



**CURRY COUNTY PUBLIC HEALTH**

**COMPREHENSIVE PLAN**

**FY 2012-2013**



# *Curry County Health and Human Services*

## **Public Health / Mental Health, Addictions and Developmental Disabilities Programs**

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January 17, 2012

Tom Engle RN,  
Oregon Public Health  
800 NE Oregon St.  
Ste 930  
Portland, Oregon 97232

Dear Mr. Engle,

Attached please find Curry County's Annual Plan for 2012-2013 which is being submitted pursuant to ORS 431.385. This plan has been prepared according to your instructions and assures that the activities defined in ORS 431.375 – 431.385 and ORS 431.416 are performed. If you have any questions or need additional information, please call me at (541) 247-3268.

Thank you,

Jan Kaplan, MSW  
Public Health Administrator

## I. Executive Summary

The 2012-13 Annual Plan is intended to lay the groundwork for transition of the Curry County Public Health Department to a non-county based organization. Curry County is facing insolvency during the coming fiscal year and the Curry County Board of Commissioners (BOC) has directed the Public Health Administrator to attempt to establish a non-county sustainable local Health Department. Options under consideration are 1) merging with the Curry Health District; 2) operating under an already existing non-profit; 3) becoming a free-standing non-profit; or 4) developing a regional special district to operate Curry Health Department.

If none of the above options prove viable, the BOC will explore returning the Public Health Authority to the state of Oregon. This plan describes the proposed activities of the Curry Health Department regardless of sponsorship. Particulars are subject to change depending on final organization.

### Core functions

In 2012, Curry County Health Department will continue to provide the five services (\*) required by Oregon law to meet the health needs of the community. The Public Health Services which meet assurance standards as described in OAR 33-014-055 include:

- \*Epidemiology and control of preventable diseases and disorders- Communicable disease control, Tobacco Prevention and Education, Chronic disease prevention and management, Curry Healthy Communities Project
- \*Parent and child health services, including family planning clinics as described in ORS 435.205- Home Visiting- Babies First, CaCoon, Family Planning and Women's Health, WIC, Immunizations, Pediatric Clinic
- \*Collection and reporting of health statistics- Vital statistics, birth and death certificates, Community Health Assessment
- \*Health information and referral- Curry Healthy Communities Network of Care website.
- \*Environmental Health Services- Restaurant, Pool and Lodging inspection and licensing, Food Handler training
- All Hazards Public Health Preparedness
- School Based Health Clinics

Curry County Health Department's projected budget is \$1.2 million for FY 2011-12, employing approximately 12 full-time FTE. The programs are primarily funded through the Oregon Health Authority/State Public Health, through fee revenues for clinic services and environmental health, and through grants. The Department is in the process of analyzing current billing and clinical processes in order to assure revenue maximization.

The Department is actively working toward national accreditation. The Curry Healthy Communities Project blends Tobacco Prevention, Addictions Prevention, a VISTA worker and a grant funded Community Health Manager to complete a comprehensive community health assessment. The team will be engaging Vision Councils in Brookings, Port Orford and Gold Beach to engage the communities in data analysis and in developing and working on Community Health Improvement projects. The team is also tasked with developing the documentation needed for Accreditation. Additionally Curry Health & Human Services has partnered with the Curry Health Network and Curry Commission on Children & Families to sponsor the Curry Healthy Communities Network of Care website- <http://curry.or.networkofcare.org/ph/home/index.cfm> a one-stop service directory, health promotion and education site.

The Department is actively exploring potential partnerships and opportunities related to the development of Coordinated Care Organization(s) and the Early Learning Council.

## II. Assessment - Comprehensive

### 1. Public Health Issues and Needs

Curry County Community Health Programs began collecting data for a comprehensive community health assessment in November of 2011. What follows are examples of data sets being collected, that will be cross-referenced with alternative data sets, analyzed and interpreted for a community health improvement plan. Included data sets are: socio-economic factors, health outcomes and health risk factors.

#### Socio-Economic Factors

Socioeconomic Measure	Curry	State
Core Indicators	2008-2010	
Employment – Percent Unemployed Source: Oregon Employment Department	11.3%	9.5% (2008-2010)
<b>Percent Below Poverty Level</b> Source: US Census Bureau and American Community Survey		
■ Children	10.9%	18.2% (2006-2008)
■ Families	9.2% (2006-2010)	9.6% (2006-2010)
■ All People	11.6%	
Median Household Income Source: US Census Bureau and American Community Survey	37,575	
<b>Special Populations</b>	Number	Number
Persons aged 25 to 64 with less than a high school education Source: US Census Bureau, American Community Survey 2006-2010	844	210,526
Persons without health insurance Source: American Community Survey, 2008	2,073	

<b>Special Populations, continued</b>	<b>% Curry</b>	<b>% State</b>
Percent 25 and over with no High School Diploma, 2000 Source: US Census Bureau	18.3%	14.9%
High School Drop-out Rate, 2008-2009 Source: Oregon Department of Education	3.5%	3.4%
Percent of Students Eligible for Free and Reduced Lunch (2009-2010) Source: Oregon Department of Education	57.4%	48.6%
Percent of population 16-64 with a disability, 2000 Source: US Census Bureau	26.8%	17.4%
Percent Below Poverty Level Source: Census Small Area Income and Poverty Estimates, 2008	14.8%	13.2%
Percent below 200% of poverty level Source: US Census Bureau	37.1%	29.6%
Percent of Individuals without Dental Insurance, 2008 Source: Oregon Population Survey *(Region 4 includes Coos, Curry, Douglas, Jackson, Josephine)	52.8*%	41.1%
Medicaid Eligible as Percentage of Population, June 2010 Source: Division of Medical Assistance Programs	13.5%	13.8%
Temporary Assistance to Needy Families (TANF) Participants as Percentage of Population, December 2009 Source: ORH, Adult and Family Services	1.3%	1.4%

Extended Indicators	County	State
Per Capita Income <i>Source: U.S. Census Bureau, ACS 2006-2010</i>	23,842	26,171
Medicaid eligibles: Percent of total population  Source: Division of Medical Assistance Programs	13.5	13.8
Percent of population with a college or higher level of education  Source: U.S. Census Bureau, ACS 2006-2010	18.5	28.6
Food Stamp Recipients - Percent of total population, December 2009  Source: ORH, Adult and Family Services	17.0	17.8

### Curry County Labor Market Information

	2011 (September)	2010 (September)
Civilian Labor Force	9,637	9,751
Employed	8,644	8,698
Unemployed	993	1,053
County Unemployment Rate (Seasonally Adjusted)	12.2%	12.9%
State Unemployment Rate (Seasonally Adjusted)	9.6%	10.7%

Source: Worksource Oregon Employment Department

## 2. Health Outcomes

### Prenatal Care- WIC (Women, Infant, and Children)

Percent of pregnant women served	Percent served	53.3%	46.2%
Women, Infants, and Children served	Total served	1,007	
	Number of infants and children under 5	703	

	Pregnant, breastfeeding, and postpartum women	304	
WIC Families	Number of families served	638	
	Working families	64.1%	
Breastfeeding	WIC moms who start out breastfeeding	93.9%	
Economic Benefits of WIC	Total dollars to local WIC authorized retailers for healthy foods	\$354,709	
WIC Farm Direct Nutrition Program	Farm Direct dollars to farmers based in Curry County	\$36	
WIC Authorized grocery stores	Independent stores	0	
	Small chain stores	5	
	Large regional or national chain store	1	
	Pharmacies	0	
WIC and Farm Direct authorized farmers	Farmers' Markets	1 (from 6 farmers)	
	Farm Stands	3	

## Morbidity

	Weighted %			
	Non-age adjusted		Age adjusted	
	Curry County	Oregon	Curry County	Oregon
HEALTH STATUS: OREGON ADULTS (18 years and older) WHO HAD GOOD GENERAL HEALTH  Good general health: Reported that their health in general was "excellent", "very good", or "good" when asked on a five-point scale ("excellent", "very good", "good", "fair", and "poor").	81.5	86.7	84.5	86.9
GOOD PHYSICAL HEALTH: OREGON ADULTS WHO HAD GOOD PHYSICAL HEALTH PAST 30 DAYS  Adults 18 years & older who reported no poor physical health in past 30 days.	58.9	63.7	56.3	63.6
GOOD MENTAL HEALTH: OREGON ADULTS WHO HAD GOOD MENTAL HEALTH PAST 30 DAYS  Adults 18 years & older who reported no poor mental health in past 30 days.	73.1	67.0	70.3	66.4
HEALTH CARE ACCESS: OREGON ADULTS (18 years and older) WHO HAD ANY KIND OF HEALTH INSURANCE	86.0	84.1	80.4	83.6
HEALTH CARE ACCESS: OREGON ADULTS (18 years and older) CURRENTLY ENROLLED IN THE OREGON HEALTH PLAN, THE STATE'S MEDICAID PROGRAM	6.1	5.1	6.2	5.1
HEALTH CARE ACCESS: OREGON ADULTS (18 years and older) WHO HAVE SOMEONE THEY CONSIDER AS THEIR OWN PERSONAL DOCTOR	82.3	79.6	77.9	79.1

ALCOHOL CONSUMPTION – Males (18 years and older) Adult males who had at least one drink of alcohol in the past 30 days.	69.1	63.9	71.1	64.0
ALCOHOL CONSUMPTION – Females (18 years and older) Adult females who had at least one drink of alcohol in the past 30 days.	50.4	53.8	44.5	54.4
ALCOHOL USE: BINGE DRINKING – Males (18 years and older) Adult males who had 5+ drinks of alcohol on one occasion in the past 30 days.	16.4	18.5	21.5	18.7
ALCOHOL USE: BINGE DRINKING – Females (18 years and older) Adult females who had 4+ drinks of alcohol on one occasion in the past 30 days.	8.8	10.2	8.8	10.8
ALCOHOL USE: HEAVY DRINKING – Males (18 years and older) Adult males who had 2+ drinks of alcohol per day/ 30+ drinks of alcohol in the past 30 days.	*	5.3	*	5.4
ALCOHOL USE: HEAVY DRINKING – Females (18 years and older) Adult females who had 1+ drinks of alcohol per day/30+ drinks of alcohol in the past 30 days.	5.1	6.1	5.6	6.1
IMMUNIZATION: INFLUENZA VACCINATION (65+) Adults 65+ Who Had a Flu Shot Within the Past Year	62.4	69.2	---	---
IMMUNIZATION: PNEUMONIA VACCINATION (65+) Oregon Adults 65+ Who Had a Pneumonia Shot Within the Past Year	70.0	71.5	---	---
QUALITY OF LIFE: LIMITATIONS ON ACTIVITY Oregon Adults (18 years and older) Who Have Any limitations in Any Activities, Due to Physical, Mental, or Emotional Problems	29.4	23.4	24.8	22.9
QUALITY OF LIFE: USE OF SPECIAL EQUIPMENT DUE TO LIMITATIONS IN ACTIVITY Oregon Adults (18 years and older) With Limitations That Require Them to Use Special Equipment, (e.g., a Cane, a Wheelchair, a Special Bed or a Special Telephone)	11.1	7.3	7.7	7.0

Source: Oregon Behavioral Risk Factor Surveillance System, Combined 2006-2009

Age-adjusted estimates are adjusted to the 2000 Standard Population using three age groups (18-34, 35-54, and 55+).

\* Number unavailable or may be statistically unreliable and should be interpreted with caution.

## Health Risk Indicators

		Percentage				
		Non-age adjusted		Age adjusted		
		Curry County	Oregon	Curry County	Oregon	
<b>Prevalence of Selected Chronic Conditions among Adults, 18 years and older</b>	ARTHRITIS: Including any form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	31.5	---	34.1	25.8	
	ASTHMA	11.7	---	12.6	9.7	
	HEART ATTACK	8.4	---	4.4	3.3	
	Angina	10.1	---	6.0	3.4	
	STROKE	2.9*	---	1.5*	2.3	
	DIABETES	8.2	---	6.1*	6.8	
	HIGH BLOOD PRESSURE: Hypertension	40.3	---	25.8	25.8	
	HIGH BLOOD CHOLESTEROL	46.9	---	32.6	33.0	
<b>Prevalence of Modifiable Risk Factors among Adults</b>	BODY WEIGHT STATUS – OVERWEIGHT % classified as overweight	34.7	---	30.4	36.1	
	BODY WEIGHT STATUS – OBESE % classified as obese	27.1	---	29.8	24.5	
	PHYSICAL ACTIVITY % of adults who met CDC recommendations for physical activity	43.6	---	49.4	55.8	
	NUTRITION - FRUITS AND VEGETABLES % of adults who consumed at least five serving of fruits and vegetables per day	30.2	---	37.4	27.0	
	SMOKING – CURRENT % of adults who currently smoke cigarettes	17.2	---	18.4	17.1	
	<b>Prevalence of Preventive Health Screening among Adults</b>	BLOOD CHOLESTEROL CHECKED WITHIN PAST 5 YEARS (Adults 18+) % who had their cholesterol checked within past five years (≥ 18 years old)	65.6	---	49.7	71.3
		MAMMOGRAMS (Females 40+) % who had a mammogram within past two years (women 50-74 years old)	65.9	82.0	---	---
PAP SMEARS (Females 18+) % who had a PAP test within past three years (women 18-65 years old with intact cervix)		---	---	---	85.8	

	SIGMOIDOSCOPY/COLONOSCOPY (50+)  % who had an FOBT^ in the past year or a Colonoscopy/ Sigmoidoscopy within the past five years (50-75 year olds)	61.9	56.8	---	---
<b>Prevalence of Tobacco Use among Adults</b>	PERCENT OF ADULTS WHO CURRENTLY SMOKE CIGARETTES  % of adults who currently smoke cigarettes	17.2	---	18.4	17.1
	SMOKELESS TOBACCO USE BY MALES	4.2*	---	---	6.3
	QUIT ATTEMPTS DURING THE PREVIOUS YEAR	49.9	---	59.3	48.3
	NO-SMOKING RULES IN THE HOME	81.3	---	87.0	89.8
	NO-SMOKING RULES IN FAMILY CARS	76.5	---	81.1	82.7

Source: Oregon Behavioral Risk Factor Surveillance System, Combined 2006-2009

Age-adjusted estimates are adjusted to the 2000 Standard Population using three age groups (18-34, 35-54, and 55+).

\* Number unavailable or may be statistically unreliable and should be interpreted with caution.

## 2. Adequacy of Local Public Health Services

Curry County Public Health services during 2010 and 2011 met all of the statutory requirements of local public health departments; however county’s projected financial insolvency will effect the administration of local public health services. Current service levels are adequate and an administrative entity is being pursued. Maintaining adequacy of public health services is the driver of all local efforts to develop an administrative partnership with the capacity to ensure service delivery.

### 3. Description of local health department five basic services per ORS 431.416

In 2012, should local health authority remain in Curry County, the Health Department will continue to provide the five services (\*) required by Oregon law to meet the health needs of the community. The Public Health Services which meet assurance standards as described in OAR 33014-055 include:

1. Epidemiology and control of preventable diseases and disorders
2. Parent and child health services, including family planning clinics
3. Collection and reporting of health statistics
4. Health information and referral services; and
5. Environmental health services

### IV. Description of adequacy of other services of import to Curry County

Dental

Dental education is included in the WIC program. Toothbrushes are provided to the children, and adults as needed. Several dentists in the county provide dental care. However, only one accepts OHP clients. The Pediatric Nurse Practitioner has applied for, and received, several grants for the provision of dental screenings and dental care. During FY 06-07 year, >\$4,000 was raised which provided funding for a Pediatric Dentist to come to Curry County for two days and perform dental services on 38 children. In fiscal year 2007-2008, >\$14,000 has been raised for dental care for children. Fiscal Year 2008-2009 and FY 2009-2010 continued to receive grant funding for children's dental care. FY 2010-2011 will see a dramatic increase in grant funding for the children's dental program. Curry Health Foundation dedicated their large annual fund raising event proceeds to "Curry Cares for Kids" (the children's dental program). The Oregon Community Foundation agreed to match whatever funds Curry Health Foundation raises for the children's dental program.

#### Laboratory services

Laboratory services are available through the local hospital, OHSU, Peace Health, the state lab, and CDC. Curry County Public Health maintains a laboratory license for limited moderate-complexity tests.

#### Medical examiner

The County Commissioners have contracted with Dr. Olsen for Medical Examiner duties. Autopsies are performed in Central Point by Dr Olsen.

#### Nutrition

A Registered Dietitian is on contract to provide services as necessary to Health Department clients. The dietician reviews the protocols and brochures. Courses are offered in the community for cooking for diabetics, heart patients, weight loss, etc. Breastfeeding is promoted in coordination with the local hospital.

#### Older adult health

Curry Health District has physician practices that service older adults. They also have developed an assisted living facility that has been well accepted and utilized. There are two new Assisted Living facilities being developed in the Brookings area. One is being run by a Geriatric Nurse Practitioner. Curry Home Care and Hospice are active in the county. Men's Health Screening clinics are offered. Older Driver classes are given by AARP. Seniors are targeted for flu and pneumonia vaccines in the fall. Living with Arthritis classes and support groups are offered within the county.

### III. Action Plan

The action plan detailed below prioritizes infrastructure for local health department as a foundation for providing contract elements with OHA summarized as core services outlined in sections A,B,C, and D.

<b>Time Period: January-June 30, 2012</b>				
<b>GOAL: Successfully transition Public Health Department from Curry County administration</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. <b>Identify most viable administrative entity for PHD</b>	Business plan development  Service analysis  Formal working agreements	Business planning  Strategic planning  Budgetting  Partner outreach	<b>Approved business plan</b>  <b>Comprehensive service analysis</b>  <b>Formal working agreement</b>	
<b>Time Period: January 2012-January 2013</b>				
<b>GOAL: Achieve Public Health Accreditation</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. <b>Comprehensive Community Health Assessment</b>	Data collection and analysis  Community specific vision councils articulate planning priorities	<b>Data interpreted by vision councils</b>  <b>Vision councils develop problem statements and strategies for addressing health and wellness disparities.</b>	Completed health assessment drives development of community health improvement plan conducted with vision councils.	Health assessment in progress-quantitative analysis final draft near completion

**Time Period: January-June 30, 2012**

**GOAL: Successfully transition Public Health Department from Curry County administration**

<p><b>B.</b> <b>Community Health Improvement Plan</b></p>	<p>Community visioning Health systems analysis</p>	<p>Health improvement plan developed and approved  Application for accreditation submitted</p>	<p>Completed health improvement plan  Accreditation application approved or resubmitted with recommended remediations</p>	
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**Time Period: January 2012-January 2013**

**GOAL: Comprehensive Public Education**

<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<p><b>A.</b> <b>Educate community about core public health functions</b></p>	<p>Vision councils Consumer outreach Targeted quality improvement Communication and public relations</p>	<p><b>Vision council participant retention</b>  <b>Consumers participate in focus groups and interviews</b>  <b>Public Health staff, with input and review from Vision Councils, identify strategies for service improvement</b>  <b>Targeted communications showcase public health successes and quality improvement initiatives</b></p>	<p>Improved satisfaction among consumers  Increased participation in service enrollment  Increased volume of communications showcasing public health</p>	

## **A. Epidemiology and control of preventable diseases and disorders**

Problems facing the provision of services in this area revolve around funding issues. There is not a dedicated person assigned to Communicable Disease, nor is the volume of communicable disease outbreaks significant enough to warrant a full time FTE. Therefore, all the nurses and Environmental Health staff work on epidemiology and control of preventable diseases and disorders. Most of our reports involve water and food borne illnesses, STDs, and Hepatitis C as related to IV drug use.

The Public Health Department has 24/7 capacity to accept and respond to urgent reports of communicable disease or other potential widespread issue affecting the public well-being. CCPHD employees use the process developed by the State of Oregon that is disease-specific. A log of all reports has been put on the department-wide computer system which is password protected.

The TB case load is manageable, with one outbreak in 2011. The response to a TB case is time consuming, but existing staff capacity facilitates responsiveness so that DOT and contact investigation is carried out with few calls to the State.

The CCPHD offers the recommended vaccines to children and adults. There is close coordination with the schools for the exclusion program. We are active in the ALERT and IRIS program. Mass immunization clinics such as flu/pneumonia/H1N1 are publicized widely and held in at least the three main communities in the county. We provide vaccine to Home Health for flu immunizations to home-bound patients and their caregivers.

We work with Animal Control and the veterinarians on rabies control and prevention.

Tobacco Prevention and Education services are provided per standards set by the Program Element. The TPEP coordinator does much of the education, public information, and outreach to facilitate smoke free community gathering spaces and promote smoking cessation programs. The Environmental Health Specialists investigate complaints regarding the Clean Air Act. They also educated new restaurant, food service, and tourist facility operators regarding the Clean Air Act requirements.

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

A Pediatric Nurse Practitioner and trained RNs are regularly scheduled at the clinic. They perform health assessments, education, counseling, and referral as needed. Family planning services are included in the clinics (Brookings School Based Health Center and Gold Beach Public Health Clinic) as well as at the Port Orford High School. A variety of birth control products are provided at the time of appointment and examination. Breast and cervical cancer screening are part of services. Pregnancy testing, assistance with OHP application, and referral for care are offered.

Home visits are performed through Babies First and CaCoon programs by a registered nurse. The volume of home-visits June 30-December 31, 2011 declined significantly from the previous time period in 2010. This is attributed to not having a nurse dedicated specifically to this core function. Problem-solving to build capacity for the home visit program is a part of the agency wide planning currently underway. Breastfeeding assistance is provided by certified lactation specialists or a registered nurse.

### **Health education and health promotion**

Health education and health promotion take place with all client encounters. STD & HIV prevention are covered with all Family Planning clients. Tobacco cessation information is offered to the public and when clients admit to tobacco use. Drug prevention education is offered in the schools and with clients. Breast self-

exam information is available and disseminated. The Public Health Department, through the community health assessment and community health improvement program initiatives, is providing an active leadership role convening community organizations for the promotion of health and coordination of services.

### **C. Environmental health services**

CCPHD is responsible for several services. First, there is the inspection of food service establishments, both fixed and temporary. Classes and testing are offered for food handlers and the issuance of the cards. The Registered Sanitarians have been through the process and are “Standardized”. The Sanitarians perform water system inspection and tests. They provide technical assistance in how to bring any noncompliant system into compliance. The third component of this division is the inspection of hotels and RV parks as well as testing of public pools and spas. As a courtesy, non-public water systems and bodies of water are tested upon request. Water exceeding EPA standards are reported to DEQ. CCPHD stocks drinking water test kits called watersafe®. The newest component of the Environmental Health unit is the enforcement of the Clean Air Act.

#### **Shellfish sanitation**

Shellfish samples are gathered and sent to OHSU for testing. When bans on harvesting are issued, notices are posted at public access points to the beaches, in sporting goods stores, restaurants, and motels. Periodic press releases are sent to the mass media in the county for reminders.

### **D. Health Statistics**

Birth information is sent to the Vital Statistics clerk from birthing institutions and the state registrar. All certificates are processed according to state standards. Death certificates are entered into the computer system upon completion by the person’s physician or the Medical Examiner. Requests for birth or death certificates are processed the day of request unless an emergency exists. There are back-up personnel to process certificates as necessary. Other health statistics are kept and reported as required and or requested, following HIPAA guidelines

### **E. Health information and referral services**

Health information is given to clients at the time of service, on in-home visits, through media campaigns, and public service announcements. As demonstrated in the action plan, increasing visibility of public health as a resource for health information and referral is a planning priority. Additionally, the Network of Care website went live in November of 2011, providing access to local public health resources and referral services.

There is a vast array of brochures in English and Spanish on many health topics. Referral services provided include, but are not limited to: clinics, healthcare providers, educational classes, counseling, pharmacy assistance, financial assistance programs, and others as needed. Health Notes, a bi-monthly newsletter, features health related information, resources, and opportunities for local involvement in planning and health promotion.

### **F. Emergency preparedness**

The Public Health Department serves as a member of the county emergency preparedness committee. The Public Health Emergency Preparedness Plan is now an official adjunct to the overall county plan, existing efforts significantly augmented in the wake of the Spring 2011 Tsunami. Potential disaster scenarios and targets have been identified and mitigation activities developed. In 2010, the county received funding for construction of new communication towers. This has greatly improved radio communication throughout the County, except when the winds reach close to 200 mph.

The microwave repeaters have been replaced and “hardened” to help prevent further communication problems in high wind storms. Press releases are provided to all mass media in Curry County when potential disaster scenarios present, i.e., H1N1 pandemic. Information on emerging diseases is sent to healthcare providers as appropriate.

## **G. Other Issues**

- Currently we are pursuing PH accreditation and at this date we have almost completed data collection, are initiating analysis and interpretation in preparation for a community health improvement plan.
- Curry Public Health is actively pursuing the development of a locally-controlled, non-county Health Department.
- Curry Health Department is actively pursuing partnering and collaboration with potential Coordinated Care Organizations.
- We are currently involved with planning for the Early Learning Council, as it affects Curry County.

## **IV. Additional Requirements**

1. Agencies are required to include an organizational chart of the local health department with the annual plan.

Organizational chart is attached.- see page 27

2. Use this section to briefly describe the Board of Health. For example: are there formal meetings of a Board of Health that are described as such for public notice? Does the Health Administrator report to the BOH? How often does the BOH meet?

The Curry County Board of Commissioners serves as the Board of Health. The Health Administrator reports directly to the BOC. The Administrator is able to place Public Health matters on the Board’s regular agenda as well as to request public workshops wherein the Board can discuss issues. The Board generally meets weekly.

3. Separate from a BOH, Board of Commissioners, the Local Public Health Authority or other similar elected body, is there a Public Health Advisory Board? If so, briefly describe this PHAB and its activities.

There is a local Public Health Advisory Board which holds regular meetings (presently bi-monthly). Members are appointed by the Board of Commissioners. The Administrator meets with the PHAB and presents reports on programs and community needs. Board members participate in establishing the agenda. The current focus is on the action plan referenced in Section III, most notably transition planning from county government administration.

## **V. Unmet needs**

Use this section to describe the unmet needs regarding public health in your community. It is important that we understand what gaps will remain after these strategies are implemented. We will use this information to understand what initiatives we, as a system, should be pursuing.

The most significant unmet need is the lack of a sustainable infrastructure to administer Public Health services in Curry County. Core services are provided by 2.1 Nurses, 1 Nurse Practitioner, 2 Environmental Health Specialists and a Health Educator. School Based Health Centers have some additional NP time and .6 of a Nurse.

As demonstrated in the Action Plan detailed in Section 3, Public Health is seeking an administrative partner. Initial discussions between the LPHA and the State of Oregon have commenced to explore various scenarios detailed in the action plan. Should none of these strategies come to fruition; the LPHA will relinquish authority to the state.

## **VI. Budget**

The LPHA public health budget may be requested from:  
Curry County Health Department  
PO Box 746  
Gold Beach, OR 97444  
541-247-3268

## 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

- B. Yes  No \_\_\_ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
- C. Yes  No \_\_\_ The Local Health Authority meets at least annually to address public health concerns.
- D. 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.
- E. Yes  No \_\_\_ Current local health department policies and procedures exist which are reviewed at least annually.
- F. Yes  No \_\_\_ Ongoing community assessment is performed to analyze and evaluate community data.
- G. Yes  No \_\_\_ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
- H. Yes  No \_\_\_ Local health officials develop and manage an annual operating budget.
- I. Yes  No \_\_\_ Generally accepted public accounting practices are used for managing funds.
- J. Yes  No \_\_\_ All revenues generated from public health services are allocated to public health programs.
- K. Yes  No \_\_\_ Written personnel policies and procedures are in compliance with federal and state laws and regulations.
- L. Yes  No \_\_\_ Personnel policies and procedures are available for all employees.
- M. Yes  No \_\_\_ All positions have written job descriptions, including minimum qualifications.
- N. Yes  No \_\_\_ Written performance evaluations are done annually.
- O. Yes  No \_\_\_ Evidence of staff development activities exists.
- P. Yes  No \_\_\_ Personnel records for all terminated employees are retained consistently with State Archives rules.
- Q. Yes  No \_\_\_ Records include minimum information required by each program.
- R. Yes  No \_\_\_ A records manual of all forms used is reviewed annually.

- S. Yes  No  There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
- T. Yes  No  Filing and retrieval of health records follow written procedures.
- U. Yes  No  Retention and destruction of records follow written procedures and are consistent with State Archives rules.
- V. Yes  No  Local health department telephone numbers and facilities' addresses are publicized.
- W. Yes  No  Health information and referral services are available during regular business hours.
- X. 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.
- Y. 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.
- Z. Yes  No  To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
- AA. Yes  No  Certified copies of registered birth and death certificates are issued within one working day of request.
- BB. 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.
- CC. Yes  No  A system to obtain reports of deaths of public health significance is in place.
- DD. 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.
- EE. Yes  No  Health department administration and county medical examiner review collaborative efforts at least annually.
- FF. Yes  No  Staff is knowledgeable of and has participated in the development of the county's emergency plan.
- GG. Yes  No  Written policies and procedures exist to guide staff in responding to an emergency.
- HH. Yes  No  Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
- II. Yes  No  Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.

JJ. 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.

KK. 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**

LL. Yes  No  There is a mechanism for reporting communicable disease cases to the health department.

MM. 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.

NN. 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.

OO. Yes  No  Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.

PP. 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.

QQ. Yes  No  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.

Yes  No  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

RR. 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.

SS. Yes  No  Immunizations for human target populations are available within the local health department jurisdiction.

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

### **Environmental Health**

UU. Yes  No  Food service facilities are licensed and inspected as required by Chapter 333 Division 12.

VV. Yes  No  Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.

- WW. Yes  No  Training in first aid for choking is available for food service workers.
- XX. Yes  No  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
- YY. Yes  No  Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
- ZZ. Yes  No  Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
- AAA. Yes  No  Compliance assistance is provided to public water systems that violate requirements.
- BBB. Yes  No  All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
- CCC. Yes  No  A written plan exists for responding to emergencies involving public water systems.
- DDD. Yes  No  Information for developing a safe water supply is available to people using on-site individual wells and springs.
- EEE. Yes  No  A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
- FFF. Yes  No  Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
- GGG. Yes  No  School and public facilities food service operations are inspected for health and safety risks.
- HHH. Yes  No  Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
- III. Yes  No  A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
- JJJ. Yes  No  Indoor clean air complaints in licensed facilities are investigated.
- KKK. Yes  No  Environmental contamination potentially impacting public health or the environment is investigated.
- LLL. Yes  No  The health and safety of the public is being protected through hazardous incidence investigation and response.
- MMM. 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.

NNN. 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**

OOO. Yes  No \_\_\_ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

PPP. Yes  No \_\_\_ The health department provides and/or refers to community resources for health education/health promotion.

QQQ. Yes  No \_\_\_ The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

RRR. Yes  No \_\_\_ Local health department supports healthy behaviors among employees.

SSS. Yes  No \_\_\_ Local health department supports continued education and training of staff to provide effective health education.

TTT. Yes  No \_\_\_ All health department facilities are smoke free.

### **Nutrition**

UUU. Yes  No \_\_\_ Local health department reviews population data to promote appropriate nutritional services.

VVV. 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

WWW. Yes  No \_\_\_ Clients identified at nutritional risk are provided with or referred for appropriate interventions.

XXX. Yes  No \_\_\_ Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

YYY. Yes  No \_\_\_ Local health department supports continuing education and training of staff to provide effective nutritional education.

### **Older Adult Health**

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

AAAA. Yes  No \_\_\_ A mechanism exists for intervening where there is reported elder abuse or neglect.

BBBB. 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.

CCCC. 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**

DDDD. Yes  No \_\_\_ Perinatal care is provided directly or by referral.

EEEE. Yes  No \_\_\_ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

FFFF. Yes  No \_\_\_ Comprehensive family planning services are provided directly or by referral.

GGGG. 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.

HHHH. Yes  No \_\_\_ Child abuse prevention and treatment services are provided directly or by referral.

IIII. Yes  No \_\_\_ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

JJJJ. Yes  No \_\_\_ There is a system in place for identifying and following up on high risk infants.

KKKK. Yes  No \_\_\_ There is a system in place to follow up on all reported SIDS deaths.

LLLL. Yes  No \_\_\_ Preventive oral health services are provided directly or by referral.

MMMM. Yes  No \_\_\_ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

NNNN. Yes  No \_\_\_ Injury prevention services are provided within the community.

### **Primary Health Care**

OOOO. Yes  No \_\_\_ The local health department identifies barriers to primary health care services.

PPPP. Yes  No \_\_\_ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

QQQQ. Yes  No \_\_\_ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

RRRR. Yes  No  Primary health care services are provided directly or by referral.

SSSS. Yes  No  The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

TTTT. Yes  No  The local health department advocates for data collection and analysis for development of population based prevention strategies.

### **Cultural Competency**

UUUU. Yes  No  The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

VVVV. 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.

WWWW. Yes  No  The local health department assures that advisory groups reflect the population to be served.

XXXX. Yes  No  The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

## Health Department Personnel Qualifications

### Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Jan Kaplan, MSW

Does the Administrator have a Bachelor degree? Yes  No

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

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

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

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

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

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

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

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

The Administrator will be taking the two required courses within the next 18 months.

**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.**

**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.**

**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



