



PUBLIC HEALTH

ANNUAL PLAN

January, 2013

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



Local Public Health Authority/Board of Health
Chair, Lincoln County Board of Commissioners

Lincoln County
County

January 30, 2013
Date



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EXECUTIVE SUMMARY

This is the required updated Annual Public Health Report for Public Health Division of the Lincoln County Health and Human Services Department. In accordance with past practices, this plan has been reviewed by our Public Health Advisory Committee prior to approval by the Board of Health/Board of County Commissioners. Our last comprehensive plan was submitted in 2011 and can be found in the document “Lincoln 2012-13” at:

<http://public.health.oregon.gov/providerpartnerresources/localhealthdepartmentresources/pages/lhd-annual-plan.aspx>

Unless otherwise stated herein, Lincoln County’s updated plan is unchanged from the Annual Plan submitted for 2011.

The requirement for an Annual Plan is in

Statute-

ORS 431.375–431.385 and ORS 431.416 (<http://www.leg.state.or.us/ors/431.html>)

Rule-

OAR Chapter 333, Division 14

(http://arcweb.sos.state.or.us/rules/OARs_300/OAR_333/333_014.html)

OAR 333-014-0060(2)(a) CLHO Minimum Standards for Local Health Departments

(<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/reference.aspx>)

Lincoln County Health and Human Services continues to adequately provide the six basic required services:

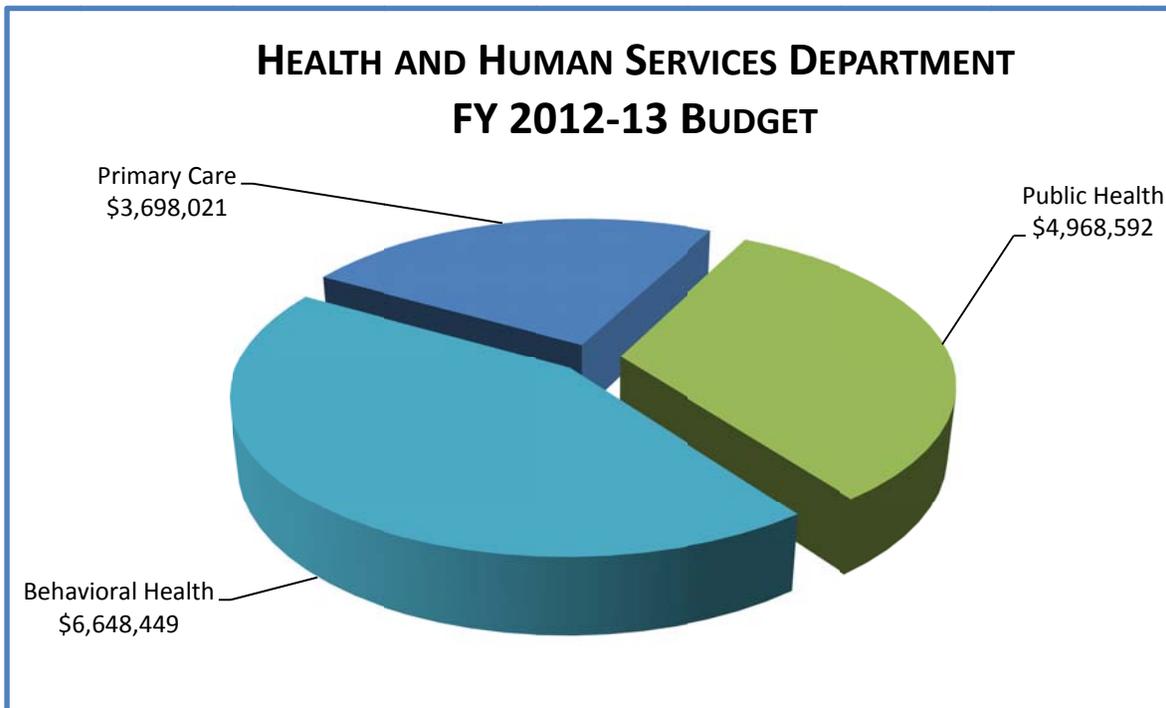
1. Epidemiology and Control of Preventable Diseases including tobacco prevention, education and control;
2. Parent and Child Health Services including Family Planning
3. Environmental Health Services
4. Public Health Emergency Preparedness
5. Collection and Reporting of Health Statistics
6. Health Information and Referral

In addition, Lincoln County Health and Human Services continues to provide/support services described in ORS 333-014-0050:

- Health Promotion, including “Living Well with Chronic Disease” for county residents (an evidence based intervention program from Stanford University)
- Direct provision of all childhood and adult immunizations (except vaccines required for foreign travel)
- Primary care provided through the Lincoln Community Health Center (our Federally Qualified Health Center) at locations in Newport and Lincoln City
- Primary care provided through School Based Health Centers at 4 sites in Toledo, Newport, South County and Lincoln City

The Lincoln County Public Health Division experienced a comprehensive examination of all public health programs during the Triennial Review process in February and March of 2011. As of December 2012, all compliance findings were resolved. Notification of full compliance was sent to the Chair of the Lincoln County Board of Commissioners on December 12, 2012.

For fiscal year 2012-2013, the Lincoln County Public Health Division has 30.17 full time-equivalent (FTE) positions allocated. These trained and dedicated staff members, including the nursing, clinical, fiscal support and clerical services staff, deliver all public health services under the supervision of a Public Health Division Director and four Program Managers. Recruitments are currently under way for the Public Health Division Director position, one vacant Program Manager position and for another Program Manager position that is temporarily being filled by a contract employee. Public Health's amended budget is for FY 2012-13 is \$4,968,592. The Public Health Division budget is a subset of the larger Lincoln County Health and Human Services Department amended budget which totals \$15,315,062 for FY 2012-13.





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ASSESSMENT

Please refer to Local Annual Plans - Lincoln 2012-13 at
[http://public.health.oregon.gov/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTM
ENTRESOURCES/Pages/lhd-annual-plan.aspx](http://public.health.oregon.gov/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTM
ENTRESOURCES/Pages/lhd-annual-plan.aspx)



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ACTION PLAN

Please refer to Lincoln 2012-13 at
[http://public.health.oregon.gov/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTM
ENTRESOURCES/Pages/lhd-annual-plan.aspx](http://public.health.oregon.gov/PROVIDERPARTNERRESOURCES/LOCALHEALTHDEPARTM
ENTRESOURCES/Pages/lhd-annual-plan.aspx)

Program Update — General Public Health Activities

Lincoln County Public Health Accreditation Readiness:

In July 2011 Lincoln County was awarded \$12,500 grant for Accreditation Readiness activities and contracted with Sharon Black and Associates for Public Health Strategic Planning Activities. A Strategic Planning data document was developed and a Public Health Strategic Planning all day meeting session with staff and community partners was held on May 3, 2012. An internal staff team then worked with the consultants and obtained staff and partner feedback to produce the final Public Health Strategic Plan.

In March 2012 Lincoln County received notification of \$34,500 additional grant funding for Accreditation Readiness activities. A second contract with Sharon Black and Associates was executed for assistance with a Comprehensive Lincoln County Community Health Assessment (CHA) using the MAPP process (Mobilizing for Action and Partnerships). The Public Health Division Director attended MAPP training in May 2012 in preparation for leadership in the Lincoln County Community Health Assessment.

The Executive Steering Committee for CHA work assembled with meetings beginning in May and continuing through the rest of 2012. This group distributed a survey tool regarding health issues in Lincoln County during the summer of 2012 which generated over 500 survey responses. In a desire to gather additional information regarding the rural areas of Lincoln County, further data analysis in rural zip codes was performed. The Steering Committee is committed to continuing this work. Lincoln County Public Health Division is working with community partners to publish a Community Health Assessment in the early part of 2013.

Lincoln County Public Health Division Restructure:

In July 2012 Lincoln County Health and Human Services (LCHHS) reorganized the Public Health Division and revised the Public Health Division organizational chart to better reflect the work of public health now and for the future and to ensure that the organizational structure supports the appropriate level of staff/supervisor ratios.

Key changes included the creation of a Public Health Prevention Unit, a Public Health Protection Unit and a Public Health Promotion Unit. No new funding sources were used in the re-allocation of resources in our FY 2012-13 budget to reflect this new structure.

Program Update — Epidemiology and Control of Preventable Diseases and Disorders

Workforce:

In CY 2012 the Lincoln County Public Health Division hired several new CD staff including the new Protection Section Program Manager and two registered nurses.

HIV Case Management Services:

In consultation with community partners, Lincoln County Public Health determined that clients would be better served in this program by the HIV Alliance of Eugene, OR. Planning discussions were held with state staff and local partners and contractual arrangements were made for this transition to occur July 1, 2012. Active HIV Case Management clients continued services with the new provider without interruption. Those with medical needs continue to have face to face interactions with the HIV Alliance HIV Certified RN meeting clients in our local Public Health offices in Newport. The HIV Alliance provides additional social support and programs for this population that were not previously available in Lincoln County or through LCHHS.

Immunizations:

In FY 2012 work began on the Adult Immunization grant.

Lincoln County Public Health continues to directly offer all immunizations available for children and adults at the main LCHHS Public Health clinic site (i.e., required and recommended childhood immunizations, children and adults at risk for Hepatitis A/B, HPV, etc.). In addition, the following immunization services are offered:

- Influenza vaccinations at a number of off-site clinics as well as via walk-in clinics at the Public Health offices during the flu season. During the 2011-12 flu season the Lincoln County Public Health Division provided over 1,250 flu shots at clinics held in all parts of Lincoln County.
- Zostavax for those 60 years of age and older who can afford to pay full fee or have insurance.

Ongoing challenges to managing influenza vaccination include:

- Shipment dates of vaccine are difficult to predict
- Ancillary private providers /pharmacies offering flu vaccinations affect demand by the public for vaccination at local Public Health clinics
- Public “uptake” is highly variable depending on the perceived availability/severity of the currently circulating virus

Ongoing challenges to managing shingles vaccination include:

- Maintaining a “just in time” inventory of this vaccine to minimize the cost burden for local public health
- Cost to client if there is no third party payer coverage

2012 Immunization Exclusion Review cycle:

- Exclusion Orders were mailed to 521 families.
- Fewer than 75 children were actually excluded from care and learning environments
- Following the annual Exclusion cycle, the Public Health Division Director accompanied State Immunization Program staff to 7 facilities to provide technical assistance and education to assist in compliance with the Immunization Exclusion process for 2013

Tuberculosis Case Management:

No local cases of TB were identified in 2012.

Tobacco Prevention, Education and Control:

In August 2012 State Tobacco Prevention and Education Program (TPEP) staff temporarily took over the Indoor Clean Air Act (ICAA) enforcement duties for Lincoln County due to the resignation of the Lincoln County Public Health TPEP Coordinator. In December 2012, State TPEP staff provided on-site training for ICAA enforcement in Lincoln County. In January 2013, ICAA enforcement duties were shifted from the TPEP Coordinator to a Lincoln County Public Health staff member who is an Environmental Health Specialist.

Program Update — Communicable Disease

Total cases of reportable diseases, Lincoln County, OR

Communicable Disease	2009	2010	2011	2012
Persons living with HIV/AIDS	N/R	36	39	43 (10/11/12)
Campylobacteriosis	6	7	9	8
Chlamydiosis	88	75	82	131
Cryptosporidiosis	N/R	3	3	3
E.Coli 0157	2	0	0	0
Giardia	7	7	4	5
Hepatitis A	0	0	0	0
Hepatitis B Acute (Chronic)	9	0	0 (4)	1 (2)
Hepatitis C - Acute	1	0	0	0
Hepatitis C - Chronic	152	6	102	89
Meningococcal	0	0	1	0
Pertussis	3	7	1	6
Salmonellosis	0	2	1	3
TB	1	0	2	0
Gonorrhea	12	12	2	6
Syphilis	0	0	0	0

NOTE: N/R means not reported

Program Update — Parent and Child Health Services

Nightingale Notes/Champs:

Implementation of Nightingale Notes/Champs began with extensive training and implementation of an Electronic Medical Record for all Lincoln County Public Health registered nurses performing Home Visiting services. Nightingale Notes is structured to allow continual evaluation by RNs of clients' knowledge, behaviors and status and can produce outcome data regarding the effectiveness of our services. The program and licensing costs were paid for with revenue generated from home visiting services.

WIC:

The Lincoln County Public Health Division filled a position for a full time Dietician/WIC Coordinator.

FY 2013 - 2014 WIC Nutrition Education Plan Form

NOTE: Readers should be aware that the following plan should be considered a "draft;" the plan has been submitted by our WIC Coordinator but has not yet formally accepted by WIC staff at the State level.

County/Agency: Lincoln County
Person Completing Form: Amanda Claxton, MS, RD, LD
Date: 1/10/13
Phone Number: 541 265-0402
Email Address: aclaxton@co.lincoln.or.us

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by December 1, 2012
Sara Sloan, 971-673-0043

Goal: **Oregon WIC staff will continue to provide quality participant centered services as the state transitions to eWIC.**

Objective 1: **During the planning period, WIC agencies will assure participants are offered and receive the appropriate nutrition education contacts with issuing eWIC benefits.**

Activity 1: By December 1, 2013, each agency will develop and implement a procedure for offering and documenting nutrition education contacts for each participant based on category and risk level while issuing benefits in an eWIC environment.

Note: Information and guidance will be provided by the state office as local agencies prepare for the transition to eWIC.

Implementation Plan and Timeline:

The procedure for 2nd nutrition education contacts will be developed & implemented by December 1, 2013. Considerations will be made for category, risk level and issuance of eWIC benefits. This will be discussed at a WIC staff meeting.

Objective 2: **During planning period, Oregon WIC Staff will increase their knowledge in the areas of breastfeeding, baby behavior and the interpretation of infant cues, in order to assist new mothers with infant feeding and breastfeeding support.**

Activity 1: By March 31, 2014, all WIC certifiers will complete the new Baby Behavior eLearning online course.

Note: Information about accessing the Baby Behavior eLearning Course will be shared once it becomes available on the DHS Learning Center.

Implementation Plan and Timeline:

Staff will complete the new Baby Behavior eLearning online course by March 31, 2014. This will be a winter in-service.

Activity 2: By March 31, 2014, all new WIC Staff will complete the Breastfeeding Level 1 eLearning Course.

Note: Information about accessing the Breastfeeding Level 1 eLearning Course will be shared once it becomes available on the DHS Learning Center.

Implementation Plan and Timeline:

WIC staff will complete the new Breastfeeding Level 1 eLearning Course by March 31, 2014. This will be done as a spring in-service.

Objective 3: **During planning period, each agency will assure staff continue to receive appropriate training to provide quality nutrition and breastfeeding education.**

Activity 1: Identify your agency training supervisor(s) and projected staff in-services dates and topics for FY 2013-2014. Complete and return Attachment A by December 1, 2012.

Implementation Plan and Timeline:

Please see Attachment A.

Attachment A
FY 2013-2014 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2013 through 6/30/2014

Agency: Lincoln County

Training Supervisor(s) and Credentials: Amanda Claxton, MS, RD, LD

Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-service topic and an objective for quarterly in-services that you plan for July 1, 2013 – June 30, 2014. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July	Talking to parents about their children's BMI	Staff will have increased confidence in providing nutrition education around growth grids.
2	September	Milk vs. lactose free vs. soy beverage	Staff will be able to discuss milk type with clients.
3	January	Baby Behavior eLearning Course	Staff will be able to relate knowledge of baby behavior and infant cues to infant feeding and breastfeeding support.
4	March	Breastfeeding Level 1 eLearning Course	Staff will be able to demonstrate their knowledge of breastfeeding by providing breastfeeding support.

Nurse Family Partnership (NFP):

The NFP Implementation Plan (an 83 page document that describes how Lincoln County Public Health will proceed with start-up, hiring staffing, training and service delivery of our NFP project) was completed in June 2012. The NFP National Service Office Institutional Review Team reviewed and accepted the Implementation Plan on July 12, 2012. One NFP RN Manager and one Home Visiting staff RN traveled to Denver for required NFP training in September 2012. An additional NFP RN was hired in November and traveled to Denver for training in December. Services to NFP families began in September 2012 with caseload reaching 20 families by the end of 2012. We anticipate the hiring of a 3rd RN Home Visiting nurse and reaching our full case load of 68 families during 2013.

Baby Smiles Research:

In September 2012 LCHHS ended participation in the Baby Smiles Research Project through the University of Washington.

Division of Medical Assistance Programs (DMAP) Audit:

In November 2012 DMAP performed an audit of services billed under Targeted Case Management. Lincoln County was one of seven counties selected to be audited within the state of Oregon. One record from a Healthy Start Home Visiting program client was selected for review of our Targeted Case Management oversight and billing practices. The record was judged by state reviewers to be exemplary in the breadth of documentation and in the required RN supervision to justify billing for services.

Program Update — Environmental Health

In January 2013, ICAA enforcement duties were shifted from the TPEP Coordinator to a staff member who is an Environmental Health Specialist.

Program Update — Emergency Preparedness

As a result of the Public Health Division restructure effective July, 2012, Emergency Preparedness, including AmeriCorps VISTA activities, is now supervised by the Public Health Division Protection Section Program Manager.

Program Update — Vital Records

As a result of the Public Health Division restructure effective July, 2012, Vital Statistics is now supervised by the Public Health Division Protection Section Program Manager. The Deputy Registrar now has additional staff trained in these duties to assure adequate staffing and improve the timeliness of submissions.

Other Activities

Coordinated Care Organization (CCO) Partnership:

In August 2012, Lincoln County, along with Benton and Linn Counties, joined with Samaritan Health Systems to form the InterCommunity Health Network Coordinated Care Organization (IHN-CCO). As part of the mandated relationship, Lincoln County Public Health entered into a contract to provide specific clinical services (immunizations, reproductive health, treatment of some communicable diseases, etc.). There is a signed MOU with the local public health authority in all three counties which sets forth the expectations that should be met to support the all of the work of public health, especially around health promotion.

Health Promotion:

- **Living Well:** Lincoln County Public Health worked with community partners and volunteers to assure that the Living Well with Chronic Diseases program (an evidence-based model from Stanford University) was offered in all parts of the county. Nine sessions (comprised of six classes per session) were available. Lincoln County Public Health remains committed to the support of the Living Well Program as we transfer the primary coordination responsibility of the program to the Cascades West Council of Governments to help better align the services with potential future Public Health activities and priorities. Living Well Course schedules have been established for January-June of 2013 with classes available in Newport, Toledo and Yachats.

- **Lincoln County Dental Task Force:** Lincoln County Public Health has been an active participant in this group of community partners to review data regarding dental access and dental disease in Lincoln County residents. Through the actions of this group, a central coordinating mechanism was established to screen the urgent dental needs of residents and schedule dental van visits. A needs assessment of dental needs and service gaps was completed with the support of an OR State graduate student.
- **Lincoln County Childhood Obesity Partnership:** The Lincoln County Public Health Division Director has served in the role of Chair of this group since it began. Community partners include Registered Dietician staff from our local hospital system, child-serving agencies, school and child care providers, OSU Extension and Samaritan CHIP staff. Through the focus of this group, a Community Based Participatory Research project was initiated with OHSU's office of Rural Health to examine the impact of food purchasing education on the food purchases of low income high school students. Two of the community partners in this group are participating in a regional CATCH grant with the children they serve.
- **Safe Biking and Walking Plan:** The Lincoln County Public Health Division has actively participated in the creation of a Safe Biking and Walking Plan with the Lincoln City Planning Department and Lincoln City Council members. The meetings offered the opportunity for Public Health to share population-based information regarding the impact of accessibility of these resources on physical activity, knowledge of the needs of low-income and minority populations within Lincoln City and to speak publicly during the hearings with policy makers. The plan was adopted by the Lincoln City Council in November of 2012. Lincoln County Public Health has been requested to continue in an advisory capacity to work with Lincoln City to update its Transportation Master Plan.



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ADDITIONAL REQUIREMENTS

Board of Health

The Lincoln County Board of Commissioners (BOC) serves as the Board of Health for Lincoln County. The County Commissioners designate one member who serves in an official liaison capacity with the Lincoln County Health and Human Services Department (LCHHS). The Public Health Division is one of three divisions in the Health and Human Services Department. As of this report, the Commissioner who serves as LCHHS liaison also represents Lincoln County as a member of the governing board for our Coordinated Care Organization (CCO).

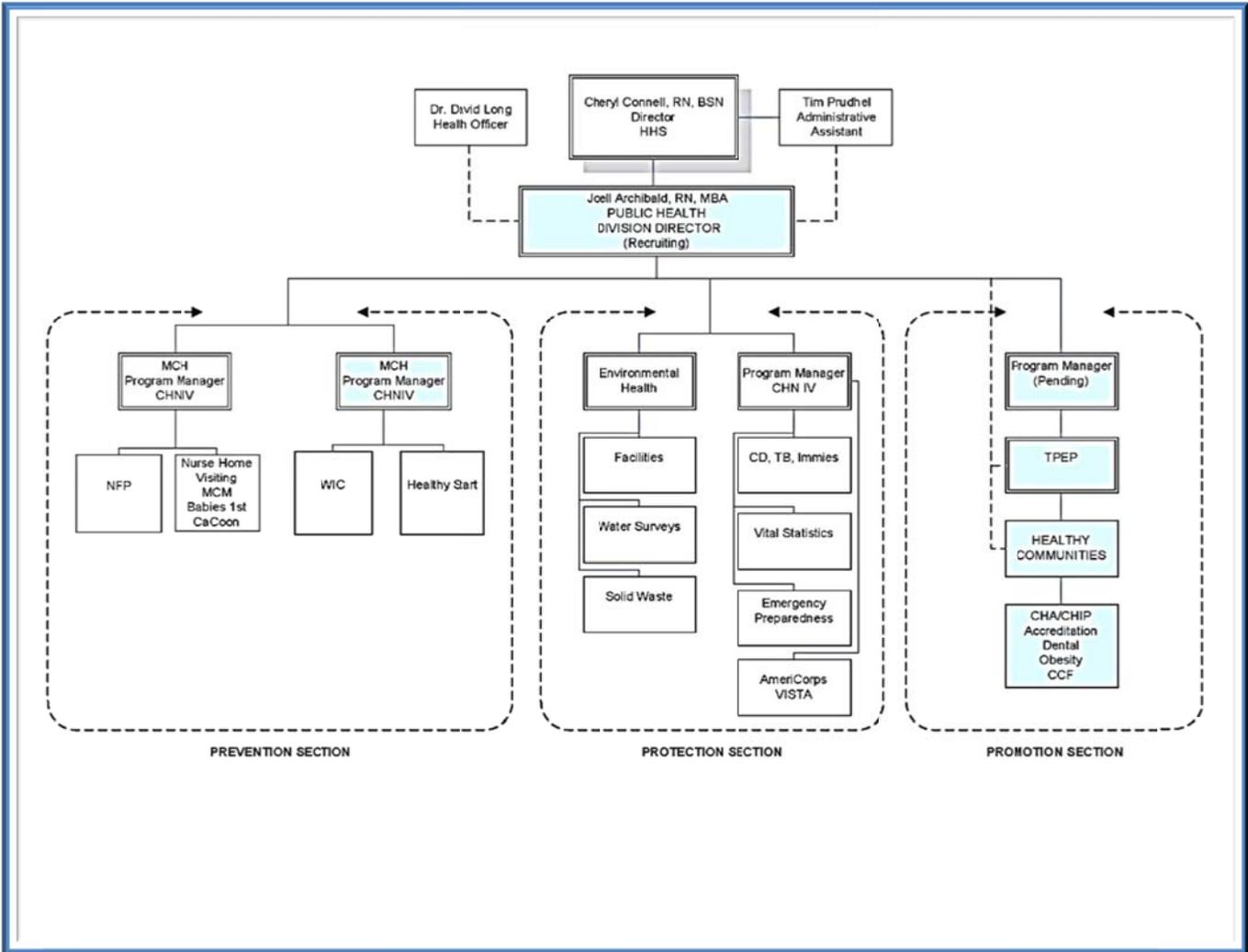
The LCHHS Director (representing Public Health as well as other divisions) meets and confers regularly with the BOC liaison. Public Health presents regularly to the BOC/Board of Health on topics as needed and/or as requested by the BOC and the public. Annually, in conjunction with the BOC/Board of Health approval of the Public Health Annual Plan, public health program staff highlights its programmatic achievements in a public meeting. Other occasions in the past year where presentations have occurred have concerned the NFP grant implementation and Environmental Health facility inspection regulation changes.

Public Health Advisory Committee

Lincoln County Public Health is fortunate to have a dedicated group to advise, review and guide our public health practice. The Lincoln County Public Health Advisory Committee meets monthly and has been responsible for leading major initiatives related to county health efforts (minutes and member roster are available upon request). Members of this group are appointed by the BOC after recommendation by the Committee. The Public Health Advisory Committee regularly reviews agency performance data, as well as a formal review of the Public Health Annual Plan before the Plan is submitted to the BOC/Board of Health for final approval and signature.

Organizational Chart

The current version of the Organizational Chart for the newly-restructured Public Health Division is on the following page.





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UNMET NEEDS

Updated Comprehensive Plan Unmet Needs 2011-2014

- Adequate funding for both local and state Public Health System
- Nutrition education for all WIC clients
- Extensive health promotion and prevention
- Mental Health services during all home visits
- Information and referral (food, clothing, heat) when financial needs change
- Community wide approach to reduce obesity and promote healthy nutrition and exercise
- Additional staffing for grant writing, health promotion and prevention and Epidemiology
- Reporting of Public Health statistics, data and trends to the public
- Physician contact and information regarding public health data analysis and community planning
- Public Agencies do not always have up-to-date information about Public Health Programs and services
- Preventative dental care for children and adults
- Increasing services for seniors for dental care, disease education, prevention and disease management
- Nutrition education beyond the WIC and Diabetes programs
- More bilingual staff
- Maternity Case Management visits for nurse-assessed risk beyond the OHP determined number of visits
- Ongoing parenting classes for ages 0-3 years
- Increased BH services including A & D, as well as comprehensive tobacco cessation services to improve individual and community wellness



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BUDGET

For Lincoln County Health and Human Services Department Budget Information, please contact:

**Lincoln County Health & Human Services Department
Attention: Kari Hall
36 SW Nye Street
Newport, OR 97365
541-265-0452
khall@co.lincoln.or.us**



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MINIMUM STANDARDS

Minimum Standards

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

I. Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services and evaluation criteria.
7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.

15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.

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

Control of Communicable Diseases

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

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

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.

57. Yes No A program exists to monitor, issue permits and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the Local Public Health Authority 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 (**Not Applicable**)
 - e. Yes No Corrections Health (**Not Applicable**)
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.

II. 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: Cheryl S. Connell, RN

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.

Plan--By 2015, the Local Public Health Administrator will enroll in the required graduate courses offered through Oregon State University.

- 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.

SUBMISSION OF ANNUAL PUBLIC HEALTH 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.



Cheryl S. Connell, RN, BSN
Director
Lincoln County
Health and Human Services

LINCOLN
County

30 JAN 2013
Date