



Polk County Public Health

Annual Plan 2011 – 2012

2011 – 2012 Annual Plan

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I. Executive Summary

Polk County Public Health is scheduled for its triennial review during the next fiscal year. At that time, a comprehensive plan will be developed and submitted for review. This year's annual plan will provide any relevant updates and pertinent information for the various programs as well as updates for the current comprehensive plan that was developed in conjunction with our 2009 triennial review.

Polk County Public Health has seen many changes over the past year. A new administrator was hired, program staff, including nurses and health educators, have changed, and new programs have been added to the department. While these changes have all been necessary to create a strong, unified team, the path getting there was, at times, challenging. Fortunately, the current Public Health team is dedicated and passionate about meeting the needs and serving the people of our community.

We added two new programs, The Children's Health Equity Outreach Project, also known as Healthy Kids, and Healthy Communities. While both programs have shown great potential for long term positive impacts for the overall health and wellbeing of the Polk County community, both programs are only funded for the current fiscal year. We have made tremendous progress in both programs and will continue to search for funding to sustain our efforts to continue these programs. Healthy Communities allowed us to perform an in-depth assessment of our community focusing on systems, policy, and environmental impacts on chronic disease prevalence. This work was instrumental in looking at our community as a comprehensive system where all facets influence health. We will incorporate this work and the Community Action Plan we are currently developing into our Tobacco Prevention Program to continue efforts towards decreasing chronic disease mortality and morbidity in Polk County.

PCPH continues to provide necessary programs to the community including Family Planning, Immunizations, WIC, Communicable Disease surveillance, Emergency Preparedness, Ryan White, and Maternal and Child Health. Our HIV funding has been restored for FY 2012 which will enable us to perform testing free of charge. We are looking to add rapid HIV testing to provide options to our clients.

As the need for Public Health services has increased due to high unemployment and the current recession, we have seen a slight decrease in some of our programs. This is very concerning and has forced us to take a closer look at our practices and outreach efforts. We have created a marketing plan to better provide information and increase our partnerships with various organizations and agencies throughout Polk County. We will continue these efforts through Health Fair participation, community outreach events, local media outlets, Service Integration, social media, and general partner agency outreach. We are determined to have a stronger presence in the community to ensure we are a resource for those needing services.

Even though we are dealing with funding uncertainties and possible programmatic restructuring, this is an exciting time for PCPH. We have a professional, dedicated team who is passionate and committed to the health and wellbeing of the Polk County community. We look towards the next year as an opportunity to better serve our clients using our limited resources with a focus on prevention and education. We will continue to strive for positive health outcomes and to expand community awareness and knowledge of our services to improve the health of Polk County citizens.

Randi Phillips, MS
Polk County Public Health Administrator
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II. Assessment

There are no substantial changes in this section of the 2011-2012 annual plan from the comprehensive annual plan of 2009-2010. The comprehensive plan can be reviewed at: http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Documents/Annual%20Plans/polk_FINALAnnual_plan_2009_2010r_1.pdf

For additional health information on Polk County including chronic disease prevalence and demographic information, please view our Health Assessment Report on the Polk County website at: http://www.co.polk.or.us/sites/default/files/public_health/polkcoreport_9-9-9.pdf

III. Action Plan

Information on the topics of Epidemiology, Environmental Health, Health Statistics, Information and Referral, Emergency Preparedness, and other public health related subjects can be found in the 2009-2010 Comprehensive Plan.

Parent and Child Health Services:

The Women, Infants and Children Supplemental Nutrition Program and the Immunization Program require annual progress reports. These reports are included on the following pages, formatted as requested by the State.

Women, Infants, and Children Supplemental Nutrition Program (WIC)

The WIC report is divided into three sections: The review of the current year's Nutrition Education Plan, the three year State Nutritional Education Plan, and Polk County's program plan for the second year of the current three year plan.

EVALUATION OF WIC NUTRITION EDUCATION PLAN **FY 2010-2011**

WIC Agency: Polk County Public Health
Person Completing Form: Randi Phillips
Date: 4/5/11 Phone: 503-623-8175

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

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 online Participant Centered Education Module by July 31, 2010.

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

- Did your WIC Training Supervisor complete the module by December July 31, 2010?
- Was the completion date entered into TWIST?

Response:

Yes, the training supervisor completed the module 5/21/10 and it was entered into TWIST by Polk County program staff.

Activity 2: WIC certifiers who participated in Oregon WIC Listens training 2008-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.

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

- Did all certifiers who participated in Oregon WIC Listens training 2008-2009 pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010?

Response:

All staff members participated in a training day on 7/22/10 where all the modules were viewed together and discussed and the post test completed.

Activity 3: Local agency staff will attend a regional Group Participant Centered training in the fall of 2010. The training will be especially valuable for WIC staff who lead group nutrition education activities.

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

- Which staff from your agency attended a regional Group Participant Centered Education in the fall of 2010?
- How have those staff used the information they received at the training?

Response:

On 9/14/10 Inge Daeschel, Diana Arismendez Sandra Chavolla, and Alma Chavez attended the state training in Salem on using PCE in group education.

Inge used the concepts shared at the training to develop group classes that encourage participant input and participation. A class on infant cues has been planned and will be used in the next series of group education classes offered at Polk County WIC. The California WIC website has been identified as a resource for learner centered lesson plans. Sandra has incorporated these concepts and has presented them in the classes she currently teaches. She encourages participation and asks clients for input as she presents.

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.

Activity1: Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by December 31, 2010.

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:

Strengths and weaknesses: The ability of our program to send a staff member to an advanced breastfeeding training course such as the Lactation Management Course at Portland Community College is a challenge. The course has prerequisites for students who do not have health related degrees to become lactation consultants. Alma is assuming the role of Breastfeeding Coordinator but she still works closely with Patty and has not fully assumed all breastfeeding coordinator responsibilities. Polk County's current capacity to send a staff to the Lactation Management Course is very limited due to the size and funding level of our WIC clinic. We rely on Alma as a certifier and as our Breastfeeding Coordinator. To take her out of certifications for multiple days will severely affect our overall clinic numbers and force us to use already limited funds to fill in during her absences. This training is just not feasible for us at this time.

Strategies: We developed a new breastfeeding class called Overcoming Breastfeeding Barriers which includes an excellent DVD. We are providing flyers to interested families for the Mom and Me Program offered by Salem Hospital at West Valley Hospital. This program has a lactation consultation who comes each week to support breastfeeding mothers. We will continue to support Alma in other trainings, workshops, and clinics devoted to furthering her breastfeeding knowledge.

Activity 2: Each local agency will implement components of the Prenatal Breastfeeding Class (currently in development by state staff) in their breastfeeding education activities by March 31, 2011.

No response needed. The Prenatal Breastfeeding Class is still in development.

Goal 3: Strengthen partnerships with organizations 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 strengthen partnerships with these organizations by offering opportunities for 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.

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

- Which community partners did your agency invite to attend the Group PCE training fall of 2010?

Response:

We invited OCDC and Head Start family advocates to attend the Infant Cues Group PCE class in the fall of 2010. Three family advocates attended and enjoyed the meeting and collaborating with WIC staff.

- How do you feel partnerships with those agencies were enhanced?

Response:

The family advocates are called upon to provide or plan for group education for Head Start families. One of our certifiers has used this information to help her in her new position as parent education coordinator. There may be a possibility of planning classes together to serve the needs of families who are enrolled in both Head Start and WIC programs in the future. The in-service shared PCE strategies but also had a focus on infant feeding cues. The home visitors find this information helpful when discussing infant feeding with caregivers during home visits. In addition they learned the PCE method for teaching in group situation which supports their efforts to provide the same nutrition message as WIC in the same “user friendly” PCE approach.

- What went well and what would you do differently?

Response:

Everything went well and the interactions between WIC and Head Start staff were very favorable. There was a sharing of ideas between both groups. The Head Start staff felt honored to be included.

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 WIC Breastfeeding Module.

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

- Which community partners did your agency invite to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module?

Response:

Our home health nurses Vicki Guisti and Sylvia Lawson were invited to participate in the review of the online WIC breastfeeding module. They will try to work this in as their schedules permit. We also invited representatives from OCDC to participate.

- How do you feel partnerships with those agencies were enhanced?

Response:

Occasionally, Vicki and Sylvia do certifications for high needs families who have multiple barriers, including inability to get to the WIC clinic. This information will help them when they counsel breastfeeding mothers. Representatives from OCDC appreciated the invitation and mentioned that increasing knowledge on breastfeeding can help them educate mothers in their early childhood head start program.

- What went well and what would you do differently?

Response:

Oftentimes staff members from other programs are very busy with meeting the needs of the programs they serve and find it difficult to take off time to attend trainings. In the future we should think of ways to combine these efforts with existing meetings between the organizations.

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 June 30, 2011.

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

- Did/will the appropriate staff complete the new online Child Nutrition Module by June 30, 2011?
- Are the completion dates entered into TWIST?

Response:

We conducted an in-service training in February 2011 with the goal of including the online Child Nutrition Module. However, the module was not available in January for the dietitian to complete before conducting the group training. We plan to do the module in June 2011.

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

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 2010-2011 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
Example: Providing Advice Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.	Example: This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education	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.

June 2011:Child Nutrition in-service using the new module from state WIC	This in-service will enhance the core areas of critical thinking and nutrition education.	The desired outcome for completing this module is to enhance and update staff's knowledge of current recommended nutrition practices for children.
PCE e-Learning Modules July 22, 2010	This training reinforced core areas of communication, critical thinking and nutrition education.	Inge Daeschel conducted an in-service training using the PCE e-learning Modules in a group education setting. The outcomes for completing this module were to prepare staff for the fall training and to provide experience practicing the PCE approach among staff members so that they are more familiar and comfortable with this approach.
Nutrition Risk Module Update: February 18 2011	This in-service enhanced the core areas of critical thinking and nutrition education.	The desired outcomes were to provide staff with a refresher on when to assign high risk to client and to provide a review of updated high risk categories. The desired outcome was to improve referral to the WIC dietitian.
Group Participant Centered Education State Training Event: September 14, 2010	This training reinforced core areas of communication, critical thinking and nutrition education.	The desired outcome was to reinforce the client centered approach in the group education setting.

WOMEN, INFANTS AND CHILDREN PROGRAM (WIC)

WIC NUTRITION EDUCATION PLAN

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

VENA Background

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

Year One – FY 2010-2011

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

Year Two – FY 2011-2012

The second year of the WIC Nutrition Education Plan will be devoted to implementing participant centered nutrition education activities consistently in group settings. Year Two will also focus on enhancing breastfeeding education, promotion and support by incorporating specific participant centered skills and strategies in breastfeeding counseling. This second year of the plan will continue to promote strengthening partnerships with organizations that also serve WIC populations. The desired outcome is Oregon WIC staff build confidence in using participant centered skills and strategies in both individual and group settings.

Year Three – FY 2012-2013

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

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

FY 2011 - 2012 WIC NUTRITION EDUCATION PLAN FORM

County/Agency: Polk County Public Health

Person Completing Form: Randi Phillips

Date: 4/5/11

Phone Number: 503-623-8175

Email Address: Phillips.randi@co.polk.or.us

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

Year 2 Objective: During planning period, staff will incorporate participant centered education skills and strategies into group settings.

Activity 1: Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

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

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

Once we receive the dates for this training we will arrange for all certifiers and the dietitian to attend this meeting. The name of the staff members are Inge Daeschel, Diana Arismendez Sandra Chavolla, and Alma Chavez

Activity 2: Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

The following classes will be developed by the dietitian using the PCE strategies:

1. Infant feeding cues (summer of 2011)
2. Preventing picky eaters (summer of 2011)
3. Get Healthy Now: establishing health habits (winter of 2011)
4. Eating for two: prenatal nutrition (winter of 2011)

New classes are implemented approximately every 4 months after staff have had an opportunity to be trained. We only introduce 2 new classes at a time so that staff feel comfortable when implementing new classes.

Activity 3: Each agency will develop and implement a plan to familiarize all staff with the content and design of 2nd Nutrition Education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

Implementation Plan and Timeline:

Classes will be developed by the dietitian for the 2nd nutrition education option.

Every two months a new class will be developed (July, September, November and January are goal months). Prior to implementation, the staff will be trained on strategies for conducting these PCE classes. Patty will be informed of the class topics so that class announcements can be updated and made available to clients in a timely manner.

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

Year 2 Objective: During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

Infant Feeding Cues class has been developed and will be formatted to include PCE strategies. This class will be implemented in the summer 2011.

Activity 2: Each agency's Breastfeeding Coordinator will work with the agency's Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

Note: In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide and/or Breastfeeding Basics – Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

Once materials are sent to us we will schedule an in-house staff training by the end of July or month of August depending on staff vacation scheduling. This training will also include the Child Nutrition Module and training for the next PCE class.

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

Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite at last one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held fall of 2011.

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

Implementation Plan and Timeline:

Inge Daeschel will ask home visitors from the Head Start Program to attend the GPCE training fall of 2011 once the details are made available from the state WIC office on dates.

Activity 2: Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics – Grow and Glow Training complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

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

Implementation Plan and Timeline:

The home health nurses at Polk County will be asked if they would like to participate in either the breastfeeding module or online Oregon WIC breastfeeding course once details of the breastfeeding course are made available by State WIC office.

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

Year 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: Each agency will conduct a Health Outcomes staff in-service by March 31, 2012.

Note: An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

This training will take place in the winter of 2010-2011 (November or January) with a date set once the materials are received and reviewed and a training can be organized.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Implementation Plan and Timeline:

An in-house training will be planned for March in which certifiers will complete the module in a group education setting.

Activity 3: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2011-2012.

Agency Training Supervisor(s):

Inge Daeschel and Randi Phillips

WIC Staff Training Plan – 7/1/2011 through 6/30/2012

Agency: Polk County Public Health

Training Supervisor(s) and Credentials: Inge Daeschel, RD and Randi Phillips, MS

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, 2011 – June 30, 2012. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July or August	Child Nutrition Module, Infant feeding cues class using PCE strategies, Preventing Picky Eater class using PCE strategies, Biological Nurturing, Breastfeeding Peer Counseling Program, Group Prenatal Series Guide and/or Breastfeeding Basics – Grow and Glow Curriculum	Update on child nutrition Use of PCE in teaching a class on infant cues Update and inform staff about breastfeeding so that they can become comfortable and informed when counseling pregnant women
2	November or January	Health Outcomes staff in-service Get Healthy Now: establishing health habits PCE class Eating for two: prenatal nutrition PCE class	To provide staff to with an increased understanding of the factors influencing health outcomes. To offer training time for 2 client classes that use the PCE strategies for teaching topics on prenatal nutrition and health habits.
3	February or March 2012	Postpartum Nutrition Course	Update staff on the important nutrition guidelines for postpartum women
4	April or May	In-service training to include Civil Rights, 2 new nutrition education classes (physical activity class and class on breakfast)	Update staff on civil rights and how to use PCE strategies for teaching the topics to clients about the benefits of physical activity and breakfast

Immunization Comprehensive Triennial Plan

Due Date: May 1 Every year

Local Health Department: Polk County

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease Calendar Years 2009-2011

Year 1: July 2009-December 2009					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Increase the up-to-date rate for 2 year olds (431331) seen at Polk County Health Department by 1% a year over the next 3 years</p> <p>[Yearly % increase chosen must be $\geq 1\%$]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Use most recent AFIX assessment data as the baseline <input type="checkbox"/> Assure every shot is entered in IRIS/ALERT from clinic within 14 days of administration. <input type="checkbox"/> Screen for imms at all WIC appts & ensure clients are referred to medical home or LHD immunization clinic <input type="checkbox"/> Provide parents with a written reminder for return to clinic for next scheduled vaccinations. <input type="checkbox"/> Fully screen each patient for imms using IRIS/ALERT and immunize as needed. <input type="checkbox"/> Provide immunization education, reminders, and immunization clinic schedules to parents at Babies First home visits. 	<p>July For all</p> <p>Jud y for all</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Baseline set - 71% <input type="checkbox"/> 2009 timeliness report from OIP improved from 53% to 98% + from 2008 <input type="checkbox"/> Screening for imms at every visit by WIC staff <input type="checkbox"/> Set up system to assist parents in making next appointment on July1, 2009 <input type="checkbox"/> Screening & imms at every visit by immi staff <input type="checkbox"/> Babies 1st CHNs now providing immi education at home visits <input type="checkbox"/> UTD rate increase by 1% 	<p>Up to date rate declined from 71% to 64% due to HIB shortage. DTaP rate increased from 63% to 70%.</p> <p>Timeliness reporting improved from 53% to 98%.</p> <p>Immunizations are screened for at every visit by WIC and Immunization staff.</p> <p>Parents are given appointment card to schedule next visit before they leave the office.</p> <p>Materials given to Babies First for home visits.</p>	<p>Alert and IRIS reviewed before every immunization appointment as well as any shot records brought in at the time of the visit.</p> <p>Immunization schedules and information is given at every new client visit and if a client has not been seen in the last 6 months to a year.</p> <p>Appointment cards are given to parents at the end of every visit if another appointment is needed.</p> <p>These are given to appointment staff so an appointment can be made before the client leaves the clinic. Reminder stickers are also affixed to each immunization card.</p> <p>Babies First has information for immunization schedules which are included in materials given and reviewed at home visits.</p>

<p>B. Decrease the Polk County Health Department missed shot rate 1% each year for 3 years</p> <p>[Yearly % decrease chosen must be $\geq 1\%$]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Use most recent AFIX assessment data as the baseline for missed shot rate <input type="checkbox"/> Fully screen each patient for imms at every visit and immunize or schedule as needed. <input type="checkbox"/> Provide vaccine education to parents, including: <ul style="list-style-type: none"> <input type="checkbox"/> Take home materials on vaccine safety <input type="checkbox"/> Simplified immunization schedule for first 2 years <input type="checkbox"/> Assure every shot is entered in IRIS/ALERT from clinic and other sites within 14 days of administration. <input type="checkbox"/> Give all shots due unless truly contraindicated 	<p>July for all</p>	<p>Judy for all</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Baseline set – 15% <input type="checkbox"/> Screening at every visit by all staff <input type="checkbox"/> Vaccine education materials identified and take home packets created. Distribution began July 1, 2009 <input type="checkbox"/> 2009 timelines report from OIP improved from 53% to 80% + from 2008 <input type="checkbox"/> 2009 Missed Shot rate in AFIX assessment increased from 15% to 31% due to Hib shortage. 	<p>2009 missed shot rate increased to 31% due to Hib shortage.</p> <p>Clients are screened for immunizations at every visit.</p> <p>Educations packets created and given at each new client visit and when client has not been seen recently.</p> <p>Timeliness reporting increased from 53% to 98%.</p>	<p>IRIS and ALERT records reviewed before every appointment as well as any shot records brought in at the time of the visit. A take-home packet is given at each new client visit and if the client has not been in for last least a year. All shots are given unless contraindicated or parent refuses.</p> <p>Timeliness Report from July 1, 2009 to December 31, 2009 was at 99% on time. We have a new data input person who has set up a scheduled time to input vaccinations so they are done twice a week.</p>
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Immunization Comprehensive Triennial Plan

Due Date: May 1 Every year

Local Health Department: Polk County

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease Calendar Years 2009-2011

Year 2: January 2010-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Increase the up-to-date rate for 2 year olds (431331) seen at Polk County Health Department by 1% a year over the next 3 years</p> <p>[Yearly % increase chosen must be $\geq 1\%$]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Use most recent AFIX assessment data as the baseline <input type="checkbox"/> Continue screening each patient for imms at every visit and immunize as needed. <input type="checkbox"/> Continue entering every shot into IRIS/ALERT from clinic and other sites within 14 days of administration. <input type="checkbox"/> Continue providing immunization information to new mothers and at Babies First home visits. <input type="checkbox"/> Continue screening for imms at all WIC appts & referring to medical home or LHD immunization clinic for shots needed 	<p>As soon as available from OIP</p>	<p>Judy for all</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Screening & imms at every visit by all staff <input type="checkbox"/> 2010 timeliness report from OIP improved from 64% to ___% from 2009 <input type="checkbox"/> UTD rate increase by ___% <p>(Rate can not be determined until current year data is available.)</p>	<p>All activities listed continue to be used.</p>	<p>Alert and IRIS reviewed before every immunization appointment as well as any shot records brought in at the time of the visit.</p> <p>Immunization schedules and information is given at every new client visit and if a client has not been seen in the last 6 months to a year.</p> <p>Appointment cards are given to parents at the end of every visit if another appointment is needed. These are given to appointment staff so an appointment can be made before the client leaves the clinic. Reminder stickers are also affixed to each immunization card. Babies First and Cacoon have information for immunization schedules which are included in materials given and reviewed at home visits</p>

<p>B. Decrease the Polk County Health Department missed shot rate 1% each year for 3 years</p> <p>[Yearly % decrease chosen must be $\geq 1\%$]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Use most recent AFIX assessment data as the baseline for missed shot rate <input type="checkbox"/> Continue to fully screen each patient for imms at every visit and immunize or schedule as needed. <input type="checkbox"/> Continue to provide vaccine education to parents, including: <ul style="list-style-type: none"> o Take home materials on vaccine safety o Simplified immunization schedule for first 2 years <input type="checkbox"/> Continue to assure every shot is entered in IRIS/ ALERT from clinic and other sites within 14 days of administration. <input type="checkbox"/> Continue to give all shots due unless truly contraindicated 	<p>As soon as available from OIP</p>	<p>Judy for all</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Screening at every visit by all staff <input type="checkbox"/> Vaccine education materials given to parents at every immunization visit. — <input type="checkbox"/> 2010 timeliness report from OIP improved from __% to __% from 2009 <input type="checkbox"/> 2010 Missed Shot rate in AFIX assessment decreased from 31% to __% 	<p>All activities continue to be used.</p>	<p>IRIS and ALERT records reviewed before every appointment as well as any shot records brought in at the time of the visit. A take-home packet is given at each new client visit and if the client has not been in for at least a year. All shots are given unless contraindicated or parent refuses.</p>
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Immunization Comprehensive Triennial Plan

<p>Due Date: May 1 Every year</p>

Local Health Department: Polk County

**Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2009-2011**

Year 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Increase the up-to-date rate for 2 year olds (431331) seen at Polk County Health Department by 1% a year over the next 3 years</p> <p>[Yearly % increase chosen must be $\geq 1\%$]</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Use most recent AFIX assessment data as the baseline <input type="checkbox"/> Continue screening each patient for imms at every visit and immunize as needed. <input type="checkbox"/> Continue entering every shot into IRIS/ALERT from clinic and other sites within 14 days of administration. <input type="checkbox"/> Continue providing immunization information to new mothers and at Babies First home visits. <input type="checkbox"/> Continue screening for imms at all WIC appts & referring to medical home or LHD immunization clinic for shots needed 	As soon as available from OIP	Judy for all	<ul style="list-style-type: none"> <input type="checkbox"/> Screening & imms at every visit by all staff <input type="checkbox"/> 2011 timeliness report from OIP improved from __% to __% from 2010 <input type="checkbox"/> UTD rate increase by __% 	<p>To be completed for the CY 2011 Report</p>	

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

Local Health Department: Polk County Plan B – Community Outreach and Education Calendar Years 2009-2011

Year 1: July 2009-December 2009

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
Promote AFIX in: <input type="radio"/> Private Provider offices <input type="radio"/> Delegate Clinics	<input type="checkbox"/> Commit staff time and resources to project	Due July	Staff Judy	<input type="checkbox"/> List of providers created and possible clinics to recruit for AFIX identified by July 2009.	Meeting with Doctors on the hospital board was held September 22, 2009 with seven doctors attending. Alison Alexander presented information on the VFC program and AFIX. Some reluctance to participate in the VFC program was noted due to a perception of increased paper work. Thank you letters were sent 2 weeks after the presentation. One clinic that we presented to has requested an AFIX report.	Discussed with PCPH Health Officer how to make presentation to local doctors. A decision was made to concentrate on Doctors on the board of West Valley Hospital. A list of West Valley Hospital Medical Board members was obtained. Hospital contacted for presentation at one of the quarterly board meetings. Health Educator contacted for presentation of VFC and AFIX. Letters were sent to doctors 2 weeks prior to the presentation informing them of the presentation at the September board meeting and inviting them to come. West Salem doctors' offices contacted re: AFIX presentation at breakfast meeting or lunch hour. List began of doctors declining meetings. Still need to get list of clinics that have not had AFIX review. Training in AFIX has not been arranged.
	<input type="checkbox"/> Determine the number of private providers in county; ask OIP for list of providers who have never received an AFIX assessment or who have not received one in 3 or more years	July	Judy	<input type="checkbox"/> OIP committed to provide services by July 2009 <input type="checkbox"/> AFIX materials gotten from OIP and CDC. Reviewed when available.		
	<input type="checkbox"/> Participate in AFIX training in order to answer questions during recruitment	Pending per OIP	Judy	<input type="checkbox"/> Monthly and then bi-weekly contact with OIP health educator Reminder calls made		
	<input type="checkbox"/> Arrange for OIP assistance with this project	July	Judy	<input type="checkbox"/> Clinics/Hospital contacted and educated on benefits of free AFIX assessment & feedback with staff		
	<input type="checkbox"/> Dedicate staff time to contacting hospital and getting approval to present at hospital staff meeting and contacting private providers to get approval to present at a luncheon at providers office.	July	Judy			

Immunization Comprehensive Triennial Plan
Local Health Department: Polk County
Plan B – Community Outreach and Education
Calendar Years 2009-2011

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

Immunization Comprehensive Triennial Plan
Local Health Department: Polk County
Plan B – Community Outreach and Education
Calendar Years 2009-2011

Year 2: January 2010-December 2010

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Update AFIX in: <input type="radio"/> Private Providers Offices <input type="radio"/> Delegate Clinics	<input type="checkbox"/> Commit staff time and resources to project <input type="checkbox"/> Arrange for OIP assistance with this project <input type="checkbox"/> Dedicate staff time to contacting hospital/providers and getting approval to present at staff/luncheon meeting. <input type="checkbox"/> Keep list of “no-thanks” clinics to contact next year <input type="checkbox"/> Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.) <input type="checkbox"/> Provide reminder call to clinic 1 week prior to feedback <input type="checkbox"/> OIP to run assessments and present feedbacks <input type="checkbox"/> Attend feedback sessions and participate in discussion. Be responsible for handing out materials, getting attendance form completed, etc. <input type="checkbox"/> Post-feedback, send note of appreciation to	Due Jan.	Staff Judy Alison	<input type="checkbox"/> OIP committed to provide services on	AFIX reviews were conducted with West Salem Clinic and Total Health Community Clinic by the Health Educator. Dallas Family Medicine does a review every year.	Discussed with Health Educator how to get physician offices on board to want an AFIX review. Contacted Flaming Medical Center to consider a review. They were interested so contacted Health Educator to request a review be conducted. Health Educator informed me that West Salem Family Practice also requested a review. They had previously declined. AFIX reports are being run for these two clinics. They will be contacted in 2011 for an appointment to present the information.
		Feb.	Judy Alison	<input type="checkbox"/> AFIX materials gotten from OIP and CDC. Reviewed by —		
		March	Judy	<input type="checkbox"/> Hospital/Providers contacted to schedule update on AFIX assessment & feedback with staff		
		March	Judy Alison	<input type="checkbox"/> List updated with 3 rd year prospects		
		March-Sept.	Alison	<input type="checkbox"/> Monthly and then bi-weekly contact with OIP health educator Reminder calls made		
		As scheduled	Judy Alison	<input type="checkbox"/> Number of Feedbacks held <input type="checkbox"/> Name of clinic(s) <input type="checkbox"/> Feedback dates <input type="checkbox"/> # participants at each		
		As scheduled	Alison			
		After presentation	Judy	<input type="checkbox"/> Thank you notes sent post-feedback within		

	provider and recommend annual assessments			2 weeks of presentation		
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Immunization Comprehensive Triennial Plan
Local Health Department: Polk County
Plan B – Community Outreach and Education
Calendar Years 2009-2011

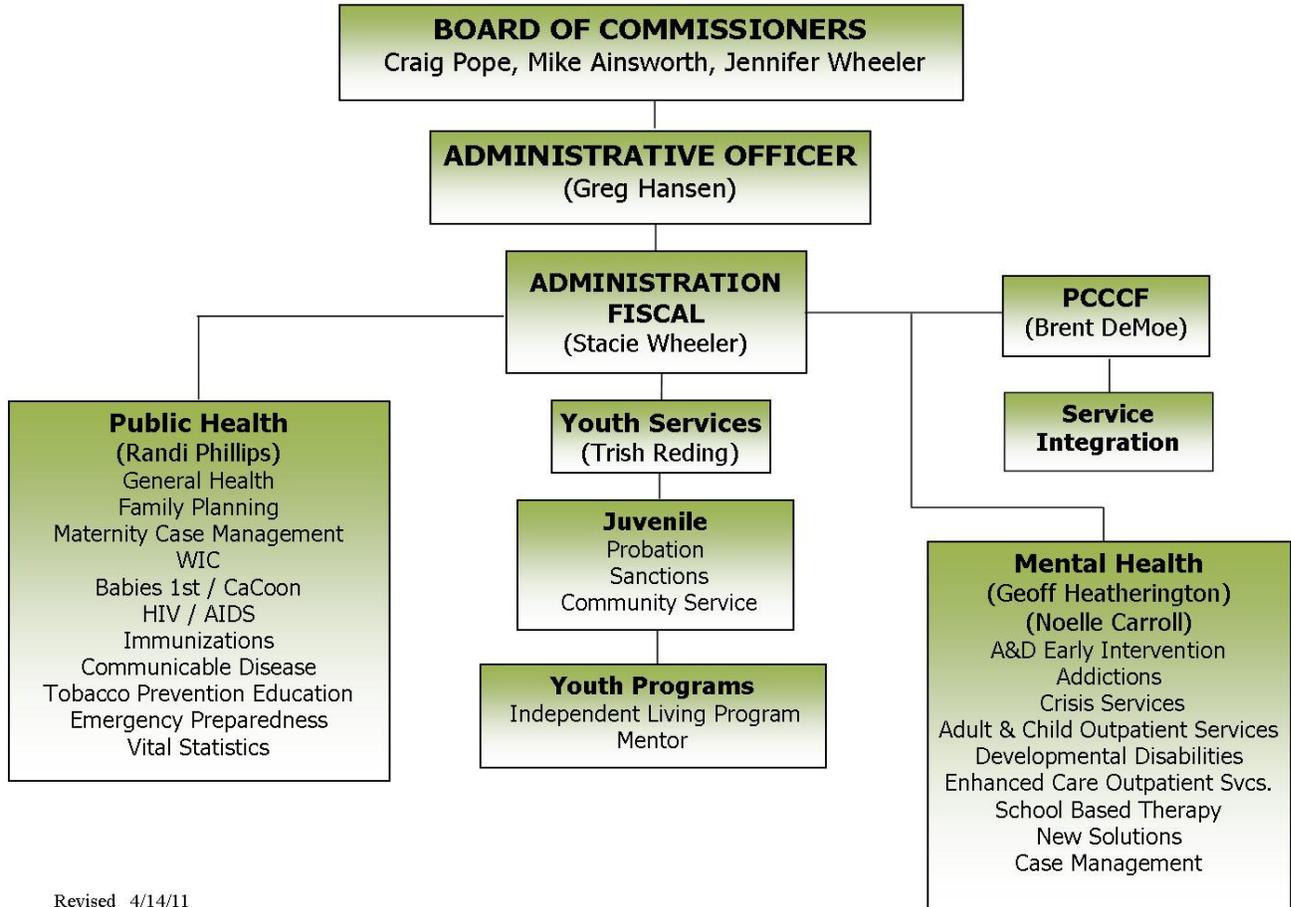
Year 3: January 2011-December 2011

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

IV. Additional Requirements

1. Organizational Chart

Polk County Human Services



Revised 4/14/11

2. Local oversight of Public Health

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

3. Health Advisory Board

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

4. Public Health and Polk County Commission on Children and Families

Polk County takes an integrated approach to human services. Both Public Health and the Commission on Children and Families (PCCCCF) fall under the umbrella of Polk County Human Services. Both teams are managed by the same administrator who also oversees Mental Health and Youth Programs. Significant emphasis is placed on the concept of Service Integration both within the Human Services umbrella of Polk County and within the different and distinct communities that make up Polk County. All of Polk County Human Services teams are part of Service Integration activities as are community partners. The comprehensive plan for PCCCCF often defines focus areas that directly relate to Public Health program and goal areas. Public Health actively supports and works together with PCCCCF within the Service Integration framework to promote activities that focus on supporting children and families. Planning for collaboration opportunities are further enhanced through regular meetings and close proximity of departmental offices.

V. Unmet Needs

Polk County actively collaborates and coordinates with community partners to reduce health needs in the community. The partnerships and integration of services has been successful in meeting many needs in the community. Often, needs are addressed and barriers are removed by working with community partners to pool resources and to find creative ways to come up with solutions. Through the Service Integration model and with regular monthly meetings of various partners in the Polk County community, we pride ourselves in identifying and fulfilling many unmet health needs. However, there are still many needs that exist and resources are becoming scarce. Factors such as high unemployment, the increasing cost of housing, the lack of employment opportunities, transportation barriers for our isolated communities, and more demand for assistance programs all contribute to unmet health needs in Polk County.

Some of the unmet needs in the Polk County community include:

- Primary medical care for those without insurance who are not eligible for the Oregon Health Plan

- Access to dental care and oral health services for those without insurance, especially children.
- Access to health and dental care for smaller rural communities.
- Bilingual and bicultural health professionals to serve the growing Hispanic population in the Polk County community.
- Community-wide approach for prevention of chronic disease risk factors such as obesity and poor nutrition.
- Community-wide health education opportunities such as chronic disease self management classes and promotion of healthy choices.
- Maternity case management for all pregnant women, not just women who fit into the highest risk category.
- Child care that provides healthy environments that is affordable, safe, and accessible.
- Affordable medical care for the uninsured and underinsured.
- Transportation options to and from medical appointments for those living in the rural part of the county.
- Lack of school based health centers for students to access services

VI. Budget

Polk County budget information contact:

Greg Hansen
Administrative Officer
Board of Commissioners Office
850 Main St.
Dallas, OR 97338
Phone: (503) 623-8173 Fax: (503) 623-0896

Projected Revenue:

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

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?

I. Organization

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

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

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

Control of Communicable Diseases

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

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

Environmental Health

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

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

Health Education and Health Promotion

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

Nutrition

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

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

Older Adult Health

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

Parent and Child Health

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

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

Primary Health Care

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

Cultural Competency

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

II. 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: Randi Phillips, MS

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

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

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

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

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

AND

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

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

Polk County Public Health’s Lead Nurse has been an RN for 35 years. Her experience and nursing capabilities counteract her lack of a BSN. The

Nurse Practitioner will fulfill the roll of Supervising Public Health Nurse for duties that require a BSN degree.

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

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

OR

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

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

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

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

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

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

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

Local Public Health Authority

County

Date