

**Local Public Health Authority  
Annual Plan for FY 2006/07  
for  
Jackson County, Oregon**

Jackson County Department of Health and Human Services  
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541.774.7801

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## EXECUTIVE SUMMARY

Jackson County Health and Human Services has put forth a significant effort since the events of September 11<sup>th</sup> to prepare for potential terrorism events. Developing comprehensive plans and testing these plans with our regional partners has enhanced our preparedness. Plans have been developed to handle smallpox, SARS, Pandemic Flu, West Nile disease, and other emerging public health threats. Plans, protocols, and strategies are also being developed to handle chemical releases, radiological events, and natural hazards. Broad based training has enhanced our capabilities in handling emerging diseases. All response staff has enhanced training in NIMS and epidemiology. This training has been helpful in handling the pertussis and cryptosporidiosis outbreaks as well as the frequent Norovirus outbreaks.

The aforementioned achievements are the direct result of a significant infusion of Federal dollars. With resources dwindling and costs continuing to escalate, many of the other core public health programs are facing an uncertain future. A decreased billing capacity in MCH has resulted in staff hours being reduced and positions eliminated. In an attempt to cover a portion of the reduced revenue in MCH, a significant amount of the County general fund once dedicated to WIC has been redirected to other core public health program areas. BCC, HIV and the School-based Health Centers will witness reduced state level support in FY 2006-2007 resulting in the closure of one of our four school-based health centers and fewer clients served.

In addition to a reduced direct service capacity, Jackson County Health and Human Services has sub-contracted two significant Public Health services in the last year. In August of 2005, the state Healthy Start program was contracted out to La Clinica del Valle (local FQHC). Secondly, the prenatal clinic at Jackson County Public Health was also transitioned to La Clinica.

Our Environmental Health programs within public health continue to be challenged by environmental hazards such as high mercury levels in some of our fish species, swimmers itch, and Blue Green algae blooms in various lakes. With the adoption of new, more restrictive (but protective) air quality particulate standards in 2006, our county will again exceed protective health standards on winter days. Lastly, despite the increased community awareness and calls for assistance, resources are not available to handle emerging community health issues/risks such as indoor air quality issues (i.e. mold).

With a legislative special session commencing to address a significant budget shortfall with the Department of Human Services, it is unclear what state funding level reductions Jackson County Public Health could face in FY 2006-2007. At the County level, it is as yet unclear how much general fund will be available with the uncertainty of the O&C (timber/schools) funding. Despite these fiscal challenges, Jackson County Health and Human Services will strive to provide quality services to meet the needs of our most vulnerable citizens.

**Jackson County Health Department**

**Plan A - Continuous Quality Improvement: Health Department 4<sup>th</sup> Dtap Rate  
Fiscal Years 2006-2007**

<b>Year 1: July 2006 – June 2007</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure</b>	<b>Outcome Measure Results</b>	<b>Progress Notes</b>
Increase 24 month olds covered by 4 <sup>th</sup> Dtap to 70%	<ul style="list-style-type: none"> <li>• Twice/year request special IRIS report of children aged 21 months needing Dtap4 &amp; at least 6 months past Dtap3.</li> <li>• Provide annual feedback from AFIX report to immunization staff.</li> <li>• Contact parent by phone and/or card.</li> <li>• Implement policy that parent will have written date to return for Dtap4.</li> </ul>	<ul style="list-style-type: none"> <li>• Coverage rate increase to 68%</li> </ul>	DHS request for 2005 rate pending. Unknown as of 4/11/06.	<p>June and October 2005 and February 2006 Dtap due reports requested. Any ALERT vaccines were entered into history. If 4<sup>th</sup> Dtap was still due, letter was sent to parent. If no response by next report, then phone call was made.</p> <p>June 2005 sections of AFIX report given to immunization staff.</p> <p>The receptionist staff give parent IRIS printout with next vaccine due dates or write return date on Medical Manager receipt.</p>

**Jackson County Health Department**

**Plan B - Chosen Focus Area: Standards for Child and Adolescent Immunizations**

**Fiscal Years 2006-2007**

<b>Year 1: July 2006 – June 2007</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>1</sup></b>
Health Department program would meet standards.	Assess and determine areas to improve in order to meet standards.	<ul style="list-style-type: none"> <li>Determination of program aspects not meeting standards.</li> </ul>	Areas not meeting standards: 1. Nurses were not always reviewing vaccination history. Reliance was placed on front office staff assessment. 2. Temperatures were generally checked daily, not twice daily. 1. Vaccine refusal was not always documented. 2. There is no system for adult vaccine due reminders. 3. There is no system for adult vaccination coverage rates.	July 2005 a memo was sent to nurses re: review of vaccine history, temperature check twice daily and documentation of vaccine refusal.  Plan to explore adult reminder and assessment as more adult state vaccine is entered into IRIS.

**Jackson County Health Department:  
Outreach Activities: July 2006 – June 2007**

<b>Activity 1:</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure</b>	<b>Outcome Measure Results</b>	<b>Progress Notes</b>
Increase provider awareness of need to vaccinate infants with hepatitis B.	<ul style="list-style-type: none"> <li>Quarterly news- letter sent to promote hepatitis B vaccination titled "Perinatal Hepatitis B Highlights".</li> </ul>	<ul style="list-style-type: none"> <li>Increase in number of physicians agreeing to implement birth dose of hepatitis B by 1.</li> </ul>	Increase of 4 physicians agreeing with hepatitis B vaccination at birth.	Survey done June 2005 determined 20 physicians did not agree with universal birth dose. Survey after information mailing due by May 1, 2006. Eight responses to date.

<b>Activity 2:</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure</b>	<b>Outcome Measure Results</b>	<b>Progress Notes</b>
Increase Ashland parent awareness of vaccination benefits.	<ul style="list-style-type: none"> <li>Develop vaccine benefit information handouts for preschool providers to distribute to parents.</li> </ul>	<ul style="list-style-type: none"> <li>Decrease number of religious exemptions in Ashland preschool by 0.5%.</li> </ul>	2005 exemption rate: 22.9%  2006 rate: 26.7%	June 2005 mailed sections of NIP parent's guide and IAC resource page to preschools. 2006 schools were different (one closed and one new one since 2005).

WIC Agency: Jackson County  
Person completing form: Debbie Mote-Watson  
Date: April 9, 2006 Phone: (541) 774-8020

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

This section asks you to evaluate the nutrition education plan(s) you implemented during fiscal year 2005 – 2006. Answer the questions in “Outcome Evaluation” where a “response” is requested.

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year 2 (i.e. 2005 – 2006) Objective. If your agency was unable to complete an activity, please indicate why.

Goal I: 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 I: Assess client awareness regarding physical activity and identifying client barriers to getting adequate physical activity by using state provided assessment tool. This activity was **required**.

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

- What is one result from the client assessments that you have applied in your agency?

**Response: That 63% of the clients surveyed feel that other people’s support in helping their family eat healthy foods is very important, and 22% felt that it is somewhat important. This shows that WIC has a very good opportunity to provide assistance in this area.**

Activity 2: Using results from staff and client surveys, identify or 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. This activity was **required**.

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

- Identify 3 barriers or ideas you learned 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 or ideas learned from staff/client surveys: 40% of our clients dance with their children, 22% walk, 19% ride bikes or play catch with their children. That is a pretty good number, but still leaves some room for improvement. 23% said that they are not sure what activities their child is ready to do, and 28% said there are not enough free or low cost physical activity programs for families with young children.**

**We have added a book titled “Exercise” to our Story time class that includes benefits of exercise and examples (i.e. Can you touch your toes?) for Mom’s and kids to learn and try. This was one activity added to our nutrition education opportunities that helped to provide Moms with simple ideas to promote physical activity with their children.**

Activity 3: Participate in an organized “Turn off the TV Week” campaign April 2006. This activity was **optional**.

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: We will be putting up a display related to “Turn off the TV Week” in the front lobby of the Public Health Building where WIC is located during April 2006.**

**We do plan to continue this activity next year, especially with additional materials provided by the State (not yet received).**

**Advice to other agencies: Our Public Health Building has a display board in the front lobby and each month we rotate a health theme. WIC signs up at least 2-3 times a year to promote nutrition messages. It is very easy to promote a healthy topic.**

Activity 4: Participate in a community event that promotes physical activity. This activity was **optional**.

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: No, we did not participate in this activity.**

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: Assess client attitudes and behaviors regarding fruit and vegetable consumption using state provided tool. This activity was **required**.

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

- What is one result from the client assessments that you have applied in your agency?

**Response: The most requested assistance from WIC related to being able to receive the Farm Direct Nutrition Coupons from WIC. We chose to continue to offer Farm Direct Coupons during the transition to FLPP. It will be more challenging than years past, yet clients value the opportunity to receive fresh fruits and vegetables vs. juice.**

Activity 2: Develop and implement a client centered activity or event during September 2005 in recognition of 5 A Day Month. This activity was **required**.

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

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

**Response: WIC did a display on “5 a day” in the front lobby of our Public Health Building during the month of September 2005. It included handouts for the general public related to “5 a day” and was very well received.**

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

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

- Identify 3 client attitudes or behaviors you learned 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 or behaviors identified: Only 45% felt that fruits and vegetables are easy for my family to get when we eat away from home, 50%**

feel that fruits and vegetables are expensive, and 47% worry that their child doesn't eat enough fruits and vegetables.

We developed and presented a class titled "Fruits and Vegetables" in January 2006 based on needs and ideas from the Fruits and Vegetable survey.

The class included many recipes and ways to prepare fruits and vegetables. Ideas and guidelines were given related to how to introduce new foods, especially for children but adults too. It also included the benefits and recommendations for eating fruits and vegetables, and tips on how to purchase fruits and vegetables at lower costs. Tips were included for fresh, frozen and canned fruits and vegetables. And ideas were presented for easy on the go snacks.

Activity 4: Develop and implement a staff activity or event during September 2005 in recognition of 5 A Day Month. This activity was **optional**.

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

- Did your agency implement a staff activity or event for 5 A Day Month?
- How did your agency decide on this activity or event?
- What went well and what would you do differently?

**Response: Our agency did implement a staff activity for 5 A Day Month.**

The WIC Coordinator purchased some more unique fruits from Harry and David's for a taste test and probable introduction to new foods for some staff.

The taste test went really well. I purchased yellow plums, Honeycrisp apples, pomegranates, Asian brown pears, figs and a Strawberry papaya. The only thing I would do differently is purchase some of the items a few days ahead of time vs. the day before so some of them would be a bit more ripe. Most enjoyed trying new things.

Goal 3: Increase client participation in 2<sup>nd</sup> 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: Assess client attitudes, needs, and barriers to attendance related to 2<sup>nd</sup> nutrition education using state provided tool. This activity was **required**.

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

- What is one result from the client assessments that you have applied in your agency?

**Response: We are working more with the client preferences related to day and time of classes that will increase their chances of receiving second nutrition education.**

Activity 2: Compare results of client and staff surveys to state nutrition education 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. This activity was **required**.

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

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

**Response: The 5 attitudes, needs, and or barriers learned from the surveys are: 31% felt it would make it easier to choose and attend WIC nutrition education if we had more variety of classes offered, 73% if there were food/cooking demonstrations offered; 24% felt that when we can involve their children it made the class their favorite, only 17% felt that they learned best during lecture classes, and 33% learned best with videos.**

**The guidelines developed for nutrition education aimed for increasing the variety of classes that we offer. We also tried to limit the lecture type of classes primarily presented and include some food demos, and even videos. We also tried to get the client's preference for their future class, after risks for qualifying for WIC were identified.**

**These guidelines were based on the survey results to try to improve 2<sup>nd</sup> nutrition education opportunities offered at Jackson County WIC.**

Activity 3: Contact your Nutrition Consultant to review your agency's guidelines, then plan and schedule 2<sup>nd</sup> nutrition education offering in preparation for multiple month food instrument issuance. This activity was **required**.

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

- When did you and your Nutrition Consultant review your guidelines?
- How did your 2<sup>nd</sup> nutrition education plan offerings meet these guidelines?
- Have your 2<sup>nd</sup> nutrition education offerings been scheduled?

**Response: Susan Greathouse and I discussed FLPP readiness and 2<sup>nd</sup> Nutrition Education on November 3, 2005. We received the survey results early January 2006 and discussed at a staff meeting not long afterwards. Our classes are**

**planned up to four months in advance and some have met the guidelines. Upcoming classes will utilize this information even more.**

Activity 4: Assure staff who teach nutrition education classes complete the Providing Group Nutrition Education module and the appropriate Level 2 training modules. This activity was **required**.

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

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

**Response: All staff who are Providing Group Nutrition Education have completed the appropriate training modules. We have two new staff that may be teaching classes in the future, but will not until the Group Nutrition Education modules have been completed.**

Activity 5: Explore options for developing innovative partnerships for providing nutrition education to clients in your agency. This activity was **optional**.

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

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

**Response:**

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: WIC staff will have completed role-appropriate sections of the revised Breastfeeding Module. This activity was **required**.

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

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

**Response: All permanent staff as of October 2005 completed the revised Breastfeeding Module. We now have two new staff that are working on completing modules, including the breastfeeding module.**

Activity 2: 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. This activity was **required**.

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

- What is one result from the client assessments that you have applied in your agency?

**Response: Most areas show that Jackson County is providing women with the information needed to be successful at breastfeeding. The one area of concern identified is that 47% of mothers surveyed though the percentage of Oregon mothers who choose to breastfeed their newborns is about 50%, when in fact it is closer to the 80% option. This information will be provided in our new Healthy Pregnancy class to women so they will know early on how many women are breastfeeding their babies in Oregon.**

Activity 3: The WIC agency will implement at least one strategy to support client breastfeeding goals. This activity was **required**.

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 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: Jackson County is participating in the Best Start Peer counselor Support grant project to support breastfeeding goals. This is a very strong program and we have heard some very positive results from not only clients, but also the community. The women who are selected to receive a Peer Counselor get 1:1 time at very important times during their pregnancy and postpartum. This is offered for both English and Spanish speaking clients. We had a slow start recruiting clients but are going stronger now and our numbers are increasing.**

Activity 4: The agency will implement the Breastfeeding Mother-Friendly Employer project and receive designation from the Oregon Department of Human Services. This activity was **optional**.

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: This agency did not receive the designation of Breastfeeding Mother-Friendly. All of the concepts related to being Breastfeeding Mother-Friendly are still happening here, but the paperwork has not yet been completed. It may happen next year if time allows.**

### **Communicable Disease and Environmental Health Program Update**

Much planning, collaboration, and work has been done since 911 to prepare for Public Health and potential terrorism events. Developing comprehensive plans and testing these plans with our regional partners has enhanced our preparedness. Plans have been developed to handle smallpox, SARS, Pandemic Flu, West Nile disease, and other emerging public health threats. Plans, protocols, and strategies are also being developed to handle chemical releases, radiological events, and natural hazards such as earthquakes.

Broad based training has enhanced our capabilities in handling emerging diseases. All response staff has enhanced training in NIMS and epidemiology. This has been helpful in handling pertussis and cryptosporidiosis outbreaks as well as the numerous and frequent Norovirus outbreaks.

With the adoption of new, more restrictive (but protective) air quality particulate standards in 2006, our county will again exceed protective health standards on winter days. Cooperative efforts are underway to reduce these levels throughout the county.

Jackson County continues to be challenged by environmental hazards such as high mercury levels in some of our fish species, swimmers itch, and Blue Green algae blooms in various lakes in the county.

Resources are not available to handle indoor air quality issues such as mold and other community health risks.

## **Family Planning Program Update**

Jackson County no longer contracts with Community Health Center and La Clinica del Valle for FPEP services. Both of these agencies now contract directly with the state to provide FPEP.

The .5 FTE community outreach educator has been eliminated from the program due to financial constraints. The program will have less of a presence in the schools with this change.

The program has added a .2 FTE OB/GYN physician to the clinic staff who is providing direct patient care including colposcopy services.

## **Perinatal Health Update**

During the past year, the prenatal service clinic at Jackson County Public Health was closed due to increased capacity in the private medical community and financial pressures.

The Oregon Mothers Care program continues to operate but is now serving approximately 400 women per year. The program has capacity to serve both English and Spanish speaking women.

The number of staff providing these services has decreased to 5.85 FTE community health nurses, 2.3 FTE paraprofessionals, a .5 FTE mental health specialist and a .3 FTE manager.

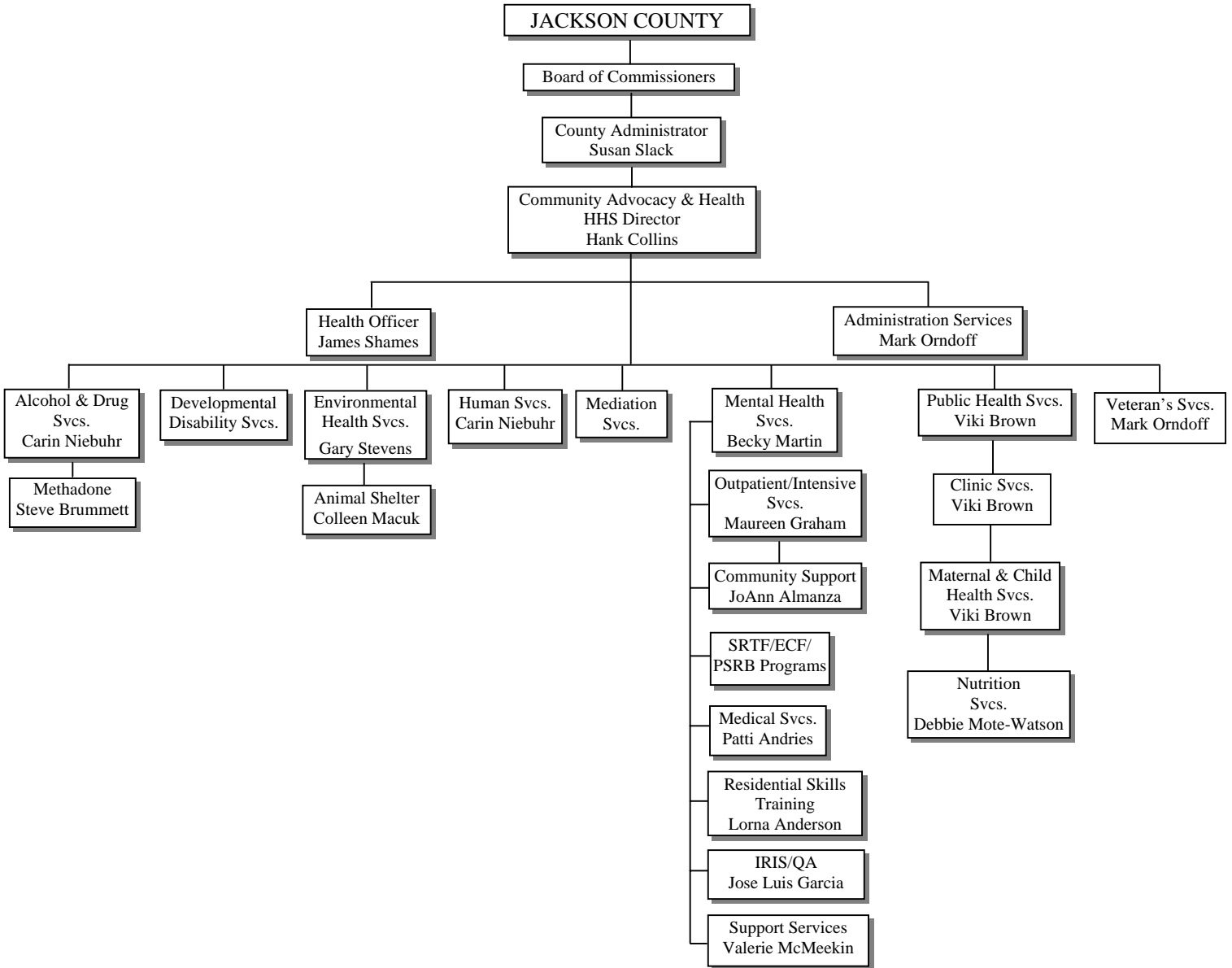
## **Babies First Update**

In August 2005 the state Health Start Program was contracted out to a local FQHC. The manager of the program moved with the program but none of the family advocate staff did. A working relationship has been established between the Public Health staff and the new Healthy Start staff.

## **Adolescent Health Services Update**

During SY 2005/2006, the school-based health center located at Scenic Middle School in Central Point was moved to Hanby Middle School in Gold Hill. It is expected that one of the four school-based health centers operated by Jackson County will be closed in SY 2006/2007 due to financial constraints.

# JACKSON COUNTY HEALTH & HUMAN SERVICES ORGANIZATIONAL CHART



## **BUDGET ACCESS INFORMATION**

Chief Financial Officer of the Jackson County Health and Human Services Department is Malisa Dodd. She can be reached at 541-774-7802. Her e-mail address is [doddcn@jacksoncounty.org](mailto:doddcn@jacksoncounty.org).

## 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 X 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 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.

**If the answer is “No”, submit a attachment that describes your plan to meet the minimum qualifications.**

Agencies are **required** to include with the submitted Annual Plan:

**The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375-431.385 and ORS 431.416, are performed.**

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Local Public Health Authority

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County

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Date

## **Listing of Contracts and Contracted Services**

### **Public Health Contractors**

Advanced Imaging Assoc.	BCC Services
Asante Health System	PA chest x-rays
Asante/Three Rivers	BCC Services (technical component)
Ashland Center for Womens Health	Health Screenings and colposcopy
Ashland Community Hospital	BCC Services
Ashland Community Hospital	Immunization Project
Ashland School District	Operating Agreement
Bear Creek Clinic	BCC Services
Bear Creek Naturopathic	BCC Services
Butte Falls School District	STARS
CareOregon	Allows Jackson Co. to Provide Services to CareOregon Members
Clinica del Valle	Oral Health Education
Clinica del Valle	BCC Services
Clinica del Valle	FPEP
Clinica del Valle	Babies First
Clinica del Valle	Dental services at the jail
Community Health Center	BCC Services
Community Health Center	FPEP Services
Contract Pharmacy Services	Pharmaceutical supplies
Cowley, Linda	Transcription services
Curry County	Cadre of Nurse Executives
DHR	Limited License to Access Confidential Client Records (RFC)
DHR	Babies First Targeted Case Management
DHS	Limited License to Access Confidential Client & Claims Data
DHS	Trading Partner Agreement
DHS	Facilitator-may provide OHP applications to eligibles
DHS AmeriCorps RAPP	Volunteer
Eagle Point School District	STARS Grant
Harris, Linda	Reproductive health services
HCCSO	Perinatal & Interconceptional Care
HCCSO	Lease agreement
Jackson County School District #6	Operating Agreement
Jackson County School District #6	STARS
Job Council	.075 FTE nurse for low income families
Josephine County	Dr. Shames Services
Macartney, Jean	Dispensing medications at the jail
Medford Pathologists	BCC
Medford Radiological Group	Diagnostic Mammograms & PA X-rays
Medford School District	Operating Agreement
Medford School District	STARS Grant
Northwest Mobile Services	Portable X-rays for the jail
OHSU	CaCoon Coordinator
OIT	FPEP Services
Oregon Surgical Specialists	BCC Services
Phoenix-Talent School District	STARS
Planned Parenthood	BCC Services
Portland Community College	Place students in clinical training programs
PMMC	BCC FPEP Services
Rio, Shannon	FPEP Services
Rio, Shannon	BCC Services
Rogue River Health Clinic	BCC Services
Rogue River School District	STARS Grant
Rogue Valley Medical Center	Laboratory Services Contract
SODA	Tobacco Prevention Grant
Southern Oregon Natural Health	BCC Services
Southern Oregon University	FPEP Services
Viacom Outdoor	Immunization Services to the inmates County Correction facility
Wells, Steve MD	Medical Services to the inmates County Correction facility
Workplace Harmony	Mediation services at the jail

**Property Leases**

DHS

Ashland Family Center Lease

**Environmental Contracts**

Ashland Fire & Rescue  
DEQ  
DHS  
DHS  
IKON  
Josephine County  
Mercy Flights  
Multnomah County  
Rogue River Ambulance Services

Assignment of Ambulance Service  
Air Quality Program  
Drinking Water Program  
Food borne Illness Prevention Program  
Maintenance of copier at animal shelter  
Mutual Aid Agreement  
Assignment of Ambulance Service  
Communicable Disease Database  
Assignment of Ambulance Service

**Supervising Physician Program**

Ashland, City of  
Applegate Fire District #9  
Britt Music & Arts Festival  
Event Medical Services of SO  
Jackson County Fire District #3  
Jackson County Fire District #5  
Jackson County Fire District #6  
Jacksonville Fire Department  
Medford, City of  
Mercy Flights  
Mt. Ashland Ski Patrol  
Phoenix Fire Department  
Phoenix Police  
Pro-Tec Fire Services  
Prospect RFPD  
Rogue River Rural Fire Protection District  
Skinner Promotions

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**School Food Service Inspections**

Ashland School District  
Butte Falls School District  
Eagle Point School District  
Jackson County School District #6  
Medford School District  
Phoenix Talent School District  
Prospect School District  
Rogue River School District  
Sacred Health School  
Three Rivers School District

Food Service Inspections  
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