

**Union County, Oregon  
Local Public Health Authority Annual Plan  
2013-2014**

**Center for Human Development, Inc.  
2301 Cove Avenue  
La Grande, OR 97850**

## **I. Executive Summary**

Center for Human Development, Inc. (CHD) is a nonprofit organization responsible for providing public health services in Union County, Oregon. CHD is successful in assuring that local public health services are adequate for meeting, and in some cases exceeding, minimum requirements. Although there are still serious health concerns and economic challenges in our community, we are proud that CHD is able to provide statutorily mandated public health services to Union County residents. In the past year we have continued to assure that Union County complies with the five basic services contained in statute (ORS 431.416) and rule while continuing to identify and address other needs that extend beyond these requirements.

CHD's priority public health goals in the next year are to maintain the number and scope of services we provide to Union County residents. We will focus on increasing quality improvement and assurance activities as we work toward becoming an accredited local public health department. This will include a comprehensive community assessment, quality improvement plan, implementation of our recently completed Community Health Improvement Plan, and ongoing engagement with community partners.

The biggest resource available to us continues to be our highly trained and motivated staff, and our strong and active community partnerships. Our staff is extremely committed to attaining our mission of "Working for Healthy Communities" and because our resources are extremely limited they often go above and beyond to help meet the needs of those we serve. Another asset is CHD's nonprofit status, which allows us to seek grants that support work beyond our state and county supported public health programs. We have had success in securing grants, but these programs are often time limited. While grantseeking is always limited by the small amount of time our staff has to devote to this work, we will continue our efforts to raise funds in the future to augment our ability to engage in prevention and population-based work.

Our biggest challenge continues to be increasing and unmet community need, primarily due to our rural location, tenuous economic status, and lack of resources to meet significant needs. We continue to wrestle with long term solutions to meet the resource needs for public health infrastructure in our county by seeking outside or non-traditional funding and partnerships wherever we can.

In fiscal year 2014 there will continue to be significant changes in Oregon related to the delivery of health care, public health, mental health, and education services. Health care transformation and educational reform are likely to change the way public health services are provided in Union County, yet at this point exactly how is unknown. CHD is working to be proactive in responding to this new environment. Because CHD has a unique structure where Union County's local public health authority and county mental health program are housed in one organization, there is already some collaboration between physical and behavioral health services, and we are now exploring approaches to enhance this integration. CHD is also working with the local hospital and organizations that are preparing to become Coordinated Care Organizations to develop early partnerships and help prepare our county for upcoming changes. CHD has also been keeping on top of changes that are being proposed for Oregon's early learning system and thinking of ways public health can support these efforts as they move forward.

## **II. Assessment**

In 2013 the Center for Human Development, Inc. (CHD) invited community members, community partners and city and county leaders to join us in developing a Community Health Assessment and Community Health Improvement Plan.

The final document contains the most up-to-date assessment of the health status of the people in Union County and the important factors that contribute to health, along with identifying areas for health improvement and the resources that can be mobilized to improve the health of Union County. The document can be found on CHD's website, [www.chdinc.org](http://www.chdinc.org).

### **Adequacy of Local Public Health Services**

Local public health services continue to be adequate for meeting minimum requirements. CHD meets or exceeds all expected standards as evidenced by successful reviews of our programs and services and consistent fulfillment of our contractual obligations. We are proud that CHD is able to assure that statutorily mandated public health services are provided to Union County residents. Given that public health issues in Union County are broad and extend beyond state-mandated programs and services and available funding resources, CHD is constantly striving to identify and creatively respond to issues aimed at achieving CHD's mission of "working for healthy communities."

### **Extent to Which Local Health Department Assures Five Basic Services**

CHD assures the five basic services contained in statute (ORS 431.416) and rule in Union County. CHD employs a full time Public Health Administrator responsible for supporting CHD employees in implementing these services. Epidemiology and control of preventable diseases and disorders are primarily assured by a Nurse responsible for communicable disease investigation and control and tuberculosis case management. Our Tobacco Prevention and Education Coordinator also helps assure this basic service by leading tobacco prevention, education, and control efforts. Parent and child health services are assured by a variety of CHD staff. A Nurse and Nurse Practitioner coordinate immunization and family planning programs (respectively) that serve parents and children. Two Nurses and two Family Advocates provide maternal and child health services through public health home visiting for Union County families. A Coordinator, Certifier, and Dietician also assure the delivery of Women, Infants, and Children (WIC) nutrition services. Collection and reporting of health statistics and health information and referral services are assured by all nurses and program staff. A Registered Environmental Health Specialist is responsible for all environmental health services. Public health services are also supported by the Emergency Preparedness Coordinator, Health Officer, and Vital Records Coordinator. A Nurse Practitioner, Nurse, and Health Assistant help assure many of the basic serves are available to students and other members of the community at two School-Based Health Centers, and a Nurse provides school nursing services in three rural school districts. Information and referral services are conducted by all public health department employees with the support of the organization's Community Relations Coordinator.

### **Adequacy of Other Services of Import to Union County**

The number of primary health care providers available in Union County does not meet community needs. Data contained in the 2012 County Health Rankings report shows that the

population to primary care physician ratio in Union County is 1,091:1 (up from 809:1), which is lower than Oregon's ratio of 984:1 and the national benchmark: 631:1. This results in barriers to access. The majority of physicians in Union County are located in La Grande and employed by the local hospital. There is one non-hospital physician practice, also in La Grande. The hospital has brought in a number of new physicians and nurse practitioners serve the community to help increase access. Two communities—Elgin and Union—have health clinics that provide limited health care services and one employs a primary care physician. School-Based Health Centers in two school districts help increase primary care access for students. Still, most health care and social services require a trip to La Grande, which is anywhere from 15 to 20 miles away from these communities. This might not seem far, but there very limited, if any, public transportation options, and winter driving conditions can be very severe, often causing road closures between La Grande and these communities.

CHD provides dental health services through our WIC and home visiting programs and we are lucky to have an ODS dental hygiene school in our area. While we partner with them extensively to extend dental/oral health resources, the need for accessible, affordable dental health services regularly comes up as an important issue on local needs assessments.

Nutrition services are limited to WIC and home visiting programs, but are vitally needed in all programs and by the community in general. The lack is due both to resource issues and to a shortage of dieticians and nutritionists in the area.

Older adult health services, both preventative and other wise, are almost non-existent in the public health realm beyond flu vaccination, with no other community programs fully closing that gap. Primary health care is very difficult to access for reasons outlined above.

### **III. Action Plan**

#### **A. Epidemiology and Control of Preventable Diseases and Disorders**

##### **Current Conditions and Problems:**

1. Current Conditions:
  - a. Recent influx of Pertussis cases with timely and thorough investigation, contact prophylaxis, and treatment.
  - b. Communicable disease reporting is done in a timely manner.
  - c. Active tuberculosis has not been an issue in Union County.
  - d. Cases with Latent Tuberculosis Infections are receiving the recommended treatment.
  - e. Successful tobacco prevention, education, and control efforts have been in place in Union County for five years.
  
2. Current Problems:
  - a. Limited number of trained staff to complete investigations.
  - b. Chlamydia has always been a problem in Union County; in 2008 there were 44 reported cases, in 2010 there were 80 cases, and in 2011 there were 98 cases. An examination of the past 5 years shows a continual increase in reported cases.
  - c. There is currently one case of confirmed latent tuberculosis infection in Union County.
  - d. Chronic Hepatitis C cases are steadily increasing in Union County; in 2005 three cases were reported, in 2009 forty cases were reported, in 2011 there were 114 newly confirmed cases reported.
  - e. Investigations for communicable diseases can be hampered by difficulties in getting (timely) information from physicians and individual cases that are reluctant to disclose contact information.
  - f. While we are actively enforcing the Indoor Clean Air Act and 10 ft rule, we feel that more can be done within Union County to raise awareness of the 10 ft rule.
  - g. While smoking rates for Union County are the same as or below state rates, smokeless tobacco use by males (8<sup>th</sup> grade, 11<sup>th</sup> grade, and adult) far exceeds the state rate. Union County rates are: 15% of 8<sup>th</sup> graders, 29% of 11<sup>th</sup> graders and 21% of adult males reporting that they use smokeless tobacco. These rates are similar in other rural Oregon counties.
  - h. Few tobacco-free policies (IE: tobacco-free campus', parks, multi-unit housing, etc.) are in place within Union County.
  - i. Only three of the six Union County School Districts have adopted gold-standard tobacco policy.

##### **Program Goals**

1. Train additional RN staff to assist in investigations and reporting.
2. Lower Chlamydia rates:
  - a. Increase awareness of sexual exposure risk among at risk populations.

- b. Increase condom use.
3. Increase awareness of latent tuberculosis infection risks, prevention, and signs of infection.
4. Increase awareness of Hepatitis C.
5. Promote Hepatitis A and B vaccine for those with chronic Hepatitis C by educating providers and cases.
6. Increase the timeliness of investigation completions.
7. Increase community awareness of the 10 ft. Outdoor Smokefree Zone rule.
8. Increase awareness of the dangers of tobacco use, especially smokeless tobacco and the high use rates in Union County through a public campaign.
9. Work with community partners to gain the adoption of a tobacco free park policy in one city within Union County.
10. Work with three Union County school districts to encourage their adoption of gold standard tobacco policy.

### **Program Activities**

1. One additional staff member able to investigate cases/contacts and report in Orpheus.
2. Investigate cases of Chlamydia to identify patterns and use those patterns to develop and implement targeted interventions.
3. Supply condoms to Union County bars and nightclubs to increase condom use.
4. Increase condom accessibility throughout the community.
5. Work on improving communication with Union County physicians.
6. Increase number of case interviews across reportable diseases.
7. Implement at least one community education campaign focused on the 10 ft. Outdoor Smokefree Zone rule.
8. Develop a Tobacco Free County Property Tool-Kit in conjunction with the TPEP Eastern Oregon Regional Support Network.
9. Participate in the Union County Safe Communities Coalition to increase community awareness of the dangers of smokeless tobacco and use rates in Union County, and over time reduce smokeless tobacco rates in the county.
10. Increase community awareness of the benefits of tobacco-free parks/campus/housing policies
11. Work with three Union County school districts to adopt gold-standard tobacco policy.

### **Program Evaluation**

1. One additional staff member able to investigate cases/contacts and report in Orpheus.
2. Monitor the incidence of STIs, especially Chlamydia and Hepatitis C.
3. Monitor condom distribution to determine if there is an increased availability throughout Union County.
4. Indoor Clean Air Act violations are enforced per state statute.
5. Tobacco Free Community Property Tool-Kit is completed and available on-line.
6. Increased community awareness of the dangers of smokeless tobacco and use rates in Union County.
7. Three school districts adopt more stringent gold standard tobacco policies.

## **B. PARENT AND CHILD HEALTH SERVICES, INCLUDING FAMILY PLANNING CLINICS**

### **Current Conditions and Problems for Home Visiting Programs, School Health and General Parent Child Health**

#### 1. Current Conditions

- a.) The Babies First!, Maternity Case Management, and CaCoon programs operated by CHD utilize an innovative approach that pairs nurses and family advocates to provide pregnant/parenting families and their children with services that lead to improved health outcomes in our community.
- b.) Nurses providing other public health services such as immunizations and family planning work closely with home visiting staff to link pregnant/parenting clients with services that support general parent/child health.
- c.) Union County was awarded a Tobacco Prevention and Education Program (TPEP) grant and associated activities have now been in place for five years.
- d.) Oregon Health Sciences University (OHSU) School of Nursing at Eastern Oregon University is in the middle of a community-based participatory research project focusing on childhood obesity called U.C. Fit Kids. CHD staff participates as a member of the coalition.
- e.) The School-Based Health Center at La Grande High School is continuing to provide services to Union County youth. CHD opened a second School-Based Health Center in 2011 at Union School District.
- f.) In 2011 CHD was awarded a \$255,000 federal grant to purchase equipment, including a new Electronic Health Record system, for two School-Based Health Centers.
- g.) CHD provides nursing and behavioral health services in three of Union County's rural school districts.
- h.) CHD was awarded funding to conduct suicide-prevention training and activities in two local schools.

#### 2. Current Problems

- a.) Federal and state efforts to transform health care and early learning are likely to create significant changes for public health home visiting programs including Babies First!, Maternity Case Management, and CaCoon. At this time there is still uncertainty as to what these changes will be and how they will impact the successful service delivery model we are implementing in Union County.
- b.) Increasing number of referrals to the CaCoon program due to feeding problems and associated nutritional issues. Multiple anomalies are also causing an increased number of referrals.
- c.) There is a long term trend of women smoking during pregnancy. Union County rate is consistently higher than Oregon.
- d.) According to the Oregon Smile Survey 2007, school children who live outside of the Portland metropolitan area experience more tooth decay, more untreated decay, and more decay severe enough to require urgent treatment than their urban

counterparts. Outside of the metropolitan area, one in 17 students needs urgent care and 70% have already had a cavity.

- e.) Women who are pregnant have an elevated risk of oral disease. According to The Burden of Oral Disease in Oregon report (November 2006), periodontal disease during pregnancy has been associated with low birth weight and pre-term deliveries and poor oral health during pregnancy increases the risk of Early Childhood Caries among offspring. The report states that despite these dangers, less than half of pregnant women in Oregon visit a dentist while pregnant and less than one-third of pregnant women receive information on how to prevent tooth decay in infants.
- f.) In 2007-2008, 16.5% of eighth graders and 17% of 11th graders reported having a physical health need during the last 12 months that was not met.
- g.) In 2005-2006, 34% of eighth graders and 36% of 11th graders reported that a doctor, nurse or other health professional has told them they have one or more chronic health conditions.
- h.) Asthma is a serious issue for Union County youth ages 0-17 years. Union County has one of the highest overall asthma control scores (indicating poor asthma control) among children ages 0-17 years that were on Medicaid and is one of the counties with the highest rates of Emergency Department visits for asthma. In 2007-2008, 18.1% of eighth graders and 20.7% of 11th graders reported that a doctor or nurse had told them they had asthma.
- i.) In 2007-2008, 27.9% of eighth graders were overweight or obese, up from 25.4% in 2005-2006. 27.1% of 11th graders were overweight or obese in 2007-2008, up from 25.9 in 2005-2006.
- j.) In 2007-2008, 11.4% of eighth graders and 14.3% of 11th graders seriously considered suicide. While CHD received new funds to support suicide prevention activities in two local high schools through September 2012, soon we will not have funds to address youth suicide utilizing prevention.
- k.) CHD lacks the capacity it needs to conduct outreach, which has a direct correlation to the number of clients learning about and utilizing public health services.

## **Program Goals**

1. Sustain vital public health home visiting services in Union County during a time of uncertainty and transition.
2. Decrease the number of women smoking during pregnancy.
3. Increase the percentage of low birth weight babies that meet developmental milestones.
4. Increase the number of young children who use some dental sealant method.
5. Increase the number of visits for oral health care for pregnant women during pregnancy.
6. Have a health care presence (mental and physical health) in as many schools as possible Union County.
7. Decrease the rate of adolescents who are at risk for being overweight.
8. Decrease percentage of 8<sup>th</sup> and 11<sup>th</sup> graders who attempt suicide.

## **Program Activities**

1. Work with state and local partners and internally to plan for and implement any changes related to home visiting programs.
2. Home visiting and WIC certifiers have been trained in and are applying the 5 A's intervention for clients who smoke. As a part of this effort, the TPEP Coordinator has provided cessation referral information (Oregon Quit Line) for staff to give to interested clients.
3. Continue to screen and refer children with feeding/nutritional issues and multiple anomalies for appropriate interventions and services through the CaCoon and Babies First! programs.
4. Develop/implement varnish program for home visiting clients.
5. Home visiting program will educate, advocate, refer and monitor pregnant women for prenatal services and dental health services. A focus of our work thus far has been making sure women are obtaining the prenatal care they need and linking them with dental care.
6. CHD will continue to assume responsibility for administration nursing and behavioral health services to rural Union County schools.
7. CHD will continue strengthening our School-Based Health Center services by conducting outreach to increase utilization and improving services through the addition of new equipment and an Electronic Health Record system.
8. Continue CHD's participation in the U.C. Fit Kids coalition, which is working to address obesity among youth through nutrition and physical activity.
9. Continue with WIC nutrition classes and referral of high risk kids to dietician.
10. Explore and where possible implement nutrition and cooking education using CHD's community kitchen.
11. Explore options for continuing suicide prevention activities.

## **Program Evaluation**

1. Track vital statistic rate for smoking during pregnancy and among youth in schools. TPEP coordinator will share data received via TPEP with relevant CHD staff. Resources include Oregon Tobacco Facts, etc.
2. Track number of varnish applications with home visiting clients through Orchid system.
3. Track efforts to increase the number of pregnant women receiving prenatal care and accessing dental health services.
4. Track progress toward planning and implementing efforts designed to improve nutrition among youth and families.
5. Monitor presence in Union County schools and progress toward improving school-based services.
6. Track youth depression and suicide ideation through Oregon Student Wellness survey.

## **Current Conditions and Problems for Immunization Program**

1. Current Conditions
  - a.) Flu activity continues to be relatively low.
  - b.) The number of 24-35 month olds covered with the 4:3:1:3:3:1 series was 70% in 2010, which is down from 71% in 2009 and 73% in 2008. The covered rate is still higher than the 2006 and 2007 rate of 57%.
  - c.) School exclusion requirements have been positive due to strong partnerships with local schools.
  - d.) New Immunization Information System has been implemented and is being utilized by local providers.
  - e.) Medical providers in the community have been providing more immunizations, in part due to efforts to create an active local immunization coalition.
  
2. Current Problems
  - a.) Flu activity in the 2012-2013 season, and thus vaccination activity, has been lower than expected. Anecdotally vaccination uptake is better this year and flu activity is on the rise.
  - b.) Rate for 24-35 month olds covered with the 4:3:1:3:3:1 series is trending down, and is lower than state requirements and Healthy People objective.
  - c.) A limited number of primary care providers offering immunizations create access barriers.
  - d.) Staffing for immunization outreach and education is still extremely limited and is not adequate to address the need in our community.

### **Program Goals**

1. Continue to increase the rate of up-to-date 2 year olds, with the goal of a 1% increase.
2. Increase access to immunizations by pre-school, school-age children, and adults.
3. Continue community outreach to increase immunization knowledge and local rates.
4. Support continued utilization of Immunization Information System.

### **Program Activities**

1. Continue meeting with immunization coalition at least quarterly, including reviewing and updating progress on above goals.
2. Coordinate with staff serving rural school districts to conduct vaccine clinics.
3. Hold pre-school immunization clinics at elementary schools and preschools.
4. Continue to offer flu clinics at strategic locations to assure coverage rates are as high as possible.

### **Program Evaluation**

1. Monitor school exclusion reports for number of children excluded from kindergarten and seventh grade.
2. Monitor countywide AFIX data.
3. Keep coalition minutes in order to monitor goals, activity and progress of coalition.
4. Keep records on dates and topics for in-services with nurses.

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

LHD staff completing this checklist: Carrie Brogoitti, Kim Knight, Joelene Peasley

**State-Supplied Vaccine/IG**

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

**Vaccine Management & Accountability**

- 4. Has an assigned immunization program coordinator
- 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management
- 6. Uses and maintains OIP-acceptable refrigeration equipment
- 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer
- 8. Has an OIP-approved vaccine emergency plan
- 9. Complies with OIP vaccine expiration & wastage requirements

**Delegate Agencies**

- 10. Has one or more delegate agencies: LHD has up-to-date addendum agreements for each site  N/A
- 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines  N/A

**Vaccine Administration**

- 12. Has submitted annual Public Provider Agreement & Provider Profile
- 13. Provides all patients, their parents or guardians with documentation of immunizations received
- 14. Complies with state & federal immunization-related document retention schedules
- 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine
- 17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

### **Immunization Rates & Assessments**

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

### **Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation**

- 19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs
- 20. Has a process for two-way notification between LHD and community hospital infection control or birthing center staff of pending deliveries by identified HBsAg-positive pregnant women
- 21. Enrolls newborns into case management program & refers mother plus susceptible household & sexual contacts for follow-up care
- 22. [Multnomah County only] provides centralized case management work over the tri-county area of Washington, Clackamas & Multnomah  N/A
- 23. Documents & submits to OIP the infant's completion or status of 3-dose Hepatitis B vaccine series by 15 months of age (excluding Washington & Clackamas counties)  N/A
- 24. Works with area hospitals to promote the Hepatitis B birth dose vaccine to all infants and Hepatitis B vaccine and IG to affected infants whose mothers are HBsAg positive or whose status is unknown
- 25. Screens all pregnant women receiving prenatal care from public programs for HBsAg status or refers them to other health care providers for the screening
- 26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus
- 27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women
- 28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

### **Tracking & Recall**

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

### **WIC/Immunization Integration**

- 31. Assists and supports the Oregon Health Authority (OHA) to provide WIC services in compliance with *USDA policy memorandum 2001-7: Immunization Screening and Referral in WIC*

### **Vaccine Information**

- 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered
- 33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration
- 34. Makes VIS available in other languages

### **Outreach & education**

- 35. Designs & implements a minimum of two educational or outreach activities in each fiscal year (July 2013 through June 2014). [Can be designed for parents or private providers and intended to reduce barriers to immunization. This can not include special immunization clinics to school children or for flu prevention.] Report activity details here:

Increase administration of Hepatitis B birth doses to all infants and Hepatitis B immune globulin (HIBG) and Hepatitis B vaccine to infants born to HBsAg-positive women, and testing women whose HBsAg status is unknown through at least two educational activities for nurses and/or at birthing classes at Grande Ronde Hospital during fiscal year 2013.

Conduct at least two immunization coalition meetings for Union County immunization providers aimed at increasing the overall vaccination rate of Union County residents during fiscal year 2013.

### **Surveillance of Vaccine-Preventable Diseases**

- 36. Conducts disease surveillance in accordance with *Communicable Disease Administrative Rules*, the *Investigation Guidelines for Modifiable Disease*, the *Public Health Laboratory Users Manual*, and OIP's *Model Standing Orders for Vaccine*

### **Adverse Events Following Immunizations**

- 37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP
- 38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP
- 39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

### **School/Facility Immunization Law**

- 40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)
  - a. Conducts secondary review of school & children's facility immunization records
  - b. Issues exclusion orders as necessary
  - c. Makes immunizations available in convenient areas and at convenient times
- 41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline
- 42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

### **Performance Measures**

- 44. Meets the following performance measures: [Refer to your 2011 Performance Measure spreadsheet]
  - Yes  No: 4<sup>th</sup> DTaP rate of  $\geq 90\%$ , or improves the prior year's rate by 1% or more
  - Yes  No: Missed Shot rate of  $\leq 10\%$ , or reduces the prior year's rate by 1% or more
  - Yes  No: Correctly codes  $\geq 95\%$  of state-supplied vaccines per guidelines in ALERT IIS
  - Yes  No: Completes the 3-dose hepatitis B series to  $\geq 80\%$  of HBsAg-exposed infants by 15 months of age
  - Yes  No: Enters  $\geq 80\%$  of vaccine administration data into ALERT IIS within 14 days of administration

### **Terms & Conditions Particular to LPHA Performance of Immunization Services**

- 45. Reimburses OHA for the cost of wasted state-supplied vaccines/IG when required
- 46. Returns at LHD's expense all styrofoam containers shipped from Oregon Immunization Program (and not by McKesson)
- 47. Participates in state-sponsored annual immunization conferences, and uses dedicated OIP-provided funds for at least one person to attend

### **Reporting Obligations & Periodic Reporting**

- 48. Submits, in timely fashion, the following reports (along with others required & noted elsewhere in this survey):
  - Monthly Vaccine Reports (with every vaccine order)
  - Vaccine Orders (according to Enhanced Ordering Cycle [EOC] assignment)
  - Vaccine inventory via ALERT IIS
  - Immunization Status Report

Annual Progress Report

Corrective Action Plans for any unsatisfactory responses during triennial review  
site visits       N/A

## Non-Compliance Explanation Detail Sheet

Use these table rows to document any checklist statements you were unable to check off or answer with a "Yes". Be sure to insert the corresponding statement number for each response.

Q. 44 CHD is developing strategies to improve the 4 <sup>th</sup> DTaP immunization coverage rate by (1) percentage point each year. Since most of the people served by the health department are covered, efforts will be focused on improving the rate among other providers. One strategy we will implement in fiscal year 2013 is educating providers on this issue at an immunization coalition meeting.
Q.

To Submit:

1. Save and print this document for your records
2. Include a copy with Agency Annual Plan
3. Submit as an attachment via e-mail to: [Oregon.VFC@state.or.us](mailto:Oregon.VFC@state.or.us)

## **Current Conditions and Problems Family Planning Clinics**

### 1. Current Conditions

- a.) CHD has increased the amount and scope of family planning services available in Union County through increased nurse practitioner hours, a new School-Based Health Center at Union School District, and a new partnership where we are providing services on-site at Eastern Oregon University.
- b.) Ongoing work to link youth with family planning services through two School-Based Health Centers located in the county's largest high school and in a rural school district.
- c.) CHD implemented a new Electronic Health Record system in 2012.
- d.) A public health associate from the Centers for Disease Control and Prevention stationed at CHD working on family planning-related outreach in 2012-2013.
- e.) CHD has partnered with a local physician to provide vasectomy services.

### 2. Current Problems

- a.) The number of "Women In Need" decreased in CY 2011 to 1,676 from 1,820 in FY 2011 and 2,648 in FY 2010. This number is more aligned with previous years (1,557 in FY 2008 and 1,867 in 2009). However, despite increasing service availability, the percentage of Women In Need served (44.7%) is still lower than our goal of at least 50%.
- b.) Official reports of teen pregnancy rates vary widely, but anecdotal data suggests teen pregnancy is still an issue for youth in our community. Efforts to facilitate an active teen pregnancy prevention coalition have been unsuccessful, largely due to lack of staffing at CHD to facilitate the coalition and lack of participation by community partners.
- c.) Efforts to increase family planning services to males have not led to significant changes.
- d.) Staffing for family planning outreach and education is still extremely limited and is not adequate to address the need in our community.

## **Program Goals**

1. Become proficient in new EHR system for CHD's public health services, including family planning and reproductive health services, in FY 2014 and continue working toward meeting meaningful use criteria.
2. Increase the number of vasectomies provided to males in Union County through Title X and CCare during FY 2014.
3. Work to increase WIN served to 50% or above during FY 2014.
4. Increase percentage of male family planning clients over the next year.
5. Increase outreach and education efforts, particularly to rural areas of Union County.

## **Program Activities**

1. Work with CHD's Tech Services Team to assure that EHR is being used successfully and meaningful use criteria are achieved during the FY 2014.
2. Continue working with local doctor to provide vasectomy services; train staff on eligibility, service provision, etc.
3. Use volunteers and/or nursing students for program outreach.

4. Research and implement advertising campaign using materials provided by CCare.
5. Continue providing classes on family planning and STI information in high school health classes.
6. Meet with CHD Alcohol and Drug counselors to discuss possibility of providing family planning and STI classes in their groups.
7. Explore the provision of family planning services on-site at rural clinics in Elgin and Union.

### **Program Evaluation**

1. EHR system is being effectively utilized for CHD's reproductive health and family planning services.
2. Monitor Ahlers data and the Family Planning Program data review provided by DHS.
3. Brochures/fliers and other outreach materials distributed throughout the county.
4. Evaluate data on the number of vasectomies provided.
5. Review Family Planning Program data provided by DHS.

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

**FY 2013**

July 1, 2012 to June 30, 2013

**Agency:** Center for Human Development (Union County)

**Contact:** Joelene Peasley RN, BSN, Nursing Supervisor/Family Planning Coordinator

**Goal # 1**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
CHD is not adequately positioned to respond to the requirements of state and national health care reform.	Effectively utilize EHR system for CHD's public health services, including family planning and reproductive health services, and continue working toward achieving meaningful use criteria by June 30, 2014.	*Work with CHD's Tech Services Team to assure that relevant EHR is being used successfully and meaningful use criteria are achieved during the FY 2014.	EHR system is purchased, implemented, and being effectively utilized for CHD's reproductive health and family planning services.

**Goal # 4**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
CHD experiences challenges in adequately meeting the family planning needs of Union County's rural populations.	Increase the number of Union County residents living outside La Grande that receive family planning/reproductive health services by June 30, 2014.	*Work with CHD's Community Relations Coordinator to incorporate family planning/reproductive health-specific outreach to rural areas of Union County into CHD's community relations plan. *Implement components of community relations plan specific to family planning/reproductive health. *Explore the provision of direct clinical services on-site at rural clinics in Elgin and Union.	Review of reproductive health/family planning services provided by zip code.

Objectives checklist:

- ✓ Does the objective relate to the goal and needs assessment findings?
- ✓ Is the objective clear in terms of what, how, when and where the situation will be changed?
- ✓ Are the targets measurable?
- ✓ Is the objective feasible within the stated time frame and appropriately limited in scope?

**3. Progress on Goals / Activities for FY 2012**

(Currently in Progress)

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

4. Goal / Objective	5. Progress on Activities
CHD is not adequately positioned to respond to the requirements of state and national health care reform.	CHD has implemented a new EHR system as of August 2012. There is a steep learning curve and we are still spending a great deal of time becoming proficient with the system and more work is needed to meet meaningful use criteria.
CHD experiences challenges in adequately meeting the family planning needs of Union County's rural populations.	This is still an issue. The School-Based Health Center in Union has added capacity to serve rural populations, but there is still unmet need. CHD will look at other options to increase services, including providing family planning services on-site at clinics in Elgin and Union.

## **C. ENVIRONMENTAL HEALTH**

### **Current Conditions and Problems**

1. Current Conditions:
  - a) CHD employs a 0.75 FTE registered Environmental Health Specialist. During the summer months the Environmental Health Specialist works an additional five hours per week due to increased demand for services when temporary restaurant inspections are at their peak.
  - b) There are more than 140 licensed facilities in Union County providing eating, living, and recreational accommodations.
  - c) There are more than 27 well sites in Union County monitored by Environmental Health following the guidelines of Oregon DEQ and the federal Clean Water Act.
  - d) The Environmental Health Program provides an informational and enforcement role for Oregon's Tobacco Prevention and Education Program.
  - e) The Environmental Health Program works in partnership with the Communicable Disease Program and the Emergency Preparedness Program to educate, investigate, and control countywide foodborne and non-foodborne outbreaks.
  
2. Current Problems:
  - a) Work flow for the Environmental Health Specialist is complicated by the seasonal changes in the number of temporary restaurants in need of inspection.
  - b) There is a language barrier with certain food service facilities whose primary language is not English and/or who speak very little English.
  - c) Culturally, some food handlers have different views of proper sanitary practices when compared to the guidelines provided by the Oregon Statute (OAR 333-150) and the 2009 FDA Food Code.
  - d) There is limited awareness of local environmental health resources and issues beyond food and water safety focus (such as air quality and asthma).

### **Program Goals**

1. Work toward developing an ongoing solution to the seasonal shifts that impact the work flow of the EHS.
2. Maintain required inspection rates for all facilities, water systems, etc.
3. Explore options for expanding the scope of CHD's environmental health work to address issues such as air quality, asthma, the built environment, etc.

### **Program Activities**

1. Conduct health inspections of all licensed facilities in a timely manner.
2. Conduct inspections of unlicensed facilities as requested by those facilities; certified day care facilities, certified day care homes, jails, and juvenile detention centers.
3. Conduct health inspections of all public schools and Head Start programs.
4. Conduct inspections of licensed temporary restaurants.
5. Properly track all temporary restaurant facilities in Union County.

6. Track all newly issued food handler cards.
7. Maintain scheduled testing and licensing for food handlers in Union County.
8. Perform investigations prompted by citizen complaints on potential health hazards in licensed facilities.
9. Make arrangement with a person who speaks associated languages to help educate the limited English speaking food handlers in proper food handling techniques and to pass the examination for the food handler card.
10. Monitor and assure that Union County's drinking water is safe by providing and maintaining sanitary survey inspections, regulatory assistance and training, compliance assurance, emergency response planning, investigation and response on contamination incidents.
11. Establish protocol for certain telephone inquiries relating to mold, radon, and other environmental health requests.
12. Provide accurate summarizations for the 2012 Licensed Facility Statistics Report.
13. Explore options for increasing CHD's role in environmental health, especially as it relates to health indicators such as asthma that impact Union County.

### **Program Evaluation**

1. Review data from the Phoenix database system to ensure completeness and accuracy.
2. Inspection scores of low scoring restaurants will improve.
3. Increase in food handler cards issued to individuals with English as a second language.
4. Increase in food handler cards issued to all food service workers.
5. Increased engagement in broader environmental health issues.

## **D. HEALTH STATISTICS**

### **Current Conditions and Problems**

1. Current Conditions
  - a.) Union County Public Health currently tracks health data in the following state public health systems: ORCHIDS, ALERT, Ahlers, EDRS, and Phoenix Database System.
  - b.) We also collect service, demographic, clinical and billing data in a CHD's new EHR called Greenway.
  - c.) CHD reviews health statistics from various data sources compiled by the Center for Health Statistics, the State Office of Rural Health, and others.
  - d.) CHD and local funeral homes are fully transitioned to the EDRS.
  - e.) CHD works closely with Union County providers of childhood immunizations to encourage the entering immunization data in ALERT.
  - f.) General community health and issue-specific assessments of current conditions and problems that are not captured in state/federal data sources are conducted by various entities.
  - g.) CHD completes its responsibilities in filing certified death certificates in one to two days.
  - h.) CHD actively encourages school districts within Union County to participate in the Oregon Healthy Teens Survey.
2. Current Problems
  - a.) While much progress has been made in the area of data entry by local immunization providers, there are always some that are challenged to comply and constant education must occur.
  - b.) Information on health issues that are occurring locally can be challenging due to delays in data being available from the state, data not being available due to sample sizes being too small, and changes in data collection instruments (state youth surveys, census, etc.).
  - c.) Up to this point assessment activities by various community groups have not been extremely coordinated, which results in a number of different assessment activities and reports being conducted. Public health accreditation will require a more systematic assessment of the local community.
  - d.) Not all of the school districts within Union County participate in the Oregon Healthy Teen Survey.

### **Program Goals**

1. Enroll physicians with biometric signature for EDRS as requested.
2. Provide education and support related to ALERT data entry.
3. Conduct regular assessments so accurate, timely local data is available.
4. Increase local participation in the Oregon Healthy Teen Survey.

## **Program Activities**

1. Continue reporting data to state per various program requirements.
2. Monitor state reports for accuracy of data
3. Work with local physicians to enroll E-signatures when requested.
4. Continue immunization coalition to educate local providers on the importance of immunization data collection and data entry in to ALERT system.
5. Work with partners to conduct local needs assessment activities and increase coordinated activities.
6. Encourage local participation in the Oregon Healthy Teen Survey through local outreach directly to non-participating school districts in coordination with state recruitment activities.

## **Program Evaluation**

1. All interested physicians will be enrolled with electronic signatures.
2. Monitor site review results to determine needed areas for improvement in data collection.
3. Monitor data reports for accuracy of data.
4. Immunization coalition meetings held at least quarterly.
5. Local needs assessments conducted on a regular basis.
6. Increased local participation in the Oregon Healthy Teens Survey.

## **E. INFORMATION AND REFERRAL**

### **Current Conditions and Problems**

#### **1. Current Conditions**

- a.) CHD Public Health has a website ([www.chdinc.org](http://www.chdinc.org)) that is updated regularly with information on the programs and services offered, information on current health issues, contact information, and opportunities for public input.
- b.) CHD is developing a presence on social networking sites like Facebook and Twitter to share more information about our work with the public.
- c.) Nurses respond to inquiries and concerns from the public on specific issues on a case by case basis, also providing written educational material/brochures as appropriate.
- d.) Periodically public health staff writes Community Comments and articles in the local newspaper addressing various health topics.
- e.) CHD staff work with the media and county staff on disseminating health information to the public in a timely and targeted manner when needed, as during H1N1, West Nile, and Pertussis outbreaks.
- f.) CHD is in the process of developing a community relations plan aimed (in part) at increasing our information and referral efforts.
- g.) We actively promote the Oregon Tobacco Quitline to the general public and provide referral information and resources to providers who work with tobacco users as part of our comprehensive tobacco control plan.

#### **2. Current Problems**

- a.) Delivery of population-based prevention messages and interventions is extremely difficult due to lack of resources. Our ability to serve older adults, for example, is limited to activities such as flu shots, because we do not have revenue streams specific to this population.
- b.) Community assessments reveal that more staff time is needed to push health education material to the public, especially to partner organizations and un/underserved communities.
- c.) There continues to be limited capacity to conduct information and referral activities to the level that is needed.
- d.) CHD is limited in the promotion of the Oregon Tobacco Quitline to earned media, social media and no-cost public service announcements which limits the reach of information.

### **Program Goals**

1. Keep community updated on current relevant public health issues.
2. Push information to segments of the community and partners serving them to increase community awareness of local issues related to underutilized services, such as childhood immunizations and family planning, and diseases like Chlamydia that are experiencing upward trends.

3. Explore approaches to expanding the reach of our services to those groups and individuals we face challenges in serving.
4. Increase number of Union County residents who utilize the services of the Oregon Tobacco Quitline.

### **Program Activities**

1. Continue to keep website and social networking sites updated with current program and local health information.
2. Identify and have staff disseminate health information to relevant partners.
3. Work with the local newspaper, Union County staff, and community partners in disseminating timely public health information.
4. Explore partnerships with organizations providing services to groups who could benefit from additional services.
5. Complete and implement public health components of community relations plan.
6. Continue to explore new options for no-cost promotion of the Oregon Tobacco Quitline.
7. Increase relationships with community partners who have funds to include the referral information for the Oregon Tobacco Quitline in paid media (that they pay for).

### **Program Evaluation**

1. Monitor updates of website.
2. Monitor health articles in the paper.
3. Monitor partnership development and collaborative efforts with other organizations and groups.
4. Monitor progress on public health-related community outreach plan activities.
5. Increased Union County residents accessing the Oregon Tobacco Quitline.

## **F. Public Health Emergency Preparedness**

### **Current Conditions and Problems**

1. Current Conditions
  - a.) CHD) has a 0.50 FTE Emergency Preparedness Coordinator working on emergency preparedness in our community.
  - b.) We have developed solid working relationships with other important community stakeholders including the Union County Emergency Manager and the local hospital. This includes newly-implemented monthly meetings between CHD, the County Emergency Manager, and Hospital Emergency Response Coordinator. The Emergency Preparedness Coordinator is also working to form an emergency services coalition in accordance with Program Element 12.
  - c.) CHD has used real events like our flu clinics to practice our response plans along with conducting additional exercises as needed.
  - d.) CHD utilizes HAN and has had a high participation rate in state and regionally-initiated drills related to HAN and satellite phones.
  - e.) Recently CHD staff has completed all necessary ICS, CD, and HAN trainings. A coordinated system is in place to ensure that new staff receives this training as well.
2. Current Problems
  - a.) Preparedness plans are in place but many need updates. This includes the need to review existing documents and procedures related to isolation and quarantine and working with legal counsel to ensure they are adequate.
  - b.) We have not had the opportunity to develop our plans related to serving the needs vulnerable populations and have not utilized all of the internal resources we have to do this (i.e. staff working with developmentally disabled and mentally ill clients).
  - c.) The large geography and widely spread population in Union County raises concerns about our dispensing prophylactic medication or vaccine within 48 hours if needed.
  - d.) Testing of 24/7 response systems has not been done as often as we would like due to changes in procedures and staffing.
  - e.) CHD previously served as the Regional Lead Agency for Region 9 until this function was taken back by the state. The loss of this role is likely to reduce valuable connections CHD had with local and regional partners.

### **Program Goals**

1. CHD staff is adequately trained in appropriate areas of emergency response.
2. Plans and systems are in place and up-to-date to ensure effective respond to emergencies, including vulnerable populations and mass dispensing plans.
3. Strengthen integration of emergency preparedness, communicable disease, environmental health, and health care preparedness to support effective response efforts.
4. Testing of 24/7 system occurs on a regular basis.

## **Program Activities**

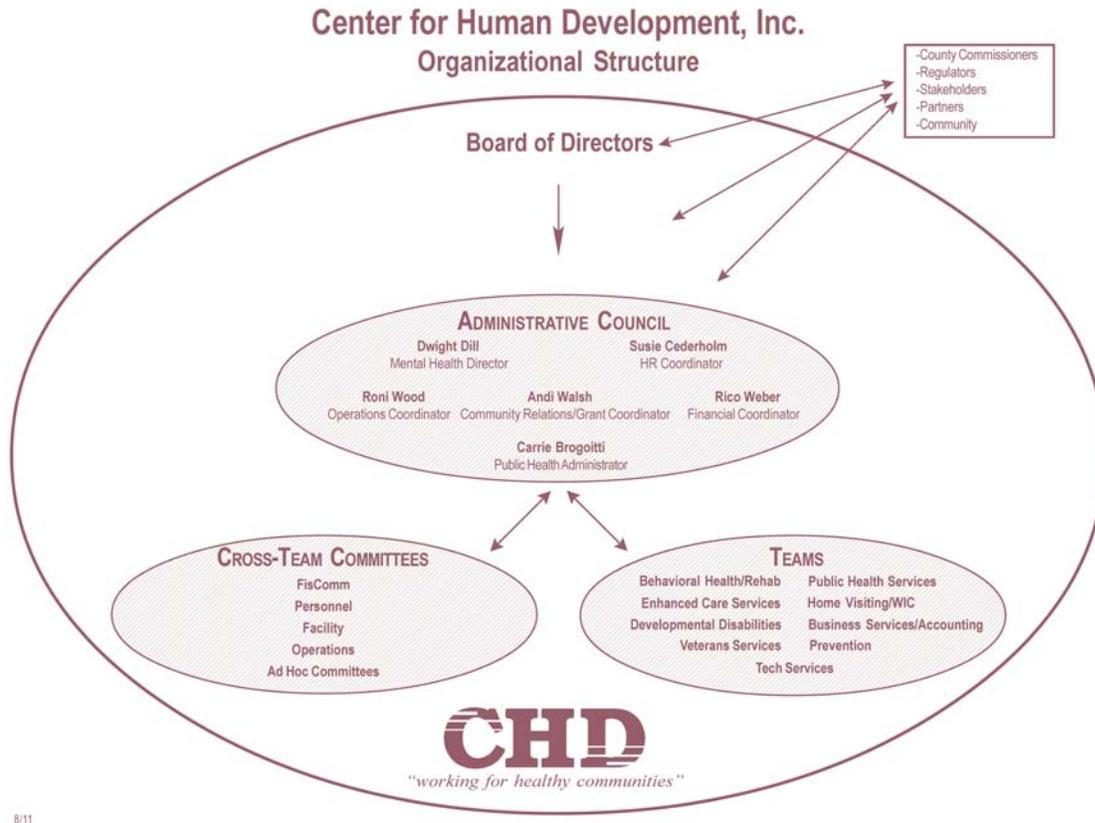
1. Continue participating in regular preparedness meetings and in Healthcare Preparedness Coalition activities.
2. Develop plans for serving vulnerable populations. Engage staff working with developmentally disabled and mental health communities in this process.
3. Develop feasible mass dispensing plan.
4. Conduct testing of 24/7 response system monthly.
5. Update all existing plans and ensure that all other necessary plans are created and exercised if appropriate.

## **Program Evaluation**

1. Document staff training matrix quarterly and submit to Public Health Administrator.
2. Vulnerable populations and mass dispensing plans are completed and all plans reviewed annually by State Liaison.
3. Meeting minutes of integration efforts are recorded and reflect response efforts.
4. Response system testing is recorded quarterly and reported to Public Health Administrator.

#### IV. Additional Requirements

**Organizational Chart:** An organizational chart for the Center for Human Development, Inc. is below.



**Board of Health:** Center for Human Development, Inc. (CHD) is a nonprofit corporation responsible to a Board of Directors. Union County contracts with CHD to be the Public Health Authority, so CHD’s Board serves as the local Board of Health. The Board is comprised of community members who meet monthly. A CHD staff member also serves as a representative to the Board. The Board is ultimately responsible for the agency, while delegating the executive function to CHD’s Administrative Council (described below). The Board of Directors oversees the finances, assets and affairs of the organization.

The Administrative Council is responsible for the executive functions of the organization including: strategic, financial, human resources, legal, community relations, organizational structure, information, and clinical leadership. The Public Health Administrator is a member of and accountable to this team with responsibility for the functions identified in the statutes and administrative rules.

**Public Health Advisory Board**

The Union County Human Services Advisory Committee is a group of community members appointed by the Union County Commissioners. The Commissioners utilize the Committee as a means of monitoring CHD's work on their behalf. The Committee provides assistance with mental health and public health programs by offering guidance and support to Center for Human Development administrators.

## V. Unmet needs

CHD has identified the following areas of unmet need that we are not currently able to address due to lack of available resources:

- **Economic Development:** In the process of completing our Community Health Assessment and Community Health Improvement Plan, economic development was raised as a top health priority because of the impact socioeconomic status can play in health. To truly have an impact on this issue, CHD will need to expand our partnerships and there is not dedicated time/resources to do this.
- **Outreach and Education:** Over the past year the number of people accessing CHD's services has been decreasing in areas where the need is increasing or unchanged, such as family planning, WIC and the School-Based Health Centers. We attribute this to a lack of resources to conduct outreach and provide education about our services and about public health in general. We need dedicated resources to support outreach efforts.
- **Accreditation:** CHD is excited about the prospect of becoming an accredited public health department, and fortunately we have received funding to work on accreditation activities. Even with these resources, it is difficult to dedicate the amount of staff time that is needed for accreditation and there are concerns about how ongoing activities required for accreditation will be sustained after the one-time resources are gone.
- **Population-Based Prevention Efforts:** Aside from very specific and prescribed funds from the state, our organization struggles with finding resources to dedicate to "upstream" public health efforts aimed at addressing issues at the population level.
- **Environmental Health:** We have not been able to address environmental health issues beyond our water or facility inspection programs. Efforts such as addressing obesity through the built environment, addressing asthma through air quality monitoring, looking at climate change and its potential impact on our community, and/or decreasing childhood lead levels through lead education/intervention programs are not possible because we do not have the resources. Since healthy environments were a key priority in our Community Health Improvement Plan we will need to find ways to do more work in this area.
- **Access to Care:** Primary care is limited in our county due to few primary care providers, high uninsured rates, and lack of resources on the part of individuals to pay for care.
- **Chronic Disease Prevention:** Chronic diseases are of significant concern in the County, yet there are not enough chronic disease prevention or public health intervention programs.
- **Childhood Asthma:** High childhood asthma rates and poorly treated asthma are significant issues in Union County that are not being adequately addressed.
- **Older Adult Services:** There is a large older population in Union County but preventive and other general public health services that address their needs are limited.
- **Nutrition Education:** Data raises serious concerns about the nutrition of Union County residents being very poor yet there are limited services to help populations who are not involved with WIC in this area.

## VI. Budget

**Center for Human Development, Inc.  
Projected Revenue  
2012-2013**

<b>Supported Program Element (PE)</b>	<b>Projected Award Amount Based on 2011-2012 Award</b>
PE 01: State Support for Public Health	\$28,967
PE 12: Public Health Emergency Preparedness	\$88,079
PE 13: Tobacco Prevention and Education	\$59,788
PE 40: Women, Infants and Children	\$136,221
PE 41: Family Planning	\$16,070
PE 42: MCH-Title V – Flexible Funds	\$12,064
PE 42: MCH-Title V – Child and Adolescent Health	\$5,171
PE 42: MCH/Perinatal Health – General Fund	\$1,829
PE 42: MCH/Child and Adolescent Health – General Fund	\$3,434
PE 42: Babies First	\$5,793
PE 43: Immunization Special Payments	\$10,719
PE 43: ACA Adult Grant	\$28,068
PE 43: Conference Travel	\$600
PE 43: Perinatal Hepatitis B Case Management Services	\$300
PE 44: School Based Health Centers	\$82,000

A copy of the Local Public Health Authority public health budget can be obtained using the following contact information.

Rico Weber  
Fiscal Coordinator  
Center for Human Development, Inc.  
1100 K Avenue  
La Grande, OR 97850  
541-962-8877  
[www.chdinc.org](http://www.chdinc.org)

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

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

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

#### **Control of Communicable Diseases**

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

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

### **Environmental Health**

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

56. Yes  No \_\_\_ Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes  No \_\_\_ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes  No \_\_\_ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes  No \_\_\_ School and public facilities food service operations are inspected for health and safety risks.
60. Yes  No \_\_\_ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes  No \_\_\_ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes  No \_\_\_ Indoor clean air complaints in licensed facilities are investigated.
63. Yes  No \_\_\_ Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes  No \_\_\_ The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes  No \_\_\_ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes  No \_\_\_ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the 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 (Not Applicable)
75. Yes  No  Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes  No  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes  No  Local health department supports continuing education and training of staff to provide effective nutritional education.

### **Older Adult Health**

78. Yes  No  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes  No  A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes  No  Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

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

### **Parent and Child Health**

82. Yes  No \_\_\_ Perinatal care is provided directly or by referral.
83. Yes  No \_\_\_ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes  No \_\_\_ Comprehensive family planning services are provided directly or by referral.
85. Yes  No \_\_\_ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes  No \_\_\_ Child abuse prevention and treatment services are provided directly or by referral.
87. Yes  No \_\_\_ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes  No \_\_\_ There is a system in place for identifying and following up on high risk infants.
89. Yes  No \_\_\_ There is a system in place to follow up on all reported SIDS deaths.
90. Yes  No \_\_\_ Preventive oral health services are provided directly or by referral.
91. Yes  No \_\_\_ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes  No \_\_\_ Injury prevention services are provided within the community.

### **Primary Health Care**

93. Yes  No \_\_\_ The local health department identifies barriers to primary health care services.
94. Yes  No \_\_\_ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes  No  The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes  No  Primary health care services are provided directly or by referral.
97. Yes  No  The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes  No  The local health department advocates for data collection and analysis for development of population based prevention strategies.

### **Cultural Competency**

99. Yes  No  The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. Yes  No  The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes  No  The local health department assures that advisory groups reflect the population to be served.
102. Yes  No  The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

## 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: Carrie Brogoitti

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

- a. Yes X No \_\_\_ The local health department Health Administrator meets minimum qualifications:

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

**b. Yes X 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 X 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 X 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.**

Center for Human Development, Inc.  
Local Public Health Authority

Union  
County

December 21, 2012  
Date