

Marion County Public Health

Comprehensive Plan

2009-2012

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I. Executive Summary

The Marion County Public Health Comprehensive Plan outlines the Health Department's plan for services for the next three years (July 1, 2009 - June 30, 2012). Section III, "Action Plan," highlights certain activities that will be measured and reported bi-annually during that period. Action Plans for the Women, Infants and Children nutrition program (WIC), Family Planning, Immunizations, Tobacco Prevention and Education, and Tobacco Related and other Chronic Disease Prevention, which have already been submitted to the state, are attached for the convenience of creating one document.

The local public health authority must assure activities necessary for the preservation of health or prevention of disease. In Marion County, the role of the local public health authority lies with the Board of Commissioners (BOC). The BOC delegates the responsibility for this assurance to the Marion County Health Department. Oregon law identifies five basic services that health authorities must assure, including epidemiology and control of preventable diseases and disorders; parent and child health services, including family planning clinics as described in ORS 435.205; collection and reporting of health statistics; health information and referral services; and environmental health services.

In 2008, Marion County Health Department published the *Community Health Status Assessment Report* <http://www.co.marion.or.us/HLT/cha/>. The report includes data for 140 indicators profiling the health of the population of Marion County. Fourteen partner agencies came together to conduct the assessment and analyze data using the MAPP (Mobilizing for Action through Planning and Partnerships) process developed by the National Association of City and County Health Officials (NACCHO) and other partners. The information gathered through the MAPP assessment was used to develop goals and objectives for each of the five basic services. These are included in the Action Plan found in Section III. Examples of findings for which objectives were developed include high rates of Pertussis and teen pregnancy and lack of access to health and dental care. The assessment revealed that the exact risk of childhood lead exposure in Marion County is unknown, so objectives have been developed to further define the risk. Several objectives in Section III incorporate activities designed to address the changing demographics of our county, such as the need for language appropriate information. The Health Department's *2009-2011 Biennial Implementation Plan for Mental Health, Addictions and Gambling*, <http://www.co.marion.or.us/NR/rdonlyres/4F5350CC-5A68-4D20-92B9-5FFB9B86006C/11519/BIP20092011Final1.pdf> presented to the Addictions and Mental Health Division of Oregon Department of Human Services includes goals and objectives related to teen substance abuse.

II. Assessment

A. Community Health Status Assessment Summary

Introduction

The first essential function of the local public health system is to “Monitor health status to identify community health problems.” (Public Health Functions Steering Committee, 1994). The public health department is only one part of the local public health system, so when Marion County Health Department (MCHD) leaders identified a need to conduct an assessment of the community’s health, they recruited a group of community partners representing 14 community organizations with an interest in the health and well being of the residents of Marion County. (For a list of participants see page 18).

Methodology and Background

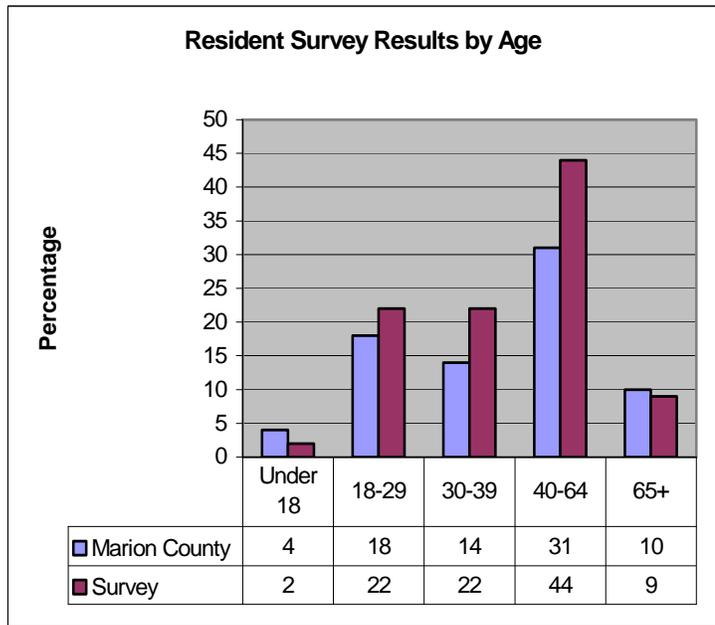
MCHD convened the Community Health Status Assessment (CHSA) Committee in February 2008. The Committee used Mobilization for Action through Planning and Partnerships (MAPP) as a framework for the assessment. MAPP was developed through a cooperative agreement between the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). MAPP employs a community wide process that leads to strategic planning for improving community health. The overall goals of the Committee were to:

- Identify indicators that are representative of our county’s health and for which data is readily available;
- Establish a framework for measuring success in the future;
- Measure trends over time;
- Compare our data to that of the State, nation, Healthy People 2010 goals and Oregon Benchmarks;
- Provide a comprehensive data report for Marion County that can be used as a tool to support community efforts to promote health, change policy and seek funding; and
- Analyze the data to identify priority health issues for strategic planning and action.

With participation of community Committee members, MCHD staff led data collection and analysis for the eleven MAPP data categories including: demographic characteristics; socioeconomic characteristics; health resource availability; quality of life; behavioral risk factors; environmental health indicators; social and mental health; maternal and child health; death illness and injury; communicable disease; and sentinel events. MAPP provides core and extended indicators for each category. In all, the MCHD work group sought data for 336 indicators with the assistance of non-Health Department Committee members. The data was reviewed and analyzed by the larger Committee and suggestions were made about how best to present the data. As part of the process, some indicators were eliminated because reliable data wasn’t available, and other indicators were added, based on the recommendation of Committee members. In many cases data was as much as three years old due to the time it takes at the state level to collect, review, verify and publish data. The final number of indicators for which data is reported is 140.

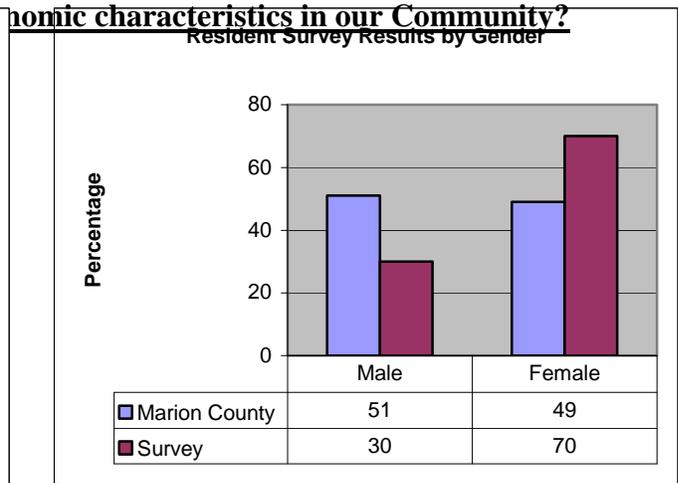
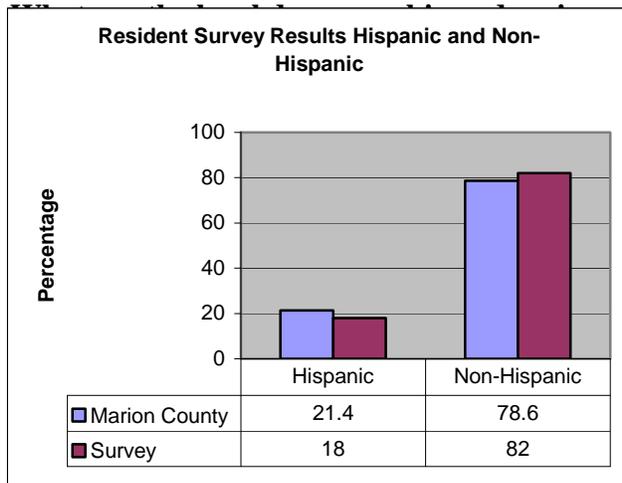
Data reported is primarily secondary data collected by other organizations. Portland State Center for Population Statistics was the source of most of the demographic data; however when Portland State was unable to provide the data, the Federal Census was used as the source.

The secondary data is supplemented by the results of surveys targeting the residents of Marion County and the health and social service professionals serving them. The Residents Survey was available on-line and in hardcopy in English, Spanish and Russian. Survey boxes were placed at over 30 locations, including but not limited to homeless shelters, senior centers, teen coffee houses, local churches, a farm worker housing complex, various county offices, and the Santiam Canyon area. A total of 2,916 surveys were collected between 4/15/08 and 7/25/08. The survey population was fairly well matched to the demographics of Marion County



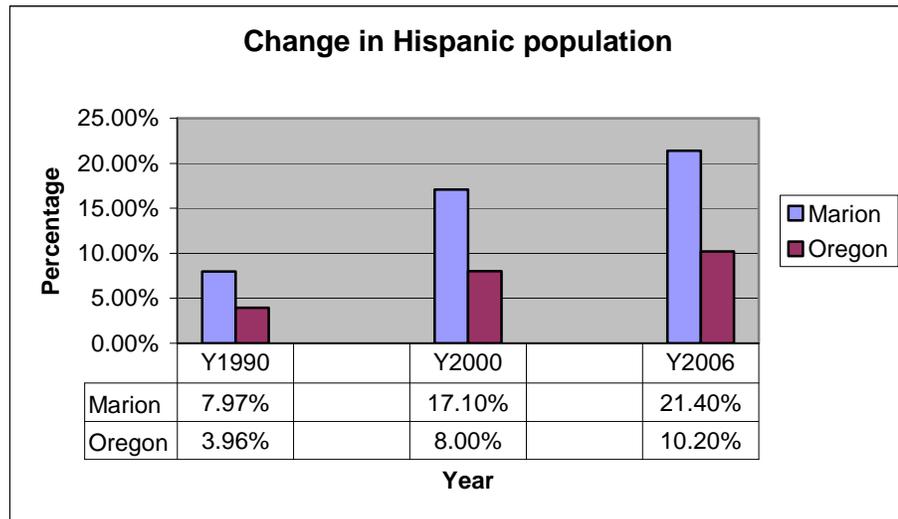
however the proportion of female to male respondents was significantly different from the general population. Seven hundred and fifteen surveys were completed at Oregon Department of Human Services offices, which may have resulted in some sample bias regarding opinions on access to healthcare.

The Providers Survey for health and social service professionals was distributed via e-mail and Listserves to community partners. A total of 162 surveys were completed between 4/15/08 and 7/25/08. Survey respondents represented social, education, health care, mental health and public health services.



Demographics and Socioeconomics: This category considers basic demographics as well as measures that have been shown to affect health status, such as income and education levels.

Marion County is the fifth largest county in Oregon with a population of 311,070 (July 1, 2007 estimate, Portland State Population Research Center). In general the population of Marion County is younger, poorer and less educated than Oregon's total population. The population is evenly divided between males and females, but the age distribution shows that about 64.6% of the residents of Marion County are under age 45 (OR- 60.75%). Mt. Angel and Woodburn are exceptions, as 18% of their residents are age 65 or older. It should be noted that between 2002 and 2006 the proportion of persons ages 65 and older increased by 1.28% (OR 1.26%), a trend that Department of Human Services



predicts will continue (Seniors and People with Disabilities, 2006). The Federal Census Bureau estimate for 2006 shows 21.4% of the Marion County residents identify themselves as Hispanic or Latino. The proportion of the Marion County population that is Hispanic has increased steadily over the last 15 years and is higher than that for Oregon and the Nation.

Census data also shows that 20.1% of Marion County children 0-18 years are living below the poverty level while Oregon's state percentage is 16.8%. In 2006, an estimated 13% of persons 25 years and older had less than a high school education, compared with 8% of Oregon residents on average.

What are the strengths and risks in our community?

Quality of Life: This category includes factors that contribute to an individual's sense of well being and the general supportiveness of the community.

Many factors contribute to an individual's perceptions about the quality of life in Marion County, including family friendly activities, a feeling of empowerment and access to health care. Marion County has over 100 developed and undeveloped green spaces designated as parks, and multiple after school and summertime activities available for children. Of the 2,803 Marion County residents that responded to the question, about 65% rated their own quality of life as good or excellent. Fifty percent of those completing the Spanish language surveys rated their quality of life as good or excellent. Seventy-seven percent of health and social services professionals responding rated their quality of life as good or excellent. Being registered to vote may be indicative of a person's involvement in their community and/or a feeling of empowerment. Only 60% of the persons eligible to vote in Marion are actually registered, which is lower than for Oregon (73.3%), but of those registered to vote, turn out at the national November elections in 2004 and 2006 was better than for Oregon as a whole.

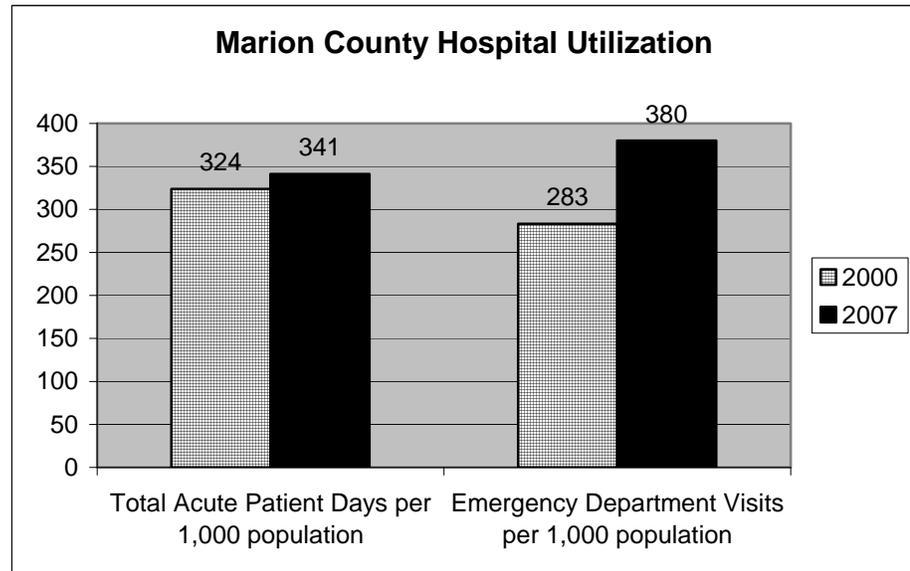
Health Resource Availability: This category measures health system capacity as well as factors that may affect access to health care.

For the purpose of the Community Health Status Assessment much of the data is reflective of inpatient and outpatient services located in both Marion and Polk Counties. This best reflects where Marion and Polk County residents receive most of their medical care. It is also a reflection of the regional focus of the Marion-Polk County Medical Society as well as the way our largest independent physicians group, the MidValley Independent Physicians Association has united approximately 95% of physician practices for the two counties. Four hospitals serve the two counties; Salem Hospital, Silverton Hospital, Santiam Medical Center, and West Valley Hospital. West Valley Hospital is part of the Salem Hospital system known as Salem Health. Two Federally Qualified Health Centers serve the two counties, Yakima Valley Farmworkers with two locations in Marion County and West Salem Clinic located in Polk County. A regional Indian Health Center, Chemawa Indian Health Center, is located in Salem.

While data sets recommended by this health assessment model are not easily retrieved, both the data sets and the survey results demonstrate healthcare access problems.

A problem with healthcare access was a common theme among survey respondents. When asked “What else do you want us to know?” top concerns included lack of healthcare insurance or access to care, lack of physicians willing to take Medicare or Oregon Health Plan, cost of medical care and lack of access to mental health care.

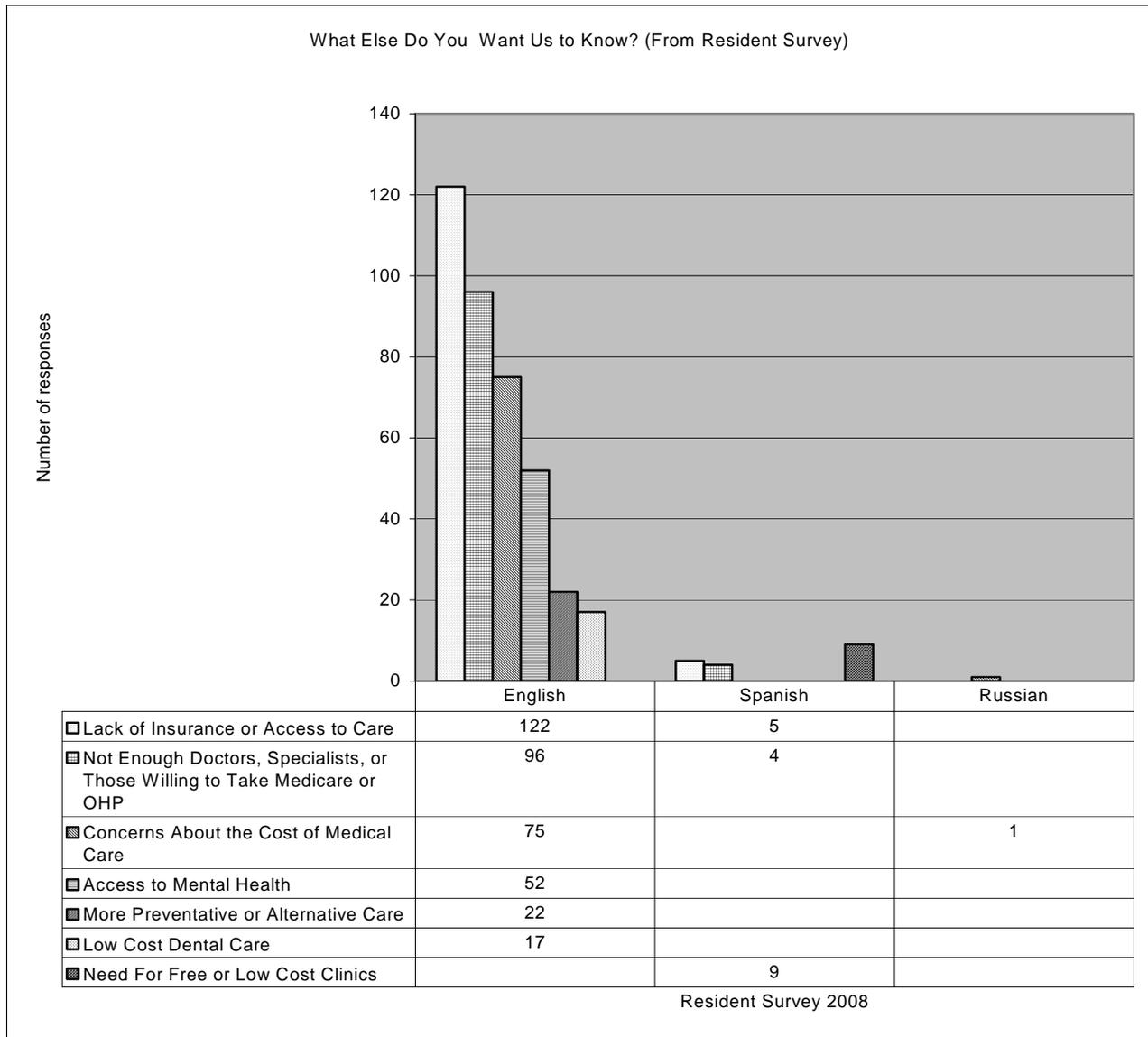
Access to healthcare was also one of the top three community health concerns cited by Providers Survey respondents. While Region 3, which includes Marion, Benton, Lane, Linn and Polk Counties, has 94



(Oregon 111) primary care providers per 100,000 population, only 86 (Oregon 98) of those accept Medicare, and of those 86, only a portion is actually accepting new patients. A similar situation exists for Oregon Health Plan; even when people have coverage, they may not have access to establishing care with a local medical provider. This is seen again with dental care: Medicare does cover dental care, and only about 29% of local dentists are thought to be accepting Medicaid.

Dean Larsen, Executive Director of the Marion-Polk County Medical Society said in a June 11, 2008 interview that there are probably no more than 10 primary care doctors in Marion and Polk Counties who are taking new patients at any given time regardless of the type of insurance coverage. He also noted that the malpractice insurance climate in Oregon along with lower reimbursement rates than larger population states, and a greater percentage of uninsured or underinsured than the national average makes practicing medicine here less attractive than many other areas of the country. These factors have likely contributed to the increasing numbers of

Emergency Department visits as well as the total acute in-patient days for the four hospitals serving Marion and Polk Counties.



The information we gathered for this indicator clearly indicated that healthcare access problems are very complex. Reliable data to demonstrate the problems has been more challenging.

Interestingly, the Adult Behavioral Risk Factor Surveillance System (BRFSS) data for the period 2002-2005 showed that 92.1% of Marion County adults surveyed reported having someone that they consider as their own personal doctor. This data may be limited by the fact that the survey is done by phone, thus excluding households without a landline from the survey sample. There are also other limitations noted. The data collected consists of self-reported information that has not been verified; the survey has a limited number of completed interviews and the sample size may be too small for analysis on sub-populations, and the data from the survey are subject to sampling errors. (A Guide to Using the 2002 County BRFSS Data, Florida Department of Health Bureau of Epidemiology).

According to 2006 census data about 16.9% of Marion County residents are uninsured. In contrast 25% of Residents Survey respondents reported having no insurance, a number that increased to nearly 80% uninsured for those completing the Spanish language survey. These percentages may be greater due to sample bias. Despite all these limitations to access, approximately 82% of survey respondents reported having seen someone for healthcare within the previous 12 months.

Since the local health department may be the provider of last resort for many residents, in particular for mental health services, data about Marion County Health Department is included in the Appendix. From July 2003 through the current fiscal year (08-09) the Health Department operating budget has increased 46%. This increase has primarily occurred in the behavioral health programs (+67%), with public health showing an increase of 18%. From 2003-2006, the population of Marion County increased by about 7.1%. The health department budget per capita was \$71.64 in 2003 and increased to \$94.09 in 2008. Public health received a lesser portion of these dollars per capita (\$24.97, 2003 and \$27.96, 2008) when compared with behavioral health (\$40.44, 2003 and \$64.35, 2008).

Behavioral Risk and Protective Factors

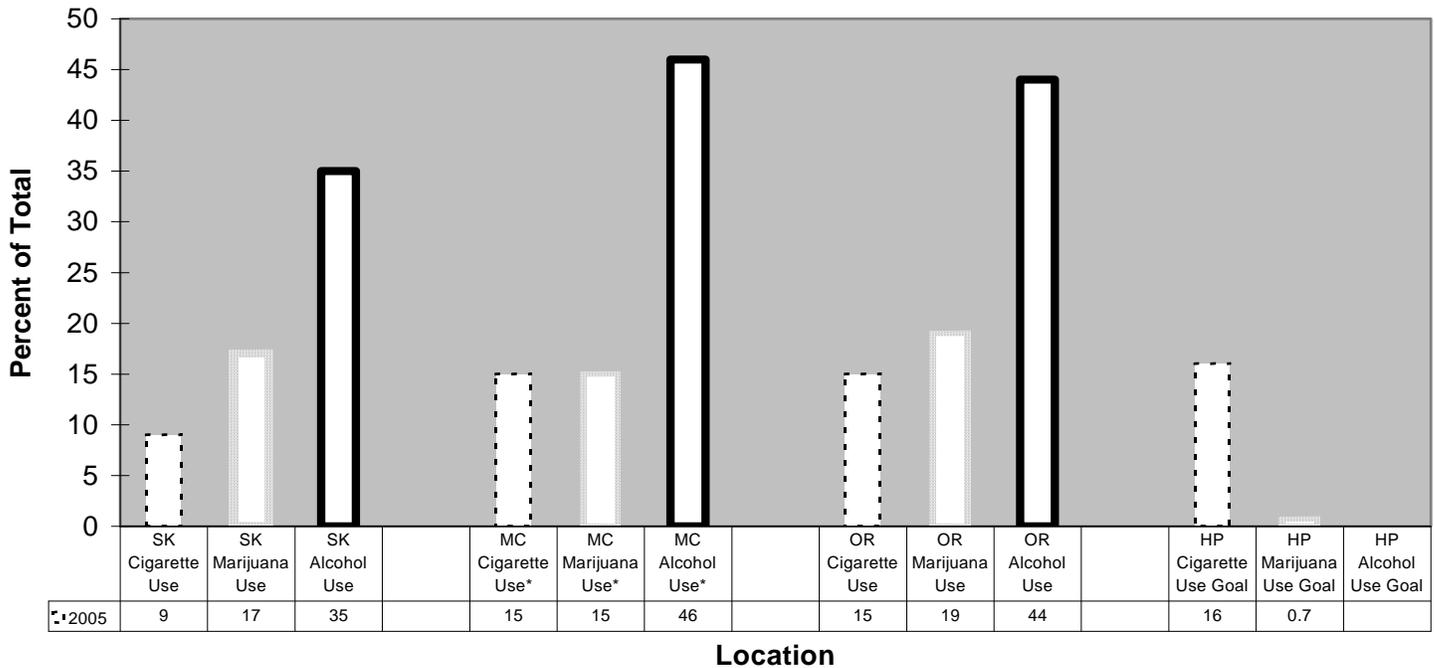
Behaviors are significant predictors of future health problems, and can be grouped into risky behaviors and protective behaviors.

Risky behaviors: Indicators for which data was collected include use of tobacco, drugs and alcohol, and obesity. Tobacco use is directly related to the development of serious chronic diseases, including heart and lung disease and cancer. Tobacco use among teens has decreased since 2000. The most recent data (2005) shows 8th and 11th graders reporting cigarette use in the last thirty days at rates below the Healthy People 2010 benchmark. However, it is important to note that the proportion of Marion County teens that smoke increases between 8th and 11th grades. Smoking in adults is significantly above the Healthy People 2010 target, and appears to have held steady at about 22% between 2000 and 2005. Excessive alcohol use has been linked to chronic health problems such as breast cancer and liver disease as well as death and injury through motor vehicle accidents. Early onset of alcohol use has been shown to predispose some teens to developing alcoholism (Substance Abuse and Mental Health Services Administration, (SAMHSA) 2004). According to Marion County data from 2000-2005/6, alcohol use in the last thirty days among 8th graders remained fairly constant in Salem-Keizer, but increased in rural Marion County. In comparison, increasing numbers of all Marion County 11th graders report using alcohol in the last thirty days. Eighth graders living outside Salem-Keizer who reported alcohol use in the past 30 days were more likely to be female, but by 11th grade more boys report alcohol use than girls. Use of marijuana in the last 30 days has decreased for all Marion County 8th and 11th graders. Data show that students are delaying use of illicit drugs such as crack, cocaine, ecstasy, heroin, LSD and/or stimulants. There has been no change in the proportion of 11th graders reporting use in the last 30 days. It is important to note that Salem-Keizer does not participate in the Oregon Healthy Teens survey so the true picture of illicit drug use by Marion County Teens is not known.

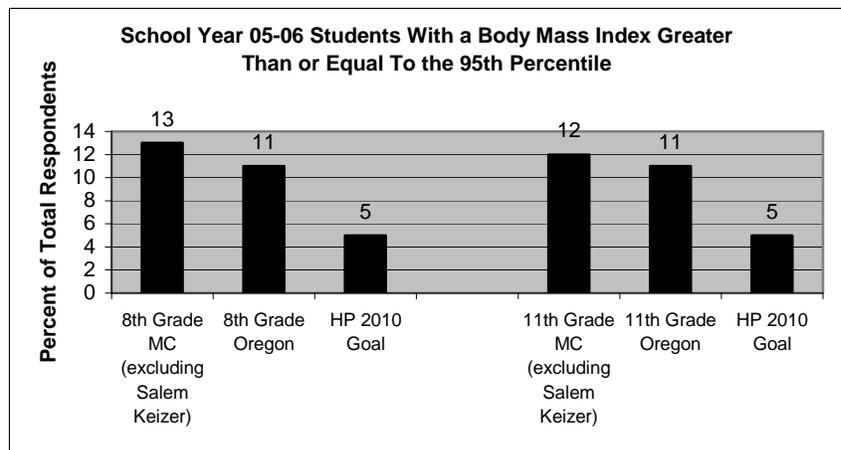
According to Oregon BRFSS data about 18% of adults 18-25 and 6% of adults 26 or older abuse or are dependent. Data for adult drug use is more difficult to obtain. Three percent of Marion County residents meet the DSM-IV criteria for abuse of and/or dependence on illegal substances. Methamphetamine use is a particular concern for Marion County and Oregon. A 2006 SAMSHA report showed that OR was one of the top 9 states (1.24%) for self-reported

methamphetamine use in persons aged 12 or older. That same year, a survey conducted in the Marion County jail found that 74% of offenders have used methamphetamine. In Marion County 51% of women and 61% of men report using alcohol and 20% of men are binge drinkers (five or more drinks in one setting).

11th Graders Who Reported Use in the Past 30 Days, 2005



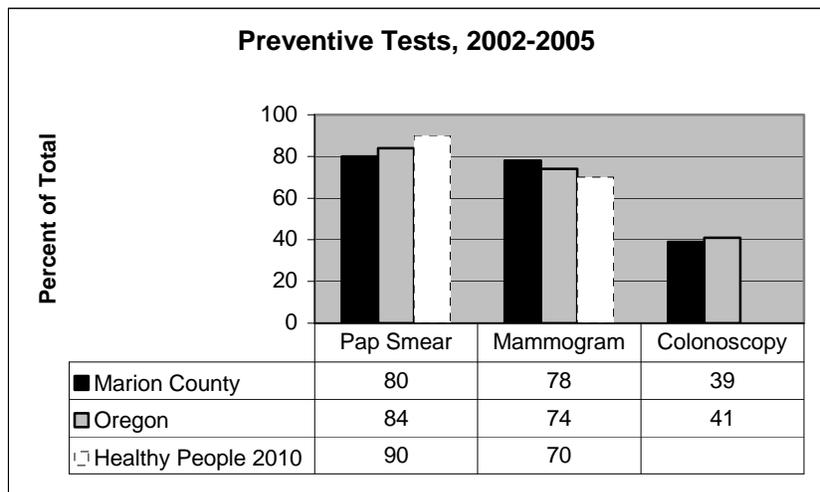
Obesity is a risk factor for chronic diseases such as heart disease and diabetes. The 2005-2006 Oregon Healthy Teen survey data for students attending school outside of Salem-Keizer shows that Marion County 8th and 11th graders are about on par with Oregon as a whole for students who have a BMI that is at or above the 95th percentile. For both teens and adults the percent of those who are overweight or obese is significantly higher than the Healthy People 2010 goal.



Protective behaviors: Protective behaviors investigated include diet, exercise, use of seat belts, car seats, bike helmets and condoms, and screening via pap smears, mammograms and colonoscopies. Eating five or more servings of fruits or vegetables is encouraged to ensure that

people receive the nutrients, antioxidants and fiber that are thought necessary to help prevent diseases such as cancer (USDHHS & USDA, 2005). Fruits and vegetables at every meal may also help to prevent overweight/obesity by creating a feeling of fullness so there is less desire for high calorie, high fat snacks.

Unfortunately, Marion County shows a downward trend for all age groups in the



percentage of persons eating five or more servings daily. In contrast, the proportion of those who exercise appears to be increasing. However, there is room for improvement as only about 69% of 11th graders reported engaging in at least 20 minutes of vigorous exercise three or more times per week compared with the Healthy People 2010 target of 85%. Marion County has shown improvement in the regular use of seat belts, child safety seats and bike helmets for youth. However, bike helmet use is well under the HP 2010 target and decreases as the student moves from 8th (42%) to 11th (27%) grade. Use of condoms by sexually active persons may prevent unintended pregnancies as well as transmission of sexually transmitted infections such as Gonorrhea, Chlamydia and Human Immunodeficiency Virus (HIV). It appears that increasing numbers of sexually active 8th graders are using condoms, however the percentage of 8th and 11th graders who reported using condoms the last time they had sex is less for Marion than for Oregon as a whole.

Recommendations for cancer screening via pap smears, mammograms and colonoscopies are based on age and gender. Early detection of cervical, breast and colon cancer can significantly lessen the need for invasive treatment and improve outcomes and life expectancy (Howard, 2005). It appears that from 2000 to 2005, there was a decrease in the percent of women who received mammograms, though Marion County has continued to exceed the Healthy People 2010 target of 70%. Pap smear rates are low, with only 80% of women, for whom the procedure is indicated, receiving the test. Healthy People 2010 has not set a target for colonoscopy, but Marion's rate (39%) is close to that of Oregon (41%).

Environmental Health: This category measures the physical environment because it directly impacts health and quality of life. Clean air and water, as well as safely prepared food, are essential to physical health.

Surprisingly, more than half of the residents of Marion County live in an area that does not meet air quality standards for carbon monoxide. This may be attributed primarily to motor vehicle exhaust. Most residents are served by community water systems that, by definition, must meet health and safety requirements set by the United States Environmental Protection Agency (EPA). Marion County residents are more likely than others living in Oregon to be on a community water system that provides at least 1 part per million fluoride. These water systems include Keizer, Salem, Silverton, Sublimity and Turner. Rates of reportable foodborne disease tend to run slightly higher in Marion County, on average, than for the state as a whole. The exact reason for this is unknown, but a contributing factor may be the frequent outreach that Health

Department staff does to medical providers to ensure accurate and timely reporting of communicable disease. There is not an active lead surveillance program in Marion County, however elevated lead levels are tracked by the State Public Health Division and the incidence in Marion County appears to be low, though not so low as the Healthy People 2010 target of zero percent. Medicaid pays for lead testing in children under age six, however it's not clear that many local physicians routinely screen children. Marion County Environmental Health program provides inspections of restaurants. On average 3-4% of eateries failed one of their bi-annual inspections between 2002 and 2006 as compared with a 1-2% failure rate for Oregon as a whole. This may be attributed to the particular care that Marion County Sanitarians take when conducting an inspection. Most "failures to comply" occur when the inspection identifies breaks in food handling practice that are known to create significant risk for food contamination or bacteria growth that can lead to foodborne illness. These breaks are known as "critical violations".

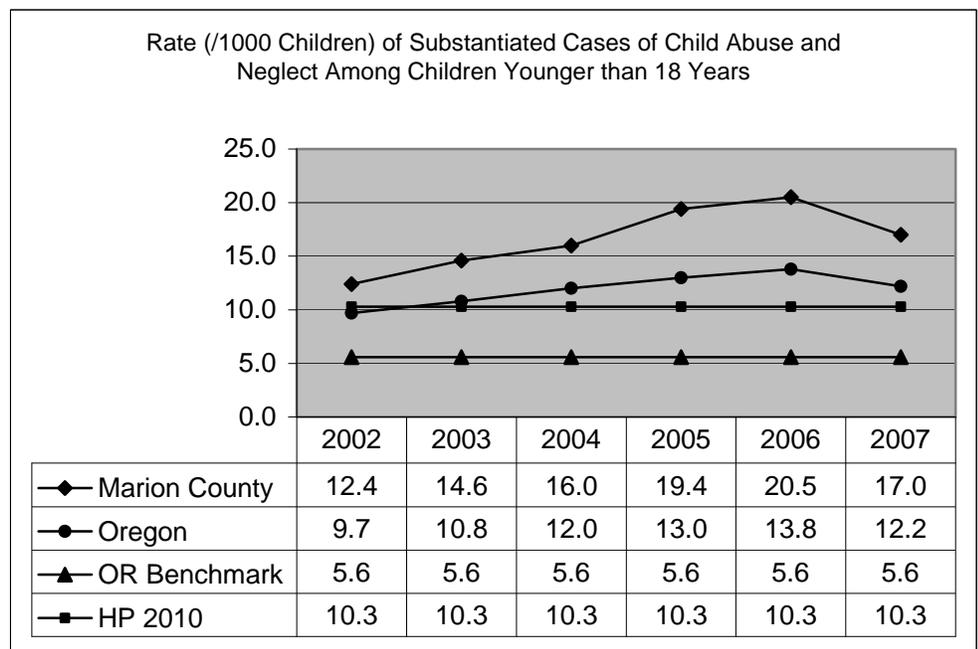
What is the health status of our community?

Social and Mental Health: Social and mental health factors may directly influence an individual's overall health and quality of life. Indicators selected to measure the social and mental health of Marion County include child abuse and neglect, homicide, suicide, alcohol related motor vehicle injuries and deaths, and drug related mortality.

Between 2000 and 2006, rates of substantiated child abuse and neglect in Marion County have increased. In addition, Marion County rates are also higher than Oregon's average. These high rates may be due, in part, to the "NO METH (methamphetamine) -Not in MY Neighborhood" activities occurring in Marion County. NO METH activities include law enforcement agencies coordinating efforts to

follow up on all reported drug activity. An unexpected consequence of this heightened law enforcement response has been the increased identification children found in unsafe situations. According to the Department of Human Services over 60% of Oregon children entering foster care in 05-06 had parental drug abuse listed as a reason for removal (DHS, Children, Adults and Families, Rev. 06/07). Most of the children have more than one reason for removal and parental alcohol abuse was a factor for about 60%.

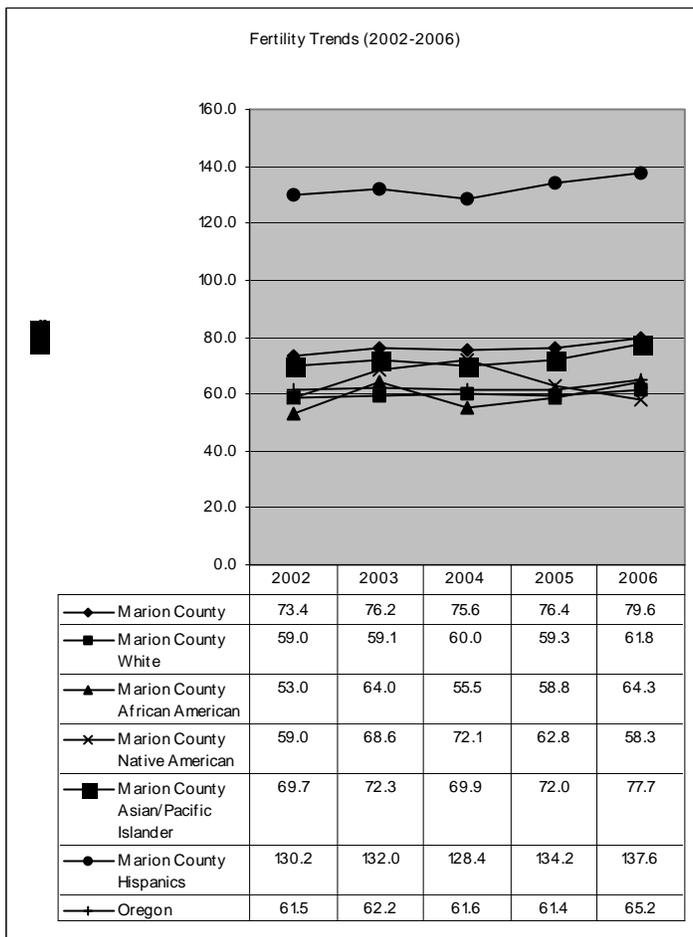
Homicides are not common in Marion County and the subjects are more likely to be non-white. In contrast, suicides are more common and the victims are more likely to be white. Both Marion County and Oregon meet the Healthy People 2010 target of 3.0 homicides per 100,000, but are



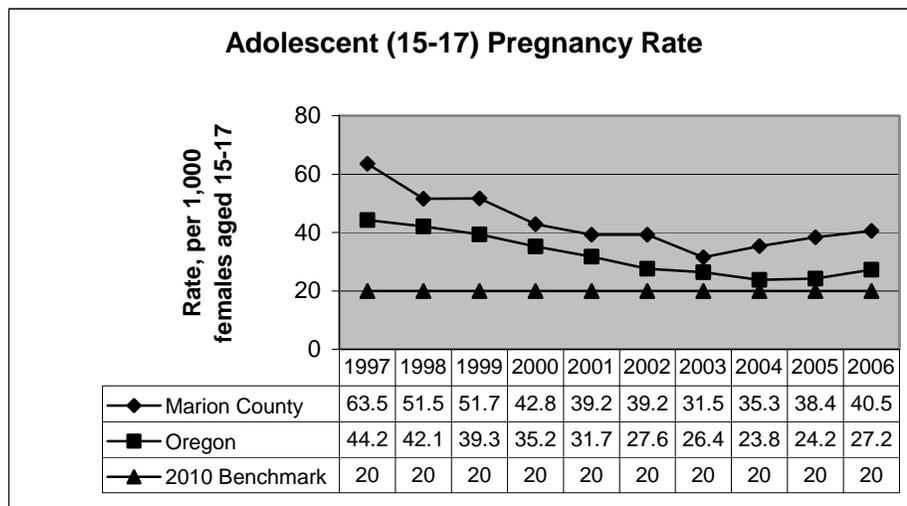
well above the Healthy People 2010 benchmark for suicides (5.0/100,000). Data on violence against intimate partners was not readily available, however information provided by the Mid Valley Women’s Crisis Service helps to provide a picture of our community. Since 1987, the number of women and children requesting shelter has decreased, but the length of stay has increased. This would seem to indicate that the increased number of shelter resources is helping to meet the need, however the women requesting shelter have greater need for support as evidenced by the longer stay.

Maternal and Child Health: This category focuses on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to and/or utilization of care are included.

Average mortality rates for Marion County infants ages 0-12 months are similar to Oregon as a whole. Data show that Hispanic infants experience slightly higher mortality rates, however the numbers are small, which may affect the validity. Hispanic women are also less likely to enter prenatal care during the first trimester. Prenatal care has been shown to reduce maternal morbidity and mortality and may play a role in preventing low birth weight infants (Alexander, Korenbront, 1995). A look at fertility trends in Marion County shows that among women of childbearing age, Hispanic women are having more births per 1,000 than all other groups combined.



Births to teen mothers are an indicator of increased risk for both mother and child. Pregnancy rates for Marion County teens have declined since the initiation of the STARS (Students Today Aren’t Ready for Sex) program in 1996 and the increased availability of emergency contraception pill in 2000. STARS is based on a program that has been shown to delay



sexual activity (RMC Research Corporation, 2004), however pregnancy rates for Marion County teens ages 15-17 continue to run well above Oregon rates and the Healthy People 2010 Benchmark. In 2006 Marion County had the third highest rate among Oregon counties. The 2007 Oregon Revised Statutes require that schools teach abstinence, but not to the exclusion of other material and instruction on contraceptive and disease reduction measures.

Death, Illness, and Injury: Morbidity (rates of the incidence and prevalence of disease) and mortality (rates of death within a population) are common measures of a community’s health.

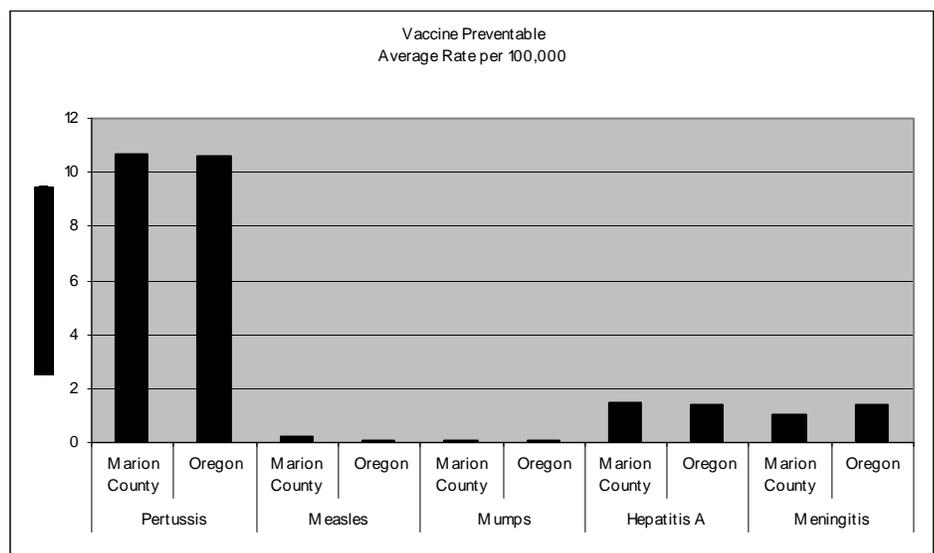
Over 83% of Marion County residents surveyed by the Behavioral Risk Factor Surveillance System (BRFSS) reported that they have good general health, exceeding the Oregon Benchmark of 72%. In contrast, only 53% of Residents Survey respondents reported good general health.

Rates for newly diagnosed cancers such as breast, cervical and lung all decreased between 2000 and 2005, for Marion County and Oregon. However, Melanoma rates increased. Statistically significant mortality rates for Melanoma are not available for Marion County or Oregon, however mortality rates for all cancers combined decreased. Of note, mortality attributed to diabetes increased for both Marion County and Oregon between 2000 and 2005, while death from stroke, cardiovascular disease and cancer decreased.

Communicable Disease: This category examines diseases that are spread from person-to-person or through shared use of contaminated items. The focus is on diseases that can be prevented through a high level of vaccine coverage of the population or other protective measures such as condoms for the prevention of sexually transmitted infections.

Using the state-wide immunization registry, the Oregon Public Health Division is able to estimate the proportion of two year olds who have received all the vaccines appropriate for their age. Marion County has consistently had a lower proportion of children meeting this standard than the State average.

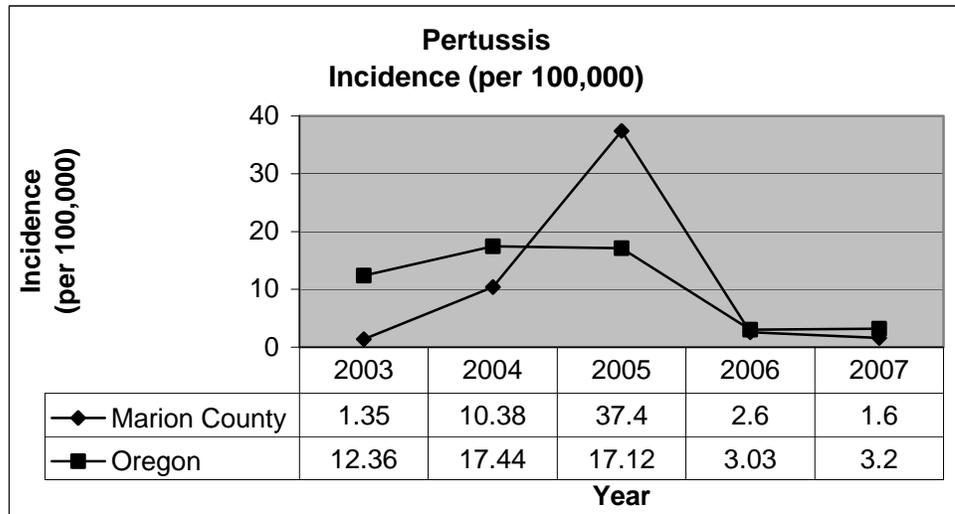
Factors that can artificially lower the estimated rates include incomplete reporting by medical offices of doses administered, and the challenge of maintaining an up-to-date database that correctly reflects when a child has left the County and is no longer available to be immunized. Factors that may contribute to lower rates include the addition of new immunizations requirements and the proportion of parents who choose not to have their children immunized.



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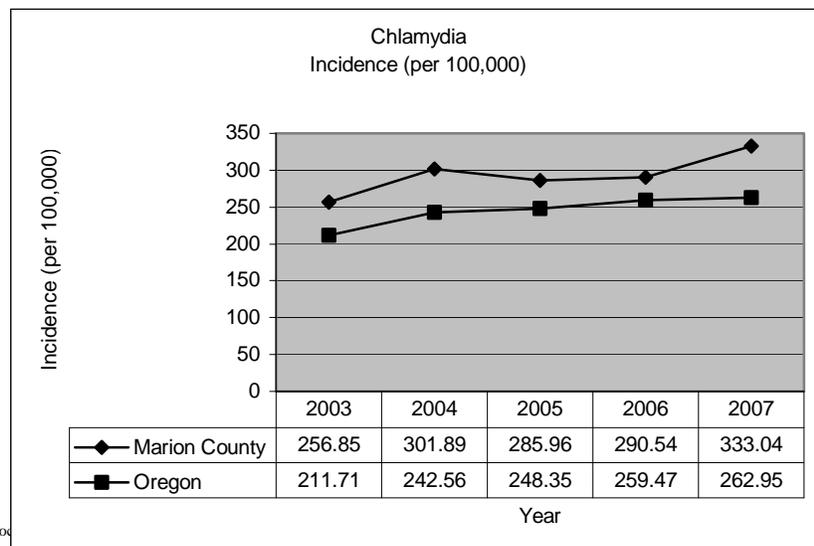
The BRFSS surveys adults aged 65 and older to learn if they have ever had a pneumococcal vaccine and whether they received their annual flu vaccine. Most recent BRFSS data shows that about 77% and 73% received the vaccines, respectively. Trend data shows a slight decrease in

2003, possibly related to problems with the vaccine supply. In part, because of the supply problems over the past few years, Marion County has seen a shift from the Health Department to community providers as the primary administrator of flu vaccine. The majority of flu vaccine is now given in the private sector and, since the vaccine tends to arrive in private offices and pharmacies before local health departments, the result is earlier access for residents. Pertussis, sometimes known as whooping cough, is a highly contagious, vaccine preventable, bacterial infection of the respiratory tract that may cause serious illness in infants and young children. In youth and adults, the illness is often undiagnosed and is likely underreported. This is significant because cases in infants are generally traced



back to older friends or family members. To reduce the number of youth and adults susceptible to Pertussis, a new Pertussis-containing vaccine Tdap (Tetanus-Diphtheria-Pertussis) has been developed. In addition, Tdap has been added to Oregon school immunization requirements for children entering 7th grade. Rates for Measles, another vaccine preventable disease have been low (0.2 per 100,000 in 03-07), however there is some indication nationally that incidence is increasing, in part because of the growing numbers of parents who “opt-out” of immunizations for their children. In our mobile society, it is not uncommon to learn of exchange students infected with Measles while visiting their host country, or even of travelers infected while flying on an international jet. When these persons return home, the fact that most of their friends and family are immune, protects our community from an outbreak. As the pool of susceptible students grows it is more likely that outbreaks will occur.

A review of sexually transmitted infection (STI) rates shows that from 2003-2007 Marion County Syphilis rates (0.63/100,000) were about half those of Oregon (1.44/100,000). In contrast, Gonorrhea rates were slightly higher than those for Oregon on average. Gonorrhea is the second most commonly reported STI in the United States (US) and is a major cause of infertility. From 2005 to 2006, Marion County experienced a 25% increase in Gonorrhea rates, with one in five cases occurring in the 15-20 year old age group. Chlamydia is Oregon’s most



commonly reported STI, and again the highest rates of infection occur among women ages 15-24 years. Like Gonorrhea, Chlamydia can cause infertility. It also may be passed to the infant during delivery causing neonatal eye problems and pneumonia. With 15 (incidence rate 4.9/100,000) new cases of HIV/AIDS reported in 2006 (25 in 2007), Marion County had the second highest incidence in the state for HIV/AIDS after Multnomah County (402.9/100,000).

Summary: What are the strengths and challenges of our community?

Most respondents to the Residents Survey reported satisfaction with their quality of life and good general health, however further exploration of the survey and other data reveals dissatisfaction with the healthcare system as well as health trends that may impact the health of our community over the long term.

When compared with Oregon, Marion County has a lower per capita income and more children and families living below the poverty level. Contributing factors may be our lower high school graduation rate, high teen pregnancy rate and the prevalence of methamphetamine use.

The majority of survey respondents indicated that they have someone they call their healthcare provider and have received medical care in the past year. However, they also raised issues related to access to medical, mental health and dental care, such as cost, lack of insurance and lack of providers taking Medicare/Medicaid.

Positive health trends include, but are not limited to: Marion County residents are exercising more and are more likely to use seat belts and child safety seats. Teen tobacco use has decreased overall and mammogram rates exceed the Healthy People 2010 benchmark.

Negative trends or challenges include, but are not limited to: Teens are more likely to smoke as they move between 8th and 11th grades; the proportion of 11th grade students who use alcohol is increasing; there is an increase in the rate of overweight teens and obese adults; and Marion County continues to have a high teen pregnancy rate.

The assessment data was shared with the Marion County Health Advisory Board on September 9, 2008. Board members identified teen pregnancy and increasing rates of overweight teens and obese adults as significant findings that merit further discussion.

On 10/2/08 the Community Health Status Assessment Committee reviewed the survey results and assessment data. There was agreement that teen pregnancy rates are high and that the role of males needs to be considered in any intervention. Other concerns named included lack of universal health insurance, lack of dental care for seniors and the need to provide services that help fathers to develop and strengthen parenting skills.

This report and the full data appendix are available to view and print at:
<http://www.co.marion.or.us/HLT/cha/>

The following table lists some of the strengths and challenges found through the data collection and surveys.

Strengths:	Challenges:
<ul style="list-style-type: none"> • Good quality of life overall • Good turn-out of registered voters • Number of Residents Survey respondents receiving healthcare • Increased funding for behavioral health 07-09 • Increased funding for public health 07-09 • Teen tobacco use has decreased since 2000 • Students are delaying use of illicit drugs (rural) • Exercising more • Improved use of seat belts, child safety seats and bike helmets for youth • Exceed Healthy People 2010 target and Oregon rates for mammograms • Strong law enforcement efforts to control use and production of Methamphetamines • Most residents are on community water systems • Most residents have fluoridated water • Low homicide rate • Community prenatal project • Majority report good general health • Decrease in newly diagnosed cancers • Decrease in death from stroke, cardiovascular disease and cancer. • More flu vaccine given in private sector • New vaccine for Pertussis prevention 	<p>When compared with Oregon:</p> <ul style="list-style-type: none"> • Lower per capita income • Lower high school graduation rate • Lower proportion of residents with high school diploma or some college • Higher unemployment • Higher proportion of residents who don't speak English well • More residents without health insurance uninsured • Dealing with more rapidly changing ethnic distribution. <p>Health System:</p> <ul style="list-style-type: none"> • Lack of primary care providers taking new patients • Lack of primary care providers accepting Medicare and/or Medicaid • Lack of affordable physical healthcare • Lack of affordable / lack of access to mental health care • Lack of alcohol and drug prevention and treatment services • Lack of affordable alcohol and drug treatment services • Increased use/long waits at emergency departments • Lack of access to dental care (adults) • Uncertain funding for public health 2009-2011 <p>Health Data:</p> <ul style="list-style-type: none"> • Smoking increases between 8th & 11th grade • Increasing trend for 11th grade alcohol use • Increasing trend for 8th grade alcohol use (county schools) • Increasing trend for binge drinking, 8th & 11th grade rural schools • Increasing numbers of overweight teens (county) • Increasing numbers of obese adults • Adults eating less fruits and vegetables • Bike helmet use decreases from 8th to 11th grade • High teen pregnancy rate (15-17 years) • Pap rates are lower than Oregon and Healthy People 2010 • Air contains excessive carbon monoxide • Lack of systematic routine lead screening • Increasing child abuse and neglect • Increasing diabetes-related mortality • High rates of Gonorrhea and Chlamydia • High rates of new cases of HIV/AIDS

Participants in the Community Health Status Assessment Process

Various Mill City locations collected by Cheri Girod, Salem Senior Center, Silverton Together, First Presbyterian Church, Temple Beth Shalom Church, Department of Human Services, Union Gospel Mission, Ike box, Salem Police Department, 24 Hour Fitness, South Salem Senior Center, Colonia Libertad, YMCA, St. Edwards, Meals on Wheels, and the following Marion County offices: Public Works, Family Planning Clinic, Health Clinic, WIC, Health Department Administration, Vital Statistics/Environmental Health, Behavioral Health, Lancaster Health Department office, School-Based Health Center, Rural Health Department offices (Woodburn, Stayton and Silverton), Board of Commissioners, Methadone Clinic, and the County Fair Booth.

B. Adequacy of Local Public Health Services

The Marion County Health Department provides quality services given the resources available. Funding for public health services is not adequate to provide a comprehensive range of services, however to date it has been sufficient to provide the five basic services as mandated by ORS 431.416. Given the current economic climate, it is expected that demand for direct clinic services may exceed capacity.

C. Provision of the Five Basic Health Services – (ORS 431.416)

The local public health authority must assure activities necessary for the preservation of health or prevention of disease. “These activities shall include but not be limited to Epidemiology and control of preventable diseases and disorders; Parent and child health services, including family planning clinics as described in ORS 435.205; Collection and reporting of health statistics; Health information and referral services; and Environmental health services.”

Summary of the five basic services as provided by Marion County Health Department:

1. Epidemiology and control of preventable diseases and disorders
 - a. Communicable Disease – nurses investigate cases of diseases that are reportable by law to identify the source and prevent spread. Nurses and sanitarians work as team to respond to foodborne outbreaks and nursing home noro virus outbreaks.
 - b. Sexually Transmitted Infection (STI) Clinic – low cost clinic to diagnose and treat sexually transmitted infections. Provided in Salem and Woodburn. Ongoing coordination with County Jail staff to ensure treatment of inmates who have been identified as contacts to known cases of STI.
 - c. Immunization clinics in Salem, Stayton, Woodburn, Silverton. Focus on disease prevention through Advisory Committee on Immunization Practices (ACIP) recommended vaccine administration to infants, children, and adults. Provide regular well child immunizations as well as immunizations post-exposure to communicable diseases. Convene coalitions for adult and child immunizations to provide information to providers and promote best practices such as use of the state immunization registry. Provide community based clinics for flu, pneumonia, Tetanus-diphtheria-pertussis and school required vaccines. Lead community planning and exercising point of dispensing clinics for pandemic influenza, anthrax and other communicable diseases.
 - d. Tuberculosis Program – provides treatment and case management to persons with tuberculosis. Targeted screening of high risk populations. Consultation to local medical providers. Two local federally funded clinics act as delegate agencies for purpose of treatment of latent tuberculosis infection.

- e. Human Immunodeficiency Virus services – Counseling and testing offered in coordination with STI clinic. Outreach to encourage high-risk persons to be tested.
 - f. Chronic disease prevention – Tobacco Prevention and Education Program focuses on promoting policy change that results in reduced use of tobacco and exposure to secondhand smoke. Chronic disease prevention program planning grant convened a community group to develop a three-year community plan that aims to put policies and systems in place that reduce access to tobacco, and increase access to healthy food choices and opportunities for physical activity.
 - g. Drug, alcohol, gambling prevention – School-based services, primarily in rural Marion County. Provide technical assistance to community Together Groups and Community Progress Teams.
2. Parent and child health services
- a. CaCoon –nurse case management in home setting to infants and children (0-20 years) at risk for developmental delays due to qualifying medical conditions.
 - b. Babies First! – nurse case management in home setting to infants and children (0-4 years) at risk for developmental delays due to qualifying medical or social risk factors.
 - c. Maternity Case Management – nurse case management in home setting by referral in order to facilitate a healthy birth outcome..
 - d. A&D Moms – Case management services for women with substance abuse issues who are pregnant and/or parenting young children.
 - e. Women-Infants-Children (WIC) – nutrition program for children 0-5 and pregnant and postpartum women. Health screening, education and food vouchers. Free and low-cost breast pump rental program.
 - f. Peer Breast Feeding Support – trained peer counselors provide support
 - g. Women’s Health Clinic –women’s health services and information
 - h. Prenatal Project and Clinic – Administrate partnership between two local hospitals and local medical insurance program that provides low cost prenatal care for women without health insurance.
 - i. Prenatal Clinic – provide perinatal care to women pre and post delivery.
 - j. Oregon Mother’s Care – pregnancy testing, screen for immediate health problems and referral to prenatal provider
 - k. School Based Health Center – Partnership of MCHD, Salem-Keizer School District, Salem Boys & Girls Club. Provide primary care services with a focus on preventative health services to students of Hoover (elementary), their siblings if the student has a communicable disease, and Boys & Girls Club members.
 - l. Teen Pregnancy – Mental health specialist provides counseling and case management support to pregnant and parenting teens in North County.
 - m. Dental – Coordinate dental vans and limited referrals for acute care. Partner on Salem area dental coalition.
 - n. Strengthening Families Program 10-14 – Evidence-based parenting class for parents/caregivers and their 10-14 year old youth. Improves communication skills, family harmony, bonding, and ability to set appropriate rules and limits.
3. Health Statistics
- a. Birth – electronic birth registry, provide birth certificates for first month of life, paternity
 - b. Death – electronic death registry

- c. State immunization database – submit data for all immunizations provided in MCHD clinics. Enter data from WIC client immunization records
 - d. Communicable disease data – submit data for reportable diseases via Communicable Disease 2000 database, mail and fax.
4. Health information and referral services
- a. Clients are provided with program-specific materials. Many materials are available in Spanish as well as English; some are available in Russian.
 - b. All receptionists have information on community health resources to assist callers.
 - c. Maintain comprehensive website that includes e-mail capability.
 - d. 24/7 phone response – Main department and clinic numbers give caller the option to speak to the public health supervisor on call.
 - e. Resources are available to schools and community members through participation in health fairs, community presentations, and individual meetings.
5. Environmental health services
- a. Licensed facilities – Sanitarians inspect and license food service facilities, traveler’s accommodations, pools/spas and organizational camps. Food service facilities include restaurants, mobile food units and temporary food booths. Other work includes plan review for new or remodeled facilities, investigation of complaints and foodborne illness investigations and semi-annual inspections of school lunch programs throughout the county.
 - b. Food handler training – Food handler classes are provided via classroom and on-line training and must be renewed every three years. Manager training is good for five years and is available in-person only. All classes are available in Spanish.
 - c. Drinking Water – MCHD is responsible for enforcing the laws pertaining to the Safe Drinking Water Act. Aside from six community systems regulated by the state, MCHD inspects and provides technical support to public water systems in Marion County.
 - d. Child Care Facilities – Environmental Health contracts and inspects licensed day care centers annually.
 - e. Other Services – Environmental Health investigates high blood lead levels in young children as well as bites from rabies-susceptible animals. Sanitarians also respond to mosquito and rodent complaints with information and technical assistance.
 - f. Clean Air – The Tobacco Prevention and Education Program is responsible for enforcing the Smoke free Workplace Law. This is a complaint-driven system. TPEP staff sends out complaint letters and educational materials; they also go on site visits and develop remediation plans as necessary.
6. Other Services
- a. Emergency Preparedness – planning and exercising for natural disaster, pandemic influenza and other public health disasters. Major focus has been use of point of dispensing clinics. Involves partnerships with hospitals, healthcare providers, law enforcement, fire, schools and emergency managers from all jurisdictions.

D. Adequacy of Other Services Import to Marion County

Primary health and dental care: Marion County is fortunate to have a Federally Qualified Health Center with clinics in Woodburn and Salem as well as a Community Health Center just across the Willamette in Polk County, all of which provide low cost

health and dental care. **Nutrition:** There is a second provider, in addition to the health department, of the federally funded nutrition program for Women, Infants and Children (WIC) in Marion County. Funding has not kept up with the rapid growth in enrollment. Local food banks assist residents in need of food supplies, but are struggling to meet increasing demand.

Health education and promotion: These services are not comprehensive. There are Living Well classes for chronic disease management, dental education in the Salem-Keizer schools and some Head Start classes, drug and alcohol prevention, and a smattering of other services being provided around the County. Educational efforts targeting health promotion and disease prevention have the potential to positively impact the long-term health of our community. However increased, secure funding is required to ensure a comprehensive coordinated effort.

III. Action Plan

This section includes specific goals and objectives for the five basic services of public health (control of preventable diseases and conditions, parent and child health including family planning, health statistics, health information and referral, and environmental health. Where possible, the goals were chosen, based on needs identified by the Marion County Community Health Status Assessment, 2008. In some cases the goals were chosen to meet one of the state contractual requirements for public health. This is not an all-inclusive list of services provided by the health department.

Updates on progress, including data for each indicator will be collected and reported twice each year for the periods July – December and January – June. The Action Plan will be reviewed and/or revised annually as indicated.

Certain programs, including Tobacco Prevention and Education Program (TPEP), Tobacco Related and Other Chronic Disease (TROCD), Family Planning, WIC and Immunizations are required to use a state-provided format to develop objectives for state-provided goals. The goals may have other reporting periods specified by the state program. These documents may be found at the end of the Action Plan section.

A. Epidemiology and Control of Preventable Disease and Disorders

Goal A.1: Reduce the number of cases of Pertussis in Marion County.

Current Condition: Marion County is one of several counties across the nation that demonstrates unusually high numbers of pertussis cases. Pertussis-containing vaccine is required for children entering licensed childcare or school. Until 2004 the vaccine was licensed only for persons through age six and the immunity lasted only about six years. In 2005 a new vaccine was licensed for persons ages 7 and older. The revised state law requires 7th grade students to have a dose of Tetanus-diphtheria-pertussis (Tdap). School records can be used to show improvement in this age group. There is not a registry to track what proportion of adults has been immunized.

Lead Program: Immunizations

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Increase the number of people in Marion County who are immune to pertussis.	Promote Tdap			
	Informational material posted on website.	Immunizations website information is accessed by many County residents	Measure number of hits on this posted information.	
	Develop 20-minute presentation for high risk/high impact groups.	Presentation is developed and utilized to promote Tdap to high risk/high impact groups.	Health educator makes 6 presentations to high risk/high impact groups.	
	Identify high risk/high impact groups.	High Risk/high impact groups are identified and contact information is maintained for presentations.	Proportion of 7 th graders immunized.	
	Hold Tdap clinics.	Numbers of adults immunized with Tdap increase.	Adults immunized.	
	Epidemiology services provide annual pertussis rates for comparison.	Pertussis rates begin to decrease.	Annual pertussis numbers and rates.	
	Promote 4th dose Dtap			
	Informational material posted on website	Immunizations website information is accessed by many County residents. (Establish baseline).	Measure number of hits on this posted information.	

	<p>Intern collects MC data to explain 4th Dtap rates</p> <p>Strategy is developed and implemented to improve 4th Dtap administration.</p> <p>4th Dtap is administered.</p>	<p>MC immunizations will have quantitative and qualitative data to explain why 4th Dtap is not given.</p> <p>Strategy for improving 4th Dtap administration is based on good data and measurable.</p> <p>4th Dtap rates improve.</p>	<p>Analyze data and complete report.</p> <p>Report progress of data driven strategy.</p> <p>Measure annual 4th Dtap rate.</p>	
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A. Epidemiology and Control of Preventable Disease and Disorders continued

Goal A.2: Integrate culturally appropriate strategies into the implementation of public health interventions.

Current Condition: Knowledge deficits about certain cultures may be inhibiting the implementation of public health interventions (e.g., lack of staff knowledge of the Marshallese culture may be placing barriers to the timely completion of the hepatitis B vaccine series and testing for infants born to hepatitis B carriers from the Marshallese community).

Lead Program: Communicable Disease Epidemiology

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Identify strategies and resources to help bridge gaps between the goals of the Marion County Health Department and the needs of its Marshallese community.	Identify a liaison from the Marshallese community to help bridge the gap between the goals of the hepatitis B prevention program and the needs of the Marshallese people in our county.	Marshallese resources will lead to better staff understanding about cultural issues in general, and especially, those related to health and wellness	Identify a liaison from the Marshallese community by June 30, 2010.	

Goal A.3: Increase timely reporting of communicable disease by licensed healthcare providers, labs and hospitals.

Current Condition: Marion County communicable disease programs rely upon licensed healthcare providers, labs and hospitals to report positive tests and/or diagnoses of diseases and conditions that are designated by Oregon law as reportable. Observance of the law allows rapid investigation and implementation of control measures to prevent the spread of disease to the general public. However, not all diseases and conditions are reported as required by law.

Lead Program: Communicable Disease Epidemiology

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Decrease the number of late or missed communicable disease reports received from labs, facilities, and providers.	Develop a policy and procedure for tracking missed or late communicable disease reports. Track reports	Policy & procedure established with contact made to late reporters after each late or missing report.	Policy & procedure in place for tracking missed or late communicable disease reports by June 30, 2010 that will identify # reporting on time and # reporting late.	

Goal A.4: Reduce sexually transmitted Infections (STI) and related negative outcomes within Marion County through prompt diagnosis, reporting and appropriate treatment.

Current Condition: While only the fifth largest Oregon County by population, 2007 data show that Marion County had the second highest number of Chlamydia cases (1035 or 10.5% of state total) and third highest number of Gonorrhea cases (112 or 9% of state total). Both of these infections may result in pelvic inflammatory disease and infertility as well as more serious illness. In addition they each can be passed on to the newborn of an infected woman. Control measures include treatment with appropriate antibiotics and prompt identification and testing of contacts.

Lead Program: Sexually Transmitted Infections

OBJECTIVES	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTES
Increase the number of individuals with Gonorrhea who are treated appropriately from private providers	<p>Monitor morbidity reports</p> <p>Develop a plan of outreach to providers about appropriate antibiotics for treatment of Gonorrhea- Quarterly newsletter by Health Officer will outline correct treatment guidelines.</p> <p>Create or identify informational materials</p> <p>Identify method of conveying the information</p> <p>Identify providers to receive the information- Salem Hospital ER, and Salem Clinic.</p>	<p>A baseline for comparison will be established and data will be collected on-going</p> <p>Providers will have references describing appropriate treatment of Gonorrhea.</p> <p>Providers will prescribe the correct treatment.</p>	<p>90% of providers providing appropriate treatment at baseline</p> <p>Contacts made to providers</p> <p>90% of providers providing appropriate treatment at six and twelve months</p>	
Increase the number of private providers that accurately complete morbidity reports for clients with symptoms of pelvic inflammatory disease	<p>Monitor morbidity reports</p> <p>Develop a plan of outreach to providers about appropriate reporting of pelvic inflammatory disease. Health Officer will include information in the quarterly newsletter.</p> <p>Create or identify informational materials</p> <p>Identify method of conveying the information</p> <p>Identify providers to receive the information</p>	<p>A baseline for comparison will be established and data will be collected on-going</p> <p>Providers will correctly report PID via existing phone, fax or mail systems within the timelines required by law.</p>	<p>#90%) of providers reporting PID appropriately</p> <p>contacts made to providers</p> <p>#90% of providers providing appropriate treatment at six and twelve months</p>	

Goal A.5: Reduce the number of new HIV infections in Marion County

Current Condition: Marion County has the second highest prevalence rate of HIV (number of people per 100,000 population living with HIV) in Oregon, 106.1/100,000 people as of 12/31/07. (Multnomah County has the highest prevalence rate in Oregon with 397.9/ 100,000 people as of 12/31/07.) In Marion County, men who have sex with men (MSM) are the population group at highest risk for HIV infection.

Lead Program: HIV Prevention

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Promote HIV prevention with the high risk MSM population by increasing the number of MSM who receive counseling and testing services	Post information re Counseling & Testing, & Social Network Program on Health Department's website	Community will access new website	HIV info posted on the Marion County Health Department's Website by September 1, 2009.	
	Social Network Strategy: Men's Health Network Program Social Activities (monthly) to encourage MSM to promote HIV Testing among their Social Networks.	MSM will promote testing among people they encounter through their social networks	# of monthly Social Activity sessions- (12 sessions from July 1, 2009-June 30, 2010.)	
	Monthly table and HIV Testing at a local gathering place frequented by MSM		# MSM that report learning of services via website, social networking, outreach at gathering place	
	HIV Counseling & Testing (HIV C & T) in clinic	Increase in the number of MSM who test for HIV	# Monthly testing sessions provided in community at places where MSM frequent, (12 times from July 1, 2009-June 30, 2010.)	
			# MSM who test for HIV (Target: 10% increase over the number who tested in 2008, 119 MSM test from July 1, 2009-June 30, 2010)	

Tobacco Prevention and Education Program

The Marion County Tobacco Prevention and Education Program (TPEP) local plan addresses the following six goals: 1) eliminate or reduce exposure to secondhand smoke, 2) counter pro-tobacco influence, 3) reduce youth access to tobacco, 4) promote quitting, 5) enforcement of tobacco-related local and state laws, and 6) reduce the burden of tobacco-related chronic diseases. These goals are met through policy development and implementation.

The specific objectives for the TPEP program are as follows

1. By June 30, 2010, TPEP staff will conduct Marion County Health Department staff and client surveys to assess support for a smokefree campus policy that exceeds the Oregon Indoor Clean Air Act.
2. By June 30, 2010, at least one multi-provider health clinic in Marion County will adopt a campus-wide, tobacco-free policy.
3. By June 30, 2010, Chemeketa Community College in Marion County will adopt a campus-wide, tobacco-free policy.
4. By June 30, 2010, at least 1 publicly owned and at least 1 privately owned multi-unit housing complex located in Marion County will adopt a smokefree policy.
5. By June 30, 2010, Marion County Health Department will have responded to all complaints of violation of the Oregon Indoor Clean Air Act as required by law.
6. By June 30, 2010, Marion County TPEP team will work collaboratively with the Marion County Healthy Communities team on meeting three smoke/tobacco-free policy objectives (smoke/tobacco-free health systems, community colleges, and multi-unit housing,).
7. By June 30, 2010, each Head Start located in Marion County will have a complete tobacco-free environment policy in place. These policies will include all of the elements required by the state mandate.
- 7b. By June 30, 2010, Salem-Keizer school district will have a complete tobacco-free policy in place and at least 1 additional school will have increased their grade on their policy. These policies will include all of the elements required by state rule OAR 581-021-0110.
8. By June 30, 2010, at least 1 planned community event in Marion County will adopt a smokefree policy.
9. By June 30, 2010, at least 3 tobacco retail shops in Marion County will decrease their tobacco storefront advertising by 25%.

Healthy Communities (TROCD) project

The Marion County Healthy Communities project's local plan addresses the following goals: 1) eliminate or reduce exposure to secondhand smoke, 2) counter pro-tobacco influence, 3) reduce youth access to tobacco, 4) promote quitting, 5) increase access to evidence-based chronic disease self-management programs, 6) increase physical activity opportunities, 7) increase availability of healthful foods, 8) decrease availability of unhealthy foods, 9) decrease advertising and promotion of unhealthy foods. These goals are met through the development of implementation of policies and systems that support health.

The specific objectives of the Healthy Communities work plan are as follows

1. By June 30, 2010, develop a centralized "home" to coordinate and promote Stanford's Living Well / Tomando Control program in Marion County
2. By June 30, 2010, Government Departments of Marion County will adopt healthy food guidelines that recommend that foods of minimal nutritional value not be served at Marion County agency meetings and trainings.
3. By June 30, 2010, at least one multi-provider clinic in Marion County will adopt a campus-wide, tobacco-free policy
4. By June 30, 2010, Chemeketa Community College in Marion County will adopt a campus-wide, tobacco-free policy.
5. By June 30, 2010, at least 1 publicly owned multi-unit housing complex located in Marion County will adopt a smokefree policy.
6. By June 30 2010, at least 1 child/family community venue, held in Marion County, will have a policy in place that states that they will offer at least 2 healthy food options at their concession stands.

Attachment: Marion County Tobacco Prevention and Education Program and Healthy Communities 2009-2010 Workplans

B. Parent and Child Health Services

Goal B.1: Increase access to primary care for school-aged children

Current Condition: Healthcare access in Marion County is a problem for many. The number of primary care providers per 100,000 population in Marion County is 96.5, while in the state of Oregon the number is 111.9 per 100,000 population. The uninsured population in Marion County is also higher than the state average (16.9% as compared to a state average of 15.5%). It is much higher than the Oregon Benchmark of 8% for uninsured population. Accessing healthcare is very difficult whether clients have insurance or not. Dean Larsen of the Marion and Polk Medical Society estimates that in June 2008 there were probably no more than 8 or 10 doctors in Marion and Polk Counties combine who were taking new clients at any given time. Marion County residents are younger and poorer than residents of many other Oregon counties. Oregon School Based Health Centers (SBHC) provide school based primary care with a prevention focus to school aged children. Marion County has one certified school based health center at Hoover Elementary School. That SBHC is entering its third year of operation and serves to increase access to primary care for school aged children. In order to receive its annual state grant the SBHC must meet certification requirements every two years and must conduct required health assessments and physical exams that assure quality services. The SBHC has met the requirements; more requirements will be tied to funding in the future. The SBHC advisory committee is not owned by the community at this point as reflected by poor community membership and attendance of the advisory committee meetings.

Lead Program: School Based Health Center (SBHC)

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Increase Community Support for School Based Health Centers</p> <p>Increase number of children served in School Based Health Center</p>	<p><u>Develop strong governance structure for SBHC</u></p> <p>Community meeting to develop understanding of composition of governance structure and where community members play a role.</p> <p>Community members and operational staff develop strong communication mechanism.</p>	<p>Parents, teachers, and key community members outside of health department staff, school officials, and Boys & Girls Club managers attend committee meetings 90% of the time to review data, make recommendations for SBHC operations, and participate in activities including program planning, advocacy, fiscal planning, evaluation, and accountability.</p>	<p>Community members attend 90% of meetings as evidenced by meeting roll call.</p> <p>Advisory committee recommendations and follow-up tracked and reported twice a year.</p> <p>Annual evaluation of satisfaction with process during last meeting of the school year.</p>	

	<p><u>Marketing SBHC Services</u> Ready to go presentation developed and regularly updated</p> <p>Media plan developed.</p> <p><u>Secure funding</u> SBHC meets goals necessary to receive state funding.</p> <p>Grants written to support operational goals of SBHC.</p> <p>Conduct community fundraisers.</p>	<p>Community members and operational staff communicate effectively to sustain and develop SBHC. Written work agreements between players.</p> <p>Staff and community members present information to community groups at least once a quarter. SBHC information is visible through local media.</p> <p>SBHC receives annual state funds and any additional funds that occur throughout the year.</p> <p>Funds secured.</p>	<p>Track presentations.</p> <p>Track media plan follow through and report twice a year.</p> <p>Monitor clinic goals required by DHS Public Health.</p> <p>Track and report grants written and funds secured. Track and report fundraisers and funds secured.</p>	
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FY 2009 - 2010 WIC Nutrition Education Plan

County/Agency: Marion County WIC
Person Completing Form: David Brown
Date: March 16, 2009
Phone Number: 503-585-4947
Email Address: dbrown@co.marion.or.us

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2009
Sara Sloan, 971-673-0043

Goal 1: Oregon WIC Staff will have the knowledge to provide quality nutrition education.

Year 3 Objective: During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

Activity 1: Staff will complete the appropriate sections of the new Food Package Assignment Module by December 31, 2009.

Resources: Food Package Assignment Module to be released summer 2009.

Implementation Plan and Timeline:

All Marion County certifier staff will be trained in the Food Package Assignment module by July 31, 2009.

Activity 2: Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new WIC food packages by December 31, 2009.

Resources: Sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009.

Implementation Plan and Timeline:

All Marion County certifier staff will be trained in Infant Feeding Cues on March 26, 2009. Any additional training will be obtained at the WIC Statewide Meeting on June 22-23, 2009.

Activity 3: Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency

with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

Example: Pregnant women will no longer be able to routinely purchase whole milk with their WIC FIs. If the nutrition education materials your agency uses indicates all pregnant women should drink whole milk, those materials would need to be revised.

Implementation Plan and Timeline:

All Marion County WIC nutrition education plans and written nutrition education material will be consistent with the Key Nutrition Messages and the new WIC food packages by July 31, 2009.

Activity 4: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2009-2010. Complete and return Attachment A by May 1, 2009.

Implementation Plan and Timeline:

Marion County WIC training supervisor is Carole Boliou. See Attachment A for training dates and topics.

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.

Year 3 Objective: During planning, each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

Activity 1: Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing by October 31, 2009.

Examples: Use state provided resources such as the Counseling Observation Guide to identify participant centered skills staff are using on a regular basis. Use state provided resources such as self evaluation activities done during Oregon WIC Listens onsite visits to identify skills staff are working on and want to improve on.

Implementation Plan and Timeline:

Marion County WIC will use training and information gathered during Oregon WIC Listens onsite visits to further improve on participant centered counseling skills. Marion County EIC has also created a 'staff only' information board which staff can communicate ideas to help in this endeavor.

Activity 2: Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

Examples: Using the information from Goal 2, Activity 1, schedule quarterly staff meeting time to review Oregon WIC Listens Continuing Education activities related to participant centered skills staff identified they want to improve on. Schedule time for peer to peer observations to focus on enhancing participant centered services.

Implementation Plan and Timeline:

1) Marion County WIC has developed an Oregon WIC Listens observation schedule which encourages all certifiers to observe fellow staff during certifications to gain insight into various client-centered-counseling techniques.

Goal 3: Improve the health outcomes of clients and staff in the local agency service delivery area.

Year 3 Objective: During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.

- *Breastfeeding is a gift of love.*
- *Focus on fruit.*
- *Vary your veggies.*
- *Make half your grains whole.*
- *Serve low-fat milk to adults and children over the age of 2.*

Activity 1: Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by October 31, 2009.

Example: Determine which partners in your community are the highest priority to contact such as medical providers, food pantries, breastfeeding coalitions, and/or Head Start programs. Provide a staff in-service, written materials or presentation to those partners regarding Fresh Choices.

Implementation Plan and Timeline:

By October 31, 2009 Marion County WIC will have provided material and a staff in-service to Mid-Willamette Community Action Head Start and other identified partners re: Fresh Choices.

Activity 2: Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

Example: Your agency is a cooperative partner in a state led evaluation of Fresh Choices such as hosting focus groups or administering questionnaires with participants.

Implementation Plan and Timeline:

Marion County WIC will collaborate with the State WIC Research Analyst for an evaluation of local Fresh Choices success by April 30, 2010.

Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.

Year 3 Objective: During planning period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.

Activity 1: Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

Resources: State provided Oregon WIC Breastfeeding Study data, the breastfeeding promotion assessment tool and technical assistance for using the tool. Technical assistance will be provided as needed from the agency's assigned nutrition consultant and/or the state breastfeeding coordinator.

Implementation Plan and Timeline:

By December 31, 2009 Marion County WIC, using State provided resources, will have identified breast feeding support strengths and weaknesses and possible strategies for improvement.

Activity 2: Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency by April 30, 2010.

Implementation Plan and Timeline:

By July 31, 2009 Marion County WIC will develop a post-delivery breast feeding education class with lesson plan on ideas for overcoming barriers to breast feeding duration. Class will be offered to all currently breast feeding clients.

By April 1, 2009 Marion County WIC will have established a second Breast Pump Station at Santiam Memorial Hospital to provide support for increased breast feeding duration for WIC moms working, going to school or experiencing other medical breast feeding problems.

Attachment A
FY 2009-2010 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2009 through 6/30/2010

Agency:

Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2009 – June 30, 2010. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2009	Food Package Assignment Module	To train staff on when and for whom to assign new food and food prescription packages.
2	July 2009	TWIST Training using new food modules	To familiarize staff on all TWIST changes re: new food modules.
3	July 2009	WIC Shopper Education	To provide participant training and shopper education on new WIC food packages.
4	October 2009	Client-Centered-Counseling skills review	Using State provided materials, provide review of client-centered-counseling.

Attachment B

FY 2008-2009 Oregon WIC Nutrition Education Plan Goal 3 and Goal 4 Recommended Objectives and Strategies from A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012

The following objectives and strategies are recommended to use with Goal 3 and Goal 4 of your FY 2008-2009 WIC Nutrition Education Plan.

Setting: Worksite

Objective I. By 2012, increase by 10 percent the number of worksites with policies and programs that promote and support physical activity and healthy eating for employees and their family members.

Strategy b). To develop policies and programs, employers should use a worksite wellness toolkit, the state's Breastfeeding Mother Friendly Employer toolkit, or similar publications that provide examples of the benefits of physical activity and healthy eating.

Strategy c). Employers should identify and designate individuals or decision-makers to continuously support, approve and promote physical activity and healthy eating.

Objective II. By 2012, increase by five percent the number of employees who consume five servings of fruits and vegetables per day.

Strategy a). Increase the availability and promotion of fruits and vegetables at worksites, including cafeteria, vending machines, break rooms, meetings and events.

Strategy b). Develop policies and promote healthy choices for cafeterias, vending machines and meetings to include fruit and vegetable offerings.

Strategy e). Provide nutrition education opportunities for all employees.

Objective III. By 2012, increase by five percent the number of employees who are physically active for 30 minutes a day, at least five days a week.

Strategy c). Provide and promote flexible time policies to allow for opportunities for increased physical activity.

Strategy d). Provide dedicated staff, educational programming and communication that promotes and makes physical activity opportunities more accessible.

Setting: Health Care

Objective I. By 2012, to increase support for breastfeeding, 15 percent of Oregon birthing hospitals will achieve the World Health Organization designation of Baby-Friendly Hospital, meaning they are centers of breastfeeding support.

Strategy a). Encourage all birthing hospitals to adopt baby-friendly policies and communicate them to staff.

Strategy e). Encourage hospitals to provide lactation support, breast pumps (when needed) and education.

Objective II. By 2012, increase training, education and resources for physicians and primary-care providers that enable providers to help patients achieve and maintain healthy weight through healthy eating and increased physical activity.

Strategy a). Promote and provide additional training for health care professionals related to prevention of obesity. This training should feature efficient techniques for motivating patients to make lifestyle changes.

Setting: Community

Objective I: By 2012, increase from baseline the number of community wide social marketing campaigns designed to promote daily physical activity, healthy eating, healthy weight, breastfeeding, and the prevention and management of chronic diseases.

Strategy c). State and county health departments should integrate public health messages into existing campaigns.

Strategy d). Health systems and educational institutions should conduct media literacy campaigns to educate the public on the media's impact on diet and exercise.

Objective II. By 2012, increase from baseline the number of physical activity and healthy eating interventions for populations experiencing health disparities.

Strategy c). Health departments, universities and community organizations shall conduct evaluations to determine barriers to increased physical activity and healthier food choices.

Objective III. By 2012, increase from baseline the number of communities implementing policies and environmental supports for physical activity and healthy eating.

Strategy f). State and county governments shall support the development of county food-policy councils to improve access to healthy food for all.

Strategy h). State and local coalitions should develop draft policies pertaining to nutrition and physical activity to serve as models for communities to use at the local level.

Strategy q). Increase the number of communities partnering with the national campaign, Fruits & Veggies – More Matters.

Setting: Home/Household

Objective I. By 2012, maintain the current level of breastfeeding initiation and increase by two percent a year the number of mothers who breastfeed exclusively for the first six months of a child's life.

Strategy d). Health plans, health systems, hospitals and others shall promote breastfeeding campaigns targeting the entire family.

Objective II. By 2012, increase by one percent a year the number of Oregon adults and children who consume five servings of fruits and vegetables per day.

Strategy a). The Department of Human Services and local coalitions should promote Fruits & Veggies-More Matters campaign.

Strategy c). State and local coalitions should support the State Nutrition Action Plan “SNAP” implementation of the Fruits and Veggies More Matters campaign.

Strategy d). State and local coalitions should support the Oregon State University Extension Family and Community Development Service “Happy Home Meal” program.

Objective III. By 2012, increase by five percent the number of Oregon adults and children who meet the recommendation for physical activity.

Strategy e). Parents should be role models for healthy physical activity and eating.

Strategy f). Educational and health organizations should provide families with information and resources promoting physical activity.

Strategy j). State and local coalitions, schools, day care centers, health care providers and others who work with families should provide information about the importance of physical activity, including information about how to lead physically active lives.

Objective IV. By 2012, decrease television and other screen time for children. Specifically, reduce by two percent the number of children ages 2-18 who have more than two hours a day of screen time and work to ensure children 2 years and younger have no screen time.

Strategy b). Pediatricians and other health professionals shall teach parents that children 2 years and younger should have no television or other screen time.

Strategy c). Families should participate in TV-Turnoff Week each year and meet the American Academy of Pediatrics screen time recommendations throughout the year. Parents should also encourage alternatives to television and screen time, such as by promoting activity rooms in place of media rooms.

Strategy d). Parents should adopt the following practices in the home:

- 1). No television in the bedrooms
- 2). No eating while watching television
- 3). Not using television or screen time as a reward or punishment.

Strategy e). State and local community coalitions should urge parents to be role models by encouraging them to increase their physical activity limit their time in front of the television and provide children with resources that foster active rather than sedentary behavior.

Immunization Comprehensive Triennial Plan

Due Date: May 1
Every year

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2009-2011

Year 1: July 2009-December 2009

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase percentage of 24 month olds with 4 th DTaP to 68%	Information material posted on website	9/09	Gerardo & Mary	Measure number of hits to this information	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report
	Research best practices for and innovative ways to increase 4 th DTaP compliance and develop strategy to improve 4 th DTaP administrations.	9/09	Kelly	Action plan developed		
	Hold 1 staff training on giving all shots due at time of visit and how to talk to parents about vaccines	12/09	Kelly	# of staff attending training		
	Continue to work with WIC. *Attend Big WIC classes to promote immunizations * Work with WIC staff to provider referrals	12/09	Kelly	Number of Big WIC Classes attended		
	Attend 1 WIC staff meeting to talk about imms	12/09	Kelly	Determine if 4 th DTaP rates have increased by 2%.		
Review 4 th DTaP rates at each clinic annually.	12/09	Kelly and State imm program				
B. Increase the UTD rate of teens for the Tdap vaccine	Get baseline number of teen up to date for Tdap from the State Imm. Department	7/09	Kelly	Rate of UTD is ____	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report
	Post information material on website	7/09	Mary & Gerardo	Measure # of hits to site		
	Develop presentation for high risk groups and present 6 times	12/09	Kelly & Gerardo	# of presentations # of clinics__ # of teens UTD w/Tdap__		
	Work with schools to hold Tdap clinics	12/09	Kelly			

Immunization Comprehensive Triennial Plan

**Due Date: May 1
Every year**

**Local Health Department:
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2009-2011**

Year 2: January 2010-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase percentage of 24 month olds with 4 th DTaP to 70%	Updated Information material posted on website	9/09	Gerardo & Mary	Measure number of hits to this information	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
	Follow action plan from previous year	9/09	Kelly	Action plan followed		
	Hold 1 staff training on giving all shots due at time of visit and how to talk to parents about vaccines	12/09	Kelly	# of staff attending training		
	Continue to work with WIC. *Attend Big WIC classes to promote immunizations * Work with WIC staff to provider referrals	12/09	Kelly	Number of Big WIC Classes attended		
	Review 4 th DTaP rates at each clinic annually.	12/09	Kelly & State imm prog.	Attend 1 WIC staff meeting to talk about imms Determine if 4 th DTaP rates have increased by 2%.		
B. Increase the UTD rate of teens for the Tdap vaccine by 2%	Get baseline number of teen up to date for Tdap from the State Imm. Department	7/10	Kelly	Rate of UTD is____	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
	Post information material on website	7/10	Mary & Gerardo	Measure # of hits to site # of presentations		
	Develop presentation for high risk groups and present 6 times	12/10	Kelly & Gerardo	# of clinics__ # of teens UTD w/Tdap__		
	Work with schools to hold Tdap clinics	12/10	Kelly			
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Immunization Comprehensive Triennial Plan

**Due Date: May 1
Every year**

**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2009-2011**

Year 1: July 2009-December 2009						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A.. Provide AFIX exchange for Marion County VFC and/or non-VFC providers (i.e., Family practice, pediatric, OB/GYN, internal medicine, hospital and other vaccine-providing clinics)	Identify number of County VFC providers to participate.	Due	Staff	Pre-event activities completed, schedule set, etc. (i.e., meetings, cost evaluation, invitations, phone calls, site and catering set up, etc.)		
	Contact & work with State Immunization Program staff to set up event	8/09	Kelly	AFIX assessments completed		
	Decide on time, date, place and content of event	7/09	Kelly			
	Find event site & arrange food	7/09	Kelly	AFIX exchange held on [date] # attendees: ____		
	Work with OIP staff to complete AFIX assessments on each provider	7/09	Kelly	Evaluation of event and modification for following years' events completed		
	Send "Save the Date" postcards	7/09	Kelly			
	Design and send invitations	8/09	Kelly	Evaluation results____		
	Follow up phone calls	9/09	Kelly	Post-event activities completed		
	Host event and do introductions, etc.	9/09	Kelly			
	Evaluate event success to modify future activities	10/09	Kelly	Pre-planning for next year's exchange begun		

<p>B. Increase the number of ALERT participants in Marion County</p> <p>*Private providers *Schools *Childcare settings</p>	<p>Assess the level of use of ALERT in all Marion County schools, private practices and day care settings using ALERT participation data available through OIP</p>	8/09	Gerardo	<p>Number of schools, clinics, & daycares not using ALERT for forecasting</p> <p># clinics not submitting determined</p>	<p>Focus on the 3 hospitals in Marion County for 2009</p>	<p>To be completed for the CY 2009 Report</p>
	<p>Determine which type(s) of agencies to contact and focus effort on</p>	3/09	Kelly	<p>Target sites determined</p>		
	<p>Review current participation & identify target clinics needing improvement. Offer assistance to those sites needing help to increase usage</p>	7/1/09	Pat/Kelly	<p># of site offered assistance</p>		
	<p>Pick a number or percentage of non-ALERT users to recruit each year for 3 years</p>	10/09	Kelly & Judy	<p>Percentage of sites determined</p>		

Immunization Comprehensive Triennial Plan

<p>Due Date: May 1 Every year</p>
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**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2009-2011**

Year 2: January-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Provide AFIX exchange for Marion County VFC and/or non-VFC providers (i.e., Family practice, pediatric, OB/GYN, internal medicine, hospital and other vaccine-providing clinics)	Identify number of County VFC providers to participate.	Due 8/10	Staff Kelly	Pre-event activities completed, schedule set, etc. (i.e., meetings, cost evaluation, invitations, phone calls, site and catering set up, etc.)		
	Contact & work with State Immunization Program staff to set up event	7/10	Kelly	AFIX assessments completed		
	Decide on time, date, place and content of event	7/10	Kelly	AFIX exchange held on [date] # attendees: ____		
	Find event site & arrange food	7/10	Kelly			
	Work with OIP staff to complete AFIX assessments on each provider	7/10	Kelly	Evaluation of event and modification for following years' events completed		
	Send "Save the Date" postcards			Evaluation results ____		
	Design and send invitations	7/10	Kelly	Post-event activities completed		
	Follow up phone calls	8/10	Kelly			
	Host event and do introductions, etc.	9/10	Kelly	Pre-planning for next year's exchange begun		
	Evaluate event success to modify future activities	9/10	Kelly			

		10/10				
B. Increase the number of ALERT participants in Marion County *Private providers *Schools *Childcare settings	Reassess the number of providers submitting to ALERT	4/10	Kelly	Number of clinics not submitting to ALERT determined	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
	Determine number of providers that are not submitting	4/10	Kelly & Judy	Number of sites chosen to contact_____		
	Contact providers not submitting and offer assistance	9/10	Kelly	Number of providers contacted_____		
	Compare numbers of ALERT users post recruitment	12/10	Kelly	Number of providers submitting increases		

Immunization Comprehensive Triennial Plan

**Due Date: May 1
Every year**

**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2009-2011**

Year 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes	
A. Provide AFIX exchange for Marion County VFC and/or non-VFC providers (i.e., Family practice, pediatric, OB/GYN, internal medicine, hospital and other vaccine-providing clinics)	Identify number of County VFC providers to participate.	Due 8/11	Staff Kelly	Pre-event activities completed, schedule set, etc. (i.e., meetings, cost evaluation, invitations, phone calls, site and catering set up, etc.)	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
	Contact & work with State Immunization Program staff to set up event	7/11	Kelly	AFIX assessments completed		
	Decide on time, date, place and content of event	7/11	Kelly	AFIX exchange held on [date] # attendees: ____		
	Find event site & arrange food	7/11	Kelly	Evaluation of event and modification for following years' events completed		
	Work with OIP staff to complete AFIX assessments on each provider	7/11	Kelly	Evaluation results ____		
	Send "Save the Date" postcards	7/11	Kelly	Post-event activities completed		
	Design and send invitations	8/11	Kelly	Pre-planning for next year's exchange begun		
	Follow up phone calls	9/11	Kelly			
	Host event and do introductions, etc.	9/11	Kelly			
	Evaluate event success to modify future activities	10/1	Kelly			

B. Increase the number of ALERT participants in Marion County *Private providers *Schools *Childcare settings	Reassess the number of schools/daycares using to ALERT	4/10	Kelly	Number schools/daycares not accessing ALERT determined_____	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
	Determine number of site that are not accessing ALERT	4/10	Kelly & Judy	Number of sites chosen to contact_____		
	Contact providers not submitting and offer assistance	9/10	Kelly	Number of providers contacted_____		
	Promote ALERT at all school law training	12/10	Jan	Number of participants in trainings_____		
	Compare numbers of ALERT users post recruitment	12/10	Kelly	Number of providers accessing ALERT increases		

Immunization Comprehensive Triennial Plan

<p>Due Date: May 1 Every year</p>
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**Local Health Department:
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2009-2011**

Year 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase percentage of 24 month olds with 4 th DTaP to 72%	Updated Information material posted on website	9/09	Gerardo & Mary	Measure number of hits to this information	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
	Follow action plan from previous year	9/09	Kelly	Action plan followed		
	Hold 1 staff training on giving all shots due at time of visit and how to talk to parents about vaccines	12/09	Kelly	# of staff attending training		
	Continue to work with WIC. *Attend Big WIC classes to promote immunizations * Work with WIC staff to provider referrals	12/09	Kelly	Number of Big WIC Classes attended Attend 1 WIC staff meeting to talk about imms		
	Review 4 th DTaP rates at each clinic annually.	12/09	Kelly & State imm prog.	Determine if 4 th DTaP rates have increased by 2%.		

B. Increase the UTD rate of teens for the Tdap vaccine by 2%	Get baseline number of teen up to date for Tdap from the State Imm. Department	7/10	Kelly	Rate of UTD is____	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
	Post information material on website	7/10	Mary & Gerardo	Measure # of hits to site		
	Develop presentation for high risk groups and present 6 times	12/10	Kelly & Gerardo	# of presentations		
	Work with schools to hold Tdap clinics	12/10	Kelly	# of clinics____ # of teens UTD w/Tdap____		

Goal B.5: Marion County Early Childhood Nursing (ECN) services promote systems thinking.

Current Condition: Public Health nurses in MCHD’s Early Childhood Nursing Services provide case management services to women and their families with infants and small children. Various funding streams assure that pregnant women, pregnant and parenting women with substance abuse issues, and children at risk for developmental delays receive services necessary to have the best outcomes for their pregnancies and for their young children. This effort serves many purposes, including assurance that these families have the healthcare they need and the resources to assure that infants are born healthy and are able to grow and develop appropriately. Marion County Health Department’s Early Childhood Nursing Services staff is only one entity providing in home services to this population. Others include Healthy Start, Head Start, Willamette Education Service District (Early Intervention), and Family Building Blocks. All home visiting program supervisors have participated in community meetings, including the Early Childhood Consortium and most recently Great Beginnings meetings. The supervisors have noted a need for direct service understanding of how each agency operates, to put names and faces together, and to develop a mechanism for strengthening their working relationship. The goal for this partnership is to assure that resources are used wisely, and that the greatest number of families and children receive services that assure healthy growth and development in this 0 to 5 year old population. All agencies are meeting March 4, 2009 to share data across programs that will lead to a better understanding of services as a framework for future planning.

Lead Program: Early Childhood Nursing

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Nurses are a part of a functional system of care.	<p><u>Great Beginnings Home Visiting Partnership</u></p> <p>Supervisor participates in planning meetings with other county agencies providing home visiting services.</p> <p>Compare data that each organization collects.</p> <p>Nurses attend community home visitor meetings.</p>	<p>Knowledge of other services and opportunities to plan jointly for collaborative efforts.</p> <p>Data driven community service plans.</p> <p>Shared knowledge and networking.</p>	<p>Meeting attendance and agendas tracked.</p> <p>Data driven community service plan is shared with HAB and agency staff by June 30, 2009.</p> <p>Record meeting attendance. Survey nurses re: ROI for meeting attendance.</p>	

Goal B.3: Reduce the teen pregnancy rate in Marion County

Current condition: From 2004-2006 a total of 770 Marion County teen girls, ages 10-17 years got pregnant, resulting in 574 births. Seventy-nine percent (79%) of those births were fathered by male’s ages 20 years or older. Nationally as well as in Marion County, a significant number of the teen pregnancies are occurring among Latinas. Preliminary data for 2007 doesn’t show that rates for adolescent pregnancy are decreasing. Teen pregnancy is a risk factor for poverty and failure to complete high school and children born to teens are more likely to experience abuse or neglect, be placed in a foster home, be incarcerated as a teen or young adult, and to become teen parents themselves. Past approaches have been to provide abstinence only education in schools and birth control, with the primary focus on the female teen. Evidence has shown that abstinence only education delays but does not prevent teen sexual activity and there is increasing interest in considering males in prevention planning. Multiple factors contribute to teen pregnancy rates therefore any plan must be multi-faceted and involve multiple segments of the community rather than just schools and healthcare.

Lead Program: Public Health Administration

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Implement a community-based approach to teen pregnancy prevention in Marion County	Gather information about best practices and causative factors Convene a group of concerned partners to discuss the issue and possible solutions. Recruit members of the Hispanic community to participate Recruit youth representation	Develop a community-based action plan.	Plan developed by 1/1/2010	

C. Environmental Health

Goal C.1 – Protect the health of residents and visitors to Marion County through inspections of licensed facilities and water systems as delegated by the State Health Division and required by Oregon law.

Current Condition: Marion County has approximately 1400 licensed and contracted facilities to inspect and 186 public water systems to regulate. The inspectional frequency is set by delegation. Only registered environmental health specialists or registered environmental health specialist trainees may perform these inspections. In addition to the routine inspections, sanitarians are also required to conduct plan reviews, complaint investigations, and provide technical support for these facilities. Finally Environmental Health must provide emergency response to prevent or control outbreaks of foodborne, waterborne and vector borne diseases including investigation, implementation of control measures and enforcement of laws now and in times of natural or other disaster. Four new environmental health specialists have been hired within the last two years after many years of stable, experienced staff.

Lead Program: Environmental Health

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Inspect licensed facilities and water systems according to the inspection criteria and time lines required by Department of Human Services delegation.</p> <p>Includes: Restaurants, temporary food establishments, Traveler accommodations, Pools, spas and organizational camps</p>	<p>Inspect facilities & water systems.</p> <p>Run semi-annual inspection reports to confirm that inspections were done on time</p> <p>Develop and implement standardized orientation plan for new environmental health specialists</p> <p>Document training of all environmental health specialists with emphasis on new staff</p>	<p>2009-2012 - 100 % of inspections required by contract with Department of Human Services will be completed on time</p> <p>New environmental health specialists will be trained in policies and procedures so they can function independently within six months of hire.</p>	<p># (%) of inspections completed on time Each July and January.</p> <p>At six months, new sanitarians provide four return demonstrations of appropriately conducted and documented inspections</p> <ul style="list-style-type: none"> - Restaurant - Temporary food - Traveler accommodations - Pools/spas - Organizational camp 	

Goal C.2 – Reduce the risk of childhood lead exposure in Marion County.

Current Condition: Lead levels above $>10\mu\text{l/dl}$ in children ages 0-5 years are reportable by law. The Environmental Health program is tasked with conducting an environmental investigation in these situations. Only four elevated levels were reported in Marion County in 2008. However, since it is uncertain how many providers perform routine or high-risk screening for childhood lead, it is difficult to determine the extent of the problem.

Lead Program: Environmental Health

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Quantify the risk of childhood lead exposure in Marion County by:</p> <p>1. Assessing whether medical providers are screening children for blood-lead levels.</p> <p>2. Gathering information about the expected lead exposure risk for Marion County given the number of household dwellings built before 1950 and comparison with peer counties.</p>	<p>Develop and administer a survey for healthcare providers serving children 0-5 years to determine if and when they screen for elevated blood lead levels.</p> <p>Gather information about expected numbers of elevated levels based</p> <p>Analyze the data</p> <p>Create an outreach plan to provide information and technical assistance to the public and/or providers based on the results of the analysis</p>	<p>Develop and implement survey by 10/1/09</p> <p>Collect, review and analyze all data by 1/1/2010</p> <p>Develop plan for education and/or technical assistance by 3/1/2010</p>	<p># Providers surveyed</p> <p>#(%) Providers surveyed who screen routinely</p> <p>#(%) Providers surveyed who screen only for high risk situations</p> <p>Report of data and analysis</p> <p>Education/technical assistance plan developed</p>	

D. Health Statistics

Goal D.1 – Fetal deaths are accurately reported in Marion County.

Current Condition: Since January 1, 2008 fetal death reports have been submitted electronically, bypassing the County and going directly to the State. ORS 432.005 (5) defines fetal death as the death of a fetus that weighs 350 or more grams (≥ 350 gm) or, when the weight is unknown, is over 20 weeks gestation. Without a system of review, it is unknown whether the fetal deaths reported through the electronic system actually meet the definition. It is necessary to establish a baseline.

Lead Program: Vital Statistics

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Assess whether the fetal deaths reported via the electronic system meet the definition of: Weight ≥ 350 grams, or If weight unknown, is of greater than 20 weeks gestation.	By 12/31/2009 Review deaths reported electronically in 2008 to determine if they meet the definition for fetal death By 2/28/2010 Prepare a report of the findings and share with Public Health Administration By 3/31/2010 Create a plan for follow-up based on the findings	MCHD will quantify the proportion of reported fetal deaths (2008) that met the state's definition of fetal death.	# of reports reviewed # (%) accurate reports Report prepared and presented Plan revised	

E. Information and Referral

Goal E.1 – Marion County Health Department is a resource for health information and referral to persons who live and work in Marion County.

Current Condition: In addition to the information provided at client visits, Marion County Health Department provides information and referral to the community via phone, e-mail, newsletters, WebPages and health fairs. Trained reception staffs have phone numbers and other information about healthcare resources that can be provided to callers. Those needing more technical assistance either call, or are forwarded to the program most closely related to their need where they may speak with a nurse, health educator, environmental health specialist, the Health Officer, or other clinical staff. There is an e-mail link on the Health Department Internet home page. Administrative staff forward incoming mail to the appropriate program supervisor for follow-up. The Health Officer writes a quarterly newsletter on topics related to communicable disease, which is mailed to community healthcare partners. The Health Department web pages have been updated in the last year to be more attractive and user friendly. And Marion County participates in several health fairs each year. Interviews of the “man on the street” have shown that the average citizen doesn’t have a good understanding of what public health is, or what it does for the community. It’s only when something goes wrong, as in a foodborne outbreak that those involved become aware of the role of public health.

Lead Program: Public Health Administration

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Develop a media plan to inform and educate the public about the work/services available from the Health Department	Work with County Public Information Officer to make a plan that is feasible given the local media market. Prioritize topics Prepare talking points for each topic	Systematic provision of information, will result in increased public awareness of the role played by public health in protecting their health and safety	Plan developed by 1/1/2010 List of topics developed by 1/1/2010 Draft talking points for each topic developed by 6/30/2010	

Goal E.2 – Marion County Health Department information and referral services are language appropriate

Current Condition: 2006 US Census estimates show that about one in five Marion County residents is Latino. A large number of clients served by MCHD public health programs are Latino, and many do not speak English well. MCHD has made a commitment to hiring adequate bilingual-bicultural support staff that are usually the client’s first encounter when they enter or call the health department. Depending upon services provided, clinical programs either hire bilingual staff or use interpreters. In all programs, many written documents have been translated into Spanish and some into Russian. Some written materials, for example Vaccine Information Sheets are also available in other languages. The web page has been updated in English, but is not available in Spanish.

Program Lead: Public Health Administration

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Make the MCHD public health pages Spanish-friendly</p>	<p>Convene workgroup to create implementation plan</p> <p>Create en español link on home internet page</p> <p>Link MCHD pages to primary (e.g. CDC) Spanish language sites</p> <p>Workgroup determines what else needs to be posted in Spanish</p>	<p>Persons who prefer to read in Spanish will be able to access materials from the MCHD website</p>	<p>en español link on main page</p> <p>#/Types of Spanish links and documents posted</p>	

F. Public Health Emergency Preparedness

Goal F.1 Community partners and the public are informed or have access to information about the Marion County plan for Pandemic Influenza Response

Current Situation: Marion County Health Department has developed a plan for response during an influenza pandemic. Outreach activities have included education to the medical community, first responders, nursing homes and the business community. There is an ongoing need for outreach to community partners and the public to promote preparedness in general as well as provide education about infection control measures that can be taken to prevent spread of disease. Childcare providers serve a population that may be significant “vectors” of influenza in a pandemic. It is important that the providers understand basic rules of infection control as well as be prepared to deal with issues such as a power outage.

Lead Program: Emergency Preparedness

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Increase community preparedness for an influenza pandemic or other public health emergency by providing information and education to the childcare community	<p>Develop packet of information about emergency preparedness, and infection control measures for Pan Flu in childcare</p> <p>Develop presentation for childcare providers</p> <p>Contact local childcare resource agency and Chemeketa child care education program to offer presentation to their constituents</p>	<p>Childcare providers will receive:</p> <ul style="list-style-type: none"> - packet of information on emergency preparedness - information about how to access more information and/or technical assistance <p>Will have a presentation prepared for use with daycare providers</p>	<p>Packet of information for daycare providers developed.</p> <p>Post resources for daycare providers on the health department webpage</p> <p>Contact each of the large licensed day cares in Marion County by 6/30/2010</p> <p>Provide educational session to at least one group of day care providers</p>	

G. Other Issues

Goal G.1: Residents of Marion County have access to dental care services.

Current situation: The Marion County Community Health Status Assessment, 2008 identified that access to dental care is a problem for community residents. Marion County Health Department does not receive funding to provide dental services. As funds have been available, MCHD has worked with Northwest Medical Teams to bring dental vans into the community and has been able to provide a limited number of vouchers for acute dental care. Sustainability is an issue; therefore it is necessary to increase system capacity in a way that doesn't rely on funding from the health department.

Program Lead: Public Health Administration

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Increase capacity for charity dental care in Marion County	Meet with Dental Society to learn what measures are in effect Collaborate with Dental Society and local partners on a plan.	Will quantify current levels of charity care available in Marion County Will have plan to increase system capacity for charity care beyond current levels	Meeting with dental society by 1/1/2010 Assessment of current levels of charity care completed Plan developed based on findings by 7/1/2010	

Goal G.2: The Marion County Health Department meets the national standards for public health practice as defined by the Public Health Accreditation Board.

Current Condition: With support from the Centers for Disease Control and the Robert Wood Johnson Foundation The Public Health Accreditation Board (PHAB) is dedicated to improving the performance of public health. The PHAB has developed draft standards and measures that, when finalized will be used in a national voluntary accreditation process for local health departments. The accreditation program is intended to promote high performance and continuous quality improvement. Marion County Health Department Public Health Division proposes to use the draft standards to conduct a self-assessment for the purpose of identifying areas for improvement.

Lead Program: Public Health Administration

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Conduct a self-assessment of public health services using the Proposed Local Standards and Measures adopted by the Public Health Advisory Board January 15, 2009	<p>Conduct self-assessment for each of the domains listed in the new standards</p> <p>Compile report of areas for development</p>	MCHD will have a better understanding of how well the HD meets the new standards for local health departments	<p>Complete self-assessment</p> <p>Report of areas for improvement developed</p>	

**H. Family Planning Program Annual Plan
2009-2010**

Agency: Marion County Health Department

Contact: Pamela A Heilman, RN, MPH
pheilman@co.marion.or.us

Goal H.1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

Lead Program: Family Planning

Problem Statement	Objective	Planned Activities	Evaluation	Progress Note
Federal site review identified that program is out of compliance with Title X laws regulations and guidelines regarding education/outreach, and project promotion.	By 6/30/2010, increase clinic visits by 10% through the implementation of outreach to increase community awareness about MCHD family planning services	<ul style="list-style-type: none"> • Compile packets of posters and brochures for distribution • Develop list of potential sites/partners to visit • Bilingual/bicultural health educator will visit at least 25 sites • Participate in state FPEP media campaign survey • Create tracking log for contacts and activities • Share statistics with Team members 	<ul style="list-style-type: none"> • Review of clinic statistics and contact log at six month intervals (Dec and June) • Survey results • Partner feedback 	

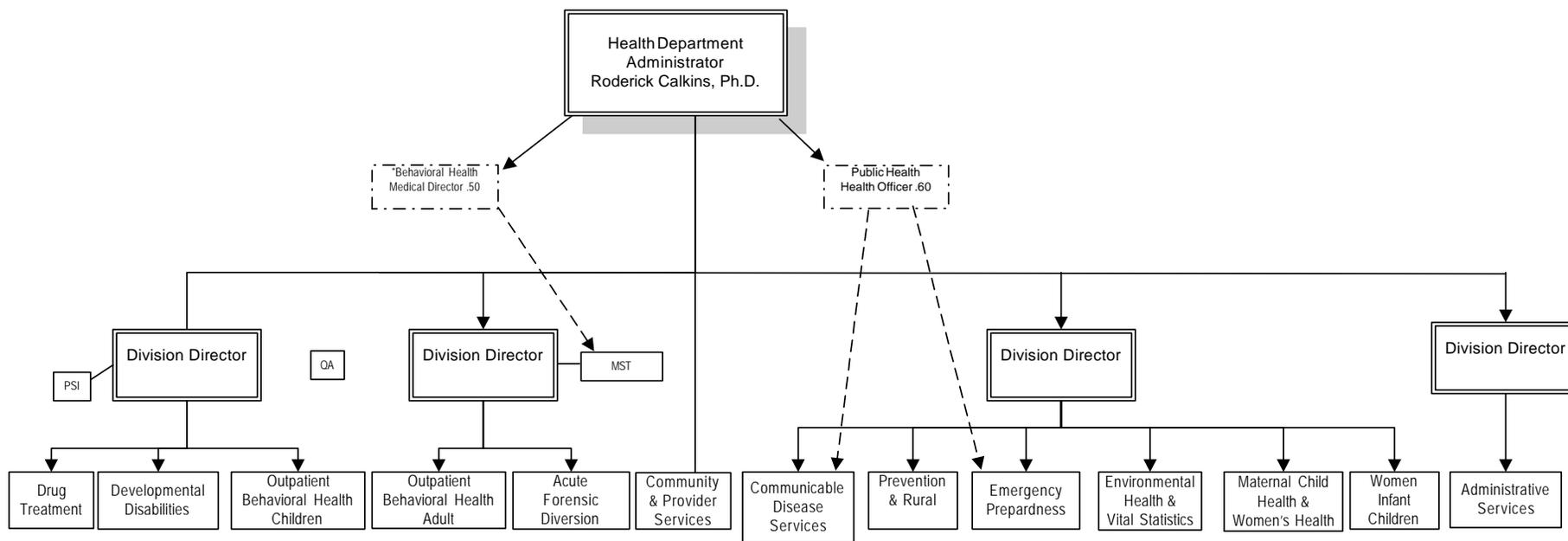
Goal H.2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

Lead Program: Family Planning

Problem Statement	Objective	Planned Activities	Evaluation	Progress Note						
<p>Chlamydia trachomatis (CT) is a sexually transmitted infection that may result in illness and infertility.</p> <p>Most recent data (2007) shows Chlamydia rates for Marion Co of 333/100,000 vs 263/100,000 for Oregon.</p> <p>Sexually active women under age 25 seen in the MCHD Family Planning program meet the State Infertility Prevention Project criteria for free CT testing, however in 2008 only 26.5% of eligible women were screened.</p>	<p>Calendar Year 2008 data</p> <table border="1" data-bbox="512 233 926 448"> <thead> <tr> <th data-bbox="512 233 644 277">Age</th> <th data-bbox="644 233 779 363"># Clients served</th> <th data-bbox="779 233 926 448"># CT tests done</th> </tr> </thead> <tbody> <tr> <td data-bbox="512 363 644 448"><25yrs</td> <td data-bbox="644 363 779 448">1224</td> <td data-bbox="779 363 926 448">324 (26.5%)</td> </tr> </tbody> </table> <p>By 6/30/2010 increase to 40% the number of women under 25 who are screened for CT in the MCHD Family Planning program.</p>	Age	# Clients served	# CT tests done	<25yrs	1224	324 (26.5%)	<ul style="list-style-type: none"> • Provide information to staff about 2008 CT rates, Infertility Prevention Project criteria and benefits of CT testing • Collect specimen for CT testing for all women <25 who come to clinic for a nurse visit that includes a pregnancy test. • Provide feedback about rates of testing to Team. 	<ul style="list-style-type: none"> • Reassess feasibility at 6 months • Review and report data Dec and June • Staff feedback 	
Age	# Clients served	# CT tests done								
<25yrs	1224	324 (26.5%)								

IV. Additional Requirements

A. Organizational Chart



B. Senate Bill 555

Senate Bill 555: The Marion County Children and Families Commission (CFC) and MCHD are active partners. The MCHD Health Administrator is a member of the Children and Families Commission Executive Committee and MCHD management contribute to a variety of CFC subcommittees. The Health Department participated actively in the development of the “Six Year Plan for Improving Outcomes for Marion County Children and Families, Jan 2008”. The Plan’s executive summary states that the “plan began with the Marion County Children and Families Commission’s existing strategic plan and build upon it by drawing on the plans and priorities of other partners.” The planning process included a review of issues, gaps, barriers and focus areas brought to the table by a variety of stakeholders and community groups. Twenty key community issues were identified, seven of which are specifically related to health or mental health care. The final document includes five focus areas with outcomes to measure for the next six years. Access to and availability of health care services is the health-related focus area.

The Six Year Plan for Improving Outcomes for Marion County Children and Families, Jan 2008 may be found at: <http://www.co.marion.or.us/CFC/>

V. Unmet needs

The unmet needs of Marion County fall into the categories of funding for basic public health services. For example, there are so many cases of Chlamydia in Marion County, it’s impossible for the one State Disease Intervention Specialist located at MCHD, but shared with several other counties, to follow up on all the contacts to each case. A second example is Family Planning services. Many of the women who qualify for the subsidized care under the Family Planning Expansion Project (FPEP) are being seen at other community clinics, while those who don’t qualify come to MCHD for services. Title X funds do not cover this need and at the same time require that no one be turned away due to inability to pay. All-hazard preparedness, while not a core service is an on-going need. Work continues on the development and testing of coordinated plans with community partners as well as on efforts to inform the public, yet funding doesn’t support these activities at the level needed to ensure Marion County is prepared for any disaster. Perhaps the other major unmet need is lack of coverage for basic healthcare and dental. The survey of residents conducted in 2008 as part of the Community Health Status Assessment showed that access to healthcare continues to be a significant concern.

VI. Budget

Budget Contact for Marion County Health Department:

Name: Gerri Ball, Financial Supervisor

Phone: (503) 585-4901

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.
62. Yes No ___ Indoor clean air complaints in licensed facilities are investigated.
63. Yes No ___ Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No ___ The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No ___ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No ___ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes No ___ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No ___ The health department provides and/or refers to community resources for health education/health promotion.
69. Yes No ___ The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No ___ Local health department supports healthy behaviors among employees.
71. Yes No ___ Local health department supports continued education and training of staff to provide effective health education.
72. Yes No ___ All health department facilities are smoke free.

Nutrition

73. Yes No ___ Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No ___ WIC
 - b. Yes No ___ Family Planning
 - c. Yes No ___ Parent and Child Health
 - d. Yes No ___ Older Adult Health
 - e. Yes No ___ Corrections Health
75. Yes No ___ Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes No ___ Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes No ___ Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes No ___ Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes No ___ A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes No ___ Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes No ___ Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes No ___ Perinatal care is provided directly or by referral.
83. Yes No ___ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes No ___ Comprehensive family planning services are provided directly or by referral.

85. Yes No ___ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes No ___ Child abuse prevention and treatment services are provided directly or by referral.
87. Yes No ___ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes No ___ There is a system in place for identifying and following up on high-risk infants.
89. Yes No ___ There is a system in place to follow up on all reported SIDS deaths.
90. Yes No ___ Preventive oral health services are provided directly or by referral.
91. Yes No ___ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No ___ Injury prevention services are provided within the community.

Primary Health Care

93. Yes No ___ The local health department identifies barriers to primary health care services.
94. Yes No ___ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes No ___ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes No ___ Primary health care services are provided directly or by referral.
97. Yes No ___ The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes No ___ The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No ___ The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes No ___ The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes No ___ The local health department assures that advisory groups reflect the population to be served.
102. Yes No ___ The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator name: **Roderick P. Calkins, PhD**

Does the Administrator have a Bachelor degree? Yes No

Does the Administrator have at least 3 years experience in public health or a related field? Yes No

Has the Administrator taken a graduate level course in Biostatistics? Yes No

Has the Administrator taken a graduate level course in epidemiology? Yes No

Has the Administrator taken a graduate level course in environmental health? Yes No

Has the Administrator taken a graduate level course in health services administration? Yes No

Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes No

a. Yes No The local health department Health Administrator meets minimum qualifications:

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

Plan: the Health Administrator plans to take the on-line courses to meet the requirements.

b. 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;

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.

c. 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.

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

d. 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.

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

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

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

Roderick P. Balkin
Local Public Health Authority

Marion
County

4 May 09
Date

MARION COUNTY BOARD OF COMMISSIONERS

Chair

Janet Carlson
Commissioner

Samuel A. Beente
Commissioner

April 29, 2009
Date

Appendix B Data Links

1. Population pyramid, by age and sex:
http://www.censusscope.org/us/s41/chart_age.html
2. Oregon population center:
<http://www.upa.pdx.edu/CPRC/publications/annualorpopulation.html>
3. Federal census center:
<http://quickfacts.census.gov/qfd/states/41000.html>
4. County facts:
<http://bluebook.state.or.us/local/counties/clickmap.htm>
5. Reportable diseases by county, and other disease surveillance data:
<http://oregon.gov/DHS/ph/acd/stats.shtml>
6. County data book:
<http://oregon.gov/DHS/ph/chs/data/cdb.shtml>
7. Chronic disease data:
<http://oregon.gov/DHS/ph/hpcdp/pubs.shtml>
<http://oregon.gov/DHS/ph/hpcdp/index.shtml>
8. Environmental Health licensed facility inspection report:
<http://www.dhs.state.or.us/publichealth/foodsafety/stats.cfm>
9. Youth surveys:
<http://oregon.gov/DHS/ph/chs/youthsurvey/>
10. Benchmark county data:
http://egov.oregon.gov/DAS/OPB/obm_pubs.shtml#Benchmark%20County%20Data%20Books
11. Detailed census tables:
http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=DEC&_lang=en&_ts=
12. Alcohol and Drug County Data
<http://oregon.gov/DHS/addiction/data/main.shtml#ad>
13. Web-based software for public health assessment
<http://www.oregon.gov/DHS/ph/lhd/vista/vista.pdf>

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Marion County Tobacco Prevention and Education Program 2009-2010 Workplan

1. BEST PRACTICE OBJECTIVE # 1: TOBACCO FREE WORKSITES

2. **SMART Objective #1: By June 30, 2010, Marion County Health Department will assess the feasibility of adopting a smokefree campus policy that exceeds the smokefree workplace law.**

3. Goal Areas for this objective:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthy food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

Plan of Action Subcategories	Start	End
Coordination and Collaboration		
Collaborate with Yamhill and Polk counties regarding previous efforts with this objective	July 2009	On-going
Collaborate with DHS to discuss their strategies and efforts with developing and enforcing their tobacco-free workplace policy	July 2009	On-going
Collaborate with TROCD staff and Marion County Chronic Disease Prevention subcommittee	July 2009	On-going
Coordinate with Marion County Wellness Advisory Council and Marion County Human Resources to get feedback on policy	July 2009	On-going
Collaborate with other County Health Departments that have previously passed tobacco-free policies	July 2009	On-going
Assessment & Research		
Research what policies already exist, both locally and nationally	July 2009	August 2009
Review Health Worksite Assessment completed Summer 2008	July 2009	August 2009
Assess administrator/decision maker readiness and barriers	July 2009	August 2009
Assess county employee interest, readiness, and barriers; assess employee tobacco use and readiness to quit	July 2009	September 2009
Assess public health clients interest, readiness, and barriers to the policy	July 2009	October 2009
Research Marion County cessation programs and resources available to Marion County Employees	September 2009	November 2009
Research cessation programs and resources available to Marion County public health clients	September 2009	November 2009
Community Education, Outreach, and Media		
Work with Wellness Advisory Council to present survey results to department administrators and Board of Commissioners; discuss rationale and benefits of developing a policy	November 2009	January 2010
Provide presentations at staff meetings about survey results and rationale for	January 2010	June 2010

	the policy		
	Provide talking points / fact sheets to supervisors and staff about smokefree policies	October 2009	June 2010
	Disseminate information about the survey results and smokefree environments to county employees via payroll stuffers, flyers, all county email, Wednesday Wisdom, Visions Newsletter, and other county communication networks	May 2010	June 2010
	In collaboration with the Wellness Advisory Council and Chronic Disease Prevention Subcommittee, develop a Media Plan to communicate the newly adopted policy to the community	January 2010	June 2010
Policy Development			
Policy Implementation			

1. BEST PRACTICE OBJECTIVE # 2: TOBACCO-FREE HOSPITALS/HEALTH SYSTEMS

2. SMART Objective #1: By June 30, 2010, at least one multi-provider health clinic in Marion County will adopt a campus-wide, tobacco-free policy.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

Plan of Action Subcategories	Start	End
Coordination and Collaboration		
Collaborate with the Oregon Public Health Division, Health System Workgroup members, Marion County Healthy Communities, and Polk County TPEP to discuss previous work and established contacts at the clinics	July 2009	On-going
Coordinate/Collaborate with Salem, Silverton, and Santiam Hospitals to learn about their experience in developing and implementing a smokefree hospital policy. Determine assessment tools used in policy development and implementation.	July 2009	On-going
Coordinate efforts with Polk and Yamhill county health departments	July 2009	On-going
Recruit group of interested stakeholders including HR staff, employees, and clients to join the Health Systems Workgroup	August 2009	On-going
Assessment & Research		
Utilize list of multi-provider health clinics in Marion County to help identify clinics to target	July 2009	August 2009

Review and utilize tools from the Step-Up campaign, Tobacco Cessation Leadership Network, Maryland Hospital Association Smokefree Hospitals Tool-kit, Tobacco-free Nurses, and University of Arkansas Smokefree Tool-kit	July 2009	September 2009
Obtain and review current tobacco use policy for each multi-provider health clinic in Marion County	August 2009	September 2009
Assess staff and client interest, readiness and barriers in adopting a tobacco-free policy	September 2009	December 2009
Research cessation programs and resources available to staff and clients	August 2009	October 2009
Research cessation programs and resources available to the general public in Marion County	August 2009	October 2009
Community Education, Outreach, and Media		
Meet with Health Systems Workgroup, interested stakeholders, and Polk and Yamhill counties, to create a plan of action specific to each clinic	September 2009	October 2009
Meet with/give presentations to health care professionals and staff on the rationale and benefits of tobacco-free campus policies	November 2009	February 2010
Provide technical assistance and talking points to health care professionals, staff and administrators to communicate the rationale for the new policy, as needed	March 2010	June 2010
Work with hospital employee wellness directors to communicate cessation coverage to employees (email, payroll stuffers, staff newsletter, etc)	January 2010	June 2010
In collaboration with Health System Workgroup and TROCD staff, develop and implement a media plan for this objective. Consider including CCTV, Statesman Journal and/or local radio stations as media contacts.	March 2010	June 2010
Work on the current Marion County Health Department's prevention website, updating the portion of the website specific to Health Systems (model policies, tobacco-free health systems media, quit line resources, tobacco free resources, and links to the StepUp! Website, Maryland Hospital Association Smokefree Hospitals Toolkit, Tobacco Free Nurses, University of Arkansas Smokefree Hospitals Toolkit, and the Tobacco Cessation Leadership Network site).	January 2010	March 2010
Promote Oregon Quit Line and provide educational materials for employees and clients about health benefits of quitting in collaboration with clinic Human Resources Department.	June 2009	On-going
Policy Development		
Work with clinic HR and Health Systems Workgroup to develop a policy. Ask clinic executive team/administration to review and approve.	December 2009	March 2010
Provide technical assistance in policy development	December 2009	March 2010
Develop appropriate signage to communicate the policy	February 2010	April 2010
Policy Implementation		
Collaborate with clinics for launching of the new policy. Provide technical assistance as needed	January 2010	June 2010
Provide technical assistance to the clinics in developing and implementing strategies for policy implementation	January 2010	June 2010
Post appropriate signage	April 2010	June 2010
Provide State provided cessation materials and quit line information to employees, clients and visitors	July 2009	June 2010

1. BEST PRACTICE OBJECTIVE # 3: TOBACCO-FREE COMMUNITY COLLEGES

2. SMART OBJECTIVE #1: By June 2010, By June 30, 2010, Chemeketa Community College will adopt a campus-wide, smokefree policy.

- **By June 30, 2012, Willamette University and George Fox University campuses in Marion County will adopt a campus-wide, smokefree policy.**

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

Plan of Action Subcategories	Start	End
Coordination and Collaboration		
Collaborate with American Lung Association of OR (ALAOR), Yamhill County and Polk Counties TPEP coordinators, and Chronic Disease Prevention Community workgroup to discuss next steps	July 2009	On-going
In collaboration with ALAOR, TROCD Staff and workgroup members, work with college universities Dean of Student's Development regarding existing task forces, activities, and timelines. Utilize this information to develop plan of action	July 2009	On-going
Recruit group of interested stakeholders including college students, staff, human resources/risk management and administration to serve on a task force.	July 2009	On-going
Plan to meet with task force 2-3 times to create plan of action specific to each college	October 2009	On-going
Assessment & Research		
Obtain copy of current tobacco-use policies for each college campus	July 2009	August 2009
Review executive summary of Oregon Lung Association survey of community college students.	July 2009	July 2009
Contact the ALAOR for information on the review they have conducted on each college's current policy.	July 2009	July 2009
Obtain the model policy from ALAOR http://www.lungoregon.org/tobacco/college_model_policy.html	July 2009	July 2009
Research list of all colleges operating in Marion County	July 2009	August 2009
Assess student and staff interest, readiness and barriers; assess student and staff tobacco use	October 2009	December 2009
Community Education, Outreach, and Media		
Develop plan for talking with college officials and student body leaders.	September 2009	October 2009
Meet with Administration and Board to discuss rationale and benefits of tobacco-free campuses	October 2009	February 2010
In collaboration with the Community Workgroup and TPEP staff, develop and implement a media plan for this objective.	December 2009	January 2010
Offer presentations and in-person meetings to students and staff to discuss rationale and benefits of tobacco-free campuses (consider utilizing college	October 2009	Ongoing

	listserv for educational communication)		
	Work on the current Marion County Health Department's prevention website, updating the portion of the website specific to Community Colleges (model policies, smokefree community college media, quit line resources, tobacco free resources, and links to the American Lung Association of Oregon).	January 2010	March 2010
Policy Development			
	Provide technical assistance to colleges in adopting a more stringent policy, including one that eliminates tobacco promotional items on campus	October 2009	Ongoing
Policy Implementation			
	Collaborate with the college for the launching of the new policy. Provide technical assistance as needed	December 2009	Ongoing
	Post signage	December 2009	December 2009
	Provide State developed cessation materials and quit line information to faculty, staff, and students	December 2009	Ongoing

1. BEST PRACTICE OBJECTIVE # 4: SMOKEFREE MULTI-UNIT HOUSING

2. SMART Objective #4: By June 2010, at least 1 multi-unit housing complex located in Marion County will adopt a smokefree policy.

- **By end of 2012, 3 publicly owned multi-unit housing complexes located in Marion County will adopt a smokefree policy**
- **By December 30, 2015, 5 of publicly owned multiunit housing complexes located in Marion County will adopt a smokefree policy**

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthy food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

Plan of Action Subcategories		Start	End
Coordination and Collaboration			
	Collaborate with Polk and Yamhill counties to discuss current progress and communication with landlords in smokefree housing	July 2009	Ongoing
	Meet with Marion County Housing Authority, Salem Rental Housing Association, and Oregon Housing and Community Services to determine their interest in pursuing smokefree housing.	July 2009	Ongoing
	Work with community setting workgroup and above groups (if interested) to establish a plan of action. Possible other members could be landlords, business members, health care providers, and tenants.	August 2009	Ongoing
	Meet with workgroup 2-3 times to develop plan for talking with landlords	September 2009	Ongoing

	and elected officials about benefits and implementation of smoke-free housing		
Assessment & Research			
	Review materials for landlords at website: http://www.smokefreehousingnw.com/	July 2009	July 2009
	Research and compile a list of all multi-unit housing in Marion County. Identify landlords for each of the multi-unit housing properties in Marion County.	August 2009	November 2009
	Collaborate with the TROCD staff to survey landlords to learn which, if any units are smokefree and interest in adopting smokefree policies. Consider using assessment tools on the Smokefree Housing website. Once collected, use the data to determine each housing units "readiness to change", and focus efforts on those units that have a greater likelihood of developing a policy. In addition, use the data to target other efforts. For example, if a housing unit is identified to be smokefree ask if that landlord has a representative to serve on the task force and/or deliver presentations / meetings to other landlords.	November 2009	February 2010
	Survey tenant opinions to help gain buy-in and support for a smokefree policy (Utilize existing surveys such as the Healthy Air Survey)	November 2009	February 2010
	Reach out to at least 4 landlords and/or property owners to discuss smokefree housing efforts	November 2009	March 2010
	Collaborate with Health In Sight LLC to assess readiness, assistance in tracking adoption of no-smoking rental agreements, and to track the use of no-smoking" or "smokefree" listings	August 2009	Ongoing
Community Education, Outreach, and Media			
	Offer presentations at landlord meetings, such as the Salem Rental Housing Association. Invite Marion County Housing Authority Director to discuss his experience and success with implementing a tobacco-free policy. Offer to attend and participate in local Housing conferences to have a smokefree housing booth to identify landlords, disseminate information, and gain support for smokefree housing.	February 2010	On-going
	Offer presentations to community groups, such as neighborhood associations to build support for multi-unit housing smokefree policies	February 2010	Ongoing
	Disseminate December '07 issue of UNITS magazine, Landlords Guide to No-Smoking Policies, and media stories to landlords and tenants to develop knowledge and support for smokefree housing.	September 2009	Ongoing
	Provide resources to landlords, such as talking points for promoting smokefree policies to tenants, model tenant notification letters, enforcement strategies, Smokefree Housing stickers, www.smokefreehousingnw.com , etc. Obtain additional resources and decals from the Oregon Tobacco Education Clearinghouse (OTEC) at http://www.phcnw.com/pages/otec	September 2009	Ongoing
	Provide resources to tenants if requested, such as talking points for how to ask for smoke-free housing	September 2009	Ongoing
	In collaboration with TROCD staff, develop and implement a media plan for this objective. Consider including CCTV, Statesman Journal and/or radio station as media contacts.	April 2010	June 2010
	Work on the current Marion County Health Department's prevention website, updating the portion of the website specific to Smokefree Housing with links for information pertinent to landlords and tenants (model policies, smokefree housing toolkits, smokefree multi unit housing media, quit line resources, tobacco free resources, and links to the American Lung Association of Oregon)	January 2010	March 2010
Policy Development			

	In collaboration with the Community Workgroup and TROCD staff, develop implementation timeline and provide technical assistance to landlords desiring to develop smokefree housing policies.	January 2010	March 2010
Policy Implementation			
	In collaboration with the Workgroup and TROCD staff, provide technical assistance to landlords regarding strategies for implementing smokefree housing policies.	March 2010	Ongoing
	Work with landlords to post signage	March 2010	March 2010
	Provide resources to help residents quit using tobacco products (State provided cessation materials and Tobacco Quit Line information)	January 2010	Ongoing

1. BEST PRACTICE OBJECTIVE # 5: IMPLEMENT THE SMOKEFREE WORKPLACE LAW

2. SMART Objective #1: By July 2010, Marion County Health Department will have responded to all complaints of violation of the Oregon Indoor Clean Air Act as required by law.

Marion County Health Department currently has in place a system for responding to complaints of violation of the Smokefree Workplace Law (see description below).

When a complaint is received, it is verified in the Workplace Exposure Monitoring System (WEMS) within five business days of the complaint date. Within 10 businesses days, the Marion County Health Department representative will mail an Initial Response Letter (IRL) to the business in violation of the Smokefree Workplace Law. If a subsequent complaint is filed against the business after five businesses days of mailing the IRL, an unannounced site visit is warranted to the business. The Marion County Health Department representative has 30 calendar days to make an unannounced site visit. If a violation is found when conducting the unannounced site visit, a remediation plan is jointly developed with the Marion County Health Department representative and the person in charge of the business. All remediation plans are to be implemented:

- (a) Within 15 days of the site visit if the employer has fewer than 500 employees and fewer than three separate work sites.
- (b) Within 45 days of the site visit if the employer has 500 or more employees and three or more work sites.
- (c) An employer may request in writing an extension of time in which to complete implementation of the remediation plan in special circumstances. An extension may be granted only by the State Public Health Officer.

If an employer or EIC does not cooperate in developing a remediation plan, the Marion County Health Department representative shall notify the Assistant Director of the Public Health Division or designee for further enforcement activity. If, during the follow-up site visit, the Marion County Health Department representative finds that the remediation plan has not been implemented or finds additional evidence of violations, the Marion County Health Department representative shall notify the Assistant Director of the Public Health Division or designee for further enforcement activity. Once notified under subsection (2)(c), (4)(d), or (5)(a) of this rule, the Assistant Director of the Public Health Division or designee shall issue a notice of violation and, if applicable, notice of intent to impose civil penalties to the employer or entity in charge of a public place. Such notices shall comply with the notice and civil penalty provision in ORS chapter 183 and OAR 333-015-0085.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthy food choices
- Decrease advertising and promotion of unhealthy foods**

4. Plan of Action

Plan of Action Subcategories	Start	End
Coordination and Collaboration		
Collaborate with MCHD Environmental Health Division and MCHD Administration to discuss New Smokefree Workplace Law updates, answer questions and concerns	July 2009	Ongoing
TPEP Program Coordinator to respond to complaints and maintain hard-copy file; TPEP health educator is also trained in complaint process to serve as back-up during vacation and sick leave	July 2009	Ongoing
Assessment & Research		
Assess number of complaints/Review Quarterly	July 2009	Ongoing
TPEP Program Coordinator to respond to complaints and maintain hard-copy file	July 2009	Ongoing
TPEP staff will participate in DHS/TPEP evaluation activities to study compliance with the law	July 2009	Ongoing
Community Education, Outreach, and Media		
Disseminate State provided materials as needed to business owners to help them continue to comply with the Smokefree Workplace Law	July 2009	Ongoing
Work on the current Marion County Health Department's prevention website, updating the portion of the website specific to Tobacco Education and Prevention, including TPEP links for information pertinent to businesses and community members wanting more information on the Smokefree Workplace Law and/or would like to file a Smokefree Workplace complaint (Link to the State of Oregon TPEP complaint website, Oregon Tobacco Education Clearinghouse. Marion County TPEP Health Educators phone numbers, quit line resources, tobacco free resources, and links to the American Lung Association of Oregon)	July 2009	October 2009
Offer presentations as requested	July 2009	Ongoing
Develop a media plan to highlight positive stories and successes in Marion County with the Smokefree Workplace Law	January 2010	March 2010
Policy Development		
Develop written procedures for enforcing the law, including the process for documenting and following-up with complaints, talking points for dealing with business owners, educational materials to provide to businesses, back up for vacation/sick leave, etc	July 2009	July 2009
Policy Implementation		
Provide technical assistance and cessation materials as requested	July 2009	On-going
Enforce law per procedure	July 2009	On-going

1. BEST PRACTICE OBJECTIVE #6: BUILD CAPACITY FOR TOBACCO-RELATED AND OTHER CHRONIC DISEASE

2. SMART Objectives: TPEP Staff will collaborate with the Tobacco Related and Other Chronic Disease Project / Staff to meet the following objectives

- **By June 30, 2010, at least one multi-provider health clinic will adopt a campus-wide tobacco-free policy (Please Refer to BPO #2)**
- **By June 30, 2010, 25% of colleges operating in Marion County will adopt a campus-wide tobacco-free policy (Please Refer to BPO #3)**
- **By June 2010, at least one multi-unit housing complex located in Marion County will adopt a smokefree policy (Please Refer to BPO #4)**

1. BEST PRACTICE OBJECTIVE #7: TOBACCO-FREE HEAD START/CHILD CARE PROGRAMS

2. SMART Objective #1: By June 30, 2010, each Head Start located in Marion County will have a complete tobacco-free environment policy in place. These policies will include all of the elements required by the state mandate.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

Plan of Action Subcategories	Start	End
Coordination and Collaboration		
Collaborate with American Lung Association of OR (ALAOR) regarding work they have done with Head Start and their perspective about the next steps with each Head Start program.	July 2009	On-going
Coordinate with ALAOR to offer the ALAOR free “Tobacco-Free School” signage for Head Start sites that have adopted a complete tobacco-free environment policy.	July 2009	On-going
Work with Head Start Wellness Specialist to share data and develop a plan of action	August 2009	October 2009
Establish a Tobacco-Free Head Start Task Force. Membership may include Head Start Wellness Specialist, school administrators, teachers, and community members with a vested interest in prevention and early childhood education. Recruitment materials, including the purpose, proposed commitment, and local data, will be developed in collaboration with TPEP staff to encourage people to join the Task Force. Furthermore,	August 2009	December 2009

we will: Utilize our established school and Head Start contacts to identify at least two Head Start staff and a school administrator and/or teacher to serve on the Head Start task force Utilize our established OR Together! Group connections to invite community members to participate in the task force		
Meet with members of coalition(s) 1-2 times to discuss development and implementation of a tobacco-free school policy for their Head Start/Child care sites.	November 2009	March 2010
Assessment & Research		
Research and develop a list of Head Start programs located in Marion County	July 2009	July 2009
Review the tobacco-related policies of Head Start programs to assess areas for improvement / development	August 2009	November 2009
Obtain the model policy at http://www.lungoregon.org/tobacco/pdf_word_doc/Model_Tobacco-Free_Policy_for_Head_Start_with_checklist.pdf	July 2009	July 2009
Assess readiness and barriers for developing and implementing a tobacco-free policy through meetings, interviews, surveys, and conversations with Head Start staff, administrators, and task force	January 2010	March 2010
Community Education, Outreach, and Media		
Work with the Task-Force and Head Start Wellness Specialist to develop a plan for communicating with Head Start sites and their communities about the importance of adopting a complete Tobacco-Free Environment policy	November 2009	March 2010
Disseminate through established Head Start contacts, the State provided cessation materials to all Head Start sites.	August 2009	Ongoing
Work with Head Start program administrators and Wellness Specialists to present the Tobacco-Free information.	January 2010	April 2010
Work with the Task Force, TROCD staff, Polk and Yamhill Counties, to develop a Media Advocacy Plan. Encourage task force members to write opinion editorials that will support the Head Start programs in adopting a comprehensive tobacco-free environment policy.	January 2010	Ongoing
Work with the Task Force and TPEP staff to develop written information for staff and parents through newsletters, staff meetings and/or parent meetings, and educational sessions for parents, staff, and visitors (ie. newsletter regarding cessation, meeting regarding talking points for staff with parents and visitors to communicate their new tobacco-free campus policy, how to incorporate cessation and educational information into newsletters and parent/teacher meetings).	December 2009	Ongoing
Provide presentations to Head Start sites in Marion County as needed	November 2009	Ongoing
Work on the current Marion County Health Department's prevention website, updating the portion of the website specific to Tobacco Education and Prevention, including TPEP links for information pertinent to Head Start/Child care (model policies, checklist for tobacco-free environment model policy, resources to support tobacco-free environment policy development and implementation, clearing house materials, quit line, tobacco free resources, and links to the American Lung Association of Oregon)	August 2009	November 2009
Policy Development		
Provide technical assistance to Head Start sites in proposing and adopting the model tobacco-free policy.	January 2010	Ongoing
Policy Implementation		
Provide ALAOR "Tobacco-Free School" signage after a comprehensive policy is received	January 2010	Ongoing

Collaborate with the local Head Start sites for the launching of the new tobacco-free environment policy.	January 2010	Ongoing
Provide technical assistance to Head Start sites on strategies for policy implementation (e.g., strategies for educating school community and staff about the policy, providing resources for cessation)	January 2010	Ongoing
Provide State developed cessation materials and Oregon Tobacco Quit Line information to help students and staff quit smoking and chewing.	January 2010	Ongoing

1. BEST PRACTICE OBJECTIVE #8: TOBACCO-FREE SCHOOLS

2. SMART Objective #1: By June 30, 2010, Salem-Keizer school district will have a complete tobacco policy in place and at least 1 additional school will have increased their policy to an A+ “gold standard” policy. These policies will include all of the elements required by state rule OAR 581-021-0110.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

Plan of Action Subcategories	Start	End
Coordination and Collaboration		
Collaborate with American Lung Association of OR (ALAO) regarding work they have done and their perspective about the next steps with each school district	July 2009	Ongoing
Coordinate with ALAO to offer the ALAO free “Tobacco-Free School Zone” signs and no-smoking banners to schools once the schools have adopted a basic smokefree schools policy.	July 2009	Ongoing
Continue to work with school district superintendents regarding improvement of their tobacco policies	July 2009	Ongoing
➤ Assessment & Research		
Research decision making and policy adoption process	August 2009	September 2009
Utilize TPEP database for access to current tobacco policy grades	August 2009	September 2009
Research areas where school district policies could be improved	August 2009	October 2009
Assess readiness and barriers of administrators and staff for developing and implementing a tobacco-free policy	October 2009	December 2009
➤ Community Education, Outreach, and Media		
Continue to promote the importance of having a comprehensive tobacco policy and it’s positive effect on youth regarding prevention of initiation of tobacco use to school district superintendents, Board members, principals, and other key stakeholders	July 2009	Ongoing

	Utilize local media to promote the school districts that have improved their tobacco policy	July 2009	Ongoing
	Continue to communicate with key stakeholders in Marion County school districts to improve compliance and enforcement of tobacco policies	July 2009	Ongoing
➤ Policy Development			
	Provide technical assistance to school districts in proposing and adopting the model tobacco-free policy.	October 2009	Ongoing
➤ Policy Implementation			
	Provide technical assistance to schools on strategies for policy implementation (e.g., strategies for educating school community about the policy, providing resources for cessation)	July 2009	Ongoing
	Provide State developed cessation materials and Tobacco Quit Line information to help students and staff quit smoking and chewing.	July 2009	Ongoing

1. BEST PRACTICE OBJECTIVE #9: TOBACCO-FREE OUTDOOR VENUES

2. SMART Objective #1: By June 30, 2010, at least 1 planned community event in Marion County will adopt a smokefree policy.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

Plan of Action Subcategories		Start	End
Coordination and Collaboration			
	Collaborate with DHS to gather information on their experiences in passing prior smokefree event policies	July 2009	September 2009
	Collaborate with Event Planners Committee in Marion County regarding Marion County events	July 2009	October 2009
	Collaborate with Salem Downtown Committee regarding Marion County events	July 2009	October 2009
	Collaborate with other TPEP coordinators who have worked on this objective to gather research, information, barriers, and lessons learned	July 2009	Ongoing
	Work with community workgroup to develop a plan for policy development and implementation	July 2009	Ongoing
	Maintain contact with Marion County Fair Board regarding feasibility of the Marion County Fair having a smokefree day	July 2009	Ongoing
➤ Assessment & Research			
	Conduct a butt count at community event to assess current prevalence of	July 2009	September 2009

	outdoor smoking at event		
	Survey event-goers in order to assess overall support for policy change	July 2009	September 2009
	Research previous events, both in Oregon and nationally, that have gone smokefree to determine process, benefits, barriers, and lessons learned	August 2009	September 2009
	Research what events take place annually outdoors in Marion County that have the potential to host a smokefree event	August 2009	September 2009
	Research event locations in Marion County that have the potential to host a smokefree event	August 2009	September 2009
	Initiate and maintain contact with local event companies to assess feasibility of having one of their events be smokefree and find out what potential barriers are to implementing a smokefree policy	September 2009	November 2009
➤ Community Education, Outreach, and Media			
	Develop a fact sheet with information on smokefree events including the health affects of secondhand smoke, benefits of smokefree events, what has been done in the past, and why they are important, to be distributed to community Rotary Clubs, Chambers of Commerce, Kiwanis Clubs, and key community stakeholders	July 2009	September 2009
	In collaboration with workgroup and TPEP staff, develop media plan for this objective	July 2009	Ongoing
	Offer presentations to community including Rotary Clubs, Chambers of Commerce, Kiwanis Clubs, and key community stakeholders on information about smokefree events and their benefits	September 2009	Ongoing
	Utilize local media to promote smokefree event	September 2009	Ongoing
➤ Policy Development			
	Provide technical assistance to agency hosting smokefree event in policy development	January 2010	March 2010
	Work with event to develop tools for policy implementation such as signs, stickers, stamps, etc	January 2009	March 2010
➤ Policy Implementation			
	Provide technical assistance to agency hosting smokefree event in policy implementation, signage, media, enforcement, and tools to improve effectiveness of policy	March 2010	Ongoing

1. BEST PRACTICE OBJECTIVE #13: ELIMINATE TOBACCO STOREFRONT ADVERTISING

2. SMART Objective #1: By June 30, 2010, at least 3 tobacco retail shops in Marion County will decrease their tobacco storefront advertising by 25%.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthy food choices
- Decrease advertising and promotion of unhealthy foods

4. Plan of Action

Plan of Action Subcategories	Start	End
➤ Coordination and Collaboration		
Collaborate with other TPEP coordinators who have worked on this objective to gather research, information, barriers, and lessons learned	September 2009	November 2009
Consult with state TPEP regarding previous strategies utilized for this objective	September 2009	November 2009
Collaborate with Jeff Ruscoe, DHS prevention coordinator, regarding SYNAR Amendment program and if/how that information could be used to help with this objective	September 2009	November 2009
Collaborate with OLCC regarding their role with tobacco stores and potential assistance with this objective	September 2009	Ongoing
Collaborate with Community Action Drug Prevention Network (CADPN) on previous efforts in youth tobacco prevention and possible assistance with assessment activities	September 2009	Ongoing
Find key stakeholders in the community that would provide support for reducing tobacco storefront advertising, such as tobacco control advocates, local business leaders, parents, schools, and youth, and utilize them to develop a task force	September 2009	Ongoing
➤ Assessment & Research		
Review research surrounding the implications of advertising on health behavior and resulting decisions	July 2009	October 2009
Determine necessary steps involved in getting a ban approved	July 2009	November 2009
Research laws around tobacco retailers and specifically what, if any, restrictions or rules exist around tobacco storefront advertising	September 2009	October 2009
Assess OLCC involvement in tobacco retail stores	September 2009	October 2009
Assess current number of tobacco retail shops in Marion County	October 2009	December 2009
Conduct observational survey to determine amount of advertising in tobacco retail windows, especially below 36"	October 2009	December 2009
Conduct random assessment of other retail stores to determine amount of tobacco advertising	October 2009	December 2009
➤ Community Education, Outreach, and Media		
Develop a fact sheet with information on tobacco storefront advertising including the effect it has on youth, and talking points, to be distributed to community Rotary Clubs, Chambers of Commerce, Kiwanis Clubs, and key community stakeholders	September 2009	November 2009
Develop a PowerPoint presentation on tobacco storefront advertising and how it affects the youth in our community, to be given to community groups such as Rotary Clubs, Chambers of Commerce, Kiwanis Clubs, and Neighborhood Associations.	September 2009	November 2009
Develop educational information and presentations to be given to store owners and/or staff on the effect of tobacco storefront advertising on youth	September 2009	March 2010
In collaboration with Task Force and TPEP staff, develop media plan for this objective.	September 2009	On-going
➤ Policy Development		
Assess readiness and barriers of tobacco retail store owners and staff on a policy reducing the amount of tobacco storefront advertising	March 2010	June 2010

Marion County Healthy Communities Work Plan July 1, 2009 – June 30, 2010

1. BEST PRACTICE OBJECTIVE # 1: INFRASTRUCTURE FOR SELF-MANAGEMENT PROGRAMS AND TOBACCO CESSATION RESOURCES

2. SMART Objective #1: By January 30, 2010, develop a centralized “home” to coordinate and promote Stanford’s Living Well / Tomando Control program in Marion County

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

Plan of Action Subcategories	Start	End
➤ Coordination and Collaboration		
Collaborate with DHS Living Well coordinator to get the State’s perspective about how to develop a centralized home; discuss reporting requirements and best practices	July 2009	Ongoing
Meet with Living Well and Tomando Control representatives from Salem Hospital, Silverton Hospital, Salud Medical Center, and Mid-Valley IPA to discuss individual programs and strategies for coordination, including possibilities for collaborative funding opportunities	July 2009	September 2009
Coordinate and Collaborate with Community Workgroup to develop the centralized home. The home will be established for the purposes of further developing resources, increasing the number of lay/peer trainers, coordinating class schedules, and promoting referrals and utilization rates for each Stanford Chronic Disease Self-Management Program	August 2009	April 2009
Coordinate and Collaborate with NW Senior and Disability Services as appropriate	July 2009	Ongoing
Conduct County and Regional meetings for coordination of Living Well / Tomando Control programs	Aug 2009	Ongoing
➤ Assessment & Research		
Review Community Assessment data on Living Well and Tomando Control programs in Marion County	July 2009	August 2009
Update assessment to determine if classes have been added / deleted	July 2009	August 2009
Research whether similar systems / homes have been established; learn/determine best practices in setting up the system	August 2009	September 2009
Assess where the centralized home should be housed	September 2009	October 2009
Assess readiness and barriers for developing and implementing a centralized home	October 2009	December 2009
As part of the “home” assess feasibility of offering new classes, including	October 2009	December 2009

	region and facility type		
➤ Community Education, Outreach, and Media			
	Work with Community Workgroup to develop a plan for putting the centralized home in place	July 2009	April 2010
	Encourage Community Workgroup members to participate in Living Well training and/or Forums to become familiar with program	July 2009	Ongoing
	Participate in Living Well Network to keep partners informed of statewide resources, trainings, and activities	July 2009	Ongoing
	Give presentations on the Living Well / Tomando Control program as appropriate, to help build support for developing a centralized home	October 2009	Ongoing
	Work with Community Workgroup to develop a marketing plan for the centralized home, which could include signage, website, media, etc	February 2010	April 2010
	In collaboration with Work Group and Healthy Communities staff, develop and implement a media plan for this objective. Consider including CCTV, Statesman Journal and/or local radio stations as media contacts.	March 2010	April 2010
	Document media successes and challenges in bi-annual reports	April 2010	Ongoing
	Develop and disseminate a quarterly newsletter; include information about cessation resources and upcoming classes and facilitator trainings	May 2010	Ongoing
➤ Policy Development			
	Work with administration and Community Workgroup to develop a system / policy for utilizing the centralized home	January 2010	April 2010
	Work with health systems and social service agencies to ensure a system for referral into classes	January 2010	April 2010
	Provide technical assistance as needed	January 2010	May 2010
➤ Policy Implementation			
	Provide technical assistance to administration in developing and implementing strategies for implementing the centralized home	May 2010	Ongoing
	Obtain and offer Living Well / Tomando Control standardized marketing materials	May 2010	Ongoing
	Offer State provided cessation resources as appropriate	July 2010	Ongoing

1. BEST PRACTICE OBJECTIVE # 1: INFRASTRUCTURE FOR SELF-MANAGEMENT AND TOBACCO CESSATION RESOURCES

2. SMART Objective #2: By January 30, 2012, the number of Stanford's Chronic Disease Self-Management Program series offered in Marion County will increase by three.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

Plan of Action Subcategories	Start	End
➤ Coordination and Collaboration		
Meet with Living Well / Tomando Control representatives from Salem Hospital, Silverton Hospital, Salud Medical Center, and Mid-Valley IPA to discuss individual programs and access to services. Discuss strategies for offering classes in Stayton / Jefferson / Canyon Area.	April 2010	May 2010
Collaborate with DHS Living Well coordinator to get the State's perspective about how to increase access to Living Well programs	April 2010	Ongoing
Collaborate and Coordinate with Community Workgroup in increasing access to services	April 2010	Ongoing
Meet with Chronic Disease Nurse Manager at Santiam Hospital to discuss Living Well Program and feasibility of offering it in Stayton	May 2010	Aug 2010
Meet with NW Senior and Disability Services to discuss Living Well Program and possible collaborations	May 2010	Aug 2010
Coordinate efforts through the newly established "Centralized Home"	May 2010	Ongoing
Participate in County and Regional Living Well/Tomando Control meetings	May 2010	Ongoing
➤ Assessment & Research		
Review Community Assessment data on Living Well / Tomando Control programs in Marion County	April 2010	April 2010
Assess / Review funding requirements for implementing a Living Well program	April 2010	April 2010
Determine funding opportunities; assess feasibility of applying for collaborative grants	April 2010	Ongoing
Update assessment to determine if classes have been added / deleted	April 2010	Ongoing
Assess community interest in Living Well / Tomando Control	May 2010	Aug 2010
Assess readiness and barriers for increasing access to the Living Well / Tomando Control program	Aug 2010	Oct 2010
Assess / Determine feasibility of offering programs in Stayton area	Aug 2010	Oct 2010
Assess where and what type of classes could be held; determine areas of highest demand	Sept 2010	Dec 2010
➤ Community Education, Outreach, and Media		
Work with Community Workgroup and Healthy Communities staff to support classes being offered in new locations/settings	January 2011	Ongoing
Work with Community Workgroup to develop a plan for increasing access to Living Well / Tomando Control programs	April 2011	May 2011
Encourage Community Workgroup members to participate in Living Well training and/or Forums to become familiar with program	April 2011	Ongoing
Give presentations on the Living Well / Tomando Control program as appropriate to increase knowledge about the program. Possible places for presentations include Marion Polk Medical Society, Hospital Health Ed and HR departments, Worksite Wellness Programs, Senior Centers. Offer individual and small group meetings as well.	May 2011	Ongoing
Promote online classes as appropriate	May 2011	Ongoing
Work with Community Workgroup and Healthy Communities staff to develop a marketing plan for the Living Well programs, which could include signage, website, media, etc	June 2011	July 2011
Work with Community Workgroup and Healthy Communities staff in applying for collaborative grants	June 2011	Ongoing
In collaboration with Work Group and Healthy Communities staff, develop and implement a media plan for this objective. Consider including CCTV,	July 2011	Ongoing

	Statesman Journal and/or local radio stations as media contacts.		
➤	Policy Development		
	Work with administration and Community Workgroup to develop a system / policy for increasing access to the Living Well / Tomando Control Program	Jul 2011	October 2011
	Provide technical assistance as needed	July 2011	October 2011
➤	Policy Implementation		
	Offer State provided cessation resources as appropriate	Jul 2009	Ongoing
	Obtain and offer Living Well / Tomando Control standardized marketing materials	Jul 2011	Ongoing
	Provide technical assistance to administration in developing and implementing strategies for implementing the classes	November 2011	Ongoing

1. BEST PRACTICE OBJECTIVE #2: HEALTHY WORKSITES – COUNTY PUBLIC HEALTH DEPARTMENT

2. SMART Objective #1: By June 30, 2010, Government Departments of Marion County will adopt healthy food guidelines that recommend that foods of minimal nutritional value not be served at Marion County agency meetings and trainings.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

Plan of Action Subcategories	Start	End
➤ Coordination and Collaboration		
Collaborate with local, state and national healthy food programs about best practices	August 2009	September 2009
Coordinate and collaborate with DHS Health Promotion and Chronic Disease Prevention section to learn strategies for the development of their healthy foods policy	August 2009	September 2009
Coordinate with Marion County Wellness Advisory Council, Health and Safety Coordinator and Marion County Human Resources to discuss guidelines and feasibility	August 2009	Ongoing
Collaborate with local nutrition experts such as subcommittee member, Jeanine Stice, WIC and the American Dietetic Association	August 2009	Ongoing
Work with Wellness Advisory Council and Chronic Disease Prevention subcommittee to develop a plan	September 2009	October 2009
➤ Assessment & Research		
Review Healthy Worksites Toolkit at: http://oregon.gov/DHS/ph/worksites/toolkit/index.shtml	September 2009	October 2009
Review worksite assessment tool completed as part of Healthy Communities	September 2009	October 2009

	assessment; update as needed		
	Research policies that may exist regarding foods served during meetings	September 2009	October 2009
	Research possible “healthy” food options that can be provided during meetings; develop a list for distribution	September 2009	October 2009
	Research USDA nutrition guidelines to use as a guide for healthy foods that could be offered at meetings	September 2009	October 2009
	Assess Wellness Advisory Council and administrator opinions and barriers	October 2009	November 2009
	Assess employee interest, willingness, and potential barriers	November 2009	December 2009
	Survey staff for suggestions for healthy food choices	November 2009	December 2009
➤	Community Education, Outreach, and Media		
	Research possible healthy food options that can be provided during meetings; develop a list for distribution	October 2009	November 2009
	In collaboration with Wellness Advisory Council to present to County administrators and Board of Commissioners to discuss rationale and benefits of policy	November 2009	January 2010
	Include articles in the county newsletters; consider payroll staffers and memo from management	January 2010	Ongoing
	Attend county meetings to present healthy food during meetings guidelines and give suggestions	January 2010	June 2010
	Presentations during staff meetings on new guidelines; bring samples to try	January 2010	June 2010
	Provide list of possible healthy foods to Wellness Advisory Council	January 2010	Ongoing
	Develop Marion County Prevention website to include healthy food guidelines	March 2010	June 2010
➤	Policy Development		
	Provide technical assistance in development of policy and adoption	February 2010	April 2010
➤	Policy Implementation		
	Hold a kick-off event the first week of new policy	June 2010	June 2010
	Send e-mails to all employees and hang fliers explaining the guidelines	June 2010	June 2010
	Provide technical assistance for those with questions	June 2010	Ongoing

1. BEST PRACTICE OBJECTIVE # 2: HEALTHY WORKSITES – COUNTY PUBLIC HEALTH DEPARTMENT

2. SMART Objective #2: By June 30, 2012 no more than 50% of foods offered in vending machines in Government Departments of Marion County will be foods of minimal nutritional value.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. Plan of Action

Plan of Action Subcategories	Start	End
➤ Coordination and Collaboration		
Coordinate with Marion County Wellness Advisory Council, Marion County Human Resources, and MC Contracts team to discuss guidelines and feasibility	August 2009	Ongoing
Coordinate and collaborate with Chronic Disease Prevention Subcommittee regarding healthy foods policies	August 2009	Ongoing
Collaborate with local and national vending machine programs to learn best practices	September 2009	October 2009
Coordinate with DHS to get feedback on best practices in implementing their vending machine policy	September 2009	October 2009
➤ Assessment & Research		
Review Healthy Worksites Toolkit at: http://oregon.gov/DHS/ph/worksites/toolkit/index.shtml	September 2009	October 2009
Research if this objective will affect existing contracts; consult with administration about process for change and timing	August 2009	September 2009
Research what policies already exist, both locally and nationally	September 2009	October 2009
Research USDA Dietary Guidelines for Americans	September 2009	October 2009
Determine foods that meet USDA Dietary Guidelines, that are inexpensive, and that can be sold in vending machines; make list available to Wellness Advisory Council and Human Resources	October 2009	November 2009
Develop cost-benefit analysis of offering healthy food choices	October 2009	November 2009
Assess county employee interest, readiness, and barriers	November 2009	January 2010
Assess client interest, readiness, and barriers	December 2009	January 2010
Pilot policy in one or two county buildings	September 2010	November 2010
➤ Community Education, Outreach, and Media		
Work with Wellness Advisory Council to present ideas to department administrators and Board of Commissioners	June 2010	July 2010
Develop media strategy with Wellness Advisory Council	June 2010	July 2010
Provide samples of new foods to try	July 2010	August 2010
Provide presentations at staff meetings about the new policy	July 2010	Ongoing
Provide information about healthy foods and the new foods being offered in newsletters (Visions and Wednesday Wisdom), through e-mail, pay roll stuffers, lunch and learns and fliers	September 2010	Ongoing
➤ Policy Development		
Work with Safety and Wellness coordinator, Human Resources, and Wellness Advisory Council to write policy	December 2010	March 2011
Provide technical assistance in policy development and adoption	December 2010	March 2011
➤ Policy Implementation		
Hold a kick-off event, which may include providing new foods offered in vending machines to try. Provide literature about healthy eating	June 2011	June 2011
Work with Wellness Advisory Council to develop an e-mail for all Marion County employees reminding them about the new policy	June 2011	June 2011
Provide technical assistance in implementing the policy	June 2011	Ongoing

1. BEST PRACTICE OBJECTIVE # 2: HEALTHY WORKSITES – COUNTY PUBLIC HEALTH DEPARTMENT

2. SMART Objective #3: By June 30, 2012, at least one Marion County Government Department will adopt a smokefree campus policy that exceeds the Oregon Smokefree Workplace Law.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

Plan of Action Subcategories	Start	End
➤ Coordination and Collaboration		
Collaborate with DHS to discuss their strategies and efforts with developing and enforcing their tobacco-free workplace policy	July 2009	August 2010
Collaborate with Marion County Wellness Advisory Council and Chronic Disease Prevention subcommittee	July 2009	On-going
Coordinate with Marion County Human Resources and MC Administration to get feedback on policy	July 2009	On-going
Collaborate with other County Health Departments that have previously passed tobacco-free policies to discuss best practices and barriers	July 2009	On-going
➤ Assessment & Research		
Research what policies already exist, both locally and nationally	September 2009	October 2009
Review Health Worksite Assessment completed Summer 2008	October 2009	November 2009
Assess administrator/decision maker readiness and barriers	January 2010	March 2010
Assess county employee interest, readiness, and barriers	March 2010	May 2010
Assess health department client interest, readiness, and barriers to the policy	May 2010	July 2010
Research Marion County cessation programs available to Marion County Employees	September 2009	November 2009
Research cessation programs and resources available to Marion County clients	September 2009	November 2009
➤ Community Education, Outreach, and Media		
Work with Wellness Advisory Council to present survey results to department administrators and Board of Commissioners; discuss rationale and benefits of developing a policy	August 2010	Ongoing
Provide presentations at staff meetings about survey results and rationale for the policy	August 2010	July 2011
Provide talking points to supervisors and staff	August 2010	July 2011
Disseminate information about the survey results and smokefree environments to county employees via payroll stuffers, flyers, all county email, Wednesday Wisdom, Visions Newsletter, and other county communication networks	September 2010	July 2011
In collaboration with the Wellness Advisory Council and Subcommittee, develop a Media Plan to communicate survey results	August 2010	October 2011
➤ Policy Development		
Provide technical assistance in development of policy and adoption	November 2010	June 2011

➤ Policy Implementation		
Collaborate with departments for launching of the new policy. Provide technical assistance as needed	June 2011	December 2011
Provide technical assistance to the clinics in developing and implementing strategies for policy implementation	June 2011	Ongoing
Hold Kick-Off for Policy Implementation	July 2011	August 2011

1. BEST PRACTICE OBJECTIVE # 3: HEALTHY HOSPITALS AND HEALTH SYSTEMS

2. SMART Objective #1: By June 30, 2010, a least one multi-provider clinic in Marion County will adopt a campus-wide, tobacco-free policy

Long-term plan: leverage connections to develop and implement healthy food policies and referral system for chronic disease self-management programs at health systems

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthy food choices
- Decrease advertising and promotion of unhealthy foods

4. Plan of Action

Plan of Action Subcategories	Start	End
➤ Coordination and Collaboration		
Collaborate with the Oregon Public Health Division, Health System Workgroup members, Marion County TPEP, and Polk County TPEP to discuss previous work and established contacts at the clinics	July 2009	On-going
Coordinate/Collaborate with Salem, Silverton, and Santiam Hospitals to learn about their experience in developing and implementing a smoke-free hospital policy. Determine assessment tools used in policy development and implementation.	July 2009	On-going
Coordinate efforts with Polk and Yamhill county health department	July 2009	On-going
Recruit group of interested stakeholders including HR staff, employees, and clients to join the Health Systems Workgroup	August 2009	On-going
➤ Assessment & Research		
Utilize list of multi-provider health clinics in Marion County to help identify clinics to target	July 2009	August 2009
Obtain current tobacco use policy for each multi-provider health clinic in Marion County	July 2009	September 2009
Review and utilize tools from the Step-Up campaign, Tobacco Cessation Leadership Network, Maryland Hospital Association Smokefree Hospitals Tool-kit, Tobacco-free Nurses, and University of Arkansas Smokefree Tool-	July 2009	September 2009

kit		
Assess staff interest, readiness, and barriers regarding the adoption of a tobacco-free policy	September 2009	December 2009
Research cessation programs and resources available to employees and clients	August 2009	October 2009
Research cessation programs and resources available to the general public in Marion County	August 2009	October 2009
➤ Community Education, Outreach, and Media		
Meet with Health Systems Workgroup, interested stakeholders, and Polk and Yamhill counties to create a plan of action specific to each clinic	September 2009	October 2009
Meet with/give presentations to health care professionals and staff on the rationale and benefits of tobacco-free campus policies	November 2009	February 2010
Provide technical assistance and talking points to health care professionals, staff and administrators to communicate the rationale for the new policy as needed	March 2010	June 2010
Work with hospital employee wellness directors to communicate cessation coverage to employees (email, payroll stuffers, staff newsletter, etc)	January 2010	June 2010
In collaboration with Health System Workgroup and TPEP staff, develop and implement a media plan for this objective. Consider including CCTV, Statesman Journal and/or local radio stations as media contacts.	March 2010	June 2010
Work on the current Marion County Health Department's prevention website, updating the portion of the website specific to Health Systems (model policies, tobacco-free health systems media, quit line resources, tobacco free resources, and links to the StepUp! Website, Maryland Hospital Association Smokefree Hospitals Toolkit, Tobacco Free Nurses, University of Arkansas Smokefree Hospitals Toolkit, and the Tobacco Cessation Leadership Network site).	January 2010	March 2010
Promote Oregon Quit Line and provide educational materials for employees and clients about health benefits of quitting in collaboration with clinic Human Resources Department.	June 2009	On-going
➤ Policy Development		
Work with clinic HR and Health Systems Workgroup to develop a policy. Ask clinic executive team/administration to review and approve.	December 2009	March 2010
Provide technical assistance in policy development	December 2009	March 2010
Develop appropriate signage to communicate the policy	February 2010	April 2010
➤ Policy Implementation		
Collaborate with clinics for launching of the new policy. Provide technical assistance as needed	January 2010	June 2010
Provide technical assistance to the clinics in developing and implementing strategies for policy implementation	January 2010	June 2010
Post appropriate signage	April 2010	June 2010
Provide State provided cessation materials and quit line information to employees, clients and visitors	July 2009	June 2010

1. BEST PRACTICE OBJECTIVE # 3: HEALTHY HOSPITALS AND HEALTH SYSTEMS

2. SMART Objective #2: By June 30, 2011, Marion Polk Medical Society and Mid-Valley IPA will support a tobacco cessation assistance guideline that includes information about incorporating

tobacco cessation messages and evidence-based assistance for quitting into patient-provider interactions.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

Plan of Action Subcategories	Start	End
➤ Coordination and Collaboration		
Collaborate/Coordinate with the Oregon Public Health Division and American Lung Association of Oregon on best practices for meeting this objective	September 2009	Ongoing
Collaborate with Polk and Yamhill County Health Departments to help meet / support this objective	September 2009	Ongoing
Collaborate with the Health Systems workgroup in implementing strategy	September 2009	Ongoing
Collaborate with local health care providers to gain community advocates and support	October 2009	Ongoing
Recruit members from Mid-Valley IPA and Marion Polk Medical Society to serve on Health Systems Workgroup	October 2009	Ongoing
➤ Assessment & Research		
Research previous endorsements of the medical society and MVIPA.	November 2009	January 2010
Assess whether or not medical societies have developed initiatives/support for tobacco cessation messages and evidenced based assistance into patient-provider interactions. If yes, research their process for proposing and implementing the initiative/support.	December 2009	February 2010
Research Step-Up Campaign, Tobacco Cessation Leadership Network, Maryland Hospital Association Smokefree Hospitals Tool-kit, Tobacco-free Nurses, and University of Arkansas Smokefree Tool-kit. Determine resources	December 2009	February 2010
Research National Standards of Care for hospitals regarding tobacco-use assessments; determine how the findings could be used to develop this initiative	December 2009	February 2010
Assess readiness for the adoption of this initiative	April 2010	June 2010
Develop list of insurance providers that cover tobacco assessment and quit assistance (e.g., evidence-based cessation programs)	July 2010	Ongoing
Develop list of continuing education classes for providers on evidence-based assessment and quit assistance procedures	July 2010	Ongoing
➤ Community Education, Outreach, and Media		
Meet with representatives of Marion Polk Medical Society and Mid-Valley IPA about initiative	July 2010	October 2010
Give presentation of idea and rationale to the Boards of Marion Polk Medical Society and Mid-Valley IPA	July 2010	December 2010
In collaboration with the Health Systems workgroup and Healthy Communities staff, develop and implement a media plan for this objective.	July 2010	October 2010

➤ Policy Development			
	Provide technical assistance to Marion Polk Medical Society and MVIPA in developing the initiative	November 2010	March 2011
	Provide technical assistance to Marion Polk Medical Society and MVIPA in proposing the initiative to the Boards	February 2011	April 2011
➤ Policy Implementation			
	In collaboration with Health System Workgroup, Healthy Communities and TPEP staff, provide technical assistance to Marion Polk Medical Society and MVIPA regarding strategies for implementing the initiative	May 2011	Ongoing
	Provide resources to help patients and staff quit smoking and chewing (State provided cessation materials and Oregon Tobacco Quit Line information)	May 2011	Ongoing

1. BEST PRACTICE OBJECTIVE #3: HEALTHY HOSPITALS AND HEALTH SYSTEMS

2. SMART Objective #3: By June 30, 2011, 50% of primary care provider offices in Marion County will have identified and shared with Marion County Health Department a staff contact person to receive resources on tobacco cessation and evidence-based quit assistance.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. Plan of Action

Plan of Action Subcategories	Start	End
➤ Coordination and Collaboration		
Meet with TPEP staff to learn about their experience with providing cessation resources	January 2010	January 2010
Meet with Hospitals to discuss their process for integrating cessation resources into patient care	January 2010	April 2010
Meet / work with the Health Systems Workgroup, along with other clinic staff, to develop a plan for integrating cessation resources into primary care clinics.	January 2010	June 2010
Collaborate with Salem Hospital Community Education Center in disseminating materials	March 2010	Ongoing
Meet / work with individual clinics to develop system and accept/promote evidence-based cessation materials	September 2010	March 2011
➤ Assessment & Research		
Research evidence-based cessations resources, including 5As	December 2009	January 2010
Research and compile a list of all primary care clinics in Marion County	March 2010	April 2010
Assess which clinics already offer evidence-based cessation resources and determine their system for doing so	April 2010	June 2010

Identify contact person at each clinic	August 2010	September 2010
Research feasibility of offering 5As training to health care providers	June 2010	July 2010
➤ Community Education, Outreach, and Media		
Offer presentations and meetings on evidence-based cessation resources. Provide resources at these presentations/meetings	September 2010	Ongoing
Include information about evidence-based cessation resources on Marion County Health Department website. Promote the website throughout the community	September 2010	Ongoing
In collaboration with Work Group and Healthy Communities staff, develop and implement a media plan for this objective. Consider including CCTV, Statesman Journal and/or local radio stations as media contacts.	August 2010	October 2010
Disseminate cessation resources to clinics. Offer technical assistance as needed.	September 2010	Ongoing
➤ Policy Development		
In collaboration with the Health System Workgroup and Healthy Communities / TPEP staff, provide technical assistance to clinics in developing policy for the dissemination of cessation resources.	September 2010	March 2011
➤ Policy Implementation		
In collaboration with Health System Work Group, Healthy Communities and TPEP staff, provide technical assistance to clinics regarding strategies for implementing the policy	April 2011	June 2011
Provide resources to help patients and staff quit smoking and chewing (State provided cessation materials and Oregon Tobacco Quit Line information)	April 2011	Ongoing

1. BEST PRACTICE OBJECTIVE #4: HEALTHY COMMUNITY COLLEGES

2. SMART Objective #1: By June 30, 2010, Chemeketa Community College will adopt a campus-wide, smokefree policy.

- By June 30, 2012, Willamette University and George Fox University campuses in Marion County will adopt a campus-wide, smokefree policy.

Long-term plan: leverage relationships/connections to develop and implement healthy food policies at community colleges

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

Plan of Action Subcategories	Start	End
➤ Coordination and Collaboration		
Collaborate with American Lung Association of OR (ALAOR), Yamhill County and Polk Counties TPEP coordinators, and Chronic Disease	July 2009	On-going

	Prevention Community workgroup to discuss next steps		
	In collaboration with ALAOR, TPEP Staff and workgroup members, work with college universities Dean of Student's Development regarding existing task forces, activities, and timelines. Utilize this information to develop plan of action	July 2009	On-going
	Recruit group of interested stakeholders including college students, staff, human resources/risk management and administration to serve on a task force.	July 2009	On-going
	Plan to meet with task force 2-3 times to create plan of action specific to each college	October 2009	On-going
➤ Assessment & Research			
	Research list of all colleges operating in Marion County	July 2009	August 2009
	Review executive summary of Oregon Lung Association survey of community college students.	July 2009	July 2009
	Obtain the model policy from ALAOR http://www.lungoregon.org/tobacco/college_model_policy.html	July 2009	July 2009
	Obtain copy of current tobacco-use policies for each college campus	August 2009	September 2009
	Contact the ALAOR for information on the review they have conducted on each college's current policy.	August 2009	September 2009
	Conduct student and staff survey if appropriate to gain support for policy development and implementation	October 2009	December 2009
➤ Community Education, Outreach, and Media			
	Develop plan for talking with college officials and student body leaders	September 2009	October 2009
	Meet with Administration and Board to discuss rationale and benefits of tobacco-free campuses	October 2009	February 2010
	Offer presentations and in-person meetings to students and staff to discuss rationale and benefits of tobacco-free campuses (consider utilizing college listserv for educational communication)	October 2009	Ongoing
	In collaboration with the Community Workgroup and TPEP staff, develop and implement a media plan for this objective.	December 2009	January 2010
	Work on the current Marion County Health Department's prevention website, updating the portion of the website specific to Community Colleges (model policies, smoke free community college media, quit line resources, tobacco free resources, and links to the American Lung Association of Oregon).	January 2010	March 2010
➤ Policy Development			
	Provide technical assistance to colleges in adopting a more stringent policy, including one that eliminates tobacco promotional items on campus	October 2009	On-going
➤ Policy Implementation			
	Collaborate with the college for the launching of the new policy. Provide technical assistance as needed	December 2009	On-going
	Post signage	December 2009	December 2009
	Provide State provided cessation materials and quit line information to faculty, staff, and students	December 2009	On-going

1. BEST PRACTICE OBJECTIVE #5: MULTI-UNIT HOUSING

2. SMART OBJECTIVE #1: By June 30 2011, at least 2 multi-unit housing complex located in Marion County will adopt a smokefree policy

Long-term plan: leverage relationships/connections to develop and implement physical activity / built environment policies in multi-unit housing complexes

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

➤ Plan of Action Subcategories	Start	End
Coordination and Collaboration		
Collaborate with Polk and Yamhill counties to discuss current progress and communication with landlords in smokefree housing	July 2009	On-going
Meet with Marion County Housing Authority, Salem Rental Housing Association, and Oregon Housing and Community Services to determine interest in pursuing smokefree housing.	July 2009	On-going
Work with community setting workgroup and above groups (if interested) to establish a plan of action. Possible other members could be landlords, business members, health care providers, and tenants.	August 2009	On-going
Meet with workgroup 3-4 times to develop plan for talking with landlords and elected officials about benefits and implementation of smoke-free housing	September 2009	On-going
➤ Assessment & Research		
Review materials for landlords at website: http://www.smokefreehousingnw.com/	July 2009	July 2009
Research and compile a list of all multi-unit housing in Marion County. Identify landlords for each of the multi-unit housing properties in Marion County.	August 2009	November 2009
Collaborate with the TPEP staff to survey landlords to learn which, if any units are smoke-free and interest in adopting smoke-free policies. Consider using assessment tools on the Smoke-free Housing website. Once collected, use the data to determine each housing units “readiness to change”, and focus efforts on those units that have a greater likelihood of developing a policy. In addition, use the data to target other efforts. For example, if a housing unit is identified to be smoke-free ask if that landlord has a representative to serve on the task force and/or deliver presentations / meetings to other landlords.	November 2009	February 2010
Survey tenant opinions to help gain buy-in and support for a smokefree policy (Utilize existing surveys such as the Healthy Air Survey)	November 2009	February 2010
Reach out to at least 4 landlords and/or property owners to discuss smokefree housing efforts	November 2009	March 2010
Collaborate with Health In Sight LLC to assess readiness, assistance in tracking adoption of no-smoking rental agreements, and to track the use of no-smoking” or “smokefree” listings	August 2009	On-going
➤ Community Education, Outreach, and Media		

Offer presentations at landlord meetings, such as the Salem Rental Housing Association. Invite Marion County Housing Authority Director to discuss his experience and success with implementing a tobacco-free policy. Offer to attend and participate in local Housing conferences to have a smokefree housing booth to identify landlords, disseminate information, and gain support for smokefree housing.	February 2010	Ongoing
Offer presentations to community groups, such as neighborhood associations to build support for multi-unit housing smokefree policies	February 2010	Ongoing
Disseminate December '07 issue of UNITS magazine and media stories to landlords and tenant to develop knowledge and support for smokefree housing.	September 2009	Ongoing
Provide resources to landlords, such as talking points for promoting smoke-free policies to tenants, model tenant notification letters, enforcement strategies, Smoke-Free Housing stickers, www.smokefreehousingnw.com , etc. Obtain additional resources and decals from the Oregon Tobacco Education Clearinghouse (OTEC) at http://www.phcnw.com/pages/otec	September 2009	Ongoing
Provide resources to tenants if requested, such as talking points for how to ask for smoke-free housing	September 2009	Ongoing
In collaboration with TPEP staff and Community Workgroup, develop and implement a media plan for this objective. Consider including CCTV, Statesman Journal and/or radio station as media contacts.	September 2009	December 2009
Work on the current Marion County Health Department's prevention website, updating the portion of the website specific to Smokefree Housing with links for information pertinent to landlords and tenants (model policies, smoke free housing toolkits, smoke free multi unit housing media, quit line resources, tobacco free resources, and links to the American Lung Association of Oregon)	January 2010	March 2010
➤ Policy Development		
In collaboration with the Work Group and TPEP staff, provide technical assistance to landlords desiring to develop smoke-free housing policies.	January 2010	March 2010
➤ Policy Implementation		
In collaboration with the Workgroup and TPEP staff, provide technical assistance to landlords regarding strategies for implementing smoke-free housing policies.	March 2010	On-going
Work with landlords to post signage	March 2010	March 2010
Provide resources to help residents quit smoking and chewing (State provided cessation materials and Tobacco Quit Line information)	March 2010	On-going

1. BEST PRACTICE OBJECTIVE #7: HEALTHY K-12 SCHOOLS

2. SMART OBJECTIVE #1: By June 30 2012, North Marion and Salem Keizer school districts will have added to their wellness policy one of the following requirements: no food of minimal nutritional value will be 1) sold as fundraisers, 2) given out as rewards, or 3) sold in vending machines.

- **By end of school year 2011 North Marion school district will have added to their wellness policy at least one of the following requirements: no food of minimal nutritional value will be 1) sold as fundraisers, 2) given out as rewards, or 3) sold in vending machines.**
- **By end of school year 2012, Salem-Keizer school district will have added to their wellness policy at least one of the following requirements: no food of minimal nutritional value will be 1) sold as fundraisers, 2) given out as rewards, or 3) sold in vending machines.**

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

Plan of Action Subcategories	Start	End
➤ Coordination and Collaboration		
Coordinate with the Department of Human Services Public Health Division, Adolescent Health section team on their experiences with planning and implementing the Coordinated School Health Approach	July 2009	October 2009
Coordination and collaboration with Stand for Children on their previous and current work as advocates for children	July 2009	October 2009
Collaboration with other school districts who have gold standard wellness policies for insight regarding their policy development and implementation process	July 2009	October 2009
Collaboration with Alliance for a Healthier Generation programs in Woodburn and Mt Angel school districts which work to prevent childhood obesity and create healthier lifestyles for all children and to develop lifelong, healthy habits.	July 2009	October 2009
Coordinate with North Marion and Salem Keizer school district administrators, staff, and parents.	July 2009	Ongoing
Utilize the Coordinated School Health Approach to work with schools and engage faculty, staff, parents, students, and community stakeholders	July 2009	Ongoing
Coordinate and collaborate with school workgroup members on ideas and best approaches to working with school districts and improving their wellness policies	July 2009	Ongoing
➤ Assessment & Research		
Utilize results from Healthy Communities community assessment to provide guidance	July 2009	August 2009
Research decision making and policy adoption process	July 2009	September 2009
Research current school wellness policies for current rules or restrictions, if any, on food provided for students	July 2009	September 2009
Research areas where school wellness policies could be improved surrounding food for students	September 2009	October 2009
Research and develop list of healthy food alternatives that could be utilized in school districts as alternatives to foods of minimal nutritional value	September 2009	November 2009
Survey teachers and staff to assess if food of minimal nutritional value is currently being used as rewards, fundraisers, or in vending machines	September 2009	December 2009
Survey staff, students, and parents to assess overall support for policy change	September 2009	December 2009
Assess readiness and barriers for developing and implementing a policy surrounding food provided for students	October 2009	February 2010
➤ Community Education, Outreach, and Media		
Continue to work with and strengthen School Wellness Councils in both North Marion and Salem Keizer school districts	July 2009	Ongoing

	Offer presentations to superintendents and at school board meetings on the importance of improving the district wellness policy and provide data from surveys of staff, teachers, students, and parents.	January 2010	Ongoing
	Offer presentations at staff meetings and PTO meetings to provide support and information regarding improvement of wellness policies and provide data from surveys of staff, teachers, students, and parents.	January 2010	Ongoing
	Provide list of healthy food alternatives to school district administrators, teachers, and staff.	November 2009	December 2009
	In collaboration with workgroup and TPEP staff, develop media plan for this objective	January 2010	March 2010
	Provide information on proposed policy change to be utilized in school newspapers, on school district websites, etc.	February 2010	June 2010
	Assist school districts in utilizing external communication channels, such as local or state-wide newspapers, to promote accomplishments	March 2010	Ongoing
➤ Policy Development			
	Provide technical assistance to school districts in proposing and adopting the wellness policy.	January 2010	Ongoing
➤ Policy Implementation			
	Provide technical assistance to schools on strategies for policy implementation (e.g., strategies for educating school community about the policy)	January 2010	Ongoing

1. BEST PRACTICE OBJECTIVE #8: HEALTHY OUTDOOR AREAS AND VENUES

2. SMART OBJECTIVE #1: By June 30, 2012 at least 3 child/family community venues, held in Marion County, will have a policy in place that states that they will offer at least 2 healthy food options at their concession stands.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Increase access to evidence-based chronic disease self-management programs
- Increase physical activity opportunities
- Increase availability of healthful food choices
- Decrease availability of unhealthful food choices
- Decrease advertising and promotion of unhealthy foods

4. PLAN OF ACTION

Plan of Action Subcategories	Start	End
➤ Coordination and Collaboration		
Collaboration with the Oregon Public Health Division to learn best practices in meeting this objective	July 2009	Ongoing
Recruit additional members of Community Workgroup, including nutritionists, community event planners, local farmers	September 2009	Ongoing
Meet with Healthy Eating coalitions in Multnomah, Lane, and Benton Counties to discuss their experience and strategies	October 2009	Ongoing

	In collaboration with Community Workgroup, meet with Salem Downtown Association to learn about community events & venues and interest in policy	November 2009	Ongoing
	Meet with Crock Center administration to determine interest in offering healthy food choices at their Center	September 2009	Ongoing
	Meet with Sports Leagues to determine interest in offering healthy food choices at their Center	January 2010	Ongoing
	Collaborate with local farmers and/or FFA groups to determine if they can provide healthy food options to concessions	January 2010	Ongoing
	Collaborate with City Governments regarding the policy	January 2010	Ongoing
	➤ Assessment & Research		
	Identify community events and venues; develop comprehensive list	October 2009	November 2009
	Identify if similar policies exist in Marion County, Oregon, Nation	October 2009	December 2009
	Research USDA nutrition guidelines	October 2009	December 2009
	Determine foods that meet USDA nutrition guidelines, that are inexpensive, and that can be sold at concession stands; make list available to event organizers	October 2009	December 2009
	Assess community interest, readiness, and barriers	March 2010	May 2010
	Develop cost-benefit analysis of offering healthy food choices	April 2010	June 2010
	➤ Community Education, Outreach, and Media		
	In collaboration with Community Workgroup, develop and implement a media plan for this objective. Consider including CCTV, Statesman Journal and/or local radio as media contacts.	March 2011	May 2011
	Conduct one-on-one or small group meetings with event planners and administrators to discuss rationale for offering healthy food choices	June 2010	June 2012
	Offer presentations to community groups, Sports Leagues, Kroc Center users, etc. about chronic disease prevention, policy, and rationale	September 2010	June 2012
	Give presentations to decision makers on policy, rationale, community interest, and cost	May 2011	June 2012
	Offer to host educational tables at community events to promote healthy foods at concessions policy	June 2011	March 2012
	➤ Policy Development		
	In collaboration with the Community Workgroup, provide technical assistance to community event organizers regarding policy development	November 2011	February 2012
	Develop flyer / fact sheet about new food offerings	February 2012	March 2012
	Develop signage to encourage choosing the healthy food options	February 2012	March 2012
	➤ Policy Implementation		
	In collaboration with the Community Workgroup, provide technical assistance to event organizers regarding strategies for implementing the healthy foods policy.	May 2012	Ongoing
	Post signage / flyers / policy supports	May 2012	May 2012
	Hold a kick-off event, which may include providing new foods offered at concessions stands. Provide literature about healthy eating	May 2012	May 2012