

# **POLK COUNTY PUBLIC HEALTH**



## **ANNUAL PLAN 2010-2011**

# **2010-2011 Annual Plan**

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## I. Executive Summary

Last year's plan represented the three year Comprehensive Annual Plan for Polk County Public Health (PCPH). The comprehensive plan was done in conjunction with the triennial review of PCPH's services. This annual plan for 2010-2011 will be limited to updates and includes a more limited report for the interim years.

This past year was dominated by Polk County Public Health's response to the H1N1 influenza epidemic. As the epidemic unfolded in Polk County it demanded a significant portion of our time and resources. Though the disease did have a significant impact in our county and resulted in several hospitalizations, Polk County did not have any deaths directly related to the H1N1 flu. The subsequent distribution of H1N1 vaccine also kept us busy through the end of 2009. Though we would have benefitted from earlier distribution from manufactures, the vaccine was distributed widely throughout Polk County. Multiple vaccination clinics were established as vaccine became available and vaccine was distributed first to high risk individuals and eventually to anyone who desired it.

PCPH continues to provide key programs to the community including Family Planning, Immunizations, WIC, Communicable Disease surveillance, Emergency Preparedness and Maternal Child Health. Tobacco Prevention and Education also continues to be an important part of our program and funding for Chronic Disease Prevention has been restored for 2010.

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

Improving access to health care for our children is an important issue. During the coming year we hope to partner with state funding agencies and local providers to remove financial barriers for children seeking health care.

PCPH strives to provide service to the community in a fiscally responsible way and advocate for ways to stabilize funding for programs that make a positive contribution to our county residents. Due to the economic slowdown of the past year we have seen an increase in need for services as funding becomes tighter. By careful stewardship of public funds PCPH hopes to maintain current programs available to the community.

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

Andy Walker RN, MSN  
Polk County Public Health Administrator  
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## **II. ASSESSMENT**

There are no substantial changes in this section of the 2010-11 annual plan from the comprehensive annual plan of 2009-10. The comprehensive annual plan for Polk County can be reviewed at: <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> .

For additional health information on Polk County you can also view the most recent health assessment on the Polk County website at: [http://www.co.polk.or.us/sites/default/files/public\\_health/polkcoreport\\_9-9-9.pdf](http://www.co.polk.or.us/sites/default/files/public_health/polkcoreport_9-9-9.pdf) .

Information on the topics of Epidemiology, Environmental Health, Health Statistics, Information & referral, Emergency Preparedness and other issues can also be found in the 2009-10 Comprehensive Plan.

### **Parent and Child Health Services:**

Two of the programs offered by Polk County Public Health require annual progress reporting. The pages that follow describe the progress of the Women, Infants and Children (WIC) Supplemental Nutrition Program and the Immunization Program. These reports follow the formats requested by the State for reporting of these two programs.

### **Women, Infants and Children Supplemental Nutrition Program.**

The WIC report is divided into three sections. The first report is a review of the current year Nutrition Education Plan. The second is a description of the new three year Nutritional Education Plan that runs from 2010 to 2013. The third section describes Polk County's individualized plan for the first year of the new three year plan.

#### **WOMEN, INFANTS AND CHILDREN PROGRAM (WIC)**

### **EVALUATION OF WIC NUTRITION EDUCATION PLAN** **FY 2009-2010**

WIC Agency: Polk County Public Health

Person Completing Form: Inge Daeschel RD & Andy Walker, Public Health Manager.

Date: 3/31/10 Phone: 503-623-8175

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

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

Year 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 module by December 31, 2009.*

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

- Did staff complete the module by December 31, 2009?
- Were completion dates entered into TWIST?

Response: Orientation to the new food packages was provided by Inge Daeschel RD on 7/2/09. Staff received training on Lower Fat Milk, Fresh Choices and Whole Grains, and began work on the Food Package Module. The module was also reviewed and completed on December 11, 2009 with in-service training. Completion dates have been entered into TWIST.

*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.*

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

- How were staff who did not attend the 2009 WIC Statewide Meeting trained on the topic of infant feeding cues?
- How has your agency incorporated the infant cues information into 'front desk', one-on-one, and/or group interactions with participants?

Response: Staff attended statewide meeting in June and received training on Infant Feeding Cues. Vernita Reyna from the state reviewed this information during her fall visit 9/21/2009. This information was again covered during the December 11, 2009 in-service training. This information has been incorporated into the group nutrition education curriculum.

*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.*

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

- Were nutrition education lesson plans and written materials reviewed and revised?
- What changes, if any, were made?

Several new nutrition education lesson plans were introduced during the past year to update nutrition education classes.

The new in-service classes support key WIC messages. Plan put into place: As new series of classes are produced old videos and DVDs will be reviewed and pulled if they no longer support key nutrition messages. These messages will be shared with staff including Patty and Sandra so that if a dated educational material, video, power-point or DVD is found it will be pulled or if appropriate updated.

The staff are reminded that the following are the key nutrition messages.

- Make half your grains whole.
- Vary your veggies.
- Focus on fruit.
- Babies were born to be breastfed.
- When your baby is ready for solid food, introduce one new food at a time with a spoon.
- Serve whole milk up to age 2 and low fat milk over age two.
- Limit juice to 4 ounces per day and offer in a cup
- Offer a variety of foods from each food group

Lesson plans in the back file cabinet were reviewed 2-19-10 and the lesson plans in the front file cabinet were reviewed 3-12-10.

*Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2009-2010.*

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

Training occurred in July, December and March as has been done in previous years. See comments in table below.

**FY 2009-2010 WIC Staff In-services**

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
Oregon WIC Listens Client Centered Training (State meeting and reviewed in December in-service)	Competencies addressed include: Communication, Assessment, Teaching skills.	Understand the concept of PCE. Improve interaction with clients to promote education that meets client's needs.
Fresh Choices new food packages (December in-services)	Competencies include: Knowledge of nutrition, Nutrition Education	Be able to explain the reasons why changes were made to clients & encourage positive food choices.
Infant Feeding Cues (done in December In-service 12/11/09)	Competencies include: Child development, Parent-child bonding, Breastfeeding.	Be able to provide client education on how to recognize cues infants give to indicate hunger vs. other needs.
Focus on Fruit and Vary your Veggies (3/16/10)	Competencies include: Nutrition Education, Knowledge of nutrition.	Understand the importance of consuming a variety of fruits and vegetables in building a balanced diet.

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

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

*Activity1: 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.*

Evaluation criteria: Please address the following questions in your response:

- Which core components of participant centered services are used most consistently with your staff? What has made those the easiest to adopt?
- Which core components have the least buy-in? What are the factors that make these components difficult to adopt?

Response: Vernita Reyna from the state WIC office provided on-site training on PCE 6/8/09. This was followed up by observations on 9/21 and 11/9 of staff using PCE during certification visits. The staff are using PCE to encourage clients to participate in goal setting and choosing areas of nutrition education that they see as important. It is encouraging to see clients making positive nutrition choices but it can be difficult to let clients choose their own priorities when we see other concerns that could take a higher priority.

PCE was also reviewed during the in-service training 12/11/09. The WIC coordinator also participated in additional training on Oregon WIC Listens April 2, 2010

*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.*

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

- What strategy has been implemented to maintain the core components of participant centered services during a time of change?
- What strategy has been implemented to advance staff skills with participant centered services?

Response: Vernita Reyna continued to provide training through the past year as she observed the Polk County WIC staff using PCE during WIC certifications. A commitment to the PCE process was also demonstrated by providing continuing review during the in-service training 12/11/09 by our RD.

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

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

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

- Which community partners did your agency select?
- Which strategies did you use to promote the positive changes with Fresh Choices?
- What went well and what would you do differently?

Response: An in-service for OCDC Head Start was done 11/17/09 on new WIC packages and also Oregon WIC Listens. Patty Perez and Diana Arismendez participated in a Hispanic radio program and announced WIC changes. (August 19, 2009). Polk County WIC coordinated with Head Start to provide outreach for WIC by providing WIC calendars to Head Start families as well as community families attending the program at OSU Child Development Center. We coordinated with West Valley Hospital to have breastfeeding support class advertized in Spanish and to have translators available upon request. A

poster announcing this support group was displayed in lobby and also the WIC coordinator provides this information to mothers who are breastfeeding.

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

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

- How did your agency collaborate with the state WIC Research Analysts in evaluating Fresh Choices?
- How were you able to utilize, if appropriate, information collected from your agency?

Response: NOT Applicable per Vernita Reyna per e-mail 3/10/10

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

Year 3 Objective: During plan 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.

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

- What strengths and weaknesses were identified from your assessment?
- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response: This was done 12/11/2009 during in-service and the following strategies were identified:

1. Provide parents with a source of support and information when they first begin breastfeeding (breastfeeding support group at West Valley Hospital).
2. Increase the number of posters that show support for breastfeeding.
3. Keep parents up to date on their breastfeeding rights.
4. Develop a new class on breastfeeding.

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

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

- Which strategy or strategies did your agency implement to improve breastfeeding exclusivity and duration?
- Based on what you saw, what might be a next step to further the progress?

Response: 1. Polk County WIC collaborated with West Valley Hospital to obtain flyers that announce the weekly breastfeeding support group that meets with lactation consultant. Spanish translation is available if requested in advance. Parents who choose breastfeeding are encouraged to attend.

2. Letters have been made available to mothers for employees and employers that address the goal of breastfeeding on the return to work.
3. Created the Breastfeeding Treasure Game.

4. We have hired a new staff member willing to receive training as our breast feeding coordinator. She will attend training as it becomes available.

## **WOMEN, INFANTS AND CHILDREN PROGRAM (WIC)**

### **WIC NUTRITION EDUCATION PLAN**

The Oregon WIC Program Nutrition Education Plan is designed to support and promote a comprehensive approach in the delivery of WIC services. This structure involves a three-year strategy focusing on providing quality nutrition education and enhancing participant centered services also known as Oregon WIC Listens. The multi-year plan will be reflective of the VENA philosophy and continue to support Breastfeeding Promotion, the Nutrition Services Standards, and MCH Title V National Performance Measures.

### **VENA Background**

VENA is a nationwide WIC nutrition education initiative. It is a part of a larger national initiative to revitalize quality nutrition services (RQNS) in WIC. The goal of VENA is to expand the purpose of nutrition assessment from eligibility determination to improved, targeted, client centered nutrition education. The six competency areas for WIC nutrition assessment include Principles of life-cycle nutrition; Nutrition assessment process; Anthropometric and hematological data collection techniques; Communication; Multicultural awareness; and Critical thinking.

#### **Year One – FY 2010-2011**

The primary mission of the WIC Program is to improve the health outcomes of our participants. The first year of the WIC Nutrition Education Plan will be devoted to continuing to build staff skills with participant centered services focusing in the area of group settings. Year One will involve staff completion of the Participant Centered Education e-Learning Modules post test and increasing staff understanding of the factors influencing health outcomes. The desired outcome is Oregon WIC staff can consistently use participant centered skills for quality nutrition and breastfeeding services in both individual and group activities.

#### **Year Two – FY 2011-2012**

The second year of the WIC Nutrition Education Plan will be devoted to implementing participant centered nutrition education activities consistently in group settings. Year Two will also focus on enhancing breastfeeding education, promotion and support.

#### **Year Three – FY 2012-2013**

The third year of the WIC Nutrition Education Plan will continue to be devoted to sustaining staff competencies with participant centered services. The focus of Year Three will include developing community partnerships with other organizations providing nutrition and breastfeeding education.

General guidelines and procedures for the Nutrition Education Plan are described in Policy 850 of the Oregon WIC Policy and Procedure Manual. USDA requires each local agency to complete an annual Nutrition Education Plan [7 CFR 246.11(d)]. Even though we are focusing on specific goals, WIC agencies should plan to continue to provide a quality nutrition education program as outlined in the WIC Program Policy and Procedure Manual and the Oregon WIC Nutrition Education Guidance.

## FY 2010 - 2011 WIC Nutrition Education Plan Form

**County/Agency:** Polk County Public Health

**Person Completing Form:** Andy Walker, Public Health Manager & Inge Daeschel Registered Dietician

**Date:** April 30, 2010

**Phone Number:** 503-623-8175

**Email Address:** walker.andy@co.polk.or.us

Goal 1: Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

**Year 1 Objective:** During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

**Activity 1:** WIC Training Supervisors will complete the Participant Centered Education e-Learning Modules by July 31, 2010.

### **Implementation Plan and Timeline:**

All WIC staff, including our Registered Dietician, will complete the PCE e-learning module by July 1, 2010. Inge Daeschel RD will conduct training using the PCE e-learning modules in a group education setting. Completion of the post test and observation by either RD or program manager will serve as evidence of completed training.

**Activity 2:** WIC Certifiers who participated in Oregon WIC Listens training 2007-2009 will pass the post test of the Participant Centered Education e-Learning Modules by December 31, 2010.

**Implementation Plan and Timeline:** The PCE post test will be completed by all WIC staff by July 1, 2010. Any new staff who have not attended the Oregon WIC Listens class will complete the PCE e-Learning module prior to completion of the posttest by Dec 31, 2010.

**Activity 3:** Local agency staff will attend a regional Group Participant Centered Education training in the fall of 2010.

**Note:** The training will be especially valuable for WIC staff who lead group nutrition education activities and staff in-service presentations. Each local agency will send at least one staff person to one regional training. Staff attending this training must pass the post test of the Participant Centered Education e-Learning Modules by August 31, 2010.

### **Implementation Plan and Timeline including possible staff who will attend a regional training:**

Staff who participate in nutrition education will attend the regional training for applying PCE to group learning. Inge Daeschel RD will attend as her schedule permits.

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.

**Year 1 Objective:** During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

**Activity 1:** Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by March 31, 2011.

**Note:** This checklist was sent as a part of the FY 2009-2010 WIC NE Plan and is attached.

**Implementation Plan and Timeline:** We have hired and trained a new WIC certifier who will attend training as it becomes available to become the breastfeeding coordinator for Polk County WIC. She will develop a system of contacting post partum women to offer breastfeeding support.

**Activity 2:** Local agency breastfeeding education will include evidence-based concepts from the state developed Prenatal and Breastfeeding Class by March 31, 2011.

**Note:** The Prenatal and Breastfeeding Class is currently in development by state staff. This class and supporting resources will be shared at the regional Group Participant Centered Education training in the fall of 2010.

**Implementation Plan and Timeline:** Alma Chavez will attend training, as it becomes available, to become the breastfeeding coordinator for Polk County WIC. In addition all staff will attend regional Group PCE training in the fall.

**Goal 3:           Strengthen partnerships with organization that serve WIC populations and provide nutrition and/or breastfeeding education.**

**Year 1 Objective:** During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to enhance partnerships with these organizations by offering opportunities to strengthen their nutrition and/or breastfeeding education.

**Activity 1:** Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional Group Participant Centered Education training fall 2010.

**Note:** Specific training logistics and registration information will be sent out prior to the trainings.

**Implementation Plan and Timeline:** Polk County WIC will partner with the OCDC Head Start & Early Head Start programs located in Independence to strengthen their nutrition and breastfeeding education program. An invitation will be extended to their organization as more information becomes available on the fall 2010 PCE regional training. The lactation consultant from West Valley Hospital and Polk County home visiting nurses who work with new mother will be invited to attend.

**Activity 2:** Each agency will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics training and/or complete the online Oregon WIC Breastfeeding Module.

**Note:** Specific Breastfeeding Basics training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Module will be sent out as soon as it is available.

**Implementation Plan and Timeline:** Polk County WIC will collaborate with Polk County OCDC to encourage participation in either class room or on-line training for breastfeeding. The WIC program will also invite Polk County maternal child home visiting nurses to participate in training.

**Goal 4:           Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.**

**Year 1 Objective:** During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

**Activity 1:** Local agency staff will complete the new online Child Nutrition Module by March 31, 2011.

**Implementation Plan and Timeline:** All Polk County WIC staff will complete the on-line Child Nutrition Module by March 1, 2011.

**Activity 2:** Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2010-2011. Complete and return Attachment A by May 1, 2010.

Agency Training Supervisor(s):

**Attachment A**  
**FY 2010-2011 WIC Nutrition Education Plan**  
**WIC Staff Training Plan – 7/1/2010 through 6/30/2011**

Agency: Polk County Public Health  
 Training Supervisor(s) and Credentials: Inge Daeschel RD

**Staff Development Planned**

Based on planned program initiatives, 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, 2010 – June 30, 2011. State provided in-services, trainings and meetings can be included as appropriate.

<b>Quarter</b>	<b>Month</b>	<b>In-Service Topic</b>	<b>In-Service Objective</b>
1	July 2010	PCE e-Learning Modules: Participant Centered Education	Inge Daeschel will conduct an in-service training using the PCE e-learning Modules in a group education setting to review the PCE Components
2	August 2010	Nutrition Risk Module Update	To remind current staff and educate new staff on how to assign nutrition risk and when to refer to the RD.
3	October 2010	Group Participant Centered Education State Training Event	Reinforce the client centered approach in the group education setting.
4	Spring (March) 2011	Child Nutrition	Using the text <i>Nutrition, Health and Safety for Young Children, Promoting Wellness</i> and Child Nutrition Module will provide guidance on key nutrition topics related to young children

**Immunization Comprehensive Triennial Plan**

**Local Health Department:**

**Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease**

**Calendar Years 2009-2011**

<b>Year 1: July 2009-December 2009</b>						
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<p><b>A. Increase the up-to-date rate for 2 year olds (431331) seen at Polk County Health Department by 1% a year over the next 3 years</b></p> <p><b>[Yearly % increase chosen must be ≥1%]</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use most recent AFIX assessment data as the baseline</li> <li><input type="checkbox"/> Assure every shot is entered in IRIS/ALERT from clinic within 14 days of administration.</li> <li><input type="checkbox"/> Screen for imms at all WIC appts &amp; ensure clients are referred to medical home or LHD immunization clinic</li> <li><input type="checkbox"/> Provide parents with a written reminder for return to clinic for next scheduled vaccinations.</li> <li><input type="checkbox"/> Fully screen each patient for imms using IRIS/ALERT and immunize as needed.</li> <li><input type="checkbox"/> Provide immunization education, reminders, and immunization clinic schedules to parents at Babies First home visits.</li> </ul>	July For all	Judy for all	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Baseline set - 71%</b></li> <li><input type="checkbox"/> <b>2009 timeliness report from OIP improved from 53% to 80% from 2008</b></li> <li><input type="checkbox"/> <b>Screening for imms at every visit by WIC staff</b></li> <li><input type="checkbox"/> <b>Set up system to assist parents in making next appointment on July1, 2009.</b></li> <li><input type="checkbox"/> <b>Screening &amp; imms at every visit by immi staff</b></li> <li><input type="checkbox"/> <b>Babies 1<sup>st</sup> CHNs now providing immi education at home visits</b></li> <li><input type="checkbox"/> <b>UTD rate increase by 1%</b></li> </ul>	<p>Up to date rate to improve</p> <p>Timeliness reporting improved from 53% to 80 %.</p> <p>Immunizations are screened for at every visit by WIC and Immunization staff. Parents are given appointment card to schedule next visit before they leave the office.</p> <p>Materials given to Babies First for home visits.</p>	<p>Alert and IRIS reviewed before every immunization appointment as well as any shot records brought in at the time of the visit. Immunization schedules and information is given at every new client visit and if a client has not been seen in the last 6 months to a year.</p> <p>Appointment cards are given to parents at the end of every visit if another appointment is needed. These are given to appointment staff so an appointment can be made before the client leaves the clinic. Reminder stickers are also affixed to each immunization card.</p> <p>Babies First has information for immunization schedules which are included in materials given and reviewed at home visits.</p>

<p><b>B. Decrease</b> the Polk County Health Department missed shot rate 1% each year for 3 years</p> <p>[Yearly % decrease chosen must be <math>\geq 1\%</math>]</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use most recent AFIX assessment data as the baseline for missed shot rate</li> <li><input type="checkbox"/> Fully screen each patient for imms at every visit and immunize or schedule as needed.</li> <li><input type="checkbox"/> Provide vaccine education to parents, including: <ul style="list-style-type: none"> <li>o Take home materials on vaccine safety</li> <li>o Simplified immunization schedule for first 2 years</li> </ul> </li> <li><input type="checkbox"/> Assure every shot is entered in IRIS/ALERT from clinic and other sites within 14 days of administration.</li> <li><input type="checkbox"/> Give all shots due unless truly contraindicated</li> </ul>	<p>July for all</p>	<p>July for all</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Baseline set – 15%</b></li> <li><input type="checkbox"/> <b>Screening at every visit by all staff</b></li> <li><input type="checkbox"/> <b>Vaccine education materials identified and take home packets created. Distribution began July 1, 2009</b></li> <li><input type="checkbox"/> <b>2009 timelines report from OIP improved from 53% to 80% from 2008</b></li> <li><input type="checkbox"/> 2009 Missed Shot rate in AFIX assessment decreased from 15% to 14%</li> </ul>	<p>2009 missed shot rate to be determined when AFIX data available.</p> <p>Clients are screened for immunizations at every visit.</p> <p>Educations packets created and given at each new client visit and when client has not been seen recently.</p> <p>Timeliness reporting increased from 53% to 80%</p>	<p>IRIS and ALERT records reviewed before every appointment as well as any shot records brought in at the time of the visit. A take-home packet is given at each new client visit and if the client has not been in for last least a year. All shots are given unless contraindicated or parent refuses.</p>
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**Immunization Comprehensive Triennial Plan**

<b>Due Date: May 1 Every year</b>
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**Local Health Department:**  
**Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease**  
**Calendar Years 2009-2011**

Year 2: January 2010-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<b>A. Increase the up-to-date rate for 2 year olds (431331) seen at Polk County Health Department by 1% a year over the next 3 years</b>  <b>[Yearly % increase chosen must be ≥1%]</b>	<input type="checkbox"/> Use most recent AFIX assessment data as the baseline <input type="checkbox"/> Continue screening each patient for imms at every visit and immunize as needed. <input type="checkbox"/> Continue entering every shot into IRIS/ALERT from clinic and other sites within 14 days of administration. <input type="checkbox"/> Continue providing immunization information to new mothers and at Babies First home visits. <input type="checkbox"/> Continue screening for imms at all WIC appts & referring to medical home or LHD immunization clinic for shots needed	As soon as available from OIP	Judy for all	<input type="checkbox"/> Screening & imms at every visit by all staff <input type="checkbox"/> 2010 timeliness report from OIP improved from __% to __% from 2009 <input type="checkbox"/> UTD rate increase by __%  <b>(Rate can not be determined until current year data is available.)</b>	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

<p><b>B. Decrease</b> the Polk County Health Department missed shot rate 1% each year for 3 years</p> <p>[Yearly % decrease chosen must be <math>\geq 1\%</math>]</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use most recent AFIX assessment data as the baseline for missed shot rate</li> <li><input type="checkbox"/> Continue to fully screen each patient for imms at every visit and immunize or schedule as needed.</li> <li><input type="checkbox"/> Continue to provide vaccine education to parents, including: <ul style="list-style-type: none"> <li>o Take home materials on vaccine safety</li> <li>o Simplified immunization schedule for first 2 years</li> </ul> </li> <li><input type="checkbox"/> Continue to assure every shot is entered in IRIS/ ALERT from clinic and other sites within 14 days of administration.</li> <li><input type="checkbox"/> Continue to give all shots due unless truly contraindicated</li> </ul>	<p>As soon as available from OIP</p>	<p>Judy for all</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Screening at every visit by all staff</b></li> <li><input type="checkbox"/> <b>Vaccine education materials given to parents at every immunization visit.</b></li> </ul> <p>—</p> <p><b>(Rate can not be determined until current year data is available.)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>2010 timeliness report from OIP improved from __% to __% from 2009</b></li> <li><input type="checkbox"/> 2010 Missed Shot rate in AFIX assessment decreased from __% to __%</li> </ul>	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>
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**Immunization Comprehensive Triennial Plan**

<b>Due Date: May 1</b> <b>Every year</b>
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**Local Health Department:**  
**Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease**  
**Calendar Years 2009-2011**

<b>Year 3: January 2011-December 2011</b>						
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A. Increase the up-to-date rate for 2 year olds (431331) seen at Polk County Health Department by 1% a year over the next 3 years</b>  <b>[Yearly % increase chosen must be ≥1%]</b>	<input type="checkbox"/> Use most recent AFIX assessment data as the baseline <input type="checkbox"/> Continue screening each patient for imms at every visit and immunize as needed. <input type="checkbox"/> Continue entering every shot into IRIS/ALERT from clinic and other sites within 14 days of administration. <input type="checkbox"/> Continue providing immunization information to new mothers and at Babies First home visits. <input type="checkbox"/> Continue screening for imms at all WIC appts & referring to medical home or LHD immunization clinic for shots needed	As soon as available from OIP	Judy for all	<input type="checkbox"/> Screening & imms at every visit by all staff <input type="checkbox"/> 2011 timeliness report from OIP improved from __% to __% from 2010 <input type="checkbox"/> UTD rate increase by __%	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

<p><b>B. Decrease</b> the Polk County Health Department missed shot rate 1% each year for 3 years</p> <p>[Yearly % decrease chosen must be <math>\geq 1\%</math>]</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Use most recent AFIX assessment data as the baseline for missed shot rate</li> <li><input type="checkbox"/> Continue to fully screen each patient for imms at every visit and immunize or schedule as needed.</li> <li><input type="checkbox"/> Continue to provide vaccine education to parents, including: <ul style="list-style-type: none"> <li>o Take home materials on vaccine safety</li> <li>o Simplified immunization schedule for first 2 years</li> </ul> </li> <li><input type="checkbox"/> Continue to assure every shot is entered in IRIS/ ALERT from clinic and other sites within 14 days of administration.</li> <li><input type="checkbox"/> Continue to give all shots due unless truly contraindicated</li> </ul>	<p>As soon as available from OIP</p>	<p>Judy for all</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/></li> <li><input type="checkbox"/> <b>Screening at every visit by all staff</b></li> <li><input type="checkbox"/> <b>Vaccine education materials given at every immunization visit.</b></li> <li><input type="checkbox"/> <b>2011 timeliness report from OIP improved from __% to __% from 2010</b></li> <li><input type="checkbox"/> 2011 Missed Shot rate in AFIX assessment decreased from __% to __%</li> </ul>	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>
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**Immunization Comprehensive Triennial Plan**

**Local Health Department:**

**Plan B – Community Outreach and Education Calendar Years 2009-2011**

**Year 1: July 2009-December 2009**

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
Promote AFIX in: <input type="radio"/> Private Provider offices <input type="radio"/> Delegate Clinics	<input type="checkbox"/> Commit staff time and resources to project <input type="checkbox"/> Determine the number of private providers in county; ask OIP for list of providers who have never received an AFIX assessment or who have not received one in 3 or more years <input type="checkbox"/> Participate in AFIX training in order to answer questions during recruitment <input type="checkbox"/> Arrange for OIP assistance with this project <input type="checkbox"/> Dedicate staff time to contacting hospital and getting approval to present at hospital staff meeting and contacting private providers to get approval to present at a luncheon at providers office.	Due July	Staff July	<input type="checkbox"/> List of providers created and possible clinics to recruit for AFIX identified by July 2009. <input type="checkbox"/> OIP committed to provide services by July 2009 <input type="checkbox"/> AFIX materials gotten from OIP and CDC. Reviewed when available. <input type="checkbox"/> Monthly and then bi-weekly contact with OIP health educator Reminder calls made <input type="checkbox"/> Clinics/Hospital contacted and educated on benefits of free AFIX assessment & feedback with staff	Meeting with Doctors on the hospital board was held September 22, 2009 with seven doctors attending. Alison Alexander presented information on the VFC program and AFIX. Some reluctance to participate in the VFC program was noted due to a perception of increased paper work. Thank you letters were sent 2 weeks after the presentation. No clinics have requested Afix presentations that I am aware of at this time.	Discussed with PCPH Health Officer how to make presentation to local doctors. A decision was made to concentrate on Doctors on the board of West Valley Hospital. A list of West Valley Hospital Medical Board members was obtained. Hospital contacted for presentation at one of the quarterly board meetings. Health Educator contacted for presentation of VFC and AFIX. Letters were sent to doctors 2 weeks prior to the presentation informing them of the presentation at the September board meeting and inviting them to come. West Salem doctors' offices contacted re: AFIX presentation at breakfast meeting or lunch hour. List began of doctors declining meetings. Still need to get list of clinics that have not had AFIX review. Training in AFIX has not been arranged.

**Immunization Comprehensive Triennial Plan**

**Local Health Department:**

**Plan B – Community Outreach and Education**

**Calendar Years 2009-2011**

<p><b>A. Continued</b></p>	<input type="checkbox"/> Keep list of “no-thanks” clinics to contact next year	Aug.	Judy	<input type="checkbox"/> List updated with 2 <sup>nd</sup> year prospects		
	<input type="checkbox"/> Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.)	Aug.	Judy Alison			
	<input type="checkbox"/> Provide reminder call to clinic 1 week prior to feedback	Sept.	Judy			
	<input type="checkbox"/> OIP to run assessments and present feedbacks	Sept	Alison			
	<input type="checkbox"/> OIP to present an introduction of AFIX, ALERT and VFC at hospital staff meeting.	Sept.	Alison			
	<input type="checkbox"/> Attend feedback sessions and participate in discussion. Be responsible for handing out materials, getting attendance form completed, etc.	Sept.	Judy Alison	<input type="checkbox"/> Number of Feedbacks held <ul style="list-style-type: none"> <li>o Name of clinic(s)</li> <li>o Feedback dates</li> <li>o # participants at each</li> </ul>		
	<input type="checkbox"/> Post-feedback, send note of appreciation to provider and recommend annual assessments.	Oct.	Judy	<input type="checkbox"/> Thank you notes sent post-feedback within 2 weeks of presentation.		

# Immunization Comprehensive Triennial Plan

## Local Health Department:

### Plan B – Community Outreach and Education

#### Calendar Years 2009-2011

#### Year 2: January-December 2010

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<b>A.</b> Update AFIX in: <input type="radio"/> Private Providers Offices <input type="radio"/> Delegate Clinics	<input type="checkbox"/> Commit staff time and resources to project	Due Jan.	Staff Judy Alison	<input type="checkbox"/> OIP committed to provide services on	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
	<input type="checkbox"/> Arrange for OIP assistance with this project	Feb.	Judy Alison	<input type="checkbox"/> AFIX materials gotten from OIP and CDC. Reviewed by ___		
	<input type="checkbox"/> Dedicate staff time to contacting hospital/providers and getting approval to present at staff/luncheon meeting.	March	Judy	<input type="checkbox"/> Hospital/Providers contacted to schedule update on AFIX assessment & feedback with staff		
	<input type="checkbox"/> Keep list of “no-thanks” clinics to contact next year			<input type="checkbox"/> List updated with 3 <sup>rd</sup> year prospects		
	<input type="checkbox"/> Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.)	March	Judy Alison	<input type="checkbox"/> Monthly and then bi-weekly contact with OIP health educator Reminder calls made		
	<input type="checkbox"/> Provide reminder call to clinic 1 week prior to feedback	March-Sept.	Alison	<input type="checkbox"/> Number of Feedbacks held <input type="checkbox"/> Name of clinic(s) <input type="checkbox"/> Feedback dates <input type="checkbox"/> # participants at each		
	<input type="checkbox"/> OIP to run assessments and present feedbacks	As scheduled	Judy Alison			
	<input type="checkbox"/> Attend feedback sessions and participate in discussion. Be responsible for handing out materials, getting attendance form completed, etc.	As scheduled	Alison			
	<input type="checkbox"/> Post-feedback, send note of appreciation to provider and recommend annual assessments	After presentation	Judy Alison Judy	<input type="checkbox"/> Thank you notes sent post-feedback within 2 weeks of presentation		

**Immunization Comprehensive Triennial Plan**

**Local Health Department:**

**Plan B – Community Outreach and Education**

**Calendar Years 2009-2011**

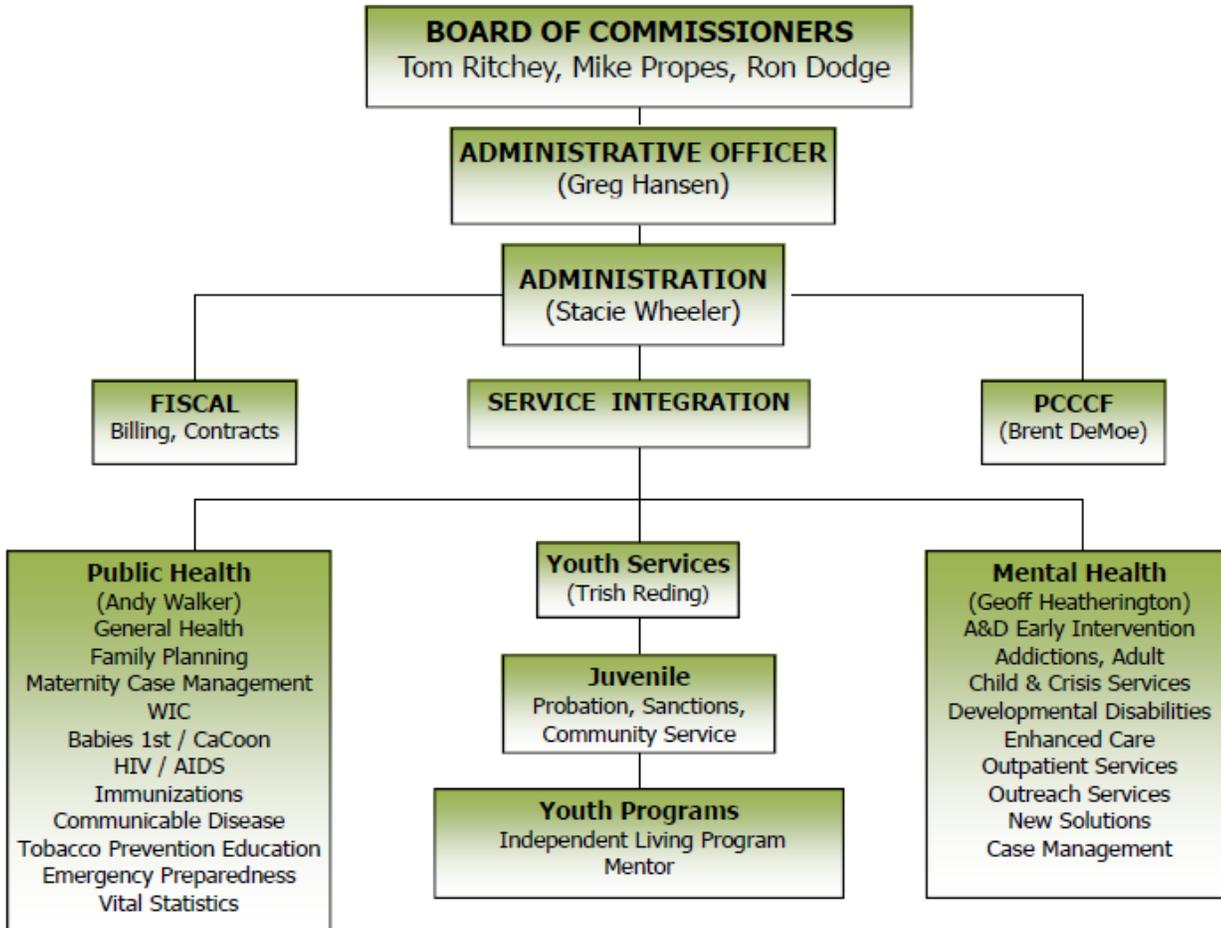
**Year 3: January-December 2011**

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p><b>A.</b> Update AFIX in:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Private Providers Offices</li> <li><input type="radio"/> Delegate Clinics</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Commit staff time and resources to project</li> <li><input type="checkbox"/> Arrange for OIP assistance with this project</li> <li><input type="checkbox"/> Dedicate staff time to contacting hospital/providers and getting approval to present at staff/luncheon meeting.</li> <li><input type="checkbox"/> Keep list of “no-thanks” clinics to contact next year</li> <li><input type="checkbox"/> Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.)</li> <li><input type="checkbox"/> OIP to run assessments and present feedbacks</li> <li><input type="checkbox"/> Attend feedback sessions and participate in discussion. Be responsible for handing out materials, getting attendance form completed, etc.</li> <li><input type="checkbox"/> Post-feedback, send note of appreciation to provider and recommend annual assessments</li> </ul>	Due Jan.	Staff Judy Alison	<ul style="list-style-type: none"> <li><input type="checkbox"/> OIP committed to provide services on</li> </ul>	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
		Feb.	Judy	<ul style="list-style-type: none"> <li><input type="checkbox"/> AFIX materials gotten from OIP and CDC. Reviewed by</li> </ul>		
		March	Judy	<ul style="list-style-type: none"> <li><input type="checkbox"/> Hospital/Providers contacted to schedule update on AFIX assessment &amp; feedback with staff</li> </ul>		
		March	Judy Alison	<ul style="list-style-type: none"> <li><input type="checkbox"/> Monthly and then bi-weekly contact with OIP health educator Reminder calls made</li> </ul>		
		March-Sept.	Judy Alison	<ul style="list-style-type: none"> <li><input type="checkbox"/> Number of Feedbacks held                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Name of clinic(s)</li> <li><input type="checkbox"/> Feedback dates</li> <li><input type="checkbox"/> # participants at each</li> </ul> </li> </ul>		
		As scheduled	Judy Alison			
		After presentation	Judy	<ul style="list-style-type: none"> <li><input type="checkbox"/> Thank you notes sent post-feedback within 2 weeks of presentation</li> </ul>		

### III. Additional Requirements

#### 1. Organizational Chart

## Polk County Human Services



Revised 2/23/2009

## **2. Local oversight of Public Health.**

The Polk County Board of Commissioners (BOC) functions as the Board of Health for Polk County. Regular meetings of the Board of Commissioners are held on Tuesday and Wednesday each week. The Tuesday meeting is held in the Board of Commissioners' Office Conference Room, 850 Main Street, Dallas, Oregon. The Wednesday meeting is held in the Courthouse Conference Room, 850 Main Street, Dallas, Oregon. Each meeting begins at 9:00 a.m. and is conducted according to a prepared agenda that lists the principal subjects anticipated to be considered. Pursuant to ORS 192.640, the Board may consider and take action on subjects that are not listed on the agenda.

Separate from the BOC is a local Health Advisory Board (HAB). The mission of the Polk County Health Advisory Board is to assist the Polk County Board of Commissioners (BOC) in their efforts to administer the Mental and Public Health programs through Public/Mental Health activities and services. The HAB also works to promote activities necessary for the preservation of behavioral and physical health as well as prevention of disease and mental illness in Polk County as provided in both departments' annual plan.

## **3. Public Health and PCCCF**

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

## **IV. Unmet Needs**

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

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

- Primary medical care for those without insurance who are not eligible for the Oregon Health Plan.
- Access to dental care and oral health services for those without insurance, especially children.
- Access to health and dental care for smaller rural communities.

- Bilingual and bicultural health professionals to serve the growing Hispanic population in the community.
- Community wide approach of health education and promotion around lifestyle related health issues such as obesity and its negative effects on health. This would include community promotion of healthy choices including nutrition and exercise.
- Community health education that address prevention and management of chronic diseases particularly in the older adult.
- Maternity case management for more than just the highest risk mothers, especially teen mothers with limited support and resources.
- Child care that provides a healthy environment that is affordable, safe and accessible.

## **V. BUDGET**

### **Polk County Budget Information Contact:**

Greg Hansen  
Administrative Officer  
Board of Commissioners Office  
850 Main St.  
Dallas, OR 97338

Phone: (503) 623-8173 FAX: (503) 623-0896

### **Projected Revenue**

To be added after the beginning of the new budget cycle.

## VI. Minimum Standards

Agencies are required to complete this section.

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

### Organization

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

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

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

### **Control of Communicable Diseases**

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

45. Yes  No  Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes  No  Rabies immunizations for animal target populations are available within the local health department jurisdiction.

**Environmental Health**

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

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

#### **Health Education and Health Promotion**

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

#### **Nutrition**

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

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

#### **Older Adult Health**

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

#### ***Parent and Child Health***

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

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

#### **Primary Health Care**

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

#### **Cultural Competency**

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

## Health Department Personnel Qualifications

### 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: Andy Walker, RN MSN

Does the Administrator have a Bachelor degree?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Does the Administrator have at least 3 years experience in public health or a related field?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Has the Administrator taken a graduate level course in biostatistics?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Has the Administrator taken a graduate level course in epidemiology?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Has the Administrator taken a graduate level course in environmental health?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Has the Administrator taken a graduate level course in health services administration?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

a. **Yes x 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 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.**

The Local Health Department Administrator will fulfill the roll of Supervising Public Health Nurse for duties that require a BSN degree.

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

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

**OR**

a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

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

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

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

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

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

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

\_\_\_\_\_  
Local Public Health Authority

\_\_\_\_\_  
County

\_\_\_\_\_  
Date

\_\_\_\_\_