



CURRY COUNTY PUBLIC HEALTH

ANNUAL PLAN

FY 2013-2014



Curry County Health and Human Services
**Public Health / Mental Health, Addictions and Developmental
Disabilities Programs**

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T.D.D. (800) 735-2900.

January 16, 2013

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

Dear Mr. Engle,

Attached please find Curry County's Annual Plan for 2013-2014 which is being submitted pursuant to ORS 431.385. This plan has been prepared according to your instructions and assures that the activities defined in ORS 431.375 – 431.385 and ORS 431.416 are performed. If you have any questions or need additional information, please call me at (541) 247-3268.

Thank you,

Jan Kaplan, MSW
Public Health Administrator

I. Executive Summary

The 2013-2014 Annual Plan details proposed activities of the new, free standing non-profit, Curry Community Health (CCH). Transition of Curry County Public Health Department to the non-profit is tentatively scheduled for February 1, 2013. CCH will operate all LPHA service for Curry County Feb 1, 2013 and is designated as the LPHA to begin contracting directly with the state July 1, 2013.

Core functions

In 2013, Curry County Health Department will continue to provide the five services (*) required by Oregon law to meet the health needs of the community. The Public Health Services which meet assurance standards as described in OAR 33-014-055 include:

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

The Curry LPHA's projected budget is \$1.5 million for FY 2013-14, employing approximately 12 full-time FTE. The programs are primarily funded through the Oregon Health Authority/State Public Health, through fee revenues for clinic services and environmental health, and through grants.

The Department is actively working toward national accreditation. The Curry Healthy Communities Project blends Tobacco Prevention, Addictions Prevention, a Prevention Coordinator, an AmeriCorps*VISTA, and a grant funded Healthy Communities Program Manager to complete a comprehensive community health assessment and a community health improvement plan. The team is using the Mobilizing for Action through Planning and Partnerships (MAPP) framework to meet accreditation requirements. The team is also tasked with developing the documentation needed for Accreditation.

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

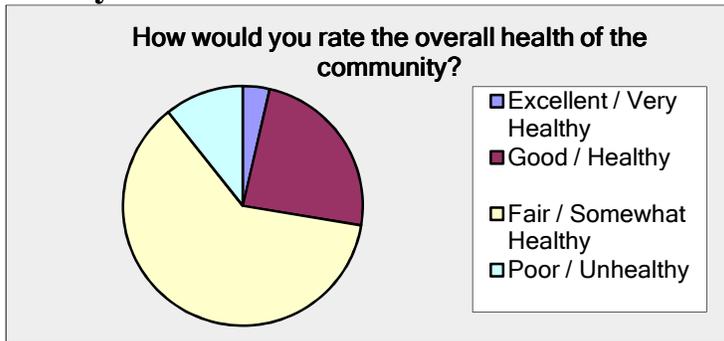
II. Assessment - Comprehensive

1. Public Health Issues and Needs

Curry County Community Health Programs collected data for a comprehensive community health assessment between November 2011 and January 2012. The data sets are continued to be updated when new information becomes available. Below are examples of the data sets collected which will be used cross-referenced with alternative data sets, analyzed and interpreted for the county's community health improvement plan. Surveys and focus groups were conducted between April 2012 and August 2012 for a community themes and strengths assessment. These two reports along with an assessment of forces of change in the community and the local public health system assessment will be viewed in a series of meetings involving key stakeholders in health care, public health, business, and community organizations through December 2012 to April 2013. These stakeholders will evaluate the reports, provide support and resources for community health assessment completion, and propose strategies and matrices to address priority issues identified in these assessments.

The tables below are examples of survey results and data collected for the CHA (socio-economic factors, health outcomes and health risk factors).

Survey:



Have you visited a health care provider for a routine check-up or other preventative care visit in the past five years?

Answer Options	Response Percent	Response Count
Yes	85.5%	526
No	14.5%	89

Are you satisfied with the health care system in the community? Consider access, cost, availability, quality, and options in health care.

Answer Options	Response Percent	Response Count
Very Satisfied	4.9%	29
Satisfied	23.4%	138
Neutral	34.1%	201
Dissatisfied	27.1%	160
Very Dissatisfied	10.5%	62

Is there economic opportunity in the community? Consider locally owned and operated businesses, jobs with career growth, job training / higher education opportunities, affordable housing, reasonable commutes, etc.

Answer Options	Response Percent	Response Count
Very Satisfied	1.4%	8
Satisfied	14.4%	85
Neutral	27.4%	162
Dissatisfied	38.2%	226
Very Dissatisfied	18.6%	110

Socio-Economic Factors:

Socioeconomic Measure	Curry	Oregon State
Core Indicators	2008-2010	
Percent Below Poverty Level	13.9%	14%
Source: US Census Bureau and American Community Survey		
■ Children	16.7%	17.6% (2006-2008)

■ Families	9.2% (2006-2010)	9.6% (2006-2010)
Median Household Income	37,575	\$49,260
Source: US Census Bureau and American Community Survey		
Special Populations	Number	Number
Persons aged 25 to 64 with less than a high school education	844	210,526
Source: US Census Bureau, American Community Survey 2006-2010		

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

Temporary Assistance to Needy Families (TANF) Participants as Percentage of Population, December 2009	1.3%	1.4%
Source: ORH, Adult and Family Services		

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

Curry County Labor Market Information

Curry County’s seasonally adjusted unemployment rate was 11.5 percent in October, which was lower than the rate in October 2011 (11.9%), but higher than the statewide rate (8.6%). Over-the-year gains were reported in trade, transportation, and utilities (especially retail trade). Job losses occurred in the financial activities sector. Government saw the majority of the county’s losses, mostly at the local level.

	October 2012	October 2011	October 2010
Civilian Labor Force	9,208	9,429	9,483
Employed	8,244	8,391	8,400
Unemployed	964	1,038	1,038
County Unemployment Rate (Seasonally Adjusted)	11.5%	11.9%	12.7%
State Unemployment Rate (Seasonally Adjusted)	8.6%	9.3%	10.4%

Source: Worksource Oregon Employment Department, Labor Market Information

Health Outcomes

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

Prenatal Care- WIC (Women, Infant, and Children)		
Percent of pregnant women served	Percent served	53.3%

Women, Infants, and Children served	Total served	1,007
	Number of infants and children under 5	703
	Pregnant, breastfeeding, and postpartum women	304
WIC Families	Number of families served	638
	Working families	64.1%
Breastfeeding	WIC moms who start out breastfeeding	93.9%
Economic Benefits of WIC	Total dollars to local WIC authorized retailers for healthy foods	\$354,709
WIC Farm Direct Nutrition Program	Farm Direct dollars to farmers based in Curry County	\$36
WIC Authorized grocery stores	Independent stores	0
	Small chain stores	5
	Large regional or national chain store	1
	Pharmacies	0
WIC and Farm Direct authorized farmers	Farmers' Markets	1 (from 6 farmers)
	Farm Stands	3

Morbidity

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

HEALTH CARE ACCESS: OREGON ADULTS (18 years and older) WHO HAVE SOMEONE THEY CONSIDER AS THEIR OWN PERSONAL DOCTOR	82.3	79.6	77.9	79.1
ALCOHOL CONSUMPTION – Males (18 years and older) Adult males who had at least one drink of alcohol in the past 30 days.	69.1	63.9	71.1	64.0
ALCOHOL CONSUMPTION – Females (18 years and older) Adult females who had at least one drink of alcohol in the past 30 days.	50.4	53.8	44.5	54.4
ALCOHOL USE: BINGE DRINKING – Males (18 years and older) Adult males who had 5+ drinks of alcohol on one occasion in the past 30 days.	16.4	18.5	21.5	18.7
ALCOHOL USE: BINGE DRINKING – Females (18 years and older) Adult females who had 4+ drinks of alcohol on one occasion in the past 30 days.	8.8	10.2	8.8	10.8
ALCOHOL USE: HEAVY DRINKING – Males (18 years and older) Adult males who had 2+ drinks of alcohol per day/ 30+ drinks of alcohol in the past 30 days.	*	5.3	*	5.4
ALCOHOL USE: HEAVY DRINKING – Females (18 years and older) Adult females who had 1+ drinks of alcohol per day/30+ drinks of alcohol in the past 30 days.	5.1	6.1	5.6	6.1
IMMUNIZATION: INFLUENZA VACCINATION (65+) Adults 65+ Who Had a Flu Shot Within the Past Year	62.4	69.2	---	---
IMMUNIZATION: PNEUMONIA VACCINATION (65+) Oregon Adults 65+ Who Had a Pneumonia Shot Within the Past Year	70.0	71.5	---	---
QUALITY OF LIFE: LIMITATIONS ON ACTIVITY Oregon Adults (18 years and older) Who Have Any limitations in Any Activities, Due to Physical, Mental, or Emotional Problems	29.4	23.4	24.8	22.9
QUALITY OF LIFE: USE OF SPECIAL EQUIPMENT DUE TO LIMITATIONS IN ACTIVITY Oregon Adults (18 years and older) With Limitations That Require Them to Use Special Equipment, (e.g., a Cane, a Wheelchair, a Special Bed or a Special Telephone)	11.1	7.3	7.7	7.0

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

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

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

Health Risk Indicators

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

	PAP SMEARS (Females 18+) % who had a PAP test within past three years (women 18-65 years old with intact cervix)	---	---	---	85.8
	SIGMOIDOSCOPY/COLONOSCOPY (50+) % who had an FOBT^ in the past year or a Colonoscopy/ Sigmoidoscopy within the past five years (50-75 year olds)	61.9	56.8	---	---
Prevalence of Tobacco Use among Adults	PERCENT OF ADULTS WHO CURRENTLY SMOKE CIGARETTES % of adults who currently smoke cigarettes	17.2	---	18.4	17.1
	SMOKELESS TOBACCO USE BY MALES	4.2*	---	---	6.3
	QUIT ATTEMPTS DURING THE PREVIOUS YEAR	49.9	---	59.3	48.3
	NO-SMOKING RULES IN THE HOME	81.3	---	87.0	89.8
	NO-SMOKING RULES IN FAMILY CARS	76.5	---	81.1	82.7

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

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

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

2. Adequacy of Local Public Health Services

Curry County Public Health services during 2011 and 2012 met all of the statutory requirements of local public health departments. Current service levels are adequate and will be maintained by Curry County.

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

In 2013-14 the LPHA will continue to provide the five services (*) required by Oregon law to meet the health needs of the community. The Public Health Services which meet assurance standards as described in OAR 33014.055 include:

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

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

Dental

Dental education is included in the WIC program. Toothbrushes are provided to children and adults as needed. Several dentists in the county provide dental care; however, only one accepts Oregon Health Plan. The Pediatric Nurse Practitioner has applied for and received several grants for the provision of dental screenings and dental care. *Ready to Smile* was launched in 2010 by The Oregon Community Foundation's South Coast Leadership Council, with support from The Ford Family Foundation. Coordinated through the Coos County Public Health Department, *Ready to Smile* delivers screenings, sealants, fluoride varnishes, dental kits, and referrals to eligible children in grades 1, 2, 6, and 7 in Coos and Curry counties. In February 2012, The Mildred E. and Harvey S. Mudd Foundation announced a matching grant opportunity of \$30,000 for cash and in-kind donations to the *Ready to Smile* program. Thanks to contributors such as the Curry Health Foundation, Gold Beach Rotary, Port Orford Rotary, and many other businesses and individuals, the match was met, securing \$60,000 in donations for the program.

Maternal Care Home Demonstration Project

Prior to October of 2012, there was .2 FTE designated for a home-visiting nurse to conduct the Babies First! and Cacoon programs. As a result 9 children were served in 2011-2012 in Cacoon and 8 in BabiesFirst! A leverage grant of \$50,000 from AllCare, a regional Coordinated Care Organization for Curry resulted in an additional \$93,000 in grant funding from the Gordon Ellwood and Ford Family Foundation to hire a FTE home-visiting nurse and case manager. As a result of the work of the Maternal Care Home planning team consisting of Practitioner Lead Alice Taylor, Curry Health Network Midwife; Patricia Savage, Curry Public Health Pediatric Nurse Practitioner; Kathy Wills, WIC Coordinator; Kelli Brown; Home Visiting Coordinator; and Annette Klinefelter, Planning and Development Manager- a no wrong door approach from pregnancy intake to WIC enrollment has increased referrals and visits by over 200% in the last two months.

Laboratory services

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

Medical examiner

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

Nutrition

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

Older adult health

Curry Health District has physician practices that service older adults. They also have developed an assisted living facility that has been well accepted and utilized. There are two new Assisted Living facilities being developed in the Brookings area. One is being run by a Geriatric Nurse Practitioner. Curry Home Care and Hospice are active in the county. Men's Health Screening clinics are offered. Older Driver classes are given by AARP. Seniors are targeted for flu and pneumonia vaccines in the fall. A series of living with chronic diseases courses will be offered beginning in January 2013 in collaboration with the OSU extension program.

III. Action Plan

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

Time Period: January 2013				
GOAL: Successfully transition Public Health Department from Curry County administration				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Finalize non-profit development and transition	County Board of Commissioners contracts Public Health Authority to Curry Community Health	Formal contract in place	Formal working agreement/\ contract	
Time Period: January 2013-August 2014				
GOAL: Achieve Public Health Accreditation				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Comprehensive Community Health Assessment	Data collection and analysis MAPP steering committee formation. Four sequential MAPP meetings	Data interpreted by MAPP steering committee and OSU epidemiologists. Committee identifies priority issues and strategic plans to address issues.	Completed health assessment drives development of community health improvement plan conducted with vision councils and MAPP Committee.	Health assessment in progress- quantitative analysis final draft near completion

B. Community Health Improvement Plan	Community visioning MAPP committee Strategic methods for addressing CHA issues. Health systems analysis	Health improvement plan developed and approved Accreditation application submitted Department strategic initiatives	Completed health improvement plan Accreditation application approved or resubmitted with recommended remediation	MAPP meetings to be held Dec. 2012-March 2013
---	--	---	---	---

Time Period: January 2013-January 2014
GOAL: Comprehensive Public Education

Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Educate community about core public health functions	Vision councils Consumer outreach Targeted quality improvement Communications and public relations MAPP steering committee	Vision council participant retention Consumers participate in focus groups and interviews Public Health staff, with input and review from Vision Councils, identify strategies for service improvement Targeted communications showcase public health successes and quality improvement initiatives	Improved satisfaction among consumers Increased participation in service enrollment Increased volume of communications showcasing public health	Vision council success from 2012. MAPP members will disseminate information to their respective organizations.

A. Epidemiology and control of preventable diseases and disorders

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

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

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

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

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

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

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

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

Home visits are performed through Babies First!, Maternity Case Management and CaCoon programs by a registered nurse. The volume of home-visits has increased significantly since October 2012 as a result of hiring a full-time home-visiting nurse assigned specifically to this core function. The home-visiting nurse works as a member of a maternal care team consisting of WIC staff, our Pediatric NP, and the Obstetrics team and Curry General Hospital.

Health education and health promotion

Health education and health promotion take place with all client encounters. STD & HIV prevention are covered with all Family Planning clients. Tobacco cessation information is offered to the public and when clients admit to

tobacco use. Drug prevention education is offered in the schools and with clients. Breast self-exam information is available and disseminated. The Public Health Department, through the community health assessment and community health improvement program initiatives, is providing an active leadership role convening community organizations for the promotion of health and coordination of services.

C. Environmental health services

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

D. Health Statistics

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

E. Health information and referral services

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

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

F. Emergency preparedness

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

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

An Emergency Preparedness Coordinator was hired October 2012 to revitalize the Southern Oregon Coast (SOC) Disaster Readiness Team (DRT) as well as to update the public health department’s Emergency Response Plan. The

coordinator is also tasked with fulfilling the requirements of the Adult Immunization Grant and assisting with updating the public health department's current policy and procedure manual.

G. Other Issues

- Currently we are pursuing PH accreditation and at this date we have completed data collection and are initiating analysis and interpretation in preparation for a community health improvement plan.
- Curry Public Health will be operated by Curry Community Health, a 501(c) 3 organization beginning February 1, 2013.

IV. Additional Requirements

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

Organizational chart is attached. - see page 27

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

The Curry County Board of Commissioners serves as the Board of Health. The Public Health Administrator is able to place Public Health matters on the Board's regular agenda as well as to request public workshops wherein the Board can discuss issues. The Board generally meets weekly. The Executive Director of Curry Community Health will serve as the Public Health Administrator.

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

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

V. Unmet needs

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

Significant work remains on how Coordinated Care Organizations and the Early Learning Council will impact Medicaid dollars currently available to support Maternal Child Health programs.

There is a perceived lack of access to family planning services among high-school aged youth in Gold Beach.

The school-based health center in Brookings provides after-hours family planning services on a limited basis. As the primary population center, Brookings residents confront disproportionate challenges accessing public health services primarily available only in Gold Beach.

VI. Budget

The LPHA public health budget may be requested from:

Curry Community Health
94235 Moore St. Suite 121
Gold Beach, OR 97444
541-247-3268

VII. Minimum Standards

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

Organization

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

- S. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
- T. Yes No Filing and retrieval of health records follow written procedures.
- U. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
- V. Yes No Local health department telephone numbers and facilities' addresses are publicized.
- W. Yes No Health information and referral services are available during regular business hours.
- X. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
- Y. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
- Z. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
- AA. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
- BB. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
- CC. Yes No A system to obtain reports of deaths of public health significance is in place.
- DD. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
- EE. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
- FF. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
- GG. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
- HH. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
- II. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
- JJ. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with

clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.

KK. Yes No ___ A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

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

MM. Yes No ___ Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.

NN. Yes No ___ Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

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

PP. Yes No ___ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.

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

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

RR. Yes No ___ Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.

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

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

Environmental Health

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

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

WW. Yes No ___ Training in first aid for choking is available for food service workers.

- XX. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
- YY. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
- ZZ. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
- AAA. Yes No Compliance assistance is provided to public water systems that violate requirements.
- BBB. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
- CCC. Yes No A written plan exists for responding to emergencies involving public water systems.
- DDD. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
- EEE. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
- FFF. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
- GGG. Yes No School and public facilities food service operations are inspected for health and safety risks.
- HHH. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
- III. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
- JJJ. Yes No Indoor clean air complaints in licensed facilities are investigated.
- KKK. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
- LLL. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
- MMM. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
- NNN. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

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

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

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

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

TTT. Yes No ___ All health department facilities are smoke free.

Nutrition

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

VVV. The following health department programs include an assessment of nutritional status:

- A. Yes No ___ WIC
- B. Yes No ___ Family Planning
- C. Yes No ___ Parent and Child Health
- D. Yes No ___ Older Adult Health
- E. Yes No ___ Corrections Health

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

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

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

Older Adult Health

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

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

BBBB. Yes No ___ Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

CCCC. Yes No ___ Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

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

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

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

GGGG. Yes No ___ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

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

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

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

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

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

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

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

Primary Health Care

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

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

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

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

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

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

Cultural Competency

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

VVVV. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

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

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

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Jan Kaplan, MSW

Does the Administrator have a Bachelor degree? Yes No

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

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

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

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

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

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

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

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

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

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

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

AND

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

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

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

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

OR

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

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

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

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

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

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

Curry County Health Department
Local Public Health Authority

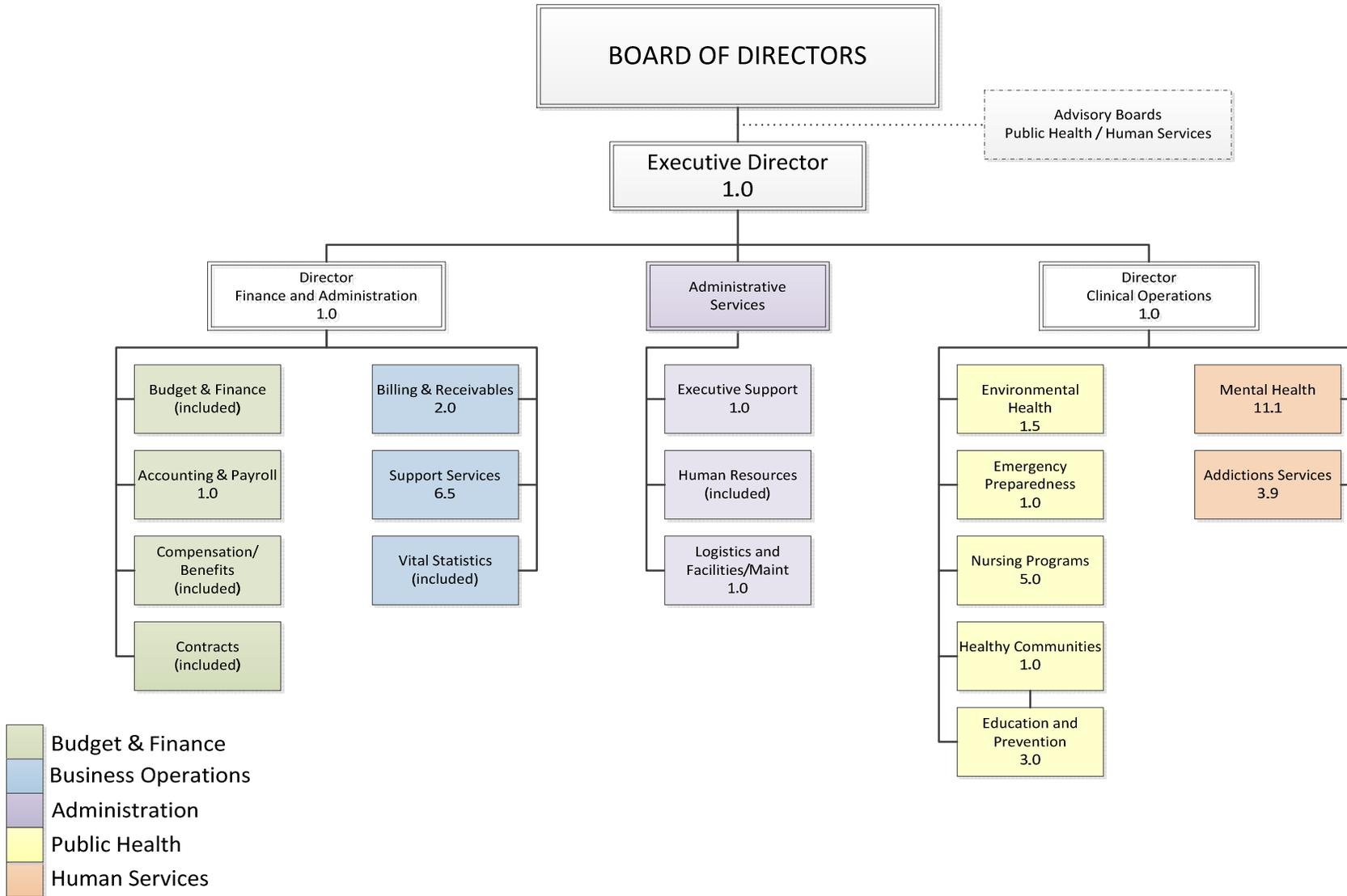
Curry
County

January 16, 2013
Date

CURRY COMMUNITY HEALTH

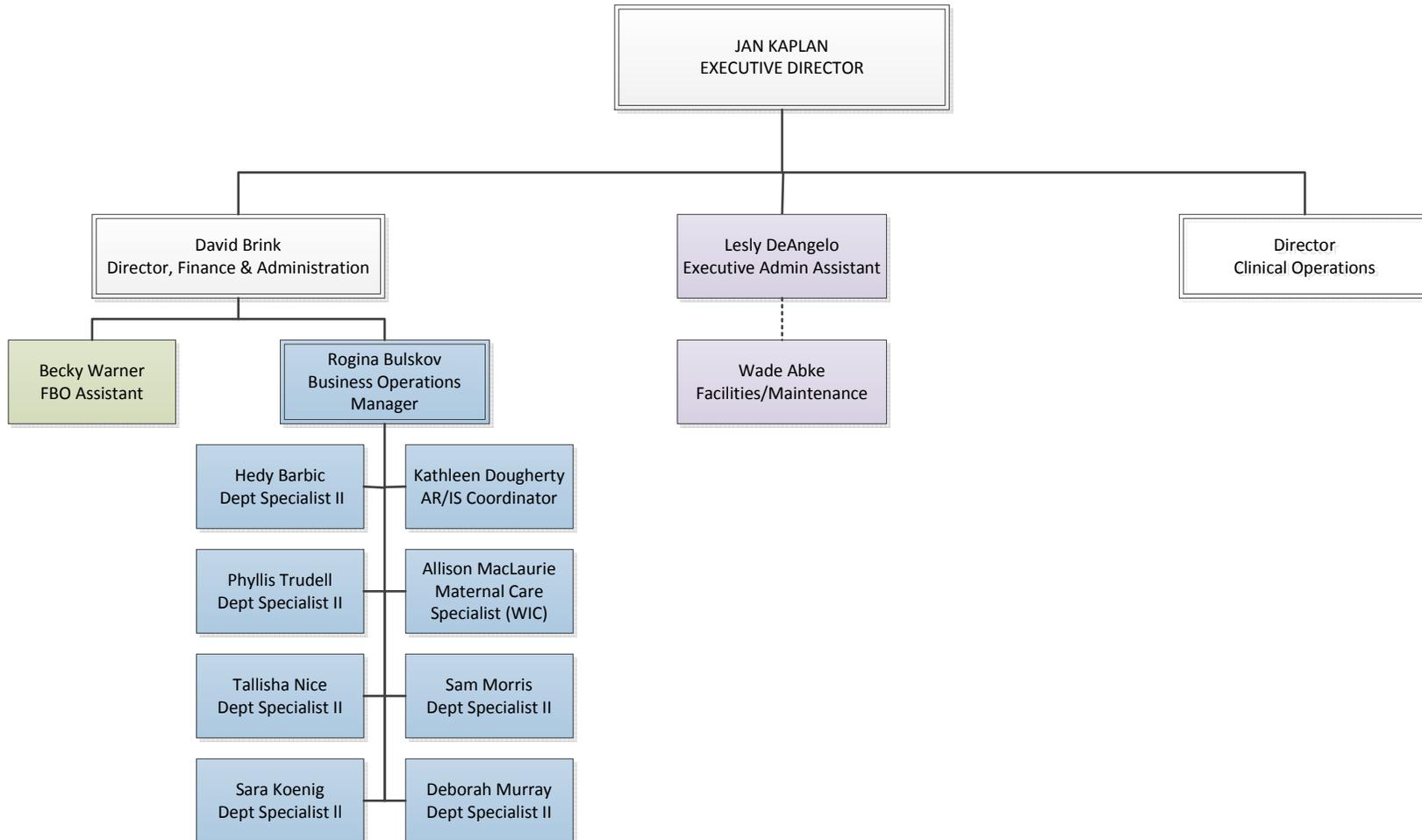
Organization Chart

November 2012



CURRY COMMUNITY HEALTH Administration Organization Chart

November 2012



CURRY COMMUNITY HEALTH

Clinical Operations Organization Chart

November 2012

