

Annual Plan for Malheur County Health Department 2012-2013

1. Malheur County Executive Summary

The Malheur County Health Department (MCHD) provides the core public health services for epidemiology and control of preventable diseases and disorders, maternal and child health services, family planning, collection and reporting of health statistics and health information and referral services. These services are provided by professional, as well as non-professional staff, with varying degrees of experience in public health. Environmental Health Services are provided in another department in the County with on-going collaboration between departments. Malheur County Health Department and Environmental Health are active participants in the Emergency Preparedness planning for the county. We do not provide primary health care services.

Snake River Correctional Institution (SRCI) is a multi-security facility which opened in August 1991. It is the largest prison in Oregon with 2,336 medium security beds, 154 minimum security beds and 510 Special Housing beds (Administrative Segregation, Disciplinary Segregation, Intensive Management and Infirmary). SRCI has several unique features such as decentralized inmate services that enable the department to separate various offenders into discrete housing units. The institution's operating budget is in excess of \$100 million a biennium and employs approximately 900 corrections professionals.

Malheur County is the second largest county in Oregon, with 9,926 square miles, in the southeastern corner of the state. We are about 370 miles southeast of Portland and share a border with Idaho and Nevada. We run on Mountain Time rather than Pacific Time, which governs the rest of the State. By definition, we are considered "frontier" with a mere 3.92 persons per square mile. Our isolation causes residents difficulty in accessing services. The County has a total of 31,313 residents. The local economy is largely based on agriculture and farming because the county is 94% rangeland. The Oregon Process Board (2009), ranks Malheur County 36th of 36 counties in the following areas: per capita income, high school completion, overall poverty and juvenile recidivism. About one third of our population is Hispanic. We are an agricultural community with a seasonal migrant population. We have the highest poverty rate in the state. There has been a significant increase in teen pregnancies as there have been restrictions to accessing affordable family planning services.

Public Health in Malheur County continues to struggle with inadequate funding to provide comprehensive public health services for all residents. Many of our clients are undocumented and are not eligible for services such as OHP, medication coverage, transportation, prenatal care, food stamps, dental care, etc. Many families have multiple health and social problems because they have not had access to proper preventive care. Public health should be the safety-net for these families but funding continues to be targeted and restricted, not allowing for sufficient flexibility or capacity at the local level. Increased capacity would allow for outreach to at-risk youth and families, increased case management opportunities, case consultation and basic services for low income families.

II. Assessment

Population:

The 2010 census population of Malheur County is 31,313, an increase from the 2008 population of 30,907. Despite the recent increase in numbers the overall population change from 2000-2010 is -1.0%.

Gender: Females make up 45.9% of Malheur County's population.

Age: 7.4% of the county population is under 5 years of age, 26.6% is under 18 years of age and 15.0% are over the age of 65 years, leaving 52% of the county population between ages 18 and 65 years of age.

Race: 77.5% of residents are white, 1.2% black, 1.2% American Indian/Alaskan Native, 1.7% Asian, 0.1 Native Hawaiian/Other Pacific Islander, 31.5% Hispanic/ Latino. The Hispanic/Latina population in Malheur County is 19.8% greater than the Oregon State percentages.

Geography: Malheur County is one of the largest counties in Oregon with 9,887 square miles, or 9.7% of the land of Oregon. There are 3.92 people per square mile as compared to 39.9 per square mile for Oregon. The largest town is Ontario.

Socio-Economic: In 2009, 23.3% of the population of Malheur County was below the poverty level compared with 14.3% for the State of Oregon.

Prenatal Care:

The availability of prenatal care continues to pose difficulties for residents of Malheur County. Many have been denied services at area clinics because they owe money from previous encounters or do not have the required cash payment to cover the initial appointment to begin medical care for the current pregnancy. Undocumented women qualify for financial coverage for delivery only, not for prenatal care. One provider

offers prenatal care on a sliding scale for those who do not qualify for other methods of payment (i.e. OHP). Women who qualify for OHP are allowed to make their initial prenatal care appointment only after coverage is in place. From the CDC *Pregnancy Nutrition Surveillance Report* (Table 6B) we see the number of pregnant women in Malheur County beginning medical care in the first trimester is less than the state average: Malheur is 56.8% compared to 61.5% for the State of Oregon. Of clients in Malheur County 12.9% report “no care” during pregnancy compared to the state average of 9.9%.

Inmates housed in Malheur County Jail receive prenatal care provided by our Health Department Nurse Practitioner. Female inmates may also receive routine exams and education related to birth control and sexually transmitted diseases.

Teen Pregnancy:

Teen pregnancy continues to be a challenge in Malheur County. Public school health programs do not provide adequate reproductive education for their students. The CDC 2006-2008 *Pregnancy Nutrition Surveillance Report* (Table 4B) shows pregnant teen comparisons:

	Malheur County	State of Oregon
<than 15 years of age	0.3%	0.3%
15-17 years of age	8.9%	5.7%
18-19 years of age	13.8%	11.6%

Between the years 2007 to 2009 there were 256 teen pregnancies with mothers between 10 and 19 years of age.

According to *Title X Family Planning Agency* data the rate of pregnancy for females 10-17 in 2009 was 1.81%, the highest rate of any county in Oregon.

Alcohol & Drug Use:

Our rural and remote area lends itself to a feeling of isolation, especially for those experiencing stressors including mental illness, incarceration, criminal justice involvement, poverty and unemployment. Malheur County, like other rural counties in Oregon is seeing a rising rate of methamphetamine abuse with resultant increase in crimes. Marijuana

use is high in our youth population and methamphetamines are the illegal drug of choice for adults. Prescription drug abuse is also on the rise.

Alcohol use and alcoholism have been a great concern for many years and there is clearly a need in our community for continued support for prevention and treatment services.

Due to lack of funding we have no acute detoxification facility locally; the county jail by necessity serves as the holding location for those found to be excessively intoxicated.

Mental Health

Malheur County refers to both *Lifeways Behavioral Health* and *The Family Place* in Ontario for mental health services.

Lifeways is a private non-profit agency providing mental health and drug and alcohol services.

The Family Place provides mental health and alcohol and drug counseling, children's play therapy, EMDR (Eye Movement Desensitization Reprocessing) and parenting classes using the curriculum entitled "Parenting Inside Out." OHP insured clients previously referred by Lifeways may receive services; however, no new OHP clients are being accepted currently. The only new client referrals currently accepted are those covered by private insurance, Idaho Medicaid, or private pay.

Many residents of Malheur County live below the poverty level but do not qualify for OHP. This puts a strain on the mental health system and access to care.

There is no inpatient psychiatric care facility in Malheur County.

III. Action Plan

A. Epidemiology & Control of Preventable Diseases and Disorders

Communicable Disease Investigation and Control:

Malheur County Health Department meets this standard as outlined in the minimum standards for basic services in OAR 333-014-0050 (2) (a) and ORS 431.416 (2) (a) for Epidemiology and control of preventable diseases and disorders.

Current condition or problem:

MCHD assures control of reportable communicable disease through surveillance, investigation and reporting of communicable disease and other health hazards. MCHD works with local reporting agencies and community partners to facilitate timely reporting and active surveillance for disease. Our CD staff has received extensive training and additional staff is trained and available as needed. We work closely with Environmental Health to provide a wide range of expertise.

Goal:

To detect, prevent and control communicable disease in our community through active surveillance, environmental measures, immunization and education.

Activities:

- All CD staff will attend the OR-EPI conference every two years.
- New staff will be oriented to CD surveillance and investigation according to State guidelines.
- Continuous monitoring of reports to detect disease trends.
- Monitor and encourage local providers to report on time.
- Health Officer will keep physicians apprised of reporting issues.
- Health and disease updates will be provided to local medical community by CD staff via e-mail, fax and ORPHEUS

Evaluation:

- Monitor ORPHEUS to determine timeliness of reporting and possible disease trends.
- Monitor providers for timely reporting.
- Annually evaluate staff education and training needs.

Tuberculosis Case Management:

Malheur County Health Department has policies and procedures in place for screening and treatment of Active TB only. All staff involved in the TB program have received training in the field and at the state level. Currently we average approximately one case per year of active tuberculosis.

Tobacco Prevention, Education and Control:

Current Condition and Goals:

Malheur County Health Department provides tobacco education, referrals and education to the community to expand tobacco free environments in our community. The current objectives include:

1. Building Capacity for Chronic Disease Prevention, Early Detection, and Self Management
2. Tobacco-Free Worksites
3. Implementation and Enforcement of the Indoor Clean Air Act
4. Smoke free Multi-Unit Housing
5. Tobacco-Free Community College

Activities and Evaluation (addressed by number corresponding to goals):

1. MCHD partners with Four Rivers Healthy Community, St. Luke's Medical Center, Living Well, Wise Woman and Breast and Cervical Cancer Program to promote smoking cessation, prevention and early detection of disease.
2. MCHD is working with Malheur County to adopt smoke free worksite policies.
3. MCHD works with local businesses to provide education support and site visits to implement the Indoor Clean Air Act (ICCA), and works with the State Tobacco Prevention and Education Program (TPEP) to address ICAA complaints.
4. MCHD has succeeded in assisting the Malheur County Housing Authority to adopt a smoke free policy for all of their housing units. MCHD is currently working with emergency housing providers to adopt smoke free policies.
5. MCHD works with students and college administrators to improve their tobacco policy through advocacy and education. College student and administrators continue to address this issue but no policy has been developed.

B. Parent & Child Health Services, Including Family Planning Clinics as described in ORS 435.205

The Malheur County Health Department meets the minimum standards for basic services as outlined in statute (ORS 435.205).

Immunizations:

See attached Local Public Health Authority Immunization Annual Plan Checklist July 2012-2013

Maternal Child Health Services (MCH block grant and home visiting services):

Current Condition or Problem

Malheur County Health Department provides services, education and referrals to women and children through the following programs: Family Planning, Immunizations, Babies First, WIC, CaCoon, Maternity Case Management, Healthy Start and soon to be Healthy Families of American Grant. Multiple funding sources and program assurances make it difficult to provide seamless services to families. Services to one family might be provided through many programs.

Goals

Provide parent and child health services throughout the life cycle in a seamless approach.

Activities

- Create and update policies and procedures that streamline paperwork, charting and data collection.
- Provide as many services as possible to a family with a minimal number of providers to develop trust and consistency.
- Improve referral services and train additional staff to provide Oregon Mother's Care (OMC) applications or application assistance.
- Coordinate with other local Oregon Mother's Care providers and offer updated training

Evaluation

- Offer client surveys to assess level of satisfaction of services and areas in need of change.
- Staff will meet regularly to review evaluations and problem-solve issues.

Family Planning:

See attached *Annual Family Planning Program Plan FY 2013* submitted to Oregon State Office of Family Planning.

Women, Infants, and Children Nutrition Services (WIC):

Annual Plan FY2012-2013 will be submitted by May 1, 2012.

New public health focuses in Malheur County during 2011:

Domestic Violence:

MCHD is working in partnership with Project DOVE (a private, non-profit domestic violence service agency) to provide office space and supplies to an advocate hired to serve eligible pregnant and parenting teens and women who are victims of intimate partner violence (IPV) in Malheur County. She meets with county health department nurses to provide information and training on IPV, sexual assault, stalking and adult survivors of child molestation. The advocate carries a current caseload of 28 women. She is working toward the development of a screening tool to be used for teens in all MCHD programs as well as with community partners. For clients who are not pregnant and have not children, referral is available to Project Dove offices.

Breast and Cervical Cancer

In January 2011 Malheur County began working with the *Breast and Cervical Cancer* (BCCP) grant focusing on women 40-64 years of age or women under 40 years of age if they have/had a suspicious breast lump. We receive quarterly allotments allowing the addition of new patients to the program. To date 84 women have been seen as initial contacts in the program. Follow-up visits and admission to the *Wise Woman Program* are by elective participation. To date 111 follow-up visits for additional education for healthy lifestyle changes and help coping with chronic diseases have occurred. Free consultation and follow-up with the Registered Dietitian is offered.

C. Environmental Health

Malheur County meets the minimum standards for basic services as outlined in statute (ORS 431.416).

Current condition or problem:

Malheur County Environmental Health is a separate department in Malheur County yet works closely with the Health Department on issues such as food borne illness outbreaks, West Nile virus surveillance and investigation, lead

investigations and Public Health Preparedness. There are two full time sanitarians covering Malheur County.

Goals, Activities and Evaluation:

- MCHD will continue to provide services to residents of Malheur County working in partnership with the Malheur County Environmental Health Department.
- Support on-going education for staff by attendance at the Epidemiology Conference each year.

D. Health Statistics

Malheur County Health Department (MCHD) meets the minimum standards for basic services as outlined in statute (ORS 431.416) (2) (c).

Current Condition or Problem:

Malheur County currently has one Oregon State certified *Registrar* and two *Deputy Registrars* assisting residents in obtaining birth and death certificates.

Goals and Activities

- Assemble and organize state defined policies and procedures.
- Local agency procedures were developed and are updated as needed to assist all registrars when questions arise.
- Trained staff will assist local residents in obtaining birth or death certificates in a timely manner.
- Registrar created outreach materials to provide current information to community partners.

Evaluation:

- Birth and death certificates are issued and maintained in accordance with Oregon State statutes.
- Continue to see and record a steady increase in the number of birth records being issued at the local level.

E. Information and Referral

Malheur County Health Department (MCHD) meets the minimum standards for basic services as outlined in statute (ORS 431.416) (2) (d).

Current Condition or Problem:

MCHD provides information and referral through phone inquiries, community partners and client appointments. Program information is provided to the community through advertising in the local newspaper and radio station, local telephone directories including the Spanish Yellow Pages, and brochures and handouts provided to community partners (i.e. Library, DHS, Stores, Physicians' Offices, Migrant and Community Head Start Programs, Hospital Obstetrics Department, etc.) Malheur County Health Department has a website with a Facebook link for current events and updates.

Goals, Activities and Evaluation:

MCHD will continue to provide health information and referral services for the community through community partners, local advertising and outreach activities.

F. Public Health Emergency Preparedness

Malheur County Health Department meets the requirements of the Public Health Preparedness Program. We employ a full time Preparedness Coordinator. All program requirements are met including the creation of emergency planning documents, protocols and exercise activities. All staff is involved in exercise education and events. All reports and plans are submitted in a timely fashion. We work closely with our community partners and meet monthly to discuss planning. We participate in and lead tabletop, functional and full scale exercises regularly. The program is reviewed twice annually by the DHS Preparedness Regional Liaison.

G. Other Issues

There are no other issues to be addressed.

IV. Additional Requirements

1. Organizational chart of the local health department –see attached.

2. Local Public Health Authority

The Board of Commissioners is the Local Public Health Authority and meets weekly. The Health Department Administrator review programs, budget revisions, health status reports and planning issues at least monthly.

3. Malheur County does not have a Public Health Advisory Board.

4. 2010 Triennial Review Compliance Findings:

Compliance findings resulting from the 2010 Triennial Review of the Malheur County Health Department have been resolved.

5. Senate Bill 555

Malheur County LPHA is the governing body that oversees the local Commission on Children and Families.

V. Unmet needs

The unmet needs in Malheur County continue to be transportation, affordable medical and mental health care, access to early prenatal care and drug and alcohol treatment services. Malheur County residents are detached from news and information specific to Oregon. Public health announcements regarding flu, tobacco prevention, immunizations, and disease outbreaks are generally not widely broadcast in our region, as local broadcast stations and print media are based in and focus on Boise, Idaho, and surrounding areas. Addressing these concerns in our community is an ongoing, community partnership effort.

VI. Budget

The Malheur County Health Department budget will be available through the Administrative office.

Malheur County Administration
Attn. Janice Belnap
251 "B" Street West
Vale, OR 97918
(541)473-5183

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

Older Adult Health

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

Parent and Child Health

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

90. Yes No Preventive oral health services are provided directly or by referral.
91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

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

Cultural Competency

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

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: Sandy Ackley, Interim

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

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

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

Malheur County is currently advertising for a Health Department Administrator who will have the education and experience required to meet the minimum qualifications related to graduate level course work.

b. Yes ___ No X 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.

In Malheur County the Health Department Administrator and the Supervising Public Health Nurse have been combined into one job description.

c. Yes X 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 X 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.

Dan P. Joyce

Local Public Health Authority

Malheur

County

1-18-2012

Date

Appendix A

**MALHEUR COUNTY HEALTH DEPARTMENT
ORGANIZATIONAL CHART 2012-2013**

Malheur County Court
Judge – Dan Joyce
Commissioner – Louis Wettstein Commissioner – Don Hodge

Health Officer
Morris Smith, MD

Health Department Administrator
Sandy Ackley RN, BS, IBCLC, Interim

County Jail Medical Staff
Denise Green, RN

Other medical professionals are
contracted through Malheur
Medical Clinic in Nyssa, Oregon

WIC Coordinator
Sandy Ackley, RN, BS, IBCLC-LC

WIC Staff
Lindsay Grosvenor, RD
Gracie Valenzuela – Health Specialist
Dianne Alison – Health Specialist
Michelle Marines – OAI
OPEN – OAI
Nydia Ketchu – Health Specialist

Fiscal Services - Billing
Sandra Hunter
Peggy Winslow

Health Department Staff
Connie Chaney – OAI
Jael Garcia – OAI
Imelda Madera - OAI
Jerrimi Helmick – FNP
Siri Jackman – NMNP-PP
Angie Gerrard– RN
Kathleen Quintero – RN
Tammie Dockter – RN
Tracy Buster– RN
Kelly Jensen – RN
Rebecca Stricker – RN
Lori Heiple – RN
Susan Way – RN
Hilda Mejia – Health Specialist

**FAMILY PLANNING PROGRAM ANNUAL PLAN
FOR FY 2013**

July 1, 2012 to June 30, 2013

As a condition of Title X, funding agencies are required to have a plan for their Family Planning Program, which includes objectives that meet SMART requirements (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-Bound). In order to address state goals in the Title X grant application, we are asking each agency to **choose two** of the following four goals and identify how they will be addressed in the coming fiscal year:

- Goal 1:** Move forward with adapting family planning and reproductive health services to the requirements of state and national health care reform, including the use of electronic health records, partnering with Coordinated Care Organizations (CCOs), investigating participation in health insurance exchanges, etc.
- Goal 2:** 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.
- Goal 3:** Promote awareness and access to long acting reversible contraceptives (LARCs).
- Goal 4:** Address the reproductive health disparities of individuals, families, and communities through outreach to Oregon's high priority and underserved populations (including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities) and by partnering with other community-based health and social service providers.

The format to use for submitting the annual plan is provided below. Please include the following four components in addressing these goals:

- 1. Problem Statement** – For each of two chosen goals, briefly describe the current situation in your county to be addressed by that particular goal. The data provided may be helpful with this.
- 2. Objective(s)** – Write one or more objectives for each goal. The objective(s) should be realistic for the resources you have available and measurable in some way. An objective checklist has been provided for your reference.
- 3. Planned Activities** – Briefly describe one or more activities you plan to conduct in order to achieve your objective(s).
- 4. Evaluation** – Briefly describe how you will evaluate the success of your activities and objectives, including data collection and sources.

Specific agency data is also provided to help with local agency planning. If you have any questions, please contact Carol Elliot (971 673-0362) or Connie Clark (541 386-3199 x200).

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

July 1, 2012 to June 30, 2013

Agency: Malheur County Health Department Contact: Angie Gerrard

Goal #_2_

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>The teen pregnancy rate in Malheur County, per the enclosed data sheet was 1.81%, the highest in the state. Per this same data, we served 50% of teenage women in need, which leaves room to increase service for this population</p>	<p>Attract more teens in need of family planning services to the clinic</p>	<ul style="list-style-type: none"> -Create a family planning clinic-specific Facebook page to highlight clinic services and contraceptive methods -Pursue management approval for one or more targeted Facebook ads to teen residents of Malheur County -Continue to coordinate with Ontario, Oregon, school nurse to work on outreach in the schools -Continue to coordinate presentations/classes at the community college and area high schools and attend vendor days at those locations -Partner with the bowling alley, a location where teens spend time, to post and make available informational material about our program with our contact info included and offer to stock their bathroom condom dispensers 	<ul style="list-style-type: none"> -Keep track of responses on CCare enrollment form question asking where clients heard about our services to see how many mark Facebook -Keep track of number of Facebook page "Likes" -Keep track of number of clicks on Facebook ad

	-Improve our current services to teens seeking family planning	-Continue to work to accommodate walk-in clients for contraceptive visits, taking every opportunity to make ECP visits into initial contraceptive visits -Post a notice at the reception desk informing clients that services are confidential	-Keep track on daily schedule log how many walk in visits are done and how many of those end up as initial contraceptive visits -Choose one month after confidentiality notice has been posted to ask each family planning client if they understand that services are confidential and feel that confidentiality has been observed; tally results
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Goal #_4_

Problem Statement	Objective(s)	Planned Activities	Evaluation
Malheur County is a rural county comprising 10,000 sq. miles with a population of less than 32,000. Nearly 30% of the population is Hispanic. A language other than English is spoken in 21% of homes. 29% of adults have an education less than a high school degree compared with 15% statewide (US Census Bureau 2010). Many of these clients rely on agricultural or food processing work that varies seasonally and may occur far outside of the city	-Improve access to care for clients with unpredictable work schedules or transportation	-Continue to work to accommodate walk-in clients for contraceptive visits, taking every opportunity to make ECP visits into initial contraceptive visits	-Keep track on daily schedule log how many walk in visits are done and how many are done as initial contraceptive visits
	-Improve outreach to high risk short-term incarcerated population	-Clinic NP to see women of childbearing age at county jail to provide, along with well-woman exams, information about STI prevention, contraception, and clinic services; in addition will provide 1 month of method of choice to start upon release from jail and referral to clinic for ongoing contraceptive care	-Keep track of responses on CCare enrollment form question asking where clients heard about our services

Objectives checklist:

- Does the objective relate to the goal and needs assessment findings?
- 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
<p>Goal #4: Address disparities among high priority and underserved populations. Objectives: Reduce the following barriers to care: inability to get to clinic due to long distances or no ride; inability to get to clinic due to work schedule; inability to appropriately use methods due to low literacy; lack of awareness of services due to language barrier</p>	<ul style="list-style-type: none"> -Attempted extended clinic hours, but did not have adequate staff to sustain this. -New low-literacy client letters and handouts in English and Spanish were developed regarding pap results and recommended follow-up
<p>Goal #2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services. Objectives: Improve and expand services to teens by addressing the following barriers: lack of awareness of services; lack of transportation; inability to get to clinic because of school/work schedule; lack of organizational skills making it difficult to keep appointments; confidentiality issues; uninviting waiting area</p>	<ul style="list-style-type: none"> -Class presented at clinic by nurse about STI prevention to some local participants in the Training and Employment Consortium -Class presented by clinic nurse at a parenting class at The Family Place about contraceptive options -Clinic staff did a presentation at Vale High School in Vale, Oregon, to two health classes about contraceptive services and STI prevention -Clinic nurse presented at a biology class at the local Treasure Valley Community College about contraception and STIs -Clinic staff attended a vendor day at Ontario Middle School and distributed brochures outlining clinic services -Attempted extended clinic hours, but did not have adequate staff to sustain this -Attempts have been made to increase numbers of walk-in contraceptive visits; due to ongoing staff shortages, this has been challenging, but we have prioritized always seeing walk-in clients seeking ECPs -A check box for confidentiality has been added to the education section of the visit charting page to remind clinical staff to address this with clients during visit -We have reorganized the reception/waiting area so that clients can check in at a less prominent and more confidential window

Local Public Health Authority Immunization Annual Plan Checklist
July 2012-June 2013
Malheur County Health Department

LHD staff completing this checklist: K. Jensen, RN

State-Supplied Vaccine/IG

- 1. Uses the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR), or a county VAR given prior approval by OIP
- 2. Accurately codes all immunizations according to OIP Vaccine Eligibility Charts
- 3. Pays quarterly Billable Project invoices in timely manner

Vaccine Management & Accountability

- 4. Has an assigned immunization program coordinator
- 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management
- 6. Uses and maintains OIP-acceptable refrigeration equipment
- 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer
- 8. Has an OIP-approved vaccine emergency plan
- 9. Complies with OIP vaccine expiration & wastage requirements

Delegate Agencies

- 10. Has one or more delegate agencies: LHD has up-to-date addendum agreements for each site N/A
- 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines N/A

Vaccine Administration

- 12. Has submitted annual Public Provider Agreement & Provider Profile
- 13. Provides all patients, their parents or guardians with documentation of immunizations received
- 14. Complies with state & federal immunization-related document retention schedules
- 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine
- 17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

Immunization Rates & Assessments

- 18. Participates in the annual AFIX quality improvement immunization assessment and uses rate data to direct immunization activities

Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation

- 19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs
- 20. Has a process for two-way notification between LHD and community hospital infection control or birthing center staff of pending deliveries by identified HBsAg-positive pregnant women
- 21. Enrolls newborns into case management program & refers mother plus susceptible household & sexual contacts for follow-up care
- 22. [Multnomah County only] provides centralized case management work over the tri-county area of Washington, Clackamas & Multnomah N/A
- 23. Documents & submits to OIP the infant's completion or status of 3-dose Hepatitis B vaccine series by 15 months of age (excluding Washington & Clackamas counties) N/A
- 24. Works with area hospitals to promote the Hepatitis B birth dose vaccine to all infants and Hepatitis B vaccine and IG to affected infants whose mothers are HBsAg positive or whose status is unknown
- 25. Screens all pregnant women receiving prenatal care from public programs for HBsAg status or refers them to other health care providers for the screening
- 26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus
- 27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women
- 28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

Tracking & Recall

- 29. Forecasts shots due for children eligible for immunization services using ALERT IIS
- 30. Cooperates with OIP to recall any patients who were administered sub-potent (mishandled or misadministered) vaccines

WIC/Immunization Integration

- 31. Assists and supports the Oregon Health Authority (OHA) to provide WIC services in compliance with *USDA policy memorandum 2001-7: Immunization Screening and Referral in WIC*

Vaccine Information

- 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered
- 33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration
- 34. Makes VIS available in other languages

Outreach & education

35. Designs & implements a minimum of two educational or outreach activities in each fiscal year (July 2012 through June 2013). [Can be designed for parents or private providers and intended to reduce barriers to immunization. This can not include special immunization clinics to school children or for flu prevention.] **Report activity details here:**

The Immunization Coordinator will complete an immunization presentation to the Baby and Me parent group at least 2 times per year.

The Immunization Coordinator will complete a presentation in QuickWIC for parents at least 2 times per year.

The Immunization Coordinator will provide an immunization update to all Health Department and WIC staff at least 2 times per year.

Surveillance of Vaccine-Preventable Diseases

36. Conducts disease surveillance in accordance with *Communicable Disease Administrative Rules*, the *Investigation Guidelines for Modifiable Disease*, the *Public Health Laboratory Users Manual*, and OIP's *Model Standing Orders for Vaccine*

Adverse Events Following Immunizations

37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP
38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP
39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

School/Facility Immunization Law

40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)
- a. Conducts secondary review of school & children's facility immunization records
 - b. Issues exclusion orders as necessary
 - c. Makes immunizations available in convenient areas and at convenient times
41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline
42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

American Recovery & Reinvestment Act (ARRA) Stimulus Funds

43. Completes and meets all ARRA (state and federal) reporting requirements **including the ARRA Final Summary Report by November 30, 2011.**

Report submitted? Yes No

Performance Measures

44. Meets the following performance measures: [Refer to your 2011 Performance Measure spreadsheet]
- Yes No: 4th DTaP rate of $\geq 90\%$, or improves the prior year's rate by 1% or more
 - Yes No: Missed Shot rate of $\leq 10\%$, or reduces the prior year's rate by 1% or more
 - Yes No: Correctly codes $\geq 95\%$ of state-supplied vaccines per guidelines in ALERT IIS
 - Yes No: Completes the 3-dose hepatitis B series to $\geq 80\%$ of HBsAg-exposed infants by 15 months of age
 - Yes No: Enters $\geq 80\%$ of vaccine administration data into ALERT IIS within 14 days of administration

Terms & Conditions Particular to LPHA Performance of Immunization Services

- 45. Reimburses OHA for the cost of wasted state-supplied vaccines/IG when required
- 46. Returns at LHD's expense all styrofoam containers shipped from Oregon Immunization Program (and not by McKesson)
- 47. Participates in state-sponsored annual immunization conferences, and uses dedicated OIP-provided funds for at least one person to attend

Reporting Obligations & Periodic Reporting

48. Submits, in timely fashion, the following reports (along with others required & noted elsewhere in this survey):
- Monthly Vaccine Reports (with every vaccine order)
 - Vaccine Orders (according to Enhanced Ordering Cycle [EOC] assignment)
 - Vaccine inventory via ALERT IIS
 - Immunization Status Report
 - Annual Progress Report
 - Corrective Action Plans for any unsatisfactory responses during triennial review site visits N/A

Non-Compliance Explanation Detail Sheet

Use these table rows to document any checklist statements you were unable to check off or answer with a "Yes". Be sure to insert the corresponding statement number for each response.

Q.

To Submit:

1. Save and print this document for your records
2. Include a copy with Agency Annual Plan
3. Submit as an attachment via e-mail to: Oregon.VFC@state.or.us