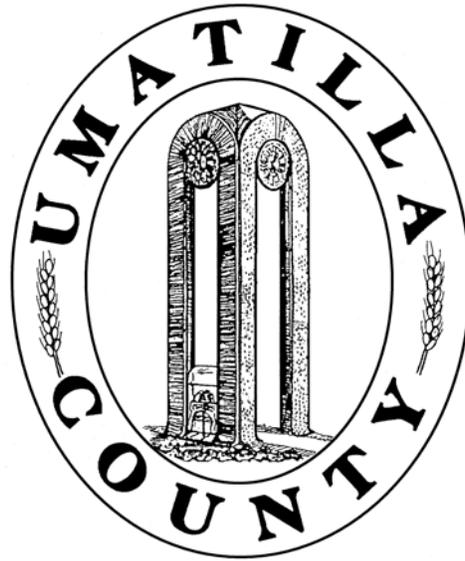


# **Umatilla County Public Health Division**



**Local Public Health Authority**

# **ANNUAL PLAN**

**2010-2011**

Genni Lehnert, Administrator  
Umatilla County Public Health

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## I. EXECUTIVE SUMMARY

Umatilla County Public Health had a difficult year. The Milton-Freewater satellite clinic was closed July 1, 2009. Seven employees were laid off and Healthy Start was discontinued. There was a reduction in clinic hours for both the Hermiston and Pendleton clinics. The budget for Fiscal Year 2010-2011 has been submitted. If accepted, the health department will lose a little over \$36,000 in county general funds. While this reduction was painful, it did not result in the devastation the last budget reduction caused. At this time, there are no plans for programmatic or staffing reductions.

The services offered in the clinic remain unchanged, however, these are offered fewer days in a week. This has created some frustration with our clients. Family planning clients seeking emergency contraception must either go without or travel to the open clinic to receive the medication. Over thirty miles separates the clinics, and no public transportation is offered. This is a noted concern as it can be a barrier to service for some of our clients.

I am happy to report we are still offering adolescent health education in every school in Umatilla County. This is accomplished with a skeletal crew of one 0.5 full-time employee and one 19-hour per week employee. The services offered are widely requested by our school districts and a valuable service to our students. We are able to literally reach thousands of students with our classes who otherwise would not receive this information.

H1N1 had a major impact on the county. Not only did three deaths occur, but we had many ill students reportedly out from school with influenza-like symptoms. The health department offered three priority risk group vaccination clinics. Two were held on Saturdays in our larger communities, and one was held on a week day in the late afternoon through the evening hours. Our goal was to vaccinate as many individuals as possible. Mostly, the community was very supportive and the clinics were well organized with minimal wait time for those wanting vaccinations. Once the vaccine became more widely available, vaccinations were offered during our walk-in clinics at the health department. Additionally, many of the local medical clinics offered vaccine to their patients.

The School Based Health Centers continue to struggle for funding. We have a balanced budget for School Year 2010-2011; however, I expect that without additional funding for SY 2011-2012, days of operation may be reduced or potential staff reductions may occur.

Additional funding for the health department is needed. Grants are a good source of funding; but with the staffing level so low, it is difficult to have available staff to write grants. Currently, the administrator is the primary grant writer. With the loss of the Community Nursing Supervisor, the administrator's time is split between administrative and supervisory duties. This leaves essentially no time for researching and writing grants.

In general, the year has been tough. Staff levels are substandard and service hours are not adequate to meet our communities' needs. We fear the reduction in the availability of public health services will result in higher teen pregnancy rates, increased numbers of communicable disease, decreased immunization rates, and ultimately an increase in the morbidity and mortality rates for Umatilla County.

With the current budget reductions and staffing levels, this department still remains highly committed to providing quality services for our county.

## II. ASSESSMENT

### Aging Issues

12.6% of Umatilla County residents are 65 years of age and older. Assisted living facilities frequently have waiting lists for residents. Medical care is an increasing problem due to the reduced number of physicians in the area. The residents are faced with finding new medical care when their physician leaves the area or retires. Many of these folks are forced to travel to Washington to seek medical care. This is a burden for the aging population, which frequently relies on others for transportation and lives on a fixed income. Many residents with Medicare are unable to find a physician due to local physicians refusing to take new Medicare patients. The reimbursement rate for Medicare patients is not covering the costs to physicians for providing services.

### Alcohol and Drug Use

Alcohol continues to be viewed as “part of the culture” in Eastern Oregon. Use among adolescents is high. According to the Oregon Healthy Teens 2006 data, 6% of 11<sup>th</sup> graders and 2.1% of eighth graders report having been drunk or high at school in the past 12 months. The data for Pendleton High School 11<sup>th</sup> graders shows 32.9% of students have binged drunk in the past thirty days, and 25.5% have used marijuana or hashish in the past thirty days. These rates are higher than the state average and raise concerns regarding the growing rates of use.

Umatilla County Coalition to Reduce Underage Drinking (UCCRUD) meets monthly at St. Anthony Hospital. Membership also includes the Confederated Tribes of the Umatilla Indian Reservation (CTUIR). This coalition has been meeting for several years and is very active in the community. They recently held a community forum to help empower and educate the community around the issues of underage drinking. The coalition has received several grants in the past to purchase breathalyzers and provide “party” surveillance and disbandment.

### Births, Low Birth Weight

Umatilla County had a total of 1,128 births in 2007. 34% of the births were to Hispanic mothers and 4% were teen mothers. We continue to have a high rate of mothers who smoke during pregnancy: 12% while the state average was 9%. In 2009, there were 231 first births in the county. All first births are offered services from the health department. Working closely with the two hospitals in the county, we are notified of recent deliveries. The hospitals will also educate new mothers on services available at the health department.

<b>2007 BIRTH DEMOGRAPHICS</b>		
	<b>State of Oregon</b>	<b>Umatilla County</b>
Total Births . . . . .	49,373	1,936
Resident Births by First Trimester Prenatal Care . . . . .	38,589	722
Low Birthweight Infants. . . . .	3,011	71
Births by Maternal Hispanic Origin . . . . .	10,129	1,164
Birth Rate of Teens . . . . .	4,328	132
Births by Reported Maternal Tobacco Use . . . . .	5,719	480

## **Communicable Disease**

Chlamydia continues to be our most frequently reported communicable disease. In 2009, there were 213 reported cases, which is an increase from the 182 cases noted in 2008. There were a reported nine Gonorrhea cases, which were up from seven the previous year.

Cases of n. meningitides, Pertussis, h. influenzae, Campylobacteriosis, Gardiasis, Salmonellosis, and Yersisiosis. In addition to individual cases, there was an outbreak of E.coli and an outbreak of Norovirus. Both outbreaks involved individuals who were from multiple counties or from out of state. There was no definite source of infection identified for either outbreak. There was one new HIV infection. As usual, Hepatitis C was second in morbidity only to Chlamydia. There was a single case of perinatal Hepatitis B.

Tuberculosis had two reported active cases in 2009, but we have had two confirmed cases and one probably case so far this year. Tuberculosis is a heavy burden for this department. The investigation and follow-up on these cases are labor intensive and tedious. This increase in cases has further stretched our already strained Communicable Disease Department.

The number of West Nile infected mosquito pools in West Umatilla county was 89, which is significantly increased from the five reported the previous year. Umatilla County also had nine birds, three horses, and one human test positive for West Nile Virus. This department works closely with West Umatilla Vector Control District to provide education for the entire county concerning prevention of mosquito bites and mosquito-borne illnesses.

Pandemic H1N1 novel influenza was the most publicized communicable disease last year. Umatilla County had three deaths from confirmed H1N1 infections, and one suspected case was never serotyped. Our mortality rate exceeded both the state and national rates. However, our rates of hospitalizations were less. All deaths but one had significant underlying medical issues. The unconfirmed death had no medical history available.

## **Deaths and Causes of Death**

The leading cause of death in Umatilla County is heart disease, which was 24%. Cancer is ranked a close second at 22%. The county is facing a crisis with the decrease in available physicians. Individuals are forced to travel into the state of Washington to obtain much of their medical care. There is only a single physician in most of the eastern part of the county, and the Pendleton area has seen a huge reduction in physicians.

## **Dental**

This remains a major problem for Umatilla County. Many of the low income residents go without dental care due to cost and minimal-to-no-coverage of the Oregon Health Plan. The high methadone rates add to the dental issues. The Federally Qualified Health Center (FQHC) works closely with a dental van that travels occasionally into the western half of the county to provide dental services to low income or uninsured residents.

## **Emergency Preparedness**

H1N1 prompted Umatilla County to set up Points of Dispensing (PODs) in three of our communities to administer H1N1 vaccinations. Of the three clinics offered, two were on Saturdays and the third was mid week from noon to 8 PM. This pandemic allowed us to truly

assess our plans for response to a public health emergency and make changes where needed. We found overall that the public health response was well coordinated and effective.

Umatilla County has a full scale exercise each year in May for the Chemical Depot. UCPHD plays a vital role in this exercise. We participate in both the EOC and the JIC. UCPHD staff work to field calls from concerned citizens as well as assist in the development of press releases and media mitigation.

### **Food-borne Illness Reports**

In 2009, there were two food-borne illness outbreaks: An outbreak of E. Coli and an outbreak of Norovirus. Both outbreaks involved individuals from multiple counties and from out of state. The Norovirus outbreak had 18 cases that were either informed or presumptive. The E. Coli case is closed, but the final report is not yet complete. It is believe there were approximately 15 cases involved.

### **Immunizations**

The majority of vaccinations are given by the health department. The pediatricians' offices in Pendleton and Hermiston provide vaccinations; but for the most part, other physicians in the area do not offer immunizations. Outreach into medical offices has identified that physicians reportedly are not reimbursed at a rate that is conducive to their clinical costs. In addition, it is a labor intensive process for staff, which the physicians are not interested in investing.

In the Hermiston area, a FQHC serves as a delegate agency to public health for immunizations. They see a large number of migrant farm workers and individuals who are not legal citizens.

73% of the 24-35 month old children were reported to be up to date with the 4:3:1:3:3:1 series in 2008. This is up significantly from the 68% in 2007 and 65% in 2006, so our rates are improving. With the 4:3:1:3:3:1 series, our rate of 73% equaled the state average of 73%. We continue to struggle with those who should receive their 4<sup>th</sup> DTaP. Many return late or not until their one-year shots. We have provided information to local providers and performed outreach to parents through our home visit program. We have also partnered with WIC and Head Start to help educate parents on the importance of all vaccinations.

### **Mental Health**

Umatilla County does not provide mental health services. Currently, Lifeways offers these services. As with many other counties, Umatilla does not have enough providers for mental health services. Many of our residents go without care or with minimal care due to this shortage.

The School Based Health Centers (SBHC) have a 0.6 FTE mental health specialist. This position provides much needed services to this vulnerable population. There is an ongoing fear that if funding is not secured for the SBHC, then this position may be eliminated. The loss of this position will result in many adolescents not receiving mental health care and will open the door for potential future issues.

### **Physical Activity, Diet and Obesity**

The health department has been proactive with physical activity and a healthier lifestyle. The county Wellness Committee sponsors a "Get Active" event each year. This event encourages teams to have some friendly competition with physical activity. The event has been well

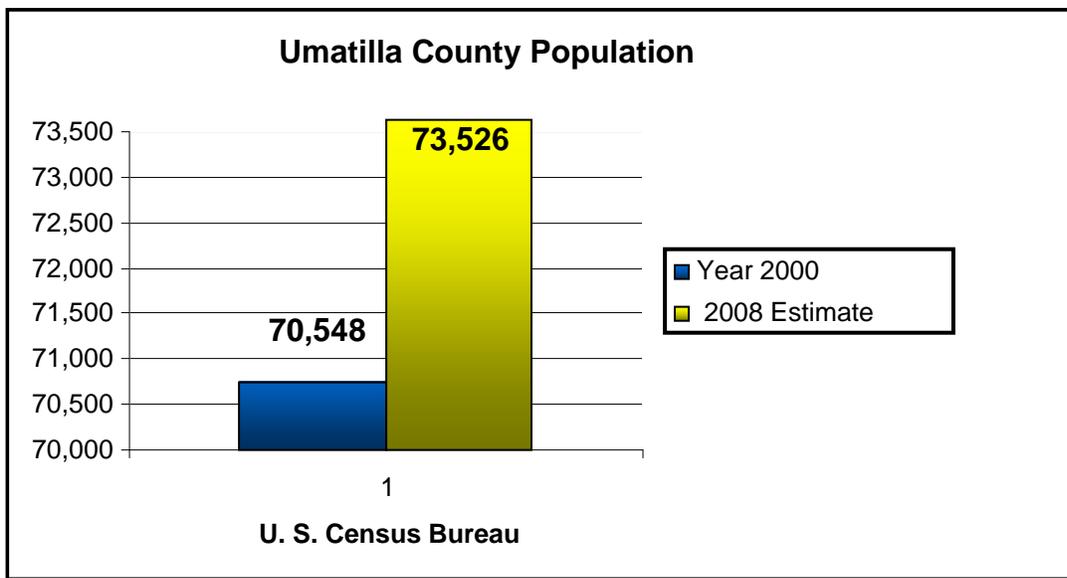
received throughout the county. At the conclusion, employees are asked to complete a short questionnaire that addresses their desire to participate next year and identifies if this event has promoted any long term lifestyle changes.

Public health is a strong supporter and member of the Wellness Committee. Their mission is to educate and promote employees to have healthier lifestyles and to be aware of the existing benefits currently being offered by the county. Some benefits offered are a reduced fee for membership at the local health club, a wellness benefit on our insurance package that pays for health assessments, and various classes offered by local hospitals. The committee sponsors a health assessment for employees at their worksite. This assessment checks blood glucose and cholesterol levels as well as other health indicators.

The health department staff approved by majority vote and implemented a food policy in 2007. This policy simply states if a staff person wishes to bring snacks for all staff, which may not be a healthy choice, then a healthy alternative will also be offered. This has been widely accepted and followed.

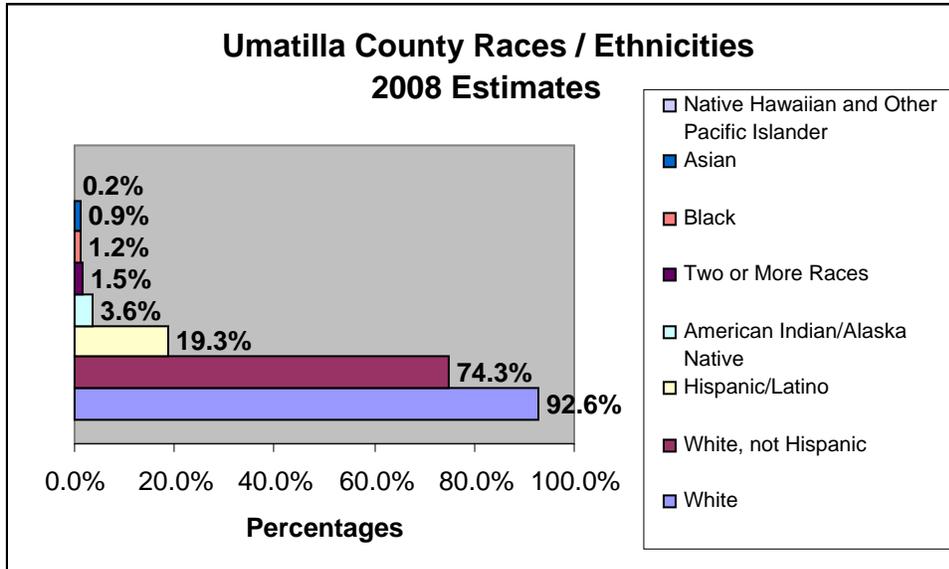
### Population, Gender, Age

The population in Umatilla County has shown a 10% growth rate overall for the past eight years. The gender split for 2008 was reported to be about 51.4% males and 48.6% females. According to 2008 data, 7.3% of the population is under five years of age, 25.9% is under 18 years, and 12.6% is over 65 years.



## Race

The Hispanic population is growing. All of the health departments offer bilingual services. 19.3% of the population is Hispanic while 3.6% is Native American. The majority of the population in the county is Caucasian.



## Geography

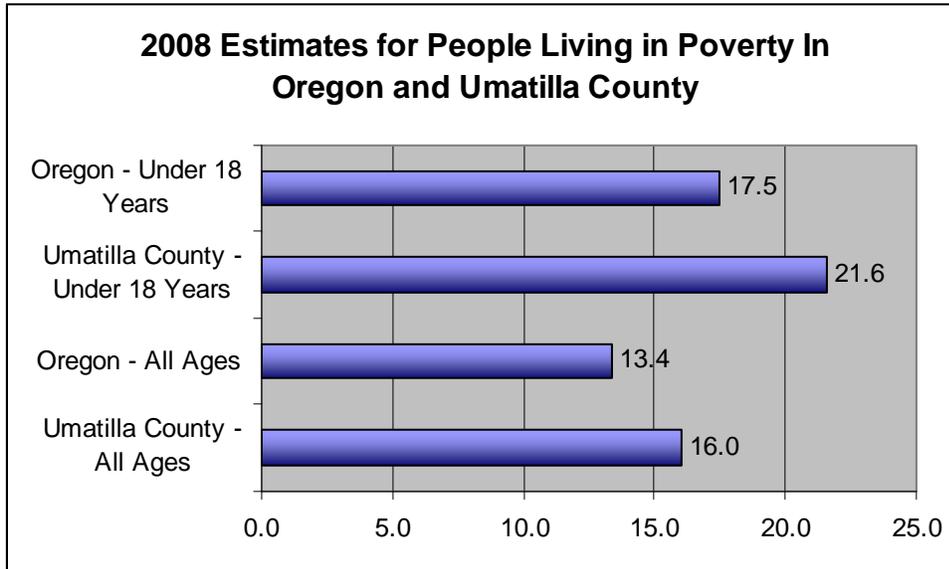
Umatilla County is situated in one of the largest wheat and green pea producing areas in the nation. Other agricultural commodities include potatoes, vegetables, cattle, hay, truck crops, fruit, and other seed crops.

It is the 13<sup>th</sup> largest county in Oregon and has 3,231 square miles, of which 3,215 square miles is land and 16 square miles is water. It has 12 incorporated cities and 13 unincorporated communities. The elevation ranges from 200 feet in the city of Umatilla, which is located on the Columbia River, to nearly 5,000 in the Blue Mountains on the eastern and southern edges of Umatilla County.



## Socio-Economic Status

21.6% of residents 18 and under live in poverty in Umatilla County. This is higher than the state average of 17.5%. The median household income in 2008 was \$44,909 while the state was \$50,165. The average family size is 2.67. Of all families in Umatilla County, 15.2% had an income in the past 12 months that was below the poverty level (2008 data). 39.9% were unemployed.



## Prenatal Care

The health department offers maternity case management services. This program provides a nutritional assessment, prenatal education and counseling to expectant mothers. The community has had a steep decline in obstetrical physicians. This has led to many expecting mothers to travel to Washington State to seek care or opting not to have prenatal care until their third trimester. 13.3% of women had inadequate prenatal care. Illegal Hispanic residents have a particularly difficult time receiving prenatal care. They have no insurance, and self pay is a barrier to service. Citizen Alien Waived Emergent Medical (CAWEM) is available for emergency services and delivery but not for prenatal care.

## Teen Pregnancy

The teen pregnancy rate is increasing in Umatilla County. The rate in 2008 was 32.6 per 1,000. The average rate for the previous five years was 27.5 per 1,000. The clinics were recognized by Oregon's Family Planning Program for giving the *Most Future Need EC*. Yet our numbers continue to climb.

We had a total of 986 Umatilla County middle school students participate in the Students Today Aren't Ready for Sex (STARS) program in 2008-2009. Good Shepherd Medical Center administers the program in the western half of the county while the health department oversees the eastern half.

In addition to the STARS program, we offered adolescent health classes to all schools within the county. These are: healthy relationships, puberty education, reproductive system education, birth control, STD-HIV/AIDS and Parenting/Baby Think It Over.

The health department is an active member of Reduce Adolescent Pregnancy Partnership (RAPP). RAPP is a coalition of community partners taking an active role in reducing the teenage pregnancy rate in Umatilla County through a comprehensive approach of community education, advocacy, family service development and enhancement. RAPP has sponsored pregnancy prevention advertising at agencies, office, and public billboards; sponsored Brad Henning of Life Resources in three Ten Summit school assemblies to 1,000-plus 8<sup>th</sup> grade students (from ten schools) about abstinence choices; and sponsored and distributed teen resource cards with local resources information.

### **Tobacco Use**

25% of adults in Umatilla County currently smoke cigarettes, and 13% of adult males use smokeless tobacco. The state rate is 19% and 6%, respectively. Every year in Umatilla County, 142 people die from tobacco use. 2,775 people suffered from serious illness caused by tobacco use, and \$23 million is lost from decrease productivity due to tobacco-related disability and death. Smokeless tobacco continues to be a part of the “rodeo” culture. The Tobacco Coalition meets monthly, both in Hermiston and Pendleton, to work on ways to reduce tobacco use.

The Tobacco Coalition and staff were successful in the implementation of County Ordinance 2006-17. This ordinance places a smoking ban around entrances in county-controlled buildings. This 25-foot ban went into effect on May 2, 2007. Additionally, the health department compound went tobacco free at both clinic sites, effective May 1, 2010.

### **Underage Drinking**

Umatilla County Coalition to Reduce Underage Drinking (UCCRUD) is a coalition group that meets monthly to identify strategies to reduce alcohol use among those that are underage. Public health plays an active role in this coalition.

Alcohol use among teens continues to be an ongoing problem. 33% of eighth graders report having had their first drink before the age of 13 years. The state average is 22.30%. 26.80% of eighth graders have drunk alcohol in the past thirty days while 13% have had five or more drinks within a couple of hours in the past thirty days. Using alcohol is accepted as part of the culture. 49.3% of 11<sup>th</sup> graders reported it would be very easy to get some beer, wine or hard liquor, if they wanted it. Use has been linked to promiscuous behavior and poor judgment. 18% of 11<sup>th</sup> graders report to having drunk alcohol or used drugs before having sexual intercourse the last time, and 5.7% of 11<sup>th</sup> graders reported at least once in the past thirty days of driving when they had been drinking alcohol.

## ADEQUACY OF THE LOCAL PUBLIC HEALTH SERVICES

### **Epidemiology and Control of Preventable Diseases and Disorders**

Umatilla County provides all of the required communicable disease activities. We provide 24-hour public health emergency coverage and have one fulltime communicable disease registered nurse on staff. We work closely with our two area hospitals to encourage disease reporting and open lines of communication. We mail letters out twice a year to all hospitals, physicians and labs notifying them of the reportable diseases and our willingness to assist them when requested. We work closely with CTUIR's Yellow hawk Clinic, the local jail and the two prisons.

### **Parent and Child Health Services, Including Family Planning Clinics As Described In ORS 435.205**

Umatilla County offers family planning services, immunizations, maternity case management and CaCoon at both clinic sites. We have two School Based Health Centers: one at the Pendleton High School and the other at Pendleton's Sunridge Middle School. These centers provide physical and mental health services. We do not provide family planning services at the School Based Health Centers due to an agreement with the sponsoring hospital and school district.

### **Collection and Reporting of Health Statistics**

Umatilla County Public Health provides all birth and death records in the county. Certified copies are available in the Pendleton office for a fee. Deputy Registrars work closely with hospital medical records departments, mortuaries and physicians to assure accuracy and completeness. Confidentiality and security of nonpublic abstracts, records, documents and information are maintained in a securely locked manner. Certified copies of registered birth and death certificates are issued within one working day of requested copy.

### **Health Information and Referral Services**

Umatilla County Public Health provides health information to the community in both English and Spanish. We create classes specific to the needs identified within the community. We offer a wide variety of pamphlets in all of the clinical sites. Referrals are an integral part of our services provided. We collaborate with multiple community agencies that are knowledgeable about the services provided at the health department. A website is available with information about county services as well as a Facebook page.

### **Environmental Health Services**

Umatilla County Public Health employs 1.5 FTE Environmental Health Specialist and 0.5 FTE clerical support person. Services provided include restaurant inspections, mobile units, temporary restaurants, tourist accommodations, pools/spas, hotel/motels, and jails. Other services include answering inquiries, requests and investigating complaints and food born illnesses. We contract with Morrow County to provide their environmental health services.

Environmental health education is provided to the public when requested. Food handler tests are offered in all clinics and online. A limited number of food handler classes are offered to the community when classes have ten or more participants. We contract with Oregon Department of Education and Oregon Child Care Division to provide inspection of schools and daycare facilities. Drinking water services are provided by the state.

Last year we added an Eastern Oregon Pool Seminar to our program for operators and pool/spa inspectors. We brought an instructor from Bend, Oregon and had a seminar attendance of 55 people. We also met our goal of providing the food handler cards online. We started in December 2008 and had 40% of all the cards issued last year from the online version. This increased our total number of issued food handler cards by 33%.

## ADEQUACY OF PROGRAM SERVICES

### **Dental**

Dental services in Umatilla County are inadequate. Many children do not have appropriate dental care, which results in poor oral hygiene with an increase in dental caries. Public Health provides dental health education through our home visiting program. We educate parents on the dangers of bottle propping and the importance of oral hygiene beginning at a young age. Our services only address a small area of dental concerns. We are in need of greater dental services for our residents.

### **Emergency Preparedness**

A fulltime emergency preparedness coordinator works closely with community partners. We are active participants in the annual Chemical Stockpile Emergency Preparedness Program (CSEPP) exercise. We continue to write and rework plans for the county. We exercised our ability to manage and run a Point of Dispensing (POD) in November 2008 and held actual PODs associated with the H1N1 pandemic in 2009. Collaboration between law enforcement, fire/EMS, tribe, hospital, prisons and emergency management continues to be our main focus. Exercises aimed at improving communication and coordination are high priorities.

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

Umatilla County Public Health provides many health classes to the schools in the county. We create curriculum specific to the assessment performed by counselors and teachers. Our classes include anger management, healthy relationships, suicide prevention, self injury and cutting, eating disorders/steroids, STD-HIV/AIDS, birth control, reproductive system, puberty, parenting, youth risky behaviors resources, nutrition, hygiene and personal boundaries/refusal skills.

### **Laboratory Services**

The health department lab is licensed by CLIA as a waived laboratory. The laboratory services provided outside our capacity or licensure are either performed by the state or Interpath Lab. We work closely with Interpath Lab, a local service provider. We have a smooth reporting system and use this service provider for tests that are not covered or provided by the state.

### **Nutrition**

All clients seen in the clinic and our home visit programs are counseled about nutrition. A nutritional assessment is performed by the nurse. Pamphlets and educational materials are given at the time of the visit. The School Based Health Centers perform BMIs on students seen in the clinic.

## **Older Adult Health**

We offer referral services and health information to our older adults. Many pamphlets are available to address specific health issues. Blood pressure checks are given for free in all clinics. Immunizations for influenza and pneumonia are given annually in special clinics aimed at this population.

### III. ACTION PLAN

#### A. Epidemiology and Control of Preventable Diseases and Disorders

**Goal 1: UCPHD will continue to control the spread of all communicable/reportable diseases through prompt investigation, needed intervention and public education**

Objective(s)	Plan of Action	Evaluation
1. Initiate disease investigation per established CDC/ODHS epidemiology guidelines upon receiving faxed, phone or verbal reports of a reportable condition.  2. Complete and submit disease investigations per established CDC/ODHS epidemiology guidelines	<ul style="list-style-type: none"> <li>• CD RN will review submitted reports daily, print investigative report and guidelines from ODHS website and complete investigative report per guidelines</li> <li>• CD RN will contact affected individuals, their care providers and families as needed for investigation to provide education, ensure correct treatment and follow up</li> <li>• CD RN will submit completed investigation forms to ODHS epidemiology department per established timeline</li> </ul>	Quarterly audits of disease investigations will be done to check for time/date of initial report, investigation initiation, client contact, notification of ODHS epidemiology, completion of form and submission to ODHS

**Goal 2: UCPHD will maintain the ability to receive reports at any time during a 24-hour period and respond within 15 minutes of any emergency report**

Objective(s)	Plan of Action	Evaluation
Be available by phone 24 hours a day for public health emergencies	<ul style="list-style-type: none"> <li>• Will use the county's emergency dispatch for after hours notifications</li> <li>• A satellite pager will be worn by one of the UCPHD managers at all times</li> </ul>	Quarterly testing of pager system will be done to ensure it is working and that staff member response is within 15 minutes of being paged by emergency dispatch

**Goal 3: UCPHD will continue to be vigilant and proactive regarding the monitoring and treatment of tuberculosis in Umatilla County**

Objective(s)	Plan of Action	Evaluation
<p>Continue to appropriately manage all clients with known tuberculosis(TB) infection or disease per CDC and ODHS tuberculosis program guidelines</p>	<ul style="list-style-type: none"> <li>• Will maintain and update a TB protocol based on CDC/ODHS guidelines and have a TB case manager on staff</li> <li>• TB case manager will immediately investigate all reports of TB infected county residents per CDC/ODHS guidelines</li> <li>• All clients determined to be infectious with active TB will be treated and monitored per CDC/ODHS guidelines, and ODHS will be notified of cases</li> <li>• All contacts to active TB cases will be tested and treated as needed, if found to have LTBI, per county protocol</li> <li>• TB case manager will collaborate with clients PCPs to ensure continuity of care</li> <li>• TB case manager will evaluate all other county residents diagnosed with LTBI for risk factors and need for treatment per county protocol</li> <li>• All A and B waivers will be investigated and treated per CDC/ODHS guidelines</li> <li>• All reports will be initiated, completed and submitted to ODHS TB program per established guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly audits of TB case reports will be done to determine time/date of report, initiation of investigation, completion of report and treatment, and submission of report to ODHS</li> <li>• Will contact ODHS to ensure reports received</li> </ul>

**Goal 4: UCPHD will reduce the rate of HIV infections in the county by serving as a resource for HIV testing and prevention education**

Objective(s)	Plan of Action	Evaluation
<p>Continue to offer all forms of HIV testing, counseling, risk assessment and prevention education at every clinic site</p>	<ul style="list-style-type: none"> <li>• All RNs trained in HIV counseling and testing services</li> <li>• All clients requesting HIV testing seen regardless of ability to pay</li> <li>• CD RN will collaborate with local county and community agencies to provide HIV education and testing to mutual clientele</li> <li>• Contacts of known HIV positive residents will be counseled and tested as soon as possible</li> <li>• Offer both confidential and anonymous HIV testing services and maintain current protocols regarding said testing</li> <li>• All clients requesting STD testing at UCPHD will complete a self risk assessment during their appointment and offered HIV testing</li> </ul>	<p>Annual audits of HIV case reports will be done to determine the effectiveness of the plan</p>

**B. Parent and Child Health Services, Including Family Planning Clinics As Described in ORS 435.205**

**Immunizations**

**Goal 1: UCPHD will improve rate of completed immunization requirements (4:3:1:3:3:1) for 2-year-old clients to work toward national goals set by ACIP**

Objective(s)	Plan of Action	Evaluation
<p>Improve access to and awareness of needed immunizations to ensure improvement in immunization rates</p>	<ul style="list-style-type: none"> <li>• Both clinic sites will offer immunization services two days each week on a walk-in basis</li> <li>• Clients information will be entered into ALERT database and an immunization forecast done at each visit</li> <li>• Reminder cards will be sent to clients needing follow-up immunizations to complete a series</li> <li>• Clerical staff will complete training on the ALERT system and its use</li> <li>• Clerical staff will enter vaccine information into IRIS within one week of client receiving immunization</li> <li>• RNs will counsel/educate families on preventable diseases, need for and effectiveness of immunizations</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly check of ALERT data to determine number of immunizations given</li> <li>• Quarterly check of ALERT system to ensure entered data is correct</li> <li>• Client comments</li> </ul>

**Goal 2: UCPHD will improve immunization rates for children, adolescents and adults in Umatilla County**

Objective(s)	Plan of Action	Evaluation
<p>Ensure all clients receive needed immunizations</p>	<ul style="list-style-type: none"> <li>• Maintain and update standing orders and immunization policies to remain current on all recommended immunization practices</li> <li>• Health Officer will sign all immunization standing orders</li> <li>• Have on file any changes in current recommendations for immunizations related to vaccine shortage, outbreaks, etc.</li> <li>• All RNs and clerical staff will be regularly educated on current immunization recommendations and practices</li> <li>• All RNs will educate clients regarding current immunization recommendations and practices and encourage clients to have all recommended immunizations at each clinic visit</li> <li>• Follow all VFC and 317 rules regarding vaccine coding and payment for immunizations received by clients</li> <li>• Immunization Coordinator will maintain an adequate supply of vaccine in both clinic sites</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly audit of immunization standing orders and protocols</li> <li>• Quarterly audit of immunization vaccine administration records</li> <li>• Review monthly vaccine reports for vaccine stock needs</li> <li>• Client comments</li> </ul>

**Goal 3: UCPHD will promote the use of AFIX information county-wide provider plan to improve one area of AFIX measures**

Objective(s)	Plan of Action	Evaluation
Promote AFIX	<ul style="list-style-type: none"> <li>• Contact all county providers to arrange a meeting with AFIX state representative to discuss county specific AFIX measures</li> <li>• Host the meeting</li> </ul>	<ul style="list-style-type: none"> <li>• No progress yet due to clinic nurse supervisor learning additional responsibilities of H1N1 Coordinator/Supervisor and School Exclusions Coordinator</li> <li>• By May 2011, a meeting with all county providers and state AFIX representatives will be held to discuss county specific AFIX measures</li> </ul>

**Goal 4: Attend Health Fair in August 2010 presented to the community by Family Care to administer 40 vaccinations to those attending the event**

Objective(s)	Plan of Action	Evaluation
1. Educate attendees at the health fair about vaccinations needed for children and adults	<ul style="list-style-type: none"> <li>• Attend health fair with nurses and vaccine supply</li> <li>• Administer 40 or more vaccinations to attendees, when appropriate</li> <li>• Provide Education about vaccine safety and requirements</li> <li>• Enter vaccines given in ALERT/IRIS database</li> </ul>	<ul style="list-style-type: none"> <li>• Check ALERT/IRIS in September 2010 for data input of health fair clients</li> </ul>

## Family Planning

### Goal 5: Assure continued high quality clinical family planning (FP) and related preventive health services to improve overall individual and community health

Problem Statement	Objective(s)	Plan of Action	Evaluation
<p>The Pendleton and Hermiston clinics are open 2 days a week for Family Planning due to county budget cuts</p>	<p>1. Maintain FPEP client numbers and visits at 2009 levels despite decrease in clinic hours</p>	<ul style="list-style-type: none"> <li>• Continue to inform all FP clients of the FPEP program and assist those who qualify to become enrolled</li> <li>• Ensure current FPEP clients update their paperwork yearly to ensure continued enrollment</li> <li>• Ensure all front desk staff are checking FPEP client charts at each visit to ensure enrollment does not lapse</li> </ul>	<ul style="list-style-type: none"> <li>• Complete quarterly and fiscal year end FPEP revenue reports</li> <li>• Complete quarterly chart audits for FPEP enrollment status</li> </ul>
	<p>2. Maintain donation revenue at 2009 levels</p>	<ul style="list-style-type: none"> <li>• Continue to keep the donation policy and procedure consistent with Title X guidelines</li> <li>• Ensure all front staff are making donation requests per policy</li> </ul>	<p>Complete quarterly and fiscal year end donation revenue reports</p>

**Goal 6: Promote awareness and access to emergency contraception among Oregonians at risk for unintended pregnancy**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Plan of Action</b>	<b>Evaluation</b>
<p>The Pendleton and Hermiston clinics are open 2 days a week for Family Planning due to county budget cuts</p>	<p>Maintain access and utilization of emergency contraception by 80% of clients</p>	<ul style="list-style-type: none"> <li>• Offer prophylactic EC to every established client at each clinic visit</li> <li>• Utilize health educators to advise school students about new clinic hours</li> <li>• Continue to post new clinic hours in both clinics and include on clinics answering machine message</li> <li>• Advise all clients of emergency contraception availability through local pharmacies</li> <li>• Educate immediate use EC clients on benefits to establishing care and policies on prophylactic EC availability for established clients</li> </ul>	<ul style="list-style-type: none"> <li>• Complete quarterly Ahlers reports on number of client visits and EC use statistics</li> <li>• Client and staff feedback</li> </ul>

## PROGRESS ON GOALS / ACTIVITIES FOR FY 2010-2011

(CURRENTLY IN PROGRESS)

Goal(s)	Objective(s)	Progress on Activities
1. Assure continued high quality clinic family planning and related preventive health services to improve overall individual and community health	Increase FPEP income 4% by June 30, 2010	Maintain FPEP income at 2009 levels, which is a plus as our FP hours were decreased by 40-50% as of July 1, 2009. We have actually increased our FPEP enrollment by 473 clients in 2009 but also have seen a decrease in privately insured clients and clients covered by Title XIX
2. Assure ongoing access to a broad range of effective family planning methods and related preventive health services	Clients will be able to obtain IUDs through alternative resources by June 30, 2010	<ul style="list-style-type: none"> <li>• We have established contact with a local OB/GYN who is willing to work with clients and allow them to pay installments towards an IUD and then have it inserted at a reduced fee</li> <li>• Our local FQHC clinic now has six care providers, which accept all clients and work with them to create payment plans and reduced fees for IUD insertion</li> <li>• Both of these clinics allow the clients to continue to receive their FPAs through the health department to reduce client costs</li> </ul>

<b>Progress on Title X Expansion Funds</b>	
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 →	<p>Increase the range of contraceptive methods on your formulary and/or the available number of high-end methods (IUDs and Implanon).</p> <p><b>We resumed offering the Ortho Evra Patch to our clients as we had discontinued that particular method due to cost.</b></p>

## Infant and Child Health

### **Goal 7: All infants and children in the Babies First program with developmental delays will receive intervention**

Objective(s)	Plan of Action	Evaluation
<p>Developmental screenings will be completed at 4, 8, 12, 18, 24 and 36 months to identify all children in the Babies first Program with developmental delays and families will receive appropriate intervention for identified delays</p>	<ul style="list-style-type: none"> <li>• All new staff will receive instruction on the use of the ASQ and ASQ-SE</li> <li>• All clients will be screened utilizing the ASQ and ASQ-SE and/or the RDSI screenings at 0-6 weeks, 4, 8, 12, 18, 24 and 36 months</li> <li>• The home environment will be evaluated for issues causing delays in development</li> <li>• The home visit nurse will work with the families to improve the development of any child with environmental issues causing delays in development</li> <li>• The home visit nurse will refer the families with a child with developmental delays not responding to intervention by home visit nurse to Early Intervention</li> <li>• The home visit nurse will follow up to ensure the families connect with Early Intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly meetings with home visit nurses on caseload</li> <li>• Annual ORCHIDS data assessment</li> <li>• Client comments</li> </ul>

**Goal 8: Teen Screen 75% of sophomores in Pendleton High School and provide counseling to the students who screen positive. Provide counseling to any student referred to clinic for at risk behavior**

Objective(s)	Plan of Action	Evaluation
<p>Maintain mental health services in the Pendleton High School and Sunridge Middle School</p>	<ul style="list-style-type: none"> <li>• Plan a meeting between the SBHC management team, Lifeways Mental Health representative, Umatilla County representative, and Teen Screen local volunteer to discuss funding</li> <li>• Work with SBHC management team to problem solve funding issues</li> <li>• Look at utilizing mental health volunteers to help provide counseling to students</li> <li>• Continue to utilize a local volunteer to offer Teen Screens to all sophomores</li> </ul>	<ul style="list-style-type: none"> <li>• Annual Teen Screen report at end of school year</li> <li>• Mental Health services continue to be offered in both Pendleton High and Sunridge Middle schools</li> </ul>

## C. Environmental Health

### Current Condition

Low level or poor education and communication throughout the public about Temporary Restaurant rules and regulations and thus lack of Umatilla County Public Health staff inspections.

### **Goal 1: Streamline the temporary restaurant license process and improve education of the public by June 2011**

Objective(s)	Plan of Action	Evaluation
1. Temporary restaurant licenses procedure will be easily understood by the public  2. The EH department will be fully staffed to handle the number of temporary restaurant licenses we are acquiring	<ul style="list-style-type: none"> <li>• Write a letter to relative organizations and restaurants to inform them of the rules and regulations, and the importance of food safety</li> <li>• Host education presentations to the public in regards to the temporary restaurant food safety procedures</li> </ul>	<ul style="list-style-type: none"> <li>• Inspect 90% of the temporary restaurant applications and events</li> <li>• Be more present in the community by phone or personal contact</li> <li>• Decrease the probability of food borne illness in our communities</li> </ul>

### Current Condition

The failure to re-inspect all noncompliance incidents.

### **Goal 2: Complete all necessary re-inspections in a timely fashion as they become relevant**

Objective(s)	Plan of Action	Evaluation
Make re-inspections a streamlines process that is easily understood by staff and operators	<ul style="list-style-type: none"> <li>• Become fully staffed</li> <li>• Allow adequate time for re-inspections</li> <li>• Perform re-inspections in a timely manner</li> <li>• Be proficient with the rules and regulations on closures or suspended licenses</li> </ul>	All re-inspections completed in a timely manner and correctly

Current Condition

Lack of interagency communication in regards to all permits/licenses to open establishments or facilities

**Goal 3: Improve communication and cooperation within cities, counties and municipalities to ensure compliance and understanding of local ordinances by June 2011**

Objective(s)	Plan of Action	Evaluation
Educate cities, counties and municipalities about county ordinances to assure compliance with licenses issued	<ul style="list-style-type: none"> <li>• Become fully staffed</li> <li>• Allow time to contact agencies to learn and understand their procedures, rules and regulations</li> <li>• Educate the public that comes into the department about procedures, rules and regulations</li> </ul>	Ensure compliance before a license is issued

Current Condition

Our owners/operators do not have an opportunity to gain knowledge from the health department throughout the year

**Goal 4: Create a newsletter**

Objective(s)	Plan of Action	Evaluation
Owners/operators will have a chance to learn about new rules/regulations, upcoming legislation, and education on important food safety tips	Create a newsletter to be mailed to the owners/operators once a year	Survey the owners/operators during regular inspections to know if they received it, like it, and ascertain what kind of information they want to know about

Current Condition

Our EH forms are located only in our offices. Clients have to drive to Pendleton to pick up the forms or the forms can be mailed or faxed.

**Goal 5: To offer our EH forms on the environmental health website**

Objective(s)	Plan of Action	Evaluation
Offer EH forms by way of a link on public health's website	<ul style="list-style-type: none"> <li>• Update forms on computers so they are in a format that can go on the website</li> <li>• Work with IT to update our website with the new information</li> <li>• Educate our communities that the forms are online with access 24 hours a day</li> <li>• Accept completed forms by mail or fax</li> </ul>	Respond to community inquiries and provide the correct resources we want them to have and understand

## D. Health Statistics

### Current Condition

Health/vital statistics involves the collection of data recorded on birth and death certificates. The purpose for maintaining vital records is to:

- Assure that birth and death certification is complete and accurate
- Assess public health statistical information to analyze the state of health in our county
- Identify populations at risk for the provision of intervention services

In the summer of 2007, Umatilla County Public Health began using the Oregon Vital Events Registration System (OVERS) to complete and register death certificates in the Electronic Death Registration System (EDRS). In January 2008, the module Electronic Birth Registration System (EBRS) began to be used to complete and register birth certificates. Access is limited to features needed for the particular user and/or facility. Both the EDRS and EBRS are Web-based, and data can be entered on any computer with Internet access.

On the EDRS, funeral directors and medical certifiers are able to enter death information from which county staff can issue certified certificates. Hospital birth clerks enter birth data in EBRS. The EBRS information is available immediately and county staff is able to issue certified birth certificates.

Certified copies of birth and death certificates are issued 24 hours or less of requested records and are available from the Pendleton clinic up to six months from date of event.

The blank certificate paper (Intaglio) for birth and death records is kept in a secured location.

Child deaths are reviewed by Umatilla County Child Fatality Review Board.

Umatilla County Public Health’s website has links to Oregon Health Services and other public health sites containing health statistics.

### **Goal 1: Maintain the current level of service and improve public access to health statistics with fewer errors made on the records**

Objective(s)	Plan of Action	Evaluation
The community will be aware of the service changes and the current level of service will be maintained with minimal errors	Perform outreach to funeral homes, hospitals, physicians and the community informing and educating about the services available through EDRS and EBRS	<ul style="list-style-type: none"> <li>• Records processed will have decreased possibility of human error due to EDRS and EBRS resulting in fewer queries and corrections</li> <li>• Compliance during the Triennial Review</li> <li>• Community partners will utilize the new systems in place</li> <li>• Number of website ‘hits’</li> </ul>

**Goal 2: Issue 100% of birth and death certificates within 24 hours of request**

Objective(s)	Plan of Action	Evaluation
Minimal human error on birth and death certificates will be made due to EDRS and EBRS verification system	Train all deputy registrars on EDRS and EBRS	All birth and death certificates will be issued within 24 hours of request

**E. Information and Referral**

Umatilla County Public Health makes a concerted effort to put people in touch with needed personal health services and assures the provision of health care when otherwise unavailable. UCPHD has a website that is updated by local public health program staff. The site is easy to use and has links to the CDC website, West Nile Virus information, food handler cards, and many of our health partners. It is an excellent way to access the state website for DHS, as well.

UCPHD also provides information and referral services during regular business hours. Umatilla-Morrow Head Start also publishes a countywide resource booklet that all local agencies use for referral.

Primary health care services are available for referral along with two urgent care clinics in the county.

UCPHD assists eligible individuals in applying for the Oregon Health Plan. UCPHD has most of our health education materials in alternative language formats. UCPHD has Spanish speaking translators on site in addition to access through a translator service that is available for most other languages. UCPHD also provides access via a TTY number. UCPHD works in collaboration with CSEPP regarding vulnerable populations during emergencies and disasters.

UCPHD provides a competent public healthcare workforce. Learning through continuing education, training and mentoring are available to UCPHD employees. Employees also have access to an online training system and are encouraged to seek training opportunities connected with their positions. An educated and trained workforce helps public health attain its goals.

UCPHD conducts staff meetings every other month.

**F. Other Issues**

Objective(s)	Plan of Action	Evaluation
UCPHD will complete all required PE-12 elements by date specified in contract	<ul style="list-style-type: none"> <li>• Preparedness Coordinator will attend scheduled conference calls</li> <li>• Preparedness Coordinator will attend scheduled Region 9 meetings</li> <li>• Preparedness Coordinator will maintain local HAN user directory and ensure all user profiles are current</li> <li>• Prepared Coordinator will ensure all UCPHD employees have completed IC courses – 100, 200, 700 and 800</li> <li>• Preparedness Coordinator will ensure all employee profiles are current in the Learning Center</li> <li>• Preparedness Coordinator, or designate, will test local HAN notification quarterly</li> </ul>	<ul style="list-style-type: none"> <li>• Audits performed by State Preparedness Program</li> <li>• Peer reviews</li> </ul>

Current Condition

Smoking is allowed in much of the multi-unit housing in Umatilla County.

**Goal 2: Approved policy that makes all housing units to be smoke free**

Objective(s)	Plan of Action	Evaluation
By June 2011, the Housing Authority Board in Hermiston will approve a policy that requires all housing units to be smoke free	<ul style="list-style-type: none"> <li>• Meet with housing authority to inform and educate about tobacco related issues and policy development</li> <li>• Make presentations to housing authority board about smoke-free housing</li> </ul>	Vote by the Hermiston housing unit to be smoke free

Current Condition

In Umatilla County, 37.4% of adults meet the CDC recommendation for physical activity (compared to 54.7% for the state). A number of health risk factors, including inactivity, have been shown to be associated with higher medical claims. The work done through the Physical Activity and Nutrition Worksite Wellness grant for both public health employees and through the activity promotions for all employees has set the stage for continuing worksite wellness for Umatilla County employees.

**Goal 3: Maintain an Employee Wellness Committee to work on worksite wellness for Umatilla County employees**

Objective(s)	Plan of Action	Evaluation
Assist Human Resources and/or the Insurance Committee in maintaining an Employee Wellness Committee to work on worksite wellness for Umatilla County employees	<ul style="list-style-type: none"> <li>• Work with the county’s insurance provider, human resources, commissioners and department heads, employee union representatives, Insurance Committee and employees to help sustain an Employee Wellness Committee</li> <li>• Provide technical assistance in setting training, education, health screening and other goals</li> </ul>	Wellness Committee will be active and meet a minimum of three times a year and have set goals

**IV. ADDITIONAL REQUIREMENTS**

The Local Public Health Authority, the Umatilla County Board of County Commissioners, is also the governing body that oversees the local Commission on Children and Families. Additionally, UCPHD and UCCCF have a close and cooperative working relationship.

**V. UNMET NEEDS**

Umatilla County Public Health, like many LPHA, is struggling to provide services with decreased funding. The closure of a clinic resulted in many residents not having easily accessible services. The reductions resulted in the removal of many supplies and staffing. The Family Planning Program has reduced the number of available birth control methods due to the rising cost and lost revenue that occurred with citizenship verification. Title X funding is nowhere close to the amount needed for the number of clients seen. TB funding is inadequate for the increased cases in our county. The amount of time and expense it costs to investigate, treat and follow those cases is enormous.

The School Based Health Centers are struggling to remain in operation. The loss of state revenue to fund these centers over the years has placed a burden on the clinics. A three-year grant was obtained several years ago for the implementation of Teen Screen. Once the grant period was over, it became increasingly difficult to find funding for operations. Expansion grants are available, but this department is leery to expand into other areas when the two clinics in operation are not sustainable. Mental health services are limited in the county, and it is difficult to make the referral system work for these students. They will likely go without services due to the cumbersome referral process and lack of providers.

The preparedness funds over the years have built and helped sustain the infrastructure of this department. With the reallocation of these funds, there will be a loss of infrastructure. The expected reduction of that funding stream is making it exceedingly more difficult to provide those services.

## VI. BUDGET

The budget for FY 2010-2011 will be adopted in June. At the time of this report, the budget is in the review process by the budget committee. Once adopted, a copy of the budget may be obtained by contacting the Finance Department at the Umatilla County Courthouse:

Heather Blagg  
Administrative Assistant  
216 SE 4<sup>th</sup> Street  
Pendleton OR 97801  
541-278-6235

## VII. MINIMUM STANDARDS

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

### Organization

1. Yes  No  A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law
2. Yes  No  The Local Health Authority meets at least annually to address public health concerns
3. Yes  No  A current organization 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, and 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 nonpublic 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 the local health department 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 the 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 periodically participate 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 timeframe 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 (*state managed*)

52. Yes \_\_\_ No \_\_\_ Each drinking water system is monitored for compliance with applicable standards based on system size, type and epidemiological risk (*state managed*)
53. Yes \_\_\_ No \_\_\_ Compliance assistance is provided to public water systems that violate requirements (*state managed*)
54. Yes \_\_\_ No \_\_\_ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken (*state managed*)
55. Yes \_\_\_ No \_\_\_ A written plan exists for responding to emergencies involving public water systems (*state managed*)
56. Yes \_\_\_ No \_\_\_ Information for developing a safe water supply is available to people using onsite individual wells and springs (*state managed*)
57. Yes \_\_\_ No \_\_\_ A program exists to monitor, issue permits and inspect onsite sewage disposal systems (*state managed*)
58. Yes  No \_\_\_ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12
59. Yes  No \_\_\_ School and public facilities food service operations are inspected for health and safety risks
60. Yes  No \_\_\_ Public spas and swimming pools are constructed, licensed and inspected for health and safety risks as required by Chapter 333 Division 12
61. Yes  No \_\_\_ A program exists to assure protection of health and the environment for storing, collecting, transporting and disposing solid waste
62. Yes  No \_\_\_ Indoor clean air complaints in licensed facilities are investigated
63. Yes  No \_\_\_ Environmental contamination potentially impacting public health or the environment is investigated
64. Yes  No \_\_\_ The health and safety of the public is being protected through hazardous incidence investigation and response
65. Yes  No \_\_\_ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control
66. Yes  No \_\_\_ All license fees collected by the Local Public Health Authority under ORS 624, 446 and 448 are set and used by the LPHA as required by ORS 624, 446 and 448

## Health Education and Health Promotion

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

## Nutrition

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

## Older Adult Health

78. Yes  No  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications

79. Yes  No\_\_\_ A mechanism exists for intervening where there is reported elder abuse or neglect
80. Yes  No\_\_\_ Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services
81. Yes  No\_\_\_ Prevention-oriented services exist for self health care, stress management, nutrition, and 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 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 three years of increasing responsibility and experience in public health or a related field.

*Answer the following questions:*

**Administrator Name: Genni Lehnert**

Does the Administrator have a Bachelor degree? Yes  No

Does the Administrator have at least 3 years experience in public health or a related field? Yes  No

Has the Administrator taken a graduate level course in biostatistics? Yes  No

Has the Administrator taken a graduate level course in epidemiology? Yes  No

Has the Administrator taken a graduate level course in environmental health? Yes  No

Has the Administrator taken a graduate level course in health services administration? Yes  No

Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes  No

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

*See Attachment A*

**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

a 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.

*See Attachment B*

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;

AND

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  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 a licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

**Umatilla County  
Public Health Division  
ANNUAL PLAN 2010-2011**

**PUBLIC HEALTH AUTHORITY**

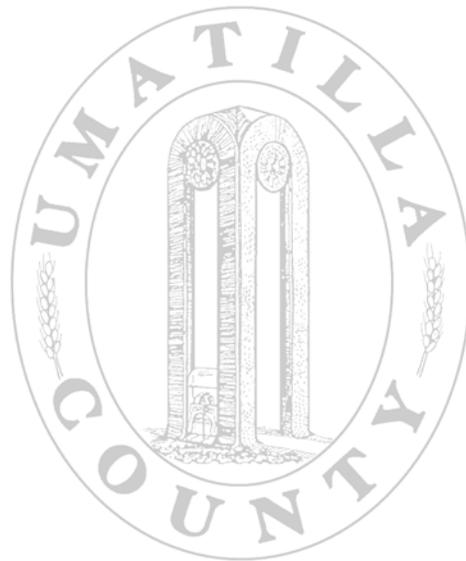
The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375-431.385 and ORS 431.416, are performed.

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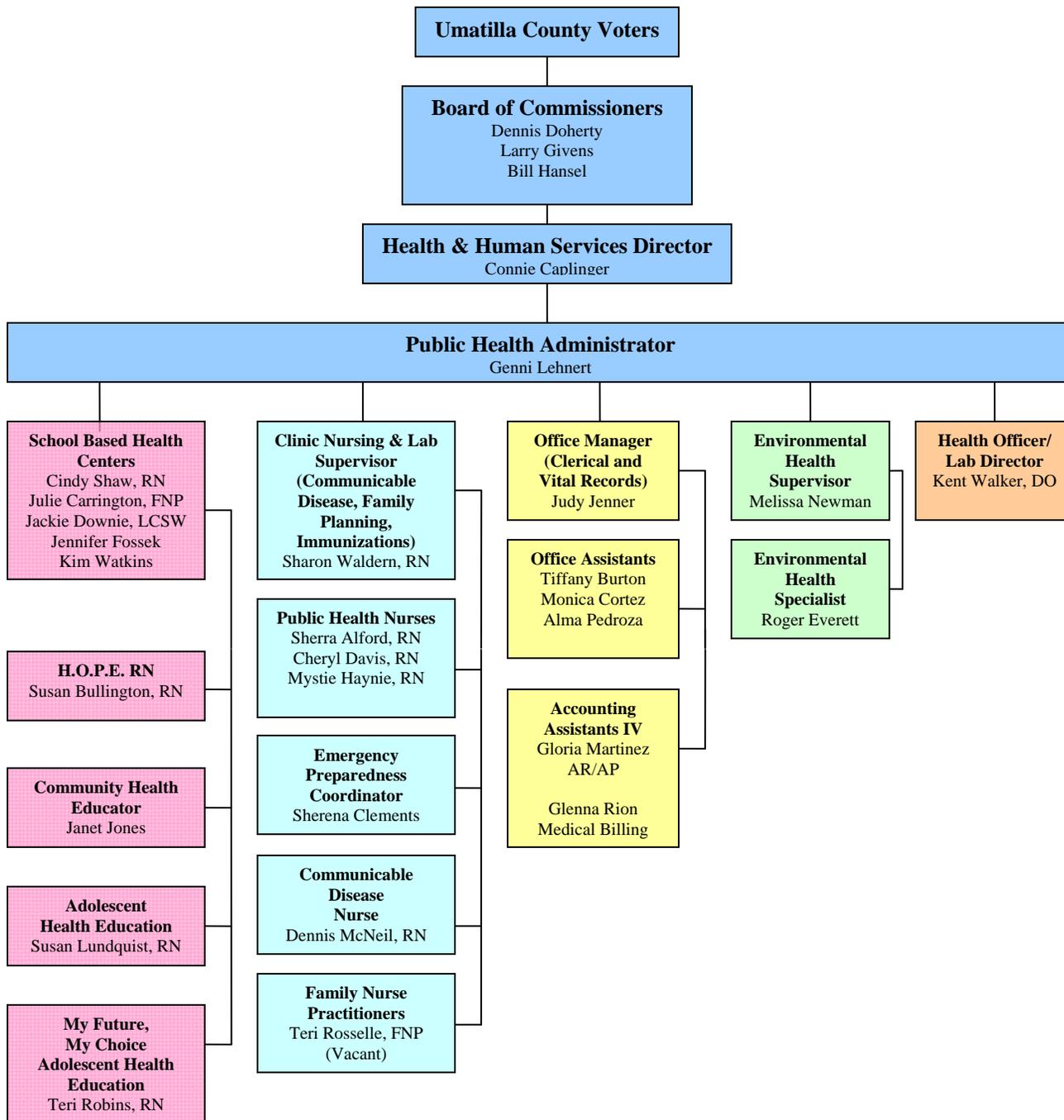
*Local Public Health Authority*

Umatilla County

May 1, 2010



Umatilla County  
Public Health Division  
**ORGANIZATIONAL CHART**  
2010/2011



## **ATTACHMENTS**

## **Attachment A**

The Administrator is currently enrolled in a masters program and is scheduled to graduate in November 2011.

## Attachment B

The Clinic Nursing Supervisor has multiple years of public health experience. Due to the rural nature of our county, finding baccalaureate degree nurses or master's level nurses to work in public health is a burden. I request that a waiver be granted for the Clinic Nursing Supervisor.