

# **I. EXECUTIVE SUMMARY**

Benton County Health Department (BCHD) remains committed to maintaining outstanding and innovative programs and integrating public health, mental health, environmental health and primary care clinical services. This work involves re-defining management roles, creating multi-disciplinary work teams, improving health data management, and meeting local health challenges, particularly those facing low income, minority, migrant and high-risk populations.

Partnerships and linkages between the Health Department and Benton Community Health Center (FQHC) under the collective title of Benton County Health Services are growing and providing a strong continuum of services to County residents. Already strong private and public partnerships are being strengthened and expanded to help provide better services with less duplication and improved utilization of human and other resources.

Primary prevention is at the core of much of our public health work including food safety, on-site permitting, tobacco and chronic disease prevention, immunization and many other programs. Secondary prevention directed toward targeted high-risk groups (pregnant teens, injection drug users, etc) are at the core of other interventions.

Along with the rest of Oregon, Benton County is facing fiscal challenges for the 2009-2011 biennium. (Unlike most other Oregon counties, Benton is on a biennial budget calendar.) Prevention programs increasingly rely upon grant funding, assistance from operational partners, and County General Funds to maintain necessary staffing and service levels that remain unsupported by State funding.

The current financial crisis and changes in local, state and federal health funding is a major area of concern and will require ongoing attention, both regarding Health Department resources and health needs for the Benton County population. Awareness of public health issues related to the oncoming “age-wave” is one factor driving strategic planning and program development. We have also identified the projected health consequences of climate change as an area deserving of increased attention in the coming year.

Benton County remains committed to providing high-quality, high-value, evidence-based health services for those living, working and visiting our area.

## II. ASSESSMENT

### 1. DESCRIPTION OF PUBLIC HEALTH ISSUES AND NEEDS IN BENTON COUNTY:

#### Basic Demographic Profile and Public Health Indicators:

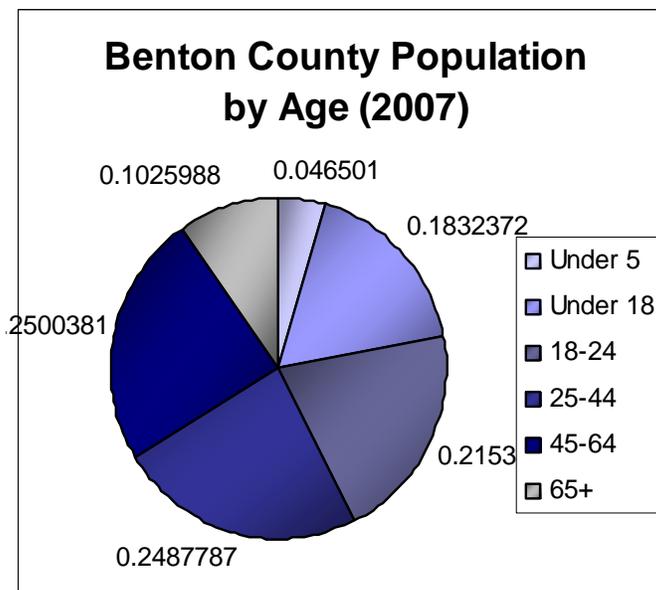
NOTE: At present the Benton County epidemiologist is fully occupied compiling data for a comprehensive County Health Status Report due to be completed in late fall of 2009. This report will contain detailed statistics and analysis of major public health issues and trends in Benton County.

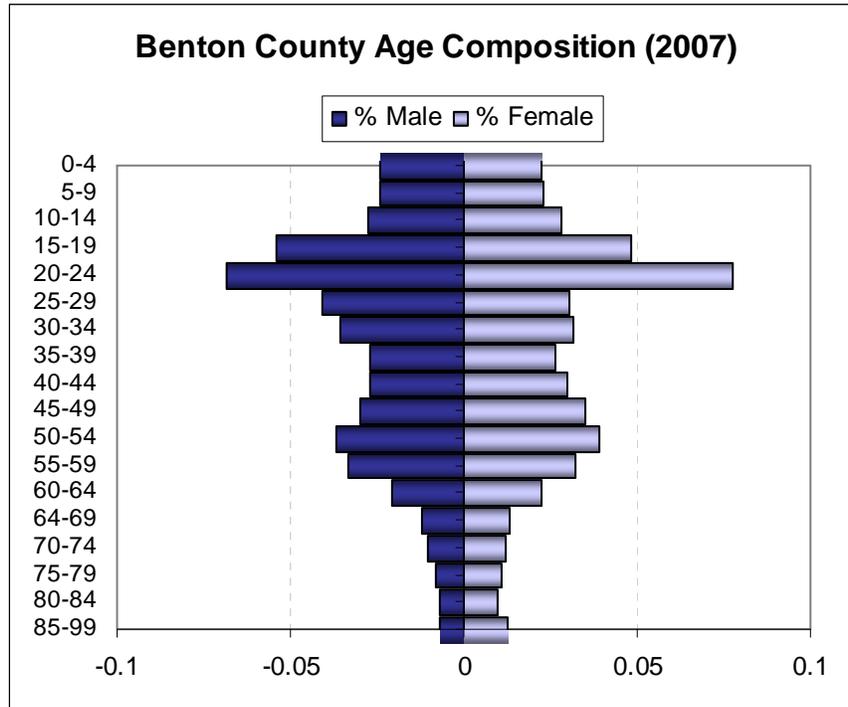
The information below is from the early stages of data collection and analysis. The entire Benton County Health Status Report will be included in the 2010 Annual Report update.

**Total Population = 86,120**  
(10.2 percent increase 2000-2007)

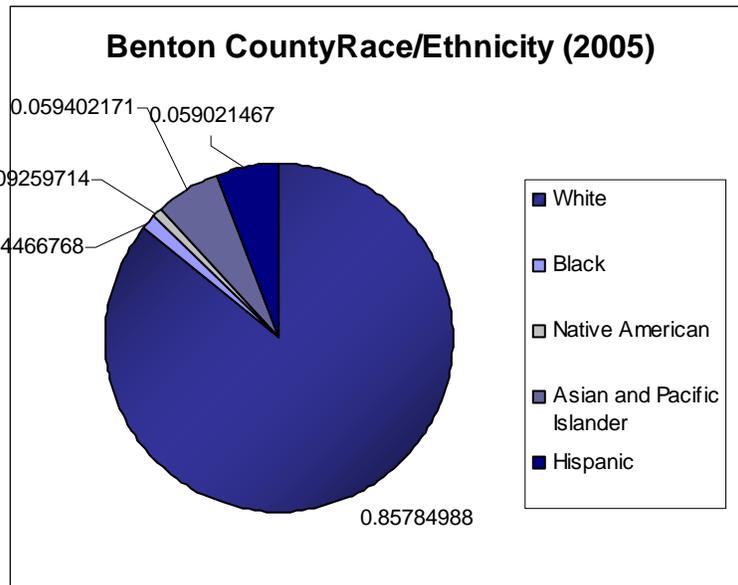
(All data below are 2007 unless otherwise noted)

Percent <5 years of age = 4.8	(Oregon = 6.3)
Percent 0-17 years of age = 20.7	(Oregon = 23.3)
Percent 18-64 = 68.4	(Oregon = 63.8)
Percent 65 years of age and older = 10.9	(Oregon = 12.9)





Percent Female = 50.5	(Oregon = 50.1)
Percent White non-Hispanic = 84.3	(Oregon = 80.5)
Percent Hispanic / Latino = 5.9	(Oregon = 10.6)
Percent Black = 1.34	(Oregon = 2.1)
Percent American Indian, Alaskan native = 0.9	(Oregon = 1.3)
Percent Asian / Pacific Islander = 5.9	(Oregon = 4.2)
Percent reporting two or more races = 2.4	(Oregon = 2.4)



Percent foreign born = 7.6 (Oregon = 8.5)  
 Percent speaking a language other than English at home = 10.0 (Oregon = 12.1)  
 Percent high-school graduates at age 25+ = 93.1 (Oregon = 85.1)  
 Percent with bachelor's degree or higher = 47.4 (Oregon = 25.1)  
 Median household income = \$47,117 (Oregon = \$47,385 US = \$50,007)  
 Percent below federal poverty level = 17.2 (Oregon = 13.5 US = 13.3)  
 Percent below FPL <18 years of age = 11.6 (Oregon = 17.4 US = 18.3)  
 Percent below FPL aged 18-64 = 20.7 (Oregon = 13.2 US = 11.9)  
 Percent below FPL 65 or older = 6.1 (Oregon = 8.3 US = 9.9)  
 Percent below FPL Families = 6.9 (Oregon = 9.3 US = 9.8)  
 Percent <FPL Married Couple Families = 3.7 (Oregon = 4.6 US = 4.8)  
 Percent <FPL Female-Headed household = 25.3 (Oregon = 30.8 US = 28.6)

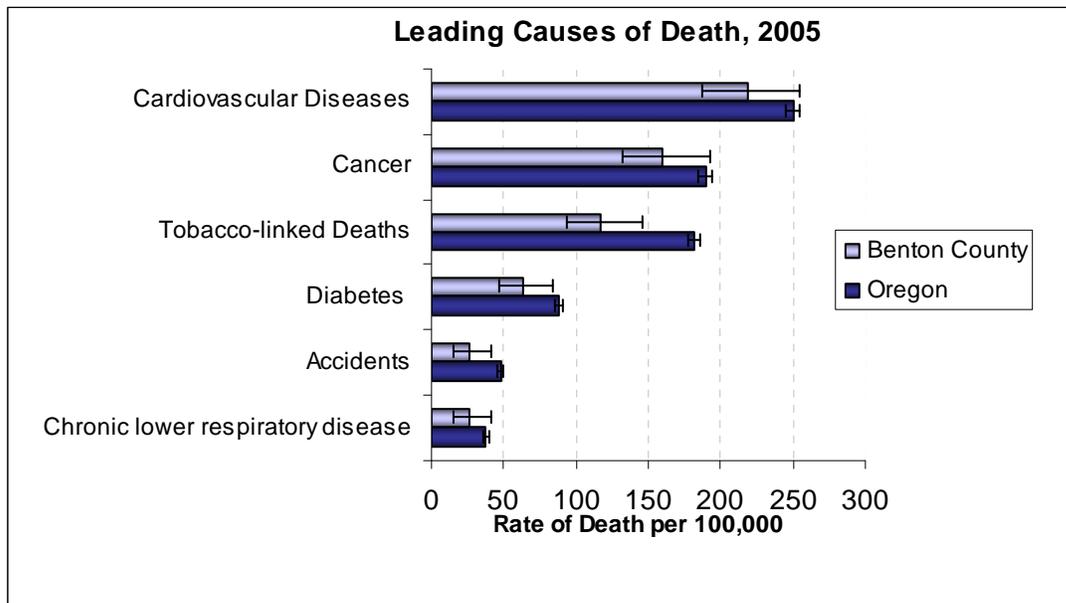
Demographic Data - *Portland State University Population Research Center*

## MORTALITY

The leading causes of death in Benton County in 2005 were (in descending order) cardiovascular disease, cancer, tobacco-related causes, diabetes, accidents and chronic lower respiratory disease.

### Causes of Death (Rates per 100,000)

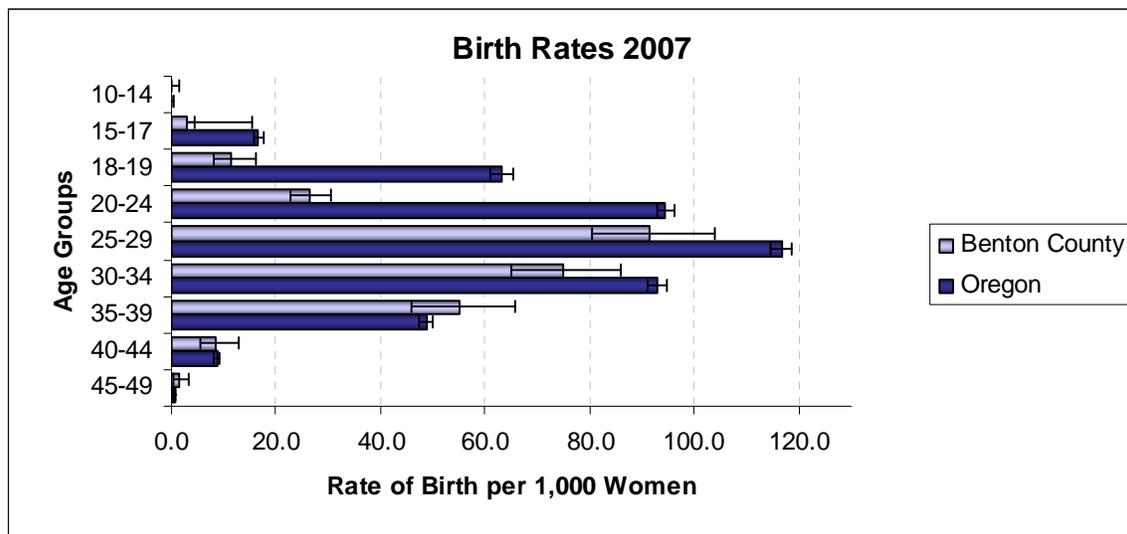
Cardiovascular Disease = 218.38	(Oregon = 250.21)
Cancer = 160.24	(Oregon = 189.37)
Tobacco-related Deaths = 117.41	(Oregon = 181.36)
Diabetes = 63.24	(Oregon = 88.44)
Accidents = 15.92	(Oregon = 37.64)
Chronic Lower Respiratory Disease = 25.64	(Oregon = 47.77)



## PREGNANCY / BIRTH

### Birth Rates per 1,000 (2007)

Age 10-14 = 0.00	(Oregon = 0.40)
Age 15-17 = 3.01	(Oregon = 16.59)
Age 18-19 = 11.53	(Oregon = 63.05)
Age 20-24 = 26.39	(Oregon = 94.40)
Age 25-29 = 91.54	(Oregon = 116.62)
Age 30-34 = 74.82	(Oregon = 92.94)
Age 35-39 = 55.21	(Oregon = 48.70)
Age 40-44 = 8.60	(Oregon = 8.71)
Age 45-49 = 1.34	(Oregon = 0.68)



## PRENATAL CARE / BIRTH

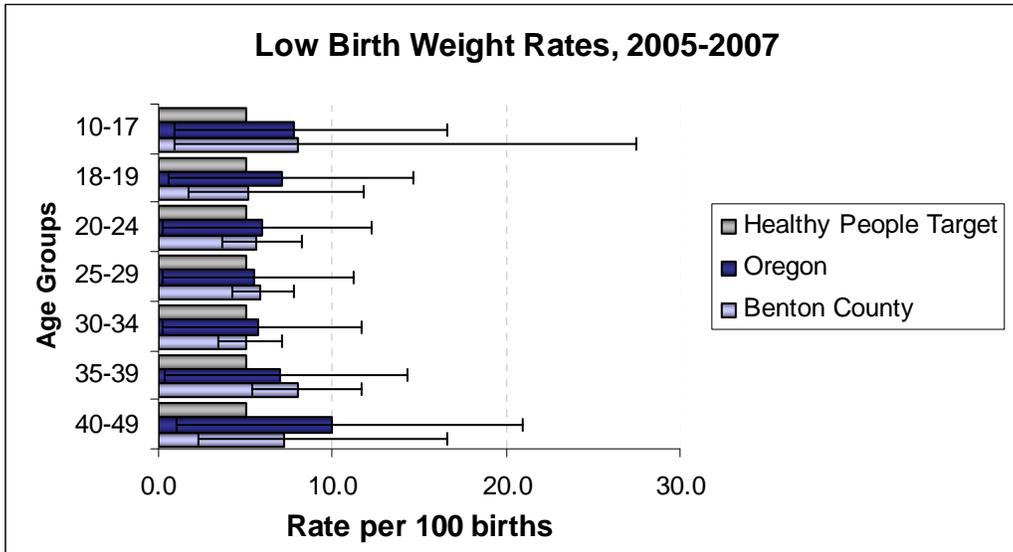
Total Births 2007 = 813

### Month Prenatal Care Began

No Care = 3 (.37%)	(Oregon = 0.99%)
1 <sup>st</sup> = 36 (4.4%)	(Oregon = 7.67%)
2 <sup>nd</sup> = 427 (52.52%)	(Oregon = 42.66%)
3 <sup>rd</sup> = 233 (28.66%)	(Oregon = 27.83%)
4 <sup>th</sup> = 54 (6.64%)	(Oregon = 9.25%)
5 <sup>th</sup> = 26 (3.20%)	(Oregon = 4.99%)
6 <sup>th</sup> = 16 (1.97%)	(Oregon = 2.78%)
7 <sup>th</sup> = 13 (1.60%)	(Oregon = 1.93%)
8 <sup>th</sup> = 3 (0.37%)	(Oregon = 1.20%)
9 <sup>th</sup> = 1 (0.12%)	(Oregon = 0.39%)
Unk = 1 (0.12%)	(Oregon = 0.31%)

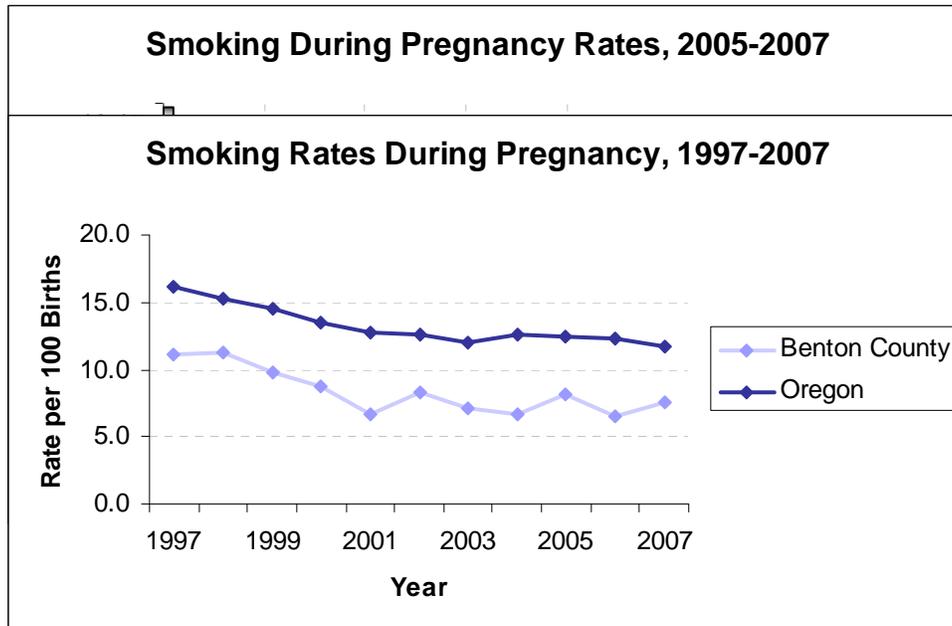
Low Birth Weight (Rate per 100 Births) 2005-2007 Healthy People Target = 5.0

Maternal Age 10-17 = 8.00 (Oregon = 7.83)  
 Maternal Age 18-19 = 5.15 (Oregon = 7.07)  
 Maternal Age 20-24 = 5.63 (Oregon = 6.00)  
 Maternal Age 25-29 = 5.80 (Oregon = 5.47)  
 Maternal Age 30-34 = 5.02 (Oregon = 5.73)  
 Maternal Age 35-39 = 8.05 (Oregon = 6.94)  
 Maternal Age 40-49 = 7.25 (Oregon = 9.94)



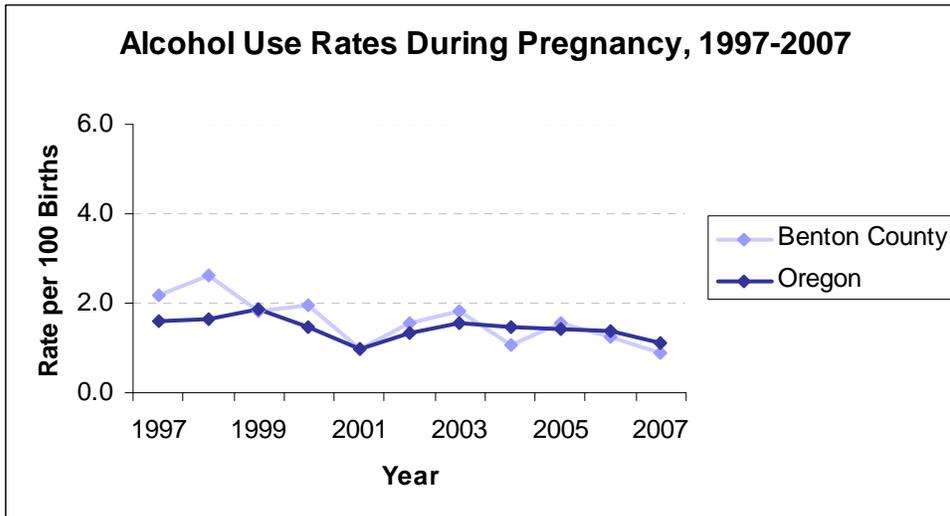
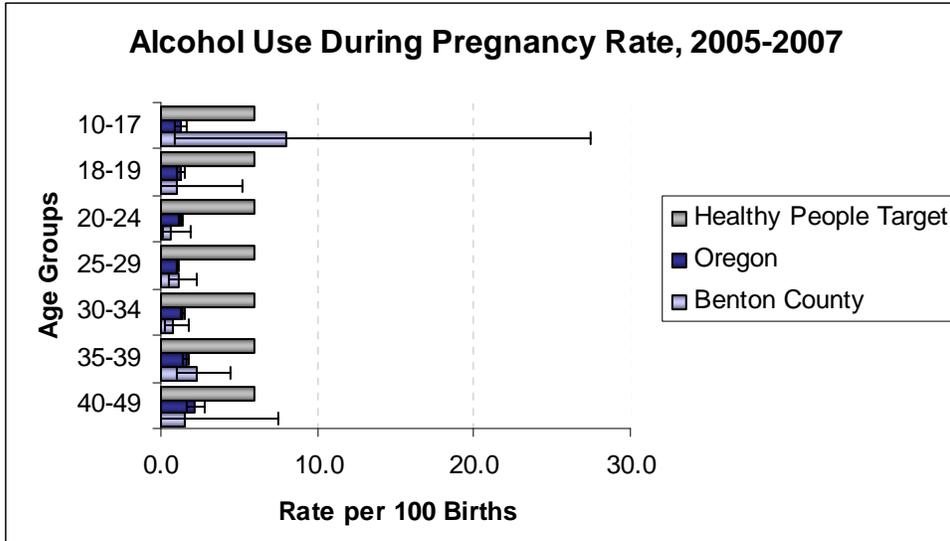
Smoking During Pregnancy (Rate per 100 births) Healthy People Target = 1.0

Age 10-17 = 16.00 (Oregon = 15.49)  
 Age 18-19 = 19.59 (Oregon = 21.37)  
 Age 20-24 = 15.22 (Oregon = 18.61)  
 Age 25-29 = 5.73 (Oregon = 11.22)  
 Age 30-34 = 4.26 (Oregon = 6.71)  
 Age 35-39 = 3.17 (Oregon = 6.44)  
 Age 40-49 = 4.41 (Oregon = 7.69)



Alcohol Use During Pregnancy (Rate per 100 births) Healthy People Target = 6.0

Age 10-17 = 0.80 (Oregon = 1.23)  
 Age 18-19 = 1.03 (Oregon = 1.25)  
 Age 20-24 = 0.65 (Oregon = 1.25)  
 Age 25-29 = 1.20 (Oregon = 1.07)  
 Age 30-34 = 0.79 (Oregon = 1.35)  
 Age 35-39 = 2.31 (Oregon = 1.60)  
 Age 40-49 = 1.47 (Oregon = 2.18)



## ADULT BEHAVIORAL RISKS

### Adult Behavioral Risk Factors (2002-2005)

Percent who met CDC recommendations for physical activity

Benton = 58.2% (Oregon = 54.7)

Percent who are overweight

Benton = 37.5% (Oregon = 37.0%)

Percent who are obese

Benton = 16.4% (Oregon = 22.1%)

Percent who consumed at least 5 serving of fruits and vegetables per day

Benton = 30.1% (Oregon = 25.8%)

Percent of Adults who currently smoke cigarettes

Benton = 13.0% (Oregon = 20.4%)

Percent of adult males who have had 5 or more drinks of alcohol on one occasion within the past 30 days.

Benton = 20.5% (Oregon = 21.8%)

Percent of adult females who have had 5 or more drinks of alcohol on one occasion within the past 30 days

Benton = 8.4% (Oregon = 8.4%)

Percent of adult males who had 60 or more drinks of alcohol in the past 30 days

Benton = 8.6% (Oregon = 6.4%)

Percent of adult females who have had 60 or more drinks of alcohol in the past 30 days

Benton = 7.6% (Oregon = 6.0%)

## YOUTH BEHAVIORAL RISKS 2005-2006

### 8<sup>th</sup> Graders

Percent smoked during past 30 days = 5.6%

Female = 4.5% Male = 6.7%

Percent ever used smokeless tobacco = 0.9%

Female = 0.6% Male = 1.3%

Percent drank alcohol during past 30 days = 25.8%

Female = 27.8% Male = 24.0%

### 11<sup>th</sup> Graders

Percent smoked during past 30 days = 12.1%

Female = 11.7% Male = 12.6%

Percent ever used smokeless tobacco = 2.2%

Female = 0.2% Male = 4.3%

Percent drank alcohol during past 30 days = 40.1%

Female = 41.6% Male = 38.5%

## **2. ADEQUACY OF LOCAL PUBLIC HEALTH SERVICES**

In general, BCHD enjoys strong support. Awareness of Public Health's role across a wide range of programs and systems is growing.

Three school districts contract to BCHD for implementation public health school nurses, thereby strengthening linkages between the districts and BCHD's CD, Mental Health, Health Promotion, EH and other programs.

BCHD has monthly meetings with the directors of Benton County Public Works, Planning, Parks, Development and Administrative departments as the key element of our Healthy Active Community Environments (HACE) project aimed at taking preventive health considerations into account in all County activities. BCHD has a collaborative relationship with many departments and programs at Oregon State University, most notably their Environmental Health & Safety office and Student Health Services. Monthly meetings are held to coordinate preventive and responsive elements.

## **3. PROVISION OF FIVE BASIC SERVICES – (ORS 431.416)**

Benton County Health Department provides the five basic services outlined in statute (ORS 431.416) and related rules.

### **A. Epidemiology and Control of Preventable Diseases**

The minimum standards for Communicable Disease Control are met. BCHD has developed and refined a model system for collaboration between CD and EH for food-borne and gastroenteritis prevention and investigation.

The department has a well-tested system for receiving reports 24/7 and for responding to emergency reports in a prompt manner. There is also a proven system for distributing CD information to local health providers, clinics, hospitals, pharmacies, veterinarians and others.

The February 2009 triennial review confirmed that CD investigations are completed in a timely manner, control measures are taken, and reports are completed and submitted within mandated time frames.

A library of press release templates for reportable conditions is saved on a County server with back-ups saved in multiple, secure, distributed locations.

Chlamydia continues to be the highest reported disease in Benton County. Gonorrhea incidence remains below the state average but has increased recently and one potential cluster area is under investigation.

Gastroenteritis, particularly Noro-type virus incidence has also increased. An aggressive outreach prevention campaign has been fairly well received in food service establishments, day-cares, long-term care facilities, homeless shelters and, notably, at Oregon State University whose Student Health Services, Housing and Dining Services and Recreation Center have expended considerable resources on prevention campaigns.

## **B. Parent and Child Health Service including Family Planning (ORS 435.205)**

BCHD has been fortunate to have retained the long-term services of a well-qualified and capable public health nurse doing CaCoon program services. Unfortunately we have been severely challenged to maintain the MCM and Babies First! portions of MCH services in the past few years. Rapid and unanticipated turnover of public health nurses has meant that staff has not gained mastery of programs; community partners have had to deal with stops and starts and changes in staff.

For FY 2010 we are looking at possibilities for internal PHN reassignments and program reallocations to address this problem. Unfortunately the intricate complexities of the MCH programs themselves mean that it takes a long time for any newly assigned nurse to gain competence.

On the plus side, our WIC program is extremely strong with three staff, all of whom have worked here for over 10 years. They know the community extremely well, they are multi-cultural and multi-lingual and coordinate exceedingly well with MCH, immunization, school nursing as well as other BCHD and CHC programs. WIC services are co-located with MCH and the CHC at our Corvallis site but also conduct monthly outreach clinics at the Monroe clinic in South Benton County. The WIC staff is excited about implementing WIC Listens. The WIC Farm Direct Program has been extremely popular with the staff and participants in Corvallis. Redemption rates have been high, fruit and vegetable consumption by participants has increased, and the community partnership has increased WIC visibility to the public.

### **Family Planning Services – ORS 435.025**

Funding and provision of Family Planning services are integrated into the services of the Community Health Centers of Benton and Linn Counties (CHC). All clinic sites provide reproductive health services under the Title X program guidelines and contraceptive services under FPEP. Services are available in both

Spanish and English. All clinics provide care under standing orders / protocols signed by the CHC Medical Director, Dr. Scott Williams, MD.

### **C. Collection and Reporting of Health Statistics**

Vital statistics including birth and death records are recorded and reported as required by ORS and OAR. An experienced team of three staff are cross-trained in all required services so records can be managed at all times. Certified copies of birth and death certificates can be provided while the customer waits, and forms from the websites of other states can be provided, increasing satisfaction for customers. The February 2009 triennial review noted exemplary performance and noted no compliance issues.

With the 2008 passage of a county health-and-safety tax levy, BCHD has the support of County Commissioners and Budget Committee dedicating a portion of that revenue to support 0.5 FTE of Epidemiologist for five years. However, 0.5 FTE is inadequate to meet the needs of science-based Public Health practice. The current staff cannot meet our needs, justify and assess evidence-based practices and position us for Local Health Department Accreditation in 2011. Nor is it adequate to support fundraising and grant writing and donor reporting to provide knowledge and interpretation of local-level health indicators so that our practices, programs and strategies can be truly responsive to actual needs, have demonstrated effectiveness and are accountable to taxpayers and decision-makers.

### **D. Health Information and Referral Services**

I&R services are available in Benton through a variety of channels. BCHD provides a variety of I&R services primarily through our Health Management Services Division. The telephone, reception and eligibility staff within that division provide telephone referrals for housing, medical care, social services, and coordination of applications for the Oregon Health Plan.

A Corvallis-based, non-profit organization called Love, Inc. produces a very highly regarded and well-used Information and Referral Guide to agencies and services throughout the mid-valley area. They have secured sponsorships for printing and distribution and sell additional copies on demand to help sustain it. This is the regional I&R "bible".

BCHD's internal I & R activities include:

- Helping clients identify needs.
- Promoting community health and wellness by assisting individuals and families in receiving services with special attention to ensuring confidentiality.

- Interviewing clients to identify eligibility for County, State or Federal resources.
- Providing administrative / clerical support to the Department's Automatic Call Distribution (ACD) by directing internal staff, other governmental agencies, nonprofit organizations, community members, and clients to the appropriate contact or by providing the requested / necessary information.
- Facilitating enrollment and application to the Oregon Health Plan, and refer clients to appropriate organizations for OHP certification / enrollment.

## **E. Environmental Health Services**

Benton County has retained a staff of highly skilled Environmental Health Specialists that have been cross-trained to take advantage of changes in workflow and allow surge capacity for seasonal work, OSU sports, festivals and other large temporary food events.

The Environmental Health (EH) division is fully integrated and co-located with the Health Department and maintains a close collaboration with the Communicable Disease nursing staff for both prevention outreach work and outbreak investigations.

Number of Public Water Systems = 74

Estimated population served by public water systems = 6400 (7.43%)

### Licensed Facilities

The Environmental Health staff licenses and inspects food service facilities, traveler's accommodations, bed and breakfast establishments, pools / spas and organizational camps. The Food Services Advisory Committee has very strong and active membership and has played a strong part in maintaining good relations with local restaurant owners.

### Food Handler Training

Food Handler Classes are provided both on-site and on-line and are available in both Spanish and English.

### Communicable Disease

Environmental Health Specialists work closely with the Communicable Disease team on food-borne outbreak investigations as well as providing preventive outreach services.

### Animal-bite

Animal bite investigations and record keeping are maintained by EH specialists.

### Drinking Water

Environmental Health Specialists monitor the results and assist public drinking water systems in achieving compliance with the Oregon Administrative Rules for

Drinking Water Standards. When a sample from a public drinking water system exceeds a maximum contaminant level, an Environmental Health Specialist investigates and takes appropriate action. Environmental Health Specialists assist public drinking water systems in developing a written emergency response plan. Environmental Health has an emergency response plan for drinking water systems.

#### On-Site

The On-Site Sewage Program monitors, issues permits and inspects on-site sewage disposal systems.

#### Solid Waste

Environmental Health Specialists investigate solid water complaints and provide oversight for the Coffin Butte landfill.

#### Emergency Response

Environmental Health Specialists are available to investigate any reports of environmental contamination that would affect the public and the environment. They provide support to protect the health and safety of the public in hazardous incident investigations.

## **4. ADEQUACY OF OTHER SERVICES IMPORTANT TO BENTON COUNTY**

### **Primary care for uninsured**

Benton County has had an FQHC since 2004 (Community Health Centers of Benton and Linn Counties (BCHC) operating at four sites) <http://www.co.benton.or.us/healthcenter/>. In addition, a private, non-profit agency, Community Outreach, Inc. (COI) has operated a free, volunteer-staffed medical clinic in Corvallis since 1971 <http://communityoutreachinc.org/index.htm>. The small, rural community of Alsea, located near the Lincoln County border in SW Benton County supports the Alsea Community Clinic which is designated a Federal Rural Access Clinic. This clinic is staffed by a single nurse practitioner, is a vaccine delegate of BCHD and provides FPEP and school nursing services. It is an important access point for the frontier-rural population in its service area.

Despite these “safety net” medical services, significant gaps still exist between needs and services. Demands upon area urgent care clinics and hospital emergency rooms for primary care access are unsustainable. Additional support for provision of services and for financial support of the uninsured is needed to ensure that they can access affordable, accessible, appropriate primary care in a timely manner.

A significant portion of the uninsured population are “working poor”, with Latino’s over-represented within this category as well as rural residents living outside of the Corvallis / Philomath area who often have inadequate transportation.

Clinical providers frequently find that uninsured people have gone many years without care and present with complex co-morbidities and advanced health conditions. These problems present significant challenges to the patients as well as providers from both medical and financial standpoints.

For several years, we have also noted increasing barriers to health care for insured residents of Benton County who have a Fee-for-service Medicare or OHP coverage. These forms of insurance are not a guarantee of health care services as an increasing number of practices limit or refuse services citing low reimbursement rates.

### **Oral health prevention and care for uninsured**

Oral health is a MAJOR gap in local health service for Benton County. A complex network of public and private organizations has provided dental care for many uninsured children through dental vans and one small, volunteer children’s dental clinic. All services depend upon the generosity of local dentists who volunteer their time, staff, equipment and services.

There is virtually no free or low-cost dental access for uninsured adults in Benton County. Free dental cleaning is available through the Community college, but patients must be free of major cavities and oral abscesses, and the waiting list is months-long.

A task group has been formed to explore dental expansion for the Community Health Centers of Benton and Linn Counties, but as with medical care, funding will not come close to meeting anticipated need.

A lack of reliable need data is a significant problem. BCHD plans to make that a focus for local data gathering during the coming summer and fall using selected questions from BRFSS, NHANES and other validated tools.

Childhood obesity. As outlined in section III, the state’s new Tobacco-Related and Other Chronic Disease (TROCD) program has removed some of the previous limitations of categorical programming and provided essential funding; standard health indicators suggest that more will be necessary.

Funding increases for prevention activities and self-care support programs for residents with chronic diseases, and for the infrastructure and management necessary to operate complex, multi-disciplinary programming is needed. Mandates are needed to involve social assistance, mental health, addictions and developmental disability and other publicly funded programs. While local efforts

can help address local needs, more comprehensive state and federal action will be necessary to address the consequences of the obesity epidemic.

Substance abuse. Despite significant collaborative efforts, alcohol, tobacco and other substance abuse remains as a cause of crime, social disruption and economic distress in Benton County. While use rates may not be as significant as in other Oregon counties, the burden on Benton County systems remains high. The fact that BCHD's Harm Reduction Program exchanged 43,400 syringes in 2008 is an indicator that methamphetamine and narcotic use remains high.

While local efforts can help address local issues, more comprehensive state and federal action will be necessary to address the root causes of substance abuse.

Food insecurity. The public health consequences of hunger, irregular nutrition and under-nutrition are well documented. Hungry children under-perform in school and are over-represented in disciplinary matters. Under-nourished people are more prone to both acute and chronic illness. They are at higher risk as both perpetrators and victims of crime and violence and at increased risk for alcohol, tobacco and other substance abuse.

Since 1981 Linn-Benton Food Share, the local food bank, has collaborated with BCHD, OSU Extension Service and a number of other area agencies to address food insecurity issues. In 2007 Food Share distributed food was valued at more than \$7.5 million. One out of five families in Linn and Benton Counties depend upon food from an emergency pantry at least once a year. Over 40% of recipients are children.

Despite these efforts, food insecurity remains a problem. While local efforts can help address local issues, more comprehensive state and federal action will be necessary to address the root causes of food insecurity.

MH services for uninsured. In a similar manner to primary medical care, current mental health services are unavailable to many people in Benton County. Just as with medical care, urgent care clinics and emergency rooms see an unsupportable number of people in need of ongoing care for chronic mental health conditions.

### **Health Disparities**

BCHD has been very active for over a year in raising community awareness about the public health impacts of health disparities. We have worked with a wide variety of partners from municipal governments, community-based organizations, Oregon State University, Linn-Benton Community College and other County government departments.

We have sponsored public forums and focus groups, sometimes using the PBS series “Unnatural Causes” as a starting point for education and to stimulate discussion.

This process has been notable in bringing public health considerations into the discussions of Corvallis city’s sustainability strategic planning process.

## **III. ACTION PLAN**

### **A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS**

#### **Current Condition or Problem**

As it has done for many years, Benton County continues to experience a relatively high turnover of medical providers. As new providers arrive and new practices start, there is a need for orientation about Oregon disease reporting requirements and how this is best accomplished with the Benton County Health Department. Even with the recent increase in “state support for public health,” local resources are inadequate to accomplish the level of outreach and education necessary to reach all providers. The public health desire for providers to report suspect or atypical cases is inherently in conflict with the managed care policy of not documenting “suspect” but only known diagnoses. As a result, labs still tend to report more consistently and promptly than providers in Benton County.

As with many other counties, Benton is facing serious budget challenges (unlike other counties, Benton practices biennial budgeting, not annual). As a result of flat or decreasing revenue and increasing salary and benefit costs, Benton County Health Department’s CD program is looking at a possible reduction in its total level of staffing during the 2009-2011 biennium. At this time, we have two FTE of dedicated CD RN staff. This may be reduced by 0.5 as some nurse time may be re-assigned to other revenue-generating public health program work. County budgets are not finalized as of this writing, but this is an area of concern.

Chlamydia remains by far the most common reportable disease in Benton County, and while neighboring counties have been challenged by complex and increasing rates of TB, the incidence in Benton County has remained roughly steady.

Benton CD Nurses and EH Specialists continue to collaborate closely on prevention and investigation of food-borne infectious diseases. This collaboration has proven highly successful and is now our “standard of practice.” We have received commendations and support for targeted responses by both nurses and EH specialists from long-term care facilities, day-care operators, schools, food service operators, and other clients regarding the way we assess outbreaks and provide education for limiting the spread of pathogens, particularly norovirus.

#### **Goals**

Utilize both budgetary and epidemiological data to match available staff to high incidence and high-risk / benefit tasks. Prioritize investigation of reportable conditions according to Investigative Guidelines. As time and resources allow, also maintain outreach prevention activities with long-term care facilities, schools, clinics, faith groups, clubs, businesses and others. Maintain strong collaboration between CD and EH for investigation and mitigation of food-borne events and outbreaks involving businesses that EH inspects / permits.

## **Activities**

Benton CD nurses will continue to work with the medical officer and Health Promotion Specialists to develop educational materials about reporting to private providers and clinical staff. Local CD "Health Alerts," "Health Advisories," and "Health Updates" will continue to be sent to all medical and alternative healthcare providers via fax and email to keep them aware of current health threats and issues. This activity has received positive feedback and serves the triple purposes of informing providers of current problems in the community, reminding them of their reporting requirement, and raising the profile of the BCHD CD program. The Health Officer reviews all releases prior to distribution.

The CD staff maintains active relationships with local infection control practitioners and facility IC specialists at the local hospital and at clinics including OSU Student Health Services. The BCHD CD program remains strongly partnered with the OSU Infectious Disease Response Team and OSU Health and Safety office. These linkages have proven invaluable in facilitating prevention activities on campus as well as in investigation and media management of outbreaks involving the OSU community.

School nurses in three local school districts are employees of BCHD and do active disease surveillance within schools. They have been trained in basic disease investigation and collaborate closely with the CD nurses.

The OCHIN Electronic Health Record (EHR) system is being used throughout the Community Health Centers of Benton and Linn Counties (CHC - our FQHC) as well as in Mental Health programs. The CD nurses have been trained in this system and have "look-up" capability. This has greatly facilitated care coordination for STI, TB and other cases for whom the CHC is the client's "medical home." While this represents only a small fraction of total case-load, it is a model of what a fully integrated electronic medical record system might accomplish.

## **Evaluation**

The Multnomah CD database has been a useful tool in monitoring CD nurse productivity and compliance. Information from the data base is used for quarterly Quality Assurance and Quality Improvement reviews. We are looking forward to activation of the ORPHEUS program as a significant improvement of this capability and additional ability for manager to monitor nurse utilization and provide real-time monitoring of compliance with reporting times and completeness. In the meantime, we will continue to use internally developed case report logs as a mechanism to track reports and provide better feedback to management, nurses and health providers.

Staff time and costs are monitored during larger investigations and outreach efforts through our finance and payroll systems.

Measurement standards include state-mandated response and reporting times, completion and thoroughness of reports, and internal nurse utilization standards.

## **Tuberculosis**

### **Current Condition or Problem**

Benton County still has low TB incidence but has noted little increase in LTBI cases. Most of these cases are identified through the School Clearance TB Screening, through Oregon State University Student Health Services or by a private provider doing medical screening. Most LTBI cases are found in foreign-born individuals.

Benton County has a high population of foreign born due to the fact that the local university has a large international student population and Hewlett-Packard and CH2M Hill are significant local employers.

The CD nurses work hard to keep local providers aware of potential cultural conflicts and miscommunication that may complicate or impede successful LTBI treatment. Although there is written material available in various Asian, African, and Spanish languages about LTBI and INH, there is a lack of culturally proficient health providers and educators available to respond more effectively.

Benton has continued to see only 1-2 active TB cases per year. These cases often, but not universally, pose significant case management challenges due to low socio-economic status, transient lifestyles, and language / cultural barriers.

### **Goals**

Greater understanding and more effective TB outreach, particularly to the Native American, Latino and Asian-Pacific community. More active collaboration with the new Corvallis-based infectious disease practitioner. Continued close collaboration for staff orientation, training and prevention activities at homeless shelters. Continued close collaboration for staff orientation and training with OSU Student Health Services medical staff.

### **Activities**

Benton County serves Indian, Vietnamese, Korean and Chinese clients more commonly than other populations. Oregon State University interns have helped create appropriate outreach information through work within the Asian-Pacific community, obtaining information on common beliefs about LTBI and begin development of culturally proficient messages to encourage LTBI treatment.

In addition to the unfailingly strong support of DHS PH TB staff, nurses and Medical Officer frequently refer to the Francis J. Curry National TB Center's "warm-line" for case management advice and answers to complex individual questions.

One complex case is under investigation as this is being written. The case was an inpatient at the Corvallis hospital, so a large number of medical and support staff will need assessment and follow-up. This plan is being formulated with the close collaboration of local infectious disease practitioners, the hospital infection control specialist, and other hospital management and staff resources.

More active collaboration with the new Corvallis-based infectious disease practitioner. Continued close collaboration for staff orientation, training and prevention activities at

homeless shelters. Continued close collaboration for staff orientation and training with OSU Student Health Services medical staff.

**Evaluation**

We are looking forward to activation of the ORPHEUS program with the projected TB module. That should allow more internal QA & QI capability for the CD manager to monitor nurse utilization and provide real-time monitoring of compliance with case management goals, reporting requirements.

Continued monitoring of LTBI and TB incidence in Benton.

**B. PARENT AND CHILD HEALTH SERVICES INCLUDING  
FAMILY PLANNING CLINICS AS DESCRIBED IN  
ORS 435.205**

**IMMUNIZATION PROGRAM**

**See Attachment: Immunization Plan A 2008-2012.**

## **B. CONTINUED**

# **WOMEN, INFANTS AND CHILDREN PROGRAM (WIC) INFORMATION SHEET**

## **WIC NUTRITION EDUCATION PLAN**

The Oregon WIC Program Nutrition Education Plan is designed to support and promote a comprehensive approach in the delivery of WIC services. This structure involves a three-year strategy focusing on providing quality nutrition services including nutrition assessment and education in preparation for the federally mandated implementation of the Value Enhanced Nutrition Assessment (VENA) project also known as Oregon WIC Listens. The multi-year plan will continue to support the Oregon Statewide Nutrition and Physical Activity Plan, Breastfeeding Promotion, and MCH Title V National Performance Measures.

### **VENA Background**

VENA is a nationwide WIC nutrition education initiative. It is a part of a larger national initiative to revitalize quality nutrition services (RQNS) in WIC. The goal of VENA is to expand the purpose of nutrition assessment from eligibility determination to improved, targeted, client-centered nutrition education. The six competency areas for WIC nutrition assessment include Principles of life-cycle nutrition; Nutrition assessment process; Anthropometric and hematological data collection techniques; Communication; Multicultural awareness; and Critical thinking. VENA is to be implemented in all WIC Programs across the United States by October 1, 2009.

### **Year One – FY 2007-2008**

The primary mission of the WIC Program is to improve the health outcomes of our participants. The first year of the WIC Nutrition Education Plan will be devoted to building staff skills and technical knowledge regarding nutrition assessment and quality nutrition education in order to help facilitate healthy behavior change. The focus of Year One will involve conducting a thorough assessment in order to appropriately target nutrition education, then identifying the key nutrition messages appropriate to the client's personal, cultural and socioeconomic preferences. Activities for WIC staff will include completion of the new Oregon WIC Nutrition Risk Module, implementation of the dietary assessment module revisions and understanding Oregon WIC's key nutrition messages. The desired outcome is Oregon WIC staff can appropriately assess clients' risks, concerns, and dietary preferences to deliver quality nutrition education tailored to the client's need.

### **Year Two – FY 2008-2009**

The second year of the WIC Nutrition Education Plan will be devoted to increasing staff nutrition knowledge related to the revised WIC food packages and Oregon WIC's Key Nutrition Messages. The focus of Year Two will be assessing and evaluating where staff are in providing participant-centered services and supporting A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012.

### **Year Three – FY 2009-2010**

The third year of the WIC Nutrition Education Plan will continue to be devoted to enhancing staff knowledge related to the revised WIC food packages – Fresh Choices. Year Three will also be devoted to enhancing and sustaining staff skills with participant-centered services – Oregon WIC Listens. The focus of Year Three will be to assure successful implementation of Fresh Choices and to support the foundation for health and nutrition of all WIC families.

General guidelines and procedures for the Nutrition Education Plan are described in Policy 850 of the Oregon WIC Policy and Procedure Manual. USDA requires each local agency to complete an annual Nutrition Education Plan [7 CFR 246.11(d)]. Even though we are focusing on specific goals, WIC agencies should plan to continue to provide a quality nutrition education program as outlined in the WIC Program Policy and Procedure Manual and the Oregon WIC Nutrition Education Guidance.

## **Materials included in the FY 2009-2010 Oregon WIC Nutrition Education Plan:**

- **FY 2009-2010 WIC Nutrition Education Plan Goals, Objectives and Activities**
- **FY 2008-2009 Evaluation of WIC Nutrition Education Plan (return to state by May 1, 2009)**
- **FY 2009-2010 WIC Nutrition Education Plan Form (return to state by May 1, 2009)**
- **Attachment A – WIC staff Training Plan (return to state by May 1, 2009)**

## **Instructions:**

1. **Review the FY 2009-2010 Oregon WIC Nutrition Education Plan materials and Policy 850 – Nutrition Education Plan.**
2. **Evaluate the objectives and activities from your FY 2008-2009 Nutrition Education Plan.**
3. **Describe the implementation plan and timeline for achieving your FY 2009-2010 objectives and activities using the FY 2009-2010 WIC Nutrition Education Plan Form.**
4. **Return your completed FY 2008-2009 Evaluation of WIC Nutrition Education Plan by May 1, 2009.**
5. **Return your completed FY 2009-2010 WIC Nutrition Education Plan Form by May 1, 2009.**
6. **Return Attachment A – WIC Staff Training Plan by May 1, 2009.**

**Return the WIC 2008-2009 Evaluation and 2009-2010 Plan Form electronically to [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) Or by fax or mail to:  
Sara Sloan, MS RD**

# **Oregon WIC Program**

**800 NE Oregon Street #865  
Portland, OR 97232  
Fax – (971) 673-0071**

# FY 2009 - 2010 WIC NUTRITION EDUCATION PLAN

## Goals, Objectives & Activities

***Overall Mission/Purpose: The Oregon WIC Program aims to provide public health leadership in promoting the health and improved nutritional status of Oregon families by providing:***

- Nutrition Education
- Breastfeeding Promotion
- Supplemental Nutritious Foods
- Partnerships With and Referrals to Other Public and Private Community Groups

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

### **Year 3 Objective:**

During the 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 (to be released summer 2009) by December 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.

State provided resources: Sessions on Infant Feeding Cues at the WIC Statewide Meeting 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.

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

**Year 3 Objective:**

During the planning period, 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 is 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.

**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 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.

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

**Year 3 Objective:**

During the 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 August 1, 2009.

**Example:** Determine which partners in your community are the highest priority to contact such as medical providers, food pantries, and/or Head Start programs. Provide a staff in-service, written materials or presentation to those partners regarding 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 the new food package changes such as hosting focus groups or administering questionnaires with participants.

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

**Year 3 Objective:**

During the 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.

State provided resources will include the Oregon WIC Breastfeeding Study data and the 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.

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

## FY 2009 - 2010 WIC Nutrition Education Plan Form

**County/Agency:** Benton County WIC  
**Person Completing Form:** Marisabel Gouverneur, Mercedes Magana, Maryam Jones,  
Leslie Redpath  
**Date:** 4-29-09  
**Phone Number:** 541-766-6836  
**Email Address:** marisabel.gouverneur@co.benton.or.us

Return this form electronically (attached to email) to: [sara.e.sloan@state.or.us](mailto: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 the 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:**

Staff will attend state WIC training for new food packages by the end of June 2009 and implement new food package by August 1, 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:**

Staff will complete Infant Feeding Inservice provided by the State and attend WIC Statewide Meeting sessions on Infant Feeding Cues 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:**

Benton County WIC does not hold classes or have lesson plans. Staff will use Key Nutrition Messages and discuss changes with the new WIC food packages with participants at certification, recertification and follow-up appointments by August 1, 2009 and will continue through all future appointments.

**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:**

See Attachment A

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

**Year 3 Objective:**

During the 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 is 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:**

Staff will continue to practice participant-centered counseling. Staff members will observe each other at least 2 times by October 31, 2009

**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:**

Staff will discuss concerns and successes using Participant-Centered Counseling at monthly meetings.

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

**Year 3 Objective:**

**During the 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:**

RD will work with local Head Start Program to provide one inservice concerning WIC Programs new Fresh Choices food packages and Key Nutrition Messages.

**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:**

WIC staff will hand out survey provided by State WIC evaluating Fresh Choices program.

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

**Year 3 Objective:**

**During the 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 and 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:**

Local Breastfeeding Coordinator, Maryam H. Jones, is collaborating with Health Promotion and HR to help county offices in providing rooms for breastfeeding county staff and general public. Coordinator will utilize assessment tool when it becomes available. Benton County has high rates of exclusive breastfeeding and will continue our current breastfeeding promotions and individual consultations with pregnant women. Local Coordinator will attend Breastfeeding Coalition Meetings and conference calls.

**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 December 31, 2009, Benton County will assess strengths and weaknesses of present strategy and any new approaches or ideas to improve breastfeeding in the county.**

# 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	September 2009	Review and discuss New Food Package issues from August.	Be sure all staff is following state guidelines for New Food Package.
2	December 2009	In-service with RD regarding new prescription format.	Assess any problems with compliance to using new prescription forms.
3	March 2010	Review any concerns about Oregon WIC Listens	Assure compliance with State Oregon WIC Listens
4	June 2010	Reassess format for issuing Farmer's Market checks and WIC FI's	Assure staff all are in compliance with new Farm Direct and FI's format for fresh fruits and veggies.

# **EVALUATION OF WIC NUTRITION EDUCATION PLAN** **FY 2008-2009**

WIC Agency: Benton County WIC

Person Completing Form: Leslie Redpath

Date: 3-26-09 Phone: 541-766-6173

Return this form, attached to email to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) by May 1, 2009

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year Two Objectives. If your agency was unable to complete an activity please indicate why.

## **Goal 1: Oregon WIC staff will have the knowledge to provide quality nutrition education.**

### Year 2 Objective:

During plan period, through informal discussions, staff in-services and or/targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

*Activity 1: By October 31, 2008, staff will review the WIC Program's Key Nutrition Messages and identify which ones they need additional training on.*

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

- How were the WIC Program's Key Nutrition Messages shared with staff in your agency?
- Which messages did staff identify as needing additional training on?
- How did this training occur?

### **Response (Leslie Redpath):**

**WIC Staff met August 27, 2008 for an in-service reviewing and discussing the new WIC Food Packages coming August 2009. Key Nutrition Messages were reviewed, appropriate connections between them and new food packages was discussed, and staff were given copies to remind them to incorporate these messages into their certifications. The staff is experienced and did not identify any messages needing additional training.**

*Activity 2: By March 31, 2009, staff will review the proposed food package changes and:*

- *Select at least three food package modifications (for example, addition of new foods, reduction of current foods, elimination of current foods for a specific category).*
- *Review current nutrition education messages most closely connected to those modifications, and*
- *Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or, reduce client resistance to change.*

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

- How did staff review the proposed food package changes?
- Which nutrition education messages were identified that need to be modified?
- How will these messages be shared with participants?

**Response (Leslie Redpath):**

**WIC Staff held an in-service on 10-1-08 and reviewed the new food package modifications, how they would impact participants, and what anticipatory guidance staff could provide to prepare clients. Key Nutrition Education Messages and how to implement them on an ongoing basis were discussed. There was little modification of messages as most were similar to current messages already in place. Messages have been shared with participants at certification and follow-up appointments since the in-service. Any confusion is discussed in weekly staff meetings. No problems were identified.**

*Activity 3: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2008-2009.*

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

- Did your agency conduct the staff in-services you identified?
- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

**Response (Leslie Redpath):**

**All in-services scheduled in the NE 2008-09 Plan were completed and additional in-services were added throughout the year. Attachment A is included at the end of this evaluation and should make it clear that they were completed unless still in progress at time of writing this evaluation.**

**The in-services addressed the core areas of the CPA Competency Model (Oregon WIC Program Manual section 660) by:**

- 1. Maintaining program integrity through staff being held personally accountable for providing program standard services and assuring annual Civil Rights Training.**
- 2. Staff stays current on future program plans (Oregon WIC Listens, New Food Pkg, etc.) and is able to explain those to participants and the community. All staff has completed the Intro to WIC Modules.**
- 3. Continuing education aimed at helping staff better understand and relate to participants current issues regarding life-cycle nutrition throughout pregnancy, lactation, postpartum, infancy, and early childhood (weigh gain & obesity in-services).**
- 4. Staff has been trained in Nutrition and Dietary Risk Modules and use those methods to review and discuss issues ongoing.**
- 5. Staff pass annual lab competency every December and are proficient in anthropometric and biochemical data collection techniques.**
- 6. All staff has completed Nutrition, breastfeeding, civil rights and cultural competency modules and trainings and practices those communication skills. Concerns are discussed as they arise.**
- 7. Staff has completed cultural competence and civil rights modules and use culturally appropriate communication styles to maintain multicultural awareness.**

8. **Staff has completed critical thinking-related modules and synthesizes and analyzes data to draw appropriate conclusions. Concerns are discussed as a team as they arise or in weekly meetings.**
9. **Experienced staff is proficient using technology and have all worked with TWIST since inception.**
10. **Staff has required training plus years of experience and provides appropriate targeted Nutrition Education using principles of participant centered education.**
11. **Experienced staff is knowledgeable about on-site and local community resources, regularly screen for immunization compliance and make appropriate referrals as needed.**

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

Year 2 Objective: During plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

*Activity 1: By September 30, 2008 staff will review the assessment steps from the Dietary Risk Module and identify which ones they need additional training on.*

Outcome evaluation: Please address the following questions in your response:

- Did staff review the assessment steps from the Dietary Risk Module?
- Which steps did staff identify as needing additional training?
- How did this training occur?

### **Response (Leslie Redpath):**

**WIC staff met 10-1-08 to review, clarify, discuss and evaluate assessment steps and modifications used in the Nutrition Risk and Diet Risk Modules (see Attachment A). Staff felt the information was understood from the State provided trainings and that they were all implementing the changes. Training occurred in several weekly staff in-service meetings and was done in a group discussion format. Staff felt that there was no additional training needed.**

*Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.*

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

- How has staff modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules?

### **Response (Leslie Redpath):**

**Staff is using more open-ended questions with participants during certifications. The TWIST format supports that effort. Staff is experienced and knowledgeable and has effectively changed their interview style. This was also observed by State staff during the Triennial Review.**

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

Year 2 Objective: During the plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

*Activity 1: Identify your objective and strategy to facilitate healthy behavior change for WIC staff.*

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet the objective?
- What went well and what would you do differently?

**Response (Leslie Redpath):**

**Setting: Worksite, Objective I, Strategy b:**

**Benton County WIC Staff chose to motivate staff to increase their own walking physical activity levels as well as motivate WIC participants to walk more through staff interest and enthusiasm, with weekly free pedometer give-aways during July and August 2008. The intention was to motivate staff to compete with themselves to increase their daily walking. Baseline daily step averages were established in April 2008 and compared to July-August step averages. This strategy was decided by the WIC Team. The strategy had a minor impact on increasing staff's physical activity through walking more, and the pedometers were quite inaccurate. All 3 staff members are already very active, one teaches 9 aerobic classes/week, two bike to work frequently, and all work out daily on their own.**

*Activity 2: Identify your objective and strategy to facilitate healthy behavior change for WIC clients.*

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

**Response (Leslie Redpath):**

**Setting: Home/Household, Objective I, Strategy f:**

**This objective and strategy were selected by WIC Staff to motivate pregnant women and postpartum WIC participants to increase their walking physical activity levels through both staff enthusiasm for their pedometer physical activity program and weekly free pedometer give-aways during July and August 2008.**

Only 16 clients were interested and put their name into the weekly drawings. Out of the 16 who entered, only 4 of the 6 pedometers were picked up even though they received reminder calls. Overall there was low interest by participants.

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

Year 2 Objective: During the plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1: Identify your objective and strategy to improve breastfeeding outcomes for WIC clients.

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

**Response (Leslie Redpath):**

**Setting: Home/Household, Objective I, Strategy d:**

Benton County chose this strategy as it has been the policy for years and has proven itself in Benton County having some of the highest, and often the highest rates of breastfeeding, by all categories in Oregon. This was evidenced by the 2007 Pediatric Nutrition Surveillance Survey (PedNSS) from the CDC. (See last year’s NE Plan)

Kelly Sibley of the State WIC Program reported Benton County breastfeeding rate of initiation (from TWIST) was 94.8% (2-4-09) as compared to the state’s (unofficial) of around 89%. Much of our success can be attributed to Maryam Jones’ participation in the State Breastfeeding Coalition and Steering Committee and the staff’s strong commitment to breastfeeding.

The plan is to continue our program activities as stated in the NE Plan 2008-09.

**Benton County Attachment A – Modified from State Version**

**2008-09 Nutrition Education Calendar**

<b>Date</b>	<b>Activity</b>	<b>By Who</b>	<b>Date Completed</b>	
January '08	• Time Study	Les	1-31-08	
February				
March				

April	<ul style="list-style-type: none"> <li>• Time Study</li> </ul>	Les	1-30-08	
May				
June	<ul style="list-style-type: none"> <li>• Design pedometer drawing cards for August's weekly drawings and September's grand prize</li> <li>• Find Grand prize</li> </ul>	Les	6-30-08	
July	<ul style="list-style-type: none"> <li>• Time Study</li> <li>• Run FI Issuance log</li> <li>• Start Farm Direct Checks</li> <li>• Begin pedometer discussions with pregnant and postpartum women and start free pedometer drawings</li> <li>• <b>In-service:</b> Baby-led Breastfeeding</li> <li>• Chart Audit</li> <li>• Certifier Observations</li> <li>• Self-Evaluation</li> </ul>	Les  Maryam	7-31-09 7-1-08 7-1-08 7-31-08  6-25-08	
August	<ul style="list-style-type: none"> <li>• <b>In-service:</b> Review new food packages and Key Nutr Messages</li> <li>• Staff pedometer change from baseline</li> <li>• Initiate walking/pedometer discussions with client</li> <li>• Weekly free pedometer drawings</li> <li>• Scale Calibrations</li> <li>• World Breastfeeding Month</li> </ul>	WICstaff  WIC staff  WIC staff WIC staff <b>Calibrator</b> MHJ/MMP	8-27-08  8-9/08  7-28-08  7-28-08 8-26-08 8-1-08	
September	<ul style="list-style-type: none"> <li>• <b>Inservice:</b> Increase calories for underweights and weight gaining</li> <li>• Review diet assessment from Diet Risk Module and identify needed changes</li> <li>• Final grand prize drawing for clients</li> <li>• Evaluate problems and motivators for staff pedometer activity</li> <li>• Evaluate participant interest in pedometer give-away drawings of July and August</li> </ul>	Inge  <b>WIC staff</b>  Les  WIC staff  <b>WIC staff</b>	10-29-08  10-1-08  9-15-08 9-15-08  9-15-08 Low interest, did not p/up pedom's	
October	<ul style="list-style-type: none"> <li>• Time Study</li> <li>• Run FI Issuance Log</li> <li>• Farm Direct Evaluation</li> </ul>	Les	10-31-08 <u>10-1-08</u>	

	<ul style="list-style-type: none"> <li>Review Key Nutrition Messages (Assess/provide any training needed)</li> <li>Review new food package changes</li> <li>Safety Fair: Bloodborne Pathogen Training Respiratory Infection Training Airborne Pathogen Training Safety Training</li> </ul>	Les  Benton Co. Safety Comm.	8-27-08  10-1-08  10-15-08	
November	<ul style="list-style-type: none"> <li>Review, clarify, discuss and evaluate modifications used in Nutr Risk and Diet Risk Modules</li> </ul>	Les  Les	10-1-08  10-1-08	
December	<ul style="list-style-type: none"> <li>Lab Competency Review</li> </ul>	Roxanne	12-17-08	
January '09	<ul style="list-style-type: none"> <li>Time Study</li> <li>Run FI Issuance log</li> <li><b>Inservice:</b> Efficient techniques for motivating lifestyle changes to prevent obesity</li> <li><b>Inservice:</b> Bloodborn pathogen review</li> <li><b>Inservice:</b> Confidentiality review and signature forms</li> <li>Purge Lab Logs (in locked basement Records Room)</li> <li>Program Integrity Review</li> </ul>	Les  Inge  H Dept  <b>WIC staff</b>  Mercedes/ Les Les	1-31-09 1-2-09 3-12-09  10-15-08  1-31-09  1-31-09  1-31-09	
February	<ul style="list-style-type: none"> <li>Triennial Review</li> <li><b>Inservice:</b> Civil rights</li> <li><b>Inservice:</b> Cultural Competency Training</li> </ul>	WIC Online <b>WIC staff</b>	2-5-09 12-17-08 2-28-09	
March	<ul style="list-style-type: none"> <li>Identify 3 food pkg modifications need clarification</li> <li>Voter Reg Review-Reception/WIC</li> <li>Identify and modify Key Nutr Messages to communicate new food changes and use them</li> <li>Confidentiality training/Signature Log by ALL who do any WIC</li> <li>Prep Farm Direct –Make orientation</li> </ul>	<b>WIC staff</b>  Les  <b>WIC staff</b>  Les	3-18-09  3-18-09 3-18-09  1-31-09  3-27-09	

	<ul style="list-style-type: none"> <li>schedule to go with FI's</li> <li>Oregon WIC Listens Training</li> <li>Infant Feeding Inservice (State Info)</li> <li>Reception Training-Adjunct Eligibility and Scheduling</li> </ul>	Les  Vernita  <b>WIC staff</b>  Les	3-13-09  3-1-09 3-25-09	
April	<ul style="list-style-type: none"> <li>Time Study</li> <li><del>Run FI Issuance Log</del></li> <li>Write Nutrition Ed plan 2009</li> <li>Verify activities from Nutr Ed 2008-09 completed on Calendar</li> <li>Evaluate Nutr Ed Plan 2008-09</li> <li>New Income Guidelines</li> </ul>	Les  <b>WIC staff</b>  <b>WIC staff</b> <b>WIC staff</b>	<b>State said no longer needed</b>	
May	<ul style="list-style-type: none"> <li>Using PedNSS from CDC to compare 2007 to 2008 breastfeeding data</li> </ul>	Not available yet		
June				
July	<ul style="list-style-type: none"> <li>Time Study</li> </ul>	Les	<b>Will do July '09</b>	

### Monthly Activities - Recurring

Week	Activity	Who	
<b>1</b>	Clients with No FI's (MHJ runs reports)	MHJ/MMP	
	No Show Cert/Recert	Les	
	End of Cert Terms	MMP	
	Pending Proofs	MHJ	
	FLPP Check Stock Inventory	MMP	
	Breast pump Inventory	MMP	
	Voter Registration	MMP	
	Show Rates for previous month	Les	
	RD No shows after 1st Monday	MHJ	
<b>2-3</b>	High Risk	MHJ	
	Terminations	MMP	
	Autoscheduler	Les	

	Autoscheduler Unable to Schedule fixes	Les/MMP	
	Unfilled/Available appointments for next month	Les	
<b>4</b>	RD No shows after 4 <sup>th</sup> Friday	MHJ	
<b>Quarterly</b>	FI Audit Log (Les will start in April '09)	MMP	
	FI Issuance	Les	

## **B. CONTINUED**

### **MCH PROGRAM PLANS (Parent and Child Health Services) 2009-2010**

#### **Maternity Case Management (MCM)**

MCM has as its goal the process of assisting pregnant women in accessing prenatal, social, economic, nutritional and other community services. The program goals are achieved through nurse home visits which are individualized to identify and address each client family's needs and goals.

#### **CaCoon Program**

One of the goals of the CaCoon Program is to make public health nurse care coordination services available to families in Benton County. To achieve this end CaCoon provides specialized training to nurses in order to make them confident resources in their communities. In this manner accurate information is provided to families; access to community services is improved; efficient use of health care and service systems is promoted and the well-being of (spell out) CYSHN families is promoted.

#### **Babies First**

The goal of the Babies first Program is to improve the physical, developmental and emotional health of high risk infants. To achieve this goal there are four objectives: to improve the early identification of infants and young children with the risk of developmental delay; assist families to access the appropriate community resources; standardize the public health nurse's ability to assess development and yearly analysis of outcomes data.

#### **Healthy Start**

Located at Old Mill Center for Children and Families the Benton County Healthy Start is a home visitation program offering services to all new families to increase parenting skills, improve family support and functioning with the likelihood of decreasing maltreatment and improve school readiness for at risk infants and children.

#### **Challenges**

The MCH program has been affected by various changes at Benton County Health Department. Two public health nurses sequentially hired for MCM remained in the position for only one year or less. The new nurse hired and assigned in September 2008 remained for less than two months. Subsequently, the public health nurse in charge of the CaCoon and Babies First programs continued to see all MCM open cases. This situation required severely limiting the delivery of services due to the fact that the nurse assigned has a .6 FTE to cover all the programs' needs. Note: the managerial position overseeing all three programs (CaCoon, Babies First, MCM and Healthy Start) was also vacant for greater than eight months due to retirement in 2008. The management position has now been filled but fiscal uncertainties have delayed recruitment for re-filling the MCH nursing position at least through the end of FY2009.

Final decisions on MCH nurse staffing will depend upon finalization of the state and county FY2010-11 biennial budgets.

### **Successes**

The Cocoon and Babies First nurse has been part of BCHD for many years. She has an excellent working relationship with many community partners, is well known, trusted and accepted by providers and community members alike. A discussion has been initiated with Commission on Children and Families and other partners to reassess community needs and consider how best to approach the community by having wrap-around services delivered by a multidisciplinary team. A priority is to include mental health and behavioral counselors on the team so as to address the increased number of clients with mental health needs. Unfortunately, the present FTE is insufficient to meet the demands of an increasingly stressed population.

Objective: Mental health

- Strategize ways for meeting needs of pregnant women with mental health needs

Activities:

- Coordinate and plan multidisciplinary team using BCHD resources and community partners including Mental Health, MCH, Community Health Center staff as well as community partners
- Organize work plan and evaluation criteria

Evaluate:

- Apply criteria as identified by the working group
- Implement ongoing QA/QI evaluation

Objective:

- Prioritize Babies First clients' medical risk factors to optimize the use of limited funds and refer clients' social factors to other partnering agencies as FTE or funding allows

Activities:

- Consult with community partners and identify optimal changes in services and focus to maximize available resources
- Update prioritization criteria

Evaluation

- Implement evaluation criteria as identified by working group

## **C. ENVIRONMENTAL HEALTH**

### **Environmental Health Services ORS 333-014-055 (2)(e)**

Environmental Health Services in Oregon include inspection, licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public swimming and spa pools, regulation of water supplies, solid waste and on-site sewage disposal systems, animal bite investigations to prevent the spread of rabies, food-borne and waterborne disease outbreak investigations, and other issues where the public health is potentially impacted through contact with surrounding environmental conditions.

#### **Environmental Health Inspections**

This fee-supported program reduces risk to county residents and visitors from disease and injury by investigating food and waterborne diseases, educating the public about food safety, and performing routine inspections of licensed facilities (restaurants, swimming pools, hotels, child care centers, adult foster care, correctional facilities, and small public drinking water systems).

#### **Onsite Wastewater Treatment (Septic) Systems Inspections**

This fee-supported program reduces risk to county residents and visitors from diseases caused by failing or improperly designed septic systems.

#### **Solid Waste and Nuisance Abatement Program**

This fee-supported program reduces risk to county residents and visitors from disease and injury caused by accumulation for trash and rubbish in rural areas of the county. This program provides oversight for several franchise agreements and helps to coordinate recycling efforts and provide local oversight of Coffin Butte Landfill.

### **Action Plan: Environmental Health Division**

#### **Current Conditions or Problem**

The Environmental Health Division is responsible for assuring the public of safe food, controlling diseases that can be acquired from food and water, animal bite reporting, West Nile Virus, regulating selected businesses and accommodations, and enforcing State and Local environmental health laws and rules. Environmental Health Division staff work in cooperation with other divisions in the Health Department and broader Benton County community. For example, staff works in cooperation with staff of the Communicable Disease, Emergency Planning, Animal Control, and Public Health Divisions to refine procedures for responding to a broad range of disasters and emergencies that threaten the health of the community including floods, vectors, earthquakes, bioterrorism and other mass casualty events.

#### **Goals**

The goals of the Environmental Health Division are to (1) analyze local environmental health issues from a public health perspective, (2) regulate specified businesses and accommodations, and (3) enforce State and Local environmental health laws and rules.

#### **Activities**

Target populations, including all residents of Benton County. The following activities are implemented on an ongoing basis by Environmental Health staff:

- Animal Bites (including bats and rabies exposures).
- Environmental Assessment Priority List.
- Food handler and ServSafe Manager’s training and certification.
- Disaster Preparedness.
- Inspection, Licensure, consultation and complaint investigations of food facilities and temporary events, tourist facilities, institutions, public swimming pools and spas and public drinking water systems; ensuring conformance with public health standards.
- Contract inspections of Oregon State University (OSU) food service facilities, sororities and fraternities on campus food service facilities.
- Community education about environmental health risks, food safety alerts, and hazards including: asthma, poor indoor air quality, lead poisoning, and vectors.
- Data analysis to identify environmental health trends and future service needs.
- Grant development to support Environmental Health Services.

Environmental Health Division will continue to support public policy change that reflects the interface with Public Health and the broader community. This Division will also work to educate diverse communities about environmental health risks and hazards as a means of protecting public health and reinforcing information provided through the inspection process.

**Evaluation**

The effectiveness of disease control and prevention is measured by the types of measures listed on the table below.

<b>Program Area</b>	<b>Measurable Outcome</b>
<b>Health Inspections</b>	Number of critical violations in food service facilities Number of total food program complaints received Number of food-borne illness complaints received Number of food-borne illness outbreaks investigated Number of food-borne illness outbreaks confirmed Number of total cases for all confirmed outbreaks
<b>Food Handler/ ServSafe Training and Certification</b>	Percent of food handler / ServSafe tests passes Number of food handler / ServSafe tests taken by language
<b>Nuisance Abatement</b>	Number of nuisance complaints / Number of initial and follow-up nuisance inspections
<b>Vector Control</b>	Number of birds that test positive for West Nile Virus Number of mosquito pools that test positive for West Nile Virus
<b>Community Education and Outreach</b>	Number of educational events conducted Number of individuals who attend the educational events Number of newspaper articles published

## **D. HEALTH STATISTICS**

### **Current Condition or Problem**

As a result of a successful 2008 County Health-And-Safety levy campaign and Commissioner action, BCHD was able to re-establish a 0.5 FTE department epidemiologist position last August. We now have renewed capacity to collect, track and analyze health statistics and to resume previously unfilled relationships with OSU faculty in Public Health, Social Work, Nutrition and many community organizations including United Way, Food Share, CCF, medical providers and others that collect and analyze health-related statistics.

Vital records staff are long-term county employees with an excellent understanding of reporting systems and mandates. The February 2009 triennial review noted no compliance issues for vital records.

### **Goals**

With the epidemiologist position in place, Benton County has determined that our primary data need is an updated comprehensive county health status report. We have set a goal of having a web-published report available by October 1<sup>st</sup> 2009 on the BCHD website.

We will work to retain staff and sustain vital records services in their current service level.

### **Activities**

Most of the data will initially be secondary, harvested from diverse and sometimes obscure sources.

The report will be a “one-stop-shop” for information previously only available by searching numerous resources. It should be a valuable tool not only for internal program planning and evaluation, but for information needed for grant applications submitted by BCHD and our community partners and stakeholders.

Part of the report plan is to immediately institute a revolving plan for updating information on a three-year cycle. In addition, as primary local data becomes available, it will be integrated into the report.

In addition, the epidemiologist is coordinating and providing technical support to numerous programs that are either working on their own mandated data collection (TROCD community assessment is an example) or doing baseline assessments for program evaluation purposes (MH peer-wellness evaluation).

BCHD activated an electronic medical records system in all four Community Health Center sites during 2008. This system will be expanded to include mental health in 2009. A number of public health nurses (CD, immunization, and MCH) have access to these electronic medical records to allow us to fully exploit the power of the system to access information we are already collecting and capture much information which is now missed.

### **Evaluation**

The February 2009 triennial review noted no compliance issues for vital records. Our internal QA system will provide ongoing monitoring to assure that mandates continue to be met according to relevant OARs and ORS's.

Web publication of the Health Status Report is due in fall 2009. We will publicize its availability to our stakeholder group and state epidemiologists and after 6 months, do an on-line survey to assess its utility, ease of use and comprehensiveness. Results of that survey will be used to guide improvements.

## **E. INFORMATION AND REFERRAL SERVICES**

### **Current Condition or Problem**

I&R services are available in Benton through a variety of channels.

BCHD provides a variety of I&R services primarily through our Health Management Services Division. The telephone, reception and eligibility staff within that division provide telephone referrals for housing, medical care, social services, and coordination of applications for the Oregon Health Plan.

A Corvallis-based, non-profit organization called Love, Inc. produces a very highly regarded and well-used Information and Referral Guide to agencies and services throughout the mid-valley area. They have secured sponsorships for printing and distribution and sell additional copies on demand to help sustain it. This is the regional I&R “bible.”

### **Goals**

Identify and sustain a robust network of county-wide resources to provide residents, workers and visitors to Benton County with accurate, timely and accessible information and resources that can help ascertain their health and welfare needs.

### **Activities**

BCHD's internal I & R activities:

- Help clients identify needs.
- Promote community health and wellness by assisting individuals and families in receiving services with special attention to ensuring confidentiality.
- Interview clients to identify eligibility for County, State or Federal resources.
- Provide administrative / clerical support to the Department's Automatic Call Distribution (ACD) by directing internal staff, other governmental agencies, nonprofit organizations, community members and clients to the appropriate contact or by providing the requested / necessary information.
- Facilitate enrollment and application to the Oregon Health Plan and refer clients to appropriate organizations for OHP certification / enrollment.

### **Evaluation**

Utilizing the OCHIN electronic practice management system, BCHD's QA processes monitor objective measures including:

- Number of calls received
- Number of referrals and connections-to-care made and for what services
- Number of OHP applications completed
- Demographic information on clients
- Follow-up information gathered to determine utilization of resources

Community coordination meetings dedicated to health navigation, and program-specific, provide subjective information from Love, Inc. and other community organizations. This information helps identify service and information gaps.

## **F. Public Health Emergency Preparedness**

### **Current Condition or Problem**

BCHD PHEP has been fortunate to have had consistent staffing throughout its existence. The presence of a single PHEP planner has simplified both internal and external partnerships as well as strengthened institutional memory.

As a result, BCHD has been able to move beyond just meeting required mandates to completion of essential preparedness projects including Continuity-Of-Operations-Planning, development of ICS capacity and use for large scale non-emergency situations, and enhanced staff and community education programs.

NOTE: Please see also the comprehensive PHEP annual and semi-annual program plans and reports submitted to the DHS PHEP program.

### **Goals**

BCHD will comply with all PE-12 requirements, participate fully in coordination meetings and statewide preparedness events, and collaborate closely with County Emergency Management and other disaster preparedness activities.

### **Activities**

BCHD PHEP activities are outlined in detail in our semi-annual PHEP review and compliance documents – available through DHS PH Division PHEP. These include close collaboration with preparedness partners at DHS, in Region 2 and other counties, with Benton County and municipal Emergency Management, Red Cross and other local agencies, all schools within the county, numerous communities of faith, Good Samaritan Regional Medical Center and the entire Samaritan Health Services system, Corvallis Chamber of Commerce and other business organizations, Oregon State University, Linn-Benton Community College and other preparedness partners.

### **Evaluation**

Evaluation is done via the twice-a-year DHS PHEP program reviews. One of these is local and one is semi-regional. Documentation of these evaluations is available from DHS PHEP.

## **G. OTHER ISSUES**

### **Ryan White Care Case Management**

#### **Current Condition or Problem**

*NOTE: Please refer also to the HIV Case Management and Support Services program plan and reports submitted to the DHS HIV program by Linn County Department of Health Services.*

At present, there are approximately 26-28 active Ryan White clients residing in Benton County. Benton and Linn Counties have completed planning with DHS PH staff to form a two-county collaborative. Under this plan, Linn County will provide case management and support services to clients in Benton and receive Benton's share of state funding. Benton will meet its assurance goal by collaborating on program planning, providing space for the Linn County case manager to meet Benton clients in Corvallis on a regular basis, and collaborating on Care Ware reviews and audits.

### **Activities**

Ryan White Case Management and Support Services to be provided by Linn County Department of Health Services staff.

Benton County will work to assure services for local residents through frequent coordination meetings between Benton public health program manager and the Linn County program manager and case management staff. Benton will provide office space, support, records storage and other support services for the Linn case manager to see Benton residents in Corvallis.

Benton will set up a system to receive and review state Ryan White reports involving enrolled Benton residents.

### **Goal**

Ryan White case management and social support services will remain fully accessible to eligible HIV positive residents of Benton County. BCHD will remain involved in assuring that services are available at the same level of quality and access as in Linn County. BCHD will be available to participate in state program monitoring and evaluation activities.

### **Evaluation**

Periodic management review of Ryan White Care Ware data and charts for Benton County residents.

Collaboration with state program reviews involving Benton County residents.

Number of Ryan White clients residing in Benton.

## **Health Promotion / Disease Prevention**

### **Current Condition or Problem**

The mission of the Health Promotion / Disease Prevention Program at the Benton County Health Department is to provide public health prevention equitably and professionally to all people living, working and visiting in Benton County. This is accomplished by engaging the community in planning, policymaking, implementing, and evaluating health prevention and promotion programs. The Health Promotion / Disease Prevention Division of the Benton County Health Department implements prevention programs using the Institute of Medicine

Model (IOM) prevention framework, which includes Universal, Selected, and Indicated prevention programs and applying the Socio-Ecological Model of public health practice. Health Promotion / Disease Prevention funding is sustained through a patchwork combination of State and County program funds, small grants.

The creation of the TROCD program and funding is a welcome change from strictly categorical prevention work. This approach fits perfectly with the BCHD Health Promotion team format, which emphasizes population-based approaches where all members of the team contribute or participate so clients are dealt with as entire organisms and not simply according to single pathologies or risk factors. The TROCD program provides much-needed funding to pursue detailed local-level community health assessment data. That information will in turn help leverage additional funding to address broad, population and policy-based preventive health activities.

## **Substance Abuse Prevention Program (SAPP)**

### **Current Condition or Problem**

*NOTE: Please refer also to the comprehensive SAPP community assessment, program plan and reports submitted to the DHS MH SAPP program.*

Substance abuse programming remains strong with continuing funding through a SAMHSA grant. The Mental Health Division of BCHD works in close partnership with Public Health to provide funding for primary prevention activities within the BCHD Health Promotion team.

According to the Oregon Healthy Teen survey, approximately 24% of 8<sup>th</sup> graders and 38.5% of 11<sup>th</sup> graders have used alcohol in the past 30 days. In addition, 8.4% of 8<sup>th</sup> graders and 17.8% of 11<sup>th</sup> graders have used marijuana in the past 30 days. In order to address substance abuse in Benton County. SAPP consists of five implementation strategies:

- Community mobilization
- Prevention outreach to middle school youth
- Parent education
- Underage drinking prevention
- Latino outreach

### **Activities**

The Benton County Substance Abuse Prevention Program:

- Provides mini-grants and technical assistance to community-based organizations and schools to conduct substance abuse prevention interventions.
- Implemented Reconnecting Youth curriculum in Benton County schools to approximately 700 middle school students.

Provided technical assistance to Benton County Commission for Children and Families to secure a \$125,000 Federal drug-free communities grant in 2008.

- Conducts merchant partnership trainings in collaboration with the OLCC, OSU, and local law enforcement agencies to alcohol and tobacco retailers in Benton County.
- Designed a “We I.D.” campaign for local alcohol retailers.
- Conducts problem gambling prevention activities – supported with Oregon DHS funding.

- Implements targeted underage drinking programs in Philomath and Corvallis that include a collaborative effort with the OLCC, OSU, local law enforcement agencies, and local merchants.

## **Evaluation**

Measures include:

- Number of schools participating in Reconnecting Youth programming
- Number of students participating in Reconnecting Youth programming
- Number of businesses and retailers participating in alcohol retailer training
- Number of retail staff participating in alcohol retailer training
- Number of parents participating in Spanish-language Incredible Years parenting training

## **Tobacco Prevention**

### **Current Condition or Problem**

*NOTE: Please refer also to the comprehensive Tobacco Prevention community assessment, program plan and reports submitted to the DHS PH TPEP program.*

The BCHD tobacco prevention program is functionally linked to the tobacco-related and other chronic disease (TROCD) prevention program. Two health promotion specialists staff these programs and they work in close collaboration.

Approximately 11% of adults in Benton County smoke (down from 21% in 2005). That total includes 6% of 8<sup>th</sup> graders and 12% of 11<sup>th</sup> graders (state average is 19% and 6%). In addition, 1% of 8<sup>th</sup> graders and 4% of 11<sup>th</sup> graders use smokeless tobacco (state average is 5% and 12%).

Tobacco use among pregnant women in Benton County is 7% (state average is 12%)  
Tobacco-related deaths in Benton County in 2007 accounted for 20% of that year's deaths.  
The 2007 estimated medical costs of tobacco related illnesses in Benton County was over \$15 million.

### **Goals**

Tobacco prevention is part of the population-based prevention focus of BCHD. The goals of the Tobacco Prevention Program are:

- Building community awareness and support for tobacco prevention through the Benton County Tobacco Free Coalition.
- Reducing youth access through Merchant Partnership Program.
- Creating tobacco free environments through partnerships with schools, university, community colleges, hospital and medical clinics, businesses and municipalities.
- Promoting linkages to cessation.

### **Activities**

Partner with chronic disease prevention to develop strategic population and policy-based approaches aimed at reducing tobacco use and the burden of tobacco-related morbidity and mortality in the county.

- Technical assistance and administrative support to the Benton County Tobacco Free Coalition.
- Implement a Merchant Partnership Program.
- Education and enforcement for local and state tobacco laws and ordinances.
- Provide technical assistance for tobacco education in schools.
- Provide technical assistance to schools, universities, community colleges, hospitals, medical clinics in Benton County to implement tobacco-free campus policies.

### **Evaluation**

Measures include:

- Number of tobacco-free coalition meetings per year and number of attendees.
- Number of statute / ordinance complaints needing follow up.
- Status of hospital, university, community college smoke-free policies.
- Number of parks that become designated as tobacco-free.
- Number of school districts that implement the basic elements of tobacco-free schools.

## **HIV Prevention (Harm Reduction)**

### **Current Condition or Problem**

*NOTE: Please refer also to the comprehensive HIV Prevention program plan and reports submitted to the DHS PH HIV program.*

Financial support for HIV Prevention program activities is an amalgam of state funding and local general funds. This program benefits from exceptionally strong local support of the Benton County Sheriff, Benton County Public Works and Parks departments, as well as from strong and outspoken support from local HIV/AIDS prevention activists.

Benton and Linn Counties have completed planning with state staff to form a two-county collaborative HIV prevention program. Under this plan, Benton will provide staff to do field work in both counties. Benton will receive Linn's share of state funding. Linn will meet its assurance goal by collaborating on program planning and work with the Benton program manager and field staff on a regular basis.

Outreach work in Linn County will be restricted to HIV prevention. No harm reduction or needle exchange work will be conducted outside of Benton County.

Components of the HIV Prevention Program include:

- Outreach to the gay, bisexual and transgender community.
- Confidential and anonymous HIV Testing at off-site locations.
- Harm Reduction Outreach Program targeting active intravenous drug users.
- Outreach targeting LGTBQ youth.
- Community planning through the Benton County HIV Prevention and Care Planning Committee.

### **Activities**

In 2008, 157 people received HIV rapid testing (using OraQuick) at off-site locations throughout Benton County. Sites included drop-in centers, churches, feeding centers, parks,

clubs, etc. An additional 456 people received outreach harm reduction and HIV / hepatitis prevention counseling.

The Benton County outreach worker served as a private contractor for Linn County to provide their HIV prevention outreach services, so he already knows relevant locations, stakeholders, businesses and at-risk populations in that county.

The Harm Reduction component exchanged 43,400 syringes, preventing them from going into the normal solid waste stream or otherwise presenting a hazard within the county. Additional large numbers of needles and syringes were collected (not exchanged) in a drop-box located adjacent to BCHD. All of these items were disposed of through a bio-medical waste contractor.

### **Evaluation**

The evaluation methods in the HIV Prevention Program include:

- Number of rapid tests administered.
- Proportion of positive tests.
- Community Needs Assessments.
- Number of HIV Prevention Planning Committee meetings and number of members who attend.
- Number of needles exchanged.
- Number of HIV positive support groups and number in attendance.

## **Adolescent Sexual Health**

### **Current Condition or Problem**

Benton County's Health Promotion / Disease Prevention Program targets high-risk, incarcerated young men. The program is implemented in an innovative collaboration between BCHD and the Linn-Benton Juvenile Correctional Facility.

The MARS program is a ground breaking, peer-to-peer health education program designed to reach young, imprisoned males with important sexual and reproductive health information through outreach, classroom, and clinic-based education and counseling services.

The mission of MARS is to support men in taking a responsible role in promoting equality and cooperation in relationships, pregnancy, and infection prevention and in overcoming stereotypical gender roles. The goals of MARS are to increase involvement in responsible decision-making regarding sexual health and to increase use of clinical sexual health services among young males, ultimately reducing rates of unintended pregnancies and sexually transmitted infections.

MARS achieves these goals through health education outreach and one-on-one clinical educational sessions.

- By age nineteen, 8 out of 10 young men have had intercourse at least once. (Family Planning Perspectives, 1999)
- By their late teenage years, just over 2 in 10 sexually experienced men have had only one partner, and almost 3 in 10 have had 6 or more. (Alan Guttmacher Institute, 1995)
- One-quarter of sexually active 16-year-old males report having a female partner who was age 14 or younger during the last year. (Urban Institute, 1997)

- 75% of women want men to play a greater role in ensuring contraception is always used. (Henry J. Kaiser Family Foundation, 1997)

### **Activities**

MARS uses a peer-to-peer model because research shows that peers are a significant influence on attitudes and behaviors during adolescence. Our MARS Outreach Workers, who are college-age males, lead the sessions. This has provided students the opportunity to learn from peers similar in age who speak the same language and who the students feel they can relate to.

Talking with males in sexual health and gender role discussions is the key to a holistic approach. Though the program aims to increase male involvement in these topics, females are welcomed, included, and important to the discussion.

During 2008, MARS conducted 81 clinical appointments and served 365 individuals in classroom sessions. In collaboration with Linn-Benton Juvenile Corrections, MARS served 175 incarcerated young men.

### **Evaluation**

The evaluation includes:

- Pre and posttests
- The number of individuals served
- Client satisfaction surveys

## **Chronic Disease Prevention**

### **Current Condition or Problem**

*NOTE: Please refer also to the comprehensive TROCD community assessment, program plan and reports submitted to the DHS PH TROCD program.*

Chronic diseases – such as heart disease, cancer, and diabetes – are the leading causes of death and disability in the United States. Seven of every ten deaths in Oregon are attributable to chronic disease conditions.

Benton County's chronic disease program includes both primary prevention activities aimed at lowering the burden of chronic disease across the entire population, and secondary prevention aimed at reducing the progression and consequences in those with diagnosed chronic diseases.

Support for both strategies has been secured through a combination of state TROCD funding, private foundation funding, and County general funding.

The Benton County Health Department also provides technical assistance to community-based coalitions, local non-profit partners, and collaborates with other agencies and organizations to control, remediate, as well as prevent chronic diseases. We act as a resource to the community on topics related to chronic disease prevention.

## **Activities**

Primary prevention activities include collaborations with schools, municipal governments, agencies across Benton County Government, health care providers, and private businesses. Strategies include increased physical activity, better nutrition, social mobilization, Safe-Routes-To-Schools, development of multi-modal off-street paths, community activities including “August-In-Motion”, “We Can!” child and family nutrition enhancement, and networks of community volunteer and agency partnerships.

Secondary prevention strategies include the “Stanford Self-Management Model” emphasizing self-efficacy. Effective self-management support means more than telling patients what to do. It means acknowledging the patients' central role in their care, one that fosters a sense of responsibility for their own health. It includes the use of proven programs that provide basic information, emotional support, and strategies for living with chronic illness. Self-management support can't begin and end with a class. Using a collaborative approach, providers and patients work together to define problems, set priorities, establish goals, create treatment plans and solve problems along the way. The Health Promotion team collaborates closely with the Community Health Centers of Benton and Linn Counties, Samaritan Health Services and other partners to provide these services.

During 2008, Safe-Routes acquired \$272,000 in new grant funding and extended to eight new schools in Benton County.

A nutrition improvement program was initiated in a low-income Corvallis neighborhood with a \$107,000 NWHF grant.

Spanish language “Meals-Made-Easy” classes served 14 diagnosed Latino diabetics and 20 family members in two, 3-session classes.

The 3<sup>rd</sup> annual Benton County Soccer Tournament and Family Weekend extended health information, health screenings and connections to care for 600 participants at the August event. Seventy-seven people received health screenings, 70 participated in focused health surveys, and 15 partner agencies participated.

The Chronic Disease program conducted 2 focus groups with 16 mental health program consumers to learn about their issues related to chronic disease.

The Chronic Disease program conducted one focus group with eight older residents to learn about their issues related to chronic disease.

Twenty-nine community coalitions and organizations participated in the local TROCD planning process.

## **Evaluation**

Evaluation for Chronic Disease consists of the following:

- Survey and focus group results
- Participation in community activities
- Number of coalition meetings and groups actively participating in program planning and evaluation sessions
- Number of participants at community-held events

- Surveys of group participants

## **Health Inequities / Disparities**

### **Current Condition or Problem**

BCHD initiated local discussions about health inequities when PBS broadcast the “Unnatural Causes” series during PH Week 2008. BCHD sponsored a public viewing of the first hour segment followed by a discussion in Corvallis. The event was an unexpected success attracting over 200 attendees with the majority expressing a desire to continue work on the issue.

### **Activities**

As a result, a county-wide “Health Equity Alliance” has been formed which applied for and received NWHF funding to organize and hold two additional work sessions, one in Corvallis and one in Monroe. Both were successes and have led to ongoing community action to work on addressing local priorities including food insecurity, housing, transportation and healthy open spaces. Podcasts of these events are available from OSU.

The “Alliance” remains active and has co-sponsored additional events focusing on health finance reform, health legislation, community sustainability and more with the OSU Philosophy department, healthy birth network, Hispanic Advisory Council, Archimedes Movement, Mid-Valley Health Care Alliance, Physicians for Social Responsibility and other organizations.

### **Goal**

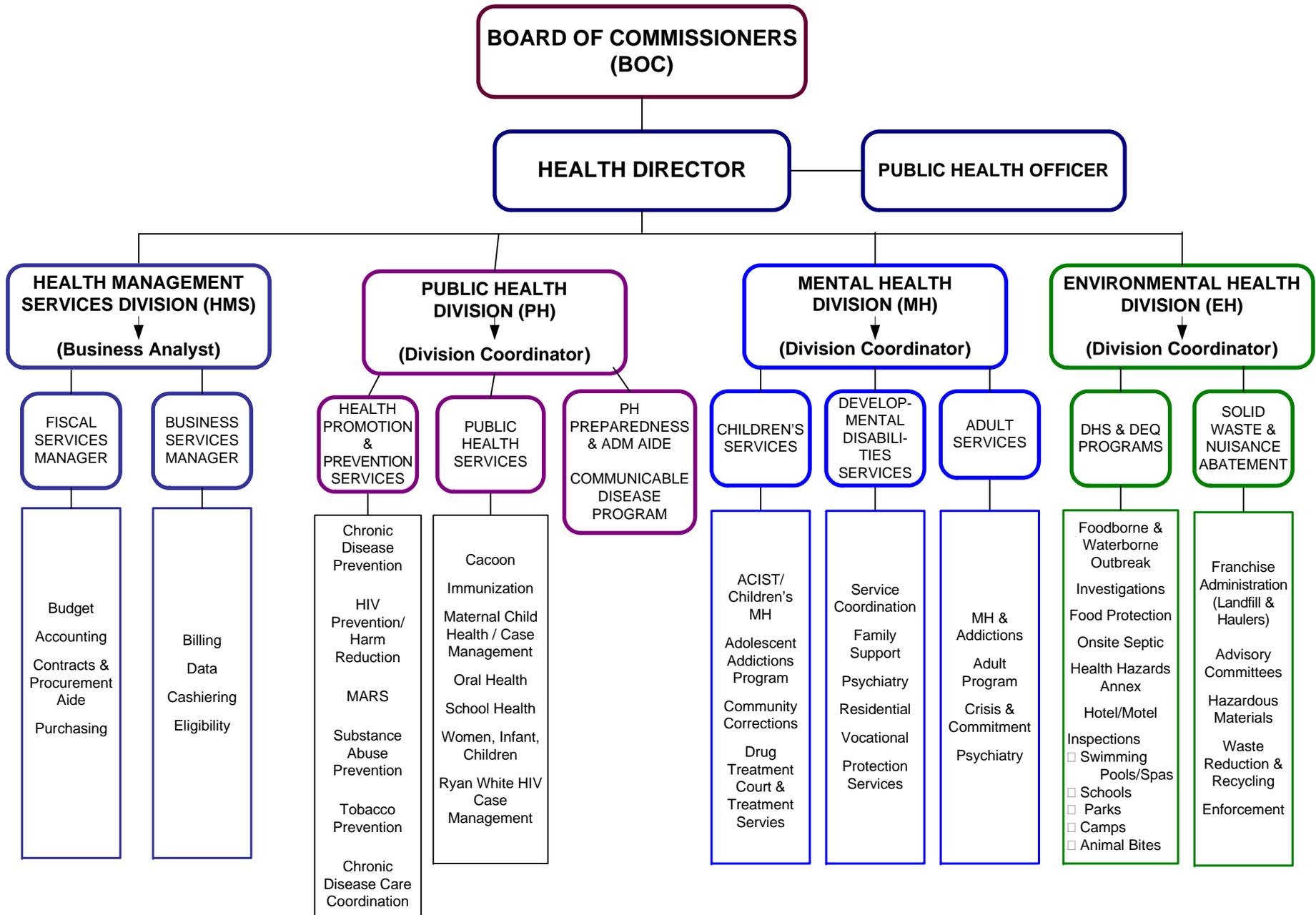
Sustain BCHD involvement in the alliance as a mechanism to help inform and educate county residents about public health issues. Health equity will become one of the guiding themes in program strategic planning throughout BCHD.

### **Evaluation**

Number and frequency of BCHD staff participants in Alliance meetings and events  
Number of programs addressing health equity issues  
Number of programs with equity-related activities

# BENTON COUNTY HEALTH SERVICES

## Organizational Chart - Revised 03-23-09



# APPENDIX

## Local Health Department: Benton County Health Department

### Plan A - Continuous Quality Improvement: Improve immunization rates for 2 y.o.'s 2008-2012

Year 1: July 2008-June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>i</sup>	Progress Notes <sup>ii</sup>
<p>A. Increase the Up-To-Date rate for 2 year olds (431331) by 2% a year over the next 4 years. (2007 rate: 62%)</p>	<ul style="list-style-type: none"> <li>• Provide training for Public Health and Community Health Clinics on the following practice standards to help reduce missed opportunities:               <ul style="list-style-type: none"> <li>❖ Vaccine administration techniques</li> <li>❖ Using only true contraindications when deferring shots</li> <li>❖ Use IRIS/ALERT to screen every child seen at every visit</li> <li>❖ Giving every shot due at any visit where child is seen</li> <li>❖ Vaccine safety education and talking to hesitant parents</li> </ul> </li> <li>• Parents make next appointments before leaving clinic—<b>sticky note with earliest return date handed to front desk staff</b></li> <li>• Use IRIS recall process</li> <li>• Yearly AFIX assessments to track efforts</li> <li>• At end of FY 2009, request an AFIX report for BCHD CHC Clinic, Lincoln School Clinic, Monroe School Clinic and East Linn Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Staff trainings provided on the following dates: _____</li> <li>• Decrease in missed shot rate by <math>\geq 2\%</math> per year as evaluated from AFIX Report</li> <li>• System set up to allow parents to set next appointment before leaving clinic by [date]</li> <li>• UTD rate increases by <math>\geq 2\%</math> by June 2009</li> </ul>	<p>To be completed for the FY 2009 Report</p>	<p>To be completed for the FY 2009 Report</p>

<p><b>B. Provide Hepatitis A&amp;B vaccines to high risk populations in Benton County</b></p>	<ul style="list-style-type: none"> <li>• Sustain partnerships with other programs to offer Hep A/B vaccines: <ul style="list-style-type: none"> <li>❖ Benton County Jail</li> <li>❖ Probation &amp; Parole</li> <li>❖ Harm Reduction/IV drug user</li> <li>❖ STI program</li> <li>❖ New Beginning</li> </ul> </li> <li>• Meet with CD team and New Beginnings Program Manager to discuss options for completing series for A&amp;D treatment clients including possible use of the accelerated series.</li> <li>• Create partnerships and develop staff education/training to reach patients receiving Hep A/B series</li> <li>• Provide educational materials to partners for distribution</li> <li>• Explore use of accelerated schedule to complete series</li> <li>• Implement use of accelerated schedule if appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Agreement with partners to provide vaccine</li> <li>• Meetings held with CD team; outcome of discussions recorded and provided to participants</li> <li>• Staff education/trainings developed and held on [dates]</li> <li>• Educational materials identified and distributed to partners</li> <li>•</li> <li>• Decisions made about use of accelerated schedule, and either implemented or alternate options found to improve completion of whole series</li> <li>• Assess improvements by comparing: # of partners</li> <li>• # of shots given</li> <li>• % of patients completing series</li> </ul>	<p>To be completed for the FY 2009 Report</p>	<p>To be completed for the FY 2009 Report</p>
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Year 2: July 2009 – June 2010				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
A. Increase the Up-To-Date rate for 2 year olds (431331) by 2% a year over the next 4 years. (2008 rate: ___%)	<ul style="list-style-type: none"> <li>• Modify /improve plan as needed</li> <li>• Provide refresher training for staff on the following practice standards to help reduce missed opportunities:               <ul style="list-style-type: none"> <li>❖ Vaccine administration techniques</li> <li>❖ Using only true contraindications when deferring shots</li> <li>❖ Use IRIS/ALERT to screen every child seen at every visit</li> <li>❖ Giving every shot due at any visit where child is seen</li> <li>❖ Vaccine safety education and talking to hesitant parents</li> </ul> </li> <li>• Parents continue to make next appointments before leaving clinic—<b>sticky note with earliest return date handed to front desk staff</b></li> <li>• Use IRIS recall process</li> <li>• Request yearly AFIX assessments for each site to track efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Staff inservice/ trainings provided on the following dates: _____</li> <li>• Decrease in missed shot rate by <math>\geq 2\%</math> per year</li> <li>• System set up to allow parents to set next appointment before leaving clinic by [date]</li> <li>• UTD rate increases by <math>\geq 2\%</math> by June 2010</li> <li>• At end of FY 2010, evaluate AFIX report for BCHD CHC Clinic, Lincoln School Clinic, Monroe School clinic and East Linn Clinic</li> </ul>	To be completed for the FY 2010 report	To be completed for the FY 2010 report

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

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

<p><b>B. Provide Hepatitis A&amp;B vaccines to high risk populations in Benton County</b></p>	<ul style="list-style-type: none"> <li>• Modify &amp;/or improve plan as needed</li> <li>• Continue existing partnerships and identify other programs to offer Hep A/B vaccines: <ul style="list-style-type: none"> <li>❖ Benton County Jail</li> <li>❖ Probation &amp; Parole</li> <li>❖ Harm Reduction/IV drug user</li> <li>❖ STI program</li> <li>❖ New Beginnings</li> </ul> </li> <li>• Continue to train staff to reach patients receiving Hep A/B series</li> <li>• Continue Providing educational materials to partners for distribution</li> <li>• Continue supporting and educating them on Hep A/B availability to their high risk patients</li> </ul>	<ul style="list-style-type: none"> <li>• New partnerships identified and implemented</li> <li>• Continue to meet with CD team; outcome of discussions</li> <li>• Staff education/trainings held on [dates]</li> <li>• Educational materials distributed to partners</li> <li>• Assess improvements by comparing: <ul style="list-style-type: none"> <li>• # of partners</li> <li>• # of shots given</li> <li>• % of patients completing series</li> </ul> </li> </ul>	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>
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Year 3: July 2010 – June 2011				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
A. Increase the Up-To-Date rate for 2 year olds (431331) by 2% a year over the next 4 years. (2009 rate: ___%)	<ul style="list-style-type: none"> <li>• Modify /improve plan as needed</li> <li>• Provide refresher training for staff on the following practice standards to help reduce missed opportunities:               <ul style="list-style-type: none"> <li>❖ Vaccine administration techniques</li> <li>❖ Using only true contraindications when deferring shots</li> <li>❖ Use IRIS/ALERT to screen every child seen at every visit</li> <li>❖ Giving every shot due at any visit where child is seen</li> <li>❖ Vaccine safety education and talking to hesitant parents</li> </ul> </li> <li>• Parents continue to make next appointments before leaving clinic—sticky note with earliest return date handed to front desk staff</li> <li>• Use IRIS recall process</li> <li>• Request yearly AFIX assessments for each site to track efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Staff inservice/ trainings provided on the following dates: _____</li> <li>• Decrease in missed shot rate by <math>\geq 2\%</math> per year</li> <li>• System set up to allow parents to set next appointment before leaving clinic by [date]</li> <li>• UTD rate increases by <math>\geq 2\%</math> by June 2011</li> <li>• At the end of FY 2011 evaluate AFIX report for BCHD CHC Clinic, Lincoln School Clinic, Monroe School clinic and East Linn Clinic</li> </ul>	To be completed for the FY 2011 Report	To be completed for the FY 2011 Report

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

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

<p><b>B. Provide Hepatitis A&amp;B vaccines to high risk populations in Benton County</b></p>	<ul style="list-style-type: none"> <li>• Modify &amp;/or improve plan as needed</li> <li>• Continue existing partnerships and identify other programs to offer Hep A/B vaccines: <ul style="list-style-type: none"> <li>❖ Benton County Jail</li> <li>❖ Probation &amp; Parole</li> <li>❖ Harm Reduction/IV drug user</li> <li>❖ STI program</li> <li>❖ New Beginnings</li> </ul> </li> <li>• Continue to train staff to reach patients receiving Hep A/B series</li> <li>• Continue Providing educational materials to partners for distribution</li> <li>• Continue supporting and educating them on Hep A/B availability to their high risk patients</li> </ul>	<ul style="list-style-type: none"> <li>• New partnerships identified and implemented</li> <li>• Continue to meet with CD team; outcome of discussions</li> <li>• Staff education/trainings held on [dates]</li> <li>• Educational materials distributed to partners</li> <li>• Assess improvements by comparing: <ul style="list-style-type: none"> <li>• # of partners</li> <li>• # of shots given</li> <li>• % of patients completing series</li> </ul> </li> </ul>	<p>To be completed for the FY 2011 Report</p>	<p>To be completed for the FY 2011 Report</p>
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Year 4: July 2011-June 2012				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
A. Increase the Up-To-Date rate for 2 year olds (431331) by 2% a year over the next 4 years. (2010 rate: __%)	<ul style="list-style-type: none"> <li>• Modify /improve plan as needed</li> <li>• Provide refresher training for staff on the following practice standards to help reduce missed opportunities:               <ul style="list-style-type: none"> <li>❖ Vaccine administration techniques</li> <li>❖ Using only true contraindications when deferring shots</li> <li>❖ Use IRIS/ALERT to screen every child seen at every visit</li> <li>❖ Giving every shot due at any visit where child is seen</li> <li>❖ Vaccine safety education and talking to hesitant parents</li> </ul> </li> <li>• Parents continue to make next appointments before leaving clinic</li> <li>• Use IRIS recall process</li> <li>• Request yearly AFIX assessments to track efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Staff inservice/ trainings provided on the following dates: ____</li> <li>• Decrease in missed shot rate by <math>\geq 2\%</math> per year</li> <li>• System set up to allow parents to set next appointment before leaving clinic by [date]</li> <li>• UTD rate increases by <math>\geq 2\%</math> by June 2012</li> <li>• At the end of FY 2012 evaluate AFIX report for BCHD CHC Clinic, Lincoln School Clinic, Monroe School clinic and East Linn Clinic</li> </ul>	To be completed for the FY 2012 Report	To be completed for the FY 2012 Report

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

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

<p><b>B. Provide Hepatitis A&amp;B vaccines to high risk populations in Benton County</b></p>	<ul style="list-style-type: none"> <li>• Modify &amp;/or improve plan as needed</li> <li>• Continue existing partnerships and identify other programs to offer Hep A/B vaccines: <ul style="list-style-type: none"> <li>❖ Benton County Jail</li> <li>❖ Probation &amp; Parole</li> <li>❖ Harm Reduction/IV drug user</li> <li>❖ STI program</li> <li>❖ New Beginnings</li> </ul> </li> <li>•</li> <li>• Continue to train staff to reach patients receiving Hep A/B series</li> <li>• Continue Providing educational materials to partners for distribution</li> <li>• Continue supporting and educating them on Hep A/B availability to their high risk patients</li> </ul>	<ul style="list-style-type: none"> <li>• New partnerships identified and implemented</li> <li>• Continue to meet with CD team; outcome of discussions</li> <li>• Staff education/trainings held on [dates]</li> <li>• Educational materials distributed to partner</li> <li>• Assess improvements by comparing <ul style="list-style-type: none"> <li>• # of partners</li> <li>• # of shots given</li> <li>• % of patients completing series</li> </ul> </li> </ul>	<p>To be completed for the FY 2012 Report</p>	<p>To be completed for the FY 2012 Report</p>
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<sup>i</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

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

## V. Unmet Needs

BCHD categorizes unmet public health needs in terms of two general themes:

- 1) Issues or problems that currently receive no funding although they may have support and are therefore "Largely or Wholly Unaddressed"
- 2) Issues, problems or programs that receive inadequate funding, support, or attention and are therefore "Significantly Under-Addressed"

### I. Largely or Wholly Unaddressed

#### **Health Department Accreditation**

BCHD has set a goal of being an early voluntary adopter of LHD PH accreditation upon or soon after implementation in 2011.

At this point, we have little reliable information about requirements, resources, or the impact accreditation may have on existing processes such as the state PH Division's requirement for Annual Plans, program reports/plans, and so on.

We are keeping close tabs on accreditation information coming out of PHAB, NACCHO and others.

We look forward to more discussion and clarification from DHS Public Health Division.

#### **Health Impact Assessments**

BCHD's public health programs have been successful in creating programmatic linkages with County Planning, Development, Public Works, Parks, Law Enforcement and Administration. Combined projects and funding have been successful in securing funding for improved crosswalks and safety islands at schools, Safe-Routes-To-Schools, bicycle promotion, website improvements to advertise trails and more.

BCHD is well positioned to participate in local and area decisions through participation or provision of Health Impact Assessments (HIA's) but currently has no "spare" capacity either for staff education or promotion / participation. Support for staff training and capacity will be sought as available to develop this capability.

State promotion and support for strategies aimed at integrating public health considerations into community planning processes, development and building codes would be helpful.

#### **Climate Change Preparedness**

The public health consequences of current and anticipated changes in climate patterns are increasingly well documented. With a very high level of local awareness including Oregon State University, Corvallis sustainability planning, and private business

initiatives, BCHD has an opportunity to improve awareness and mitigation of human health consequences into local dialogs.

Unfortunately at this point we have virtually no fiscal or human resources available for this important work.

State promotion and support for strategies aimed at promoting awareness of the health consequences of climate change would be helpful.

## **II. Significantly Under-Addressed**

### **Oral Health Prevention and Care for Uninsured**

Oral health is a MAJOR gap in local health service for Benton County. A complex network of public and private organizations has provided dental care for many uninsured children through dental vans and one small, volunteer children's dental clinic. All services depend upon the generosity of local dentists who volunteer their time, staff, equipment and services.

There is virtually no free or low-cost dental access for uninsured adults in Benton County. Free dental cleaning is available through the community college, but patients must be free of major cavities and oral abscesses, and the waiting list is months-long.

A task group has been formed to explore dental expansion for the community health centers of Benton and Linn Counties, but as with medical care, funding will not come close to meeting anticipated need.

A lack of reliable need data is a significant problem. BCHD plans to make that a focus for local data gathering during the coming summer and fall using selected questions from BRFSS, NHANES and other validated tools.

### **Childhood Obesity**

As outlined in section III, the state's new Tobacco-Related and Other Chronic Disease (TROCD) program has removed some of the previous limitations of categorical programming and provided essential funding. Standard health indicators suggest that more will be necessary.

Funding increases for prevention activities and self-care support programs for residents with chronic diseases and for the infrastructure and management necessary to operate complex, multi-disciplinary programming is needed.

Mandates are needed to involve social assistance, mental health, addictions and developmental disability and other publicly funded programs. While local efforts can help address local needs, more comprehensive state and federal action will be necessary to address the consequences of the obesity epidemic.

### **Primary Care for Uninsured**

The public health consequences that derive from lack of primary medical care are well documented.

Benton County has had an FQHC since 2004 (Community Health Centers of Benton and Linn Counties (BCHC) operating at four sites)

<http://www.co.benton.or.us/healthcenter/>. In addition, a private, non-profit agency, Community Outreach, Inc. (COI) has operated a free, volunteer-staffed medical clinic in Corvallis since 1971 <http://communityoutreachinc.org/index.htm>.

Yet despite these “safety net” medical services, significant gaps still exist between needs and services. Demands upon area urgent care clinics and hospital emergency rooms for primary care access are unsustainable. Additional support for provision of services and for financial support of the uninsured is needed to ensure that they can access affordable, accessible, appropriate primary care in a timely manner. While local initiatives and efforts can help address the proximate issues, more comprehensive state and federal action will be necessary to address the root causes.

### **Substance Abuse**

Despite significant collaborative efforts, alcohol, tobacco and other substance abuse remains as a cause of crime, social disruption and economic distress in Benton County. While use rates may not be as significant as in other Oregon counties, the burden on Benton County systems remains high. The fact that BCHD’s Harm Reduction Program exchanged 43,400 syringes in 2008 is an indicator that methamphetamine and narcotic use remains high.

While local efforts can help address local issues, more comprehensive state and federal action will be necessary to address the root causes of substance abuse.

### **Food Insecurity**

The public health consequences of hunger, irregular nutrition and under-nutrition are well documented. Hungry children under-perform in school and are over-represented in disciplinary matters. Under-nourished people are more prone to both acute and chronic illness. They are at higher risk as both perpetrators and victims of crime and violence and at increased risk for alcohol, tobacco and other substance abuse.

Since 1981, Linn-Benton Food Share, the local food bank, has collaborated with BCHD, OSU Extension Service and a number of other area agencies to address food insecurity issues. In 2007, Food Share distributed food valued at more than \$7.5 million. One out of five families in Linn and Benton Counties depend upon food from an emergency pantry at least once a year. Over 40% of recipients are children.

Despite these efforts, food insecurity remains a problem. While local efforts can help address local issues, more comprehensive state and federal action will be necessary to address the root causes of food insecurity.

### **MH Services for Uninsured**

In a similar manner to primary medical care, current mental health services are unavailable to many people in Benton County. Just as with medical care, urgent care clinics and emergency rooms see an unsupportable number of people in need of ongoing care for chronic mental health conditions.

### **Epidemiology and Health Data**

As outlined in Section III, BCHD has had the support of County Commissioners and Budget Committee for dedication of Health and Safety levy funds to support 0.5 FTE of Epidemiologist. Nevertheless, this is inadequate to meet the needs of science-based Public Health practice.

Additional FTE is needed to justify and assess evidence-based practices and position us for Local Health Department Accreditation in 2011: to support fundraising, grant writing and donor reporting; to provide knowledge and interpretation of local-level health indicators so that our practices, programs and strategies can be truly responsive to actual needs, have demonstrated effectiveness, and are accountable to taxpayers and decision-makers.

### **PH Education for BCHD Staff, Management and Policy Makers**

A number of senior staff and management, as well as policy makers such as County Commissioners (Board of Health) and City/Town counselors, have little or no understanding of Public Health Core Functions, Essential Services, or the public health practice model.

This gap in knowledge impedes inclusion of public health in community development, health risk mitigation, policy and program advancement, as well as implementation of core functions and essential services into strategic planning and strategic funding decisions.

Development and funding of a standardized curriculum of basic public health science could benefit LHD's in numerous ways.

## VI. LPHA BUDGET ACCESS INFORMATION

The Benton County budget is available on the web at:

<http://www.co.benton.or.us/admin/budget/index0405.php>

Benton County operates under a biennial budget. This is a link to the 07-09 county budget, but when the 09-11 budget is posted it will be in this area also.

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Address: 530 NW 27th Street, Corvallis, OR 97330

Phone: 541-766-6244

## VII. Minimum Standards

### Both

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

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

### **Organization**

1. Yes  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. **Note: We use to provide training when it was in the Food Safety Training Manual for Food Employees. DHS removed this section in or about 2007. Environmental Health is now providing choking materials at our cost.**
50. Yes  No  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided. **Note: It is covered in our Food Handler training course, but not if you are looking for a specific class on that subject. We provide education during an outbreak investigation and on request from individuals.**
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. **Note: There is no funding source identified for EH involvement. Tobacco is referred to the Public Health Tobacco Specialist. School Nursing is doing limited indoor clean air work with the school districts. Most other indoor air complaints, “mold complaints,” are referred to private industry.**
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. **Note: We are involved if it concerns food establishments and drinking water. There is very limited involvement with meth labs and usually in support of local law enforcement in coordination with DHS. Other hazardous incidents, chemical spills, etc. are handled by first responders, typically police and fire.**
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: **Mitchell Anderson**

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? (Note: Have taken graduate course work in assessment and statistics as part of my Master's in Psychology. I am unclear if this meets the standard or not) 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 to meet minimum qualifications:

The Benton County Health Department administrative structure has a Health Director and Deputy Directors in the areas of Public Health, Mental Health, and Environmental Health. The Deputy directing Public Health, Charlie Fautin, meets the State's "Health Administrator" requirements and, because of our structure, has direct supervisory authority over public health programs and has access as necessary to the Board of County Commissioners (the local health authority). Over the next year we will be testing some different configurations of our administrative structure and will inform the State Office as this develops to assure that our leadership structure meets the intent of the rule regarding "Health Administrator" qualifications.

**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;

**AND**

Baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.

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

**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.**

  
\_\_\_\_\_  
Local Public Health Authority

Benton  
\_\_\_\_\_  
County

4-24-09  
\_\_\_\_\_  
Date



## Benton County Health Department

530 NW 27th Street • P.O. Box 579

Corvallis, OR 97339-0579

[www.co.benton.or.us/health](http://www.co.benton.or.us/health)

### Main switchboard (541) 766-6835

### Environmental Health

Direct line: (541) 766-6841  
Drinking Water  
Food Safety  
Septic Systems  
Solid Waste  
FAX (541) 766-6248

### Health Management Services

Accounting  
Business Services  
Client Support Services  
Contracts  
Purchasing  
FAX (541) 766-6142

### Mental Health

Administration  
Adult Mental Health Service  
Chemical Dependency Program  
Child Mental Health/ACIST  
FAX (541) 766-6175

Developmental Disabilities  
Direct line: (541) 766-6847  
FAX (541) 766-6186

New Beginnings  
Direct line: (541) 766-3540  
FAX (541) 766-3543

### Public Health

Health Promotion  
Immunizations  
Maternal & Child Health  
Women, Infants, and Children (WIC)  
FAX (541) 766-6142

Communicable Disease  
Direct line: (541) 766-6654  
FAX (CD Only) (541) 766-6197

### Public Health Preparedness

Direct line: (541) 766-6623

### Telecommunications Relay Service

TTY 1-800-735-2900

April 28, 2009

Mr. Tom Engle  
Office of Community Liaison  
Oregon Department of Human Services  
800 NE Oregon Street, Suite 930  
Portland, OR 97232

Dear Mr. Engle:

Enclosed is Benton County's 2009 -10 Comprehensive Health Plan, including narrative, fiscal, and minimum standards sections. As requested, this document is being submitted in electronic format. Should you need a signed hard copy, please let me know.

I hope you find these materials satisfactory. Please contact me if you require any further information in support of the Benton County Annual Plan.

Sincerely,

Mitchell Anderson  
Director, Benton County Health Department

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