

**Local Public Health Authority Annual Plan
Planning Instructions
FY 2004 - 2005**

Below are the instructions for constructing the local Public Health Annual Plan (AP) for your county.

The requirement for an AP is in statute (ORS 431.375–431.385 and ORS 431.416) and rule (OAR Chapter 333, Division 14). OAR 333-014-0060(2)(a) refers to CLHO Standards program indicators as part of the AP.

A copy of ORS Chapter 431 can be found at
<http://www.leg.state.or.us/ors/431.html>.

A copy of OAR Chapter 333 Division 14 can be found at
http://arcweb.sos.state.or.us/rules/OARs_300/OAR_333/333_014.html.

A copy of the Minimum Standards for Local Health Departments can be found at
<http://www.dhs.state.or.us/publichealth/lhd/stnds992.pdf>

The Department of Human Services is required to approve or disapprove the AP. Return the plan to the Department (c/o Tom Engle, 800 NE Oregon St., Ste 930, Portland, OR, 97232) by May 1, 2004.

Some sections may require your anticipation of state funding, e.g. the planning and budget sections. In that case use the current amount of funding the LPHA (Local Public Health Authority) receives from the state.

Respond to each item listed.

If you have documents prepared for the local process that cover a section (or part of a section), you may attach them as your response, provided they are current for the 2004-05 fiscal year. If you use this method for some areas, please reference the attachments so we can find the elements.

In most of the sections you may choose to submit last year's 2003-04 plan with update information embedded or attached. In some cases there will be no new information and for that section of this year's plan you will simply

state so. Sections II, III, and V can be completed as updates, all or in part. Section I and VII should be completed new for this year. Section IV has new requirements from the Office of Family Health. Section VI asks for budget contact information only and notes that projected revenue forms will be sent later.

This year the plan must be submitted in an electronic format. If you are submitting an update for a particular section, also include in your submission an electronic copy of the 2003-04 section that it updates.

I. Executive Summary

Fiscal year 04-05 we will continue to provide essential public health services including but not limited to:

- Communicable disease investigations
- Bio-terrorism planning and response
- Immunizations targeted at both children and adults
- Family planning services
- STD counseling and testing including HIV
- Ryan White case management
- WIC services
- Babies First! and CaCoon home visiting
- STARS
- Prenatal care via contract with local providers
- Oregon Mothers Care
- Tobacco prevention and education

Fiscal year 04-05 we expect to augment/implement:

- BT/CD planning and exercises
- CD response
- Teen Pregnancy Prevention efforts
- Public awareness campaigns targeted towards youth and adults on increasing physical activity and healthy nutrition
- Newborn hearing screening referral process
- Immunization outreach to local medical providers

With the combination of the above listed programs we hope to provide interventions that are effective and meet the public's requirements, which lead to a healthier population evident by data trends for the better. The health department employs 8 fte, a combination of registered nurses, support staff and nurse practitioners. Health department staff collaborate with other medical and social providers to address the needs of the public health.

II. Assessment

** Indicates 04-05 updates

Live Births with Maternal Tobacco Use

Although stable in comparison of past 10 years of Crook County data, in 2001 22.7% of women admitting tobacco use during pregnancy. This number is higher than the State average of 12.8%.

****2002 data from DHS vital statistics shows Crook County with a reduction of 4.9% to 17.8% of live births with maternal tobacco use compared to the State with 12.6%**

Child Abuse and Neglect

According to the January 2002 CCF Comprehensive Plan Crook County had a rate of child abuse at 16.8 per 1,000 children in comparison to the State average of 12.0 incidences per 1,000 children in the year 2000.

Teen Pregnancy

While Crook County's teen pregnancy rate is lower than the State Oregon Benchmark goal of 15 teen pregnancies per 1,000 we feel that it is important to continue to keep the numbers down. We are hearing and seeing a trend of teen mothers wanting to conceive a second or third time. Crook County preliminary rolling rate for January 2002 – December 2002 was at a 7.8 pregnancy's per 1,000 females 10-17 years of age.

**** Preliminary rolling rate Oct 2002-Sept 2002 teen pregnancy (ages 10-17) rate of 7.0 for Crook County. DHS's Oregon Health Trend April 2004 reported Crook County with a statistically significant trend downward for the period of 1998-2002 with 10 teen pregnancies per year with a rate of 24.1**

Tobacco Use

According to the March 2003 DHS Oregon Tobacco Facts, 34% of deaths in Crook County are tobacco related in the year 2001, making Crook County the 4th highest in the state when it comes to tobacco related deaths.

DHS TPEP Tobacco Fact sheet states that 23% of adults smoke and that 29% of 11th graders smoke and 11% of 11th grade males use smokeless tobacco.

Poverty

Poverty is a challenge. The Oregon Economic and Community Development have designated the entire county as a distressed area. Census data shows that 18% of youth under the age of 18 are living at 100% of the federal poverty level, with another 30% living near poverty, between 100% and 200% of the federal poverty level. Reference CCF Comprehensive Plan January 2002

****Low Birth weight**

In year 2002 Crook County had a rate of 79.1 live births with low birth weight up from 2001. This rate puts Crook County in the top 5 low birth rate in the state.

****Deaths**

2002 Vital Statistics show 179 total deaths in Crook County. Heart Disease (44 deaths), Cancer (33 deaths) and Arteriosclerosis (19 deaths) are the top three causes of death.

Describe adequacy of the basic services

**** Indicates 04-05 updates**

Epidemiology and control of preventable diseases and disorders

CCHD currently has a .75 fte Public Health Nurse dedicated to epidemiology and control of preventable disease and disorders. In addition to the .75 fte nurse the nursing staff within the health department acts as back up when the need arises. The health department staff is sufficient at initiating an epidemiological investigation per the State of Oregon Investigative Guidelines for Reportable Disease. Part of the disease investigation includes educating the case, case contacts and providers as needed about disease and the case investigation process. At this time the health department does not have a computerized data system to enter communicable disease data into. Being that we have a relatively small number of cases we have been able to analyze our cases without computer technology.

***** .76 fte public health nurse III dedicated to BT/CD program and a .02 fte registered sanitarian. In the event of an emergency or massive CD outbreak the entire staff is available to respond. A public health nurse is on call 24/7 for public health emergencies and can be reached via pager with rapid response. Health Department staff are active in the creation and maintenance of the county emergency operation plan. Crook County does meet the Conference of Local Health Officials Minimum Standards for reportable Communicable Disease Control, investigation and prevention. While we are meeting assurances it is important that more training, education, and creation of policy must be undertaken to fully protect the community. December 2003 Multnomah County's CD database was installed to assist in data collection at the local level.**

Parent and child health services, including family planning clinics

Family planning clinics, well woman exams and sexually transmitted infection exams, are offered at the health department a minimum of three times per month. Contraceptive visits, birth control refills and education, are offered every Monday on a walk-in basis and by appointment other times during the week. In addition during home visits and WIC visits nurses often discuss family planning issues as part of a regular visit.

Child health services are offered via well child clinics provided by a pediatric nurse practitioner on a monthly basis and by referral. Health department staff is also involved in the bi-annually early intervention large group infant child developmental screenings. Nurses at the health department are also able to provide limited health care via standing orders signed by the health officer. The nurses have been to multiple workshops/conferences related to general developmental concepts, breast feeding and health assessments.

Prenatal care is not available on site at the health department other than initial pap smears and lab work up for uninsured women. The health department contracts with local doctors to provide prenatal care to a number of women dependent on prenatal state budget. Referral to local providers is given to any women who are need of prenatal care services. Crook County Health Department is an Oregon Mothers Care site, which assists women to obtain prenatal care earlier and to acquire OHP more rapidly if eligible.

**** The health department also offers Babies First! and CaCoon home visiting services, STARS, outreach to Middle School Students via mobile medical unit. Trauma Nurses Talk Tough and Kids First community outreach program**

Collection and reporting of health statistics

Crook County Health Department is responsible for recording and registration of all birth and deaths in the county. The local Registrar or one of the two deputy Registrars reviews one hundred percent of all birth and death certificates. Registrars are able to provide certified death and birth certificates within one working day of the request.

**** CCHD staff refers and coordinates with local social and health care providers in the community. Currently two staff members have been trained to assist pregnant women apply for Oregon Health Plan.**

Administration is an active advocate for the vulnerable population of Crook County involved in the board of the local FQHC.

Health information and referral services

Many calls are received by the health department on a weekly basis that result in referrals to local health and human services. Health department staff is knowledgeable about availability of community resources. The health department's address and phone number is advertised in local phone directories. Services offered at the health department are advertised monthly in the local newspaper. Numerous pamphlets are easily accessible at the health department containing information on anything from local services to various health topics.

Environmental health services

Environmental health services are available in Crook County outside of the Health Department. Environmental Health staffs two registered sanitarians and support staff.

Describe the adequacy of services the “...health department should include or provide for programs...” (OAR 333-014-0050 (3))

Indicates 04-05 updates

Dental Health

The health department staff is proficient and observant to dental needs of families seen at the health department. Families with young children are given written educational information on baby bottle tooth decay, and dental hygiene. The health officer has provided the nurses with the ability to prescribe fluoride as appropriate via standing orders. Lack of dentists willing to accept monthly payments and the loss of dental coverage by OHP results in many of our residents without proper dental care. Health Department staff is part of the dental sub committee of our local federally qualified health care center, which is addressing dental issues within the county.

***** In conjunction with our local managed care Central Oregon Independent Health System, COIHS, we are in the process of arranging for a retired dentist to visit our WIC clinic to provide a simple dental exam, fluoride varnish, fluoride prescription and referrals as needed. This program will be in place through May of 2006 and funded by a grant written by COIHS. In addition our local FQHC has limited dollars available to provide dental services to those of need of urgent care.**

Emergency Preparedness

Prior to Sept 11th 2001 the health department was a part of the emergency planning group in Crook County. Post September 11th the Crook County emergency management team has been more proactive in its duties. We are in the process of revamping parts of our County wide emergency plan including the internal procedures to carry out all duties. Along with the Bureau of Reclamation in August of 2002 all members of the emergency management team participated in a flood scenario exercise.

**** We continue to work closely with emergency planning groups. New policies and procedures are continuously being revised and created to help serve the county in an emergency.**

Health Education and Promotion

Promotion of health has been a part of the health department's ongoing services. The health department is involved in community health fairs, teen health fair at the high school, American Cancer Society Relay for Life activities; the health department has a float in the majority of parades and community functions. Nurses are often requested to provide presentations in the health classes at the schools. Continued education is supported for all staff at the health department by administration.

Laboratory services

Crook County Health Department holds a current CLIA laboratory certificate for provider-performed microscopy procedures. The health department is able to provide diagnostic screening tests either at the health department or with our partnering labs. Referrals are also made to the client's primary care provider as appropriate.

Medical Examiner

Medical examiner services are available in the county. Coordination between the medical examiner and health department could occur if needed between the examiner and health department staff if death(s) of public health significance.

Nutrition

Registered Nurses are utilized in all clinic areas. All current nursing staff has completed the WIC nutrition modules for a sound knowledge base of nutrition. Many pamphlets are available related to nutrition for infants through adulthood. The WIC program does have a part time Registered Dietician on contract. For non-WIC clients referrals are made to local Registered dieticians. All health department staff provide promotion of good dietary habits.

Older adult health care

Influenza vaccination time in the fall is when the Crook County Health Department provides services the most to the older populations. Every fall a media campaign announcing the importance of vaccination is produced. During this time we provide any age appropriate pamphlets we have to offer. Throughout the year we provide blood pressure checks to the older populations and take miscellaneous calls and referrals as needed

Primary Health Care

Primary Health Care is not provided at the health department, Referrals are made to local providers as needed. The health department was involved in the planning and implementation of the federally qualified health care center that open in Prineville in September of 2002. The health department administrator is a board member of the clinic. The health department and FQHC are hoping to acquire funding to be co-housed in the same building to optimize space services and maybe even staff.

Shellfish sanitation

Not applicable

III. Action Plan

****Indicates 04-05 update**

1) Control of reportable communicable disease

a) Current condition or problem

With the addition of the BT/CD dollars into our budget Crook County now has a .75 RN and a .02 fte Registered Sanitarian to work in the BT/CD control program. This is a substantial increase from previous budget years. Due to the national nursing shortage we were unable to fill our nursing position for an eight month period. With the extended vacancy in our CD program we are just now able to focus fully on our goals of strengthening our BT/CD programs.

Local physicians do not have a good history in Crook County when it comes down to disease reporting. The health department mainly relies on the laboratories for the reports.

b) Goals

Increased communication with hospital staff
Increased communication with local physicians
Increased communication with local veterinarians

c) Activities

Informational packets will be provided to current physicians in the community. These packets include a letter of introduction of the BT/CD nurse, specific information about disease reporting laws, and miscellaneous information on health department services. All providers new to the area will receive this packet with the addition of a personal welcome visit.

BT nurse and administrator will create and maintain a 24/7 reporting system for local public health emergencies.

Perform emergency/disaster exercise within the local health department in addition to the drills with local emergency management teams on a yearly basis. BT/CD nurse will provide a tabletop exercise for the health department employees yearly along with a review of the local emergency operation plan. Health department staff will be present at the big County wide emergency drill(s).

BT/CD nurse will conduct surveillance of incidence and prevalence of communicable disease for use of program and community education planning. BT/CD nurse will work with state and local IT support to assess the need for computer tracking system and assistance with purchase of software.

d) Evaluation

The ultimate evaluation would be seen in the relationships enhanced by the increased communications with all local providers. Disease reporting including suspect, probable, and confirmed cases would happen routinely and timely by local physicians and labs as a matter of business practice.

Communicable disease reporting to the State in a timely fashion will occur.

Emergency/disaster exercise documented as complete.

**** In spite of all of our efforts and accomplishments during the past year we continue to have many needs and wants in our BT/CD program.**

Current condition:

We continue to have problems with our local medical providers reporting communicable disease in a timely

manner. Local labs continue to be the source of 99% of our CD reports.

The need for the creation and updating of portions of our emergency response plan continue to exist. In addition written agreements need to be created and in place with local emergency management, public safety, local counties and others.

The county has not done an emergency drill.

Goals:

Increased communication with local physicians including increased reporting from physicians.

Completion of all required emergency management policies.

Completion of county emergency drill.

Activities:

Continued contact with local providers educating them on Oregon statutes and administrative rules. Implement local Health Officer public health awareness trainings yearly at medical staff meetings.

Continue to work with local emergency planning group and DHS Health Services BT section to create and update needed plans.

Work with local emergency planning group to carry out disaster drill.

Evaluation:

Increase in the number of providers reporting CD's.

Emergency response plans current.

Emergency drill complete.

2) Parent and child health

a) Current condition or problem

Up until fall 2002 Crook County residents had to travel to Deschutes County to participate in cessation classes.

Teen pregnancy continues to occur. Current 2002 rate of teen pregnancies is at 7.8 per 1,000. Teen parents are exhibiting desires to become pregnant again.

Child abuse and neglect is prevalent within Crook County. With the current poor economic conditions, loss of OHP for some families, loss of social services and mental health services due to State budget shortfalls abuse and neglect is projected to rise.

Confusion exists among caregivers with booster car seats and the proper use of infant car seats. Continued need for instructions on use of car seats and need for free or reduced priced seats is seen.

b) Goals

Increase the number of women who abstain from tobacco use during pregnancy.

Decrease the rate of pregnancy per 1,000 teens

Decrease the rate of abuse and neglect in children less than 18 years.

Increase the number of infants and toddlers that have access to seats and who are fitted properly in car safety seats.

c) Activities

Continue to offer “Tobacco Free for You and Me” classes for WIC participants. (If tobacco free coalition coordinator is no longer available due to loss of tobacco funds WIC nurses to utilize class outline to provide tobacco classes.)

Continue to support local tobacco cessation classes offered by the Community Coalition.

Revitalize local Teen Pregnancy Prevention Network. CCHD staff to provide leadership for the network. Involve all age groups, cultural backgrounds and faith based groups in the planning and implementation processes.

CCHD staff to become a regular member of local child abuse prevention group “For the Children”. Be involved in yearly For the Children Pet

Parade; advertise child abuse prevention campaign at health department in the month of April.

Continue with community outreach and prevention activities with the Kids First program.

Offer a free car seat fit and bike helmet fitting at community health fair in collaboration with local ODOT representatives.

d) Evaluation

Decrease in the number of warnings and citations on misuse of car seats issued by local police

All children in community are seen riding their bikes with proper safety equipment.

Teen pregnancy rates continue to decline.

Child abuse and neglect rates decline.

**** On going efforts are needed to educate and support pregnant smoking mothers, decrease teen pregnancy rates and child abuse, and for bike safety.**

3) Health statistics

a) Current condition or problem

No problems exist

b) Goals

Continue to offer high quality services.

c) Activities

Continue the great relationships with local funeral homes and the hospital.

d) Evaluation

Good service continues.

4) Information and referral

a) Current condition or problems

Currently CCHD staff are members of many of the local community groups including; Community Coalition, Commission on Children and Families, Multidisciplinary team, Tobacco Free Coalition, HIV community planning group, domestic violence task force, mental health and local alcohol and drug planning group, United Way and more. Involvement in these groups assist in the health department staff awareness of community programs and services.

a. Goals

Health status of targeted PSA area show an improvement.

b. Activities

To promote healthy lifestyles provide public services announcements in the local newspaper, ad channel, radio stations, High School newspaper, during local parades, fairs.

c. Evaluation

PSA provided stimulating information and health status indicators improve.

5) Environmental Health

Environmental health is a separate agency in Crook County outside of the health department services. The below description is a summary of how the health department and environmental health staff collaborate. If more detailed information is needed from Environmental Health please contact Russ Hanson, RS at (541) 447-8155.

a) Current condition or problems

Currently environmental health and health department staff work together on animal bites and foodborne outbreaks. In fiscal year 03-04 we have added part of the registered sanitarians salary in the BT/CD budget, which will allow for more collaborative efforts.

b) Goals

Increase the coverage of qualified persons available during a public health emergency.

c) Activities

At a minimum health department CD nurse and environmental health sanitarian meet at least every other month to discuss current animal bite cases, CD cases and BT related topics.

Make certain that environmental health staff attend CD 101 and other trainings as appropriate.

d) Evaluation

Increased collaborative between health and environmental health.

IV. Additional Requirements

1. See completed packet from the Office of Family Health
2. See attached organizational chart of the health department.
3. Senate Bill 555:

CCHD is not the governing body overseeing the local Commission on Children and Families. The CCHD administrator has been a CCF member since 2000. The administrator is a member of the full Commission, Commission executive committee and the chairperson for the early childhood committee.

As a member of CCF the health department was involved in the entire process of SB 555 with the final CCF comprehensive plan published in January of 2002.

V. Unmet needs

**** Indicates 04-05 updates**

Overall Crook County's Public Health programs meet the basic needs for the residents. Areas that could be enhanced include the addition of older adult health services, complete analysis of health indicators, and community wide needs assessment and planning. A major determining factor of providing these services would be increased funding.

As stated before, the only older adult health services we provide include flu and pneumonia vaccinations, blood pressure checks and basic information and referral. If time and budget allowed we could do a focused group assessment of the elderly population needs and then provide activities as warranted. Target outreach on age specific hazards, disease and development would be a nice complement to our other services. We have an active senior center which could possibly be a partner in our activities.

To the best of my knowledge the health department has not accomplished a full community health assessment. Again if time and budget allowed an assessment would be a great tool to assist public health in its efforts. We provide the basic services but the assessment would provide the county detailed health status of the residents, what health issues the residents of Crook County feel are important.

A complete analysis of routine health data and the community needs assessment, if done, would be beneficial for future funding and to target health education.

**** Additional unmet needs**

Loss of our state tobacco funds has led to a minimal tobacco prevention and education program. With local Commission on Children and Families dollars and limited state funds we have been able to continue our limited reward/reminder education and some educational materials/training outreach to pregnant women. Tobacco program staffing went from .66 to .36 fte. Community coalition and

tobacco free supporters have raised concerns related to how well we are going to be able to educate the community.

Crook County is lacking adequate providers who offer colposcopy services. In addition to only one provider offering this service, payment for the procedure is a barrier to low income populations.

VI. Budget

Once FY 05 budget has been approved and adopted by the county a letter will be sent to the State with the requested information.

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. **See attached**
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. **limited**
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 Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

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

Primary Health Care

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

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

Cultural Competency

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

Health Department Personnel Qualifications

- 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.

- 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.

Questions concerning the Annual Plan should be directed to Tom Engle at the Department of Human Services, 1-503-731-4017, or at tom.r.engele@state.or.us. Responses to questions that would be of interest to all counties will be sent to all the Health Administrators to their email address.

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

Crook
County

5/1/04
Date