



Central Oregon Public Health Annual Plan 2014-2015

(Crook, Deschutes and Jefferson Counties)

INTRODUCTION

These reports show case the increased collaboration and cooperation across the public health departments in Central Oregon. It also notes the increased involvement with the Central Oregon Health Council (COHC). This cooperation has resulted in funding being directed at projects that improve the population health in the region. It remains an on-going challenge to assure that this focus is maintained. The key is the need to save Medicaid funding becomes a driver with the focus on the areas where big savings can be accomplished. It is important to note the integration of public health, physical health and behavioral health in projects that have been funded through the COHC. There is still a need to develop a bigger and important focus on safety net programs and how they are underpinning the improved of population health and in the long term saving of health care costs.

TRI-COUNTY COLLABORATION UPDATES 2014

Crook-Deschutes & Jefferson Public Health Home Visiting Nurses continue to implement and expand Nurse Family Partnership, CaCoon and Maternal Case Management with a grant from the Central Oregon Health Council Board for the Region's Coordinated Care Organization.

Crook-Deschutes & Jefferson Public Health Preparedness Programs are exploring communication coordinating efforts across jurisdictions during PH emergencies through a grant from the Robert Wood Johnson Foundation, as well as ways to expand the Medical Reserve Corps outside of Deschutes County.

Crook-Deschutes & Jefferson Public Health Home Visiting and Early Education Staff have continued contracting services for each county previously processed by the Commission on Children and Families as well as spearheaded the coordination and development of the Tri-County Early Learn HUB under the Wellness and Education Board of Central Oregon (WEBCO-comprised a commissioner from each county and the director of High Desert ESD).

Crook-Deschutes & Jefferson Public Health applied collectively to the OHA/PHD for grants related to smoking cessation and living well with chronic diseases, that were not funded by the state, but Pacific Source Community Solutions Foundation (Central Oregon CCO member) did fund the Living Well with Chronic Diseases program for the three counties.

Jefferson County Public Health Department updates for 2014

JCPHD implemented the OCHIN Electronic Health Record system that will now link the three CO Public Health Department's immunization and family planning clinics with Mosaic Medical FQHC primary care clinic providers.

JCPHD became a Cover Oregon Assister for Pregnant Women as previously provided through the closed out Oregon Mother's Care program. It took three months and became final at the end of January, 2013.

JCPHD combined with JC Best Care Treatment Services(BCTS), JC Juvenile Justice Program and the Confederated Tribes of Warm Springs continues the Let' Talk Diversity Coalition efforts towards understanding the cultural influence on the areas health, education and economy.

The JC Local Public Safety Coordinating Council approved a policy for county justice system professionals to encourage requiring Ethics training and Cultural Competency Training for their staff.

JCPHD, Mountain View Hospital District/St. Charles Health System-Madras CHIP and JC- BCTS to use a Northwest Health Foundation grant to develop an outreach program to Hispanic families aimed at decreasing childhood obesity rates through nutrition and food preparation adaptations and coalition developed strategies for engagement.

JCPHD was able to continue the JC Early Childhood Committee meetings after dissolution of the Commission on Children and Families, to provide focus and input on Early Learning changes at the state and regional level especially in the area of home visiting.

Jefferson County experienced a change in hospital management with Mt. View Hospital District selling the hospital to St. Charles Healthy System to improve the facility and maintain its solvency. SCHS now owns three of the four hospitals in the Tri-county area and manages the one in Prineville, where it soon will construct its own facility. Adjustments have had to be made as most staff involved in community projects are not longer local residents, but based out of the Bend area.

JCPHD has met with the two local Primary Health Care providers (Madras Medical Group and Mosaic Medical) regarding the home visiting programs in Jefferson County and how the JCPHD nurses can help them sort through the best programs for their client to participant in and how the provider can encourage participation. JC has all the home visiting and early learning programs currently under state reorganization, Multnomah county is the only other one with the same variety, but Jefferson also has parallel services provided through Community Health Programs by the Confederated Tribes of Warm Springs. Additionally, MMG lost a Physician who was doing deliveries, but Mosaic Medical, an FQHC, was able to get an additional Family Practice Physician doing deliveries plus a physician and NP to expand clinical services

The JC Addictions and Mental Health Advisory Committee was expanded and renamed JC Health and Services Advisory Committee to include Public Health, Education, CCO Community Advisory Committee and other Health and Human Service organizations of the county to have one voice for Regional and Statewide input into the wide variety of changes occurring in all areas.

JCPHD continues to contract with Crook County PHD for all Environmental Health Services. This allows a Full-Time EHS available to each county, with county specific needs allowing for flexibility in time spent in each county.

JCPHD along with Crook supported a Deschutes combined application to obtain a Robert Wood Johnson Grant focuses on Cross Jurisdictional Sharing regarding Public Health Preparedness combined communication strategies.

JCPHD Director was re-elected CLHO vice-chair; appointed to the OHA/DHS Stakeholders Committee providing input on OHA/DHS transition; Chair of the WEBCO-Administrative Committee during its first year in existence.

JCHDHD successfully updated the county Ambulance Service Area Plan and reauthorized two of the four ASA Franchises; Crooked River Fire and Rescue plus Jefferson County Emergency Medical Services. The

Government Camp ASA Franchise is covered by an agreement with the Sisters ASA in Deschutes County. The Warm Springs ASA within Jefferson County is under the direction of the Confederated Tribes of Warm Springs.

JCPHD Preparedness staff participated in a county wide exercise involving a fire at the county jail after a plane crash that forced evacuation of inmates, decontamination at the hospital and Warm Springs Clinic and included some with an active infectious disease.

JCPHD Preparedness participated in a Pelton Round Butte Dam functional exercise pertaining to the Emergency Action Plan.

JCPHD acknowledged the annual Robert Wood Johnson County Health Rankings report where Jefferson County had moved for last to second to last as the least healthy county in Oregon, in spite of high rating is healthy environment and water. Other more current data point to increases in social determinates of health such as high school graduation rates, lowering unemployment rates and highlight how a break in the waterline for the Crooked River Ranch system placed the county low in terms of water quality.

JCPHD continues to be the lowest of the three counties in School exclusion rates for students not up to date on their immunizations as well as the percentage of students whose families seek exemptions.

Jefferson County completed the September 2012 Triennial Review follow-up clarifications in 2013 and appreciated the assistance provided by the OHA/PHD Community Liaison Staff.

REGIONAL HEALTH IMPROVEMENT PLAN: PUBLIC HEALTH UPDATE

TRI-COUNTY COLLABORATION UPDATES 2014-CROOK COUNTY PERSPECTIVE

Crook, Deschutes, and Jefferson Counties Public Health Home Visiting Nurses continue to implement and expand the Nurse Family Partnership, CaCoon, and Maternity Case Management with a grant from the Central Oregon Health Council/CCO. Crook County's NFP nurse retired recently and the NFP clients in Crook County are now being served by the Jefferson County nurse.

The Crook County MCH nurse continues to see clients for Maternity Case Management and CaCoon, along with Babies First in Crook County. Crook County staff is coordinating and providing referrals to the NFP nurse.

Crook, Deschutes, and Jefferson County continue working with the Robert Wood Johnson Foundation on a cross-jurisdictional grant opportunity improving Public Health Preparedness risk communication, training, exercising, and expanding the Medical Reserve Corp.

Crook, Deschutes, and Jefferson Public Health continue to work with early learning partners and assist in the coordination of the Early Learning Hub with the Wellness and Education Board of Central Oregon.

Crook, Deschutes, and Jefferson Public Health applied collectively for the SIM grant in relationship to tobacco use. The grant was not funded, but Pacific Source did fund a grant related to the living Well Program in the tri-county area.

Crook, Deschutes, and, Jefferson County Public Health are coordinating the updates of the Community Health Assessment and Regional Health Improvement Plans through WEBCO.

CROOK COUNTY HEALTH DEPARTMENT UPDATES FOR 2014

The public health staff is dedicated and responsible for following the principles of the 10 Essential Elements of Public Health along with the specific Strategic Plan Domains of the Regional Health Improvement Plan and Crook County Strategic Plan. Updates and notable efforts for the department are below.

The most important update is that Crook County Health Department applied for accreditation, uploaded all documents, and completed the site visit on February 3rd and 4th, 2014. The department will receive the site visit team's report by the end of February, and the accreditation decision will take place by May of 2014.

The CCHD Director was elected as the CLHO Chair; continues participation on LGAC and the Human Services Committee, along with the Healthy Standards subcommittee regarding public health standards.

Strategic Plan Domains:

- 1. Increase Access to Care – Improve access to health education, preventative services, and health care. Provide timely care to achieve the best possible health outcomes.**
 - Cultural Competency – CCHD staff completed a cultural competency assessment and the information was compiled and analyzed for future training.
 - CCHD led the immunization effort for the Tri-County Project Connect – provided over 250 influenza vaccinations to high risk individuals with assistance from Deschutes and Jefferson County staff.
 - CCHD continues coordination with Mosaic Medical the County's only FQHC. Through this coordination a pediatrician started October of 2013 at the Crook County School Based Health Center, which has been renamed Crook Kids Clinic.
 - CCHD hired a new reproductive health staff member in of August 2013 this increased access and appointment hours for clients.
 - CCHD hired new bilingual staff, the Cover Oregon Outreach and Enrollment Assister.
 - CCHD hired a new immunization coordinator and implemented immunization services during WIC clinics.
 - CCHD developed an improved Home Visitng referral system through the QI process.

- CCHD staff continues to identify barriers for clients and link them to services in the community through participation on WEBCO (Wellness and Education Board of Central Oregon), COHC Ops Committee, COHC Community Advisory Council, and the CCO Clinical Advisory Panel for Central Oregon.

2. Improve Health – In collaboration, seek to assure the health of County residents through processes, activities or the services of our organization. Health Outcomes include morbidity and mortality; physical, social, and mental well-being; nutritional status; and quality of life.

- CCHD implemented Tobacco free policies on the Mosaic Medical/CCHD property and is working with the commissioners on a proposal to make all county owned properties tobacco free.
- The county's worksite wellness program is continuing to be improved through the work of CCHD's VISTA Volunteer and other staff.
- CCHD received a breastfeeding grant and worked with HR to implement county policy.
- CCHD staff was trained in Suicide Prevention.
- CCHD hired an MPH trained Health Educator to provide grant writing, outreach, and improve health department services.
- CCHD participates on the Lutheran Community Services Board to provide health input to the behavior health process.
- CCHD continues to build community resilience and public health preparedness through partnerships with emergency management and the medical community. This year's work included updating the Preparedness Workplan, Exercise and Training Plan, and the Crook County Emergency Operations Plan.
- CCHD participated in the National Guard, Law Enforcement exercise in Crook County.

3. Improve Care – Improve the care experience and associated practices and processes. Identify areas for improvement, monitor compliance, and manage risk. A premium is placed on connecting staff to the performance of the organization.

- CCHD developed a new Customer Service training for staff.
- CCHD continued involvement with the Early Learning HUB development.
- CCHD completed the requirements for Meaningful Use for year two.
- As part of the Accreditation process, CCHD fully implemented the Performance Management System and conducts monthly QI meetings in order to improve care.

4. Reduce Cost and Increase Effectiveness- Reduce the cost of health care through better health and care options. Increase efficiency and effectiveness. Invest in strategies that best accomplish this goal.

- CCHD continues to improve revenue production through billing and contracting with additional insurance companies.
- CCHD trained new staff in Medicaid Administrative Claiming.
- CCHD continues to provide School Based Health Care services in coordination with Mosaic Medical the local FQHC.

- CCHD is coordinating with Deschutes, Jefferson, Hood River, and NCPH to begin conversations with Pacific Source for TCM to be included into the global budget starting January of 2015.

5. Increase Health Integration and Collaboration.

- CCHD continues coordination of programming with Deschutes and Jefferson Counties as needed.
- CCHD hired a new Health Officer which is also the Medical Director of Mosaic Medical to improve coordination in both offices.
- CCHD contracted with Mosaic Medical to be a delegate for the immunization program.
- CCHD coordinated trail access with Central Oregon Trails Alliance, the county, and Crook County Parks and Recreation to include trails in the City of Prineville's 20 year Transportation System Plan Update.
- Environmental Health has been successfully integrated into CCHD.
- CCHD continues to partnership with Rimrock Health Alliance, Community Health Improvement Partnership, other county departments, Early Learning HUB, WEBCO, and the City of Prineville to address community health issues.
- CCHD staff participates on Advisory Councils and supported activities of the Wellness and Education Board of Central Oregon along with the Central Oregon Health Council.
- The Director continues to chair the Early Childhood Committee – fostering the development of the HUB as part of the Wellness and Education Board of Central Oregon.
- The Director chaired the Central Oregon Health Council Operations Group until November 2013.
- CCHD completed the remodel of the School Based Health Center and received a grant to hire a 0.75 FTE mental health provider through Lutheran Community Services. Due to our partnership with Lutheran Community Services they agreed to fund the remaining 0.25 FTE.
- CCHD developed activities for Public Health Week including a luncheon for partners, and community lunch and learns.
- CCHD coordinated efforts and continues as the contractor for the implementation of HCI in Central Oregon.
- CCHD coordinated efforts with St. Charles for their updated Health Assessment for Crook County focusing on Childhood Obesity.

6. Pursue Excellence – Maintain standards of practice and performance that ensure accountability and peak performance to operate effectively and keep our communities safe and healthy.

- CCHD improved Health Assessment capacity by hiring a health educator.
- CCHD completed Public Health Accreditation.
- CCHD completed development of the QI team, training, and development of a workforce development plan.

7. **Expand Regional Efforts – Collaboration with local and State governments, our hospital system, local providers, private insurers, health collaboratives, our community, and the people we serve.**
 - CCHD continued development of local policies for tobacco control including coordination with the medical community to create a single prevention message within clinics and the emergency room.
 - CCHD participated on the tri-county Cross-Jurisdictional Preparedness Team.
 - CCHD participates in the tri-county MCH Initiative through the Central Oregon Health Council.
 - CCHD participates in the Early Learning HUB Initiative with WEBCO.

8. **Strengthen our Organization – Build internal infrastructure to create a robust, healthy, and flexible organizational environment which fosters teamwork, progressive thinking and cutting-edge programming.**
 - CCHD updated the Strategic Plan for in November of 2013.
 - CCHD developed a shared drive for all policies and procedures, forms, and job training.
 - CCHD developed a new employee orientation and introduction process.
 - Inclusion of all staff in the Public Health Accreditation Site Visit in February of 2014.

9. **Promote Sound Health Policy – Advocate and support clear overarching policy interests and expectations for population health and the region’s health care system.**
 - CCHD continues involvement in the development of the public health presence for WEBCO.
 - CCHD continues to work with community partners to reduce the burden of chronic disease by way of policy, systems, and environmental change.
 - The Commissioners were very engaged in the Public Health Accreditation Process site visit.

The department’s concerns include issues with inadequate prenatal care; obesity; lack of physical exercise and nutrition; one of the highest tobacco use death rate in the state; underage drinking; and late stage diagnosis of breast cancer in women over 65. The county health rankings for Crook County 2010 through 2013 include the following:

↑ Worse ↓ Better

Health Outcomes: ↓ 14th in 2010; 14th in 2011; 12th in 2012; 8th in 2013

Health Factors: ↓ 21st in 2010; 30th in 2011; 29th in 2012; 27th in 2013

Health Behaviors: ↓ 21st in 2010; 21st in 2011; 25th in 2012; 18th in 2013
(this includes tobacco, diet, exercise, alcohol use, high risk sexual behavior)

- Continued work on expanding the Living Well program through the development of a plan to implement a diabetes self-management curriculum which will be used in future funding applications. Living Well is an educational program helping residents successfully manage their chronic conditions, reducing health costs and increasing quality of life.
- The Immunization program was successful in helping the passage of Senate Bill 132 which requires parents to show informed consent before their unvaccinated children can enter public schools. Support of this bill included working to gain written support from the Deschutes County Commissioners as well as testimony to the House Rules Committee by the Immunization Coordinator.
- Began work on the Robert Wood Johnson Cross Jurisdictional Sharing grant for Emergency Preparedness in 2013. The purpose of this initiative is to develop a shared approach to public health preparedness among Crook, Deschutes and Jefferson Counties for increased efficiency and effectiveness of regional preparedness.
- The Public Health Advisory Board Oral Health Subcommittee and Community Health Staff held the first ever Deschutes County Oral Health Summit on September 12, 2013, at St. Charles Hospital. The event, entitled “Infectious Disease: Nothing to Smile About,” focused on how prevention is the key in reducing the oral health epidemic in Oregon. Many professionals and interested community members attended.
- Reproductive Health clinic successfully completed one year of EHR implementation in 2013.
- Reproductive Health was the first clinic on the West Coast to increase access to Gardasil (HPV) vaccine through partnering with the Merck Vaccine Patient Assistance Program (MVPAP) and provided over 200 vaccines for clients who would not have been able to receive them.
- Received a grant from NACCHO to conduct a community assessment using the Adolescent Systems Capacity Tool. The assessment was completed and valuable information was obtained that will impact outreach and services in the future.
- Substance Abuse Prevention staff were successful in 2013 at securing \$250,000 in additional resources to expand and strengthen existing suicide and substance abuse prevention activities.
- In partnership with the Shared Future Coalition, Substance Abuse Prevention staff developed a media campaign including radio and video ads, a website and Facebook page to foster safe and legal alcohol use among Deschutes County residents and 18-25 year olds.
- Presented “Planning for the Big One” conference to 55 members of the County’s Public Health Reserve Corps in 2013. The Corps includes volunteers ready to assist should a disaster strike.
- The Communicable Disease team implemented a public health emergency response on the 2013-14 influenza crisis, providing up-to-date information and education to clinicians and the general public.

Children's Services:

- Awarded continued funding to extend activities of transformation grant from Central Oregon Health Council to improve the region's Maternal Child Health System, adding a WIC certifier/community health worker in addition to public health nurses embedded in primary care setting to improve care for high-risk families.
- Through support from Central Oregon Health Council expanded tri-county Nurse Family Partnership team adding bi-lingual services tri-county for high risk first birth families.
- Secured medical sponsorships for all six School-Based Health Centers in central Oregon providing further sustainability.
- Awarded \$846,830 for certified centers to expand behavioral capacity in integrated care in the school-based health centers and to fund special projects focused on behavioral health issues.
- Awarded \$30,000 planning grant for an School-Based Health Center at Bend High School.
- Sustained the five-year LAUNCH program, enrolling 100+ at-risk children and families to prevent abuse and strengthen families. Also offering *Parent-Child Interactive Therapy* at five community sites.
- *¡Cuidate!*, a regional adolescent skill building and sexuality education program for Latino youth, continues to thrive and served over 300 Central Oregon students in 2013. Students say that they are glad to they attended and would be willing to share the information they learned with others.
- Delivered *My Future My Choice* program to over 1,800 sixth grade students through the coordination of 165 high school volunteers. MFMC is a ten-lesson curriculum delivered to all middle schools in Deschutes County.
- The health educators for the Reproductive Health program provided a training called "Creating an Inclusive Learning Environment" to help community members better meet the needs of the LGBTQ youth.
- Received Young Adult in Transition Hub funds through a State grant to increase services to youth ages 14-25.
- Early Learning Hub staff achieved targeted first year sales to sustain the Keep Kids Safe License Plate October 2013.

Adult Services:

- Continued integration of health and behavioral health services to improve client health and care with shared projects with Mosaic Medical in Bend and Redmond and with La Pine Community Health Clinic.
- Provided Sexual Assault Nurse Examiner 24/7 services as a partnership with St. Charles, Sexual Assault Response Team and Domestic Violence Council. Provided 12 exams for victims of sexual assault.

Agency Development:

- Submitted all required documentation and underwent our first national Public Health Accreditation site review in March 2014.
- Provided staff training in Crisis Prevention Intervention (CPI) to address safety concerns.
- With support from the County Administrator, Board of County Commissioners and the Children & Families Commission (CFC) Board, proactively developed and implemented a successful reorganization and transition plan for CFC staff when it became clear there would be an end to the Commission system. For the short term, the plan included the merger of the CFC department with Health Services. Development and implementation of a sustainable EL Hub structure in the long term is anticipated to occur in FY 2015.
- Re-organized 2.0 FTE of remaining CFC staff to meet infrastructure development and duties required of the region's Early Learning Hub, with the long-term goal of having the duties supported and accomplished through tri-county partnerships.
- Early Learning Hub staff provided grant management, oversight and reporting for 26 contracted projects valued at over \$1.1 million as well as applying for and receiving \$350,000 three-year Saving Grace continuation grant to continue Mary's Place operations, and \$300,000 three-year ARREST grant to continue the Project to Enhance Victim Safety and Offender Accountability – a collaboration with Saving Grace, Deschutes County Parole and Probation, Bend and Redmond Police Departments, and the Deschutes County Sheriff.

Health Reform:

- Deschutes County continues collaboration efforts with the Central Oregon Health Council (COHC) and the Wellness & Education Board of Central Oregon (WEBCO) to improve the region's health.
- Ongoing transformation of the Department's Performance Management Team in support of compliance as well as system and program improvements in our quality and benefits to the community.
- Submitted the regional Early Learning Hub application in a compressed time frame and continuing to work toward successful certification by July 2014 to improve outcomes for at-risk young children (birth through six years of age).
- As part of the Early Learning Hub development process and requirements, helped to build a global cross-agency early learning budget to increase understanding of resources currently expended on services for young children in the region. This process revealed a weakness in investments for at-risk children in the 4 through 6 year old range (pre-K) which will be a targeted focus group in the EL Hub application.
- In partnership with regional partners, facilitated the development of collaborative efforts to align and coordinate health and education reform work in

the region. Facilitated discussions with a wide range of government and elected officials, community leaders, service providers and community members in the region to develop a working (and continually evolving) organizational concept for the Central Oregon Early Learning Hub. Many of the models, methods and tools created as part of the development of the Central Oregon EL Hub have been adopted and used by other evolving early learning hubs around the state. The region's Sector Lead approach to engaging community partners in the EL Hub application process and aspects of the region's proposed governance structure have also been adopted by at least one other emerging EL Hub in the state.

Minimum Standards

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

I. Organization

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

12. Yes No All positions have written job descriptions, including minimum qualifications.

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

28. Yes No A system to obtain reports of deaths of public health significance is in place.

29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.

30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.

31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.

32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.

33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.

34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.

35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.

36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.

38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.

39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.

41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.

42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.

43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.

45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.

46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.

48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.

49. Yes No Training in first aid for choking is available for food service workers.

50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.

51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.

52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

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

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

68. Yes No The health department provides and/or refers to community resources for health education/health promotion.

69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

70. Yes No Local health department supports healthy behaviors among employees.

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

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

Nutrition

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

74. The following health department programs include an assessment of nutritional status:

a. Yes No WIC

b. Yes No Family Planning

c. Yes No Parent and Child Health

d. Yes No Older Adult Health

e. Yes No Corrections Health

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

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

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

Older Adult Health

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

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

80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes No Perinatal care is provided directly or by referral.

83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes No Comprehensive family planning services are provided directly or by referral.

85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes No Child abuse prevention and treatment services are provided directly or by referral.

87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes No There is a system in place for identifying and following up on high risk infants.

89. Yes No There is a system in place to follow up on all reported SIDS deaths.

90. Yes No Preventive oral health services are provided directly or by referral.

91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.

94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes No Primary health care services are provided directly or by referral.

97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

101. Yes No The local health department assures that advisory groups reflect the population to be served.

102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator name: Tom Machala, Tom Kuhn and Muriel Delavergne-Brown

Does the Administrator have a Bachelor degree? Yes X___ No ___

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

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

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

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

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

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

a. Yes X No ___ The local health department Health Administrator meets minimum qualifications:

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

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

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

AND

Baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.

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

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

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

OR

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

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

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

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

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

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

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

Budget Information

Jefferson County: Barbara.Mammen@co.jefferson.or.us

Crook County: mdelavergnebrown@h.co.crook.or.us

Deschutes County: Thomas.Kuhn@deschutes.org

