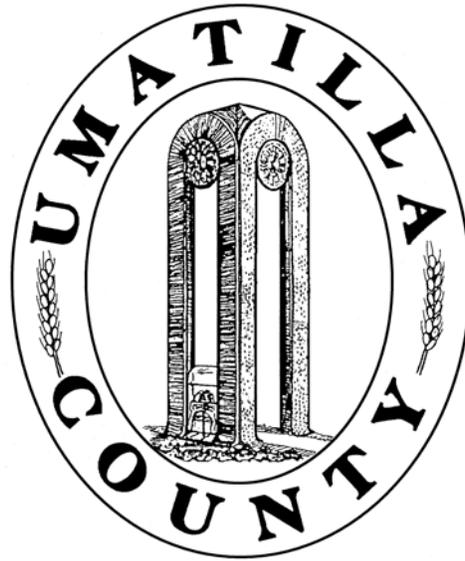


**Umatilla County
Public Health Division**



Local Public Health Authority

ANNUAL PLAN

2013

Genni Lehnert-Beers, Administrator
Umatilla County Public Health

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SECTION I. EXECUTIVE SUMMARY

Umatilla County Public Health has continued to strive to deliver quality public health services despite the tough economic times. Staffing levels have not returned to 2009 levels making our ability to meet all the needs of the community impossible. This is most notably seen in our immunization rates and clinic client encounter data. Clients continue to verbalize their frustration with service availability but this department has prioritized services to assure that those services that remain available are of the highest quality.

The implementation of the CCO in Umatilla County has highlighted new challenges for public health. The change of how services are to be provided to our residents is exciting. This has the potential to change the face of public health and the services that are ultimately provided. Shifting from a reactive medical model to a proactive model is exciting. The decrease in funding that the CCOs have will most certainly result in decreased revenue for public health. The major concern is what services will no longer be affordable to provide. It is my hope that UCHD will play a critical role in the case management of clients. This is a skill that public health has held for decades and one that will serve our population well. Public health is invested and highly interested in assuring the success of the CCO, which ultimately will ensure the health of our residents.

Our newest program, Nurse Family Partnership, has been enthusiastically welcomed by our community partners. The program is fully staffed and clients are currently being enrolled. We continue to partner with Morrow County and provide the program there as well. Providing a nurse home visit model to first time low-income mothers has been well received and we are anxiously awaiting our data. It is our expectation that we will see an improvement in pregnancy outcomes, an improvement in child health, development and safety, and an enhanced parent life course evidenced by pregnancy planning, educational achievement, and employment of the parents.

The School Based health Centers continue to provide services to students in both Pendleton High School and Sunridge Middle School. The partnership between public health, St. Anthony Hospital, and the Pendleton School District has ensured the success of these centers during the tough economic times. Without the partnership, this service would have been reduced or possibly removed. I remain committed, as do our partners, to assuring these centers remain open to our students.

Over the past year, public health worked in conjunction with multiple county partners to complete a community health assessment. The top three priorities identified were the high rate of obesity, tobacco use, and chronic disease i.e., asthma and diabetes. A strategic planning group meets regularly working to complete a gap analysis and to create a community health improvement plan. A separate Hispanic Community Health Assessment is underway and expected to be completed by spring 2013.

The past year has been challenging. The poor economy and unemployment rates have been difficult. Services are needed now more than ever but reductions in funding in the past years resulted in fewer options for our clients. The staff at UCHD remains committed to providing quality public health services in our county during these tough times. The high level of expertise and professionalism possessed by those who work at public health is inspiring. I remain grateful to the staff who continue to stick it out and remain passionate about the services we provide. This tenacity ultimately makes the difference for our residents and the care that they receive.

Section II. ASSESSMENT

Aging Issues

12.7% of Umatilla County residents are 65 years of age and older. Assisted living facilities frequently have waiting lists for residents. Medical care is an increasing problem due to the reduced number of physicians in the area. The residents are faced with finding new medical care when their physician leaves the area or retires. Many of these folks are forced to travel to Washington to seek medical care. This is a burden for the aging population who frequently rely on others for transportation and live on a fixed income. Many residents with Medicare are unable to find a physician due to local physicians refusing to take any new Medicare patients. The reimbursement rate for Medicare patients is not covering the costs to physicians for providing services.

Alcohol and Drug Use

Alcohol continues to be viewed as “part of the culture” in Eastern Oregon. Use among adolescents is high. According to the Oregon Healthy Teens 2007/2008, combined data 32.3 % of 11th graders in Umatilla County and 14.9% of 8th graders binge drank in the past 30 days. 20.6% of 11th graders and 10.3 % of 8th graders have used marijuana in the past 30 days. 3% of 8th graders and 5% of 11th graders had at least one drink of alcohol on school property in the last 30 days.

Umatilla County Coalition to Reduce Underage Drinking (UCCRUD) meets monthly at St. Anthony Hospital. Membership also includes the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) Law Enforcement, Public Health, Mental Health, Prevention and Treatment Providers and Community Partners. This coalition has been meeting for several years. Past project have included “party” surveillance, disbandment, and collaborating with youth on media outreach to parents and teens.

Births, Low Birth Weight

Umatilla County had 1,056 births in 2011. 37% of those babies born were identified as Hispanic. 141 or 13.5% of mothers reported smoking compared to the state rate of 10% and 10.8% of women reported inadequate prenatal care. Services are offered to new moms by the health department and on-going visits are provided to those who qualify for services and as space are available. UCHD works closely with the two hospitals in the county and are given referrals from them when appropriate

2011 BIRTH DEMOGRAPHICS		
	State of Oregon	Umatilla County
Total Births	45,136	1,056
Low Birthweight Infants.	2,769	69
Births by Maternal Hispanic Origin	8,718	391
Births to Teens	8,740	358
Births with Reported Maternal Tobacco Use	4,795	141

Communicable Disease

Chlamydia continues to be the most frequently reported communicable disease in Umatilla County. In 2011, there were 246 reported cases, which is an increase from the 195 cases noted in 2010. As of January 31, 2012, there have been 217 cases of Chlamydia reported in Umatilla

County. 90% of cases are between the ages of 15 and 29 years. Six Gonorrhea cases were reported in 2011, which was a decrease from eleven cases in 2010.

Umatilla County currently has 41 people living with HIV/AIDS. UCHD did not receive any HIV grant funds for fiscal year 2013 but testing continues to be offered to those based on risk factors.

There was one newly reported active Tuberculosis case in 2011 compared to five in 2010. This case has been coordinated with the Veterans Hospital in Washington where the client received care. Tuberculosis management is labor intensive due to the daily treatments and frequent trips to the client's home. This has been difficult to manage with an already strained CD department. As of the end of October 2012, there has been an additional confirmed Tuberculosis in the county.

In 2011, there were several reportable GI diseases: 6 cases of Campylobacter, 6 Giardia, 6 Salmonella, 3 E.Coli O157 and then individual cases of several other reportable diseases. Umatilla County had 324 reported disease cases that required investigation.

The efforts of the West Umatilla Mosquito Control District continued to limit the number of cases of West Nile in Umatilla County. In 2012, there were no positive mosquito pools and no confirmed animal or human cases of the disease. UCHD works closely with West Umatilla Mosquito Control District to provide education to the entire county around mosquito borne illnesses and prevention of mosquito bites.

Deaths and Causes of Death

The leading cause of death in Umatilla County is cancer, which was 23% of the 636 deaths recorded. Heart Disease is ranked a close second at 21%. Chronic lower respiratory disease is a distant third with 6% of the deaths. The county continues to have a shortage of providers. Many Medicare patients cannot find physicians and are forced to travel into the state of Washington or the Portland area to obtain much of their medical care.

Dental

Lack of dental services remains a major problem for Umatilla County. Many of the low-income residents go without dental care due to cost and minimal-to-no-coverage of the Oregon Health Plan. The high methadone rates add to the dental issues. The Federally Qualified Health Center (FQHC) works closely with a dental van that travels occasionally into the western half of the county to provide dental services to low income or uninsured residents.

Emergency Preparedness

The focus for 2012 was three fold 1) to ensure all Health Dept. staff received training and maintained accurate profiles on the new Oregon HAN site 2) encourage staff to utilize the site more frequently to increase their understanding and 3) to utilize the mobile trailer, which was purchased in 2010. The Preparedness Coordinator worked with state HAN trainers to set up

concise, pertinent training for all staff on the use of the new HAN system in the spring. The Preparedness Coordinator, Administrator and Clinic Nursing Supervisor took the full HAN training offered by the state. The Preparedness Coordinator continues to send Alerts to ensure all pertinent staff responds within one hour to a HAN Alert as required by PE 12 standards. Staff were also trained and tested on the use of the satellite phones and 2-way radios. This ensured that there was complete understanding of how to utilize the equipment and what was proper etiquette.

The mobile clinic was used in May to provide Tdap immunizations at 4 separate sites over a 2 day period: Wildhorse Casino and Resort, Milton-Freewater, Pendleton and Hermiston. In July the trailer was taken to Helix after a recent flood to provide Tdap and Td to the citizens.

Food-borne Illness Reports

In 2011 there were 5 outbreaks: all outbreaks were identified as Norovirus and as such were not foodborne illnesses, even though 2 of the outbreak sites were local restaurants. Three of the outbreaks involved residential care facilities in Hermiston. Staff at all facilities were provided with education on limiting the spread of the outbreak: hand washing, using cover gowns, using appropriate germicidal agents for cleaning surfaces, restricting visitors and limiting residential movements for the duration of the outbreak. The directors of all the sites were very cooperative and assisted the CD nurse with all needed information and contact information for specimen collections.

Immunizations

The majority of vaccinations are given by the health department. The pediatricians' offices in Pendleton and Hermiston provide vaccinations but for the most part private physicians do not offer immunizations. Outreach into medical offices has identified that physicians report that they are not reimbursed at a rate that is conducive to their clinical costs and its stain on staff due to the management and accountability of tracking vaccines.

In the Hermiston area the FQHC: Mirasol Family Health Center, serves as a delegate agency to public health for immunizations. Mirasol has a large number of migrant farm workers and individuals that are not legal citizens who are their patients. In Pendleton, the Yellowhawk Tribal Health Center also serves as a delegate agency for providing immunizations to CTUIR members and their families.

76% of 24-35 month olds were reported to be up to date with the 4:3:1:3:3:1 series in 2010. This rate has continued to improve steadily and is up significantly from the 68% in 2007. With the 4:3:1:3:3:1 series UCHDs rate of 76% was slightly below the state average of 77%. UCHD continues to struggle with reaching those who need their fourth DTaP. The county rate dropped to 69% in 2010. Possible causes are the decrease in clinic hours at both sites due to budget cuts and many parents return late or not at all for the 4th shot. UCHD continues to provide information to local providers and perform outreach to parents through our home visit program. Partnerships have been made with WIC and Head Start to help educate parents on the importance of all vaccinations. UCHD continues to improve rates for the number of infants who started receiving their immunizations on time, and decreased the rate of late starts and missed shots. UCHD has met the Healthy People 2020 Immunization goals for all vaccines except the fourth DTap so will continue to strive to improve this rate.

Mental Health

Umatilla County does not provide mental health services. Currently, Lifeways offers these services. As with many other counties, Umatilla does not have enough providers for mental health services. Many residents go without care or with minimal care due to this shortage.

The School Based Health Centers (SBHC) has a 0.6 FTE mental health specialist. This position provides a much-needed service to this vulnerable population only in the Pendleton school district. There is an ongoing fear that this position could be reduced or eliminated related to unsecure and fluctuating funding. The loss of this position will result in many adolescents not receiving mental health care and will open the door for potential future issues.

Pendleton High School provided TeenScreen to 10th graders again this year. A total of 95 consents were returned from parents to screen their adolescents. 57 of those were actually screened due to school absence on day of screening, inability to leave class or individual refusal. 37 of those screened were not identified as needing any additional follow up counseling. 19 adolescents were identified as needing follow up counseling and one adolescent was identified as an immediate counseling need. This will be the last year TeenScreen is offered due to the national organization disbanding. UCHD will continue to look for ways to continue to screen adolescents at risk for suicide or depression.

Physical Activity, Diet, and Obesity

Through a one year Building Capacity for Reducing Chronic Disease grant, the health department collaborated with community partners to form the Community Health Action and Response Team (CHART) for Umatilla County. The CHART is a diverse group of leaders from across the county representing schools, health care, community institutions and organizations, and work sites that are committed to leaving a legacy of improved health opportunities for the county's citizens. The members conducted a Healthy Communities population-based assessment looking specifically at ways to reduce the burden of chronic diseases most closely linked to physical inactivity, poor nutrition, and tobacco use—arthritis, asthma, cancer, diabetes, heart disease, obesity, and stroke. The grant has ended yet the group continues to meet to slowly move forward the goals of the CHART. The hope is that one day additional funding will be secured to resume a CHART coordinator and begin working more aggressively on these policy changes and goals.

Public Health is part of the Umatilla County Community Health Partnership which completed a comprehensive county-wide community health assessment in the 2011. The report was presented to county partners in 2012 and the top three goal areas from that assessment were Obesity, Tobacco, and Diabetes/Asthma-Chronic Disease. To better serve all of our population, a follow-up health assessment survey of Hispanic residents will be completed by the end of 2012. Once a resource inventory is completed, a strategic plan will be developed to address the three areas of highest concern.

The health department continues to be proactive with physical activity and a healthier lifestyle. The county Wellness Committee sponsors a “Get Active” event each year. This event encourages individuals and/or teams to have some friendly competition with physical activity. The event has been well received throughout the county, and shared with other worksite wellness committee. In addition the committee sponsored its 4th annual "Highway to Well" walk run with 1 mile, 5K, 10K & half marathon options.

Public health is a strong supporter and member of the Wellness Committee. Their mission is to educate and promote employees to have healthier lifestyles and to be aware of the existing benefits currently being offered by the county. Some benefits offered are a reduced fee for membership at the local health club, a wellness benefit on our insurance package that pays for health assessments, and various classes offered by local hospitals. The committee sponsors a health assessment for employees at their worksite. This assessment checks blood glucose and cholesterol levels as well as other health indicators.

The health department continues to share best practices with community partners including our healthy food policy that staff approved by a majority vote in 2007. This policy simply states if a staff person wishes to bring snacks for all staff, which may not be a healthy choice, then a healthy alternative will also be offered. This has been widely accepted and followed

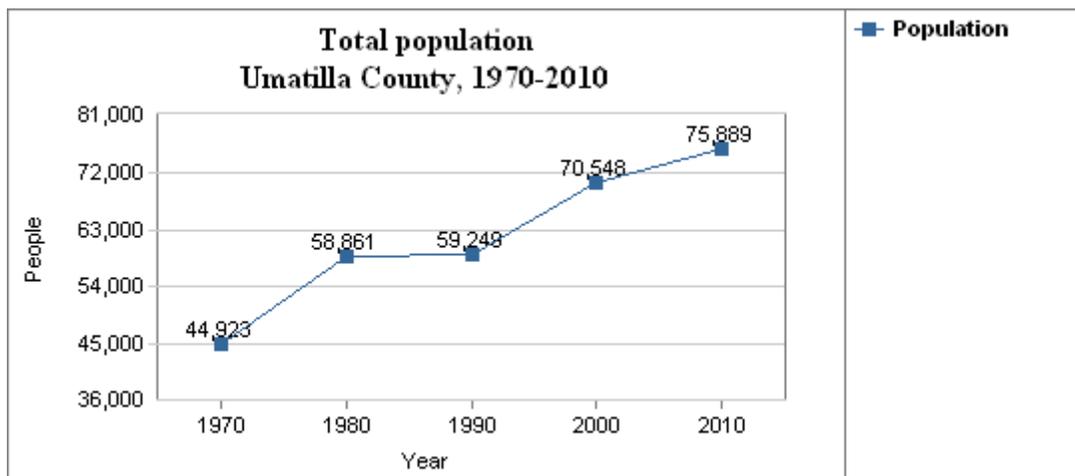
Population, Gender, Age

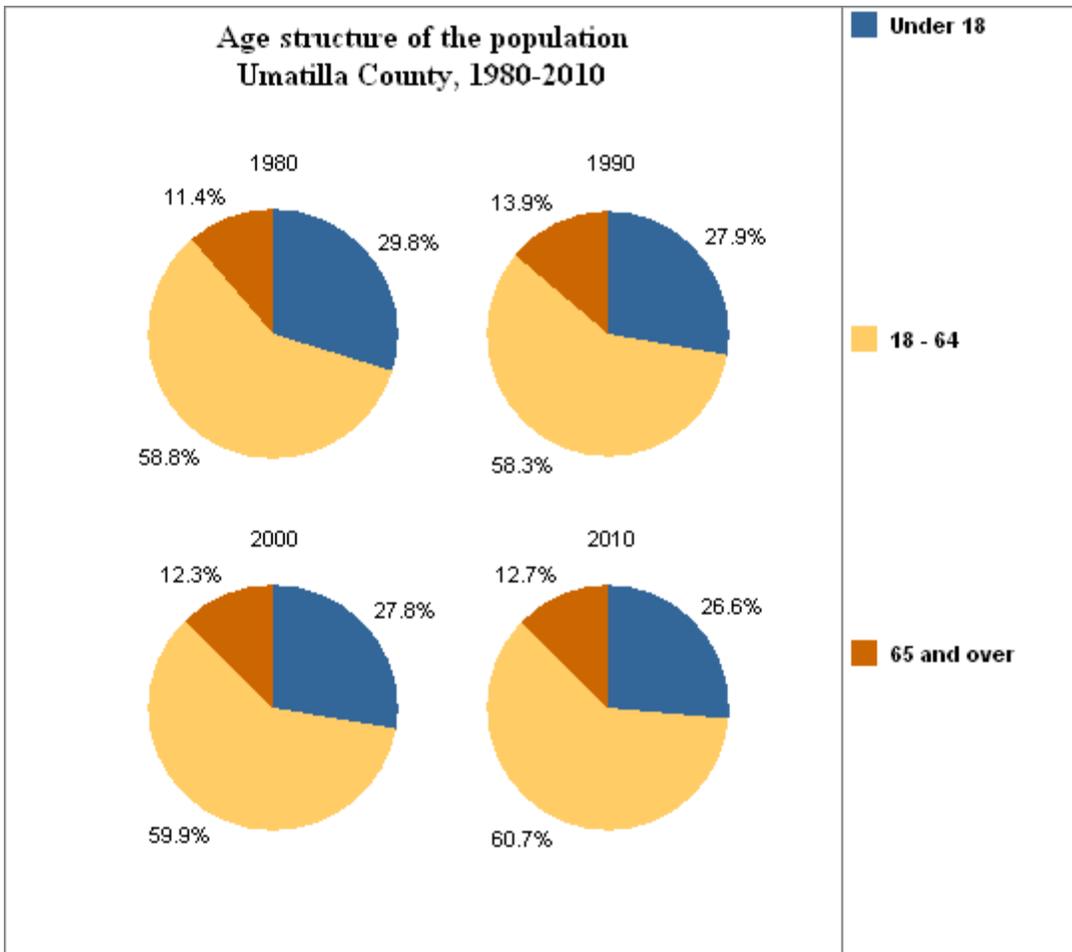
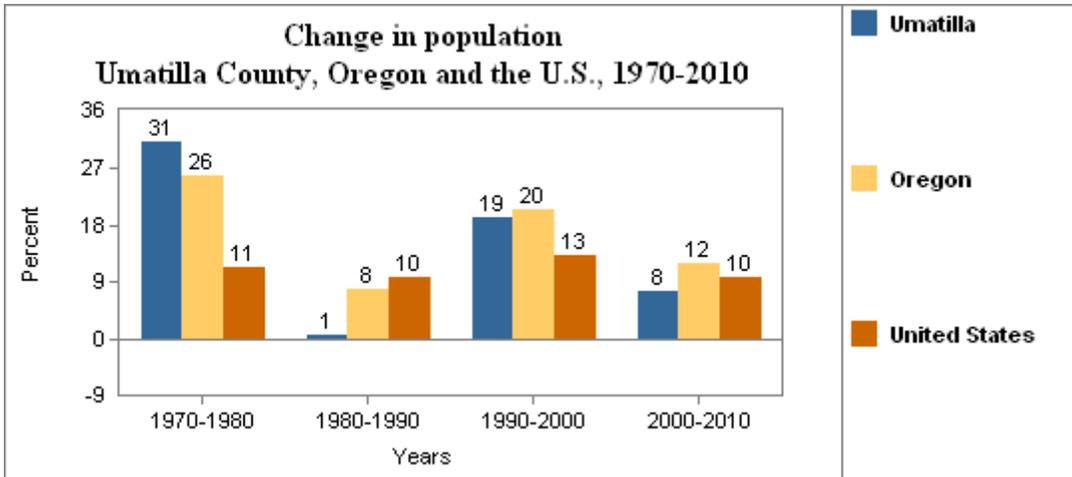
Umatilla County:

- Had a population of 75,889 in 2010
- Gained 5,341 residents between 2000 and 2010
- Grew by 7.6 percent between 2000 and 2010, compared to an increase of 12.0 percent in Oregon as a whole
- Gained 30,966 residents since 1970
- Had a 2000-2010 rate of population change that ranked 17th – from the highest to lowest – out of the 36 counties reporting data

In Umatilla County:

- 7.4 percent population was under five years of age
- 26.6 percent population was under 18 years compared to 22.6 percent in Oregon
- 60.7 percent of the population was 18 to 64 years old in 2010 compared to 63.5 percent in Oregon
- Had a 12.7 percent population over 65 years compared to 13.9 percent in Oregon

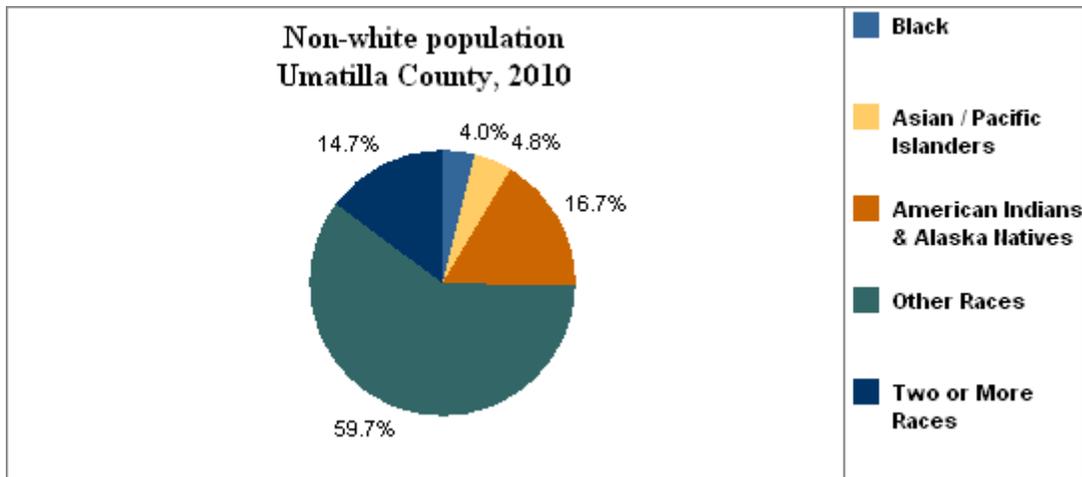
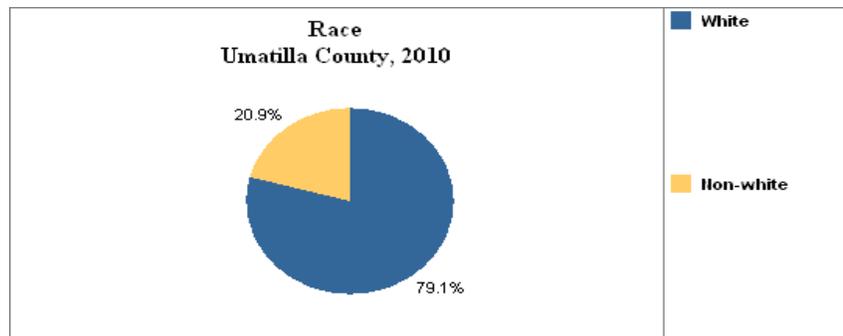




Race

In Umatilla County:

- People who identified themselves as being a race other than white made up 20.9 percent of the population in 2010, compared to 16.4 percent in Oregon
- The non-white population has changed from 6.6 percent in 1980, to 11.0 percent in 1990, to 18.0 percent in 2000, to 20.9 percent in 2010
- The Hispanic population is growing with 23.9 percent in 2010
- The majority of the population is Caucasian



Umatilla County Public Health has Spanish-speaking interpreters and materials available for Hispanic clients.

Geography

Umatilla County is situated in one of the largest wheat and green pea producing areas in the nation. Other agricultural commodities include potatoes, vegetables, cattle, hay, truck crops, fruit, and other seed crops.

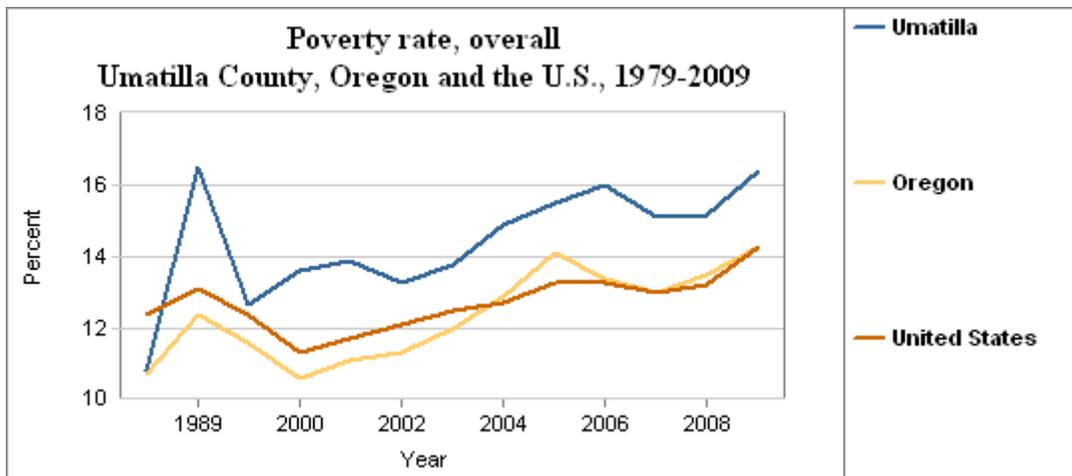
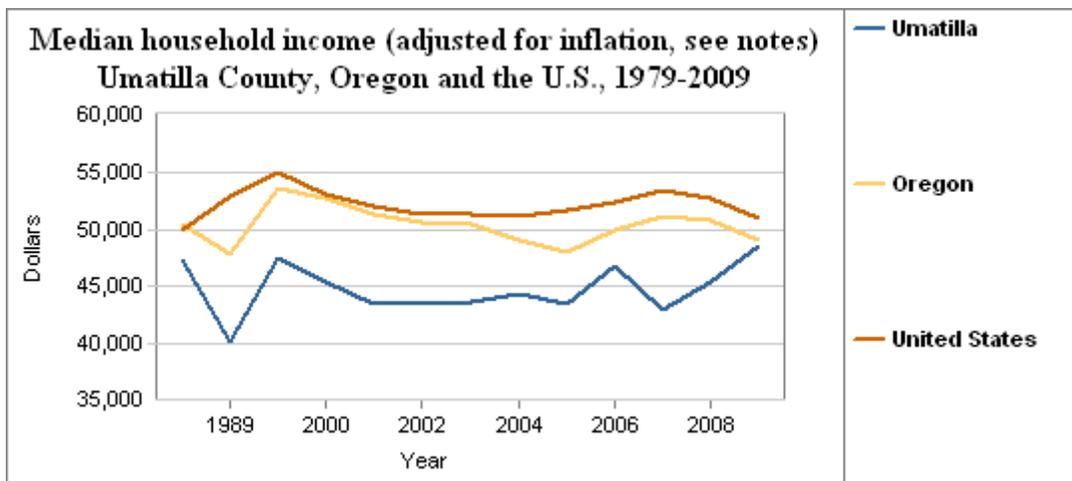
Umatilla is the 13th largest county in Oregon and has 3,231 square miles, of which 3,215 square miles are land and 16 square miles is water. It has 12 incorporated cities and 13 unincorporated communities. The elevation ranges from 200 feet in the city of Umatilla, which is located on the Columbia River, to nearly 5,000 in the Blue Mountains on the eastern and southern edges of Umatilla County.



Socio-Economic Status

In Umatilla County:

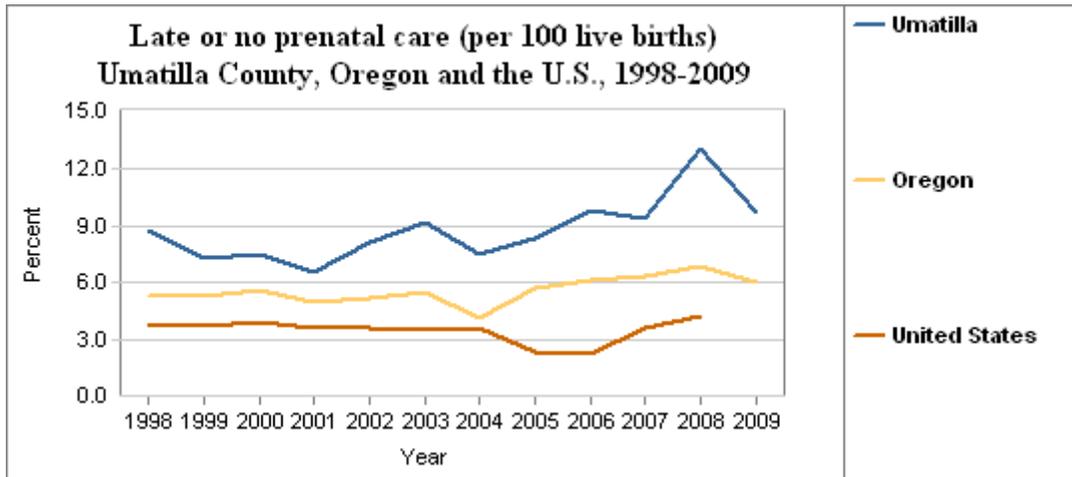
- There were 26,904 total households in 2010
- Family households made up 69.3 percent of the total in 2010, compared to 63.4 percent in Oregon
- Since 1980, family households have decreased as a proportion of the total
- Female-headed households with children (no husband present) made up 7.8 percent of all households in 2010, compared to 6.1 percent in Oregon
- Adults age 65 or older who lived alone made up 9.6 percent of all households in 2010, compared to 9.7 percent in Oregon
- 15.5 percent of residents live below the poverty level, compared to 14.3 percent in Oregon
- The median household income in 2009 was \$47,693, compared to \$48,325 in Oregon
- 15.2 percent had an income in the past 12 months that was below the poverty level (2009 data)
- 9.1 percent were unemployed as of June 2011, according to the Oregon Labor Market Information System



Prenatal Care

In Umatilla County:

- 10.8 percent of women who gave birth in 2011 had inadequate prenatal care, compared to 5.4 percent in Oregon
- 26 women who gave birth in 2011 received late or no prenatal care, compared to 20 in 2010.



The health department offers maternity case management services. This program provides a nutritional assessment, prenatal education, and counseling to expectant mothers. The community has had a steep decline in obstetrical physicians. This has led to many expecting mothers to travel to Washington State to seek care or opting not to have prenatal care until their third trimester. Illegal Hispanic residents have a particularly difficult time receiving prenatal care. They have no insurance, and self-pay is a barrier to service. Citizen Alien Waived Emergent Medical (CAWEM) which has been available for emergency services and delivery has been expanded to include prenatal care. UCHD along with Mirasol Family Health Center and Good Shepherd Medical Center worked together to bring the prenatal expansion project to Umatilla County. This program allows for undocumented, low income, pregnant women to receive prenatal care through special funding.

Teen Pregnancy

The teen pregnancy rate remains high in Umatilla County but has been declining slowly for the past 2 years. The rate in 2011 was 12.6 per 1000 teens aged 10-17 years which is the same as the 2010 rates. The state average rate for 2011 was 7.3 per 1000 teens aged 10-17 years.

UCHD currently serves 26.5% of the Women In Need in the county. Women In Need are described as between the ages of 13 and 44, fertile, sexually active, not pregnant or trying to become pregnant and at an income level below 250% of the federal poverty level. UCHD continues to make a wide range of contraceptive methods available at both Health Dept. clinics and educate our teen clients in particular about the use of Emergency Contraception. UCHD plans to offer both Paragard and Mirena IUDs in 2013 to female clients meeting the criteria for these birth control methods.

In addition to the My Future, My Choice program, UCHD offers adolescent health classes to all schools within the county. These are healthy relationships, puberty education, reproductive system education, birth control, STD-HIV/AIDS and Parenting/Baby Think It Over.

The health department is an active member of RAPP (Reduce Adolescent Pregnancy Partnership). RAPP is a coalition of community partners taking an active role in reducing the teenage pregnancy rate in Umatilla County through a comprehensive approach of community education, advocacy, family service development, and enhancement. RAPP is actively searching for other ways to engage local adolescents and currently has made contact with community members who have successful youth programs already in place. The hope is to collaborate with those community members to work in building alternative programs for youth. RAPP members have attended lunchtime gatherings at the local high school and talked with the teens about their concerns, identified needs, and their ideas about helping themselves and their classmates make more positive lifestyle choices.

Tobacco Use

24% of adults in Umatilla County currently smoke cigarettes, and 13% of adult males use smokeless tobacco. The state rate is 17% and 6%, respectively. Every year in Umatilla County, 135 people die from tobacco use. 2,629 people suffered from serious illness caused by tobacco use, and \$25 million is spent on medical care for tobacco-related illnesses and \$22 million in productivity is lost due to tobacco-related deaths.

Smokeless tobacco continues to be a part of the “rodeo” culture. A growing number of worksites continue to help address this issue by taking the step to make their campuses Tobacco Free. Interpath Laboratory adopted a tobacco-free policy for their new campus in Pendleton that will be effective in December 2012. Public Health staff works closely with local organizations, community members and policy makers to determine, promote and achieve policy goals to reduce tobacco use and exposure to secondhand smoke.

Underage Drinking

Umatilla County Coalition to Reduce Underage Drinking (UCCRUD) is a coalition group that meets monthly to identify strategies to reduce alcohol use among those that are underage. Public health plays an active role in this coalition.

Alcohol use among teens continues to be an ongoing problem. 37% of eighth graders report having had their first drink before the age of 13 years. 29% of eighth graders have drunk alcohol in the past thirty days while 14.9% have had five or more drinks within a couple of hours in the past thirty days. Using alcohol is accepted as part of the culture. 56.4% of 11th graders reported it would be very easy to get some beer, wine or hard liquor, if they wanted it. Use has been linked to promiscuous behavior and poor judgment. 20.6% of 11th graders report to having drunk alcohol or used drugs before having sexual intercourse the last time.

ADEQUACY OF THE LOCAL PUBLIC HEALTH SERVICES

Epidemiology and Control of Preventable Diseases and Disorders

Umatilla County provides all of the required communicable disease activities. UCHD provides 24-hour public health emergency coverage. UCHD works closely with our two area hospitals to encourage disease reporting and open lines of communication. Letters are mailed twice a year to all hospitals, physicians, and labs notifying them of the reportable diseases and offer of assistance if requested. UCHD works closely with Confederated Tribes of the Umatilla Indian Reservation (CTUIR) Yellow hawk Clinic, the local jail and the 2 prisons.

Parent and Child Health Services, Including Family Planning Clinics As Described In ORS 435.205

UCHD offers family planning services, immunizations, maternity case management, Babies First!, Nurse Family Partnership, and CaCoon at both clinic sites. In Pendleton, there are two School Based Health Centers (SBHC): one at the Pendleton High School and the other at Sunridge Middle School. These centers provide physical and mental health services. The SBHCs do not provide family planning services due to an agreement with the sponsoring hospital and school district.

Collection and Reporting of Health Statistics

UCHD provides all birth and death records in the county. Certified copies are available in the Pendleton office for a fee. Deputy Registrars work closely with hospital medical records departments, mortuaries, and physicians to assure accuracy and completeness. Confidentiality and security of nonpublic abstracts, records, documents, and information are maintained securely. As of June 30, 2012, UCHD filed death certificates from the medical examiner 1.1 to 2.0 days from date of signage and non-medical examiner records were filed 2.6 to 5.8 days from date of medical personnel signage.

Health Information and Referral Services

UCHD provides health information to the community in both English and Spanish. Classes have been created specifically to the needs identified within the community. Wide varieties of pamphlets are offered in all of the clinical sites. Referrals are an integral part of the services provided. UCHD collaborates with multiple community agencies. A website is available with information about county services as well as a Facebook page.

Environmental Health Services

Umatilla County Public Health employs 1.5 FTE Environmental Health Specialist and 0.5 FTE clerical support person. Services provided include restaurant inspections, mobile units, temporary restaurants, tourist accommodations, pools/spas, hotel/motels, and jails. Other services include answering inquiries, requests, and investigating complaints and foodborne illnesses. UCHD contracts with Morrow County to provide the environmental health services within that county.

Environmental health education is provided to the public. Food handler tests are offered in both clinics and online. A limited number of food handler classes are offered to the community when classes have ten or more participants. UCHD contracts with Oregon Department of Education and Oregon Child Care Division to provide inspection of schools and daycare facilities. Drinking water services are provided by the state.

ADEQUACY OF PROGRAM SERVICES

Dental

Dental services in Umatilla County are inadequate. Many children do not have appropriate dental care, which results in poor oral hygiene with an increase in dental caries. Public Health provides dental health education through the home visiting programs. Parents are educated on the dangers of bottle propping and the importance of oral hygiene beginning at a young age. UCHD services only address a small area of dental concerns. The county is in need of greater dental services for residents specifically those who have no insurance or state provided insurance. The dental van provides limited services to some residents who meet income requirements but due to budget reductions, those services are limited.

Emergency Preparedness

A emergency preparedness coordinator works closely with community partners. UCHD staff are an active participant in the annual Chemical Stockpile Emergency Preparedness Program (CSEPP) exercise and any community tabletop exercises that are scheduled. Staff continue to write and rework plans for the county. UCHD used the public health mobile clinic for an Immunization clinic for Tdap administration in Pendleton, Hermiston, Milton-Freewater and on the Umatilla Indian Reservation at the Wildhorse Casino in 2011.

Collaboration between law enforcement, fire/EMS, tribe, hospital, prisons, and emergency management continues to be one of the main areas of focus. Public health continues to work closely with multiple community agencies who serve vulnerable residents. DHS, CAPECO, EOCIL, Red Cross, Lifeways, Clearwater Mediation, are a few of the agencies who UCHD works with to ensure vulnerable residents are prepared for an emergency and to assure coordination of services in case of a disaster.

Health Education and Health Promotion

Umatilla County Public Health provides many health classes to the schools in the county. We create curriculum specific to the assessment performed by counselors and teachers. Classes taught include anger management, healthy relationships, suicide prevention, self-injury and cutting, eating disorders/steroids, STD-HIV/AIDS, birth control, reproductive system, puberty, parenting, resources for risky youth behaviors, nutrition, hygiene and personal boundaries/refusal skills.

Laboratory Services

The health department lab is licensed by CLIA as a waived laboratory. The laboratory services provided outside UCHD capacity or licensure are performed by the state or Interpath Lab. Staff work closely with both labs. A concise reporting system has been implemented and UCHD utilizes Interpath lab for tests that are not covered or provided by the state.

Nutrition

All clients seen either in the clinic or by the home visit programs are counseled about nutrition. The nurse performs a nutritional assessment. Pamphlets and educational materials are given at the time of the visit. The School Based Health Centers perform BMIs on all students seen in those clinics.

Older Adult Health

UCHD offers referral services and health information to older adults. Many pamphlets are available to address specific health issues. Blood pressure checks are given free in all clinics. Immunizations for influenza and pneumonia are offered.

Section III. ACTION PLAN

A. Epidemiology and Control of Preventable Diseases and Disorders

Goal 1: In 2013 UCHD will conduct prompt disease investigations and provide treatment and education based on CDC/OHA guidelines.

Objective(s)	Plan of Action	Evaluation
<p>1. Initiate disease investigation per established CDC/OHA epidemiology guidelines upon receiving faxed, phone or verbal reports of a reportable condition.</p> <p>2. Complete and submit disease investigations per established CDC/OHA epidemiology guidelines</p>	<p>CD reporting is through Orpheus and Electronic Lab Reporting (ELR).</p> <p>CD RN will review submitted reports daily, print investigative report and guidelines from ODHS website and complete investigative report per guidelines</p> <p>CD RN will contact affected individuals, their care providers and families as needed for investigation to provide education, ensure correct treatment and follow up</p> <p>CD RN will submit completed investigation forms to OHA epidemiology department per established timeline</p>	<p>Lab reports will be entered into Orpheus within 24 hours.</p> <p>Supervisor will perform monthly audits to assure all cases are closed after appropriate treatment, follow-up and contact treatment is verified and documented in Orpheus.</p> <p>Affected individual, care providers, and families will receive appropriate disease investigation, treatment, and follow up for all reportable diseases.</p> <p>All reports will be submitted to OHA and noted at triennial review.</p>

Goal 2: In 2013 UCHD will assure 24 hour emergency coverage with a response time of 30 min or less for public health emergencies.

Objective(s)	Plan of Action	Evaluation
<p>UCHD staff person will be available by phone 24 hours a day for public health emergencies</p>	<p>Use the county's emergency dispatch for after hours notifications</p> <p>A satellite pager will be worn by one of the UCHD supervisors at all times</p> <p>After hours contact info will be on UCHD phone message</p>	<p>Preparedness Coordinator will do quarterly testing of pager system. 90% of pager tests performed will have response time within 30 minutes of page.</p> <p>Supervisors will perform quarterly checks of afterhours phone message to assure that the afterhours number is available to the public</p>

Goal 3: In 2013 UCHD will assure all tuberculosis cases are followed and treated according to CDC and OHA guidelines.

Objective(s)	Plan of Action	Evaluation
<p>UCHD will appropriately manage all clients with known tuberculosis(TB) infection or disease per CDC and OHA tuberculosis program guidelines</p>	<p>Will maintain and update TB protocol based on CDC/OHA guidelines and have a TB case manager on staff</p> <p>TB case manager will immediately investigate all reports of TB infected county residents per CDC/OHA guidelines</p> <p>All clients determined to be infectious with active TB will be treated and monitored per CDC/OHA guidelines, and OHA will be notified of cases.</p> <p>All contacts to active TB cases will be tested and treated as needed, if found to have LTBI, per county protocol.</p> <p>TB case manager will collaborate with clients' PCPs to ensure continuity of care.</p> <p>TB case manager will evaluate all referred county residents, diagnosed with LTBI, for risk factors and determine the need for treatment per county protocol.</p> <p>All A and B waivers will be investigated and treated per CDC/OHA guidelines</p> <p>All reports will be initiated, completed, and submitted to OHA TB program per established guidelines.</p>	<p>Quarterly audits of TB case reports will be done to determine time/date of report, initiation of investigation, completion of report and treatment, and submission of report to OHA.</p> <p>OHA contact quarterly to ensure reports received.</p> <p>Supervisor will perform quarterly audits to assure that incentives are used for appropriate cases.</p> <p>100% of non-complaint cases will be confined to their home or some other isolated location i.e., hotel/motel room.</p> <p>100% of all reports will be initiated, completed, and submitted to OHA TB program per contract.</p>

Goal 4: In 2013 UCHD will provide HIV testing and counseling to all who meet high risk testing criteria.

Objective(s)	Plan of Action	Evaluation
<p>Perform assessments to assure testing criteria are met.</p>	<p>HIV testing will be offered at both clinic sites.</p> <p>All forms of HIV testing will be offered at clinic sites</p> <p>All RNs will be trained in HIV counseling and testing services</p> <p>CD RN will collaborate with local county and community agencies to provide HIV education and testing to mutual clientele</p> <p>Contacts of known HIV positive residents will be counseled and tested as soon as possible</p> <p>Offer both confidential and anonymous HIV testing services and maintain current protocols regarding said testing</p> <p>All clients requesting STD testing at UCHD will complete a self risk assessment during their appointment and offered HIV testing</p>	<p>100% of clinic RNs will have documented training in HIV counseling and testing services by 12/15/13</p> <p>Annual chart audits will be completed to assure clients are being educated on HIV testing and tested according to criteria.</p>

B. Parent and Child Health Services, Including Family Planning Clinics As Described in ORS 435.205

Immunizations

Goal 1: UCHD will improve the rate of state immunization performance measures for 4th Dtap rate, data submission within 2 weeks of vaccine administration, and missed shot rate by December 31, 2013.

Objective(s)	Plan of Action	Evaluation
<p>Improve 4th Dtap rate to 70% or more by December 31, 2013.</p> <p>Improve data entry completion rate (within 2 weeks of vaccine administration for all clients) to 90 % by December 31, 2013.</p> <p>Continue to decrease missed shot rate by at least 1% each year until UCHD is at 10% or less by December 31, 2014.</p>	<p>Both clinic sites will continue to offer immunization services two days each week on a scheduled appointment and a walk-in basis.</p> <p>Client information will be updated in ALERT IIS database and a forecast done at each visit to ensure all shots are given.</p> <p>Families will be counseled/educated on preventable diseases, the need for, and effectiveness of immunizations.</p> <p>Designated clerical staff will enter vaccine information into ALERT IIS within one week of vaccine administration.</p>	<p>Quarterly check of ALERT IIS data to determine number of immunizations given, to ensure data is entered correctly, to ensure missed shot rate is declining and to evaluate client comments r/t immunization .</p>

Goal 2: By 2014 UCHD will improve immunization rates for children, adolescents, and adults in Umatilla County by 5 %.

Objective(s)	Plan of Action	Evaluation
<p>Promote and improve access to immunizations for all ages of Umatilla County residents in order to improve immunization rates by 5 % countywide by 2014.</p>	<p>Maintain/update standing orders and immunization policies per current ACIP or OHA recommendations.</p> <p>Health Officer will sign all immunization standing orders</p> <p>All RNs and clerical staff will be regularly educated on current immunization recommendations and practices</p> <p>All RNs will educate clients regarding current immunization recommendations and practices and encourage clients to have all recommended immunizations at each clinic visit</p> <p>Immunization Coordinator will maintain an adequate supply of vaccine in both clinic sites.</p> <p>Attend Health Fair and Project Community Connect with nurses and vaccine supplies.</p> <p>Immunization Coordinator or designee will provide education to the public, about vaccine safety and requirements, using a variety of methods: radio ads, brochures, community presentations.</p>	<p>Quarterly audit of immunization standing orders and protocols</p> <p>Quarterly audit of immunization vaccine administration records</p> <p>Review monthly vaccine reports for vaccine stock needs</p> <p>Client comments</p> <p>Administer 40 or more vaccinations at community outreach events.</p>

Goal 3: UCHD will promote the use of AFIX information countywide provider plan to improve one area of AFIX measures by December 31, 2013

Objective(s)	Plan of Action	Evaluation
Promote AFIX to county providers by December 31, 2013	<p>Contact all VFC county providers to arrange a meeting with AFIX state representative to discuss county specific AFIX measures.</p> <p>Host the meeting for VFC providers and state AFIX representatives prior to December 31, 2013.</p>	<p>VFC providers contracted for state site visit by September 30, 2013</p> <p>By December 31, 2013, a meeting with all VFC county providers and state AFIX representative will be held to discuss county specific AFIX measures</p>

Family Planning

Goal 4: Assure family planning and reproductive health services meet the requirements of state and national health care reform, including the use of electronic health records, partnering with Coordinated Care Organizations (CCOs), and investigating participation in health insurance exchanges by December 31, 2013.

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>1. UCHD purchased Praxis EHR system in 2011 for both clinics and is in process of transitioning from paper charts to EHR.</p>	<p>Staff will be trained on and competent in using Praxis system by 12/31/13.</p> <p>Newly hired UCHD employees will be trained on and competent in using Praxis.</p>	<p>Praxis trainers will be utilized as needed for continued training.</p> <p>Paper charts for all FP clients will be transferred to Praxis EHR by 12/31/13.</p>	<p>100% of staff will demonstrate competent using EMR system and all paper charts will be in system by 12/31/13.</p> <p>New staff will demonstrate competence in EMR system within 6 mo of hire.</p> <p>Perform quarterly audits to evaluate effectiveness and accuracy of chart information.</p>
<p>2. UCHD is actively engaged in determining their role in a CCO.</p>	<p>UCHD will be an active member of a CCO and continue to provide FP services to 35% or more of Umatilla County women in need by June 30, 2014.</p>	<p>Supervisor/administrator will attend local planning meetings for establishment of area CCO to ensure UCHD is a recognized service site.</p>	<p>Supervisor will review yearly FP statistics compiled by state FP program to ensure that at least 35% of Women In Need are being served by UCHD.</p>
<p>3. UCHD will communicate with Insurance Co. to determine coverage for UCHD FP services.</p>	<p>UCHD will check insurance status on 100% of clients and enroll 75% of all qualified clients into CCare program.</p>	<p>100% of FP client will be offered enrollment into CCare program and all qualified clients will be assisted with enrollment documentation and process.</p>	<p>Quarterly chart audits will be performed to assure accurate CCare documentation and coverage.</p>

Goal 5: Assure access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use ongoing through December 31, 2013.

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>1. Pendleton and Hermiston Family Planning clinics are open 2 or 3 days/week only and able to offer most BCM including IUD and IUS.</p>	<p>Increase distribution of EC to clients.</p> <p>Increase client awareness of BCM available at UCHD.</p> <p>NPs will begin to insert IUD and IS in clients by January 31, 2013</p> <p>Create a list of community care providers who can assist clients with IUDs, Implanon and Sterilization procedures.</p>	<p>Provide education in clinic about EC to all clients.</p> <p>Adequate BCMs will be available in both clinic sites.</p> <p>Educate every client on available methods at UCHD and those methods available with other providers.</p> <p>Health Officer will approve and sign all policies and procedures related to IUD/IUS insertion/removal and care.</p> <p>Update and reprint provider list annually.</p>	<p>EC use will increase 3% by 6/30/14</p> <p>Quarterly inventory counts, usage, and statistical reports will be completed in Ahlers.</p> <p>Audits will be completed quarterly to assure clients are educated about available BCM at UCHD.</p> <p>BCM's will be ordered based on inventory and usage reports.</p> <p>Community provider list will be reviewed and updated quarterly by clinic nursing supervisor.</p>

<p>2. Clients are not always provided annual exam within three months of initial visit.</p>	<p>UCHD will contract with an adequate number of NPs to provide annual exam appointments.</p> <p>Increase number of FP clients who will have their annual exam within 3 months of their initial appointment or yearly exam date</p> <p>NPs will have 3-4 client slots open each hour</p>	<p>Clients will be scheduled for FPA upon completion of initial lab appointment.</p> <p>Reminder calls and/or postcards will be sent to client prior to FPA.</p> <p>NPs will have 3-4 clients scheduled per/ hr</p> <p>Clients on waiting list will be called as soon as an opening is available in FPA schedule.</p>	<p>Quarterly audits will be completed to assure that 85% of clients have annual exam within 3 mo of initial appt or yearly exam date.</p> <p>UCHD will have attendance rates improve 5% by 12/2013; quarterly audits will be conducted to assess progress.</p> <p>Quarterly audits will be conducted to assure clients are scheduled 3-4 an hour.</p>
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Progress on Goals / Activities for FY 2012

The annual plan that was submitted for your agency last year is included in this mailing. Please review it and report on progress meeting your objectives so far this Fiscal Year.

I. Goal / Objective	II. Progress on Activities
<p>Goal #1</p> <ol style="list-style-type: none"> 1. Improve CCare client numbers and visits from 2010 levels by 2%, despite decrease in clinic hours. 2. Maintain Donation revenue at 2009 levels. 	<ol style="list-style-type: none"> 1. Continued to see a 2.19% decline overall in client numbers in 2011, however the number of teen clients served rose by 2.5% from 2010. In FY 2012 our numbers declined again and factors included less staff available in the clinics due to changes made in role of clinic nurses. 2. Donation levels continued to decline in first 10 months of 2012 and were down 28% compared to 2011 levels for the same time period. Umatilla County unemployment rate improved to 8-9% throughout most of 2012.
<p>Goal #2</p> <ol style="list-style-type: none"> 1. Maintain access and utilization of Emergency Contraception by 80% of clients. 	<ol style="list-style-type: none"> 1. In FY 2012 we provided 1407 doses of EC to 1159 clients for a greater than 80% rate of dispensing. We continue to promote availability of EC through our clinics and maintain our current rate of prophylactic dispensing.

Goal 6: In 2013 UCHD will assure the goal of the “Babies First!” Program to improve the physical, developmental, and emotional health of high-risk infants and children zero to five years.

Objective(s)	Plan of Action	Evaluation
<p>Improve the early identification of infants and young children at risk of developmental delay and/or other health/medical related programs.</p> <p>Assist families in identifying and accessing the appropriate community resources that meets their child’s specific needs.</p>	<p>Educate area providers on services offered for high-risk infants through letters and in person meetings.</p> <p>Share services with community partners and other home visit agencies.</p> <p>Collaborate with EI and MDs to provide assessments for children they believe to be at risk.</p> <p>Educate the community about services for high-risk children</p> <p>Share community referral resources with parents.</p>	<p>Monthly meetings with home visit staff</p> <p>Annual ORCHIDS data assessment</p> <p>Client comments</p> <p>Quarterly chart audits will be conducted by the community nursing supervisor to assure families are accessing appropriate community resources that meet the needs for their child.</p>

Goal 7: In 2013 UCHD will assure that all infants and children in the Babies First program with developmental delays will receive intervention

Objective(s)	Plan of Action	Evaluation
<p>Developmental screenings will be completed at 4, 8, 12, 18, 24 and 36 months to identify all children in the Babies first Program with developmental delays and families will receive appropriate intervention for identified delays</p>	<p>All new staff will receive instruction on the use of the ASQ and ASQ-SE</p> <p>All clients will be screened utilizing the ASQ and ASQ-SE and/or the RDSI screenings at 0-6 weeks, 4, 8, 12, 18, 24 and 36 months</p> <p>The home environment will be evaluated for issues causing delays in development</p> <p>The home visit nurse will work with the families to improve the development of any child with environmental issues causing delays in development</p> <p>The home visit nurse will refer the families with a child with developmental delays not responding to intervention by home visit nurse to Early Intervention</p> <p>The home visit nurse will follow up to ensure the families connect with Early Intervention</p>	<p>Monthly meetings with home visit nurses on caseload</p> <p>Annual ORCHIDS data assessment</p> <p>Client comments</p>

Goal 8: By December 31, 2013 the Nurse-Family Partnership program will have achieved the target caseload of 50 families.

Objective(s)	Plan of Action	Evaluation
<p>An average of three clients shall be enrolled per month in the Nurse Family Partnership Program (NFP).</p>	<p>Educate area prenatal care providers regarding services provided by the NFP program</p> <p>Work with community partners to ensure timely and appropriate referrals</p>	<p>Monthly evaluation of referrals and enrolled clients in the NFP data collection software Efforts to Outcomes (ETO)</p> <p>Quarterly advisory board meeting</p>

Goal 9: Each Nurse-Family Partnership Nurse Home Visitor (NHV) and supervisor will complete all mandatory National Service Office (NSO) education and complete NCAST/DANCE training by September 30, 2013.

Objective(s)	Plan of Action	Evaluation
To complete all mandatory education in fidelity to the Nurse Family Partnership model.	<p>Complete all in person training in Denver, CO (Unit 2, Supervisor Unit 4, & annual symposium.</p> <p>Complete all online modules no later than 3 months following training.</p> <p>Determination of which training (DANCE or NCAST) will be available and set up for training no later than June 2013.</p>	<p>ETO reports on completed education</p> <p>Weekly supervision</p> <p>Certificate of completion</p>

C. Environmental Health

Current Condition: The implementation of the new Temporary Restaurant rules and regulations has not been adequately communicated.

Goal 1: Educate the public on the new Temporary Restaurant license rules and provide a review process in order to improve the overall education of the public by June 2013.

Objective(s)	Plan of Action	Evaluation
<p>The public will easily understand the procedure for obtaining a temporary restaurant license.</p> <p>The Environmental Health Department will be fully staffed and trained to handle the number of temporary restaurant Licenses we are acquiring.</p>	<p>Compose a letter to all current temporary restaurant holders, relative organizations, and restaurants to inform them of the new rules and regulations, and the importance of food safety.</p> <p>Internally trouble-shoot our procedures and application process to promote efficiency.</p> <p>New staff will be trained and assist with temporary restaurant inspections.</p>	<p>REHS will complete inspection of 90% of the temporary restaurant applications.</p> <p>REHS will be available in the community to answer questions.</p> <p>EHS will observe new staff completing six temporary restaurant inspections.</p>

Current Condition: Restaurants are unfamiliar with the new restaurant rules that were enacted on September 4, 2012 and will be enforced July 1, 2013.

Goal 2: Create an education packet for restaurants highlighting the rule changes by January 15, 2013.

Objective(s)	Plan of Action	Evaluation
<p>Owners/operators will receive new rules/regulations, changes in the scoring of inspections, and important food safety tips in an educational packet created by public health.</p>	<p>Create an education packet to be given to all owners/operators during their scheduled inspection.</p> <p>Each packet will include significant rule changes, fact sheets for their particular restaurant, and the new scoring system.</p>	<p>100% of all restaurants will sign that they have received an education packet from the health department.</p>

Current Condition: The Environmental Health Inspection Reports are only available at the public health office. Customers have to must either come in person or request that copies be mailed to them.

Goal 3: Offer Environmental Health Inspection Reports on the Umatilla County Public Health website by December 31, 2013.

Objective(s)	Plan of Action	Evaluation
<p>Provide Environmental Health Inspection Reports on the Umatilla County Public Health website.</p> <p>Assure that the site is easy to navigate and that reports are readily identifiable.</p>	<p>Receive Board of County Commissioner approval for inspection report posting by September 1, 2013.</p> <p>Work with county IT to update the Umatilla County Public Health website with the new inspection reports.</p> <p>Educate our consumers and owner/operators of the availability of these reports on the website.</p>	<p>Website will be operational by December 31, 2013.</p> <p>All 2013 inspection reports will be available on the Umatilla County Public Health website.</p>

D. Health Statistics

Current Condition: Certified copies of birth and death certificates are issued within 24 hours and are available through the Pendleton clinic up to six months from date of event. Child deaths are reviewed by Umatilla County Child Fatality Review Board. Umatilla County Public Health’s website has links to Oregon Health Services and other public health sites containing health statistics.

Goal 1: In 2013 UCHD will work to assure all birth and death certificates will be issued within 24 hours of request.

Objective(s)	Plan of Action	Evaluation
<p>Issue birth and death certificates as soon as possible</p>	<p>Continue ongoing training to all deputy registrars on how to issue birth and death certificates in OVERS</p> <p>Instruct deputy registrars on timeliness of issuance and share policy and procedures.</p>	<p>100% of birth and death certificates requested will be issued within 24 hours</p>

Goal 2: UCHD will communicate with funeral homes via email by March 1, 2012.

Objective(s)	Plan of Action	Evaluation
Share information with funeral homes via email.	A letter requesting the sharing of e-mail addresses will be mailed to local funeral homes by January 3, 2012.	By March 1, 2012 75% of correspondence with funeral homes will be via email.

Goal 3: UCHD will utilize the OVERS Cashier Close process and assure reconciliation monthly.

Objective(s)	Plan of Action	Evaluation
Balance the Cashier Close accounting feature in OVERS	No later than the 15 th of each month, the deputy registrar will reconcile the revenue transaction reports by payment type for each order processed in OVERS for that month.	The registrar will electronically check the Cashier Close accounting feature once a quarter: 3/15/13, 6/15/13, 9/15//13, and 12/15/13 to determine that the revenue reports have been reconciled.

E. Information and Referral

Current Condition: Umatilla County Public Health makes every effort to put people in touch with community services and resources. UCHD has a website that is updated by local public health program staff. The site is easy to use and has links to the CDC website, West Nile Virus information, food handler cards, and many of our health partners.

Goal 1: UCHD will maintain a Facebook page where the public can “like” us and be informed about public health related issues during 2013.

Objective(s)	Plan of Action	Evaluation
The Umatilla County Public Health Facebook page will be populated with public health pertinent information for our residents.	The Facebook page will be updated 3x’s per week by a Umatilla County Public Health employee. Information on the page will be public health pertinent and be linked to known and respected sources i.e., CDC	Weekly monitoring of the Facebook page will be completed by the clinic supervisor or administrator. All links will be checked for accuracy. “Friends” comments/posts

Goal 2: In 2013 UCHD will maintain the Umatilla County Public Health website with up to date, accurate, and pertinent public health information.

Objective(s)	Plan of Action	Evaluation
The Umatilla County Public Health website will be populated with public health pertinent information for our residents.	<p>The website will be updated and/or reviewed monthly by a Umatilla County Public Health employee.</p> <p>Information on the page will be public health pertinent and be linked to known and respected sources i.e., CDC</p>	<p>Quarterly monitoring of the website page will be completed by the clinic supervisor or administrator.</p> <p>All links will be checked for accuracy.</p> <p>Public/client comment</p>

UCHD provides information and referral services during regular business hours. Umatilla-Morrow Head Start also publishes a countywide resource booklet that all local agencies use for referral. Primary health care services are available for referral along with two urgent care clinics in the county. In addition, two hospitals are located within the county as well as a psychiatric hospital.

UCHD assists eligible individuals in applying for the Oregon Health Plan. Most of the health education materials are available in alternative language formats. Spanish-speaking translators are available on site in addition to access through a translator service that is available for most other languages. UCHD also provides access via a TTY number. Both Emergency Management and UCHD are addressing vulnerable populations. This collaboration works to assure that these populations are not forgotten in an emergency or disaster.

UCHD has a competent public healthcare workforce. On-going education is provided through seminars, in person training, and mentoring. Employees also have access to an online training system and are encouraged to seek training opportunities connected with their positions.

F. Public Health Emergency Preparedness

Current Condition: Multiple areas within PE 12 require reporting or follow up.

Goal #1 UCHD will assure completion of all PE 12 requirements noted in the contract in 2013.

Objective(s)	Plan of Action	Evaluation
<p>UCHD will complete all required PE-12 elements by date specified in contract</p>	<p>Preparedness Coordinator will attend scheduled conference calls</p> <p>Preparedness Coordinator will attend scheduled Region 9 meetings.</p> <p>Preparedness Coordinator will maintain local HAN user directory and ensure all user profiles are current</p> <p>Prepared Coordinator will ensure all UCPHD employees have completed required IC courses – 100, 200, 700 and 800</p> <p>Preparedness Coordinator will ensure all employee profiles are current in the Learning Center and on HAN.</p> <p>Preparedness Coordinator, or designate, will test local HAN notification quarterly</p>	<p>Quarterly audits performed by State Preparedness Program</p> <p>Annual peer reviews</p> <p>Annual audits of employee training logs</p> <p>Quarterly HAN reports</p>

G. Other Issues

Current Condition: Most workplaces do not have comprehensive policies prohibiting tobacco use on their campuses.

Goal 1: In 2013 UCHD will assist two additional worksites in adopting tobacco or smoke free policies for their campuses.

Objective(s)	Plan of Action	Evaluation
Collaborate with local governments and businesses so that two additional workplaces will adopt tobacco free or smokefree policies for thier campuses by June 2013.	<p>Meet with the Worksite Wellness Committee of the Healthy Communities Coalition and local organizations to educate them on the impact of tobacco, and policy options that can help people quit and protect people from secondhand smoke.</p> <p>Offer tools and technical assistance to businesses.</p> <p>Meet with employers to assist them in developing and implementing tobacco free policies.</p>	Two additional workplaces have adopted tobacco free or smokefree policies for their campuses by June 2013.

Current Condition: In 2011 the Community Health Partnership (made up of local organizations, workplaces, healthy care providers and others) completed a Community Health Assessment. The results were presented to Umatilla County organizations, citizens, and community leaders in 2012. From the Health Assessment, priority areas were identified as Obesity, Tobacco, and Asthma/Diabetes-Chronic Disease.

Goal 2: In 2013 UCHD will assist the Community Health Partnership in completing a gap analysis for Obesity, Tobacco and Asthma/Diabetes prevention and treatment programs.

Objective(s)	Plan of Action	Evaluation
Gap Analysis will be completed. Specific measurable strategies developed to decrease the impact of Obesity, Tobacco, and Asthma & Diabetes on the citizens of Umatilla County.	<p>Work with the Community Health Partnership Strategic Planning Committee to share gap analysis and develop strategies through meetings with community member and leaders in three communities: Milton-Freewater, Pendleton, and Hermiston.</p> <p>Provide technical assistance in developing best practice strategies with measureable outcomes.</p>	Strategic planning meetings are held in Hermiston, Pendleton and Milton-Freewater. A minimum of two Specific measurable strategies are developed for each of the priorities areas.

IV. ADDITIONAL REQUIREMENTS

The Local Public Health Authority, the Umatilla County Board of County Commissioners, is also the governing body that oversees the local Commission on Children and Families. Additionally, UCPHD and UCCCF have a close and cooperative working relationship.

V. UNMET NEEDS

Umatilla County Public Health, like many LPHA, have struggled to provide services with decreased funding. This department has not regained the ground lost in the 2009 budget reduction which resulted in a loss of 7 staff, the closure of the Milton-Freewater clinic, and the loss of Healthy Start. Clinic services have also been reduced to include only half time hours in Pendleton and Hermiston and a reduction in birth control methods available to our clients. The Environmental Health program is understaffed but fees do not support the additional staff needed to complete the ever growing work in this program. State funding for TB, HIV, and STD has decreased resulting in a financial strain on this department yet reported cases are not declining. The School Based Health Center funding remains a major concern. If these funds are decreased any further the centers will be in jeopardy

A two-year grant for the Nurse Family Partnership program was received in 2012 from a MCHIEV grant. As of today, there is no indication that additional dollars will be provided to continue this program. The loss of this program, which is in its infancy, would be a terrible loss to the families we are serving and those that would benefit from a nurse home visitor.

VI. BUDGET

The budget for FY 2012-2013 will be adopted in June. At the time of this report, the budget has yet to be completed. Once adopted, a copy of the budget may be obtained by contacting the Finance Department at the Umatilla County Courthouse:

Bob Heffner
Budget Officer
216 SE 4th Street
Pendleton OR 97801
541-278-6235

VII. MINIMUM STANDARDS

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

Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law
2. Yes No The Local Health Authority meets at least annually to address public health concerns
3. Yes No A current organization 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, and 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 nonpublic 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 the local health department 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 the 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 periodically participate 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 timeframe 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 (*state managed*)
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type and epidemiological risk (*state managed*)
53. Yes No Compliance assistance is provided to public water systems that violate requirements (*state managed*)
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken (*state managed*)
55. Yes No A written plan exists for responding to emergencies involving public water systems (*state managed*)
56. Yes No Information for developing a safe water supply is available to people using onsite individual wells and springs (*state managed*)
57. Yes No A program exists to monitor, issue permits and inspect onsite sewage disposal systems (*state managed*)

58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12
59. Yes No School and public facilities food service operations are inspected for health and safety risks
60. Yes No Public spas and swimming pools are constructed, licensed and inspected for health and safety risks as required by Chapter 333 Division 12
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting and disposing solid waste
62. Yes No Indoor clean air complaints in licensed facilities are investigated
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446 and 448 are set and used by the LPHA as required by ORS 624, 446 and 448

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs
68. Yes No The health department provides and/or refers to community resources for health education/health promotion
69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community
70. Yes No Local health department supports healthy behaviors among employees
71. Yes No Local health department supports continued education and training of staff to provide effective health education
72. Yes No All health department facilities are smoke free

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services
74. The following health department programs include an assessment of nutritional status:
- a. Yes No WIC
 - b. Yes No Family Planning
 - c. Yes No Parent and Child Health
 - d. Yes No Older Adult Health
 - e. Yes No Corrections Health
75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions
76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs
77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education

Older Adult Health

78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications
79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect
80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services
81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, and 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 current demographic and cultural profile of the community to identify needs and interventions
100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services
101. Yes No The local health department assures that advisory groups reflect the population to be served
102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator Name: Genni Lehnert-Beers MSN, RN

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

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

See Attachment A

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

a 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.

See Attachment B

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;

AND

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.

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 a licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

**Umatilla County
Public Health Division
ANNUAL PLAN 2010-2011**

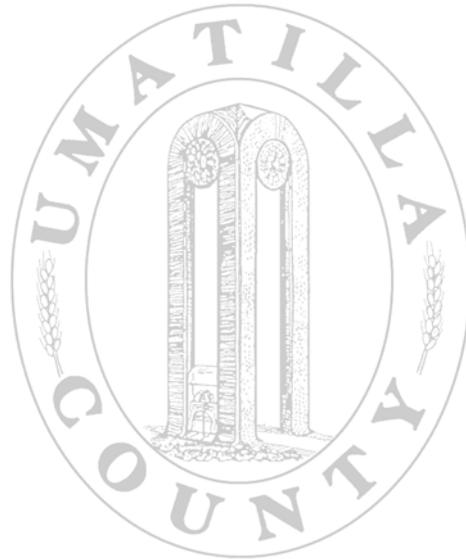
PUBLIC HEALTH AUTHORITY

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.

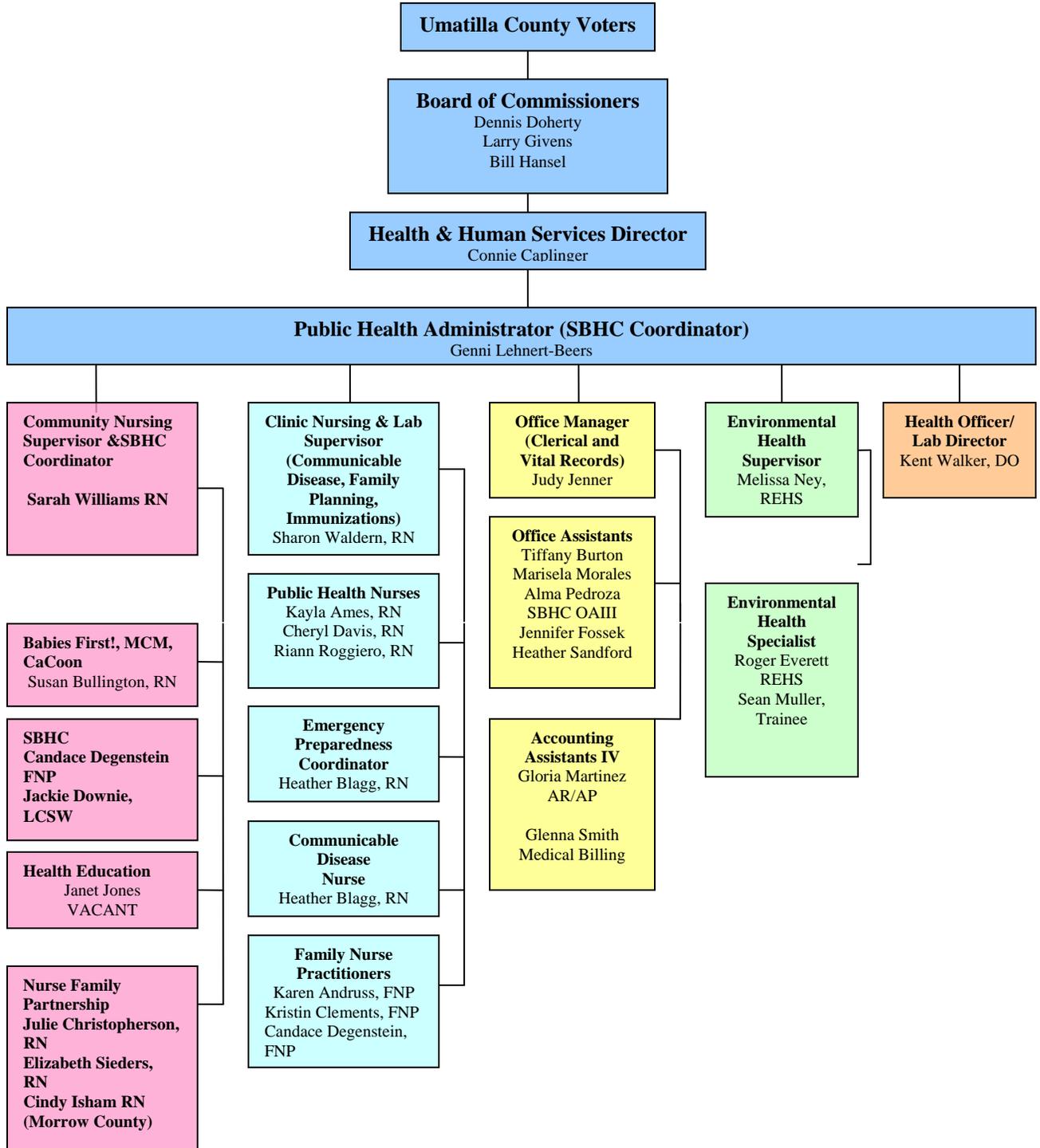
Local Public Health Authority

Umatilla County

December 21, 2012



**Umatilla County
Public Health Division
ORGANIZATIONAL CHART
2010/2011**



Attachment A

The Administrator has a Masters in Nursing and plans to obtain additional course work in the five core areas of public health. She plans to complete classes over the next three years.

Attachment B

The Clinic Nursing Supervisor has multiple years of public health experience. Due to the rural nature of our county, finding baccalaureate degree nurses or master's level nurses to work in public health is a burden. I request that a waiver be granted for the Clinic Nursing Supervisor.