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Jan Kaplan  
Oregon Health Authority  
800 NE Oregon Street, Ste. 930  
Portland, Oregon, 97232

Dear Sir,

Lake County Public Health is submitting the following documents to the Oregon Health Authority as part of the Local Public Health Authority Plan; Local Public Health Authority Plan which has narrative regarding other required documentation, Lake County Community Health Assessment, Minimum Standards Checklist, and the most recent Financial Assistance Contract between the Oregon Health Authority and Lake County Health Authority.

It is our intention that these documents will meet the requirements in statute (ORS 431.375-431.385 and ORS 431.416) and rule (OAR Chapter 333, Division 14). If you have questions or concerns please contact me at 541-947-6045 or email [mwilkie@co.lake.or.us](mailto:mwilkie@co.lake.or.us)

Mary Wilkie

Lake County Public Health Administrator

# Lake County Public Health

## Local Public Health Authority Plan



February 5, 2014  
Mary Wilkie

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## **I. Community Health Assessment**

In 2012 Lake County Public Health compiled a community health assessment utilizing a grant from the Oregon Health Authority. This assessment is found in a separate document being sent with this plan. In 2013 Lake District Hospital, the Office of Rural Health, and the Eastern Oregon Coordinated Care Organization (EOCCO) formed a Community Advisory Council (CAC). Lake County Public Health is one of the partners on the council. This council became part of the Lake County Community Health Improvement Process (CHIP). The first phase of the CHIP was to perform a community health assessment. Information was gathered from Lake County Public Health, the Office of Rural Health, community meetings and surveys. The formal document is not yet complete but the information compiled is available at; <http://www.lakehealthdistrict.org/getpage.php?name=CHIP> and from a direct link at the Office of Rural Health <http://www.ohsu.edu/xd/outreach/oregon-ruralhealth/hospitals/chip/lake-co-chip.cfm> . The findings of the Lake County Public Health Assessment and that of the CHIP assessment were very similar.

Utilizing the information gathered, the CAC/CHIP have prioritized four issues affecting the health of Lake County; Senior Services, Mental Health, Dental, and Physical Activity. Subcommittees were assigned to address each issue and have developed plans with best practice to present to the main CAC for submission to the EOCCO Regional Advisory Council in March. These plans will be the basis for the Lake County Health Improvement Plan and the Lake County Public Health Strategic Plan.

## **II. Essential Public Health Services**

Oregon Administrative Rule 333-014-0050 defines the essential health department services that must be performed or cause to be performed by each county health department. This section clarifies those services listed in the Minimum Standards Document which are performed in the Lake County Health Department jurisdiction but are not under the supervision of the county health department.

Organization

The medical examiner and public health only collaborate on deaths of public health significance and are reviewed on a case by case basis, not annually.

#### Environmental Health

Training in first aid for choking is provided by Lake District Hospital or the American Red Cross.

Drinking water systems are monitored by each system with oversight from the state.

Lake County Building and Planning have the responsibility for on-site sewage.

Lake County Road Department is responsible for solid waste in the goose lake basin. Individual communities are responsible for solid waste in their area.

Department of Environmental Quality and the Klamath Hazardous Material Team are the agencies that investigate environmental incidence.

#### Older Adult Health

Prevention oriented services are provided by Lake Health District, Home Health, Lake County Senior Center, and primary care.

#### Parent and Child Health

There is no system in place for public health or the hospital to follow up SIDS death . The cases are turned over to the medical examiner.

#### Primary Health Care

Securing and maintaining primary care is under the direction of local physicians' clinics and Lake Health District.

### **III. Other Projects of Note**

Lake County Public Health has initiated a business associates agreement with Lake Health District to create a "Family Follow Up" program. This assures that all families of a new born(s) will receive a follow up call, newborn hearing screen and home visit. The criteria for the program were developed by Lake County Public

Health Home Visiting Nurse and the Obstetrics Supervising Nurse at Lake Health District Hospital and primary care physicians. It is based on best practice from other home visiting programs and discharge instructions from the hospital and local primary care physicians.

Several births at the hospital are to parents who reside out of county in Modoc County, California. A referral system to the public health department home visiting nurse has been developed.

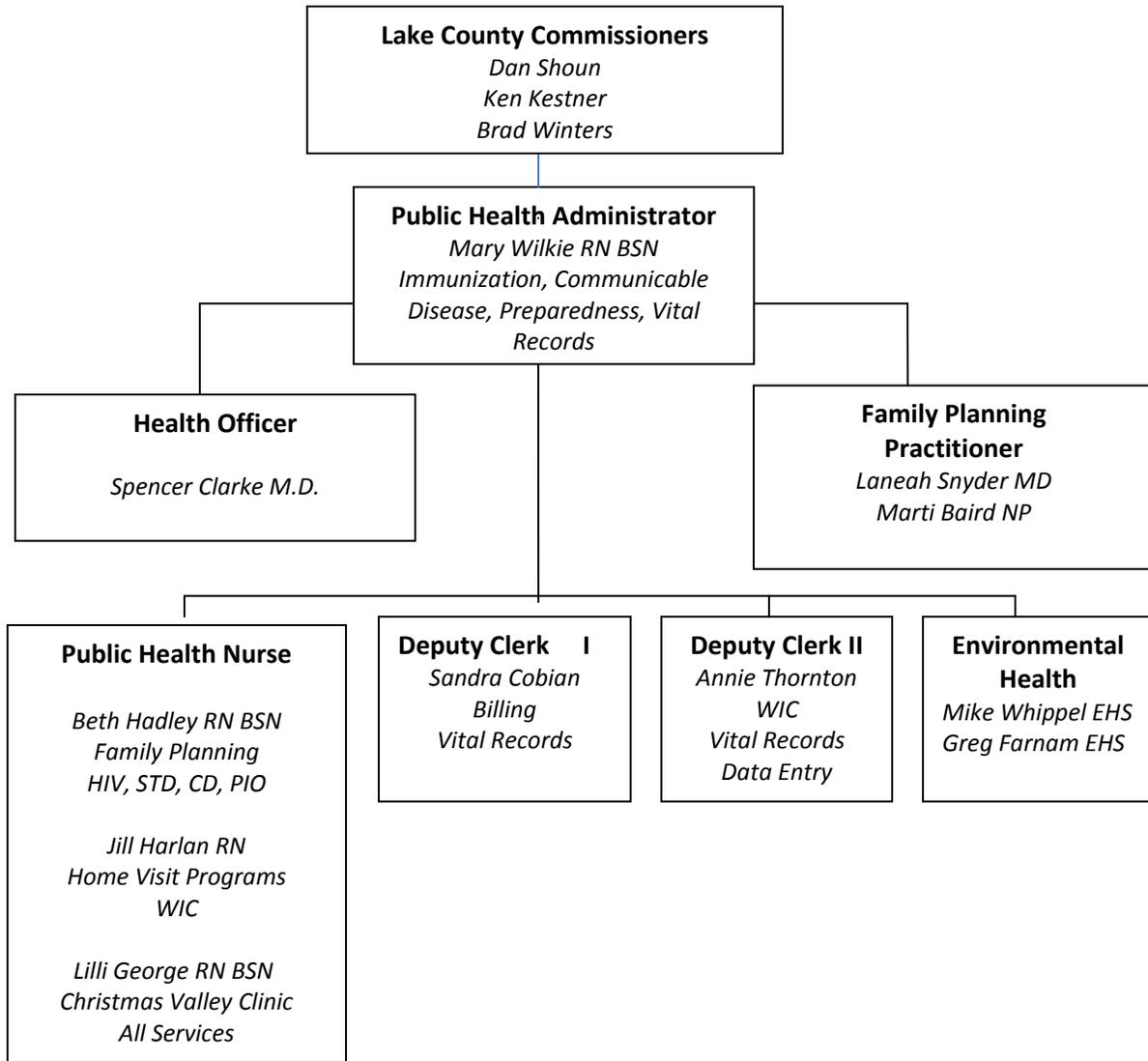
The goal of the Family Follow Up Program is to provide a collaborative effort for education and support of families of newborns. By having this system in place it will decrease the number of unnecessary office visits and non-emergent emergency room visits.

Lake County Public Health has entered into a consortium with Baker County, Center for Human Development (Union County), Community Counseling Solutions, Inc. (Grant County), Eastern Oregon Coordinated Care Organization (EOCCO), Harney County, Malheur County, Morrow County, North Central Public Health District (Gilliam and Sherman Counties) and Umatilla County. Union County is spearheading the project which is focused on creating systems that support the implementation and utilization of evidence-based practices that lead to improved maternal and child health outcomes. The approach focuses on changing the systems that exist in the region, rather than the practices of individual organizations and providers. This approach is aimed at creating changes in the health of the entire region, not just individuals. The approach relies upon the engagement of multiple stakeholders that cross traditional boundaries. This has the potential to achieve even greater impact and reach given that it will involve community and healthcare settings.

#### **IV. Minimum Standards for Personnel**

The local public health administrator does not meet the minimum standards set by the state. She has 16 years of experience in public health starting as a public health nurse providing services in all programs. The Lake County Commissioners are aware that the administrator does not meet the criteria set by the state. They feel that the current administrator is satisfactorily full filling the duties of her job description. It is the position of the Lake County Commissioners that a change is not needed at this time. This item may be reviewed and acted upon should the situation change.

## V. Lake County Public Health Organization Chart 2014



## **VI. Budget**

The most recent financial assistance award from the Oregon Health Authority accompanies this document. For a copy of the Lake County Public Health Budget contact:

Ann Crumrine  
Lake County Treasurer  
513 Center Street  
Lakeview, Oregon 97630  
541-947-6030  
[acrumrine@co.lake.or.us](mailto:acrumrine@co.lake.or.us)

## **VII. Signature**

**The signature below indicates approval of the Lake County Public Health Local Public Health Authority Plan.**

**Signature sent as separate document**

**02/20/2014**

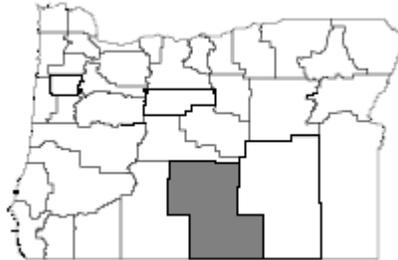
\_\_\_\_\_  
Lake County Commissioner

\_\_\_\_\_  
Date

# LAKE COUNTY

## COMMUNITY HEALTH STATUS ASSESSMENT

### 2012



In April of 2012 Lake County Public Health embarked upon a process to complete a Community Health Status Assessment. In so doing, Lake County joined a statewide effort in seeking the accreditation of public health departments. The Community Health Assessment is designed to gather data from throughout the county to determine not only how healthy the citizens of Lake County are, but also the overall health status of the communities as a whole and their ability to provide services in Lake County. The goal of this assessment is to bring community partners together to discuss the health care status of the community, and to move on to the next step in the accreditation process, the preparation of a strategic plan for Lake County to track and improve the health and wellbeing of its residents.

The Community Health Assessment is designed to allow our community to track local trends in the health of the county, and to compare our community's health status with other areas throughout the state and the nation, as well as to monitor changes or trends over time. The assessment will accomplish this by tracking 11 core indicators on public health. The core indicators were selected due to the critical nature of the data tracked, their potential for comparison, and the relevance for most communities. The Core Criteria are:

Demographic Characteristics

Socioeconomic Characteristics

Health Resource Availability

Quality of Life

Behavioral Risk Factors  
Social & Mental Health  
Death, Illness & Injury  
Sentinel Events

Environmental Health Indicators  
Maternal & Child Health  
Infectious Disease

The assessment process however, does recognize the individuality of the various states, counties and communities. Each county is encouraged to create “extended indicators”. Extended indicators can be used to track data that is of interest to a specific community or population. In completing this assessment, Lake County Public Health worked with community partners that form Lake County’s United Prevention/Intervention Coalition (UPIC). After discussing the goals and core indicators tracked by the Community Health Status Assessment, UPIC members did not identify any additional indicators or issues to be tracked at this time. However this assessment is just the first of what will be a continuing process of tracking data and trends relating to the health of Lake County. Additional indicators may be added in the future if issues of importance arise or are identified.

It is the goal of this assessment to provide a concise view of the health status of the residents and the county. A tremendous amount of data was collected to complete this task. What you will see in this report are the distilled trends and data. The raw data was compiled from numerous sources. These sources include:

US Census	2011 Healthy Teens Survey
Adult Survey	Lake County Public Health
Lake District Hospital	Oregon Dept. of Health & Human Services
North Lake Clinic	Oregon Medical Examiner’s Office

The obvious importance of this assessment cannot be overstated. It is and should be a goal of every government, business, civic group and individual to promote the long-term health and prosperity of all Lake County residents. Employers have long recognized what the World Health Organization reported, that every dollar spent on corporate wellness programs saves three dollars in medical costs and that workplace fitness programs have been known to increase productivity by 52%.

## **HISTORY, DEMOGRAPHICS, ENVIRONMENT & OTHER FACTORS AFFECTING THE HEALTH STATUS OF LAKE COUNTY**

Lake County was officially established in February of 1875, with the Town of Lakeview becoming the county seat in the same year. Lake County is located in a high desert region on the northwestern edge of the Great Basin. Lake County encompasses more than 8,300 square miles, making it larger than the states of Rhode Island, Delaware or Connecticut. Over 78% of the land in Lake County is owned or managed by the state or federal government. After being founded, the industry focused mainly on sheepherding and cattle ranching. Over the years the industry transitioned to logging. However, with federal regulation of the logging industry Lake County has had to find other industry. A county that once boasted several lumber mills now has one.

The current economy in Lake County is driven by a mix of governmental employment, logging, agriculture, tourism, and mining. County government, natural resource management and the local prison make up the majority of governmental jobs. The county has recently taken steps in assisting with the creation of alternative energy production facilities. Lake County is widely known for the quality of grass, hay and alfalfa produced and shipped to one of our many local cattle ranches as well as to buyers throughout the nation and overseas. Additionally tourism is a growing boon to Lake County. Long regarded as one of the premiere places to hang glide, Lake County is becoming known for eco-tourism with the Christmas Valley Sand Dunes, Hart Mountain & Summer Lake Refuges, numerous lakes, hot springs, hiking trails and Sunstone mines to explore.

According to the 2010 census, Lake County is different from the state averages in a number of areas. Lake County now boasts 7,895 residents. This is an increase of 473 people from the 2000 census, but still keeps our population density at roughly 1 person per square mile.

Lake County has rich Irish and Basque cultures dating back to the first sheepherders to call our county home. While Lake County does have diversity, 92% of the population is Caucasian, with the next largest group being of Hispanic or Latino origin, comprising 6.9% of the population. Lake County's residents are an aging population. In the year 2000, residents 65 and older comprised over 17% of our

population. The 2012 census had the number increasing to 20.8%, which is noticeably higher than the state's 14%.

As for education, Lake County is essentially even with the state with 88% of children graduating from high school. When you go on to consider higher education Lake County only has 16% of the population having college or other advanced degrees, compared to the state average of 28%.

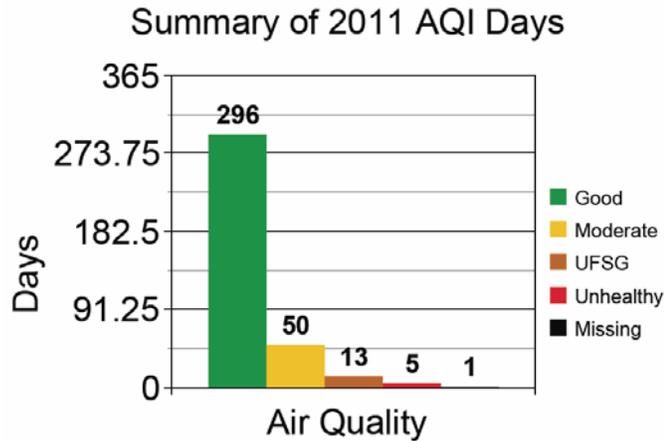
In home ownership, Lake County is 4% ahead of the state average with 68% of the population owning their homes. When looking at the income and poverty levels however, Lake County has lower income levels than the state and has 3% higher poverty level with 17.5% of the population living at or below the poverty level.

The 2010 census shows the per capita monthly income for the 12 months prior to the census being taken as \$22,586, which is nearly \$4,000 less than the state average. It also shows the average household income for the same time to be \$41,105, over \$8,000 less than the state average. According to information from the State of Oregon as of March 2012, there are 595 households, with a total of 1,234 individuals participating in the food stamp program. This equates to 15% of the residents of Lake County. Additionally, the state reported as of May 2012, 1,395 people, or 17%, in Lake County were eligible clients for Oregon's medical assistance programs, which includes the Oregon Health Plan.

In completing the Community Health Status Assessment for Lake County, one of the factors to be considered is the environment and its impact on the health of our residents. The definition of an environmental health indicator is one that describes the link between environment and health by measuring the health effect due to exposure to one or several environmental hazards. For the most part, Lake County is a very beautiful high desert community with many chances and opportunities to engage in healthy activities such as hiking, camping, hunting, fishing, biking or rock hounding. However there were two areas of concern when evaluating the potential negative impacts of the local environment. The first deals with the White King/Lucky Lass uranium mines. These mines ran between 1955 and the mid 1960s, resulting in the contamination of those sites with arsenic and radionuclides. In 1995 the EPA listed these two abandoned mines on the Superfund's National Priorities List. In October of 2005, the US Department of

Justice and the EPA reached a \$7.9 million settlement agreement with the Kerr McGee Corporation, Western Nuclear Corporation and Fremont Lumber to clean up the site.

The second area of concerns deals with the Town of Lakeview and its air quality. The location of Lakeview at the base of the South Warner Mountains helps create an inversion layer which traps wood smoke in the town during the winter months. Winter months when wood burning is at its highest leads to days where the air quality becomes a health concern. The Oregon Department of Environmental Quality monitors air quality in Oregon. The air quality is evaluated and given one of five ratings. The ratings are: “Good”; “Moderate”; “Unhealthy for Sensitive Groups”; “Unhealthy”; and “Very Unhealthy”. DEQ has recommended health advisories for each category other than “Good”. During 2011, the Lakeview monitoring station recorded 13 days in the “Unsafe for Sensitive Groups” range. DEQ’s health advisory for this condition is “People with heart disease, respiratory disease (such as asthma), older adults, and children should reduce prolonged or heavy exertion. Active healthy adults should also limit prolonged outdoor exertion.” Additionally during 2011, the Lakeview monitoring station recorded more “unhealthy” days than any other monitoring station in the state, with 5 days. The health advisory for this condition is “People with heart disease, respiratory disease (such as asthma), older adults, and children should avoid prolonged or heavy outdoor exertion. Everyone else should reduce prolonged or heavy outdoor exertion.” This, taken in conjunction with the worsening economy forcing more people to rely on wood burning stoves to heat their homes, causes a concern for the future and long term health of at risk groups.



DEQ Annual Report

### **AVAILABILITY OF HEALTH CARE IN LAKE COUNTY**

When discussing the health care available in Lake County it is important to understand the population centers. Lake County has several incorporated and unincorporated towns and communities spread throughout its 8,358 square miles. Larger cities such as Klamath Falls and Bend are each around 100 miles away from the nearest Lake County community.

Even though Lakeview is some distance from major medical centers there is a variety of quality health care options available to Lake County residents. Lake County's largest medical services provider is Lake District Hospital located in the Town of Lakeview. Associated with this hospital, Lakeview currently has two general care medical clinics with 5 medical doctors, and 1 nurse practitioner. Additionally, residents in the Lakeview area also have Home Health and Hospice Care available.

In 2011 Lake District Hospital completed a \$22,000,000 expansion and remodeling of its facility. This project saw an additional 34,000 square feet, 24 acute care beds, labor and delivery suites, emergency rooms, radiology lab and two operating suites added to the facility. The remodeling of the older facility saw upgrades or expansions in rehabilitation services, wound care, a sleep testing lab and administrative offices. In addition to the various services and testing available, Lake District Hospital has contracted to have an MRI available to it, which currently comes on a weekly basis.

Lake District Hospital reported the following services provided in 2011: 1,553 acute care patient days, 896 swing patient days, 6,002 long term patient days, 4,722 emergency room visits, 55 births, 414 surgeries, 10,706 lab visits, 6,687 radiology visits, 3,989 physical and occupational therapy visits, and 25,656 outpatient visits (which included all services).

In the north end of the county is the North Lake Health Clinic, located in Christmas Valley, which opened its new doors in 2007. This clinic provides services to Christmas Valley, Summer Lake, Silver Lake and Fort Rock, in addition to seeing patients from Lakeview or tourists visiting the area. The North Lake Clinic has a family nurse practitioner and a physician's assistant on staff. They offer basic clinic services and serve as a location for traveling specialists. On certain days and by appointment, residents of the north end of the county can receive physical therapy, ophthalmological care, dental care and certain mental health services. In a year the clinic will see around 2,500 patients and have over 5,000 visits to their clinic for various services.

Obviously in a county of this size transportation to and from medical care can be a challenge and even a barrier to receiving appropriate health care. Due to its rural nature there are at least two air ambulance services available. Almost every community in Lake County is served by a local volunteer ambulance service, which provides emergent patients transportation to the nearest hospital, be it in Lakeview or Bend.

Lake County also has mental health services and resources. Lake County Mental Health employs several therapists and three alcohol and drug counselors. Also providing services through the mental health department is a Psychiatric Mental Health Nurse Practitioner. The department's services include:

- |                            |  |
|----------------------------|--|
| Individual Counseling      | Family Counseling                          |
| Group Counseling           | Parenting Education                        |
| Activity Therapy           | Psychiatric Services for Adults & Children |
| Medication Management      | Dialectical Behavior Therapy               |
| Alcohol and Drug Treatment | Anger Management                           |
| Sex Offender Treatment     | Domestic Violence Batterer's Treatment     |

Located in the north end of the county is Lake County's annex building. This building houses office space that is used by various county agencies and other groups. Lake

County Mental Health has a schedule of services that are provide on a weekly basis at the annex.

Another local business, the Lakeview Center for Change also provides some treatment services. They are currently staffed by a Licensed Clinical Social Worker and utilize three counselors in providing drug and alcohol treatment. The Lakeview Center for change also provides services to Paisley, as well as the north end of the county from the North Lake Clinic.

### **HOW WE VIEW OURSELVES**

In gathering data to complete this assessment, Lake County Public Health utilized two surveys. One survey was conducted by Lake County Public Health and was given to a number of adult residents throughout Lake County asking them to discuss their views on their physical and mental health, their attitudes toward life, and the availability and access to health care. The second survey was the 2012 Oregon Student Wellness Survey. This survey was conducted by the Oregon Health Authority and was given to the 6<sup>th</sup>, 8<sup>th</sup> and 11<sup>th</sup> grade students of Lake County School District 7. The survey covered numerous topics from health and fitness to student satisfaction with the school and its teachers. In this health assessment we will be focusing mainly on the students' answers as they relate to their perceptions of physical and mental health, as well as drug and alcohol issues.

Turning to the survey of the adults of Lake County, the participants were asked how often they experienced physical pain. 40% reported experiencing pain regularly or constantly. When asked how often they felt fatigued or tired, 80% reported that they never or occasionally felt fatigued. As it relates to residents access to health care, the residents were asked if there was a time in the last 12 months when they needed to see a doctor but were unable to do so for financial reasons. 20% of those surveyed were not able to see a doctor due to financial reasons.

In a section dealing with stress in their daily lives, participants were asked to describe how much stress was caused by various factors, such as family, financial issues, health, school, relationships, emotional wellbeing, general wellbeing and the ability to cope with daily issues. The highest score was for stress related to finances. 38% of those taking the survey listed this factor as regularly or constantly causing them stress.

While one of the positive outcomes of this survey was 77% indicated that they were satisfied, pleased or delighted with their life as a whole, it clearly indicates financial issues such as the economy, employment and the ability to obtain health insurance are serious factors that impact the health and wellbeing of Lake County residents.

In turning our attention to the Oregon Student Wellness Survey, it is important to point out the small survey population. Statistical analysis of small groups or populations can lead to unstable results that may vary widely from year to year. Due to the relatively small size of Lake County's population, this should be considered in evaluating all statistics. Please remember when reviewing this data that the numbers of students participating in each grade were: 43 6<sup>th</sup> graders, 52 8<sup>th</sup> graders and 37 11<sup>th</sup> graders. *Each student* equals 2.3%, 1.9% and 2.7% respectively.

The student survey in addition to covering topics such as how the youth views their general physical and emotional well being, also looks at behavioral risk factors. Behavioral risk factors are those behaviors, whether found in an adult or child, are such that increase the risk for premature morbidity or mortality. Examples of these types of behaviors would be smoking, illegal drug use, drinking and driving or being greatly overweight.

In studying the survey, the diversity among students is analogous to the adult population. Caucasians account for roughly 83% of the population, with English being the main language spoken in their homes. Hispanic or Latino children make up the next largest ethnic group with Spanish being spoken in roughly 11% of the homes. The majority of students are happy with their schools, teachers and feel that what they are doing is important. When asked to rate their physical and mental health a vast majority of students responded positively. 91.4% of 6<sup>th</sup> graders, 98.1% of 8<sup>th</sup> graders and 83.3% of 11<sup>th</sup> graders felt they were in good to excellent physical health. When inquiring as to mental health, 85.7% of 6<sup>th</sup> graders, 86.5% of 8<sup>th</sup> graders and 80.6% of 11 graders rated the emotional/mental health as good or excellent.

Some of the most troubling data uncovered dealt with the topic of suicide among our young people. Students were also asked about whether they have ever seriously considered attempting suicide and whether or not they have actually attempted suicide. Two students from the 6<sup>th</sup> grade class reported they had contemplated and attempted

suicide. In the 8<sup>th</sup> grade 11 students had contemplated suicide and 4 reported attempting suicide. For 11<sup>th</sup> graders 6 contemplated suicide and 2 made attempts.

Another portion of the survey deals with bullying. When asked if they had observed another student being bullied by saying mean things or teasing the results were: 80.5% of 6<sup>th</sup> graders, 80.4% of 8<sup>th</sup> graders and 70.3% of 11<sup>th</sup> graders had witnessed this. When asked if they had witnessed some physical violence perpetrated on another student, the number dropped dramatically to: 48.8% of 6<sup>th</sup> graders, 76.5% of 8<sup>th</sup> graders and 37.8% of 11<sup>th</sup> graders. While this shows a marked decline, the percentages of our children witnessing or being subject to bullying are very concerning.

A great deal of the Student Wellness Survey focused on the children's impressions and use of tobacco, alcohol and controlled substances.

<b>Abstinence from Substance Use</b>	<b>6<sup>th</sup> Grade</b>	<b>8<sup>th</sup> Grade</b>	<b>11<sup>th</sup> Grade</b>
Never smoked a whole cigarette	97.4%	76.5%	59.5%
Never had more than a sip or two of alcohol	71.8%	39.2%	24.3%
Never tried marijuana	100%	72%	54.1%

<b>Substance Use in the Last 30 Days</b>	<b>6<sup>th</sup> Grade</b>	<b>8<sup>th</sup> Grade</b>	<b>11<sup>th</sup> Grade</b>
Smoked cigarettes	0.0	13.7%	13.5%
Used other tobacco products	0.0	8.0%	16.2%
Had at least one drink of alcohol	2.6%	30.8%	55.6%
Had five or more drinks of alcohol in a row, that is within a couple of hours	0.0	25%	43.2%
Used marijuana	0.0	19.2%	32.4%
Sniffed glue, breathed contents of aerosol or any paints or sprays to get high	2.6%	11.8%	0.0
Used prescription drugs without a doctor's order	2.7%	2.0%	8.1%
Any illicit drug use in the past 30 days	4.7%	21.2%	37.8%
Any illicit drug use in the last 30 days, except marijuana	4.7%	21.2%	29.7%

Another area of covered by the Student Wellness Survey that impacts the public health of our children is the availability or perceived availability of tobacco, drugs and

alcohol. The table below shows the percentage of students that said it would be “easy or very easy” for the student to.....

<b>Availability</b>	<b>6<sup>th</sup> Grade</b>	<b>8<sup>th</sup> Grade</b>	<b>11<sup>th</sup> Grade</b>
Get some cigarettes	12.1%	43.1%	75.7%
Get some beer, wine, or hard liquor	12.1%	52.9%	70.3%
Get some marijuana	6.1%	46.0%	54.1%
Get a drug like cocaine, LSD or amphetamines	3.0%	12.0%	5.4%

Finally, the report has some positive information with regards to how students view their own physical and mental health. When asked, 85.7% of 6<sup>th</sup> graders, 86.5% of 8<sup>th</sup> graders and 80.5% of 11<sup>th</sup> graders rated their general mental and emotional health as “Good, Very Good or Excellent”.

When asked the same question regarding their physical health 91.4% of 6<sup>th</sup> graders, 98% of 8<sup>th</sup> graders and 83.3% of 11<sup>th</sup> graders rated it as “Good, Very Good or Excellent”.

### **BEHAVIORAL RISK FACTORS**

Now that we have taken a look at how different groups of people within the county view themselves and the health care system in Lake County, it is time to turn our attention to the data that has been collected regarding specific behavioral risk factors for our community. As discussed before, it is widely known that alcohol, drugs and tobacco greatly impact the physical and mental health of a community. The effect of the use and abuse of these substances can result in numerous negative consequences and costs.

According to the Addictions and Mental Health Division of the Oregon Department of Health and Human Services, alcohol is the most widely used addictive substance in Oregon. Although many adults practice occasional responsible drinking, consumption of alcohol is not safe for a significant portion of the population. Alcohol abuse and dependence are associated with significant social, psychological and physical problems for the user and others. About 18% of adults 18 to 25 years and six percent of

the adults 26 or older abuse or are dependent on alcohol and need some form of treatment.

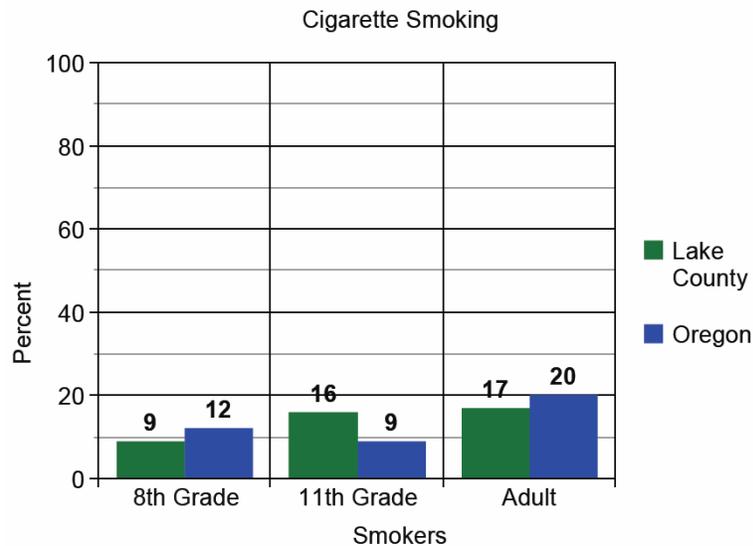
A positive factor for Lake County is that among adults, there is a lower percentage of persons who consume alcohol when compared to the state average. In a survey collected by Oregon DHS regarding alcohol consumed in the month prior, the percentage for male and female use of alcohol for the state was 54 and 66 respectively; while the usage for women and men in Lake County during the same time was 43 and 47 respectively.

However, when looking at the use and effects of underage drinking, the results for Lake County are disturbingly greater than the state average. An American Medical Association report shows that adolescent drinkers perform worse in school, are more likely to fall behind and have an increased risk of social problems, depression, suicidal thought and violence. Even occasional heavy drinking injures young brains. Studies show that rather than “outgrowing” alcohol use, young abusers are significantly more likely to have drinking problems as adults. In Oregon, youth who drink are eight times more likely to smoke cigarettes and 10 times more likely to smoke marijuana.

In a similar survey collected by Oregon DHS regarding alcohol that 8<sup>th</sup> and 11<sup>th</sup> graders consumed in the month prior, the percentage for use was considerably higher than the state average. In Lake County the percentage of 8<sup>th</sup> and 11<sup>th</sup> graders that had consumed alcohol in the previous month was 37 and 56 respectively, while the corresponding state averages were 32 and 44 respectively.

In addition to studying the effects of alcohol on our population, this community health assessment has compiled data regarding the impact of tobacco products. The Oregon Health Authority provided a great deal of information relating to the 2011 impacts of tobacco in Lake County. The research showed that 1,208 adults in Lake County regularly smoke cigarettes. 528 individuals suffer from some serious illness as a direct result of tobacco use and 27 people in Lake County died as a result of tobacco. In Lake County, young males are almost twice as likely to use smokeless tobacco as similar

young males throughout the state. The state average is 14% of 11<sup>th</sup> grade males using smokeless tobacco, compared to 29% of Lake County 11<sup>th</sup> grade males.



OHA Public Health Division

Similar to alcohol and tobacco, the use and abuse of drugs, whether they be illicit or prescription, has a large impact on our community. Local law enforcement officials have stated that over 45% of crime in general and over 60% of property crimes can be linked to the use and abuse of drugs and alcohol. With this being said, when reviewing crime rate averages over an eight year period, Lake County is a safer place to live in both rates of person crimes and property crimes. In comparison, taking an average of eight years of person crime data, the statewide average per 100,000 population was 116 crimes, while during the same period in Lake County, the number was 86 crimes per 100,000 in population. The same survey of property crimes finds the state with 646 crimes per 100,000 and Lake County having only 308 crimes per 100,000.

One final area as it relates to drugs and crime is the impact on our children. In Lake County in 2010 there were 154 reports of abuse and/or neglect made to the authorities. 64% of those were assessed by agencies and 13% of those went on to be “founded”, meaning that the abuse and/or neglect was determined to have occurred. Over 46% of the referrals were related to substance abuse. In Lake County, during the

year 2010, there were 25 children that had been removed from their homes for one year or longer.

### **DEATH, ILLNESS & DISEASE RISK FACTORS**

In any assessment of the health of a community, one must also look to the prevalence of disease and other factors detracting from the health of our residents. This also includes what is causing our deaths. The term morbidity means the rate at which an illness or abnormal condition occurs in a particular area or population. In compiling data on this topic we referenced a study conducted for the four years between 2006 and 2009. This study tracks and compares the percentage of certain illnesses and disorders in the State of Oregon. It lists values for each county and the state as a whole. The following chart compares the percentage rates of these diseases and disorders between Lake County and the State of Oregon. Again, it is important to remember when dealing with small populations that statistical information may be unreliable and should be interpreted with caution. The following percentages are “age-adjusted”. This means the numbers are adjusted to the 2000 Standard Population using three age groups. (18-34, 35-54, and 55+)

<b>DISEASE / DISORDER</b>	<b>LAKE COUNTY</b>	<b>STATE OF OREGON</b>
Arthritis	25.2	25.8
Asthma	7.2	9.7
High Blood Pressure	30.2	25.8
High Cholesterol	45.1	33
Overweight	41.3	36.1
Obese	18.8	24.5
Smoke Tobacco	19.9	17.1

Categories of concern are high cholesterol, high blood pressure and overweight. In each of these areas, the population of Lake County is over 5% higher, and in the case of high cholesterol, 12% higher than the state average. These are issues that should receive careful attention in the preparation of Lake County’s strategic plan.

In compiling data for this health assessment a study showing the most basic information about the 76 recorded deaths in 2011 was available, along with a more detailed accounting of the 102 deaths recorded in 2010. The manner of each and every death was not recorded, but the majority of them were.

<b>MANNER OF DEATH</b>	<b>2010</b>	<b>2011</b>
Natural Causes	94	72
Suicide	7	2
Homicide	0	0
Unintended Injury	1	1
Pending Determination	0	1

As has been discussed throughout this assessment, one needs to be cautious in the statistical analysis of small populations. When reviewing this data the number of suicides is quite a different between the two years. In 2010, suicides accounted for 6.8% of deaths, while suicides accounted for 2.6% in 2011. This type of spike illustrates why this small population data needs to be collected in multiple year segments or collected by rolling year averages.

The mortality information provided for 2010 was more comprehensive in describing causes of death. The information gathered regarding the deaths in 2010 shows the following:

<b>CAUSE OF DEATH</b>	<b>#</b>
Cancer	21
Heart Disease	15
Chronic Lower Respiratory Disease	9
Cerebrovascular Disease	8
Unintentional Injury	1
Alzheimer's	6
Diabetes	5
Suicide	7
Alcohol Induced	7
Hypertension with or without Renal Disease	2

Flu and Pneumonia	2
Septicemia	1
Perinatal Conditions	1
Congenital Anomalies	1
Arteriosclerosis	1

There needs to be more research done in the following years to see if the rates of these deaths can be linked to environmental or other risk factors and to see what treatment or prevention might lower their occurrence.

The final topic under this section is the prevalence of infectious diseases in Lake County. The Mayo Clinic defines infectious diseases as disorders caused by organisms, such as bacteria, viruses, fungi and/or parasites. As we all know many microorganisms colonize in and on the human body. They are normally harmless and sometimes even helpful. However, under certain conditions they may cause disease. Some infectious diseases can be passed from person to person. Some are transmitted via bites from insects or animals. Other are acquired by ingesting contaminated food or water or other exposures in the environment.

While in 2010 Oregon had 229 communicable disease outbreaks, none were in Lake County. Oregon's public health service creates a yearly list of communicable disease occurrences that covers 25 different diseases. These diseases range from AIDS to the various strains of hepatitis to Malaria to the West Nile Virus. In 2010 there were 22,077 cases of these diseases occurring state wide. There were only 24 cases in Lake County. The cases reported were:

AIDS	2 cases
Campylobacteriosis	3 cases
Chlamydiosis	16 cases
E. Coli	1 case
Giardiasis	1 case
Salmonella	1 case

The largest occurrence was of Chlamydiosis or Chlamydia. This is the most common sexually transmitted disease (STD) in America and can be treated with antibiotics. This

is an area in which the up-coming strategic plan, through the use of education and prevention, should be able to make positive strides in reducing the level of occurrence. The only other anomaly regarding Lake County and infectious diseases is that in 2010 two residents of the county were infected with *Yersinia pestis*, more commonly known as the plague. These were the only two reported cases in the country during 2010.

## **MATERNAL AND CHILD HEALTH**

The final section in this Community Health Status Assessment before the conclusion will be covering data and trends relating to maternity and children in Lake County. We begin by dealing with maternal and child health, otherwise known as MCH. This area of focus refers to the health of mothers, infants, children, and adolescents. It also refers to a profession within public health committed to promoting the health status and future challenges of this vulnerable population. The historical development of these MCH programs occurred in the unique political and social landscape of the United States, where a reliance on individualism has shaped the attitude that caring for children is the parents' responsibility, and that government should step in to help only when families and communities are not able to care for their own. During the 1900s, the advent of these programs saw a reduction in infant mortality greater than 90% and a reduction in maternal mortality of 99%.

During the years between 2008 and 2010, there were 203 births recorded in Lake County. The range of ages of the women giving birth was between 15 and 44, with the majority of the births occurring with women between the ages of 20 and 34. When you look at the chart below you will see that the majority of the 202 women on which we have prenatal information, began prenatal care in the first trimester.

<b>Start of Prenatal Care</b>	<b>#</b>
First Trimester	127
Second Trimester	67
Third Trimester	6
No Care	2

As for tobacco use and pregnancy, 154 women were not smokers before becoming pregnant. Unfortunately, of the 49 that did smoke 41 continued smoking during their pregnancy.

As we have discussed previously in this health assessment, insurance and ability to pay to health services is an issue for a sizeable segment of our community. The following chart lays out the coverages of the 203 women giving birth during this time.

Source of Payment	#
Medicaid / OHP	91
Private Insurance	106
Self Pay	5
Other Coverage	1

As you can see, 45% of the women giving birth qualified and used Medicaid and/or the Oregon Health Plan.

Lake County is fortunate to have a number of services and resources for women who become pregnant and their babies. Lake County Public Health is the local provider for the WIC (Women, Infants and Children) program. This program has been providing invaluable services to children, mothers and their families for many years. Some of the services available to qualifying families include:

- Individual assessment of growth      Educational counseling on nutrition
- Breastfeeding resources              Peer counseling & support
- Nutritious food voucher program      Immunization screening & referral

The WIC program, through Lake County Public Health serviced 149 families, consisting of 363 women, infants and children in 2011. Of those served 262 were infants or children under the age of five years old. In addition to being very helpful to some of our neediest residents, this program is also beneficial to the county's economy. In 2011 WIC programs provided over \$136,000 to local businesses through its clients. When viewing

Lake County's numbers as compared to the State of Oregon, 57% of pregnant women availed themselves of WIC assistance, whereas the state average was 46%.

## **CONCLUSION**

It was the goal of Lake County Public Health in doing this Community Health Assessment to not only answer the questions of how healthy are our communities and residents, but to begin a public dialog between our community partners, health care providers, local officials and even the residents themselves on how best to evaluate our community's health and future. There is a great deal of information in this assessment on the various socio-economic, environmental and behavioral factors that influence our health. The good news is there are a number of areas where the citizens of Lake County are healthier than the state average. That being said, there are just as many areas in which our citizens are not as healthy. A few of the areas worthy of focus during the development of Lake County's strategic plan are:

- \*the incidents of suicide
- \*the level of bullying reported by students in our schools
- \*the use of alcohol and tobacco products by our youth
- \*the rates of high blood pressure & high cholesterol among our residents
- \*how best to care for an aging population

It is the hope of Lake County Public Health that this assessment will be the catalyst for future continuing discussions and improvements in the health status for all those fortunate enough to call Lake County home.

## **Local Public Health Authority: Lake County Public Health**

**Date: 02/06/2014**

### **Minimum Standards**

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

#### **I. Organization**

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

**Local Public Health Authority: Lake County Public Health**

**Date: 02/06/2014**

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.

## **Local Public Health Authority: Lake County Public Health**

**Date: 02/06/2014**

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.

## **Local Public Health Authority: Lake County Public Health**

**Date: 02/06/2014**

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.

## **Local Public Health Authority: Lake County Public Health**

**Date: 02/06/2014**

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.

## **Local Public Health Authority: Lake County Public Health**

**Date: 02/06/2014**

### **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.

## **Local Public Health Authority: Lake County Public Health**

**Date: 02/06/2014**

### **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.

## **Local Public Health Authority: Lake County Public Health**

**Date: 02/06/2014**

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.

## Local Public Health Authority: Lake County Public Health

Date: 02/06/2014

### 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: Mary Wilkie

Does the Administrator have a Bachelor degree? Yes  No

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

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

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

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

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

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

**a. Yes  No  The local health department Health Administrator meets minimum qualifications:  
If the answer is "No", submit an attachment that describes your plan to meet the minimum qualifications.**

**Local Public Health Authority: Lake County Public Health**

**Date: 02/06/2014**

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

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

AND

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

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

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

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

OR

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

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

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

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

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

**Local Public Health Authority: Lake County Public Health**

**Date: 02/06/2014**

Agencies are **required** to include with the submitted Annual Plan:

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

\_\_signature sent as separate document

02/20/2014\_\_\_\_\_

Local Public Health Authority

County

Date

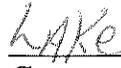
**Local Public Health Authority: Lake County Public Health**

**Date: 02/06/2014**

Agencies are **required** to include with the submitted Annual Plan:

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

  
\_\_\_\_\_  
Local Public Health Authority

  
\_\_\_\_\_  
County

  
\_\_\_\_\_  
Date

## VI. Budget

The most recent financial assistance award from the Oregon Health Authority accompanies this document. For a copy of the Lake County Public Health Budget contact:

Ann Crumrine  
Lake County Treasurer  
513 Center Street  
Lakeview, Oregon 97630  
541-947-6030  
[acrumrine@co.lake.or.us](mailto:acrumrine@co.lake.or.us)

## VII. Signature

**The signature below indicates approval of the Lake County Public Health Local Public Health Authority Plan.**



\_\_\_\_\_  
Lake County Commissioner



\_\_\_\_\_  
Date