



POLK COUNTY

PUBLIC HEALTH

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Oregon Health Authority
Office of Community Liaison
800 NE Oregon Street, Suite 930
Portland, OR 97232

Dear Community Liaison,

Polk County Public Health is proud to share their Public Health Annual Plan for fiscal year 2014-2015. Included in this Annual Plan is the Polk County 2011 Community Health Assessment, assurance that Essential Public Health services will be provided or are available per OAR 333-014-0050, assurance that Polk County meets the current Standards for Local Health Departments as described in ORS 431.345, current Health Services organizational chart, and budget information.

Additionally, Polk County plays an active role in the development of the Coordinated Care Organization, Willamette Valley Community Health, LLC and has participated in the development of their Community Health Assessment and Improvement Plan. These supplemental documents may be made available to the Office of Community Liaison in the future. Polk County utilizes their 2011 Community Health Assessment and maintains that the data well represent Polk County residents.

Although we continue to deal with funding uncertainties, this is an exciting time for Polk County Public Health. We have a professional, dedicated team who is passionate and committed to the health and wellbeing of the Polk County community. We look forward to the next year as an opportunity to better serve our clients with limited resources focusing on prevention, education, and early intervention.

Sincerely,

Katrina Rothenberger, MPH
Community Health Supervisor/Public Health Administrator
182 SW Academy Street, Suite 302
Dallas, OR 97338



POLK COUNTY HEALTH REPORT 2011



INTRODUCTION

The Polk County Health Department is pleased to present the first update to the 2009 Polk County Health Report, a compilation of key health indicators for our county. The goal of this report is to provide health data that can be used by local government and community agencies, health care providers, interested community members, and groups to help identify and better address the health needs of Polk County.

Polk County was established on December 22, 1845. It is a community located in the Willamette Valley and has a current population of 69,145. The population by percentage of the cities within Polk County are: West Salem, 33.9%; Dallas, 22%; Independence, 11%; Monmouth, 14%; Falls City, 1%; and portions of the Grand Ronde community, 3%. Education, government, manufacturing, agriculture, gaming, and forestry make up the primary industries in the county. Polk County has the distinction of being the second largest area of land devoted to grape growing in Oregon.



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DEMOGRAPHICS

Polk County Population by Age

Population by Age	Total	%
0-17	16,068	23.2%
18-64	42,612	61.6%
65+	10,465	15.1%

Source: Portland State University-Population Research Center, Age Estimate 2009 - 2010

Oregon Population by Age

Population by Age	Total	%
0-17	884,078	23.0%
18-64	2,441,331	63.5%
65+	518,786	13.5%

Source: Portland State University-Population Research Center, Age Estimate 2009 - 2010



Polk County Population by Sex

Population by Sex	Total	%
Male	33,158	48.4%
Female	35,067	51.5%

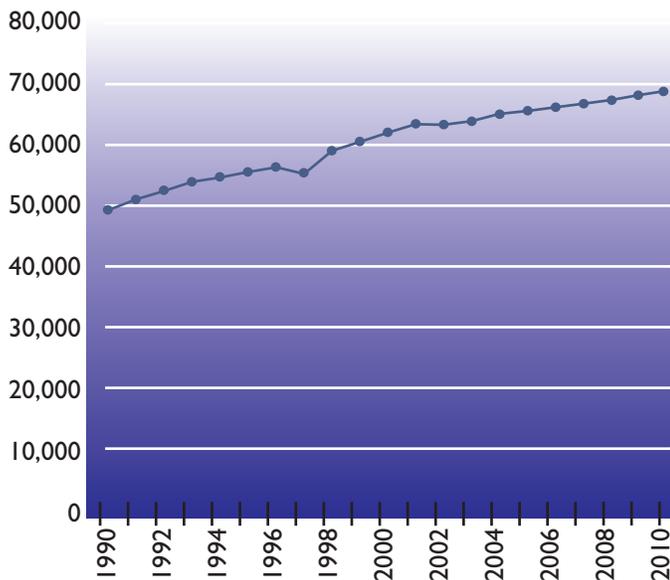
Source: Portland State University-Population Research Center, Age Estimate 2009 - 2010

Polk County Population Center

Population Center	Population 2008	Population 2009
Dallas	15,360	15,445
Independence	8,240	8,030
Monmouth	9,565	9,630
Falls City	965	965
West Salem	22,477	23,478
Willamina (part)	720	720
Unincorporated	11,118	10,307

Source: The Oregon Population Research Center Annual Population Report - 2009

Polk County Growth

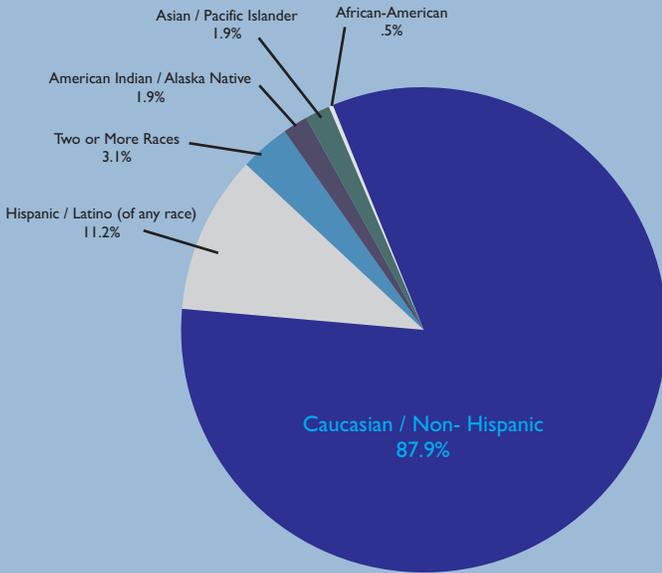


Source: Portland State University-Population Research Center, Age Estimate 2009 - 2010

Polk County continues to show an increase in diversity, especially within the Hispanic population. 11.2% of the population considers themselves Hispanic compared to 10% in 2007. The Caucasian population has grown from 86% to 87.9% while the American Indian/Alaskan Native population has remained consistent at 1.9%. There were slight increases in the African American population from .4% to .5% and in the Asian/Pacific Islander population from 1.6% to 1.9% in 2009. According to the 2005-2009 US Census Bureau data, 11.4% of Polk County residents speak a language other than English in their home compared to 14% of Oregon residents and 19.6% of US residents.

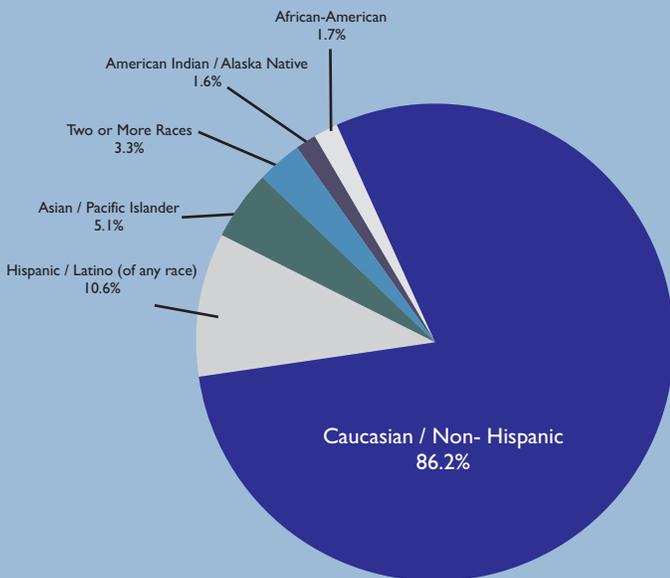
DEMOGRAPHICS

Polk County Population Race/Ethnicity Total and Percent



Source: US Bureau of the Census, People Quick Facts 2009

Oregon Population Race/Ethnicity Total and Percent



Source: US Bureau of the Census, People Quick Facts 2009

School Districts in Polk County and their Populations

School Districts	Student Population
Dallas School District	3,288
Central School District	2,916
Falls City School District	154
Perrydale School District	323

Source: Oregon Department of Education School Directory 2010 - 2011

Education Level for People 25 and Older

	Polk County	Oregon	United States
Less than HS Degree	11.7%	11.8%	15.5%
HS Graduate	27.3%	26.0%	29.3%
Some College No Degree	26.9%	26.1%	7.4%
Associate Degree	7.8%	8.0%	7.4%
Bachelor Degree	17.2%	18.1%	17.4%
Graduate or Professional Degree	9.1%	10.2%	10.1%

Source: US Bureau of the Census, Selected Social Characteristics 2005 - 2009

Percent of Polk County Population 25 years and older, High School Graduate or higher: 88.3%

Percent of Polk County Population 25 years and older, Bachelor's degree or higher: 26%

Source: US Bureau of the Census, Selected Social Characteristics 2009

Average Household Size

	Polk County	Oregon	United States
Average Household Size	2.81	2.49	2.6
Average Family Size	3.36	3.05	3.19

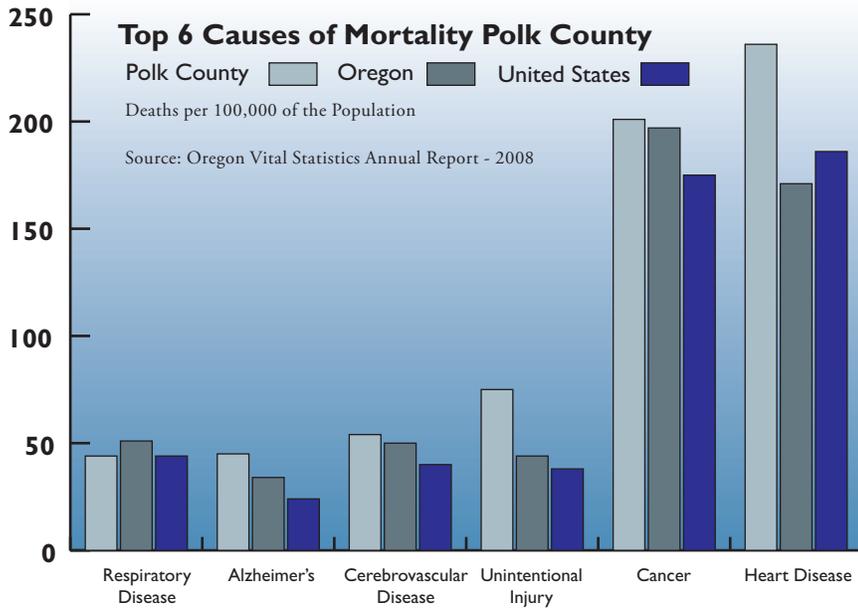
Source: US Bureau of the Census 2005 - 2009

MORTALITY

Births and Deaths, Polk County

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Births	750	753	770	775	826	828	809	852	951	917
Birth Rate	12.0	11.8	12.1	12.1	12.7	12.6	12.1	12.6	13.9	13.4
Deaths	487	534	565	582	551	531	552	559	658	650
Death Rate	7.8	8.4	8.9	9.1	8.5	8.1	8.2	8.2	9.6	9.5

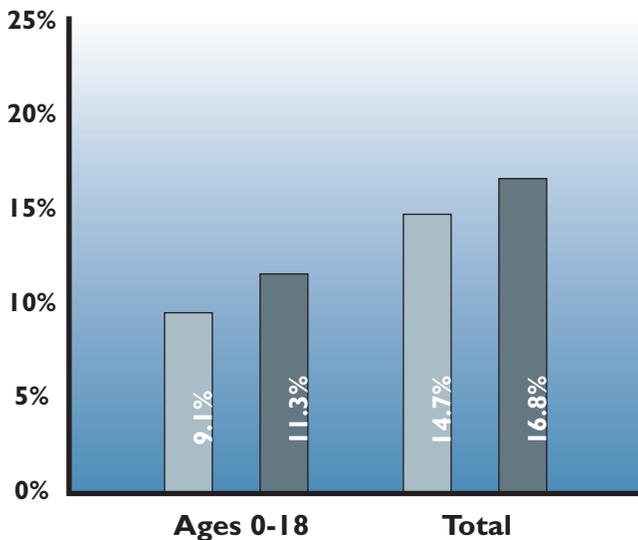
Source: Oregon Vital Statistics Annual Report - 2000 - 2009



In 2008, the most recent published data from the State, Polk County's leading causes of death from chronic conditions were: Heart Disease (24.4%), Cancer (20.8%), Cerebrovascular Disease (5.5%), Chronic Lower Respiratory Disease (4.5%) and Diabetes (2.2%). Other chronic diseases were widely reported by residents.

Percent of Uninsured

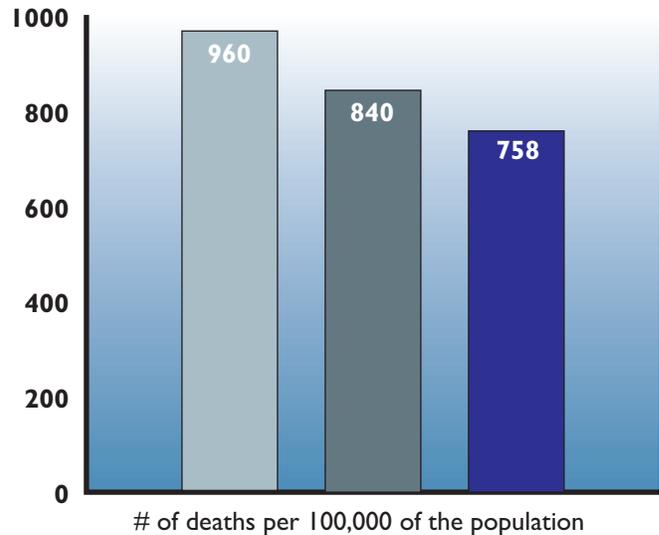
Region 12 - Polk & Yamhill Counties | Oregon



Source: Oregon Population Survey - 2009

Mortality

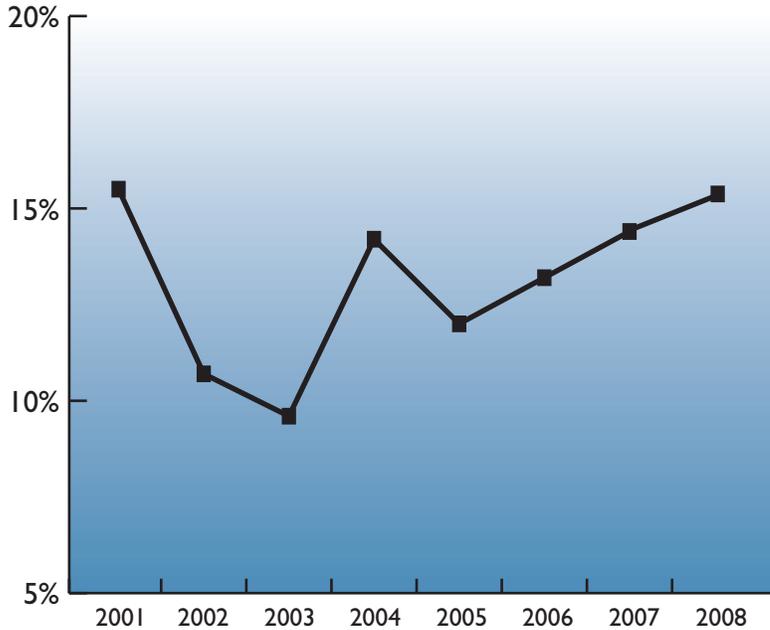
Polk County | Oregon | United States



Source: Center for Health Statistics - 2008

TOBACCO USE

Infants Born to Mothers who used Tobacco During Pregnancy- Polk County



Source: National Center for Health Statistics: 2001 - 2008



Oregon & Polk County Tobacco Facts

- 14% of Polk County Adults Smoke
- Over \$21 Million in productivity is lost due to tobacco related deaths.
- Over \$23 Million is spent on medical care for tobacco related illness.
- There were 138 tobacco-linked deaths in Polk County in 2008 which equates to 23.4% of the total deaths in the County.

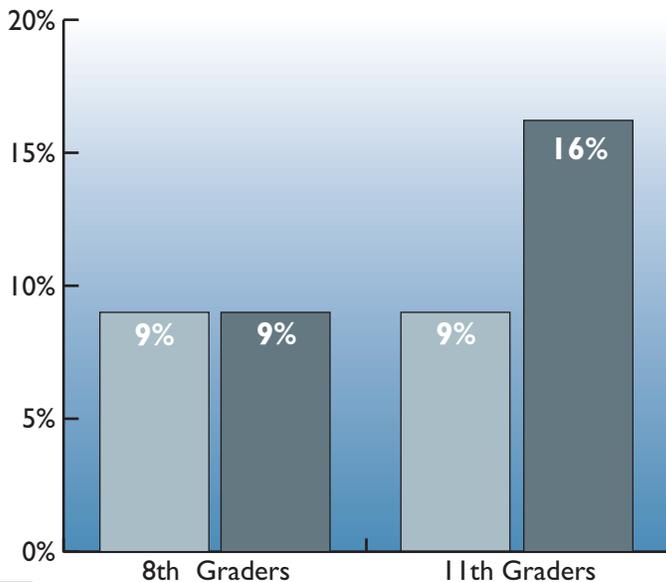
Total tobacco-related economic costs for Oregon:

- Over \$1.25 billion in productivity is lost due to tobacco related deaths.
- Over \$1.14 billion is spent on medical care for tobacco related illness.
- 17% of Oregon Adults Smoke

Source: Oregon Tobacco Fact - 2011

8th and 11th Graders who Smoke Cigarettes

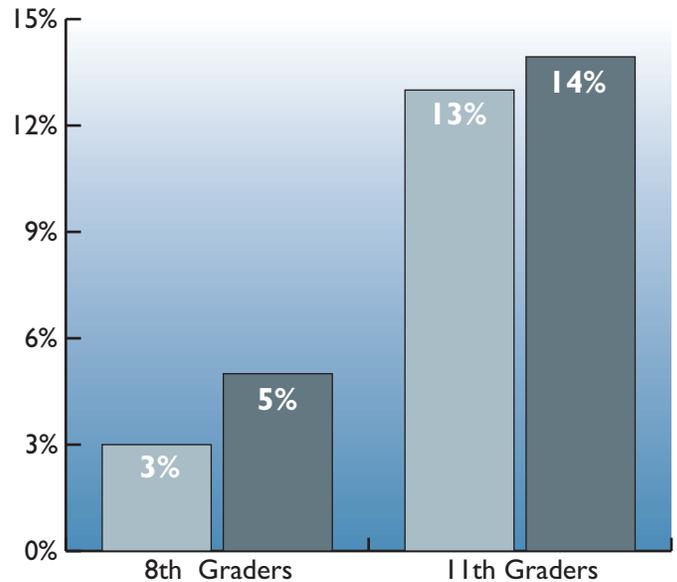
Polk County █ Oregon █



Source: Oregon Tobacco Fact - 2011

8th and 11th Graders who use Smokeless Tobacco

Polk County █ Oregon █

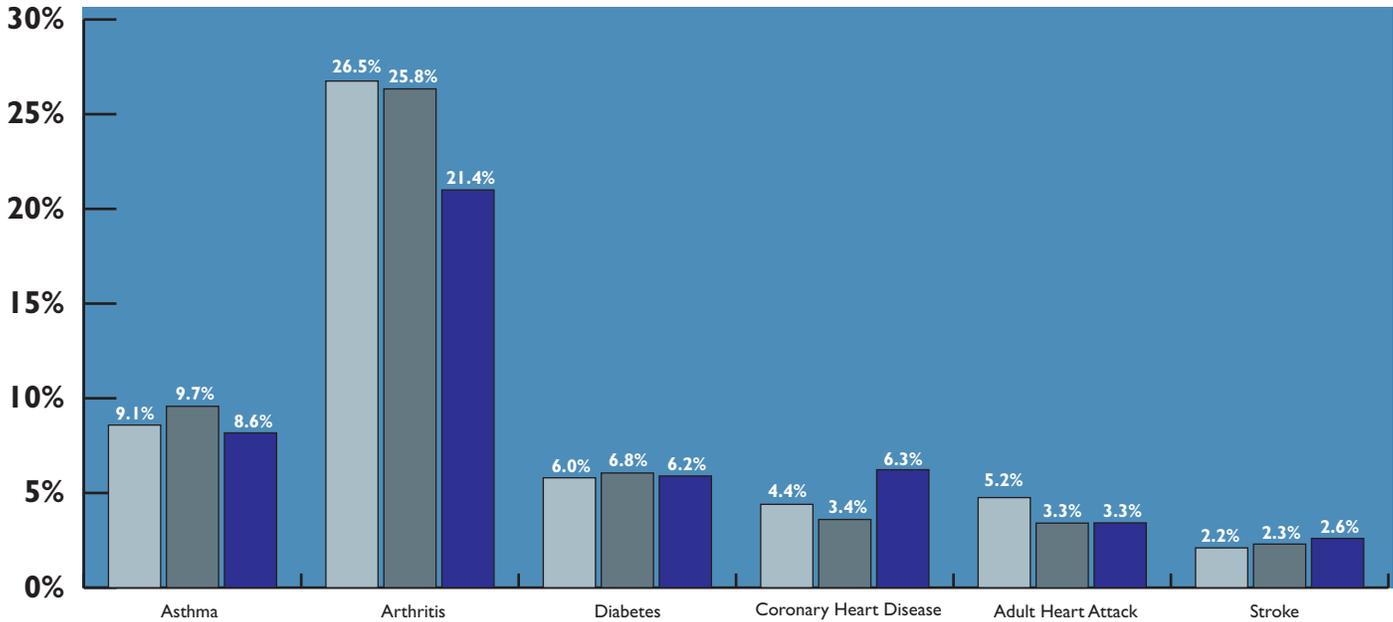


Source: Oregon Tobacco Fact - 2011

ADULT CHRONIC DISEASE

Age Adjusted Prevalence

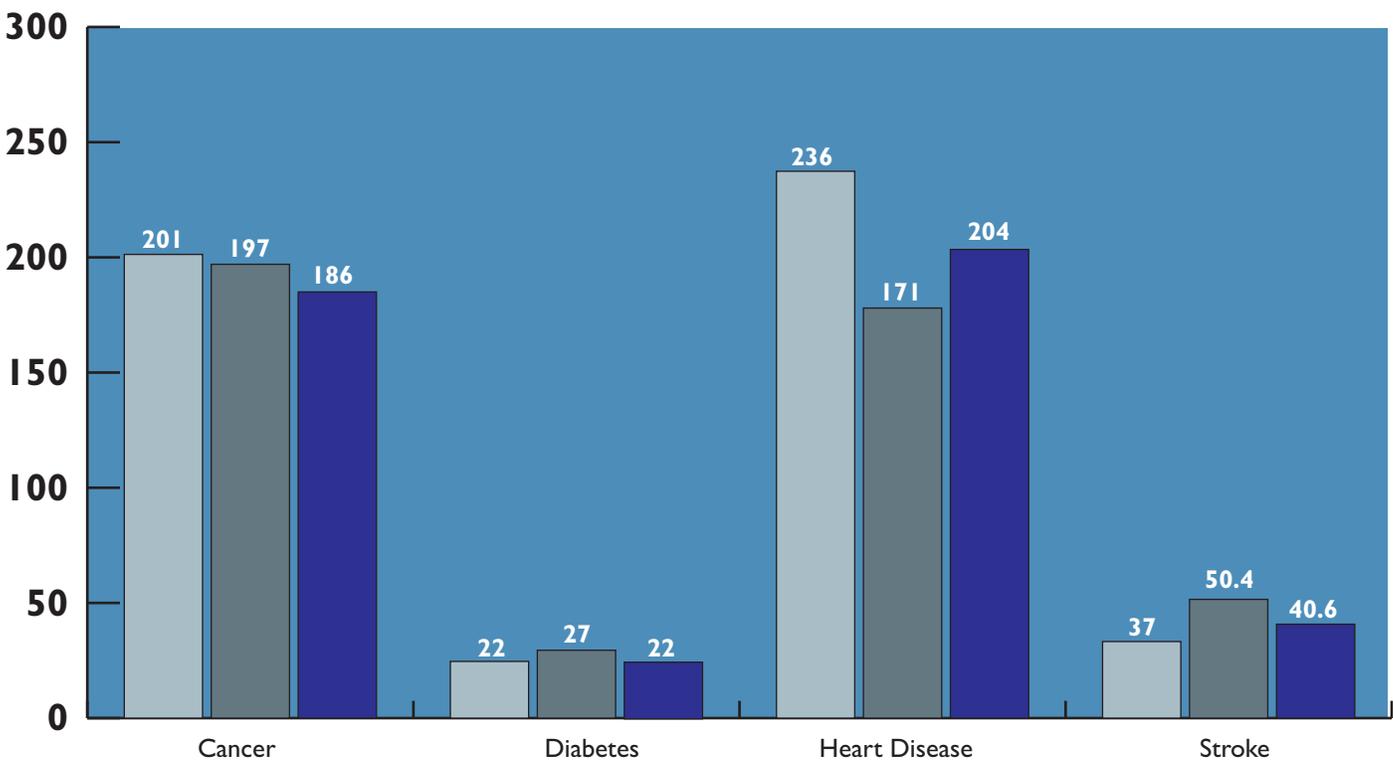
Polk County Oregon United States



Source: Oregon Center for Health Statistics, BRFSS - 2006 - 2009

Death Rate

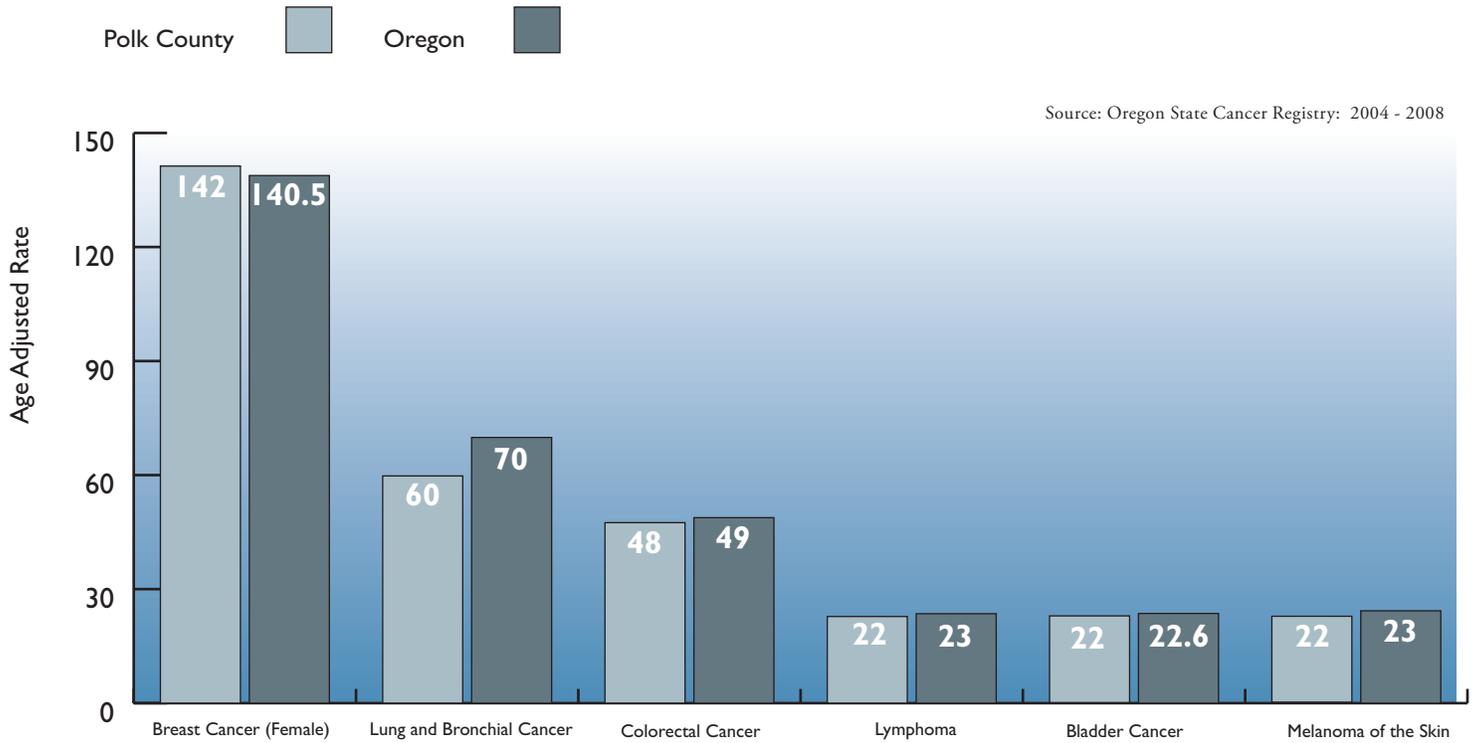
Polk County Oregon United States



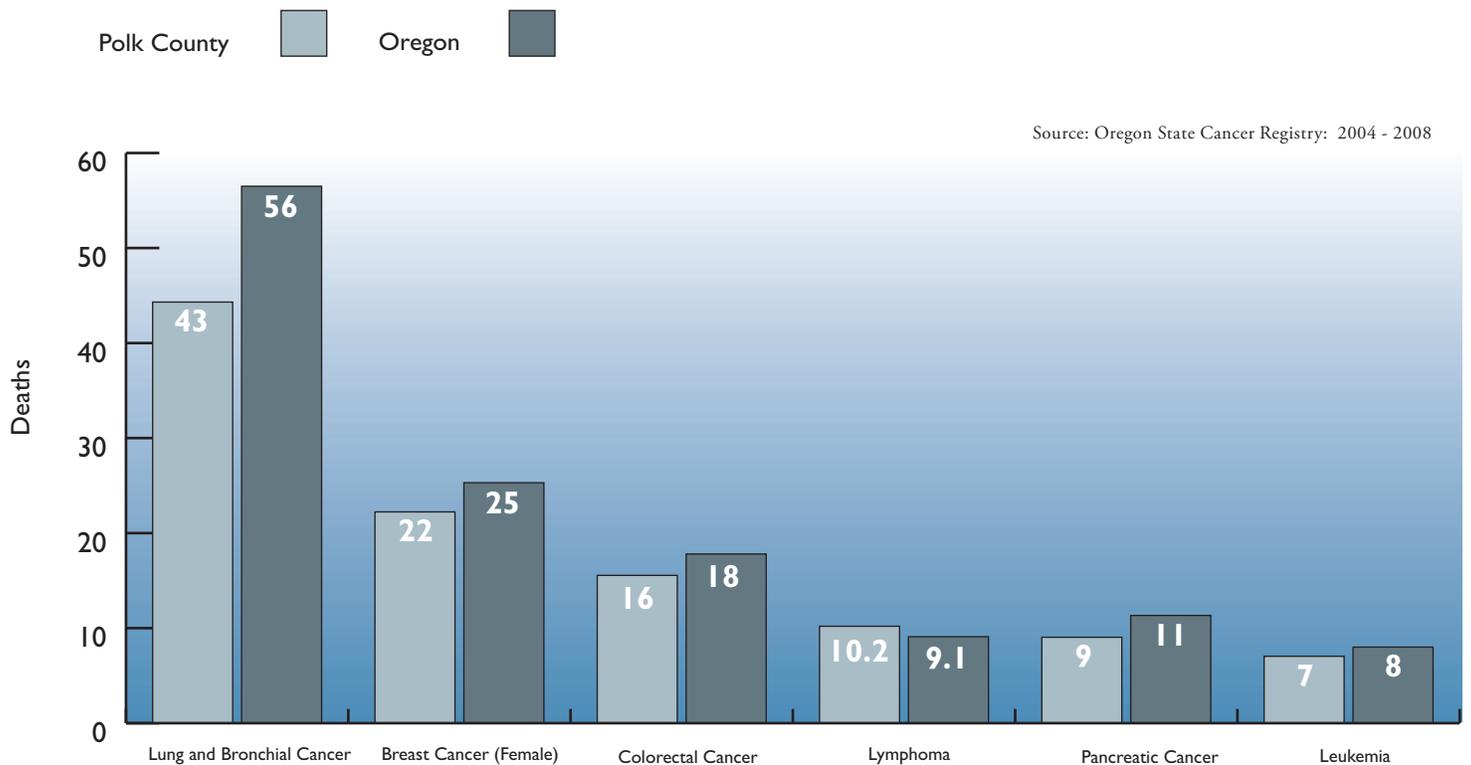
Source: Oregon Vital Statistics - 2008

ADULT CHRONIC DISEASE

Cancer Incidence for Polk County

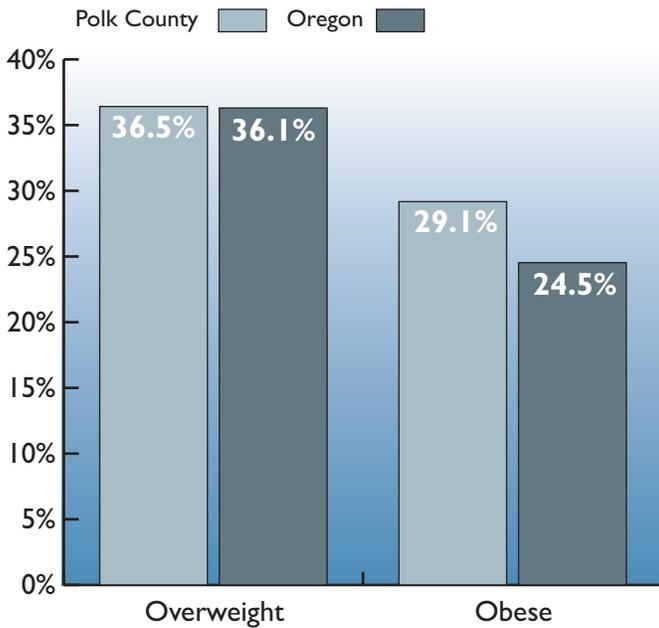


Cancer Mortality Rate Polk County

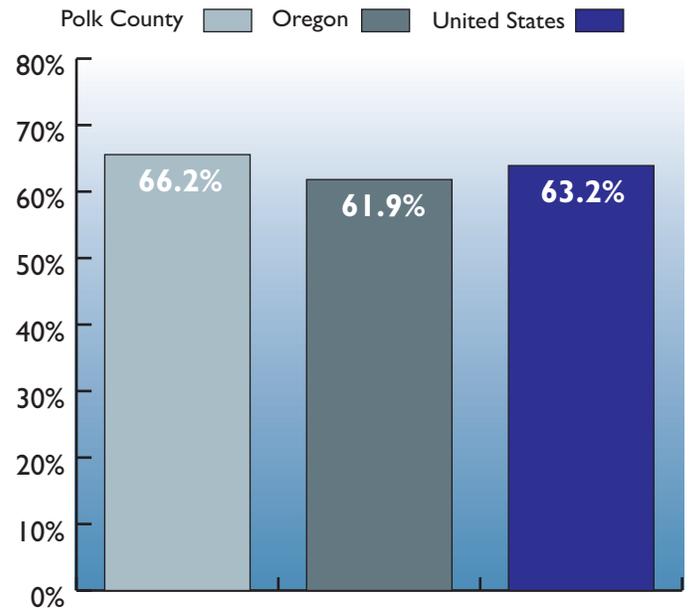


ADULT OVERWEIGHT / OBESITY

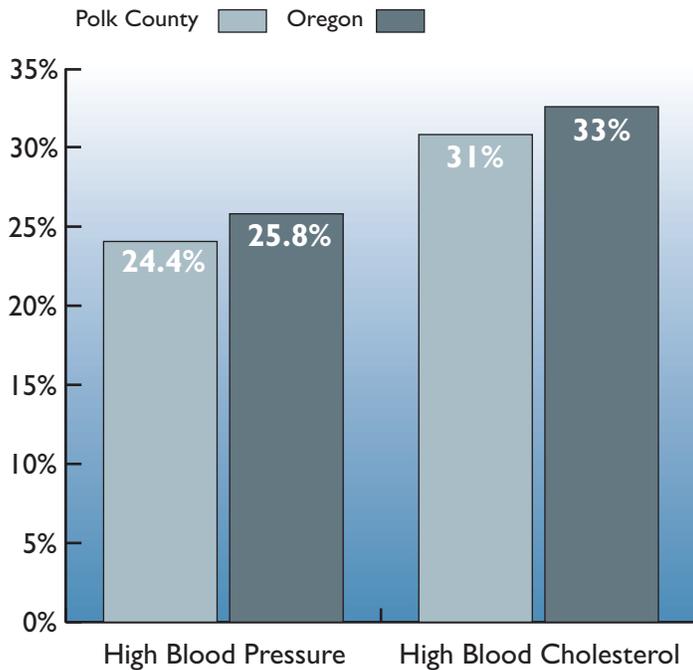
Overweight / Obese Adults >18



At Risk for Overweight / Obese - Adults



High Blood Pressure / Cholesterol

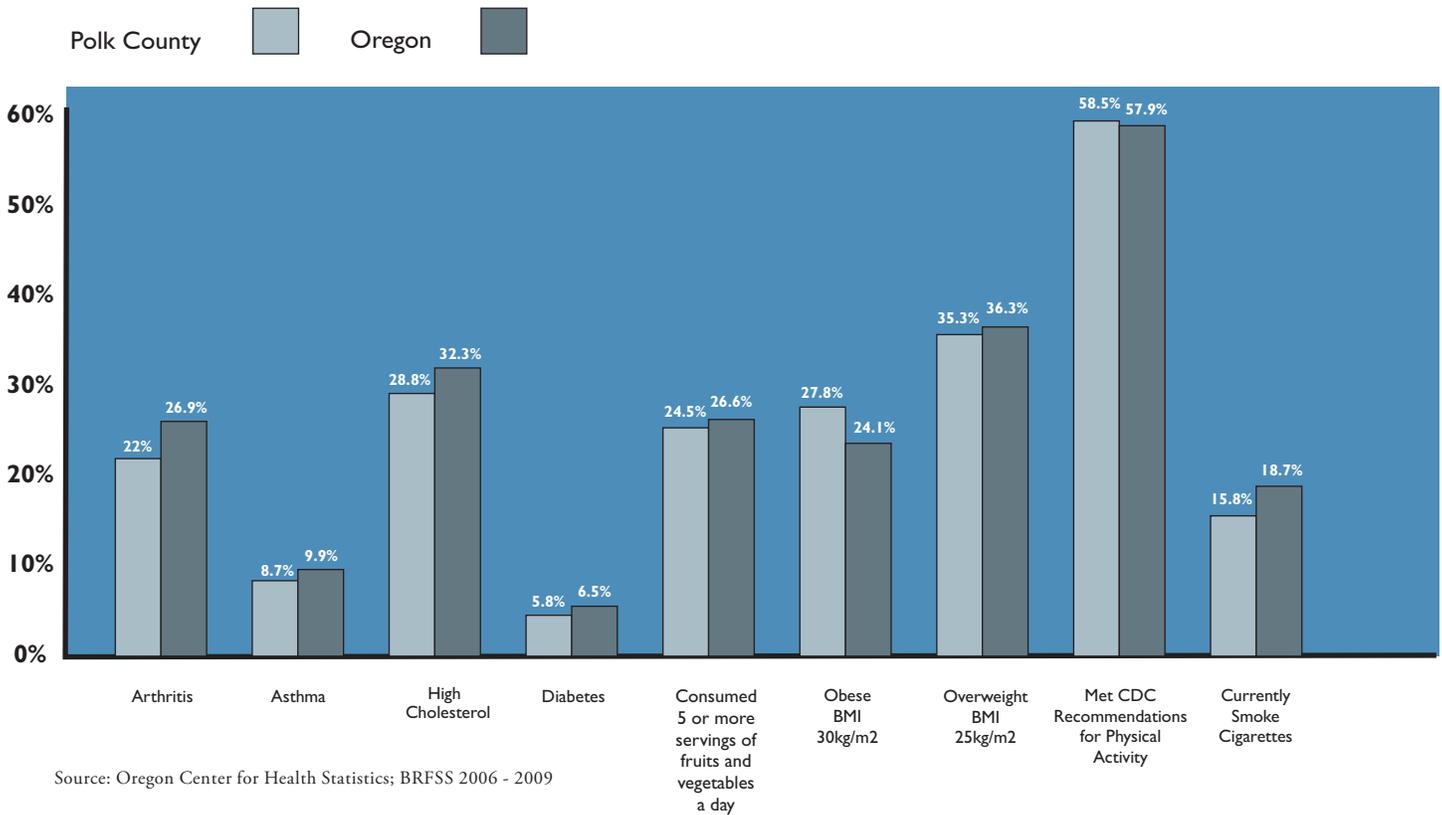


Percent of Adults (>18 Years)	Polk County	Oregon
Had a Mammogram within the past 2 years (>40 Years Old)	89%	82%
Met CDC Recommendations for Physical Activity	52%	55.8%
Consumed at Least 5 Servings of Fruits and Vegetables Per Day	26%	27%
Had their Cholesterol Checked within the Past 5 Years	72%	71.3%

Source for all Page Data: Oregon Center for Health Statistics; BRFSS 2006 - 2009

ADULT CHRONIC DISEASE

Age Adjusted Prevalence of Chronic Disease Among Adults



ENVIRONMENTAL HEALTH

Drinking Water

All properly tested water from community water systems in Polk County currently meets federal drinking water standards. There were no waterborne disease outbreaks in Polk County throughout 2009-2010.



Food Safety

Polk County has approximately 185 licensed food service establishments. Each of these is inspected twice a year, matching the most per capita anywhere in the state. Polk County Environmental Health investigates food borne illness complaints. There were no confirmed food borne outbreaks in licensed establishments in 2010.

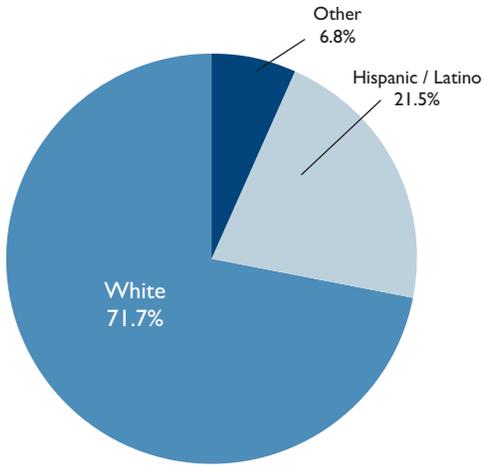
Solid Waste

Polk County is 1 of 5 Counties in the State exceeding a recycling rate of 50%. Each person in Polk County disposes roughly 1,165 pounds of garbage a year compared to the Oregon average of 1,532 lbs.

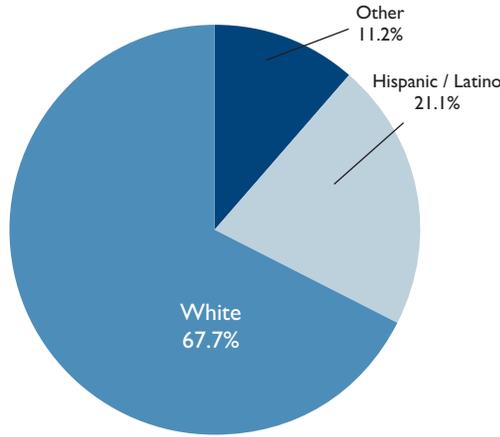
Source: Polk County Environmental Health - 2010

MATERNAL & CHILD HEALTH

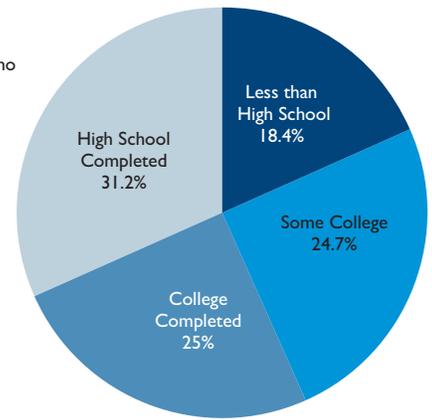
Race / Ethnicity of Mother
Polk County



Race / Ethnicity of Mother
Oregon



Mother's Education - Polk County
who gave birth in 2006



Source: Center for Health Statistics; Perinatal Trends - 2008

Polk County Facts

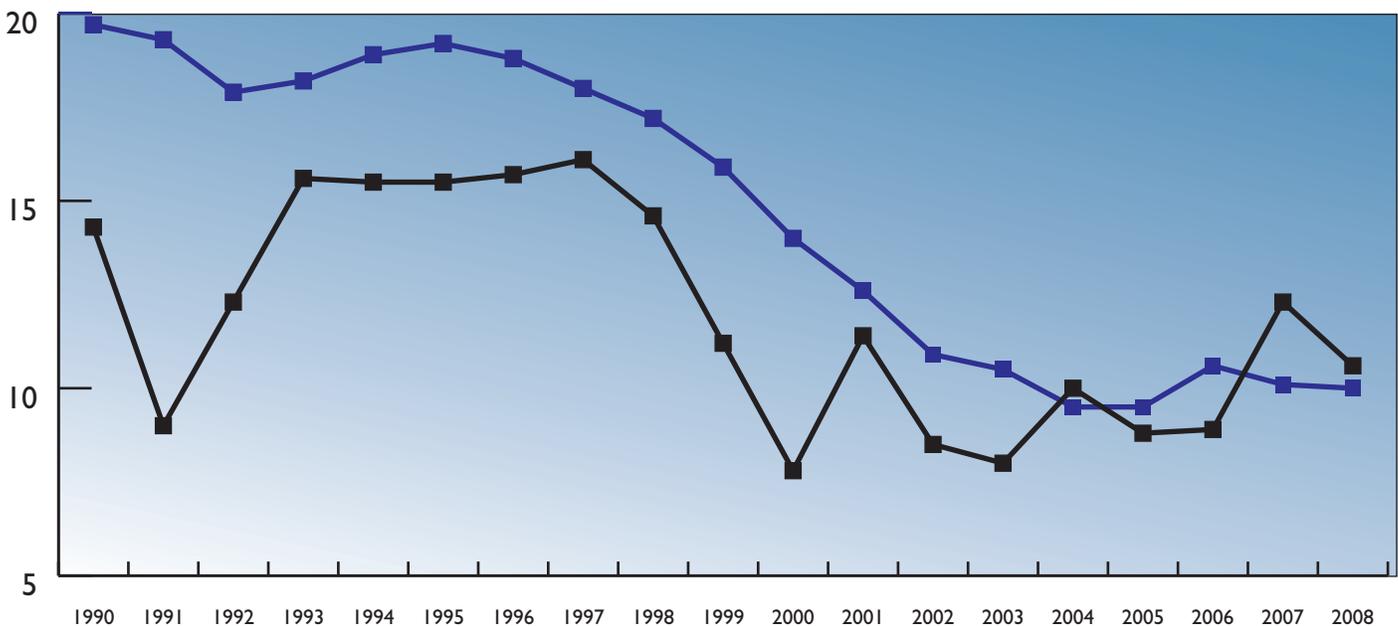
- 163 Children are victims of child abuse/neglect (10.1 per 1000)
- 47.6% of victims of abuse/neglect are under age 6
- 281 children in the county have been in foster care at least once during the past year.

- 56.4% of eighth graders have not had a medical checkup or physical exam in the previous year.
- 38 percent of child abuse was assessed
- 11 percent of reports were assessed and founded

Source: Children First of Oregon - 2010

Teen Pregnancy Rate per 1000 - Polk County and Oregon

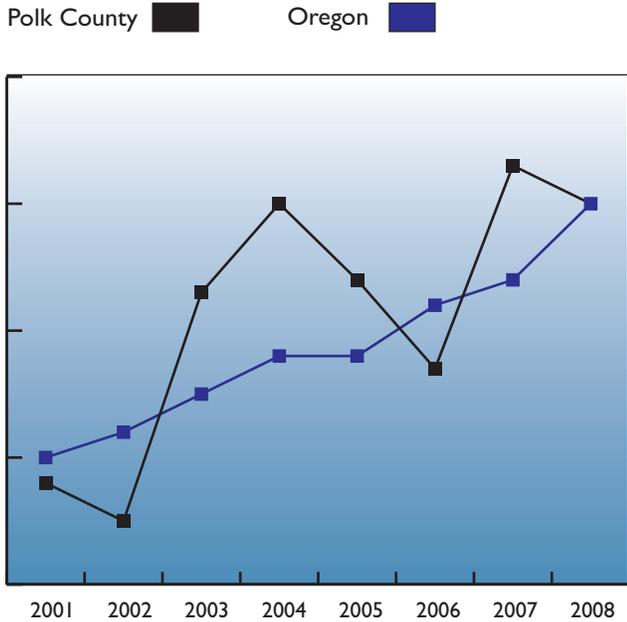
Polk County Oregon



Source: DHS Teen Pregnancy Data: 1990 - 2008

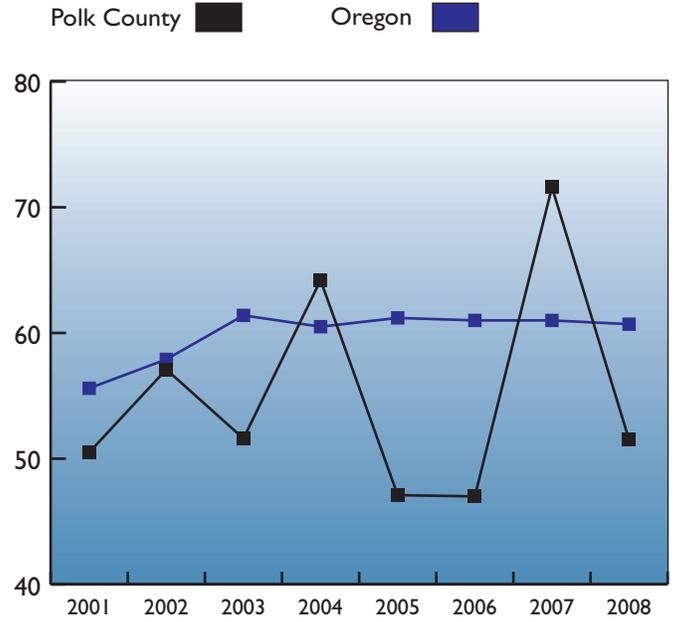
MATERNAL & CHILD HEALTH

Inadequate Prenatal Care



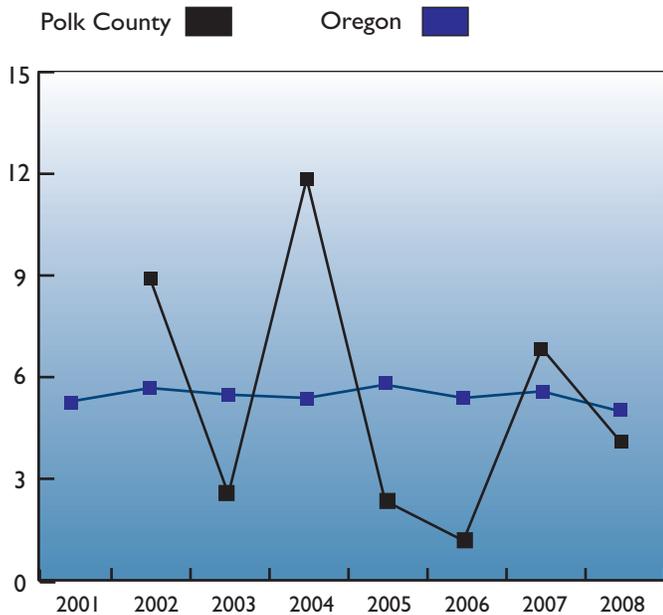
Source: DHS Perinatal Trends: 2001 - 2008

Low Birth weight



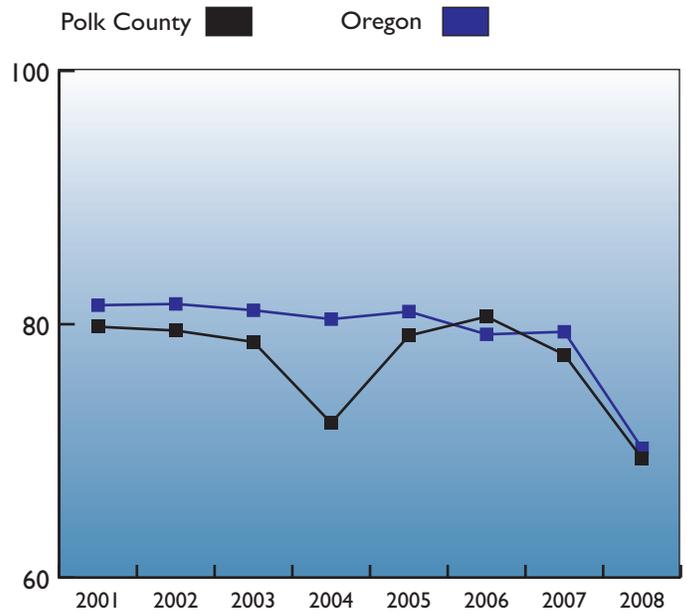
Source: DHS Perinatal Trends: 2001 - 2008

Infant Mortality Rate



Source: Oregon Vital Statistics Annual Report: 1995 - 2008

First Trimester Prenatal Care



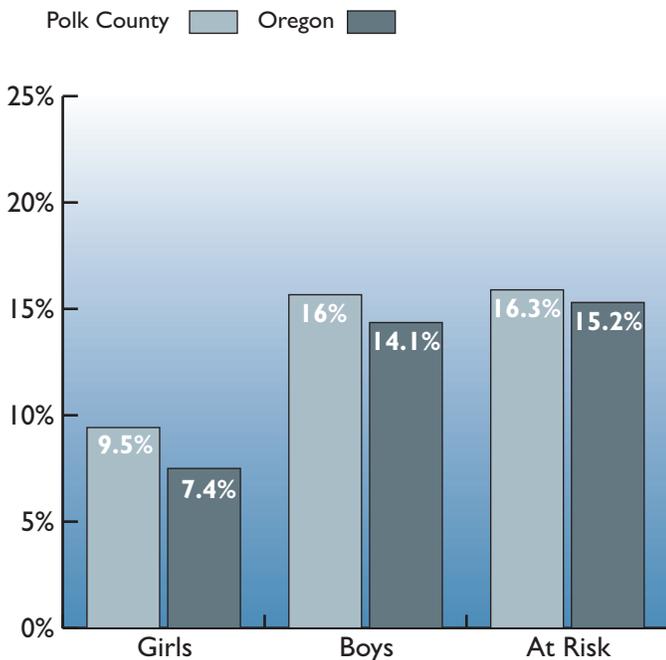
Source: DHS Perinatal Trends: 2001 - 2008

OVERWEIGHT / OBESE ADOLESCENTS



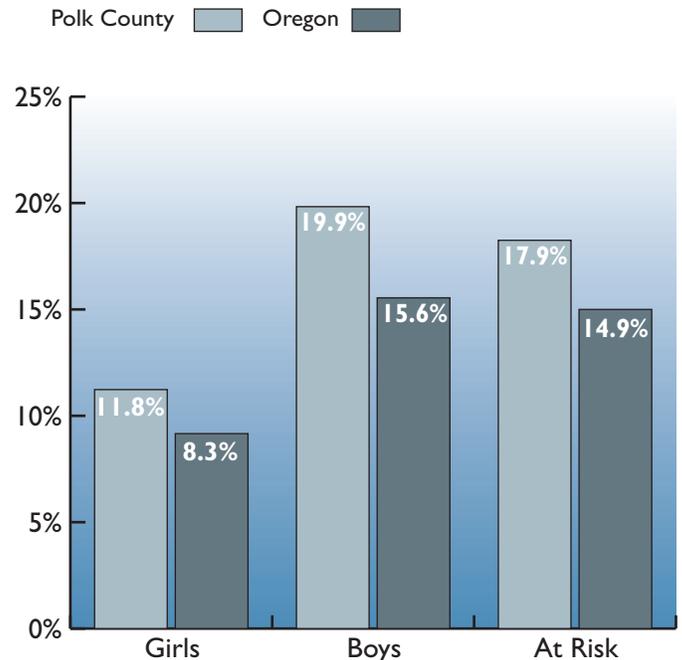
Polk County continues to exceed the state average for overweight and obese 8th and 11th graders. These statistics demonstrate the beginning stages of chronic disease prevalence Polk County youth will have to face as adults. According to the 2007-2008 Oregon Healthy Teens Survey, 16.3% of Polk County 8th graders are at risk of being overweight compared to 15.2% of Oregon's 8th graders. Our 11th graders have a 17.9% risk of being overweight while Oregon's 11th graders have a 14.9% risk. Polk County youth also exceed the state average for being overweight. 12.5% of Polk County 8th graders and 15.9% of 11th graders are classified as overweight based on their Body Mass Index while 10.7% of Oregon 8th graders and 11.9% of 11th graders fall into the overweight category.

Overweight / Obese 8th Graders



Source: Oregon Healthy Teen Survey: 2007 - 2008

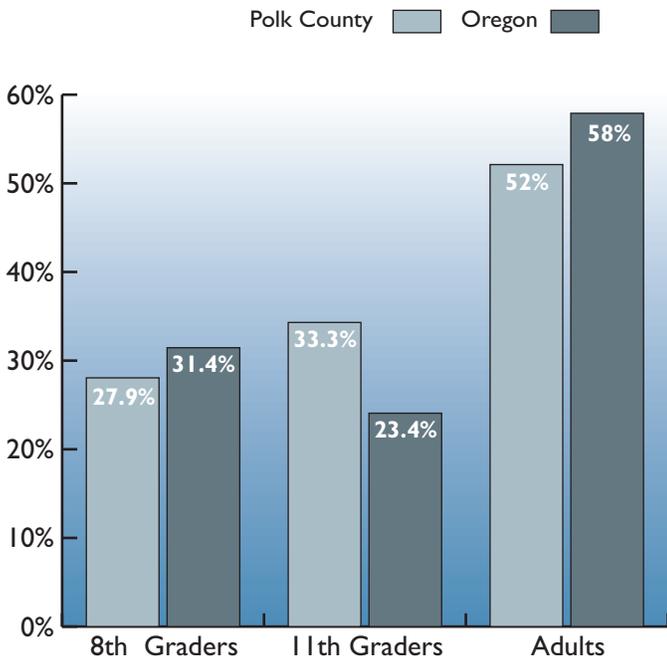
Overweight / Obese 11th Graders



Source: Oregon Healthy Teen Survey: 2007 - 2008

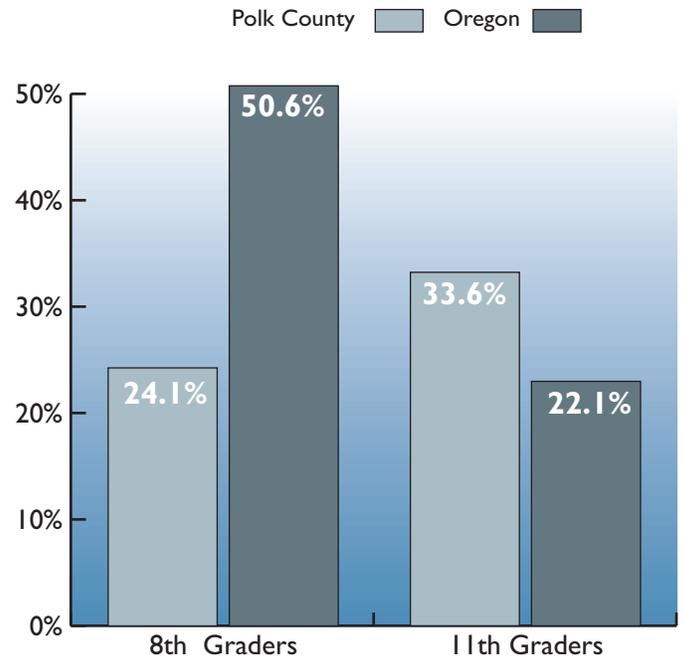
PHYSICAL HEALTH / ACTIVITY

Met CDC Recommendations for Physical Activity
8th and 11th Graders



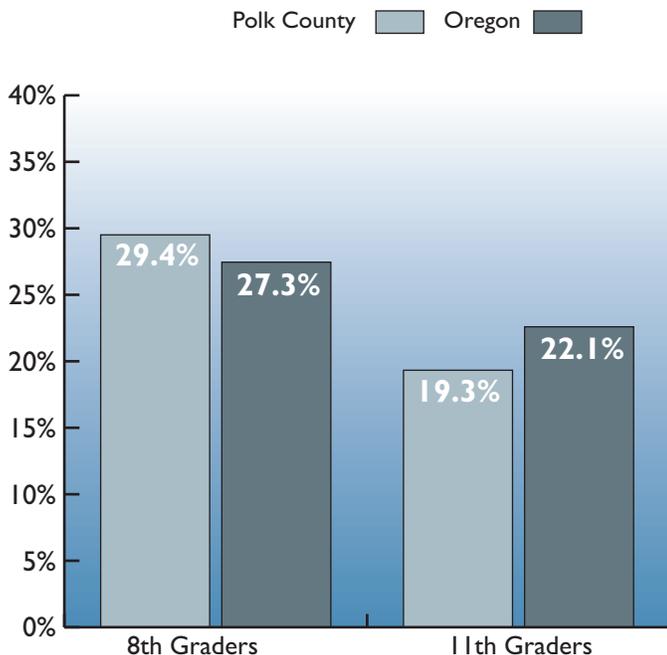
Source: Oregon Healthy Teens Survey: 2007 -2008

Participated in PE Daily
8th and 11th Graders



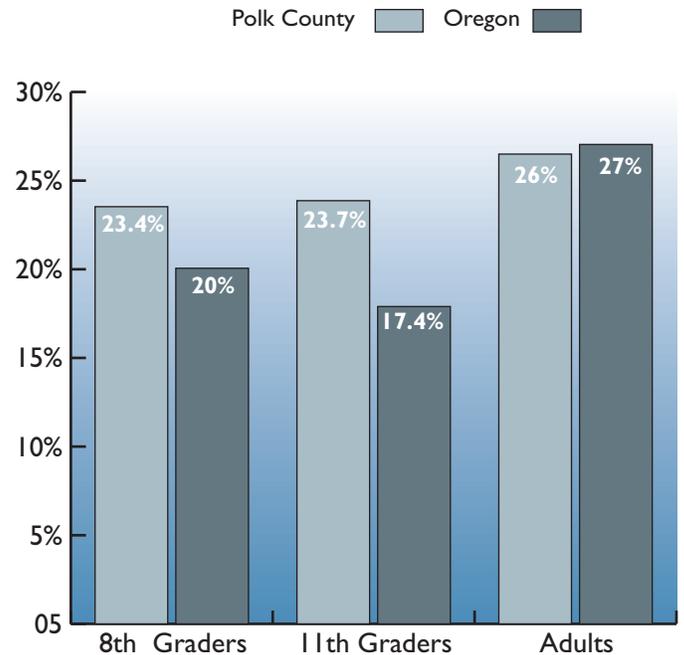
Source: Oregon Healthy Teens Survey: 2007 -2008

Watched TV More than 2 Hours Daily
8th and 11th Graders



Source: Oregon Healthy Teens Survey: 2007 -2008

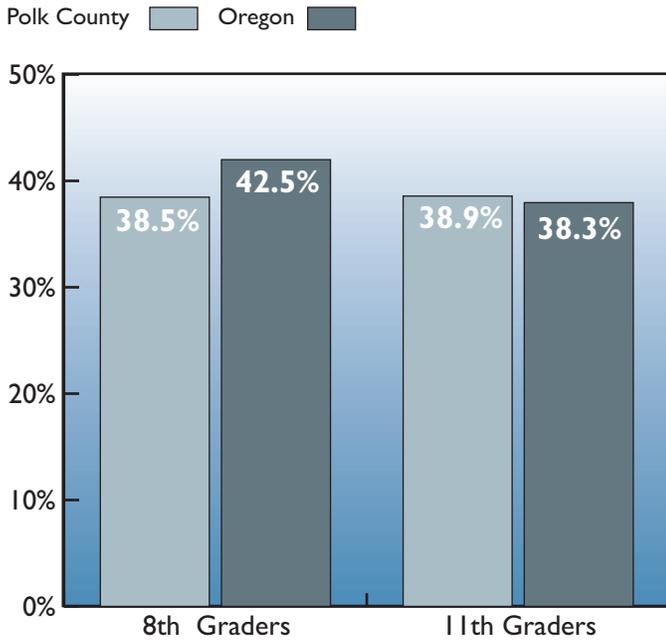
Consumed at Least 5 Servings of Fruits and Vegetables
8th and 11th Graders



Source: Oregon Healthy Teens Survey: 2007 -2008

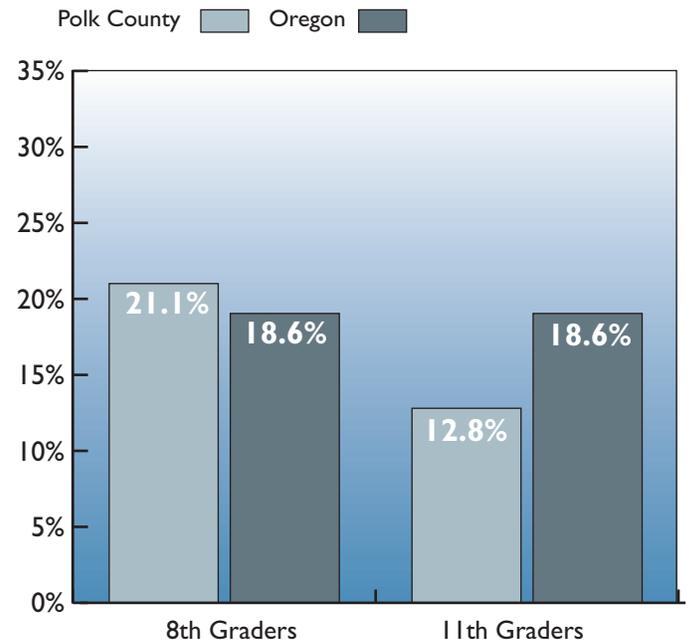
ACTIVITY

Had Breakfast Every Day



Source: Oregon Healthy Teens Survey: 2007 -2008

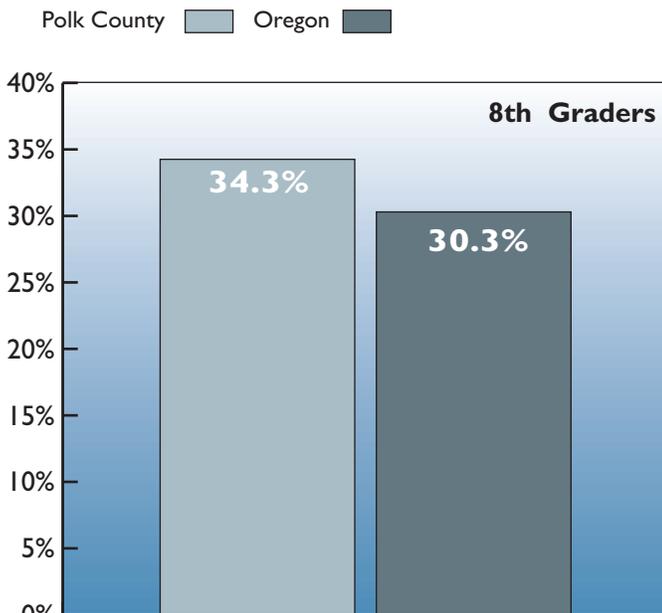
Drank at Least 7 sodas Per Week



Source: Oregon Healthy Teens Survey: 2007 -2008

DENTAL HYGIENE

No Dental Visit in the Last 12 months



Source: Oregon Healthy Teens Survey: 2007 -2008



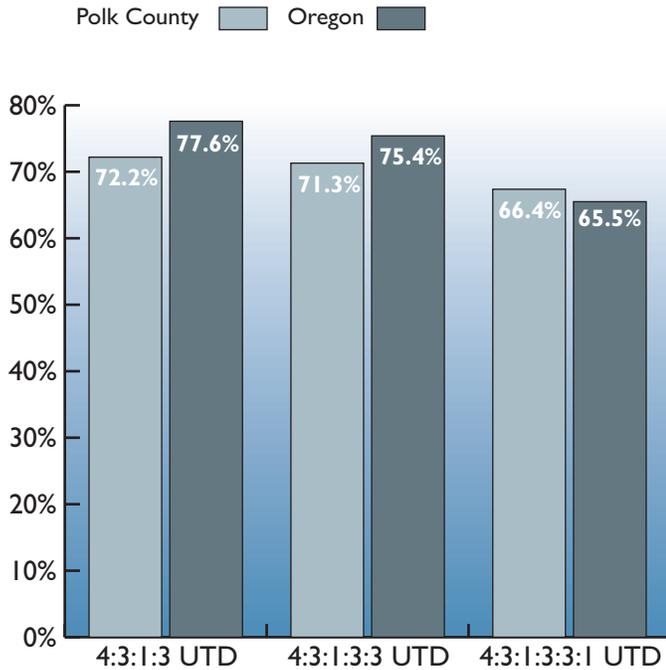
The U.S. Centers for Disease Control and Prevention has recognized the fluoridation of drinking water as one of ten great public health achievements of the twentieth century. Water fluoridation has helped improve the quality of life in the United States by reducing pain and suffering related to tooth decay, time lost from school and work, and money spent to restore, remove, or replace decayed teeth. An economic analysis has determined that in most communities, every \$1 invested in fluoridation saves \$38 or more in treatment costs. Fluoridation is the single most effective public health measure to prevent tooth decay and improve oral health over a lifetime, for both children and adults.

Fewer than half the women in our state seek needed dental care during pregnancy and only one-third receive education on how to care for their infant's teeth.

Source: DHS / Oral Health Program

CHILD HEALTH

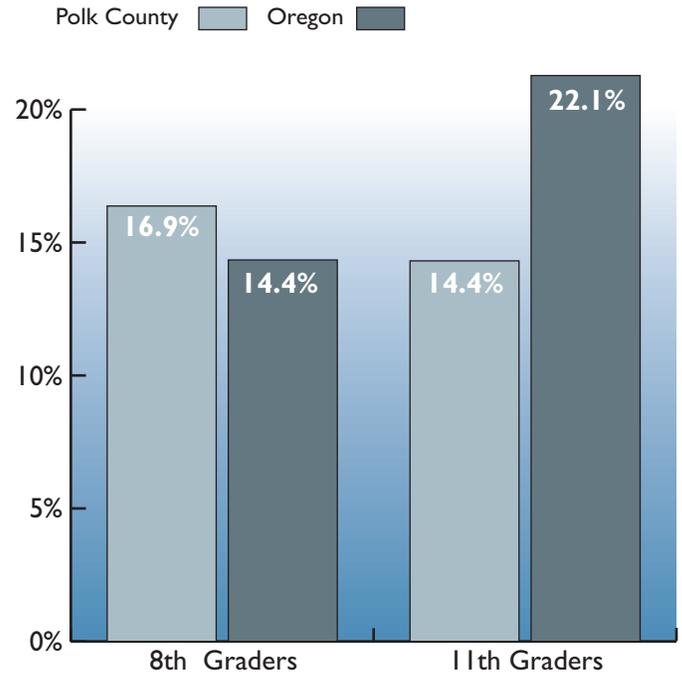
Immunization Rates for Two Year Olds



Polk County Two Year Old Population - 1,020

Source: Oregon Alert Immunization Registry - 2009

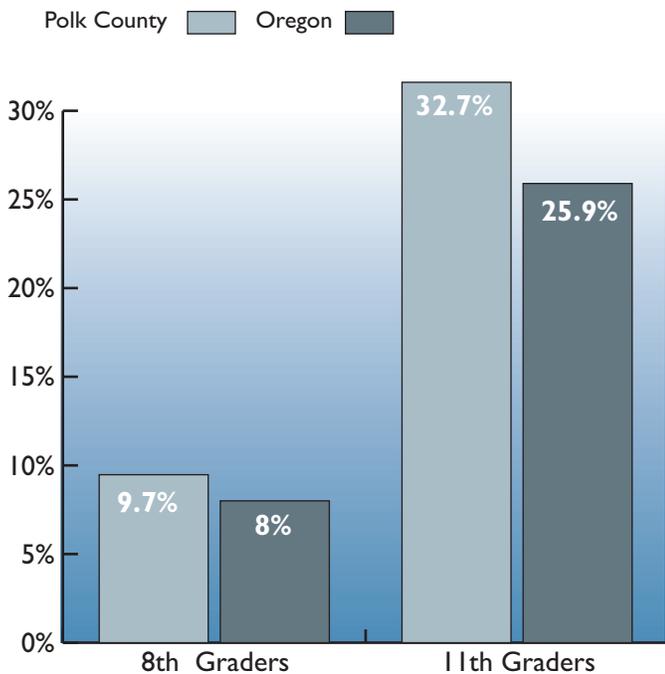
Asthma in Children



Source: Healthy Teens Survey - 2009

SEXUAL ACTIVITY / COMMUNICABLE DISEASE

Sexual Intercourse with 2 or More Partners



Source: Healthy Teens Survey 2007-2008

Year	Chlamydia	Gonorrhea	Early Syphilis
2010	233	19	2
2009	183	23	0
2008	169	9	0
2007	135	8	1
2006	124	14	0
2005	91	15	0
2004	94	9	0
2003	61	10	0

Source: Oregon Dept. of Health; Sexually Transmitted Disease Program 2003 - 2010

Chlamydia

Chlamydia accounted for over 95% of the STD diagnosis in Polk County. Chlamydia, a bacterial infection, is transmitted through oral, vaginal and anal sex. Although curable, it can have severe consequences including infertility and problems in newborns of infected mothers. Symptoms of Chlamydia are often mild or absent, which can delay diagnosis long enough to cause serious complications.

WIC Food Program



WIC Family Facts

Woman, infants and children served

- Total 2,361
- Infants and children under 5 - 1,717
- Pregnant, breastfeeding and postpartum women - 644

Number of families served 893

Working families 69.3%

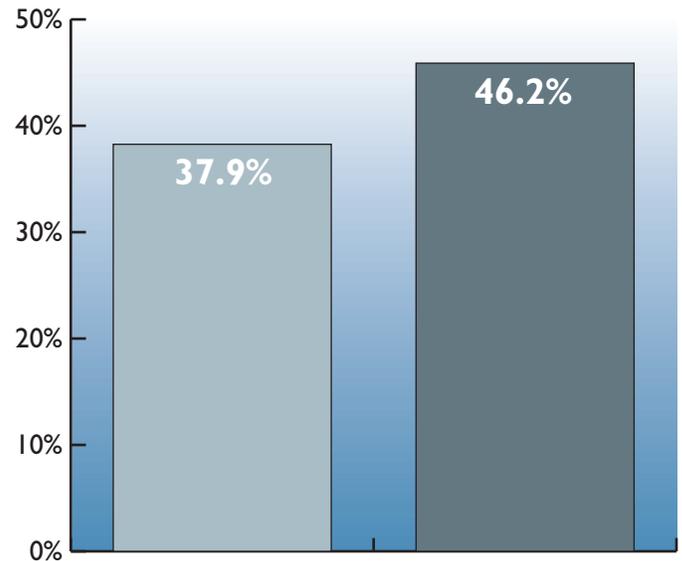
WIC households with at least one working family member.

90 percent of Oregon WIC moms breastfeed their newborns, a rate that exceeds the Healthy People 2020 objective of 81.9 percent.

Source: Oregon WIC Report - 2010

Pregnant Women Served by WIC

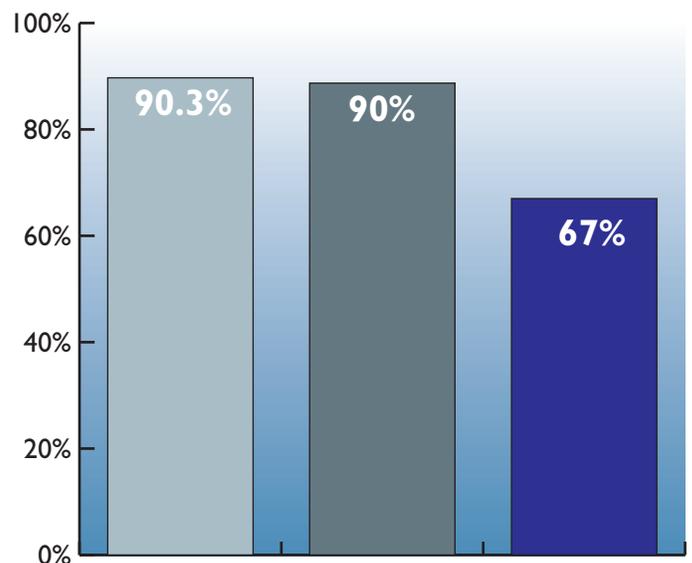
Polk County Oregon



Source: Oregon WIC Report - 2010

WIC Moms who Start Out Breastfeeding

Polk County Oregon United States



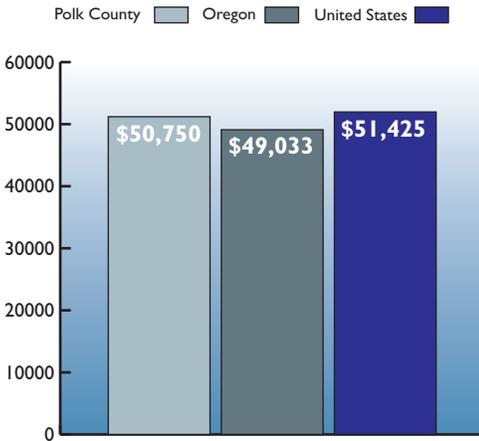
Source: Oregon WIC Report - 2010



ECONOMY

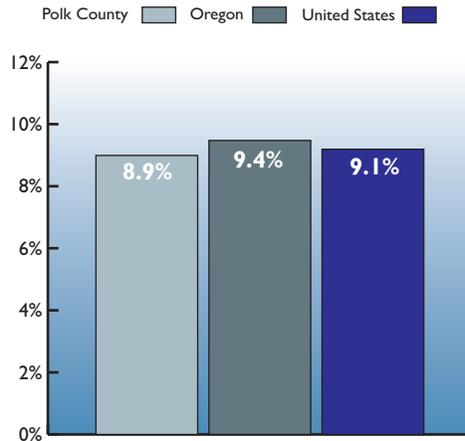
Poverty often leads to poor health and poor health leads to poverty. Lack of economic resources forces many to go without preventive health care and delay seeking care for known health conditions. Also, low socioeconomic status can create short or long-term conditions that reduce household savings, learning ability, and physical and emotional well-being. Therefore, information on the economic status in Polk County is critical to help target effective interventions.

Median Household Income



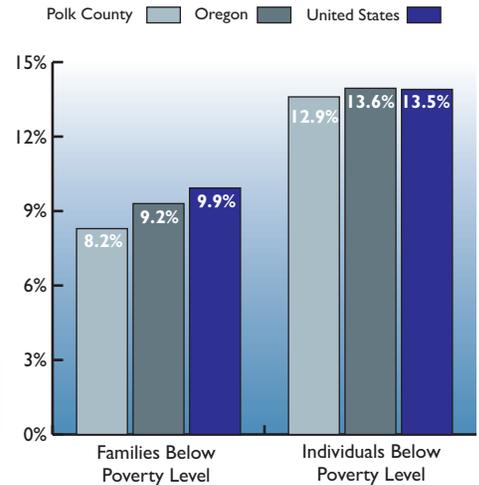
Source: US Census Bureau - 2009

Unemployment Rates



Source: US Bureau of Labor Statistics - 2011

Poverty Level



Source: US Census Bureau - 2009

Oregon Health Plan

Total enrolled in Oregon Health Plan / Medicare Managed Care (for the most recent month available):

6,803 Polk County residents were enrolled in the Oregon Health Plan in July 2011

31% of Polk County is currently enrolled in the Oregon Health Plan

Source: Oregon Health Plan Managed Care Enrollment Reports - 2011

Polk County Home Ownership

Renter Occupied 7,346 - 33.1%

Homeowner Occupied 18,226 - 71.3%

Source: US Census Bureau - 2005 - 2009

Percent and Total of Children Eligible for Free or Reduced Price School Meals

School District	Percent Eligible	Total Eligible
Central	60.2%	1,753
Dallas	42.5%	1,361
Falls City	81.2%	125
Perrydale	43%	139

Source: Oregon Department of Education School Directory - 2011

SNAP (Supplemental Nutrition Assistance Program)

Households Receiving SNAP Benefits	4,226
Persons Receiving Food Stamps	9,570,
Total SNAP Benefits	\$1,192,593
Average Per Household	\$282

Source: ODHS Self Sufficiency Programs Report, Dallas Branch - June 2011

TANF (Temporary Assistance to Needy Families)

Total Caseload	495
Children	909
Adults	497

Source: ODHS Self Sufficiency Programs Report, Dallas Branch - June 2011

POLK COUNTY HEALTH REPORT 2011

RESOURCES - CONTACT INFORMATION

Polk County Public Health

182 SE Academy St Ste. 302
Dallas OR 97338
503-623-8175
www.co.polk.or.us

Services:

Immunizations
Emergency Preparedness
Communicable Disease Prevention
STD Prevention
WIC
Family Planning
Tobacco Prevention
Home Visiting Programs

Polk County Environmental Health

850 Main St
Dallas, OR 97338
503.623.9237
www.co.polk.or.us

Polk County Healthy Communities Assessment
Available by request at:
Polk County Public Health
182 SW Academy St. Ste. 302
Dallas, OR 97338

West Valley Hospital

525 SE Washington St
Dallas, OR 97338-2834
(503) 623-8301
www.westvalleyhospital.org

Oregon Department of Human Services

800 NE Oregon St
Portland, OR 97232
971-673-1222
<http://www.oregon.gov/DHS>

Behavior Risk Factor Surveillance System

<http://www.cdc.gov/brfss/>
Population Research Center
Portland State University
<http://www.pdx.edu/cupa/>

Oregon Health Authority

500 Summer St. NE E-20
Salem, OR 97301-1097
503-947-2340
<http://www.oregon.gov/OHA>



Local Public Health Authority:

Date:

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:

Date:

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:

Date:

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:

Date:

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.

Local Public Health Authority:

Date:

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.

Local Public Health Authority:

Date:

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:**Date:****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.

Local Public Health Authority:

Date:

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.

Local Public Health Authority:

Date:

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: Katrina Rothenberger

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:

Date:

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:

Date:

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

Local Public Health Authority:

Date:

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.

Craig Pope Chair
Local Public Health Authority

Polk
County

2-25-14
Date



POLK COUNTY

PUBLIC HEALTH

182 SW ACADEMY ST STE. 302 DALLAS, OREGON 97338
(503) 623-8175 fax (503) 831-3499

Budget Information

Name: Jen Wilfong

Address: 182 SW Academy St.
Dallas, OR 97338

Phone: 503-623-9317 ext. 2996

E-Mail: wilfong.jenny@co.polk.or.us

Polk County Health Services

Polk County Board of Commissioners
 Mike Ainsworth
 Craig Pope
 Jennifer Wheeler

County Administrator
 Greg Hansen

Health Advisory Board

Health Services Director
 Noelle Carroll

Fiscal Manager
 Jen Wilfong

BEHAVIORAL HEALTH

PUBLIC HEALTH
Dr. Jeff Humphrey, Health Officer

Addiction Services
Jennifer Lief

Adult Behavioral Health
Sue Larsen

Child Behavioral Health
Kerry Blum

Community Support Services
Judi Morehead

Developmental Disabilities
Mike Sedlock

Program Support

Business Services

Community Health
Katrina Rothenberger

Clinical Services
Arielle Leveaux

DUII

Therapy Services

Therapy Services

Case Management

Eligibility

Quality Improvement
Judi Morehead

Billing Services

WIC

Jail Health

Adult Addictions Treatment

Jail Diversion

BRS

Medication Management

Protective Service Investigations

Health Services Admin
Linda Young

Fiscal Reporting & Analysis

Emergency Preparedness

Communicable Disease

Youth Addictions Treatment

Behavioral Consulting

New Solutions

Early Assessment Support
 Alliance EASA)

Service Coordination

Office Support (BH)
Janet Frederic

Contracts Management

Accreditation/Community Health Assessment

Family Planning

Gambling

Crisis Services

Wraparound

Supportive Housing

Foster Home Licensing & Monitoring

Utilization Management

Electronic Records

Health Promotion

Home Visitation