

LOCAL PUBLIC HEALTH AUTHORITY
FOR
MULTNOMAH COUNTY, OREGON

FY 2013/2014
ANNUAL PLAN



HEALTHY PEOPLE IN HEALTHY COMMUNITIES



December 1, 2012

I. EXECUTIVE SUMMARY

The Conference of Local Health Officials (CLHO)¹ and Oregon Health Authority approves the process, scope, and due date for all annual plans submitted by local public health authorities in Oregon, including the plan for Multnomah County. These annual plans assure compliance with State requirements for protecting public health, and provides access to funding to support the functions of local public health authorities. As recommended by CLHO, this FY 2013/2014 Annual Plan includes updates to the plan submitted for 2012/2013.

The FY 2013/2014 Local Public Health Authority Annual Plan for Multnomah County serves to demonstrate compliance with Oregon statute ORS 431.416, which mandates that each county in the state provide a minimum level of service to protect the health of individuals and communities through the implementation of five basic public health services:

- Investigation and control of communicable diseases and emerging infections.
- Services to high-risk children and families, including immunizations.
- Health information and referral for residents in need.
- Collection and reporting of health statistics.
- Environmental health services.

Section II of the plan describes any new information or updates to socioeconomic characteristics of Multnomah County and the adequacy of Public Health services including the basic public health services and core functions of public health to meet local needs (general public health functions, specific public health initiatives, clinical health services and clinical systems support).

Section III of this document contains details on substantial updates for FY 2013/2014 to the specific Action Plans of the programs who provide services to meet minimum standards for public health services.

¹ The Conference of Local Health Officials (CLHO) was established to represent the interests of local public health authorities and health officers in decision making, accountability and leadership of Oregon's public health system. CLHO works in partnership with the Oregon Health Authority to establish the elements of local annual plans, approve a funding formula to ensure the equitable distribution of resources by the Oregon Health Authority, and assure compliance with Oregon Revised Statutes 431.330 through 431.385 and Oregon Administrative Rule 333-014-0040 through 333-014-0070.

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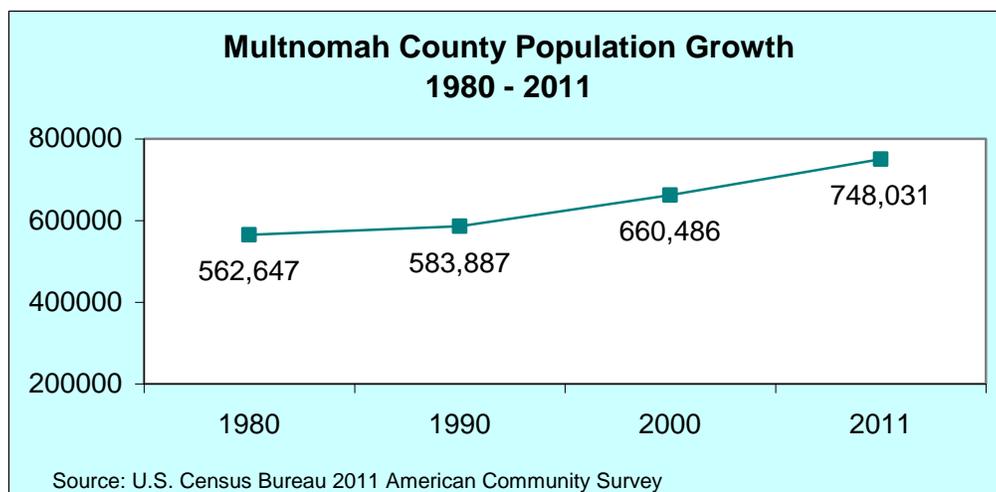
II. ASSESSMENT

Limited updates to the Assessment section including new information related to socio-economic characteristics and core functions of public health are provided in the sections below. No new information was available for Multnomah County Health Indicators, Section B in the FY 2012/2013 Annual Plan.

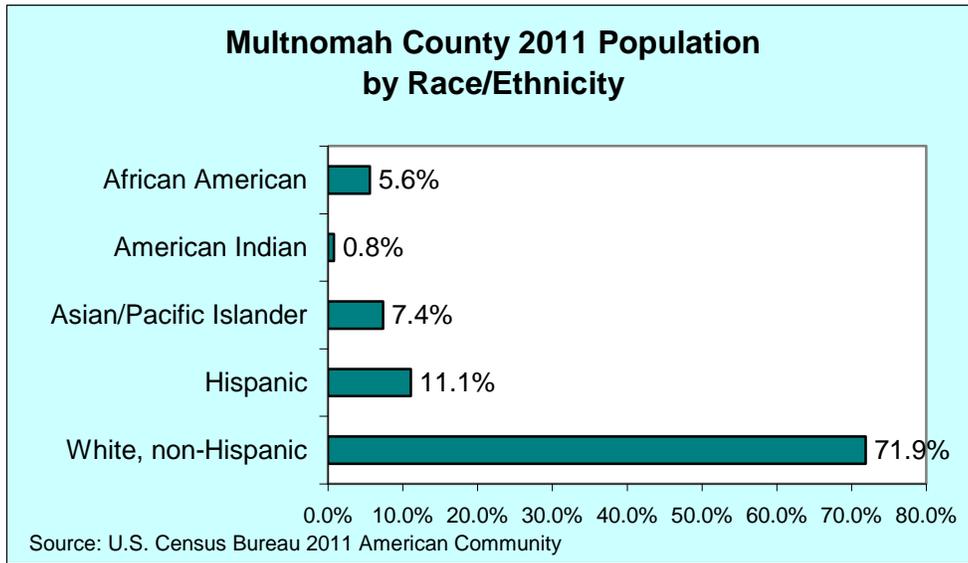
A. Multnomah County, Oregon: Background and Socioeconomic Characteristics

A.1. Geography: Multnomah County occupies 450 square miles in northwestern Oregon and is home to Portland, the largest city in the state. The county is approximately 90 miles inland from the Pacific Ocean; and it borders the Columbia River on the north (a border shared with Clark County, Washington), Clackamas County to the south, Hood River County to the east and Washington County to the west. Other important demographic characteristics including population, race/ethnicity, income, poverty, and the percentage of individuals without health care coverage are discussed below.

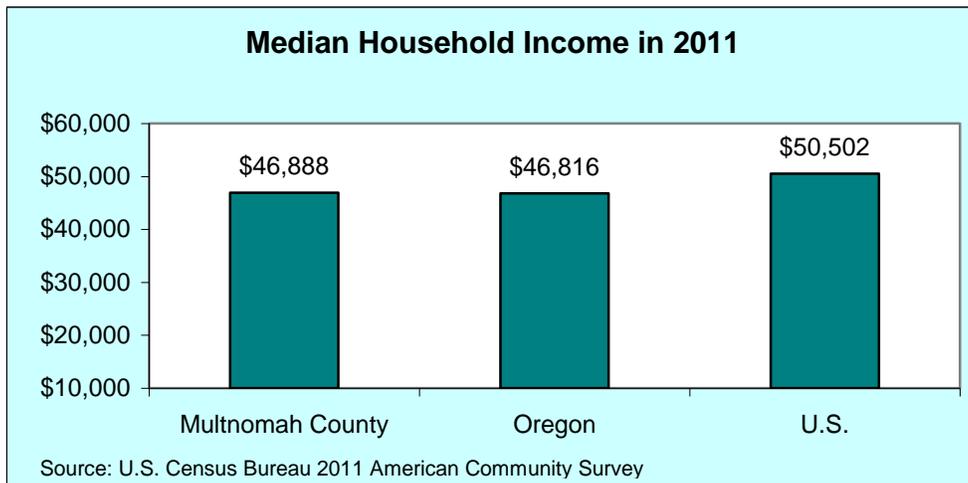
A.2. Population: Multnomah County continues to be the most populous county in Oregon with 19% of the State's population. Multnomah County grew to 748,031 residents in the year 2011. The population increase from 2000 to 2011 was 13.3%, or 87,545 persons. Over the same period, the population of Oregon increased 13.2%.



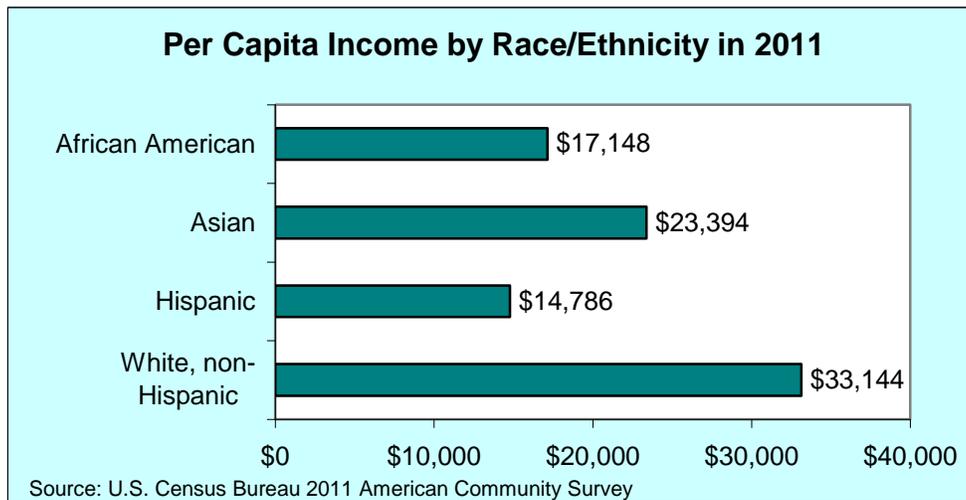
The racial and ethnic mix of the population varies in Multnomah County. North Portland is the most racially diverse geographic area, while the west side of the Willamette River is the least diverse. In 2011, Multnomah County was comprised of 71.9% White non-Hispanics; 5.6% African Americans; 0.8% American Indians; 7.4% Asians, Native Hawaiians and Other Pacific Islanders; and 11.1% Hispanics.



A.3. Income and Poverty: Median household income for Multnomah County was \$46,888 in 2011. This is comparable to the median income for Oregon and lower than that of the United States (\$50,502).



Approximately 19.7% of Multnomah County residents had incomes below the Federal Poverty Level according to the 2011 Census Bureau’s American Community Survey. This is higher than Oregon and the United States (with 17.5% and 15.9% of their respective populations below the Federal Poverty Level in 2011). The per capita income in Multnomah County was \$33,144 for White non-Hispanic, \$23,394 for Asians, and \$17,148 for African Americans. Hispanic per capita income was \$14,786.



A.4. Health Care Coverage: According to the 2011 American Community Survey, 16.5% of Multnomah County residents were without some type of health care coverage in 2011. This is higher than the national rate of 15.1% and the Oregon rate of 15.7%.

B. Summary of Health Indicators for Multnomah County

Health indicators for Multnomah County have not seen any significant changes over the past year. Please see the FY 2012/2013 plan for a summary of health indicators focusing on racial and ethnic disparities.

C. Adequacy of Public Health Services

C.1. Mission of the Health Department: The mission of the Multnomah County Health Department is *“In partnership with the communities we serve, the Health Department assures, promotes, and protects the health of the people of Multnomah County.”* The Department promotes and achieves this mission through its various public health services, programs, and initiatives.

C.2. Public Health Services of the Health Department: The Multnomah County Health Department complies with Oregon Revised Statute 431.416 to provide basic public health services. Public health services are performed in a manner consistent with the *Minimum Standards for Local Health Departments* adopted by the Conference of Local Health Officials and the Oregon Health Authority. As required under Chapter 333-014-0050 (1) of the Oregon Administrative Rules:

Each county and district health department [in Oregon] shall perform (or cause to be performed) all of the duties and functions imposed upon it by Oregon Revised Statutes, and by official administrative rules adopted by the State Health Division and filed with the Secretary of State.

There are no major changes to the extent which the Department assures public health services for the people of Multnomah County. Limited updates related to the provision of public health services can be found in the Section III Action Plans beginning on page 10 , in the corresponding subsections as follows:

- Control of Reportable Communicable Disease (A1 through A7)
- Parent and Child Health Services (B1 through B7)
- Environmental Health Services (C)
- Health Statistics (D)
- Information and Referral Services (E)
- Public Health and Regional Health Systems Emergency Preparedness (E)

C.3. Core Functions of Local Public Health Services to Meet Needs (OAR 333-014-0050 (3)):

The Multnomah County Health Department provides a variety of different core functions to respond to meet local needs of the community. These functions include the following categories:

- General Public Health Functions
- Specific Public Health Initiatives
- Clinical Health Services and Clinical Support Systems

Updates to these functions from the FY 2012/2013 plan include:

General Public Health Functions

New Service Area – Policy and Planning: In the fall of 2012, MCHD reorganized its service areas to better align Health Assessment and Evaluation, Community Prevention and Wellness, and the Public Policy activities. The Grants Team and the Community Capacitation Center remain housed in the Director’s office.

Specific Public Health Initiatives

Public Health Accreditation: The Health Department continues to work towards public health accreditation, with the goal of submitting the application for accreditation in August of 2013.

Updates to the accreditation process include:

- An Accreditation Coordinator has been named and is coordinating efforts around accreditation.
- A Department workgroup for Accreditation has been established and is tasked with identifying process and steps to meet accreditation measures.
- The strategic planning process is underway and scheduled for completion in June 2013.
- Plans for completing the Community Health Improvement Plan are currently under discussion.
- A workforce development plan, was completed in the summer of 2012, and includes: developing curricula and training based on the Core Competencies for Public Health Professionals; incorporating Core Competencies for Public Health into the

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Performance, Planning & Review (PPR) process and job descriptions for Health Department employees; and strengthening partnerships and coordination with educational institutions and community-based organizations to assure a competent future public health workforce.

- The Health Department is participating in the Four County Community Health Assessment both as facilitators of the process and as leadership team participants. Although driven by the Affordable Care Act requirements placed on hospitals, information from the assessment will also inform accreditation activities.

State/Local Health Reform: MCHD continues to participate in activities related to state and local health care reform. The Department is a member of the regional Coordinated Care Organization (CCO), Health Share of Oregon, and has a seat on its Board of Directors. In partnership with Clackamas and Washington Counties, MCHD has engaged in solidifying the partnership with local CCO's and the local LPHAs in the form of an agreement with the Health Share of Oregon and FamilyCare CCOs. Two Health Department staff were recently named to the Non-traditional Health Worker Steering Community housed in the State's Office of Equity and Inclusion. As CCOs move forward, this group will inform decisions related to the integration of Community Health Workers, Peer Wellness Specialist, Patient Navigators and other similar workers into clinical and community programs supporting CCO members.

MCHD is key partner in the Health Commons grant awarded to Health Share of Oregon, to kick start transformation of our regional system to enhance support for people on Medicaid. MCHD involvement in grant activities includes:

- CareOregon employed outreach workers sited at MCHD clinics who work with patients who experience potentially unavoidable hospital and emergency room use.
- Licensed Clinical Social Workers employed by the MCHD Emergency Medical Services (EMS) program who work with community members who are frequent users of EMS.
- Participation in the creation of a standardized process and consistent reporting for hospital discharge between area hospitals and primary care.
- Development and delivery of a customized curriculum for CCO outreach workers by MCHD's Community Capacitation Center.

Chronic Disease Prevention: The vision of the Community Wellness & Prevention Program continues to be healthy people in healthy places, and it emphasizes reducing barriers to healthy living that are shared among the community. The program is based on a socio-ecological model of health to understand the complex social and environmental factors that affect individual behavior and develop initiatives to address health inequities. The Program implements environmental and policy strategies to reduce the burden of chronic diseases most closely linked to physical inactivity, poor nutrition, and tobacco use like cancer, diabetes, obesity, heart disease, asthma, and stroke, including the county's community wide A Healthy Active Multnomah County It Starts Here media campaign. The Health Department will continue to implement this program into FY 2013/2014 with the support of county general fund and a grant from Kaiser Permanente.

Building Better Care: The Health Department's Integrated Clinical Services (ICS) unit continues to implement the Building Better Care (BBC) Initiative. In the fall of 2012, ICS launched BBC 2.0 aimed at continued work towards the primary care priorities to:

- Improve clinical outcomes
- Improve the client experience of care
- Decrease or sustain the cost of care
- Increase staff involvement

In BBC 2.0, staff-led workgroups made up of participants across clinics and clinic roles, design and implement system changes in nine priority areas in two phases:

Phase I

- Interdisciplinary Community Care (to support patients with high hospital and ER use)
- Chronic Disease Management for patients with depression and diabetes
- Behavioral Health Integration
- Transitions in Care (from hospitals to primary care)

Phase II

- Specialty Referrals
- Health Information Exchange
- Planned Care (improve use of data for prevention and chronic disease management)
- Expanded Access (opening clinics weekend and evening hours)

This work will continue into FY 2014.

Clinical Health Services and Clinical Support Systems

Primary Care Services: The Westside Health Center, one of MCHD's designated homeless clinics, began ramping down services in FY 2013, to prepare for a move to a new site in Southeast (SE) Portland. Staff at Westside assisted patients who resided in the downtown corridor in transferring to the newly opened Central City Concern clinic in Old Town if the patient agreed, while patients who live in the SE area will move with their team to the newly renovated site in the spring of 2013. The move to SE will co-locate primary care and dental services already operating at the facility.

School-Based Health Centers: The Centennial School Board approved plans to add a new SBHC site at Centennial High School. An application for funds for this expansion has been submitted to the Health Resources and Services Administration. Funding will be announced in December of 2012.

Dental: Multnomah County dentists began seeing patients at the new Billi Odegaard Dental Clinic on Wednesday, Nov. 14, 2012. The clinic at Central City Concern, 33 N.W. Broadway, is the first permanent safety net dental clinic in downtown Portland for people who lack housing or have very low incomes. Up to 1,500 clients a year are expected to receive dental care at the clinic. The clinic features five dental chairs for full dental services and is the first of Multnomah County's six dental clinics to use an electronic dental record system.

III. ACTION PLAN

A. Epidemiology and Control of Preventable Diseases and Disorders

A.1. Communicable Disease Prevention and Control Program: Updates include:

- The Immunization program screens and diagnoses clients in high risk populations who have no other source of medical care. This is a correction to last year's plan that indicated occupational screening as opposed to population screening.

A.2. Hepatitis C Surveillance Program: Updates include:

- As part of investigating and controlling communicable diseases at the local level, the Communicable Disease Services Program implemented the Hepatitis C Surveillance Project to perform expanded epidemiologic surveillance through November 30, 2012. This program was funded by the Center for Disease Control and Prevention who did not renew funding.

A.3. Tuberculosis Prevention and Treatment: Updates include:

The highest priorities for FY 2013, specific to TB prevention and control include the following:

- Assess the 12-week LTBI treatment regimen for eligible patients, including:
 - Reviewing the new service delivery model that allows for billing nursing care and medications (based on findings from last years' review of billing options).
 - Monitoring the newly developed standing orders and staffing (using Licensed Practical Nurses per FY 2013 priorities).
- Determine and roll-out new system for tracking of TB Cases Management and targeted testing activities.
- Assure appropriate diagnostic imaging for TB patients (suspected and confirmed) through an external imaging service.

A.4. STD/HIV/HCV and Adolescent Health Program: Updates include:

- A Latino-specific program educates and supports teen youth (and their parents) to: increase parent/youth connectedness, increase confidence and skills to support sexual health, increase youth resiliency, and reduce teen pregnancy. African American faith-based adult and youth peer educator programs are being developed with community partners to do the same.

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

B.1. Early Childhood Services: Updates include:

- In 2012 Multnomah County received a CityMatCH grant to support a partnership with Native communities in Multnomah County, referred to as the Future Generations collaborative. The collaborative has been convened to address health inequities specific to family health in Native communities.
- An increased focus on the development of community partnerships to enhance primary prevention on a systems level.

B.2. Babies First!: No substantial changes.

B.3. Maternal, Child and Adolescent Health Services: Updates include:

- In 2012 the Strategic Intent is being updated by a NACCHO strategic planning process that will result in a 1 year action plan with a focus on community partnerships and will help determine three priority areas of work for MCH-related activities in the next year.

B.4. Family Planning Services: Updates Include:

- Additional activities include increase training for Eligibility Specialists on CCare.

B.5. Family Planning through School-Based Health: Updates Include:

- An application has been submitted to the Health Resources and Services Administration for a New Access Point at Centennial High School. We should receive a decision regarding this funding in December.

B.6 WIC: Updates Include:

- This year, a fourth site was added at the Native American Youth and Family Center (NAYA). This new site operates two Thursdays each month.

B.7 Community Immunization Program: No substantial changes.

C. Environmental Health

No substantial changes.

D. Health Statistics

No substantial changes.

E. Information and referral

No substantial changes.

F. Public Health Emergency Preparedness

Updates Include:

- The Federal program that provided funding (one-time, renewed for three years) for the Advanced Practice center was discontinued. This program ended September 30th, 2012.

G. Other Issues

G.1. Healthy Communities: No substantial changes.

G.2. Tobacco Prevention: While no substantial changes have been made to the goals of this program, additions been made to program objectives planned last year in order to reach program goals and objectives:

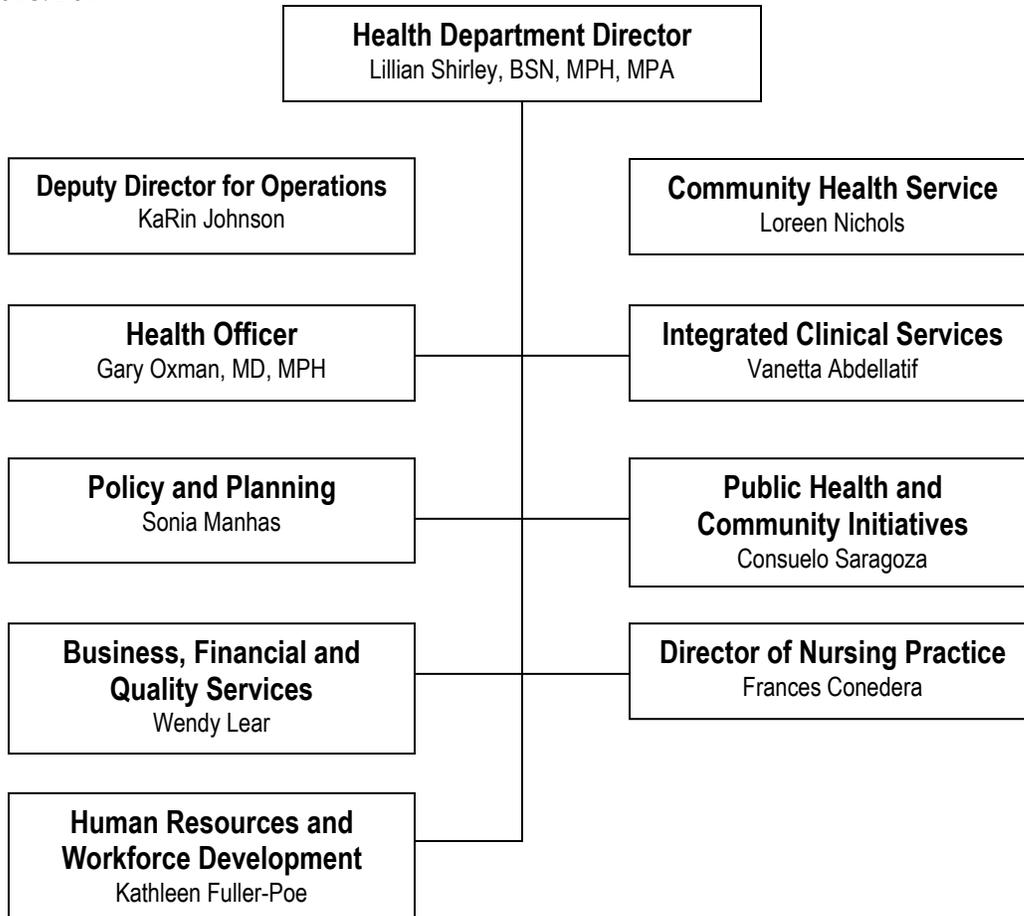
- Multnomah County will work with at least one Federally Qualified Health Center to adopt systematic integration of methods to help patients quit using tobacco.
- Multnomah County will promote culturally appropriate cessation within all policy efforts by working with community organizations and coalitions to assess current availability of and utilization of culturally appropriate cessation resources.
- Multnomah County will implement the tobacco-free campus policy that was adopted by the Board of County Commissioners in April 2012.
- Multnomah County will work with at least one Community Development Corporation to adopt (or expand) a comprehensive smoke free policy, with a focus on Community Development Corporations who are working with recently homeless and/or people with mental health and/or substance use disorders.
- Multnomah County will conduct a community assessment of outdoor venues where employees and public are still being exposed to secondhand smoke and identify potential strategies to reduce exposure.
- Multnomah County will assess the tobacco retail environment and identify potential strategies for reducing youth access to tobacco.
- Multnomah County will develop a comprehensive strategic plan to reduce youth tobacco access and use.

In order to meet these objectives, Tobacco Program staff have been engaged in specific plans of action based on the following key activities: 1) assessment, 2) education, outreach, and partnerships, 3) media advocacy, 4) policy development and analysis, and 5) policy implementation and enforcement. Much of the work of the program is being carried out through issue-specific coalitions and multidisciplinary partnerships, including the coordination of a broad-based Tobacco Prevention Coalition.

IV. ADDITIONAL REQUIREMENTS

A. Organizational Chart

The following organizational chart represents Multnomah County Health Department Leadership as of January 2012



B. Board of Health:

The Multnomah County Board of County Commissioners constitutes the Multnomah County Board of Health under ORS 431.410 and ORS 431.415. Members of the Board include:

- Jeff Cogan, County Chair
 Term ends: December 31, 2014
 Phone: (503) 988-3308, fax (503) 988-3093
 E-mail: mult.chair@multco.us
 Web: <http://web.multco.us/chair>
- Deborah Kafoury, Commissioner for District 1
 Term ends: December 31, 2012
 Phone: (503) 988-4435, fax (503) 988-5440
 E-mail: district1@multco.us
 Web: <http://web.multco.us/ds1>
- Loretta Smith, Commissioner for District 2
 Term ends: December 31, 2014
 Phone: (503) 988-5219, fax (503) 988-5440

E-mail: district2@multco.us
Web: <http://web.multco.us/ds2>

- Judy Shiprack, Commissioner for District 3
Term ends: December 31, 2012
Phone: (503) 988-5217, fax (503) 988-5262
E-mail: district3@multco.us
Web: <http://web.multco.us/ds3>
- Diane McKeel, Commissioner for District 4
Term ends: December 31, 2012
Phone: 503.988-5213, fax (503) 988-5262
Web: <http://web.multco.us/ds4>

The Multnomah County Board of Commissioners meets as the County Board of Health periodically to consider matters of public health. Meetings are held in the first floor Boardroom of the Multnomah Building (501 SE Hawthorne Boulevard). Except for executive sessions, all meetings are open to the public. The Board's mailing address is 501 SE Hawthorne Boulevard, Suite 600, Portland, Oregon 97214-3587.

C. Public Health Advisory Board

The Multnomah County Health Department does not have a Public Health Advisory Board. However, there are a number of smaller community-based advisory councils which provide input into the Department's strategic planning and decision-making process (e.g., the Multnomah County Community Health Council which governs the Department's Section 330 program that provides medical and dental access to the county's vulnerable residents).

D. Triennial Review Compliance Findings

The Multnomah County Health Department has no repetitive findings or triennial review compliance findings that are past resolution date.

V. UNMET NEEDS

A. Unmet Needs Overview

The Health Department's ability to implement public health services and address unmet needs is directly aligned with the availability of financial resources. Multnomah County has experienced successive years of declining revenue, which has resulting in ongoing budget constraints for all County departments. The FY 2013 Health Department budget has decreased 0.42%, or \$671,553, in total spending from the FY 2012 adopted budget. FTE have decreased from 1,004.94 in FY 2012 to 998.22 in FY 2013, a 0.67% decrease. With the American Recovery and Reinvestment

Act (ARRA) funding coming to an end, the Health Department's budget is shrinking. In particular, the "Communities Putting Prevention to Work" grant, meant to catalyze two years of intensive health promotion activities and job creation across the county, is winding down in FY 2013, which will result in significant programmatic changes in FY 2014. In addition, Medicaid match rates are increasing, and fees and General Fund must shoulder the cost of new investments.

Budget preparation for FY 2013/2014 has yet to begin so it is not yet possible to fully report the impact of the County's projected budget deficit in terms of its impact on public health services. Currently, a \$1.9 million gap is being projected for the County-wide FY 2014 budget. The Budget Office's March 2012, Five-Year General Fund Forecast projected a gap between General Fund revenues and expenditures of \$3.5 million for FY 2013, representing approximately a 1% gap. Most recent projections for FY 2014 estimate a revenue/expenditure gap of \$4.4 million or 1.13% of expenditures.

The County Chair started the Multnomah Evolves initiative during FY 2011, in order to restructure our administrative and support services, reduce administrative costs and protect direct services from reductions. As the initiative continues, a number of changes are included in the FY 2013 budget:

- Span of Control, or the ratio of supervisors to employees, was reviewed for all departments. The FY 2013 budget eliminates or downgrades the number of management positions and increases the span of control, resulting in approximately \$3.3 million in "administrative/management" reductions to the County. The countywide span of control is 11.34 to 1. Savings will continue into FY 2014.
- The Department of County Management has selected a vendor to supply and assist in implementing a new Budget and Performance Management System for FY 2014. The new web-based system will consolidate a set of stand-alone software programs that have required extensive maintenance and manual processes for basic budget document production and regular data analysis. Initial implementation of the new system will not only streamline and automate current work, but also facilitate more in depth data analysis and user friendly reporting to inform County policies. If desired or necessary, subsequent phases of the new system may also support position and spending controls and capital planning at a more detailed level.

As part of the Multnomah Evolves Initiative, a new Facilities Strategic Plan is in progress. The new plan will describe current and future facility needs for County programs based upon the demographics of our clients, as well as the location, cost and physical conditions of County buildings and leased space. The plan will propose a new policy to guide long term capital asset strategy for County buildings and propose transactions and projects to transform the current building portfolio into one that is financially sustainable for the long term.

B. Specific Unmet Public Health Needs

HIV Care and Prevention Services: Over the past several years the Portland metropolitan area, including Multnomah County, has experienced significant, on-going reductions in funding for

clinical and non-clinical services for People living with HIV (PLWH). In Oregon, Medicaid reimbursement for dental care has been reduced by 10% and mental health services are being increasingly targeted to those with the most severe need, restricting the ability to provide preventive counseling. The HIV Health Services Clinic continues to face increased pressure to raise productivity with decreases in case management staffing during a time of increasing case loads. Basic needs funding has also seen a trend of fiscal cuts over the past few years and both the overall social service system and the HIV specific services are being bombarded with clients whose needs are severe and ongoing, a phenomenon that has been exacerbated during the recent economic downturn. Additionally, the Center for Disease Control and Prevention's shift of resources to areas of greatest HIV prevalence will reduce HIV Prevention funding in Oregon by at least 25%. This reduction will grow to 50% by 2016, meaning a larger portion of support for linkage to care will need to come from care funding in the Portland metropolitan area.

Hepatitis C: The Communicable Disease Surveillance program faces challenges related to maintaining capacity amidst on-going budget cuts. Constraints on budget and space over the last decade led to combining the Health Department's Communicable Disease (CD), Tuberculosis (TB), and Immunizations programs into one Communicable Disease Services (CDS) Program. TB funding continues to decline while enhanced Hepatitis C surveillance funding was eliminated, with the no-cost extension period coming to a close mid-December.

Environmental Health: The Department's Environmental Health Program is working to address new and emerging issues by expanding the scope of services to further address inequities associated with environmental health and personal health outcomes. To this end, there is an unmet need in terms of capacity to address policy and program development, advocacy, and education with a focus on environmental health issues.

VI. BUDGET

The Multnomah County Health Department will provide budget materials per the above instructions. The Health Department's Director of Business Services & Finance, Ms. Wendy Lear, is responsible for overseeing the budget on behalf of the Health Department. Ms. Lear's contact information is as follows:

Ms. Wendy Lear, Director of Business Services & Finance
Multnomah County Health Department
421 S.W. Oak Street, Floor 2
Portland, OR 97204
Phone: (503) 988-3674, Ext. 27574
Fax: (503) 988-3015
Email: wendy.r.lear@multco.us

The County Chair, Jeff Cogan, will not submit his final FY 2013/2014 Executive Budget until May 2013. Updates on the Multnomah County FY 2013/2014 budget (which includes the Health

Department's budget), as well as the Chair's Executive Budget, can be found at the following web address:

<http://multco.us/budget/fy-2014-budget>

Once available, the proposed budget will be presented for local public review, and, therefore, changes may be made before it becomes final upon adoption by the Multnomah County Board of Commissioners in June 2013.

VII. LHD SURVEY AND INDICATORS

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: Lillian Shirley, RN, MPH, MPA

Does the Administrator have a Bachelor degree? Yes No

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

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

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

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

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

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

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

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.

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FY 2013/2014

Lillian Shirley

Local Public Health Authority

Multnomah
County

November 30th, 2012
Date

VIII. ATTACHMENTS

Attachment 1 FY 2013 - 2014 Oregon WIC Nutrition Education Plan Form

County/Agency: Multnomah County Health Department WIC Program
Person Completing Form: David Brown
Date: November 27, 2012
Phone Number: 503 572-1123
Email Address: david.t.brown@multco.us

This form was submitted 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 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:

Multnomah County Health Department WIC Program will continue to provide appropriate nutrition education contacts in conjunction with eWIC benefits following our current procedure. Any new guidance from the State WIC office with nutrition education scheduling and eWIC will be considered.

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:

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

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:

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

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:

Training Supervisors are:

Joy McNeal

Mary Kay DiLoreto

Elizabeth Berol-Rinder

Planned In-Service topics and dates are listed in Attachment A.

Attachment 2
Attachment A - FY 2013-2014 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2013 through 6/30/2014

Agency: Multnomah County Health Department

Training Supervisor(s) and Credentials:

Joy McNeal, MS, RD
 Elizabeth Berol-Rinder, MPH, RD
 Mary Kay DiLoreto, MS, RD

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, 2013	Introduce PCE group education session guide	To orient and train new staff on using the new lesson plan guidec
2	October, 2014	Community Partner (Partner to be determined)	To provide continued awareness of community services that can potentially benefit WIC clients.
3	March, 2014	Baby Behavior eLearning course	To help WIC certifiers better understand baby behavior and infant cues.
4	June, 2014	eLearning benefits training	All WIC staff will have completed State offered eWIC/ EBT trainings.