

Local Public Health Authority Annual Plan FY 2005 - 2006

I. Executive Summary

Successes

Our agency used “special project” dollars to purchase and has implemented the use of “KIPHS”, operating software for Public Health clinic scheduling and billing. This has significantly improved our ability to schedule clinics efficiently, customize billings for clinic services and run reports on aspects of clinic functioning.

Clatsop County now employs our own sanitarian. Hal Nauman, who has served Clatsop County for the past 15 years as a DHS employee joined our staff in the fall of 2005. The transition has gone smoothly.

We were awarded one of the Tobacco Prevention and Education grants this year. This has provided for a .65 FTE position to renew our work on tobacco free environments and countering pro-tobacco influences in our community.

Our Healthy Start program is well integrated into our Maternal and Child Health program.

Our Emergency Preparedness program continues with planning and exercising new capabilities, using an all hazards approach. We are well partnered with our office of Emergency Management and local hospitals. Management staff and our sanitarian completed the 3 day Incident Management/Unified Command for Terrorism/CBRNE Incidents class.

Challenges

The fiscal reality of relatively flat funding paired with increases in local operational costs make the budgeting process more challenging every year. Our county is making PERS bond payments and also charges our department an Indirect Cost Allocation that essentially cancels our general fund support for local Public Health.

We are working to increase efficiencies with the goal of maintaining quality customer service on a local level.

II. Assessment

There are not any substantial changes to this portion of Clatsop County's current plan.

III. Action Plan

1. Immunization

APPENDIX H

Local Health Department: Clatsop County, Oregon

Plan A - Continuous Quality Improvement: LHD % of fully immunized 2 year olds

Fiscal Years 2006-2008

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. increase % from the current 62% by 5%, to 67%	<ul style="list-style-type: none"> • create interoffice system of data entry within 14 days of administration. 	<ul style="list-style-type: none"> • Imm coordinator will work with office manager to assess whether or not all of administrative support staff has been cross trained in data entry. • Provide training if needed. • Imm coordinator will regularly check the office filing system of completed VAR's, which are filed by date administered until data entry is complete 	594 shots were entered between 15 and 71 days late. >1000 shots entered late during this period	This continues to be a significant issue for our agency. All admin staff know how to enter history and current visit data into IRIS. Data entry has been made a "high priority" by business manager, but not assigned task to one person or at one time of day. Will continue to problem solve on how to stay up-to-date on data entry and resolve to meet this goal in year 2.

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Plan A - Continuous Quality Improvement: LHD % of fully immunized 2 year olds

Year 2: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. increase % an additional 5%, to 72%	<ul style="list-style-type: none"> create office policy and procedure that encourages families to give us phone contact info to allow for reminder calls and recalls for missed appts. 	<ul style="list-style-type: none"> Staff will write policy and procedure and orient staff Staff will assess daily schedule quarterly to see if reminder calls were made. 	To be completed for the FY 2007 Report	To be completed for the FY 2007 Report
B.	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	To be completed for the FY 2007 Report	To be completed for the FY 2007 Report

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Plan A - Continuous Quality Improvement: ~~LHD % of fully immunized 2 year olds~~

Year 3: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Increase an additional 5% to 77%	<ul style="list-style-type: none"> create and implement special first BD card, which will be sent to infants seen in their first year of life, reminding family of recommended schedule. 	<ul style="list-style-type: none"> Create and print card Have families address an envelope at their first OV, and file them in a “tickler file” by month that they will be 11 months old. Mail cards when the infant is 11 months old. 	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report
B.	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Local Health Department: Clatsop
Plan B - Chosen Focus Area: Alert Promotion

Fiscal Years 2006-2008

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Describe the benefits of accessing Alert data on the web to day care providers and headstart programs	<ul style="list-style-type: none"> Offer training re: web access to all certified facilities and head start programs in our county 	<ul style="list-style-type: none"> # of trainings provided 	all day care, headstarts and schools were mailed a comprehensive packet, which included the benefits of accessing Alert on the web, how to sign up and offering technical assistance. One Headstart requested and received a site visit.	9 new user sites resulted prior to school starting.
B. Assess private providers utilization of Alert	<ul style="list-style-type: none"> Survey private providers regarding current utilization 	<ul style="list-style-type: none"> Survey results Alert participation report 	Surveyed all 8 family practice/peds. Clinics in county. 6 entered data into ALERT. 4 have EMR. 7 have internet access.	Mailed additional EMR transfer info and web access/forecasting to 2 clinics.

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Plan B - Chosen Focus Area: Alert Promotion

Year 2: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A. Increase utilization of Alert data by day care providers, headstart programs and schools by 5 sites by end of FY.</p>	<ul style="list-style-type: none"> • Get baseline data from Alert on # of schools/facilities enrolled to access data & # of web hits. • Contact or visit sites to reassess, reinforce and provide additional technical assistance 	<ul style="list-style-type: none"> • List of sites visited. • Alert participation report including # of Web hits. 	<p>To be completed for the FY 2007 Report</p>	<p>To be completed for the FY 2007 Report</p>
<p>B. Increase # private providers accessing Alert through web or submitting data by e transfer by 2 sites by end of FY.</p>	<ul style="list-style-type: none"> • offer technical assistance with Web access and /or e transfer 	<ul style="list-style-type: none"> • Alert participation data 	<p>To be completed for the FY 2007 Report</p>	<p>To be completed for the FY 2007 Report</p>

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Plan B - Chosen Focus Area: Alert Promotion

Year 3: July 2007 – June 2008				
Objectives	<u>Methods / Tasks</u>	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Increase utilization of alert data by day care providers, headstart programs and schools by 5 sites by end of FY	<ul style="list-style-type: none"> • revise plan based on previous 2 years experience 	<ul style="list-style-type: none"> • Alert participation report including Web hits. 	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report
B. Increase # private providers accessing Alert through web or submitting data by e transfer by 2 sites by end of FY.	<ul style="list-style-type: none"> • revise plan based on previous 2 years experience 	<ul style="list-style-type: none"> • Alert participation data 	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Outreach Activities: July 2005 – June 2006

Activity 1: Media Outreach				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Increase community awareness of vaccine preventable illnesses through the life span	At least 2 press releases, one on promoting flu, pneumococcal and Td for adults, and one for national infant immunization week	Document # of articles in local press	6 articles in newspaper & PSAs repeated multiple times on radio	Sent out press releases re: Back to school shots, pertussis, flu, pneumococcal, meningococcal to local media
Activity 2: Public Provider Outreach				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Continue regular "Shots for Life" Coalition meetings	Provide 2 coalition meetings and expand invitation list to adult providers.	Track # of coalition meetings and attendance.	0 coalition meetings.	Meetings difficult to accommodate to everyone's schedule. Group more informative than pro-active. Currently conducting survey to assess how best to communicate imm. Info. Site visits with one group practice and with our delegate agency. Discussed new vaccines and ways to improve the public private partnership in serving when we have clients in common.

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² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

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2. WIC

APPENDIX I

FY 2006 – 2007 WIC Nutrition Education Plan Form

Clatsop County
Lynn McConnell
503-325-8500
lmcconnell@co.clatsop.or.us
April 20, 2006

Goal 1: Decrease the risk of obesity among WIC participants by increasing physical activity awareness.

Activity 1: Assess your community's resources for safe, developmentally appropriate physical activity opportunities for families and their young children and provide a list of these resources to WIC clients.

Implementation Plan: We will survey community resources and add a section to our "Family Resource Brochure" entitled "Healthy Fun for the whole Family"

Timeline: July 2006

Activity 2: Make available to clients a 2nd NE opportunity to increase physical activity.

Implementation Plan: We will develop a 2nd NE opportunity designed to increase physical activity.

Timeline: August 2006

Goal 2: Increase the percentage of WIC participants who consume at least five daily servings of vegetables and fruits.

Activity 1: Assess activities and resources in the community to promote fruits and vegetables and provide a list of these activities and resources to WIC clients.

Implementation Plan: We will again promote our local Sunday (farmer's) market.

Timeline: Summer of 2006

Activity 2: Develop and implement client-centered activity/event by June 2007 in recognition of 5 A Day.

Implementation Plan: We will plan an activity or event promoting "5 a day". Possibilities include "field trip NE class" to a local fruit and produce vendor.

Timeline: by June of 2007

Goal 3: Increase client participation in 2nd nutrition education contacts.

Activity 1: Explore options for developing innovative partnerships for providing NE to clients in your agency.

Implementation Plan: We will have staff take advantage of OSU training on models of nutrition education for "Happy Home Meals" and "Cooking for less money" to incorporate into group NE

Timeline: by December 2006

Activity 2: Assess your agency's 2nd nutrition education offerings and make changes as needed to improve your show rates.

Implementation Plan: We will survey participants at group NE and use results to make changes when ever possible.

Timeline: by June 2007

Goal 4: Increase breastfeeding duration rates among WIC participants.

Activity 1: Assess breastfeeding resources available in your community and create and/or update a resource list for clients.

Implementation Plan: Trina Robinson, RN, IBCLC, is currently participating in the "Public Health Nurse Leadership Institute". She has chosen to assess breastfeeding resources in our community and create a resource guide for clients as her project.

Timeline: January 2007

Activity 2: The WIC agency will implement at least one new strategy to support client's breastfeeding goals.

Implementation Plan: We will use our bilingual CPA, who is now a LE to translate our breastfeeding class and begin to offer that class to our Spanish speaking clients.

Timeline: January 2007

ANNUAL REPORT FORM - WIC

FY 2005 – 2006 Evaluation of Nutrition Education Plan

Clatsop County
Lynn McConnell
503-325-8500

lmcconnell@co.clatsop.or.us

April 20, 2006

Goal 1: Decrease the risk of obesity among WIC participants by increasing physical activity awareness.

Activity 1: Assess client awareness regarding physical activity and identifying client barriers to getting adequate physical activity by using state provided assessment tool.

Outcome Evaluation: Surveys were completed and returned to the state office.

Activity 2: Using results from staff and client surveys, identify/develop and implement at least one clinic activity to promote increased physical activity and increase awareness of the prevalence of overweight among staff and clients.

Outcome Evaluation: We are in the process of developing a poster for our “health fair” NE model that will address increasing awareness of the prevalence of obesity, and ways to promote physical activity as a family. We are using the handouts provided for “guiding your child’s TV time” in the month of April and May.

Goal 2: Increase the percentage of WIC participants who consume at least five daily servings of vegetables and fruits.

Activity 1: Assess client attitudes and behaviors regarding fruit and vegetable consumption using state provided tool.

Outcome Evaluation: Surveys were completed and returned to the state office.

Activity 2: Develop and implement client-centered activity/event during September 2005 in recognition of 5 A Day Month.

Outcome Evaluation: We did not do this last September.

Activity 3: Use client fruit and vegetable survey results to develop or modify individual or group nutrition education activities to promote fruit and vegetable consumption.

Outcome Evaluation: We have created a poster for our “health fair” NE model that focuses on “you can help your child love fruits and vegetables”.

Client attitude/concern identified and how poster addresses:

1. “my child won’t eat them”- poster advises to keep offering new fruits and vegetables, 10 tastes concept.
2. “I don’t know how to prepare”- poster lists food preparation with food safety principles.
3. “my child does not get enough servings”- poster lists colorful options for offering a variety of fruits and vegetables.

Goal 3: Increase client participation in 2nd nutrition education contacts.

Activity 1: Assess client attitudes, needs and barriers to attendance related to 2nd nutrition education using state provided tool.

Outcome Evaluation: Surveys were completed and returned to the state office.

Activity 2: Compare results of client and staff surveys to State NE minimum standards and develop guidelines for quality nutrition education in your agency. Minimum standards will be set in the areas of availability/accessibility, topic, content, delivery methods, marketing, assessment and evaluation.

Outcome Evaluation: We have reviewed the surveys and the minimum standards.

Client attitudes, needs, beliefs identified and how we addressed these:

1. "I learn best by- sharing information with other parents"- our "Health Fair" format allows for participants to informally review the posters and hand outs and interact with other parents.
2. "I like group discussions"- our CPA staff who is facilitating the "Health Fair" sessions, will encourage parents to share what has worked for them and promote parent interactions.
3. "it would help if I could choose the day and time"- we are offering the "Health Fair 4 times per month in Astoria and 2 times per month in Seaside- offering both mornings and afternoons. We are also accommodating individual NE using the Texas self directed worksheets with staff review during our customer service times.
4. "I would like a greater variety of classes offered"- our "Health Fair" will rotate topics for each type of participant. We will also develop other class formats based on future surveys.
5. "classes need to allow kids to be involved"- the "Health Fair" model, provides for play space with age appropriate toys and nutrition activities in the center of the room, which allows for parents to review the materials while the children play.

Activity 3: Contact your Nutrition Consultant to review your agency's guidelines, then plan and schedule 2nd NE offering in preparation for multiple month FI issuance.

Outcome Evaluation: Our pre "FLPP" class offerings were very limited. Survey info was used to help pick topics and develop a format for a "health fair" NE model. We were in close contact with Sara Goodrich as we developed this format. We offered 3 classes in April and 6 in May, as we serve the increasing # of families "FLPPed".

Activity 4: Assure staff that teach NE classes complete the Providing Group Nutrition Education module and the appropriate Level 2 training modules.

Outcome Evaluation: Both CPA's have completed the appropriate modules.

Goal 4: Increase breastfeeding duration rates among WIC participants by decreasing barriers to breastfeeding.

Activity 1: WIC staff will have completed role-appropriate sections of the revised Breastfeeding Module.

Outcome Evaluation: Our preparation for the implementation of FLPP has precluded our protecting staff time to review this module to date. I am committed to having staff do this once the "FLPP" process is phased in.

Activity 2: The WIC agency will assess client beliefs, attitudes and barriers regarding continuing breastfeeding to at least 6 months of age by using state provided assessment tool.

Outcome Evaluation: Surveys were completed and sent to the state, all 6 of them.

Activity 3: The WIC agency will implement at least one strategy to support client breastfeeding goals

Outcome Evaluation:

Our breast-feeding class, done by Trina Robinson, RN, IBCLC, has been the best attended class we offered. We continue to offer it every other month.

Thanks to state support, we were able to send our bilingual CPA to the intensive Breastfeeding class, and she is now a LE. We have the goal to provide the Breastfeeding class in Spanish next year.

For our “health fair” group NE this year, our local LaLeche league produced a beautiful poster in English and Spanish highlighting the benefits of breastfeeding for mother and baby.

3. Family Planning

There are not any substantial changes to this portion of Clatsop County’s current plan, only the following updates:

Our organization is struggling to maintain Family Planning Services on a local level. The changes in FPEP and Title X over the past seven years, coupled with no local county support for FP and increasing indirect and personnel costs, are beginning to have a significant impact on our ability to meet our expenses.

In the past year we have increased clinic times by 7 hours per week with existing staff in an effort to increase revenue. We have begun to use a portion of our Medicaid claiming dollars to support FP in this past year.

We have increased our total # of clients served and are serving 73% of Women In Need and 88% of the teens deemed in need.

We had staff in attendance at the “Cost Analysis” training on April 25, 2006. We will be applying those principles to clinic management in hopes of increasing efficiencies.

We will be in working internally and with OFH staff to insure that we are doing everything possible to maintain this service.

4. Maternal and Child Health Programs

There are not any substantial changes to this portion of Clatsop County’s current plan.

IV. Additional Requirements

1. An organizational chart of Clatsop County Health & Human Services is attached.
2. The LPHA is the governing body for the local commission and governance achieves the needed coordination to comply with SB 555 requirements.

V. Unmet needs

The following items remain an unmet need in Clatsop County:

- Health education/health promotion and chronic disease prevention activities across the lifespan;
- Dental care access – oral health services;
- Access to alcohol and drug/mental health services for uninsured and underinsured population;
- Improve quality of interpretation services for department.

VI. Budget

Contact information for budgetary information:

Holly Brooks, Business Manager
Clatsop County Health & Human Services
820 Exchange, Suite 100
Astoria OR 97103
(503) 325-8500

Proposed budget for 2006 – 2007 fiscal year can be found at:

<http://www.co.clatsop.or.us>

VII. Minimum Standards

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

Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.

19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.

36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12, or more frequently based on epidemiological risk.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.

51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448. (Added per G.S. request, not in program indicators)

Health Education and Health Promotion

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

Nutrition

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

Older Adult Health

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

81. Yes ___ No X 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 X No ___ Perinatal care is provided directly or by referral.

83. Yes X No ___ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes X No ___ Comprehensive family planning services are provided directly or by referral.

85. Yes X 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 X No ___ Child abuse prevention and treatment services are provided directly or by referral.

87. Yes X No ___ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes X No ___ There is a system in place for identifying and following up on high risk infants.

89. Yes X No ___ There is a system in place to follow up on all reported SIDS deaths.

90. Yes X No ___ Preventive oral health services are provided directly or by referral.

91. Yes X No ___ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

92. Yes X No ___ Injury prevention services are provided within the community.

Primary Health Care

93. Yes X No ___ The local health department identifies barriers to primary health care services.

94. Yes X No ___ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes X No ___ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes X No ___ Primary health care services are provided directly or by referral.

97. Yes X No ___ The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes X No ___ The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

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

Health Department Personnel Qualifications

103. Yes ___ No X The local health department Health Administrator meets minimum qualifications:

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

Clatsop County Health & Human Services requests an interim waiver for this area related to the administrator.

104. Yes X No ___ The local health department Supervising Public Health Nurse meets minimum qualifications:

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

AND

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

105. Yes X No ___ The local health department Environmental Health Supervisor meets minimum qualifications:

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

OR

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

106. Yes X No ___ The local health department Health Officer meets minimum qualifications:

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

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.

<u>Lynn McConnell</u>	<u>Clatsop County, Oregon</u>	<u>5/1/06</u>
Local Public Health Authority	County	Date

**Clatsop County Health & Human Services
Organizational Chart**

