

Clatsop County Department of Public Health

Local Public Health Authority Annual Plan

2013-2014



Submitted by:

Margo Lulich BA RN MPH
Director of Public Health
Clatsop County Department of Public Health
820 Exchange St. Ste. #100
Astoria, OR 97110
503-325-8500 Phone 503-35-8678 Fax
health@co.clatsop.or.us

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EXECUTIVE SUMMARY

Everything communicates continues to be the mantra of public health in Clatsop County. The ability of public health to effectively communicate its vision, purpose, and relevance in the context of broad community endeavors to improve health. *“Unless they believe information is relevant, valid, pertinent, and timely, they won’t respond to it.”* The community has this past year or will be, benefiting from a variety of program improvements, expansions, and new initiatives.

Clatsop County Department of Public Health (CCDPH) has received an additional \$250,000 in various grant revenue to support a variety of initiatives including the development of a School Based Health Center, development of a Breastfeeding Coalition, expansion of the Healthy Kids program, adult immunization outreach, strategic planning for CHART (Community Health Action Response Team), support for public accreditation from both the Northwest Health Foundation and Oregon Health Authority, and Homeland Security funds to support a regional exercise relating to water/sanitation in a disaster.

Environmental health continues to increase its capacity. The Household Hazardous Waste (HHW) program is hosting the third annual collection event in May 2013. The HHW advisory committee is beginning to explore options for a permanent collection site in Clatsop County. A permanent site is one of the goals adopted by the Board of County Commissioners (BOCC) in the 2012 strategic plan. In January 2013, CCDPH will be assuming the DEQ Septic System program. Doing so will provide better customer service for county residents as well as assure the public’s health by improving follow up on compliance issues and concerns.

CCDPH was integral to the development of the Columbia Pacific CCO with representation on both the Community Advisory Committee (CAC) and the regional board. In partnership with the CCO, public health will provide consultation on the community health assessment and the health improvement plan, both mandates of HB 3650.

A comprehensive community assessment conducted in partnership with Oregon State University and Clatsop County Commission on Children and Families was completed in December 2012. This assessment provides a generalized overview on the well-being of Clatsop County. The community health assessment conducted by the CCO will provide a more detailed exploration into all the determinants that affect the health of Clatsop county residents.

CCDPH received an Advanced Planning Grant in 2012 to develop a School Based Health Center in partnership with the Astoria School District. Although the original goal was to have the center certified and open by May 2013, community readiness may defer the opening until 2014. Public health clinical operations will expand its participation in the OCHIN collaborative to include electronic medical records resulting in a health information exchange between three primary health care providers in the community. The Health Promotion Program was successful in leading the County to adopt a tobacco free ordinance in 2012. Public Health is on track to apply for national public health accreditation in December 2013.

Public health is rarely without challenges. Despite the increase in grant funding and new initiatives, sustainable funding for mandated public health services has decreased resulting in a continual decrease in FTE and overall capacity. Quality, integrity, and leadership are integral components of public health practice. We accomplish this through continuous review of our service delivery system, accountability to each other, our clients, and the community. The Ten Essential Functions of Public Health continue to drive our practice despite adversity and hold a place for us as the community conversation continues around what defines a healthy Clatsop County and what is the role of government in supporting a healthy community.

VISION

Public Health touches every person every day and helps Clatsop County create a healthy environment to assure a livable and prosperous community

MISSION

Clatsop County Department of Public Health provides information and services to residents that is relevant and timely to assure the communities health.

- Protect individuals and communities against the spread of disease, injuries, and environmental hazards
- Promote and encourage healthy behaviors
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of health services
- Collaborate with community members to impact policy, systems, and environment changes
- Evaluate effective accessibility and quality of personal and population based health policies

CORE VALUES

- Respect – respect self and others to maintain the environment of teamwork, and growth
- Integrity – act with honesty and integrity without compromising the truth
- Service Excellence – provide world class service and achieve excellence each passing day
- Trust - provide services appropriately, reliably, and confidentially
- Leadership – the courage to lead and shape future
- Stewardship – carefully manage the resources that are entrusted to us by the people
- Diversity – honor human diversity and give the best of the composition
- Accountability – take responsibility for our actions that impact and influence the lives of our clientele and fellow workers
- Community Health – contribute to the health of our society that defines our existence

ASSESSMENT

DESCRIPTION OF LOCAL PUBLIC HEALTH ISSUES

The following health assessments have been completed and are available upon request.

- 2007: Community Health Improvement Plan (CHIP)
- 2009: Healthy Communities - Community Health Assessment
- 2011: Healthy Communities - Community Health Assessment (CHANGE Tool)
- 2012: Clatsop County Community Assessment (PH/CCF/OSU)

Clatsop County total population: 37,000 (2010 US Census)

	Clatsop County	Error Margin	National Benchmark*	Oregon	Rank (of 33)
Health Outcomes					
Mortality					11
Premature death	6,822	5,862-7,783	5,466	6,343	
Morbidity					
Poor or fair health	13%	10-17%	10%	14%	11
Poor physical health days	3.6	2.7-4.5	2.6	3.7	
Poor mental health days	3.1	2.1-4.0	2.3	3.3	
Low birthweight	5.8%	4.9-6.6%	6.0%	6.0%	
Health Factors					
Health Behaviors					
Adult smoking	22%	17-27%	14%	18%	17
Adult obesity	26%	21-32%	25%	26%	16
Physical inactivity	20%	15-25%	21%	18%	
Excessive drinking	15%	11-19%	8%	16%	
Motor vehicle crash death rate	14	9-19	12	14	
Sexually transmitted infections	254		84	303	
Teen birth rate	34	30-37	22	35	
Clinical Care					
Uninsured	21%	19-23%	11%	19%	29
Primary care physicians	1,197:1		631:1	984:1	
Preventable hospital stays	67	60-75	49	42	
Diabetic screening	84%	76-92%	89%	85%	
Mammography screening	64%	55-71%	74%	68%	
Social & Economic Factors					
High school graduation	66%			66%	13
Some college	58%	52-63%	68%	64%	
Unemployment	9.4%		5.4%	10.8%	
Children in poverty	25%	18-31%	13%	22%	
Inadequate social support	16%	12-21%	14%	16%	
Children in single-parent households	38%	29-46%	20%	30%	
Violent crime rate	190		73	271	
Physical Environment					
Air pollution-particulate matter days	9		0	12	4
Air pollution-ozone days	0		0	1	
Access to recreational facilities	13		16	12	
Limited access to healthy foods	2%		0%		
					2012

* 90th percentile, i.e., only 10% are better
 Note: Blank values reflect unreliable or missing data

Source: County Health Rankings 2012

CURRENT STATUS OF LOCAL PUBLIC HEALTH SERVICES

The Clatsop County Department of Public Health provides quality public health services to the residents of Clatsop County and adjacent counties. Currently, there 12.7 FTEs dedicated to 12 programs. This is a reduction of 2 FTE from fiscal year 2011-2012. RW Case Management/Communicable Disease/TB is staffed by one full-time nurse. The HIV prevention program lost its funding in 2012. A similar staffing ratio applies to the Maternal Child Health Programs. Excluding management, there are only two full-time nurses on staff. The rest are part-time. There are two full-time and one part-time administrative staff to support all the public health programs. Budgeted hours vary from 2 hours/day to a full 0.2 FTE. Due to funding, we are only able to offer clinics four days/week. With the restructuring of public health we have integrated programs to increase efficiency and cost-effectiveness of the service delivery system. With the acquisition of the DEQ septic system program, environmental health will have the ability to expand staffing and increase capacity to better meet community needs.

Despite decreased revenue to public health programs, the WIC clinic expanded to include family planning services and immunizations on alternating Wednesdays. The local transportation system reduced its services to a critically low level making access to services at the main clinic very difficult for families. Transportation continues to be a barrier for many due to the cost of a bus ride, time, and the route schedules particularly during the summer months. Some clients are eligible for transportation vouchers in their respective programs. WIC clinic hours have been extended during the week increasing access to appointments.

An integrated clinic schedule assures that clients are seen within 72 hrs of requesting an appointment. With the expansion of health insurance to the general population permitting the establishment of a medical home, there is a decrease in the number of clients served in the immunization program. The number of self-pay clients and commercial payors has increased due to lower fees than the private sector. While this is good for the community, public health is still considered the expert on immunization practices; without the revenue stream it is difficult to fund additional clinics.

PROVISION OF FIVE BASIC SERVICES – (ORS 431.416)

The local public health authority must assure activities necessary for the preservation of health or prevention of disease. “These activities shall include but not be limited to Epidemiology and control of preventable diseases and disorders; Parent and child health services, including family planning clinics as described in ORS 435.205; Collection and reporting of health statistics; Health information and referral services; and Environmental health services.”

EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS

- a) **Communicable Disease** – nurses investigate cases of diseases that are reportable by law to identify the source and prevent spread. Nurses and environmental health specialists work as a team to respond to food borne outbreaks.
- b) **Sexually Transmitted Infection** – low cost services are provided in the Astoria clinics. CD nurse conducts investigation of identified contacts for treatment.

- c) **Immunizations** are provided in both regularly scheduled clinics, targeted outreach clinic sites as well as at WIC visits and home visits. Focus on disease prevention through Advisory Committee on Immunization Practices (ACIP) recommended vaccine administration to infants, children, and adults. Provide regular well child immunizations as well as immunizations post-exposure to communicable diseases. Provide community based clinics for flu, pneumonia, Tetanus/Diphtheria and Pertussis, HPV, and other vaccines required for school attendance. Participate in back-to-school immunization clinics. Take lead in community planning and exercising point of dispensing clinics for pandemic influenza and other communicable diseases.
- d) **Tuberculosis Program** – provides treatment and case management to persons with tuberculosis both active LTBI. Targeted screening of high risk populations.
- e) **Human Immunodeficiency Virus services** – Due to loss of HIV prevention funding, outreach services are no longer provided. Any person requesting STD/HIV counseling and testing is required to pay for the service.

PARENT AND CHILD HEALTH SERVICES

- a) **CaCoon** – nurse case management in home setting to infants and children (0-20 years) at risk for developmental delays due to qualifying medical conditions.
- b) **Babies First!** – nurse case management in home setting to infants and children (0-3 years) at risk for developmental delays due to qualifying medical or social risk factors.
- c) **Maternity Case Management** – nurse case management in home setting by referral in order to facilitate a healthy birth outcome.
- d) **Women-Infants-Children (WIC)** – nutrition program for children 0-5 and pregnant and postpartum women. Health screening, education and food vouchers. Free and low-cost breast pump rental program.
- e) **Women's Health Care** – provide family planning and women's health services and information.
- f) **Teen Pregnancy** – Provide family planning services to all women including teens or reproductive age including pregnancy testing, certain STD testing, emergency contraception, pregnancy options.

HEALTH STATISTICS

- a) **Birth** – electronic birth registry, provide birth certificates for first month of life, paternity
- b) **Death** – electronic death registry
- c) **State immunization database** – submit data for all immunizations provided in Clatsop County Health Department clinics. Enter data from WIC client immunization records.
- d) **Communicable disease data** – submit data for reportable diseases via ORPHEUS.

HEALTH INFORMATION AND REFERRAL SERVICES

- a) Clients are provided with program-specific materials. Written resource information about our health and human services is available and includes eligibility, enrollment procedures, scope and hours of service in both English and Spanish.
- b) All front office staff and case managers have information on community health resources to assist callers.
- c) Maintain comprehensive website that includes e-mail capability, Facebook and Twitter accounts.

- d) 24/7 phone response per Public Health Preparedness Program
- e) Resources are available to schools and community members through participation in school nursing program, health fairs, community presentations, and individual meetings.
- f) Clatsop County Department of Public Health informs the public through local newspapers and media throughout the County regarding health services and programs. These media also serve to educate and inform the community regarding health alerts and adverse health conditions. Broadcast fax is the primary form of communication with medical providers in the community.
- g) Health referral and information are available daily during business hours by CCHD staff and are available in Spanish. Telephone numbers and facility addresses are publicized in several local media as well as our county web page.

ENVIRONMENTAL HEALTH SERVICES

- a) **Licensed facilities** – Environmental health specialists inspect and license food service facilities, traveler’s accommodations, pools/spas and organizational camps. Food service facilities include restaurants, mobile food units and temporary food booths as well as school lunch programs. In addition, EH conducts plan review for new or remodeled facilities.
- b) **Food handler training** – Food handler classes are provided via classroom, by video and online training and must be renewed every three years. Manager training is good for five years and is available in-person only.
- c) **Drinking Water** – CCDPH is responsible for enforcing the laws pertaining to the Safe Drinking Water Act.
- d) **Child Care Facilities** – Environmental Health contracts and inspects licensed day care centers annually.
- e) **Other Services** – Environmental Health investigates bites from rabies-susceptible animals in addition to all illness that may be food-borne. Technical assistance is provided for West Nile Virus as well as rodent complaints.
- f) **Household Hazardous Waste** – conducting one annual event to collect all material including CEGs that meet the criteria.
- g) **Septic System Inspection** – the service will begin Fall 2013.

CURRENT PLAN FOR LOCAL PUBLIC HEALTH SERVICES

HEALTH PROMOTION/CHRONIC DISEASE PREVENTION

Tobacco Prevention and Education Program focuses on promoting policy change that results in reduced use of tobacco and exposure to secondhand smoke. Health Communities reduce the burden of chronic diseases most closely linked to tobacco use, physical inactivity and poor nutrition. Such chronic diseases include: arthritis, asthma, cancer, diabetes, heart disease, obesity, and stroke.

CURRENT STATUS OF OTHER SERVICES IMPORTANT TO CLATSOP COUNTY

PRIMARY CARE FOR THE UNINSURED/SAFETY-NET MEDICAL SERVICES:

Coastal Family Health Center has been the safety-net clinic in Clatsop County serving primarily the underinsured or uninsured population. They have 3 physicians on staff and three mid-level providers.

Demands upon the area hospital emergency room for primary care access are challenging and unsustainable. Additional support for provision of services and for financial support of the uninsured is needed to ensure that they can access affordable, accessible, appropriate primary care in a timely manner. While local initiatives and efforts can help address the proximate issues, more comprehensive state and federal action will be necessary to address the root causes. Community and regional healthcare partners are working very hard to assure the Triple AIM of care is being met.

CCDPH's primary role in the community is to assure adequate access to health care services for all. To meet this goal, CCDPH has developed a broad cooperative network of direct and indirect service delivery providers to focus on the undeserved. The CCDPH partnerships will help to assure a seamless continuum of care and access to quality and appropriate care.

ORAL HEALTH PREVENTION AND CARE FOR THE UNINSURED

An inadequate number of dental providers for the target population, the cost of care and lack of awareness about oral health contribute to the lack of oral health care in the area. Private dentists in the service area are reluctant to serve uninsured clients or children < three years. At this time there is one provider in the county who will accept OHP patients. This has not changed in years. There are no pediatric dentists practicing in the county. Each year mobile dental clinics such as the Medical Teams International dental van and the Smile Train visit the county to provide urgent dental care to children attending school. CCDPH is conducting an oral health assessment in 2013 in addition to implementing a varnishing program in WIC. Three FirstTooth trainings were offered to community providers in 2012.

SCHOOL NURSING PROGRAM

CCDPH does not contract with the school district for nursing services. The health department provides consultation on concerns related to communicable disease, immunizations, and environmental health issues. CCPH partners with school districts to provide flu clinics and reproductive health information as well as emergency preparedness exercises. CCPH is also part of a multidisciplinary team, Community Connections that provides consultation and support to children with special healthcare needs or other developmental issues attending school.

ENABLING AND OUTREACH SERVICES

CCDPH directly offers a range of enabling services. The Health Department maintains a current list of resources and refers as needed for medical care, mental and oral health, transportation, nutritional

services, financial services, rehabilitation services, social services, and substance, abuse services. Especially among older patients, 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.

CASE MANAGEMENT

CCHD provides case management by nurses to individuals living with HIV/AIDS participating in the Ryan White Case Management and the Maternal Child Health programs.

NUTRITION

Clients obtain nutrition education and services through WIC. Other clients identified at nutritional risk are provided with or referred for appropriate interventions. Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

HEALTH EDUCATION AND HEALTH PROMOTION

Culturally and linguistically appropriate materials and methods are integrated within programs. The Health Department provides leadership in developing community partnerships to provide health education and health promotion resources for the community. Clatsop County coordinates both the Tobacco Prevention Program (TPEP) and the Health Promotions Program. The CCDPH lost Healthy Communities funding in 2012. The CHART committee comprised of 14 community members continues to address both environment and policy change as the highest need and priority for the community. The Health Promotion Specialist is a sought after asset in the community providing consultation to a broad range of community partners. A community walking/trails map in partnership with the National Parks Service will be completed in 2013. The program is working with Clatsop Community College to develop a Certificate in Health Promotions program and is co-coordinator of the School Based Health Center project.

JAIL HEALTH

The provision of services is provided and supervised by the Corrections department.

ACTION PLAN

EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS

CCDPH assures control of reportable communicable disease by providing epidemiological investigations which report, monitor, and control communicable disease and other health hazards; provides diagnostic and consultative communicable disease services; assures early detection, education, and prevention activities which reduce the morbidity and mortality of reportable communicable disease; assures the availability of immunizations for human and animal target populations; and collects and analyzes communicable disease information and other health hazard data for program planning and management

to assure the health of the public. The purpose is to prevent, detect, control and eradicate communicable disease by immunization, environmental measures, education or direct intervention. This is accomplished by the following:

- Encouraging and providing clear and effective means for reporting, monitoring, investigating, and controlling communicable disease and other health hazards through coordinated medical and environmental epidemiological intervention.
- Maintain a mechanism for reporting communicable disease cases to the local health department. Provide 24/7 reporting by having an experienced staff person on call by cell phone.
- Ongoing education with the medical community and First Responders to maintain timely reporting of reportable communicable disease and conditions.
- Conduct investigations of all reportable conditions and communicable disease cases, assure control measures are carried out, and ensure disease case reporting data to ORPHEUS in the manner and time frame specified for the particular disease in the Oregon Disease Investigation Guidelines.
- Assure outcomes of an investigation are provided to the reporting health care provider for each reportable condition or communicable disease case received.
- Assure access to prevention, diagnosis, and treatment services for reportable communicable diseases are assured when relevant to protecting the health of the public.
- Maintain mechanism for reporting and following up on zoonotic diseases.
- Meet targets outlined in PE 12 for timeliness and completeness in investigation and reporting.
- Assure that immunizations for human target populations are available within local health department jurisdiction.
- Rabies immunizations for animal target populations are available within local health department jurisdiction. This vaccine can be ordered for next day delivery to health department by contacting OHSU Pharmacy or calling (800) VACCINE which orders directly from the manufacturer.
- Assure early detection, treatment, education and prevention activities which reduce incidents of communicable disease outbreaks.
- Exercise the public health statutory responsibility in responding to community aspects of communicable disease control and social distancing.
- Encourage staff responsible for epidemiology/communicable disease/environmental health services to participate in appropriate and available training annually.
- Maintain system for the surveillance and analysis of the incidence and prevalence of communicable disease (ORPHEUS).
- Annual reviews and evaluation of data are for future program planning. Above activities will be performed by Public Health Nurses/Communicable Disease Nurse (and environmental health staff as necessary during outbreaks) and as funding allows, we will maintain our 100% response to reportable diseases and condition standard for all who reside in Clatsop County

TUBERCULOSIS CASE MANAGEMENT

Clatsop County has a low TB incidence with 2-3 cases of LTBI in a year. Clatsop County provides preventative treatment for those with latent TB infection and responds quickly to cases and contacts of suspected of Active TB. This is accomplished by:

- Preventing the spread of tuberculosis.
- Have early and accurate detection, diagnosis and reporting of TB cases
- Assure contact investigation is done for active cases
- Assure DOT administration of medications for active cases
- Assure completion of treatment for LTBI
- Maintaining relationships with private providers within the county
- Offering education and information about disease reporting in a timely manner to private providers in the County.
- Communicable disease nurse serves as case manager for active cases and will complete contact investigation for active cases
- Follow up with contacts for testing and any further care
- Nursing staff are trained to administer medications and monitor for possible side effects
- Nursing staff will monitor LTBI clients for compliance in medical regimen, provide Medication, education and review and monitor possible side effect
- Use ORPHEUS reporting system

PARENT AND CHILD HEALTH SERVICES, INCLUDING FAMILY PLANNING

WIC

Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services participating in ongoing competency training. Additional training that includes community collaboration will include: Q1: Pregnancy and breastfeeding-Trina Robinson RN IBCLC; Q2: Tobacco prevention in pregnancy-Steven Blakesley, Health Promotion Specialist; Q3: Health Promotion/Obesity Prevention-Steven Blakesley, Health Promotion Specialist; Q4: Safe infant feeding (pureed food) - OSU Extension Family and Community Health Program. Community partnerships continue to expand including Clatsop Community Action who provides the program Cooking Matters to interesting groups.

The WIC program maintains strong community partnerships with the Seaside Library, Healthy Start, Columbia Memorial Hospital, Providence Seaside Hospital, and OSU Extension Office of Family and Community Health. WIC provides HT/WT and Nutrition Ed plan for mutual clients. OSU Extension Office of Family Health provides hands on food preparation classes during QuickWIC. The Health Promotion Specialist provides information and consultation during QuickWIC and on an as needed basis for clients. The 2012 Breastfeeding grant supported the development of the Clatsop County Breastfeeding Coalition.

WIC IBCLC nurse will collaborate closely with both local hospitals to be inclusive of their OB/Pediatric clinical staff in any breastfeeding education opportunities. The health outcomes training will be coordination with the Health Promotion Specialist incorporating materials provided by the state WIC staff.

In 2011, 57.4% of pregnant women served in Clatsop County received WIC services compared to 46% statewide. The total number of women, infants, and children served was 2,058 a slight decrease from 2010. Of this population 1,479 were infants under five. Of the 849 families served, 75% were working families. The WIC program brought \$767,379 into authorized WIC retailers. Even better news is that 89%

of WIC moms started out breastfeeding in Clatsop County. The 2013-2014 annual educational plan will be updated and submitted in January 2013.

IMMUNIZATIONS:

The immunization program continues to provide expert consultation and guidance to the community regarding the importance of routine immunizations and vaccine safety. Partnerships within the community remain strong. Overall, immunizations provided by public health are declining as more children are insured under the Healthy Kids Initiative, the number of primary care physicians and pediatricians practicing in Clatsop County increase as well as the number of VFC providers. The UTD rate for 2010 was 67.7%. DTAP coverage rate has increased three percentage points to 75.9% for 2010. If a child completes their series with a provider who does not enter data into ALERT, this will reflect upon the LHD as a child who does not meet benchmark.

MATERNAL CHILD HEALTH (MCH)

Clatsop County Department of Public Health promotes physical, social, and mental well-being of families based on assessed needs. There is a major emphasis on reducing risks related to pregnancy and parenting through case management services to women with infants and small children and their families. Through the funding sources services are available for pregnant women, pregnant and parenting women with substance abuse issues and children at risk for developmental delays in order to obtain the best possible outcomes for their pregnancies and young children. Perinatal services include and promote preconception counseling and access to early and continuous prenatal care. Clients are linked to WIC, maternity case management, Babies First, CaCoon, medical care, nutrition counseling and Oregon Health Plan. These activities are designed to improve and increase outcomes. The MCH program is staffed with 1 full-time RN who is also IBLCL certified. Average caseload is ~115 clients. The Community Connection program in partnership with OHSU is no longer being contracted to an outside coordinator. The funding for this program has increased slightly allowing public health to incorporate this service into the continuum of valuable maternal children health care.

FAMILY PLANNING

Clatsop County Family Planning Program has stabilized following a year of program changes. Although the family planning clinic has reduced hours, we are providing services more efficiently and to more clients. These are services they would not be able to access elsewhere in the community. Reducing unintended pregnancies and sexually transmitted infections, HIV/AIDS, infertility, and abortions; Helping women have healthy pregnancies; Helping young adults stay healthy and productive. Emphasis on a client-centered approach to program management and service delivery; strategies that link population health to the health care delivery system and communities; and attention to quality improvement throughout the entire program. In 2011, the program served 1,025 women. Of the total number of women served, 11.1% were < 19 years old. A total number of 187 pregnancies were averted. The challenge with the Family Planning program will be assure fiscal stability while maintaining the current level of service. The total of 165 clients received services funded by Title X. The implementation of Epic practice management system

and outsourcing billing to OCHIN has increased efficiency and revenue for the program. In 2013 the EMR component of Epic will be implemented.

ENVIRONMENTAL HEALTH

EH conducts inspection, licensure, consultation and complaint investigation of food services (B&B's and restaurants), tourist facilities (hotels, RV Parks, organizational camps), and public swimming and spa pools. EH inspects food booths associated with temporary events as well as mass gatherings. In addition, EH responds to public health issues including mold, West Nile Virus, animal bites, food-borne illness and general health complaints. Inspection goals are as follows:

- Food service facilities a minimum twice annually
- RV Parks twice annually
- Pools and spas twice annually
- Traveler's accommodations at least biannually
- Organizational Camps annually
- Food borne illness and animal complaints are responded to immediately
- Other complaints are responded to based on danger to the health of the public
- All non-benevolent temporary restaurants receive an onsite inspection. Benevolent inspections receive a phone consultation at a minimum
- Drinking water systems are surveyed on schedule provided by the OHS-DWP All alerts and consultation activities are provided in a timely manner.

The Environmental Health Specialist monitors inspection loads of the staff and prioritizes activities to accomplish goals and assure the health of the public. The Department of Human Services evaluates the County program every three years.

Clatsop County has adopted by ordinance fees for licensed facilities that are due annually. Staff attends all required training, ensuring 2.0 CU's are obtained annually to maintain current environmental health registration.

The County shall respond to drinking water emergencies and waterborne disease outbreaks, and maintain a current emergency plan. The County shall take independent enforcement actions against public water systems serving licensed facilities. The County will update Health Services computer database inventory records of public water systems, as changes to this data become known. The County shall respond to requests from water systems for info on the regulatory requirements. The County shall investigate all water quality and be alert for detection of regulated contaminants. The County shall consult with and advise the water system operators on actions to assure sampling is completed.

The County shall contact and consult with public water systems that violate regulations pertaining to drinking water standards.

Each May, the Household Hazardous Waste program hosts a disposal event collecting 70,000 lbs. of hazardous waste. An annual collection event will be scheduled until a permanent site can be built. Work in underway to adopt a social gathering ordinance and consideration is being given to assuming the septic system inspections from DEQ.

HEALTH STATISTIC (VITAL RECORDS)

Health departments in Oregon are mandated by statute to collect and report certain health statistics to the State (i.e., electronic and paper data from birth and death certificates). Birth attendants initiate the birth certification process; and physicians and funeral directors initiate the death certification process. With the implementation of the new EDRS system all birth certificates are processed at the local hospital and sent electronically to State Vital Records. County Registrars complete the certification process by assuring the completeness, accuracy, confidentiality, and proper certification of births and deaths within six months after the event. Analytical capacity exists at the State level to evaluate vital statistics for information to identify at-risk populations and assess trends over time. State Vital statistics give public health officials access to confidential information that allows for the establishment of effective public health interventions. For example, birth data is used on an on-going basis for the purpose of evaluating the effectiveness of public health programs; and death data is used to supplement communicable disease outbreak information and to map cases. At the State level, the Infant Mortality Review Committee receives data of fetal and infant deaths to support analysis of the perinatal system in an effort to promote healthier birth outcomes. The purposes of maintaining vital statistics as a function of public health are to:

- Assure that birth and death certification is complete and accurate.
- Analyze public health data received from State Vital Records to determine the health of the community.
- Identify populations at risk in order to provide effective interventions.
- Assure accurate, timely and confidential certification of birth and death events, and minimize the opportunity for identity theft.
- Utilize birth and death data to support analyses of health conditions of the population or of a segment of the population through the EDRS system or paper format.
- Analyze public health data received from State Vital Records to determine the health of the community
- Death reporting, recording, and registration; and
- Provide weekly notice to County clerk for removing deceased persons from voter registration list.

INFORMATION AND REFERRAL

Previously described in Provision of Five Basic Health Services

PUBLIC HEALTH EMERGENCY PREPAREDNESS

Public health emergencies range in scale from a communicable disease outbreak to a major event or disaster such as flooding, wind storm, earthquake, tsunami or other disaster. The general public as well as public and private organizations expect the Clatsop County Health Department to be prepared and able to respond to an emergency. A comprehensive response to an emergency requires systematic planning, comprehensive education, training and emergency response exercises. It requires communication and coordination with emergency management staff, emergency services, local authorities, local providers and the hospital. CCDPH can be accessed 24/7/52 for all emergencies. The PHEP 3 year training schedule is pending.

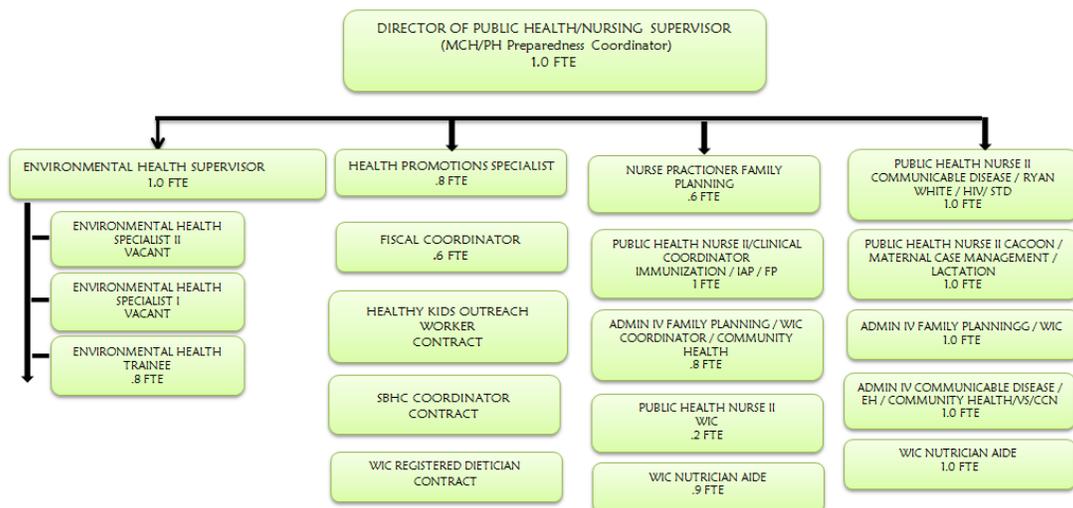
Clatsop County Health Department will comply with all PE12 requirements. CCPH will participate in countywide and statewide preparedness events. CCPH will continue to coordinate activities with our emergency management department. Activities have been fully outlined in our multi-year training and exercise plan submitted to PHEP. The CCDPH PHEP Plan will cover training specific to coordination with community partners, including the local hospital, medical providers, emergency services, law enforcement, emergency management and Red Cross. CCDPH will provide educational materials and resources to provide to schools, businesses and churches CCDPH will alert community to any potential threats, hazards or events.

Evaluation provided twice yearly PHEP reviews through Oregon Department of Human Services. Maintain after action reports and plans which may be adjusted per outcomes of training and exercises.

ADDITIONAL REQUIREMENTS

ORGANIZATION CHART

CLATSOP COUNTY DEPARTMENT OF PUBLIC HEALTH ORG. CHART 2012-13



BOARD OF HEALTH

The Clatsop County Board of Health is comprised of the Clatsop County Board of Commissioners (BOCC). Clatsop County is one of nine home-rule charter counties in Oregon. Home rule charters are county rule books, much like constitutions, that allow local citizens to craft their own laws rather than relying on state statutes. Home rule provides greater local governance control to our citizens. According to our charter, Clatsop County must have five volunteer elected Commissioners to establish policies and set the vision of the county. The BOCC are elected by geographic districts to four-year terms.

The Board of Commissioners generally holds regular meetings on the second Wednesday at the month at 10 a.m. and on the fourth Wednesday at 6 p.m. The Board usually meets in the Judge Guy Boyington

Building located at 857 Commercial St. in downtown Astoria. The public is always welcome to attend the Board meetings. A monthly Public Health Staff report is submitted monthly to the County Managers who briefs the Board of Health on public health activities.

The commissioners serve without salary but may receive a stipend as recognition for their service. Each year the lay members of the Budget Committee determine the amount of the stipend. For 2009-10, the chairperson receives \$1,000 a month and the other commissioners receive \$800 a month. The county reimburses the Board members for all actual and necessary expenses incurred on county business while outside the county.

TRIENNIAL REVIEW

The Triennial onsite agency review was conducted between December 1 and 16, 2010. Since the review, there is was a commitment to resolve all findings. On July 28, 2011 the Board of County Commissioners received formal notice that all compliancy findings have been resolved. WIC completed the biennial review in December 2012. Any compliancy findings will be resolved by March 2013.

UNMET NEEDS

Clatsop County Department of Public Health struggles with maintaining a highly qualified public health workforce. Recruitment in a rural area is challenging as recent graduates or transplants prefer working in the private sector because of the competitive wage. At this time, CCDPH has a stable and competent workforce with a desire to recruit some positions from the private sector due to an appreciation for competition and understanding of structuring that must comply with standards for accreditation. This is proving to be an asset.

It is rare to interview a nurse who can answer the simple question, 'what is public health?' This needs to be addressed more thoroughly in nursing education. CCDPH is very proactive regarding clinical opportunities for nursing students. Public health provides internships opportunities for both undergraduate and graduate students in public health. Public health serves on both the Medical Assistant and Nursing Advisory committees at Clatsop Community College.

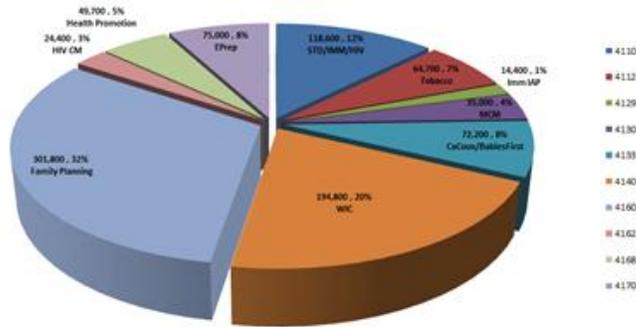
Health promotion/disease prevention is a high priority. While funding remains competitive for this identified priority, creative attempts are made to preserve this critical program. The Health Promotions program is the nucleus for all other interventions developing in the community. And while we observe both environmental health and health promotions work expanding, there is the expectation that direct clinical services such family planning and immunizations may transition to the private sector in the future. The Healthy Kids Coordinator will remain on contract until June 30, 2013. It is possible that the outreach will transition to the CoverOregon initiative with the roll out of the Health Insurance Exchange.

The number of VFC providers in Clatsop County has expanded to five from just the public health. This has filled a gap in providers decreasing the number of client services by public health. This also impacts UTD immunization rates for public health. The pharmacies have expanded their capacity to provide immunizations creating greater access at less cost for individuals 11years or older.

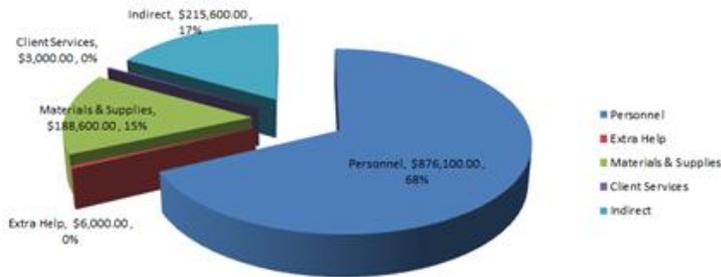
BUDGET

The Clatsop County Department of Public Health Budget includes support from federal and state grants, local general fund dollars, and fees. Approximately 7% of the county budget is allocated to health and human services with approximately half of that comprising the public health budget. For fiscal year 2012-13 the approved budget for public health is approximately \$1.7 million. Additional revenue not reflected in the graphs has been derived from newly funded initiatives and grants.

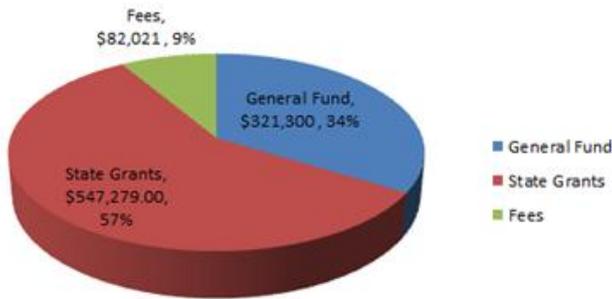
Projected Revenue by Program



2012-2013 Projected Expenditures



2012-13 Projected Revenue



VII. MINIMUM STANDARDS**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 concern

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.
- 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

66. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
67. Yes No The health department provides and/or refers to community resources for health education/health promotion.
68. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
69. Yes No Local health department supports healthy behaviors among employees.

70. Yes No Local health department supports continued education and training of staff to provide effective health education.

71. Yes No All health department facilities are smoke free.

NUTRITION

72. Yes No Local health department reviews population data to promote appropriate nutritional services

73. 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

74. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.

75. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

76. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

OLDER ADULT HEALTH

77. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

78. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.

79. 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.
80. 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

81. Yes No Perinatal care is provided directly or by referral.
82. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
83. Yes No Comprehensive family planning services are provided directly or by referral.
84. 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.
85. Yes No Child abuse prevention and treatment services are provided directly or by referral.
86. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
87. Yes No There is a system in place for identifying and following up on high risk infants.
88. Yes N/A No There is a system in place to follow up on all reported SIDS deaths.
89. Yes No Preventive oral health services are provided directly or by referral.
90. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
91. Yes No Injury prevention services are provided within the community.

PRIMARY HEALTH CARE

92. Yes No The local health department identifies barriers to primary health care services.
93. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
94. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
95. Yes No Primary health care services are provided directly or by referral.
96. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
97. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

CULTURAL COMPETENCY

98. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
99. 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.
100. Yes No The local health department assures that advisory groups reflect the population to be served.
101. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

HEALTH ADMINISTRATOR MINIMUM QUALIFICATIONS:

The Administrator must have a Bachelor degree plus graduate courses (or equivalent) 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: Margo Lalich RN MPH

Does the Administrator have a Bachelor degree? Yes No

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

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

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

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

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

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

HEALTH ADMINISTRATOR MEETS MINIMUM QUALIFICATIONS:

Yes No

SUPERVISING PUBLIC HEALTH NURSE MEETS MINIMUM QUALIFICATIONS:

Yes No

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.

ENVIRONMENTAL HEALTH SUPERVISOR MEETS MINIMUM QUALIFICATIONS:

Yes No

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.

LOCAL HEALTH DEPARTMENT HEALTH OFFICER MEETS MINIMUM QUALIFICATIONS:

Yes No

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.

SUBMISSION OF ANNUAL PUBLIC HEALTH PLAN

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

Margo Lalich BA RN MPH

Clatsop

December 17, 2012

Local Public Health Authority

County

Date