



KLAMATH COUNTY *department of* PUBLIC HEALTH
403 Pine Street, Klamath Falls, OR 97601 • (541) 882-8846

Local Public Health Authority

Annual Plan For FY 2007-2008

Klamath County, Oregon

I. EXECUTIVE SUMMARY

The Klamath County Public Health Authority provides the five essential services mandated by Oregon State statute primarily through federal grant dollars passed through by the Oregon Public Health Services Division, and client and licensee fees. In addition we receive approximately .60 cents per capita from the State of Oregon. Because our funding has remained flat or in slight decline for the past three years, our 2007-08 budget request “came in” with a shortfall of funding for 3.8 positions, but all positions were restored with the reinstatement of the Secure, Rural Schools federal legislation. In 2007-08 we will receive funding from Klamath County taxes, for the first time. We will also receive an increase in our \$2.95 per capita from Klamath County’s share of General Alcohol and Tobacco taxes. Our final budget has not yet been released, but, historically, 70% of our budget will be used to support our 28.4 FTE public health staff.

Our communicable disease control and surveillance program routinely handles 156 positive reports annually. Two thirds of these infections are sexually transmitted, and the overwhelming majority of these are Chlamydia cases. More troubling is the recent annual trend of doubling in Hepatitis C reported to the Department. Vaccine preventable diseases average about thirteen per year, but even small outbreaks of meningococcal disease and Pertussis overwhelm our resources. Our recent active and latent cases of tuberculosis in immigrant populations and their visiting relatives have consumed the full time resources of a communicable disease nurse for a quarter of this fiscal year.

Environmental Health activities are primarily focused on the Food Borne Illness Prevention program and Drinking Water System surveillance through contracts with the Oregon Public Health Services Division. Approximately 430 facilities are licensed and inspected on an annual, semiannual or biannual basis. Drinking water systems are monitored and surveyed. In 2006-07, we were required to close down a popular local restaurant after more than 200 persons reported Noro-like symptoms, creating significant burden for both our Communicable Disease and Environmental Health staff. Our Environmental Health Services Division also has the critical responsibility of monitoring and controlling airborne particulate matter to ensure compliance with EPA air quality standards. We are in the process of proposing a new Air Quality ordinance with much stricter regulations in order to meet the new federal airborne particulate matter standards.

Parent and Child Health Services constitute the majority of our public health efforts. Klamath County continues to experience poor maternal child health indicators, with 28% of all children in Klamath County living in households with incomes under 100% of the Federal Poverty level.

- Given the lack of adequate funding to support comprehensive public health interventions for families at risk, we have focused these past years on innovations to leverage more funding for critically needed services, especially through targeted case management. One of these initiatives has been to maintain the nationally recognized best practices we pioneered with our campaign to eliminate early childhood cavities. We expect to market our successful strategies to other Oregon counties with elevated rates of children under 100% of the Federal Poverty guidelines, if the Northwest/Alaska Center to Reduce Oral Health Disparities is successful in their grant application for this purpose. The Environmental Protection Agency has also informed the Department of a potential award of federal funds to increase lead screening in at-risk young children. Both initiatives depend on the access to families in need that our WIC program offers. In fact our WIC program is the flagship program for our Health Department services. More than 2300 clients received WIC services during 2006-07. Program growth was made possible by the provision of small, but creative additional WIC grants funds.

- In 2006-07 our **Family Planning Service** levels remained the same as in 2005-06, in spite of the program destabilizing changes resulting from the new documented eligibility requirements of FPEP. But the implementation of these new requirements has created the demand for almost one additional support staff person. Nearly all clients who failed to provide the required documentation for FPEP eligibility are clients with self-declared incomes under 100% of the Federal Poverty Level. Our Family Planning program was successful in securing a grant from the March of Dimes to offer prenatal vitamins to our clientele of child-bearing age. Our staff was also successful in obtaining a grant from Klamath County's Commission on Children and Families to resume a Saturday Teen Clinic in 2007-08 which will offer barrier free, teen-friendly services to at risk youth.
- **Immunizations**; Klamath County's most recent childhood immunization rates are significantly lower than the state average in spite of a quite adequate medical provider ratio to the population of children. However, school exclusion rates in Klamath County continue to decline.

Health Statistics

In 2006-07 the Department was required to initiate the new electronic Death Certificate program funded by Homeland Security. Although this technology will eventually streamline our issuance procedures, documentation and reporting, we experienced significant difficulties and increased time related to issuance because all the features of the new electronic reporting system are not operable currently. We are experiencing the need to enter data into our former data gathering system as well as the new electronic database. This double data entry results in a triple increase in the time needed to complete a death certificate transaction, a significant increase in workload to issue the 1200 death certificates we process annually.

Health Information and Referral Services

Our licensed and registered providers are recognized for the excellent health information and education we extend by phone, in classes and in person on the panoply of public health topics, as well as on our services. We enjoy a good rapport with the local media, and routinely utilize both radio and television media to get public health messages to the public. Additionally, the Klamath County Health Department participates in a monthly radio show that allows audiences to call in with questions pertinent to public health.

Emergency Preparedness

Increased electronic reporting and communication capacity continue to improve our public health preparedness. In 2006-07 we completed all of our required emergency response plans in either draft or final form. We continued dialogue and the staging of exercises with our local military base and have increased surveillance efforts with our newly named medical center, Sky Lakes Medical Center. In support of Klamath County's Emergency Services Department, the Health Department has also been a key player in the development of a County wide interagency emergency management team. We have added a back-up bilingual PHN to improve our capacity to better meet the need of special populations in an emergency. Our public health preparedness team continues recommended ICS training.

Other

Broad community or true population based interventions have been limited by funding opportunities to the STARS and TPEP positive youth behavior programs, (the latter having been re-instituted in fiscal 05-06) and the Public Health Preparedness program. However, the Department has been requested to receive and be the lead agency for a

Healthy Active Klamath grant from a local health care foundation. This funding will allow the Dept. enhanced collaboration with the community to improve the physical activity and nutritional status of school aged youth.

II. ASSESSMENT AMENDMENT

Alcohol and Drug Use

Klamath County has elevated rates of alcohol and drug use, in particular methamphetamine. Use of these drugs and alcohol detract from the overall health of the community and increases the incidence of child abuse, domestic abuse and crime reported. Although “meth” use has shown a decline with the implementation of controls over supplies, Klamath County officials report a corresponding increase in alcohol related crimes, as self-medication substitutes for meth are sought. Currently 1000 managed care patients are in drug treatment.

Chronic Disease Morbidity and Mortality

Heart Disease is now the leading cause of deaths in Klamath County. Our percentage of deaths from heart disease averaged for the years 2000 through 2004 is 23%, the same percentage as the State as a whole. The percentage of cancer deaths for the same period averaged 22 %, slightly less than the State average of 24%. Klamath County’s percentage of death attributed to strokes was ¾’s of the State’s eight percent for 2000-2004. Nearly twice as many males as females in Klamath County are dying of chronic lower respiratory disease, with total CRD deaths for Klamath County ¼ more than the State’s 6 percent.

Food and Waterborne Diseases

Campylobacter and Giardia report rates for Klamath County for the years 2000-2005 were significantly higher than for the State, while rates of Salmonella, Shigella and E.Coli were lower than the State rates. Since 2004, Klamath’s rate for all diseases in this category averaged less than the State rate.

Infectious Diseases

Hepatitis C continues to be of great concern in the community. While this infection is listed as a reportable condition, actual reporting by laboratories and medical providers is inconsistent and existing data is not truly reflective of infection rates. Our State public health partners have agreed to work with us to create a Klamath County Hep C Intervention Summit in the upcoming year. The Summit’s goal will be to create a community prevention/intervention plan which is endorsed and actively promoted by providers who work with infected or at-risk residents.

Enteric pathogens such as noroviruses continue to occur in outbreaks in our population, demanding intensive and time-consuming investigations to determine source of infection. Although the number of outbreaks declined in 06-07, the numbers of persons affected increased,

Even though Klamath County is relatively rural, we have predicted the possibility of imported diseases occurring here, with an ever-increasing mobile population engaged in international commerce (i.e. Jeld-Wen Inc., Masami Foods), as well as military travel in and out of Kingsley Air Base. Unfortunately, our prediction materialized when an immigrant working at one of the international companies was found to have exposed and infected coworkers with his active tuberculosis.

Dental

Dental infection continues to be a major problem in Klamath County. Klamath County also has only one dentist per 2200 persons, which makes access to care very difficult for our citizens, even with the added resources of community health centers. Lack of dental care is routinely the most needed, least available health care service identified in every community health survey conducted. Klamath County has continued its nationally recognized work to prevent the transmission of strep mutans infection from mothers to infants. Data from the Robert Woods Johnson grant we received demonstrate that to date 96% of the mothers who participated in the model program have cavity free children at ages two and three.

Diabetes and Obesity

As the problem of childhood and adult obesity increases, the incidence of Type II diabetes also increases. Local physicians anecdotally report increased numbers of overweight pediatric patients, a finding supported by YRBSS data, also. Lack of enough physical activity combined with poor diet obviously plays an important role in this growing problem. Obesity is being seen on an increasing basis in younger children in our WIC program. The local program continues efforts in education regarding health diet, and has recently started physical activity promotion classes for kids.

Mental Health

Klamath County has already seen the results of funding cuts in the acuity of the mental health patients presenting in crisis and the increase in the 911 calls regarding mental health patients. Mental Health also sees a high number (estimated at 50%) of their total patients who have dual diagnosis of Mental Health / Substance Abuse (primarily methamphetamine).

Prenatal Care

Adequacy of prenatal care in Klamath County, as measured for adolescents, has actually exceeded the state rate for the last three years that data are available, evidencing continuing improvement. Drug use among pregnant women in Klamath County exceeds the state average, but alcohol use during pregnancy shows an opposite relationship. We conclude that poverty-related drug and alcohol use during pregnancy is the major cause for Klamath County exceeding the state rate of low birth weight babies for the years 2003-05.

Poverty Rate

The 1999 Census Report found that seventeen percent of the citizens in Klamath County live below the poverty level. Klamath County now has the second highest poverty rate in the state.

Teen Pregnancy

Teen pregnancy rates in Klamath County continue a trend of decline since 2003. And teen birth rates in Klamath County for the same period show that we have reached comparability with the State rate for the first time since 1980. There is new community collaboration to support exploration of school based health centers which have been shown to be effective in reducing unwanted pregnancies in this population.

Tobacco Use

21% of all adults smoke and 39% of adults on the Oregon Health Plan smoke. Klamath County continues to be 3 percentage points higher than the Oregon average for tobacco linked deaths. The rate of women smoking during their pregnancy has dropped to

17.7% of total births. Tobacco linked deaths are related to 25.4 of all deaths in Klamath County in 2002. An average of 184,000 people die each year from tobacco related causes.

Safe Drinking Water

Klamath County has over 170 Public Water Supplies. Many of these are small systems serving seasonal operations, campgrounds, small businesses and small housing developments. While most of the county's population is served by a public system, there are many private residential systems. Some of these small systems obtain their water from shallow aquifers that are maintained by leakage from the irrigation canal system. One small community does not have a community water system and its residents depend upon shallow wells that are easily contaminated.

Suicide

The suicide rate in Klamath County is significantly higher than the state average. In 2002, our rate was 21.7 per 100,000 compared to the state rate of 14.8 per 100,000. Suicide attempts by minors showed a huge rate of 371.4 compared to the states rate of 217.0. The suicide rate in Klamath County dropped in 2002 to 14 per 100,000, which is slightly below the state rate of 14.8 per 100,000. Twenty-nine minors attempted suicide in 2002, the youngest being age 11. Thirty-one adolescents attempted suicide in 2001, up from 21 attempts in 2000.

ADEQUACY OF BASIC SERVICES: ***NO CHANGE IN STATUS EXCEPT AS REFERENCED IN EXECUTIVE SUMMARY***

III. ACTION PLAN AMENDMENT

A. Epidemiology and Control of Preventable Diseases Disorders:

1. Current Condition or Problem
 - a. The Klamath County Health Department will continue providing timely epidemiological investigations of reportable conditions per OAR 333-018-0015. One FTE RN position is dedicated for this activity, inclusive of Bioterrorism Preparedness.
 - b. The Klamath County Health Department will continue providing timely epidemiological investigations of reportable conditions per OAR 333-018-0015. One FTE RN position is dedicated for this activity, inclusive of Bioterrorism Preparedness.
 - c. All members of the clinical nursing staff have received basic communicable disease training via regional sessions facilitated by Oregon Health Services (OHS) such as CD 101; distance-based learning such as CDC web or netcast; CD-Rom ("Botulism in Argentina"); or actual on-the-job experience in case investigations involving client interviews.
 - d. The Communicable Disease Program Coordinator works collaboratively with OHS Acute & Communicable Disease section when disease concerns and/or outbreaks occur.
 - e. The Klamath County Health Department has developed an integrated system of disease reporting with the local hospital (Merle West Medical Center – MWMC). Infection Control Practitioner (ICP), as well as the hospital's Microbiology Department.

- f. The Klamath County Health Department offers testing for communicable disease including, but not limited to HIV, Hepatitis A, B, C, Varicella, and enteric pathogens. Submissions are coordinated with the Oregon Public Health Laboratory.
- g. The Klamath County Health Department provides accessible immunization services for most vaccine preventable diseases, for people of all ages. This includes travel immunizations and counseling thereof.
- h. The Klamath County Health Department provides educational services to community groups desiring information on communicable disease issues. Efforts to contact private providers to facilitate them using the ALERT System will be implemented as well as distribution of temperature monitors for their refrigerators where vaccine is stored.
- i. The Klamath County Health Department in conjunction with the environmental health section and animal control, assesses and advises on potential human risk from animal bites, and facilitates laboratory examination if warranted.

B. Goals

- 1. To improve reporting practices by local private providers that will continually improve surveillance and investigative efforts.
- 2. Continue to offer higher levels of CD investigation courses.
- 3. To expand outreach educational services to the community, improving the health department's credibility and acceptance within the medical community and general populace.
- 4. Continue to publish local articles regarding Public Health issues in the local newspapers. Increase involvement in community task force and other groups to increase public awareness.

C. Activities

- 1. The Communicable Disease Coordinator will provide education to local medical providers on communicable disease reporting. An explanatory cover letter accompanying a confidential morbidity report form will be sent to each provider, with follow-up by the Communicable Disease Coordinator either in person or by phone. This will be accomplished in three months.
- 2. The Nursing Manager and Communicable Disease Coordinator will determine the training needs of the current nursing staff, and will arrange such training as it becomes available. The Communicable Disease Coordinator will keep a log of all trainings. This will be ongoing.
- 3. The Communicable Disease Coordinator will actively promote educational outreach activities via contract with service organizations, medical providers, interest groups and special populations. The Communicable Disease Coordinator will collaborate with the Health Educator to develop and present information to these groups, on an ongoing basis.

D. Evaluation

- 1. Number of morbidity reports from private providers and timeliness thereof.
- 2. CD 303 level training will be offered in Klamath County in July 2005.

3. Number of community group presentations, with evaluation of same, within one year.

ACTION PLAN

A. Maternal Parent and Child Health:

1. Current Condition or Problem
 - a. As noted earlier, Klamath County's teen pregnancy rate has been in decline since 2003, and now is lower than the State's rate. Teen birth rates are comparable to the State average.
 - b. The rate of women who smoked during 2003 was 18.9% compared to an Oregon rate of 12%. Alcohol use in pregnancy increased to 2.3% of all births (compared to state's percent of 1.6), and drug use remained higher, 2.9% than the state's 1.2%. In all instances of illicit substance alcohol and tobacco use, there has been an increase shown in 2003, and Klamath County remains well above the state averages.
 - c. There has been a prevalence of dental caries in children in Klamath County historically. The success of our Early Childhood Cavities Project offers hope that dental disease in young children can truly be prevented with the adoption of best practices modeled by our project. 96% of all children whose mothers participated in the project have been cavity free to date.
 - d. 14.4 % of all births in Klamath County from 2003 to 2005 on average were low birth weight events.

B. Goals

1. Continue the decrease in the number of babies born to teens ages 10-17 to below the State rate in the next year, with a long term goal of the Healthy People 2000 objective of 5.1%
2. Increase the percent of mothers who abstain from tobacco during pregnancy to the Healthy People 2000 Objective of 14.10 %
3. Increase the immunization rate of 2 year olds to 70%.
4. Reduce the proportion of children, adolescents and adults with untreated dental decay to the Healthy People 2000 objective of 13.2%
5. Decrease the number of youth suicide attempts and deaths to at least match the Oregon State rate of 2.2 per 1000.
6. Increase the intervention rate for at-risk children.

C. Activities

1. Increase the number of adolescents using contraception and condoms by increasing time in our family planning clinics to facilitate teen access and compliance.
2. Increase the proportion of adolescents who have never engaged in sexual intercourse by teaching about abstinence at our family planning clinic and continuing the STARS program in the local Jr. High Schools.
3. Increase male involvement in family planning by marketing specifically to males for family planning services and discussing family planning in detail at STD visits when applicable.

4. Increase support for women who are pregnant and trying to quit by offering educational materials and support through the local physicians' offices. Continue to educate women in WIC and during pregnancy testing about the importance of smoking cessation and the health of their infant. Collaborate with Klamath County Mental Health department and substance abuse prevention intervention program to increase intervention and screening for women using drugs and alcohol during their pregnancies. Provide information at all WIC visits and pregnancy check visits. Provide support for women seeking help with substance abuse issues, including referrals for counseling, in and out patient treatment.
5. Increase surveillance of children in Klamath County by partnering with local physicians and pediatricians who are immunizing children. Continue to educate parents about the importance of immunizations at every opportunity-WIC, family planning, etc. Continue providing written information regarding importance of immunizations in prenatal packets.
6. Continue assessment of dental caries at WIC clinics of pregnant women and young children. Offer sealants to clients who are identified as being at risk for dental caries.
7. Offer assessment and support during family planning and STD clinics. Collaborate with community partners to develop a written protocol for identification, intervention, and referral of suicidal youth. Collaborate with local crisis agencies including Klamath County Mental Health and local schools.
8. Improve the early identification of children at risk for developmental delay or health problems, and assist families in accessing community resources. This will be accomplished by increasing the level of Public Health Nurse visits through the Babies First and CaCoon programs. Continue Public Health Nurse participation in local multidisciplinary teams.

D. Evaluation

1. Number of all adolescents and the number of new, unduplicated adolescents accessing family planning services, and the rate of teen pregnancy for the FY 2004.
2. The number of women who do not smoke during their pregnancy for the FY 2004.
3. The number of children current on their immunizations at age 2 in Klamath County for the FY 2004.
4. The number of children and pregnant women who are identified as at risk for dental caries and receive education and sealants. Evaluation will consist of the number of children and pregnant women in Klamath County who report no or fewer incidence of periodontal disease.
5. Number of attempted adolescent suicides in Klamath County
6. Number of infants and children identified as needing services or at risk for delays or health problems.

ACTION PLAN

A. Information and Referral

1. Current Condition or Problem

- a. Klamath County, as in all of Oregon is currently in a crisis situation as far as access to medical care for its citizens. We have seen many people going without medical care and medications due to cutbacks in services in the Oregon Health Plan. Klamath County has an unemployment rate of 9.5%, and a poverty level of 16.9 %. Accessing health care for some of these people can be daunting.

B. Goals

1. Increase education about health care practices and a healthy lifestyle. Increase accessibility to primary health care in the community. Increase access to family planning and STD services at the local health department.

C. Activities

1. Family planning and STD services are offered Monday through Friday, but are sometimes limited due to lack of trained personnel. We will actively train RN's to complete STD and selected family planning services. Immunizations are also offered M-F. We collaborate closely with WIC to increase access for immunizations and family planning services. Referral to primary care, mental health services, and other community agencies is ongoing and specific to each patient's needs.
2. Additionally, the Health Educator frequently conducts classes in the community on health related issues such as general hygiene, West Nile virus, seatbelt safety, HIV, dental health and other classes as requested or indicated.

D. Evaluation

1. Evaluation will consist of review of number the patients accessing services, the referrals and collaborative efforts achieved, and indicators specific to each program identified.

IV. ADDITIONAL REQUIREMENTS

Not submitted

V. UNMET NEEDS

Not submitted

VI. BUDGET

Not submitted at this time

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.
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. (We currently don not have a solid waste program)
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. **(If within our authority-Yes, if not within our authority, referred to who might have authority.)**

64. Yes ___ No ___ The health and safety of the public is being protected through hazardous incidence investigation and response. **(Not currently one of our activities, we are not equipped to do this.)**
65. Yes No ___ Emergency environmental health and sanitation guidance are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control. (Except for solid waste disposal, shelter sanitation and vector control activities. Information and referral are provided for these.)
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. (ECCP)
70. Yes No ___ Local health department supports healthy behaviors among employees. (YMCA Membership)
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 **N/A**
 - d. Yes ___ No ___ Older Adult Health **N/A**
 - e. Yes ___ No ___ Corrections Health **N/A**
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.

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. The Annual Plan posted at

<http://WWW.dhs.state.or.us/publichealth/lhd/lhd-annual-plan.cfm>

is complete and current for our county, with the addition of amendments submitted for 2007-2008 fiscal year.

 Local Public Health Authority	<u>Klamath County</u> County	<u>7/05/07</u> Date
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KLAMATH COUNTY *department of* PUBLIC HEALTH

BOCC
John Elliott
Liaison Commissioner

Public Health Director
Marilynn Sutherland

Health Officer
Wendy Warren, MD

Office Technician
Carla Pieper

Clinical Consultant
Marti Baird, FNP

