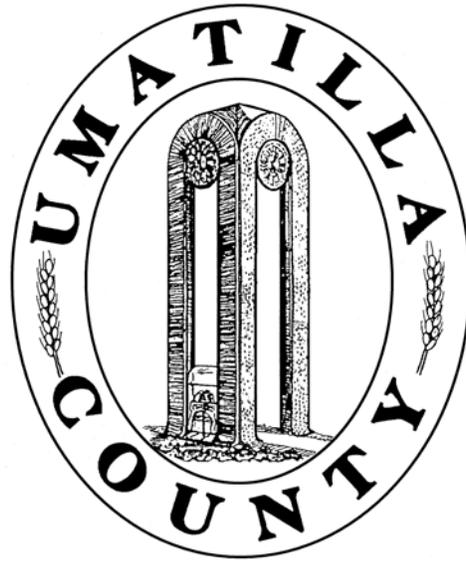


**Umatilla County
Public Health Division**



Local Public Health Authority

ANNUAL PLAN

2011-2012

Genni Lehnert, Administrator
Umatilla County Public Health

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SECTION I. EXECUTIVE SUMMARY

Umatilla County Public Health has been providing services with limited staff for the last couple of years due to budget reductions. Job positions have been required to do more with much less. The community has verbalized their frustration related to reduced hours of services and the number of staff available to assist them with their requests. The added workload, loss of clinics, and decreased services has affected staff and the community as a whole.

The home visit program consists of a single registered nurse who is only able to see a fraction of the referrals we receive. A waiting list of residents seeking and needing home visiting services is maintained. Clients are often left to wait months before a slot opens up.

The Milton-Freewater community has no public health clinic within that community. Residents must travel to either Pendleton or Hermiston clinics for care or travel into Washington State to receive immunizations and family planning services.

Adolescent health education continues to be offered in every school in Umatilla County. The staffing remains unchanged 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.

The School Based Health Centers have had a particularly challenging year. Recruitment for a nurse practitioner has not been successful. A contract was signed with a nurse practitioner to provide phone/email consultation and limited on sight services when needed. The lack of staffing has caused the centers to be out of compliance with state certification standards and now the centers are in jeopardy of losing state funding. Students continue to need and request services. Recruitment for the centers will remain a top priority for this department.

The health department needs additional funding to provide the services that are needed in this county. 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.

The state budget will lend to another difficult year for public health. It is expected that funding for LHD will be reduced which will leave this department even more vulnerable. The staffing levels are already at a substandard level and hours of operations are not adequate to meet our communities' needs. Any additional funding loss will only cut deeper into a department that is already struggling to meet the minimum standards. If public health continues to have funding reductions we will most certainly see an increase in teen pregnancy rates, communicable diseases, vaccine preventable diseases and the morbidity and mortality of our residents.

As tough as the times are I still have a department that is tenacious and committed to providing the best public health services possible to the residents of Umatilla County.

Section 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 who 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 2007/2008, combined data 26.4 % of 11th graders in Umatilla County and 13.6% of 8th graders binge drank in the past 30 days. 17.9% of 11th graders and 8.9 % of 8th graders have used marijuana in the past 30 days. 2.4% of 8th graders and 3.8% of 11th graders had at least one drink of alcohol on school property in the last 30 days.

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) Law Enforcement, Public Health, Mental Health, Prevention and Treatment Providers and Community Partners. This coalition has been meeting for several years. Past project have included “party” surveillance, disbandment, and collaborating with youth on media outreach to parents and teens.

Births, Low Birth Weight

Umatilla County had a total of 1,112 births in 2008. We continue to have a high rate of mothers who smoke during pregnancy. 15.9% compared to the state average of 14 %. In 2009, there were 231 first births in the county. Services are offered to new moms from the health department and on-going visits are provided to those who qualify for services and as space is available. UCPCHD works closely with the two hospitals in the county and are given referrals from them when appropriate.

2005-2007 BIRTH DEMOGRAPHICS		
	State of Oregon	Umatilla County
Total Births	143,962	3,345
Resident Births by First Trimester Prenatal Care	99,146	1,967
Low Birthweight Infants.	8,790	210
Births by Maternal Hispanic Origin	26,281	1,164
Birth Rate of Teens	3,829	118
Births by Reported Maternal Tobacco Use	17,303	480

Communicable Disease

Chlamydia continues to be our most frequently reported communicable disease. In 2010, there were 197 reported cases, which is a decrease from the 213 cases noted in 2009. There were 11 Gonorrhea cases, up from nine the previous year. Gonorrhea cases have been steadily increasing for the past 4 years in Umatilla County. We also had two confirmed cases of Syphilis in 2010.

Cases of h. influenzae, Campylobacteriosis, Gardiasis, Salmonellosis, Vibrio and Yersiniosis were also reported. All were individual cases and not linked to any outbreaks. There were three outbreaks of Norovirus at two separate resident care facilities: two outbreaks at one site in Hermiston and one outbreak in one site in Pendleton. There was no definite source of infection identified for any of these outbreaks.

We continue to see many cases of Chronic Hepatitis C with 189 cases in Umatilla County in 2010. Our high numbers can be directly correlated with the presence of two state prisons within the county.

Tuberculosis kept us busy with five active cases in 2010. This was an increase from two active cases in 2009. 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.

There were no West Nile infected mosquito pools in West Umatilla county, human, or equine cases of West Nile in 2010. However, Umatilla County had five birds 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. The success of the West Umatilla Vector Control program is evidenced by the absence of West Nile disease in Umatilla County.

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

We completed our required two exercises. We tested the new public health mobile clinic i.e., Trailer: set up, use, client flow, etc during a "Back to School" Immunization clinic in Milton-Freewater in November 2010. 34 vaccinations were given to 20 children during the 4-hour exercise. The state Preparedness liaison, school staff, Milton-Freewater School District staff, and students from the Blue Mountain Community College Nursing program participated in the exercise.

Umatilla County has a full-scale exercise each year in May for the Chemical Depot. UCPHD plays a vital role in this exercise. Staff participate in both the Emergency Operations Center and the Joint Information Center. 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

There were no Foodborne Illness outbreaks in 2010. We continue to receive reports from the public and investigate reports as need is determined.

Immunizations

The majority of vaccinations in the county 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 Federally Qualified Health Center 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. However, in 2010 their provider numbers dropped from 7 to 4, which affected their ability to service clients in a timely manner.

In 2009, 74% of the 24-35 month old children were reported to be up to date with the 4:3:1:3:3:1 series in Umatilla County. This is up slightly from the 73% in 2008 as our rates continue to improve. With the 4:3:1:3:3:1 series, our rate of 74% exceeded the state average of 70% in 2009. We continue to struggle with those who should receive their 4th 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 collaborated with WIC and Head Start to help educate parents on the importance of all vaccinations.

Our actual client numbers are of concern however, as we dropped from seeing 3102 immunization clients in 2009 to 2525 clients in 2010. We provided 7416 immunizations in 2009 and only 5477 immunizations in 2010. This change was not unexpected as we had to decrease our clinic time in both Pendleton and Hermiston due to personnel and budget cuts.

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 a much-needed service 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

Through a one year Building Capacity for Reducing Chronic Disease grant, the health department collaborated with community partners to form the Community Health Action and Response Team (CHART) for Umatilla County. The CHART is a diverse group of leaders from across the county representing schools, health care, community institutions and organizations, and work sites that are committed to leaving a legacy of improved health opportunities for the county's citizens. The members conducted a Healthy Communities population-based assessment looking specifically at ways to reduce the burden of chronic diseases most closely linked to physical inactivity, poor nutrition, and tobacco use—arthritis, asthma, cancer, diabetes, heart disease, obesity, and stroke.

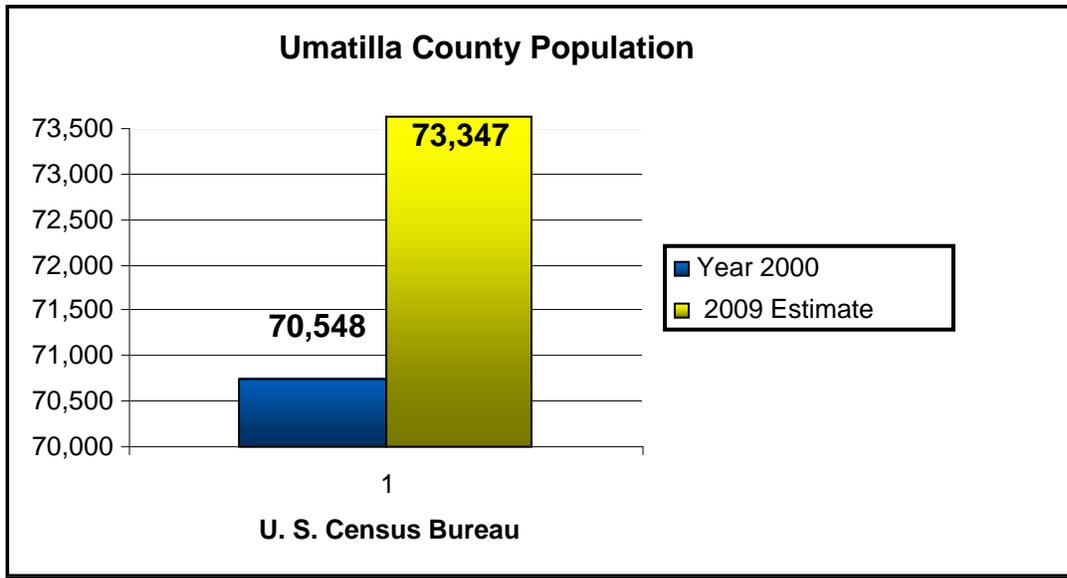
The health department continues to be proactive with physical activity and a healthier lifestyle. The county Wellness Committee sponsors a “Get Active” event each year. This event encourages teams to have some friendly competition with physical activity. The event has been well received throughout the county, and shared with other worksite wellness committees.

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 continues to share best practices with community partners including our healthy food policy that staff approved by a majority vote 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.

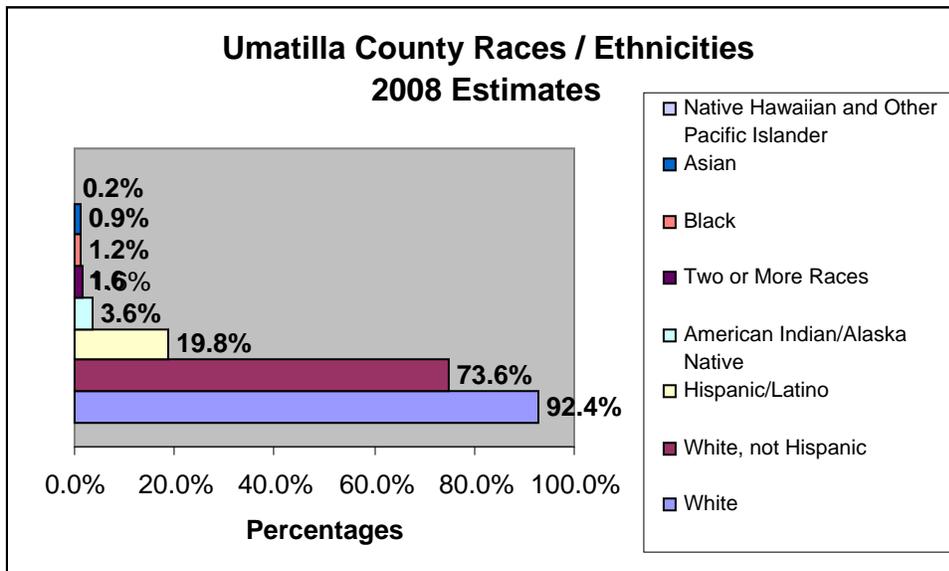
Population, Gender, Age

The population in Umatilla County has shown a 4.0% growth rate overall for the past nine years. The gender split for 2009 was reported to be about 51.2% males and 48.8% females. According to 2009 data, 7.1% of the population is under five years of age, 26.5% is under 18 years, and 12.7% is over 65 years.



Race

The Hispanic population is growing. All of the health departments offer bilingual services. 19.8% of the population is Hispanic while 3.6% is Native American. The majority of the population in the county is Caucasian.



Geography

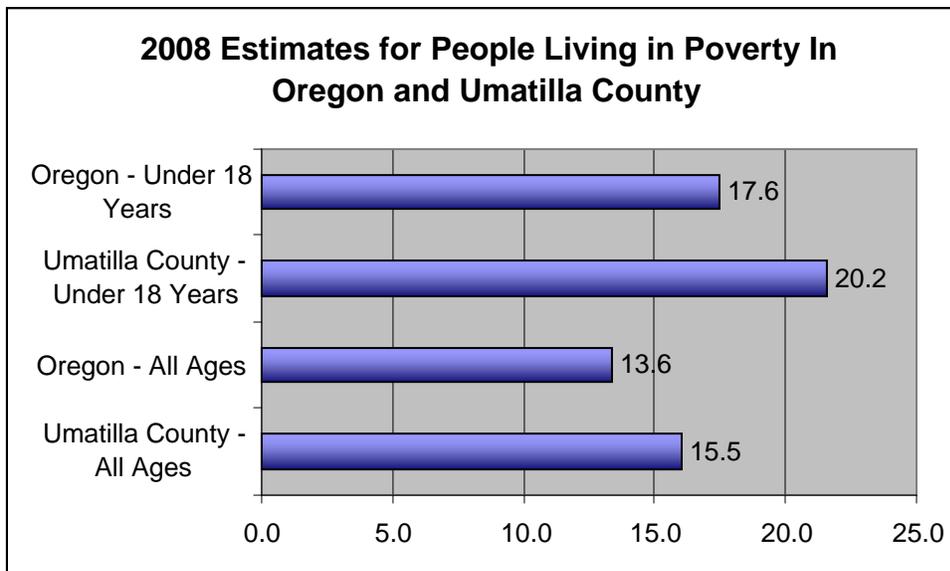
Umatilla County is situated in one of the largest wheat and green pea producing areas in the nation. Other agricultural commodities include potatoes, vegetables, cattle, hay, truck crops, fruit, and other seed crops.

It is the 13th 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

20.2% of residents 18 and under live in poverty in Umatilla County. This is higher than the state average of 17.6%. The median household income in 2009 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 (2009 data). 11.0% were unemployed as of January 2011, according to the Oregon Labor Market Information System.



Prenatal Care

The health department offers maternity case management services. This program is an education and support program for women with social or health concerns during pregnancy and after the birth of their child. The community has had a steep decline in obstetrical physicians and a high rate of women who have children while on OHP. Many expecting mothers travel to Washington State to seek care or opt not to have prenatal care until their third trimester. 13.3% of women had inadequate prenatal care. Immigrants have a particularly difficult time receiving prenatal

care. They have no insurance, often limited transportation, long work hours, 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 in Umatilla County remains higher than the state average. Our rate in 2010 continues to be 32.6 per 1,000. The state average rate for the previous five years was 27.5 per 1,000. We are currently serving 33.2% of the Women In Need in our county. Women in Need are described as: between ages 13 and 44, fertile, sexually active, not pregnant or trying to become pregnant, and at an income below 250% of the federal poverty level.

My Future, My Choice is a new program to Umatilla County. This curriculum has been offered to all middle schools in the county. The curriculum consists of 10 sessions five of which are abstinence based and the remaining five are comprised of a comprehensive sexual education program. Four of the middle schools have chosen to implement this program this school year. We continue to educate school districts on this curriculum and the value it will have in their schools with hopes that additional schools will come on board.

In addition to the My Future, My Choice 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 activities, such as Brad Henning of Life Resources: he presented in three Ten Summit school assemblies to 1,000-plus 8th grade students (from six schools) about abstinence choices. We also continue to distribute teen resource cards with local resources

Tobacco Use

24% of adults in Umatilla County currently smoke cigarettes, and 13% of adult males use smokeless tobacco. The state rate is 17% and 6%, respectively. Every year in Umatilla County, 135 people die from tobacco use. 2,629 people suffered from serious illness caused by tobacco use, and \$25 million is spent on medical care for tobacco-related illnesses and \$22 million in productivity is lost due to tobacco-related deaths.

Smokeless tobacco continues to be a part of the “rodeo” culture. A growing number of worksites continue to help address this issue by taking the step to make their campuses Tobacco Free. St Anthony Hospital went to a tobacco free campus on January, 2011, and Smith’s Frozen Food’s tobacco free policy took effect April 1, 2011. Public Health staff works closely with a Local Tobacco Control Advisory Group to determine promote and achieve policy goals to reduce tobacco use and exposure to secondhand smoke.

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. 37% of eighth graders report having had their first drink before the age of 13 years. 29.1% of eighth graders have drunk alcohol in the past thirty days while 13.6% 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. 56.4% of 11th 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. 20.6% of 11th graders report to having drunk alcohol or used drugs before having sexual intercourse the last time.

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 securely. 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 foodborne 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.

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.

The dental van provided limited services to some residents who met income requirements but due to budget reductions that service will no longer be provided. The loss of this service will have an enormous impact on those residents who have no other dental service options.

Emergency Preparedness

A half time 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 utilize our trailer as a Point of Dispensing during an Immunization clinic in Milton-Freewater in November 2010. Collaboration between law enforcement, fire/EMS, tribe, hospital, prisons, and emergency management continues to be our main focus. We are also working closely with multiple community agencies who serve our vulnerable county residents (DHS, CAPECO, EOCIL, Red Cross, Lifeways, Clearwater Mediation, etc), to ensure these residents are prepared for an emergency and to help us coordinate our services in the case of a disaster.

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 performed by either 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. The nurse performs a nutritional assessment. 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 free in all clinics. Immunizations for influenza and pneumonia are given annually in special clinics aimed at this population.

Section 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
<p>1. Initiate disease investigation per established CDC/ODHS epidemiology guidelines upon receiving faxed, phone or verbal reports of a reportable condition.</p> <p>2. Complete and submit disease investigations per established CDC/ODHS epidemiology guidelines</p>	<ul style="list-style-type: none"> • CD RN will review submitted reports daily, print investigative report and guidelines from ODHS website and complete investigative report per guidelines • CD RN will contact affected individuals, their care providers and families as needed for investigation to provide education, ensure correct treatment and follow up • CD RN will submit completed investigation forms to ODHS epidemiology department per established timeline 	<p>In July 2010 all CD reporting began going through Orpheus, a computerized reporting system and ELR, Electronic Lab Reporting. The bulk of our CD reports are received from the ELR and entered into Orpheus within 24 hours. CD reports received by phone or fax are entered into Orpheus as well by the CD RN. The Acute and Communicable Infection Program has access to all the information immediately after we enter it and receive their disease notification this way. We can close the case after appropriate treatment, follow-up and contact treatment is verified and documented in Orpheus. As of April 2011, all of Umatilla County's CD reports were current.</p>

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
<p>Be available by phone 24 hours a day for public health emergencies</p>	<ul style="list-style-type: none"> • Will use the county's emergency dispatch for after hours notifications • A satellite pager will be worn by one of the UCPHD managers at all times 	<p>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</p>

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"> • Maintain and update a TB protocol based on CDC/ODHS guidelines and have a TB case manager on staff • TB case manager will immediately investigate all reports of TB infected county residents per CDC/ODHS guidelines • 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 • All contacts to active TB cases will be tested and treated as needed, if found to have LTBI, per county protocol • TB case manager will collaborate with clients' PCPs to ensure continuity of care. • TB case manager will evaluate all referred county residents, diagnosed with LTBI, for risk factors and determine the need for treatment per county protocol. • All A and B waivers will be investigated and treated per CDC/ODHS guidelines • All reports will be 	<ul style="list-style-type: none"> • 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. • Will contact ODHS to ensure reports received.

	initiated, completed and submitted to ODHS TB program per established guidelines.	
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Goal 4: UCPHD will reduce the rate of HIV infections in the county by serving as are source for HIV testing and prevention education

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

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

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

Goal 3: UCPHD will promote the use of AFIX information countywide provider plan to improve one area of AFIX measures

Objective(s)	Plan of Action	Evaluation
Promote AFIX	<ul style="list-style-type: none"> • Contact all county providers to arrange a meeting with AFIX state representative to discuss county specific AFIX measures • Host the meeting 	<ul style="list-style-type: none"> • No progress yet. • By May 2012, a meeting with all county providers and state AFIX representatives will be held to discuss county specific AFIX measures

Goal 4: Attend Health Fair in August 2011 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"> • Attend health fair with nurses and vaccine supply • Administer 40 or more vaccinations to attendees, when appropriate • Provide Education about vaccine safety and requirements • Enter vaccines given in ALERT IIS database 	<ul style="list-style-type: none"> • Check ALERT IIS in September 2011 for data input of health fair clients

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. Increase CCare client numbers and visits to 2009 levels despite decrease in clinic hours</p>	<ul style="list-style-type: none"> • Continue to inform all FP clients of the CCare program and assist those who qualify to become enrolled • Ensure current CCare clients update their paperwork yearly to ensure continued enrollment • Ensure all front desk staff are checking CCare client charts at each visit to ensure enrollment does not lapse 	<ul style="list-style-type: none"> • Complete quarterly and fiscal year end CCare revenue reports. Our CCare revenue was \$42,821.21 less in 2010, a decrease of 12% from 2009. • Complete quarterly chart audits for CCare enrollment status
	<p>2. Increase donation revenue to 2009 levels</p>	<ul style="list-style-type: none"> • Continue to keep the donation policy and procedure consistent with Title X guidelines • Ensure all front staff are making donation requests per policy 	<p>Complete quarterly and fiscal year end donation revenue reports. Total donations in FY2010 were \$2,825.28 and in the first 9 months of FY 2011, donations total \$448.53.</p>

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

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>Maintain access and utilization of emergency contraception by 80% of clients</p>	<ul style="list-style-type: none"> • Offer prophylactic EC to every established client at each clinic visit • Utilize health educators to advise school students about new clinic hours • Continue to post new clinic hours in both clinics and include on clinics answering machine message • Advise all clients of emergency contraception availability through local pharmacies • Educate immediate use EC clients on benefits to establishing care and policies on prophylactic EC availability for established clients 	<ul style="list-style-type: none"> • Complete quarterly Ahlers reports on number of client visits and EC use statistics • Client and staff feedback

PROGRESS ON GOALS / ACTIVITIES FOR FY 2011-2012

(CURRENTLY IN PROGRESS)

F. Other Issues

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

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"> • All new staff will receive instruction on the use of the ASQ and ASQ-SE • 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 • The home environment will be evaluated for issues causing delays in development • The home visit nurse will work with the families to improve the development of any child with environmental issues causing delays in development • 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 • The home visit nurse will follow up to ensure the families connect with Early Intervention 	<ul style="list-style-type: none"> • Monthly meetings with home visit nurses on caseload • Annual ORCHIDS data assessment • Client comments

Goal 8: The goal of the “Babies First!” Program is to improve the physical, developmental, and emotional health of high-risk infants and children zero to five years.

Objective(s)	Plan of Action	Evaluation
<p>Improve the early identification of infants and young children at risk of developmental delay and/or other health/medical related programs.</p> <p>Assist families in identifying and accessing the appropriate community resources that meets their child’s specific needs.</p>		<p>Monthly meetings with home visit staff</p> <p>Annual ORCHIDS data assessment</p> <p>Client comments</p> <p>Families will access appropriate community resources that meet the needs for their child.</p>

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 2012

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"> • Write a letter to relative organizations and restaurants to inform them of the rules and regulations, and the importance of food safety • Host education presentations to the public in regards to the temporary restaurant food safety procedures 	<ul style="list-style-type: none"> • Inspect 90% of the temporary restaurant applications and events • Be more present in the community by phone or personal contact • Decrease the probability of food borne illness in our communities

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 streamlined process that is easily understood by staff and operators	<ul style="list-style-type: none"> • Become fully staffed • Allow adequate time for re-inspections • Perform re-inspections in a timely manner • Be proficient with the rules and regulations on closures or suspended licenses 	All re-inspections completed in a timely manner and correctly

Current Condition

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

Goal 3: 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 annually that may be viewed on the county website	Survey the owners/operators during regular inspections to know if they viewed the newsletter, if they found the information useful, and what additional information would be helpful

Current Condition

Our EH Inspection Reports are located only in our offices. Customers have to drive to Pendleton to pick up the Inspection Reports or we can be mail or fax them.

Goal 4: To offer our EH Inspection Reports on the environmental health website.

Objective(s)	Plan of Action	Evaluation
Offer EH Inspection Reports by way of a link on public health's website	<ul style="list-style-type: none">• Learn how to upload reports from our current software on to the website.• Work with IT to update our website with the new Inspection Reports.• Educate our communities that the Inspection Reports are online with access 24 hours a day	Respond to community inquiries and provide the correct resources we want them to have and understand about the Inspection Reports.

D. Health Statistics

Current Condition

Health/vital statistics involves the collection of data recorded on birth and death certificates. The purposes for maintaining vital records are 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 combined in OVERS, and data can be entered on any computer with Internet access.

In OVERS, 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 OVERS. 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 through the Pendleton clinic up to six months from date of event. Child deaths are reviewed by Umatilla County Child Fatality Review Board. The blank certificate paper (Intaglio) for birth and death records is kept in a secured location.

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"> • Records processed will have decreased possibility of human error due to verification system of OVERS resulting in fewer queries and corrections • Compliance during the Triennial Review • Community partners will utilize the new systems in place • Number of website ‘hits’

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 OVERS verification system	Continued training and review for all deputy registrars on OVERS	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

Current Condition

Many preparedness activities are required and tracking is important to assure compliance.

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"> • Preparedness Coordinator will attend scheduled conference calls and attend scheduled Region 9 meetings • Will maintain local HAN user directory and ensure all user profiles are current • Will ensure all UCPHD employees have completed IC courses – 100, 200, 700 and 800 • Will ensure all employee profiles are current in the Learning Center <p>Will test local HAN notification quarterly</p>	<ul style="list-style-type: none"> • Audits performed by State Preparedness Program • Peer reviews

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"> • Meet with housing authority to inform and educate about tobacco related issues and policy development • Make presentations to housing authority board about smoke-free housing 	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">• 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• Provide technical assistance in setting training, education, health screening and other goals	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 2011-2012 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 4th 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 <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 type="checkbox"/>	No <input checked="" type="checkbox"/>
Has the Administrator taken a graduate level course in epidemiology?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Has the Administrator taken a graduate level course in environmental health?	Yes <input type="checkbox"/>	No <input checked="" 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

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**

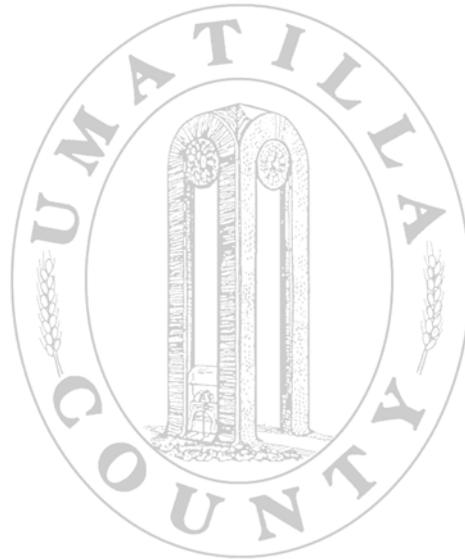
PUBLIC HEALTH AUTHORITY

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.

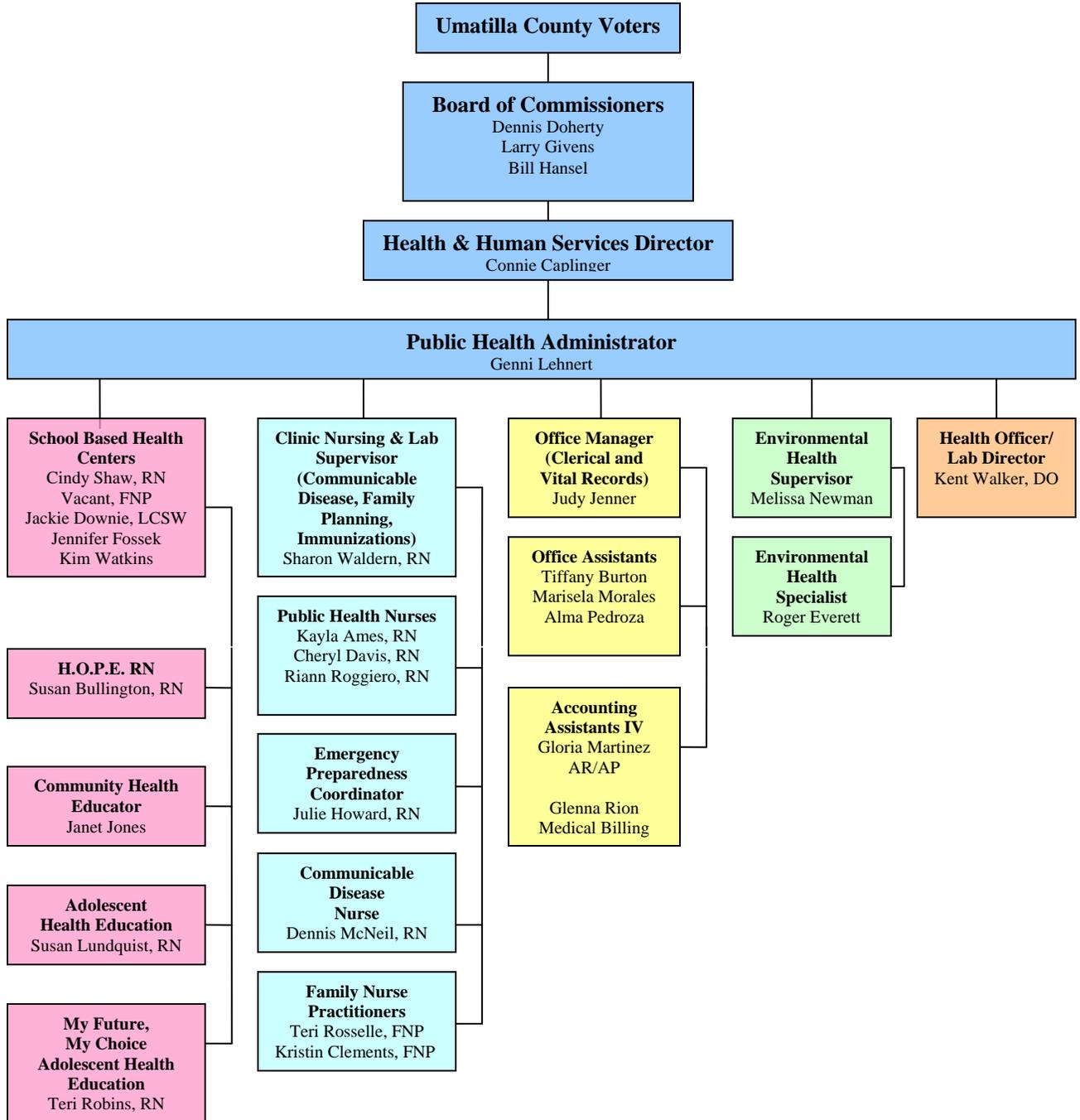
Local Public Health Authority

Umatilla County

May 1, 2010



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



ATTACHMENTS

Attachment A

The Administrator has a Masters in Nursing and plans to obtain additional course work in the five core areas of public health. She plans to complete classes over the next three years.

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.