



Douglas County Health and Social Services Department

March 1, 2006

Tom Engle
Department of Human Services
800 N.E. Oregon Street, Suite 930
Portland, OR 97232

Dear Mr. Engle:

Enclosed please find Douglas County's Public Health Annual Plan for 2006/2007, which is being submitted pursuant to ORS 431.385. This plan has been prepared according to your instructions and assures that the activities defined in ORS 431.375-431.385 and ORS 431.416 are performed. If you have any questions or need further information, please contact me at (541) 440-3623.

Sincerely,

Peggy Kennerly, Executive Director
Douglas County Health and Social Services

I. EXECUTIVE SUMMARY

Douglas County Health and Social Services (DCHSS) exists for the common good and is responsible for strong leadership in the promotion of social, economic and environmental conditions that improve health and well-being and prevent illness, disease and injury. Accordingly, DCHSS defines itself around the nationally recognized Ten Essential Public Health Services, which describe what every person, regardless of where they live, can reasonably expect their Local Public Health Authority (LPHA) to provide. DCHSS provides the following essential public health services, but because of the rural circumstance, must provide these with additional or different approaches than an urban county.

1. Monitoring health status to identify community health problems
2. Diagnosing and investigating identified health problems and health hazards in the community
3. Informing, educating, and empowering people about health issues
4. Mobilizing community partnerships to identify and solve health problems
5. Developing policies and plans that support individual and community health efforts
6. Enforcing laws and regulations that protect health and ensure safety
7. Linking people to needed personal health services and assuring the provision of health care when otherwise unavailable
8. Assuring a competent public health and personal health care workforce
9. Assessing effectiveness, accessibility and quality of personal and population-based health services
10. Researching for new insights and innovative solutions to health problems

In Douglas County, as in many rural counties, there are a number of public health concerns that are unaddressed due to competing priorities and fiscal shortfalls. With the anticipated loss of federal timber safety net funding in 2006, Douglas County anticipates further reductions in public health services.

In comparison to statewide, Douglas County faces many challenges including an aging population, higher poverty rates, higher unemployment rates, less education opportunities, increased substance abuse, and fewer resources in a rural community to help meet these needs. The scarcity of health care coverage and the concentration of providers in the County's central core area are exacerbated by limited public transportation, longer travel distances to health care services, and limited access to health care specialists. As the LPHA, DCHSS must continue to promote physical activity, nutrition, healthy behaviors, and community conditions that support healthy lifestyles to confront these challenges.

II. ASSESSMENT

The following indicators provide a description of the public health issues and needs in Douglas County.

Population

Douglas County's population has grown to 102,905, a minimal increase of 350 residents since the last annual estimate (July 2005 Population Research Center Certified Estimate). Forecasts of Oregon's county populations, predicts that Douglas County will have a population of 140,619 at year 2040 (Oregon Vital Statistics Report 2004). Douglas County's senior population increased from 10.8% in 1980 to 17.8% in 2000 (2000 Census), as compared to 12.8% statewide. The median age of Douglas County residents was 41.2 in 2000, as compared to 36.3 statewide. Overall, Douglas County's population is predominately white (93.9%), compared to 86.6% statewide. Douglas County's Hispanic population has increased from 2.4% in 1990 to 3.3% in 2000 Census data.

Income and Poverty

Oregon Census data show that 13.1% of Douglas County residents over the age of 18 are at or below the Federal Poverty Level, as compared to 11.6% statewide (2000 Census). Approximately 12% of Douglas County households receive public assistance, as compared to 4% statewide. Data from the 2005 Children First for Oregon report show that approximately 22% of children in Douglas County live in families that are at or near the poverty level, compared to 19% statewide.

The economic difficulty faced by many Douglas County families is further reflected in data from the Oregon Department of Education. During the 2004-2005 school years, 47% of Douglas County children were eligible for free or reduced price lunches, as compared with 42% statewide. The median household income in Douglas County is \$46,700, which is 20% lower than the state median (Children First for Oregon 2005). Douglas County's unemployment rate in December 2005 was 8.0%, the fifth highest in Oregon, as compared to 5.5% statewide.

Alcohol, Tobacco, and other Drug Use

One in three 8th grade students (33%) and over half of 11th grade students (51%) in Douglas County report current alcohol use (Oregon Healthy Teen Survey, 2005). Alcohol use among youth is consistently higher in Douglas County than among youth statewide. Douglas County adults smoke at a higher rate (29%) than adults statewide (21%) (BRFSS, 2004). Among youth, 14% of 8th grade students and 24% of 11th grade students report current smoking. Nearly one in four women (22%) in Douglas County use tobacco during pregnancy, as compared to 12% statewide (BRFSS, 2004). Tobacco costs Douglas County residents nearly \$80 million per year in direct medical costs and indirect costs due to lost productivity (DHS Tobacco Facts, 2005).

Overweight and Obesity

Data show that 29% of 8th graders and 22% of 11th graders in Douglas County are overweight or at risk for overweight, as compared to 24% and 24% respectively statewide (Oregon Healthy Teen Survey, 2005). Only 22% of 8th grade students and 17% of 11th grade students eat the recommended 5-a-day fruits and vegetables, similar to 23% and 17% statewide. Moreover, 65% of adults are overweight or obese, as compared to 57% statewide (Keeping Oregonians Healthy 2003).

Health Care Coverage

Rural Oregonians continue to be less well-served than those who live in metropolitan areas. In 2005, the Portland area (Multnomah, Clackamas and Washington counties, had 311 physicians per 100,000 population, while the rural counties of southwest Oregon had only 206 physicians per 100,000 population (Office of Rural Health). Data show that 11% of children from this area of the state have no health insurance, as compared to 12% statewide (Children First for Oregon, 2005). Safety net medical services are evident in the community; a federally qualified health center is located in Roseburg, in 2005 Roseburg added an additional urgent care, the local private hospital Mercy Medical Center has added additional hospital beds and expanded its emergency room capacity, and the local private hospital has campaigned to attract physicians to the county and assisted in adding 27 more physicians to this community in 2005, as compared to in 2000.

Chronic Disease

Chronic diseases are the major causes of disability and death for Oregonians. Cancer is the leading cause of death in Oregon, and in Douglas County, followed by heart disease, and then chronic lower respiratory disease. The incidence rates of the leading chronic diseases (i.e., cancer, heart disease, and stroke) are consistently higher in Douglas County, as compared to the state overall (Oregon Vital Statistics 2003). There are a number of modifiable risk factors that contribute to the higher incidence of chronic disease in Douglas County, including higher rates of tobacco use, physical inactivity, and poor nutrition. In addition, higher poverty rates, low level of education, the lack of health insurance, limited access to health care, and the County's older population all increase the risk of chronic disease in Douglas County.

Education

Approximately 19% of Douglas County residents 25 years of age and older have not graduated from high school, as compared to 15% statewide (2000 Census Data). Only 13% of Douglas County residents hold a Bachelor's degree or higher, as compared to 25% statewide. In addition, 67% of babies in Douglas County are born to mothers with a high school education or less, as compared to 52% statewide (Children First for Oregon 2005).

Maternal and Child Health

While teen pregnancy rates continue to decline in Douglas County and Oregon, other maternal and child health indicators are of concern in Douglas County. The rate of low birth weight babies in Douglas County in 2004 was 63.5/1,000 births, as compared to 60.5/1,000 births statewide (Oregon Vital Statistics 2004). The infant mortality rate in Douglas County is 9.9/1,000 live births, as compared to 5.6/1,000 live births statewide.

Abuse and Neglect

In Douglas County in 2004, 111 children were victims of child abuse/neglect (4.6 per 1,000 children, which is a rate 27% worse compared to Oregon (Children First for Oregon 2005). Forty-six percent of victims of abuse/neglect are under age six, as compared to 49% statewide. 399 children in the county have been in foster care at least once during 2004, with 6% of these children in foster care not having stable placement.

Describe adequacy of the basic services

The mission of DCHSS is to assist residents and visitors in Douglas County to be healthy, independent, and safe. DCHSS administers and enforces state and local public health rules and laws. In addition, DCHSS assures activities necessary for the preservation of health or prevention of disease.

DCHSS provides the five basic services contained in statute (ORS 431.416) and rules. These duties and functions are performed in a manner consistent with Minimum Standards for Local Health Departments, adopted by the Conference of Local Health Officials (CHLO).

1. Epidemiology and control of preventable diseases and disorders, which includes epidemiologic investigations that report, monitor, and control communicable disease and other health hazards; the provision of diagnostic and consultative communicable disease services, education, and prevention activities which reduce the morbidity and mortality of reportable communicable diseases; assurance of the availability of immunizations for human and animal target populations; and collection and analysis of communicable disease and other health hazard data for program planning and management;
2. Parent and child health services, which includes education, screening and follow-up, counseling, referral, or health services for family planning, perinatal care, infants, and children;
3. Collection and reporting of health statistics, which includes birth and death reporting, recording, and registration; analysis of health indicators related to morbidity and mortality; and analysis of services provided with technical assistance from the

Department of Human Services;

4. Health information and referral services to the public regarding local health and social services; and
5. Environmental health services, which includes inspection, licensure, consultation and complaint investigations of food services, tourist facilities, institutions, public swimming and spa pools, and regulation of water supplies.

Describe the adequacy of services the local public health services

DCHSS provides for programs in the following areas (according to the community's health needs):

1. Dental health, including preventive education, promotion of fluoride use and procedures for early detection and treatment of dental problems;
2. Emergency preparedness including participation in the development of the county's emergency response plans and internal procedures necessary to carry out the health department's role in the plans;
3. Health education/health promotion including activities and programs to promote health and assist individuals and groups to achieve and maintain healthy behaviors;
4. Laboratory services including providing diagnostic and screening tests to support public health services which are in compliance with quality assurance guidelines established by the Department of Human Services;
5. Epidemiological investigation of deaths of public health significance with the Douglas County Medical Examiner's Office;
6. Nutrition services including identification and intervention with clients at nutritional risk, and education and consultation for the promotion of good dietary habits;
7. Older adult health education, including education to reduce morbidity and premature death; and promotion of physical, social and emotional well-being;
8. Primary health care services including participation in community efforts to promote necessary services and/or provide health services.

III. ACTION PLAN

Action plans are included for:

1. Epidemiology and control of preventable diseases and disorders
 - Communicable disease control
 - Emergency Preparedness
 - HIV
 - STD
 - Tuberculosis
 - West Nile Virus
2. Parent and Child health
 - WIC
 - Family Planning
 - Perinatal Health
 - Child Health
 - Adolescent Health
 - Immunizations
 - Oral Health
 - Nutrition and Physical Activity
 - Substance Abuse
3. Health statistics
4. Health information and referral services
5. Environmental health
6. Water

In addition to the plans noted above, DCHSS is working to address the following issues, many of which do not receive State funding:

Health Education and Promotion: The purpose of the Health Education and Promotion Program is to improve health and prevent and reduce disease through population-based educational activities and services. The principal responsibilities of the Health Education and Promotion Program include: community needs assessments, develop and implement programs to targeted audiences, grant writing and contract management, coordination of public health media relations, resource development, policy and safety seat education, blood borne pathogen training, senior health education, childhood injury prevention, oral health education and screening for low-income families, vision health, and drug prevention and education. Staff is involved with a number of local and statewide groups to carry out public health education and promotion initiatives throughout Douglas County.

Laboratory Services – The Community Health Division has laboratory services that provide supportive diagnosis services primarily to the FP, WIC, and HIV/STD clinics. The laboratory is a moderate and high complexity Clinical Laboratory Improvement Amendments (CLIA) certified lab, which is authorized to perform bacterial, mycological, and parasitological testing.

Action Plan: Epidemiology & Control of Preventable Diseases & Disorders

Control of Reportable Communicable Disease

a. Current condition

DCHSS is mandated by Oregon law to “use all reasonable means to investigate in a timely manner all reports of reportable diseases, infections, or conditions” (OAR 333-019-0000). With regard to public health emergency preparedness, Douglas County has taken steps to ensure timely detection, response, and efficiency in communicable disease reporting.

DCHSS continues to improve the timeliness of communicable disease case reporting to DHS. In 2004, Douglas County ranked 14th among 32 counties, with 98.5% of case reports arriving at DHS within 12 days from receipt of report at the local health department. In 2005, Douglas County ranked first among 32 counties with 100% of case reports arriving at DHS within 12 days from receipt of report. This progress is attributable to the additional communicable disease nurse hired with preparedness funding, use of the Multnomah County Communicable Disease database and Electronic Lab Reporting. The additional communicable disease nurse has also allowed for program growth in community education.

In fiscal year 2003-2004, the Communicable Disease Program served 491 unduplicated clients. Services included epidemiology investigations of reportable diseases, Tuberculosis [TB] case management, and direct client services in Roseburg and satellite communicable disease clinics. In fiscal year 2004-2005, the Communicable Disease Program served 411 unduplicated clients.

Douglas County has membership on the CHLO-Epi Committee, and the Multnomah County CD database Committee.

Douglas County investigated a large Shigella Outbreak occurring in July and August 2005. There were 25 confirmed cases, 267 meeting the presumptive case definition of (diarrhea or vomiting) and (fever or chills), and 100 cases meeting the suspect case definition. Cases resided internationally.

b. Goals

- a. To identify, prevent, & decrease endemic and emerging communicable and environmentally related diseases in Douglas County
- b. To target & vaccinate high-risk populations against vaccine-preventable diseases
- c. To improve public health preparedness
- d. To educate the public regarding communicable disease prevention, and
- e. To improve communicable disease reporting practices by local health care providers and laboratories

- f. To provide the ability to receive and respond to communicable disease reports and public health emergencies 24/7

c. Activities

Target population: Douglas County

- a. Provide epidemiologic investigations to report, monitor, and control communicable disease and other health hazards
- b. Provide diagnostic and consultative communicable diseases services
- c. Assure early detection, education, and prevention activities to reduce the morbidity and mortality of reportable communicable disease, e.g., E-Sentinel, electronic lab reporting, and the National Retail Data Monitor (NRDM) database
- d. Assure the availability of immunizations for human and animal target populations; target and vaccinate high-risk human populations specifically through special projects aimed at STD, HIV, and Hepatitis C populations
- e. Collect and analyze communicable disease and other health hazard data for program planning and management to assure the health of the public
- f. Train all community health nurses in communicable disease control, including N95 fit testing of identified staff
- g. Continue development of new county-government wide HAN system
- h. Continue public health preparedness projects, including planning for smallpox, pandemic influenza, strategic national stockpile, mass immunizations, and other preparedness-related projects
- i. Continue ongoing discussions with local health care providers and local and reference laboratories regarding timeliness and accuracy of reporting communicable diseases
- j. Continue communicable disease education in community settings, e.g., senior centers, doctor offices, health fairs, and among community partners and emergency responders
- k. Continue use of the Multnomah County CD database and train additional staff on the database for surge capacity.
- l. Continue community collaboration for prevention and management of Hepatitis C
- m. Continue CHLO-Epi membership
- n. Continue partnership with Douglas County Engineering Department in providing GIS services as needed

d. Evaluation

- a. The ranking of the “12 day interval from receipt of case report of selected notifiable disease/condition and arrival in DHS, Health Services” in the monthly

communicable disease surveillance report is a marker for timely reporting from the local to state level

- b. The ranking of the “Complete case demographics” in the monthly communicable disease surveillance report is a marker for completeness of reporting from the local to state level
- c. Meeting the Conference of Local Health Officials Minimum Standards for reportable Communicable Disease Control, Investigation and Prevention in the BT/CD contract
- d. DCHSS, Community Health staff will report increased knowledge of communicable diseases
- e. Results of internal Continuous Quality Improvement reviews
- f. Vaccine preventable diseases will decline
- g. Compliance during the Annual Program Review conducted by the Oregon Department of Human Services

III. Action Plan: Epidemiology & Control of Preventable Diseases & Disorders

Emergency Preparedness

a. Current condition

The 2004 Asian tsunami, the horrific 2005 hurricane season, and 2005-2006 Douglas County flooding, and the potential of a pandemic flu has provide examples and urgency to all hazards planning and preparedness in the nation and the world. DCHSS must be prepared to identify and respond to bioterrorism as well as natural disasters, outbreaks of infectious diseases, and other threats to protect the health of our community. Improvements in public health preparedness have increased the functional capacity of day-to-day operations for DCHSS. DCHSS staff are working and exercising with local and state partners to refine procedures for responding to a broad range of disasters and emergencies.

DCHSS staff has developed draft plans for SNS, Pandemic Flu, Mass Prophylaxis, Health Alert Network protocol and Bioterrorism. During the last year, the staff participated in one drill, three table tops and three full scale exercises. The DCHSS Health Alert Network system improved to send HAN alerts and advisories to physicians, hospitals, emergency responders, local laboratories, emergency rooms, urgent care clinics, pharmacies, infection control staff, schools, mortuaries, veterinarians, nursing homes, and other community partners, as appropriate.

The present workload includes updating and/or developing the following response plans: chemical exposure, radiological exposure, natural disaster, Health and Medical Annex, and Pandemic flu. DCHSS also will participate in two full-scale exercises during the next fiscal year.

b. Goals

- a. To enhance epidemiological surge capacity to respond to biological threats and disease outbreaks
- b. To ensure dissemination of accurate and timely information to the public, doctors, emergency responders, hospitals and other community partners through the Health Alert Network
- c. To integrate all hazards preparedness plans and procedures into the Douglas County Emergency Operations Plan
- d. To provide improved public health preparedness by establishing mutual aid agreements with community partners and neighboring regional Coos, Curry, and Lane counties
- e. To educate DCHSS employees, first responders, and the local health care community about Incident Command System, communicable disease reporting and investigation, public health preparedness issues, and the role of the local health department in an emergency

- f. To maintain an emergency medical cache for use by the emergency medical response community; currently located off-site.
- g. To participate in local, regional and state wide preparedness exercises
- h. To enhance the departments interoperable communications capacity
- i. To meet the CD and preparedness reporting requirements as directed in PE 12

c. Activities

Target population: Douglas County

- a. Continue development and refinement of emergency response plans, e.g., Strategic National Stockpile distribution, Mass Prophylaxis Plan, Chemical, Radiation, Health and Medical Annex, and All Hazards Plan
- b. Maintain the emergency medical cache
- c. Continue to offer department staff communicable disease training to augment surge capacity abilities, NIMS, risk communication skills
- d. Continue participation in the CLHO-Epi Committee, Region 3 Healthcare Resources Services Administration Board, CHLO Public Health Preparedness Leadership Team, Emergency Management Advisory Group, and Public Information Officer network
- e. Test and train on the county Health Alert Network system and Alert Oregon. Continue 24/7 staff response to public health emergencies
- f. Use ICS when dealing with large scale events
- g. Continue to plan and/or participate in public health preparedness training and exercises and the local, regional and state levels
- h. Continue public education campaigns about emerging diseases, e.g., West Nile Virus, Pandemic Influenza as needed
- i. Continue to meet with the Cow Creek Tribe for the development of a tribe emergency plan and a Mutual Aid Agreement
- j. Begin to incorporate special population organizations into emergency preparedness plans
- k. Continue to acquire and utilize the appropriate computer equipment, radios and wireless technology that meet the interoperable communications requirements of the County, State and Federal governments

d. Evaluation

- a. Completion of draft chemical, radiological, and natural hazards response plans. Update existing plans as needed and identified during exercises.
- b. Revise and update the Douglas County Health and Medical Annex E
- c. Documentation of DCHSS responder participation in state and local emergency management planning and training activities
- d. Documentation of health department staff participation in NIMS, public health and bioterrorism education

- e. Documentation of the transmission of CDC HAN alerts and advisories to healthcare providers, hospitals and emergency responders
- f. Compliance during the Annual Program Review conducted by the Oregon Department of Human Services

III. Action Plan: Epidemiology & Control of Preventable Diseases & Disorders

HIV

a. Current condition

Douglas County contracts with the HIV Resource Center (HRC aka Douglas County AIDS Council) to provide, MSM, HIV Counseling and Testing, IDU and Ryan White CARE Act services. The HRC provides HIV counseling and testing to Douglas County, and to Coos and Curry counties. As of 2006, HRC is expanding HIV Counseling and Testing into Josephine counties.

In 2005, HRC and Douglas County were trained in The Diffusion of Effective Behavioral Interventions project (DEBI), a national-level strategy on evidence-based HIV/STD/Viral Hepatitis prevention interventions. HRC has selected the DEBI called Community Promise as their MSM intervention. Community Promise has 4 core elements: a community identification process to collect information about the community, including HIV/STD risk behaviors and influencing factors; creation of role model stories based on personal accounts from individuals in the target population who have made positive behavior change; recruitment and training of peer advocates from the target population to distribute role model stories and prevention materials, and continuous formative evaluation to capture behavior change within the target population. As of February 2006, HRC is beginning systems interviews in Douglas and Josephine counties to determine the target MSM population.

In 2004, Douglas County administered 371 HIV tests and HRC administered 690 HIV tests. Of these tests done by Douglas County and HRC in 2004, 360 HIV tests were to high risk populations (MSM, MSM/IDU, IDU, and partner with HIV). Specifically, 43 HIV tests were to the highest risk groups, MSM and MSM/IDU. No HIV positive cases were found.

In 2005, Douglas County administered 407 HIV tests and HRC administered 781 HIV tests. Of these tests done by Douglas County and HRC in 2005, 377 HIV tests were to high risk populations. Specifically, 57 HIV tests were to MSM and MSM/IDU. One HIV positive case was found in a low-risk test.

Douglas County and HRC implemented rapid HIV testing in May 2005. In 2005, Douglas County and HRC administered 65 Oraquick HIV tests. In addition, Douglas County has shared our policies and procedures regarding rapid HIV testing with neighboring Coos and Josephine counties.

Due to an increased need to address Hepatitis C infection, DCHSS partnered with other community agencies in March 2004 to form the Douglas County Hepatitis C Task Force. The Task Force presented a HCV 101 community class in November 2005. HRC and Douglas County continue to work to integrate Hepatitis C into existing HIV/STD/TB prevention programs. A key part of the Hepatitis C prevention

effort will be the continuation of Needle Exchange in Douglas County. HRC distributed 37,417 syringes in 2005.

The HRC has membership on the Oregon State Viral Hepatitis Planning Group. The HRC and the DCHSS Health Education and Promotion Program have membership on the Oregon HIV State Planning Group (SPG). Douglas County has membership on the CHLO-HIV Committee. Community Health Division staff provide ongoing technical assistance to the HRC and serve on the HRC Program Evaluation Committee.

The CDC's advancing HIV CDC's Advancing HIV Prevention Initiative looks at the following four components: Incorporating HIV testing as a routine part of care in traditional medical settings; implementation of new models for diagnosing HIV infections outside medical settings; prevention of new infections by working with people diagnosed with HIV and their partners, and further decreasing mother-to-child HIV transmission. Douglas County will work in 2006-2007 at continuing to advance these HIV prevention initiatives. For example, in 2005 Douglas County implemented rapid HIV testing at both DCHSS and HRC and in January 2006 implemented an "opt-out" prenatal HIV testing policy and procedure and published an article in the Douglas County Health Report regarding HIV testing as a routine part of care.

For fiscal years 2006-2007 and 2007-2008, Douglas County and HRC will be receiving reduced HIV funding. As we look to the future, Douglas County will look at ways to sustain the Douglas County and HRC services at the current level.

b. Goals

- a. To prevent the further spread of HIV infection in Douglas County
- b. To stabilize and reduce AIDS and HIV case rates in Douglas County
- c. To provide support services to Persons Living with HIV or AIDS (PLWHA)
- d. To target and vaccinate high-risk populations against vaccine-preventable diseases
- e. To reduce barriers to HIV testing and counseling
- f. Increased use of rapid HIV testing
- g. Implementation of Program Evaluation Monitoring System (PEMS)
- h. Implementation of Diffusion of Effective Behavioral Interventions (DEBIs)
- i. Programmatic stability with reduced funding from DHS

c. Activities

Target population: Men who have sex with men, IV drug users, PLWHA, Hepatitis C population, persons at risk for HIV and other blood borne pathogens

- a. Continue implementation of Community Promise

- b. Integrate STD, HIV, and Hepatitis C prevention efforts
- c. Target and vaccinate high-risk populations against vaccine-preventable diseases through special projects aimed at STD, HIV, and Hepatitis C populations
- d. Increase communicable disease education in community settings, e.g., senior centers, medical providers, health fairs, community agencies, and emergency responders
- e. Case management of HIV and AIDS cases at the HIV Resource Center to meet client needs of case management, medical and dental care, housing, mental health and substance abuse treatment, and transportation
- f. Link HCV prevention and management with the current HIV and IDU models in the community
- g. Support HRC ongoing efforts, e.g., coordinate publicity for National HIV testing day, complete quality assurance for RWCA case management program, coordinate joint HCV efforts
- h. HIV Counseling and Testing to high risk populations
- i. Integrate HIV DIS into disease investigation process and HIV prevention with newly reported positive HIV cases

d. Evaluation

- a. Return rate for HIV results at DCHSS and HIVRC
- b. Number of condoms distributed at DCHSS and HIVRC
- c. Number of syringes exchanged at HRC
- d. Number of HIV tests done at DCHSS and HRC to high risk populations
- e. Number of Hepatitis B and C testing done at DCHSS to high risk populations
- f. HIV and AIDS rates in Douglas County
- g. Number of Hepatitis A and B immunizations to high risk populations
- h. Number of PLWHA receiving case management services
- i. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III. Action Plan: Epidemiology & Control of Preventable Diseases & Disorders

Tuberculosis

a. Current condition

Tuberculosis rates for the population of Douglas County remain stable at an incidence rate of 1% - 2% for the population from 2002-2004. This is below the state average of 3.0% - 3.2% for the same time period.

In 2003, Douglas County implemented the use of Direct Observed Therapy with Tuberculosis patients. Although a standard of care, the use of this therapy has placed a financial burden on local health department resources.

In 2004, DCHSS completed a policy and procedure "Exposure Control Policy for Airborne and Droplet Spread Diseases," which is incorporated into bi-monthly blood-borne pathogen trainings. Staff completed annual fit testing for N95 masks in March 2005 and will receive annual fit testing in April 2006.

In 2005, there were no diagnosed active TB cases in Douglas County; however, there were several suspect cases that took substantial staff time to case manage until the time that active TB was ruled out. Because there were no diagnosed active TB cases, there is no data to evaluate for 2005.

In 2003, Douglas County administered 491 PPD tests, in 2004 460 PPD tests, and in 2005 432 PPD tests. With the November 2005, "Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America" guidelines, the county health department will focus on the following tier 1 priority population subpopulations and sites for targeted testing and treatment of latent tuberculosis infection, as resources permit. These groups include persons working in or served by clinics or community health organizations providing care to HIV-infected persons, prisoners, legal immigrants and refugees with Class B1 and B2 TB notification status, recently-arrived refugees, other well-defined groups in congregate living facilities and persons enrolled in substance abuse treatment programs.

b. Goals

- a. To have early and accurate detection, diagnosis, and reporting of TB cases leading to initiation and completion of treatment
- b. To provide comprehensive case management to active TB cases, including Directly Observed Therapy
- c. To identify contacts of patients with infectious TB and treat those at risk with an effective drug regimen.

- d. To increase the percentage of TB patients who complete a course of curative TB treatment in less than or equal to 12 months after initiation of treatment – CDC's 2005 objective is 90%
- e. To increase the percentage of TB patients with initial cultures who also have drug susceptibility results – CDC's 2005 objective is 95%
- f. To increase the percentage of contacts of persons with infectious (acid-fast-bacilli sputum smear-positive) TB who are placed on treatment for latent TB infection and complete a treatment regimen – CDC's 2005 objective is 61%, Douglas County's goal is 85% or better of the close contacts of active TB cases
- g. Complete case contact investigations, with the goal of evaluating 95% of identified contacts
- h. To identify other persons with latent TB infection at risk for progression to TB disease and treat those persons with an effective drug regimen.
- i. To provide preventive treatment to people with latent TB infection, with the goal that 75% or better complete LTBI treatment
- j. To educate the health care providers and general public regarding tuberculosis
- k. As needed, to identify settings in which a high risk exists for transmission of Mycobacterium tuberculosis and apply effective infection-control measures

c. Activities

Target population: Active Tuberculosis cases first priority, close contacts of Active Tuberculosis cases second priority, LTBI infection third priority

- a. Asses the extent and characteristics of TB in the jurisdiction through collection and analysis of epidemiologic and other data
- b. Develop policies and procedures and a plan for controlling TB, on the basis of the assessment of the problem
- c. Assure diagnostic, clinical, and preventive services needed to implement the plan for controlling TB
- d. Monitor and evaluate the effectiveness of the plan for controlling TB
- e. Provide information and education to policy makers, health-care professionals, and the public regarding control of TB in the jurisdiction
- f. Train community health nurses in communicable disease control, including N95 fit testing of identified staff
- g. Continue communicable disease education in community settings, i.e., jails, homeless shelters, medical offices, health fairs, and community partners
- h. Continue bi-weekly Communicable Disease clinics that offer Tuberculosis medication refills, and monitoring for side effects for eligible clients
- i. Complete community assessment of targeted testing and treatment of latent tuberculosis infection, as resources permit. Interview and encourage targeted testing in systems that work with persons working in

or served by clinics or community health organizations providing care to HIV-infected persons, prisoners, legal immigrants and refugees with Class B1 and B2 TB notification status, recently-arrived refugees, other well-defined groups in congregate living facilities and persons enrolled in substance abuse treatment programs.

Evaluation

- a. Staff will report increased knowledge of tuberculosis and tuberculosis case management. The tuberculosis case rate will remain stable or decrease in Douglas County
- b. The percentage of TB patients who complete a course of curative TB treatment in less than or equal to 12 months after initiation of treatment – CDC's 2005 objective is 90%
- c. The percentage of TB patients with initial cultures who also have drug susceptibility results – CDC's 2005 objective is 95%
- d. The percentage of contacts of persons with infectious (acid-fast-bacilli sputum smear-positive) TB who are placed on treatment for latent TB infection and complete a treatment regimen – CDC's 2005 objective is 61%
- e. At least 75% of LTBI's complete preventive therapy
- f. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III. Action Plan: Epidemiology & Control of Preventable Diseases & Disorders

West Nile Virus

a. Current condition

West Nile Virus [WNV] appeared in Oregon in 2004 with the first human, avian, and equine WNV cases diagnosed in August 2004. In 2005, 1 equine and 6 birds tested negative for WNV in Douglas County.

Because Douglas County does not have a vector control program, sentinel chicken surveillance, nor mosquito surveillance in place at this time, enhanced prevention education is an important strategy to address the potential risk of WNV. This strategy can promote public cooperation and involvement in reducing man-made collections of stagnant water in which mosquitoes breed; help individuals reduce their risk of being bitten by mosquitoes; and educate health care providers about the virus, its prevention, diagnosis and treatment of human encephalitis, and reporting requirements.

Currently there is no local supply of mosquito fish (gambusia) large enough to support the probable demand from Douglas County residents.

Environmental Health attended a national West Nile Virus conference in February 2005. The Environmental Health Division presented information about West Nile Virus to the Douglas County commissioners also in February 2005. The state veterinarian trained local hospital physicians in April 2005 and gave a separate training to the general public a week later.

b. Goals

- a. Improve public knowledge of WNV and WNV prevention methods
- b. Ensure that DCHSS staff are properly trained to 1) respond to questions from the public on mosquito related issues and, 2) conduct surge capacity surveillance activities

c. Activities

Target population: Douglas County, especially citizens at highest risk for disease

- a. Conduct WNV surveillance activities
- b. Develop and disseminate a public education campaign that may include, but is not limited to: TV and radio spots, fact sheets, posters, paycheck or billing inserts, news releases, website information, mailings to community groups, community presentations, school education, reporting and

treatment information to health care providers, and a DCHSS telephone hotline.

- c. A telephone hotline may be utilized in the event that local capacity exceeds telephone demands
- d. Participation in Oregon's dead bird surveillance network.
- e. Consider implementation of a vector control program; educate the public and government officials about vector control programs

d. Evaluation

- a. Number of dead birds (Corvid family) collected and tested for presence of WNV
- b. Number of reported human cases of WNV
- c. Number of presentations made to community groups
- d. Number of persons reached through informational mailings to targeted groups
- e. Number of local media spots on radio, television, and newspaper about WNV
- f. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III. Action Plan: Parent and Child Health

Women, Infant, Child (WIC)

FY 2006 - 2007 WIC Nutrition Education Plan

County/Agency: Douglas County

Person Completing Form: Elizabeth Binkley M.S., R.D.

Date: April 6, 2006

Phone Number: (541) 440 - 3546

Email Address: ehbinkle@co.douglas.or.us

Direct questions to: Sara Goodrich, 971-673-0043

Overall Mission/Purpose: To impact the success of the WIC family by targeting emerging health issues as identified through national and state data sources.

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

Activity 1: (Required)

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:

- The State WIC Program will be providing a tool for assessing Douglas County communities' resources for physical activity opportunities.

Timeline:

- The State WIC Program will be setting the timeline date requirement.

Activity 2: (Required)

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

Implementation Plan:

- **A new class for children will be developed to demonstrate how being active can be fun and to encourage the benefits of physical activity, with healthy food choices that work together for better health.**

Timeline:

- **By September 2006, the new class will be offered to participants.**

Activity 3: (Optional)

Participate in an organized “Turn off the TV Week” campaign April 2007.

Implementation Plan:

- **Promote “Turn OFF the TV Week” at clinic sites. Distribute the information provided from the campaign organizers. Involve staff and encourage their participation.**

Timeline:

- **Promote the campaign starting the first week of April 2007, (or as soon as the campaign material information is available.)**

Activity 4: (Optional)

Participate in a community event that promotes physical activity.

Implementation Plan:

- **Choose not to do the Optional Activity 4**

Timeline:

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

Activity 1: (Required)

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:

- **The State WIC Program will be providing a tool for assessing Douglas County communities' promotion activities and resources.**

Timeline:

- **The State WIC Program will be setting the timeline date requirement.**

Activity 2: (Required)

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

Implementation Plan:

- **Develop a bulletin board display promoting fruits and vegetable in recognition of "5 a Day."**

Timeline:

- **The bulletin board display will be done for the month of October 2006.**

Activity 3: (Optional)

Participate in a community event that promotes consumption of fruits and vegetables.

Implementation Plan:

- **Choose not to do the Optional Activity 3**

Timeline:

Activity 4: (Optional)

Develop and implement a staff activity/event that promotes fruit and vegetable consumption.

Implementation Plan:

- **In July 2006, discuss/plan with staff ideas for promoting fruits and vegetable consumption among staff members.**

Timeline:

- **The staff fruit and vegetable promotion activity will be done by September 2006.**

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

Activity 1: (Required)

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

Implementation Plan:

- **The State WIC Program will be providing a tool for assessing Douglas County communities' options for developing partnerships.**

Timeline:

- **The State WIC Program will be setting the timeline date requirement.**

Activity 2: (Required)

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

Implementation Plan:

- **Will review 2nd nutrition education classes and attendance rates.**
- **Will assess how staff is marketing classes to fit clients' interest and specific educational need for the nutrition topic.**

Timeline:

- **Complete assessment by March 2007**

Activity 3: (Optional)

Participate in a community event that promotes nutrition education.

Implementation Plan:

- **Choose not to do the Optional Activity 3**

Timeline:

Activity 4: (Optional)

Conduct as needs assessment of your community to determine relevant nutritional health concerns and assure that your nutrition education offerings meet the needs of your WIC population.

Implementation Plan:

- **Choose not to do the Optional Activity 4**

Timeline:

Goal 4: Increase breastfeeding duration rates among WIC participants.

Activity 1: (Required)

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

Implementation Plan:

- **The State WIC Program will be providing a tool for assessing Douglas County communities' options for developing partnerships.**

Timeline:

- **The State WIC Program will be setting the timeline date requirement.**

Activity 2: (Required)

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

Implementation Plan:

- **Improve marketing the breastfeeding class to clients. Meet with staff to discuss ideas/ways to market the breastfeeding class.**

Timeline:

- **By October 2006, staff to use enhanced marketing for the breastfeeding class.**

Activity 3: (Optional)

The WIC agency will participate in World Breastfeeding Week to raise the awareness of the importance of exclusively breastfeeding for the first 6 months of life and continue as long as the mother and baby mutually desire.

Implementation Plan:

- **Design a special bulletin board promoting World Breastfeeding Week. Distribute to clients the World Breastfeeding materials that emphasize the value of breastfeeding.**

Timeline:

- **World Breastfeeding Week in August 2006.**

Activity 4: (Optional)

The agency will implement the Breastfeeding Mother-Friendly Employer project and receive designation from the Oregon Department of Human Services.

Implementation Plan:

- **Explore the possibility of implementing the Breastfeeding Mother-Friendly Employer Project for the Douglas County Health Department.**

Timeline:

- **By March 2007**

EVALUATION OF NUTRITION EDUCATION PLAN FY 2005-2006

WIC Agency: DOUGLAS COUNTY
Person Completing Form: Elizabeth Binkley M.S., R.D.
Date: April 6, 2006
Phone: (541) 440 - 3546

Return this form, attached to e-mail, to: sara.e.goodrich@state.or.us

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year 2 Objective. If your agency was unable to complete an activity, please indicate why.

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

Year 2 Objective: During plan period, all WIC families will be provided information on the increasing rates of overweight children and adults and be able to make positive lifestyle choices to decrease the risk of overweight.

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

Outcome Evaluation: Please address the following questions in your response.

- Were client surveys administered and returned to the state office?

Response:

- YES

Activity 2: (Required) 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: Please address the following questions in your response.

- Identify 3 barriers or ideas you got from the staff and client surveys.

- What clinic activities did you develop to promote physical activity?
- How did the activities address the barriers or concerns identified in the surveys?

Response:

- **Three barriers/ideas from survey:**
 1. **No time to be active / (barrier)**
 2. **Not enough low cost activity programs / (barrier)**
 3. **Request for WIC to offer activity classes for children /(idea)**
- **Will plan to develop a class that will address concerns about limited time and cost expense for being active.**
- **Due to receiving surveys back from the State about the time that preparation for local printing of vouchers was beginning, (FLPP) did not have time to complete this activity.**

Activity 3: (Optional) Participate in an organized “Turn off the TV Week” campaign April 2006.

Outcome Evaluation: Please address the following questions in your response.

- Did your agency participate in “Turn Off the TV Week”?
- If so, describe what you did.
- How did it go?
- Do you plan to continue this activity?
- Why or why not?
- What resources would you need?
- What advice might you give to other WIC agencies if they were to try this?

Response:

- **Yes, we are planning to participate.**
- **We will be passing out the “Turn OFF the TV” materials during the month of April 2006.**
- **The turn off TV week happens after the deadline to complete the evaluation of the Annual Nutrition Plan for 2005-2006 is due, so am not able to evaluate how it went.**
- **Yes, we plan to continue participating**
- **It is a great concept to replace TV time with more activity and educational development. It also emphasizes that eating habits are influenced by TV advertising.**
- **The resources we need are the material provided by the “Turn OFF the TV” campaign.**
- **Since the “Turn OFF the TV” Week has not yet happened I am not able to respond to the question of what advise to give if other agencies wanted to try this.**

Activity 4: (Optional) Participate in a community event that promotes physical activity.

Outcome Evaluation: Please address the following questions in your response.

- Did your agency participate in a community event to promote physical activity? If so, describe what you did. How did it go?
- Do you plan to continue this activity? Why or why not? What resources would you need?
- What advice might you give to other WIC agencies if they were to try this?

Response:

- **Choose not to do Activity 4**

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

Year 2 Objective: During plan period, staff will assess and promote client consumption of fruit and vegetables.

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

Outcome Evaluation: Please address the following questions in your response.

- Were client surveys administered and returned to the state office?

Response:

- **YES**

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

Outcome Evaluation: Please address the following questions in your response.

- What client centered activity/event did your agency implement for 5 A Day month?
- How did your agency decide on this activity/event?
- What went well and what would you do differently?

Response:

- **Developed a bulletin board in September 2005 promoting fruits and vegetables using the “5 A Day” materials provided by the State WIC Program.**

- **Also promoted to participants the September 2005 “Fun with Fruits and Veggies” classes as a second activity for clients.**
- **The bulletin board and class were decided on as a way to show participants the variety of fruits and vegetables and how to serve them in an interesting way for children.**

Activity 3: (Required) 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: Please address the following questions in your response.

- Identify 3 client attitudes or behaviors you got from the surveys.
- What nutrition education activities did your agency develop or modify to promote fruit and vegetable consumption?
- How did the activities address the results from the surveys?

Response:

- **Three client attitudes from the surveys:**
 1. **Fruits and vegetables are expensive**
 2. **Fruits and vegetables tend to go bad before they can be used**
 3. **Worry that child won't eat enough fruits and vegetables**
- **Did not have time to develop a nutrition education activity due to the transition and planning time needed for going to local printing of vouchers (FLPP).**
- **Will look to plan an activity that addresses the results of the survey.**

Activity 4: (Optional) Develop and implement a staff activity/event during September 2005 in recognition of 5 A Day Month.

Outcome Evaluation: Please address the following questions in your response.

Did your agency implement a staff activity/event for 5 A DAY month?

- How did your agency decide on this activity/event?
- What went well and what would you do differently?

Response:

- **Yes, participated in a staff activity.**
- **Decided on the activity by staff suggestion.**
- **We had a variety of fruits and vegetables for staff tasting.**
- **The activity went well but suggestions are, to get more staff involved by each staff bringing something and to have a greater variety of fruits and vegetables for staff to try.**

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

Year 2 Objective: Assess clients' attitudes/wants/needs and barriers regarding attendance to nutrition education opportunities, develop guidelines for nutrition education in your agency, and develop strategies to increase client participation in nutrition education. During the planning process, consider the impact of implementation of multiple month food instrument issuance (FLPP).

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

Outcome Evaluation: Please address the following questions in your response.

- Were client surveys administered and returned to the state office?

Response:

- YES

Activity 2: (Required) 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: Please address the following questions in your response.

- Identify 5 attitudes, needs, and or barriers you got from the surveys.
- What guidelines did you develop for quality nutrition education?
- How did the guidelines address the results of the surveys?

Response:

- **Five attitudes/needs/barriers from the surveys:**
 1. Being able to choose the time and day to attend
 2. Greater variety of classes offered
 3. Give better description of class content
 4. If classes related more to needs and interests
 5. Limited transportation to get to WIC clinic
- Did not receive the Standards with enough time to develop guidelines to address improving the quality of nutrition education in our agency because of the need to prepare for FLPP transition.

Activity 3: (Required) 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: Please address the following questions in your response.

- When did you and your Nutrition Consultant review your guidelines?

- How did your 2nd NE Plan offerings meet these guidelines?
- Have your 2nd NE offerings been scheduled?

Response:

- **Have not reviewed our local agency guidelines with Nutrition Consultant as they have not yet been developed due to time constraints with FLPP preparation. I have been talking with my Nutrition Consultant about guidance in planning.**
- **I am just in the process of trying to make decisions about any changes that need to be made regarding the current class topics and schedules with how classes should be offered, what classes to offer and when we should offer classes. Our show rates have not changed much as the first set of FLPPed clients have not yet returned since they have been FLPPed, so am not able to evaluate show rates yet.**

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

Outcome Evaluation: Please address the following questions in your response.

- Have all staff who teach NE completed the Providing Group Nutrition Education module and the appropriate Level 2 training modules?

Response:

- **Yes**

Activity 5: (Optional) Explore options for developing innovative partnerships for providing NE to clients in your agency.

Outcome Evaluation: Please address the following questions in your response.

- Did your agency begin a process for developing innovative partnerships for providing NE?
- What did you use to begin the process?
- What will you need to continue?

Response:

- **Choose not to do Activity 5**

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

Year 2 Objective: During plan period, WIC staff will assess client attitudes, beliefs, and barriers regarding continuing breastfeeding to at least 6 months of age, and implement strategies to support client

breastfeeding goals.

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

Outcome Evaluation: Please address the following questions in your response.

- Have all staff completed role-appropriate sections of the revised Breastfeeding Module?

Response:

- **YES**

Activity 2: (Required) WIC staff 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: Please address the following questions in your response.

- Were client breastfeeding surveys administered and returned to the state office?

Response:

- **YES**

Activity 3: (Required) The WIC agency will implement at least one strategy to support client breastfeeding goals. Examples of possible strategies:

- WIC Certifiers will use the 3-Step Counseling Strategy to help mother's identify their barrier(s) to breastfeeding 6 months.
- Effective open-ended questions.
- Affirming statements.
- Education/counseling strategies.
- Include a goal setting objective that all prenatal women who indicate they plan to breastfeed will identify a goal related to breastfeeding 6 months.
- Include a participant activity during the Breastfeeding Class wherein participants identify at least one barrier they face to breastfeeding at least 6 months. As a group, identify strategies to address these barriers.
- Institute a system for follow-up calls or written messages at critical periods of time when breastfeeding challenges may arise.

Outcome Evaluation: Please address the following questions in your response.

- Did your agency implement at least one strategy to support breastfeeding goals?
- How did the strategy address the identified issue?

Response:

- **Staff was given information on using the 3-Step Counseling Strategy and also when working on the Breastfeeding Module staff was instructed on using open-ended questions and using affirming statements during interviews.**
- **Staff have found that the 3-step counseling and using opened-ended questions has been helpful in being able to identify the client's concerns and to have a better understanding of what support the client needs.**

Activity 4: (Optional) The agency will implement the Breastfeeding Mother-Friendly Employer project and receive designation from the Oregon Department of Human Services.

Outcome Evaluation: Please address the following questions in your response.

- Did the agency receive the designation of Breastfeeding Mother-Friendly?
- If not, were there components that were achieved?

Response:

- **No, did not receive designation of Breastfeeding Mother Friendly. Because of the many things happening with clinic activities, FLPP planning and transition, this goal was not achieved this year, but we will try to work on this project for next year.**
- **None of the components were achieved.**

III. Action Plan: Parent and Child Health

Family Planning

a. Current Condition

The Douglas County Reproductive Health Care Program is continuing to reach out to the community in positive ways. Our Hispanic outreach worker continues to provide classroom presentation to students in middle and high schools throughout the county and continues to maintain outreach efforts to the Hispanic community. The Douglas County Partnership for Healthy Teens Coalition continues to be strong and active in the community. Its mission is to work together through community partnership to provide services for teens that reduce adolescent pregnancy rates in Douglas County. This year they participated in "Truth, Lies, and Videotapes", a community event that features drug education and awareness video clips that are produced by teens in their various high schools.

The STARS Program, continues to be in nearly all school districts in Douglas County. The dual nature of the clinical care program along with the outreach and education to our young people has helped in reducing the number of unwanted pregnancies, and for keeping the teen pregnancy rate below 10.0.

The Family Planning clinics continue to operate in a consistent manner with little change from previous plans. The clinic staff provides services in all three outlying offices in Reedsport, Drain and Canyonville for annual and initial exams. There are drop-in clinics for contraceptive counseling four days per week in Roseburg, and one to two days per week in the outlying offices. Since January of 2006, we have increased the contraceptive visit time in the Roseburg Office to reduce the wait times for the clients.

Our clinic services continue to offer contraceptive and reproductive health counseling, reproductive health exams, and screening tests and/or treatment for sexually transmitted diseases through our Roseburg clinic and three outlying clinics. We provide appointment visits as well as drop-in clinics. Our Roseburg clinic also schedules an evening clinic once a week. We provide a variety of available birth control methods. These services have resulted in averting 840 pregnancies, and serving over 3379 women in need.

Changes initiated in October, 2003 with FPEP reimbursement rates and types of services covered have created financial challenges for the local program. The changes in the FPEP reimbursement rates coupled with the eligibility changes of the OHP have now significantly altered the available revenue for continued maintenance level of services. In reviewing calendar year data, 93.3% of Douglas County clients are at or below 150% of the federal poverty level.

Information is provided to all clients about primary care providers and community health centers in the area to help meet those health care needs that are not provided in our clinic.

- b. Goals** - To improve and maintain the health status of women and men in Douglas County by providing services regarding reproductive health care and to assure that education and services regarding voluntary and effective family planning methods are available to all individuals.

- 1. Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.**

Activities

- a. Maintain Hispanic community outreach through participation at community events, health fairs, and information dissemination.
- b. Ensure adequate follow-up for abnormal pap smears through pap tracking system.
- c. Ensure adequate screening for Chlamydia following the Region X infertility Prevention Project screening guidelines.
- d. Evaluate monthly no-rates by site.
- e. Continue to conduct semi-annual client satisfaction surveys.
- f. Continue to provide appropriate and available methods for birth control.
- g. Maintain continuing education opportunities for professional and support staff activities.

Evaluation:

- a. Review of Ahlers Data
- b. Monthly chart audits
- c. Review of data from internal IS system
- d. Review of data service elements for group participations.

- 2. Reduce risk of unintended pregnancy in local community.**

Activities

- a. Maintain Hispanic community outreach through participation at community events, health fairs, and information dissemination.

- b. Maintain the number of middle and high school presentations about available services to teens, pregnancy prevention, and STD/HIV education.
- c. Maintain STARS in 90% of Douglas County middle schools.
- d. Continue reproductive health exam, contraceptive counseling visits, and education in Roseburg and all outlying offices.

Evaluation

- a. Review of data from internal system in tracking presentations, and STARS.
- b. Review Ahlers data for number pregnancies averted, percentage of women in need being served, and the number of teens being served.

III. Action Plan: Parent and Child Health

Perinatal Health

a. Current condition

DCHSS operates a Prenatal Program to meet the needs of the community. During the past several years, Douglas County and the state as a whole, has seen escalating costs of malpractice care for obstetrical care physicians. Subsequently, the number of physicians providing prenatal care in Douglas County has decreased over the last several years; the Reedsport area of the county has no prenatal care provider.

A local obstetrician provides comprehensive prenatal care and deliveries for our prenatal clients. In 2005, our Prenatal Clinic provided care for 77 of the 1,089 deliveries in Douglas County.

Douglas County currently has Community Health Nurses that provide Maternity Case Management (MCM) home visits to their assigned geographic area. The complexity of services needed has increased tremendously with the difficult issues of alcohol, drugs, mental health and violence. These continue to be ongoing challenges as we strive for healthy pregnancies. The MCM Program has implemented mandatory education surrounding fetal alcohol, HIV and pregnancy, tobacco use, dental health, lead and pregnancy, immunizations, and early childhood caries prevention into their comprehensive program.

In addition, Community Health Division is working to reduce the rate of tobacco use among pregnant women by including tobacco use screening and counseling as part of all clinic and home visit encounters. Home visit nurses are trained to use the 5As - a scientifically proven five-step smoking cessation counseling method to increase smoking cessation among the women they serve.

Douglas County has recently gained the Oregon Mothers Care Program in our community. With the addition of the Community Health Division as an Oregon Mothers Care site, we hope to continue to increase the numbers of women receiving first trimester prenatal care by being a liaison for them with OHP and other needed services during their pregnancy (WIC, prenatal care provider, home visiting services, etc.).

b. Goals

The goal of the Prenatal Program is to improve access to prenatal care for low income women in Douglas County, thereby improving pregnancy outcomes, providing opportunity for adequate prenatal care, and decreasing infant mortality. The Maternity Case Management Program provides an expansion of perinatal services to include management of health, social, economic, and nutritional factors.

The purpose is to reduce the incidence of low birth weight infants and other poor pregnancy outcomes.

c. Activities

Target population: Pregnant women, especially of low-income, in Douglas County

- a. Pre-conceptual counseling
- b. Community outreach to increase awareness of our prenatal services
- c. Provide early prenatal care opportunities
- d. Pregnancy and Parenting Education
- e. Pregnancy Care
- f. Referral to Community Resources, e.g., WIC, Maternity Case Management, Family Planning

d. Evaluation

- a. Percent of pregnant women who access prenatal care in their first trimester
- b. Infant mortality rate per year
- c. Infant low birth-weight rate per year
- d. Percent of women who smoke during pregnancy.
- e. Number of pregnant women who agree to Maternity Case Management home visiting Program
- f. Number of prenatal clients
- g. Teen pregnancy rate per year
- h. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III. Action Plan: Parent and Child Health

Child Health

a. Current condition

DCHSS has Community Health Nurses that provide Babies First! and Targeted Case Management home visits to their assigned geographic area. Two of these positions are funded through a federal grant for “Eliminating Disparities” and reducing infant mortality in targeted zip codes and the Hispanic population. Alcohol, drugs, mental health and violence increase the complexity of needed services. These continue to be ongoing challenges as we strive for a healthy baby. The Community Health Division participates in the Douglas County Multi-Disciplinary Child Abuse Team and the Douglas County Child Fatality Review Team. These teams work to decrease child abuse and mortality.

Through the federal Family Foundations grant for eliminating disparities, DCHSS coordinates and runs a consortium for families in the targeted zip code areas. This is done on a quarterly schedule to provide education opportunities to families involved with this program as well as incentives for their participation. Education topics that have been discussed so far are infant massage, infant and child cpr, and infant nutrition. This has become a learning experience for the families as well as an opportunity for mothers to meet other mothers with children and create healthy relationships that last outside of the consortium meetings.

The Babies First Program has expanded to include dental and hearing screening. The program provides dental health screening and referral to a dentist at one year of age. The early hearing detection portion consists of screening by one month of age, diagnosis of hearing loss by 3 months of age, and referral to Early Intervention services by 6 months of age.

DCHSS also provides a Community Health Nurse that is contracted with the local ESD to provide nurse delegation for special needs children within the school environment. This same Community Health Nurse provides home case management services for children with special health care needs through the state CaCoon program.

DCHSS has a Community Health Nurse that is an International Board Certified Lactation Consultant and a Community Health Nurse that is certified in infant massage therapy.

DCHSS also provides home visiting services through our Healthy Start program that has recently been accredited through the Federal Healthy Families America program. These visits are provided on a weekly basis by para-professionals (Family Support Workers) to first time families. The focus of these visits is to provide more parenting, attachment, and bonding education and support as well as connecting the

families with local community resources. The Family Support Workers and Community Health Nurses often work collaboratively to serve mutual families effectively with their many complex needs. The Community Health Division Director and the Division's Healthy Start Program are represented on the Douglas County Early Childhood Planning Coalition.

Through the Child Health Clinic, a pediatric nurse practitioner sees children who are unable to receive ongoing well-child and sick-child care elsewhere. Children who are under-insured, uninsured, or cannot see their assigned primary health care provider through the OHP may be seen in this clinic.

In May 2005, the Community Health Division Director, through a federal grant, facilitated bringing together community partners to a Fetal Infant Mortality Review (FIMR) Interview Training.

b. Goals

- a. Improve the physical, developmental, and emotional health of high risk infants
- b. Improve the early identification of infants and young children at risk of developmental delay and/or other health/medical related issues
- c. Assist families to identify and access the appropriate community resources that meet their child's specific needs
- d. Standardize a public health nurse's ability to: assess child development and health issues affecting young children, use screening tools appropriately, and make community resources available for referral
- e. Health outcomes will be collected and analyzed yearly
- f. Reduce child abuse and neglect rates
- g. Reduce infant mortality
- h. Improve the percent of 2-year-olds who are adequately immunized
- i. Promote and improve the overall health status of parents and children in Douglas County through preventive health programs and services
- j. Increase access to preventive and ongoing health care
- k. Identify basic health and developmental needs in children throughout Douglas County from birth through age five
- l. Increase children's school readiness by early identification of developmental milestones
- m. Promote positive parent-child interactions, parent education and support, and referrals to community partners

c. Activities

Target population: High-risk infants and children, ages birth to four years in Douglas County

Key activities include outreach, home visits, health assessment and developmental screening, growth monitoring, case management, parenting education, information and referral, health education, and advocacy. All infants receiving home visits through the Babies First! program will be screened and assessed based on the Babies First! program manual. All children found to have abnormal screening will be referred for intervention. All families will be assessed for case management needs. All Community Health Nurses will receive Babies First! orientation and ongoing education in infant growth and development, child health issues, child medical concerns, and appropriate screening and assessment tools.

- a. Education, screening and follow up, counseling, referral, or health services for family planning, perinatal care, infants, and children
- b. Screening and physical exams that evaluate developmental achievements, growth parameters, immunization status, hearing & vision acuities, speech and language development, and provide ongoing education, information and referral
- c. Provide and coordinate varied programs to meet parent and child needs in Douglas County; Prenatal Clinic services, WIC Program, Immunization Clinic services, Family Planning services, Maternity Case Management, Targeted Case Management through the Babies First Program, CaCoon Coordination, Healthy Start, ECHO services, and Child Health Clinic
- d. Continue membership in the Douglas County Multi-Disciplinary Child Abuse Team, Douglas County Early Childhood Planning Coalition, and Douglas County Child Fatality Review Team

d. Evaluation

- a. Percent of all newborns in Oregon referred to the Babies First! program for screening, assessment, and follow-up
- b. Percent of infants and children who experience normal growth and development patterns by 12 month screening
- c. Percent of 2-year-olds who are adequately immunized
- d. Percent of 2-year-olds who have normal dental screenings
- e. Percent of 2-year-olds who demonstrate normal hearing and vision
- f. Post-neonatal mortality rate per year
- g. Child abuse and neglect rates per year
- h. Number of children receiving services in the DCHSS Child Health Clinic
- i. Low birth weight rate per year
- j. Infant mortality rate per year
- k. Percent of first time parents that are assessed in the hospital at delivery and receive home visiting services
- l. Percent of mothers breastfeeding at six months and at 12 months
- m. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III. Action Plan: Parent and Child Health

Adolescent Health

a. Current condition

DCHSS provides the Students Today Aren't Ready for Sex Program (STARS) for local school districts. The STARS program, combined with efforts of our family planning outreach worker and family planning clinical services, has provided a comprehensive response to teen pregnancy. These combined efforts have helped to reduce the teen pregnancy rate in Douglas County. The goals of the STARS program are to help young people learn about the risks and consequences of early sexual involvement; discuss future goals and reasons why it is best to postpone sexual involvement; recognize peer and social pressures; acquire skills to resist peer and social pressures; use positive peer role modeling to learn how to say "no" assertively; and postpone sexual involvement. The Douglas County STARS Program is represented on the Healthy Teens Coalition. This coalition works together to identify adolescent health issues and provides a program called STRIVE (Successful Teens Reaching Inward for Vision and Empowerment) that increases awareness and education in male responsibility.

DCHSS staffs a health outreach worker, who is bilingual in Spanish, who provides information, referral, and education regarding family planning, sexually transmitted diseases and pregnancy prevention.

In the primary care Child Health clinic, the county provides well/sick child care services to adolescents in need who cannot access care in our private community.

DCHSS subcontracts with the Roseburg School District to provide a School Based Health Center (SBHC) at Roseburg High School. SBHC services are provided by the local Federally Qualified Health Center, the Umpqua Community Health Center.

b. Goals

Promote and improve the overall health status of children and adolescents in Douglas County through preventive health programs and services

c. Activities

- a. To continue to implement the STARS Program in Douglas County schools
- b. To continue outreach activities that target child and adolescent health
- c. To continue preventive clinical health care

d. Evaluation

- a. The percentage of students in school, grades 9 through 12, who report never having had sexual intercourse
- b. The percentage of students in school, age 15 through 17, who report having first sexual intercourse before the age of 15
- c. The percentage of previously pregnant 9th through 12th grade females who report more than one pregnancy
- d. The percentage of contraceptive use at last intercourse by students in grades 9 through 12 who are currently sexually active
- e. The number of students in 6th and 7th grades who have received STARS training within the last school year
- f. Douglas County's teen pregnancy rate: number of pregnancies per 1,000 females age 15 through 17
- g. Oregon's teen pregnancy rate: number of pregnancies per 1,000 females age 10 through 17
- h. Non-duplicative numbers of adolescents seen for primary Child Health care.
- i. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III. Action Plan: Parent and Child Health

Immunizations

See the attached 2006/2007 Immunization Annual Plan.

III. Action Plan: Parent and Child Health

Oral Health

a. Current condition

Douglas County is designated as a Low Income/Migrant Farm Work Dental Health Professional Shortage Area (HPSA). Inadequate dental coverage and limited access to oral health care pose a significant risk for low income children, families, and older adults. The population to dentist ratio in Douglas County is 10,457:1. There are no fluoridated water systems in Douglas County, and contiguous county resources are designated as HPSA and/or are geographically inaccessible due to long distances and the unavailability of public transportation.

The Oral Health Program activities are conducted in coordination with the Umpqua Dental Society, Umpqua Community College Dental Assistant Program, UCAN Warm line, Northwest Medical Teams. In 2005, the Oral Health Program set up clinics to provide dental screening, education, and care in mobile dental clinics, senior dining sites, and local schools.

b. Goals

- a. To increase access to preventive oral health for uninsured & underinsured children, adolescents, and adults (Healthy People 2010, 21-1)
- b. To reduce the number of uninsured and underinsured children, adolescents, and adults with untreated dental decay (Healthy People 2010, 21-2)
- c. To increase the number of children who have received dental sealants (Healthy People 2010, 21-8)

c. Activities

- a. Monitor data on the oral health status of Douglas County residents
- b. Identify and pursue funding opportunities to support school and community-based oral health education, screening, and care
- c. Work in collaboration with community partners to provide school and community-based education, screening, age-appropriate topical applications (e.g., sealants, varnish), and care
- d. Provide oral health education and fluoride tablets in coordination with routine Community Health Division Programs, e.g., Home Visit Program, WIC, Child Health Clinic, Prenatal Care

Target population:

- a. Uninsured and underinsured children, adolescents, and adults in Douglas County

- b. Uninsured and underinsured pregnant women who receive services through Douglas County Community Health Programs

d. Evaluation

- a. Number of mobile dental van clinics offered through grants to Community Health Division
- b. Number of uninsured and underinsured children, adolescents, and adults who receive oral health education, screening, care through Community Health Division grant funded projects

III. Action Plan: Parent and Child Health

Nutrition and Physical Activity

a. Current condition

Fewer than 25% of 8th and 11th graders in Douglas County report eating the recommended 5 fruits and vegetables per day (Oregon Healthy Teen Survey, 2005). Only 30% of 8th graders and 25% of 11th graders report being physically active for at least 60 minutes per day, seven days per week. Recent data show that 25% of 8th and 11th graders in Douglas County are overweight or at risk for overweight. Poor nutrition, physical inactivity, and obesity are risk factors that increase the risk of early onset diabetes and other preventable chronic diseases.

The Health Education Program activities are conducted in coordination with the Mercy Medical Center, Central Douglas YMCA, local school districts, and local medical providers. In 2005, the Health Education Program brought these players together to attend state-wide training on nutrition and physical activity.

The Health Education Program in coordination with community partners facilitated a "Healthy Kids Learn Better" workshop on childhood obesity and school nutrition. This reached 40 persons representing local schools, parents, and school food service.

In 2006, a local physical spearheaded a county wide effort to promote nutrition and physical activity. As a part of this *Why Weight? Program*, the Health Education Program facilitated 8-week educational seminars on-site at the local health department, open to county employees and the general public.

b. Goals

- a. To increase awareness of the importance of nutrition and physical activity in reducing the risk of obesity and chronic disease across the lifespan
- b. To reduce the percentage of children and adolescents who are overweight or obese (Healthy People 2010, 19-3)
- c. To increase the number of children and adults who consume the recommended daily amount of fruits and vegetables
- d. To increase the number of children and adults who meet the recommended daily amount of physical activity

c. Activities

- a. Promote nutrition and physical activity through Community Health Division Programs
- b. Promote nutrition and physical activity through DCHSS communications and activities

- c. Pursue opportunities to work with community partners to promote nutrition and physical.
- d. Promote nutrition and physical activity across the lifespan through Senior Health Education presentations at seven senior dining sites
- e. Pursue opportunities to promote nutrition and physical activity to support DCHSS employee health and wellness

Target population: Douglas County

d. Evaluation

- a. Monitor local data sources, e.g., Oregon Healthy Teen Survey, Behavioral Risk Factor Surveillance System, Oregon Benchmark reports
- b. Number of news articles, newsletter promotions, community events, and other public education.

III. Action Plan: Parent and Child Health

Substance Abuse

a. Current condition

The abuse of alcohol, tobacco, and other drugs is a problem that endangers the health and safety of children, families, and communities. According to the 2005 Oregon Healthy Teen Survey, more Douglas County 8th graders report tobacco use before age 15 (33%) than in 2001 (26%), more report having had alcohol in the past 30 days (33%) than in 2001 (29%), and more drank before the age of 16 (58.8%) than in 2001 (41%).

Douglas County has membership on the Douglas County Communities Aligned to Prevent Substance Abuse (DC CAPS). This coalition is made up of representatives of agencies and businesses that have joined together to address the problem of alcohol, tobacco, and other drug abuse. In 2005, DC CAPS hosted the 2nd annual "Truth, Lies, and Videotapes" Public Service Announcement Drug Prevention Challenge, with participation from 13 school districts and over 100 high school students. The DC CAPS Employer Network conducted quarterly employer roundtable luncheons and the Southern Oregon Drugfree Workforce Conference to address the issues of workplace substance abuse. In addition, the Health Education Program was involved in the development of the 2005 Douglas County Drug Impact Index, available at www.co.douglas.or.us/dch/ch/health_education.htm.

In February 2006, DCHSS Administration worked in collaboration with Cow Creek Band of Umpqua Tribe of Indians to host a methamphetamine conference featuring Dr. Jack Stump. This conference was attended by over 1,000 youth, parents, community agencies, and others.

b. Goals

- a. To increase awareness about the risk associated with alcohol, tobacco and other drug abuse
- b. To reduce the rates of alcohol, tobacco, and other drug use among Douglas County's youth (Healthy People 26-10)

c. Activities

- a. Work with community partners to raise awareness of the problem of drug abuse in Douglas County
- b. Conduct targeted drug prevention education and/or campaigns, e.g., to reduce tobacco use among pregnant women
- c. Provide drug prevention education in coordination with Community Health Division Programs

- d. Provide evidence-based smoking cessation counseling (i.e., 5As) in coordination with Maternity Case Management, Nurse Home Visit Program
- e. Represent DCHSS on local drug prevention committees and coalitions, e.g., Douglas County Communities Aligned to Prevent Substance Abuse (DC CAPS)
- f. Represent DCHSS on the Community Response to Affected Families Team (CRAFT), a multi-agency response effort to assist drug-affected families.

Target population: Douglas County

d. Evaluation

- a. Monitor local data on drug abuse in Douglas County, e.g., Oregon Healthy Teen Survey, Behavioral Risk Factor Surveillance System, Oregon Benchmark reports

III. Action Plan: Parent and Child Health

Child Injury Prevention

a. Current condition

Unintentional injury is the number one killer of children in the U.S., taking more lives than disease, violence, and suicide. From 1999-2003, 15.4% of Douglas County children age 0-14 died as a result of unintentional injury, as compared to 8.5% statewide. From 1998 -2002, 239 Douglas County children were hospitalized for unintentional injuries (approximately 48 children per year). The leading causes of unintentional injury to Douglas County children 0-14 years of age are: motor vehicle occupancy, bike/helmet, falls, and poisoning.

The Health Education Program distributes child safety seats and bike helmets to approximately 150 low-income families through out Douglas County each year. The Health Education Program coordinates two child safety seat Buckle Up clinics annually. The most recent safety seat clinic in February 2006, checked 34 child safety seats in a four hour period.

b. Goals

- a. Increase the number families who use child safety seats and booster seats for their children weighing up to 60 pounds.
- b. Increase the number of children ages 6-14 who are properly restrained in a motor vehicle.
- c. Decrease the number of children ages 0-14 who are hospitalized due to bike, skateboard, inline skates and scooter injuries.
- d. Decrease the number of children ages 0-14 who are injured in the home from poisonings, falls, fire and burns.

c. Activities

- a. Coordinate and staff SAFE KIDS Douglas County
- b. Maintain Community Health CPS technician certifications and increase the number of certified technicians in Douglas County
- c. Continue Child Passenger Safety Seat Permanent fitting and distribution station at DCHSS Roseburg
- d. Pursue funding and community partnerships to promote child injury prevention
- e. Promote child injury prevention through Community Health Division Programs, e.g., Nurse Home Visit, Healthy Start, Maternal & Child Health Clinics.

Target population: Douglas County

d. Evaluation

- a. Number of child safety seats purchased and distributed to low-income families annually.
- b. Number of children injured annually in motor vehicle crashes.
- c. Number of children observed using child safety seats/booster seats annually
- d. Number of helmets distributed to low-income families annually
- e. Number of children with pedal-cycle related injuries annually.
- f. Number of children with poisoning related injuries annually.
- g. Number of children with fire/burn related injuries annually.
- h. Number of children with in-home falls-related injuries annually.

III. Action Plan: Health Statistics

a. Current condition

Birth and death reporting, recording, and registration are provided by the Roseburg DCHSS office. Due to the geographic size of Douglas County, the outlying offices in Canyonville and Drain provide completed and registered birth certificates to customers.

Assessment of mortality and morbidity trends, and other public health statistic information is conducted and analyzed on a routine basis in order to assess the state of health in Douglas County and identify populations at risk for the provision of intervention services.

The Deputy Medical Examiner, with the Douglas County Sheriff's Office, notifies DCHSS of all child deaths, unusual deaths that may have public health significance, and deaths related to communicable diseases. Child deaths are reviewed by the Douglas County Child Fatality Review Team. Cases of attempted suicide are also reviewed by this team. The pathologist is a regional pathologist who serves multiple Southern Oregon counties and works out of Three Rivers Hospital, Grants Pass.

b. Goals

- a. One hundred percent (100%) of birth and death certificates that are submitted to the Douglas County Vital Records Office are reviewed by the County Registrar or a Deputy Registrar for accuracy and completeness following established Vital Records Office procedures prior to registration and issuance of certificates
- b. Records are re-verified as complete and accurate at the time the originals are entered into the county computer database
- c. Assure accurate, timely and confidential certification of birth and death events
- d. 100% of birth and death certificates are provided within 24 hours of receipt, unless order received prior to original certificate or some other extenuating circumstance prevents its issuance
- e. Analysis of public health information gathered from birth and death certificate data will contribute to proactive intervention to improve public health

c. Activities

Target population: Douglas County

- a. Data collection and analysis of health indicators related to morbidity and mortality
- b. Birth and death reporting, recording, and registration

- c. Analysis of services provided with technical assistance from the Department of Human Services
- d. Requests from walk-in customers are filled while the customer waits, once the customer's identification has been proven, their right to obtain a copy of the record has been established, and payment made. Certified copies of registered birth and death certificates are issued within one (1) working day of request.
- e. Death certificates are usually ordered by the funeral home. These orders are filled the day of request
- f. Birth and death certificates are ordered by customers. Once the foregoing criteria are established, the certificate is mailed

d. Evaluation

- a. Percent of birth and death certificates provided within 24 hours of receipt
- b. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III. Action Plan: Information and Referral

a. Current condition

DCHSS provides accurate and unbiased information and referral about local health and human services to the citizens of Douglas County. Information and referral is provided through response to telephone inquiries, providing information and referral information through news releases, presentations, printed materials, the County's website, and by communicating in-person to DCHSS clients.

DCHSS telephone numbers and facility addresses are listed in phone directories, local newspapers, brochures, local and state websites, and community resource directories.

The DCHSS reception areas, and outlying clinics in Reedsport, Drain, and Canyonville are open from 8 AM - 5 PM, Monday through Friday.

DCHSS has two community health nurses that are out-stationed at the Self-Sufficiency & Employment Program, Department of Human Services, SDA District 6 office. These nurses provide information and referral services to the AFS clients, specifically around health needs.

DCHSS provides information and referrals that are culturally appropriate. DCHSS utilizes the ATT-Interpreter Phone service as necessary for language translation.

The Community Health Division publishes a quarterly Health Report on the pertinent public health issues in Douglas County. This report is distributed quarterly to over 600 agencies through out Douglas County.

The Community Health Division serves as a local resource to the community for information and statistics concerning the specific public health issues confronting the Douglas County community.

b. Goals

- a. To maintain the DCHSS webpage for ease of use
- b. To integrate functions within DCHSS in order to streamline services from all divisions, providing better service to customers
- c. To keep all information available to the public as current as possible

c. Activities

Target population: Douglas County

- a. Review and revision of phone book listings to ensure accuracy and ease of use

- b. All brochures and other resources are reviewed annually and updated as needed

d. Evaluation

- a. Customer survey regarding services and customer service
- b. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III. Action Plan: Environmental Health

a. Current condition

Environmental factors have a great impact on the health of the community and quality of life. DCHSS works to establish and maintain a broad based approach to environmental health service delivery. Efforts are focused upon the influence and impact of environmental factors, both natural and manmade, and the management and control of these factors so as to prevent and control illnesses, in order to promote health. Local environmental health services are required by ORS 431.416 with specific standards performed or programs availability assured as authorized by OAR Chapter 333-014-00050. Services in Environmental Health include state-mandated health inspections, licensing & plan review of restaurants, public pools & tourist facilities, certification of food handlers, food borne illness disease investigations, oversight of public drinking water systems, West Nile Virus surveillance and education, environmental health education, disaster response, and animal bite investigations. In fiscal year 2004-2005, 1,491 inspections were conducted at the various licensed facilities and institutions, with over 3,266 violations noted. 29 complaints were received from the general public, with 6 reporting a food borne illness.

The Douglas County Public Works Department manages and operates an effective solid waste disposal and recycling program. At the twelve “free of tipping fees” county transfer sites and one central landfill, the environment is protected and public health hazards reduced or eliminated. Private solid waste franchises provide adequate collection and disposal services. The Environmental Health Division participates on the Douglas County Solid Waste Advisory Committee.

The Department of Environmental Quality performs all program responsibilities of on-site wastewater management.

The Department of Agriculture performs all program responsibilities of shellfish sanitation. The Environmental Health Division collaborates with the Department of Agriculture when a recreational shellfish harvest closure is considered, when “Red Tide”, “Domoic Acid”, or sewage contamination affects shellfish digging areas. Through the food facility inspection program, restaurants that serve shellfish are monitored to assure shellfish products are from licensed and approved sources. The required identification tags are to be collected and maintained by the food facility.

b. Goals

The Environmental Health Division shall be vigilant in its continuous and ongoing efforts to reduce or eliminate environmental health risk factors that have the capacity to cause human suffering, disease, or injuries.

c. Activities

Target population: Douglas County

- a. Inspection, licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public spas and swimming pools, drinking water systems, to assure conformance with public health standards
- b. Environmental Health assessment and planning
- c. Food handler training for food service workers in the proper methods of storing, preparing, and serving food
- d. Review and updating of health and medical preparedness plans to assure adequate response for emergencies
- e. Information and referral services to the public and governmental agencies.
- f. Investigation of community health hazards, reported animal bites, and diseases that potentially associate or relate to food or water
- g. Liaison with local emergency response planning agencies, oversight of Bioterrorism, Chemical, Radiation, and Health & Medical annexes of the County Disaster Response Plan
- h. Provides West Nile Virus surveillance and education
- i. Lead poisoning prevention

d. Evaluation

- a. The number of violations identified in food service establishments
- b. The number of complaints received concerning licenses facilities
- c. The number of Foodborne Illness (FBI) complaints received
- d. The number of FBI outbreaks reported and investigated
- e. Maintain inspection frequencies of at least 90% in the number of food service facilities, tourist facilities, school and public facilities food service operations, public spas and pools, shelters and correctional facilities
- f. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III. Action Plan: Safe Water

a. Current condition

Every community is faced with the threat that domestic water supplies may become contaminated and gives rise to communicable disease transmission and/or objectionable taste or odor problems. Should the improper disposal or spill of hazardous materials occur in surface waters, associated drinking water supplies would become at risk. Inadequate drinking water systems and/or substandard waste water treatment are factors which potentate the transmission of water-borne illnesses. Annually 20 public water systems are surveyed on site to assure proper construction and operation. Water lab test results, required to be completed routinely by the water system operator, are monitored for levels of chemical contaminants and any existence of indicator microorganisms.

b. Goals

- a. To advise the general public of water-borne contaminants that may produce health risks from bodily contact (e.g. swimming or wading)
- b. To follow-up on all disease outbreaks and emergencies including spills that occur in Douglas County
- c. To complete all of the grant assurances including surveys, alerts, ERP reviews, and SNC management.

c. Activities

Target population: Douglas County

- a. Provide technical and compliance assistance to all operators of public drinking water systems when these systems are found to be in violation of public health requirements and safe water quality standards
- b. Investigate every incident of hazardous chemical spill or contamination; maintain membership in Oregon Emergency Response System (OERS)
- c. Annual review and update of the Douglas County written plan for responding to emergencies that involve public water systems
- d. Provide printed and verbal information regarding the development of safe water supplies to people using onsite water wells and springs as requested.
- e. Disseminate advisories when high levels of e-coli or other bacteria or contact contaminants are discovered in naturally occurring rivers and streams.

d. Evaluation

- a. Number of required monitoring and reporting violations identified with public water systems.

- b. Number of required monitoring and reporting violations identified of public water systems
- c. Responses to water systems identified in significant noncompliance (SNC) and Alerts with water quality or monitoring standards
- d. All public water systems are provided with consultation and technical guidance when found in violation of safe water quality standards or who fail to monitor
- e. At least 20 sanitary surveys completed annually
- f. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

IV. Additional Requirements

- a. See the attached organizational chart of the local health department
- b. Senate Bill 555:

The Douglas County Commission on Children and Families (CCF) is under the governance of the Douglas County Board of Commissioners. The local Commission director and the DCHSS Community Health Division Director have established a strong collaborative working relationship to provide services and care to children and families of Douglas County. The Community Health Division Director has been involved from the early planning phases of all parts of the Senate 555 Plan. Together, the Division Director and the local CCF Director have coordinated trainings for the community on child development, brain research, and have worked closely with the community to have a smooth, coordinated, and united home visit program between Babies First/Maternity Case Management and Healthy Start.

V. Unmet Needs

The State of Oregon continues to experience financial difficulties. Oregonians are becoming acutely aware that the deficits at the State level are causing public health programs to suffer throughout its counties. Future budget cuts will amplify the current unmet needs of Douglas County. In addition, the Federal Timber Safety Net dollars are scheduled to end in the year 2006, which will produce an additional financial blow to the economy affecting all public health programs.

A public health priority - not only in Douglas County but also in the State of Oregon – is the continuing problem of methamphetamine use. Because the impact of methamphetamine is widespread, its use influences child abuse and neglect, families, schools, criminal systems, communicable diseases, drug treatment programs, domestic violence, mental health, pregnancies, dental health, and an individual's ability to learn. "This is one of the greatest public safety challenges our State has ever faced, and it is going to take all of us to crush meth and keep Oregon children, families and communities safe." said Governor Ted Kulongoski (October 2004). DCHSS is involved in addressing the methamphetamine issue through Community Health Division Programs and through participation with local coalitions and committees, including DC CAPS and a recently envisioned methamphetamine taskforce.

Another unmet need in Douglas County is the lack of individual primary health care. This situation has escalated over the last few years. For example, in June 2002, North Douglas County lost its sole physician; in October 2003, West County lost obstetrical care; and, in January 2005, South Douglas County lost a health clinic operated by a Roseburg hospital. This hospital reported having provided \$18 million in free care to the uninsured during 2004, doubling its average of \$9 million in expenses from previous years. The local, federally-qualified health center reported having 4,300 new patients in 2004, 3,500 of whom were uninsured. Downsizing the Oregon Health Plan has created financial problems which are surfacing via uninsured individuals who are accessing hospitals, primary care, and public health facilities. Many patients are putting off necessary medical care as long as possible to avert the high costs of emergency rooms or the need to travel long distances to clinics. The result is poorer health, especially for persons most at-risk, i.e., the very poor, the elderly and children. Without preventive care, especially for pregnant mothers and infants, more serious problems are bound to occur later.

The third unmet need is the growing Hispanic population in the County. Although small in numbers, Douglas County's Hispanic population has doubled in the last decade. This has created a new environment, bringing with it new population outreach challenges. These challenges involve the ability to locate Hispanic individuals in order to provide health education, resources, and referrals that are culturally competent, and to encourage them to seek health services whenever needed.

Fourth, a large public health gap exists in Douglas County and is represented by the senior population. Working families are losing ground to an aging population.

Grandparents, raising their own grandchildren, are attempting to prove eligibility for federal and state programs in order to access health care. This has the potential to produce short and long term public health issues.

Although there has been great value in the public health preparedness dollars which were provided to the local health departments for building infrastructure, it is important to reflect on what will occur when / if these dollars are no longer available. A State commitment to our local public health institutions for consistent capacity and stability needs to be set in place in order to maintain this process.

Douglas County's current environmental health resources are insufficient to adequately address indoor clean air issues (i.e., mold and other contaminants), or to respond to perceived community-wide hazards. A fee supported training program for small water system operators is still needed. Many small water systems - which are not required to meet the EPA Standards, but provide water to others - are failing to provide quality water to their users.

In addition, Douglas County's current TB funding is insufficient to adequately address suspect TB cases, LTBI treatment, and Directly Observed Therapy. Recommended TB case management processes cost more than this county is currently funded.

Clearly, there could be stronger prevention efforts initiated if '*general prevention dollars*' were available for community education in the area of prevention priorities. DCHSS currently provides comprehensive public health services to Douglas County; however, is challenged to address many public health issues from arthritis to anthrax.

VI. Budget

The Douglas County Health and Social Services budget planning for Fiscal Year 2006-2007 is currently in progress. Final approval will come prior to June 30, 2006. DHS can obtain a copy of the budget document from the following contact:

Douglas County Health and Social Services
Attention: Janet Fromdahl, Accounting Technician
621 West Madrone
Roseburg, OR 97470
(541) 440 – 3613

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 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.

Administrator is working with Tom Engle to identify a program to attend and will add value to the position. Once an Assistant Administrator is hired this spring, Administrator will have time to select and begin a program. Administrator is aware of the requirement and is committed to meeting it.

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.

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>Douglas County Health and Social Services</u>	<u>Douglas County</u>	<u>March 1, 2006</u>
Local Public Health Authority	County	Date

Douglas County Health and Social Services



