

I. Hood River County Executive Summary 2004-05

The budget for Hood River County has passed through the budget committee and is awaiting final approval by the Board of Commissioners (who also serve as the Board of Health). At this point we have not lost any positions of hours in those positions. One big anticipated staff change for the Health Department in the upcoming year is the retirement of the Office Manager. This position also serves as the County Registrar. During the current employee's tenure the job has changed and expanded a great deal. Recruiting a qualified replacement will be a major task. This position also provides the supervision of the clerical staff in all parts of the Health Department. Budget development and control are, of course, key parts of the position also.

Oral sex activities by middle school students are a real education challenge. The students don't feel that they are at risk for sexually transmitted infections and that they are still virgins. These activities are often happening between the time school is dismissed for the day and parents get home from work. It is more often occurring in the City than in the County. We are also working with the school district around being able to provide contraception supplies in the high school, especially to the parenting teens, in an effort to prevent subsequent births. We are seeing an increase number of pregnancies in the 10-17 year age group. It has not become statistically significant yet, but we see it as a reversal of the downward trend we had seen in the past several years. Young women in this age group seem to be seeking pregnancy. There is a decrease in the number of 17-19 year olds giving birth.

Drug and alcohol issues remain a problem for adults as well as youth. Students seem to be moving through the continuum from alcohol to marijuana and experimenting with cocaine use. The juvenile department is reporting that they are seeing youth starting at younger ages than ever before. As is the case in many programs, small numbers make rates seem exceedingly high.

Our overall communicable disease rate remains low; we had Norwalk outbreaks affecting about 200-250 people total. These cases were in long term/assisted care and a dinner party. Our CD/BT nurse is in close contact with local private providers, she makes rounds to their offices on a weekly basis checking for reportable conditions, doing education on reporting, and giving out pertinent literature.

Environmental health remains a key program. County water systems are in good condition, one winning best tasting water this past year. Food service inspections are going well and since we are fully staffed with two RS, we are able to get more inspections completed. One problem area is the County nuisance ordinance enforcement. We are still working with other County departments (planning, building and sheriff) on how this operation will be carried out. This has been a long-term problem and so has a large backlog of complaints. We are working with partners and the community on what does or does not constitute a public health threat. The Windmaster area of the County remains at risk for fecal-oral disease, as there are many failing septic systems in the area. Construction costs have prevented the project of installing sewers from being completed.

It is our goal to maintain staffing and service levels over the next year.

II. HOOD RIVER COUNTY ASSESSMENT 2004-05

Aging Issues – 15% of those County residents over 65 years of age are 85 years and over. This is about 2% of total population. We did have a higher death rate in the first three months of 2004 than in 2003. These were mostly elderly, in long term care and were from a variety of respiratory related causes.

Dental care, prescription costs and housing costs remain issues for this age group.

Births – The birth rate was 13.9/1000 in 2003; this is a 12.6% decrease from 2002. There was an 8% decrease in the number of Hispanic births between 2001 and 2002. Births in the 10 to 17 years group was 0.92% of births in 2002, 1.4% of births in 2003 and so far in 2004 it is 7.2% of births year to date. There is the problem with small numbers in these samples, but the downward trend of the past three years does seem to be reversing.

Hood River County was one of the original Oregon Mother's Care counties. Our rate for adequate prenatal care has improved since the program came into effect. Our rate for the year to date is 97.1%, which is great considering the higher number of 10-17 year old mothers.

Birth defects have remained about constant in Hood River County with very low numbers, generally about 1 per year. Due to the small numbers though this does have profound effect on the statistics. There is also no change in the number of low birth weight babies, again generally about 1 per year.

Other trends between 2001 and 2002 show and overall decrease in mothers less than 18 years, and increase in mothers 35 years or greater, and increase in 4 or more births, those with less than a 12th grade education has decreased slightly, unmarried mothers has increased, especially in the 30 to 39 years age bracket, tobacco use increased by 1%, alcohol use increase by 0.4%, and the number of births funded by Medicaid increased. There were no abortions performed on girls less than 15 years of age and the overall number remained the same.

Deaths –

The number and rate for heart disease and cancer related deaths is unchanged. The cancer rate is lower than that of the state and the heart disease rate is higher than the state. Tobacco related deaths is lower than the state, but not significantly so. Cancer morbidity has increased, but the mortality has decreased.

Diabetes and other Chronic Disease –

These are the same concerns here as in other areas of the State. Our high Hispanic population percentage also impacts our rates. We partner with the local FQHC and Hispanic outreach program for education and outreach. The local Diabetes Association provides most services. We are working with community partners and with our own clients on issues of obesity.

Communicable Disease – Hood River County continues to have a low occurrence for CD. We have seen a resurgence of gonorrhea and had a Norwalk outbreak. Our cases of giardiasis have greatly decreased over the last 8-10 years. We are seeing a few more cases of HIV, but our rates remain low. We had two cases each of e.coli and campylobacteriosis. We also have Chlamydia, mostly among those under 25 years.

Dental – remains a huge problem in this area. Give a Kid a Smile Day was held in February again this year. Kids had to be turned away for lack of providers. About \$150,000 of care was donated during that day and the follow up care that some children needed. There is still no acceptance of fluoridating the water systems in the County. Fluoride treatments are being actively done in Head Start and to some extent in the school district.

Domestic Violence – Hood River’s rate for child abuse and neglect is 22.5/1,000 with a state rate of 12.3/1,000. Data referred to here is for the last 6 months. About 0.5% of the County population was involved in domestic violence, harassment and abusive relationships. There were 5 instances of endangerment due to DUII. Fortunately most people involved in DUII are alone in the car at the time. There were 32 cases of theft and criminal mischief type crimes.

An average of about 24 temporary restraining orders per year are granted with another 6 per year not granted. Not much action is available in Hood River County around stalking issues. Orders are very hard to get, have gotten about 6 granted in the last 3 years, and another 6 not granted. The alternative is to do such things as sending a certified letter with return receipt that tells person to cease contact. If the contact continues the law enforcement is contacted and attempt to get a harassment or other criminal charge filed.

Services offered for those involved in domestic violence: Crisis counseling (in person) 110, follow up contacts to crisis counseling (can be by phone or in person) 330, group treatment, support, self-help and peer 104 people, information and referral – in person 52, criminal victim support and advocacy 206, emergency financial assistance 41 in 6 months, program now out of money, emergency legal advocacy 52, crime victim counseling, advocacy (Spanish speaking) 26, and information and referral by phone, (one worker only) 1382.

Drugs, Alcohol, Underage Drinking –

Alcohol is the primary drug of choice by youth and adults. The type of alcohol used is overwhelmingly beer (at 9x the rate of hard liquor and wine coolers). Alcohol is used earlier and more often than any other drug. In 2003 21.7% of the 8th graders had used alcohol in the last 30 days. This is a decrease from the previous year when it was 28.6% but is still the first drug of choice by our youth. (Previously tobacco was the first drug used and now is at 9.7% at the 8th grade.)

Marijuana is at a fairly level use rate between 12 and 13% at 8th grade and fairly constant at over 31% to 29% in 2003. Although the survey does not address multiple drug use, the juvenile department as well as youth self-report indicates alcohol and marijuana are used in partnership.

Methamphetamine, paired with other stimulants such as cocaine and heroin is showing an increase in use by youth in the County. Treatment data also shows the increased use in the adult population with almost 40% of addiction clients being treated for methamphetamine use with the other 60% being treated for alcohol and or marijuana addictions.

The provision of treatment options for Spanish speaking adults and youth remains a challenge, as does the treatment of those who are unable to access insurance. The number of bilingual providers is always problematic.

Hood River County has the second highest number of alcohol sales outlets in the state of Oregon. Decoy missions with law enforcement and Oregon Liquor Control Commission will be done as part of an education and enforcement program.

Elevated Lead Levels – there has only been one child in the County with this problem. Their house was assessed and was determined not to be the source. Most low income families live in some of

the newest housing units in the County. We are always vigilant about such things as imported Mexican candy containing lead and work with Hispanic food distributors.

Emergency Preparedness – we are working with other first responders and emergency management. Our plan is nearly complete in all areas.

Food borne illness & fecal oral illness – we have a very active restaurant inspection program and our food handler classes are taught in person. We have a low level of cases reported to us. Norwalk in long term care was the biggest issue.

Immunizations – the health department is the main provider for vaccines in the county. We have seen an increase in the number of people opting for only certain shots for their children or limited numbers of shots per visit.

Injury Morbidity and Mortality – about 4.5% of deaths in the County are due to injury for a rate of 3.1/100,000. Construction and agriculture work are both large employers in the County. Most of the mortality has been due to auto and ski accidents.

Liquid and solid waste – the recycling rate has increased, we now exceed the minimum set by the State. For sub-surface the Windmaster area of the County, just south of the City of Hood River, remains a problem. There are many failing systems in the area. Looking at how financing can be accomplished to construct and hook this area to city sewer. Farm worker housing throughout the County, is starting to show failure of systems also. There is overuse of the systems.

Mental Health – The number of clients seen for Mental Health, Alcohol/Drug//Gambling, and MR/DD Services has remained fairly constant over the last three years. The four county agency that provides mental health services just got a large 6 year grant to provide system of care services to children and their families with mental health needs.

Obesity – is a problem as elsewhere in the Country. We are collaborating with the local FQHC and Hispanic outreach organization on education, increasing activity, and setting up community gardens. The County also has decreased cost membership opportunities available to its employees.

Population – the proportion of gender, age, race and geography has remained constant. *Gender, overall there are 50% males and 50% females. At age 75+ years there are more women than men, which would be expected. The percentage between the sexes is fairly close in all age groups.*

Age, the most current figures show 27.9% of the population to be under age 18, 59.3% are 18-64 years, 8.8% to be age 65-80, and 3.9% to be 80+ years.

Race/ethnicity, approximately 78.9% of the residents are white only, 0.6% is black only, 1.1% is American Indian, and 1.5% is Asian/Pacific Islander only. 2.5% list two or more races. 81.2% are white in combination with one or more other races. Of these races approximately 25% are of Hispanic ethnicity.

Geography, there are 533 square miles in the county with a dimension of approximately 23 miles wide (east/west) and 32 miles long (north/south). Of the 533 square miles approximately ¾ are not build-able because of wilderness, national forest, county forest, and scenic areas. There are two incorporated areas accounting for approximately 57.6% of the population. Cascade Locks is about 804 people and is 20 miles west of the town of Hood River. Travel through the Gorge in the winter months causes many Cascade Locks residents to seek services in the Gresham area. (From 2003-04 assessment)

Among WIC clients in Hood River County, 62% in Cascade Locks receive food stamps and 14% are on TANF. This compares to an average of 32% for food stamps in other areas of the County and 2% on TANF for the other three major geographic areas of the County.

Safe Drinking Water – there is only one system with an ongoing problem with coli form counts and they are making improvements. One County system was voted as having the best taking water and sells their water to a bottled water vendor in Portland. The operator of this system was, also voted best in the State for 2003.

Safety Net Medical Services – are provided by the FQHC in town (they also do dental care). Mental health access is still the hardest. There are community based funding sources to help pay for some counseling services, prescription medications, and medical care.

Tobacco Use - Tobacco use by 8th graders has increased from 6.9% in 2002 to 9.7% to 2003 and may be attributed to termination of tobacco funds and programs last year. Hood River, Wasco, and Sherman and Gilliam Counties just got a prevention grant.

Unintended pregnancy – data estimates in 2003 that 70 unintended pregnancies were averted in women 19 years and younger and 180 unintended pregnancies were averted in women 20 and older. The unfortunate aspect at this point is the number of girls aged 10-17 years that are actually seeking pregnancy. This is an extremely hard group to work with. They aren't old enough have any idea of what they are getting into, and the younger they are the truer this is.

Adequacy of Basic Public Health Services

Epidemiology and control of preventable diseases and disorders - *Hood River County currently has a #1 rating for timeliness of reporting to DHS –OHS. Our new CD/BT nurse is working with labs and providers to promote better reporting. Our health officer is writing a newsletter to all providers, medical and veterinary on diseases, disorders and reporting. Same as last year, CD nurse is providing excellent follow up and goes to provider offices in person on a weekly basis.*

Parent and Child Health Services - Parent and child health services are carried out in home visits, clinic visits, and in the school and daycare settings. Family planning services are offered to adolescents. The school district is currently reviewing a protocol to allow dispensing of contraceptive supplies at the high school. We provide screening and assessment services, risk reduction information, and health promotion. We provide Maternity Case Management, Oregon Mother's Care, Babies First, and CaCoon. STARS is being offered in the school district this year. We are serving 92.4% of women and teens in need in the county in our Family Planning clinic. HRCHD served 1,124 unduplicated family planning clients in 2003. HRCHD continues to be the main immunization provider in the County. There continues to be no problem with arranging perinatal care for residents.

Collection and Reporting of Health Statistics – the Health Department is the County Registrar for births and deaths. The Registrar is a Notary Public so we can serve clients needing corrections and paternity affidavits. Services are offered in a timely manner. Analysis of statistics and trends are done on an on-going basis. The Registrar will be retiring this fall.

Health Information and Referral Services – the Health Department has a close working relationship with other providers of both medical and social services. Mutual referrals are commonplace. The Health Department serves on many other agency advisory boards. The Health Department also offers, at no cost to County residents empty sharps containers and disposal of full containers.

Environmental Health Services – Hood River County Health Department employs two full time environmental health specialists. Environmental health services are offered to the entire County.

These include restaurant inspections, including all mobile/temporary food operations, subsurface inspections and licensing, inspection of septic pumping businesses, consultation for county residents, water system monitoring, and investigation of citizen complaints, and solid waste disposal. The local environmental health specialists consult with other appropriate agencies for air, water, and soil contamination incidents.

Adequacy of Program Services –

Dental – see assessment above – still not adequate for children or adults.

Emergency Preparedness – working with Emergency manager and other partners. An ongoing process. We have done one drill and have other exercises planned.

Health Education and Promotion – the Health Department is active in promoting programs, provide health education in the school district, provide speakers on special interest topics, do a public information program on radio, work with the local newspaper for coverage and have all sorts of media formats available through the agency.

Laboratory Services – we are licensed as a waived laboratory. We coordinate with CPHL and other local service providers for needed testing.

Medical examiner – there is a physician and specially trained deputies available for service provision. All of these people work well with the Health Department on investigation of deaths.

Nutrition – there are several providers in the County and the Health Department has a new contract with an RD to work with clients in our programs. The RD is paid by the local hospital for her services. We also have the services of a bachelors' prepared nutrition consultant that speaks Spanish.

Older Adult Health – handled by referral.

Primary Health Care – Referrals are made to private providers for primary/acute care for those needing it. The main safety net provider in the county is a federally funded migrant community health center. We frequently partner with them on mutual clients. If no other resources exist the county will voucher a person for urgently needed care.

Shellfish sanitation – N/A

III. Action Plan 2004

Control Of Reportable Communicable Diseases

Current condition – Conduct investigations, monitor and control communicable disease.

Goals –

- Carry out investigations in correct and timely manner
- Maintain “1” ranking for getting report to DHS HS in a timely manner.
- Assure local providers are reporting to Health Department in a timely manner.
- Monitor reporting data for emerging trends
- Receive reports and questions from providers

Activities –

- Continual monitoring of reports for emerging trends
- Work with local providers on reporting of communicable disease to assure they understand importance of reporting to Health Department.
- Make weekly visits to local provider offices to work one-on-one with staff

- Keep fax and email as well as phone contacts up to date for sending out health alerts as they arise.
- Remind providers how to reach HRCHD staff during closed hours
- Keep staffing levels adequate to do investigation and reporting
- Provide education to individuals and groups on CD issues
 - Continue radio programs on public health issues.
 - Continue press releases to newspaper on current public health issues.
- Review and analyze monthly CD statistics compiled by DHS OHS.

Evaluation –

- Monitor The Monthly Communicable Disease Surveillance Report for changes in disease and condition report and timeliness of reporting
- Monitor for timely reporting of conditions from providers

Parent and Child Health

Dental Health

Problem – there is a large percentage of children that are not getting adequate dental care and have a large number of caries. The problem of severe caries is not limited to the lower socio-economic groups.

Goals – improve the dental health of County residents, especially children.

Activities –

- Remain aware and connected to any efforts of getting fluoride into the drinking water systems.
- Continue to work with community partners for the effective education of consumers on dental health issues.
- Serve on advisory committees that serve agencies concerned with dental health.
- Discuss the importance of good dental health in family and child public health programs.
- Continue to provide toothbrushes and fluoride tablets to appropriate populations. Head Start is doing wet brushing with OTC fluoride preparations. These preparations don't require spitting, the children can swallow the liquid with no adverse reaction.
- Assist with Give a Kid a Smile campaign

Evaluation –

- Most of this data is somewhat incidental from the dentists in the area.
- Keep up with numbers of children being taken to the operating room for major dental renovation.
- Success of wet brushing and fluoride programs in Head Start. This program is very successful, the children and staff both like it a lot. It is too early to tell what real effect it is having.

Health Statistics

Current Condition – all assurances are being met at this time

Goals – maintain assurance compliance

Activities –

- Accept reports of births and deaths as they occur
- Report deaths to the county elections department for processing
- Provide data entry into appropriate state systems
- Provide copies of records to qualified applicants in a timely manner
- Continue to have a notary public on staff to facilitate activities, especially paternity affidavits and corrections
- Analyze data for emerging trends as it becomes available
- Work with medical examiner for reports of unattended deaths
- Recruit, hire, and train a new County Registrar to replace retiring person

Evaluation –

- Timeliness of recording and filing documents

Information and Referral

Current condition – the Health Department is acknowledged to be the clearinghouse for health related information in the County.

Goals – stay up to date on all health related offerings and services in the County

Activities –

- Continue to serve on advisory boards for health and social programs
- Keep current lists available to all staff regularly fielding inquiries from the public

Evaluation – monitoring for continued contact from the public for information

Environmental Health – Liquid Waste Disposal

Windmaster Area

Current Problem - Failing subsurface septic systems in the Windmaster area of Hood River County. There are approximately 60 land parcels in this area. Seventeen of the systems are currently failing. This failure is evidenced by systems backing up into the homes they “serve”, raw sewerage is being pumped into area ditches, and the ground water is contaminated with untreated or partially treated effluent.

Some of the logistical problems in this area are that despite the city sewer line being within about ½ mile of the affected area, it serves the high school; the area is outside of the urban growth boundary. Because of this a special service or local improvement district will have to be formed in order to qualify for funding assistance. Not all of the residents in the area

are currently being adversely impacted and so getting all of them to pay willingly for this improvement is not assured.

Goal – The goal is to extend the sewer system out into this area and have those residents with failing systems hook on immediately. Sand filters and/or cap and fill could be used as repair for some of the failing systems, but there is no guarantee that these systems would not again fail in time. At a price of up to \$20,000 the sand filter is about the same price as the assessment for the sewer installation would be.

Activities – A design plan for a grinder system has been completed. The County is looking at going out for a General Obligation Bond to pay for the construction of the project. The current projection is that it would cost each person about \$120/month, including the sewer service and loan repayment. Currently the County is working on a “what to do if the bond issue fails plan.” It is currently looking like there are no other grant funds available for the project.

Residents in the area, continue to address their frustrations with this situation to the Health Department and the County Board Of Commissioners who also function as the board of health.

The projected cost of \$120/month does not include any fees required to connect and individual house to the sewer line in the street.

Evaluation – The new initial measure will be the outcome of the bond election, hopefully slated for November. The completion of the main and lateral line is starting to feel like it will be a major miracle.

Tobacco

In Hood River County the tobacco program is provided by the County Prevention Specialist. There are education, cessation, information and referral services offered. The tobacco report is submitted under a separate cover. Hood River, Wasco, Sherman, and Gilliam Counties have gotten a prevention grant for this year.

Breast and Cervical Cancer

Hood River County collaborates with Wasco/Sherman Health Department for this program and they file reports for both counties.

Diabetes Program

Our current role here is primarily information and referral to the Mid Columbia Diabetes Association and private providers. This is a very strong organization and has been in place for years. The Health Department also collaborates with Nuestra Comunidad Sana on diabetes outreach and information. We do not receive any state funding directed specially for these activities. The Health Department is collaborating with La Clinica del Carino and Nuestra Comunidad Sana on a grant to address obesity and diabetes prevention.

Asthma

Current condition – increasing incidence of reactive airway disease, especially in children

Goals –

- Provide education materials and programs to County residents
- Work with Hood River County School District and Head Start on health related programs, procedures and policies
- Stay in contact with private providers and hospital for monitoring disease incidence

Activities -

- Work with school district and Head Start around issues of orchard spraying near their facilities
- Do one of the monthly radio programs on the subject
- Meet with any interested group for educational programs
- Monitor disease morbidity
- Have CD nurse check on morbidity during her office visits

Evaluation –

- Number of cases being seen by the school nurses
- Information and data gathered by CD nurse

Teen Pregnancy

Current Condition – trend of increasing number of teen pregnancies

Goal –

- Decrease incidence of teen pregnancies to previous numbers

Activities –

- Provide information and instruction in conjunction with juvenile department and prevention programs, especially aimed at high risk youth
- Continue maturation and sexuality classes in the schools
- Continue to work with school district toward being able to dispense contraceptives on school property

Evaluation –

- Monitor statistics (births and abortions) for pregnancies in 10-17 age group

West Nile Virus –

Current condition – monitoring for disease incidence or signal events in Hood River County

Goals –

- Provide education materials and programs to County residents
- Work with State on testing of appropriate birds
- Stay in close contact with private providers and hospital for monitoring disease incidence

Activities -

- Have done a front page article in local paper
- Will do radio programs in May and July
- Collaborating with Extension Service on getting out information provided by DHS HS
- Meet with any interested group for educational programs

- Monitor disease morbidity

Evaluation –

- Number of reported suspect and confirmed cases
- Number of complaint calls about mosquito bites

IV Additional Requirements

1. Office of Family Health components sent under separate emails.
2. Organizational chart attached - it is a Publisher file, will send hard copy to Tom Engle.
3. Senate Bill 555 - The Hood River County Health Department and Hood River County Commission on Children and Families have cooperated closely for years. We apply for many grants with mutual components to serve our County population.

Planning is done by groups that review their member composition twice a year to identify areas where representation is lacking, determining potential barriers to participation. Then potential members are personally recruited for their expertise. Written plans are developed with cooperative and complimentary relevant information and the plans are then shared between agencies and board for comment.

Regular meetings are held with various agencies and their lay members to continuously address assessment, planning and service provision issues.

V. Unmet Needs

Obesity and the relationship to physical inactivity/fitness. This has been designated as one of the higher public health problems our country faces. There needs to be more time to have access to work with clients, use of professionals trained in nutrition and more “scholarships” available for use of physical fitness facilities, particularly during inclement times of the year. The health department is collaborating on a grant with the local FQHC to address obesity in the female Hispanic population.

Health effects of non-English speaking mothers on their children. There is a correlation between the health of children and whether or not their mothers can speak English. In our Hispanic population the women are often the last members of the family to gain proficiency in speaking and comprehending above a very basic level of English. The majority of medical providers in the community are not fluent in Spanish and there is a lack of Spanish language quality health related written information available. The reading level of health information in all languages is a factor also. Not only the direct medical and dental providers, but ancillary personnel and products as well are not readily available in Spanish.

Drug testing of infants at birth is not carried out in any kind of organized manner in our community. Mothers self report a low incidence of usage, but even the infants of known or suspect users are not tested. The medical providers in the area are reluctant to order such testing for fear of offending a mother or family or causing the mother to withdraw from care. This practice has brought about a delay in obtaining the proper services for families in several instances. The time and assets to have enough education and bring about a change in policy would be immense.

The local hospital nursing staff and medical providers are very resistant to providing the birth dose of Hepatitis B vaccine. The health department and health officer continue to go before the OB/Peds committee of the hospital to promote this health activity. To date we have not been able to change their practice, but we continue to lobby them when ever the opportunity presents itself.

Oral health for children is a huge concern in Hood River County. There are a limited number of dentists that accept the reduced Oregon Health Plan. Local dentists also state that even people with dental insurance only take advantage of dental care at a rate of about 60%. People who are un- or underinsured tend to seek dental care only when in pain. Among those with insurance non-access is not necessarily due to phobias. Their lack of access may be due to conflicting schedules, priority setting, history of preventive care as a child and habit. Those who do have insurance may see that their children get preventive and routine care, but may not get that for themselves. More mothers than fathers are seen as patients by the dentist that provides care for their children. A great number of people go to a medical doctor only when they are ill and transfer that same method of care to their dental health as well. Dental knowledge on the prevention of caries by parents and caregivers is very lacking. This is an issue that cuts across social and economic groups as well as race and ethnicity.

A school based health center would allow county students to get easily available health care, but the school district is not in favor of such a facility at this time. Room in the schools to house such a facility is one of the contributing factors. There is also fear on behalf of the parents and school officials as to what services might be offered on campus at the schools.

Adult immunizations are not tracked in a database on any type of consistent basis. With the idea of pandemic influenza and the possible sequela of pneumonia being able to track the adult status is important. This holds true not only for senior citizens but adult providers of essential services as well. Most adults do not keep their tetanus status up to date either. They rely on the occurrence of an injury to get a tetanus booster. While it is good there is some sort of "reminder", it does not take a severe injury or the classic puncture wound to cause the onset of tetanus. Education for primary medical providers would be key, as most do not assess their adult patients regularly for immunization status.

Immunization rates for the county could be greatly improved with a mobile unit to go to labor camps and other less accessible areas. For a large percentage of the population easy transportation limits the immunization and other health services access.

Senior and aging issues are going to come more to the forefront as the population continues to age. Some of the current problems that we see include help with medication administration and monitoring for those seniors that live independently and do not have family in the area to help them or do not qualify for Senior and Disabled Services. Medicare does not cover enough to meet the needs of some seniors for eyeglasses. Medicare does

not cover hearing aides and the amount that civic groups can contribute does not fully meet the need. Dentures and other dental care and access are a problem for this group also. Insurance coverage is generally very low for both rates and the amount of payment. Prescription drugs and their sometimes-prohibitive costs are in the news frequently, but nothing has been really accomplished on this to date.

Mental health services, especially emergency services and services in Spanish are sorely lacking. Drug and Alcohol treatment services in Spanish also need to be more available. The mental health provider for Hood River County has gotten a new System of Care grant to serve a 4 county area in the Mid Columbia region. The first year is a planning time and public health is involved on their advisory board.

Local Public Health Authority Annual Plan

FY 2004 - 2005

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 **NA**
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 The local health department Health Administrator meets minimum qualifications:

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

104. Yes ___ 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 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 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.