

JEFFERSON COUNTY

PUBLIC HEALTH DEPARTMENT

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Jefferson County Local Public Health Authority Annual Plan 2010 - 2011

I. Executive Summary (Annual)

Jefferson County Public Health was able to stabilize its workforce this past year, but not without turmoil. The budget year began with a county wide reduction in hours to 37.5 per week. And, although the new Public Health Director started June 1 with a full cadre of staff, by September it became clear financially the School Based Health Clinic had to be closed. Additionally, the Healthy Communities Program Coordinator moved to a state program position and the Developmental Disabilities Program Manager resigned in November leaving two new staff to continue the program plus there was clerical turnover in December. This occurred as the H1N1 Influenza outbreak was growing and the new Director had to assume all the responsibilities of the Public Health Preparedness Coordinator position because of budget shortages. Combined with two major state reviews, DD in June and Triennial in October, plus some contract issues with the local Council on Children and Families' Healthy Start Program, we were happy to see the new decade begin.

The good news is we made it through thanks to the previous work done by the interim director in hiring competent staff and supporting the existing staff who were able to keep the programs going and viable. WIC was able to exceed their enrollment requirements; Immunizations was able to keep up with regular childhood immunizations reaching 87% of the county while coordinating a double run at schools for both seasonal and H1N1 influenza; Communicable Disease Control assisted with the H1N1 outbreak tracking and vaccinations efforts while becoming accustomed to the new data program; Reproductive Health transitioned well from the School Based Health Clinic closure, plus the STARS program was accepted as the expanded My Life/My Choice and looks to expand in the school system next year; Environmental Health's part time 30 year veteran of EH services was able to get the food service inspections organized, timely and productive along with the water program; Maternal Child Health home visiting will be expanding after keeping one of the H1N1 vaccinating nurses on to revitalized Babies First!, CaCoon and Maternal Case Management plus try to coordinate the nine home visiting entities targeting the 0 to 3 year olds and lastly, our new Healthy Communities Coordinator has been able to step into the position and continue local work to improve the community through partnerships with the hospital, school districts, Warm Springs Confederated Tribe, local government and businesses. Most recently, a cultural awareness day long

educational opportunity was held for over 75 key community leaders; Jail Health has improved; Plus the additionally responsibilities of the DD and CCF programs have kept Public Health integrated in its community efforts.

Lastly, the H1N1 outbreak allowed Public Health to show its role and responsibility in the community, helped solidify relationships with the health care service providers as well as promote a local Tri-County coordination and response with Crook and Deschutes Counties as well as the State Public Health Office.

One additional note – Mental Health and Primary Care are pursuing a Regional Health Authority venture to provide behavioral health providers in primary care clinics and hospital emergency clinics. This is supported by the county commissioners of Jefferson, Crook and Deschutes counties, St.Charles Health Care system that manages the four hospitals in the tri-county area, DHS and OHP, Health Matters (a recent local non-profit focused on assessment and program development) plus Managed Care entities. This group has made comments that Public Health will also become part of this process as it evolves. It is not clear what a Region Health Authority would mean for Public Health, but will be interesting to follow. Recent meetings have focused on the money associated with program management and implementation would appear to help offset the administrative costs to the authority.

II. Assessment – (Annual)

1. The same key issues identified in last year's three year comprehensive plan assessment still face Jefferson County today: obesity, unplanned pregnancies, drinking, tobacco use, Chlamydia, and Salmonellosis. In a February, 2010 nationwide County Health Rankings report by the Robert Wood Johnson Foundation, Jefferson County ranked last in Oregon in Health Outcome and Health Factor measures used to compare all counties within a state on the same available data.

There are many community based activities recently initiated that are trying to affect these issues, but will take time to be reflected in the data. Partnerships with the local health care providers including Mt. View Hospital and Warm Springs Tribal and Indian Health Services, both school districts, city government and large businesses are aware of Jefferson County's status in the state, but committed to improving it. A big factor is the recent unemployment rates, where Jefferson and Deschutes counties hover around 14% and Crook is over 15%. That is a key driver in many of the key issues as well as the RWJF health indicators.

2. Public Health Services adequacy has been affected by staff turnover and closing of the School Based Health Clinic (SBHC) for the 509J School District. The Healthy Communities Program Coordinator left in September, 2009, to take a position with the State Public Health Office in Chronic Disease, which gave JCPH an advocate for the program, but took time to fill the position and bring that person up to date on the specifics of the programs. We are still close partners with the Mt. View Hospital Community Health

Improvement Participation Projects and school based interventions. However, in September, 2010, the budget for the SBHC was projected to begin costing the county money, so the clinic was closed. Revenues had not met expectations for the summer. A decision was made before the new Director arrived to get a permanent staff Nurse Practitioner to staff the clinic three days per week, plus keep the clinic open during the summer to provide services in the weakening economy. The clinic was not used by many in the summer and the FNP turned out to have a personal opposition to providing Family Planning contraceptives to teens. While we worked through the Family Planning issue, it did not help increase use. Carryover funds were drained, visit rates were low and most of the services provided were within ¼ mile of the clinic either through private providers, Mosaic Medical (a Federally Qualified Health Center) and Public Health. Additionally, Mosaic had increased its Nurse Practitioner staffing to include both a 5 day per week and a 4 day per week FNP. Another private provider, Medical and Surgical Associates, had a popular FNP return to full time work after a year's absence. All took Oregon Health Plan and worked with self-pay clients, with Mosaic having the most impact.

Other staffing has stabilized and resulted in program improvements in Environmental Health Services and Communicable Disease Tracking. The H1N1 Outbreak helped identify the gap in having a good response plan, but not having had the time to orient all staff to the Incident Command Structure. Those activities are now on the table for improvement.

Additionally, the Public Health Nurse Home Nurse Visiting Program was able to hire a former Home Visiting Nurse to improve the program. However, over the past year there have been a number of local home visiting programs that have expanded into the birth to three year old population and want to include prenatal case management to bring the families to their children based programs. There are a total of nine home visiting programs in the county, they do not coordinate individual client services among themselves, nor share information to determine the best program fit for a family. JCPH will try to fill that role in the coming year.

Lastly, the long awaited University of Washington Baby Smiles research program will begin May 3, 2010. This is a research based program that attempts to find the difference in maternal and infant dental caries when approached with two methodologies for preventing caries. It is a three year grant that allowed JCPH to hire a translator that can accompany the home visiting nurse on the many visits to participating Hispanic mothers.

III. ACTION PLANS

A. Epidemiology and control of preventable diseases and disorders (Updated Plan sent to Program Coordinator for CD and Immunizations)

Problem: Getting staff hired that could do the treatment and investigation

Goal: To provide media information regarding health department role in disease prevention.
 Improve the timeliness of 24/7 reporting

Activities Produce two media stories with the local paper in 09/10
 Monitor 24/7 reports for timeliness on a quarterly basis

Evaluation Copies of two stories
 Reports submitted to the director regarding times

Results: Two experienced part time RNs have been hired to address issues in Communicable Disease Control, TB, STD/HIV. One began in May, 2010, the other October, 2010. Both have been learning the electronic reporting programs and assisted in the H1N1 Outbreak vaccination and awareness effort. This has allowed the Immunization Coordinator to focus on that program solely. Numerous press releases were generated by the H1N1 outbreak, plus the RWJF County Rankings offered exposure to Public Health's role in Community Health.

The new Health Community Program Coordinator has picked up the previous coordinator's plans and continues to implement them since she was also previously involved from Warm Springs in the partnerships. Plans have been submitted directly to the state coordinating offices

Immunizations weathered the H1N1 outbreak using local part time nurses to assist in both Seasonal and H1N1 vaccinations. Our compliance rate has been above the state requirement, but actual numbers will not be available until June because of the state backlog in H1N1 data entry.

**B. Parent and child health services including family planning clinics
 (Updated Plan sent to Program Coordinators for WIC and Family Planning)**

Problem: The problem has been staff resources to effectively achieve the outreach for the nursing home visit program which requires an interpreter in addition to the nurse. This also makes follow up hard and we have thought about a lay person but would need some resources to achieve this action. Regarding family planning we have seen some decrease in service attributed to the continual nurse practitioner balancing over the past three years of the school based health center and the department. This has lead to cancellations and individuals not feeling we are responsive. Our immunization and WIC programs are doing very well

- Goal:** Retool the use of staff for increasing services for nursing home visits and family planning, now that the clinic staff is up to budgeted levels.
- Activities:** Increase community awareness of services provided by outreach to community groups, speaking engagements, and seeks support for these programs outside of grant funds and fees.
- Evaluation:** At the end of the fiscal year is the number of services delivered in these two programs higher on June 30 2010 than on June 30, 2009.

Results: The School Based Health Clinic was closed September 1, 2010. Follow-up efforts will focus on providing transportation for students to and from local providers as indicated as a possibility by the SBHC closing survey. Family Planning Clinic usage is at the 2007 rate, three new female Nurse Practitioners seems to have had an effect on the program. The SBHC closure had minimal impacts, since students were sent to the JCPH office for those services because SBHC FNP did not want to prescribe contraceptives for adolescents, but would do the exams. It made for a cumbersome process. With ten teen moms currently enrolled in 509J schools, the school nurse and Public Health would like to find a solution to easily and confidentially get interested teens more access. Promotional campaigns are being considered on how best to get the message out to the three cultures in the county. Plans have been submitted directly to the state coordinating office.

Home Visiting gained in December, 2009, a part time RN with previous experience in the program. She has been assisting and transitioning the program from the previous RN, who will now focus on WIC and the Dental program. The Home Visiting nurse will become full time in July and will be assisted by an interpreter associated with the Dental program for prenatal care as well as Spanish speaking outreach workers recently hired by the Mosaic Medical FQHC. JCPH Home Visiting hopes to improve coordination among the nine home visiting entities; three Head Starts, one ESD early intervention program, CCF – Healthy Families and Juniper Junction Relief Nursery, St. Charles/Health Matters – NICU connecting pathways, as well as CaCoon, Maternal Case Management and Babies First! (which are anticipated to evolve this fall with state and local public health input). The numbers for tracking home visiting will not be available for comparison until the end of June, but may be affected by the understaffing from July to December, 2009. We believe the transition in the Fall of 2010 to a Nurse Family Partnership based approach for direct client services along with asserting our leadership in local client coordination will improve all the home visiting services available.

WIC continues to meet its goals and expand. We arranged for Patty Barker, RN, to focus on WIC and a new Dental Program by hiring a Home Visiting

Nurse, Barbara Ibrahim, RN, in December, 2009. The staff has been successful in implementing WIC voucher changes and supporting the Farmer's Market Program, although voucher reclamation was low, which will be a focus this coming summer.

C. Environmental Health

(Updated Plan sent to Program Coordinator)

- Problem:** Not had adequate staffing and focus until the last six months. We were behind in water sanitary inspections and restaurant inspections.
- Goal:** Maintain water and food inspections within the parameters established in the administrative rule.
- Activities:** Keep a qualified sanitarian on staff at all times with incentives to stay with the Department
- Evaluation:** All water and food inspections will be up to date and complete within the time frames by June 30, 2010.
- Results:** In less than a year, the part time 30 year EHS veteran has organized the food and water programs so they are in compliance with respect to inspections and documentation per the fall Triennial Review.

D. Health Statistics

Our registrar maintains the records for us. The numbers of birth and death certificates are small but we have efficient system now that the system is electronic. We have a good back-up system with two deputy registrars which help in the absence of the registrar. There is discussion of Warm Springs being able to access their Tribal member information, which could create problems for funding of the JCPH position and data integrity. The State office is working with Warm Springs to consider this option at Warm Springs' request.

We continue to participate in other statistic gathering systems within the state so our statistics for WIC, family planning, immunizations, BCC, EH and others. We depend on the state's summary of the data as we do not have the internal capability to summarize the data locally. There is a proposal for an integrated Health Information Exchange that would cover all providers in Deschutes, Crook and Jefferson Counties. The outcome of that funding may improve JCPH's ability to develop local Electronic Health Records that upload into the many data gathering systems as well as communicate with local providers on Communicable Disease Reporting and Tracking.

E. Information and Referral

It is described some above, but we have a significant display of brochures that are used as information for clients. Our CCF program with support from the public health department produces a referral manual on an annual basis which is available to clients. Referrals are made in person and over the phone. Our front desk staff is knowledgeable of local resources. They can convey that information in both English and Spanish which helps our diverse population.

F. Public Health Emergency Preparedness

The Department's Emergency Plan is very complete and did include a plan for our 509J School for Pandemic Emergency. The prior emergency preparedness coordinator did an outstanding job of developing materials.

The Department has not done regular exercises; however, the administrator has participated in some county exercises and discussions. Jefferson County overall has a long way to go to be ready for an emergency. County emergency management staffing has been influx as has the Department's.

The goal for the new administrator will be to conduct an exercise to prepare staff for a real event. Practice did occur in monitoring the Swine Flu event and making sure that we were ready and prepared with supplies and contacts. Regular contacts were maintained during the event which the Department will build upon in the coming year.

Result: The new PH Director had the Preparedness responsibilities include in the job description to save money during the fiscal shortfall. While the Director had experience in preparedness, there was not time to familiarize him with the plan and the personnel changes that had occurred outside and within public health related to the plan. Regardless, when the H1N1 Outbreak re-emerged, JCPH was able to cooperate with Deschutes and Crook county preparedness personnel to present consistent area information, along with the cooperation of the local health care providers and school districts to coordinate the appropriate release of information and response. JCPH staff now has to regroup around the ICS system roles and learn from this recent event that highlighted the role of Public Health to the community. Review of training plans and staff requirements are being reviewed in light of new requirements, but the small size of JCPH makes it difficult to keep up.

G. Other issues

The JCPH Director not only oversees the Public Health Programs, but also has supervisory responsibility for the Jail Nursing Staff and Physician, the Council on Children and Families staff and the Developmental Disabilities Staff. These three program areas have occupied over a third of the New Director's time. The State DD program reviewed the Jefferson County Program and made over 100 issues for change at the same time 2 new staff were hired to meet state requirements. The Public Health Director had to also assume the Program Manager responsibilities under the new state requirements, which he found cumbersome and time consuming. The statewide DD program could do with a broad ranging overhaul in the PH Director's perspective based on previous experience with similar programs in Idaho as does the current JC DD Program manager who comes with that experience from California. Additionally, the county CCF program had difficulty with tracking its budget that resulted in contractual issues with its Healthy Start Home Visiting Program. That program was removed from Public Health two years ago but will not be considered by CCF to be returned, even though the issues have been resolved and the staff has changed. It is hoped the coordination of Home Visiting Services at the state level by

Public Health, CCF and the Oregon Department of Education will result in the ability to coordinate appropriately placed and monitored services on a local level.

TRIENNIAL REVIEW

Jefferson County Public Health triennial review was scheduled for October, 2009, which turned out to be the rise of the H1N1 outbreak. The State Staff were very helpful in completing the review and assisting in gathering the necessary information to make their assessment, then working with the staff to complete identified deficiencies. All programs and identified items in the initial report letter and follow-up have been addressed to the satisfaction of the review team members at this point.

IV. Additional Information

2010 Organization Chart is attached.

Jefferson County has not officially designated a Board of Health or a Public Health Advisory Board. Informally the Board of Commissioners would function in the Board of Health role as they set policy and are consulted and informed regarding situations and events. They are also involved and participate in the Healthy Communities Advisory Committee.

The Public Health Department oversees the CCF as well as the Developmentally Disability Program and they integrate and coordinate services in a joint manner with public health.

V. Unmet Needs

We need resources to deliver prenatal care to CAWEN women that do not require such a huge local match. These women need to get into care early so we can also educate them about other services that would benefit them and their child.

Getting sufficient resources for full nurse staff is critical for us. The challenge becomes finding nurses who are bilingual which makes our work more efficient and effective and can be generalists.

Our nursing home visit program would benefit from a paraprofessional support staff person to do follow up with the women. This position would be bilingual to assist with a Latino mothers.

Result: See comments above on Home Visiting under **Parent and child health services.**

CAWEM PLUS has been further explored for Jefferson County. A meeting of local providers was convened in January, 2010 to discuss the issue. Providers currently use the CAWEM program, but would like to establish the expanded version of CAWEM PLUS to provide more comprehensive care, but the county contribution remains a barrier.

Additionally, the mechanism by which non-county money could be donated to pay the county contribution is being explored by the state Medicaid program. Other options are being considered. JCPH identified at least 35 deliveries each year would qualify for CAWEM PLUS, but tracking the actual numbers through the Medicaid information system has proven to be difficult. More work needs to be done by the group on how the contribution amount is determined by Medicaid and how it can be paid by the County.

VI. Budget

Barbara Mammen, Business Manager, will provide a copy of the Jefferson County Public Health Department approved county budget.

VII. Minimum Standards

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

Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.

18. Yes No ___ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No ___ Filing and retrieval of health records follow written procedures.
20. Yes No ___ Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No ___ Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No ___ Health information and referral services are available during regular business hours.
23. Yes No ___ Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No ___ 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No ___ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No ___ Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No ___ Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No ___ A system to obtain reports of deaths of public health significance is in place.
29. Yes No ___ Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No ___ Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No ___ Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No ___ Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No ___ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.

34. Yes No ___ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No ___ Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No ___ A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No ___ There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No ___ Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes ___ No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No ___ Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No ___ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No ___ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No ___ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No ___ Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No ___ Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No ___ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

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

64. Yes ___ No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes ___ No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No ___ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

Nutrition

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

Older Adult Health

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

Parent and Child Health

82. Yes No ___ Perinatal care is provided directly or by referral.
83. Yes No ___ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes No ___ Comprehensive family planning services are provided directly or by referral.
85. Yes No ___ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes No ___ Child abuse prevention and treatment services are provided directly or by referral.
87. Yes No ___ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes No ___ There is a system in place for identifying and following up on high risk infants.
89. Yes No ___ There is a system in place to follow up on all reported SIDS deaths.
90. Yes No ___ Preventive oral health services are provided directly or by referral.
91. Yes No ___ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No ___ Injury prevention services are provided within the community.

Primary Health Care

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

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

Cultural Competency

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

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: Thomas M. Machala

- 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:

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

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

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

AND

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

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

c. Yes X 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.

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

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

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

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

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

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

Thomas M. Machala

Local Public Health Authority

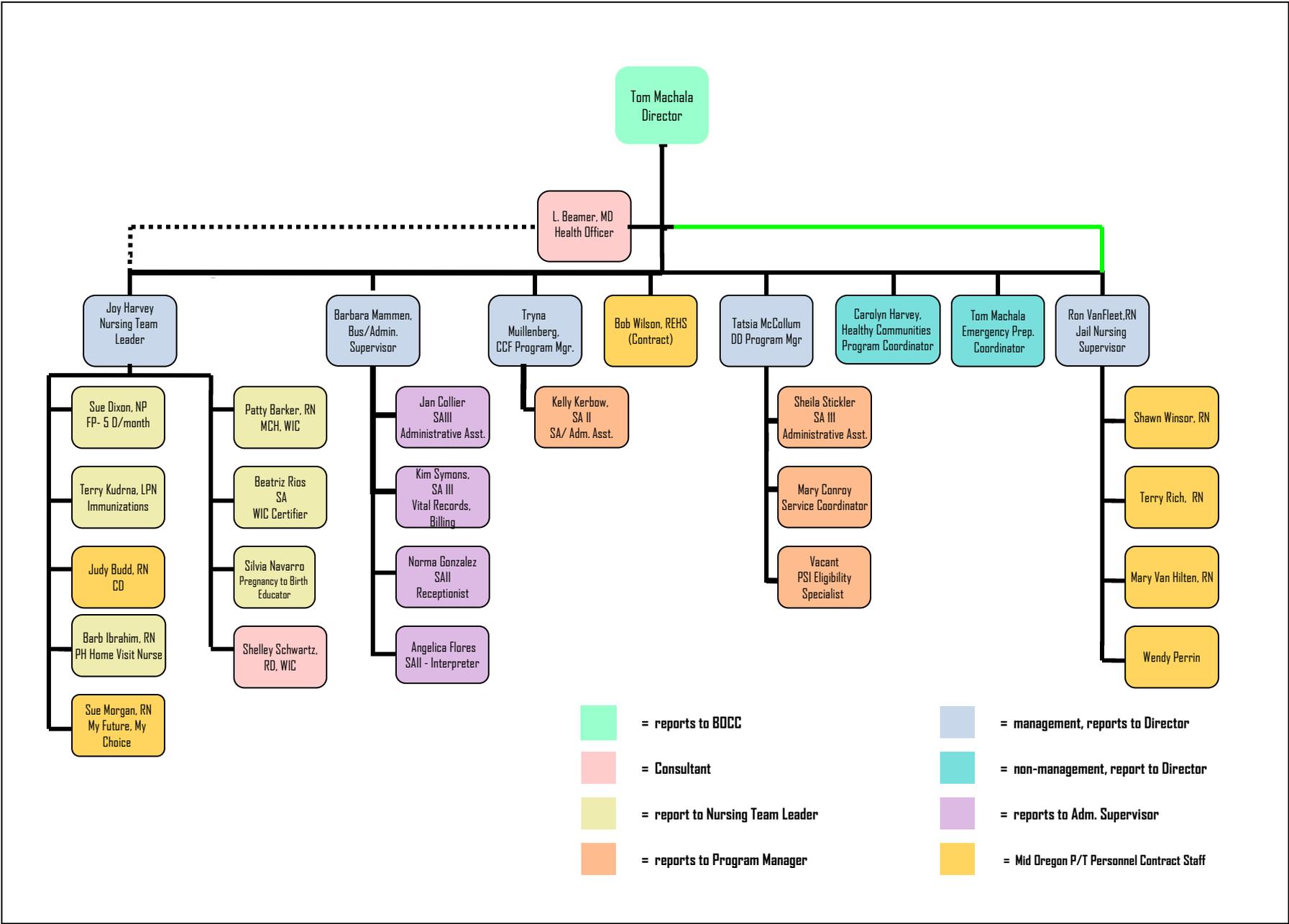
JEFFERSON

County

APRIL 22, 2010

Date

Jefferson County Public Health Organizational Chart, 2009 - 2010



- = reports to BOCC
- = Consultant
- = report to Nursing Team Leader
- = reports to Adm. Supervisor
- = reports to Program Manager
- = management, reports to Director
- = non-management, report to Director
- = reports to Adm. Supervisor
- = Mid Oregon P/T Personnel Contract Staff