



**Lake County Public Health
Annual Plan
2006-2007**

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Table of Contents
Lake Annual Plan 2006-2007

I. Executive Summary	3
II. Organizational Chart	4
III. Assessment	5
IV. Action Plan	
A. Epidemiology Updated	7
B. Parent and child health services	
1. Immunization	8
2. WIC	13
3. Family Planning	23
4. Maternal and Child Health Updated	24
C. Environmental Health Updated	26
V. Budget	26
VI. Minimum Standards	27
VI. Signature Page	36

I. Executive Summary

Living in a large sparsely populated county has many benefits, but proposes many challenges to providing public health services. Funding for programs is based on a population formula, yet assurances are standardized to all counties. Lake County Public Health is striving to meet contract requirements and provide the core public health functions. Limited staffing, property tax caps, a struggling economy, high incidence of tobacco, alcohol use, methamphetamine use, an ageing population, and limited access to health care all add to the challenge. The opening of the Warner Creek Correctional Facility in the fall of 2005 has provided an opportunity for growth in the county and its effect will be fascinating to follow in the coming years.

All of the public health concerns noted in the annual plan instructions are evident in Lake County communities. Public health attempts to address as many as possible in our plan, but the failure to do so does not negate their importance. Lake County Public Health must prioritize the deployment of staff and funds to meet the minimum standards set forth by the Oregon Revised Statutes, Oregon Administrative Rules, and Coalition of Local Health Officials (CLHO).

While CLHO strives to improve public health function it does not address the issues faced by the lesser populated counties on the east side of the state and additional mandates by this organization add to the concern of meeting all the assurances. Hopefully, new CLHO direction will remedy this problem. At times the challenges seem overwhelming. However, Lake County Public Health is dedicated in its desire to protect the health and well being of our citizens.

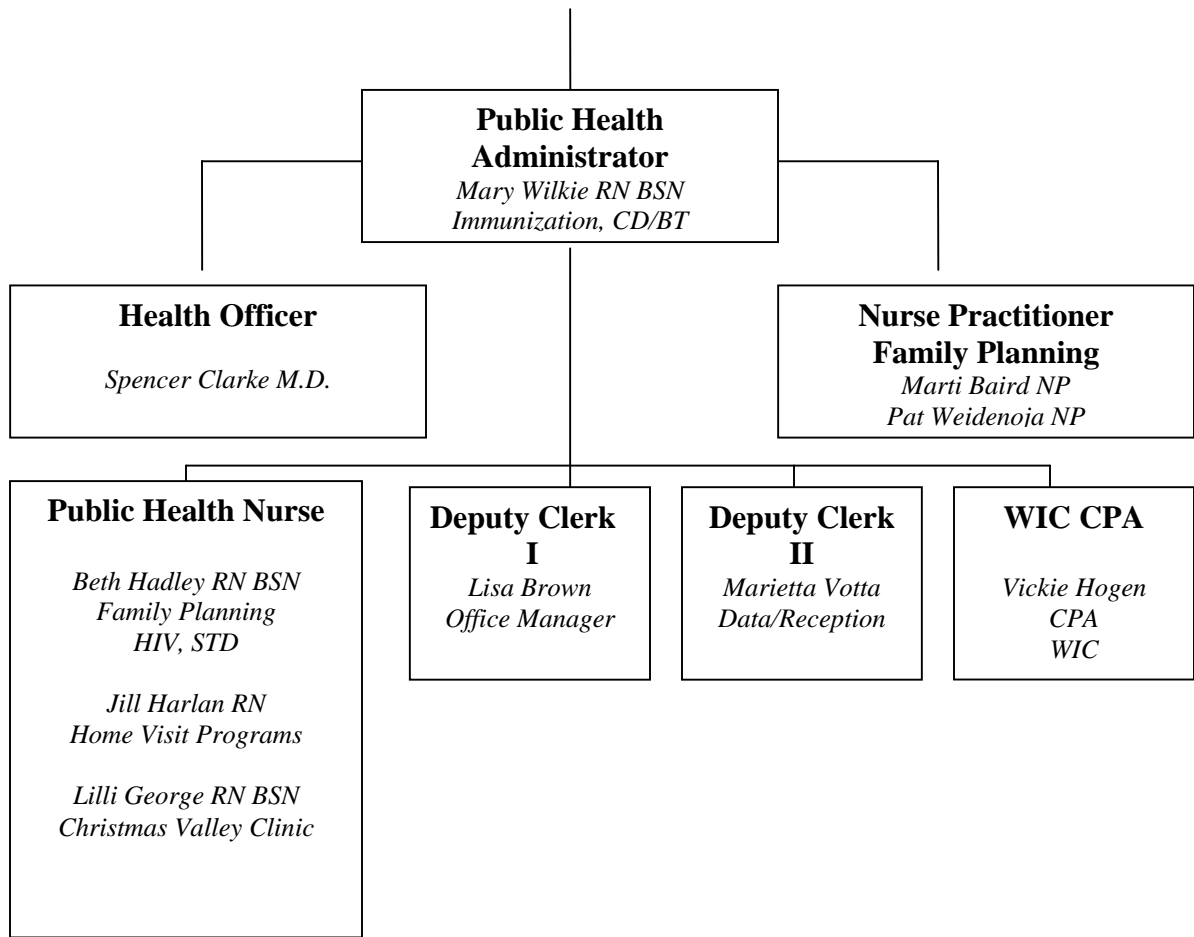
Community and county collaboration are a key component in providing services to the citizens of our county. The collaborative effort within the community, and with other county health departments and agencies, strengthen our ability to serve the residence of Lake County.

Lake County Public Health will continue to strive to improve programs and provide quality service to our citizens.

**II. Lake County Public Health
Organizational Chart
2006**

**Lake County
Commissioners
Local Board of Health**

*Brad Winters
Melvin Dick Chair
J.R. Stewart*



III. Assessment

Lake County incorporates an area of 8,359 square miles in the Oregon High Desert. The region encompasses a variety of geographical areas ranging from mountains covered in evergreen and high mountain lakes, to arid sagebrush flats. Agricultural valleys can be found throughout the county that supports the growth of various crops and livestock. Small rivers, streams, ponds, and hot springs dot the

landscape making it a home to a variety of wildlife. The county is a recreational paradise for the residents as well as visitors to the area.

Demographics

This beautiful but somewhat secluded region is home to an estimated 7,325 people, 3,084 households and 2,152 families. The population density was .9 persons per square mile. According to the U.S. Census Bureau the population change was -2%. Lake County is one of the lowest counties for growth in the state of Oregon. This may change as a prison facility opened in September of 2005 and data incorporating this growth has not been calculated. Persons less than 5 years of age account for 5% of the population, under 18 years of age 24.9%, 65 and older 17.7%. (*Lake County Quick Facts from the US Census Bureau*) Cultural characteristics have changed slightly, with an increase of persons of Hispanic origin by 3.2% and a decrease in White persons not of Hispanic origin by 7.3% since the year 2000. Other race includes Native American, Asian, Black and Pacific Islander.

Births, Deaths Morbidity

The Annual Report of Oregon Vital Statistics from the Department of Human Services shows that there were 17 less births in 2004 than 2003. Deaths continue to outnumber births with the leading causes of mortality being cancer and heart disease. Tobacco related dates were 22.4% in the year 2003. Prenatal tobacco use had decreased in the year 2004; however alcohol consumption reported by pregnant women has increased. Reported illicit drug use had decreased in the year 2004. Low birth weight babies (1,500-2,499 grams) increased by one percent in that same year. Prenatal care has increased from 80% in 2001 to 93.9% in 2004. 82.1% of the mothers had prenatal in the first trimester.

Other diseases of significance include flu/pneumonia, and chronic lower respiratory disease.

According to a school based survey underage drinking and tobacco use are prevalent in the area. 1 in 5 teenagers have used or are using alcohol or tobacco. According to Lake District Hospital Reports, there were five cases of alcoholic poisoning in the year 2005 (not all in minors) Lake County Public Health is involved in a coalition with Lake County Mental Health and Law Enforcement that is addressing this issue.

Economy

The economy also plays an important role when looking at potential areas of impact to public health. The traditional economy rests on lumber, agriculture and government. With the reduction of timber harvests and decrease in farm income due to loss of family ranches, it was the government employees that provided stability to the economy. However, in the last four years there has been decrease in the number of federal and state government's employment opportunities. Lake

County is ranked seventh out of eleven counties for being severely distressed economically. Unemployment in Lake County has averaged 4.3 percentage points above the statewide average during the past 10 years. (*Oregon Employment Department, Workforce Analysis*). Also during that time Lake County's rate was in the double digits 60 percent of the time. Economic depression coupled with the changes to the Oregon Medical Assistance Program leave many residents unable to create a medical home. In 2003, 30% of the population was eligible for the medical assistance program; in 2005 only 18% were eligible. This is due to changes in eligibility, not the result of economic growth. (*Oregon Medical Assistance Program January 2005*) The median income for a household was \$29,506, and the median income for a family was \$36,182. 16.1% of the population and 13.4% of families were below the poverty level. 20.4% of those under the age of 18 and 9.5% of those 65 and older were living below the poverty line in 2003.

The possible bright spot in Lake County's future has been the opening of the Oregon State Correctional Facility in 2005. In March 2006 unemployment is at the lowest it has ever been (6.8% vs. state 5.6%), there has been a record number of requests for building permits, and three new businesses have opened. It will be interesting to follow the effect of the Warner Creek Correctional Facility on the county's economy.

Epidemiology

One impact the prison has had on the public health staff is the increase in demand for vaccinations, tuberculin skin testing and communicable disease reporting. Public health provides all Hepatitis B vaccinations and ppd testing for the employees. Hepatitis C reports to the state have increased 500% since September of 2005. Other communicable diseases county wide includes Campylobacteriosis, Chlamydia, and Pertussis. These have been within the normal incidence for the area. (*Acute and Communicable Disease Monthly Summary Review*)

IV. Action Plan

A. Epidemiology and control of preventable diseases

A new staff RN has been hired. To comply with the public health mandate that all nurses be trained in communicable disease investigation, she must complete the CD 101, and 303 trainings.

Time Period: Completed by November of 2006

GOAL: All nursing staff at Lake County Public Health will complete CD 101,103 ,and 810

Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. New staff nurse to complete CD 101	1. The case study training on Gastroenteritis at a Texas University will be finished by May 19,2006 www.phppo.cdc.gov/phtn/default.asp 2. CD 101 will be taken at OR-EPI if available. If not, the August class in Roseburg will be attended.	1. Staff person will complete the computer based training by the due date. 2. The staff person will attend the CD101 class.	1. Staff member will register for class on the DHS Learning Site to record participation and completion of class. 2. Staff member will present certificate of completion of CD 101 to the Administrator.	The training has been downloaded to a CD and distributed to the Nurses.
B. New staff nurse will complete CD 303.	1. The case study training on E. coli0157 Infection will be complete by September 1, 2006 and attend the CDC 303 training on Oct. 11, 2006 in Roseburg.	1. Staff person will complete the computer based training by the due date. 2. Staff person will attend the CD 303 in Roseburg.	1. Staff person will register on the DHS Learning site to record participation and completion of class. 2. Staff member will present a certificate of completion of CD 303 to the Administrator.	The training has been downloaded and distributed to the nurses.

B. Parent and child health services, including family planning clinics as described in ORS 435.205

1. Immunization

Plan A - Continuous Quality Improvement: Increase 4th Dtap of children 24 months of age

Fiscal Years 2006-2008

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Increase the percentage of children age 24 months with Dtap 4 at LHD by 5%	<ul style="list-style-type: none"> Assess for consistency of screening for immunizations with WIC visits Review child immunization files for children due for 4th Dtap. 	<ul style="list-style-type: none"> Determine baseline measure of number of children screened for WIC, daily review. Determine children that are due for 4th Dtap and develop a reminder system, monthly 	<ul style="list-style-type: none"> Daily reviews show that 100% of WIC clients are screened for status utilizing the Iris System and Alert (average 2-3 a day). Records review of children age 0-2 to determine those who needed fourth Dtap. A data base which puts the child's name on a calendar by month and date when the 4th Dtap is due has been developed. Reminder cards are sent on the week the child is due. When a child is given a third Dtap, the name goes on the calendar for the month and date the 4th Dtap is due. 	<ul style="list-style-type: none"> Challenge- Parents do not always have record of immunizations, or they cannot be found on Alert or Iris. Public Health phone and fax are available to families to call and receive records. Challenge- Keeping data base updated for those needing fourth Dtap. This has been sporadic due to staffing. Reports received automatically every quarter from the state would help

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help meet these objectives in the future.

<p>B. Encourage partnership of private providers to increase 4th Dtap in children 24 months of age at LHD</p>	<ul style="list-style-type: none"> • Provide providers info on immunization schedule <p>Provide providers with immunization records when client presents for immunization, to allow providers to track their clients and refer to LHD.</p>	<ul style="list-style-type: none"> • Meet with provider staff on an annual basis and provide charts of immunization schedule. • Determine baseline percentage of records that were sent to private providers, daily. 	<ul style="list-style-type: none"> • Immunization schedules for adults and children were provided to Dr's at the medical staff meeting on August 16, 2005. • Records review shows 75% of the records of immunizations given were sent to the client's private provider. 25% did not list a medical home. 	<ul style="list-style-type: none"> • Providers are very supportive of LPH and appreciate info on schedules and new vaccines. • Many clients do not have a medical home, or neglect to put name of Dr on the form. We have added a special stamp for the doctor's name. The challenge is: <ol style="list-style-type: none"> 1. Ensure form is filled out 2. Give primary care info to those clients that have no home. 3. Refer for public insurance • Daily reviews were not practical, quarterly reviews were done.
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Lake County

Plan B - Chosen Focus Area:

Alert Promotion

Fiscal Years 2006-2008

Year 1: July 2005 – June 2006

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A. Increase Alert awareness with schools and physicians that will result in a 10% decrease of children with incomplete records at school exclusion.</p>	<ul style="list-style-type: none"> • Assess Alert awareness after the 2003 sessions were held in the schools. Assess Alert awareness in the physician office for immunization tracking and referral. 	<ul style="list-style-type: none"> • Attend Kindergarten Round up May 10 and instruct the school on how to utilize alert to improve record completion. • Meet with physician staff to determine utilization of alert for referral. • Attend Middle School registration in North and South Lake County, Sept 2005, to utilize and inform the staff on the benefits of alert. 	<ul style="list-style-type: none"> • Round up was attended. School secretary was shown how to access alert. • Staffing changes at public health did not allow for this measure to be accomplished. • School registration was attended in North and South Lake County. School secretaries were shown how to access alert. 	<ul style="list-style-type: none"> • Although the schools know about the immunization alert, they do not utilize the site. It seems to be easier for them to call the health department for the information. Perhaps actually signing them up at the time of education on the program would encourage their use. • Need to meet with physician staff to educate and enroll in the alert system. The timeline for this is July 2006.

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¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help meet these objectives in the future.

Local Health Department:
Outreach Activities: July 2005 – June 2006

Activity 1:

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Immunization education to parents of children entering kindergarten	<ul style="list-style-type: none"> Attend a monthly parent meeting at Head Start in September or November to inform them of importance of immunizations and requirements. 	<ul style="list-style-type: none"> Head Start children enrolling in Kindergarten in Lake County will be 100% complete on immunizations. 	<ul style="list-style-type: none"> Meeting was attended by the immunization nurse on November 8, 2005. In the areas where Head Start is available, 100% of the children enrolling were complete on their immunizations. One kindergartner in North Lake was excluded (No Head Start Available) 	<p>The Head Start and elementary schools are very, very good about immunization records. The only challenge is to have them utilize Alert rather than public health.</p>

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Activity 2:

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Develop a media campaign to inform the public of the importance of immunizations for children and adults.	Develop an add for the local news paper. Develop an announcement to run on the local TV channel..	<ul style="list-style-type: none">• Newspaper article will be run in August 2005 targeting children and October targeting adults.• TV promotion will be run in August targeting children and in October targeting adults.	<ul style="list-style-type: none">• November 3, 2005 an article was published in the Lake County Examiner and announcements on KQIK radio regarding adult /childhood immunization.• The local TV station Channel 4 ran an add for child hood immunizations in January of 2006.	Staff turnover in July hindered the August information deadlines. Work needs to be done on the advertisement to impart as much information as possible in a small space. Short releases that have already been made up from the state would help.

2. Women, Infants and Children (WIC) 2006-2007

County/Agency: Lake

Person Completing Form: Vickie Hogen

Date: March 27, 2006

Phone Number: 541-947-6045

Email Address: vjhogenlcph@yahoo.com

Nutritional Education Plan for year 2006-2007

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

Activity 1:

Assess your community's resources for safe, developmentally appropriate physical activity opportunities for families and their young children and provide a list of these resources to WIC clients.

Implementation Plan:

We will begin reviewing city resources and community resources to offer contact lists for activities that are appropriate for our clients.

Timeline:

May 2007

Activity 2:

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

Implementation Plan:

All clients are offered IE (individual education) appointments, we will continue to offer IE as 2nd NE opportunity. We will utilize the state provided "Play with you child" series of nutritional education material. We also have NE available on "Get moving", and will be incorporating a dance class that will be available to our clients.

Timeline:

July 2006- June 2007

Activity 4:

Participate in a community event that promotes physical activity.

Implementation Plan:

We will offer a free “Learn to move” class at county fair.

Timeline:

August 2006 – September 2006

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

Activity 1: Required

Assess activities and resources in the community to promote fruits and vegetables and provide a list of these activities and resources to WIC clients.

Implementation Plan:

We will contact local extension agency for local grower’s information and general information on our local growing climate and zone. Will also be offering State provided participating farm direct program vendors list.

Timeline:

July 2006

Activity 2: Required

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

Implementation Plan:

We will participate in Farm direct program this year to encourage clients to incorporate more fruits and veggies into diet.

Timeline:

July 2007

Activity 3:

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

Implementation Plan:

We will try to have booth at local farmers market to promote 5 a day. Posters and hand outs available to community.

Timeline: July 2007

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

***Activity 1:* Required**

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

Implementation Plan:

Will contact local extension agency, head start, hospitals, and city hall to try and establish partnerships for offering nutritional education.

Timeline:

June 2007

***Activity 2:* Required**

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

Implementation Plan:

We will review our current nutritional education material. We will incorporate state provided material and new material offered by other sources. (Example includes "Feeding you Preschooler" by Nutritional graphics.)

Timeline:

January 2007

Goal 4: Increase breastfeeding duration rates among WIC participants.

***Activity 1:* Required**

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

Implementation Plan:

We will assess community resources for breastfeeding and create a handout that may be given to breastfeeding moms and moms wanting to breastfeed after delivery.

Timeline:

February 2007

***Activity 2:* Required**

Implement at least one new strategy to support clients' breastfeeding goals.

Implementation Plan:

Offer Breastfeeding resource list to moms that are delivering in Babies First packets or hospital packets. We will offer help for breastfeeding moms Monday thru Friday. There is an RN or trained WIC staff available for moms who need some guidance.

Timeline:

Breastfeeding resource list –February 2007

Help for breastfeeding moms – July 2006

Activity 3: Optional

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

Implementation Plan:

Advertise and offer Rock and Relax booth at county fair again. Offer information on breastfeeding.

Timeline:

August 2006- September 2006

Annual Report Form - WIC

Evaluation of Nutrition Education Plan FY 2005-2006

WIC Agency: ___Lake County Public Health Department

Person Completing the Form ___Vickie Hogen WIC Coordinator_____

Date: ___4/5/2006_____ Phone: ___541-947-6045_

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

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

Year 2 Objective:

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

Activity 1: 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**.

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

Response: We now offer IE appointments to allow moms choice in time. We offer material that is age appropriate that moms can do with multiple kids, and at home. Example: State supplied handouts on “Playing with your child”.

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: Barriers to physical activities were identified by using state provided tools. Common barriers identified were weather, child being too young, and having other young children.

Clinic continued 10,000 step program to encourage physical activity. We will begin in May 2006 offering “Get up and move”

We address the identified barriers by offering physical activity info that parents can do at no cost, in their homes, and can include multiple children of varying age. Example: Playing games that encourage movement or dancing to music.

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: Our clinic is now trialing the Farm direct program. We will offer Farm direct checks to promote fresh fruit and veggies.

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: We displayed a bulletin board in clinic promoting fruits and veggies.

Our clinic had 2 new WIC employees taking over our program. This was a simple easy way for us to promote 5 a day and continue to learn our new responsibilities.

Board looked nice and still encouraged fruits and veggies. We would like to have participated in Farm Direct along with bulletin board.

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: Using state provided assessment tool we identified that clients felt that fruits and veggies were expensive, they are not an easy food to prepare, and they go bad before a client can use them. 38% of our clients offer less than 2 fruits or veggies per day.

Our clinic will be participating in Farm direct program this year. We will also be offering NE material on using fruits and veggies as snacks, and

recipes for fruit and veggies. Participating in Farm direct program provides opportunities for us to offer fresh fruits and vegetables. Our NE material encourages parents to offer fruits and veggies. Recipe books are also available to encourage trying different food preparation.

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: Survey results showed that 64% of clients favored 2nd NE contact if it were of interest to them. Topics that were of interest to them were healthy snacking, good nutrition for child, healthy eating, and new foods to offer baby.

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

Year 2 Objective:

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

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

Outcome Evaluation: Please address the following questions in your response. This activity was **required**.

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

Response: Survey results showed that 64% of clients favored 2nd NE contact if it were of interest to them. Topics that were of interest to them were healthy snacking, good nutrition for child, healthy eating, and new foods to offer baby. We offered individual education appointments that clients choose time and day, and we offer NE on clients needs and interests. We will continue to offer 2nd NE contact this way.

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: Clients are open to and like 2nd NE contact if they are allowed to choose the appointment day and time. They also liked to have the ability to have options for material. They like to learn more about healthy eating and age appropriate physical activities. They would like to have a greater variety of materials offered for them to choose from. Clients wanted material to be able to relate to them and their family's needs. We will continue to offer 2nd NE contact and allow clients to schedule on a day that works for them. WIC hours are typically Tuesday, Wednesday, and Thursday, but will make exceptions if needed. So far we have not seen a need to change this schedule. We evaluate risks, and ask open ended questions to establish client's needs and offer appropriate NE material. We took into consideration that client preferred to have control of their schedules and like to have some say in the NE that they receive.

Activity 3: Contact your Nutrition Consultant to review your agency's guidelines, then plan and schedule 2nd 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 2nd nutrition education plan offerings meet these guidelines?
- Have your 2nd nutrition education offerings been scheduled?

Response: Guidelines for 2nd NE were reviewed over phone with Sara Goodrich November 2005.

Our 2nd NE plan has been implemented and has been following our guidelines. No problems or concerns have risen. We feel that we are meeting all of our goals, and client's needs are being met.

Activity 4: Assure that 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: Yes, staff that teaches NE has completed all required training modules. Clients are scheduled with appropriate staff for all appointments.

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: Yes, WIC staff that sees clients for WIC appointments have completed revised 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: We continue to offer encouragement for moms to breastfeed and an RN or WIC CPA is available Monday- Friday to help moms with

breastfeeding needs. We continue to refer to home visiting nurse and she can also help moms overcome their problems and reach their goals.

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 at least one barrier they face to breastfeeding at least 6 months. As a group, identify strategies to address these barriers.
- Institute a system for follow-up calls or written messages at critical periods of time when breastfeeding challenges may arise.

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

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

Response: By following 3-step counseling strategy we are able to find out what moms concerns or beliefs are and focus our counseling toward those issues or goals.

We are able to focus on moms needs and help her to attain her breastfeeding goals.

3. Family Planning
Lake County Public Health
 Prepared by Beth Hadley

Reduce the risk of unintended pregnancy				Time Period:
GOAL: in local community.				7/01/2006 to 6/30/2007
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. offer access to birth control 5 days a week	RN's at Lake Co. P.H. will coordinate schedules so a nurse is available 5 full days a week.	Monitor DHS teen pregnancy rates for Lake County quarterly.	Strive for a 1% reduction in the teen pregnancy rate from CY 2006 to CY 2007	Challenges: there is only one nurse in North Lake available 3 days a week. The other two days a week she is employed by their local rural health clinic located just next door to P.H. Her employer is allowing her to provide birth control to established FP clients during her work hours at the rural health clinic if needed.
B. Plan B for future need will be offered routinely at all visits.	Check off areas on the contraceptive visit flow sheet and on the annual exam form remind nurses to offer Plan B (future need) at each visit.	Monitor Ahlers reports quarterly for an increase in "ECP future need"	Strive for Plan B future need to be given at 80% of client visits.	Challenges: Many people still think Plan B is an "abortion pill". Public Health must continue to promote Plan B as a safe, effective postcoital contraceptive.
Assure continued high quality clinical family planning and				Time Period:
GOAL: related preventive services to improve overall individual and community health.				7/01/06 to 6/30/07
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increased access to pap/pelvic exams in North Lake.	NP in North Lake has proposed doing pap/pelvic exams for public health FP clients, during her lunch 5 days/wk.	Monitor CVR's from north lake monthly to see an increase in pap/pelvic exams.	Strive for a 50% increase from previous year in the number of pap/pelvic exams done by public health in North Lake.	Challenges: if the number of FP clients seen in North Lake goes up dramatically, it is possible the NP may wish to go back to scheduled clinics.
B. Incorporate nutrition/ activity information in to each annual exam visit	Develop an interesting 1 – 2 page nutrition/activity guide by 9/30/06. Begin distribution at each annual exam visit by 10/01/06.	Monitor Ahler's reports quarterly to see an increase in nutritional education at annual visits.	Strive for 100% of annual visits after 10/01/06 including nutrition education.	Challenges: to develop an interesting, appealing handout with information on nutrition and activity, Lake Co. may utilize the services of DHS health educators.

4. Maternal and Child Health

This plan has been updated.

**Maternal and Child Health Program
Use of Funds Plan**

Agency Name: Lake County Public Health
Date: Updated 3-29-06
Contact Person: Mary Wilkie

Total MCH Fund Allocation By Program	Perinatal Health	Babies First	Child and Adolescent Health	Total Allocation
Original Allocation	1,624	5,095	20,228	26,947
Optional RE-Distribution of Child& Adolescent Health Funds(not less than 30% of total CAH)		0	0	
Subtotal	1,624	5,095	20,228	26,947
<i>If applicable; Oregon Mothers Care Allocation</i>				
Total All Funds	1,624	5,095	20,228	26,947

Perinatal Health Program

Perinatal Program Plan and Budget

Type of Service	Estimated # Clients to Be Served	Estimated Funds Allocated		
Maternity Case Management for non-Medicaid-eligible women	2	1,256		
Clinical Prenatal Care for non-Medicaide-eligible women	1	368.00	1,624	Should match Perinatal above
Oregon Mothers Care	n/a	n/a	n/a	

Child and Adolescent Health Programs

Child Health Services	Estimated Funds Allocation
1. Clinical Services	
a. Well child care (non-immunization)	
b. Screening and referral (non-Babies First/CaCoon)	
2. Child Care Nurse Consultant	4,000.00
3. Nutrition and Physical Activity	
4. Early Hearing Detection and Intervention	
5. Other:	
RN Home Visits – non medical, child development education, breastfeeding education and support, tobacco/second hand smoke education, referral to other agencies as needed.	6,000.00
Car Seat Program – purchase car seats, provide clinic for seat checks.	1,228.00
Quarterly Child Birth Education Classes with referral to home visiting programs and support agencies.	6,000.00
Support for Mobile Dental Unit from Klamath Falls	3,000.00
Subtotal	20,228

Adolescent Health Services	Estimated Funds Allocation
1. School Health Services	
a. School Nursing	
b. Coordinated School Health	
c. School Based Health Centers	
2. Teen Pregnancy Prevention	
3. Youth Suicide Prevention	
4. Tobacco Use Prevention and Cessation	
4. Alcohol and Other Drug use Prevention	
5. Nutrition and Physical Activity	
Subtotal	0
Child and Adolescent Total Funds	20,228

C. Environmental Health

This plan has been updated.

Lake County has taken on the responsibility of food, pool and lodging inspections and licensure beginning in January 2006. A twelve month contract with a Registered Sanitarian has been signed. Food, Pool and Lodging ordinances have been adopted by Lake County Commissioners at the January meeting. Training for staff on paperwork needed for licensure was conducted mid January. The Phoenix data system will be installed and staff trained on the data base will take place in April 2006. Inspection of facilities has begun. Activities for the future include food handler trainings anticipated to begin in July, and education for temporary restaurant facilities in June.

D. Health Statistics

There has been no change in this plan.

E. Information and Referral

There has been no change in this plan.

V. Budget

Lake County Public Health is currently participating in the county budget process. The budget is anticipated to be adopted in June of 2005. Lake County Public Health will complete the revenue reports provided by the state in July and return them in a timely manner.

VI. Minimum Standards

Agencies are **required** to complete this section.

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 ___ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes ___ The Local Health Authority meets at least annually to address public health concerns.
3. Yes ___ 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 ___ Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes ___ Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes ___ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes ___ Local health officials develop and manage an annual operating budget.
8. Yes ___ Generally accepted public accounting practices are used for managing funds.
9. Yes ___ All revenues generated from public health services are allocated to public health programs.
10. Yes ___ Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes ___ Personnel policies and procedures are available for all employees.
12. Yes ___ All positions have written job descriptions, including minimum qualifications.
13. Yes ___ Written performance evaluations are done annually.
14. Yes ___ Evidence of staff development activities exists.
15. Yes ___ Personnel records for all terminated employees are retained consistently with State Archives rules.

16. Yes ___ Records include minimum information required by each program.
17. Yes ___ A records manual of all forms used is reviewed annually.
18. Yes ___ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes ___ Filing and retrieval of health records follow written procedures.
20. Yes ___ Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes ___ Local health department telephone numbers and facilities' addresses are publicized.
22. Yes ___ Health information and referral services are available during regular business hours.
23. Yes ___ 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 ___ 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 ___ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes ___ Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes ___ 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 ___ A system to obtain reports of deaths of public health significance is in place.
29. 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. No ___ Health department administration and county medical examiner review collaborative efforts at least annually.

31. No ___ Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes ___ Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes ___ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes ___ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes ___ 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 ___ 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 ___ There is a mechanism for reporting communicable disease cases to the health department.
38. Yes ___ 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 ___ 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 ___ Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes ___ 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 ___ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes ___ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes ___ 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 ___ Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes ___ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes ___ Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes ___ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes ___ Training in first aid for choking is available for food service workers. (*available through the Red Cross not by public health*)
50. Yes ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes ___ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk. (*not monitored by local public health*)
53. No ___ Compliance assistance is provided to public water systems that violate requirements.
54. Yes ___ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken. *Not by public health, but by the state drinking water program and DEQ.*
55. Yes ___ A written plan exists for responding to emergencies involving public water systems.
56. No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs.

57. Yes ___ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems. *(The program is not located at public health)*
58. Yes ___ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes ___ School and public facilities food service operations are inspected for health and safety risks.
60. Yes ___ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes ___ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste. *(This is done by Utilities and not by public health)*
62. No ___ Indoor clean air complaints in licensed facilities are investigated. *Referred to Mental Health –tobacco program or State.*
63. No ___ Environmental contamination potentially impacting public health or the environment is investigated. *Referred to DEQ*
64. No ___ The health and safety of the public is being protected through hazardous incidence investigation and response. *Not through public health but through DEQ and law enforcement, Oregon Emergency Management*
65. Yes ___ 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. *Not by public health alone, involves, Utilities, Law Enforcement, Red Cross, Hospital and Schools.*
66. Yes ___ 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.

Health Education and Health Promotion

67. Yes ___ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes ___ The health department provides and/or refers to community resources for health education/health promotion.
69. No ___ The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes ___ Local health department supports healthy behaviors among employees.

71. Yes ___ Local health department supports continued education and training of staff to provide effective health education.

72. Yes ___ All health department facilities are smoke free.

Nutrition

73. Yes ___ 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. No ___ Family Planning
- c. No ___ Parent and Child Health
- d. No ___ Older Adult Health
- e. N/A ___ Corrections Health

75. Yes ___ Clients identified at nutritional risk are provided with or referred for appropriate interventions.

76. Yes ___ Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

77. Yes ___ Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes ___ Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

79. Yes ___ A mechanism exists for intervening where there is reported elder abuse or neglect. *Not through public health but through the District Attorney's office.*

80. Yes ___ 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. 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 ___ Perinatal care is provided directly or by referral.
83. Yes ___ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes ___ Comprehensive family planning services are provided directly or by referral.
85. Yes ___ 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 ___ Child abuse prevention and treatment services are provided directly or by referral.
87. Yes ___ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes ___ There is a system in place for identifying and following up on high risk infants.
89. Yes ___ There is a system in place to follow up on all reported SIDS deaths.
90. Yes ___ 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. *Fluoride levels in the water fluctuate depending on the well source, decision to use fluoride is the responsibility of Dentist and MD.*
92. Yes ___ Injury prevention services are provided within the community.

Primary Health Care

93. Yes ___ The local health department identifies barriers to primary health care services.
94. Yes ___ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes ___ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes ___ Primary health care services are provided directly or by referral.
97. Yes ___ The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes ___ The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes ___ The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. 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. No ___ The local health department assures that advisory groups reflect the population to be served. *It is always encouraged but it is not an assurance that can be met at all times.*
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. 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.

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

At this time the Public Health Administrator is a Registered Nurse with a Bachelors Degree in Nursing and eight years experience in public health. The Public Health Authority will be advised regarding the minimum standards of the Administrator. This board will be responsible for initiating a plan to recruit a more qualified person.

104. Yes 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.

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

105. Yes ___ 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.

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

106. Yes ___ 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 an attachment that describes your plan to meet the minimum qualifications.

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


Local Public Health Authority

Lake
County

4-28-06
Date