



Polk County Public Health

Annual Plan

2008 - 2009

Polk County Public Health Annual Plan
2008-2009

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I. Executive Summary

The Annual Plan for Polk County Public Health (PCPH) is an update to the 2006-2007 comprehensive plan submitted for the 2006 Triennial Review. This plan update includes the required elements for the interim years.

Polk County Public Health continues to provide key programs to the community including Family Planning, Immunizations, WIC, Communicable Disease surveillance, Emergency Preparedness and Maternal Child Health. We have added Tobacco Prevention and Education back into the services offered by Public Health. We hope that we can again offer the Breast and Cervical Cancer Screening (BCCS) program once the program has been reorganized at the state level.

The past year has been a time of change for PCPH in that the department has seen several staffing changes due to retirement and personal life changes. New candidates have been recruited and hired and programs remain staffed.

Polk County continues to plan and develop partnerships with regional and state partners to plan for potential manmade and natural emergencies. The Public Health staff has actively participated in preparedness planning and exercises.

Though PCPH strives to provide service to the community in a fiscally responsible way, funding issues for rural counties continue to be on uncertain footing. Loss of timber funds could necessitate program and staff cuts. This impacts the ability of Public Health to expand services and forecast future needs. By careful stewardship of public funds PCPH hopes to maintain current levels of service.

Our goal is to increase the awareness of the important contribution Public Health makes to the community. Our staff will continue to work closely with community partners and resource agencies. Some of these include the Health Advisory Board, West Valley Hospital, Oregon Child Development Coalition, Ryan White/HIV Coalitions, Early Childhood Intervention Groups, Service Integration Council, and the Polk County Commission on Children and Families.

Improving access to health care for our children is an important issue. During the coming year we will explore the possibility of starting a school based health clinic in the Falls City school district.

Though the need for our services often exceeds our resources, PCPH seeks to continue to provide the county with valuable services and programs. These programs will be administered with quality outcomes and high levels of customer service. Our goal is to improve community awareness and knowledge of our services as we work to improve the health of Polk County citizens.

Andy Walker RN, MSN
Polk County Public Health Administrator
182 SW Academy St. Suite 302
Dallas OR 97338

II. Assessment

For comprehensive assessment of Polk County Public Health please review the 2005-2006 plan.

III. Action Plan

- A. **Epidemiology and control of preventable diseases and disorders.** See comprehensive plan for 2005-2006 for plan details.
- B. **Clinics as described in ORS 435.205.** See comprehensive plan for 2005-2006 for plan details.

1. WIC:

FY 2008 - 2009 WIC Nutrition Education Plan Form

County/Agency: Polk County
Person Completing Form: Diane Colton
Date: 4/21/2008
Phone Number: 503-623-8175
Email Address: colton.diane@co.polk.or.us

Goal 1: Oregon WIC Staff will have the knowledge to provide quality nutrition education.

Year 2 Objective: During plan period, through informal discussions, staff in-services and/or targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

Activity 1:

By October 31, 2008, staff will review the Oregon WIC Key Nutrition Messages and identify which one's they need additional training on. We will receive this information at our State Wide Meeting on March 5 and 6th, 2008.

Resources: American Academy of Pediatrics, MyPyramid.gov, Maternal and Child Health Oral health website – <http://www.mchoralhealth.org/Openwide/> Information from the 2008 WIC Statewide meeting.

Implementation Plan and Timeline:

During April 2008 staff we will review the Oregon WIC Key Nutrition Messages and identify the issues that staff need clarification on. For those messages that need clarification, our training supervisor will prepare additional information to share with staff by May 2008.

Activity 2:

By March 31, 2009, staff will review the proposed food packages changes and:

- Select at least three food packages modifications (for example, addition of new foods, reduction of current foods, elimination of current foods for a specific category),
- Review current nutrition education messages most closely connected to those modifications, and
- Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change.

Resources: May 2008 WIC Statewide Meeting Session, WIC Works Website materials – New WIC Food Packages Resource for WIC staff <http://www.nal.usda.gov/wicworks>, State provided materials.

Implementation Plan and Timeline:

In January 2009, we will begin to share WIC food package resource information with all staff such as the “WIC Food Packages...Time for a Change” on the WIC Works website. We will review the Fresh Choices 2009 Status Report updates. In February 2009, we will discuss the food package modifications and how they “fit” with our education messages with our RD.

Activity 3:

Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2008-2009. Complete and return Attachment A by May 1, 2008.

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.

Year 2 Objective: During Plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

Activity 1:

By September 30, 2008, staff will review the diet assessment steps from the Dietary Risk Module and identify which ones they need

additional training on. We will use the State provided guidance and assessment tools. They will be available by July 2008.

Resources include: State provided guidance and assessment tool.

Implementation Plan and Timeline:

In September we will use the state provided guidance and assessment tool to identify which steps from the Dietary Risk Module staff need additional training and or practice with. Our training supervisor and coordinator will take the assessment results and provide training on these steps by November.

Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling. We are in the process of completing the Nutrition Risk and Dietary Risk Modules. We will use the State provided guidance and assessment tools. They will be available by July 2008.

Resources include: State provided guidance and assessment tools.

Implementation Plan and Timeline:

During November, staff will share how they have modified their approach to individual counseling. We will have staff observe each other for the next several months and provide feedback.

Goal 3: Improve the health outcomes of clients and staff in the local agency service delivery area.

Year 2 Objective: During Plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1:

Identify your objective and strategy to facilitate healthy behavior change for WIC staff.

Setting: Worksite

Objective: II. By 2012, increase by five percent the number of employees who consume five servings of fruits and vegetables per day.

Strategy: a) Increase the availability and promotion of fruits and vegetables at worksites, including cafeteria, vending machines, break rooms, meetings and events.

Resource: A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

We want to implement a worksite policy to have healthful food choices at worksite events and meetings where food is offered. We hope to make sure more fruits and vegetables will be available to staff at our agency. We will evaluate our success by 1). Having the policy be accepted and implemented, and 2). Increasing staff consumption of fruits and vegetables. We would like to implement this plan by December 2008.

Activity 2:

Identify your objective and strategy to facilitate healthy behavior change for WIC clients.

Setting: Home/Household

Objective II. By 2012, increase by one percent a year the number of Oregon adults and children who consume five servings of fruits and vegetables per day.

Resource: A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Strategy a). The Department of Human Services and local coalitions should promote Fruits & Veggies-More Matters campaign.

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

We have Farmers Market starting June 1, 2009 and thought this program would help to increase the number of WIC clients who use fresh fruits and vegetables. We are issuing more coupons this year which will help more of our families. We do a survey for the State after the season is over and we can use this to see how effective it is.

Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.

Year 2 Objective: During Plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Resource: A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Activity 1:

Setting: Home/Household

Objective: I – By 2012, maintain the current level of breastfeeding initiation and increase by two percent a year the number of mothers who breastfeed exclusively for the first six months of a child's life.

Strategy: d). Health plans, health systems, hospitals and others shall promote breastfeeding campaigns targeting the entire family.

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

This objective was chosen because we know encouragement and support is important for breastfeeding women. What we hope to change is that more women in our agency will breastfeed exclusively for at least 6 months.

Implementation strategy:

By August 31, 2008 we will have done our quarterly in-service WIC Works Breastfeeding Promotion and Support Module. We will review tactic for promoting and supporting breastfeeding.

We will evaluate our breastfeeding classes to get participant feedback and make any recommended modifications to improve the class. By June 2009, we will have asked breastfeeding clients what breastfeeding support they are getting from their primary care providers and what WIC can do to support their breastfeeding experience.

Attachment A

FY 2008-2009 WIC Nutrition Education Plan

Goal 1, Activity 3

WIC Staff Training Plan – 7/1/2008 through 6/30/2009

Agency: Polk County

Training Supervisor(s) and Credentials: Inge Daeschel RD

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and/or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2008 – June 30, 2009. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	August 31 st 2008	WIC Works Breastfeeding Promotion and Support Module	Review tactic for promoting and supporting breastfeeding.
2	December 31 st 2008	Oregon WIC Listens	State supplied in-service to support new skills needed.
3	March 31 st 2009	Fresh Choices	New foods and Food Packages State supplied in-service.
4	June 30 th 2009	Promoting Physical Activity	State Supplied in-service to promote physical activity and prevent obesity.

EVALUATION OF WIC NUTRITION EDUCATION PLAN **FY 2007-2008**

WIC Agency: Polk County

Person Completing Form: Diane Colton

Date: 4/22/2008

Phone: 503-623-8175

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year One Objectives. If your agency was unable to complete an activity please indicate why.

Goal 1: Oregon WIC staff will have the knowledge to provide quality nutrition education.

Year 1 Objective: During plan period, staff will be able to correctly assess nutrition and dietary risks.

Activity 1: All certifiers will complete the Nutrition Risk Module by December 31, 2007.

Outcome evaluation: Please address the following questions in your response.

- Did all certifiers successfully complete all the activities of the Nutrition Risk Module by December 31, 2007?
- Were the completion dates entered into TWIST and the competency achievement checklist filed for each certifier?

Response: All staff completed all the activities of the Nutrition Risk Module by December 31, 2007. This has been documented into TWIST and the competency achievement checklist filed for each staff member. We had two nursing staff complete parts of the modules they needed for home visits. Our dietitian has a copy of the training materials and is still reviewing them. She hopes to have that done by the end of June 2008.

Activity 2: All certifiers will complete the revised Dietary Risk Module by March 31, 2008.

Outcome evaluation: Please address the following questions in your response.

- Did all certifiers successfully complete all the activities of the Dietary Risk Module by March 31, 2008?
- Were the completion dates entered into TWIST and the competency achievement checklist filed for each certifier?

Response: All staff completed all the activities of the Nutrition Risk Module by March 31, 2008. This has been documented into TWIST and the competency achievement checklist filed for each staff member. We had two nursing staff complete parts of the modules they needed for home visits.

Our dietitian has a copy of the training materials and is still reviewing them. She hopes to have that done by the end of June 2008.

Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2007-2008.

Outcome evaluation: Please address the following questions in your response.

- Did your agency conduct the staff in-services you identified?
- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

Response: We completed two of the in-services we had identified. We replaced one in-service with the State Wide WIC Meeting. One of the in-services will carry over to next years plan. We feel that the objectives were met. We completed State Modules and will attend State Meeting Breakout Sessions.

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.

Year 1 Objective: During plan period, each agency will implement strategies to provide targeted, quality nutrition education.

Activity 1: Using state provided resources, conduct a needs assessment of your community by September 30, 2007 to determine relevant health concerns and assure that your nutrition education activity offerings meet the needs of your WIC population.

Outcome evaluation: Please address the following questions in your response:

- Was the needs assessment of your community conducted?
- What health concerns did you determine were relevant to your community?
- What did you do with the information you collected?
- Who did you communicate the results of your needs assessment with?

Response: We have not conducted the needs assessment for our community. We plan to do this, as some information has been gathered.

Activity 2: Complete Activity 2A or 2B depending upon the type of second nutrition education activities your agency offers.

Activity 2A: By October 31, submit an Annual Group Nutrition Education schedule for 2008.

Activity 2B: If your agency does not offer group nutrition education activities, how do you determine 2nd individual nutrition education is appropriate to the clients' needs?

Outcome Evaluation: Please address the following questions in your response.

- If your agency offers group nutrition education, did you submit your Annual Group Nutrition Schedule for 2008?
- How do you assure that your nutrition education activities meet the needs of your WIC population?

Response: We did complete and send our Annual Group Nutrition Schedule for 2008. We make sure we have a class that covers Infant Nutrition, Toddler/Preschool age nutrition, General nutrition and maternal nutrition including prenatal, post partum and breastfeeding. We will be continuing to add and improve our education classes.

Goal 3: Improve the health outcomes of WIC clients and WIC staff in the local agency service delivery area.

Year 1 Objective: During plan period, each local agency will develop at least one specific objective and activity to help facilitate healthy behavior change for WIC staff and at least one specific objective and activity to help facilitate healthy behavior change for WIC clients.

Activity 1: Local Agency Objective to facilitate healthy behavior change for WIC staff. Local Agency Staff Activity.

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?

- What went well and what would you do differently?

Response: The Rd and WIC coordinator discussed this plan and talked with staff. The activity did not meet our objective. We found we are unable to change the snack foods available in the vending machines. Our second goal has not been started yet. We want to give staff Pedometers for a week and determine a baseline of steps for each participant on the first day. After that staff will keep a log of the number of steps walked each day for the rest of the week. We will determine the most improved participant.

Activity 2: Local Agency Objective to facilitate healthy behavior change for WIC clients. Local agency Client Activity.

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response: With the help of our RD we decided on the objective and activity. We were to implement Health in Action in the toddler preschool class series. At this time we have not introduced these classes. We still plan at some point to do so. We are continuing to improve and change our classes offered.

Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.

Year 1 Objective: During plan period, each local agency will develop at least one objective and activity to help improve breastfeeding outcomes for WIC staff or WIC clients.

Activity 1: Local Agency Breastfeeding Objective. Local agency Breastfeeding Activity.

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response: With the help of our RD we decided on this objective and activity. We did achieve some of our objectives. We have a new breastfeeding class. We have the Breastfeeding resource list available for our moms. Our staff quarterly training on WIC Works for breastfeeding promotion and support module will be part of 2008-2009 Nutrition Education Plan.

2. Immunizations:

Action Plan – Immunization Program – (Appendix B)

Local Health Department: POLK COUNTY

Component: IMMUNIZATION

Current condition or problem: Exclusion letters sent in 2006 decreased approximately 50% from those sent in 2005. In Polk County not all schools, health care providers and child care facilities participate in the ALERT PROGRAM in order to track immunization status of children

Goal(s)	Activities	Who is responsible	Evaluation
<p>Increase training to schools, health providers and child care facilities in the use of the ALERT Program.</p>	<p>Contact schools, health care provider and child care facilities offering assistance to learn the use of the ALERT Program. Complete by December '06.</p> <p>Provide information on the benefits of ALERT to Oregon's children.</p> <p>Complete by Exclusion time in February '07.</p>	<p>Communicable Disease RN.</p> <p>For 2006-2008</p> <p>Immunization Coordinator</p>	<p>Increase in number of schools, health providers and child care facilities using ALERT</p> <p>Decrease in the number of exclusion letters sent in 2007.</p> <p>2006-2007</p> <p>Exclusion letters were decreased from 494 letters in 2006 to 314 letters in 2007.</p> <p>Providers who have not signed up for ALERT have been contacted and information sent to those who give immunizations to children.</p> <p>2007-2008</p> <p>Exclusion letters were decreased once again to 272 letters this Primary Review. During the Primary Review when I spoke to various schools I gave them information on and encouraged them to sign up for ALERT. As new Physicians come into our county I am contacting them to give them information about ALERT.</p>

Year 3: July 2007 – March 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. EVALUATE FOR AN INCREASE IN HEP B INJECTION RATE FOR THE NUMBER OF STD CLIENTS WHO HAVE COMPLETED THEIR HEP B SERIES.	<ul style="list-style-type: none"> REVIEW FP CHARTS AND ASSESS NUMBER OF HEP B SERIES GIVEN. 	<ul style="list-style-type: none"> INCREASE OF 5% IN THE TOTAL NUMBER OF CLIENTS COMPLETING HEP B SERIES. 	Records compared to last year showed an increase in the number of clients who have completed Hepatitis B series.	<p>Records of clients seen in the STD/Family Planning clinics from June 2007 until November 2007 were checked to see if the Hepatitis B series was completed. Most of the information is self reported from a question on the intake form asking if the client has had the series. Of the 356 clients checked 145 checked “yes” for having completed the series. Five clients have started the series. I am aware of only one client seen here who started the series here this past year after being seen in the STD clinic. Some clients may be getting their series at their own physician’s office and I would not be able to access that record unless they are young enough to qualify for the ALERT system. I did check records in IRIS for clients who reported “no” or “unsure” and found a few who had completed the series. Records after November were not kept because we once again had some staff changes and had a decrease in personnel for a few months, so the person who was helping me was unavailable.</p> <p>Most clients 18 years old and younger have received their Hepatitis B series because it is a school requirement. The challenge is to get those older to get the series completed.</p>
B.			To be completed for the FY 2008 Report	To be completed for the FY 2008 Report

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 3: July 2007 – March 2008

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ³	Progress Notes ⁴
<p>A. Re-assess effectiveness of performed methods at reducing Reminder/Recall list.</p> <ul style="list-style-type: none"> • Re-assess Reminder/Recall list; continue to reduce number of children on list. 	<ul style="list-style-type: none"> • Continue monthly reminder/recalls. <ul style="list-style-type: none"> • Ensure front office staff is getting updated contact information from parents and guardians. • Continue to partner with WIC to work on reminder/recall list. 	<ul style="list-style-type: none"> • Reminder/Recall list decreased to two pages or less. 	<p>Reminder/Recall list has been reduced to less than one page most months.</p>	<p>I continue to make appointment reminder phone calls and to update phone numbers as clients are seen. Phone calls are made to clients who miss appointments to give them the opportunity to reschedule. The recall list is reviewed monthly and follow-up phone calls are made to encourage clients to schedule with their own physician or PCPH.</p> <p>I continue to give handouts with the immunization schedule to parents at immunization visits as well as place a sticker on the immunization card for when the next appointment is due.</p> <p>WIC uses their new system to check shot records and consults with me when they have questions.</p>
<p>B.</p>			<p>To be completed for the FY 2008 Report</p>	<p>To be completed for the FY 2008 Report</p>

³ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

⁴ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

C. Environmental Health: See 2005-2006 Comprehensive Plan for details.

D. Health Statistics: See 2005-2006 Comprehensive Plan for details.

E. Information and Referral: See 2005-2006 Comprehensive Plan for details.

F. Other Issues: See 2005-2006 Comprehensive Plan for details.

IV. Additional Requirements.

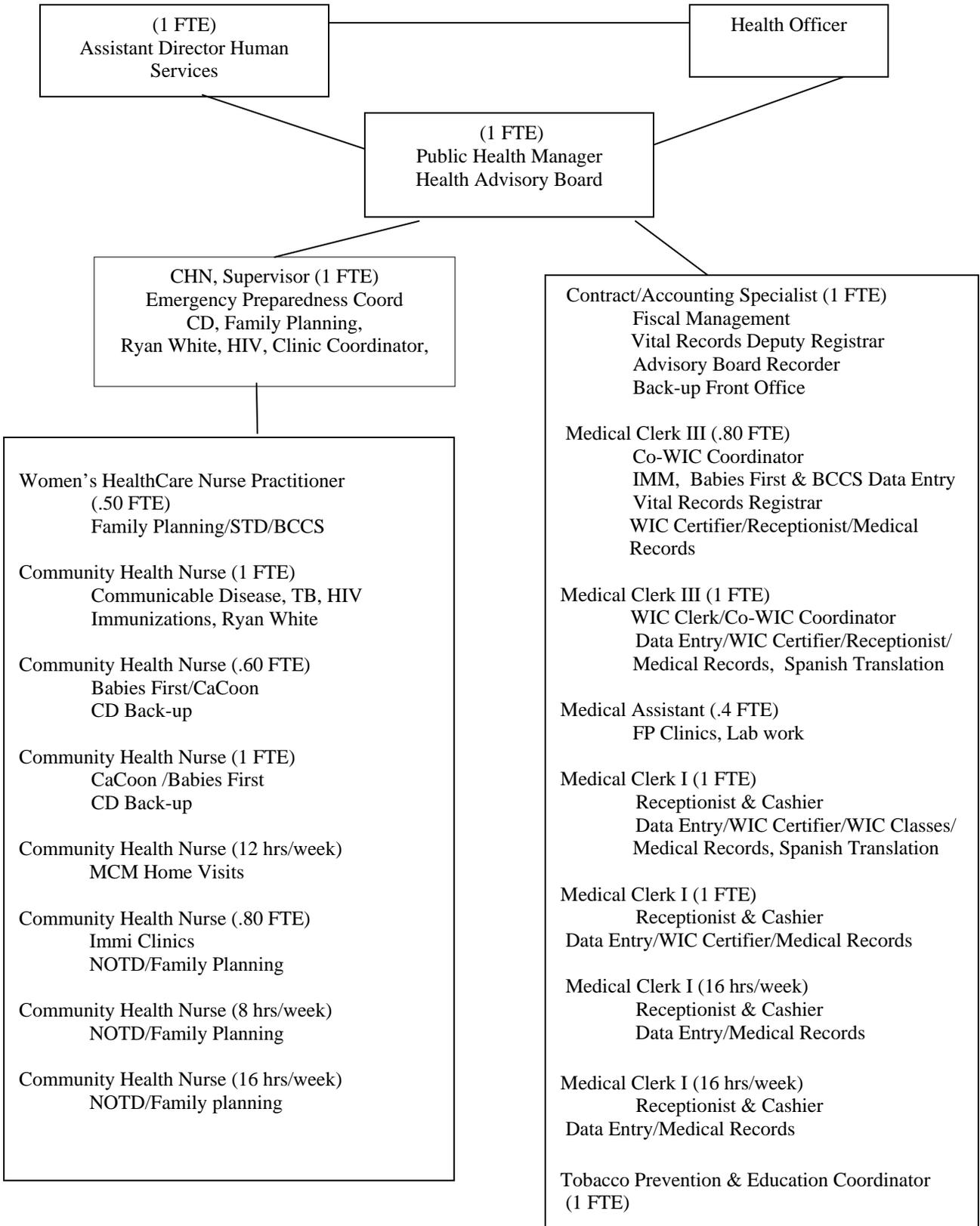
Public Health and PCCCF

Polk County takes an integrated approach to human services. Both Public Health and the Commission on Children and Families fall under the umbrella of Polk County Human Services. Both teams are managed by the same administrator who also oversees Mental Health and Youth Programs. Significant emphasis is placed on the concept of Service Integration. All of the Polk County Human Services teams are part of Service Integration activities as are community partners. The Comprehensive Plan for Children and Families of Polk County will often define focus areas that directly relate to Public Health. This year's plan includes the importance of early childhood development and the need to increase the awareness of services. Public Health actively supports and works together with the Commission on Children and Families within the Service Integration framework to promote activities that focus on supporting children and families. Planning for events and activities is further enhanced through regular Service Integration meetings as well as the close working proximity of departmental offices.

Polk County Human Services



POLK COUNTY PUBLIC HEALTH ORGANIZATIONAL CHART



V. Unmet Needs

In Polk County we actively work with community partners to reduce needs in the community. The community partnerships and integration of services has been successful in meeting many needs in the community. Often problems are solved and barriers removed by working with partners to look for creative and collaborative solutions. While we work to reduce the needs in our community, reality still tells us we have much ground to cover. Factors such as the increasing cost of housing and the lack of employment opportunities in the county further increase the need for services.

Some of the unmet Public Health needs in the community include:

- Primary medical care for those without insurance who are not eligible for the Oregon Health Plan.
- Access to dental care and oral health services for those without insurance, especially children.
- Access to health and dental care for smaller rural communities.
- Bilingual and bicultural health professionals to serve the growing Hispanic population in the community.
- Community wide approach of health education and promotion around lifestyle related health issues such as obesity and its negative affects on health. This would include community promotion of healthy choices including nutrition and exercise.
- Community health education that address prevention and management of chronic diseases particularly in the older adult.
- Maternity case management for more than just the highest risk mothers, especially teen mothers with limited support and resources.
- Child care that provides a healthy environment that is affordable, safe and accessible.

VI. Budget

Polk County Budget Information Contact:

Greg Hansen
Administrative Officer
Board of Commissioners Office
850 Main St.
Dallas, OR 97338
Phone: (503) 623-8173 FAX: (503) 623-0896
Projected Revenue to be submitted in July 2008.

VII. Minimum Standards

Agencies are **required** to complete this section.

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.

62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No The health department provides and/or refers to community resources for health education/health promotion.
69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No Local health department supports healthy behaviors among employees.
71. Yes No Local health department supports continued education and training of staff to provide effective health education.
72. Yes No All health department facilities are smoke free.

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No WIC
 - b. Yes No Family Planning
 - c. Yes No Parent and Child Health
 - d. Yes No NA Older Adult Health
 - e. Yes No NA Corrections Health

- 75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.
- 76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
- 77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

- 78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
- 79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.
- 80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
- 81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

- 82. Yes No Perinatal care is provided directly or by referral.
- 83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
- 84. Yes No Comprehensive family planning services are provided directly or by referral.
- 85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
- 86. Yes No Child abuse prevention and treatment services are provided directly or by referral.
- 87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
- 88. Yes No There is a system in place for identifying and following up on high risk infants.

- 89. Yes No There is a system in place to follow up on all reported SIDS deaths.
- 90. Yes No Preventive oral health services are provided directly or by referral.
- 91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
- 92. Yes No Injury prevention services are provided within the community.

Primary Health Care

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

Cultural Competency

- 99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
- 100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
- 101. Yes No The local health department assures that advisory groups reflect the population to be served.
- 102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

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.

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.

Local Public Health Authority

Polk County Oregon
County

Date