



Lake County Public Health Annual Plan 2010-2011

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I. Executive Summary

Lake County is an area that sees little change from year to year. There have been no significant increases or decreases in the assessment portion of this plan. Lake County remains sparsely populated with high unemployment.

The exciting news is that for the year 2011 this may change. Two new economic development projects are on the way. One is the Ruby Pipeline project that is estimated to bring 700-1200 workers to Lakeview starting in the fall of 2010. The other is the solar farms that are being developed in North Lake County. One farm is in the building stage and there are plans for four more. This current annual plan states business as usual based upon data gathered from previous years. However, one immediate impact that the projects are having is the increase of interest in mobile food units to serve the workers. Lake County is fortunate to have Ray Huff EHS as a neighbor. He has stepped in to do plan reviews and opening inspections during the restructuring of Lake County's Environmental Health program. Another aspect of the pipeline project is the preparation for response to a natural gas pipeline rupture.

As always, funding remains a challenge. The current staff have shown their commitment to public health by taking on additional duties when a position was lost last year. Through this continuous commitment Lake County Public Health strives to provide services to the people of Lake County.

II. ASSESSMENT

Population:

Lake County incorporates an area of 8,359 miles and is located in South Eastern Oregon. This beautiful but somewhat secluded region is home to an estimated 7,239 people. A slight growth of .3% in population was reported in the 2009-2010 annual plan. The *U.S. Census Bureau, Lake County Quick Facts* report that Lake County has had an overall decrease in population from the year 2000 through 2008 by -2.5%. The *Oregon Population Center* shows an estimated growth from 2008 to 2009 by .2%. Lake County has small fluctuations but the population seems to remain fairly steady. The age group percentages have shifted slightly; 0-19 have decreased about 4% from 26% to 22.2%, 20-64 have increased from 52% to 58.6% and those over 65 have decreased by about 2.8 % from 22% to 19.2%. The sexes continue to remain even with 50.1% being female.¹

The population by race from the 2008 Census Bureau estimates show that 94.2% are white, .2% Black, 2.6% are American Indian/Alaskan Native, .7% Asian, .2% Native Hawaiian, and Hispanic or Latino 8.1%. When comparing the data from 2007 it depicts an increase in the Black population by .2% and an increase in the Hispanic or Latino population by .8%. The Hispanic Latino group has increased slightly every year from the year 2000. There are approximately 1,500 disabled persons in the county.¹

Geographically the population is spread out over the 8,000 plus miles in four areas. Lakeview, the county seat, is located in the southern end of the county 14 miles north of the California border. Lakeview has a population of approximately 2,400. To the east of Lakeview are the small communities of Plush and Adel with about 190 residents. The Township of Paisley is found in the middle of the county with an approximate population of 390. Christmas Valley is the largest community found in the north section of Lake County. It has around 975 residents and has the smaller communities of Fort Rock, with 129 residents, to the northwest, Silver Lake with 432 residents, to the west, and Summer Lake with 501 residents to the south. These populations are based on zip codes.² The smaller communities are ranching and farming areas so the population is dispersed over several miles. The minimum distance between the areas is 40 miles.

¹ Us Census Bureau, Lake County Quick Facts Estimate 2008

² www.city-data.com

Economics:

The economy in Lake County is reliant on lumber, agriculture, natural resource extraction, health care, a prison, and government. The area is also trying to promote itself for the many outdoor recreational and sightseeing opportunities offered. Once a booming lumber town, now only one lumber mill remains. Lake County includes numerous cattle ranches where irrigation has also permitted some agriculture based upon the growing of hay and grain despite the low rainfall and a short growing season. A perlite mine located near Lakeview provides employment in the mine as well as on the railroad used to ship the finished product.

Government employees from the United States Forest Service and Bureau of Land management provide many of the higher paying salary jobs. Over 78% of the land in Lake County is owned and managed by the federal and state government. Lake County is home to the Lakeview Hospital, and three primary care health facilities. It's also the location for The Warner Creek Correctional Facility opened in 2005. This is a 400-bed minimum security state prison. The prison employs an average of 110 correctional professionals.³ Geothermal heat, currently used at Warner Creek Correctional Facility, is being promoted for economic development. Christmas Valley is the site for solar “sun farms” with four other sites designated throughout the county.

The median income for families in 2008 was \$36,215. In 2008 17.9% of the population lived below poverty level. 23% of children under the age of 18 live below the Federal Poverty level.⁴ The *Oregon Labor Market Information System* reports that in January of 2010 Lake County’s unemployment rate was 12.9%. This is 3.2% higher than the nation and 2.2% higher than the state. Preliminary data from the Department of Medical Assistance for November of 2008 show no significant increase or decrease in the number of person eligible for coverage. 15% of the total population was eligible in 2008. The *County Health Rankings* compiled by the University of Wisconsin states that 23% of adults are uninsured.

Births:

Births decreased from 74 in 2008 to 59 in 2009. The majority of the births in 2009 were to mothers over the age of 20, with only five of the births occurring to mothers under 19 years of age. In 2007 this number was 6. In this same year 96.6% of the women had adequate prenatal care, but only 65.5% had prenatal care in the first trimester.⁵ Maternal risk factors are not available for 2009. In 2007 maternal risk factors, in order of highest rate are; Unmarried, Tobacco Use, <12 years of

³ Lake County Economic Development Newsletter 2009

⁴ Robert Woods Foundation 2010 County Health Rankings; Snapshot Lake County

⁵ Oregon Department Of Human Services, Oregon Vital Statistics County Data 2007

education, Inadequate prenatal care, age greater than 35, and 4+ live births, minority, and age <18.⁶

Death:

A 2010 study in health outcomes show that Lake County ranks higher than the state of Oregon in the area of premature death.⁴ Using data from the Oregon Vital Statistics County Data for 2006 we see there were more deaths than births. This has been a trend for several years. The main causes of death were cancer, heart disease, and unintentional injuries (motor vehicle accidents and poisoning/drug). Of the 98 deaths that occurred in 2006, 32 were linked to tobacco. The unintentional injuries were related to motor vehicle (Lake County has a very high rate of 41 to the state's 14)⁴ alcohol, firearms, and drugs. Other causes of death, in order of rate of occurrence, include; organic dementia, diseases of the digestive system, chronic lower respiratory disease, Alzheimer's, diseases of the genitourinary system, diabetes, flu& pneumonia, suicide, and Parkinson's.

Chronic Disease:

Lake County has the highest percentage of high blood pressure and arthritis of all Oregon Counties. The rates were also higher than the state.⁷ These were comparisons by age adjusted rates of selected chronic conditions among adults in Oregon counties 2004-2007. Incidence of diabetes, high blood cholesterol, and asthma were lower than that of the state. Asthma was the second most prevalent chronic disease in 2005.⁷

Tobacco/Alcohol/Drugs

Tobacco takes its toll on Lake County. 1, 227 adults regularly smoke cigarettes and 410 people suffer from a serious illness caused by tobacco smoke. 25% (21 people) of all deaths in Lake County are related to tobacco. Tobacco use among Lake County youth exceeds the state rate in all but one category. This is especially true of smokeless tobacco.⁸ Lake County is in its first year of the Tobacco Prevention and Education Program and hopefully good works will come of the efforts of the two coordinators. The school resource office position has not been retained for the year 2010. This loss of the police officer on campus to educate the students about tobacco and drugs is significant. Alcohol and Methamphetamines is the drug of choice for those incarcerated in the Lake County Jail. According to Chief of Police Jeff Kamp, the ability to purchase methamphetamines is becoming much more difficult in Lake County, however he has seen an increase in marijuana use in

⁶ Oregon Department of Human Services, Center for Health Statistics, 2009 YTD Preliminary Data; December

⁷ Department of Human Services, Health Promotion and Chronic Disease Prevention 2004-2007

⁸ Department of Human Services, Tobacco and Prevention Education Program, Lake County Tobacco Fact Sheet 2009

persons of all ages. Lake County Mental Health has developed an under age drinking task force to address the issue that has been an ongoing problem.

Communicable Disease

24 Communicable disease reports were received in 2009.⁹ Chronic Hepatitis C was the most prevalent. This was followed by Chlamydia, Campylobacter, Salmonella and Giardiasis. There were no outbreaks investigated.

The H1N1 influenza hospitalized one adult and two children from September 2009 until January 2010. Lake County Public Health partnered with all but one of the local primary care providers to provide vaccine to the community. H1N1 vaccinations clinics are still in open every Tuesday; however there is little demand for the vaccine at this time.

Environmental Hazards

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

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

The building of the “Ruby Pipeline” through the county this summer and fall will add the potential for natural gas hazards.

2. Adequacy of the Local Public Health Service

Lake County Public Health is only able to provide the six basic services required in ORS 431.416 and Preparedness. Funding limits the scope of services that may need to be addressed. Staffing is adequate for the current day to day work load but could not provide all services in the event of a major disruption such as a large outbreak. Staffing was decreased in 2009 by .85 FTE and this position has not been replaced. The county general fund increased its support of public health for the year 2009-2010. Hopefully they will continue to do so, for loss of additional staff would certainly compromise the ability for Lake County Public Health to meet mandated requirements.

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

A. Control and epidemiology of preventable disease and conditions

⁹ CD Data Base Multnomah County

Communicable Disease

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

Tuberculosis Case Management

- Lake County is not funded for tuberculosis case management.
- Lake County Public Health provides ppd testing for high risk individuals and for those whom need it for work requirement.
- Public health has and will provide DOT for clients with Latent TB

Tobacco Prevention and Education

- 2009 was the first year Lake County received tobacco funds.
- The Lake County Tobacco Prevention Plan is on file at the state.

B. Parent and Child Health Services, Including Family Planning

Immunizations

- Lake County Public Health provides all childhood immunizations for the county. Many adult vaccines as well.
- Participates in the school exclusion process every year.
- Provides vaccines at the school during registration for elementary and middle schools.
- Utilization of Alert and Iris Data Bases
- Collaborates with WIC to provide immunizations at the time of WIC visits.
- Collaborates with Family Planning to provide immunizations at the time of Family Planning visits.
- Bilingual services in English and Spanish

Maternal child health services

- Collaboration with Lake District Hospital to provide childbirth education classes.
- Collaboration with Lake District Hospital to provide OB discharge booklets.
- Home visiting programs that include Babies First, Maternity Case Management, and CaCoon. These include developmental screening, parent education, and referral.
- Utilization of Orchids data base
- Collaboration with Educational Services District and Physicians for referral.
- Receive referrals from Lake District Hospital, Rogue Valley Medical Center and St. Charles Medical Center
- Hearing screening is offered with immunizations.
- Collaboration with Head Start to provide group parent education on childhood concerns.
- Bilingual services in English and Spanish

Family Planning

- Provide family planning services according to Title X and FPEP guidelines.
- Utilization of Ahlers and ORCHIDS Data Base.
- Bilingual services in English and Spanish.

Women, infants, and children nutrition services (WIC)

- WIC is provided both in North Lake and in Lakeview. With outreach to areas such as Paisley, Silver Lake, Adel. Plush and New Pine Creek.

C. Environmental Health Services

- At the end of 2009 the sanitarian providing service for Lake County discontinued those services.
- Ray Huff, EHS, stepped in to provide consultation and plan review for the county.
- As of February 2010 Lake County is in the process of contracting with two EHS from Modoc County, California. The anticipated start date is April 1, 2010.
- 2009 data for inspections show that they were not adequate. The 2010 year will focus on improvement through communication and accountability.
- Public Health monitors water only in tourist facilities and organized camps.
- Public water is monitored by the water systems of Lakeview, Paisley and Christmas Valley. Private wells are numerous throughout the county and are not monitored unless the owner requests testing.
- Department of Forestry monitors federal campgrounds and results are sent to public health.
- Water collection kits are available at public health.
- Solid Waste is regulated by the County.
- Sewage is monitored by the Town of Lakeview for the town and DEQ for the county.

D. Public Health Preparedness

- Public Health Emergency Plans are in place for ESF 8, Strategic National Stock pile, Mass Vaccination Clinic, Communications, Chemical, Radiation and Earthquake.
- Lake County Public Health participates in two exercises a year
- In 2009 the H1N1 Pandemic required mass vaccination and antiviral response.
- For more information please see the Lake County Emergency Preparedness Annual Review material.

E. Vital Records

- One Registrar and one Deputy Registrar provide birth and death reporting, recording and registration in a timely manner.
- Utilization of the Electronic Birth and Death Registry.

- Collaboration with Lake District Hospital to provide information in the discharge packet regarding birth certificates.
- Annual analysis of mortality reports.

F. Information and Referral Services

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

4. Other Services of Import

Laboratory Services

- The Oregon State Public Health Laboratory provides services for diagnostic and screening tests to support public health services. These include, but are not limited to; virology, bacteriology and parasitology
- Lake County Public health also sends specimens to other laboratories (InterPath, Blue Mountain, MedTox, Kansas State University, and Oregon State University) for screening and diagnostic testing.

Dental Health

- Lake County Public Health has incorporated a dental varnish program for children 9 months to 3 years of age. This is collaboration between Maternal and Child Health Programs and WIC. The cost of the varnish is on a sliding scale basis. The varnish is furnished at home visits, WIC visits, or by appointment.

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

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

III. Action Plan

A. Epidemiology and control of preventable disease and disorders

Time Period: Ongoing				
GOAL: Comply with OAR 333-014-0050(2) and ORS 431.416(2)(a)				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Preservation of health and prevention of disease	Follow written plans, polices and procedures for surveillance of communicable disease	No significant spread of disease. Diseases will be reported in compliance with timelines	Annual analysis of rates of communicable disease. Review of county case reporting and investigation summary	1. Review of rates for 2007, 2008, 2009 do not show any significant increase in total cases of diseases reported nor any significant increase in any specific disease. 2. The review of the timeliness from LHD notification to OPHD notification of cases from 2007 and 2008 show that all reports are made within 5 days. In 2008 57% were within working day. In 2007 54%. Completion of case was not timely. This will be priority for 2010 and reviewed next year.
Time Period: Ongoing				
GOAL: Increase Immunizations for Influenza				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

Time Period: Ongoing				
GOAL: Comply with OAR 333-014-0050(2) and ORS 431.416(2)(a)				
A. Provide infants children and adults with immunizations for preventable disease and influenza	1. Hold a Point of Dispensing for influenza vaccine for those who cannot afford it. 2. Offer influenza vaccine to all children when receiving other vaccines.	1. A 10% increase of adults receiving state vaccine 2. A 10% increase in the number of children 6 months to 5 who receive influenza vaccine.	1/2. Records of vaccine given will be reviewed and compared to the previous year	The Doses administered reports for 2008 and 2009 show that for each year there were approx 1,030 flu shots given. There was a 26% decrease in the number of adults receiving state vaccine in 2008. However children 6mo-5yrs increased by 12%.
B. Improve awareness of flu vaccine clinics.	1. Use advertising and flyers to make people aware of the "hot line" they can contact to let them know where and when clinics are. 2. Utilize radio to inform the location of clinics.	A 10% increase in the number or people utilizing private vaccine.	Records of vaccine given will be reviewed and compared to the previous year	Private vaccine use also declined in 2009 by 5%. The decrease may have been due to availability of regular vaccine or it could be the availability of the vaccine through other venues. Trying to increase #'s may prove costly if more vaccine is ordered and not used.

Time Period: Ongoing				
GOAL: Tobacco Prevention and Education (TPEP)				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A To change community policy in regards to tobacco use.	The TPEP plan is available from Lake County Public Health or from the TPEP program.	5 Best Practice Objectives are listed in the plan.		2009-2101 was the first year the tobacco program has been implemented in Lake County. The TPEP quarterly reports list progress mead toward best practice objectives.

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

1. Immunizations: Lake County

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

<i>Year 2: July 2009 – June 2010</i>				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Evaluate the percentage of children 24 months of age who received the 4th Dtap by June 2010.	Review number of children that were screened for immunizations at WIC. Evaluate the review of child immunization records and reminder system.	<ul style="list-style-type: none"> Utilize Immunization Practices Data sent from the state for comparison. 4th Dtap at 24 months should be improved by 5% 	AFIX reports will not be available until first of May	AFIX report not available at time of writing

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

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

<p>B. Evaluate the partnership of private providers to increase 4th Dtap in children 24 months of age at LHD by June 2010.</p>	<ul style="list-style-type: none"> • Encourage private physicians to screen children for immunizations and refer for vaccination. 	<ul style="list-style-type: none"> • Discuss with provider staff once a year to remind them to screen for immunizations. • Provided state Immunization practice report to providers. 	<p>Met with Lake County Medical Clinic and Dr. Graham office on May 21, 2009. Alert information given and encouraged them to utilize it for forecasting vaccines and referral.</p>	<p>2008 Annual Assessment given in May of 2009. The 2009 assessment will be given as soon as it arrives in 2010.</p>
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Lake County

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

<p><i>Year 3: July 2010 – June 2011</i></p>				
<p>Objectives</p>	<p>Methods / Tasks</p>	<p>Outcome Measure(s)</p>	<p>Outcome Measure(s) Results¹</p>	<p>Progress Notes²</p>
<p>A. Reevaluate rates of children 24 months of age who have received a 4th Dtap to increase the percentage of children 24 months of age who recieved a 4th Dtap by 5% by June 2011.</p>	<ul style="list-style-type: none"> • Reassess target population access to LHD in addition to WIC • Implement changes to recall system as determined by 2006-2007 evaluation. • If no increase develop a plan to address issues from evaluation. 	<ul style="list-style-type: none"> • Rates of children 24 months of age receiving 4th Dtap will increase by 5%. 	<p>To be completed for the FY 2011 Report</p>	<p>To be completed for the FY 2011 Report</p>

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

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

2. Family Planning

FAMILY PLANNING PROGRAM ANNUAL PLAN FOR COUNTY PUBLIC HEALTH DEPARTMENT FY '11

July 1, 2010 to June 30, 2011

Agency: Lake County Public Health

Contact: Beth Hadley, R.N.

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
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<p>Budget cuts have resulted in the loss of a “front desk” clerk. To cover this need, staff inexperienced in this position are being required to work one day each week at the “front desk” scheduling and doing client intake. In order to maintain great customer service and protect revenue, staff must be educated on the roles and responsibilities of this position.</p>	<p>1. Staff will become proficient in obtaining required documentation from FPEP clients at check –in.</p>	<p>1. Group training will be conducted for all staff by FP. Coordinator and FPEP Billing Clerk</p>	<p>1. Group training will be completed by April, 2010.</p> <p>2. Chart reviews will be conducted by F.P. Coordinator on each client for 2 months following training. Any ongoing problems will be identified and addressed on an individual basis.</p>
	<p>1. Staff will be trained to continue to provide timely, friendly customer service.</p>	<p>1. Group training of staff by F.P. Coordinator and main Receptionist in proper intake procedure for family planning clients. Specific goals will include sample language to use when greeting and obtaining paperwork and scheduling clients for a timely appointment.</p>	<p>1. Group training will be completed by April 2010.</p> <p>2. Clients will be scheduled for family planning as soon as possible within three days of request, as measured by client survey for two mo. following staff training.</p>

Goal # 3 To promote awareness and access to Emergency Contraception among Oregonians at risk for unintended pregnancy.

Problem Statement	Objective(s)	Planned Activities	Evaluation
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Confusion between Plan B ECP's and RU486 abortion pill has cause people at risk for unintended pregnancy to retain negative opinions about ECP's.	1. Change public perceptions by educating key stakeholders on the difference between Plan B and RU486.	1. Present information about Plan B to H.S. staff, to dispel negative notions about Plan B. 2. Provide education and question and answer period for the family planning advisory board on Plan B.	1. Education will be provided to school staff by 6/10. 1. Advisory board will be presented with information on Plan B yearly by 6/10 and 6/11.
	1. Promote Plan B to the general public and specifically to those at risk of unintended pregnancy.	1. Have a specific area of the public health display dedicated to Plan B education at the annual "DR. Daly Days" health fair. 2. Provide information on Plan B at the "youth summit" for people 6 th to 9 th grade, (approx. 300 youth).	1. Promotion of Plan B at "Dr. Daly Days" will be completed by 7/10. 2. Information will be provided at the youth summit planned for 2/11.

Progress on Goals / Activities for FY 10

(Currently in Progress)

The annual plan that was submitted for your agency last year is included in this mailing. Please review it and report on progress meeting your objectives so far this FY.

Goal / Objective	Progress on Activities
Goal#1/ Objectives: "Staff will become more proficient in obtaining reimbursement from private insurance". "Increased revenue received from donations to the family planning program".	Administrator, Billing Clerk and Family Planning Coordinator have all completed the webinar series "Contraceptive Management Coding" thru the center For Health Training by Bonnie Lewis, RN, CCS-P. This is a work in progress. Donation revenue did not increase by 10%. Staff inexperienced in the position have been rotating through the front desk position and resulted in inconsistent requests for donations. Staff training on intake and exit of family planning clients has been scheduled. The superbill has

	been redone and is easier for clients to understand. Use of this tool when staff has been fully trained will assist in recovery of increased donation revenue.
Goal #2/ Objectives: “It is an ongoing challenge to promote and or provide our services to teens in this conservative community”.	Presentations to high school students increased from two a year to four a year, and included younger grades (freshman) than before. Students reached increased by approximately 100.

Progress on Title X Expansion Funds:

Also, a reminder that supplemental “expansion funds” were awarded as part of your agency’s regular Title X grant again this year. These funds were awarded for the purpose of increasing the number of new, low-income clients by expanding the availability of clinical family planning services. Please report any progress on the use of these funds for the following purposes:

- Increase the range of contraceptive methods on your formulary and/or the available number of high-end methods (IUDs and Implanon) IUD’s or Implanon were not provided, however expansion money helped in obtaining generic Seasonale which is often requested by clients.

3. WIC

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

WIC Agency: Lake County Public Health Department

Person Completing Form: Vickie Hogen WIC Coord.

Date: 03/28/2010 Phone: 541-947-6045

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:

All WIC funded staff completed Food Package Assignment module and

were entered into twist by December 31, 2009. Two non WIC funded staff also completed modules, and were 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 from Lake County were not able to attend 2009 Statewide meeting. L. Warnes and V. Hogen both attended the Breastfeeding training offered by Rogue Valley Medical in May 2009. Course offered information on infant feeding cues and breastfeeding. L. Warnes attended MCH provided training on “Clues to Cue’s” training, which covered infant feeding cues. Video’s on infants and feeding cues were reviewed by V.Hogen. Staff also reviewed info sent from 2009 Statewide meeting.

We currently only have 2 WIC funded staff that see clients, both see staff on a one on one basis. We try and observe and ask probing questions to gain insight to clients grasp of their child’s feeding cues and work on encouraging parents toward understanding their child’s needs. We have infant feeding cue cards that we can use with clients to let them show us what they see their child do and then talk about things that may be coming.

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?

All Nutritional Education Materials that are used were reviewed. Any material that did not support Oregon WIC’s key messages was taken out. Currently we are using primarily state provided materials and continuing to look for new NE Materials. We have retained material that covers things like constipation, weaning, oral health, and other non WIC key message material.

Lake County sees all clients on Individual Education appointments, using Oregon WIC Listens skill we are able to probe and find out what the clients wants and needs are and counsel appropriately.

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?

FY 2009-2010 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<p>Example: Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p>Example: This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p>Example: One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>
<p>1) OWL Evaluation and assessment findings.</p> <p>Daly Days Health Fair</p>	<p>This in-service addressed several competencies in the core areas of Communication, Analyzing data, and Targeting Nutritional Education.</p>	<p>Desired outcome of this in-service was to continue to improve rapport building skills with clients, ability to analyze data collected, and offering targeted nutritional education. Another desired outcome was to plan out</p>

		booth at Daly Days Health Fair.
2) New Food Package	This in-service addressed several competencies in the core areas of promoting nutritional education.	Desired outcome was to keep office staff up to date on new food package rolling out and the addressing WIC's Key Messages.
3) Kids day at the fair Brief overview of State provided NE material Formula changes	This in-service addressed several competencies in the core area of promoting nutritional education and interacting with our community to promote children participating in physical activity. Keeping both WIC funded and non funded staff up to date on formula changes.	Desired outcome was to plan our annual Kids day at the fair and keep both WIC funded and non WIC funded staff up to date on some of the new NE materials. All staff reviewed state provide hand out on some of the changes coming to formula.
Oral Health Medical Documentation Infant feeding guide	This in-service addressed several competencies in the core areas of promoting nutritional education, understanding nutritional assessments, and understanding normal nutritional issues for infants.	Desired outcome was to assure all staff was up to date on medical documentation and infant feeding.

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 most easiest to adopt?

- Which core components have the least buy-in? What are the factors that make these components difficult to adopt?

Response:

Building rapport with our clients is something that we do very well. Reflections and summarizing are also two areas that we use consistently. The size of our caseload allows us to spend adequate time with clients and we enjoy actively listening and showing our clients that we care. These are two components that allow us to let the client know we are listening and making sure that we actually get what they are telling us.

The areas that we are working on and improving are Introductions setting agendas and time lines. Due to the smaller caseload we get to know our clients in a very short time, we see them in the stores and introducing yourself does not seem appropriate. Introductions are very important for new clients, but we are working on a fitting way to set the agenda and time frame with out making the clients feel like we don't know who they are.

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:

Circle charts are available to staff to use during certifications so that staff can listen and communicate with client with out being so focused on the computer. Circle charts are also used to probe and find the areas that are of interest to client. Prompt cards are also placed in strategic areas to ensure that the areas that we need to improve on are being incorporated into all appointments.

We will have peer to peer evaluations during our local review. WIC funded staff will enroll in on line PCE training and will complete all modules.

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:

Info on WIC was provided at Daly Days Health Fair. Lake County food pantries were contacted and contact material was updated so that we could make sure clients with need were referred. All local Doctors received letter from state regarding changes to medical documentations requirements, and Medical Documentation forms were delivered to offices with info on new foods being introduced.

We promoted the fresh fruit and veggies vouchers. Our county has limited access to farmers markets, so the fruit and veggie voucher was a huge success for our county. We began early introduction of the low fat milk changes, we offered education on the benefits of lower fat milks.

Clients for the most part were very happy with changes. Clients love the fruit and veggie vouchers. Overall we had very low questions or concerns, the main concerns stemmed from children over two not being able to receive whole milk with out a health risk and special formula package assignment, and the lower amounts of formula after 6 months. Offices called requesting whole milk for children or higher formula amounts. In the future I would present more detailed information to Medical Providers. The new food package rolled out fairly well in Lake County.

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:

Lake County chose to distribute questionnaires and return to state or input data collected. No surveys have been distributed yet. Verbal questioning of clients has showed that clients have been overall very happy with fruit and veggie vouchers and over all change to food package.

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:

Lake County WIC staff has a solid base of knowledge in Breastfeeding. We encourage moms to Breastfeed and provide support for nursing mothers who need help. Clients can come in to office or we are able to send our Home Visit nurse to their home to help them and follow up with them.

We could use more advanced training for WIC staff. Another area that we could improve on is contacting mothers who are due to deliver in the next few weeks assess any concerns and provide assistance.

After identifying the need for further training we utilized state special

project funding to send 2 WIC staff to a Breastfeeding training for professionals.

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:

Using state funding for special projects we were able to send 2 WIC funded staff to a Breastfeeding training offered at Rogue Valley Medical. Staff received up to date information on Breastfeeding, but also received information on infant feeding cues. This was a great training and staff returned with new knowledge and ideas to help Breastfeeding moms.

Lake County will continue to work on keeping communication and referrals open with pregnant women.

FY 2010 - 2011 WIC Nutrition Education Plan

County/Agency: Lake County Public Health Department

Person Completing Form: V. Hogen

Date: 04/01/2010

Phone Number: 541-947-6045

Email Address: vjhogenlcph@yahoo.com

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:

L.Warnes and V.Hogen will complete on line PCE modules by July 31, 2010.

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

Implementation Plan and Timeline:

All WIC funded staff will complete PCE on line modules by December 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 posttest 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:

L.Warnes and V.Hogen will attend regional training provided in fall 2010.

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:

Lake County will work to improve our communication with pregnant women to assess any concerns and address any foreseen problems. We will try and improve our referrals to our Home Visit nurse to assure that mother's needs are met and continue to have breastfeeding support available in office.

One area of change that we can strive toward is making sure we have contact with mothers in the last month of pregnancy to assess and assist with any problems or questions. This will be addressed in May 2010 staff meeting and we will begin to try and see all pregnant women in the last month of their pregnancy.

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:

Lake County will send 2 WIC funded staff members to the regional training provided by state in the fall of 2010.

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:

Lake County will invite local Doctors offices and Lake District Hospital staff to State provided training offered in fall 2010.

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:

Lake County will let other community partners that provide Breastfeeding support and education know that we have online training available. We will also invite local Doctors offices and Lake District Hospital staff to State provided training offered in fall 2010.

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 WIC funded staff will complete online Child Nutrition Module by March 31, 2010.

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):

Training supervisors will continue to be L.Warnes and V.Hogen.

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

Agency: Lake County Public Health Department
Training Supervisor(s) and Credentials: V.Hogen WIC Coord. CPA
L.Warnes RN

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.

Quarter	Month	In-Service Topic	In-Service Objective
1	July, 2010	*Follow up on Biannual review. *Intro to PCE online modules. *Plan Kids day at fair and discuss Rock and Relax booth.	*Discuss finding of onsite review and what improvements need to be made. *Will introduce non WIC funded staff to online PCE modules. *Plan Kids day at the fair and Rock and Relax booth.
2	October, 2010	*Breastfeeding Education and improving our BF support. *Civil Rights.	*Update Non WIC office staff of Breastfeeding fall 2010 training offered by state. * Civil rights training all staff.
3	January, 2011	*Discuss Oral Health education and how we can improve fluoride	* Promote Fluoride varnish and maybe change to a clinic every 6 months.

		varnish services.	
4	April, 2011	*Follow up on Breastfeeding strategies.	* Follow up on strategies implemented to improve Breastfeeding numbers in our county.

C. Environmental health

Time Period: July 2008 – June 2009				
GOAL: Improve Rate of Food Pool and Lodging inspections				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Food, Pool and Lodging inspections will meet the number required in OAR 333-012-0055	Require Sanitarian to travel at specific times to complete inspections and avoid bad weather.	The number of required inspections will be at least 90%. Facility inspection reports from the state will be reviewed. And compared.	The number of inspections were 50%.	Contract was terminated and two new EHS were hired. It is anticipated they will start work on May 1, 2010.
Time Period: July 2009-June 2009				
GOAL: Food Handler Training will be done by local staff				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase in the number of Food Handlers Classes available to the public	Train staff to provide the food handler class and monitor testing.	Food Handlers classes will be held quarterly. Documentation of classes held will be reviewed.	Food Handler Classes were held 5/20/08, 6/20/08, and 10/22/08. A log was established for Lake County and cards printed.	Food Handler tests are now offered at both Lake County Public Health sites on demand. Warner Creek Correctional facility has become an agent in 2010 to offer classes to the inmates.
B. Investigate /respond to complaints and cases of food born illness.	See Active Surveillance Protocol in the Epidemiology plan..	100% of food born complaints will be referred to EHS within 2 working days. All cases of FBI will be investigated within 1 working day. Reports will document when Sanitarian was called and her response time.	Review of complaints for 2009 show that there 7 complaints received. 100% were referred to EHS. Not all complaints need a CD response.	All complaints were referred. There were no incidents of food borne outbreak.

D. Health Statistics

There is no change to the current plan that is posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> .

E. Information and referral

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

F. Public Health Emergency Preparedness

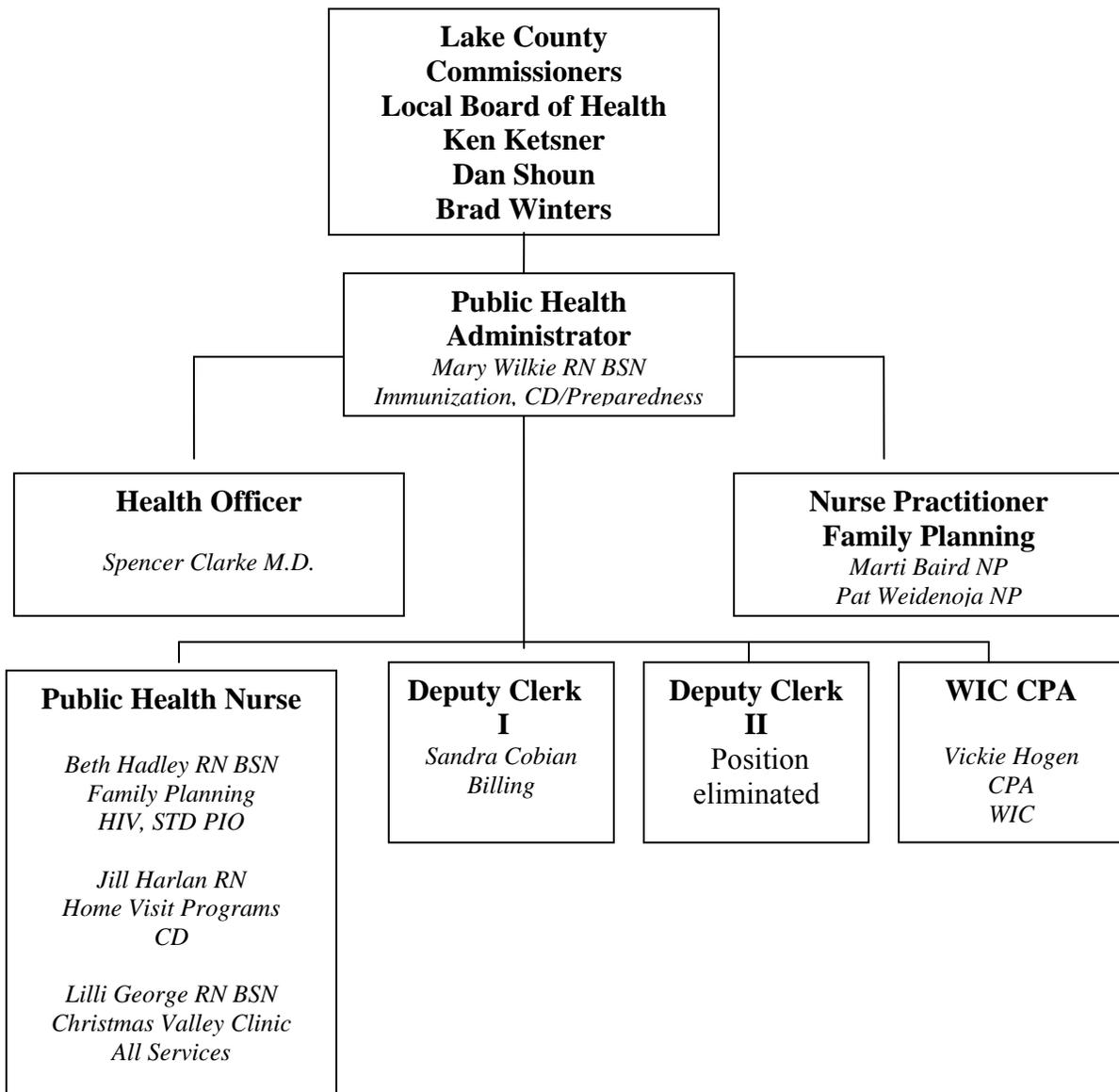
There are no changes to the current plan located at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml>

G. Other Issues

Lake County has written a letter or support for a regional grant that would provide a Chronic Disease Specialist for seven counties. This is an area that could use improvement but lacks resources. Hopefully the grant will be accepted as the CDC prevention specialist would be a great resource for our staff.

IV. Additional Requirements

Lake County Public Health Organizational Chart



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

V. Unmet Needs

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

VI. Budget

Budget information may be obtained from;

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

VII. Minimum Standards

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 A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes The Local Health Authority meets at least annually to address public health concerns.
3. Yes 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 Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes Local health officials develop and manage an annual operating budget.
8. Yes Generally accepted public accounting practices are used for managing funds.
9. Yes All revenues generated from public health services are allocated to public health programs.
10. Yes Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes Personnel policies and procedures are available for all employees.
12. Yes All positions have written job descriptions, including minimum qualifications.
13. Yes Written performance evaluations are done annually.
14. Yes Evidence of staff development activities exists.
15. Yes Personnel records for all terminated employees are retained consistently with State Archives rules.

16. Yes Records include minimum information required by each program.
17. Yes A records manual of all forms used is reviewed annually.
18. Yes There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes Filing and retrieval of health records follow written procedures.
20. Yes Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes Local health department telephone numbers and facilities' addresses are publicized.
22. Yes Health information and referral services are available during regular business hours.
23. Yes 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. – n/a- CERTIFICATES ARE SUBMITTED BY FUNERAL HOME
25. Yes To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes Certified copies of registered birth and death certificates are issued within one working day of request. IF THEY HAVE BEEN SIGNED BY STATE
27. Yes 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 A system to obtain reports of deaths of public health significance is in place.
29. 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. No Health department administration and county medical examiner review collaborative efforts at least annually.
31. No Staff is knowledgeable of and has participated in the development of the county's emergency plan.

- 32. Yes Written policies and procedures exist to guide staff in responding to an emergency.
- 33. Yes Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
- 34. Yes Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
- 35. Yes 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 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 There is a mechanism for reporting communicable disease cases to the health department.
- 38. Yes 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 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 Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
- 41. Yes 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 There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
- 43. Yes A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

- 44. Yes 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 Immunizations for human target populations are available within the local health department jurisdiction.
- 46. Yes 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. – INSPECTIONS DID NOT MEET REQUIREMENTS
- 48. Yes Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
- 49. Yes Training in first aid for choking is available for food service workers.
- 50. Yes Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
- 51. Yes Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system. BUT NOT BY PUBIC HEALTH – MUNICIPALITIES DO THIS AND DEQ
- 52. Yes Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk. BUT NOT BY PUBIC HEALTH – MUNICIPALITIES DO THIS AND DEQ
- 53. Yes Compliance assistance is provided to public water systems that violate requirements. BY STATE
- 54. Yes All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken. BY STATE
- 55. Yes A written plan exists for responding to emergencies involving public water systems.
- 56. Yes Information for developing a safe water supply is available to people using on-site individual wells and springs. BY COUNTY/ DEQ
- 57. Yes A program exists to monitor, issue permits, and inspect on-site sewage disposal systems. BY COUNTY/DEQ
- 58. Yes Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.

59. Yes School and public facilities food service operations are inspected for health and safety risks.
60. Yes Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste. BY COUNTY
62. Yes Indoor clean air complaints in licensed facilities are investigated.
63. Yes Environmental contamination potentially impacting public health or the environment is investigated. DEQ/HAZMAT
64. Yes The health and safety of the public is being protected through hazardous incidence investigation and response. FROM KLAMATH COUNTY
65. Yes 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 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 Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes The health department provides and/or refers to community resources for health education/health promotion.
69. Yes The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes Local health department supports healthy behaviors among employees.
71. Yes Local health department supports continued education and training of staff to provide effective health education.
72. Yes All health department facilities are smoke free.

Nutrition

73. 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 WIC
 - b. No Family Planning
 - c. No Parent and Child Health
 - d. No Older Adult Health
 - e. No Corrections Health
75. Yes Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes 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. 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 Perinatal care is provided directly or by referral.
83. Yes Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes Comprehensive family planning services are provided directly or by referral.

85. Yes 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 Child abuse prevention and treatment services are provided directly or by referral.
87. Yes There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes There is a system in place for identifying and following up on high risk infants.
89. Yes There is a system in place to follow up on all reported SIDS deaths.
90. Yes Preventive oral health services are provided directly or by referral.
91. No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets. NATURAL FLUORIDE IN WATER- PROMOTE USE OF FLUORIDE TOOTHPASTE, VARNISH
92. No Injury prevention services are provided within the community.

Primary Health Care

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

Cultural Competency

99. Yes The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes X 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 X The local health department assures that advisory groups reflect the population to be served. ATTEMPTS TO ASSURE
102. Yes X The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Mary Wilkie

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

a. *No The local health department Health Administrator meets minimum qualifications:*

See Unmet Needs

b. Yes x 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.

c. Yes x 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.

d. Yes x The local health department Health Officer meets minimum qualifications:

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

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

Bradley J Winters
Local Public Health Authority

Lake
County

04/22/2010
Date

The original signature will be mailed to Tom Engle.

b. Yes x 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.

c. Yes x 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

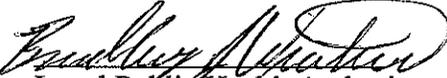
OR

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.

d. Yes x The local health department Health Officer meets minimum qualifications:

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

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


Local Public Health Authority

Lake
County

4/21/10
Date