through consistent review of materials and resources available to clients. Referrals to a variety of services are shared individually with clients, posted for common

view in a variety of public settings, and shared with staff during meetings and email updates.

Environmental Health Services: The 2009 Triennial Review of the license/inspection and drinking water programs conducted by DHS revealed services in these areas to meet statutory and contractual standards, another review will occur in April 2012. Current staffing levels are just adequate to meet the inspection requirements, and despite recent retirements, the program has found adequately trained staff to continue the program's focus and commitment to service.

Contractual funding (through DEQ) for the Air Quality program is barely adequate to meet contractual agreements and does not allow for a robust Air Pollution Ordinance enforcement program, as staff must balance Air Quality Program needs with those of other critical programs. The contractual monetary award may decrease in future years due to statewide economic challenges, which will further reduce services.

As Environmental Health is fee-supported, resources are not available to adequately address toxic blue-green algae blooms in lakes, suspect rabid animal contact with pets, indoor air quality (e.g. mold) complaints, viral gastroenteritis outbreaks, and other community health hazards and concerns that may arise. Jackson County provides a small amount of County General Funds to support these efforts, however, it is not always adequate.

Jackson County Environmental Public Health and Animal Control program's did have a successful partnership in 2011 with Josephine County Public Health, OHSU, and OHSU's Extension Program to increase awareness of rabies and to increase rabies vaccinations. Over 1000 pets (dogs, cats, and goats) were vaccinated over a two month period in both counties through this partnership that included OHA's State Veterinarian and local Veterinarian's and local 4-H Youth clubs. The project, titled "Don't Let Rabies Get your Goat!" stemmed from an increase in positive rabies cases in the Illinois Valley area of Josephine County that started with a case in a local goat.

Other Services [OAR Chapter 333, Division 14, Section 0050 (3)]:

Emergency Preparedness: For many years, local public health officials have participated actively in every aspect of Jackson County's emergency operations planning. Public health employees are well-versed on matters of incident command structure and have gained hands-on experience through various exercises, and real world experiences of the H1N1 outbreak of 2009, and the Japanese Earthquake and Tsunami of March 2011. Jackson County maintains a full-time preparedness coordinator and has all required emergency response plans completed.

Medical Examiner Services: Jackson County has experienced a very strong relationship with the local ME team, particularly in regards to review of death records to address the opioid overdose issue locally. This partnership has been successful in identifying and responding to a serious health issue in the County.

Health Education: Jackson County is increasing its ability to provide targeted health education services: 1) Latino HIV/AIDS program (Cuidate!) and 2) Childbirth Education classes at Public Health. There are identified gaps in services to these populations that

led to the development of these programs to begin in 2012. In addition, education is provided through media and social media releases, WIC classes, and during one on one appointments. Jackson County also supports the Living Well program for Chronic Disease reduction in Older Adults. This program is evidence based and works well for the identified population, however, could use additional resources to continue to expand. Jackson County also acts as a pass through for dollars for the My Future, My Choice comprehensive sex education program designed to be delivered to middle school students by high school students. Two school districts in the valley, Rogue River and Phoenix/Talent have adopted these programs and deliver them with fidelity to several hundred students annually.

III. ACTION PLANS

A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE COMMUNICABLE DISEASES AND DISORDERS

Current conditions as relates to OHA contractual elements and Communicable Disease investigation and control:

Jackson County Public Health strives to meet all Program Element mandates as described in CLHO minimum standards and related OARs. These mandates include timely reporting from labs and physicians, investigation of disease outbreaks according to guidelines, surveillance of the incidence and prevalence of diseases, dissemination of urgent public health messages of the community, provision of information, education and prophylaxis to contacts and obtaining relevant information on risk factors, hospitalization and vaccination status. In the 2009 Triennial Review, Jackson County was recommended to improve on the obtaining of vaccination status on reported vaccine preventable diseases. Efforts and trainings to improve this have been underway, and further review will be addressed at the 2012 Triennial Review.

Goals to improve and continue maintenance of these requirements include: developing or continuing relationships with partners and stakeholders, improving internal communication to assure all issues are addressed per mandates, and ongoing training on communicable disease issues of importance in our community.

Activities:

- Weekly Communicable Disease team meetings occur to bring together the three CD nurses that implement the program, the County Health Officer, the Division Manager, and more recent invitees are the Environmental Public Health Division Manager, the Emergency Preparedness Coordinator and the Nursing Supervisor. Issues of importance and updates are addressed at these meetings. In addition, other guests have been invited during particular conversations, including hospital staff, and neighboring county staff.
- To improve communication with local medical providers and healthcare workers, we have re-established the monthly "Flash" report as instituted during the H1N1 epidemic. This report highlights a variety of different issues related to local, regional and national public health issues. In addition, it has increased conversation with some medical providers around certain concerns.
- To improve communication with community partners and the public we have established excellent relationships with our local media providers, and can assure that messages needing to reach the public in a timely manner are promoted by the newspaper, radio, and television stations and through social networking opportunities like Facebook.
- To assure training opportunities, CD staff are encouraged to attend local and regional trainings that fit their areas of need for improvement or expertise. In

addition, staff share that information gained with other CD and PH staff upon their return.

- Our clinic services are available on a walk-in basis for STI testing and treatment Monday through Friday. The state-contracted Ryan White Case Manager is stationed in our offices, and the continuum of services for this population is seamless across programs.

Evaluation:

We will use the following tools for evaluation of the effectiveness of our endeavors:

- Anecdotal reports from providers
- ORPHEUS data and tracking of timeliness of reports
- Increase in timely reports from laboratories and the Electronic Laboratory Reporting system
- Training opportunities accessed by staff

Current conditions as relates to other issues:

Tobacco Education and Prevention Planning documents are submitted to the State as required and address the variety of policy based efforts Jackson County PH staff are focused on throughout the year. We continue to have an active and engaged Tobacco program, and our continued work with local partners to address tobacco use reduction is ongoing.

The Healthy Communities program is in its fourth year at Jackson County, and is actively working on a Community Assessment driven by our local "Healthy Communities Steering Committee." The assessment, using the CDC's CHANGE tool, is due to be completed in Spring of 2012, and will be key to positioning Jackson County for continued funding in this area of Chronic Disease prevention. The Healthy Communities program has been lucky to work with several SOU/OHSU Nursing students to help kick off this new assessment work. All required planning documents will be submitted to the State TPEP program office as required.

B. ACTION PLAN FOR PARENT AND CHILD HEALTH

1-2. Describe problems, goals, activities, and evaluations related to parent and child health.

Due to a variety of factors, including economic issues, drug and alcohol use, mental health needs and reductions of other social and educational services, Jackson County's Public Health programs for parent and children continue to see increases in referrals to and access of services. Jackson County's WIC program saw its busiest month ever in August 2011, and Home Visiting program referral numbers have increased in 2011, with requests from higher acuity clients than have previously been seen. The MH therapist employed by JCPH has also seen high referral numbers and in particular requests for help with domestic violence and/or child abuse issues. On another note, the Healthy Kids expanded access to OHP program, and the CAWEM program that expands access to prenatal care for undocumented pregnant women have both been expanded locally, so that these children and pregnant women have better access to health insurance for their health care needs.

Jackson County continues to meet all minimum standards for OHA contracted programs including Immunizations, Maternal Child Health Services, Family Planning and WIC. These programs are fully staffed and accessible to the public by walk-in, call-in or outside referral mechanisms. All programs are also provided to Spanish only speaking clients, and clients speaking other languages have access to services through the use of paid interpreters. In addition to these programs, Jackson County Public Health provides additional services to support Parent and Child Health, funded through State contracts, private contracts or County General Fund dollars. Additional programs include: North Medford Teen Parent program nursing support, two High School based School Based Health Centers (6 additional ones exist in the County as well), CaCoon home visiting and care coordination services, Family Foundations (Federal Healthy Start grant) Home Visiting services, Cuidate! Latino Health Education program, Oregon Mother's Care, WIC Peer Breastfeeding support program, internal Mental Health therapist support, and outreach to local at-risk populations for education on family planning, HIV/AIDS, and Hepatitis C.

Jackson County PH will continue to provide services for families as supported by OHA and other contractual obligations, but will also work with community partners to assure services provided meet the needs of the community. As services dwindle in a variety of areas, primarily due to funding, it is imperative to look at the big picture of service provision in the county to assure that services are efficient, cost effective and are not duplicative of other services. Coordination and collaboration on efforts are key to assuring these needs are addressed.

3. WIC:

The WIC program plan will be submitted to the WIC State Program office on May 1, 2012 per requirements.

4. Immunizations:
The required progress report is attached in attachment A.
5. Family Planning:
The required progress report is attached in Attachment B.
6. Maternal, Child and Adolescent Health:
 - A. Assessment of the health needs of the MCAH population:

Infant mortality and low birth weight:

Jackson County's maternal child health indicators have shown some fluctuations over the past five years and have reflected some negative trends. The rate of inadequate prenatal care is 1% lower than the state average, but infant mortality has remained 1-2% lower than the state average for the same time period. Rates of low birthweight infants has also shown an upward trend with a five year average of 57.5 per 1,000 births, but still compare favorably to the state five year average of 61.0 per 1,000 births. 68% of pregnant women have first trimester entry into Jackson County prenatal care compared to the state at 70.6%. The percentage of infants born with low birth weight has declined somewhat to 5.3%, compared to the state average of 6.0%.

Teen pregnancy rates:

As was previously noted, in 1990, teen pregnancy rates for 10-17 year olds were 20.9 per 1000 in Jackson County. Through community partnerships, implementation of education programs, community forums and events, the rate of teen pregnancy reduced almost in half by 2008 to 10.8 per 1000. While this reduction is significant, Jackson County's teen pregnancy rate still remains higher than the State average in the 10-17 and 15-17 age ranges, and is in the top 10 of Oregon counties. Jackson County's Hispanic teen pregnancy rate of 23% was lower than the State rate of 33.7% (10-17 year olds from 2006-2008), however, this rate is higher than the Hispanic population in Jackson County, which was 9.2% (though has since risen to 10.7%). Therefore Hispanic teens are overrepresented in teen pregnancy numbers in Jackson County.

Domestic Violence Issues:

In 2011, there were nine deaths related to Domestic Violence in Jackson County alone. This included four women, four children (all from the same family) and one male (apparent suicide). Not only are these rates extremely high for DV related deaths in the county, these overall rates of murders are higher than have been seen in the last 10 years in Jackson County.

Maternal Mental Health needs:

Jackson County Public Health has seen an increase in the requests for Mental Health support at by a variety of clients. These clients are often referred to Jackson County Mental Health; however, their distinct needs often vary from the general service provided at the local MH agency. In specific, women and parents seek help with

parenting challenges, relationship issues, and general depression brought on by family and fiscal challenges. To that end, several years ago, Jackson County PH employed a MH specialist as an internal employee available to address internal referrals with short term needs, from WIC, Family Planning, Oregon Mother's Care and Maternal Child Health nurses. In January 2011, JCPH also started a weekly Mental Health Support group for women who could benefit from this type of group.

Drug and Alcohol use:

As was previously noted in the community assessment for this plan, Jackson County has a high rate of continued use of alcohol, tobacco, prescription drugs, and marijuana (both medicinally prescribed and other) use during pregnancy or in the months leading up to pregnancy. These rates are higher than other areas of the country that utilize the same 4-P's screening tool; however, they are comparable to rates in Douglas and Josephine Counties. Opioid drug use is also high in Jackson County as was previously noted.

B. Goals, objectives, activities and timelines:

Jackson County's MCAH program plans to continue with the following work to address the issues as noted above:

- Supplement Home Visiting work through the Health Care Coalition of Southern Oregon's (HCCSO) Family Foundations program to address infant mortality and low birth weight. Over the past eight years, this program has proven effective at significantly reducing low birth weight and increasing early entrance into prenatal care in program participants. 159 women are seen annually through this federally funded program, and program staff receive training and support through these additional services.
- Continue integration of Mental Health support services with MCH clients, WIC clients and Teen Parent program clients. This service is supported through additional County General Fund dollars, and due to the integration within the PH Division, women and families have easier and quicker access to services than through other traditional methods.
- Continue 4-P's screening throughout the County to initiate conversations about the risks of drugs and alcohol on infant's health. Data collection will continue, as well as, increased data sharing and the identification of additional ways to reduce the risks to children and infants through the use of this local information. Jackson County's Perinatal Task Force will continue as the lead on this county wide project.

Jackson County's MCAH program plans to initiate, or has recently initiated, the following work to address the issues as noted above:

- In mid 2011, Jackson County partnered with Community Works, the local Domestic Violence agency, on an OHA/DOJ grant to address Intimate Partner Violence (IPV) in Public Health settings. This grant has already been successful in increasing awareness of DV issues as relates to PH staff in Family Planning, OMC, WIC and Maternal Child Health. The partnership strengthens the

knowledge of PH staff on methods of approaching the subject of DV or IPV and of linking the agencies involved in the grant more closely. In 2012-2013, we will work to increase trainings with PH on these issues and thereby increase referrals to the onsite DV advocate.

- In 2012, Jackson County will begin its Cuidate! Latino Health Education program to address HIV/AIDS and early pregnancy in the Latino youth population. This program will work in collaboration with the already existing Latina Health Coalition to address disparities in this population as relates to teen pregnancy and HIV/AIDS. The program is evidence based and culturally appropriate to address the variety of issues facing young Latinos in our community.
- Jackson County staff have already begun to increase participation in local coalitions that address a variety of MCAH issues: Child Abuse Network, Early Childhood partnership Team, Multi-disciplinary team and the Latina Health Coalition. Participation in these groups has increase over the past year, and it will continue to be a priority PH to be at these tables to address these community wide issues.
- Increase collaboration and participation in conversations and ultimate formation of local Coordinated Care Organizations (CCO) and Early Learning Council hubs (ELC) to assure PH is part of the changing landscape

C. Evaluation plan to measure progress and outcomes of the Plan:

JCPH plans to continue its services related to research, referral and evaluation of needs for the MCAH population. This work will continue in collaboration with local health and health service agencies to address gaps in services and changes in services as may relate to newly formed CCO's and/or a regional Early Learning Council hub. Coordination of service delivery is aimed at reducing duplication and improving efficiencies. Additional measures of success include, but are not limited to:

- Reductions in rates of teen pregnancy, particularly Latina teen pregnancy
- Increase in referrals to our local Domestic Violence agency, and continued training for internal staff to improve comfort level in addressing DV
- Further reduction in infant low birth weight rates,
- Continued screening and referrals for pregnant women using the 4-P's plus and PHQ-9 tools. In addition, Jackson County is identifying ways to increase 3rd trimester screenings in pregnant women to address drug and alcohol use at that stage.

D. Projected use of MCAH Flexible Funds and other funds supporting plan activities and goals.

All 2012-2013 FY funds will be used in full according to State and Federal guidelines. In addition, Jackson County may use additional funds to support these efforts, including County General Funds, Local foundation grants and donations, and National grants.

C. ACTION PLAN FOR ENVIRONMENTAL HEALTH

Jackson County's Environmental Public Health Annual Plan, as is submitted to Jackson County's Public Health Advisory Board (PHAB) can be found at: <http://www.co.jackson.or.us/Page.asp?NavID=3746> and is updated annually. Next update is scheduled for May 2012, and will be posted at the same location.

D. Action Plan for HEALTH STATISTICS

Describe your approach to the collection and reporting of health statistics, including birth and death reporting.

Jackson County Public Health's Vital Records program meets all rules as defined in OAR 333 Division 11 pertaining to:

- Preparation of Certificates
- Record Preservation
- Registering of Live births
- New certificates of Birth following adoption and changes in Paternity
- Amendments
- Death Registrations, including home burials
- Disclosure of Records
- Defined fees

Jackson County employs one full time bilingual Deputy Registrar and 2 part-time Deputy Registrar's to meet the above requirements and deadlines as outlined by State Statute. These deputies work with local hospitals, funeral homes, private physicians, citizens and the Medical Examiner's office to assure mandates. Jackson County's 2009 Triennial Review showed compliance in all areas of the Vital Records program, and the program's review in April 2012 should show the same. However, Jackson County has identified, through State recommendations, that more access to online electronic submission of certificates is warranted in the County. To that end, Jackson County will be working with local partners in the 12-13 FY to improve this standard.

As previously noted, Jackson County has a strong relationship with the local Medical Examiner's office which has been critical to address the Prescription Drug overdose deaths in the County, through the review of Death record data. Another ongoing collaboration on the use of Vital Statistics data is with the Latina Health Coalition to address the disparity of Latina Teen Pregnancy rates in Jackson County as compared to Caucasian teen pregnancy rates. Jackson County HHS will continue to review local data to address other disparities of Public Health importance.

E. ACTION PLAN FOR INFORMATION AND REFERRAL

Describe your approach to information and referral.

Several assessments were completed following the H1N1 outbreak in 2009-2010 that showed the need to increase information sharing with the general public, as well as, internal and external partners on the role of Jackson County HHS programs. In addition, effective information sharing tools ("Flash Report") were noted as strengths that stemmed out of the H1N1 outbreak, and were deemed valuable to continue regardless of emergency situations. The following tools have been created/revised based on these recommendations:

- "How do we Help" brochures and video were developed in 2010 to highlight program activities in all areas of Jackson County HHS. These tools are shared with partners and new staff to promote a broader understanding of the programs provided, and are all translated into Spanish. These tools can be seen online at <http://co.jackson.or.us/page.asp?navid=3425>
- An Electronic Reader Board was placed in front of HHS buildings in 2010 to share emergent information (air quality alerts, bike to work week, flu clinics) and/or monthly health topic information (New Year's resolutions: eat less, move more, don't smoke). This board can be seen by passer's by, visitors, staff, etc.
- The monthly "Flash" reports were revised in 2011 to provide updates on local issues, local events, CDC or State reports/guidance, and contact information for reporting or questions. These reports are emailed to the majority of health care providers in the community, along with other partners including school representatives, the local Public Health Advisory Board, the local Medical Advisory Board, and internal partners. Flash reports are also posted on the web page and on facebook.
- A Facebook page was created by Jackson County HHS in 2011 to meet the increased needs of accessing information via social media sites. The page looks consistent with other material developed through the "How do we Help" campaign, and redirects visitors to our web page for more in depth information as needed. The page can be "liked" at <http://www.facebook.com/jacksoncountyhealthandhumanservices>

Additional methods of information sharing:

- Media engagement continues to be a high priority for Jackson County HHS to assure that accurate, timely and appropriate information is shared with the public through traditional media methods. Several HHS staff are trained and experienced in Public Information Officer (PIO) techniques and skills, and therefore Jackson County is often called upon to respond to issues of public health significance as occur locally or nationally.
- Jackson County Public Health has also focused on increased communication with internal staff and external partners on the variety of services available to our clients. Methods of increase include: more participation by PH staff in local task

forces and coalitions, increased trainings at staff meetings for internal staff with partnership from external partners, and increased resource sharing during meetings or via internal email communications.

Referral Systems:

The methods of information sharing as listed above, also improve our strength in referrals. While Jackson County incorporates referrals in all aspects of all programs, the increase in knowledge of community programs helps to support these referrals. In addition, referral forms, pamphlets and other handouts are consistently reviewed for accuracy to reduce inaccurate referrals.

F. ACTION PLAN FOR PUBLIC HEALTH EMERGENCY PREPAREDNESS

Current Condition or Problem:

Preparedness resources are limited through Grant funds, which allow the county to minimally meet Program Element-12 (PE-12), requirements on a routine basis. Should a large-scale emergency event occur, Jackson County's Health and Human Services (HHS), ability to respond effectively to that disaster while ensuring we meet the HHS mission could be jeopardized.

Objectives:

- Meet PE-12 requirements for HHS Preparedness
- Be prepared to respond effectively to a disaster while ensuring HHS meets its mission.

Actions:

- Continue community engagement with participation in Community Stakeholder Groups and by providing Community Emergency Preparedness Seminars
- Upgrade the Emergency Operations Plan into an Emergency Response Plan
- Provide HHS staff preparedness information, guidance, and training
- Develop and implement a robust HHS Continuity of Operations Plan (COOP)
- Engage Community Stakeholders in planning and implementation of preparedness plans
- Begin working on Project Public Health Ready, in conjunction with upgrading the Emergency Operations Plan into an Emergency Response Plan

Evaluation:

- Semi-Annual and Annual Review by the State Public Health Emergency Preparedness, as outlined in PE-12
- Exercise the COOP and obtain feedback through the After Action Report.
- Elicit feedback from Community Stakeholders through surveys, general meetings, or other feedback mechanisms
- Review of Project Public Health Ready will be completed by the Project Public Health Ready Review Committee through NACCHO.

G. OTHER OHA FUNDED PROGRAMS:

Climate Change Grant:

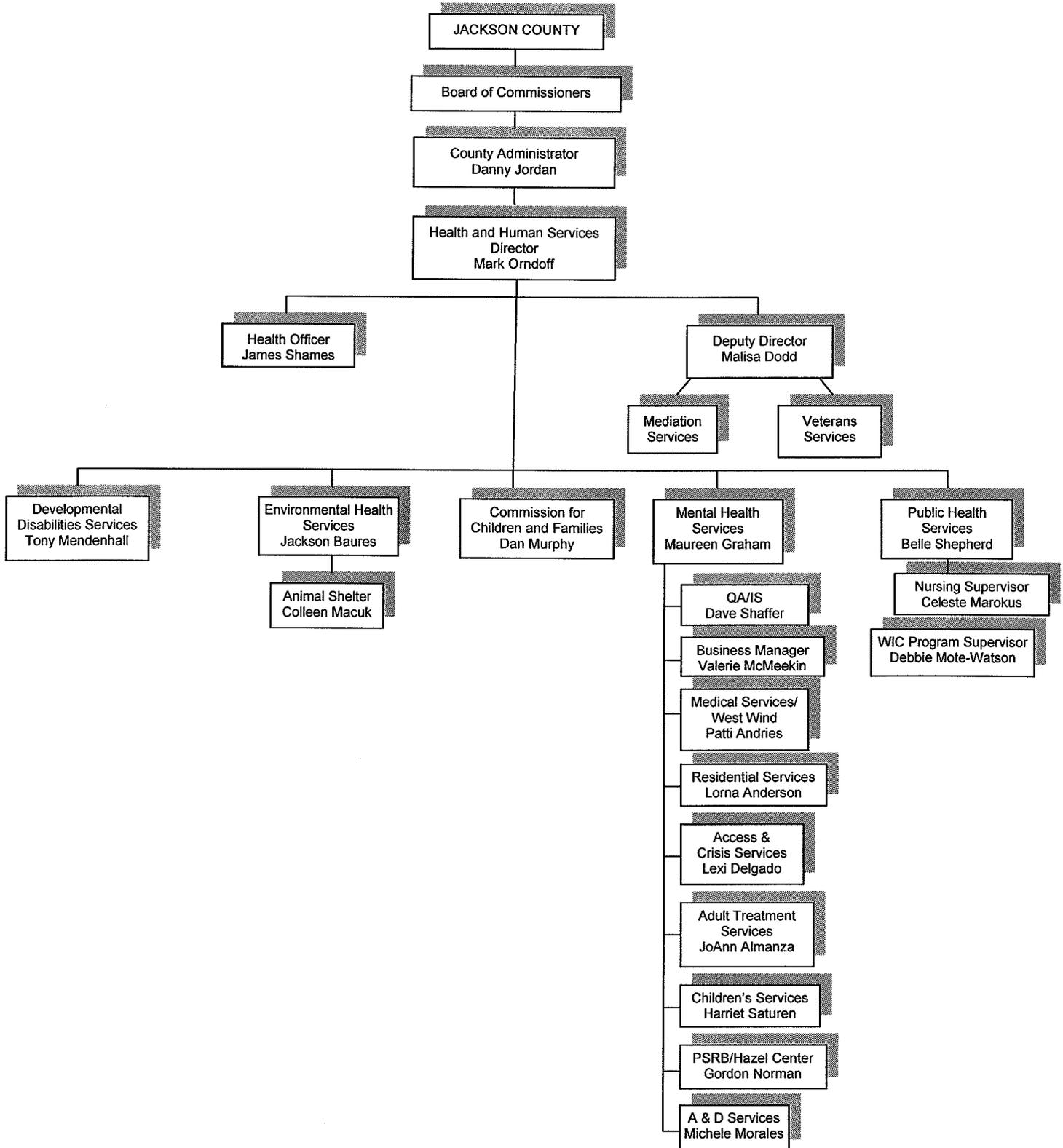
In 2011, Jackson County was one of five counties in the State to receive a 3 year climate change grant to assess the readiness of local public health departments to address climate change. This CDC funding is new, and Oregon was one of 6 states/cities to receive the funds. Oregon, unlike the other recipients, chose to distribute these funds to local public health departments to address readiness. The grant is being administered by the Public Health Division of Jackson County HHS, in conjunction with support from other divisions and administration, including the Emergency Preparedness coordinator.

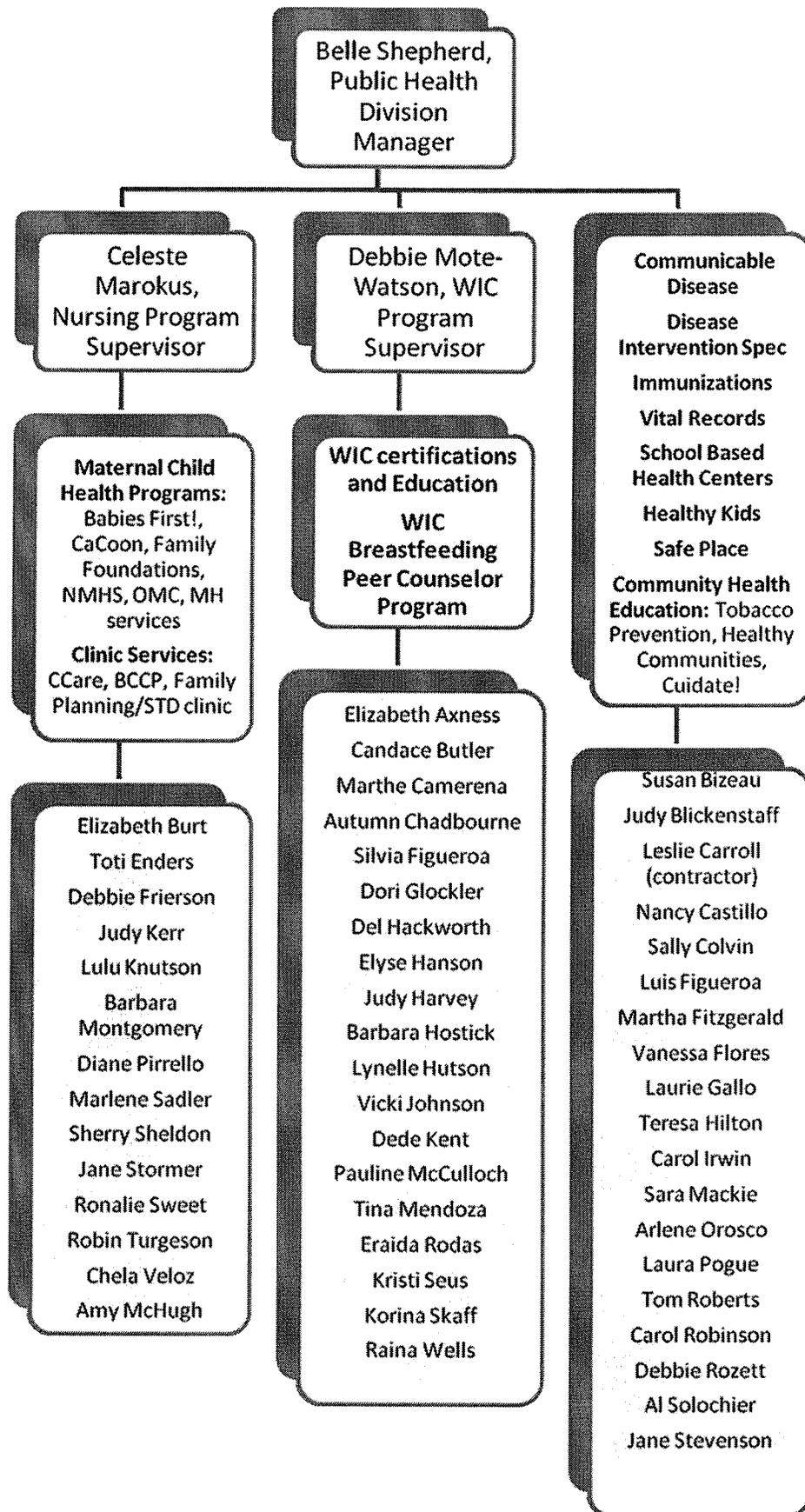
Jackson County immediately recognized the need to pull together a group of local stakeholders for input on the planning and methods to best address this issue. While many stakeholders from Preparedness circles are part of this group, the scope was intentionally set to be larger to include representatives from local public transportation authority, local bikeways committee, National Weather Service staff, Vector Control staff and Healthy Communities program staff. This broader range of stakeholders will help with the long term planning for more of the non-emergent issues, like slow but steady increases in heat and decreases in water availability.

While still in the beginning stages, this program has been embraced by the variety of stakeholders as important local issue. Our local coordinator, Susan Bizeau, a Community Health Nurse in communicable disease and Immunizations, will assure that program requirements are met, while also assuring that local needs are addressed.

IV. ADDITIONAL REQUIREMENTS

1. Organizational Charts:





2-3. Jackson County Board of Health and Public Health Advisory Board:

Per ORS 431.410, the Governing body of the County, or Jackson County Board of Commissioners is the Board of Health, and they have appointed a Public Health Advisory Board (PHAB) per County Ordinance No. 95-47, and have an appointed Commissioner liaison to the PHAB.

The Health Administrator/HHS Director reports to the County Administrator who reports to the Board of Commissioners (see Organizational Chart). The Board of Commissioners meets for regularly scheduled public meetings, and discuss Health issues that come before them or are emergent. The Board of Commissioners approves the LPHA's Annual Plan, Budget and requests for grants, staffing and other information as requested by staff of Jackson County Health and Human Services.

The PHAB consists of eleven members with four year terms each, all of who are either persons licensed by the State as health care practitioners or are persons who are well informed on public health matters. 2012 members include: a Dentist, Pediatrician, SOU Student Health Center physician, a Medford School Board representative, Executive Director of a local FQHC, an Urban Planner, an OHSU extension representative, and the Director of OHSU at SOU School of Nursing. The PHAB meets every other month to discuss pending and ongoing Public Health and Environmental Health issues in Jackson County. In-depth presentations and updates on ongoing issues are presented at each meeting. In addition, members bring public health issues of importance to the table to discuss and offer advice on. The PHAB also acts as the Local Tobacco Advisory Board and the Family Planning review Board (meeting Title X recommendations).

4. Triennial Review:

Jackson County's last triennial review was in April 2009. There are no pending compliance findings from that review to complete. The last WIC review was in June 2011, and there are no compliance findings with that program either. The next full triennial will be in August 2012, and the next WIC review will be in 2013.

5. Senate Bill 555:

The LPHA, Board of Commissioners, oversees the local Commission for Children and Families program under the Health and Human Services Department. All coordination efforts are met per statute.

V. SUMMARY OF UNMET NEEDS AND GAPS IN SERVICE

The overwhelming majority of public funds that flow to local health authorities is categorical in nature and tied to specific diseases or issues. As an end result, there are no flexible resources with which local health authorities can combat the leading causes of disability and/or death within their given populations. Despite the fact that prevention remains as the most salient cornerstone of public health, there is a paucity of resources with which to deliver prevention programming to the general public to reverse such trends as physical inactivity, poor dietary choices for both pediatric and adult populations, and lifestyles that contribute to sub-optimal cardiovascular and pulmonary health. Two issues of public health significance that are not being addressed adequately are: Childhood Obesity and Dental Health. Jackson County PH is committed to working with other agencies to address these areas further in the 12-13 FY, though State level support would also be welcomed to address these areas.

VI. BUDGET

For budget information, contact:
Malisa Dodd, Deputy Director
Jackson County Health and Human Services
541-774-7802
1000 E. Main
Medford, OR 97504

Web address with Jackson County and LPHA budget:
<http://www.co.jackson.or.us/page.asp?navid=3623>

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. Required. Follow up with operator if not done.
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 exist s 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. **With DEQ as of 2008.**

- 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 of solid waste. **Administered through County Administration.**
- 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 – **no direct services to older adults**
 - e. Yes ___ No Corrections Health – **no direct services to inmates**
- 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. **Referrals for services to regional providers.**
- 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: Mark Orndoff, M.S.

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

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.

The plan for the Administrator to come into compliance with the recently adopted minimum qualifications includes enrollment in the online Graduate Certificate in Public Health program at the OHSU School of Nursing (or another accredited University). Courses to be taken include graduate courses in: biostatistics, epidemiology, environmental health, health services administration. Current administrator has a Master's Degree in Social Sciences with related courses, many of which were taken at the undergraduate level.

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

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.

b. 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.

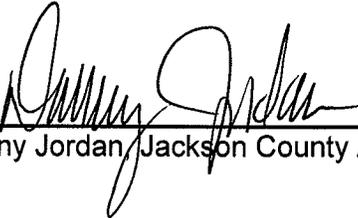
c. Yes No The local health department Health Officer meets minimum qualifications:

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

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

Agencies are **required** to include with the submitted Annual Plan:

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



Danny Jordan, Jackson County Administrator

1-18-12
Date

Attachment A

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

LHD staff completing this checklist: Carol Irwin

State-Supplied Vaccine/IG

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

Vaccine Management & Accountability

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

Delegate Agencies

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

Vaccine Administration

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

Immunization Rates & Assessments

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

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

LHD staff completing this checklist: Carol Irwin

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Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation

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

Tracking & Recall

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

WIC/Immunization Integration

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

Vaccine Information

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

Outreach & education

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

(Activity 1) Ashland immunization outreach team to provide school immunization education, provider and business information and education.

(Activity 2) Monthly blast email to providers with update for measles, pertussis and other vaccine-preventable diseases.

(Activity 3)

Surveillance of Vaccine-Preventable Diseases

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

Adverse Events Following Immunizations

37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP

38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP

39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

School/Facility Immunization Law

40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)

a. Conducts secondary review of school & children's facility immunization records

b. Issues exclusion orders as necessary

c. Makes immunizations available in convenient areas and at convenient times

41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline

42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

American Recovery & Reinvestment Act (ARRA) Stimulus Funds

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

Report submitted? Yes No

Performance Measures

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

Terms & Conditions Particular to LPHA Performance of Immunization Services

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

Reporting Obligations & Periodic Reporting

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

Non-Compliance Explanation Detail Sheet

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

Q. 25 No prenatal care given at health dept.
Q. 28 Labs report HBsag + women. We do not monitor reporting. Physicians rarely report.
Q. 44 Benchmark report for 4 th Dtap not received for ages 21 to 31 months done at least 4 times/year. Parents contacted to have child receive Dtap
Q.

To Submit:

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

Attachment B

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

FY 2013

July 1, 2012 to June 30, 2013

Agency: Jackson

Contact: Celeste Marokus, Belle Shepherd

Goal #2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use.

Problem Statement	Objective(s)	Planned Activities	Evaluation
Jackson County Public Health does not provide the Nuva Ring. Only 0.4% of JCPH clients use the Nuva Ring, compared to 6.8% of overall FP clients in the State	Begin offering the Nuva Ring to clients, starting 1/1/12	Provide staff education on the Nuva Ring, its effectiveness and ease of use, as well as, preference for use. (Statewide the Ring is used 3% more than the Patch)	<ol style="list-style-type: none">1. Training is completed.2. Staff express comfort with counseling on NR use.3. Decrease of clients using no method at JCPH (currently "no method" clients are at 22.6% vs. Statewide at 15.7%)

Goal #3: Promote awareness and access to long acting reversible contraceptives (LARCs)

Problem Statement	Objective(s)	Planned Activities	Evaluation
JCPH has anecdotally noticed an increase of clients who have the IUD removed shortly after insertion.	<p>Begin tracking IUD removal time frames shorter than 3 months.</p> <p>Improve staff comfort around promoting IUD's and assuring the method is right for the client, through counseling and information sharing.</p>	<p>Staff training to improve counseling for IUD use – local training and by participating in state webinars.</p> <p>Improve internal mechanisms for tracking and stocking IUD's to reduce any wait times of IUD insertions.</p>	<p>Training is completed by a majority of FP staff.</p> <p>Staff express higher comfort on counseling on IUD insertions after training(s). (post training evaluation)</p> <p>Internal tracking system becomes more efficient as recognized by less wait times for IUD insertions.</p>
	Explore adding Implanon to the list of LARCs available at JCPH, by 1/1/13	<p>Survey staff on training needs and awareness of Implanon.</p> <p>Survey clients on requests for Implanon insertion.</p> <p>Train staff on insertion and on counseling for Implanon.</p>	<p>Addition of Implanon to JCPH's contraceptive list by 1/1/13</p>

Progress on Goals/Activities for FY 2012

Goal/Objective	Progress on Activities
Increase IUD insertions by 5% in 2011-2012 fiscal year	<p>Promote IUD's with current population, and in outreach populations – In FY 10-11 JCPH inserted 47 IUD's</p> <p>From July 1, 2011 to December 31, 2011, JCPH inserted 38 IUD's. This is 62% increase. If this increase continues, we have met and exceeded the goal. It is possible; however, that this increase will diminish as we complete the fiscal year. We will continue to monitor IUD insertions, as well as removals, to compare to last year's numbers.</p>
Increase BC use by at-risk populations	<p>Activity 1: <i>Begin outreach activities to local Methadone clinic clients:</i></p> <p>In May 2011, one PHN began working with the local methadone clinic</p>

to improve access and knowledge of clients to the availability of birth control. The methadone clinic is in walking distance of JCPH, however, it had been determined that Methadone clients don't access our services due to lack of knowledge about them, lack of understanding of how to access services, and client reticence to access any medical services due to the stigma of being on methadone. Since May, there has been an "anecdotal" increase in clients from Methadone accessing services at PH. The exact number is not known due to client confidentiality; however, the PHN who delivers information at the Methadone clinic has noted that she sees many clients from there now accessing our services. In September 2011, another PHN began doing HIV Testing, Hep C testing and RPR testing at the Methadone clinic to meet their testing needs, to coordinate our outreach efforts for HIV testing, and to further increase dialogue, knowledge and comfort of sharing services between the two sites.

Activity 2: *Work with partners to identify other outreach sites that could benefit from BC counseling.* No additional sites for outreach have been identified at this time. In addition, staffing levels do not currently permit more outreach time. However, efforts to improve knowledge of services have grown, including:

- JCPH now has a Facebook page to help promote a variety of services.
- JCPH has an electronic reader board outside of the building, with monthly and ongoing health information. Two ongoing messages include: "Walk in pregnancy testing here" and "Walk in Women's exams here." These messages are seen by thousands of persons who drive by weekly
- JCPH was awarded a Cuidate! Latino Health Education program to decrease HIV/AIDS among Latino youth. This program will also refer youth to family planning services.

Attachment C

Public Health Contractors

Asante dba RVMC	X rays
Asante	Public donor agreement
Ashland School District	SBHC
CareOregon	Allows Jackson Cty to provide services to members
Carroll, Leslie-Healthy Comm. Con	Healthy Community services
Charter Communications	High Speed Internet in building A
Community Health Center	SBHC
DHR #51131	Babies First Targeted Case Management
DHS #043153	Trading Partner Agreement
DHS-OIS	Business Assoc Memorandum of Understanding
DHS #136249	My Future My Choice
DHS #129801	CAWEM Prenatal Expansion Program
Harris, Linda, MD	Reproductive Health Services
Health Care Coalition of SO	Public Donor
Health Care Coalition of SO	Pay for their data entry person
Health Care Coalition of SO	Lease
Health Care Coalition of SO	Eliminating Disparities
HIV Alliance	Lease
JC School District #6	SBHC
Job Council	Assessment services for high need child care referrals
La Clinica del Valle	SBHC
Medford Radiological Group	Read TB X-rays
Medford School District	Public Health Nurse Services Agreement
Mid-Rogue Independent Phy	Public Health Services Agreement
OCE	Copier Maint
ODS	Participating OR Clinic
ODS	Participating Clinic-OHP
OHSU	Student Nurses
OHSU	Cacoon Program
OR SBHC Network Grant	Provide resources to SBHC staff
PacificSource	Flu Shot reimbursement
Providence Health & Services	Public Donor Agree
Regence BlueCross BlueShield	Shot Program-Participating Vendor Agreement
RVCOG	Healthy Community services
Sierra West Linen	Linen services
Vista Pathology	Pap Smears
Yarrish, Arthur	fix typewriter

WIC

Gan, Daniel	Interpretation Ser
Holzshu, Molly Kingsley	Interpretation Ser
S. Oregon Child & Family Council	MOU

Environmental Contracts

Ashland Fire & Rescue	ASA #3
DEQ #022-12	Air Quality program
DHS #128892	Drinking Water
DHS #128301	Foodborne Illness
Josephine County	Mutual Aid Agreement
Lane County	Food Handlers testing
Mercy Flights	ASA#2
Rogue River Ambulance Ser	ASA

Supervising Physician Program

Applegate Fire District #9
Ashland, City of
Evans Valley Fire District #6
Jackson County Fire District #3

Jackson County Fire District #4
Jackson County Fire District #5
Jacksonville Fire Department
Medford, City of
Mercy Flights
Pro-Tec Fire Services
Prospect RFPD
Rogue River Rural Fire Prot

School Food Service Inspections

Ashland School District
Butte Falls School District
Eagle Point School District
JC School District #6
Medford School District
Phoenix-Talent School District
Prospect School District
Sacred Heart School
Rogue River School District
Three Rivers School District

Animal Control

All Creatures Animal Hospital	Dog License Sales
Animal Medical Hospital	Dog License Sales
Animal Medical Hospital	Medical Services
Ashland Veterinary Hospital	Dog License Sales
Bear Creek Animal Clinic	Dog License Sales
Best Friends Animal Hospital	Dog License Sales
Best Friends Animal Hospital of E Medford	Dog License Sales
Best Friends Animal Hospital	Medical services
Butte Falls, Town of	Dog License Sales
Jacksonville Veterinary Hospital	Dog License Sales
Lakeway Veterinary Hospital	Dog License Sales
Lithia Springs Animal Hospital	Dog License Sales
Medford, City of	Dead Animal pick-up
Medford Animal Hospital	Dog License Sales
Phoenix Animal Hospital	Medical services
Rogue River Community Center	Dog License Sales
Roxy Ann Veterinary Hospital	Dog License Sales
Rubenstein, Donald	Code enforcer
Shady Cove, City of	Dead Animal pick-up
Siskiyou Veterinary Hospital	Dog License Sales
Southern Oregon Humane Society	Dog License Sales
West Main Animal Hospital	Dog License Sales

Preparedness

Amateur Radio Emergency Service	Acknowledgement
Charter Business Networks	Internet Access Services
Charter Business	EH Video conference room
DHS #129363	GIS Data Tool