



DOUGLAS COUNTY
HEALTH AND SOCIAL SERVICES
PUBLIC HEALTH DIVISION

February 24, 2014

Jan Kaplan, MSW
Office of Community Liaison
Oregon Health Authority, Public Health Division
800 NE Oregon Street, Suite 930
Portland, OR 97232

Dear Jan,

Douglas County Health and Social Services Department assures that the Essential Public Health services will be provided or are available per OAR 333-014-0050.

Corrections Health is not a local public health authority program, and is operated contractually through the Douglas County Sheriff's Office.

Please find the following:

- Douglas County's Community Health Needs Assessment:
http://www.co.douglas.or.us/health/admin/documents/2013-0909CHA_Final.pdf
- Douglas County minimum standards document
- Douglas County – Organizational Chart
- Current LPHA authority contract for 2013-2014 Budget Year
<http://www.co.douglas.or.us/finance/documents/2014/FY13-14HEALTHph.pdf>
- Daniel Wilson, Accountant
Douglas County Health and Social Services
621 W. Madrone St, Roseburg, OR 97470
541-957-3007
dewilson@co.douglas.or.us

Sincerely,

Peggy Madison, Health Administrator
Douglas County Health and Social Services

Reflection

Galatians 6:9-10 "So let's not allow ourselves to get fatigued doing good. At the right time we will harvest a good crop if we don't give up, or quit. Right now, therefore, every time we get the chance, let us work for the benefit of all, starting with the people closest to us in the community of faith."

Help us to be:

- Sensitive to the needs that exist in our community,
- Dedicated to improving the health of our population
- Creative with our resources and opportunities
- Realistic and hopeful about our goals
- Transparent and strategic in our planning

Help us to move forward:

- In the spirit of friendship, and solidarity
- Through efforts of prevention, health promotion and education
- With a special concern for the vulnerable and unprotected
- Working together, to advance the health, and well being of Douglas County

Agenda



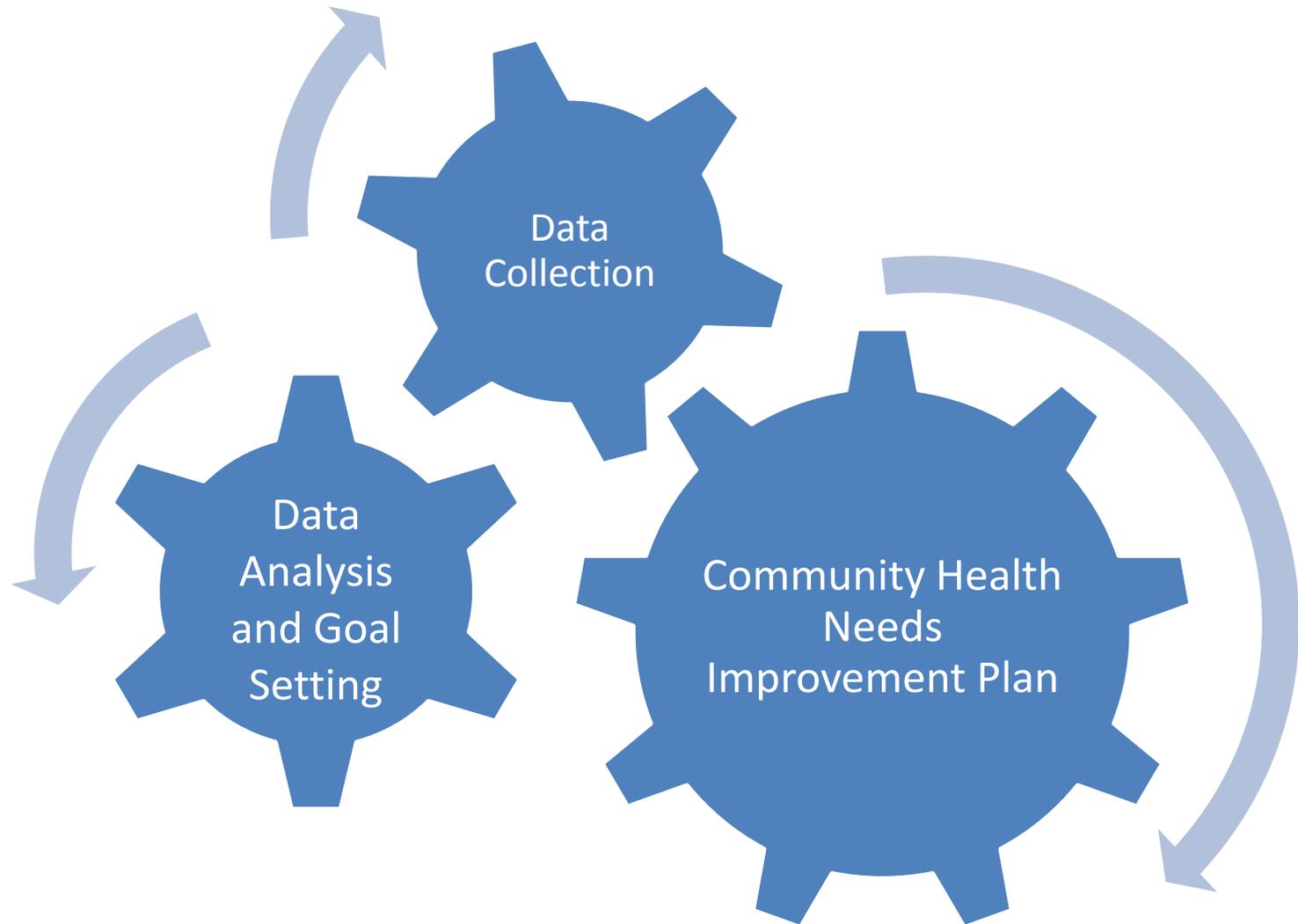
- Welcome - Kelly Morgan
- Review of Community Health Needs Assessment Process – David Price
- Review of community Assets & Services- Joan Sonnenburg

Community Health Needs Assessment

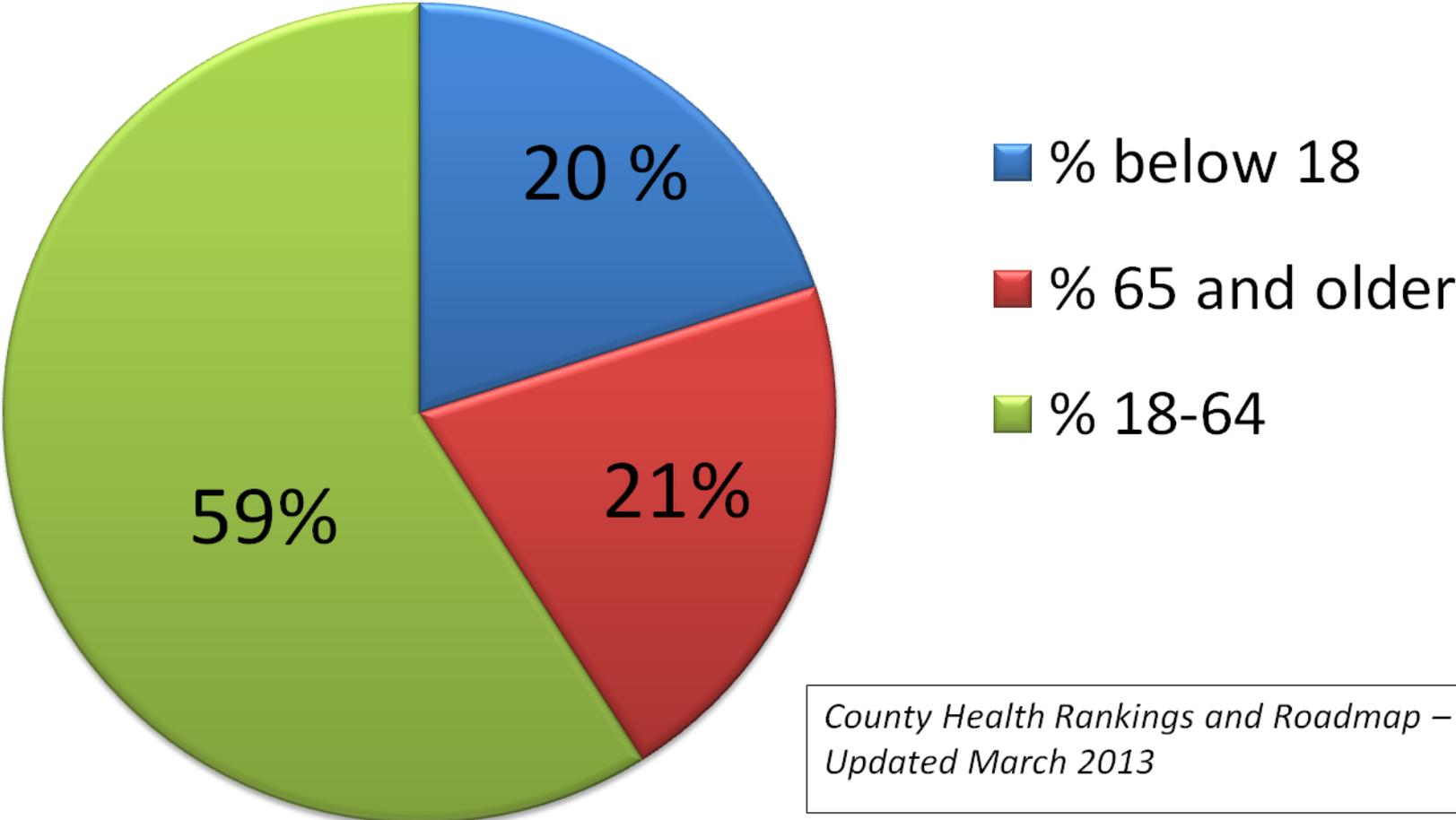
Working Together to Improve the Health of the Community



Community Health Needs Assessment Process



Douglas County Population by Age

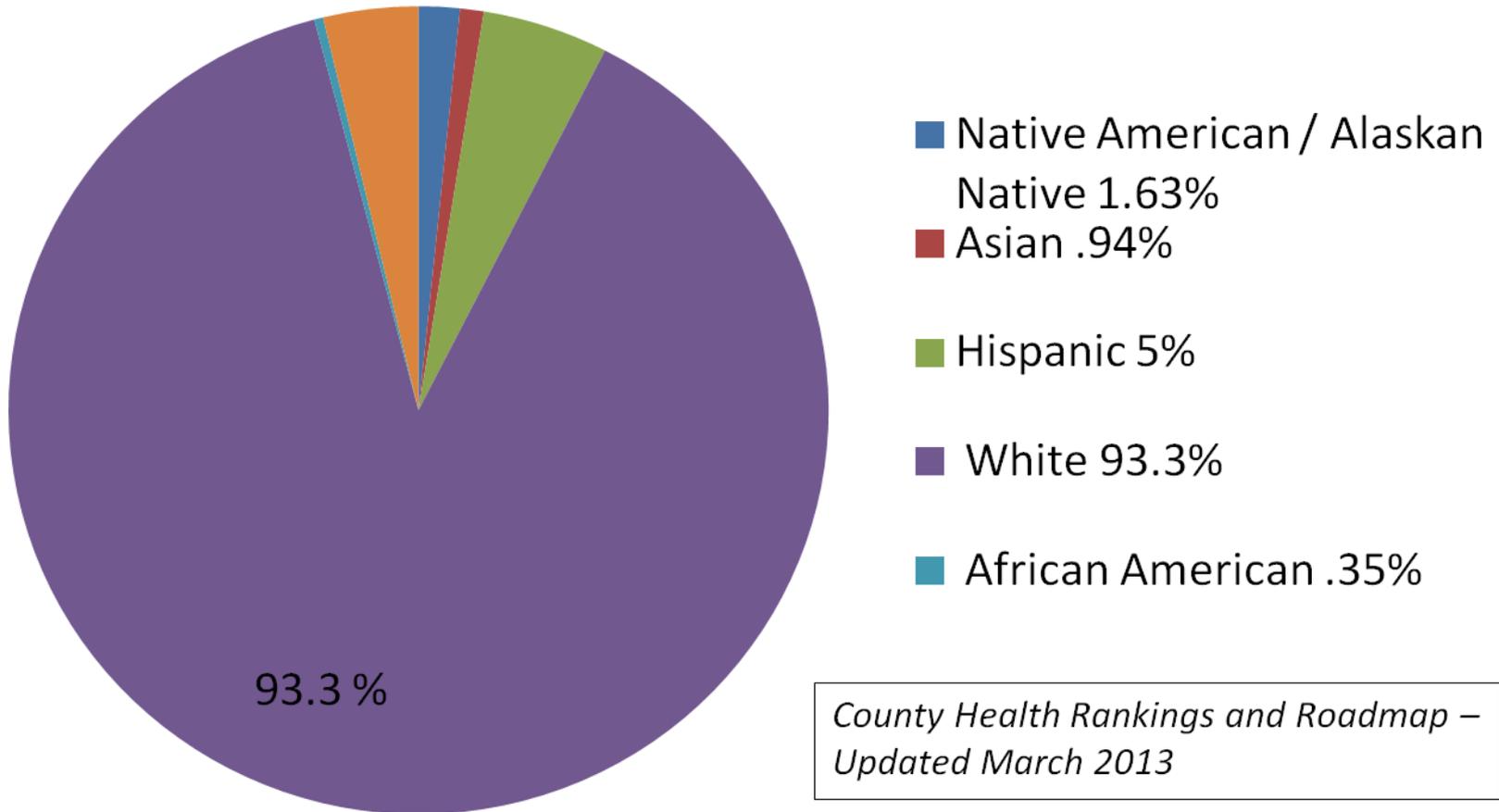


Implications of an Aging Population



- Increase in Chronic Health Conditions
- Growing Demand for Related Health Services
- Greater Need for Disease Management, Care Coordination and Health Literacy

Population By Race

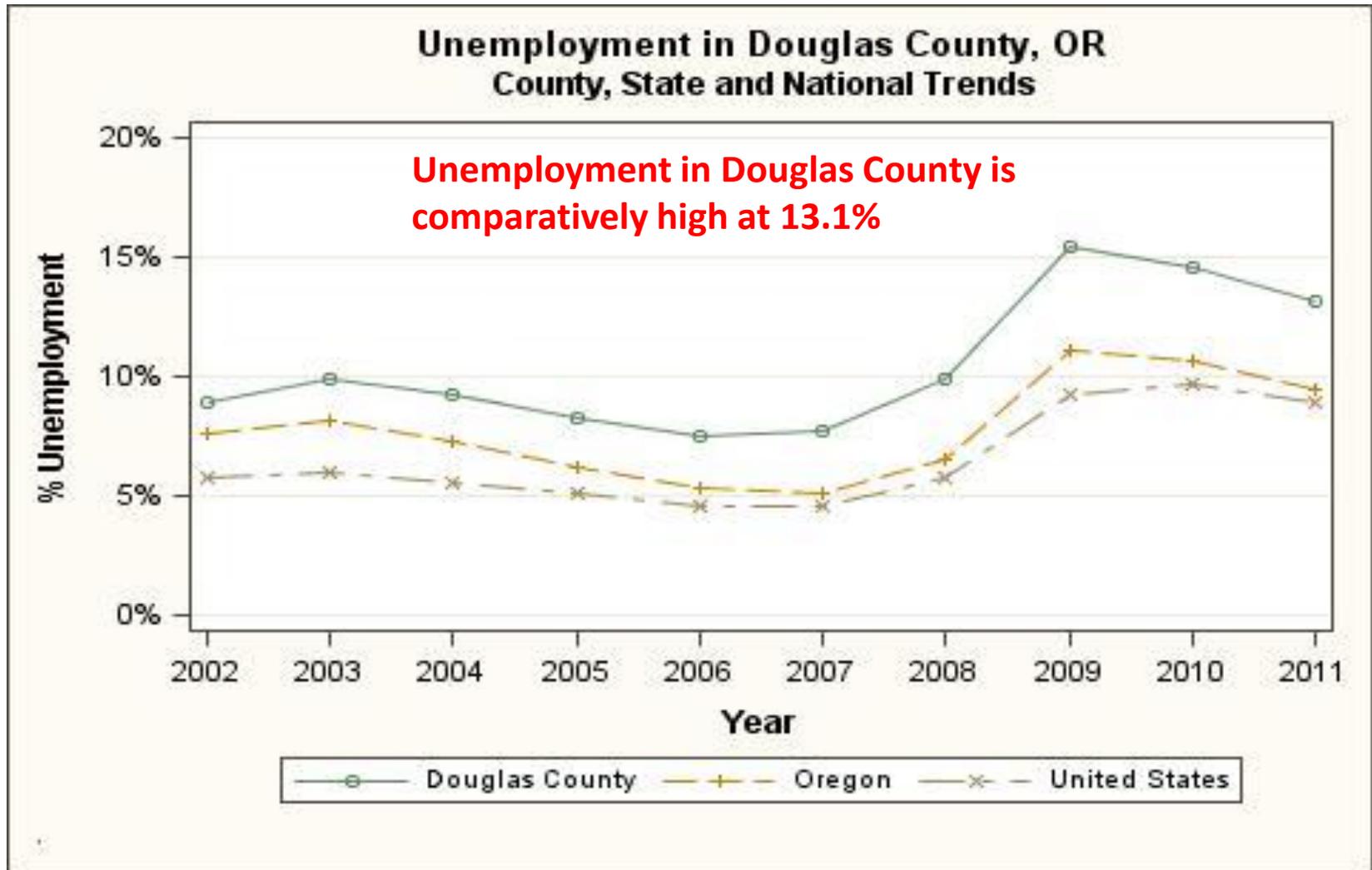


Population By Race

- The Douglas County Population is predominately white non-Hispanic
- Growth in population subgroups has been relatively slow in the last decade
- The greatest increase was in the Hispanic population
- Research suggests the need for customized health literacy efforts

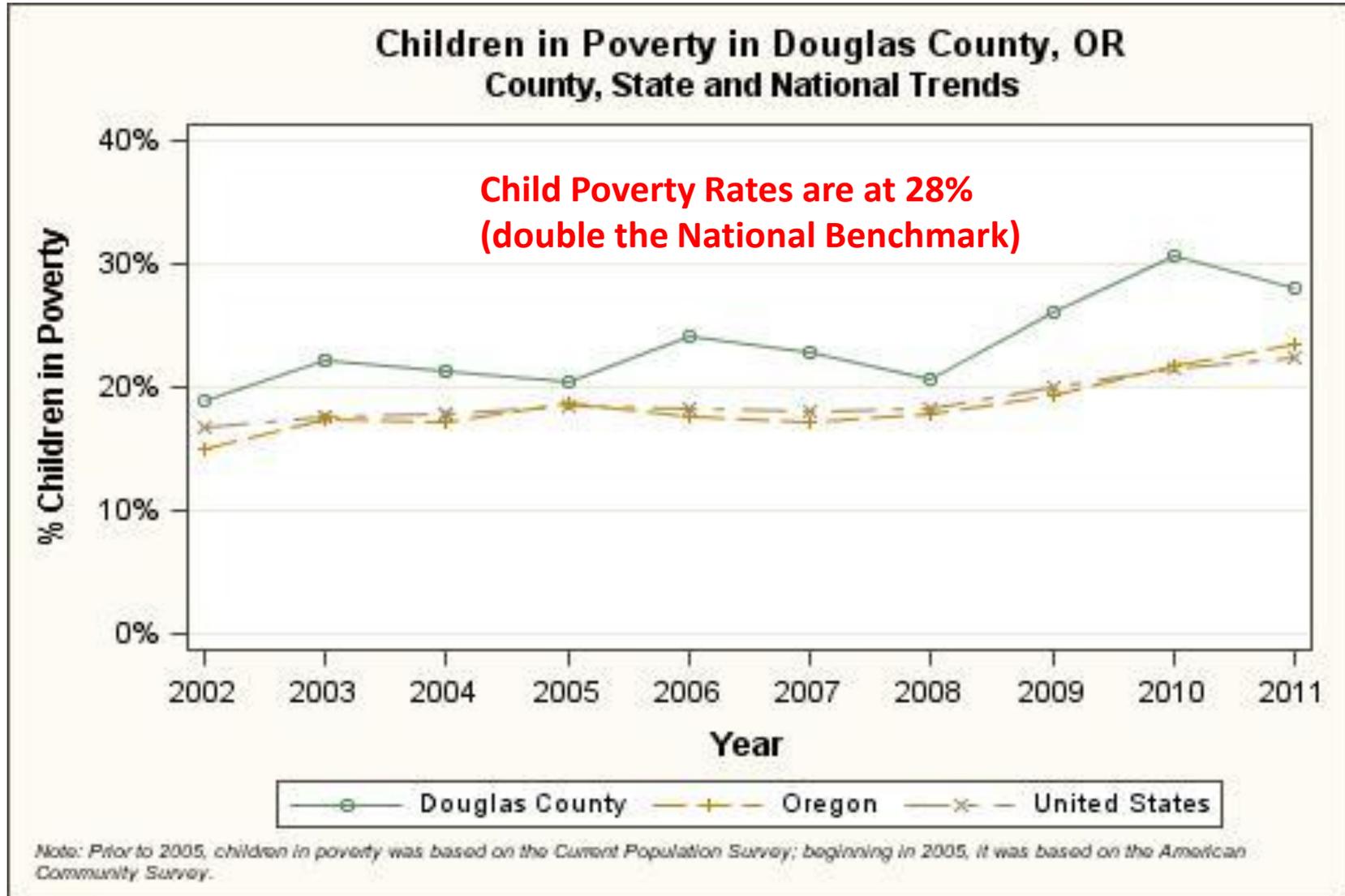


Population Trends and Characteristics



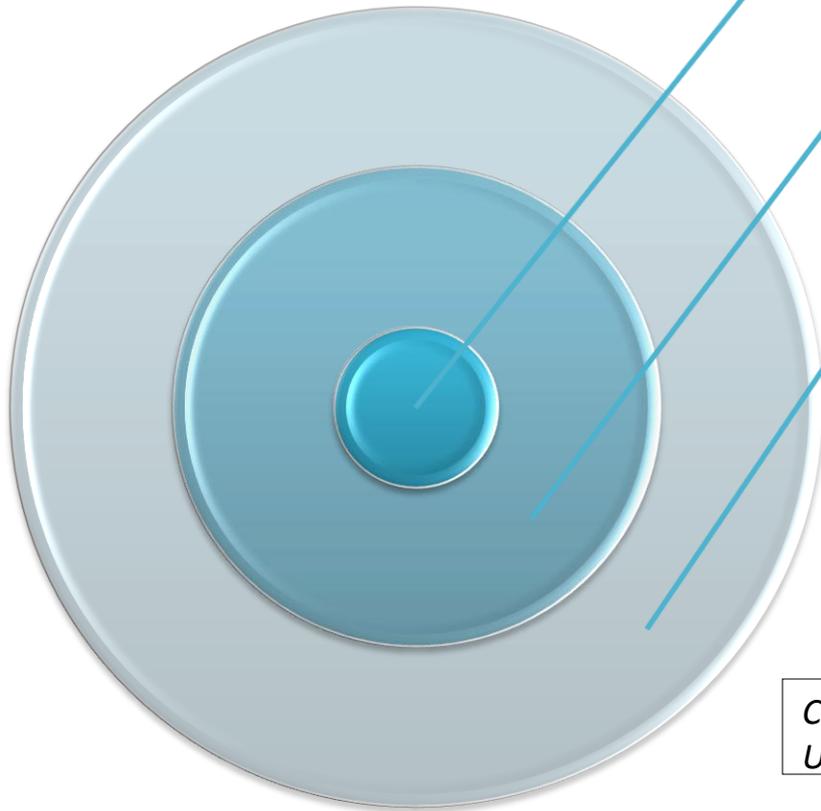
*County Health Rankings and Roadmap –
Updated March 2013*

Population Trends and Characteristics



Population Trends and Characteristics

Douglas County Violent Crime Rate is 110. The National Benchmark is 66 per population of 100,000.



**National
Benchmark
66**

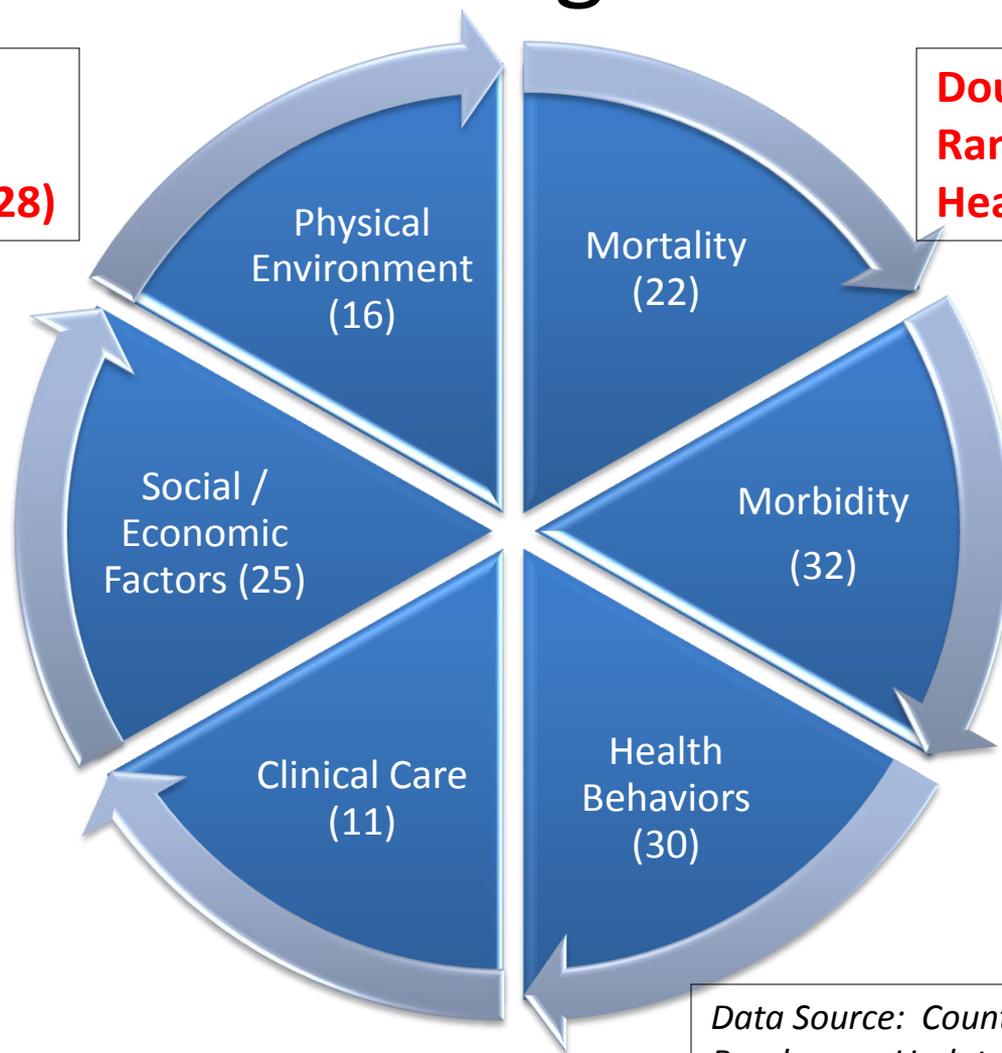
**Tillamook
County
78**

**Douglas County
110**

*County Health Rankings and Roadmap –
Updated March 2013*

A Snapshot of the Current Health Status of Douglas County

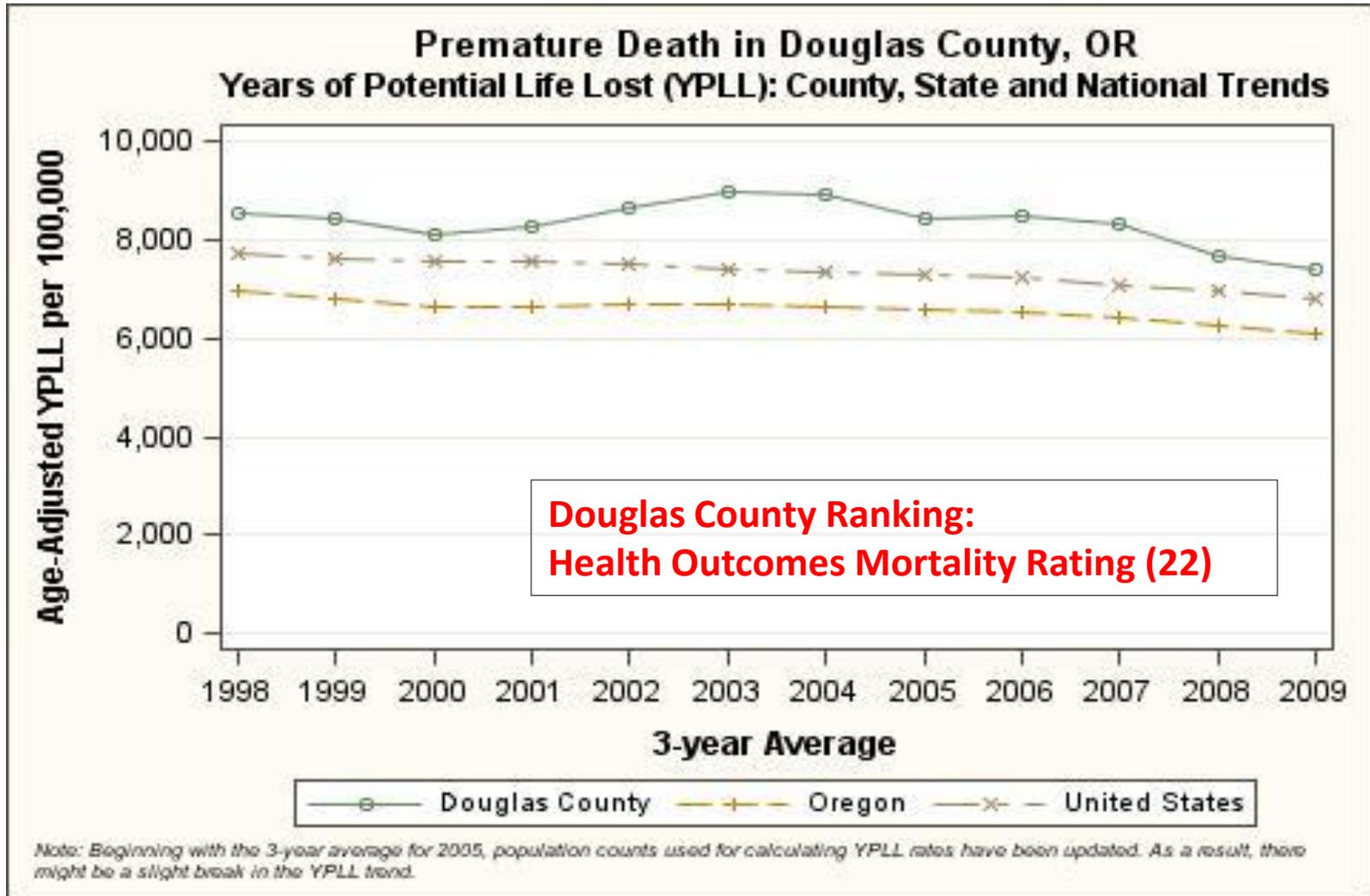
**Douglas County
Ranking:
Health Factors (28)**



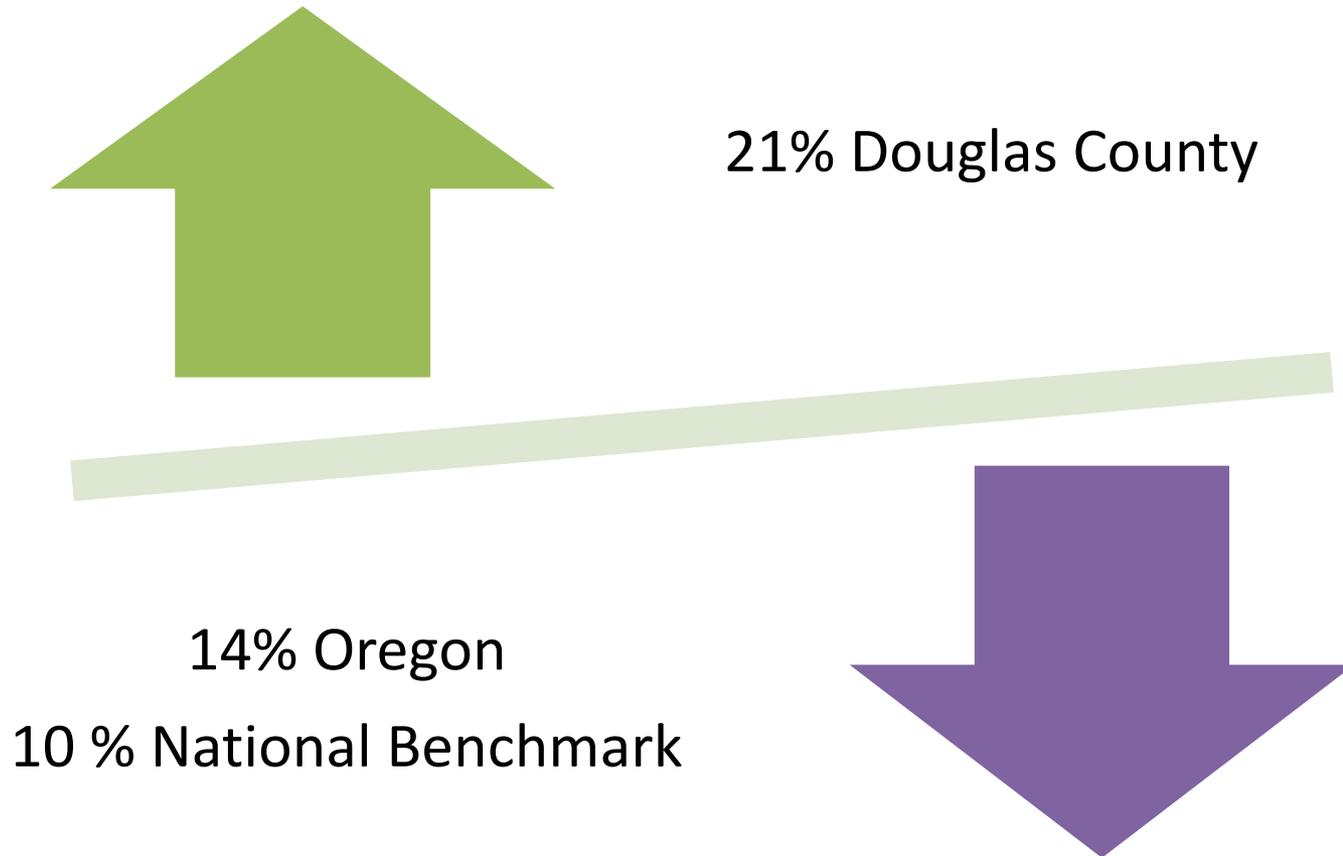
**Douglas County
Ranking:
Health Outcomes (30)**

Data Source: County Health Rankings and Roadmap – Updated March 2013

Health Outcomes - Mortality



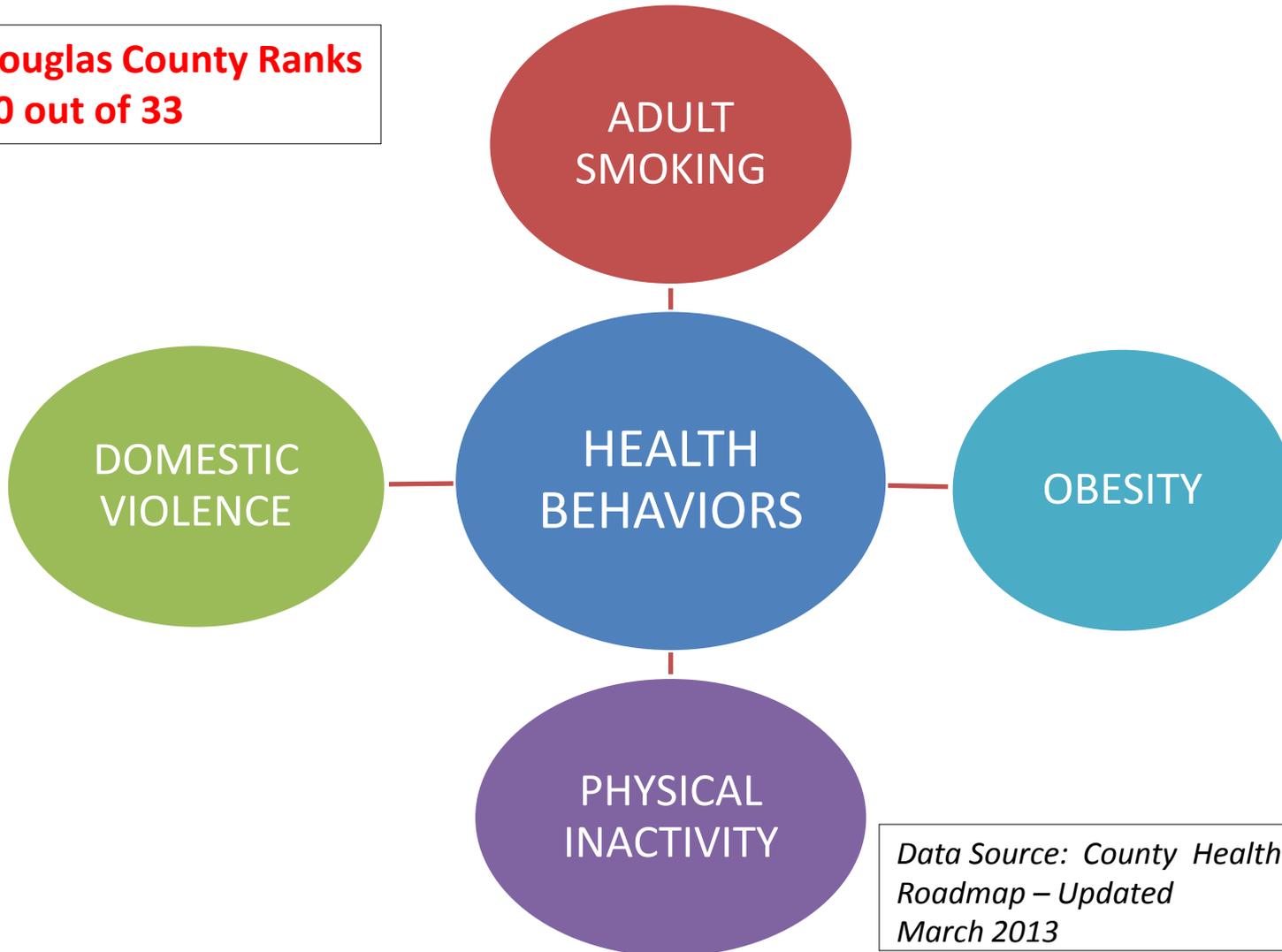
Poor or Fair Health Days



Data Source: County Health Rankings and Roadmap – Updated March 2013

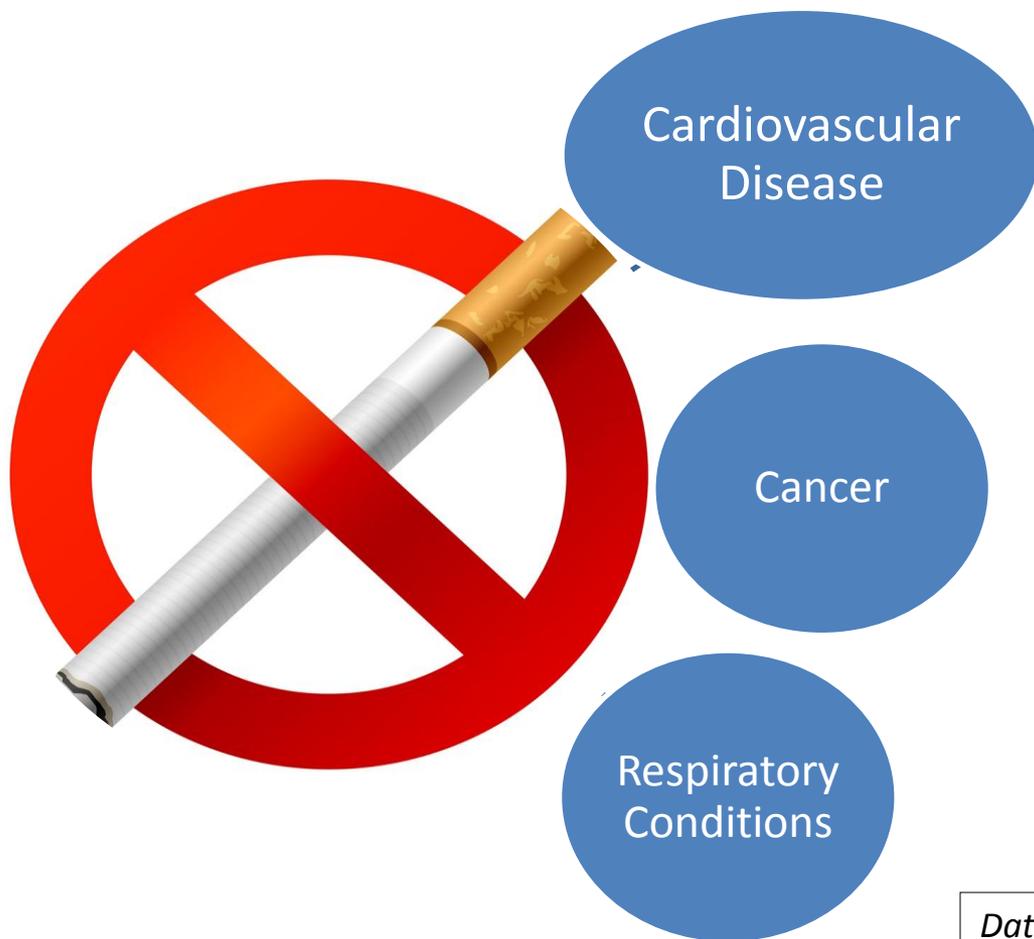
Health Behaviors

**Douglas County Ranks
30 out of 33**



Data Source: County Health Rankings and Roadmap – Updated March 2013

Health Behaviors - Smoking



- 26% of the residents in Douglas County self-report tobacco consumption via smoking.
- 9% higher than the State average
- 1 out of 3 three people in Douglas County self report to smoking

*Data Source: County Health Rankings and Roadmap
– Updated March 2013*

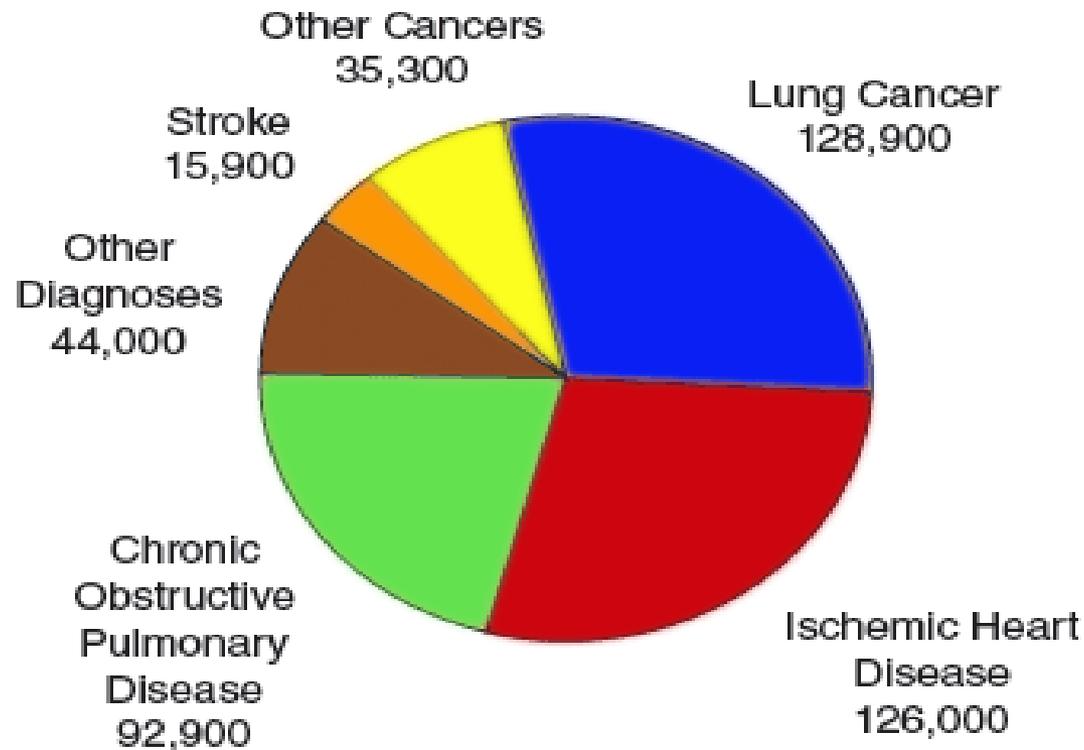
Health Behaviors - Smoking

- The largest preventable cause of disease, death and disability in the US
- 443,000 deaths can be attributed to smoking annually
- Smoking has been linked to various cancers and chronic conditions



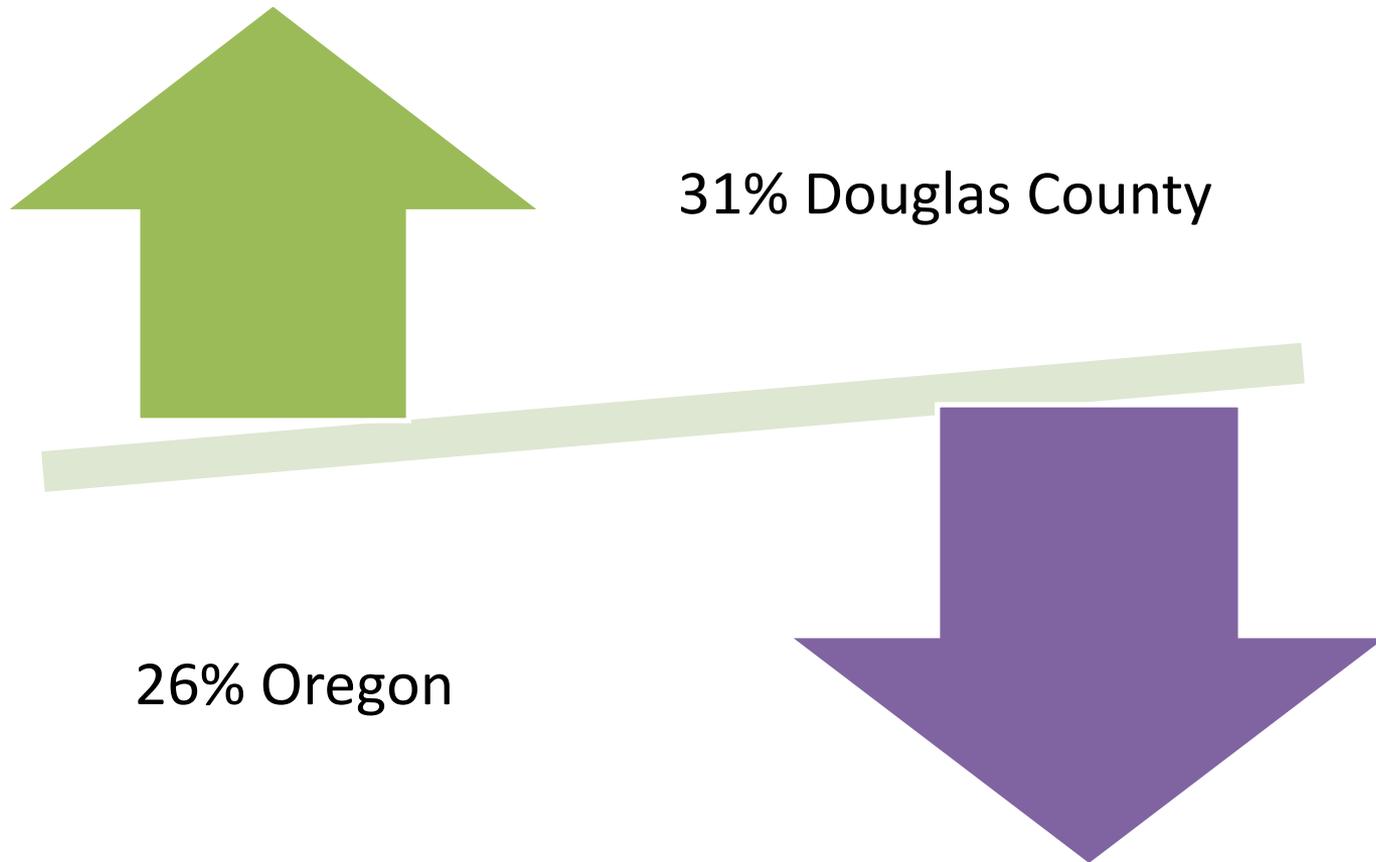
Health Behaviors - Smoking

**About 443,000 U.S. Deaths Attributable
Each Year to Cigarette Smoking***



* Average annual number of deaths, 2000–2004.
Source: *MMWR* 2008;57(45):1226–1228.

Health Behaviors - Obesity



Data Sources:

County Health Rankings and Roadmap – Updated March 2013.

Trust for Americas Health: Preventing Epidemics. Protecting People

Health Behaviors - Obesity

- Adult obesity rates have doubled since 1980
- Childhood obesity rates have more than tripled



Obesity

THE COST

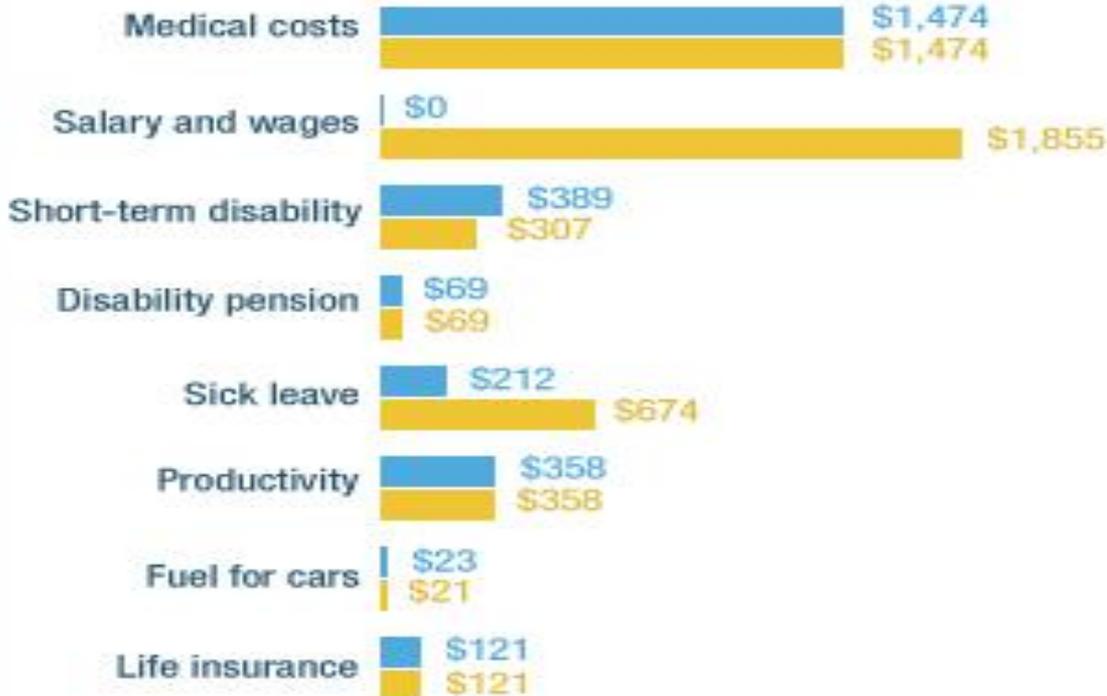
THE COST OF BEING AN OBESE INDIVIDUAL

The amount of money lost annually as a result of being obese

Total Losses By Gender

■ Women – \$4,879 ■ Men – \$2,644

Breakdown



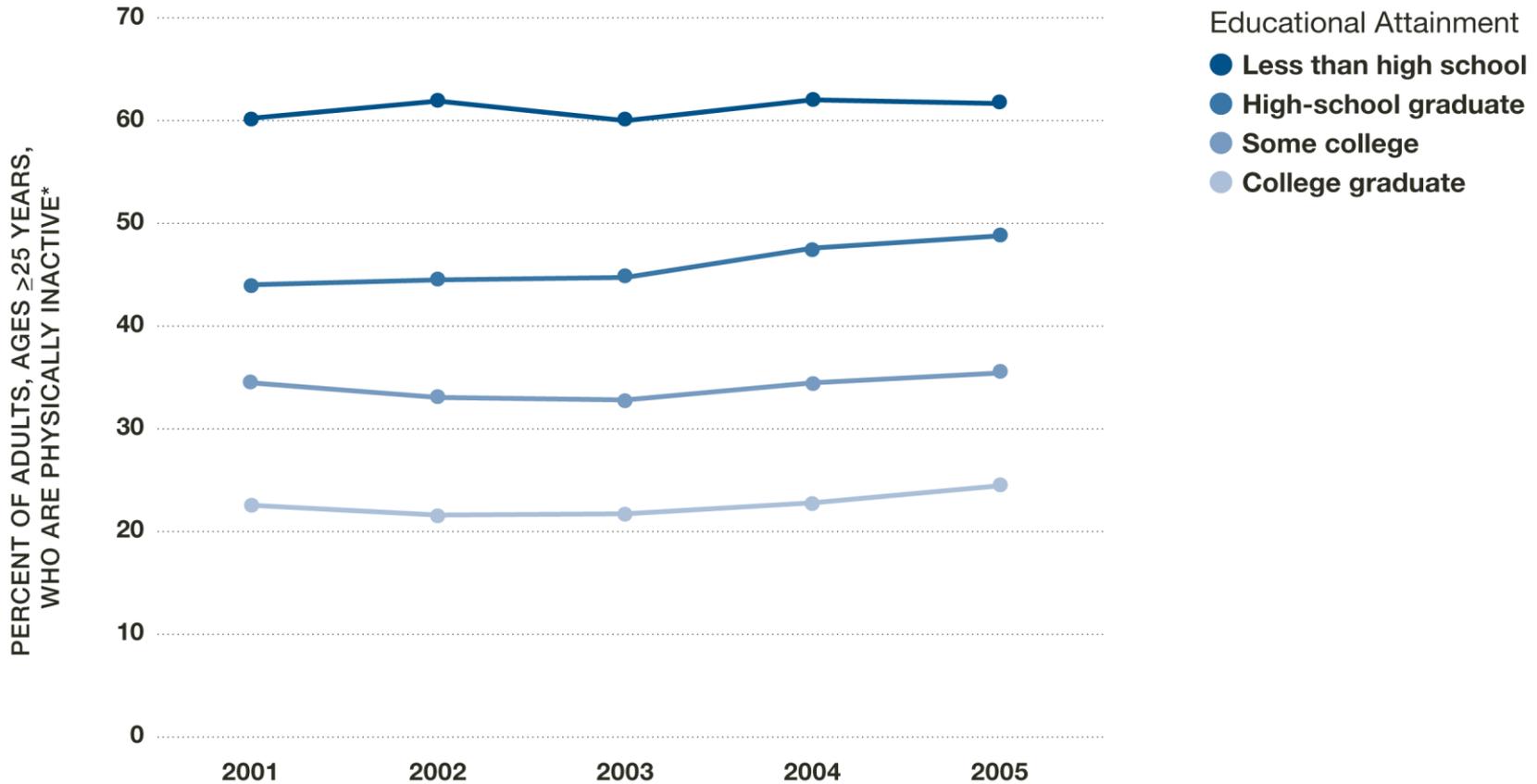
SOURCE: NPR

Obesity

- 
- ✓ **CORONARY HEART DISEASE**
 - ✓ **TYPE 2 DIABETES**
 - ✓ **CANCER (Breast and Colon)**
 - ✓ **HYPERTENSION (high blood pressure)**
 - ✓ **STROKE**
 - ✓ **LIVER AND GALLBLADDER DISEASE**
 - ✓ **SLEEP APNEA & RESPIRATORY COMPLICATIONS**
 - ✓ **OSTEOARTHRITIS**

Persistent Gaps in Health Behaviors: Physical Activity

Education disparities in physical inactivity among adults—with lower educational attainment corresponding to higher proportions of physical inactivity—have persisted over time. The gaps do not appear to be narrowing.

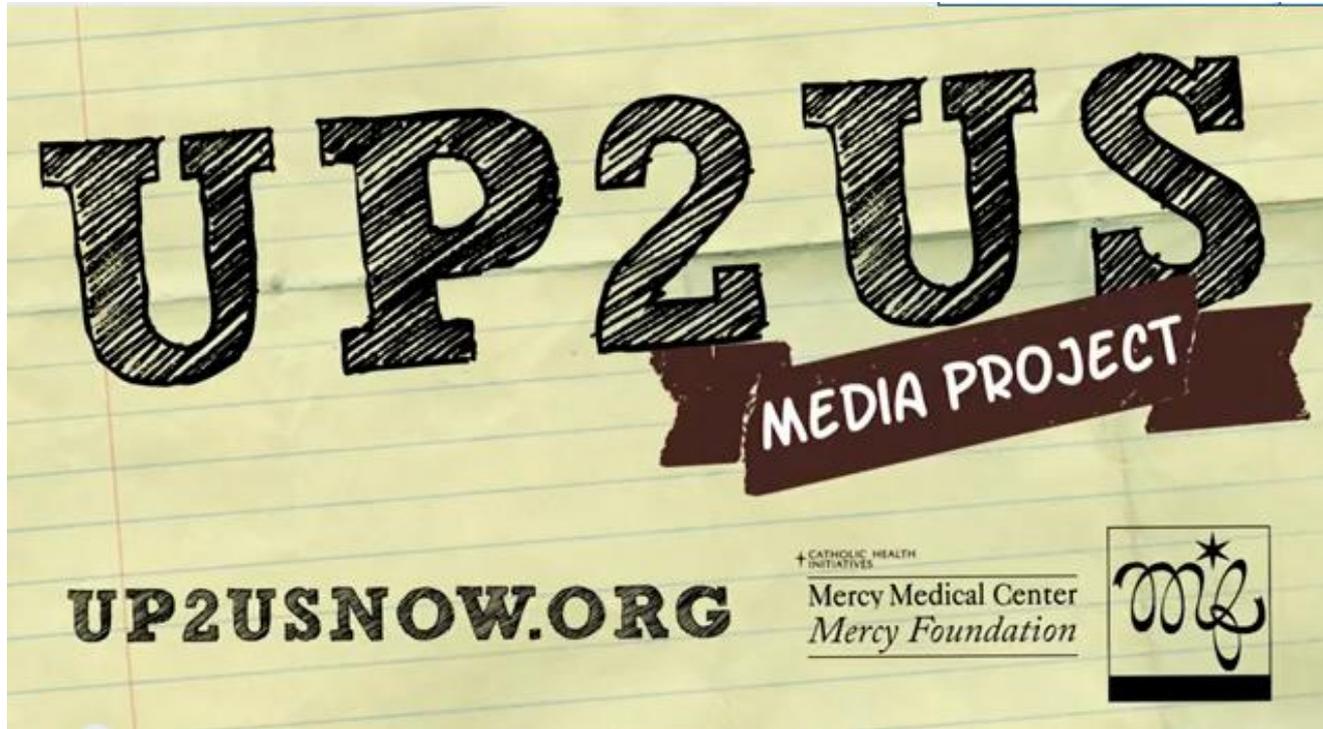


Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.
Source: National Health Interview Survey, 2001–2005.

*Age-adjusted

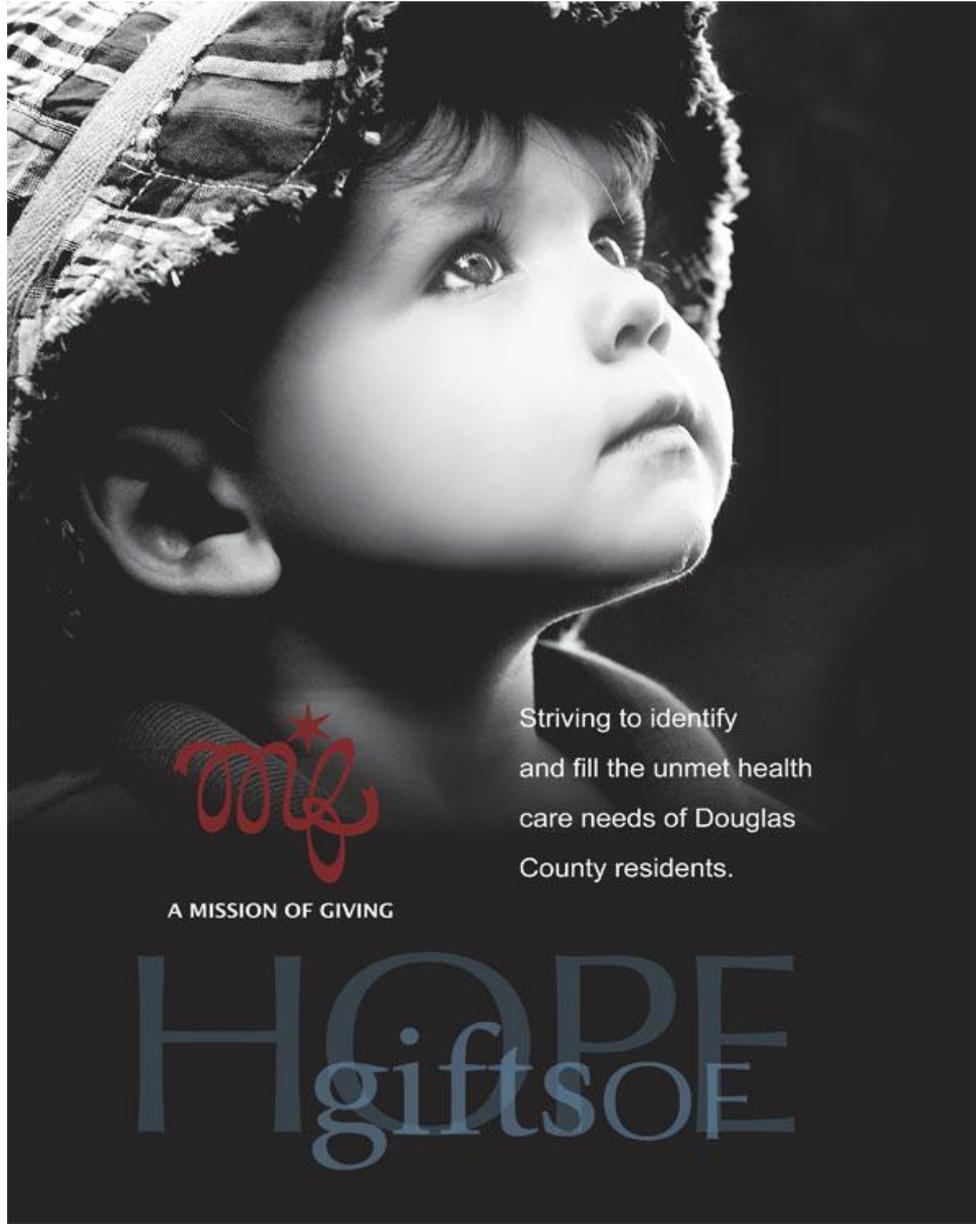
© 2008 Robert Wood Johnson Foundation

www.commissiononhealth.org



<http://www.youtube.com/watch?v=SIF1QYIF8Pc>

Domestic Violence



A MISSION OF GIVING

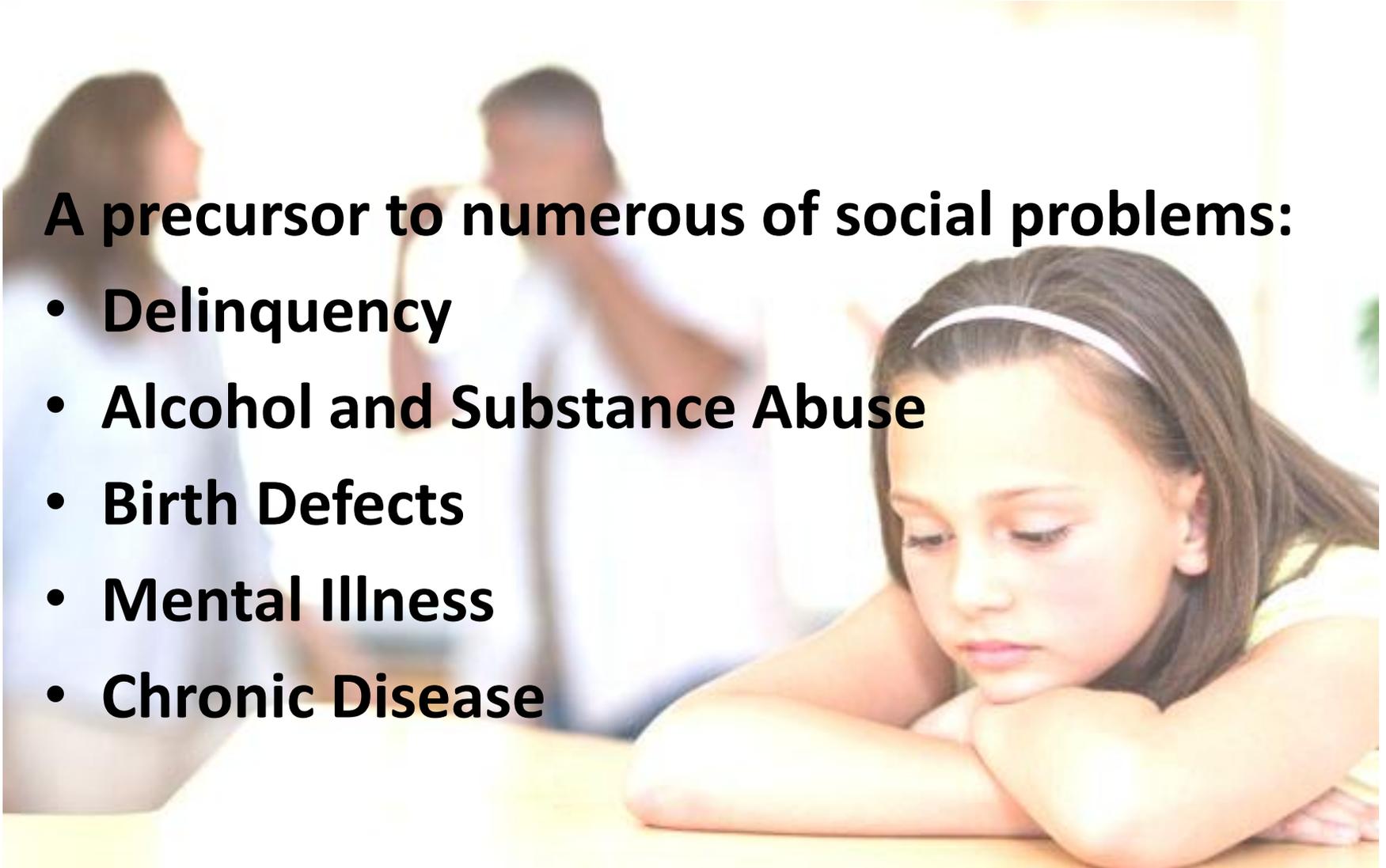
Striving to identify
and fill the unmet health
care needs of Douglas
County residents.

HOPE
gifts OF

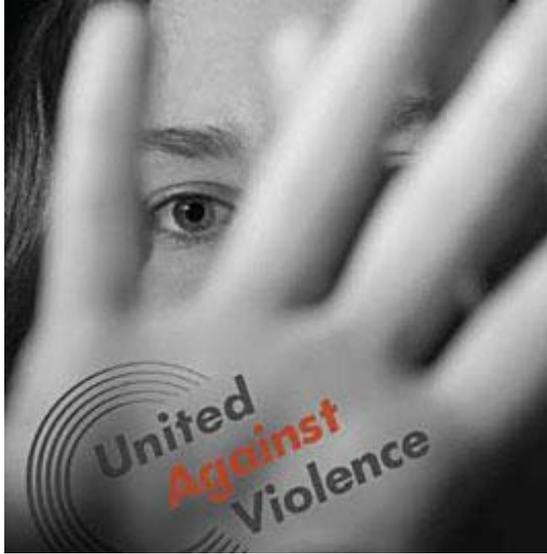
Domestic Violence

A precursor to numerous of social problems:

- **Delinquency**
- **Alcohol and Substance Abuse**
- **Birth Defects**
- **Mental Illness**
- **Chronic Disease**



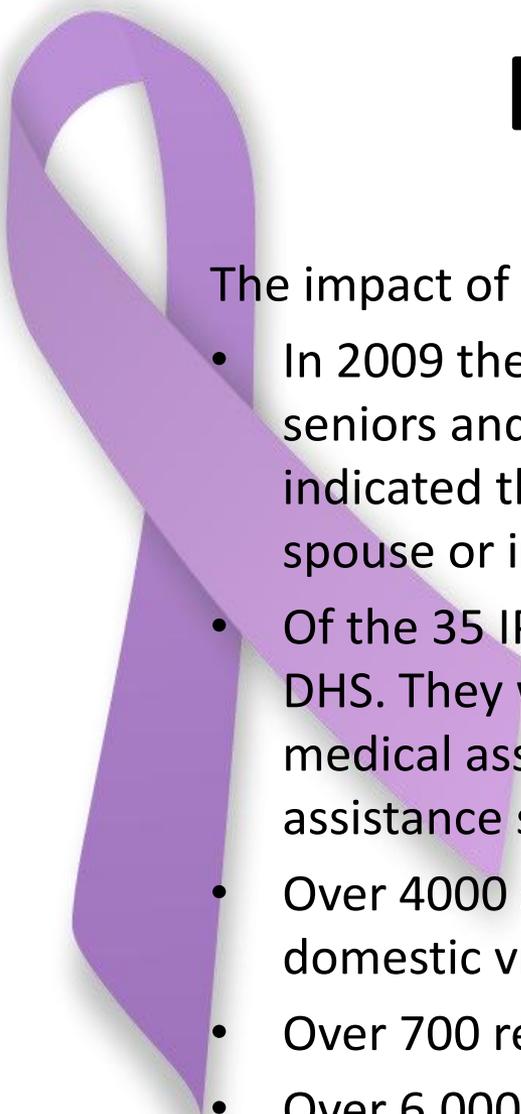
Domestic Violence



The magnitude of the problem:

- 1 in 4 women are victims in their lifetimes
- Largest cause of injury to women in the US
- 90% of all victims are women
- 30% of all women in emergency rooms are victims of domestic violence
- 45-70% of women murdered are killed by an intimate partner
- 50% of batterers also abuse their children

Data sources: Douglas County Health Services, Know the Facts about domestic and sexual violence. Battered Persons Advocacy, Domestic Violence: Everyone Deserves Peace at Home



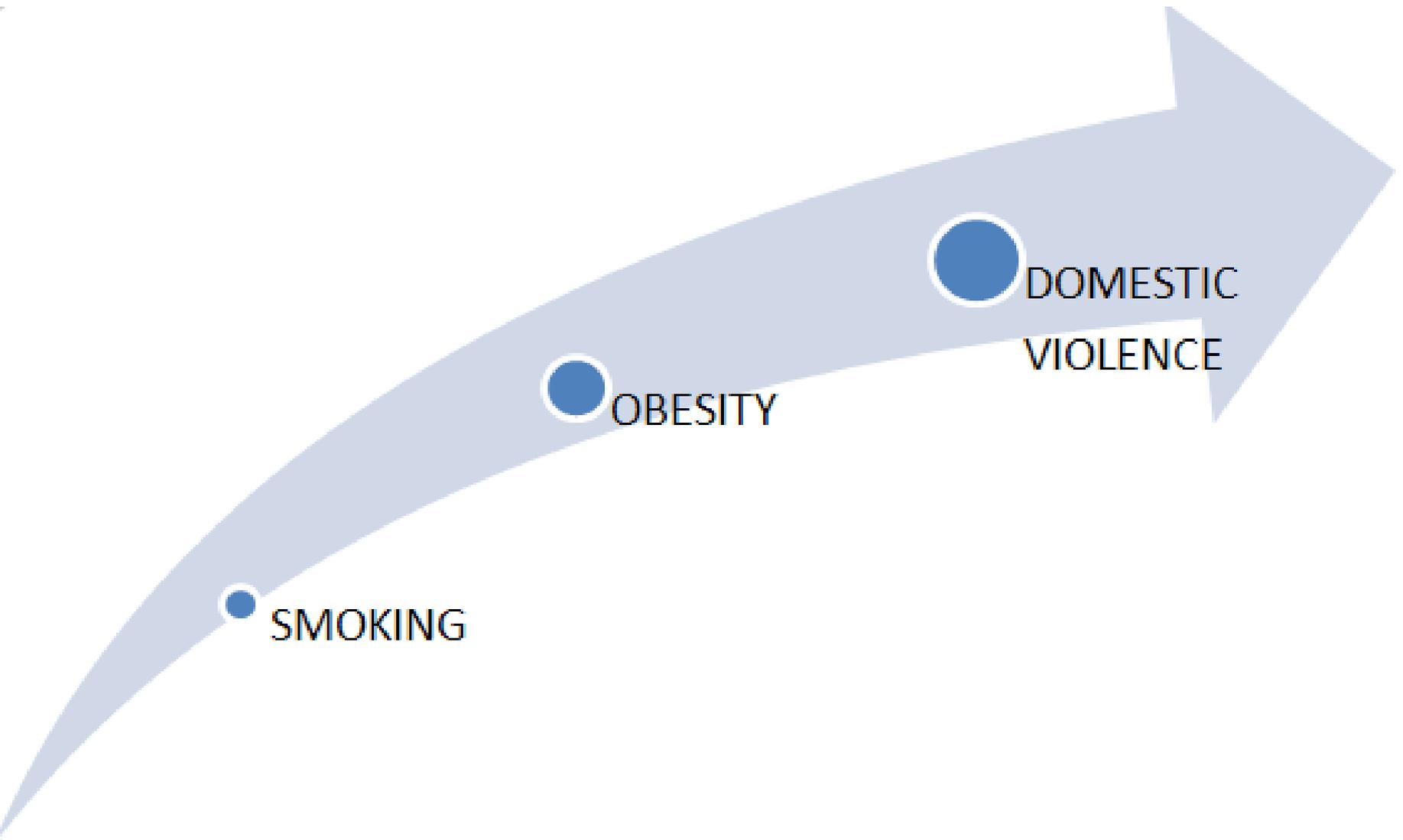
Domestic Violence

The impact of domestic violence in Douglas County:

- In 2009 there were over 8309 allegations of abuse or neglect towards seniors and people with disabilities. 45% of these allegations indicated that the perpetrator was an adult child, family member, spouse or intimate partner.
- Of the 35 IPV deaths in 2010, 48% had some known connection to DHS. They were currently or had in the past received SNAP benefits, medical assistance, cash relief or utilized some other special assistance service.
- Over 4000 shelter nights at BPA are reported for families fleeing domestic violence annually
- Over 700 restraining orders are filed each year in Douglas County
- Over 6,000 Crisis call occurrences are documented annually

Data sources: Douglas County Health Services, Know the Facts about domestic and sexual violence. Battered Persons Advocacy, Domestic Violence: Everyone Deserves Peace at Home

Health Needs Identified



Review of Community Assets & Services

"Every single person has capacities, abilities and gifts. Living a good life depends on whether those capacities can be used, abilities expressed and gifts given."

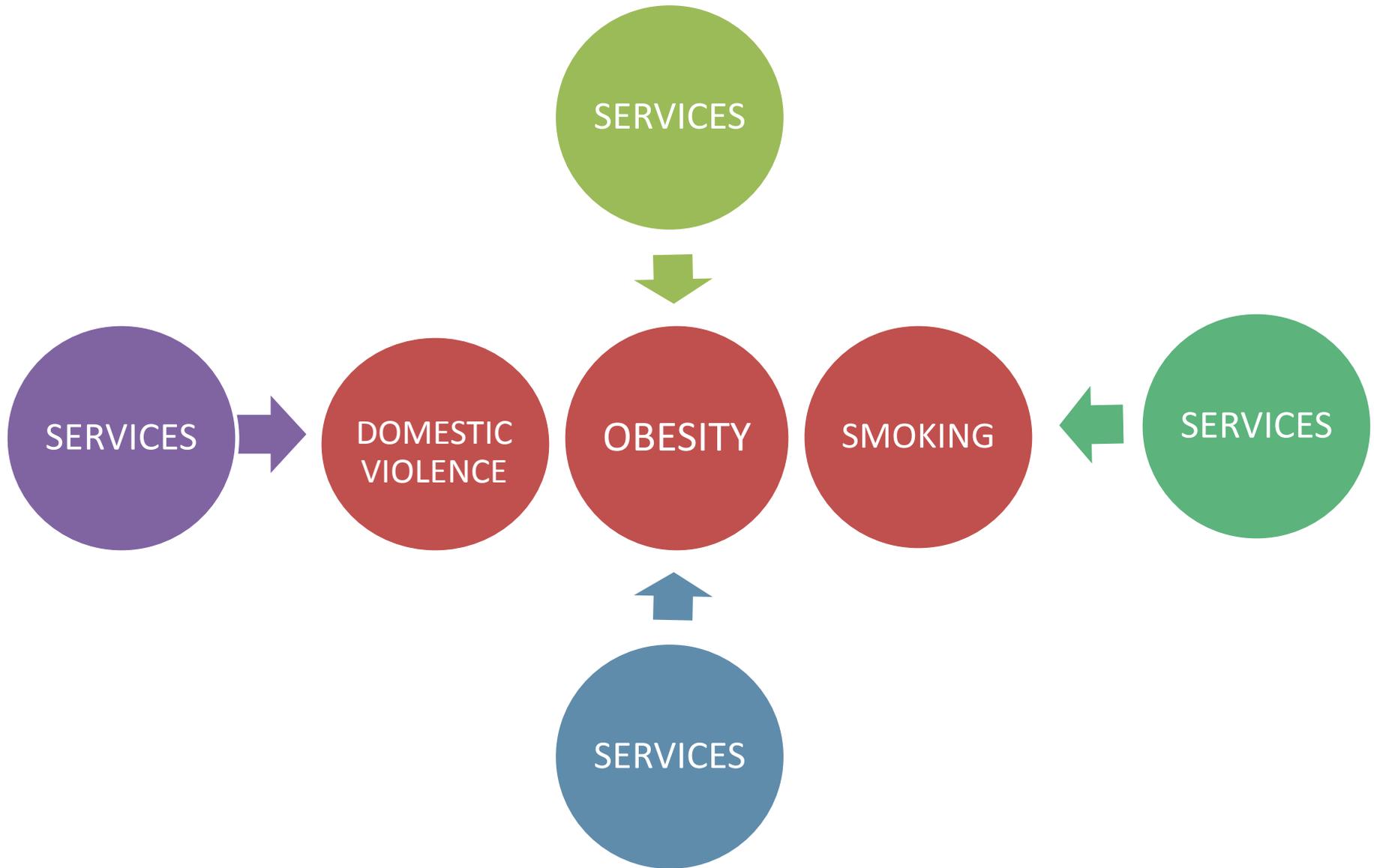
– John McKnight



Working Together to Improve the Health of the Community



Review of Community Assets & Services





Identification of Synergy

- Brainstorm known community assets, resources, services around the 3 areas
 - 3 groups: identify a scribe, time keeper, and reporter
 - Spend 15 minutes on each area identifying resources and services. Record on flip chart, one page per health need
 - Report out round robin
- Identify gaps



Questions

Local Public Health Authority: Douglas County

Date: February 3, 2014

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.

Local Public Health Authority: Douglas County

Date: February 3, 2014

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.

Local Public Health Authority: Douglas County

Date: February 3, 2014

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.

Local Public Health Authority: Douglas County

Date: February 3, 2014

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.

Local Public Health Authority: Douglas County

Date: February 3, 2014

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.

Local Public Health Authority: Douglas County

Date: February 3, 2014

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 – Managed by the Douglas County Sheriff’s Office

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.

Local Public Health Authority: Douglas County

Date: February 3, 2014

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.

Local Public Health Authority: Douglas County

Date: February 3, 2014

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.

Local Public Health Authority: Douglas County

Date: February 3, 2014

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: Peggy Madison

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

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

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

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

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

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

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

a. Yes ___ No X 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.

The Administrator has multiple responsibilities for programs including Public Health, Environmental Health, Mental Health, Developmental Disabilities, Senior Services (AAA), Veterans Services, and Public Transportation and has been the Administrator of these programs for 8.5 years.

The Health Department Administrator assures that we have staff with adequate training in biostatistics, epidemiology, environmental health, administration, and social and behavioral sciences to guide the Health and Social Services Administrator and Public Health Division Director.

Local Public Health Authority: Douglas County

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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.

Local Public Health Authority: Douglas County

Date: February 3, 2014

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.

Local Public Health Authority

County

Date

**OREGON HEALTH AUTHORITY
PUBLIC HEALTH SERVICES
BUDGET PROJECTION
FOR FAMILY PLANNING ONLY**



Agency : Douglas County

Fiscal Year : _2014-2015_

Please read the instructions on the reverse side of this form carefully

PE 41 Family Planning Grant Expenditures	Expenditures
Personal Services (Salaries & Benefits)	\$438,560.00
Services and Supplies	\$417,805.00
Capital Outlay	
Total PE 41 Expenses	\$856,365.00
PE 41 Family Planning Grant Revenue	Revenue
Title X State Family Planning Grant Payments	\$45,504.00
Title X Program Income:	\$17,500.00
a. Client Fees – Self-Pay	\$2,500.00
b. Donations	
c. Third Party Insurance Reimbursement	\$15,000.00
Total PE 41 Revenue	\$63,004.00

Catherine Patton

PREPARED BY

(541) 440-3613

PHONE

AUTHORIZED AGENT

DATE

Instructions for Completing the Family Planning Project Projection

You must use this form to report your budget projection for OHA PE 41 Family Planning Grant.

When to Submit

Budget projections for the grant period July - June are due with the annual plan each year. For example, budget projections for FY15 (July 1, 2014 - June 30, 2015) are due in March of 2014.

Where to Submit

Submit **Original** to: OHA Reproductive Health Program, 800 NE Oregon St. #370, Portland, OR 97232
FAX (971) 673-0371, judith.andreasen@state.or.us

Instructions

PE 41 FAMILY PLANNING EXPENDITURES: Please submit the estimated expenditures for your Title X program services. estimated expenditures against special project funds.

Personal Services : Salaries are to be reported in total. Federal guidelines (OMB Circular A-87) require the maintenance of adequate time/activity reports if an individual is paid from grant funds.

Services and Supplies : Total all services and supplies estimated expenditures to be purchased with the grant funds.

Capital Outlay : Capital outlay is defined as an expenditure for an item with a purchase price in excess of \$5,000 and a life expectancy greater than one year. It is necessary to itemize all capital outlay by cost and description. If additional space is needed for capital outlay, record the total outlay on Line 4 and attach an addendum to the report.

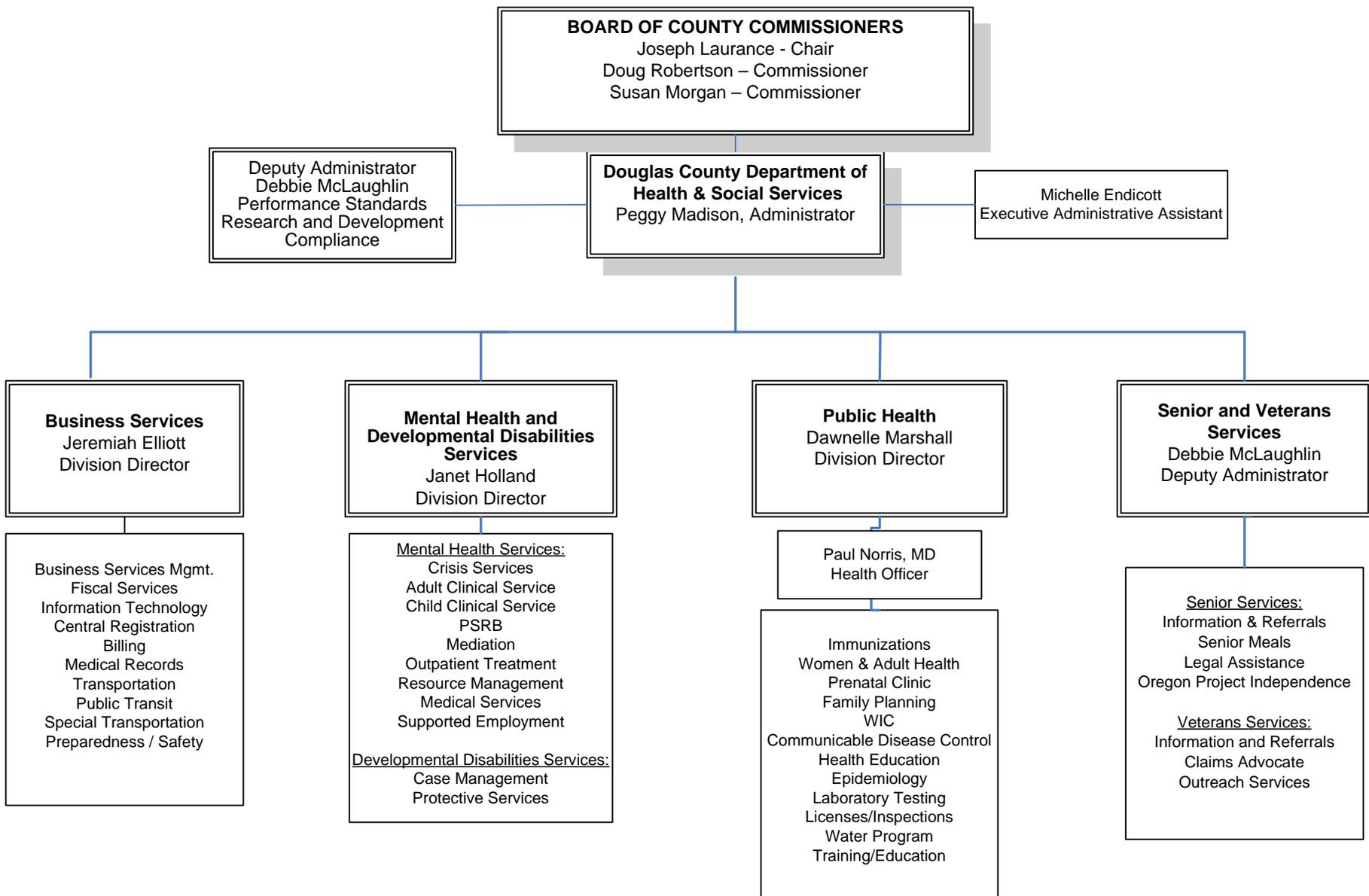
Federal regulations require that capital equipment (i.e., desks, chairs, laboratory equipment, etc.) continue to be used within the program area. Property records for non-expendable personal property acquired with grant funds shall be maintained accurately per Subtitle A-Department of Health and Human Services, 45 Code of Federal Regulations (CFR) Part 92.32 and Part 74.34.

PE 41 FAMILY PLANNING REVENUE: Report estimated revenues that support this program on the appropriate lines.

Title X State Family Planning Grant Payments : Title X payments to be received by the state Reproductive Health Program.

Title X Program Income (45CFR Post-Award Requirement): Program income means gross income received by the grantee directly generated by a grant supported activity. Add lines A – B to calculate program income. Be sure that you are reporting on the estimated cumulative year-to-date.

3rd Party	\$ 15,000
FPEP	\$485,500
Title 19 Family Plannin	\$ 90,800
MAC	\$ 35,000
DCIPA	\$ 7,350
	<hr/>
	\$633,650



Adequacy of Other Public Health Services

The Douglas County Public Health Division has, in the past, provided a number of services of importance to the health of Douglas County, including health education and promotion, oral health promotion and outreach, older adult health education, and other important public health services. Continued budget cuts to the Public Health Division reduce our capacity to provide many of the programs and services that promote the health of our community. The following describes the other services provided under OAR 333-014-0050.

1. Emergency preparedness including participation in the development of Douglas County's emergency response plans and internal procedures necessary to carry out the local health department role in the plans.
 - a. Douglas County Public Health reviews plans written by the DCHSS Preparedness Coordinator to ensure coordination with Public Health resources and plans. All Douglas County Public Health employees are trained in ICS 100 and 700; management staff is trained in higher level Incident Command courses as appropriate. Douglas County Public Health participates in countywide preparedness exercises. The Public Health Promotion Program Manager has received advanced training to fulfill the role of the local health department Public Information Officer. DCHSS has a great working relationship with the County Emergency Manager, Hospital Preparedness Program, local first responders, Veterans Hospital and other local government and private agencies that will likely respond to any all hazard disaster.

III.2 Action Plan: Emergency Preparedness

1. Current Condition

On July 26, 2013 a major lightning storm started several wildfires in Douglas County. These fire merged to form two main fires the Tiller Complex, about 18,000 acres, and the Douglas Complex, about 51,000 acres. The residents in the Glendale area were subject to hazardous smoke levels for about three weeks. DCHSS activated an Incident Management Team to respond to the health hazards. The worked with the American Red Cross and the Douglas Complex IMT and the Oregon Health Authority to provide up to date information to the residents about the hazards of the wildfire smoke and by providing N95 masks. In an attempt to assist residents susceptible to the smoke the DCHSS IMT directed senior dining meals all be home delivered, a WIC clinic was also canceled and alternative delivery of services was implemented. The Mental Health staff drafted a plan to replace medicine mental health clients. The lessons learned from this response will increase DCHSS ability to deal with future emergencies and disasters.

Although it did not affect the DCHSS operation a winter storm in early December resulted in many Douglas County Schools to close. Travel on I5 was closed ice covered roads and traffic accidents.

Douglas County has and will again be affected by major storms, wildfires, floods, and has the potential to be devastated by major earthquakes, tsunamis or pandemic flu. These disasters increase awareness of the need of all hazards planning and preparedness in the nation and the world. DCHSS must be prepared to identify and respond to bioterrorism as well as natural disasters, outbreaks of infectious diseases, and other threats to protect the health of our community. Improvements in public health preparedness have increased the functional capacity of day-to-day operations of DCHSS. DCHSS staff continue to work and exercise with local and state partners to refine procedures for responding to a broad range of disasters and emergencies.

The DCHSS Coop Plan is being reviewed and several improvements added to the document. The department continues to offer monthly First Aid/CPR/AED training for health department employees, 77 trained in 2013, with the goal to have all employees trained in First Aid/CPR/AED. Existing CERT members and Therapeutic Children's Foster Parents are allowed to take the departments First Aid/CPR/AED classes.

Some of the major preparedness projects for 2013 include:

1. Completion of the Public Health Preparedness Capabilities planning assessment.
2. Participate in the Umpqua Health Care Coalition to increase awareness and capacity in the medical community.
3. Continue to improve the medical cache in Reedsport.
4. Support the Citizen Emergency Response Team program in Douglas County.

5. Participate in regional exercise with local response partners.

b. Goals

- a) To survive a disaster, this is likely to be a Cascadia subduction zone earthquake. Then be one of the first counties ready to receive and use the resources that will come.
- b) Increase the number of CERT train citizens by offering three classes per year and partnering with the Coos County CERT program
- c) Enhance epidemiological surge capacity to respond to biological threats and disease outbreaks.
- d) To continue the dissemination of accurate and timely information to the public, doctors, emergency responders, hospitals and other community partners through the Health Alert Network
- e) To integrate all hazards preparedness plans and procedures into the Douglas County Emergency Operations Plan
- f) Participate with Public Health in their accreditation project.
- g) Provide First Aid, CPR AED training to all staff, CERT member, Family Therapy Foster Parents

c. Activities

Target Population: Douglas County

- a) During the next five years DCHSS will be using the CDC “Public Health Preparedness Capabilities: National Standards for State and Local Planning” to evaluate and enhance DCHSS emergency response capabilities.
- b) Maintain and enhance the emergency medical caches.
- c) Continue to offer department staff communicable disease training to augment surge capacity abilities, NIMS, and risk communication skills. Environmental Health has provided the interviewing training video, produced by OHA, to its staff.
- d) Continue participation in the CLHO-Epi Committee, Region 3 Healthcare Resources Services Administration Board, CHLO Public Health Preparedness Leadership Team, Emergency Management Advisory Group, and Public Information Officer Network.
- e) Test and train on the county Health Alert Network system and Alert Oregon.
- f) Continue 24/7 staff response to public health emergencies.
- g) Use ICS when dealing with large scale events.
- h) Continue to plan and/or participate in public health preparedness training and exercises at the local, regional and state levels.

- i) Continue public education campaigns about emerging diseases, e.g., West Nile Virus, Pandemic Influenza as needed.
- j) Continue to meet with the Cow Creek Band of the Umpqua Indians for the coordination with DCHSS emergency plan and mutual aid assistance.
- k) Continue to update the DCHSS Continuity of Operation Plan.
- l) Continue to incorporate special population organizations into emergency preparedness plans.
- m) Continue to acquire and utilize the appropriate computer equipment, radios and wireless technology that meet the interoperable communications requirements of the County, State and Federal governments.
- n) Invite U-Trans to exercise and testing of their transportation security and emergency response plan.
- o) Participate with the Roseburg Veterans Hospital, Mercy Medical Center and Lower Umpqua Hospital exercises.
- p) Participate in the Douglas County Disaster Recovery program.
- q) The DCHSS CERT program is active in providing CERT training to local citizens. CERT members also provide “Are You Ready” presentations to local groups and schools.

d. Evaluation

- a) Review and update existing plans as needed and identified during exercises.
- b) Revise and update the Douglas County Health and Medical Annex E.
- c) Documentation of DCHSS participation in state and local emergency management planning and training activities.
- d) Documentation of health department staff participation in NIMS, public health and bioterrorism education.
- e) Documentation of the transmission of CDC HAN alerts and advisories to healthcare providers, hospitals, and emergency responders.
- f) Compliance with the semi-annual PE 12 Program Review conducted by the Oregon Department of Human Services.
- g) Meet or exceed the contract requirements in the CERT grant.
- h) Apply for additional grants to improve public health response capabilities in Douglas County.