

Lake County



Public Health Annual Plan 2012

December 15, 2011
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Beth Hadley

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I. Executive Summary

Lake County is an area that sees little change from year to year. The workers from the Ruby Pipeline have gone. Businesses that were opened to help support the 600-700 workers are closed. These businesses were mainly food service. In addition to the loss of income from the pipeline, Wood Grain Mill is closing its doors the first of January 2012. The closure will affect around 50 families and of course the community at large.

As always, funding remains a challenge. The current staff have shown their commitment to public health by taking on additional duties when a position was lost in 2009. The result of the funding issue is that Lake County Public Health is only able to focus on the minimum requirements for the five basics services contained in statute. The Lake County Commissioners have shown their support by approving public health funding every year, but with expected revenue for the county increasing by 1.5% and wages increasing 11%, it remains to be seen how long this can be sustained.

The annual plan for 2012 incorporates the latest data from the U.S. Census Bureau, 1990, 2000, 2010, and estimates for 2011 found at the Portland State University Population Research Center, <http://pdx.edu/prc/> .

II. ASSESSMENT

Population:

Lake County incorporates an area of 8,359 miles and is located in South Eastern Oregon. This beautiful but somewhat secluded region is home to an estimated 7,890 people. There was an estimated loss of 5 persons for the year 2011. A growth of 6.4% in population was reported from the year 2000 to 2010. (US Census Bureau, 1990, 2000, 2010 PSU Population Research Center) Lake County usually has small fluctuations but the population seems to remain fairly steady. The age group data for 2010 is only available for those under age 18 (1,525) and those over age 18 (6,370) ¹ this is a decrease in the younger age group by 17.4% and an increase in the older age group by 14.3%. Although we cannot tell what age range the older population is, it confirms our belief that we are an aging community. The sexes continue to remain even with 50.1% being female.

The population by race from the 2010 Census Bureau show that 93.4% are white, .6% Black, 4.4% are American Indian/Alaskan Native, 1.2% Asian, .4% Native Hawaiian or Other Pacific Islander, and Hispanic or Latino 6.9%. The largest growth came in the Black and Native Hawaiian communities with an 88% and 218% increase respectively. ¹ There are approximately 1,500 disabled persons in the county.

Geographically the population is spread out over the 8,000 plus miles in four areas. Lakeview, the county seat, is located in the southern end of the county 14 miles north of the California border. Lakeview has a population of approximately 2,400. To the east of Lakeview are the small communities of Plush and Adel with about 190 residents. The Township of Paisley is found in the middle of the county with an approximate population of 390. Christmas Valley is the largest community found in the north section of Lake County. It has around 975 residents and has the smaller communities of Fort Rock, with 129 residents, to the northwest, Silver Lake with 432 residents, to the west, and Summer Lake with 501 residents to the south. These populations are based on zip codes.² The smaller communities are ranching and farming areas so the population is dispersed over several miles. The minimum distance between the areas is 40 miles.

Economics:

The economy in Lake County is reliant on government, health care, state, agriculture, lumber, and natural resource extraction. The area is also trying to promote itself for the many outdoor recreational and sightseeing opportunities

¹ US Census Bureau, 1990, 2000, 2010 PSU Population Research Center

² www.city-data.com

offered. Once a booming lumber county, now only one lumber mill remains. Lake County includes numerous cattle ranches where irrigation has permitted some agriculture based upon the growing of hay and grain despite the low rainfall and a short growing season. A perlite mine located near Lakeview provides employment in the mine as well as on the railroad used to ship the finished product.

Government employees from the United States Forest Service and Bureau of Land management provide many of the higher paying salary jobs. Over 78% of the land in Lake County is owned and managed by the federal and state government. Lake County is home to the Lake District Hospital, and three primary care health offices. It's also the location for The Warner Creek Correctional Facility opened in 2005. This is a 400-bed minimum security state prison. The prison employs an average of 110 correctional professionals.³ Geothermal heat, currently used at Warner Creek Correctional Facility, is being promoted for economic development. Christmas Valley is the site for solar “sun farms” with four other sites designated throughout the county.

The median income for families in 2009 was \$35,303, a decrease of approximately \$1,000.00 from 2008. In 2009 18.5% of the population lived below poverty level. 27.6% of children under the age of 18 live below the Federal Poverty level. This is an increase of 4% for the children⁴ The *Oregon Labor Market Information System* reports that in February 2011 Lake County’s unemployment rate was 12.7%. This is 3.8% higher than the nation and 2.5% higher than the state. Preliminary data from the Department of Medical Assistance for February 2011 show 16% of the total population was eligible for the Oregon Health Plan Programs. This is an increase of 1% from 2008. The *County Health Rankings* compiled by the University of Wisconsin show that the rate of uninsured adults has improved from 23% in 2010 to 19% in 2011. This may change for 2012 with the closure of Wood Grain.

Births:

The number of births, by vital registry review, to Lake County residents increased from 59 in 2009 to 80 in 2010. According to the 2011 Oregon County Health Rankings, the number of teen births in 2010 was 37. In 2009 96.6% of the women had adequate prenatal care, but only 65.5% had prenatal care in the first trimester.⁵ Maternal risk factors are not available for 2009. In 2007 maternal risk factors, in order of highest rate are; Unmarried, Tobacco Use, <12 years of education, Inadequate prenatal care, age greater than 35, and 4+ live births, minority, and age <18.⁶

³ Lake County Economic Development Newsletter 2009

⁴ US Census Bureau Small Area Income and Poverty Estimates 2009

⁵ Oregon Department Of Human Services, Oregon Vital Statistics County Data 2008

⁶ Oregon Department of Human Services, Center for Health Statistics, 2009 YTD Preliminary Data; December

Death:

The University of Wisconsin Public Health Institute and the Robert Wood Johnson Foundation County Health Rankings show that Lake County ranks higher than the state of Oregon average in the area of premature death. This is also true for years 2010 and 2011. Review of the county vital statistics registry show there were more deaths than births. In 2010, 107 residents of Lake County died. This has been a trend for several years. The main causes of death were cancer, heart disease, and unintentional injuries (motor vehicle accidents and poisoning/drug). According to the Oregon Public Health Division Tobacco Prevention and Education Program fact sheet for 2011, 27 of the deaths in Lake County were from tobacco use. The unintentional injuries were related to motor vehicle (Lake County has a very high rate of 41 to the state's 14)⁵ alcohol, firearms, and drugs. Other causes of death, in order of rate of occurrence, include; organic dementia, diseases of the digestive system, chronic lower respiratory disease, Alzheimer's, diseases of the genitourinary system, diabetes, flu& pneumonia, suicide, and Parkinson's.

Chronic Disease:

Lake County's data on chronic disease must be interpreted with care because it may be statistically unreliable or is suppressed because it is unreliable. Having said this, the data shows that Lake County is comparable to the state average for Arthritis, and less than the state average for Asthma. The rates for high blood pressure and high blood cholesterol were both higher than the state average. Compared to the state average Lake County has a higher rate of overweight persons, but a lesser rate of obese persons. The percentage of adults who met CDC recommendations for physical activity was higher than the state.⁷ Incidence of diabetes, heart attack, angina, and stroke was not available.

Tobacco/Alcohol/Drugs

Tobacco takes its toll on Lake County. 1, 208 adults regularly smoke cigarettes, this number has decreased from the previous year. 528 people suffer from a serious illness caused by tobacco smoke, this is an increase. 27 people or 28% of all deaths in Lake County are related to tobacco. Tobacco use among Lake County youth exceeds the state rate in all but one category; however it is stated on the fact sheet that this data may be statistically unreliable.⁸ Lake County is in its third year of the Tobacco Prevention and Education Program and good works have come of the efforts of the two coordinators.

The school resource office position has not been retained for the year 2011. This

⁷ Department of Human Services, Health Promotion and Chronic Disease Prevention 2006-2009

⁸ Department of Human Services, Tobacco and Prevention Education Program, Lake County Tobacco Fact Sheet 2011

loss of the police officer on campus to educate the students about tobacco and drugs is significant. Alcohol and Methamphetamines is the drug of choice for those incarcerated in the Lake County Jail. According to Chief of Police Jeff Kamp, the ability to purchase methamphetamines is becoming much more difficult in Lake County, however he has seen an increase in marijuana use in persons of all ages. Lake County Mental Health has developed an under age drinking task force to address the issue that has been an ongoing problem.

Communicable Disease

20 Communicable disease reports were received in 2011.⁹ Hepatitis C reports led with 11 cases. Chlamydia and Campy were second with 3, while chronic Hep B, Animal Rabies, and Salmonella had one case each. There were no outbreaks investigated.

Environmental Hazards

Lake County does have “Superfund” clean up sites west of Lakeview for Uranium tailings and a mass chemical dump around the Christmas Valley area. While closely monitored and regularly inspected by the federal government, the potential for the release of hazardous amounts of radioactivity materials does exist. Lake County has also experienced several earthquakes, wild fires, floods, and severe winter storms. All of these may present a significant impact to the infrastructure of the health care system and public health.

Adequacy of the Local Public Health Service

Lake County Public Health is only able to provide the five basic services required in ORS 431.416 and Preparedness. Funding limits the scope of services that may need to be addressed. Staffing is adequate for the current day to day work load but could not provide all services in the event of a major disruption such as a large outbreak. Staffing was decreased in 2009 by .85 FTE and this position has not been replaced. The county general fund increased its support of public health for the year 2009-2010. The commissioners allowed the same funding amount for 2011-2012. If funding is lost from the county, state or federal sources it will certainly compromise the ability for Lake County Public Health to meet mandated requirements.

Other Services of Import

Laboratory Services

⁹ ORPHEUS State Data Base 1/1/11-12-1-11

- The Oregon State Public Health Laboratory provides services for diagnostic and screening tests to support public health services. These include, but are not limited to; virology, bacteriology and parasitology.
- Lake County Public health also sends specimens to other laboratories (InterPath, Blue Mountain, MedTox, Kansas State University, and Oregon State University) for screening and diagnostic testing.

Dental Health

- Lake County Public Health has incorporated a dental varnish program for children 9 months to 3 years of age. This is collaboration between Maternal and Child Health Programs and WIC. The cost of the varnish is on a sliding scale basis. The varnish is furnished at home visits, WIC visits, or by appointment.
- Individual education by home visiting and WIC on proper oral hygiene is provided at visits.
- Referral to a dental home and/or the dental van are provided.

Hearing Screening

- Lake County provides hearing screening for newborns and children up to the age of three.
- The screenings are provided on a sliding scale basis.

Medical Examiner Services, Older Adult Health, Primary Care and Shellfish Sanitation are not provided by Lake County Public Health.

III. ACTION PLAN

Epidemiology and control of preventable disease and conditions

Current Condition: See Assessment for Communicable Disease and Tobacco

Goal: To contain communicable disease and prevent outbreaks.

Activity:

Communicable Disease

- Health data is analyzed annually to determine a base line for incidence of disease.
- Written plans, policies, and procedures are in place for surveillance of communicable disease as well as receiving, reporting, investigation, control and treatment.
- Utilization of the Electronic Laboratory Reporting and the new ORPHEUS system to receive reports from numerous laboratories.
- Written policy and procedure for 24/7 ability to receive reports.
- All staff has access to the Health Alert Network for notification and to obtain information.
- Written plans and procedures are in place for community notification of disease.
- Utilization of ORPHEUS to send reports electronically to the State Acute and Communicable Disease Program.
- All nursing staff has had basic training in responding to communicable disease reports.
- Specimen collection for communicable diseases is available on site. Testing is done by private laboratories or the Oregon State Public Health Laboratory.
- Collaboration with county agencies, hospital infection control, schools, mental health, and service clubs to provide information regarding communicable diseases.
- All childhood and adult immunizations for the county are given at Lake County Public Health.
- Public vaccinations clinics are available and school based vaccination clinics have been held.
- Utilization of the IRIS and Alert Data Bases. Now using Alert IIS for immunization history and data input.
- Forms are available in English and Spanish.
- Collaboration with local Veterinarians regarding animal inoculations.

Tuberculosis Case Management

- Lake County is not funded for tuberculosis case management.

- Lake County Public Health provides ppd testing for high risk individuals and for those whom need it for work requirement.
- Public health has and will provide DOT for clients with Latent TB upon recommendation from the state.

Tobacco Prevention and Education (TPEP)

- The Lake County Tobacco Prevention Plan is on file at the state.
- Collaboration with government, education and community partners has been strong.
- Participation in health fairs and radio messages have increased the knowledge of the community regarding tobacco and policy.

Evaluation

- Ongoing assessment of immunization rates, communicable disease reports, and tobacco policy.

Parent and Child Health Services, Including Family Planning

Current Condition: See assessment for Births, also Immunization Compliance, and Family Planning Plan

Goal: To provide services for the preservation of health in the Lake County Community.

Activity:

Immunizations

- Lake County Public Health provides all childhood immunizations for the county. Many adult vaccines as well.
- Participates in the school exclusion process every year.
- Provides vaccines at the school during registration for elementary and middle schools.
- Utilization of Alert and Iris Data Bases Now utilizes Alert IIS system.
- Collaborates with WIC to provide immunizations at the time of WIC visits.
- Collaborates with Family Planning to provide immunizations at the time of Family Planning visits.
- Bilingual services in English and Spanish

Maternal child health services

- Collaboration with Lake District Hospital to provide childbirth education classes.
- Collaboration with Lake District Hospital to provide OB discharge booklets.

- Home visiting programs that include Babies First, Maternity Case Management, and CaCoon. These include developmental screening, parent education, and referral.
- Utilization of Orchids data base
- Collaboration with Educational Services District and Physicians for referral.
- Receive referrals from Lake District Hospital, Rogue Valley Medical Center and St. Charles Medical Center for home visits
- Hearing screening is offered with immunizations and by appointment
- Collaboration with Head Start to provide group parent education on childhood concerns.
- Bilingual services in English and Spanish

Family Planning

- Provide family planning services according to Title X and CCare guidelines.
- Utilization of Ahlers and ORCHIDS Data Base.
- Referrals to appropriate providers for continuation of care.
- Bilingual services in English and Spanish.

Women, infants, and children nutrition services (WIC)

- WIC is provided both in North Lake and in Lakeview. With outreach to areas such as Paisley, Silver Lake, Adel. Plush and New Pine Creek.
- Bilingual services in English and Spanish

Evaluation

- Review of AFIX reports, Ahlers reports, and annual reviews by programs.

Environmental Health Services

Current Condition: Food, pool, and lodging facilities in the county are serving the public.

Goal: Assure that the facilities are maintaining clean and safe facilities for the public.

Activities:

- Two new Environmental Health Specialist were hired to perform food pool and lodging inspections, plan review, and technical support for those in the industry.
- The 2011 year report shows that 100% of food, pool and lodging inspections were done.

- Public Health monitors water only in tourist facilities and organized camps.
- Public water is monitored by the water systems of Lakeview, Paisley and Christmas Valley. Private wells are numerous throughout the county and are not monitored unless the owner requests testing.
- Department of Forestry monitors federal campgrounds and results are sent to public health.
- Water collection kits are available at public health.
- Solid Waste is regulated by the County.
- Sewage is monitored by the Town of Lakeview for the town and DEQ for the county.

Public Health Preparedness

Current Condition: Decrease in funding for preparedness activities

Goal: Maintain ability to mitigate, respond, and recover from a public health emergency.

Activities:

- Public Health Emergency Plans are in place for ESF 8, Strategic National Stock pile, Mass Vaccination Clinic, Communications, Chemical, Radiation and Earthquake.
- Lake County Public Health participates in two exercises a year
- For more information please see the Lake County Emergency Preparedness Annual Review material.

Evaluation; Annual program review

Vital Records

Current Condition: One Registrar and two Deputy Registrar provide birth and death reporting, recording and registration in a timely manner.

Goal: Continue to provide services in a timely manner.

Activities;

- Utilization of the Electronic Birth and Death Registry.
- Collaboration with funeral directors to provide timely issuance of death certificates.
- Collaboration with Lake District Hospital to provide information in the discharge packet regarding birth certificates.
- Notification of deaths to the county clerk on a weekly basis.
- Annual analysis of mortality reports.

Information and Referral Services

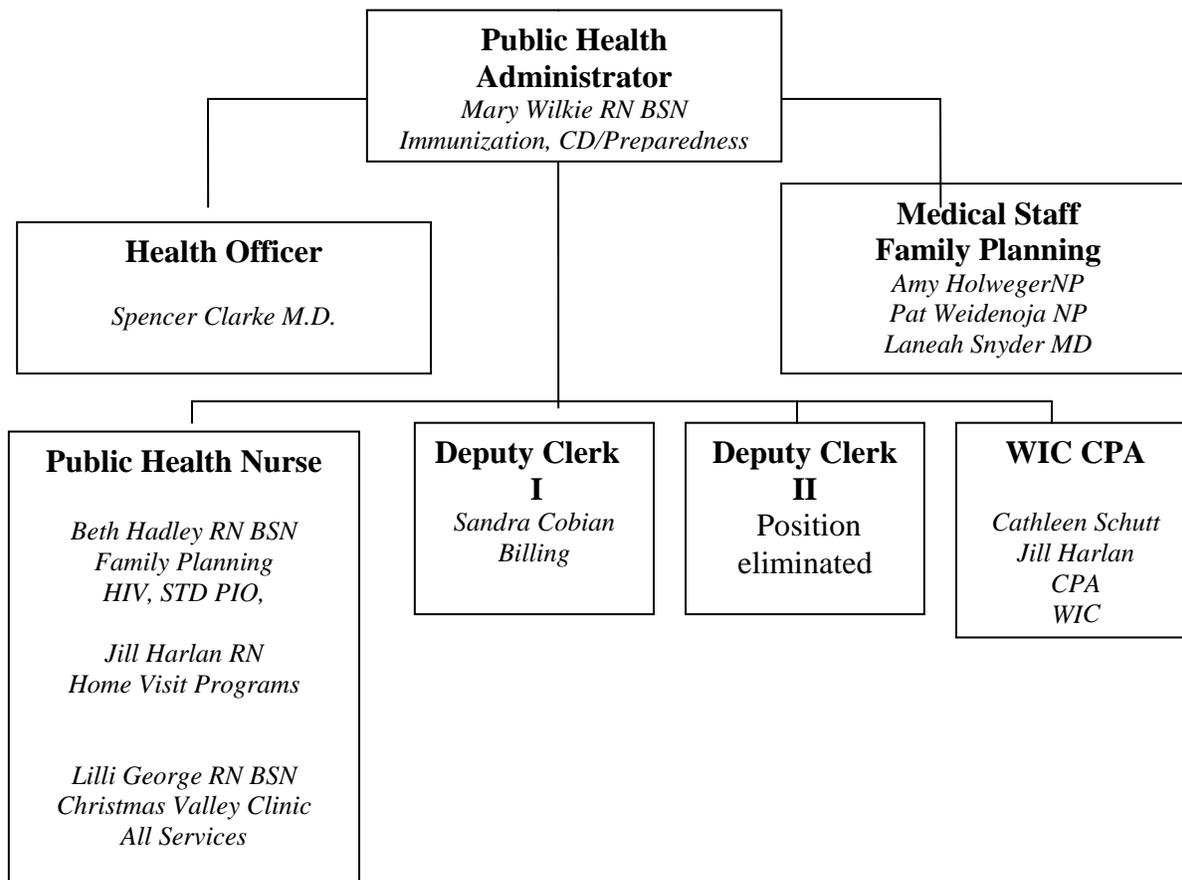
- The list of pamphlets available include, but are not limited to, information on primary care providers, crisis intervention, mental

health agencies, communicable disease, immunizations, lead, asbestos, pesticides, nutrition, heart disease, diabetes, prescription drug assistance, and emergency planning.

- If there is no information on the subject in the office, staff will search for information for the client.
- Oregon Health Plan applications are available.
- Referrals have been made to Child Welfare, Adult and Family Services, TANF, Oregon Health Plan, Primary Care, Education Services District, Mental Health, Department of Environmental Quality, Department of Fish and Wildlife, Ministerial Society, Dornbecker Children's Hospital, Shriner's Children Hospital, Building, Planning, and Town of Lakeview. This list is not all inclusive, but shows that Lake County Public Health endeavors to help clients find the information they seek.
- Lake County Public health has provided presentations to local agencies on communicable disease, disease reporting, emergency planning, childhood safety, and childbirth.

IV. ADDITIONAL REQUIREMENTS

Lake County Public Health Organizational Chart



V. Unmet Needs

Lake County Public Health does not meet the Minimum Standard Requirements for a Public Health Administrator. The current administrator is a Registered Nurse with a Bachelor of Science Degree in Nursing and 10 years of experience in Public Health, eight of those as the administrator. The current administrator has been cross trained in all the programs and has the ability see clients when the program nurse is unavailable. Funding for graduate level continuing education is not budgeted at this time. Although scholarships may be available to help with the tuition there is not funding available for the time involvement required of the Administrator. The Commissioners are discussing the rationale for the requirement and seeking information from other counties before coming to a decision on this matter.

All of the public health duties noted in the Oregon Revised Statutes and Administrative Rules are issues that should be addressed in Lake County. However, funding mandates that Lake County Public Health prioritize the deployment of staff in an effort to meet the minimum standards set forth by the Oregon Revised Statutes, Oregon Administrative Rules, and Coalition of Local Health Officials (CLHO).

VI. Budget

Budget information may be obtained from;

Ann Crumrine
Lake County Treasurer
513 Center Street
Lakeview, Oregon 97630
541-947-6030
acrumrine@co.lake.or.us

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?

I. Organization

1. Yes A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes The Local Health Authority meets at least annually to address public health concerns.
3. Yes 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 Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes Local health officials develop and manage an annual operating budget.
8. Yes Generally accepted public accounting practices are used for managing funds.
9. Yes All revenues generated from public health services are allocated to public health programs.
10. Yes Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes Personnel policies and procedures are available for all employees.
12. Yes All positions have written job descriptions, including minimum qualifications.
13. Yes Written performance evaluations are done annually.
14. Yes Evidence of staff development activities exists.
15. Yes Personnel records for all terminated employees are retained consistently with State Archives rules.

16. Yes Records include minimum information required by each program.
17. Yes A records manual of all forms used is reviewed annually.
18. Yes There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes Filing and retrieval of health records follow written procedures.
20. Yes Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes Local health department telephone numbers and facilities' addresses are publicized.
22. Yes Health information and referral services are available during regular business hours.
23. Yes 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. N/A CERTIFICATES ARE SUBMITTED BY FUNERAL HOME 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 To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes 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 A system to obtain reports of deaths of public health significance is in place.
29. 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. No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes Staff is knowledgeable of and has participated in the development of the county's emergency plan.

32. Yes X Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes X Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes X Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes X Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes X A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes X There is a mechanism for reporting communicable disease cases to the health department.
38. Yes X Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes X Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes X Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes X There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes X There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes X A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes 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 Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes Training in first aid for choking is available for food service workers.
50. Yes Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes Compliance assistance is provided to public water systems that violate requirements. By State
54. Yes All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken. By State
55. Yes A written plan exists for responding to emergencies involving public water systems.
56. Yes Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.

59. Yes School and public facilities food service operations are inspected for health and safety risks.
60. Yes Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes Indoor clean air complaints in licensed facilities are investigated.
63. Yes Environmental contamination potentially impacting public health or the environment is investigated. BY DEQ
64. Yes The health and safety of the public is being protected through hazardous incidence investigation and response. TEAM OUT OF KLAMATH FALLS
65. Yes 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 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 Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes The health department provides and/or refers to community resources for health education/health promotion.
69. Yes The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes Local health department supports healthy behaviors among employees.
71. Yes Local health department supports continued education and training of staff to provide effective health education.
72. Yes All health department facilities are smoke free.

Nutrition

73. Yes 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 WIC
 - b. No Family Planning
 - c. No Parent and Child Health
 - d. No Older Adult Health
 - e. No Corrections Health
75. Yes Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes 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 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 Perinatal care is provided directly or by referral.
83. Yes Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes Comprehensive family planning services are provided directly or by referral.

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

Primary Health Care

93. Yes The local health department identifies barriers to primary health care services.
94. Yes The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes Primary health care services are provided directly or by referral.
97. Yes The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes 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 The local health department assures that advisory groups reflect the population to be served.
102. Yes The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

II. 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: Mary Wilkie _____

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

- a. No *The local health department Health Administrator meets minimum qualifications:*

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

Please see Unmet Needs , Section V. of the annual plan.

Attachment A

Local Public Health Authority Immunization Annual Plan Checklist July 2012-June 2013 Lake County Health Department LHD staff completing this checklist: Mary Wilkie

State-Supplied Vaccine/IG

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

Vaccine Management & Accountability

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

Delegate Agencies

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

Vaccine Administration

- 12. Has submitted annual Public Provider Agreement & Provider Profile
- 13. Provides all patients, their parents or guardians with documentation of immunizations received
- 14. Complies with state & federal immunization-related document retention schedules
- 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine

17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

Immunization Rates & Assessments

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

Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation

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

Tracking & Recall

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

WIC/Immunization Integration

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

Vaccine Information

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

Outreach & education

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

Activity 1; June 2012 - Lake Health District Health Fair - Puiblic Health has a booth that provides information on various childhood and adult vaccines.

Activity 2; August 2012 - Article in the local paper addressing immunizations that will be needed for the school year. This includes the type of vaccine as well as information that no child will be refused immunizations due to inability to pay.

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

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 Lake County Public Health does not provide prenatal care. We do offer free prenatal laboratory screening when ordered by local physicians.
Q. 28 Reporting laws require laboratories and health care facilities to report positive Hep B. We monitor the reports but not the actual labs or providersAAa.
Q. 44 Utilized the 2010 Annual Assessment of Immunization Rates and Practices as the 2011 were not available. 4 th Dtap remained at 76% in 2009 and 2010. Lake County did not have a HBsAg exposed infant in 2010. Data entry for the 2010 report did not meet the timeline. Additional staff have been hired and I believe Lake County Public Health now meets this requirement.

ATTACHMENT B

FAMILY PLANNING PROGRAM ANNUAL PLAN FOR FY 2013

July 1, 2012 to June 30, 2013

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

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

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

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

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

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

July 1, 2012 to June 30, 2013

Agency: Lake County

Contact: Beth Hadley, R.N.

Goal # 2

Problem Statement	Objective(s)	Planned Activities	Evaluation
Access to Plan B is limited in Lake Co. No store or pharmacy carries Plan B for OTC purchase. Lack of accessibility may prevent some from obtaining Plan B in the timeframe required to prevent pregnancy.	1. Increase access to Plan B for existing clients.	1. Assure that all clients have a Plan B at home for future need and are aware of when and how to use it.	1. ECP dispensing will be increased from 30.3% to 50% of all visits this year.
	2. Increase access to Plan B for non-existing clients by assuring appointment available same day as requested or within three days.	2. Continue to provide a nurse five days a week at the Lakeview office. 3. Affirm that walk-in family planning clients will be seen same day of within three days of request.	2. Review of the schedule will show that a nurse is available at the Lakeview office five days a week at least 85% of the time. 3. Staff meeting by March 2012 to review process used to assure family planning clients needing ECP are seen immediately or as soon as possible within three days from request.

Goal # 4

Problem Statement	Objective(s)	Planned Activities	Evaluation
Women in rural communities often experience reproductive health disparities due to lack of community knowledge of available services, or lack of access.	1. Offer services to all women regardless of income, county of residence or citizenship.	1. Front office (intake staff) to review title 10/C-Care program policies and requirements.	1. 100% of front office staff will complete training during the calendar year 2012.
	2. Increase community awareness of family planning program.	2. Present information on the family planning program to community partners: crisis center, medical clinic, Warner mtn. medical and north lake clinic.	2. Will receive at least one referral from each community partner listed during calendar year 2012.

Objectives checklist:
findings?

- Does the objective relate to the goal and needs assessment
- Is the objective clear in terms of what, how, when and where the situation will be changed?
- Are the targets measurable?
- Is the objective feasible within the stated time frame and appropriately limited in scope?

Progress on Goals / Activities for FY 2012

(Currently in Progress)

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

Goal / Objective	Progress on Activities
<p>Goal # 1 Educate front office staff and all staff who may fill in on family planning scheduling and client intake.</p>	<p>1. Group training was conducted at staff in-service on April 20th 2011. C-Care documentation and program requirements were discussed and sign up procedure reviewed. Individual charts were reviewed for 6 weeks after training. No trends or ongoing problems indicating a lack of understanding of the program were identified.</p> <p>2. Intake procedures for family planning clients were reviewed. Staff was reminded to explain documentation needed to new clients but not postpone appointments for documentation. Whenever possible clients are to be seen the same day they request an appointment; always within three days. Survey for 6 weeks following training revealed this goal was met at 100%. All clients requesting an appointment (or even walk-ins) were seen same day or within three days, except for those needing an annual exam. Exams are done once a month and some clients wait several weeks to a month for their actual exam.</p>
<p>Goal # 2 Public confusion between Plan B ECP and the RU486 abortion pill have caused negative perceptions/opinions about Plan B.</p>	<p>1. Promoted Plan B to general public and to those at risk of unintended pregnancy (teens, etc.) in the following ways: Had a specific area/display explaining Plan B what it is, what it is NOT and how to use it correctly at the Dr. Daly days health fair held on June 25th, 2011. Approximately 300 - 400 people and professionals from throughout the community attended. Also presented Plan B information to teens (9th & 11th grade) 80 to 100 students. The youth summit was another venue I planned to utilize for Plan B info but the summit was cancelled with no plans to reschedule at this time.</p>