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## **Local Public Health Authority**

### **Annual Plan**

**FY 2012/13**

**Klamath County, Oregon**

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## I. Executive Summary

**OUR MISSION:** *Working together to promote healthy choices that improve the quality of life and well-being of our communities.*

Klamath County Department of Public Health Provides the five essential services mandated by state statute (ORS 431.416) and rule (OAR Chapter 333, Division 14) primarily through federal grant dollars passed through by the Oregon Public Health Services Division, and client and licensee feeds. In addition, we receive less than \$1.00 per capita from the State of Oregon. In 2007-08 we received general fund dollars from Klamath County taxes, for the first time, although it is unlikely that the Department will continue to receive these dollars. The economic downturn continues to jeopardize the department's ability to meet the needs of the population.

The Department provides a range of services including the Epidemiology and Control of Preventable Diseases, Parent and Child Health Services, Family Planning, Environmental Health Statistics, Collection and Reporting of Health Services, and Health Information and Referral. Many other services, as described in ORS 333-0140-0050 are provided such as emergency preparedness, health promotion, and immunizations. The public health staff is committed to achieving the Department's mission and vision of 'Healthy People in Healthy Communities'.

With limited funding, staffing, and resources, the Department relies upon partnerships within the community. The Department continues to explore opportunities for efficiency and excellence, while strengthening relationships with community partners. The Klamath County Department of Public Health continues to be the lead agency for the Healthy Active Klamath Coalition, a group which helps to foster partnerships and collaboration.

The geographic location among other demographics present challenges to the fulfillment of the ten essential public health services. Many residents have limited access to health resources due to long travel distances, transportation, and financial barriers. Klamath County continues to be ranked among the bottom in both health indicators and health outcomes. The worsening health status of the county has been compounded by the aging population, poor economy, lessened opportunities for employment and education, and fewer local resources; therefore the health department must develop strategic, long-term plans to assure that resident's needs are met.

The Department sees national accreditation on the forefront and will continue actively preparing for this task. While the Department does not intend to apply for accreditation this year, activities related to accreditation will be performed.

## II. Assessment

It would be a misnomer to call this annual update a comprehensive assessment of the health and well being of the community. Lack of funding has prevented the Department from completing this kind of critical assessment of the health status of the community. Such an undertaking would need to be funded at levels comparable to those provided to the local Commissions on Children and Families. Therefore this document will provide a global overview of the public health related issues faced by the community, in the framework of the ten essential public health services or areas of concern. The assessment relies upon existing data sources to describe relative trends in the data in both qualitative and quantitative measures.

### 1. Community Description

**Demographics:** Klamath County is a rural community which sits at 4,200 feet in a basin in south-Central Oregon, bordered by the Cascade Mountains on the west and California on the south. In terms of size, Klamath County is ranked the fourth largest Oregon County at 6,135 square miles. Although the area is not densely populated, Klamath County has an average of ten people per square mile.

According to U.S. Census data, Klamath County had a population of approximately 66,380 in 2010, with a growth rate of 4.1 percent since 2000. The 2010 census indicates that the Hispanic or Latino population had the largest percent of change.

Age	
Under 18	22.3
18-64	60.6
65 and older	17.1
Sex	
Female	50.2
Male	

source: 2010 US Census Bureau

Ethnicity	
White	85.9
Black	0.7
American Indian	4.1
Asian	0.9
Hispanic	10.4
2 or more	4.1

source: 2010 US Census Bureau

Less Klamath County youth graduate from high school than the state average, only 59 percent of Klamath County youth complete high school. As with many rural communities, the graduation rate is well below the state average. Furthermore, it is common for some Klamath County youth to leave the area after high school in search of higher education and employment. In 2011, 53 percent of Klamath County residents had attended some college, a rate which is less than the state average.

Klamath County has a high rate of economically disadvantaged residents: 14.5 percent of families and 17.5 percent of individuals fall below the federal poverty line. An increasing number of Klamath County residents are facing financially challenging times. The median annual income between 2005 and 2009 was \$41,040, but areas of the county are faced with extreme poverty. For example, Census Tract 9716 has a median annual income of \$19,304.

Persons Below Federal Poverty Level	
Klamath County	20.2
Oregon	14.3

source: 2009 US Census Bureau

In the 2010-2011 school year, 66.5 percent of all students were eligible for free or reduced lunch in Klamath County. An estimated 24 percent of children in Klamath County live in poverty.

Klamath County has an unemployment rate of 12 percent. From 2006 to 2009, the number people filing bankruptcy increased by 154 percent. These economic conditions underscore the health outcomes in Klamath County.

A survey conducted by Klamath Lake Community Action Services in 2011 concluded that Klamath County residents utilize SNAP more than any other assistance program. In 2010, 4,474 households had received SNAP benefits in the previous 12 months. Survey respondents indicated a need for more affordable housing and medical care.

Klamath County has repeatedly been identified as a medically underserved area. Klamath County has a primary care physician to resident ratio of 481:1, a rate which is lower than the state. Moreover, 23 percent of adults in Klamath County are uninsured.

**Health Indicators:** The 2011 County Health Rankings reported on health outcomes and health indicators in each county across the United States. The report ranked the health outcomes in Klamath County 32 of 33 ranked Oregon counties, placing Klamath County at the bottom of a range of health indicators. The report highlights the health needs in Klamath County.

Klamath County has poor health outcomes, reporting higher mortality rates than the rest of the state. In 2011, Klamath County reported 9,093 YPLL. Klamath County reports synergistically poor morbidity rates. 19 percent of Klamath County residents report their health as poor or fair.

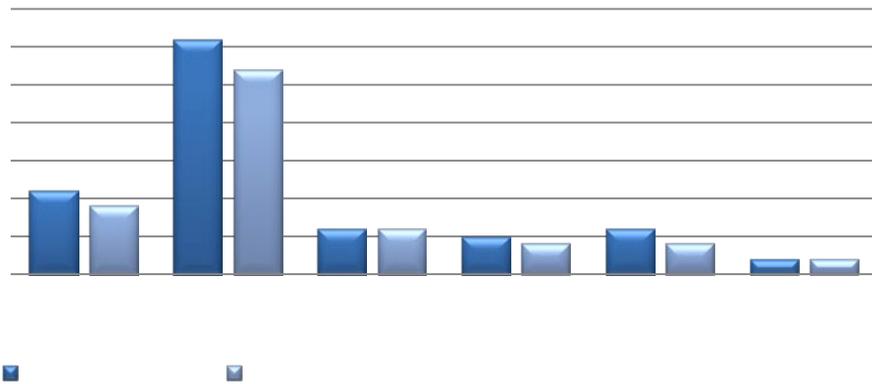
Leading causes of death in Klamath County:

- Cancer
- Heart Disease
- Diabetes
- Chronic Lower Respiratory Disease
- Stroke

**CHRONIC DISEASE:** Klamath County is no exception to the nationwide epidemic of chronic disease. The modifiable risk factors associated with these prevalent conditions include tobacco use, physical activity and diet. Klamath County has a high prevalence of tobacco use, inadequate physical activity, and poor nutrition. Klamath county adults have a high number of modifiable risk factors and conditions which contribute to chronic disease:

- 24 percent use tobacco
- 23 percent have high blood pressure
- 25 percent are obese
- 32 percent have high cholesterol

Tobacco use and obesity are the leading causes of preventable death. Despite knowing this, the mortality rate from tobacco-related illness is 235.5 per 100,000 in Klamath County. Residents are faced with challenges to eat a healthy, balanced diet and live an active lifestyle. Only 54 percent of residents have access to healthy foods. Only 9 per 100,000 recreational facilities exist, the national benchmark is 17 per 100,000. 21 percent of Klamath County adults report physical inactivity, meaning no leisure time physical activity is performed.



**COMMUNICABLE, INFECTIOUS, AND VACCINE-PREVENTABLE DISEASES:** In recent years, childhood immunizations rates have been improving. The current immunization rate in Klamath County is 6 percent higher than the state average. According to *Oregon Community Foundation*, 79 percent of 2 year olds in Klamath County are immunized. The state average is 78 percent.

In 2010, the Communicable Disease Summary reported that Klamath County investigated 258 communicable diseases. Of the reportable communicable diseases, Chlamydia is the highest accounting for 182 cases. The following top reported communicable disease causes were HIV/AIDS, Hepatitis B, Salmonellosis, Gonorrhoea, Campylobacteriosis, and Giardiasis.

The majority of Salmonellosis and Giardiasis causes are associated with poor hand washing practices in child daycare centers. Klamath County does have a high prevalence of Norovirus, which is associated with food establishments. Unfortunately, many of these cases occur in retirement or assisted living facilities which are unregulated by Environmental Health. The lack of regulation on food preparation at these facilities contributes to the increased prevalence.

In 2010, no cases of Hepatitis C were reported. Although the disease continues to be of great concern in the community, as it is challenging to reach the high risk population for testing.

CHILD AND YOUTH WELL-BEING HEALTH ISSUES: As in national findings, Klamath County's elevated poverty rates and low rates of advanced education correlate with a variety of poorer health indicators. Children who grow up in poverty suffer from more persistent, frequent, and severe health problems than their counterparts.

According to an analysis by the Oregon Health Authority in 2008, Klamath County has seen a decrease in the infant mortality rate over the past three years to 7.1%, which is still higher than the State average of 5.4% over the same time period of 2006-2008. Although according to an analysis in *Status of Oregon's Children* in 2010 Klamath County again has a worsening infant mortality rate, increasing by 183 percent since 2009. The infant mortality rate in 2010 was 10.2 per 1,000 live births, compared to the state rate of 7 per 1,000 births. Elevation in our infant mortality rate is recognized as a priority public health concern in our county, calling for a public health investigation and the development of a community action plan. The issues of drug, alcohol and tobacco use during pregnancy continue to be a priority for prenatal and perinatal education.

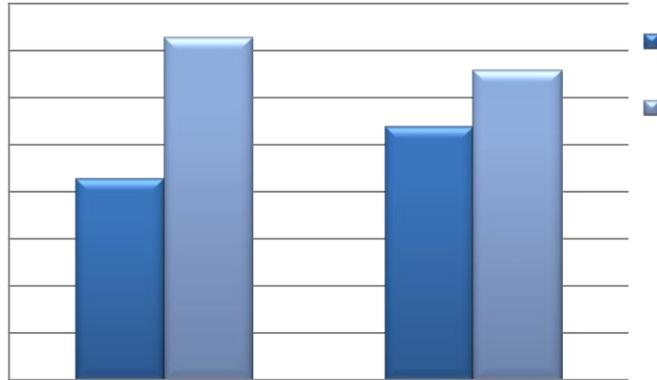
Low birth weight rates of 7.6% for 2009 in Klamath County are still higher than the State percentage of 6.3 for the same year; however, this is a decrease for Klamath County from a rate of 8.6% for the previous year of 2008. Rates of prematurity in Klamath County at 8.5% remain comparable to the State rate of 8.4% for the same time period.

2011 reports state that the teen birth rate is 49 per 1,000 teenage girls (aged 15 to 19) in Klamath County, higher than the state. An increasing number of Klamath County youth are becoming sexually active at a younger age. In 2011, 79 girls (aged 10 to 19) gave birth in Klamath County. The *Oregon Healthy Teens* survey found that over half of all 8<sup>th</sup> graders were sexually active in 2008. Of those who are sexually active, only 15 percent had used alcohol or drugs before sexual intercourse. Community partners have identified teen pregnancy as an increasing concern in Klamath County and should further collaborate to design a strategic plan.

The Department of Human Services reports that child abuse rates in Klamath County are improving. In 2010 Klamath County reported that 19.2 per 1,000 children were abused, down from 25 per 1,000 in the previous year. Even still, this rate is 150 percent of the states average and many community members question the validity of these reports. A survey conducted by the United Way reported that Klamath County residents placed child abuse as the leading cause of community concern.

ALCOHOL & DRUG USE: Alcohol and illicit drug use impact families, schools, workplaces, and the community, often resulting in long-term health conditions, premature death, injuries, and violence. Across Oregon, alcohol is the most widely used addictive substance. The *National Survey on Drug Use and Health* estimates that 3,440 people in Klamath County abuse or are dependent on alcohol. This includes 1,307 persons under the age of 25 and 2,133 persons over the age of 26. An increasing number of Klamath County youth are beginning to drink. The *Oregon Healthy Teen* survey reports that of Klamath County youth are most likely to experiment with alcohol between the ages of 13 and 15.

Of Klamath County adults, men are more likely than women to drink or binge drink.

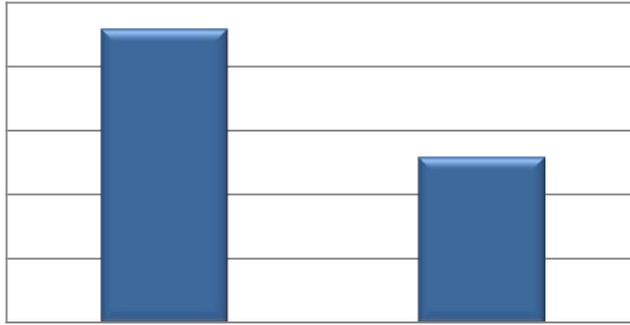


According to the Klamath County Drug Task Force, Klamath County experiences a high rate of methamphetamine related crime, representing about 75 percent of all drug offenses between 2004 and 2005. Despite a decrease in recent years, Klamath County is currently experiencing a resurgence in methamphetamine use. Klamath County authorities state that this illicit drug use and lack of space is catalyzing criminal activity in the area. Between August 2010-January 2011, Klamath County Sheriff's deputies made 84 methamphetamine-related arrests.

**ENVIRONMENTAL HEALTH:** Klamath County has a long history of poor air quality and is viewed as the dominant environmental health issue. Wood smoke greatly contributes to poor air quality, adverse health outcomes, and hinders economic development. In 2003-07, Klamath County reported a mean ambient concentration of Particulate Matter 2.5 ranging between 10.0  $\mu\text{g}/\text{mg}^3$  and 11.8  $\mu\text{g}/\text{mg}^3$ . Klamath County reports equally high asthma related hospitalizations, rates of which are statistically higher than the rest of the state.

**DEATH BY INTENDED AND UNINTENDED INJURY:** Injury is a leading cause of death in Oregon, specifically for persons under the age of 44. Motor vehicle injuries are 24 per 100,000 compared to 14 per 100,000 statewide. This high rate is associated with impaired driving, twice as many motor vehicle fatalities in Klamath County were related to alcohol as in the rest of the state.

Alcohol related deaths have nearly doubled in the past decade, representing 2.47 percent of all deaths in Klamath County.



Suicide rates in Oregon continue to exceed the national rates. In 2002-2006, Klamath County averaged 20 per 100,000 suicides. Suicide also impacts Klamath County youth. The suicide attempt rate for 8th grade youth is even with the state at 8 percent. The high rates are believed to reflect the financial stresses within the community and are compounded by self-medicating behaviors.

## 2. Adequacy of Services

Given the available resources and capacity, Klamath County Department of Public Health provides quality service for residents. Klamath County Public Health Authority provides the five essential services mandated by ORS 431.416 and OAR Chapter 33, Division 14. Services are provided to the residents primarily through federal grant dollars passed through by the Oregon Public Health Services Division and client and licensee fees. Klamath County also received general fund dollars from taxes, which began in FY2007-08, to ensure adequate service. The public health staff is dedicated to achieving the department’s vision of ‘Healthy People in Healthy Communities’.

## 3. Description of Basic Services

### a. Epidemiology and control of preventable diseases and disorders

Klamath County Environmental Health staff provides above average epidemiology and control of preventable diseases and disorders. The division strives to reduce or eliminate environmental health risk factors that cause human suffering, disease, or injury. In order to achieve this goal, environmental health staff provides consultation, education, inspections, investigations, and enforcement for Klamath County residents and businesses. The highly trained staff ensures safety of public food establishments, daycare facilities, drinking water systems, pools, spas, and air quality.

Since our last triennial review, the department was presented with a major tuberculosis outbreak affecting several hundred people at a local meat processing plant. The outbreak was handled with additional resources from the state tuberculosis program. During the

same period, our communicable disease and environmental health staff collaborated in an investigation of norovirus, which also sickened hundreds. Both interventions were supported by public health preparedness funding. Reoccurrence of similar outbreaks, such as H1N1, will threaten the stability of departmental operations unless funding remains.

All clinical nurses have completed at least basic epidemiology coursework and are well versed in communicable disease outbreak investigation and control. This includes reporting, monitoring, investigation, treating, and preventing further illness in Klamath County.

Klamath County Health Department provides immunizations for the public against preventable diseases, childhood and adult vaccinations are given in accordance to regulation and need. For quality assurance and efficiency purposes, patients can access immunizations by appointment for all of the state and federally mandated public health services. The department continues to see an increase in childhood vaccinations. The two-year-old vaccination coverage rate is above the state average, but did not meet the Healthy People 2010 goal of 90 percent. Even still, our school exclusion rate for unimmunized or under immunized children continues to decline.

In 2010, there were 23 Klamath County residents living with HIV/AIDS. The department no longer received funding for HIV testing, so the available number of no charge tests is limited.

Sexually transmitted infections continue to increase in Klamath County. From 2009-2010 the number of Chlamydia cases increased by 30 and Gonorrhea cases by 6. Clients with signs or symptoms are seen promptly by a trained RN or NP. Local medical professionals also report other STI's and initiate and ensure treatment and partner treatment.

**b. Parent child health services (including family planning)**

The Klamath County Health Department provides a full range of family planning services to women. In addition to annual exams and distribution and education of birth control methods, the department offers colposcopy, endometrial biopsy, and cryotherapy. With the nationwide increase in HPV, these services are essential for women in Klamath County. Currently, men are underrepresented in the family planning program. We aim to increase male participation in this program.

The clinic is able to provide full exams to women, including breast and pelvic exams, Pap smear, and STI screening. The clinic is open 2.5 days per week, typically designating and reserving the late afternoons for teens in order to ensure appointment availability that matches with school schedules. The new documentation required to receive family planning services is impeding our ability to reach Klamath County youth. Those youth who need to receive confidential services struggle providing these documents without the assistance of their parent or guardian. Therefore, we have three notaries on staff that can assist teens in getting a copy of their birth certificates. Spreading education about this service is obligatory.

Pregnancy testing is available during office hours on a walk-in basis. Women with positive test results are counseled regarding options and referred to partner organization and agencies including Oregon Health Plan (OHP), WIC, or termination agencies. Women who have health insurance are more likely to receive prenatal care during the first trimester; therefore we provide a date-stamped application for pregnant women to assist in the obtainment of health insurance. In Klamath County, over half of all births are paid for by OHP. Each month, the department refers approximately 22 clients to OHP. These services are supplemented with education surrounding nutrition, drug, alcohol, tobacco, and other lifestyle issues which must be considered when pregnant. We have a strong referral system with local prenatal care providers to send clients to.

Klamath County Department of Public Health provides excellent family planning services. Unfortunately, the ever increasing federal regulations prohibit the ability to be reimbursed at the rate needed to sustain current levels of service. We look forward to consultation with the Office of Family Health Services to identify acceptable strategies to reduce the high rate of local subsidy of the program.

Our services are made aware amongst the community through our health educator who commonly speaks at local schools, colleges, and events. The health educator discusses family planning options in an effort to prevent unintended pregnancy.

**c. Collection and reporting of health statistics**

Birth and death certificates are collected and recorded, and pertinent information is relayed to the Oregon Health Division. Birth and death certificates are available to family members who require these for services – often within 24 hours. We have two employees on staff certified to provide these certificates.

Klamath County has contracted with a new regional medical examiner during this triennium and has employed an experienced deputy medical examiner to augment the services. Autopsies are now performed with improved reporting locally and more frequently. Unfortunately, we have been unsuccessful in obtaining state reimbursement to offset the costs of autopsies, which results in another unfunded mandate for cash-strapped local government.

**d. Health information and referral services**

Health Education and Health Promotion

The department staff provides health information and referral to programs within our own agency and outside agencies to ensure the public's needs are met. In addition to the information and referral service to the public eight hours a day, we employ three health educators. Our health educators provide information and education about the My Future My Choice Program, Tobacco Prevention and Education Program, Chronic Disease

Prevention, Safe Routes to School Program, hygiene, family planning services, and other services offered at the Klamath County Health Department.

We enjoy a good rapport with local media and have utilized our colleagues to get health messages to the public. Department staff continually writes articles for the newspaper, organizational newsletters, speaks at community groups, and participate on radio and television as necessary. The department has public lobby has a large bulletin board that the health educators update at least monthly with information about timely topics. The department also utilizes the county website and social media to relay important health information.

#### Family Planning & STI Prevention

The clinic staff provides information and education to their clients regarding family planning and sexually transmitted infections. The staff uses pamphlets, brochures, and models to teach clients. Material are kept current.

#### **e. Environmental health services**

Environmental Health is responsible for providing, regulating, and ensuring food safety, air quality, safe drinking water, liquid and solid waste disposal, and community facilities.

#### Licensed Facilities

Annually, the department licenses and inspects approximately 250 food facilities and 100 temporary non-benevolent events. Since our last triennial review, staff reassignments have assured the department's compliance with quantitative and qualitative inspection standards. In recent years, a continued increase in food facilities with staff fluent only in Spanish has been observed. This has created a concern to the department regarding adequate communication and education about food safety issues.

#### Air Quality

Air quality continues to be a priority to the department. Air quality advisories are in effect between mid-October and mid-March annually. Previous years have averaged more than 20 days of poor air quality. Large contributors to air quality have been identified as wood burning with non-certified appliances. Federal regulations are violated any time Klamath County reports more than two days of poor air quality, as measured by an air quality monitor at a local elementary school. We are working with Oregon Department of Environmental Quality to develop and implement a plan by 2012. We have increased community education and awareness in recent efforts. In addition to postings on our website and over the radio, the department now posts daily air quality advisories on a new LED sign posted on a high traffic street.

#### Safe Drinking Water

The department is responsible for over 140 EPA Regulated Public Water Supplies many of these are small systems serving seasonal operations, campgrounds, small businesses, and small housing developments. While most of the county's population is served by public water system, there are many private residential water systems. Some of these small private systems obtain their water from shallow aquifers that are maintained by leakage from the irrigation canal system. One small community in Klamath County does not have a community water system and its residents depend upon shallow wells that are easily contaminated. With the addition of State regulated drinking water systems, our Environmental Health division now regulates 163 public drinking water systems annually.

#### On-Site Sewage Program

Klamath County has an active program dealing with on-site Sewage Treatment and Disposal for those flows less than 2,500 gallons per day and of the strength equal to or less strong than residential waste. On-site sewage flows greater than 2,500 gallons per day or of a stronger than residential strength is regulated by the Department of Environmental Quality. The poor economy has resulted in fewer new system installations, some repair of existing systems and a reduction in on site visits by staff.

#### Facilities

Klamath County has 53 motel/hotels, 33 recreation (RV) parks and 6 organizational camps. The motel/hotels are inspected biannually, recreation parks are inspected semi-annually, and camps are inspected annually. Klamath County has 35 public swimming pools and spas, 18 of which operate year round. Year round facilities are inspected semi-annually, while seasonal facilities are inspected once during the season. Follow up inspections are made as needed based upon violations observed.

#### **f. Other**

##### **Early Childhood Public Interventions:**

Klamath County has shown an improvement in the rate of low birth weight babies born in 2009 to a rate of 76.1 per 1,000 births; this is a decrease from 86.3 per 1,000 births in 2008. There were 58 fewer births in Klamath County in 2009 compared to 2008. The State rate of low birth weight babies in 2009 increased to 63 per 1,000 from 60.7 per 1,000 in 2008. Preliminary counts for 2011 show the rate of low-birth weight babies in Klamath County are similar to the state average.

Despite the improvement in low birth weight rates, there has been a demonstrated need for 2.5 field nurses to address the health and socio-economic issues of babies born in our county. The department continues to observe a number of infants identified with anomalies before their first birthday.

In 2010, services were provided to a total of 926 unduplicated clients in Babies First!, CaCoon and perinatal programs. OHSU continues to offer an outreach pediatric cardiology clinic that is always booked to capacity.

The Klamath County Health Department offers home visiting programs for high risk infants in the community. The Babies First! Program identifies infants born at risk for developmental delay and provides services to these families according to program guidelines. Risk of developmental delay can be from medical factors, social factors or a combination. A new component of the program allows for a one-time, short-term intervention with families to increase their awareness of and ability to access community resources. This program is administered by The Office of Family Health through all Oregon county health departments. The CaCoon Program provides services to families who have children with special health needs per program guidelines. The target age is birth through 21 years of age with the priority being infants born with special needs or children with newly diagnosed conditions that meet program elements. The outreach nurses in both programs coordinate and collaborate with local health care providers and other community agencies to help meet the needs of the family.

Oregon children's oral health continues to be poor. Oral health problems have routinely been identified as the largest unmet need in Klamath County. In previous years, Klamath County Health Department has received funding from Robert Wood Johnson and the Environmental Protection Agency to improve oral health. Both programs have been successful and Klamath County is proud to have exceeded expectations.

**Nutrition and Physical Activity:**

The WIC program continues to be our flagship program in providing trusted nutrition and other health-related information, assessment, and referrals to families under the 185% of the FPL. Pregnant women and children at high nutrition risk are referred to a Registered Dietician for individual counseling. Nutrition based classes are offered on approximately a weekly basis.

Nutritional assessment is, also, completed for family planning clients Dietary changes are suggested as needed.

As overweight and related chronic diseases continue to significantly impact our population, the department seeks to address this need. The department is the lead agency in a local coalition, Health Active Klamath (HAK). HAK began in 2004 and was funded in its infancy by health care trusts to develop successful strategies to improve nutritional and physical status of the entire population, but particularly those at most risk of developing chronic diseases. HAK is no longer funded, but is still an active coalition.

**Emergency Preparedness:**

Emergency preparedness staff works closely with the general Emergency Management and other emergency services in the community. Regular communications occur between departments, as we regularly attend meetings of various emergency agencies. Collaboratively, these agencies create multi-agency plans and routinely participate in multi-agency exercises. In recent years, the role of Public Health in emergency relief has become more important. This realization has resulted in more combined efforts. The department relies upon a well-functioning emergency notification system. The department also utilizes the Oregon Health Alert Network. Staff is continually trained in the Incident Command System and an Incident Management Team is in place.

**School Based Health Clinic:**

Klamath County Health Department recognizes the effectiveness of making health care available where children are: in school. We have a school based health clinic in Gilchrist which provides comprehensive care to K-12 school children and their preschool siblings. During the 2009-2010 school year, the clinic had 174 visits. Quarterly meetings with a citizen advisory group in Gilchrist occur to discuss operations.

**Partners:**

Klamath County is a close knit community and we are fortunate to partner with several agencies to provide the best, most comprehensive services to our clients. The ability to date-stamp Oregon Health Plan applications allows pregnant women to easily access prenatal care. Our locally Federally Qualified Health Center, Klamath Open Door Family Practice, shares referrals with us and assists us in heaping meet the needs of our clients. Oregon Health Sciences University has a family practice residency program for physicians and a nursing school in Klamath Falls. The health department is able to serve as a training site for new physicians and nursing students.

The Environmental Health division partners with the EPA, Oregon Department of Environmental Quality, Oregon Department of Education, Oregon Department of Labor, County and City School Districts, and local Fire Districts.

The Health Promotion division partners with an array of community organizations to provide community education and drive policy change. The division works closely with Sky Lakes Medical Center and Klamath Tribal Health and Family Services. The three organizations (Sky Lakes Medical Center, Klamath Tribal Health and Family Services, and the Klamath County Health Department) have recently formed Better Health Partnership, and work together on a range of efforts. Other partners include representation from local media, City and County School Districts, County and City Parks, City Planning, Klamath Head Start, Oregon Institute of Technology, and Klamath Community College to name a few.

**Dental:**

Dental infection continues to be a major problem in Klamath County. Klamath County has a low number of dental providers, with only one dentist per 2200 persons. Lack of dental care is routinely the most needed, but least available health care service identified in every community health survey conducted. Klamath County has continued its nationally recognized work to prevent the transmission of strep mutans infection from mothers to infants. Data from the Robert Wood Johnson grant received demonstrates that to date, 96 percent of mothers who participated in the program have cavity free children at ages two and three.

**Older Adult Health:**

While the department does not offer health services specifically targeted for older adults, we do orchestrate the provision of flu vaccine availability for older persons and others with immune suppressed status. If additionally unrestricted funding should become available, we are entertaining the merits of fostering a “freedom in-home falls” for the more vulnerable elderly in our communities.

### III. Action Plan

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

The nursing staff relies upon ORPHEUS for required disease reporting. The system makes reporting more timely and less burdensome for staff. Issues from the triennial review have mostly been resolved, only a few are pending and in process.

Problem: Klamath County investigated 258 cases in 2010. Of these cases, Chlamydia was the most commonly diagnosed. Communicable disease nursing staff have noted an increasing prevalence of the sexually transmitted infection in the population.

<p><b>Time Period: July 1, 2012 – June 30, 2013</b>  <b>GOAL: Decrease morbidity and mortality of infectious disease in Klamath County.</b></p>		
Objectives	Plan for Methods/ Activities/Practice	Evaluation
A. Report and respond to disease 24 hours a day, 7 days a week.	Continue to utilize ORPHEUS and 24 hour phone.	Time taken to report and respond disease , Testing of 24 hour phone and reports in ORPEHUS
B. Decrease prevalence of Chlamydia.	Work with Health Educators to increase awareness about STI prevention among youth	Decrease in Chlamydia rates on Communicable Disease Summary

<p><b>Time Period: July 1, 2012 - June 30, 2013</b>  <b>GOAL: Decrease morbidity and mortality of infectious disease in Klamath County.</b></p>		
<p><b>C. Immunizations are available for public health jurisdiction</b></p>	<p>Follow as outlined in Program Element</p>	<p>Annual review</p>
<p><b>D. Staff will receive yearly training on blood borne pathogen safety and training</b></p>	<p>Provide refresher course for staff at all-staff meeting, train new staff, and update policy as needed</p>	<p>Number of refresher courses offered at staff meetings during the fiscal year</p>

<p><b>Time Period: July 1, 2012 -June 30, 2013</b>  <b>GOAL: Decrease prevalence of tobacco use, tobacco-related conditions, and reduce exposure to secondhand smoke</b></p>		
<p><b>Objectives</b></p>	<p><b>Plan for Methods/ Activities/Practice</b></p>	<p><b>Evaluation</b></p>
<p><b>A. Strengthen and develop policies which protect residents from the harmful effects of secondhand smoke</b></p>	<p>Work with stakeholders to create tobacco free outdoor events, venues, and worksites</p>	<p>Number of events, venues, and worksites with tobacco free policies</p>
<p><b>B. Reduce tobacco use among youth</b></p>	<p>Work with both city and county school districts to provide tobacco prevention education</p>	<p>Decreased tobacco use in youth as reported by Healthy Teens Survey</p>
<p><b>C. Increase physician referrals to Oregon Quit Line</b></p>	<p>Work with local health care providers and promote fax referral system</p>	<p>Increase the number of fax referrals seen in Oregon Quit Line Reports</p>
<p><b>D. Respond to Indoor Clean Air Act violations</b></p>	<p>Utilize WEMS monitoring system to track and respond to complaints</p>	<p>Timeliness in response and action taken.</p>

<p><b>Time Period: July 1, 2012 -June 30, 2013</b>  <b>GOAL: Decrease the prevalence of chronic disease</b></p>		
<p><b>Objectives</b></p>	<p><b>Plan for Methods/ Activities/Practice</b></p>	<p><b>Evaluation</b></p>

<p><b>Time Period: July 1, 2012 –June 30, 2013</b>  <b>GOAL: Decrease the prevalence of chronic disease</b></p>		
<p><b>A. Improve infrastructure and referral for self-management program and early detection</b></p>	<p>Work with medical clinics to develop referral system for patients with chronic health conditions to evidence based self-management programs like Living Well</p>	<p>Increase attendance in Living Well classes and referral system in place in two medical clinics</p>
<p><b>B. Develop and market a Worksite Wellness program to small businesses in Klamath County</b></p>	<p>Expand wellness policies from Health Department to all County employees.</p>	<p>New wellness Policy in HR Manual surrounding nutrition and physical activity</p>
<p><b>C. Increase early detection of cancer in Klamath County</b></p>	<p>In winter, distribute colorectal screening materials to large employers and medical providers</p>	<p>Increase in colorectal cancer screening</p>

**B. Parent and child health services, including family planning clinics (OAR 43.205)**

As referenced elsewhere throughout this document, our parent and child health services have been judged as excellent by a variety of reviewers. But as excellent as they are, these programs on their own are not adequate to address the scope of the social problems driven by the extreme poverty in Klamath County. The Department will stay actively involved with other proven and demonstration efforts to address the root problems which contribute to Klamath County’s abysmal rankings in the well-being of its younger populations by the Oregon Progress Board. We would welcome the opportunity to replicate the success of the Olds Home Visiting model as our expert contribution to the community’s primary prevention efforts. The Nurse-Family Partnership was funded in 3 Oregon counties but Klamath was not one of the sites chosen. Klamath County will continue to provide perinatal education as part of the clinic services to women with positive pregnancy tests and through WIC certification and classes.

Over the next three years the Department will explore how we can build on and leverage the successes of both our Family Planning and WIC programs to improve our progress toward attainment of Healthy People 2010 Maternal and Child Health objectives.

See Appendix A for Family Planning program specifics.

<p><b>Time Period: July 1, 2012 –June 30, 2013</b>  <b>GOAL: Improve low birth weight outcomes</b></p>		
<p><b>Objectives</b></p>	<p><b>Plan for Methods/ Activities/Practice</b></p>	<p><b>Evaluation</b></p>

<p><b>Time Period: July 1, 2012 –June 30, 2013</b>  <b>GOAL: Improve low birth weight outcomes</b></p>		
<p><b>A. Reduce alcohol and tobacco use during pregnancy.</b></p>	<p>Continue to work with local providers from March of Dimes training grant to provide 5 A’s model of cessation.</p>	<p>Decrease number of women using alcohol and tobacco during pregnancy.</p>
<p><b>B. Provide mandated parent and child health services.</b></p>	<p>Continue to offer and provide services through Babies First! and CaCoon to children at risk for developmental delay or who have special needs.</p>	<p>Triennial review by the Office of Family Health and site visits by CaCoon liaison</p>
<p><b>Time Period: July 1, 2012 –June 30, 2013</b>  <b>GOAL: Provide developmental screenings in accordance with program elements for Babies First and CaCoon.</b></p>		
<p><b>Objectives</b></p>	<p><b>Plan for Methods/ Activities/Practice</b></p>	<p><b>Evaluation</b></p>
<p><b>A. Early identification of children with developmental delays</b></p>	<p>PHNs will receive instruction on the use of ASQ,ASQ-SE, and the M-CHAT</p>	<p>Triennial review by the Office of Family Health and site visits by CaCoon liaison</p>
<p><b>B. Keep all staff current on program element and mandated objectives</b></p>	<p>PHNs new to MCH programs will attend New Public Health Nurse orientation offered by Office of Family Health.</p>	<p>Attendance at orientation</p>
<p><b>Time Period: July 1, 2012 –June 30, 2013</b>  <b>GOAL: Improve adolescent health status, especially in underserved areas.</b></p>		
<p><b>Objectives</b></p>	<p><b>Plan for Methods/ Activities/Practice</b></p>	<p><b>Evaluation</b></p>
<p><b>A. Continue operation of school based health center in Gilchrist, Oregon</b></p>	<p>Continue as planned</p>	<p>Certification and operation of school based health center.</p>
<p><b>B. Participate in Mental Health Department’s collaborative to reduce teen suicide</b></p>	<p>Offer assessment and support during family planning and STI clinics. Collaborate with community partners to develop written protocol for identification, intervention, and referral.</p>	<p>Availability of written protocol and number of teens identified and/or referred to services.</p>

### C. Environmental health

<p><b>Time Period: July 1, 2012 –June 30, 2013</b>  <b>GOAL: Protect public drinking water supplies for all Klamath County residents whose drinking water is provided by public water systems.</b></p>		
Objectives	Plan for Methods/ Activities/Practice	Evaluation
A. <b>Compliance with EPA and drinking water priorities and protocol for EPA and State regulated systems by July 1, 2012.</b>	Investigate and create compliance plans for water systems identified as non compliers.	Written confirmation by state drinking water authorities of recognized resolution of each significant non complier.
<p><b>Time Period: July 1, 2012 –June 30, 2013</b>  <b>GOAL: Prevent and investigate occurrence of food borne illness in public food facilities.</b></p>		
Objectives	Plan for Methods/ Activities/Practice	Evaluation
A. <b>Bring LPHA program activities in compliance with state rules by maintaining performance of required inspections.</b>	Perform re-inspection of facilities with critical violation within specified timelines	Quarterly review by EH program manager to ensure that all re-inspections did so occur.

### D. Health statistics

The department provides death and birth certificates.

<p><b>Time Period: July 1, 2012 –June 30, 2013</b>  <b>GOAL: Collect, record, and analyze birth and death information, issue certifications and monitor health status of county residents, in compliance with applicable state laws.</b></p>		
Objectives	Plan for Methods/ Activities/Practice	Evaluation
A. <b>Provide information pertaining to paternity affidavits to parents.</b>	Offer Rights and Responsibility DVD to all parents seeking birth certificates.	Annual review of parent log who either accepted or rejected DVD on Rights and Responsibility

<p><b>Time Period: July 1, 2012 –June 30, 2013</b>  <b>GOAL: Collect, record, and analyze birth and death information, issue certifications and monitor health status of county residents, in compliance with applicable state laws.</b></p>		
<p><b>B. Registrar will send weekly reports of protected death information to the County Clerk’s Office and send monthly reports of public death information to the County Assessor’s Office.</b></p>	<p>Implement a log of death notices weekly to the clerk.</p>	<p>Compare number of deaths in county with number of death noticed provided annually.</p>
<p><b>C. Maintain current service level during transition to electronic records and improve error rate on record.</b></p>	<p>Review error rate at regular intervals.</p>	<p>Decrease possibility of human error due to the EDRS and EBRS system, compliance with Triennial Review.</p>
<p><b>D. Issue 100 percent of birth and death certificates accurately within 24 hours of request.</b></p>	<p>Train all deputy registrars on EDRS and EBRS system.</p>	<p>All birth and death certificates will be issued within 24 business hours of request on corrected certificate.</p>

**E. Information and referral**

Often times, clients need services which are not offered at the Department,

<p><b>Time Period: July 1, 2012 –June 30, 2013</b>  <b>GOAL: Continue to provide timely and accurate health information referrals to Klamath County residents within 24 hours of request.</b></p>		
<p><b>Objectives</b></p>	<p><b>Plan for Methods/ Activities/Practice</b></p>	<p><b>Evaluation</b></p>
<p><b>A. Enhance clearinghouse function by identifying and sorting nature of calls logged.</b></p>	<p>Create a database of key information and referral indicators for analysis by decision makers and possible program development.</p>	<p>Annual review by LPHA Management Team.</p>

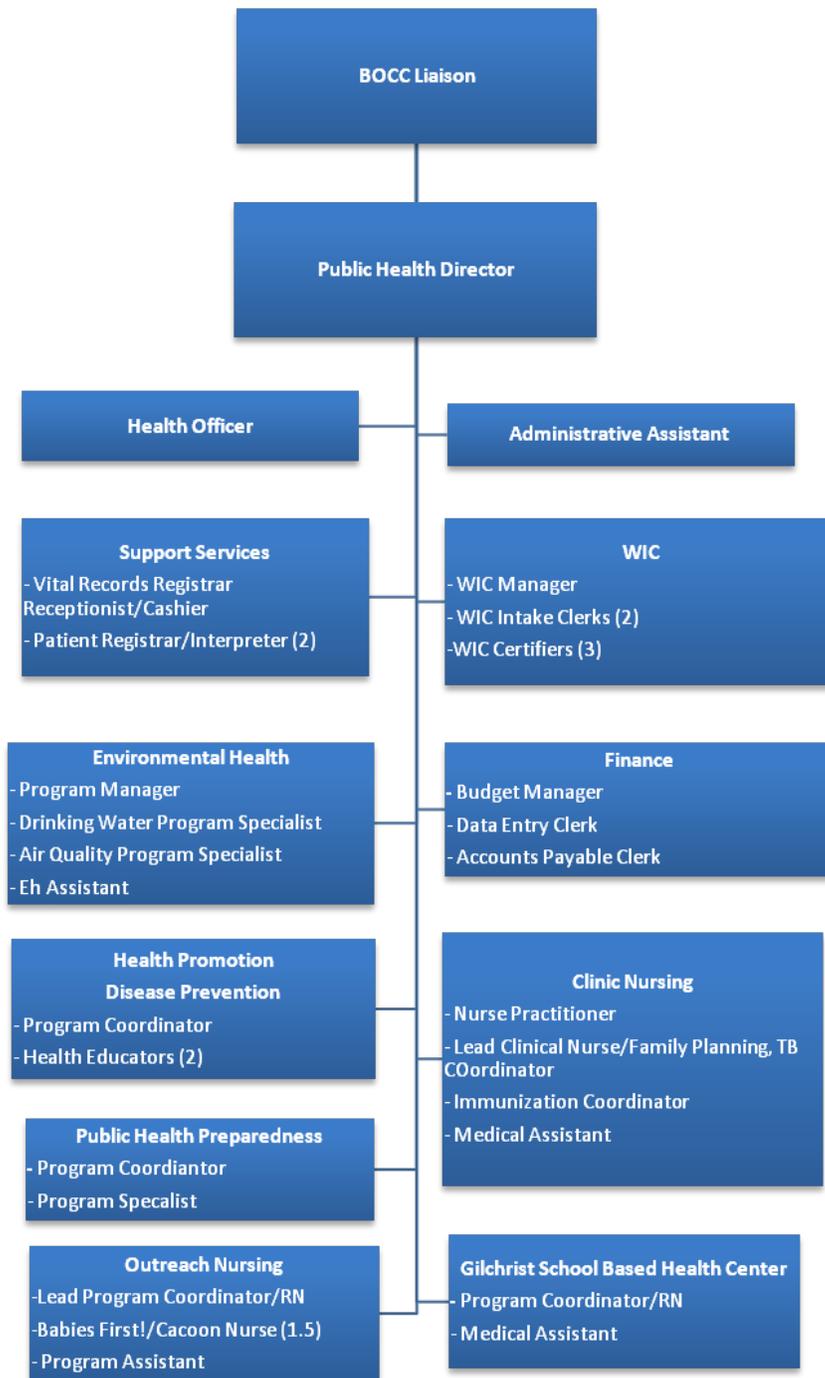
**F. Public health emergency preparedness**

Emergency preparedness in Klamath County works community partners and organizations to execute the requirements outlined in Program Element 12. During Fiscal Year 2011-2012, the division conducted a Hazards Vulnerability Assessment in conjunction with County Emergency Management and Klamath Tribal Health and Family Services. Over the years, the department has developed and maintained emergency response plans, pod plans, and other emergency related plans. The preparedness coordinator routinely checks emergency communication devices such as Satellite Phones and the HAN system. LPHA Preparedness team reviews procedures annually.

<p><b>Time Period: July 1, 2012 –June 30, 2013</b>  <b>GOAL: Share the results of the 2012 Community Hazard Risk Assessment (HRA) with the community and increase community preparedness.</b></p>		
Objectives	Plan for Methods/ Activities/Practice	Evaluation
A. Engage community organizations to foster public health, medical and mental/behavior health social networks.	Develop periodic public health messages and disseminate to partner agencies appropriately, share results of HRA.	Update community partner contact list and increase level of awareness in the community about potential hazards in Klamath County.
B. Plan exercises, in accordance with PE12, with community partners that participated in 2012 HRA.	Coordinate efforts with County Emergency Manager and develop exercises which address high-risk hazards to Klamath County. Exercises will progress in level of complexity.	At least two exercises that address a hazard identified in the 2012 HRA will be conducted by Jun 30, 2013.
<p><b>Time Period: July 1, 2012 –June 30, 2013</b>  <b>GOAL: Further develop Continuity of Operations Planning.</b></p>		
Objectives	Plan for Methods/ Activities/Practice	Evaluation
A. Identify and document critical services that must continue when LPHA resources are limited.	PHEP coordinator will work with management team to create a list of critical services.	Documentation of critical services list.
B. Designate recipient or partner organization for services and resources which may be temporarily reassigned under stress during an emergency.	Create organizational chart that will designate staff responsibilities in the event of an emergency.	Documentation of responsibility list and organizational chart.

## IV. Additional Requirements

### A. Organizational Chart



## **B. Board of Health**

Klamath County does not have formal Board of Health meetings. The Board of County Commissioners serves as the BOH, with one commissioner designated as the Public Health Liaison. The Health Administrator meets at minimum monthly with the BOH.

Klamath County does not have a Public Health Advisory Board.

Triennial review compliance findings have been resolved or are in progress.

The LPHA is the governing body that oversees both the Department on the local commission on children and families and achieves the needed coordination.

## **V. Unmet Needs**

Like many other counties, Klamath County Public Health struggle to maintain mandated and needed services with decreasing funding from the State and increasing costs of operation. The Family Planning program continues to be among the department's greatest expenses. The program requires that all persons eligible for family planning be provided the same level of comprehensive services, regardless of the clients' ability to pay, or the program's ability to fund costs. Over the years he program has managed to survive due to infusion of other funding and general fund dollars. The current financial climate of Klamath County has worsened, and a further cut in general fund dollars is anticipated. This greatly hinders the Department's ability to continue to provide Family Planning for clients. Klamath County has repeatedly been identified as a medically underserved area and population. Cutting the Family Planning program will exacerbate this issue and further marginalize the population.

The medically underserved area and evident health care professional shortages have worsened in recent years. A number of local physicians have announced retirements and relocations, largely attributable to the anticipated uncompetitive federal reimbursement rate. These shortages have amplified the deficiency in health care resources. Many medical clinics in the area are unable or unwilling to accept new patients or cannot provide levels of uncompensated care.

Tuberculosis control funding also continues to be woefully inadequate to manage the expense of even one active case per year. Immunization practice requirements cost the Department more than three times the amount of funding received from the State Immunization Program, thus creating an even larger financial deficit at the local level.

Therefore we have added a primary care goal in our plan to meet one of the assurances of the ten essential services: ensure access to adequate primary care. Our objectives will be to continue collaboration with community organizations and serve among leadership in increasing the availability and accessibility of primary medical care for all residents.

Our action plan will be to continue participation in the Klamath County 100% Access Coalition's effort to provide basic health insurance coverage for all residents. We will also continue to support the Klamath County Family Practices Consortium's planning to increase the number of health care providers practicing in the county. After years of work, Sanford Pediatrics Clinic broke ground at a site in Klamath in 2011. The Department will continue to work with community partners to bring other clinics and health professionals to the area.

Another unmet issue surrounds the EPA's Particulate Matter 2.5 standards of which Klamath County struggles to attain compliance with. The Department has expanded community outreach and education in recent years and has built strong relationships with community partners to address poor air quality and its related health effects. The radio, the Klamath County website, and other news sources submit daily air quality advisories for the Air Quality Zone. Currently, the Department has no restrictions on woodstoves outside of the air quality zone. From October 2008 to March 2011, Klamath County reported 101 red advisory days, 84 yellow advisory days, and 242 green advisory days.

## VI. Budget

Use most recent Financial Assistance Contract

## 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 organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes  No  Current local health department policies and procedures exist which are reviewed at least annually.

5. Yes  No  Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes  No  Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes  No  Local health officials develop and manage an annual operating budget.
8. Yes  No  Generally accepted public accounting practices are used for managing funds.
9. Yes  No  All revenues generated from public health services are allocated to public health programs.
10. Yes  No  Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes  No  Personnel policies and procedures are available for all employees.
12. Yes  No  All positions have written job descriptions, including minimum qualifications.
13. Yes  No  Written performance evaluations are done annually.
14. Yes  No  Evidence of staff development activities exists.
15. Yes  No  Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes  No  Records include minimum information required by each program.
17. Yes  No  A records manual of all forms used is reviewed annually.
18. Yes  No  There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes  No  Filing and retrieval of health records follow written procedures.

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

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

#### **Control of Communicable Diseases**

37. Yes  No  There is a mechanism for reporting communicable disease cases to the health department.
38. Yes  No  Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes  No  Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes  No  Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes  No  There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.

42. Yes  No  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes  No  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes  No  Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes  No  Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes  No  Rabies immunizations for animal target populations are available within the local health department jurisdiction.

#### Environmental Health

47. Yes  No  Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes  No  Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes  No  Training in first aid for choking is available for food service workers.
50. Yes  No  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes  No  Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes  No  Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes  No  Compliance assistance is provided to public water systems that violate requirements.

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

### Health Education and Health Promotion

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

### Nutrition

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

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

#### Older Adult Health

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

#### Parent and Child Health

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

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

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

90. Yes  No  Preventive oral health services are provided directly or by referral.

91. Yes  No  Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets. **Note: and fluoride toothpaste**

92. Yes  No  Injury prevention services are provided within the community.

### Primary Health Care

93. Yes  No  The local health department identifies barriers to primary health care services.

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

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

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

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

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

### Cultural Competency

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

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

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: Marilynn Sutherland

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: Partially

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

- a. 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.**

- b. 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.

_____	<u>Klamath County</u>	_____
Local Public Health Authority	County	Date

## Appendix A.

### FAMILY PLANNING PROGRAM ANNUAL PLAN FOR COUNTY PUBLIC HEALTH DEPARTMENT FY 2013

July 1, 2012 to June 30, 2013

Agency: Klamath County Public Health Department Contact: Maria Dalrymple

**Goal #1** Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use.

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p><b>% of plan B handed out for future use is still below state average.</b></p>	<p>Klamath county will increase the % of Plan B for future use by 25%</p>	<p>Revise contraceptive flow sheet to prompt nurse to offer plan B to all clients at every contraception visit. Nurse will need to initial that she offered Plan B 1/15/12.</p> <p>Offer sub-way gift card to the nurse who hand out the most plan B in a three month time frame twice a year. This will be done once between July 1 2012 - December 31 2012 and January 1 2013 thru June 30<sup>th</sup> 2013</p>	<p>At present clients charts are audited every 3 months by provider. During audit provider will be check to see if plan B was offered.</p> <p>Information will be collected from the medication log for information on the amount of plan B dispensed.</p> <p>This will be done once between July 1 2012 - December 31 2012 and January 1 2013 thru June 30<sup>th</sup> 2013</p>

**Goal #2** Promote awareness and access to long acting reversible contraceptives (LARCs).

Problem Statement	Objective(s)	Planned Activities	Evaluation
Presently the Klamath County health does not offer Implanon as a birth control option	To increase our choices of long term birth control methods	New provider will attend training offered in March @ the women conf.	Provider will receive certification to place Implanon

Objectives checklist:  
findings?



Does the objective relate to the goal and needs assessment



Is the objective clear in terms of what, how, when and where the situation will be changed?



Are the targets measurable?



Is the objective feasible within the stated time frame and appropriately limited in scope?

**Progress on Goals / Activities for FY 2012**

(Currently in Progress)

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

Goal / Objective	Progress on Activities
<b>Supply visit</b>	Develop new protocol and procedure on how we will be seeing supply visits. Not met, however because we have had a decrease in

<p>Clients returning to clinic for supplies take up appointment slots that could be used for new contraception visits and/or walk-in std clients.</p>	<p>Family planning visits we are no longer experiencing this as a problem to our schedule.</p> <p>Within 30 days of new changes July 27<sup>th</sup> meet with support staff and nurses to discuss how things are progressing. Based on input make adjustments to process if needed.</p> <p>Meet every 4<sup>th</sup> Wednesday of the month to evaluate new dispensing process progress.</p>
<p>Plan B availability</p>	<p>We had planned to evaluate inventory supplies being dispensed on a monthly base, however due to staff shortage this became a task difficult to continue. Although our numbers of plan B have increased we are still below the State average</p>