



# **Polk County Public Health**

## **Annual Plan**

**2012 – 2013**

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## **I. Executive Summary**

Polk County Public Health continues to strive to meet the needs of the community. We have taken on new challenges including National Accreditation efforts, Jail Health Services, and Teen Pregnancy Prevention outreach. We are working to move towards increased self-sufficiency through community outreach and marketing, increased program productivity, and endless partnership opportunities with local agencies and organizations. Public Health recognizes the importance of community awareness and understanding of the programs and services we offer and will continue with blanket outreach and marketing to the Polk County community.

Public Health has taken over the medical services in the County Jail. We serve on average, a total of 150 inmates on any given day. This has been a challenge for the department and has included many hours of strategic planning. Fortunately we have a very strong medical staff housed at the jail and they have provided exemplary care and expertise. This transition will prove to be a cost savings to the county and superior medical care for the jail population.

Polk County Public Health is working towards National Accreditation through a grant funded opportunity provided by the state of Oregon. We plan to apply to the National Public Health Accreditation Board in August of 2013 with hopes of gaining national designation and recognition shortly thereafter. This is an opportunity for our health department to be a national leader and will provide many opportunities for programs and services.

PCPH continues to provide necessary programs to the community including Family Planning, Immunizations, WIC, Communicable Disease surveillance, Emergency Preparedness, Ryan White, and Maternal and Child Health.

Even though we continue to deal with funding uncertainties in the current economic climate as well as possible programmatic restructuring, this is an exciting time for PCPH. We have a professional, dedicated team who is passionate and committed to the health and wellbeing of the Polk County community. We look towards the next year as an opportunity to better serve our clients using our limited resources with a focus on prevention and education. We will continue to strive for positive health outcomes and to expand community awareness and knowledge of our services to improve the health of Polk County citizens.

Randi Phillips, MS  
Polk County Public Health Administrator  
182 SW Academy St. Suite 302  
Dallas, OR 97338

## **II. Assessment**

### **1. Public Health issues and needs:**

Please see Polk County Public Health's 2011 Community Health Assessment at:

[http://www.co.polk.or.us/sites/default/files/fileattachments/ph/polkcoreport\\_20111.pdf](http://www.co.polk.or.us/sites/default/files/fileattachments/ph/polkcoreport_20111.pdf)

### **2. A description of local public health services:**

#### **a. Epidemiology and control of preventable diseases and disorders**

The Communicable Disease (CD) Program collaborates with local healthcare providers for reports of communicable diseases in the community. A CD team member is responsible for any necessary follow up investigations with the disease carrier as well as any contacts to identify the impact of the illness in the community. Steps are taken to control the spread of illness and assure those that are ill seek treatment for their disease. Staff are trained in conducting epidemiologic investigations and function as a team in any investigation and/or follow-up required in the event of an outbreak within the county. The CD investigations are done according to state investigative guidelines and completed within the specified time frames. The CD nurse collaborates with other Public Health staff, Environmental Health and Emergency Preparedness as appropriate according to the scope of the disease being investigated. The CD nurse also partners with the Immunization Program to eliminate vaccine preventable diseases.

Important information regarding communicable disease outbreaks can be shared rapidly with local health care providers, clinics, hospitals, pharmacies and even veterinarians through the Alertcast system. This technology allows Public Health to effectively and efficiently communicate information to providers in the community.

#### **b. Parent and child health services, including family planning clinics as described in ORS 435.205**

Polk County has a multidisciplinary team able to provide Parent and Child Health services. These include: A nurse practitioner, public health nurses, a medical assistant, certified WIC staff and bilingual staff members able to provide Spanish language interpretation.

The Maternal and Child Health Programs aim to provide a multi-faceted approach to ensure the healthy development of young children through various programs targeting pregnant women, new mothers, children, and families. Intervention at an early stage can decrease infant mortality and Sudden Infant Death Syndrome (SIDS), reduce the use of alcohol and tobacco during pregnancy and increase the percentage of healthy newborns whose mothers received prenatal care during the first trimester. Continuing assistance with young families can improve the physical, developmental and emotional health of high-risk infants, increase the immunization status of small children, decrease child abuse

and improve the health, safety and development of children in childcare settings. Service delivery programs include: Maternity Care Management, Babies First and Cacoon.

Through the Women Infants and Children (WIC) program Polk County Public Health Provides families with nutrition education and counseling, nutritious supplemental foods and health screenings. Referrals to a Registered Dietitian (RD) are provided to high risk clients. The WIC program serves pregnant or breastfeeding women, infants and children under five years of age whose income is at or below 185% of the Federal poverty level. Nutrition classes and education materials are available in English and Spanish.

The Family Planning clinic offers comprehensive reproductive health services including education and assistance in pregnancy planning or prevention for men and women. Most methods of birth control are available. The clinic is open Monday – Friday for walk-in visits and appointments for exams can be scheduled with the Nurse Practitioner on Wednesdays and Thursdays. Family Planning services are provided under the Title X guidelines and the Contraceptive Care (CCare) Program.

### **c. Collection and reporting of health statistics**

Polk County Public Health processes all birth and death certificates that occur in the county. Our Vital Records Registrars track every birth and death through an internal system. Polk County does not have a birthing hospital and most births happen outside of the county boundaries. In fact, our birth records average less than 10 per year.

All reportable communicable diseases including Tuberculosis (TB) and sexually transmitted diseases (STDs) are tracked for statistical reporting. We use the state database, ORPHEUS for tracking.

Immunization data is entered into ALERT IIS, a database that other Oregon medical providers can access. Keeping an accurate record of immunizations prevents children from receiving duplicate vaccines and helps assure they are protected against diseases for which vaccines are available.

The Oregon Child Information Data System or ORCHIDS assists our Maternal Child Health nurses in organizing their clients and in data reporting. The data collected contributes to program statistics and provides client trend data.

### **d. Health information and referral services**

Polk County Public Health uses a variety of methods to provide health information to clients and the community. Printed materials on many health issues are available on-site. The county website is used to provide information on current health issues and emergencies. We also refer clients to websites that provide expert knowledge on Public Health issues and have up-to-date information such as the Oregon Health Authority, Oregon Public Health, and the Centers for Disease Control and Prevention.

Polk County Public Health also collaborates with Service Integration Teams (SIT) to share information, coordinate community resources, and prevent duplication of services. Each month representatives from Human Services, school districts, county and state organizations, private non-profits and other service-oriented groups meet to collaborate and coordinate service planning and delivery. Service Integration Teams are active in all six of the county's school districts. These teams are designed to respond to local needs and goals, develop community projects, and coordinate services. As an active participant of each team, Public Health is able to stay connected to the community and is able to distribute information quickly to our clients.

Public Health works closely with local health care providers, West Valley Hospital, Salem Hospital, and the Tribal Health Center in Grande Ronde to coordinate the distribution of health information and improve access to health care.

#### **e. Environmental health services**

Environmental Health is located in the Community Development office in the Polk County courthouse as they work closely with the planning and permitting process for both new development and maintenance of existing properties. Though not in the same office, Environmental Health and Public Health work together to investigate illnesses or outbreaks especially when they relate to food borne illness, vector borne illnesses, water quality issues or mismanagement of solid waste. Environmental Health is available to investigate reports of contamination that would endanger the health of the public.

Environmental Health is active in inspection, consultation and compliance investigations of foodservices, tourist facilities, public swimming and spa pools, and regulation of water supplies, solid waste and on-site sewage disposal systems. The clean drinking water program is also part of their services. Environmental Health coordinates with the DEQ programs, the Department of Planning and with the Department of Agriculture.

Other services provided by Environmental Health include: food handler classes through an on-line training program, investigation of animal-bites and surveillance for rabies. Environmental Health is also an important part of the process of emergency preparedness planning, and exercises. Public Health and Environmental Health have developed a team collaboration for issues that require attention from both departments.

### **3. A description of the adequacy of other services of importance**

#### **Dental**

Public Health provides general dental health education through the maternal child health programs. Information and referral services are provided to all clients. Staff nurses are trained and certified to perform oral dental screenings and in the application of a fluoride varnish to children less than 4 years of age. Public Health also partners with the Clock Tower dental program to increase accessibility to quality oral care services to persons with HIV/AIDS. There is a need for low cost dental services within Polk County, especially for children.

## **Emergency Preparedness**

Locally, within the county, Polk County Public Health Emergency Preparedness continues to review and develop response plans for a variety of major crisis events that may impact the health of the community. The basic document is Polk County Emergency Response Plan. There are several appendixes that support this document that address Natural Disasters, Chemical Events, Radiation Events, and Pandemic Illnesses. In addition, Public Health collaborates with multiple agencies and services in Polk County and the neighboring jurisdictions in order to better respond and provide necessary support before, during, and after an event occurrence. Polk County Public Health's leadership and staff have been trained in the Incident Command System. Training, education, and exercise opportunities are developed to share with members of the public, government agencies, health care organizations and other business or volunteer organizations. The Polk County Public Health Emergency Preparedness (PHEP) Coordinator actively participates in meetings and training sessions with Region 2 Hospital Preparedness Program, neighboring jurisdictions and State Public Health. The PHEP Coordinator also meets with volunteer groups such as American Red Cross-Willamette Chapter and area Community Emergency Response Teams (CERT). Numerous health messages are pre-developed for various health crises that may be used as a basic template to more rapidly modify and disseminate information through media outlets to the community. Communication is also supported by use of Health Alert Network (HAN) messaging for health departments, health care providers, and the general community. Alerts, both exercise and real-world, are sent via HAN and PCPH also tests the department telephone alert system. The Polk County website, the department telephone information line, and our 24/7 emergency telephone line are also communication means between PCPH and members of the community.

## **Accreditation**

Polk County Public Health is working towards receiving National Accreditation through the Public Health Accreditation Board (PHAB). Launched in September 2011, state, local, and tribal public health departments now have an opportunity to apply and receive national accreditation. This is an exciting opportunity for public health as there were no previous standardized measures all public health entities were held to. Polk County is working on accreditation through a grant from the State of Oregon and will be applying to the PHAB in August 2012. Polk County recognizes the opportunity to be a front runner in accreditation activities.

## **Lab Services**

Public Health has been approved by CLIA (Clinical Laboratory Improvement Amendments) to perform waived laboratory testing as well as microscopy procedures. Basic waived tests provided are capillary hemoglobin, urinalysis, and pregnancy tests. Clients in need of additional laboratory work have their blood drawn in Public Health and the specimen is then sent to a local reference lab or the Oregon State Public Health Lab (OSPHL). The OSPHL provides testing for most communicable diseases including sexually transmitted infections. Pap smears are sent to Lab Corp for proper processing.

### **Medical Examiner**

The Medical Examiner is contracted by the county through the District Attorney's office. The Medical Examiner and Health Department review collaborative efforts at least annually.

### **Nutrition**

The Women Infants and Children Nutrition Program (WIC) provides nutrition information to pregnant women and parents of children through age five. WIC nutrition classes are provided in both English and Spanish. Moderate to high-risk clients are referred to the Registered Dietician, who then provides comprehensive nutrition evaluation and education. The Registered Dietician also provides nutrition-related updates for the staff and provides curriculum input for the monthly WIC nutrition classes. Nutrition screening is performed by the Registered Nurses who work in the Maternal Child Health programs. Children at-risk can be screened in their own homes and appropriate referrals are then made for appropriate follow-up care.

### **Older Adult Health**

Polk County primarily provides service to older adults through our annual flu and pneumonia vaccination clinics. Flu and pneumonia vaccines are available to older adults through small clinics, conduct by Public Health staff members, in local assisted living and long-term care facilities. Other care to senior citizens is limited to information and referral to health resources available in the community.

### **Primary Health Care**

Polk County Public Health does not provide primary care in our clinic, however, we do refer to providers in the community. We work closely with North West Human Services who operate clinics in both West Salem and Monmouth. We also refer clients to the Free Medical Clinic at Trinity Lutheran Church which operates one day per month. Given the current economic climate there is a need in the community for accessible, low cost primary health care.

### **Tobacco Prevention and Education Program**

The Polk County Tobacco Prevention and Education Program (TPEP) strives to eliminate exposure to secondhand smoke, prevent the initiation of tobacco by youth, increase access to cessation resources for adults and youth and eliminate disparities in tobacco use. We do this by working with school districts and colleges to implement comprehensive tobacco-free environment policies, working with landlords and housing authorities to transition to smoke-free properties, providing smoke-free events for our community, educating local businesses about the Indoor Clean Air Act, working with local decision makers for implementation of smoke-free outdoor policies such as parks and venues, and providing access to Quit Line resources.

### III. Action Plan

#### A. Epidemiology and control of preventable diseases and disorders

##### Communicable Disease (CD)

<b>Time Period: July 1, 2012 - June 30, 2013</b>				
<b>GOAL: Decrease incidence of STD's in 14-19yr olds in Polk County</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Decrease rates of Chlamydia infections among 14-19yr olds.	Encourage clinicians, counselors and educators to provide more education about safe sex practices.	Evidenced by a decreased number of Chlamydia cases in Polk County.	Fewer STD reports into the county for investigation and follow up.	
B. Improve the level of communication between PCPH and Polk County high schools for treatment of students with STD's.	Encourage local school districts to provide PCPH with a liaison that will discreetly notify students of a need to contact PCPH.	Evidenced by a decrease in the number of "unable to contact" STD cases that are of high school age.		

<b>Time Period: July 1, 2012 - June 30, 2013</b>				
<b>GOAL: Decrease incidence of Pertussis in Polk County</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Increase Pertussis awareness throughout the community	1. Encourage increased education and collaboration between	1. As Evidenced by a decrease in the number	Fewer reportable cases of Pertussis.	On-going effort for immunization.

through prevention and education.	PCPH, clinicians, nursing homes, and daycare centers in an effort to educate high risk groups about the importance of Pertussis vaccination.	of confirmed Pertussis cases in Polk County and an increase in Pertussis vaccinations among high risk groups.		
	2. Collaborate with Polk County Immunization Coordinator in an effort to increase rates of 4 <sup>th</sup> Dtap vaccinations.	2. As evidenced by an increase from the current 76% of children being vaccinated with the 4 <sup>th</sup> Dtap between 12-24 of age to 77% or greater.		
<b>Time Period: July 1, 2012 – June 30, 2013</b>				
<b>GOAL: Improve personal level of knowledge in areas of communicable disease</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Improve knowledge of communicable diseases and their impact on public health.	Continue to enroll in classes and conferences related to furthering my education in the area of communicable diseases.	Increase knowledge and comfort level with CD program through education and training.	Follow up time, investigations	

**TB Prevention and Control**

<b>Time Period: July 1, 2012 – June 30, 2013</b>				
<b>GOAL: Increase TB prevention and control measures at Polk County Jail</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Aid Polk County Jail medical staff in plan for early identification and initial treatment of TB and LTBI.	1. Assist Polk County Jail medical staff in implementing plans for Tuberculin Skin Tests of all inmates within 14 days of intake <i>and</i> administration of TST's to any current inmate that presents with symptoms of TB.	As evidenced by 1:1 ratio of completed TST's to inmates housed longer than 14 days.	Treatment and follow-up for positive skin tests.	

**Tobacco Prevention and Education Program**

<b>Time Period: July 1, 2012 –July 30, 2013</b>				
<b>GOAL: Smoke-Free Parks</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Smoke-free outdoor parks.	Survey community; attend City Council meeting and present survey findings.	Smoke-free yes/no.	Less second-hand smoke. Less cigarette butt litter.	On agenda for Monmouth City Council. First reading in January.

<b>B.</b> Smoke-free outdoor venues.	Survey community; survey vendors.	Smoke-free yes/no.	Fewer complaints about SHS. Less cigarette litter.	Present to City Council.
<b>Time Period: July 1, 2012-June 30, 2013</b>				
<b>GOAL: Tobacco-Free College Campus</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> WOU campus will be tobacco-free by 2012.	Survey students and faculty. Work with student advisory committee. Work with faculty health advisory committee.	Campus will be tobacco-free.	Tobacco cessation resources utilization increases; less student and faculty complaints about SHS.	Met with WOU.
<b>B.</b> WOU will educate students/faculty on the importance of being tobacco-free campus.	Hold educational seminars re: tobacco, college website, other social media avenues. Posters around campus.	Students/faculty will be better informed about the ill-effects of tobacco use.	Fewer students/faculty using tobacco as evidenced by less tobacco litter. More students/faculty involved in cessation classes.	
<b>Time Period: July 1, 2012 - June 30, 2013</b>				
<b>GOAL: All Mental Health residential facilities in Polk County will be smoke-free</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Three mental health residential facilities in Polk County will be smoke-free.	Hold workshops for care managers. Assist with writing policies. Assist with signage for property.	Three residential care facilities in Polk County will be smoke-free.	Cessation resources utilization increases; Clients and visitors are compliant to new policy.	Held Workshops.

<p><b>B. Mental Health</b> clients in residential care facilities will be educated about the dangers of smoking.</p>	<p>Brochures; tobacco-freedom classes; educational information offered.</p>	<p>Clients will have a better comprehension about the effects of smoking.</p>	<p>Less clients smoking. More clients attending cessation workshops.</p>	<p>Coordinate educational opportunities for clients.</p>
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**B. Parent and child health services**

**Women Infants and Children (WIC)**

**FY 2011 - 2012 WIC NUTRITION EDUCATION PLAN**

**County/Agency:** Polk County Public Health

**Person Completing Form:** Randi Phillips

**Date:** 4/5/11

**Phone Number:** 503-623-8175

**Email Address:** Phillips.randi@co.polk.or.us

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

**Year 2 Objective:** During planning period, staff will incorporate participant centered education skills and strategies into group settings.

**Activity 1:** Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

**Note:** Specific training logistics and registration information will be sent out prior to the trainings.

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

Once we receive the dates for this training we will arrange for all certifiers and the dietitian to attend this meeting. The name of the staff members are Inge Daeschel, Diana Arismendez, Sandra Chavolla, and Alma Chavez

**Activity 2:** Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

**Implementation Plan and Timeline:**

The following classes will be developed by the dietitian using the PCE strategies:

1. Infant feeding cues (summer of 2011)
2. Preventing picky eaters (summer of 2011)
3. Get Healthy Now: establishing health habits (winter of 2011)
4. Eating for two: prenatal nutrition (winter of 2011)

New classes are implemented approximately every 4 months after staff have had an opportunity to be trained. We only introduce 2 new classes at a time so that staff feel comfortable when implementing new classes.

**Activity 3:** Each agency will develop and implement a plan to familiarize all staff with the content and design of 2<sup>nd</sup> Nutrition Education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

**Implementation Plan and Timeline:**

Classes will be developed by the dietitian for the 2<sup>nd</sup> nutrition education option. Every two months a new class will be developed (July, September, November and January are goal months). Prior to implementation, the staff will be trained on strategies for conducting these PCE classes. Patty will be informed of the class topics so that class announcements can be updated and made available to clients in a timely manner.

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

**Year 2 Objective:** During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

**Activity 1:** Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

**Implementation Plan and Timeline:**

Infant Feeding Cues class has been developed and will be formatted to include PCE strategies. This class will be implemented in the summer 2011.

**Activity 2:** Each agency's Breastfeeding Coordinator will work with the agency's Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

**Note:** In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide and/or

Breastfeeding Basics – Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

**Implementation Plan and Timeline:**

Once materials are sent to us we will schedule an in-house staff training by the end of July or month of August depending on staff vacation scheduling. This training will also include the Child Nutrition Module and training for the next PCE class.

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

**Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.**

**Activity 1:** Each agency will invite at last one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held fall of 2011.

**Note:** Specific training logistics and registration information will be sent out prior to the trainings.

**Implementation Plan and Timeline:**

Inge Daeschel will ask home visitors from the Head Start Program to attend the GPCE training fall of 2011 once the details are made available from the state WIC office on dates.

**Activity 2:** Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics – Grow and Glow Training, complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

**Note:** Specific Breastfeeding Basics - Grow and Glow training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Course will be sent out as soon as it is available.

**Implementation Plan and Timeline:**

The home health nurses at Polk County will be asked if they would like to participate in either the breastfeeding module or online Oregon WIC breastfeeding course once details of the breastfeeding course are made available by state WIC office.

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

**Year 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.**

**Activity 1:** Each agency will conduct a Health Outcomes staff in-service by March 31, 2012.

**Note:** An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

**Implementation Plan and Timeline:**

This training will take place in the winter of 2010-2011 (November or January) with a date set once the materials are received and reviewed and a training can be organized.

**Activity 2:** Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

**Implementation Plan and Timeline:**

An in-house training will be planned for March in which certifiers will complete the module in a group education setting.

**Activity 3:** Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2011-2012.

**Agency Training Supervisor(s):**

Inge Daeschel and Randi Phillips

**WIC Staff Training Plan – 7/1/2011 through 6/30/2012**

**Agency: Polk County Public Health**

**Training Supervisor(s) and Credentials: Inge Daeschel, RD and Randi Phillips, MS**

**Staff Development Planned**

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2011 – June 30, 2012. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July or August	Child Nutrition Module, Infant Feeding Cues class using PCE strategies, Preventing Picky Eater class using PCE strategies, Biological Nurturing, Breastfeeding Peer Counseling Program, Group Prenatal Series Guide and/or Breastfeeding Basics – Grow and Glow Curriculum.	Update on child nutrition. Use of PCE in teaching a class on infant cues. Update and inform staff about breastfeeding so that they can become comfortable and informed when counseling pregnant women.
2	November or January	Health Outcomes staff in-service. Get Healthy Now: establishing health habits PCE class.  Eating for two: prenatal nutrition PCE class.	To provide staff with an increased understanding of the factors influencing health outcomes. To offer training time for 2 client classes that use the PCE strategies for teaching topics on prenatal nutrition and health habits.
3	February or March 2012	Postpartum Nutrition Course.	Update staff on the important nutrition guidelines for postpartum women.
4	April or May	In-service training to include Civil Rights, 2 new nutrition education classes (physical activity class and class on breakfast).	Update staff on civil rights and how to use PCE strategies for teaching the topics to clients about the benefits of physical activity and breakfast.

**Immunizations:**

Local Public Health Authority Immunization Annual Plan Checklist

July 2012-June 2013

Polk County Health Department

LHD staff completing this checklist: Judy Johnson, RN

**State-Supplied Vaccine/IG**

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

**Vaccine Management & Accountability**

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

**Delegate Agencies**

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

**Vaccine Administration**

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

### **Immunization Rates & Assessments**

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

### **Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation**

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

### **Tracking & Recall**

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

### **WIC/Immunization Integration**

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

### **Vaccine Information**

- 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered

33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration

34. Makes VIS available in other languages

#### **Outreach & education**

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

Activity 1: Send out letters for 4<sup>th</sup> DTaP at least twice per year to parents of children who are in need of this immunization.

Activity 2: Offer immunization clinic once per month at the new Polk County Mental Health satellite clinic in West Salem due to a decrease in providers offering VFC vaccine in the West Salem area.

#### **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: 4<sup>th</sup> 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

**Family Planning:**

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

**FY 2013**

July 1, 2012 to June 30, 2013

**Agency: Polk County Public Health**

**Contact: Connie Jaeger, NP**

**Goal #\_1\_**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
Access to effective family planning methods is dependent on revenues generated by funding sources and donations. Funding sources are sometimes variable in this economic climate.	1. Increase client donations by 10% in order to help maintain financial resources to help provide family planning services.	1. Ask all clients for donations. 2. Provide stamped envelopes for clients who are unable to donate on the day of visit so they can mail in a donation.	1. Quarterly evaluation of donations received and compare to previous quarters. 2. Monitor how many stamped envelopes are taken and returned to determine if this is a viable option for donation collection.

**Goal #\_2**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
Access to the subdermal implant is not available at this time as the practitioner is not trained to insert it. Other LARCs are available.	1. Obtain training for practitioner to be able to insert subdermal implant.	1. Take advantage of trainings for subdermal implant.	1. Practitioner will have been able to obtain training and PCPH will be able to offer subdermal implant to patients.

**C. Maternal, child, and adolescent health services**

**1. Perinatal health services: MCM Services**

**Maternity Case Management**

<b>Time Period: July 1, 2012 to June 30, 2013</b>				
<b>GOAL: Optimize pregnancy outcomes including the reduction of low birth weight babies.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/ Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Early identification of high-risk pregnant mothers.	Encourage providers to refer high-risk mothers. Use standardized form/process for referrals. Clients identified as high-risk will be followed by MCM RN.	Increased number of referrals from providers in the community as evidence by sustaining three billable visits per assigned MCM day.	Increase caseload – healthy pregnancy outcomes.	

<p><b>B.</b> Provide updated, current health information and referrals to clients to promote health and maintain safety.</p>	<p>MCM RN will review current and referral information on a regular basis using the resources available through the state, community trainings, resource fairs, providers, etc.</p>	<p>Clients meet goals defined with the MCM RN as evidenced by increased access to community resources.</p>		
<p align="center"><b>Time Period: July 1, 2012 to June 30, 2013</b>  <b>GOAL: Increase training opportunities for MCM staff</b></p>				
<p align="center"><b>Objectives</b></p>	<p align="center"><b>Plan for Methods/ Activities/ Practice</b></p>	<p align="center"><b>Outcome Measure(s)</b></p>	<p align="center"><b>Outcome Measure(s) Results</b></p>	<p align="center"><b>Progress Notes</b></p>
<p><b>A.</b> Assure all MCM staff are trained/in serviced on a regular basis.</p>	<p>Maternity Case Management RN will attend regularly scheduled MCM trainings as offered by the state. MCM program coordinator.</p>	<p>Clients receive current. Appropriate and relevant information resulting in increased positive pregnancy outcomes.</p>	<p>Staff knowledge increased due to trainings – improve pregnancy outcomes.</p>	
<p><b>B.</b> Collection of accurate encounter information.</p>	<p>Client information to be entered in the ORCHIDS system in a timely fashion. RN access to the ORCHIDS system for evaluation of services provided.</p>	<p>Client information is up-to-date and accurate.</p>	<p>Long-term data collection to assess success of program.</p>	

**B. Infant and child health services**

**Babies First**

<b>Time Period: July 1, 2012 – June 30, 2013</b>				
<b>GOAL: A goal of the Babies First Program is to improve the physical, developmental and emotional health of high risk infants and children.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Improve early identification of “at risk” infants and children.	Work with referring agencies to improve number of children referred.	Children will be identified and referred to EI services.	Children will receive EI as soon as possible.	
<b>B.</b> Families will be referred to appropriate medical care.	Children will have a PCP and specialty care as needed.	Children will receive continuing, appropriate care.	Children will receive regular well child care and follow-up.	
<b>Time Period: July 1, 2012 – June 30, 2013</b>				
<b>GOAL: To assist families to access appropriate community resources that meet the needs of their child.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Families will have adequate resources to meet the health and well being of the child.	The need for resources will be assessed at each home visit.	Families will be assessed for case management	Referral to appropriate community resources will be made.	
<b>B.</b> Families will know how to access resources.	Information about and how to access services will be given to families.	Families will have increased knowledge of available resources.	Families will learn to independently access resources.	

**Care Coordination (CaCoon)**

<b>Time Period: July 1, 2012-June 30, 2013</b>				
<b>GOAL: Provide accurate information to families</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Community resource information at Public Health will be correct.	Community information will be updated every six months.	Families will receive correct information.	Families are correctly informed about community resources.	
<b>B.</b> Correct medical information for given diagnoses.	Update medical information every 6 months and supply info to families.	Families receive and review medical information.	Families will understand the medical information and ask appropriate questions.	
<b>Time Period: July 1, 2012 - June 30, 2013</b>				
<b>GOAL: Ensure CYSHN and their families will be able to access care and services in their community</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> CHN will evaluate families needs.	Home visits will be completed to determine family needs.	Make appropriate referrals.	Families will receive appropriate care and services.	
<b>B.</b> CHN will use effective communication skills in working with families.	CHN will use open ended questions to understand needs of families.	CHN will have a complete assessment of needs of families.	Families will be connected to appropriate services.	

## D. Environmental Health

### 2012-2013 POLK COUNTY ENVIRONMENTAL HEALTH ACTION PLAN

Oregon Administrative Rule (OAR) 333-014-0050 provides the minimum components of a local health department's environmental health program and states:

*1) Each county and district health department shall perform (or cause to be performed) all of the duties and functions imposed upon it by Oregon Revised Statutes, and by official administrative rules adopted by the State Health Division and filed with the Secretary of State. These duties and functions shall be performed in a manner consistent with Minimum Standards for Local Health Departments, adopted by the Conference of Local Health Officials (CLHO).*

*(2) The following program areas shall be considered essential, and be specifically included in the overall annual plan of each county and district health department who shall assure programs are available:*

*(e) Environmental health services which includes inspection, licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public swimming and spa pools, and regulation of water supplies, solid waste and on site sewage disposal systems.*

This action plan describes how the Polk County Community Development Department Environmental Health Division (EH) implements the required environmental health services program elements as prescribed by OAR 333-014-0050(2).

#### **COMPONENT:**

Environmental Health Licensing and Inspection – “inspection, licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public swimming and spa pools”

#### Current condition

EH provides inspection, licensing, consultation and complaint investigation of food services, tourist facilities, institutions, and public swimming and spa pools throughout the county. Staff of the Oregon Health Authority Food Safety Program reviewed the EH inspection program component during March of 2009. The program was found to be in compliance with the delegation agreement between Oregon Health Authority and Polk County. This included inspection frequencies and licensing and inspection elements of the food service component. Based on their review, the licensing and inspection elements of the tourist facilities, institutions, and public swimming and spa pools components were also in compliance with the delegation requirements. Environmental Health now provides food handler testing to individuals on an appointment basis during

normal working hours. EH has entered into a contractual agreement with Lane County to provide online food handler training via the Polk County and Oregon Health Authority websites. If a group of 10 or more individuals are organized, a formal class will be conducted by an Environmental Health Specialist.

During the current budget review process, EH reported the following totals for facilities in each component: food service restaurants – 139, temporary restaurants -160 , swimming/spa pools – 25, schools – 18, tourist facilities – 16, organization camps – 3, food handlers trained onsite - 57.

### Goal

To protect public health through thorough and effective licensing and inspection of food service restaurants, tourist facilities, institutions, and swimming and spa pools. To provide professional and courteous education and enforcement of public health and safety standards.

### Activities

EH inspects, licenses, provides consultation and investigates complaints of food services, tourist facilities, institutions, and public swimming and spa pools throughout the county. Polk County employs a full time Environmental Health Supervisor. He is supported by 1/2 FTE clerical staff, a Code Enforcement Officer, and by the Community Development Director. The EH Supervisor has been certified as a State Standardized Training Officer. Certification demonstrates the ability to apply knowledge of the Oregon Food Code, HACCP principles and methods of controlling food borne disease risk factors.

### Evaluation

Activities are monitored and reported on a quarterly basis to the Polk County Board of Commissioners. Reporting includes the number of facilities inspected and those facilities that have either failed to comply or facilities that were closed. Monitoring of food borne illness is also conducted in coordination with the Communicable Disease Nurse in the Polk County Health Department.

### Environmental Health Drinking Water Program – “*regulation of water supplies*”

#### Current condition

EH monitors and provides technical assistance to 14 community and non-community water systems. This program component was reviewed in March 2009 by staff of the DHS Drinking Water Program. The review found, in summary, “The LPHA has a small but effective drinking water program. The staff is doing an exemplary job of responding to water quality alerts. Response time has been consistently within 24hrs of receiving the alert notice from DHS. All the required water system surveys were completed on time

last year. There are no LPHA water systems currently classified as significant non-complying systems.”

### Goal

To ensure safe water system drinking water through technical assistance and rapid response to water system water quality alerts.

### Activities

EH conducts sanitary surveys and provides assistance to Non-EPA water systems in order to assure a safe water supply. This includes assisting the water systems with preparation and completion of their emergency response plans. EH also conducts construction inspections for those water systems with plans reviewed by DHS.

### Evaluation

EH conducts annual program monitoring and participates in the Oregon Health Authority Drinking Water Program Triennial review. This component is reported on a quarterly basis to the Polk County Board of Commissioners.

## **Environmental Health Solid Waste – “solid waste”**

### Current condition

EH serves as the administrative agency for the Polk County Solid Waste Franchise Ordinance, Recycling Program, and Household Hazardous Waste program. The department oversees the solid waste franchises that operate in the County. Currently there are five solid waste franchises.

### Goal

To provide safe, convenient and economical opportunities for the public to recycle and dispose of solid waste.

### Activities

EH conducts two Household Hazardous Waste (HHW) collection events per year. EH works with Marion and Yamhill Counties to fund and operate the three-county HHW program permanent facility. EH implements the “Opportunity To Recycle Plan”. EH Supervisor responsibility includes county-wide recycling coordination to assure continued compliance with the “Opportunity To Recycle Plan” in order to continue to exceed the Oregon Department of Environmental Quality (DEQ) statewide recovery rate goal. EH develops and maintains recycling guides and a Polk County household hazardous waste and recycling website.

## Evaluation

A report that reviews participation and collection rates is prepared following each HHW event and annually for the Polk County Board of Commissioners.

### **Environmental Health On-site Sewage – “*on site sewage disposal systems*”**

#### Current condition

EH conducts the on-site waste water treatment program under a contract with DEQ. Of the 75,965 persons in the county, 40 percent are served by private, on-site systems. Currently, there are no concentrated cases of malfunctioning systems. New on-site septic rules took effect on March 2005. The 2005 rules passed additional authority to the county for Water Pollution Control Facility (WPCF) permits and for the new alternative treatment technologies treating less than 2500 gallons per day.

#### Goal

The goal of this component is to protect the public health through design review, permitting and inspection of onsite sewage disposal systems.

#### Activities

EH performs site evaluations, issues on-site sewage disposal system permits and conducts on-site sewage disposal system inspections. About 0.25 FTE EH Supervisor is devoted to this program component.

#### Evaluation

Program statistics are reported on a quarterly basis to the Polk County Board of Commissioners.

### **Environmental Health West Nile Virus**

#### Current condition

There has been little West Nile Virus (WNV) activity in the Willamette Valley since 2006. Since there are no mosquito control districts serving the county or surrounding region, a response plan has been adopted by the Polk County Board of Commissioners. Since the risk is less than one death per one million persons, EH continues to focus on education and nuisance abatement. Testing for WNV will continue on corvids when they are reported within 24 hrs of expiring.

## Goal

Educate the public about WNV risk and the use of personal protective equipment to avoid WNV infection.

## Activities

Activities are proposed to be implemented based on WNV activity in the state and county. Monitoring is expected to be the primary activity during the 2012-2013 mosquito season. Additional educational activities may be implemented if the level of WNV activity increases.

## Evaluation

EH monitors and tracks mosquito abatement requests and inquiries.

### **E. Health statistics**

Polk County Public Health processes all birth and death certificates that occur in the county. Our Vital Records Registrars track every birth and death through an internal system. Polk County does not have a birthing hospital and most births happen outside of the county boundaries. In fact, our birth records average less than 10 per year.

All reportable communicable diseases including Tuberculosis (TB) and sexually transmitted diseases (STDs) are tracked for statistical reporting. We use the state database, ORPHEUS for tracking.

Immunization data is entered into ALERT IIS, a database that other Oregon medical providers can access. Keeping an accurate record of immunizations prevents children from receiving duplicate vaccines and helps assure they are protected against diseases for which vaccines are available.

### **F. Information and referral**

Polk County Public Health uses a variety of methods to provide health information to clients and the community. Printed materials on many health issues are available on site. The county website is used to provide information on current health issues and emergencies. We also refer clients to websites that provide expert knowledge on Public Health issues and have up-to-date information such as the Oregon Health Authority, Oregon Public Health, and the Centers for Disease Control and Prevention.

Polk County Public Health also collaborates with Service Integration Teams (SIT) to share information, coordinate community resources, and prevent duplication of services. Each month representatives from Human Services, school districts, county and state organizations, private

non-profits and other service oriented groups meet to collaborate and coordinate service planning and delivery. Service Integration Teams are active in all six of the county's school districts. These teams are designed to respond to local needs and goals, develop community projects, and coordinate services. As an active participant of each team, Public Health is able to stay connected to the community and is able to distribute information quickly to our clients.

Public Health works closely with local health care providers, West Valley Hospital, Salem Hospital, and the Tribal Health Center in Grande Ronde to coordinate the distribution of health information and improve access to health care.

**G. Public Health Emergency Preparedness**

<b>Time Period: July 1, 2012 – June 30, 2013</b>				
<b>GOAL: Network and train with Polk County and Regional Jurisdiction Emergency Management organizations to improve planning, response and communication in the event of a natural or man-made emergency occurrence.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Plan and Exercise for events.	Meet with various long-term care organizations; participate in regional or state exercises; meet with volunteer organizations; meet with community groups.	Meet with 4 long-term care organizations; participate in 2 exercises, meet with 2 volunteer organizations; meet with 2 community groups	Increased comprehensive emergency preparedness plans.	Continuation of on-going efforts and work started.
<b>B.</b> Network with local and state agencies and organizations.	Attend regional and state meetings; participate in teleconferences.	Attend 75% of HPP Region 2 meetings, 80% of PH teleconferences	Expanded contacts and knowledge of resources.	
<b>Time Period: July 1, 2012 – June 30, 2013</b>				
<b>GOAL: Improve knowledge and skill level in Emergency Preparedness</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>

A. Improve knowledge and skill level.	Attend educational training and classes related to emergency management.	Enrollment in college course related to EM.	Increased knowledge applicable to broaden PHEP activities.	
B. Obtain increased skill level in field.	Meet requirements for AEM certification.	Submit documentation. Obtain nationally recognized AEM certification.		
<b>Time Period: July 1, 2012 – June 30, 2013</b>				
<b>GOAL: Review PH Department documents for relevance and accuracy.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Update plans and policies (PHEP, Admin, other programs).	Review and revise department and program plans and policies.	All documents updated and approved by 02/2013.	Current policies.	

## H. Other Issues

### Accreditation

<b>Time Period: July 1, 2012 – June 30, 2013</b>				
<b>GOAL: Become Nationally Accredited by 2013</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Generate/ collect the three prerequisites for application for accreditation with PHAB	Collect/ create the required documentation.	Applying to PHAB on time.	Becoming an accredited Public Health Department.	Work started due to grant funding from state.

<b>B.</b> Collect/ create / digitalize all documentation to meet the 12 domains set by PHAB.	Complete 1 domain per month for 12 months.	Gathering all documentation for the domain in the given month.	Complete 12 required domains in 12 months.	Work started due to grant funding from state.
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**Time Period: July 1, 2012 – June 30, 2013**  
**GOAL: Implement the Community Health Improvement Plan**

<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Partner with 1 Polk County school district's elementary schools to implement the 5-2-1-0 health curriculum.	Contact principals/ district officials about implementing the program.	Project implementation in 1 elementary school.	The program is completed in 1 district's elementary schools.	Workgroup established and working towards composing plan.
B. Partner with Salem Hospital's Community Health Education Center to complete a train the trainer exercise for the district's elementary school teachers.	Meet biweekly with CHEC members to plan the train the trainer program.	Host the train the trainer program for Polk County.	The train the trainer program is completed by elementary school teachers in 1 district in Polk County.	

**Time Period: July 1, 2012-June 30, 2013**  
**GOAL: Create the Polk County Public Health Strategic Plan and Quality Improvement Plan**

<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
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<b>A.</b> Create a PCPH work group dedicated to quality improvement to better services provided to the community.	Meet biweekly to draft plans of improvement for better office communication, efficiency, and quality of services.	Development of QI plan.	Implementation of quality improvement plan.	May use Family Planning and Home Visiting for QI projects.
<b>B.</b> Draft and finalize the strategic plan with the work group.	Use the areas of improvement to draft and finalize a plan for strategic improvement as an organization.	Finalizing the strategic plan.	Strategic plan is finalized and will be implemented.	Will use PCPH as an entity for strategic plan.

**Ryan White Program**

<b>Time Period: July 1, 2012 – June 30, 2013</b>				
<b>GOAL: Increase financial stability of RW clients with &lt;100 FPL</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A</b> CM becomes familiar with at least three local employment enhancing services.	CM contacts services personally for consult.	Number of such services contacted by CM.	Number of clients gaining employment through services.	
<b>B.</b> At least three appropriate RW clients referred to local employment enhancing services.	CM initiates and follows-up referrals matched to appropriate clients.	Number of clients referred.	Number of clients gaining employment through services.	

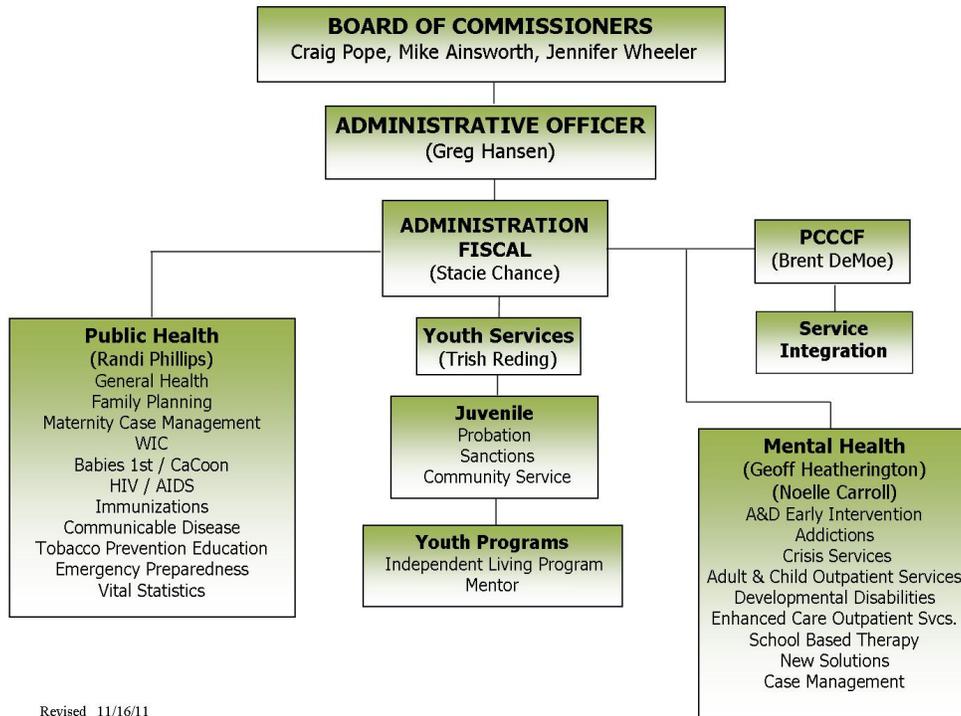
C. At least three appropriate RW clients referred for government subsidy, ie. SSID, vet benefits.	CM initiates and follows-up referrals matched to appropriate clients.	Number of clients referred.	Number of clients accessing services.	
<b>Time Period: July 1, 2012 – June 30, 2013</b>				
<b>GOAL: Organize files of PCHD RW program</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Purge and store all client records earlier than client's annual review in 2011.	CM processes at least one client's records per month.	Percent of client records purged and stored.		
B. Review general RW Program files, saving and labeling only those currently used.	CM processes at least one file per month.	Percent of client records processed.		

## IV. Additional Requirements

### 1. Organizational Chart

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#### Polk County Health and Human Services



Revised 11/16/11

## **2. Local Oversight of Public Health**

The Polk County Board of Commissioners (BOC) functions as the Board of Health for Polk County. Regular meetings of the Board of Commissioners are held on Tuesday and Wednesday each week. The Tuesday meeting is held in the Board of Commissioners' Office Conference Room, 850 Main Street, Dallas, Oregon. The Wednesday meeting is held in the Courthouse Conference Room, 850 Main Street, Dallas, Oregon. Each meeting begins at 9:00 a.m. and is conducted according to a prepared agenda that lists the principal subjects anticipated to be considered. Pursuant to ORS 192.640, the Board may consider and take action on subjects that are not listed on the agenda. Public Health is required to provide a department update to the Board at least annually.

## **3. Polk County Health Advisory Board**

In addition to the BOC, Polk County has a local Health Advisory Board (HAB) which meets quarterly. The mission of the Polk County Health Advisory Board is to assist the Polk County Board of Commissioners in their efforts to administer the Mental and Public Health programs through Public/Mental Health activities and services. To assure activities necessary for the preservation of behavioral and physical health and prevention of disease and mental illness in Polk County as provided in both departments' annual plan. Members of the HAB are representative of the County's demographics and include organizations such as school district personnel, local hospital administrators, University staff, faith-based organizations, and community members.

## **4. Public Health and PCCCF**

Polk County takes an integrated approach to human services. Both Public Health and the Commission on Children and Families fall under the umbrella of Polk County Health and Human Services. Both teams are managed by the same administrator who also oversees Mental Health, and Youth Programs. Significant emphasis is placed on the concept of Service Integration. All of the Polk County Health and Human Services teams are part of Service Integration activities as are community partners. The Comprehensive Plan for Children and Families of Polk County will often define focus areas that directly relate to Public Health. This year's plan focuses on three key areas: Mentoring, Homeless Connect services, and Teen Pregnancy Prevention. Public Health received a small grant from PCCCF to work on prevention messaging including printed materials to inform teens of the services offered at Public Health. A committee has been formed to work on this initiative and to continue the collaborative efforts between Public Health and PCCCF. We actively support and work together with the Commission on Children and Families within the Service Integration framework to promote activities that focus on supporting children and families. Planning for events and activities are further enhanced through regular Service Integration meetings as well as the close working proximity of departmental offices.

## **V. Unmet needs**

In Polk County we actively work with community partners to reduce needs in the community. The community partnerships and integration of services has been successful in meeting many needs in the community. Problems are often solved and barriers

removed by working with partners to look for creative and collaborative solutions. While we continually work to reduce the needs in our community, we still have much ground to cover. Factors such as the increasing cost of living, high unemployment rates, and lack of employment opportunities in the county further increase the need for services.

Some of the unmet Public Health needs in the community include:

- Primary medical care for those without insurance who are not eligible for the Oregon Health Plan. A free medical clinic recently opened in Polk County to serve this population, but the clinic is only open one day per month and serves clients on a first come, first serve basis. Public Health continues to collaborate with community partners to find a solution to this problem.
- Access to dental care and oral health services for those without insurance, especially children.
- Access to health and dental care for smaller rural communities.
- Bilingual and bicultural health professionals to serve the growing Hispanic population in the community.
- Community-wide approach of health education and promotion around lifestyle related health issues such as obesity and its negative effects on health. This would include community promotion of healthy choices including nutrition and exercise.
- Maternity case management for more than just the highest risk mothers, especially teen mothers with limited support and resources.
- Child care that provides a healthy environment that is affordable, safe and accessible.
- Transportation availability.

## VI. Budget

### Polk County Budget Information Contact:

Greg Hansen  
Administrative Officer  
Board of Commissioners Office  
850 Main St.  
Dallas, OR 97338

Phone: (503) 623-8173 FAX: (503) 623-0896

### **PROJECTED REVENUE**

**Agency Totals by Source of Funding**

**July 1, 2011 - June 30, 2012**

**Agency: Polk County**

**Prepared by: Laura Bastien**

<b>Source of Funding</b>	<b>Totals</b>
1. OHA Intergovernmental Agreement for Financing Public Health Services	625,985
2. Other State & Federal Funds	0
3. Medicaid (Including FPEP)	321,450
4. County General Funds	204,800
5. Fees & Donations	63,750
6. Other Funds	15,570
<b>TOTALS:</b>	<b>\$1,231,555</b>
<b>BUDGETED FTE:</b>	<b>10.95</b>

## VII. Minimum Standards

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

### Organization

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

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

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

### **Control of Communicable Diseases**

37. Yes  No  There is a mechanism for reporting communicable disease cases to the health department.
38. Yes  No  Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes  No  Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

40. Yes  No  Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes  No  There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes  No  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes  No  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes  No  Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes  No  Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes  No  Rabies immunizations for animal target populations are available within the local health department jurisdiction.

### **Environmental Health**

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

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

## **Health Education and Health Promotion**

67. Yes  No  Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes  No  The health department provides and/or refers to community resources for health education/health promotion.
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  N/A  Older Adult Health
  - e. Yes  No  Corrections Health
75. Yes  No  Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes  No  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes  No  Local health department supports continuing education and training of staff to provide effective nutritional education.

## **Older Adult Health**

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

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

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

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

**b. Yes \_\_\_ No X 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.**

Polk County Public Health’s Lead Nurse has been an RN for 36 years. Her experience and nursing capabilities counteract her lack of a BSN. The Nurse Practitioner will fulfill the roll of Supervising Public Health Nurse for duties that require a BSN degree.

**c. Yes X No \_\_\_ The local health department Environmental Health Supervisor meets minimum qualifications:**

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

OR

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

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

**d. Yes X No \_\_\_ The local health department Health Officer meets minimum qualifications:**

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

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

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

\_\_\_\_\_  
Local Public Health Authority

\_\_\_\_\_  
County

\_\_\_\_\_  
Date