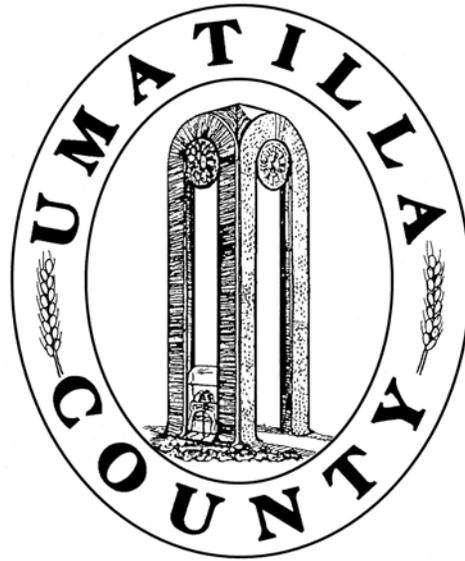


**Umatilla County
Public Health Division**



Local Public Health Authority

ANNUAL PLAN

2012

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Umatilla County Public Health

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SECTION I. EXECUTIVE SUMMARY

Umatilla County Public Health is not alone in the struggles of providing adequate public health services during these tough financial times. Services to clients are delivered at a diminished rate due to lower staffing numbers and loss of clinics and hours. Clients have verbalized frustrations with longer wait times for services and decreased number of staff available to see them. This is particularly evident in the home visit program which consists of a single nurse to provide home visits for CaCoon, Babies First!, and Maternity Case Management. Often individuals are placed on a waiting list for these services.

UCHD has received a two-year grant to implement Nurse Family Partnership in both Umatilla and Morrow County. With these new grant monies 1.5 additional FTE nurses will be hired in Umatilla County and .5 FTE in Morrow County to provide home visits to first time, low-income mothers. The implementation of this program will further work to streamline referrals so that clients are followed by the most appropriate agency and program to meet their needs at that time.

Adolescent health education has been decreased to one 0.5 FTE nurse. Classes have been reduced to reflect the decreased staffing. This program remains to be very popular with our schools. Teachers and school administration value the classes public health provides and students appear engaged and interested. This program is one in which the entire county is served through the high schools and thousands of students benefit from the classes.

The School Based Health Centers have collaborated with St Anthony Hospital to provide the centers with a nurse practitioner. Over the past few years, public health has had difficulty retaining a FNP due to the low salary scale. The lack of adequate staffing has been a challenge for the centers and put them at risk. However, St. Anthony hospital hired a nurse practitioner for the centers and is working closely with UCHD to assure these services are continued. Service hours have been reduced at each center due to new staff and mentoring needs. It is anticipated that the hours of operation will return to previous levels in the next school year. I am committed to maintaining SBHC in Umatilla County and know that the hospital and school district are equally invested in these clinics.

UCHD is working closely with St. Anthony Hospital to conduct a countywide community health assessment. The findings from this assessment will assist area agencies in the data needed to seek additional funding for our area, direct, and develop needed services. Further, this assessment is the first step in the process for UCHD to work toward accreditation, which will soon be required for all health departments in the nation.

The state budget will lend to another difficult year for public health. It is expected that funding for LHD will be reduced further, which will leave this department even more vulnerable. Any additional funding loss will only cut deeper into a department that is already struggling to meet the minimum standards. If public health continues to have funding reductions we will most certainly see an increase in teen pregnancy rates, communicable diseases, vaccine preventable diseases and the morbidity and mortality of our residents.

Overall, the year was challenging. I expect the upcoming year to be equally so. The staff at UCHD continues to be committed to providing quality public health services in our county. They have all worked hard to pick up the “slack” of the staffing reductions and meet our client needs. The high level of expertise and professionalism was evident during our recent triennial review in which UCHD did outstanding. I am grateful that the staff who work in public health are so passionate about the services we provide and have the “can do” attitude to make it through these tough financial times.

Section II. ASSESSMENT

Aging Issues

12.7% of Umatilla County residents are 65 years of age and older. Assisted living facilities frequently have waiting lists for residents. Medical care is an increasing problem due to the reduced number of physicians in the area. The residents are faced with finding new medical care when their physician leaves the area or retires. Many of these folks are forced to travel to Washington to seek medical care. This is a burden for the aging population who frequently relies on others for transportation and lives on a fixed income. Many residents with Medicare are unable to find a physician due to local physicians refusing to take new Medicare patients. The reimbursement rate for Medicare patients is not covering the costs to physicians for providing services.

Alcohol and Drug Use

Alcohol continues to be viewed as “part of the culture” in Eastern Oregon. Use among adolescents is high. According to the Oregon Healthy Teens 2007/2008, combined data 32.3 % of 11th graders in Umatilla County and 14.9% of 8th graders binge drank in the past 30 days. 20.6% of 11th graders and 10.3 % of 8th graders have used marijuana in the past 30 days. 3% of 8th graders and 5% of 11th graders had at least one drink of alcohol on school property in the last 30 days.

Umatilla County Coalition to Reduce Underage Drinking (UCCRUD) meets monthly at St. Anthony Hospital. Membership also includes the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) Law Enforcement, Public Health, Mental Health, Prevention and Treatment Providers and Community Partners. This coalition has been meeting for several years. Past project have included “party” surveillance, disbandment, and collaborating with youth on media outreach to parents and teens.

Births, Low Birth Weight

Umatilla County had 1,011 births in 2009. We continue to have a high rate of mothers who smoke during pregnancy. In 2009, there were 338 first births in the county. Services are offered to new moms from the health department and on-going visits are provided to those who qualify for services and as space is available. UCPCHD works closely with the two hospitals in the county and are given referrals from them when appropriate.

2009 BIRTH DEMOGRAPHICS		
	State of Oregon	Umatilla County
Total Births	47,188	1,011
Resident Births by First Trimester Prenatal Care	16,613	471
Low Birthweight Infants.	2,974	54
Births by Maternal Hispanic Origin	9,967	142
Birth Rate of Teens	4,74	142
Births by Reported Maternal Tobacco Use	6,277	130

Communicable Disease

Chlamydia continues to be the most frequently reported communicable disease in Umatilla County. In 2010, there were 195 reported cases, which is a decrease from the 213 cases noted in 2009. As of October 31, 2011, there have been 211 cases of Chlamydia reported in Umatilla County residents: the vast majority of cases are occurring between the ages of 15 and 25 years. There were a reported 11 Gonorrhea cases in 2010, which was an increase from nine cases in 2009. As of October 31, 2011, there were six documented cases of Gonorrhea this year. UCHD has had three new cases of HIV so far in 2011. As part of outreach for HIV UCHD participated in an educational evening at Pendleton Public Library as part of an HIV panel. UCHD provided local and state statistics as well as promoted testing and prevention messages.

The most unusual CD case this year was a confirmed case of Plague in a county resident, who appeared to contract the disease while in Lake County. The client required hospitalization and was transferred to a Portland hospital but has fully recuperated and is back home. This case was challenging to follow up and determine infectiousness, any need for prophylactic treatment of family and care providers, and be available for questions from the medical community, media, and general community members. The ACIP of Oregon worked with us and hoped for an aggressive investigation into the Lake County site where the infection appeared to be contracted. Due to lack of staff and funding, this investigation was not done but the case's wife was an excellent historian and assisted all of us by providing very detailed information whenever it was needed.

There were five reported active TB cases in 2010 compared to two in 2009. This increase in cases strained the already stretched Communicable Disease Department. The CD nurse made multiple trips to Western side of the county to meet with clients, coordinate care, and arrange medication administration. As of the end of October 2011, there has been one confirmed active TB case. The 2011 case has been challenging related to lack of compliance in medication regimen due to underlying health issues of the case, coordinating care with VA staff and physician, and the fact that the case lives in most Eastern part of the county and required daily medication therapy. Tuberculosis is a heavy burden for this department. This investigation and follow up was very labor intensive and required multiple trips to visit with the client, multiple phone conferences with VA staff, and the Oregon TB program. In an effort to help educate local providers regarding TB disease, UCHD sponsored a TB Education Day in October 2011 and invited area care providers, medical staff from local prisons and surrounding counties. Heidi Behm, the Oregon TB program Nurse Consultant was the guest speaker and there 26 attendees.

In 2010, there were several reportable GI diseases: 14 cases of Campylobacter, 10 Giardia, 7 Salmonella, and then individual cases of several other reportable diseases. Umatilla County had 440 reported disease cases that required investigation.

The efforts of the West Umatilla Vector Control District continued to limit the number of cases of West Nile in Umatilla County. In 2011, we had no positive mosquito pools, no confirmed animal or human cases of the disease. This department works closely with West Umatilla Vector Control District to provide education to the entire county around mosquito borne illnesses and prevention of mosquito bites.

Deaths and Causes of Death

The leading cause of death in Umatilla County is cancer, which was 21%. Heart Disease is ranked a close second at 20%. The county is facing a crisis with the decrease in available physicians. Individuals are forced to travel into the state of Washington or the Portland area to obtain much of their medical care. Medical care is even scarcer in the Milton-Freewater area. Those residents frequently travel into Washington for services.

Dental

Lack of dental services remains a major problem for Umatilla County. Many of the low-income residents go without dental care due to cost and minimal-to-no-coverage of the Oregon Health Plan. The high methadone rates add to the dental issues. The Federally Qualified Health Center (FQHC) works closely with a dental van that travels occasionally into the western half of the county to provide dental services to low income or uninsured residents.

Emergency Preparedness

The focus for 2011 was three fold 1) to ensure all Health Department staff maintained accurate profiles on the Oregon HAN site, 2) encouraged staff to utilize the HAN site more frequently to increase their understanding, and 3) to utilize the mobile trailer, which was purchased in 2010. The Preparedness Coordinator worked with each employee to familiarize him or her with the HAN site and how to use it. Staff was tested and the response time was measured twice in the spring of 2011 to ensure all staff responded within one hour of the HAN Alert. UCHD held a "Back to School" Immunization Clinic in Milton-Freewater in November 2010 and participated in the Family Care 4th Annual Health Fair in Hermiston in August 2011. The public health trailer was used for both of these events. UCHD participated in the final exercise for the Chemical Stockpile Emergency Preparedness Program (CSEPP) in May 2011. Public Health played a vital role in this exercise. UCHD participated in both the EOC and the JIC. Public Health staff worked to field calls from concerned citizens as well as assist in the development of press releases and media mitigation.

Food-borne Illness Reports

In 2010 there were two illness outbreaks: both outbreaks proved to be Norovirus and as such were not foodborne illnesses. Both outbreaks involved residential care facilities within the county. Staff at both facilities was provided with education on limiting the spread of the outbreak: hand washing, using cover gowns, restricting visitors and limiting residential movements for the duration of the outbreak. The directors of both facilities were very cooperative and assisted the CD nurse with all needed information and specimen collections.

Immunizations

The majority of vaccinations are given by the health department. The pediatricians' offices in Pendleton and Hermiston provide vaccinations but for the most part private physicians do not offer immunizations. Outreach into medical offices has identified that physicians report that they are not reimbursed at a rate that is conducive to their clinical costs and its stain on staff due to the management and accountability of tracking vaccines.

In the Hermiston area an FQHC: Mirasol Family Health Center, serves as a delegate agency to public health for immunizations. Mirasol has a large number of migrant farm workers and individuals that are not legal citizens who are their patients. In Pendleton, the Yellowhawk

Tribal Health Center also serves as a delegate agency for providing immunizations to CTUIR members and their families.

76% of 24-35 month olds were reported to be up to date with the 4:3:1:3:3:1 series in 2010. This rate has continued to improve steadily and is up significantly from the 68% in 2007. With the 4:3:1:3:3:1 series UCHDs rate of 76% was slightly below the state average of 77%. UCHD continues to struggle with reaching those who need their fourth DTaP. The county rate dropped to 69% in 2010. Possible causes are the decrease in clinic hours at both sites due to budget cuts and many parents return late or not at all for the 4th shot. UCHD continues to provide information to local providers and perform outreach to parents through our home visit program. Partnerships have been made with WIC and Head Start to help educate parents on the importance of all vaccinations. UCHD continues to improve rates for the number of infants who started receiving their immunizations on time, and decreased the rate of late starts and missed shots. UCHD has met the Healthy People 2020 Immunization goals for all vaccines except the fourth DTaP so will continue to strive to improve this rate.

Mental Health

Umatilla County does not provide mental health services. Currently, Lifeways offers these services. As with many other counties, Umatilla does not have enough providers for mental health services. Many residents go without care or with minimal care due to this shortage.

The School Based Health Centers (SBHC) has a 0.6 FTE mental health specialist. This position provides a much-needed service to this vulnerable population only in the Pendleton school district. There is an ongoing fear that if funding is not secured for the SBHC, then this position may be eliminated. The loss of this position will result in many adolescents not receiving mental health care and will open the door for potential future issues.

Physical Activity, Diet, and Obesity

Through a one year Building Capacity for Reducing Chronic Disease grant, the health department collaborated with community partners to form the Community Health Action and Response Team (CHART) for Umatilla County. The CHART is a diverse group of leaders from across the county representing schools, health care, community institutions and organizations, and work sites that are committed to leaving a leaving a legacy of improved health opportunities for the county's citizens. The members conducted a Healthy Communities population-based assessment looking specifically at ways to reduce the burden of chronic diseases most closely linked to physical inactivity, poor nutrition, and tobacco use-arthritis, asthma, cancer, diabetes, heart disease, obesity, and stroke. The grant has ended yet the group continues to meet to slowly move forward the goals of the CHART. The hope is that one day additional funding will be secured to resume a CHART coordinator and begin working more aggressively on these policy changes and goals.

The health department continues to be proactive with physical activity and a healthier lifestyle. The county Wellness Committee sponsors a "Get Active" event each year. This event encourages teams to have some friendly competition with physical activity. The event has been well received throughout the county, and shared with other worksite wellness committees.

Public health is a strong supporter and member of the Wellness Committee. Their mission is to educate and promote employees to have healthier lifestyles and to be aware of the existing

benefits currently being offered by the county. Some benefits offered are a reduced fee for membership at the local health club, a wellness benefit on our insurance package that pays for health assessments, and various classes offered by local hospitals. The committee sponsors a health assessment for employees at their worksite. This assessment checks blood glucose and cholesterol levels as well as other health indicators.

The health department continues to share best practices with community partners including our healthy food policy that staff approved by a majority vote in 2007. This policy simply states if a staff person wishes to bring snacks for all staff, which may not be a healthy choice, then a healthy alternative will also be offered. This has been widely accepted and followed

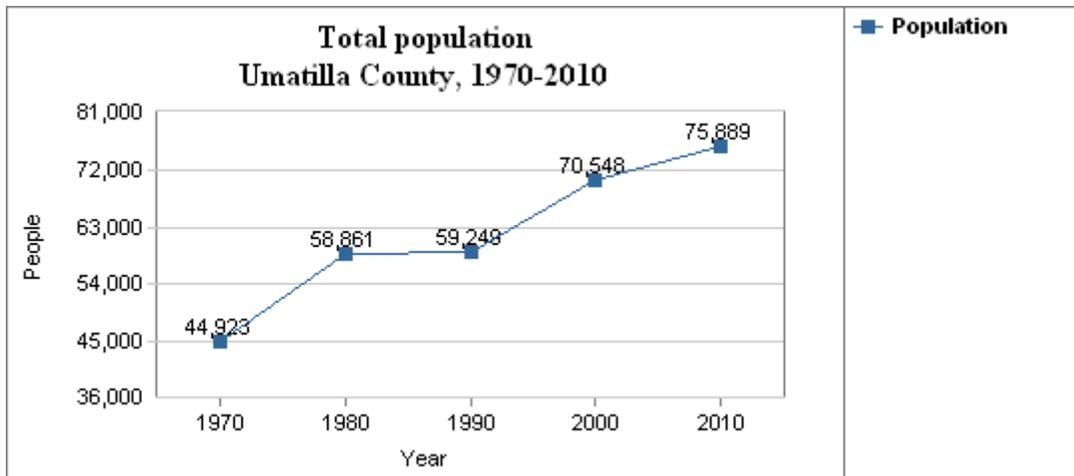
Population, Gender, Age

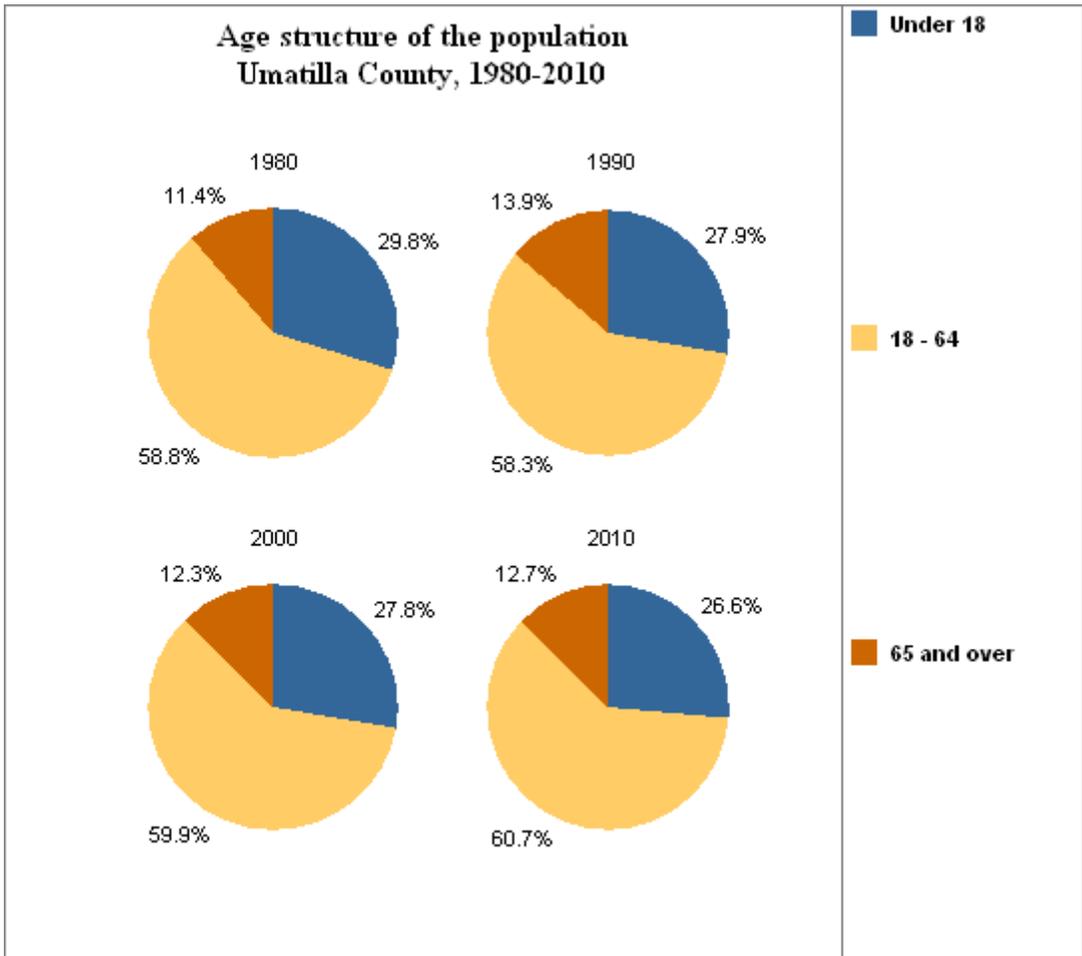
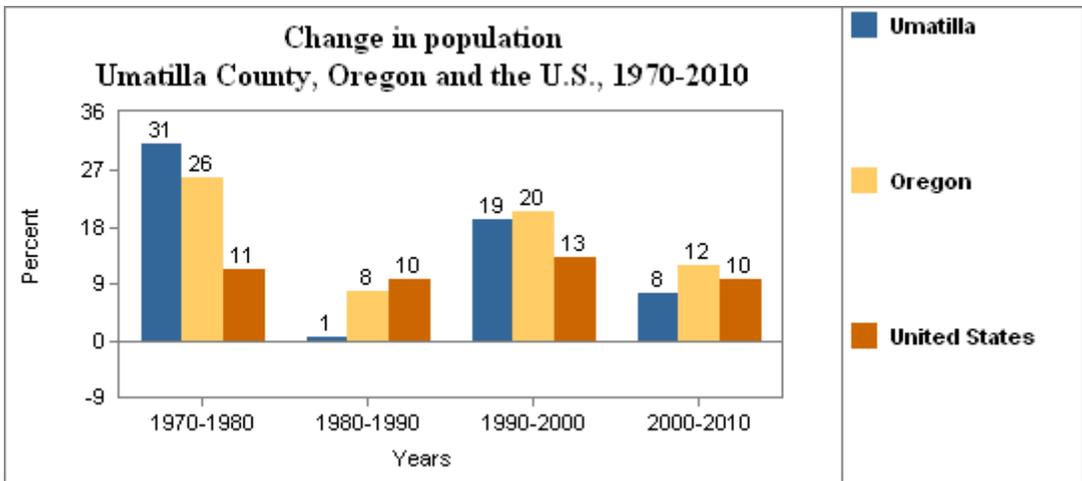
Umatilla County:

- Had a population of 75,889 in 2010
- Gained 5,341 residents between 2000 and 2010
- Grew by 7.6 percent between 2000 and 2010, compared to an increase of 12.0 percent in Oregon as a whole
- Gained 30,966 residents since 1970
- Had a 2000-2010 rate of population change that ranked 17th – from the highest to lowest – out of the 36 counties reporting data

In Umatilla County:

- 7.4 percent population was under five years of age
- 26.6 percent population was under 18 years compared to 22.6 percent in Oregon
- 60.7 percent of the population was 18 to 64 years old in 2010 compared to 63.5 percent in Oregon
- Had a 12.7 percent population over 65 years compared to 13.9 percent in Oregon

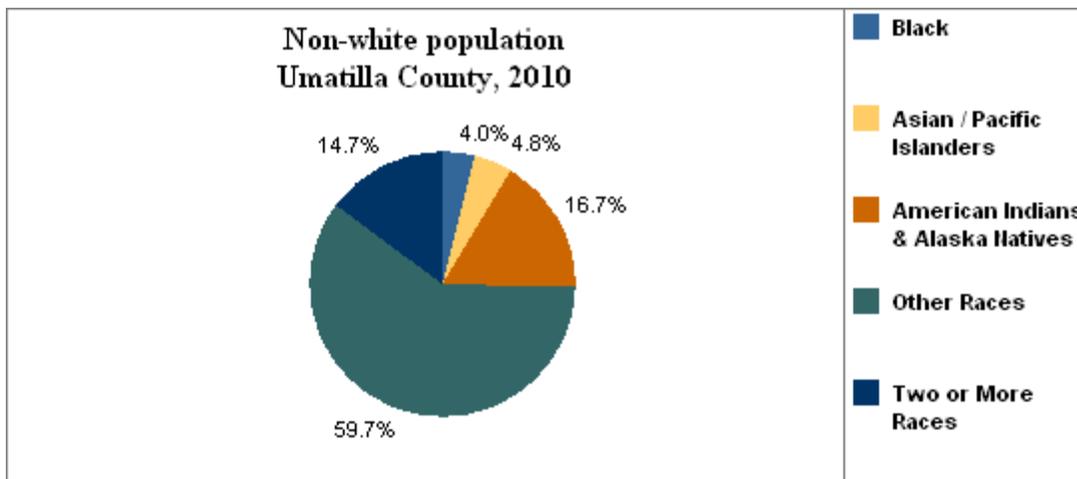
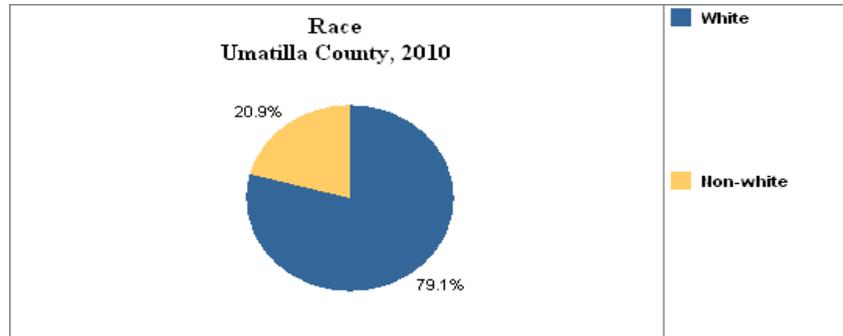




Race

In Umatilla County:

- People who identified themselves as being a race other than white made up 20.9 percent of the population in 2010, compared to 16.4 percent in Oregon
- The non-white population has changed from 6.6 percent in 1980, to 11.0 percent in 1990, to 18.0 percent in 2000, to 20.9 percent in 2010
- The Hispanic population is growing with 23.9 percent in 2010
- The majority of the population is Caucasian



Umatilla County Public Health has Spanish-speaking interpreters and materials available for Hispanic clients.

Geography

Umatilla County is situated in one of the largest wheat and green pea producing areas in the nation. Other agricultural commodities include potatoes, vegetables, cattle, hay, truck crops, fruit, and other seed crops.

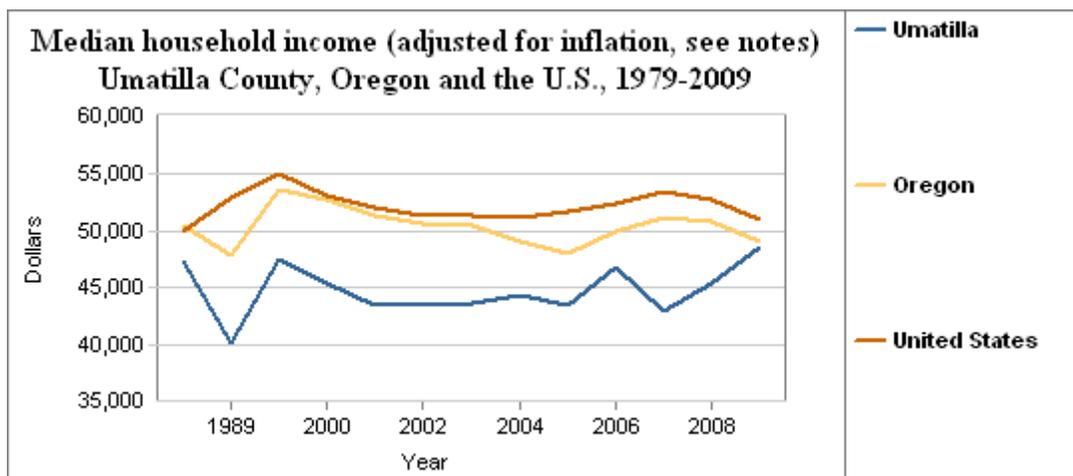
Umatilla is the 13th largest county in Oregon and has 3,231 square miles, of which 3,215 square miles are land and 16 square miles is water. It has 12 incorporated cities and 13 unincorporated communities. The elevation ranges from 200 feet in the city of Umatilla, which is located on the Columbia River, to nearly 5,000 in the Blue Mountains on the eastern and southern edges of Umatilla County.

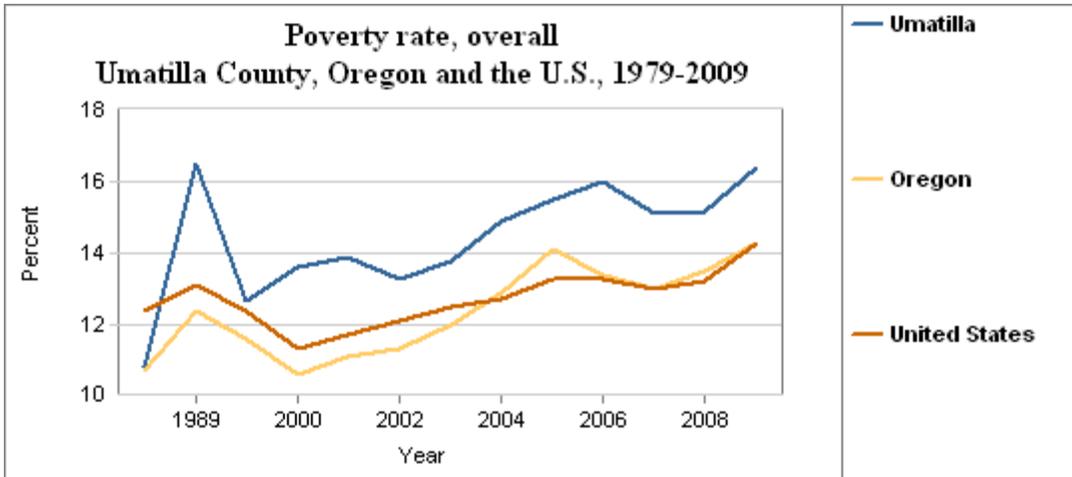


Socio-Economic Status

In Umatilla County:

- There were 26,904 total households in 2010
- Family households made up 69.3 percent of the total in 2010, compared to 63.4 percent in Oregon
- Since 1980, family households have decreased as a proportion of the total
- Female-headed households with children (no husband present) made up 7.8 percent of all households in 2010, compared to 6.1 percent in Oregon
- Adults age 65 or older who lived alone made up 9.6 percent of all households in 2010, compared to 9.7 percent in Oregon
- 15.5 percent of residents live below the poverty level, compared to 14.3 percent in Oregon
- The median household income in 2009 was \$47,693, compared to \$48,325 in Oregon
- 15.2 percent had an income in the past 12 months that was below the poverty level (2009 data)
- 9.1 percent were unemployed as of June 2011, according to the Oregon Labor Market Information System

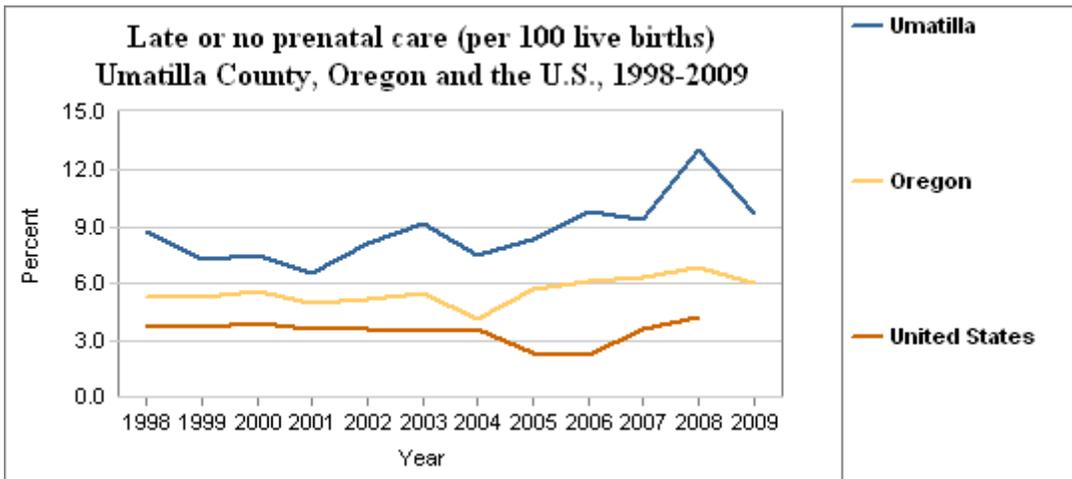




Prenatal Care

In Umatilla County:

- 9.7 percent of women had inadequate prenatal care, compared to 6.1 percent in Oregon
- 98 women who gave birth in 2009 received late or no prenatal care, compared to 90 in 1998

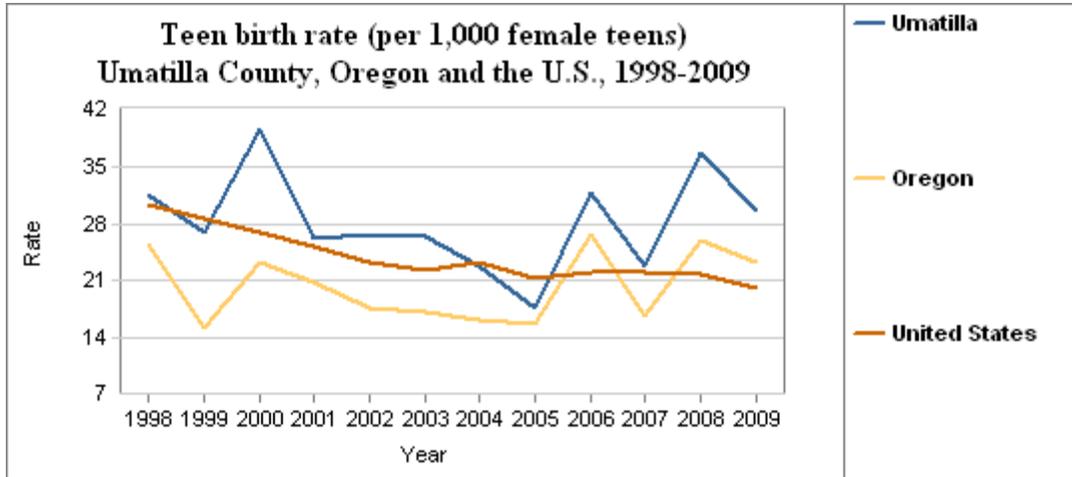


The health department offers maternity case management services. This program provides a nutritional assessment, prenatal education, and counseling to expectant mothers. The community has had a steep decline in obstetrical physicians. This has lead to many expecting mothers to travel to Washington State to seek care or opting not to have prenatal care until their third trimester. Illegal Hispanic residents have a particularly difficult time receiving prenatal care. They have no insurance, and self-pay is a barrier to service. Citizen Alien Waived Emergent Medical (CAWEM) is available for emergency services and delivery but not for prenatal care. UCHD along with Mirasol Family Health Center and Good Shepherd Medical Center are working together to bring the prenatal expansion project to Umatilla County. This program if implemented will allow for undocumented, low income, pregnant women to receive prenatal care through special funding.

Teen Pregnancy

In Umatilla County:

- The teen birth rate in 2009 was 30 per 1,000, compared to 23 per 1,000 in Oregon
- There were 49 births to females age 15-17 in 2009 compared to 80 in 1998



The teen pregnancy rate in Umatilla County remains higher than the state average. The rate for 2010 remained at 32.6 per 1,000. The state average rate for the previous five years was 27.5 per 1,000. UCHD currently serves 33.2% of the Women In Need in the county. Women in Need are described as between ages 13 and 44, fertile, sexually active, not pregnant or trying to become pregnant, and at an income below 250% of the federal poverty level. UCHD continues to make a wide range of contraceptive methods available at both public health clinic locations. Teens are educated about the use of Emergency Contraception but an impact on the teen pregnancy rate has not yet been observed.

My Future, My Choice is an adolescent health education program geared at students in middle school. The curriculum consists of 10 sessions five of which are abstinence based and the remaining five are comprised of a comprehensive sexual education program. Five of the middle schools have chosen to implement this program this school year. UCHD continues to educate school districts on this curriculum and the value it will have in their schools with hopes that additional schools will make plans for implementation.

In addition to the My Future, My Choice program, UCHD offers adolescent health classes to all schools within the county. These are healthy relationships, puberty education, reproductive system education, birth control, STD-HIV/AIDS and Parenting/Baby Think It Over.

The health department is an active member of RAPP (Reduce Adolescent Pregnancy Partnership). RAPP is a coalition of community partners taking an active role in reducing the teenage pregnancy rate in Umatilla County through a comprehensive approach of community education, advocacy, family service development, and enhancement. RAPP sponsored Brad Henning of Life Resources in three Teen Summit school assemblies in the spring of 2011 that were attended by 1000+ eighth grade students (from 10 schools) about abstinence choices. RAPP also provided scholarships for passes to the Pendleton Aquatic Center for the summer months of 2011 to provide community teens with alternate activity choices. 20 individual teens and 5 family passes were paid for and used. RAPP is actively searching for other ways to

engage local adolescents and currently has made contact with community members who have successful youth programs already in place. The hope is to partner with those community members to work in building alternative programs for youth.

Tobacco Use

24% of adults in Umatilla County currently smoke cigarettes, and 13% of adult males use smokeless tobacco. The state rate is 17% and 6%, respectively. Every year in Umatilla County, 135 people die from tobacco use. 2,629 people suffered from serious illness caused by tobacco use, and \$25 million is spent on medical care for tobacco-related illnesses and \$22 million in productivity is lost due to tobacco-related deaths.

Smokeless tobacco continues to be a part of the “rodeo” culture. A growing number of worksites continue to help address this issue by taking the step to make their campuses Tobacco Free. St Anthony Hospital went to a tobacco free campus on January 2011, and Smith’s Frozen Food’s tobacco free policy took effect April 1, 2011. Public Health staff works closely with a Local Tobacco Control Advisory Group to determine promote and achieve policy goals to reduce tobacco use and exposure to secondhand smoke.

Underage Drinking

Umatilla County Coalition to Reduce Underage Drinking (UCCRUD) is a coalition group that meets monthly to identify strategies to reduce alcohol use among those that are underage. Public health plays an active role in this coalition.

Alcohol use among teens continues to be an ongoing problem. 37% of eighth graders report having had their first drink before the age of 13 years. 30.8% of eighth graders have drunk alcohol in the past thirty days while 14.9% have had five or more drinks within a couple of hours in the past thirty days. Using alcohol is accepted as part of the culture. 50.9% of 11th graders reported it would be very easy to get some beer, wine or hard liquor, if they wanted it. Use has been linked to promiscuous behavior and poor judgment. 26.4% of 11th graders report to having drunk alcohol or used drugs before having sexual intercourse the last time.

ADEQUACY OF THE LOCAL PUBLIC HEALTH SERVICES

Epidemiology and Control of Preventable Diseases and Disorders

Umatilla County provides all of the required communicable disease activities. UCHD provides 24-hour public health emergency coverage and have one fulltime communicable disease registered nurse on staff. UCHD works closely with our two area hospitals to encourage disease reporting and open lines of communication. Letters are mailed twice a year to all hospitals, physicians, and labs notifying them of the reportable diseases and offer of assistance if requested. UCHD works closely with Confederated Tribes of the Umatilla Indian Reservation (CTUIR) Yellow hawk Clinic, the local jail and the two prisons.

Parent and Child Health Services, Including Family Planning Clinics As Described In ORS 435.205

Umatilla County offers family planning services, immunizations, maternity case management, and CaCoon at both clinic sites. In Pendleton, there are two School Based Health Centers (SBHC): one at the Pendleton High School and the other at Sunridge Middle School. These centers provide physical and mental health services. The SBHCs do not provide family planning services due to an agreement with the sponsoring hospital and school district.

Collection and Reporting of Health Statistics

Umatilla County Public Health provides all birth and death records in the county. Certified copies are available in the Pendleton office for a fee. Deputy Registrars work closely with hospital medical records departments, mortuaries, and physicians to assure accuracy and completeness. Confidentiality and security of nonpublic abstracts, records, documents, and information are maintained securely. Certified copies of registered birth and death certificates are issued within one working day of requested copy.

Health Information and Referral Services

Umatilla County Public Health provides health information to the community in both English and Spanish. Classes have been created specifically to the needs identified within the community. Wide varieties of pamphlets are offered in all of the clinical sites. Referrals are an integral part of the services provided. UCHD collaborates with multiple community agencies. A website is available with information about county services as well as a Facebook page.

Environmental Health Services

Umatilla County Public Health employs 1.5 FTE Environmental Health Specialist and 0.5 FTE clerical support person. Services provided include restaurant inspections, mobile units, temporary restaurants, tourist accommodations, pools/spas, hotel/motels, and jails. Other services include answering inquiries, requests, and investigating complaints and foodborne illnesses. UCHD contracts with Morrow County to provide the environmental health services within that county.

Environmental health education is provided to the public. Food handler tests are offered in all clinics and online. A limited number of food handler classes are offered to the community when classes have ten or more participants. UCHD contracts with Oregon Department of Education and Oregon Child Care Division to provide inspection of schools and daycare facilities. Drinking water services are provided by the state.

ADEQUACY OF PROGRAM SERVICES

Dental

Dental services in Umatilla County are inadequate. Many children do not have appropriate dental care, which results in poor oral hygiene with an increase in dental caries. Public Health provides dental health education through the home visiting program. Parents are educated on the dangers of bottle propping and the importance of oral hygiene beginning at a young age. UCHD services only address a small area of dental concerns. The county is in need of greater dental services for residents. The dental van provides limited services to some residents who met income requirements but due to budget reductions, those services are limited.

Emergency Preparedness

A half time emergency preparedness coordinator works closely with community partners. UCHD staff are an active participant in the annual Chemical Stockpile Emergency Preparedness Program (CSEPP) exercise. Staff continue to write and rework plans for the county. UCHD exercised using the public health mobile clinic as a Point of Dispensing during an Immunization clinic in Milton-Freewater in November 2010.

Collaboration between law enforcement, fire/EMS, tribe, hospital, prisons, and emergency management continues to be one of the main areas of focus. Public health continues to work closely with multiple community agencies who serve vulnerable residents. DHS, CAPECO, EOCIL, Red Cross, Lifeways, Clearwater Mediation, are a few of the agencies who UCHD works with to ensure vulnerable residents are prepared for an emergency and to assure coordination of services in case of a disaster.

Health Education and Health Promotion

Umatilla County Public Health provides many health classes to the schools in the county. We create curriculum specific to the assessment performed by counselors and teachers. Classes taught include anger management, healthy relationships, suicide prevention, self-injury and cutting, eating disorders/steroids, STD-HIV/AIDS, birth control, reproductive system, puberty, parenting, youth risky behaviors resources, nutrition, hygiene and personal boundaries/refusal skills.

Laboratory Services

The health department lab is licensed by CLIA as a waived laboratory. The laboratory services provided outside UCHD capacity or licensure are performed by the state or Interpath Lab. Staff work closely with both labs. A concise reporting system has been implemented and UCHD utilizes Interpath lab for services test that are not covered or provided by the state.

Nutrition

All clients seen in the clinic and in the home visit programs are counseled about nutrition. The nurse performs a nutritional assessment. Pamphlets and educational materials are given at the time of the visit. The School Based Health Centers perform BMIs on all students seen in those clinics.

Older Adult Health

UCHD offers referral services and health information to older adults. Many pamphlets are available to address specific health issues. Blood pressure checks are given free in all clinics. Immunizations for influenza and pneumonia vaccinations are provided.

Section III. ACTION PLAN

A. Epidemiology and Control of Preventable Diseases and Disorders

Goal 1: In 2012 UCHD will conduct prompt disease investigations and provide treatment and education based on CDC/OHA guidelines.

Objective(s)	Plan of Action	Evaluation
<p>1. Initiate disease investigation per established CDC/OHA epidemiology guidelines upon receiving faxed, phone or verbal reports of a reportable condition.</p> <p>2. Complete and submit disease investigations per established CDC/OHA epidemiology guidelines</p>	<p>CD reporting is through Orpheus and Electronic Lab Reporting (ELR).</p> <p>CD RN will review submitted reports daily, print investigative report and guidelines from ODHS website and complete investigative report per guidelines</p> <p>CD RN will contact affected individuals, their care providers and families as needed for investigation to provide education, ensure correct treatment and follow up</p> <p>CD RN will submit completed investigation forms to ODHS epidemiology department per established timeline</p>	<p>Lab reports will be entered into Orpheus within 24 hours.</p> <p>Supervisor will perform monthly audits to assure all cases are closed after appropriate treatment, follow-up and contact treatment is verified and documented in Orpheus.</p>

Goal 2: In 2012 UCHD will assure 24 hour emergency coverage with a response time of 30 min or less for public health emergencies.

Objective(s)	Plan of Action	Evaluation
<p>UCHD staff person will be available by phone 24 hours a day for public health emergencies</p>	<p>Use the county's emergency dispatch for after hours notifications</p> <p>A satellite pager will be worn by one of the UCHD supervisors at all times</p> <p>After hours contact info will be on UCHD phone message</p>	<p>Quarterly testing of pager system will be done by Preparedness Coordinator. 90% of pager tests performed will have response time within 30 minutes of page.</p> <p>Superviosor will perform quarterly checks of afterhours phone message to assure that the afterhours number is available to the public</p>

Goal 3: In 2012 UCHD will assure all tuberculosis cases are followed and treated according to CDC and OHA guidelines.

Objective(s)	Plan of Action	Evaluation
<p>UCHD will appropriately manage all clients with known tuberculosis(TB) infection or disease per CDC and OHA tuberculosis program guidelines</p>	<p>Will maintain and update TB protocol based on CDC/OHA guidelines and have a TB case manager on staff</p> <p>TB case manager will immediately investigate all reports of TB infected county residents per CDC/OHA guidelines</p> <p>All clients determined to be infectious with active TB will be treated and monitored per CDC/OHA guidelines, and OHA will be notified of cases.</p> <p>All contacts to active TB cases will be tested and treated as needed, if found to have LTBI, per county protocol.</p> <p>TB case manager will collaborate with clients' PCPs to ensure continuity of care.</p> <p>TB case manager will evaluate all referred county residents, diagnosed with LTBI, for risk factors and determine the need for treatment per county protocol.</p> <p>All A and B waivers will be investigated and treated per CDC/OHA guidelines</p> <p>All reports will be initiated, completed, and submitted to OHA TB program per established guidelines.</p>	<p>Quarterly audits of TB case reports will be done to determine time/date of report, initiation of investigation, completion of report and treatment, and submission of report to OHA.</p> <p>OHA contact quarterly to ensure reports received.</p> <p>Supervisor will perform quarterly audits to assure that incentives are used for appropriate cases.</p> <p>100% of non-complaint cases will be confined to their home or some other isolated location i.e., hotel/motel room.</p> <p>100% of all reports will be initiated, completed, and submitted to OHA TB program per contract.</p>

Goal 4: In 2012 UCHD will provide HIV testing and counseling to all who meet testing criteria.

Objective(s)	Plan of Action	Evaluation
<p>Perform assessments to assure testing criteria are met and encourage clients to test.</p>	<p>All forms of HIV testing will be offered at clinic sites</p> <p>All RNs will be trained in HIV counseling and testing services</p> <p>All clients requesting HIV testing seen regardless of ability to pay</p> <p>CD RN will collaborate with local county and community agencies to provide HIV education and testing to mutual clientele</p> <p>Contacts of known HIV positive residents will be counseled and tested as soon as possible</p> <p>Offer both confidential and anonymous HIV testing services and maintain current protocols regarding said testing</p> <p>All clients requesting STD testing at UCHD will complete a self risk assessment during their appointment and offered HIV testing</p>	<p>100% of clinic RNs will have documented training in HIV counseling and testing services by 12/15/12</p> <p>Annual chart audits will be completed to assure clients are being educated on HIV testing and tested according to criteria.</p>

B. Parent and Child Health Services, Including Family Planning Clinics As Described in ORS 435.205

Immunizations

Goal 1: UCHD will improve the rate of state immunization performance measures for 4th Dtap rate, data submission within 2 weeks of vaccine administration, and missed shot rate.

Objective(s)	Plan of Action	Evaluation
<p>Improve 4th Dtap rate to 75% or more by December 31, 2012.</p> <p>Improve data entry completion rate (within 2 weeks of vaccine administration for all clients) to 90 % by December 31, 2012.</p> <p>Continue to decrease missed shot rate by at least 1% each year until UCHD is at 10% or less by December 31, 2014.</p>	<p>Both clinic sites will continue to offer immunization services two days each week on a scheduled appointment and a walk-in basis.</p> <p>Client information will be updated in ALERT IIS database and a forecast done at each visit to ensure all shots are given.</p> <p>Families will be counseled/educated on preventable diseases, the need for, and effectiveness of immunizations.</p> <p>Designated clerical staff will enter vaccine information into ALERT IIS within one week of vaccine administration.</p> <p>Reminder cards will be sent to clients needing follow-up immunizations to complete a series.</p>	<p>Quarterly check of ALERT IIS data to determine number of immunizations given</p> <p>Quarterly check of ALERT IIS to ensure entered data is correct</p> <p>Quarterly check of ALERT IIS to ensure missed shot rate is declining.</p> <p>Client comments</p>

Goal 2: By 2014 UCHD will improve immunization rates for children, adolescents, and adults in Umatilla County by 5 %.

Objective(s)	Plan of Action	Evaluation
<p>Promote and improve access to immunizations for Umatilla</p>	<p>Maintain/update standing orders and immunization policies per</p>	<p>Quarterly audit of immunization</p>

<p>County residents of all ages to improve immunization rates 5 % countywide by 2014.</p>	<p>current ACIP or OHA recommendations.</p> <p>HO will sign all immunization standing orders</p> <p>All RNs and clerical staff will be regularly educated on current immunization recommendations and practices</p> <p>All RNs will educate clients regarding current immunization recommendations and practices and encourage clients to have all recommended immunizations at each clinic visit</p> <p>Immunization Coordinator will maintain an adequate supply of vaccine in both clinic sites.</p> <p>Attend Health Fair and Project Community Connect with nurses and vaccine supplies.</p> <p>Immunization Coordinator or designee will provide education to the public, about vaccine safety and requirements, using a variety of methods: radio ads, brochures, community presentations.</p>	<p>standing orders and protocols</p> <p>Quarterly audit of immunization vaccine administration records</p> <p>Review monthly vaccine reports for vaccine stock needs</p> <p>Client comments</p> <p>Administer 40 or more vaccinations at community outreach events.</p>
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Goal 3: UCHD will promote the use of AFIX information countywide provider plan to by December 31, 2012

Objective(s)	Plan of Action	Evaluation
<p>Promote AFIX to county providers by December 31, 2012</p>	<p>Contact all VFC county providers to arrange a meeting with AFIX state representative to discuss county specific AFIX measures.</p> <p>Host the meeting for VFC</p>	<p>VFC providers contracted for state site visit by September 30, 2012</p> <p>By December 31, 2012, a meeting with all VFC county providers and state AFIX</p>

	providers and state AFIX representatives.	representative will be held to discuss county specific AFIX measures
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Family Planning

Goal 4: Assure family planning and reproductive health services meet the requirements of state and national health care reform, including the use of electronic health records, partnering with Coordinated Care Organizations (CCOs), and investigating participation in health insurance exchanges by December 31, 2012.

Problem Statement	Objective(s)	Planned Activities	Evaluation
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<p>1. UCHD purchased Praxis EHR system in 2011 for both clinics and is in process of transitioning from paper charts to EHR.</p>	<p>staff will be trained on and competent in using Praxis system by 12/31/12.</p> <p>Newly hired UCHD employees will be trained on and competent in using Praxis.</p>	<p>Praxis trainers will come to UCHD in January 2012 to start training process.</p> <p>Praxis training will be completed by July 1, 2012.</p> <p>Paper charts for all FP clients will be transferred to Praxis EHR.</p>	<p>100% of staff will demonstrate competent using EMR system and all paper charts will be in system by 12/31/12.</p> <p>Praxis trainers will provide assessment/evaluation of staff skills after training sessions.</p> <p>New staff will demonstrate competence in EMR system within 6 mo of hire.</p> <p>Perform quarterly audits to evaluate effectiveness and accuracy of chart information.</p>
<p>2. UCHD is actively engaged in determining their role in a CCO.</p>	<p>UCHD will be an active member of a CCO and continue to provide FP services to 35% or more of Umatilla County women in need by June 30, 2013.</p>	<p>Supervisor/administrator will attend local planning meetings for establishment of area CCO to ensure UCHD is a recognized service site.</p>	<p>Supervisor will review yearly FP statistics compiled by state FP program to ensure that at least 35% of WIN are being served by UCHD.</p>
<p>3. UCHD will communicate with Insurance Co. to determine coverage for UCHD FP services.</p>	<p>UCHD will check insurance status on 100% of clients and enroll 75% of all qualified clients into CCare program.</p>	<p>100% of FP client will be offered enrollment into CCare program and all qualified clients will be assisted with enrollment documentation and process.</p>	<p>Quarterly chart audits will be performed to assure accurate CCare documentation and coverage.</p>

Goal 5: Assure access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use by December 31, 2012.

Problem Statement	Objective(s)	Planned Activities	Evaluation
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<p>1. Pendleton and Hermiston Family Planning clinics are open 2 or 3 days/week only and able to offer most BCM except for LARC.</p>	<p>Increase distribution of EC to clients.</p> <p>Increase client awareness of BCM available at UCHD.</p> <p>Create a list of community care providers who can assist clients with IUDs, Implanon and Sterilization procedures.</p>	<p>Provide education in clinic about EC to all clients.</p> <p>Adequate BCMs will be available in both clinic sites.</p> <p>Educate every client on available methods at UCHD.</p> <p>Educate clients on methods available in the community.</p> <p>Update and reprint provider list annually.</p>	<p>EC use will increase 10% by 6/30/13</p> <p>Quarterly inventory counts, usage, and statistical reports will be completed.</p> <p>Audits will be completed quarterly to assure clients are educated about available BCM at UCHD.</p> <p>BCM's will be ordered based on inventory and usage reports.</p> <p>By 10/31/12 a community care providers list will be compiled to assess who offers IUDs, Implanon and Sterilization procedures.</p> <p>Clients will be provided a list of area providers who provide IUDs, Implanon, and Sterilization procedures.</p>
<p>2. UCHD had an NP for less than 6 hours/wk for most of 2011 so clients were late getting FPAs done or getting them done elsewhere. Currently UCHD has NPs available for 13 hours/week.</p>	<p>Increase number of FP clients who will have their annual exam within 3 months of their initial appointment or yearly exam date</p> <p>NP to have increased number of appointments available.</p>	<p>Clients will be scheduled for FPA upon completion of I lab appointment.</p> <p>Reminder calls and/or postcards will be sent to client prior to FPA.</p> <p>NPs will have 4 clients scheduled per/ hr</p> <p>Clients on waiting list will be called as soon as an opening is available in FPA schedule.</p>	<p>Quarterly audits will be completed to assure that 85% of clients have annual exam within 3 mo of initial appt or yearly exam date.</p> <p>UCHD will have attendance rates improve 5% by 6/2013; quarterly audits will be conducted to assess progress.</p> <p>Quarterly audits will be conducted to assure clients are scheduled four an hour.</p>

Goal 6: In 2012 UCHD will assure the goal of the “Babies First!” Program to improve the physical, developmental, and emotional health of high-risk infants and children zero to five years is met.

Objective(s)	Plan of Action	Evaluation
<p>Improve the early identification of infants and young children at risk of developmental delay and/or other health/medical related programs.</p> <p>Assist families in identifying and accessing the appropriate community resources that meets their child’s specific needs.</p>	<p>Educate area providers on services offered for high-risk infants.</p> <p>Share services with community partners and other home visit agencies.</p> <p>Collaborate with EI and MDs to provide assessments for children they believe to be at risk.</p> <p>Educate the community about</p>	<p>Monthly meetings with home visit staff</p> <p>Annual ORCHIDS data assessment</p> <p>Client comments</p> <p>Quarterly chart audits will be conducted to assure families are accessing appropriate community resources that meet the needs for their child.</p>

	<p>services for high-risk children</p> <p>Share community referral resources with parents.</p>	
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Goal 7: In 2012 UCHD will assure that all infants and children in the Babies First program with developmental delays will receive intervention

Objective(s)	Plan of Action	Evaluation
<p>Developmental screenings will be completed at 4, 8, 12, 18, 24 and 36 months to identify all children in the Babies first Program with developmental delays and families will receive appropriate intervention for identified delays</p>	<ul style="list-style-type: none"> • All new staff will receive instruction on the use of the ASQ and ASQ-SE • All clients will be screened utilizing the ASQ and ASQ-SE and/or the RDSI screenings at 0-6 weeks, 4, 8, 12, 18, 24 and 36 months • The home environment will be evaluated for issues causing delays in development • The home visit nurse will 	<ul style="list-style-type: none"> • Monthly meetings with home visit nurses on caseload • Annual ORCHIDS data assessment • Client comments

	<p>work with the families to improve the development of any child with environmental issues causing delays in development</p> <ul style="list-style-type: none"> • The home visit nurse will refer the families with a child with developmental delays not responding to intervention by home visit nurse to Early Intervention • The home visit nurse will follow up to ensure the families connect with Early Intervention 	
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C. Environmental Health

Current Condition: New Temporary Restaurant rules and regulations will be implemented in March 2012.

Goal 1: Assure that vendors understand the new Temporary Restaurant rules by March 2012.

Objective: Educate vendors on the changes to the Temporary Restaurant rules and regulations.

Action Plan: Write a letter to all current Temporary Restaurant holders, relative organizations, and restaurants to inform them of the new rules and regulations, and the importance of food safety. Host educational presentations to the public in regards to the new Temporary Restaurant rules and plan review process. Internally trouble-shoot our procedures and application process to promote efficiency.

Evaluation:

1. Two presentation will be given to the public regarding the new Temporary Restaurant rules and regulations by March 2012.
2. 90% of the temporary restaurant vendors will meet the new rules and regulation requirements upon first inspection.
3. Letters informing vendors of the new rules and regulations will be mailed out to temporary restaurant vendors by February 2012.

Current Condition: New rules and regulations for restaurants become effective July 1, 2012. Owners/operators will need to be educated about the changes in the process.

Goal 2: Create an education packet to be given to all owners/operators regarding the new rules and regulations for restaurants at regular inspection between July and December 2012.

Objective: Owners/operators will receive new rules/regulations, changes in the scoring of inspections, and important food safety tips at their regular inspection between July and December 2012.

Activities: Create an Education Packet to include the changes in the Oregon rules and regulations, scoring of the inspection, and food safety tip. This educational tool will be shared with all owner/operators during their inspection. The Education Packet shall include significant rules changes, fact sheets for their particular restaurant, and new scoring system.

Evaluation: To have 100% of all restaurants sign that they received an education packet by December 31, 2012.

Current Condition: Our Environmental Health Inspection Reports are in our offices only. Customers have to drive to Pendleton to pick up Inspection Reports or have them mailed/faxed to them.

Goal 3: Offer our Environmental Health Inspection Reports on the county health website by 1/1/2013.

Objective: Provide easily accessible reports via the county website.

Activities:

1. Obtain authorization from the Board of County Commissioners to provide such reports on the county website 10/2012.
2. Work with the information technology department to update our website with the new inspection reports.
3. Educate our communities and customers that the Inspection Reports are online with access 24 hours a day. The website address will be on the inspection reports.

Evaluation:

1. Website will be operational by January 2013.
2. All inspection reports will have the county website listed by January 2013.

D. Health Statistics

Current Condition: Certified copies of birth and death certificates are issued within 24 hours and are available through the Pendleton clinic up to six months from date of event. Child deaths are reviewed by Umatilla County Child Fatality Review Board. Umatilla County Public Health’s website has links to Oregon Health Services and other public health sites containing health statistics.

Goal 1: In 2012 UCHD will assure 100% of all birth and death certificates will be issue within 24 hours of request.

Objective(s)	Plan of Action	Evaluation
Issue birth and death certificates as soon as possible	Train all deputy registrars on how to issue birth and death certificates in OVERS	100% of birth and death certificates requested will be issued within 24 hours

	Instruct deputy registrars on timeliness of issuance and share policy and procedures.	
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Goal 2: UCHD will communicate with funeral homes via email by March 1, 2012.

Objective(s)	Plan of Action	Evaluation
Share information with funeral homes via email.	A letter requesting the sharing of e-mail addresses will be mailed to local funeral homes by January 3, 2012.	By March 1, 2012 75% of correspondence with funeral homes will be via email.

E. Information and Referral

Umatilla County Public Health makes every effort to put people in touch with needed personal health services and assures the provision of health care when otherwise unavailable. UCHD has a website that is updated by local public health program staff. The site is easy to use and has links to the CDC website, West Nile Virus information, food handler cards, and many of our health partners.

UCHD also provides information and referral services during regular business hours. Umatilla-Morrow Head Start also publishes a countywide resource booklet that all local agencies use for referral.

Primary health care services are available for referral along with two urgent care clinics in the county. In addition, two hospitals are located within the county as well as a psychiatric hospital.

UCHD assists eligible individuals in applying for the Oregon Health Plan. Most of the health education materials are available in alternative language formats. Spanish-speaking translators are available on site in addition to access through a translator service that is available for most other languages. UCHD also provides access via a TTY number. Both Emergency Management and UCHD are addressing vulnerable populations. This collaboration works to assure that these populations are not forgotten in an emergency or disaster.

UCHD has a competent public healthcare workforce. On-going education is provided through seminars, in person training, and mentoring. Employees also have access to an online training system and are encouraged to seek training opportunities connected with their positions.

F. Public Health Emergency Preparedness

Current Condition: Multiple areas within PE 12 require reporting or follow up.

Goal #1 UCHD will assure completion of all PE 12 requirements noted in the contract in 2012.

Objective(s)	Plan of Action	Evaluation
UCHD will complete all required PE-12 elements by date specified in contract	<p>Preparedness Coordinator will attend scheduled conference calls</p> <p>Preparedness Coordinator will attend scheduled Region 9 meetings.</p>	<p>Quarterly audits performed by State Preparedness Program</p> <p>Annual peer reviews</p> <p>Annual audits of employee training logs</p>

	<p>Preparedness Coordinator will maintain local HAN user directory and ensure all user profiles are current</p> <p>Prepared Coordinator will ensure all UCPHD employees have completed IC courses – 100, 200, 700 and 800</p> <p>Preparedness Coordinator will ensure all employee profiles are current in the Learning Center and on HAN.</p> <p>Preparedness Coordinator, or designate, will test local HAN notification quarterly</p>	Quarterly HAN reports
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G. Other Issues

Current Condition: Smoking is allowed in many of the multi-unit housing in Umatilla County.

Goal 1: In 2012 UCHD will work toward assuring there is a approved policy that makes all housing units to be smoke free.

Objective(s)	Plan of Action	Evaluation
Collaborate with community partners and property managers to increase the number of multi-units who will have no-smoking policy to four additional units by June 2012.	<p>Meet with housing authority to inform and educate about tobacco related issues and policy development</p> <p>Make presentations to housing authority board and community partners about smoke-free housing</p> <p>Meet with managers to assist them in developing smoke free</p>	Four additional multi-unit housing properties will have no-smoking policies by June 2012.

Current Condition: In Umatilla County, 37.4% of adults meet the CDC recommendation for physical activity (compared to 54.7% for the state). A number of health risk factors, including inactivity, have been shown to be associated with higher medical claims. The work done through the Physical Activity and Nutrition Worksite Wellness grant for both public health employees and through the activity promotions for all employees has set the stage for continuing worksite wellness for Umatilla County employees.

Goal 2: IN 2012 UCHD will promote maintaining an Employee Wellness Committee to work on worksite wellness for Umatilla County employees

Objective(s)	Plan of Action	Evaluation
Assist Human Resources and/or the Insurance Committee in maintaining an Employee Wellness Committee to work on worksite wellness for Umatilla County employees	<p>Work with the insurance provider, HR commissioners/dept heads, union rep, Insurance Committee and employees to sustain Wellness Committee</p> <p>Provide technical assistance in setting training, education, health screening and other goals</p>	Wellness Committee will be active and meet a minimum of three times a year and have set goals

IV. ADDITIONAL REQUIREMENTS

The Local Public Health Authority, the Umatilla County Board of County Commissioners, is also the governing body that oversees the local Commission on Children and Families. Additionally, UCPHD and UCCCF have a close and cooperative working relationship.

V. UNMET NEEDS

Umatilla County Public Health, like many LPHA, is struggling to provide services with decreased funding. The closure of a clinic resulted in many residents not having easily accessible services. The Family Planning Program has reduced the number of available birth control methods due to the rising cost and lost revenue. Title X funding is nowhere close to the amount needed for the number of clients seen. TB funding is inadequate for the increased cases in our county. The amount of time and expense it costs to investigate, treat and follow those cases is enormous.

The School Based Health Centers are struggling to remain in operation. The loss of state revenue to fund these centers over the years has placed a burden on the clinics. A three-year grant was obtained several years ago for the implementation of Teen Screen. Once the grant period was over, it became increasingly difficult to find funding for operations. Mental health services are limited in the county, and it is difficult to make the referral system work for these

students. They will likely go without services due to the cumbersome referral process and lack of providers.

The preparedness funds over the years have built and helped sustain the infrastructure of this department. With the reallocation of these funds, there will be a loss of infrastructure. The expected reduction of that funding stream is making it exceedingly more difficult to provide those services.

VI. BUDGET

The budget for FY 2011-2012 will be adopted in June. At the time of this report, the budget is in the review process by the budget committee. Once adopted, a copy of the budget may be obtained by contacting the Finance Department at the Umatilla County Courthouse:

Heather Blagg
Administrative Assistant
216 SE 4th Street
Pendleton OR 97801
541-278-6235

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 organization 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, and 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 nonpublic 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 the local health department 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 the 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 periodically participate 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 timeframe 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 (*state managed*)
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type and epidemiological risk (*state managed*)
53. Yes No Compliance assistance is provided to public water systems that violate requirements (*state managed*)
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken (*state managed*)
55. Yes No A written plan exists for responding to emergencies involving public water systems (*state managed*)
56. Yes No Information for developing a safe water supply is available to people using onsite individual wells and springs (*state managed*)
57. Yes No A program exists to monitor, issue permits and inspect onsite sewage disposal systems (*state managed*)
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 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, and 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 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 three years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator Name: Genni Lehnert-Beers MSN, RN

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 type="checkbox"/>	No <input checked="" type="checkbox"/>
Has the Administrator taken a graduate level course in environmental health?	Yes <input type="checkbox"/>	No <input checked="" 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

See Attachment A

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

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

AND

a 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.

See Attachment B

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

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

AND

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.

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

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

**Umatilla County
Public Health Division
ANNUAL PLAN 2010-2011**

PUBLIC HEALTH AUTHORITY

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.

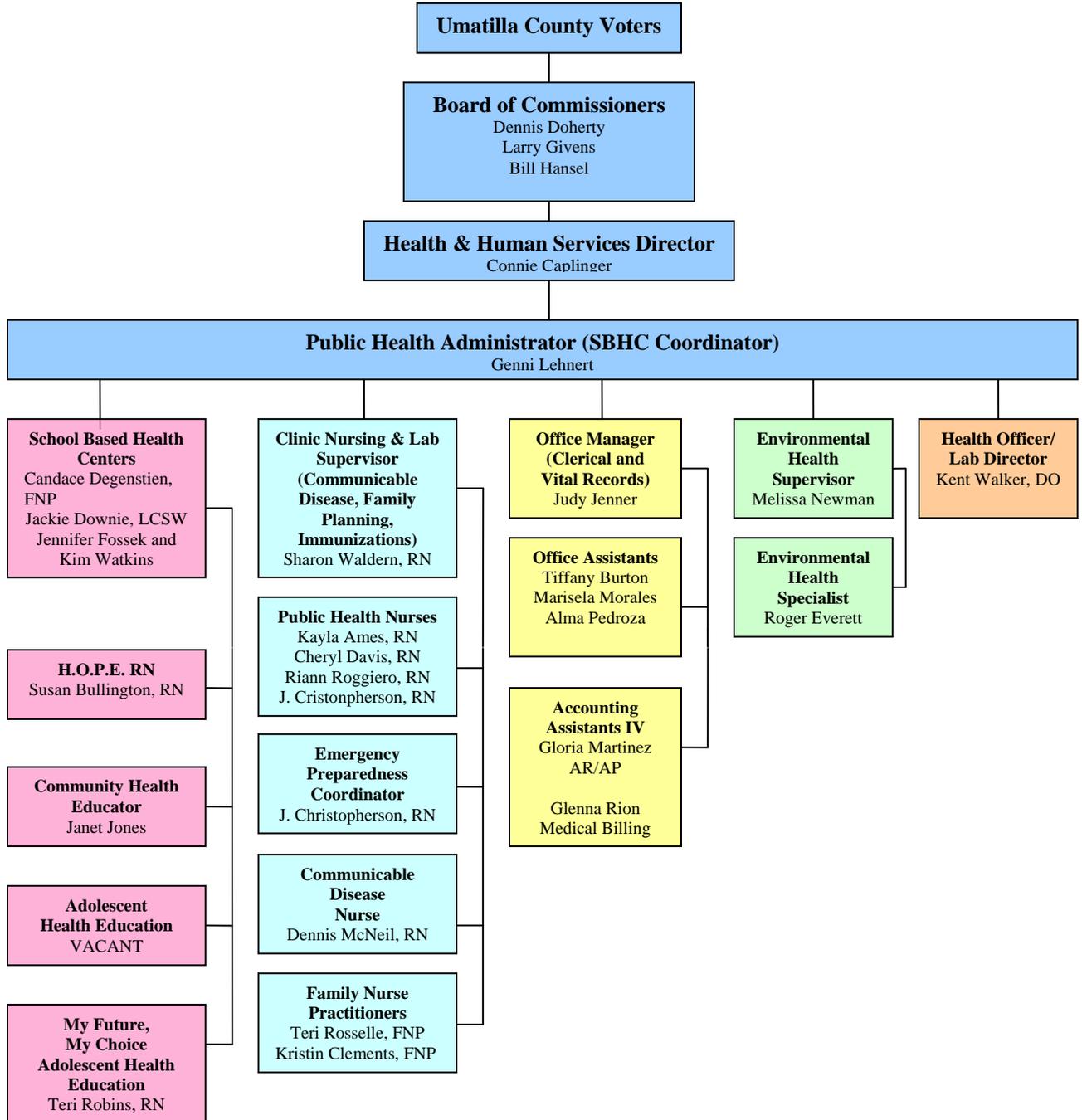
Local Public Health Authority

Umatilla County

December 15, 2011



**Umatilla County
Public Health Division
ORGANIZATIONAL CHART
2010/2011**



Attachment A

The Administrator has a Masters in Nursing and plans to obtain additional course work in the five core areas of public health. She plans to complete classes over the next three years.

Attachment B

The Clinic Nursing Supervisor has multiple years of public health experience. Due to the rural nature of our county, finding baccalaureate degree nurses or master's level nurses to work in public health is a burden. I request that a waiver be granted for the Clinic Nursing Supervisor.

**Umatilla County
Public Health Division
ANNUAL PLAN 2010-2011**

PUBLIC HEALTH AUTHORITY

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William S. Hansell
Local Public Health Authority

Umatilla County

December 15, 2011

