

WHEELER COUNTY PUBLIC HEALTH COMPREHENSIVE PLAN

2012-2013

Submitted by:

Karen Woods
Program Coordinator

James I. Carlson, CEO
Asher Community Health Center

Robert J. Boss, MD, Administrator
WHEELER COUNTY PUBLIC HEALTH
712 Jay Street, P.O. Box 307
Fossil, OR 97830

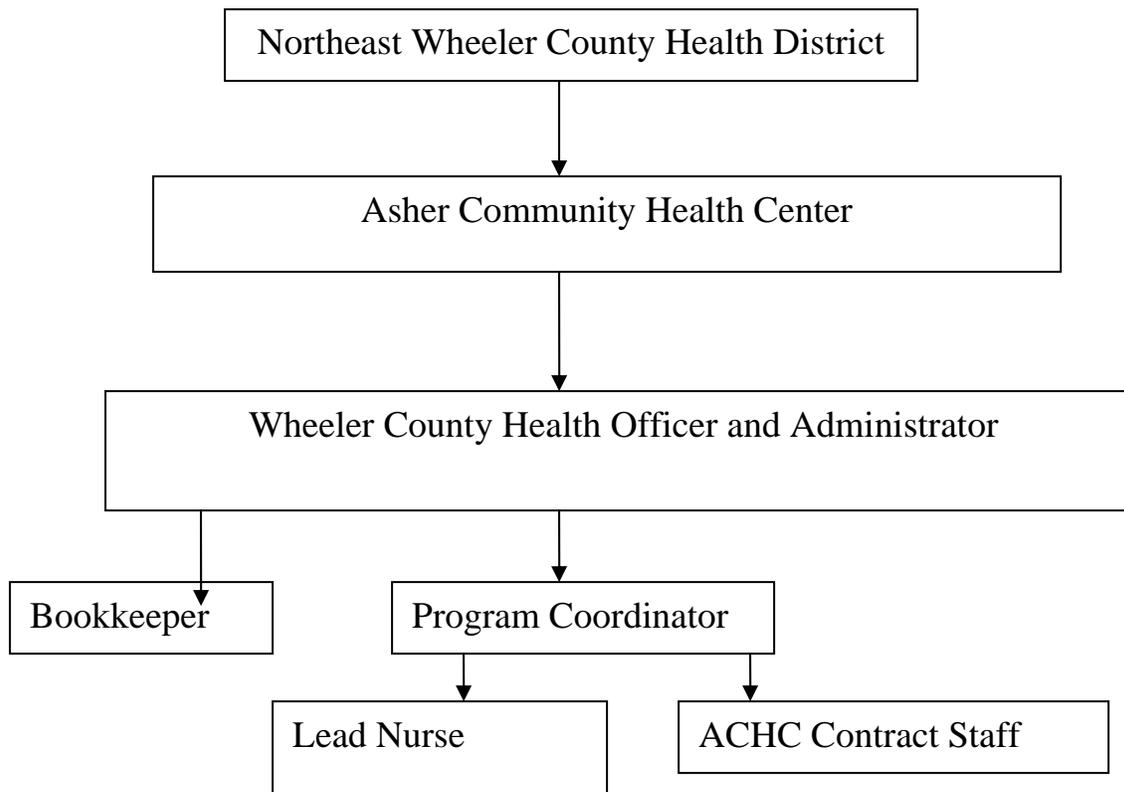
WHEELER COUNTY PUBLIC HEALTH
COMPREHENSIVE PLAN FY 2012- 2013

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**WHEELER COUNTY PUBLIC HEALTH
ORGANIZATIONAL CHART**

WHEELER COUNTY COURT/ PUBLIC HEALTH AUTHORITY



I. Executive Summary

Wheeler County Public Health Department provides the core public health services of communicable disease reporting and investigation, family planning, child and adolescent health, immunizations, perinatal, emergency preparedness, and Babies First! programs. We also have the CaCoon program and Tobacco Prevention and Education Program (TPEP).

Mitchell School Based Health Center (MSBHC) continues to serve Mitchell School District #55, K-12, as well as the entire community and surrounding ranches. The site offers primary care, including reproductive health, but does not offer family planning services for students, at the request of the school board. The center does offer diagnosis and treatment of STDs and pregnancy testing. Family planning services for students are offered by referral.

Mitchell School Based Health Center now offers full dental services including a pediatric dentist.

II. ASSESSMENT

ALCOHOL & DRUG USE

In 2010 Wheeler County had 187 people in counseling for drug and alcohol use. That is slightly over 12% of the total county population and an increase of 119 from last year. This is an alarming increase! There are minors included in this who may repeat offenses and do not continue counseling beyond the requirements of law as a result of being apprehended. We need to expand prevention and create new ways to reach the youth.

BIRTHS

Most births occur outside the county as we do not have a hospital or birthing clinic, and must refer clients for prenatal care. As a result of this, we do not receive the birth certificates. The only available data is from the Babies First! birth notifications which show 8 births in Wheeler County in 2010.

COMMUNICABLE DISEASE

There was one new case of Hepatitis A in 2010.
There was one new case of Hepatitis C in 2010.
There were four cases of Chlamydia in 2010.

DEATHS & CAUSES OF DEATH

Wheeler County Clerk reports that in 2010 Wheeler County had 15 deaths. Causes of death are as follows:

- Cardiac arrest 4
- Congenital heart failure 2
- Accident 2
- Suicide (gunshot) 1
- Cancer 3
- Chronic Renal failure 1
- Undetermined causes 2

DENTAL

The Mitchell School Based Health Center now offers full dental services. A one-chair dental operatory has been added in Spray. A two-chair dental operatory opened in Fossil in September 2011. Sliding fee discounts are available to low-income persons. This means that universal access to dental care is available to all Wheeler County residents.

DIABETES

We have initiated a disparities program involving ongoing diabetic treatment and care. An electronic health record was implemented in March 2011, which will substantially improve the ability to manage health of subpopulations, including patient access to their chart via the internet, access to additional health information on their condition, and follow-up instructions. Data has been kept on the health outcomes of diabetics for the past three years. This focus has resulted in improved outcomes, with 64% of diabetic patients now controlled (HBA1c <=7%).

DIABETES	2008		2009		2010	
Total patients aged 18+ with Type I or Type II diabetes	87		67		82	
Charts sampled	70		67			
HBA1c <= 7%	40	57%	34	51%	45	64%
>7% HBA1c <= 9%	17	24%	23	34%	13	19%
HBA1C > 9%	13	19%	6	9%	10	14%
No HBA1C	0		4	6%	2	3%
		100%		100%		100%

DOMESTIC VIOLENCE

We have several programs operating in Wheeler County which are independent of Public Health. There are CASA and VOCA programs and Community Counseling Solutions which does Drug and Alcohol counseling as well.

AGING ISSUES

Wheeler County has a significant elder population with 23% of the population age 65+ vs. 13% for Oregon as a whole. Our issues are dementia, diabetes, hypertension, hyperlipidemia, congestive heart failure, falls, and the high cost of medication.

CHRONIC DISEASE

Chronic diseases are diabetes, hypertension, hyperlipidemia, congestive heart failure, obesity and dementia.

FOOD BORNE ILLNESS REPORTS

We have had no reportable cases of food borne illness in 2010.

IMMUNIZATIONS

We have an ongoing need for free or affordable immunizations for children. Many of our residents have no insurance or are underinsured for immunizations. We continue to increase the number of children enrolled in the ALERT program and three staff members have completed the online classes for ALERT IIS which is now in use.

We continue to travel to each of the three towns to offer influenza vaccine to the elderly and community in general at Senior Meal locations in late October.

LOW BIRTH WEIGHT

There was no report of low birth weight in 2010.

MENTAL HEALTH

As mentioned above, Community Counseling Solutions is the primary agency providing services.

PHYSICAL ACTIVITY, DIET & OBESITY

We encourage physical activity among all age groups. Specifically, we have sponsored “walk to school” days and supplied pedometers to the school in an effort to make it more interesting. We provide nutritional counseling and disseminate information regarding diet and obesity.

Public Health has collaborated with Asher Community Health Center (ACHC) to implement an integrated overall community wellness program including improved health screening, exercise and diet modification. This program received recognition from former Governor Ted Kulongowski, KATU TV, National Public Radio, the Oregonian and numerous local newspapers.

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP)

In October, 2006, a Mutual Aid Agreement between all the counties of Region 7 was finalized and signed by our County Commissioners. In 2007 it was decided that it needed to be updated. The new agreement was signed in Wheeler County on February 20, 2008. A new revised agreement is in process at this writing.

Wheeler County Public Health has agreements in place with the schools in Fossil, Mitchell and Spray to use their facilities in an emergency. There is also an agreement with the Wheeler County Fair Board to use the Isobel Edward Hall in an emergency. The Public Health Emergency Preparedness Coordinator and Wheeler County Emergency Operations Manager are working closely to update all these agreements in 2012.

Exercises completed in 2010:

- H1N1 POD at residential care facility February 1, 2010 when >65 became eligible for vaccination.
- April 7, 2010 participated in the H1N1 Hot Wash in Bend
- August 20, 2010 Table Top Exercise with County EOM
- POD exercise October 27, 2010 in Fossil
- POD exercise October 28, 2010 in Spray
- POD exercise October 29, 2010 in Mitchell
- Back-up Power exercise with ACHC staff November 17, 2010

- Internal Call down exercises were conducted on March 23, 2010, June 21, 2010, September 21, 2010, and November 30, 2010.

The Public Health Hazard Vulnerability Analysis was completed in May, 2008 and incorporated into the existing Wheeler County Hazard Analysis on November 5, 2008. This document is currently being re-examined and will be updated soon.

The work of collaborating with community partners to review and rewrite earlier Emergency Preparedness plans is an ongoing process.

ADEQUACY OF FIVE BASIC SERVICES

Required by ORS 431.416

1. Epidemiology and control of preventable diseases

Public Health staff (public health nurses and the health officer) follow up on any confirmed or suspected cases of diseases and conditions for which medical providers and labs are required by law to report to the health department. We coordinate these reports with DHS (state public health). We investigate to identify the cause or source of any outbreak, identify those who have been exposed to communicable disease, provide health guidance and preventive measures, when appropriate and available; and endeavor to prevent the spread or recurrence of disease. These services are adequate in normal times, but we are chronically short-staffed and would need assistance in a large outbreak.

2. Parent and child health services, including family planning clinics (ORS 435.205)

RN provides home visitation in Babies First! and CaCoon programs, which have been well received in the community and are adequate.

Family Planning services are available at our facility. We offer counseling, contraception, and, when necessary, referral.

3. Collection and reporting of health statistics.

The collection and reporting of health statistics in Wheeler County is done by the Wheeler County Clerk, currently Barbara Sitton. The Clerk may be

contacted at the Wheeler County Courthouse, 701 Adams Street, P.O. Box 447, Fossil, OR 97830. 541-763-2400. FAX 541-763-2026.

4. Health Information and Referral Services.

All health department programs provide health information and referrals to programs within and without our facility. We provide health information in the form of pamphlets in our lobby and in the schools. We have a health educator who visits the schools and community groups upon request.

We publish in the local newspapers an article bimonthly on pertinent issues of public health prevention such as tick bites, West Nile Virus, and influenza vaccine. In 2010 there were articles informing the public regarding H1N1 and CDC recommended precautions as well as information on when and where to access immunizations. After the priority groups were lifted and everyone was eligible, we conducted another POD at the local residential care facility.

5. Environmental Health Services

Wheeler County Court contracts with Grant County to provide these services. Specifically, our county is served by John Combs, Environmental Health Specialist Trainee, and Administrator of Grant County Health Department, 528 East Main, Suite E, John Day, Or 97845. 541-620-0965. FAX 541-575-3604. email combsj@grantcounty-or.gov

We have the Food Handlers educational booklets, tests, and cards in our office and act as proxy to administer the tests in John's absence.

III. Action Plan

CONTROL OF COMMUNICABLE DISEASE

Current Condition:

1. Wheeler County Public Health is able to respond to communicable disease calls 24/7.
2. Investigations of reportable conditions and communicable diseases will be conducted, control measures carried out, and investigation report forms will be completed and submitted as per the investigative Disease Guidelines.
3. We are in need of on-going staff training and additional staff.
4. Immunizations are available here. Rabies immunizations for animals are available in our jurisdiction from a private veterinarian. Rabies treatment, if needed, must be referred outside our facility.
5. We have access to HAN and receive public health alerts.

Goals:

- To continue to be prepared to identify and respond to reports of communicable disease outbreaks 24/7.
- To complete and submit CD investigation documentation within the mandated timelines.
- To continue to provide health education to the community.

Activities:

1. Maintain 24/7 accessibility to receive calls and alerts.
2. Obtain training for new Physician Assistants who work part-time.
3. Investigate all reported communicable diseases/conditions within the investigative guidelines.
5. Continue to test internal call-down roster for 24/7 response.

Evaluation:

Make sure we meet the time lines for investigation and submission of forms to DHS.

Log the number of calls received.

Monitor the results of communication testing.

PARENT AND CHILD SERVICES

Current Conditions:

We receive referrals for Babies First! and CaCoon. The nurse is a part-time employee, and visits need to be made as soon as possible after the referral.

Goals

- Continue to visit families as soon as possible after receiving referral
- Continue care coordination for the CaCoon clients

Activities

1. Obtain training updates for nurse in Cacoon program
2. Contact referrals by telephone when we have the number
3. Contact by letter when necessary

Evaluation

Review data from state when available
Quality assessment review of files
Poll client satisfaction

FAMILY PLANNING

Current Condition

Data for 2010 is the most current data provided to us by DHS, and reflects that we served 19 clients in 2010, which is an increase in excess of 200% from 2009 when we served 6 clients. We do know that there were reporting errors discovered amongst our Providers on the Client Visit Record (CVR) in 2009.

Teens seeking contraception meet barriers of financial need and strong community resistance to accessibility of contraception methods for teens, believing that it encourages early sexual activity.

The Northeast Health Wheeler County Health District (NEWCHD) has established a fund to pay for necessary laboratory tests for indigent and uninsured minors.

Please see Appendix E attached for specific goals, objectives, and activities.

IMMUNIZATIONS

Please see Appendix F attached for Immunization Plan.

WIC

WIC services are provided in Wheeler County by Letter of Agreement with Umatilla County, by and through Maryann McKuen, Supervisor, 541-966-3354. Trini Patrick comes to Asher Community Health Center every other month. She makes her own appointments by telephone with residents of Wheeler County in advance. Trini may be contacted at 541-667-2545. In addition, Crook County sends a WIC representative to Mitchell for those local clients.

HEALTH STATISTICS

Health statistics for Wheeler County are collected by the County Clerk, Wheeler County Courthouse, 701 Adams Street, P.O. Box 447, Fossil, OR 97830. 541-763-3460. FAX 541-763-2026.

HEALTH INFORMATION AND REFERRAL SERVICES

Current Condition

Public Health clients often have needs that are without the range of services offered in our agency. Some are aware of the information or services they

are seeking, and call for contacts and telephone numbers. However, many are unaware of services available, and therefore do not inquire. These clients are dependent on public health staff to take the initiative and suggest services and opportunities that might be beneficial to them.

All programs are currently providing information and making referrals to clients for services offered at the Health Department, as well as services of other agencies.

We have a contract with Asher Community Health Center (ACHC) for part-time services from their staff. This includes the services of the ACHC Outreach Worker, who assists clients to apply for publicly funded health insurance, locate primary healthcare, sliding fee scale when applicable, and access dental care, in any of the three ACHC sites.

Goals

- To assure that those who qualify are connected with the services available through public and private agencies designed to improve their quality of life.

Activities

1. We will continue to attend the monthly meeting of Multi-Agency Teams (MAT) which facilitates inter-agency service.
2. ACHC Outreach Worker will continue to assist clients in their efforts to obtain services.

Evaluation

We will check data from the ACHC Outreach worker.
Monitor attendance at the MAT meeting

ENVIRONMENTAL HEALTH

Wheeler County Court has contracted with Grant County to provide these services.

John Combs, EHS Trainee, Environmental Health Specialist Trainee is the person who is currently providing licensure and inspection of facilities, enforcement when necessary, under ORS 624, 448, and 446.

Contact information: John Combs, Administrator, Grant County Health Office, 528 East Main Street, Suite E, John Day, Oregon 97845. 541-620-0965.

We have the Food Handlers educational booklet, tests, and cards in our office and act as proxy to administer the tests in John's absence.

PUBLIC HEALTH EMERGENCY PREPAREDNESS

Current Condition

Wheeler County Public Health continues to work towards coordination of emergency planning with our partners within the county, within Region 7, and the State of Oregon.

Our Public Health Annex was incorporated in the Wheeler County Emergency Operations Plan on April 13, 2005. The Wheeler County Emergency Operations Plan was revised, updated, and approved by the County Court on January 17, 2007. There are portions under revision now.

Goals

- Continue to prepare for emergencies through various exercises.
- Obtain CD training for our newly hired personnel.
- Further the education of existing personnel in NIMS requirements.
- Continue 24/7 telephone response capability.
- Be prepared to respond to reports of unusual events in an efficient manner.
- Continue to improve communications amongst agencies and community partners.

Activities:

1. The Health officer and Preparedness Coordinator have both Completed the ICS 300 and 400 classes offered in 2007 by Texas Engineering Extension Service.
2. Schedule CD training for new personnel.
3. Continue to meet periodically with the Wheeler County Emergency Operations Manager (WCEOM) to review and revise emergency plans.
1. Continue to meet with WCEOM and volunteer personnel to plan future exercises.

Evaluation

Evaluation of our progress will be done quarterly using the assurances provided by Program Element 12 of the Intergovernmental Agreement with Oregon State Public Health, DHS. We will maintain records of activities and training.

IV. OTHER

Unmet Needs

There is an ongoing need for a full time public health nurse and funds for the salary.

Budget Statement

A draft of the proposed budget is included as an attachment to this comprehensive plan. When funding is more stable, this may be adjusted.

Comprehensive Plan Statement (SB555)

Wheeler County Public Health is not the governing body for the Commission on Children and Families. The Director of the Commission on Children and Families and the Program Coordinator of Wheeler County Public Health are in close communication and collaborate on each agency's comprehensive plan.

VI. Minimum Standards

Agencies are **required** to complete this section.

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 N/A 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 N/A 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. * (All except vector control.)
66. Yes _N/A_ 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

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: Robert J. Boss, MD

- Does the Administrator have a Bachelor degree? Yes No
- Does the Administrator have at least 3 years experience in public health or a related field? Yes No
- Has the Administrator taken a graduate level course in biostatistics? Yes No
- Has the Administrator taken a graduate level course in epidemiology? Yes No
- Has the Administrator taken a graduate level course in environmental health? Yes No
- Has the Administrator taken a graduate level course in health services administration? Yes No
- Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes No

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

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

ATTACHMENT: Experience as Clinic Administrator, Personnel Management, and Medical Director in three clinics for multiple years as well as Public Health workshops may help to satisfy this requirement.

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

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

AND

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

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

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

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

OR

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

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

Wheeler County Court has contracted with Grant County to provide this service. John Combs is an EHS trainee continuing to meet current requirements.

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

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

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

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

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

/s/ Robert J. Boss, MD
Local Public Health Authority

Wheeler
County

January 4, 2012
Date

DRAFT

IV. BUDGET

WHEELER COUNTY PUBLIC HEALTH PROPOSED BUDGET FY 2012-2013

PROGRAMS	2010-2011 EXPENSE	REVENUE	NEEDED REVENUE	2011-2012 BUDGET
CaCoon	3,760	3,420	340	3,760
MCH Title V Flex funds	10,240	9,498	742	10,240
CHILD & ADOLESCENT HEALTH BABIES FIRST!	7,124	6,875	249	7,124
PERINATAL/GENERAL FUND	4,980	4,710	270	4,980
EMERGENCY PREPAREDNESS	1,710	1,490	220	1,710
FAMILY PLANNING	44,554	35,876	8,678	44,554
IMMUNIZATIONS	7,112	5,939	1,173	7,112
SCHOOL BASED HEALTH CE	24,688	2,313	2,421	4,734
STATE SUPPORT FOR P.H.	82,000	60,000	22,000	82,000
TOBACCO PREVENTION	5,287	2,287	0	2,287
	16,713	16,713	0	16,713
<hr/>				
TOTALS				

APPENDIX E

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

July 1, 2012 to June 30, 2013

Agency: Wheeler County Public Health

Contact: Karen Woods

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 and partnering with Coordinated Care Organizations (CCOs).

Problem Statement	Objective(s)	Planned Activities	Evaluation
We have instituted electronic health records. We are waiting for an entity to be identified as a CCO in order to move forward	Identify and partner with at least one CCO in this FY	Make Contact with entities which are positioning to become a CCO	Review at year end to discover whether or not we have a CCO partner

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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.

Problem Statement	Objective(s)	Planned Activities	Evaluation
Ahlers data shows EC distribution rate is <10% of total clients served	Increase the EC distribution rate by 50% by offering EC to every client at every visit	Internal staff meeting to raise awareness of EC distribution policies and the need to increase our service	Use the FP dispensing log to compare usage for 2011 and 2012. Also consult Ahlers data for 2011 and 2012
		Present educational materials at school health class, food bank and clinics	

APPENDIX E

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
#1 Increase by 10% the number of women tested for Chlamydia.	We were unable to increase the number of women 24 years of age and younger tested for Chlamydia to date. However, we are exploring new ways to increase this rate.
#2 Increase by 10% the number of emergency contraceptives dispensed	The number has not yet increased by 10% and we are midway through the fy.

APPENDIX E

APPENDIX F

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

LHD staff completing this checklist: Karen Woods

State-Supplied Vaccine/IG

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

Vaccine Management & Accountability

- X 4. Has an assigned immunization program coordinator
- X 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management
- X 6. Uses and maintains OIP-acceptable refrigeration equipment
- X 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer
- X 8. Has an OIP-approved vaccine emergency plan
- X 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 X N/A
- 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines X N/A

Vaccine Administration

- X 12. Has submitted annual Public Provider Agreement & Provider Profile
- X 13. Provides all patients, their parents or guardians with documentation of immunizations received
- X 14. Complies with state & federal immunization-related document retention schedules
- X 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- X 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine
- X 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

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

APPENDIX F

Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation

- X 19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs
- X 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
- X 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 X N/A
- X 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
- X 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
- X 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
- X 26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus
- X 27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women
- X 28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

Tracking & Recall

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

WIC/Immunization Integration

- X 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

- X 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered
- X 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
- X 34. Makes VIS available in other languages

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Outreach & education

X 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:

(Activity 1) Disseminated vaccine information to parents of students including the flyer from the state entitled "What Parents Need to Know about Vaccines"

(Activity 2) We visited each school with information regarding the required vaccines for students to attend school, in order for the parents to bring their children up-to-date before the Primary Review.

(Activity 3) We advertised the availability of HPV vaccine and Zoster vaccine, including information about both vaccines. Advertised free influenza vaccinations for qualifying individuals.

Surveillance of Vaccine-Preventable Diseases

X 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

X 37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP

X 38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP

X 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

X 40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)

X a. Conducts secondary review of school & children's facility immunization records

X b. Issues exclusion orders as necessary

X c. Makes immunizations available in convenient areas and at convenient times

X 41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline

X 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

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

Report submitted? X Yes No

APPENDIX F

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 **N/A (Data not given in measures)**
- 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

APPENDIX F

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. 44 4 th DTap rate is under the required 90%. Our plan is to utilize our new EMR system to remind parents when shots are due. Also to review the immunization record of every child at every visit. We will use the accelerated schedule for children who are behind on their immunizations.
Q. 44 Missed shot rate is over the 10% goal for 2010. With the advent of the new ALERT IIS system, we have expanded access in our office and expect to be more capable of reviewing the immunization record of every child at every visit. Also, we have instituted a new EMR system which we anticipate will facilitate this review.
Q. 44 3-dose Hepatitis B series completion is N/A
Q. 44 Enters >80% of vaccine admin data into ALERT IIS within 14 days of administration. This was a finding in our 2010 Triennial Review. It has been corrected. We anticipate that we are now in compliance for 2011.
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