

Lake County Public Health Annual Plan



2009-2010

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**by
Mary Wilkie RN
Beth Hadley RN
Vickie Hogen CPA**

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I. Executive Summary

Living in a large sparsely populated county has many benefits, but proposes many challenges to providing public health services. Funding for programs is based on a population formula, yet assurances are standardized to all counties. Lake County Public Health is striving to meet contract requirements and provide the core public health functions.

All of the public health duties noted in the Oregon Revised Statutes and Administrative Rules are issues that should be addressed in Lake County. However, Lake County Public Health must prioritize the deployment of staff and funds in an effort to meet the minimum standards set forth by the Oregon Revised Statutes, Oregon Administrative Rules, and Coalition of Local Health Officials (CLHO). Even meeting the minimum standards is in jeopardy. County General funds are limited; at this point they can not support current staffing levels and must reduce the FTE by .85 for the next fiscal year. The Administrator must be a registered nurse who can perform the duties of immunizations, family planning, and communicable disease response and treatment. Funding for graduate level continuing education may not be feasible at this time.

In the face of these challenges Lake County Public Health remains committed to providing services to our community.

II. ASSESSMENT

1. Public Health Issues *Demographic information been updated to incorporate data from 2007.*

Population:

Lake County incorporates an area of 8,359 square miles and is located in South Eastern Oregon. This beautiful but somewhat secluded region is home to an estimated 7,585 people according to the *Population Research Center* at Portland State University. This represents a 0.3% change between the years 2007 and 2008. This is an improvement from the -2% reported by the *U.S. Census Bureau* for April 1, 2000 to July 1 2007. The census bureau has an estimated 7,277 people for 2007. The age group from 40-65 years makes up 33% of the population, 0-19 26%, 19-39 make up 19%. And 65 and over 22%, and The sexes are fairly evenly divided with 50% being male and 50% being female. (2) Population by race/ethnicity in 2007 for Lake County is as follows; 94% white, 2.6% Native American, .8% Asian and 7.2% Hispanic¹. The Hispanic population has increased by 5% from 2000 to 2007 according to *CensusScope Social Science Data Analysis Network* (3)

Geographically the population is spread out over the 8,000 plus square miles in four areas. Lakeview, the county seat has the largest population of about 2,000, to the East are the small communities of Plush and Adel, the Town of Paisley lies in the middle of the county and Christmas Valley in the North. The minimum distance between the areas is 40 miles.

Economics:

Agriculture, forestry, fishing, hunting, and mining are the leading industries in Lake County employing 20% of the population. Health and Social Assistance rank second with Public Administration and Educational Services a close third.(3) Occupations show that the majority of the persons are employed in the service section (healthcare, protective service, personal care, food preparation, building and grounds cleaning and maintenance), sales and office (sales, office and administrative support) rank second and business and financial operations rank third. (3)

The median income for families in Lake County in 2007 was \$37,129.00. The number of families living under the Federal Poverty Level poverty level has increased by 3% since 2003. In 2007 Lake County had 15.6% of its population living under 100% of the Federal Poverty level. (2) The U. S. Census State and

County Quick Facts (4) put this number at 16.1%. This is 4% -6% higher than the rate for the State of Oregon. This percentage is spread across all age groups with the highest percent being those under 5 years of age.

Unemployment for February of 2008 was 10.5% (5). The Oregon Employment Department shows that in February of 2009 the rate of unemployment is 15.5%. Lake County is one of the 17 severely distressed counties in Oregon. This is according to *OECD, Innovation, and Economic Strategies Division*. The experimental estimates for health insurance coverage for Lake County show that 19.8% are uninsured and 17.5% of those under 18 years of age are uninsured. The Department of Medical Assistance Program data shows that 15% of the population is eligible for state assisted health care.

Births:

The birth rate in Lake County has gone from 78 in 2006 to 73 in the year 2007. The rate of unmarried mothers for the year 2007 was 31% which is a decrease from previous years. The largest portions of the births are occurring in women 20-24 years of age. In 2007 the number of births to women less than 19 years of age has gone from 8 to 6. The numbers of Hispanic births have increased from 3 to 10. Maternal risk factors for 2007, in order of highest rate are; Unmarried, Tobacco Use, <12 years of education, Inadequate prenatal care, age greater than 35, and 4+ live births, minority, and age <18. Inadequate prenatal care and age greater than 35 are increased from 2006. Low birth weight babies remained at 5. This is a slightly higher percentage than 2006 as the number of births were down. In 2004 Medicaid/OHP paid for 40% of the births. In 2006 that number has increased to 50%.(6) and remains at about 50% in 2007.

Death:

Data is not currently available for 2007. In 2005 there were more deaths than births. This has been a trend for the last several years. The main causes of death are Cancer, Heart Disease, and Unintentional Injuries (motor vehicle accidents and poisoning/drug). Of the 93 deaths that year 22 were linked to tobacco. Other causes of death in order of rate of occurrence, the first being the highest, include; Alzheimer's, diabetes, flu& pneumonia, Parkinson's, perinatal condition, suicide, and alcohol induced.(6)

Chronic Disease:

Lake County has the highest rate of Arthritis in the state, and the second highest rate of Asthma according to the Department of Human Services Health Promotion and Chronic Disease program.(7) Data is from 2005.

Tobacco/Alcohol/Drugs

In Lake County 20 people die from tobacco use on average. 391 people suffer from serious illness caused by tobacco smoke. Tobacco use among Lake County youth exceeds the state rate in all but one category. This is especially true of smokeless tobacco. (8) Loss of the Drug Free Community grant is jeopardizing the School Resource Officer that can educate and enforce the laws. Alcohol and Methamphetamines is the drug of choice for those incarcerated in the Lake County Jail. According to Chief of Police Jeff Kamp, the ability to purchase methamphetamines is becoming much more difficult in Lake County, however he has seen an increase in marijuana use in persons of all ages. Lake County Mental Health has developed an under age drinking task force to address the issue that has been an ongoing problem. As of 2008 the school resource officer has been maintained. It is not certain if funding will continue for the next year.

Communicable Disease

30 Communicable disease reports were received in 2006.(9) In 2008 there were 34 reported cases. Hepatitis C is the most reported, followed by Chlamydia. It is not unusual for Lake County to have a few Giardia or Campylobacter cases throughout the year. One outbreak of gastrointestinal illness reported from a restaurant turned out to be a Noro Like virus. Lake County Public Health has investigated three such outbreaks in the last four years.

Environmental Hazards

Lake County does have “Superfund” clean up sites west of Lakeview for Uranium tailings and a mass chemical dump around the Christmas Valley area. While closely monitored and regularly inspected by the federal government, the potential for the release of hazardous amounts of radioactivity materials does exist.

Lake County has also experience several earthquakes, wild fires, floods, and severe winter storms. All of these may present a significant impact tot he infrastructure of the health care system and public health.

2. Adequacy of the Local Public Health Service

Lake County Public Health is only able to provide the five basic services required in ORS 431.416 and Preparedness. Funding limits the scope of services that may need to be addressed. Staffing is adequate for the current day to day work load but could not provide all services in the event of a major disruption such as a large outbreak. Staffing is being decreased this budget year by a .85 FTE. If financial

assistance continues to decrease it is questionable if Lake County Public Health can maintain adequate services for its mandated functions.

3. Lake County Provides Services by Statute in the following manner;

Epidemiology

- Health data has been analyzed annually to determine a base line for incidence of disease.
- Written plans, policies, and procedures are in place for surveillance of communicable disease as well as receiving, reporting, investigation, control and treatment.
- Utilization of the Electronic Laboratory Reporting system to receive reports from numerous laboratories.
- Written policy and procedure for 24/7 ability to receive reports.
- All staff has access to the Health Alert Network for notification and to obtain information.
- Written plans and procedures are in place for community notification of disease.
- Utilization of the CD Data Base to send reports electronically to the State Acute and Communicable Disease Program.
- All nursing staff has had basic training in responding to communicable disease reports.
- Specimen collection for communicable diseases is available on site. Testing is done by private laboratories or the Oregon State Public Health Laboratory.
- Collaboration with county agencies, hospital infection control, schools, mental health, and service clubs to provide information regarding communicable diseases.
- All childhood and adult immunizations for the county are given at Lake County Public Health.
- Utilization of the IRIS and Alert Data Bases
- Forms are available in English and Spanish.
- Collaboration with local Veterinarians regarding animal inoculations.

Parent and Child Health Services, Including Family Planning

- Collaboration with Head Start to provide group parent education on childhood concerns.
- Collaboration with Lake District Hospital to provide childbirth education classes.
- Collaboration with Lake District Hospital to provide discharge booklets.

- Home visiting programs that include Babies First, Maternity Case Management, and CaCoon. These include developmental screening, parent education, and referral.
- Collaboration with Educational Services District and Physicians for referral.
- Hearing screening offered with immunizations.
- Infant car seats and booster seats available with education on correct installation.
- Family Planning services according to Title X and FPEP guidelines.
- Utilization of Ahlers and ORCHIDS Data Base.
- Forms are provided in English and Spanish.

Health Statistics

- One Registrar and one Deputy Registrar provide birth and death reporting, recording and registration in a timely manner.
- Utilization of the Electronic Birth and Death Registry.
- Collaboration with Lake District Hospital to provide information in the discharge packet regarding birth certificates.
- Annual analysis of mortality reports.

Information and Referral Services

- Pamphlets are available with information on primary care providers, crisis intervention, mental health agencies, communicable disease, immunizations, lead, asbestos, pesticides, nutrition, heart disease, diabetes, prescription drug assistance, and emergency planning.
- If there is no information on the subject in the office, staff will search for information for the client.
- Oregon Health Plan applications are available.
- Referrals have been made to Child Welfare, Adult and Family Services, TANF, Oregon Health Plan, Primary Care, Education Services District, Mental Health, Department of Environmental Quality, Department of Fish and Wildlife, Ministerial Society, Dornbecker Children's Hospital, Shriners Children's Hospital, Building and Planning, and Town of Lakeview. This list is not all inclusive, but shows that Lake County Public Health endeavors to help clients find the information they seek.
- Lake County Public health has provided presentations to local agencies on communicable disease, disease reporting, emergency planning, childhood safety, and childbirth.

Environmental Health Services

- Lake County Public Health employees a Registered Sanitarian who provides inspection consultation and complaint investigation of food services, tourist facilities, schools, day care, public swimming pools and spas.
- 2006 data for inspections show that they were not adequate. Improvement has been made in 2007 and continues to improve in 2008.
- Public Health monitors water only in tourist facilities and organized camps.
- Public water is monitored by the water systems of Lakeview, Paisley and Christmas Valley. Private wells are numerous throughout the county.
- Department of Forestry monitors federal campgrounds and results are sent to public health.
- Water collection kits are available at public health.
- Solid Waste is regulated by the County.
- Sewage is monitored by the Town of Lakeview and DEQ.

4. Other Services of Import

Emergency Preparedness

- Public Health Emergency Plans are in place for ESF 8, Strategic National Stock pile, Mass Vaccination Clinic, Communications, Chemical, Radiation and Earthquake.
- Lake County Public Health participates in two exercises a year.
- For more information please see the Lake County Emergency Preparedness Annual Review material.

Laboratory Services

- Lake County Public Health provides laboratory services for diagnostic and screening tests to support public health services. These include, but are not limited to; virology, bacteriology and parasitology .
- Specimens are sent to private laboratories (InterPath, Blue Mountain, MedTox, Kansas State University, Oregon State University and the Oregon State Public Health Laboratory.

Dental Health

- Lake County Public Health has incorporated a dental varnish program for children 9 months to 3 years of age. This is collaboration between Maternal and Child Health Programs and WIC. The cost of the

varnish is on a sliding scale basis. The varnish is furnished at home visits, WIC visits, or appointment.

- Individual education by home visiting and WIC on proper oral hygiene is provided at visits.
- Referral to a dental home and/or the dental van are provided.

Medical Examiner Services, Older Adult Health, Primary Care and Shellfish Sanitation are not provided by Lake County Public Health.

III. Action Plan

A. Epidemiology and control of preventable diseases and disorders

The current plan located at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> has no significant changes.

B. Parent and child health services, including family planning clinics as described in ORS 435.205

1. EVALUATION OF WIC NUTRITION EDUCATION PLAN FY 2008-2009

WIC Agency: Lake County Public Health

Person Completing Form: Vickie Hogen

Date: 03/11/2009 Phone 541-947-6045

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 WIC Program's Key Nutrition Messages and identify which ones they need additional training on.

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

- How were the WIC Program's Key Nutrition Messages shared with staff in your agency?
- Which messages did staff identify as needing additional training on?
- How did this training occur?

Response:

Staff attended 08 WIC statewide meeting. Upon return of statewide WIC meeting staff discussed new direction for WIC food packages and Key Nutritional messages. Key message identified as needing more information on changes were Breastfeeding is a gift of love and infant feeding cues, Focus on fruit, and Vary your veggies. Additional training came in form of in staff service with discussion on state provided infant feeding guide and state provided fresh choices staff in service. WIC works website has also been utilized for updated materials on Fresh

Choices and Infant feeding material. Main CPA staff will be attending Breastfeeding update for professional's conference in May 2009.

Activity 2: By March 31, 2009, staff will review the proposed food package changes and:

- *Select at least three food package 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 change.*

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

- How did staff review the proposed food package changes?
- Which nutrition education messages were identified that need to be modified?
- How will these messages be shared with participants?

Response:

Staff that attended WIC state wide meeting collected information on proposed food package changes. L.Warnes and V.Hogen identified infant feeding and foods being added to infant packages, reduction of certain foods currently offered in order to offer new foods, and changes to existing foods like milk options in order to reduce calories in client's daily intake. Currently we are using state provided materials to prepare clients for changes. Materials currently being used are milk handout, fresh choices bulletin board, juice reduction for women hand out, and we are discussing food package changes with clients in order to prepare them for food reductions and changes to foods offered. All second contacts are Individual Education appointments.

Activity 3: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2008-2009.

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:

All staff in-services that were identified were discussed and objectives were met. Some subjects were modified; discussion on pregnant woman and oral health was focused more on general oral health and the implementation of our fluoride varnish program in February 09. Staff physical activity evaluations were done April 08 and April 09. We are still working on Cultural Diversity and Civil rights. WIC Works website offers an online cultural diversity training and test that we are currently working on staff completing individually.

Staff in-services are targeted towards all staff of Lake County Health Department. WIC offers updates to all new state mandates or TWIST updates. Materials are offered for review and

discussion among staff. Our Main CPA staff that actually sees clients attends state provided trainings. At staff in-service following a state provided training, staff trainer will update office on WIC updates. Areas that CPA staff request or require more training on are scheduled in to future staff in-services. Staff in-services are a great time to follow up on items from trainings that CPA staff has attended. The 11 core requirements are covered at different times. Certain areas are addressed at hiring, some areas are addressed by main CPA staff at state provided trainings and discussed at following staff in-service.

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 assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

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

- Did staff review the assessment steps from the Dietary Risk Module?
- Which steps did staff identify as needing additional training on?
- How did this training occur?

Response:

All CPA staff reviewed five steps for completing a diet assessment from Dietary Risk Module. Attitudes and Actions from Step 1 were the areas we felt needed more training. We are currently participating in Oregon WIC Listens and participant centered counseling.

Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.

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

- How has staff modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules?

Response:

Staff is working on improving our Oregon WIC Listening counseling skills. Current training and peer to peer observations are scheduled. We are trying to practice more participant centered appointments. Correct nutritional and dietary assessments and documentation are important. Identifying the risks and information from the client is important in offering client centered nutritional education.

Goal 3: Improve the health outcomes of WIC clients and WIC 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.

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

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

Response:

Objective: III

Strategy: C

We chose this objective and strategy because we felt confident that we could make changes in our work environment and promote a healthier life style. We chose to try and set monthly goals like bringing healthy snacks to work instead of sweets. We contacted the county in regards to what kind of county employee wellness program they were offering. Lake County was working on different options like flex time offered to county employees.

We began with a board that we put up monthly goals. (Bring a healthy snack to share) Evaluations were done to get a baseline of our daily physical activities, and improvements we had made, or declines we had made. All strategies started off strong, but weren't followed through with strongly. Healthy snacks are still brought in by individuals, and sweets are not so common.

We did an initial evaluation in March 08 to determine the level of physical activity our staff gets weekly. A second evaluation was done 1 yr later to determine if staff had made life style changes. After the 2nd evaluation was completed we realize we need to set individual goals and follow through with what is important to individuals. Offering a no cost physical activity to employees would be appreciated. One suggestion was have some exercise equipment on hand in conference room that employees may use. I.E. small weights, exercise stretch rope, or something along those lines. Employees would also like to see a lower cost membership to a local health club.

Activity 2: Identify your objective and strategy to facilitate healthy behavior change for WIC clients.

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

- Which objective and strategy did your agency select?

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

Response:

Objective: III

Strategy: F

Our goal was to get information out to families on the importance of physical activity. We were able to have information available at a variety of events which included Daly Days health fair, Lake County Fair and Round Up, and our local agency.

Lake County partnered with Lake County Fair and Rodeo, and OMSI to put on Kids Day at the Fair. It was a huge success, attendance was up from 2007. The kids and volunteers all had a great time. By keeping track of community offered fun runs and physical activities, employees also participated in local 5k runs, and cheered on local agency participants in the kids fun run offered.

We will continue to partner with the Lake County Fair and Rodeo to provide Kids Day at the Fair. Keeping up on local physical activities was great for both clients and staff.

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.

Activity 1: Identify your objective and strategy to improve breastfeeding outcomes for WIC clients.

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

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

Response:

Objective: I

Strategy: A

Our local agency would like to make sure mothers get adequate support from physicians, hospital staff, and our local agency for Breastfeeding. Communication between hospital, physicians, and our local agency regarding local support is important.

The hospital is working towards a baby friendly policy. Lake County Public Health has coordinated efforts with Lake District Hospital to get breastfeeding mothers support at hospital and after they have returned home. Hospital and the home visit nurse partner to offer child birth education classes. Breastfeeding info is offered then, and hospital is also very prompt in calling the home visit nurse to contact new moms who are breastfeeding. Hospital is also working towards maintaining an employee friendly breastfeeding environment. We feel that communication between agencies has been very beneficial to breastfeeding moms. Support for a breastfeeding mother is strong. Our next step is to educate moms who want to breastfeed the importance of letting hospital staff and physicians their decision to breastfeed

2. FY 2009 - 2010 WIC Nutrition Education Plan Form

County/Agency: Lake County Public Health
Person Completing Form: Vickie J. Hogen
Date: 03-23-09
Phone Number: 541-947-6045
Email Address:

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

Year 3 Objective: During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

Activity 1: Staff will complete the appropriate sections of the new Food Package Assignment Module by December 31, 2009.

Resources: Food Package Assignment Module to be released summer 2009.

Implementation Plan and Timeline:

All CPA staff will complete new Food Package Assignment Modules by December 31, 2009. Staff trainers will attend any state provided training sessions as funding allows, or will complete module individually.

Activity 2: Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new WIC food packages by December 31, 2009.

Resources: Sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009.

Implementation Plan and Timeline:

The main CPA staff will attend infant feeding cues sessions at the 2009 state wide meeting. Main CPA staff will also attend a breastfeeding update for professionals at a conference at Rogue Valley Medical Center. The conference is held on May 15, 2009 and covers cue based feeding. If further training is needed then we will address needs at a quarterly staff meeting.

Activity 3: Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

Example: Pregnant women will no longer be able to routinely purchase whole milk with their WIC FIs. If the nutrition education materials your agency uses indicates all pregnant women should drink whole milk, those materials would need to be revised.

Implementation Plan and Timeline:

V.Hogen will review current nutrition education materials and remove materials that are not consistent with new WIC Key Messages. State provided Nutritional Education materials will be used until we find appropriate new nutritional education materials that work with WIC Key Messages. All materials will be reviewed and updated by August 2009.

Activity 4: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2009-2010. Complete and return Attachment A by May 1, 2009.

Implementation Plan and Timeline:

Training supervisors: Lilli Warnes and Vickie Hogen

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

Year 3 Objective: During planning, each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

Activity 1: Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing by October 31, 2009.

Examples: Use state provided resources such as the Counseling Observation Guide to identify participant centered skills staff is using on a regular basis. Use state provided resources such as self evaluation activities done during Oregon WIC Listens onsite visits to identify skills staff are working on and want to improve on.

Implementation Plan and Timeline:

Lake county CPA staff will begin Oregon WIC Listens on-site visits in April 2009. After OWL on-site review CPA staff will identify skills that we currently use, and which skills we need to improve. Local peer to peer observations will be scheduled after quarterly staff meetings held at Lakeview Health Department. During self review in June 2009, peer to peer will be at Christmas Valley site.

Activity 2: Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

Examples: Using the information from Goal 2, Activity 1, schedule quarterly staff meeting time to review Oregon WIC Listens Continuing Education activities related to participant centered skills staff identified they want to improve on. Schedule time for peer to peer observations to focus on enhancing participant centered services.

Implementation Plan and Timeline:

Oregon WIC Listens on-site review will be in April 2009. Staff will use review tools to begin peer to peer observations at local agency. Peer to peer observations will be done after quarterly staff meeting. During local agencies self review in June 09 reviewer will travel to Christmas Valley site. Peer to peer observation will take place at that time also. Reviewers will use Oregon WIC listens review and learning tools to improve our participant centered counseling skills.

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

Year 3 Objective: During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.

- *Breastfeeding is a gift of love.*
- *Focus on fruit.*
- *Vary your veggies.*
- *Make half your grains whole.*
- *Serve low-fat milk to adults and children over the age of 2.*

Activity 1: Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by October 31, 2009.

Example: Determine which partners in your community are the highest priority to contact such as medical providers, food pantries, breastfeeding coalitions, and/or Head Start programs. Provide a staff in-service, written materials or presentation to those partners regarding Fresh Choices.

Implementation Plan and Timeline:

Written materials on WIC Key Messages and WIC changes will be presented to Medical providers in July 2009. LCPH will offer information regarding Fresh Choices at Lake District Hospitals Daly Days health fair, and at our yearly Rock and Relax booth that is offered at Lake County Fair and Rodeo. LCPH will contact Klamath Headstart to see about offering a Fresh Choices presentation.

Activity 2: Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

Example: Your agency is a cooperative partner in a state led evaluation of Fresh Choices such as hosting focus groups or administering questionnaires with participants.

Implementation Plan and Timeline:

Lake County will distribute questionnaires and return to state, or input data collected. Lake County would be willing to participate in a telephone conference based focus group.

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

Year 3 Objective: During planning period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the

foundation for health and nutrition of all WIC families.

Activity 1: Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

Resources: State provided Oregon WIC Breastfeeding Study data, the breastfeeding promotion assessment tool and technical assistance for using the tool. Technical assistance will be provided as needed from the agency's assigned nutrition consultant and/or the state breastfeeding coordinator.

Implementation Plan and Timeline:

Lake County will use state provided resources to evaluate our Breastfeeding support and promotion. If state provided material is provided before June 2009 then Breastfeeding assesment tool will be utilized during self review. Main CPA staff will be attending a Breastfeeding conference in May 2009 to help strengthen our current Breastfeeding support system. Areas of weakness will be addressed and any assistance that is offered by the state will be utilized.

Activity 2: Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency by April 30, 2010.

Implementation Plan and Timeline:

Main CPA staff will be attending Breastfeeding update for professionals conference in May 2009. Courses main objective is to provide the most current research on Lactation research and practice issues. Information from conference will be used to promote and support breastfeeding in our clinics.

Attachment A

FY 2009-2010 WIC Nutrition Education Plan WIC Staff Training Plan – 7/1/2009 through 6/30/2010

Agency: Lake County Public Health Department

Training Supervisor(s) and Credentials: V. Hogen WIC Coordinator., L.Warnes R.N.

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, 2009 – June 30, 2010. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	May 09	<ul style="list-style-type: none"> *Self Review. *OWL evaluation and assessment findings. *Updates on food package changes. *Breastfeeding and infant feeding cues update. * Daly Days Health Fair. 	<p>Review findings from OWL and set times and dates for local agency self review and peer to peer observations.</p> <p>Discussion of any new updates or material on food package changes.</p> <p>Discussion on updates from Breastfeeding conference.</p> <p>Discuss Daly Days Health Fair ideas.</p>
2	<p>August 09</p> <p>August 09</p>	<ul style="list-style-type: none"> *Roll out for new food package. *Updates from any state provided training that main CPA staff attended. *Peer to peer observations and further training if needed. *Review of any new NE material that is in support of Oregon WIC key messages. *Lake County Fair and Rodeo. Rock and Relax Booth and Kids day at fair. 	<p>Last minute discussion on food package changes.</p> <p>Any further activities or training that is needed for participant centered counseling.</p> <p>Staff overview of any new NE material.</p> <p>Discuss plans for Rock and Relax Booth, and Kids day at the fair.</p>

**3. FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY '10**

July 1, 2009 to June 30, 2010

**Agency: Lake County
Contact: Beth Hadley**

Goal 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

Problem Statement	Objective(s)	Planned Activities	Evaluation
Small clinics such as ours have all the same basic expenses as large clinics but receive less money. In order to assure our clinic operates at the highest level possible we must be vigilant in utilizing all possible sources of revenue.	Staff will become more proficient in obtaining reimbursement from private insurance.	Billing clerk and nurses to attend webinar training on ICD-9 and coding for contraceptive management.	Personnel will complete basic training on coding etc. by 11/09
	Increased revenue received from donations to the family planning program.	The cost of services will be reviewed and donations requested from each client at every visit, per donation policy. The development of a new superbill will assist clients in understanding the cost of services provided.	Revenue received from donations in family planning will increase by 10% from last FY.

Goal 2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

Problem Statement	Objective(s)	Planned Activities	Evaluation
It is an ongoing challenge to promote and or provide our services to teens in this conservative community.	Increase the number of teens in Lake Co. who have received information on birth control and are aware of the services provided at public health.	Guest speaking/presentations for high school health classes in Lake County.	Present to high school health classes each term, increasing the number of students reached by approximately 100.

	Encourage teens to promote our services to each other.	Survey teen clients to identify barriers and listen to their ideas on how to breakdown possible barriers.	The two most commonly identified barriers and/or solutions will be reviewed with the advisory board and changes implemented if feasible.
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Progress on Goals / Activities for FY 09
(Currently in Progress)

Goal / Objective	Progress on Activities
<p>Increase number of clients seen by NP on clinic days. Evaluate operating costs and clinic fees to promote cost effectiveness.</p>	<p>With the addition of the second exam room we have gone from scheduling 16 clients for the NP on clinic day to 24. Having the ability to see more clients has increased clinic efficiency.</p> <p>Costs/clinic fees have been evaluated and adjusted using formula's set forth in Gerry Christie's program as recommended by the state. This is an ongoing process but the first evaluation was completed by February 1, 2009.</p>
<p>Increase knowledge of public health by providing information to teens in small group settings.</p> <p>Encourage teens to promote our services to each other.</p>	<p>Have been a guest speaker at several high school health classes and have reached approximately 110 9th -11th grade students in groups of 12-18 at a time.</p> <p>Barriers have been discussed with our advisory board and suggestions from two teens on the advisory board considered, but no formal survey has been conducted. Cost and time constraints have contributed to the inability to conduct a formal survey. This will remain an ongoing goal for next fiscal year.</p>

4. Immunization Progress Report Lake County

Lake County Immunization Plan 2008-2011

Plan A - Continuous Quality Improvement: Increase 4th Dtap of children 24 months of age at LHD

2008-2011

Year 1: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ²	Progress Notes ³
A. Increase the percentage of children age 24months with Dtap 4 at LHD by 5% by June 2009.	<ul style="list-style-type: none"> • Increase Screening of WIC clients for immunization to 100% Review child immunization files for children due for 4th Dtap. 	<ul style="list-style-type: none"> • Baseline measure determined of number of children screened for WIC, daily review. • Children that are due for 4th Dtap determined and a monthly reminder system developed. 	<p>97% of the children in WIC were screened for immunizations.</p> <p>Reminder cards were sent every two months from the county office.</p> <p>AFIX reports show that in 2007 81% of the clients had a 4th Dtap at 24 months. The 2008 reports show that 85% were covered.</p>	<p>Comparing the 2007 and 2008 AFIX reports there was a 4% increase in the percentage of children age 24 months with Dtap 4.</p> <p>Methods will continue.</p>

² **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

³ **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.

<p>B. Encourage partnership of private providers to increase 4th Dtap in children 24 months of age at LHD by June 2009.</p>	<ul style="list-style-type: none"> • Provide providers info on immunization schedule Provide providers with immunization records when client presents for immunization, to allow providers to track their clients and refer to LHD. 	<ul style="list-style-type: none"> • Send current ACIP immunization schedule to all health care providers • Continue to send 100% of records to physicians noted on form. • Review all records and indicate if no medical home 	<p>Current ACIP recommendations were sent to all primary care physicians. Information on Rotavirus was also sent. 9/5/2008 100% of immunization records were sent to the client's primary physician after presenting for immunizations at LCPH. 65% of the VAR showed no medical home.</p>	<p>The doctors are aware of current immunization schedules and receive notice if their clients are given immunizations. Does the 65% show that these children have no medical home or that we are not doing a close review of the VAR? Will continue with methods and address medical home at the next staff meeting in April.</p>
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Lake County

Plan B - Chosen Focus Area: Increase use of Standards for Pediatric and Adolescent Vaccinations

2008-2011

Year 1: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. All school age children will have the new recommended requirements of Tdap and Hep A.	<ul style="list-style-type: none"> Attend School Registrations and make appointments for children needing the vaccination. Provide all needed vaccines when a client presents to the clinic 	<ul style="list-style-type: none"> Primary review will show that no children are excluded for lack of Hep A or Tdap 	Primary Review in February of 2008 had 10 exclusion orders for Tdap and 8 for Hep A. There were no students excluded for lack of these antigens. AFIX shows Missed opportunities were 14% in 2007 and they were 5% in 2008.	Tdap was given at the Daly middle school registration August 20 and 21, 2008.

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.

5. Maternal and Child Health Program Progress Report **FY 2008-2009**

Time Period: June 2009				
GOAL: Infants diagnosed with hearing loss will be enrolled in early intervention by six months				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Screen all 2 and 4 month old children for hearing loss at the time they present for immunizations	Children 2-12 months of age will be given the opportunity to be screened for hearing at time of immunization. Verbal and written material will be presented to the parents. Form will be in English and Spanish.	100% of children that show a hearing deficiency will be referred to Early Intervention. Documentation of referrals will be evaluated in June to see number of children referred and their ages.	Screening has been offered to all children less than two years of age that present for immunizations. 58 children were screened in 2008. 5 children were referred to Early Intervention.	ESD is working very closely with the public health nurse. Documentation of transfer of information to ESD is present in 100% of the cases. Also information has been faxed to the primary care provider. Client agrees to the transfer of information is also documented. The data collection format can be improved upon.
B. Collaborate with Hospital to provide information on hearing screen.	A flyer for hearing screening will be included in the OB hospital discharge packet.	Clients present for screening before two month immunizations. Documentation of screenings will be evaluated as to age of first screen.	No child has presented before two months of age.	Continue to work with the hospital on the program and continue to place information in the discharge packets.
Time Period: June 2009				
GOAL: Improved Oral Health in Pregnant Women and children				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Pregnant women will become aware of the importance of good oral hygiene	Collaboration with dentist to obtain tooth brushes to give to Pregnant women. Provide an oral health packet to pregnant women in WIC and MCM Review oral hygiene issues at next visit.	75% of the women receiving the Oral health packet will report they have improved oral hygiene. A survey will be presented.	Not done	This will need to be continued as it was not documented properly. This will be a continued objective
B. The ability to provide dental sealant for children.	Send one RN to become trained in dental sealant procedures.	RN will be trained in dental sealant procedures.	Two nurses and one WIC CPA received training in dental sealant procedures. Policy and Protocol has been written and signed by health officer.	28 children have had dental varnish applied either during a WIC visit, home visit or by appointment. Education on oral hygiene is presented at the same time.

C. Environmental health

Time Period: July 2008 – June 2009				
GOAL: Improve Rate of Food Pool and Lodging inspections				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Food, Pool and Lodging inspections will meet the number required in OAR 333-012-0055	Require Sanitarian to travel at specific times to complete inspections and avoid bad weather.	The number of required inspections will be at least 90%. Facility inspection reports from the state will be reviewed. And compared.		The Sanitarian has made an effort to travel in the fall and early spring to avoid hazardous roads. This seems to be working.
Time Period: July 2009-June 2009				
GOAL: Food Handler Training will be done by local staff				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase in the number of Food Handlers Classes available to the public	Train staff to provide the food handler class and monitor testing.	Food Handlers classes will be held quarterly. Documentation of classes held will be reviewed.	Food Handler Classes were held 5/20/08, 6/20/08, and 10/22/08. A log was established for Lake County and cards printed.	Food Handler tests are now offered at both Lake County Public Health sites on demand. A large community class was held on May 11, 2009
Time Period: July 2008-June 2009				
GOAL: Improve Environmental Health Services				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase staff available for environmental health.	Register a RN BSN with the state to shadow the RS and take the Sanitarian Boards.	Ability to monitor temporary restaurants and respond on site to complaints.	Lack of funding for a trainee. Also the RN has had a change of heart about training for 2 years.	Currently our contracted RS lives in the Portland area.
B. Investigate complaints and cases of food born illness in a timely manner.	See Active Surveillance Protocol in the Epidemiology plan..	100% of food born complaints will be investigated. Investigation will document when Sanitarian was called and her response time.	Review of complaints show that 6 were received. Documentation of notification of the Sanitarian is 100%. Not all complaints need a CD investigation but need a response.	Wording may need to be changed on this. All complaints will elicit a response – the sanitarian will be notified and the facility contacted- Any illness of 3 or more people not from the same household will cause and actual investigation.

Time Period: July 2008 – June 2009

GOAL: Improve Rate of Food Pool and Lodging inspections

<p>C. Reduce the rate of health and safety violations.</p>	<p>Inspections will be done in a timelier manner.</p>	<p>Food, Pool and Lodging inspections will meet the number required in OAR 333-012-0055</p>	<p>Inspections exceeded # of inspections required with the exception of temporary restaurant 70% of for profits were inspected and 9% of the benevolent were inspected. The request for temp restaurant is always forwarded to the Sanitarian. She gives verbal approval or instructions for improvement before approval of the request.</p>	<p>The Sanitarian resides in the Portland area and is not able to inspect every benevolent temp request. Many organizations have had functions involving food in the past and they have not even applied for a license. Now they are applying, having the sanitarian review the application, receiving the temp rest food handlers booklet and being reminded of the stipulation that someone with a food handlers card must be present at all times. I think this is an improvement.</p>
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D. Health statistics

Time Period: July 2008-June 2009				
GOAL: Death Certificates will be reported to the Court House within one week				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Death Certificates will be reported to the courthouse within one week.	The Deputy Clerk will hand delivery the death certificates every Thursday to the Clerks Office.	100% of the Death certificates will be delivered within the accepted time frame. Documentation of when the records were delivered will be maintained and reviewed.	The lists of deaths are delivered to the county clerk every Friday. Documentation has not been kept.	Conversation with the County Clerk indicates there is no problem with timeliness of receiving information. As Deputy Registrar is decreasing in FTE the additional documentation is not feasible. The Deputy Registrar will be responsible for the delivery.
Time Period: July 2008-June 2009				
GOAL: Electronic Birth and Death Certificates will be issued in a timely manner				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Birth and Death Certificates will be obtained electronically and issued as soon as they are available.	Collaboration with the Funeral Homes to notify Public Health when the records are available. Once a request is made the clerk will attempt to retrieve the certificate, If unavailable will document time and date of attempt.	100% of death and birth certificates will be issued within 24 hours after it becomes available on the data base.	Local funeral home directors notify the health department when the certificate is ready. All certificates are issued within 24 hours. If ph cannot access the certificate it is documented on the request, also follow up is documented.	This outcome measure needs to be changed to 24 hours (during the work week) after the funeral director requests copies. PH is not staffed to constantly access the system to see if copies have been signed. The funeral directors agree to the above.

E. Information and referral

There are no changes to the current plan located at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml>

F. Public Health Emergency Preparedness

There are no changes to the current plan located at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml>

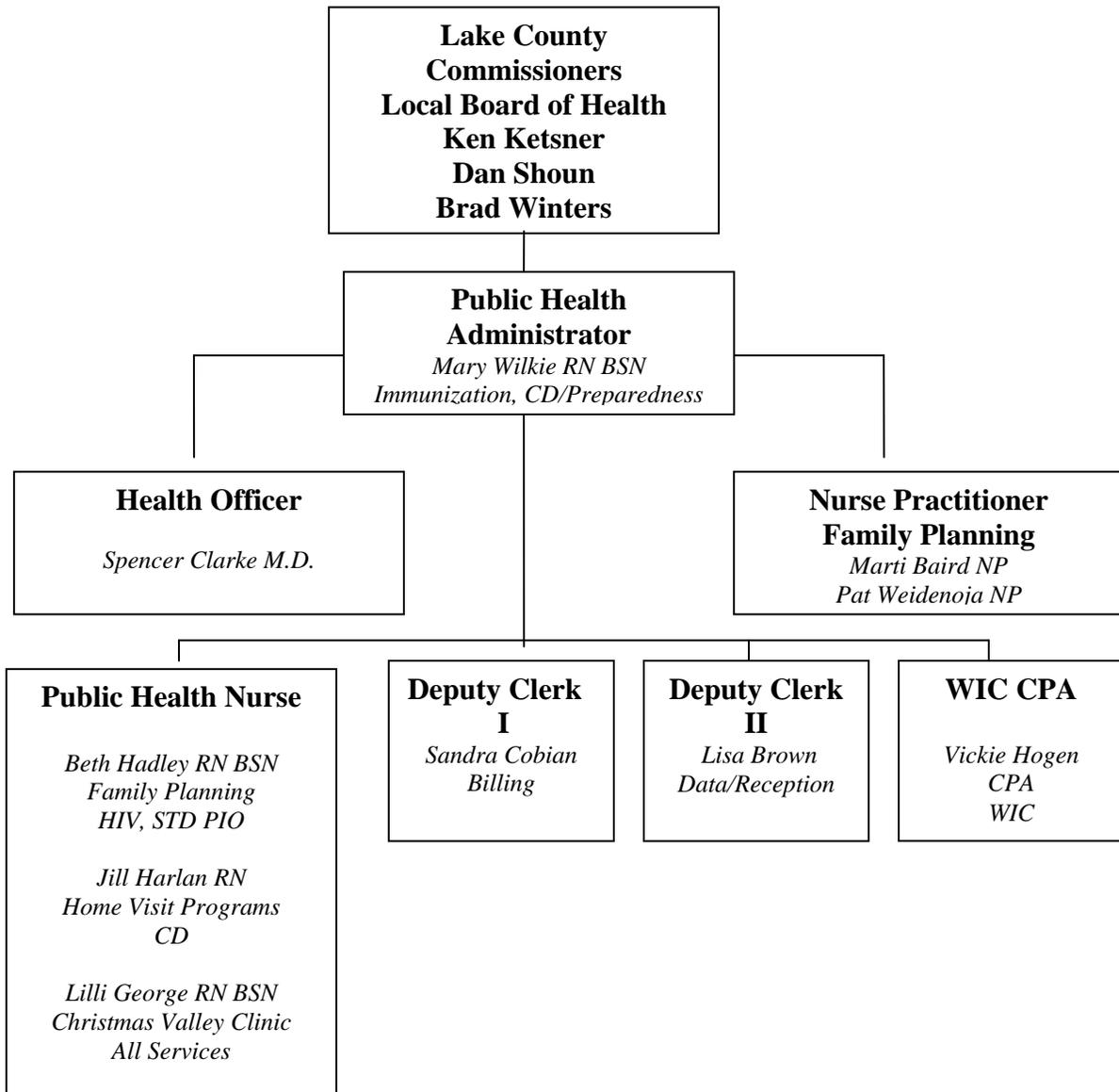
G. Other Issues

Oral Health, Tobacco, and Obesity are major risk factors for morbidity and mortality in the county. Lake County Public Health has presented a request for proposal for Tobacco Prevention and Education for the

09-10 fiscal years. Fluoride varnish treatment has been made available for children 9 months to 3 years of age on a sliding scale basis. The treatment is offered during WIC visits, home visits and by appointment. Oral hygiene education is provided during the varnish procedure and public health assists the family in establishing a dental home.

IV. Additional Requirements

Lake County Public Health Organizational Chart



The Local Board of Health for Lake County is made up of the three Lake County Commissioners. The Commissioners have an informal work session every Tuesday. Formal meetings are held the first and third Wednesday of the month. Lake County does not have a separate public health advisory board. The public health administrator reports to the county commissioners on a quarterly basis, or more frequently as needed. The commissioners (Local Board of Health) oversee the Commission on Children and Families.

V. Unmet Needs

Lake County Public Health does not meet the Minimum Standard Requirements for a Public Health Administrator. The current administrator is a Registered Nurse with a Bachelor of Science Degree in Nursing and 10 years of experience in Public Health, eight of those as the administrator. The current administrator has been cross trained in all the programs and has the ability see clients when the program nurse is unavailable. Funding for graduate level continuing education is not budgeted at this time. Although scholarships may be available to help with the tuition there is not funding available for the time involvement required of the Administrator. The Commissioners are discussing the rationale for the requirement and seeking information from other counties before coming to a decision on this matter.

VI. Budget

Budget information may be obtained from;

Bob Pardee
Assistant to the Commissioners
513 Center Street
Lakeview, Oregon 97630
541-947-6003
bpardee@co.lake.or.us

VII. Minimum Standards

Both

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. *They have participated in the development of the public health and hospital plan, no one has seen the county 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. *This is available but not through public health.*
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. *This is done but not through public health*
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk. *By the state*
53. Yes No Compliance assistance is provided to public water systems that violate requirements. *This is done at the state level or DEQ*
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken. *By the state or DEQ*
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. *By building and planning/DEQ*
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. *This is another department in the county.*
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. *By the state/DEQ*
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response. *HAZMAT comes out of Klamath Falls*
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. *This will be a combined effort of all emergency response.*
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

70. Yes No Local health department supports healthy behaviors among employees.
71. Yes No Local health department supports continued education and training of staff to provide effective health education.
72. Yes No All health department facilities are smoke free.

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No WIC
 - b. Yes No Family Planning
 - c. Yes No Parent and Child Health
 - d. Yes No Older Adult Health
 - e. Yes No Corrections Health
75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education. *These are occasionally provided by the hospital but not routinely.*

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. *Fluoride Varnish*
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. *We cannot assure this – we attempt it.*

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

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Mary Wilkie

- Does the Administrator have a Bachelor degree? Yes No
- Does the Administrator have at least 3 years experience in public health or a related field? Yes No
- Has the Administrator taken a graduate level course in biostatistics? Yes No
- Has the Administrator taken a graduate level course in epidemiology? Yes No
- Has the Administrator taken a graduate level course in environmental health? Yes No
- Has the Administrator taken a graduate level course in health services administration? Yes No
- Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes No

- a. Yes No **The local health department Health Administrator meets minimum qualifications: See Unmet Needs**

**Signature Page for Lake County Public Health
Annual Plan 2009-2010**

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

Approved by the Local Public Health Authority on April 28, 2009
Hard copy of signature will be mailed. MW

Local Public Health Authority

County

Date