



KLAMATH COUNTY *department of* PUBLIC HEALTH
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Local Public Health Authority
Comprehensive Annual Plan
For FY 2008-2011
Klamath County, Oregon



Healthy People in a Healthy Community

Public Health Services are for everyone and benefit the health of the whole community.

OUR MISSION: *Working together to promote healthy choices that improve the quality of life and well-being of our communities.*

I. EXECUTIVE SUMMARY AND FORWARD

- A. The Klamath County Public Health Authority provides the five essential services** mandated by Oregon State statute primarily through federal grant dollars passed through by the Oregon Public Health Services Division, and client and licensee fees. In addition we receive approximately \$1.00 dollar per capita from the State of Oregon. Because our funding has remained flat or in slight decline for the past three years, our 2007-08 budget request “came in” with a shortfall of funding for 3.8 positions, but all positions were restored with the reinstatement of the Secure, Rural Schools federal legislation. In 2007-08 we received general fund dollars from Klamath County taxes, for the first time. In 2008-09, we received an increase from Klamath County’s share of General Alcohol and Tobacco taxes amounting to approximately \$2.95 per capita.
- B. Our communicable disease control and surveillance program** routinely handles 156 positive reports annually. Two thirds of these infections are sexually transmitted, and the overwhelming majority of these are Chlamydia cases. More troubling is the recent annual trend of doubling in Hepatitis C reported to the Department. Vaccine preventable diseases average about thirteen per year, but even small outbreaks of meningococcal disease and Pertussis has overwhelmed our resources. Our recent active and latent cases of tuberculosis in immigrant populations and their visiting relatives have consumed the full time resources of a communicable disease nurse for a quarter of a fiscal year.
- C. Parent and Child Health Services** constitute the majority of our public health efforts. Klamath County continues to experience poor maternal child health indicators, with 28% of all children in Klamath County living in households with incomes under 100% of the Federal Poverty level.
1. Given the lack of adequate funding to support comprehensive public health interventions for families at risk, we have focused these past years on innovations to leverage more funding for critically needed services, especially through targeted case management. One of these initiatives has been to maintain the nationally recognized best practices we pioneered with our campaign to eliminate early childhood cavities. We expect to market our successful strategies to other Oregon counties with elevated rates of children under 100% of the Federal Poverty guidelines, if the Northwest/Alaska Center to Reduce Oral Health Disparities is successful in their grant application for this purpose. The Environmental Protection Agency has also informed the Department of a potential award of federal funds to increase lead screening in at-risk young children. Both initiatives depend on the access to families in need that our WIC program offers. In fact our WIC program is the flagship program for our Health Department services. More than 2300 clients received WIC services during 2006-07. Program growth was made possible by the provision of small, but creative additional WIC grants funds.
 2. In 2006-07our **Family Planning Service** levels remained the same as in 2005-06, in spite of the destabilizing changes in the family planning program which resulted from the new documented eligibility requirements of FPEP.

The implementation of these new requirements has created the demand for almost one additional support staff person.

3. Immunizations

Klamath County's most recent childhood immunization rates are currently consistent with the state average and have continued to improve over the past four years. School exclusion rates in Klamath County also continue to decline.

D. Environmental Health activities are primarily focused on the Food Borne Illness Prevention program and Drinking Water System surveillance through contracts with the Oregon Public Health Services Division.

1. Approximately 430 facilities are licensed and inspected on an annual, semiannual or biannual basis. In 2006-07, we were required to close down a popular local restaurant after more than 200 persons reported Noro-like symptoms, creating significant burden for both our Communicable Disease and Environmental Health staff.
2. Drinking water systems are monitored and surveyed.
3. Our Environmental Health Services Division also has the critical responsibility of monitoring and controlling airborne particulate matter to ensure compliance with EPA air quality standards. We are in the process of proposing a new Air Quality Ordinance with much stricter regulations in order to meet the new federal airborne particulate matter standards.

E. Health Statistics

In 2006-07 the Department was required to initiate the new electronic Death Certificate program funded by Homeland Security. Although this technology will eventually streamline our issuance procedures, documentation and reporting, we experienced significant difficulties and increased time related to issuance because all the features of the new electronic reporting system are not operable currently. We are experiencing the need to enter data into our former data gathering system as well as the new electronic database. This double data entry results in a triple increase in the time needed to complete a death certificate transaction, a significant increase in workload to issue the 1200 death certificates we process annually.

F. Health Information and Referral Services

Our licensed and registered providers are recognized for the excellent health information and education we extend by phone, in classes and in person on the panoply of public health topics, as well as on our services. We enjoy a good rapport with the local media, and routinely utilize both radio and television media to get public health messages to the public. Additionally, the Klamath County Health Department has participated in a monthly radio show that allows audiences to call in with questions pertinent to public health.

G. Emergency Preparedness

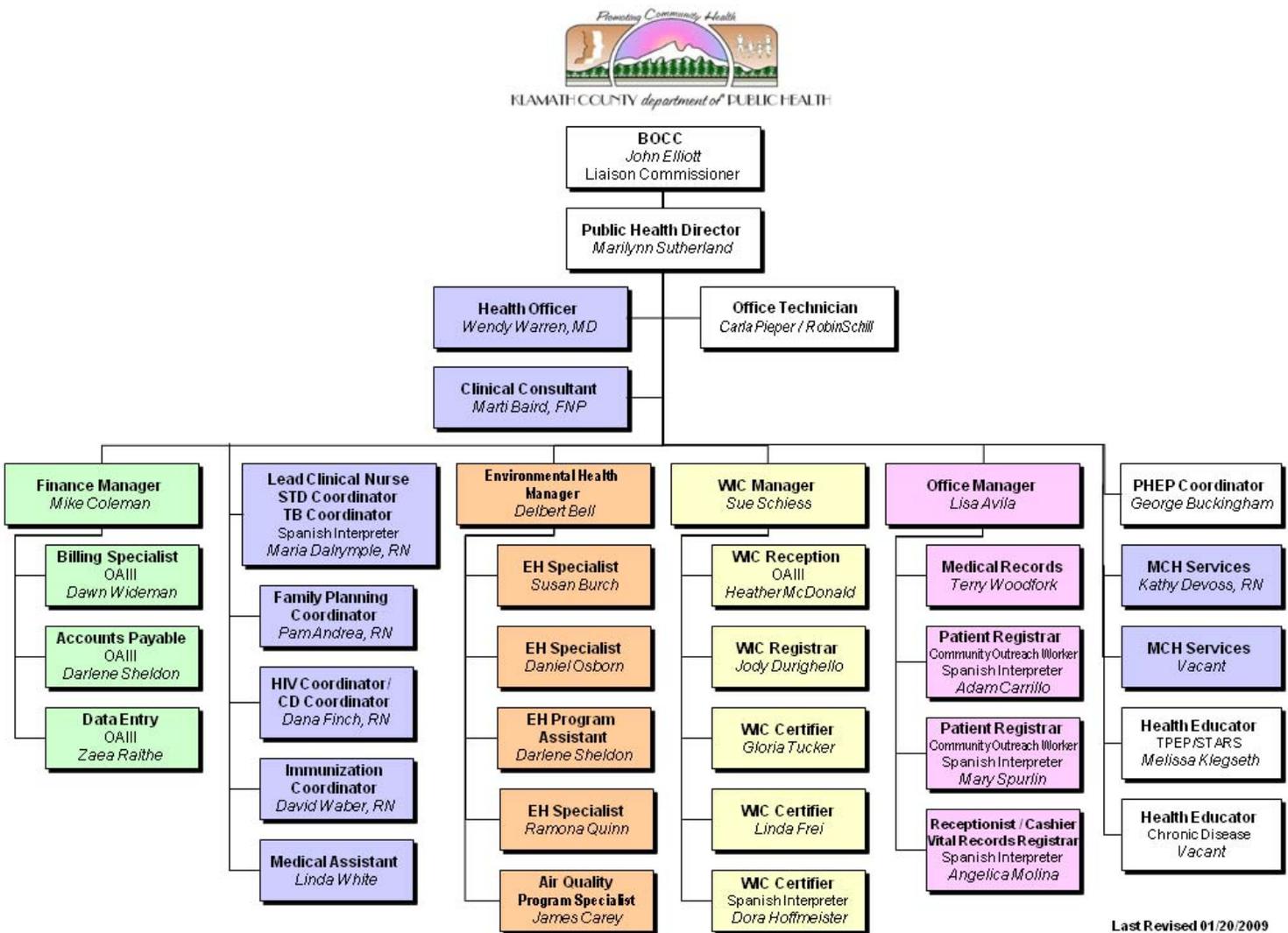
Increased electronic reporting and communication capacity continue to improve our public health preparedness. In 2006-07 we completed all of our required emergency response plans in either draft or final form. We continued dialogue and the staging of exercises with our local military base and have increased surveillance efforts with our newly named medical center, Sky Lakes Medical Center. In support of Klamath County's Emergency Services Department, the Health Department has also been a key player in the development of a County wide interagency emergency management team. We have added a back-up bilingual PHN to improve our

capacity to better meet the need of special populations in an emergency. Our public health preparedness team continues recommended ICS training.

H. Other

Broad community or true population based interventions have been limited by funding opportunities to the STARS and TPEP positive youth behavior programs, (the latter having been re-instituted in fiscal 05-06) and the Public Health Preparedness program. However, the Department has been requested to receive and be the lead agency for a Healthy Active Klamath grant from a local health care foundation. This funding will allow the Dept. enhanced collaboration with the community to improve the physical activity and nutritional status of school aged youth.

I. ORGANIZATIONAL CHART



J. INTRODUCTION TO KLAMATH COUNTY



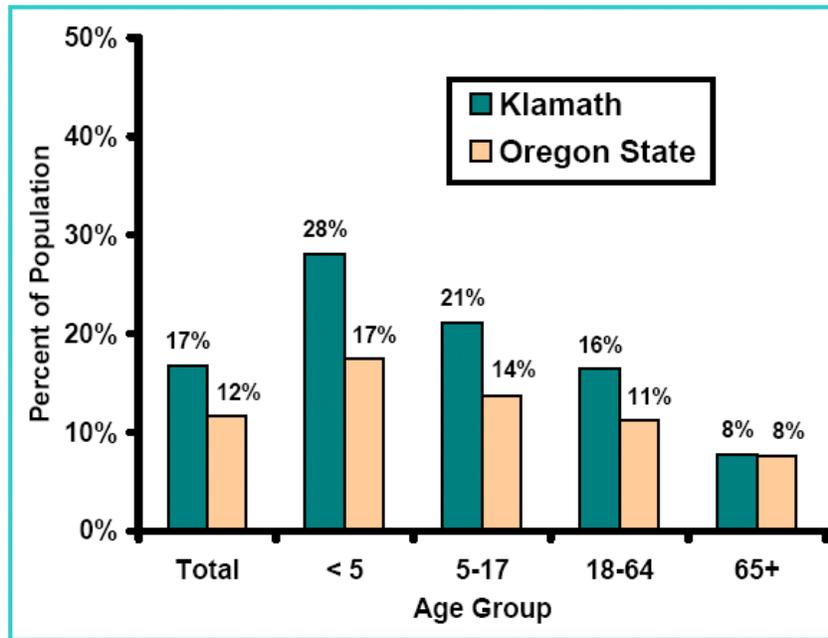
1. Klamath County sits at 4200 feet in a basin in south-central Oregon, bordered by the Cascade Mountains on the west. Klamath County is ranked the fourth largest Oregon County at 6135 square miles.
2. According to (1) OREGON HEALTH INFORMATION Klamath County had a population of approximately 65,815 residents in 2007, with a growth rate of 2.6% since 2000.

| 2005 Demographic Data | |
|-----------------------|--------|
| AGE | |
| 18-34 | 23.9% |
| 35-64 | 59.3% |
| 65 or older | 16.9% |
| SEX | |
| Male | 50.2% |
| Female | 49.8% |
| ETHNICITY | |
| White | 84.0% |
| Black | 00.8% |
| Hispanic | 08.7% |
| Asian | 01.1 % |
| American Indian | 04.1% |
| Other | 01.3% |

3. Economic Indicators:

- a) The 2007 OREGON BENCHMARKS reported an improving trend in Klamath County’s economic well-being, from a rank of the 27th poorest in 2005 to a rank of 22nd among Oregon’s 36 counties in 2007. But, for those over 65, every other age group in Klamath County has significantly higher poverty rates than the state average for each of those groups. More than 50% of all births are funded by Medicaid and 52% of all children attending school in Klamath County participate in the school lunch program.
- b) More Klamath County youth graduate from high school than the state average, but a significant number of Klamath County’s young people,(age 18-14) leave the County for educational and employment opportunities. Klamath County’s current college completion rate of 16.1% is higher than the average for rural counties in Oregon, but significantly lower than the statewide three year average of 26.8 %.

Population By Age Under 100% of Federal Poverty Level in Oregon State and Klamath County, 1999



Data Source: 2000 U.S. Census.

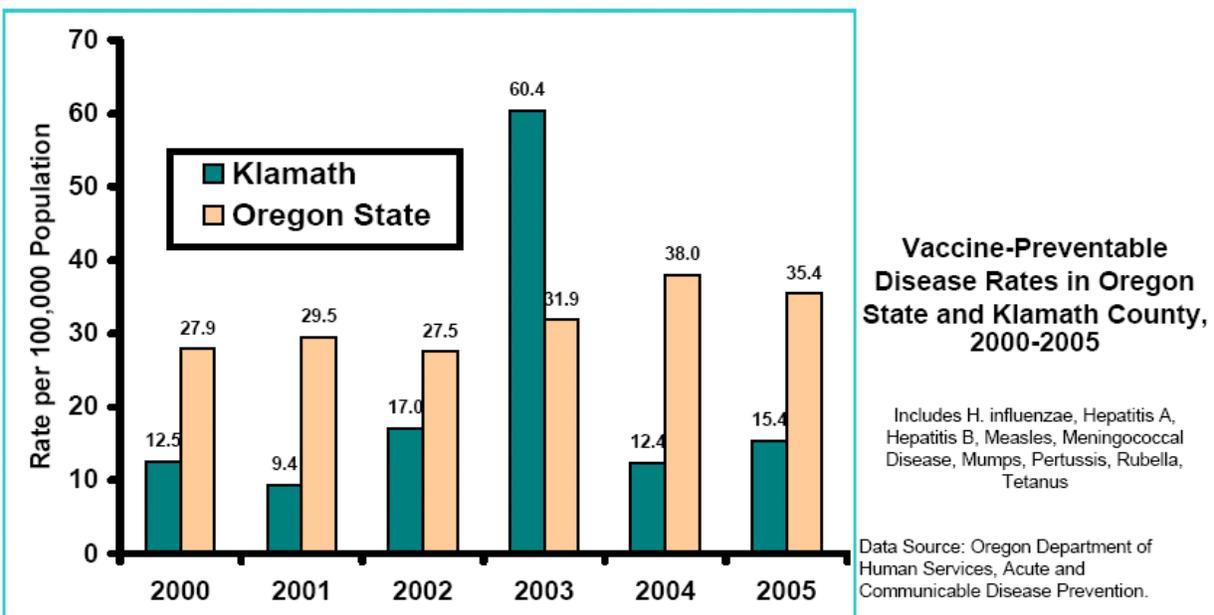
II. ASSESSMENT – COMPREHENSIVE

Although this three year plan is more comprehensive in scope than the customary annual plan submitted, it would be a misnomer to call it a comprehensive assessment of the health and well being of the community. Lack of funding has prevented the Department from completing this kind of critical assessment of the health status of the community. Such an undertaking would need to be funded at levels comparable to those provided to the local Commissions on Children and Families. Therefore this document will provide a global overview of the public health related issues faced by the community, in the framework of the ten essential public health services or areas of concern.

A. DESCRIPTION OF PUBLIC HEALTH ISSUES AND NEEDS IN KLAMATH COUNTY

1. Communicable, Infectious and Vaccine-Preventable Diseases:

- a) Hepatitis C continues to be of great concern in the community. While this infection is now listed as a reportable condition, actual reporting by laboratories and medical providers is inconsistent and existing data is not truly reflective of infection rates
- b) Enteric pathogens such as noroviruses continue to occur in outbreaks in our population, demanding intensive and time-consuming investigations to determine source of infection. Although the number of outbreaks declined in 06-07, the numbers of persons affected increased,
- c) Even though Klamath County is relatively rural, we have predicted the possibility of imported diseases occurring here, with an ever-increasing mobile population engaged in international commerce (i.e. Jeld-Wen Inc., Masami Foods), as well as military travel in and out of our Kingsley Air Base.
- d) Except for the year 2003, our vaccine preventable disease rates were significantly lower than the States, reflecting better immunization rates and lower exposure opportunities.



2. Child and Youth Well Being Health Issues:

- a) As in national findings, Klamath County's elevated poverty rates and low rates of advanced education correlate with a variety of poorer health indicators, the most troubling of which is Klamath County's current ranking of third worst in the State on the OREGON BENCHMARKS' Child Well-Being Index, the most significant public health issue in Klamath County.
- b) According to an analysis by the Office of Community Health and Health Planning in April 2007, Klamath County's Infant mortality of 8.8% over the last 3 years is significantly higher than the State average, higher than the rural average, and trending worse. This finding is attributed by the community in large part to our second highest ranking for alcohol and other drug use during pregnancy. This continued elevation in our infant mortality rate is recognized as a priority public health concern in Klamath County, calling for a public health investigation and the development of a community action plan to resolve. Low Birth Weight rates for the years 2003-2005 of 7.2%, versus the State rate of 6.1% also demonstrate need for action. Prematurity rates of 8.5% are comparable to the State rate of 8.4%.
- c) Teen pregnancy rates in Klamath County continue to show dramatic improvements, and have now fallen below the State average. But our significant accomplishment in preventing unintended pregnancies has come at a dear cost for Klamath County public health. We are evaluating our capacity to maintain our current level of local subsidy of the Family Planning grant requirements and FPEP reimbursements needed to meet demand.
- d) Other Klamath County youth risky behavior reports reflect need for concern and intervention. According to the ALCOHOL, ILLICIT DRUG & TOBACCO CONSUMPTION REPORT, IN KLAMATH COUNTY, 2000-2006, Klamath County 8th graders surveyed in this period reported increasing occasional use of alcohol to a new high rate of 35%, and an increase in gambling rates to 31%. Occasional alcohol use among surveyed 11th graders reached a new high of 57% in 2006, while gambling rates dropped to 37%. Tobacco use by 8th graders, while still higher than other rural counties as well as the State average, does show the signs of improvement that adequate funding can produce.

3. Family Well Being Health Issues:

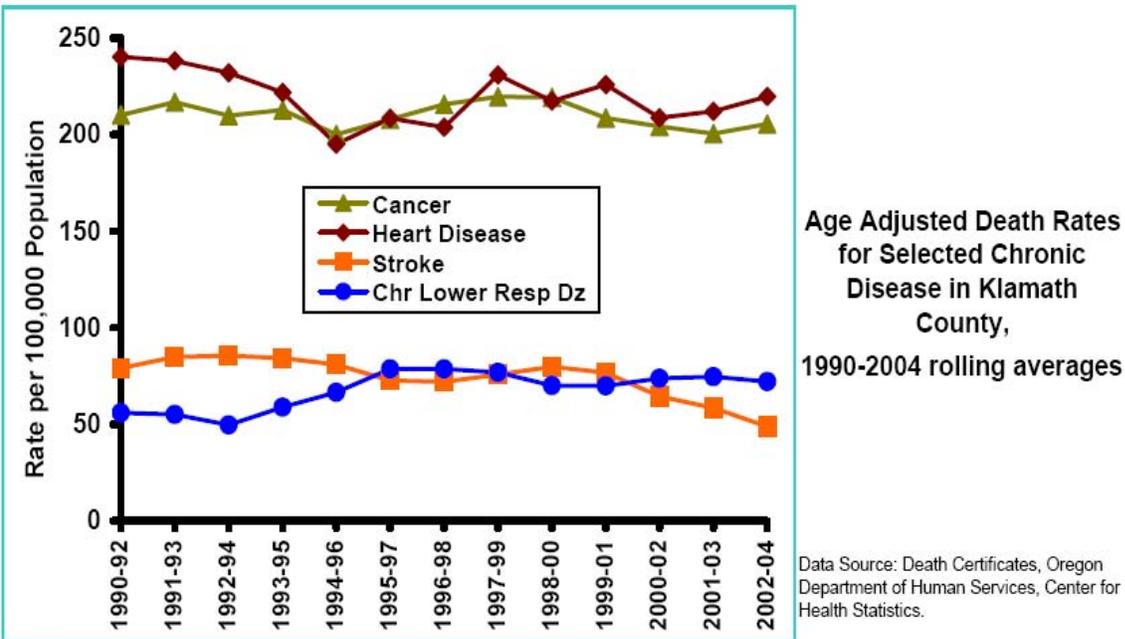
- a) Families in Klamath County continue to experience high rates of distress associated with their poverty status. More than 30% of families in Klamath County continue to be plagued by the stresses of being under 100% of the Federal Poverty Level. In spite of millions of dollars spent to assist economically and socially disadvantaged families, poverty remains an intractable problem due to the lack of "family wage" jobs and the ability to compete successfully for them.
- b) Traditional, self reliant, industrious "farm values" prevail among the families who have lived in the County for several generations. The Latino population and culture, with its strong traditions of family

orientation, is having the largest impact in the Basin and in the population growth in younger age groups.

4. Aging Populations Well Being Issues:

- a) The post 65 population in Klamath County demonstrates the most economically secure segment in Klamath County comparable with the rest of the State. In-migration is composed of relatively affluent retirees and well educated middle aged couples with either enough income to afford a second home or able to take advantage of comparatively lower property prices in Klamath County. Correspondingly, more senior residents of Klamath County are able to maintain independent living arrangements than in the rest of Oregon.

5. Chronic Disease Morbidity and Mortality:



- a) Local physicians anecdotally report increased numbers of overweight pediatric patients, a finding supported by YRBSS data, also. Lack of enough physical activity combined with poor diet obviously plays an important role in this growing problem. Obesity is being seen on an increasing basis in younger children in our WIC program. The local program continues efforts in education regarding health diet, and has recently started physical activity promotion classes for kids.
- b) As the graph above indicates, Heart Disease is now the leading cause of deaths in Klamath County. Our percentage of deaths from heart disease averaged for the years 2000 through 2004 is 23%, the same percentage as the State as a whole.
- c) Significantly fewer deaths attributable to stroke are reported by Klamath County than the State.
- d) The percentage of cancer deaths for the same period averaged 22 %, slightly less than the State average of 24%.
- e) Nearly twice as many males as females in Klamath County are dying of chronic lower respiratory disease, with total CRD deaths for

Klamath County a quarter more than the State’s 6 percent. A history of unhealthy outdoor air quality in the Basin, coupled with high smoking rates, contribute to this phenomenon, but needs further epidemiological analysis.

f) **Diabetes**

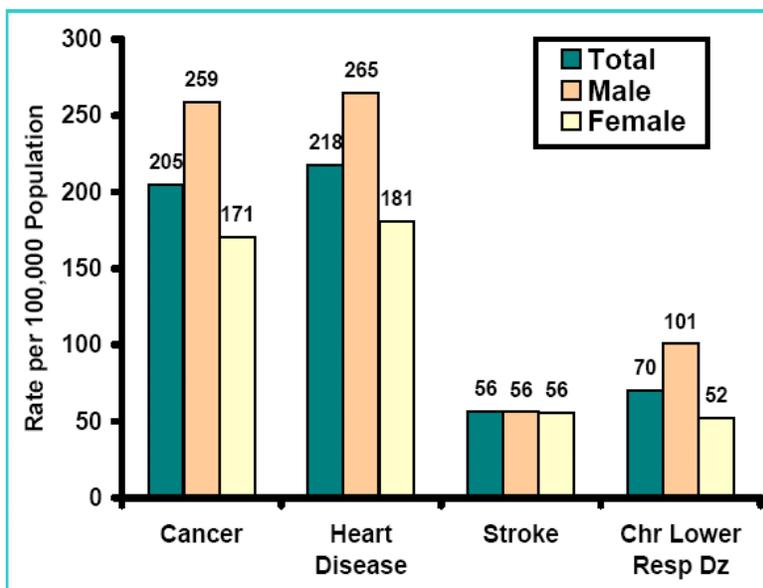
As with the rest of Oregon, Klamath County has witnessed the development of an epidemic of overweight population during the past three decades. Local physicians report anecdotally that for the first time in their practice, they are seeing the expression of type 2 diabetes in youth, a finding also supported by the most recent Youth Risk Behavioral Survey problem of childhood and adult obesity increases, the incidence of Type II diabetes .An environment that is not conducive to year round outdoor activity and exercise limits opportunities for physical activity.

(1) We are concerned about the rate of obesity and DM in this county and promote programs such as Active Healthy Active Klamath funded through KMSB and promote Kids Walk to School Week in October. Plans for the future include developing and implementing more activities geared for grade school students and educating the general public about a healthy lifestyle for themselves and their children.

(2) Representatives from various local agencies held community forums on worksite wellness, school wellness, local food networks, and resources.

6. Mortality Indicators:

a) Age adjusted death rates for cancer, heart disease stroke, and chronic lower respiratory disease compare favorably with the state averages for these diseases, but are significantly below the HEALTHY PEOPLE 2000 OBJECTIVES. Suicide, homicide and deaths from motor vehicle accidents reflect rates well above the state average of the same years.

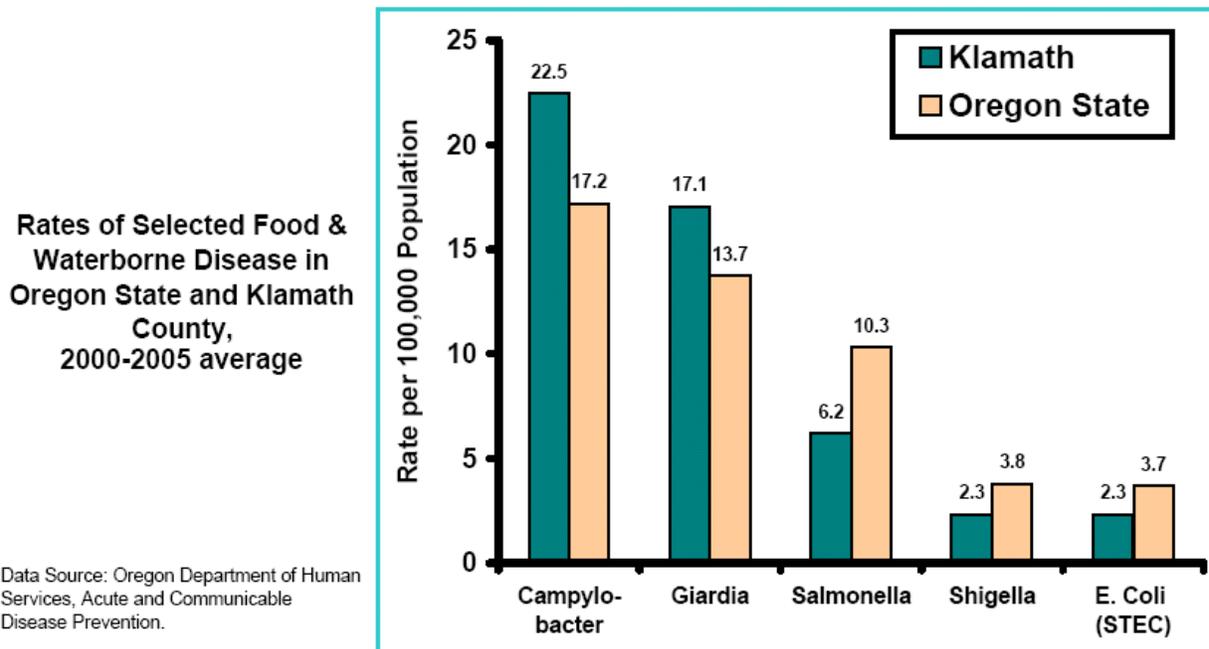
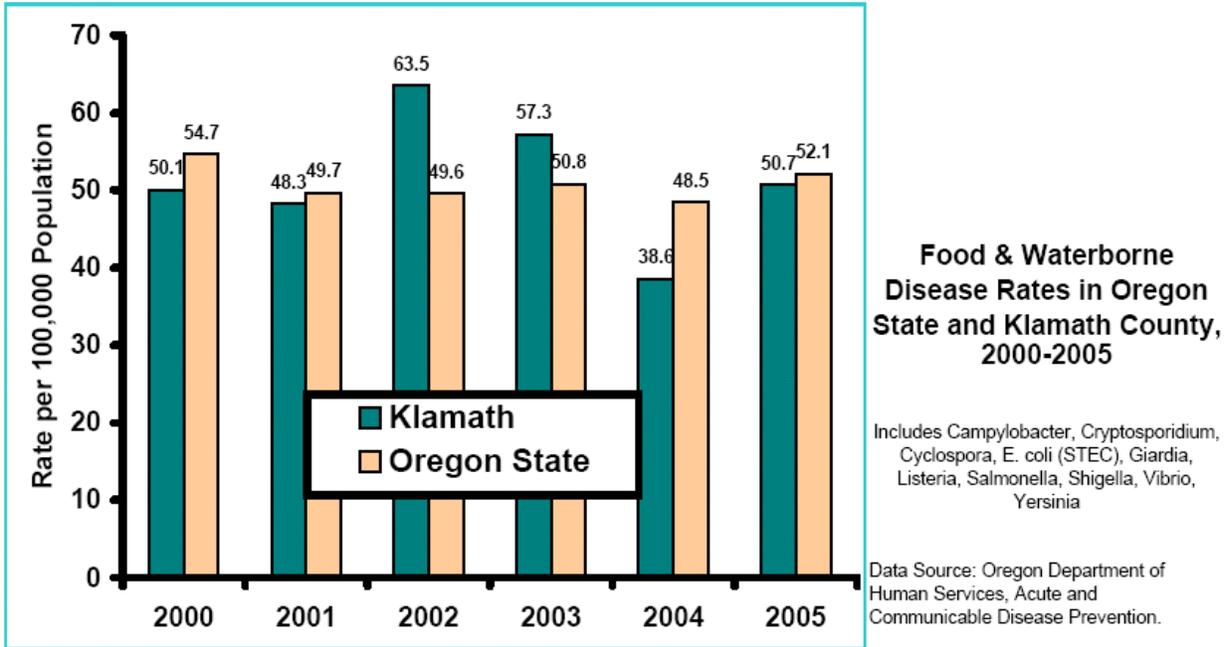


Age Adjusted Death Rates for Selected Chronic Disease By Gender in Klamath County, 2000-2004 average

Data Source: Death Certificates, Oregon Department of Human Services, Center for Health Statistics.

7. Environmental Health Indicators and Issues:

- a) Food and waterborne disease rates for Klamath County for the years 2000-2005 show wide variation in incidence as the following chart from the Office of Community Health and Health Planning demonstrates:



- b) The sources of Campylobacter rates for Klamath County continue to evade our investigation. Cases reported have not been attributable to either public food service or public drinking water supplies. Funding is needed to investigate new cases more thoroughly. We attribute the

elevated number of Giardia cases to inadequate hand washing in daycare settings. Funding is not available for the preventive education that daycare settings in Klamath County warrant, but all cases in daycare settings receive a follow up investigation/education visit by Health Department staff to mitigate against reoccurrence.

- c) We believe our maximum containment level public drinking water violations have trended up over the past five years, due to the implementation of lower acceptable arsenic levels in public drinking water system. Shallow public wells in old lake bed areas have had difficulty in complying with the newer standards. We attribute the increase in critical violations in our Food Inspection Program activities over the past five years primarily to increasing standards and better inspection activities. The lack of readily available aggregate data for these important environmental health indicators need to be addressed by the State of Oregon.
- d) Outdoor air quality is viewed as the dominant environmental health issue in Klamath County, given Klamath County's impending designation as being out of compliance with new federal air quality standards for very small particulate matter. Unfortunately, the unintended effects of current Environmental Protection Agency regulations may actually inhibit local strategies to correct and eliminate the primary sources of this pollution from non-certified woodstoves. Officials predicted that "non attainment" status will produce an almost complete cessation of family wage job growth opportunities in the affected areas, which in turn will severely curtail the opportunity for working families to upgrade the wood fueled heating devices relied on for providing adequate warmth in the County's very cold winters.

8. Death by Intended and Unintended Injuries

- a) **Suicide**
Data from recent studies indicate that suicide rates for 2000-2004 averaged 23 per 100,000 in Klamath County, versus a rate of 15 for the State as a whole. Three year rolling averages remain at 21.08% for 2003-05 compared to 15.83% for the state. The suicide attempt rate per 100,000 is even higher with 24.21% for the State population and 27.26% for Klamath County. It is commonly believed that these rates reflect the stresses of a large group of low income individuals and families compounded by their self-medicating behavior.
- b) **Motor Vehicle Accidents:**
The significantly high motor vehicle death rate in Klamath County is largely associated with impaired driving. Twice as many motor vehicle fatalities in Klamath County were related to alcohol as in the rest of the State.

9. Preventable Deaths and Injuries:

- a) The rate of alcohol related deaths has nearly doubled in the past decade in Klamath County, now representing 2.47 % of all deaths in Klamath County. Deaths related to tobacco use have increased from 649 in 2000 to 728 in 2005; Klamath County's tobacco related death rate is now in excess of one percent, compared to the State rate of

.87%. As with infant mortality rates, Klamath County experienced a dramatic reversal of improvement when, in 2005, a sudden spike in the number of preventable deaths occurred, raising the latest two year rolling average above the rural county average, and well above the State average. It is hypothesized that lack of access to adequate medical care is affecting this trend, but further epidemiological analysis is needed.

10. Drug, Alcohol Abuse and Crime:

- a) The Oregon Benchmarks rank Klamath County above the State average in public safety (14th out of 36 counties.) Personal crime rates in Klamath County exceed both rural and state rates, according to data from the Oregon Benchmarks, but Klamath County is significantly lower than these other entities in both property and behavioral crimes.
- b) According to the Klamath County Drug Task Force, Klamath County experiences a high rate of **methamphetamine related crime**, representing about 75% of all drug offences during 2004-2005 which actually reflects a downward trend from previous years.
- c) A United Way survey completed by approximately 600 Klamath County residents placed substance abuse second only to child abuse as the leading causes of community concern.

11. Mental Health

- a) We continue to see many family planning clients with mental health issues, primarily depression. The 9-1-1 Call Center reports that they have observed an increase in the numbers of calls from persons in psychological distress over the past several years. These calls are attributed to the increase in the numbers of residents without mental health insurance, as well as difficulty in accessing appropriate and consistent mental health resources. Klamath County does have an access center for patients in need of immediate assistance. Recently, Klamath County Mental Health received a grant to start a new building to be used for Mental Health Services. The site of this building is much more accessible than the previous site. Mental Health also sees a high number (estimated at 50%) of their total patients who have dual diagnosis of Mental Health / Substance Abuse (primarily methamphetamine).

B. DESCRIPTION OF THE ADEQUACY AND EXTENT OF THE FIVE BASIC PUBLIC HEALTH SERVICES AND OF THE EXTENT TO WHICH THE LOCAL HEALTH DEPARTMENT PROVIDES THE FIVE BASIC SERVICES CONTAINED IN STATUTE (ORS 431.416) AND RULE

1. Epidemiology and Control of Communicable Diseases and Preventable Hazards:

- a) Klamath County provides above average epidemiology and control of communicable diseases, limited only by the lack of staff with strong epidemiological training and experience. Since our last triannual review, the Department was presented with a major tuberculosis outbreak affecting several hundred people at a local meat processing

plant, which we handled with additional resources from the State TB program. During the same period, our Communicable Disease staff and Environmental Health staff collaborated in investigation and stopping the transmission of a norovirus, which also sickened several hundred people at a popular local food facility. Both of these interventions were supported with the availability of public health preparedness funding, plus emergency funds from the Oregon Public Health Division. Reoccurrence of similar outbreaks will threaten the stability of Departmental operations, unless such events can be similarly funded.

- b) Program reviews have found the Communicable Disease program in compliance with State and CLHO standards, except for minor delays in reporting. It is anticipated that the acquisition of a new, comprehensive electronic reporting system will eliminate this problem. The loss and restoration of Klamath County's Secure, Rural School funding has and will continue to have a critical impact on communicable disease program staffing. But due to lack of funding, we are unable to perform the level of proactive interventions needed to slow our elevated rates of Hepatitis C.
- c) All Department public health nurses have completed at least Epidemiology 101, and are well versed in communicable disease outbreak investigation and control measures. This includes reporting, monitoring, investigation, treating, and preventing further illness. We work closely with local health care providers, and the Oregon's State epidemiologists and Oregon State Lab, as referenced above.
- d) Klamath County Health Department provides immunizations against common preventable diseases as required by statute and rule. Childhood vaccinations and adult vaccinations are given as indicated and desired. For quality assurance and efficiency purposes, patients can access immunizations by appointment for all of the state and federally mandated public health services including communicable disease, childhood and adult vaccinations.
- e) Since our last triannual review, the Department has continued to assure a steadily increasing rate of County two-year-olds up to date on recommended vaccination schedules over the state-wide average. We are continuing raising our immunization rates in effort to meet the Healthy People 2010 goal of 90%.
- f) Our school exclusion rate for unimmunized or under immunized children continues to decline, from 543 exclusions in 2005-06, 387 exclusions in 2006-07, and 254 exclusions in 2007-08.
- g) **Ryan White Case Management** - There are currently 20 people living with AIDS in the community that take part in the Ryan White Case Management program, up from 12 participants just three years ago.
- h) **HIV Testing** - While we have always offered HIV testing and counseling, we are not receiving funding for this program for the next fiscal year. This will limit the number of no charge tests we are able to provide.

- i) **Sexual Transmitted Infection Program** - Men and women can access testing for sexually transmitted infections in a timely manner. Clients with symptoms are seen promptly by a trained RN or NP. A total of 71 Chlamydia cases and five Gonorrhea cases are identified and treated annually. Local medical professionals also report other STI's and we initiate treatment and partner treatment if not already done.
- j) **Immunizations** - Klamath County's most recent childhood immunization rates are that 78% of 24-35 month olds are fully covered with the 4:3:1:3:3:1 series. This is an increase of 9% from 2006. We are continuing raising our immunization rates in effort to meet the Healthy People 2010 goal of 90%. Our school exclusion rate for unimmunized or under immunized children shows 543 exclusion in 2005-2006; 387 exclusions in 2006-07, and 254 exclusions in 2007-08. This shows a steady decline in the number of children needing immunizations to stay in school, and again is making strides to making the goal of 90 % completely immunized by 2010.
- k) Klamath County Health Department provides immunizations against common preventable diseases identified as being required childhood vaccinations, and adult vaccinations as indicated and desired. Patients can access immunizations by appointment all of the state and federally mandated public health services including communicable disease, childhood and adult vaccinations, family planning services, and environmental health services.
- l) The nurses have all completed at least Epidemiology 101, and are well versed in communicable disease outbreak. This includes reporting, monitoring, investigating, treating and preventing further illness. We work closely with local health care providers, and the Oregon's State epidemiologists and Oregon State Lab. Pertussis and Norwalk are still the most common communicable diseases identified, although tuberculosis is becoming more prominent.

2. Parent and Child Health Services

a) Family Planning:

- (1) The Klamath County Health Department provides a full range of family planning services to all women of childbearing age who have not had permanent sterilization. In addition to well-woman exams and discussion and distribution of birth control methods, we offer IUD/IUS inserts, colposcopy, endometrial biopsy, and cryotherapy. We are working to include men in the family planning program, since at 0.3% currently we are below the state rate of 2.6%. One of our goals is to increase male utilization of family planning services.
- (2) In calendar year 2007, the Klamath County Health Department experienced a 5.1% drop in clients seen overall from previous years, but our decrease was significantly lower than Oregon's statewide change of -22.3%. The estimate of 15-17 year olds who are sexually active is 56%, of which the Klamath County Health Department sees almost 39%. According to information retrieved from Ahlers reports, the Klamath County

Health Department prevents over 100 teen pregnancies and over 200 adult pregnancies annually. Since the last triannual review, Klamath County's birth rate among 10-19 year olds has exceeded the state average, but we have accomplished a steady decrease in pregnancies in youth 10-17 to below the state rate. We have secured a grant from our local Commission on Children and Families to fund family planning services to teens who are unable to provide the documentation needed to recoup full reimbursement.

- (3) As mentioned earlier, Klamath County Health Department provides excellent family planning services to the entire community in need. Unfortunately, we find the ever increasing federal regulations cost prohibitive to implement at the rate we are being reimbursed from family planning grants and fees. We look forward to consultation with the Office of Family Health Services to identify acceptable strategies to reduce the high rate of local subsidy of this program.
- (4) The Health Educator also goes to the City Schools and speaks to new teen parents about family planning in an effort to prevent subsequent pregnancies.
- (5) Pregnancy testing is available Monday through Friday on an appointment or walk-in basis. Women who have a positive pregnancy test are counseled regarding all of their options, and referred to other agencies including Oregon Health Plan, medical care, and WIC, or termination services. Women who have a negative pregnancy test are given birth control options, often to start immediately. They are referred for further family planning services or other medical interventions based on need.
- (6) Family Planning clinics offer a full exam including breast exam and pelvic, PAP smear and screening for sexually transmitted diseases. This clinic is offered 2 ½ days per week. The late afternoon hours are designated for teens so that they may access care after school. Birth control methods are discussed and dispensed, along with condoms for STI prevention.
- (7) One of the challenges we have been facing this past year is the requirement that all family planning participants show proof of citizenship. This can be very difficult for adolescents seeking confidential services. We have 4 notaries on staff to assist teens in getting a copy of their birth certificates.

b) Prenatal Care

- (1) Pregnant women are more likely to receive prenatal care in the first trimester if they have insurance. The Klamath County Health Department is able to offer pregnancy testing on site, and date stamp the Oregon Health Plan application to assist women in getting insurance and into prenatal care. In Klamath County, over half of the births were paid for by the Oregon Health Plan. Additionally, we do education about nutrition,

drugs, alcohol, tobacco and other lifestyle issues, and a provide referral list of providers for prenatal care.

- (2) We received a \$2500.00 grant from March of Dimes to provide prenatal vitamins to women who are pregnant or seeking pregnancy. We distributed 171 bottles of vitamins between October 2007 and April 2008.
- (3) Approximately 15 women are referred for the Oregon Health Plan each month.

c) Early Childhood Public Health Interventions

- (1) Klamath County has a very high rate of low birth weight babies: 82.7/1000 in comparison to the State average of 61.2/1000. In addition, the Department has observed an unusual number of infants identified with anomalies before their first birthday. These incidences have produced a consistent demand for nearly 2.0 public health nurses to provide both Babies First and CaCoon services to some 225 children annually. Quarterly Heart Clinics offered in collaboration with the Oregon Health Sciences University and local pediatric clinics are always fully booked.
- (2) Oral disease is the most prevalent chronic health problem among children in Oregon, five times more common than asthma. Oral health problems have routinely been identified as the largest unmet health need in Klamath County. In 2002, Klamath County received a Robert Wood Johnson grant to provide pregnant women with free dental screening and repair of their teeth, as well as education about baby bottle mouth and decay. Additionally, infants were screened from the time of tooth eruption to the age of two and treated with fluoride varnish as needed. The participants in this program were recruited from the WIC program in a very successful collaboration, for which Klamath County received national attention and recognition. More than 90 percent of the children who participated in this early prevention program have remained cavity free. The National Institutes of Health have awarded funding to replicate this community collaboration in four other rural Oregon counties over the next five years.
- (3) The Lead Free Klamath Kids Project is a Klamath County Public Health program based on a \$50,000 grant from the Environmental Protection Agency. The grant period is from 10-01-07 through 9-30-09. The parameters of the grant are to identify children at 1 year of age who lived in a pre-1950 house at the time of birth and to offer free lead testing to them and their siblings age 5 and under. The goal is to screen 480 families and test 96 children. The children are identified through birth certificate and WIC review, and sent birthday cards at the time of their first birthday. To date, we have screened 502 children and tested 122. Testing is accomplished by a Registered Nurse who performs venipuncture and collection of blood. We are proud that we

are exceeding the parameters of the grant, and have reached our testing goal in the first 8 months of the program..

- (4) The Klamath County Health Department offers a home visiting program for high risk infants in the community. The Babies First program is for mothers and babies who have a psychosocial risk, such as a teen parent, or drug use during pregnancy. The CaCoon program targets children with a medical condition. In both programs, the visiting nurse coordinates care with local health care providers and other resources.

3. Environmental Health

a) Food Safety

- (1) The Department licenses and inspects approximately 400 food facilities annually, as well as nearly 100 temporary non benevolent events. Since our last triannual review, staff reassignments have assured that we are in compliance with quantitative and qualitative inspection standards. We continue to see a steady increase in food facilities with staff fluent only in Spanish, which creates concern for adequate communication regarding food safety issues.

b) Air Quality

- (1) Air quality advisories are in effect between mid October and mid March annually. In the past, we have averaged more than 20 days of poor air quality, primarily attributed to wood burning with non certified appliances. Klamath County is expected to be in violation of the new federal regulations when poor air quality days exceed six annually now, as measured by an air quality monitor at one of the City of Klamath Falls elementary schools.
- (2) The Air Quality program relies primarily on education to solicit compliance from our populace. However, we do employ a mobile heat detecting unit throughout Klamath Falls to detect persons using fireplace heat as their main source of heat. We have received \$250,000 in funds from the EPA and the City of Klamath Falls to provide woodstove change-out for those people who use wood heat as their primary source. The funds enable us to either replace or provide financial incentives to remove old wood stoves and replace them with certified alternate heating sources.

c) Safe Drinking Water

- (1) Klamath County has over 170 Public Water Supplies. Many of these are small systems serving seasonal operations, campgrounds, small businesses and small housing developments. While most of the county's population is served by a public system, there are many private residential

systems. Some of these small systems obtain their water from shallow aquifers that are maintained by leakage from the irrigation canal system. One small community does not have a community water system and its residents depend upon shallow wells that are easily contaminated. With the addition of State regulated drinking water systems, our Environmental Health division now expects to regulate over 200 public drinking water systems annually.

d) Liquid and Solid Waste

- (1) Klamath County has an active program dealing with Onsite Sewage Treatment and Disposal for those flows less than 2500 gallons per day and of the strength equal to or less strong than residential waste. Onsite sewage flows greater than 2500 gallons per day or of a stronger than residential strength is regulated by the Department of Environmental Quality. In a typical year, Klamath County Environmental Health conducts more than 160 site evaluations and issues more than 180 construction permits. Most of these Site Evaluations and Construction Permits are for single family of small commercial development. Klamath County Public Health does not actively work in the areas of solid waste or hazardous waste. This is addressed by the County Community Development Department and by the cities of Klamath County.

4. Health statistics

a) Collection and Reporting

- (1) Birth and death certificates are collected and recorded, and pertinent information is relayed to the Oregon Health Division. Birth and death certificates are available to family members who require these for services – often within 24 hours. We have three employees on staff who are certified to provide these certificates.

b) Medical Examiner

- (1) Klamath County has contracted with a new regional medical examiner during this triennium, and employed an experienced deputy medical examiner to augment the services. Autopsies are now performed locally more frequently and with better reporting. But, we have been unsuccessful in obtaining the allowed state reimbursement to offset the costs of autopsies, which results in another unfunded mandate for cash-strapped local government.

5. Information and Referral

a) Health Education

- (1) In addition to providing information and referral service to the public nine hours per business day, we employ 2 Health Educators that provide information and education about the STAR's program (Students Today Aren't Ready for Sex),

tobacco use, hygiene, family planning services, and the services that are offered at the Klamath County Health Department.

- (2) We enjoy a good rapport with the local media and have utilized them to get health messages to the public. The health department lobby has a large bulletin board that the Health Educator updates at least monthly with information about timely topics.

C. OTHER - DESCRIPTION OF THE ADEQUACY OF OTHER SERVICES OF IMPORTANCE TO THE COMMUNITY

1. Nutrition and Physical Activity

- a) The WIC program continues to be our flagship program in providing trusted nutrition and other health information and education, assessment and referrals to families under 185% of the FPL. Pregnant women and children at high nutrition risk are referred to a Registered Dietician for individual counseling. Nutrition based classes are offered approximately weekly.
- b) A nutritional assessment is completed for family planning clients, and dietary changes are suggested if needed.
- c) Being overweight continues to be a significant problem for many of our younger and poorer clients. The Klamath County Public Health Department is the lead agency for the Healthy Active Klamath Coalition (HAK). HAK has been funded by health care trusts in the past several years to develop successful strategies to improve the nutritional and physical status of the entire population, but particularly of those at most risk of developing chronic diseases.

2. Emergency Preparedness

- a) This department has made major strides in integrating itself into the general Emergency Management and Emergency Services Community during the past few years. Regular communications occur between departments, we regularly attend meetings of various emergency agencies, are included in multi-agency plans, routinely participate in multi-agency exercises, etc. Other agencies routinely include Public Health in their thought processes and planning. Concurrent with these activities is a major realization by the Public Health Department staff of the changing role of Public Health. A well-functioning public health emergency notification system is in place. Participation in the Oregon Health Alert Network is active and up to date, with regular testing occurring. We are in the process of integrating our activities with the incident management activities of the county as a whole. This includes our participation in the establishment of a local Type III Incident Command system, coordinated by an Incident Management Team.

3. Older Adult Health

- a) The Klamath County Health Department does not offer health services specifically targeted for older adults. We do, however, orchestrate the provision of flu vaccine availability for older persons and others with immune suppressed status. If additional unrestricted

funding should become available, we are entertaining the merits of fostering a “freedom from in-home falls” for the more vulnerable elderly in our communities.

4. School Based Health Clinic

- a) Klamath County recognizes the effectiveness of making health care available where children are; the schools. Our goal is to develop a quality comprehensive care model for a school based health clinic in Klamath County.
- b) We received a grant from State of Oregon look at the feasibility of a school based health center in Klamath County, The area of highest need was identified as the small community of Gilchrest, which has no health services in the town, and people must travel to La Pine, Klamath Falls, or Bend for health care. We meet monthly with a citizens group in Gilchrest to continue planning for this center, scheduled to open in February, 2009.

5. Partners

- a) Klamath County is a close knit community and we are fortunate to partner with several agencies in providing comprehensive services. We are able to date stamp Oregon Health Plan applications to ease access to health services for pregnant women. Our local Federally Qualified Health Center (FQHC) the Open Door Clinic share referrals with us, and assist us in helping meet the needs of our clients. The Oregon Health Sciences University has a Medical residency program for physicians, and a nursing school in Klamath Falls. We serve as a training site for new physicians and nursing students.

6. Dental

- a) Dental infection continues to be a major problem in Klamath County. Klamath County also has only one dentist per 2200 persons, which makes access to care very difficult for our citizens, even with the added resources of community health centers. Lack of dental care is routinely the most needed, least available health care service identified in every community health survey conducted. Klamath County has continued its nationally recognized work to prevent the transmission of strep mutans infection from mothers to infants. Data from the Robert Woods Johnson grant we received demonstrate that to date 96% of the mothers who participated in the model program have cavity free children at ages two and three.

D. ADEQUACY OF BASIC SERVICES: *No Change in Status except as referenced in executive summary*

III. ACTION PLAN AMENDMENT

A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES DISORDERS

Goal: Continue to control all communicable/reportable diseases through prompt investigation, with needed interventions and public education.

1. **OBJECTIVE 1:** The Klamath County Health Department will continue providing timely epidemiological investigations of reportable conditions per OAR 333-018-0015.

a) **ACTION PLAN:**

- (1) Assigned and relief Communicable Disease PHN will review submitted reports daily, print investigative report and guidelines from ODHS website and complete investigative report per the guidelines.
- (2) Assigned and relief Communicable Disease PHN will contact affected individuals, their care providers and families as needed for investigation, to provide education, ensure correct treatment and follow up.
- (3) Assigned and relief Communicable Disease PHN will submit completed investigation forms to ODHS Epidemiology department per established time line (90% of case forms submitted weekly).

b) **EVALUATION:**

- (1) Quarterly audits of Disease Investigations will be done by QA Coordinator to check for time/date of initial report, investigation initiation, client contact, notification of ODHS Epidemiology, completion of form and submission to ODHS
- (2) All members of the clinical nursing staff will continue participating in current communicable disease training made available via regional sessions facilitated by Oregon Health Services (OHS) such as CD 101; distance-based learning such as CDC web or netcast; CD-Rom ("Botulism in Argentina"). All employees with occupational exposures will participate in Blood Borne Pathogen training annually.
- (3) The clinical services coordinator will maintain a log of CD continuing education training and Blood Borne Pathogen completed for integrating record into annual performance evaluation and review by QA Coordinator.

2. **OBJECTIVE 2:** To improve reporting practices by local private providers that will continually improve surveillance and investigative efforts.

a) **ACTION PLAN:**

- (1) The Communicable Disease Coordinator will provide education/information to all local medical providers on communicable disease reporting. Annually, an explanatory cover letter accompanying a confidential morbidity report form will be sent to each provider, with follow-up by the Communicable Disease Coordinator either in person or by phone. Results of contacts will be logged.

b) **EVALUATION:**

- (1) Annual review of timelines of morbidity reports from private providers.

3. **OBJECTIVE 3:** Improve community awareness regarding emergency CD issues.

a) **ACTION PLAN:**

- (1) The Communicable Disease Coordinator will actively promote educational outreach activities via contact with service organizations, medical providers, interest groups and special populations. The CD Coordinator will collaborate with the Health Educator to develop and present information to these groups, on an ongoing basis. The CD coordinator will continue to publish local articles regarding issues at least annually in the local newspapers or electronic media.

b) **EVALUATION:**

- (1) Communicable Disease PHN will report on accomplishments at annual personnel evaluation.

4. **OBJECTIVE 4:** Address problem of lack of testing/ follow up in populations at high risk for Hepatitis C.

a) **ACTION PLAN:**

- (1) The Klamath County Health Department will expand screening and offers testing to high risk populations for Hepatitis A, B, and C, Varicella, and enteric pathogens through available grant funds.

b) **EVALUATION:**

- (1) Documentation of a 10% increase in testing for Hepatitis C in high risk populations annually by QA Coordinator.

B. PARENT AND CHILD HEALTH SERVICES, INCLUDING FAMILY PLANNING CLINICS AS DESCRIBED IN ORS 435.205:

As referenced elsewhere throughout this document, our parent and child health services have been judged as excellent by a variety of reviewers. But as excellent as they are, these programs on their own are not adequate to address the scope of the social problems driven by the scale of the culture of poverty here in Klamath County. The Department intends to stay actively involved with other proven and demonstration efforts to address the root problems which contribute to Klamath County's abysmal rankings in the well being of its younger populations by the Oregon Progress Board.

We would welcome the opportunity to replicate the success of the Olds Home Visiting model as our expert contribution to the community's primary prevention efforts, so we remain hopeful that the Nurse-Family Partnership initiative will be funded in Oregon.

Over the next three years the Department will explore how we can build on and leverage the successes of both our Family Planning and WIC programs to improve our progress toward attainment of Healthy People 2010 Maternal and Child Health objectives.

One opportunity that we will evaluate will be whether our direct provision of early prenatal care to our poorest populations will improve our low birth weight outcomes by reducing alcohol and tobacco usage during pregnancy. Recent longitudinal European studies evidence the correlation between birth weight and susceptibility to

later stage chronic diseases. These studies provide a compelling argument for communities to undertake as a priority health initiative a comprehensive campaign to ensure all birthweights exceed five pounds, We will seek grant funding to analyze the causes and research best practices to improve our low birth weight phenomenon in 2009, and, if appropriate, develop a business plan by 2010. If the private health care community can support our plan, we expect that a serendipitous result of our adding health care staffing will be to increase medical provider capacity for other populations in need. During this timeframe we will continue to provide our mandated parent and child health services to the extent possible with approved funding levels.

B1. FAMILY PLANNING SERVICES

1. **OBJECTIVE 1:** To offer and provide clinical, informational, educational, social and referral services to anyone of reproductive age requesting family planning and reproductive health care. In addition to the Annual Family Planning plans that have been and will be submitted annually under separate cover, the Klamath County Public Health Department intends to:

- a) **ACTION PLAN:**

- (1) Through staffing changes, secure compliance with the remaining Family Planning Grant requirement to provide each client documentation of her/his visit costs and the fees assessed for those costs to the client.

- b) **EVALUATION:**

- (1) Office manager will assess compliance annually at the close of the fiscal year.

B2. IMMUNIZATIONS - (See Annual Action Plan Previously Submitted)

B3. WIC - (See Annual Action Plan Previously Submitted)

B4. BABIES FIRST! - Will continue to offer and provide comprehensive services to all infants and children at risk for developmental delay.

1. **OBJECTIVE 1:** Developmental screenings will be completed at 4, 8, 12, 18, 24 and 36 months to identify all children in the Babies First Program with developmental delays and the families will receive appropriate intervention for identified delays.

a) **ACTION PLAN:**

- (1) All PHNs will receive instruction on the use of the ASQ and ASQ-SE
- (2) All clients will be screened utilizing the ASQ and AS-SE and/or the RDSI screenings at 0-6 weeks, 4, 8, 12, 18, 24 and 36 months
- (3) The home environment will be evaluated for issues causing delays in development
- (4) The home visit PHN will work with the families to improve the development of any child with environmental issues causing delays in development
- (5) The home visit PHN will refer the families with a child with developmental delay not responding to intervention by home visit nurse to Early Intervention
- (6) The home visit PHN will follow-up to ensure the families connect with Early Intervention
- (7) All home visit charts will include documentation of assessments and screenings according to the HRI protocol, **and reflect consistent recording of height and weight as part of the child's assessment.**

b) **EVALUATION:**

- (1) Weekly meetings with home visit nurses on caseload
- (2) Annual ORCHIDS data assessment
- (3) Quarterly chart review by MCH nursing services coordinator.

- B5. **MATERNAL, INFANT, CHILD AND ADOLESCENT HEALTH PERINATAL GOALS:** Focus perinatal funding on documented interventions with pregnant women to ensure their compliance with best dental practices to eliminate oral infection at time of delivery.

1. **OBJECTIVE 1:** 10% of Klamath County WIC enrollees on the Oregon Health Plan will participate in assessment/treatments to eliminate oral infection while pregnant.

a) **EVALUATION:**

- (1) Monitoring of annual Klamath County numbers of OHP pregnant eligibles and number of Klamath County OHP pregnant women receiving a dental visit annually.

2. **OBJECTIVE 2:** Replicate RSJ funded project with the University of Washington in four other rural Oregon counties.
3. **OBJECTIVE 3:** Continue to lead, participate in community collaborations to reduce alcohol, tobacco use by pregnant women to Oregon Rural Benchmark.

a) **ACTION PLAN:**

- (1) Increase support for women who are pregnant and trying to quit tobacco and alcohol use by offering educational materials and support through the local physicians' offices. Continue to educate women in WIC and during pregnancy testing about the importance of smoking cessation and the health of their infant. Collaborate with Klamath County Mental Health department and substance abuse prevention intervention program to increase intervention and screening for women using drugs and alcohol during their pregnancies. Provide information at all WIC visits and pregnancy check visits. Provide support for women seeking help with substance abuse issues, including referrals for counseling, in and outpatient treatment.

b) **EVALUATION:**

- (1) Securing of funds for community campaign to reduce prenatal risks associated with low birth weight and infant mortality.

B6. ADOLESCENT HEALTH

1. **OBJECTIVE 1:** Continue to participate in Mental Health Department's collaborative to reduce teen suicide attempts and deaths to Oregon rate of 2.2 per 1000.

a) **ACTION PLAN:**

- (1) Offer assessment and support during family planning and STI clinics
- (2) Collaborate with community partners to develop a written protocol for identification, intervention, and referral of suicidal youth.

B) **EVALUATION:**

- (1) Review Klamath County youth suicide rate annually for trend analysis.

2. **OBJECTIVE 2:** Improve adolescent health status in underserved communities by implementing school based health services

a) **ACTION PLAN:**

- (1) Open school based health center in Gilchrist, OR in February, 2009.

b) **EVALUATION:**

- (1) Annual certification of school based health center operation in Gilchrist.

- C. ENVIRONMENTAL HEALTH GOAL:** To provide all of the services mandated under ORS 446, 448, and 624 in addition to OAR 333-014

- C1. DRINKING WATER PROGRAM GOALS:** To protect the public drinking water supplies for all Klamath County residents whose drinking water is provided by public water systems.

1. **OBJECTIVE 1:** To be in compliance with EPA and Drinking water priorities and protocols for EPA and state-transferred systems by July 1, 2009

a) **ACTION PLAN 1**

- (1) Investigate and have a plan to bring into compliance within assigned timeline any water systems that are significant non compliers. Investigations and resolution will be documented according to state rules and protocols.

b) **EVALUATION 1:**

- (1) Written confirmation by state drinking water authorities of recognized resolution of each significant non complier.

c) **ACTION PLAN 2:**

- (1) In conjunction with the state drinking water program, develop a database to predict or identify and monitor any/ all locally regulated system testing problems. Regimen failures in order to assure compliance with requirements.

d) **EVALUATION 2:**

- (1) Demonstration of database operation and use by July, 2009

C2. FOODBORNE ILLNESS PREVENTION PLAN GOAL: To protect the health of the public by preventing and investigating occurrence of food borne illness in public food facilities.

1. **OBJECTIVE** to bring LPHA program activities with compliance with state rules by maintaining performance of required inspections

a) **ACTION PLAN:**

- (1) Perform re-inspection of facilities with critical violation within specified timelines.

b) **EVALUATION:**

- (2) Quarterly review by EH program manager to ensure that all re-inspections did so occur.

D. HEALTH STATISTICS GOAL: To continue to collect record and analyze birth and death information, issue certifications and monitor health status of county residents, in compliance with applicable state laws.

1. **OBJECTIVE 1:** Provide information pertaining to paternity affidavits to parents.

c) **ACTION PLAN:**

- (1) Offer Rights and Responsibility DVD to all parents seeking birth certificates

d) **EVALUATION:**

- (1) Annual review of log of parents who accepted or rejected DVD on Rights and Responsibilities, beginning July, 2009.

2. **OBJECTIVE 2:** Registrar will send weekly reports of unprotected death information only to county clerk office

a) **ACTION PLAN 2**

(1) Implement a log of death notices provided weekly to the clerk.

a) **EVALUATION 2:**

(1) Compare number of deaths in county with number of death notices provided annually.

3. **OBJECTIVE 3:** Maintain current service level during transition to electronic records and improve error rate on record.

a) **ACTION PLAN 3:**

(1) Records registrar or supervisor will contact funeral homes and Sky Lakes Medical Center informing and educating them about the services available with EDRS and EBRS.

b) **EVALUATION 3:**

(1) Records processed will have decreased possibility of human error due to the EDRS and EBRS system resulting in fewer queries and corrections.

(2) Compliance during the Triennial Review.

(3) Number of website "hits"

4. **OBJECTIVE 4:** Issue 100% of birth and death certificates accurately within 24 hours of request.

a) **ACTION PLAN 4:**

(1) Train all deputy registrars on the EDRS and EBRS system.

b) **EVALUATION 4:**

(1) All birth and death certificates will be issued within 24 business hours of request on corrected certificate.

E. HEALTH INFORMATION AND REFERRAL GOAL: Continue to provide timely and accurate health information referrals to Klamath County residents within 25 hours of request.

1. **OBJECTIVE:** Enhance clearing house function by identifying and sorting nature of calls logged.

a) **ACTION PLAN:**

(1) Create and enter key Information & Referral indicators into database for analysis by decision makers and possible program development.

b) **EVALUATION:**

(1) Annual review by LPHA Management Team.

F. OTHER ISSUES

F1. PREPAREDNESS will continue to develop and improve community emergency preparedness per PE-12 requirements.

1. **OBJECTIVE 1:** KCHD will complete all required PE-12 elements by date specified in contract.

a) **ACTION PLAN:**

- (1) Preparedness Coordinator will attend monthly scheduled conference calls.
- (2) Preparedness Coordinator will attend scheduled Region 7 meetings.
- (3) Preparedness Coordinator will maintain local HAN user directory and ensure all user profiles are current
- (4) Preparedness Coordinator will ensure all KCHD employees have completed ICS courses- 100, 200, 700 and 800, as appropriate.
- (5) Preparedness Coordinator will ensure all employee profiles are current in Learning Center
- (6) Preparedness Coordinator, or designate, will test local HAN notification system quarterly.

b) EVALUATION

- (1) Annual review by LPHA Preparedness Team.

F2. Chronic Disease Prevention and Control

1. See plans previously submitted under separate cover.

IV. ADDITIONAL REQUIREMENTS:

The Klamath County Public Health Department and the Klamath County Commission on Children and Families have a cooperative and productive working and planning relationship. Both Departments are overseen by the Board of County Commissioners, which is also the Local Public Health Authority. Both Departments participate in the development of county human service priorities, based on mutually respected data and community input. The Health Department is the lead agency in the provision and analysis of data used by the Commission for relevant critical benchmarks. The Commission has awarded the Health Department a multi-year grant to expand family planning services for adolescents unable to provide documentation of eligibility for the Family Planning Expansion program.

V. UNMET NEEDS:

Like many other counties, the Klamath County Public Health Authority struggles to maintain mandated and needed services with decreasing funding from the State, and increasing costs of operation. Because of its size, the Family Planning program continues to be our “loss leader”, requiring infusion of other funding because of its requirement that all family planning eligibles be provided the same level of comprehensive services, regardless of the clients’ ability to pay, or the program’s ability to fund the costs. Consequently, the Department has been forced to curtail its provision of newer, but costlier, reproductive methods. Tuberculosis control funding continues to be woefully inadequate to manage the expense of even one active case per year. And immunization practice requirements cost this Department three to four times the amount of funding received from the State Immunization Program. Reductions in the federal funding of public health preparedness programs have resulted in “trickle down” reductions of local preparedness funding, with ominous implications for the future of public health preparedness. All of these funding deficiencies are magnified by the absence of integrated state reporting systems, from cost accounting to electronic unduplicated program reporting.

Klamath County has historically had pockets of medically underserved or health care professional shortages. These shortages have recently “snowballed” into a crisis with the announced retirements and relocations of a number of local physicians (attributed to the anticipated uncompetitive federal reimbursement rates). The result of these shortages have exacerbated the deficiency in health care resources, with many practices unable or unwilling to accept new patients, or provide previous levels of uncompensated care. Therefore, we have added a primary care goal in our plan to meet one of the assurances of the ten essential services: insure access to adequate primary care. Our objectives will to continue its collaboration and leadership role in increasing the availability and accessibility of primary medical homes for all county residents. Our action plan will be to continue participation in the Klamath County 100% Access Coalition’s effort to provide basic health care insurance coverage for all residents. We will also continue to support the Klamath County Family Practices Consortium’s planning to increase the number of health care providers practicing in the county.

VI. BUDGET

(Submitted separately, previously)

VI. MINIMUM STANDARDS

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

ORGANIZATION

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

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

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

CONTROL OF COMMUNICABLE DISEASES

37. Yes No ___ There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No ___ Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No ___ Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No ___ Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No ___ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No ___ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.

- 43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
- 44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
- 45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
- 46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

ENVIRONMENTAL HEALTH

- 47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
- 48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
- 49. Yes No Training in first aid for choking is available for food service workers.
- 50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
- 51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
- 52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
- 53. Yes No Compliance assistance is provided to public water systems that violate requirements.
- 54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
- 55. Yes No A written plan exists for responding to emergencies involving public water systems.
- 56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
- 57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
- 58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
- 59. Yes No School and public facilities food service operations are inspected for health and safety risks.

60. Yes ___ No ___ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes ___ No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste. (We currently don not have a solid waste program)
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. **(If within our authority-Yes, if not within our authority, referred to who might have authority.)**
64. Yes ___ No ___ The health and safety of the public is being protected through hazardous incidence investigation and response. **(Not currently one of our activities, we are not equipped to do this.)**
65. Yes No ___ Emergency environmental health and sanitation guidance are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control. (Except for solid waste disposal, shelter sanitation and vector control activities. Information and referral are provided for these.)
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. (Added per G.S. request, not in program indicators)

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. (ECCP)
70. Yes No ___ Local health department supports healthy behaviors among employees. (YMCA Membership)
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 **N/A**
 - d. Yes No Older Adult Health **N/A**
 - e. Yes No Corrections Health **N/A**
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

103. Yes No The local health department Health Administrator meets minimum qualifications:

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

104. 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.

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

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

106. 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.

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. The Annual Plan posted at

<http://WWW.dhs.state.or.us/publichealth/lhd/lhd-annual-plan.cfm>

is complete and current for our county, with the addition of amendments submitted for 2008-2009 fiscal year.


Local Public Health Authority

Klamath County
County

01/20/2009
Date