



Benton County Health Department

530 NW 27th Street
P.O. Box 579
Corvallis, OR 97339-0579

Main Line: 541-766-6835 • Administration FAX: 541-766-6142 • Medical Records FAX: 541-766-6186
Developmental Disabilities: 541-766-6847 • Environmental Health: 541-766-6841 • New Beginnings: 541-766-3450
Telecommunications Relay Service: TTY 1-800-735-2900 • Website: www.co.benton.or.us/health

Person-Centered Behavioral & Physical Health Care Public Health & Prevention Regulatory and Population Health Health Management Services

May 1, 2010

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 2010 - 2011 Annual 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.

Sincerely,

Mitchell Anderson
Director, Benton County Health Department

I. EXECUTIVE SUMMARY

Benton County Health Department (BCHD) continues to be strongly committed to outstanding and innovative programming and to integrating public health, mental health, environmental health and primary care clinical services. This challenging effort has led us to redefine management roles, creation of multi-disciplinary work teams, establishment of department-wide quality improvement processes, improvement health data management, and better attention to local needs of 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 providing an ever stronger continuum of services. Already robust private and public partnerships are being further strengthened and expanded to help provide better services with less duplication and improved utilization of fiscal and human and other resources.

Primary prevention is at the core of most of our public health work including food safety, on-site permitting, tobacco and chronic disease prevention, immunization, etc. Secondary prevention directed toward targeted high-risk groups (pregnant teens, injection drug users, etc) is at the core of other interventions. All programs strive to implement evidence-based practices.

Unlike most other Oregon counties, Benton has adopted a biennial budget calendar. Prevention programs largely rely upon grant funding, while environmental health, MCH and other programs are sustained largely by fees or reimbursements. County General Funds provide significant core funding to most programs.

BCHD is strongly aware of the oncoming “age wave”. We have also identified the projected health consequences of climate change as an area deserving of increased attention. The challenge at this time is funding to support assessments and activities in these realms.

Benton County government remains committed to providing high-quality, high-value, evidence-based health services.

II. ASSESSMENT

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

Update 2010-2011:

A web-based comprehensive Benton County Health Status Report was released on April 6, 2010. Release was delayed because the epidemiologist was transferred to pandemic flu response duties for several months. The report provides information on dozens of health status indicators and when possible provides comparisons with Oregon averages and Healthy People 2010 targets.

The Health Status Report can be found at: *(insert web link here)*

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.

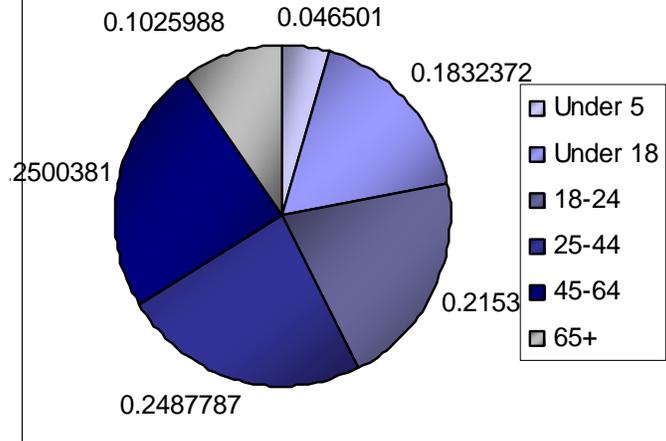
Total Population = 86,120

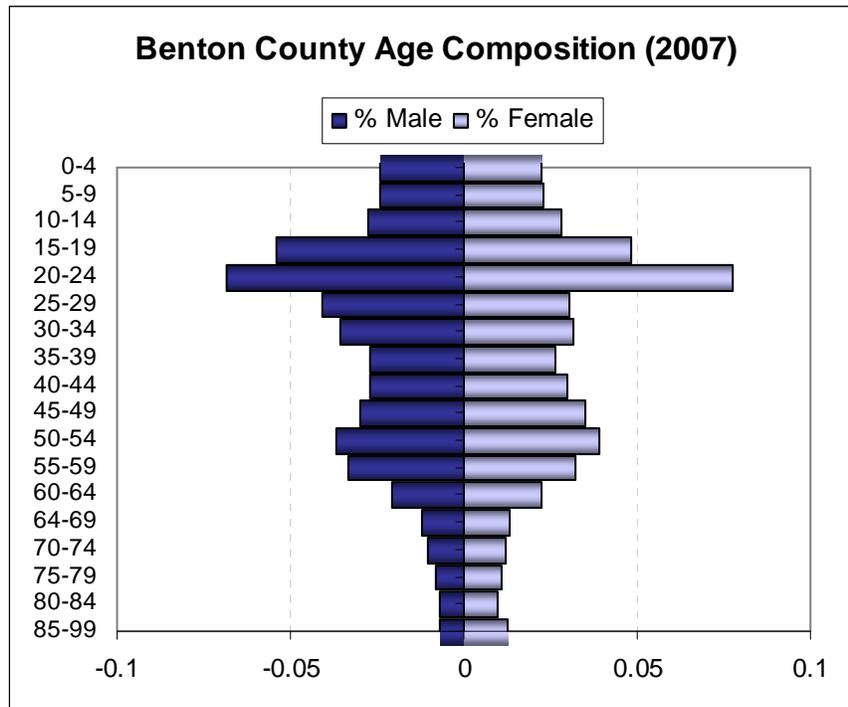
(10.2 percent increase 2000-2007)

(All data below are 2007 unless otherwise noted)

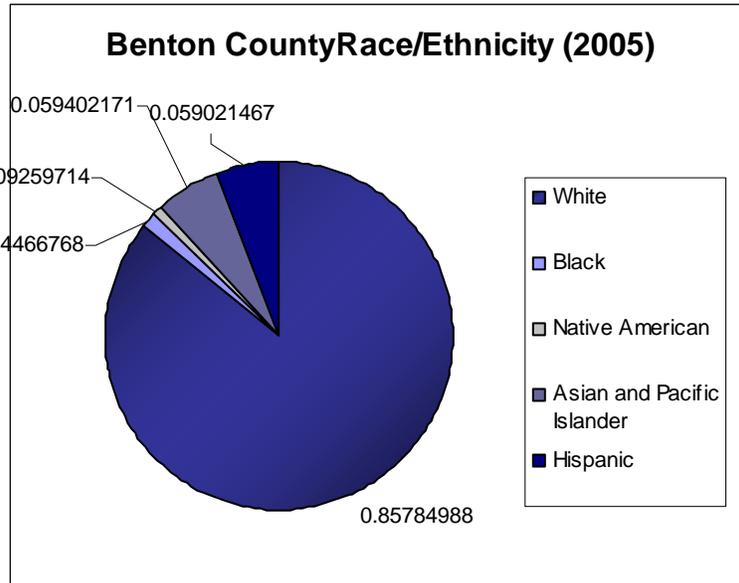
Percent <5 years of age = 4.8	(Oregon = 6.3)
Percent 0-17 years of age = 20.7	(Oregon = 23.3)
Percent 18-64 = 68.4	(Oregon = 63.8)
Percent 65 years of age and older = 10.9	(Oregon = 12.9)

Benton County Population by Age (2007)





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)

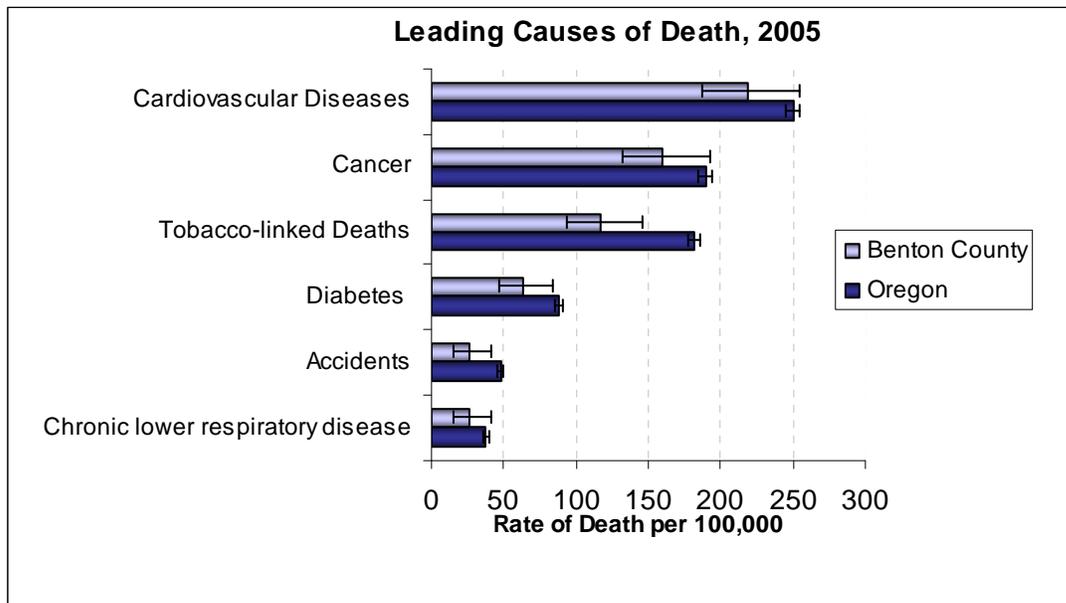
Demographic Data - *Portland State University Population Research Center*

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)

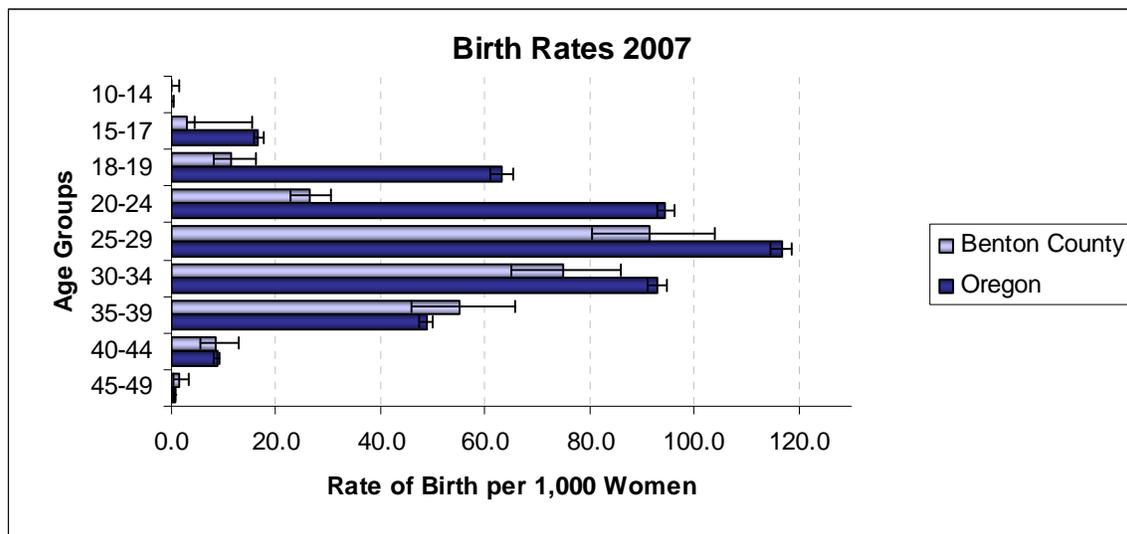
Cardiovascular Disease = 218.38	(Oregon = 250.21)
Cancer = 160.24	(Oregon = 189.37)
Tobacco-related Deaths = 117.41	(Oregon = 181.36)
Diabetes = 63.24	(Oregon = 88.44)
Accidents = 15.92	(Oregon = 37.64)
Chronic Lower Respiratory Disease = 25.64	(Oregon = 47.77)



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

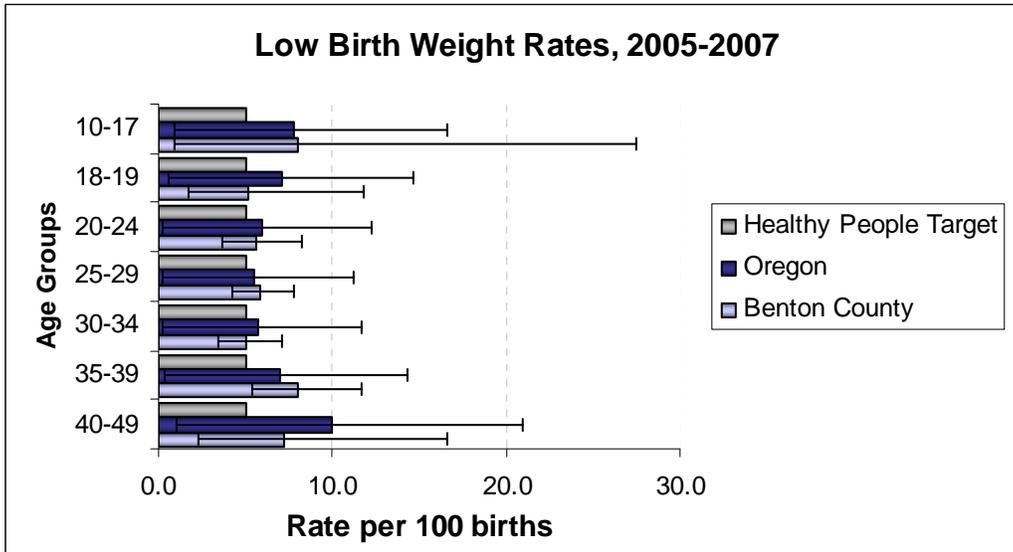
Total Births 2007 = 813

Month Prenatal Care Began

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

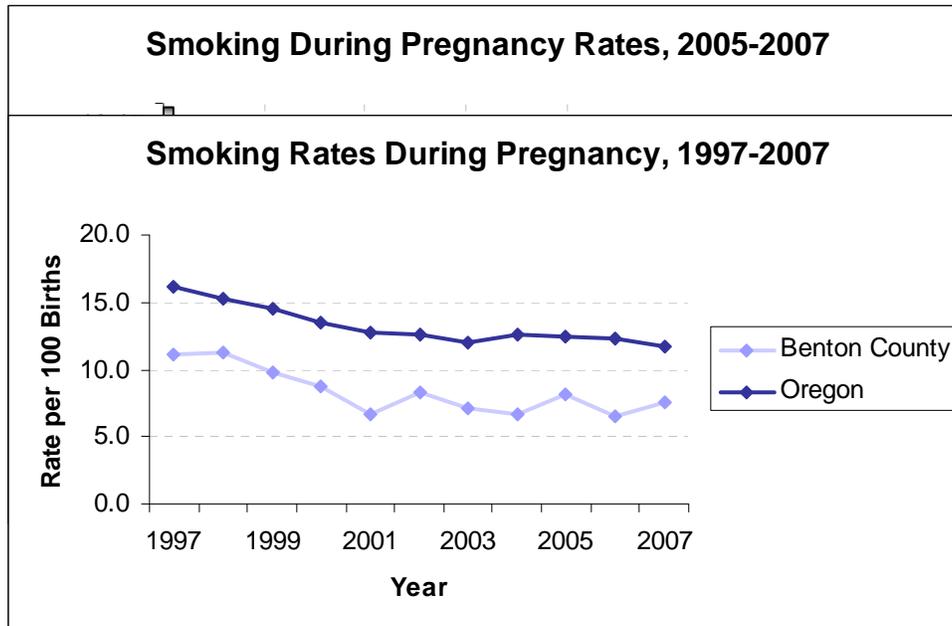
Low Birth Weight (Rate per 100 Births) 2005-2007 Healthy People Target = 5.0

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)



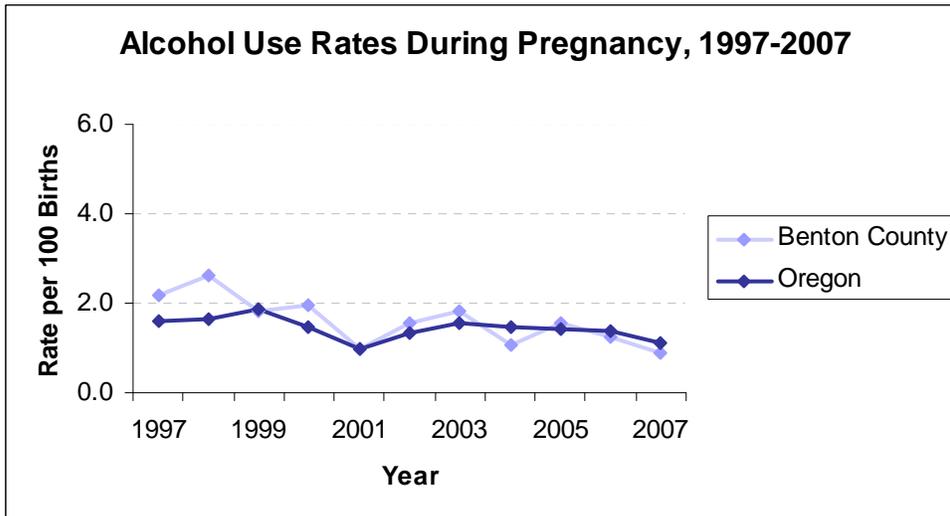
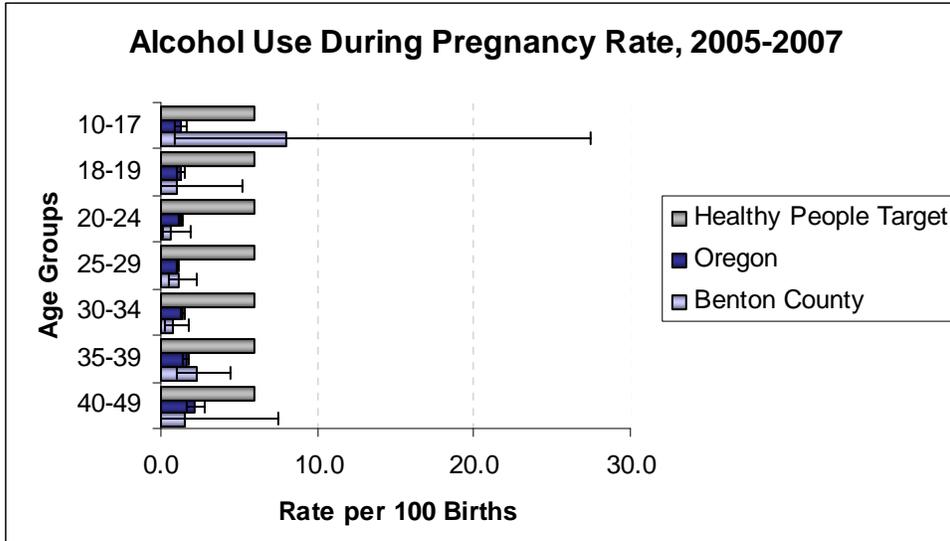
Smoking During Pregnancy (Rate per 100 births) Healthy People Target = 1.0

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

8th 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%

11th 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

Update 2010-2011:

No changes to comprehensive plan.

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)

Update 2010-2011:

No changes to comprehensive plan.

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 waste 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

Update 2010-2011:

No changes to the comprehensive plan. Staffing remains stable with experienced, long-term CD staff in place. Collaboration between CD and EH remains strong for investigation as well as community outreach to enhance prevention.

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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

Benton County has now initiated use of ORPHEUS to replace the Multnomah County CD database. The learning curve associated with any new software package has delayed some information entry, but once training and familiarization are completed we foresee significant data management improvements, particularly in the area of sexually transmitted infections and investigative collaboration (information exchange) with other counties.

2007 – 2008 data review:

The 2007 and 2008 data provided by the OPHD provided a useful snapshot of past performance. We look forward to receiving more up-to-date information in the future that we can use to evaluate performance in our increasingly electronic environment.

Table 1: Total cases - We note that according to our internal records from 2009, the total number of reportable diseases has increased significantly. We will be interested in reviewing ongoing statistics to find out if the internal process changes and training we have undertaken since 2008 have improved our reporting, investigation and follow-up statistics.

Table 2: Timeliness from LHD notification to OPHD notification. No changes noted, will continue to monitor.

Table 3: Timeliness from LHD notification to completion of investigation. Slightly worse performance over this period may be related to implementation of EMR at BCHD and resultant increased workload while training and implementation was underway. Nevertheless, with a relatively small number of cases, it should be recognized that a couple of problematic outbreaks (occurring on the eve of OSU holidays for example) may lead to significant numbers of contacts who are impossible to reach until they return to town. This often delays completion of investigations in our county.

Table 4: Timeliness from LHD report to location of contacts. As above, slightly worse performance over the reporting period. Again, we will continue to monitor this parameter, but reports occurring on the eve of OSU holidays often lead to significant numbers of contacts who are impossible to reach until they return to town. There is little room for improvement when a roommate reports that the person we are trying to reach will be in Las Vegas or Seattle for a week.

Table 5: Timeliness from LHD report to initiation of investigation. Improvement was noted over the reporting period. Will continue to monitor.

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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

We continue to struggle with lack of housing options for homeless or transient TB+ individuals. We have never been able to locate suitable housing in Benton County that will accept these individuals. We continue to look and brainstorm for options.

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**

Family Planning Annual Plan for year 2011 was submitted to Carol Elliot.

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 education and enhancing participant centered services also known as Oregon WIC Listens. The multi-year plan will be reflective of the VENA philosophy and continue to support Breastfeeding Promotion, the Nutrition Services Standards, 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.

Year One – FY 2010-2011

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 continuing to build staff skills with participant centered services focusing in the area of group settings. Year One will involve staff completion of the Participant Centered Education e-Learning Modules posttest and increasing staff understanding of the factors influencing health outcomes. The desired outcome is Oregon WIC staff can consistently use participant centered skills for quality nutrition and breastfeeding services in both individual and group activities.

Year Two – FY 2011-2012

The second year of the WIC Nutrition Education Plan will be devoted to implementing participant centered nutrition education activities consistently in group settings. Year Two will also focus on enhancing breastfeeding education, promotion and support.

Year Three – FY 2012-2013

The third year of the WIC Nutrition Education Plan will continue to be devoted to sustaining staff competencies with participant centered services. The focus of Year Three will include developing community partnerships with other organizations providing nutrition and breastfeeding education.

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 2010-2011 Oregon WIC Nutrition Education Plan:

- **FY 2010-2011 WIC Nutrition Education Plan Goals, Objectives and Activities**
- **FY 2009-2010 Evaluation of WIC Nutrition Education Plan (return to state by May 1, 2010)**
- **FY 2010-2011 WIC Nutrition Education Plan Form (return to state by May 1, 2010)**
- **Attachment A – WIC staff Training Plan (return to state by May 1, 2010)**

Instructions:

- 1. Review the FY 2010-2011 Oregon WIC Nutrition Education Plan materials and Policy 850 – Nutrition Education Plan.**
- 2. Evaluate the objectives and activities from your FY 2009-2010 Nutrition Education Plan.**
- 3. Describe the implementation plan and timeline for achieving your FY 2010-2011 objectives and activities using the FY 2010-2011 WIC Nutrition Education Plan Form.**
- 4. Return your completed FY 2009-2010 Evaluation of WIC Nutrition Education Plan by May 1, 2010.**
- 5. Return your completed FY 2010-2011 WIC Nutrition Education Plan Form by May 1, 2010.**
- 6. Return Attachment A – WIC Staff Training Plan by May 1, 2010.**

Return the WIC 2009-2010 Evaluation and 2010-2011 Plan Form electronically to

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 2010 - 2011 WIC Nutrition Education Plan Form

County/Agency: Benton County Public Health
Person Completing Form: Marisabel Gouverneur, Public Health Manager
Date: April 26, 2010
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
by May 1, 2010
Sara Sloan, 971-673-0043

Goal 1: Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

Year 1 Objective: During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

Activity 1: WIC Training Supervisors will complete the Participant Centered Education e-Learning Modules by July 31, 2010

Implementation Plan and Timeline

Inge Daeschel, Mercedes Magana, Maryam H. Jones and Deborah Pyke will complete the PCE e-learning Module by July 1, 2010.

Maryam H-Jones will conduct a series of in-service trainings using the PCE e-learning modules in a group education setting. Completion of the post-test online and observation by Maryam H-Jones, Marisabel Gouverneur or Inge Daeschel will serve as evidence of the completed training.

Activity 2: WIC certifiers who participated in Oregon WIC Listens training 2007-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.

Implementation Plan and Timeline

The PCE post-test will be completed by all WIC staff by July 1, 2010. Any new staff, who have not attended the Oregon WIC Listens class will complete the PCE e-learning module prior to completion of the post-test by December 31, 2010.

Activity 3: Local agency staff will attend a regional Group Participant Centered Education training in the fall of 2010.

Note: The training will be especially valuable for WIC staff who lead group nutrition education activities and staff in-services. Each local agency will send at least one staff person to

one regional training. Staff attending this training must pass the posttest of the Participant Centered Education e-Learning Modules by August 31, 2010.

Implementation Plan and Timeline including possible staff who will attend a regional training:

Maryam H-Jones and potentially Mercedes Magana and Deborah Pyke, new hire, will attend the regional planning. The decision of who would attend a regional meeting along with Maryam Jones would depend on in-house WIC Team decisions around group teaching. Inge Daeschel RD will also attend as her schedule permits.

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.

Year 1 Objective: During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will continue to implement strategies identified on the checklist entitled “Supporting Breastfeeding through Oregon WIC Listens” by March 31, 2011.

Note: This checklist was sent as part of the FY 2009 – 2010 Assessment WIC NE Plan and is attached.

Implementation Plan and Timeline: Maryam Jones, Breastfeeding Coordinator for Benton County, would attend training when appropriate to her experience. She will continue to use the strategy of client contact for offering breastfeeding support to post-partum women.

Activity 2: Local agency breastfeeding education will include evidenced-based concepts from the state developed Prenatal and Breastfeeding Class (currently in development by state staff) by March 31, 2011. The Prenatal and Breastfeeding Class and supporting resources will be shared at the regional Group Participant Centered Education training in the Fall of 2010.

Implementation Plan and Timeline

Maryam Jones, Breastfeeding Coordinator, will attend the regional Group Participant Centered Education training in the Fall, 2010.

Goal 3: Strengthen partnerships with organizations that serve WIC populations and provide nutrition and/or breastfeeding education.

Year 1 Objective: During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to enhance partnerships with these organizations by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional Group Participant Centered Education training fall 2010.

Note: Specific training registration information will be sent out prior to the trainings.

Implementation Plan and Timeline

Benton County WIC partners with Head Start and Early Head Start programs located at OSU Child Development Center and Kidco Head Start (Corvallis, Philomath, Albany and Lebanon) will strengthen their nutrition and breastfeeding education program. An invitation will be extended to the Cacoon, MCH programs and the Linn-Benton Breastfeeding Coalition.

Activity 2: Each agency will invite community partners that provide breastfeeding education to WIC participants to attend an Oregon WIC Breastfeeding Basics training and/or complete the online Oregon WIC Breastfeeding Module. Specific Breastfeeding Basics training registration information will be sent out prior to each training. Information about accessing the online Breastfeeding Module will be sent out as soon as it is available.

Implementation Plan and Timeline

Benton County WIC will encourage partner participation for on-line training for breastfeeding module. Same participants as listed above in Activity.

Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.

Year 1 Objective: During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

Activity 1: Local agency staff will complete the new online Child Nutrition module by March 31, 2011

Implementation Plan and Timeline

All Benton County WIC staff will complete the on-line Child Nutrition Module by March 1, 2011.

Activity 2: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2010-2011. Complete and return Attachment A by May 1, 2010.

ATTACHMENT A

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

See Attachment A

EVALUATION OF WIC NUTRITION EDUCATION PLAN

FY 2009-2010

WIC Agency: Benton County Health Department

Person Completing Form: Marisabel Gouverneur, Maryam Jones, Inge Daeschel

Date: 4/26/2010 Phone: 541 766-6836

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2010

Please use the following evaluation criteria to assess the activities your agencies did for each Year Three 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 3 Objective: During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

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

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

- Did staff complete the module by December 31, 2009?
- Were completion dates entered into TWIST?

Response:

- **Staff completed the food module by July 30, 2009**
- **Completion dates were entered into TWIST**

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.

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

- How were staff who did not attend the 2009 WIC Statewide Meeting trained on the topic of infant feeding cues?
- How has your agency incorporated the infant cues information into 'front desk', one-on-one, and/or group interactions with participants?

Response:

- **All WIC staff attended the State training and completed the modules.**
- **Our agency incorporated the infant cues information during one-on-one consults. We have hand-outs available if clients show an interest.**

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.

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

- Were nutrition education lesson plans and written materials reviewed and revised?
- What changes, if any, were made?

Response:

- **All education materials are State recommended hand-outs.**
- **We changed our counseling methods to incorporate CCA techniques and hand-outs are provided if clients express an interest.**

Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2009-2010.

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

Response:

- **During our WIC staff meetings we share how we handle challenging cases using PCE and receive input from colleagues**
- **See chart for desired outcome**

FY 2009-2010 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<p>Example: Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p>Example: This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p>Example: One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>
<p>Oregon WIC Listens Client Centered Training (State meeting and reviewed in December in-service)</p>	<p>Competencies addressed include: Communication, assessment, Teaching skills</p>	<p>Improve interaction with clients to promote education that meets client's needs</p>
<p>Fresh Choices new food</p>	<p>Competencies include:</p>	<p>Be able to explain the</p>

packages (done in July and December in-services)	Knowledge of nutrition, Nutrition Education	reasons why changes were made to clients & encourage positive food choices
Infant Feeding Cues	Competencies include: Child development, Parent-child bonding, Breastfeeding	Be able to provide client education on how to recognize cues infants give to indicate hunger vs. other needs

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

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

Activity1: 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.

Evaluation criteria: Please address the following questions in your response:

- Which core components of participant centered services are used most consistently with your staff? What has made those the most easily to adopt?
- Which core components have the least buy-in? What are the factors that make these components difficult to adopt?

Response:

- **Listening and reflecting back are the most frequently used components because our staff is most comfortable with these traditional techniques.**
- **Trainings at the Benton County Health Department – WIC facilitated these strategies.**
- **Stating health outcomes often proves challenging.**
- **If the health outcome is negative, clients generally don't want to hear it.**

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.

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

- What strategy has been implemented to maintain the core components of participant centered services during a time of change?
- What strategy has been implemented to advance staff skills with participant centered services?

Response:

- To implement and maintain core components, staff practices using key phrases with each other during work sessions/staff meeting. Down time is used to discuss challenging clients and/or PCE techniques.
- We have ready access to a summary of key participant center education components as a resource.

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

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

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

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

- Which community partners did your agency select?
- Which strategies did you use to promote the positive changes with Fresh Choices?
- What went well and what would you do differently?

Response:

- Our community partners have been Head Start, Cacoon, FQHC, WIC Vendors, MCH and HD Immunization Program.
- Inge Daeschel shared WIC changes with Head Start staff in September 2009.
- We used PCE approach to share the Fresh Choice positive changes.
- Sharing information with pediatricians and nurses had very positive results.
- To improve outcomes, staff would give more detailed information on food packages.

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

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

- How did your agency collaborate with the state WIC Research Analysts in evaluating Fresh Choices?
- How were you able to utilize, if appropriate, information collected from your agency?

Response:

Not applicable

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

Year 3 Objective: During plan 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.

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

- What strengths and weaknesses were identified from your assessment?
- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response:

- **Breastfeeding education is provided throughout the prenatal period.**
- **All clients are scheduled for individual consultation one month prior to delivery.**
- **We have a strong breastfeeding coalition in our community.**
- **Benton County – WIC has a very successful breast pump program**
- **We are working to improve collaboration with the hospital regarding nipple shield usage of clients.**
- **The local area has strong breastfeeding support through many resources, eg. La Leche League and Good Samaritan OB/GYN**

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

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

- Which strategy or strategies did your agency implement to improve breastfeeding exclusivity and duration?
- Based on what you saw, what might be a next step to further the progress?

Response:

- **Breastfeeding packets are provided to all pregnant women one month prior to EDD.**
- **Downtown shop display during National Breastfeeding Week touted the benefits of breastfeeding exclusivity.**
- **Posters advocating breastfeeding were distributed to SNAP.**
- **Breastfeeding displays at Benton County Fairgrounds during annual Fair in July-August, 2009, advocated for breastfeeding exclusivity.**

Next steps:

- **Improve staff promotion of the food package benefits for clients who are breastfeeding exclusively.**
- **Use State WIC promotional materials to support the breastfeeding message.**

BENTON COUNTY
WIC Staff Training Log 2008-09

Date	Training	Trainer	Attendees				
			MMP	MHJ	LR	Inge	MG
6-25-08	Baby-led Breastfeeding	Maryam Jones	X	X	X		
6-25-08	Training on OR Breastfeeding Law	Amelia Smythe		X			
6-25-08	U. Minnesota Maternal Nutrition Intensive online course	Sherry Tobin		X			
7-7-08	OWCA-Bend				X		
7-08	Oral Health during Pregnancy & Infant	State WIC	X	X	X		
8-20-08	Race Ethnic Data Collection (+Reception)	Leslie	X	X	X		
8-20-08	New Client Signature Form (+Reception)	Leslie	X	X	X		
8-26-08	Excel 1	Deb Sorenson		X			
8-27-08	Review New Food Pkg/Key Messages	Leslie	X	X	X		
10-1-08	Review Diet Asses & Diet Risk Module	Leslie	X	X	X		
10-1-08	Review New Food Pkg Changes	Leslie	X	X	X		
10-15-08	Safety Fair: Bloodborne Pathogens	Safety Comm.	X	X	X		X
	Safety Fair: Respiratory Infection	Safety Comm.	X	X	X		X
	Safety Fair: Airborne Pathogens	Safety Comm.	X	X	X		X
	Safety Fair: Safety Training	Safety Comm.	X	X	X		X
10-17-08	OWCA-Bend				X		X
10-29-08	Increasing Calories/Underweight/Failure to Thrive	Inge	X	X	X	X	X
11-5-08	Excel Advanced Training	Deb Sorensen			X		
11-6-08	Supervisor Core Training	HR			X		X
11-10-08	Healthy Eating Summit	OSU	X	X	X	X	X
11-13-08	Supervisor Core Training	HR			X		X
11-20-08	Supervisor Core Training	HR			X		X
12-3-08	Fresh Choices-Low Fat Milk changes	Leslie	X	X	X		X
12-4-08	Supervisor Core Training (Sexual Harassment, D & A Training)	HR			X		X
12-11-08	Supervisor Core Training	HR			X		X
12-17-08	Civil Rights Training/State PowerPoint	Leslie	X	X	X		
12-17-08	Laboratory Hemoglobin Competency	Roxanne Simi	X	X	X		
1-7-09	WIC Confidentiality Signature (+Reception)	Leslie	X	X	X	X	X
1-7-09	Presumed Diet Elig. Risk Review	Leslie	X	X	X		
1-7-09	Open-end question Review	Leslie	X	X	X		
1-7-09	WIC Direct Observation Summary	Leslie	X	X	X		
1-29-09	New State Breastfeeding Law Training	Maryam		X			
2-10-09	WIC Listens Champion Training	Leslie			X		
2-19-09	Fresh Choices Inservice	Self Study/Discuss	X	X	X	X	
2-28-09	Infant Feeding Inservice/module	Self Study/Discuss	X	X	X	X	
3-5-09	Maternal Mental Health pre/postpartum	Maryam	X	X	X		X
3-12-09	OR WIC Listens-Salem	State WIC	X	X	X	X	
3-12-09	Health Action Tactics for Obesity	Inge	X	X	X	X	
3-18-09	Voter Registration Protocol Inservice	Leslie	X	X	X		Amy
3-25-09	Reception Staff Adjunct Eligibility/scheduling (all reception staff)	Leslie					
5-13-09	Anticipatory Guidance Inservice	Self Study/Discuss	X	X	X	X	

**BENTON COUNTY
WIC Staff Training Log 2009-10**

Date	Training	Trainer	Attendees					
			MMP	MHJ	LR	Inge	MG	Amy
5-14-09	Whole Grain Inservice	Self Study/Discuss	X	X	X	X		
5-15-09	Medical Documentation Inservice	Self Study/Discuss	X	X	X	X		
6-22-09	State WIC – Fresh Choices Trainings	State Offices	X	X	X	X	X	X
9-16-09	Oregon WIC Listens	Vernita-Cheryl	X	X	X		X	X
10-21-09	Safety Fair at Health Department	Benton Safety Committee	X	X	X		?	X
10-30-09	2009 National Maternal Nutrition Intensive Course	Video Training		X				
2-24-10	Farm Direct Nutrition Program		X	X				
3-30-10	DD Awareness – Open House		X	X				X
4-2-10	WIC PCE Training in Salem			X				

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 Children & Youth with Special Health Care Needs (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 continues to be 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 was filled in September 2009 but fiscal uncertainties and H1N1 pandemic delayed the recruitment for re-filling the MCH nursing position through the winter of 2009. Decisions on MCH nurse staffing also was dependent

upon finalization of the state and county FY2010-11 biennial budgets. Additionally, new recruitment efforts did not result in finding an appropriate candidate for the position. At this writing, the MCH position is posted at a .8 FTE with the goal of getting a larger number of suitable applicants.

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. Ongoing discussions with the Commission on Children and Families and other partners has been reassessing community needs and considering strategies to offer wrap-around services delivered by a multidisciplinary team at Benton County Health Services and other partners. A priority is to include mental health and behavioral counselors to health services so as to address the increased number of clients with mental health needs. The increased FTE should help us accomplish these strategies.

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
- Organize work plan and evaluation criteria

Evaluate:

- Identify and implement ongoing QA/QI evaluation

Objective:

- Hire MCH Nurse with FTE of .8 or greater
- Prioritize teen pregnancies
- Prioritize mental health during pregnancies

Activities:

- Consult with community partners to identify needs and focus efforts
- Update prioritization criteria

Evaluation

- Identify and Implement evaluation criteria

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

Update 2010-2011:

No update.

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

Update 2010-2011:

No update.

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

Update 2010-2011:

No update.

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

Update 2010-2011:

No update.

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

Program Area	Measurable Outcome
Health Inspections	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
Food Handler/ ServSafe Training and Certification	Percent of food handler / ServSafe tests passes Number of food handler / ServSafe tests taken by language
Nuisance Abatement	Number of nuisance complaints / Number of initial and follow-up nuisance inspections
Vector Control	Number of birds that test positive for West Nile Virus Number of mosquito pools that test positive for West Nile Virus
Community Education and Outreach	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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

No changes for vital records staff.

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 1st 2009 on the BCHD website.

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

Activities

Update 2010-2011:

The on-line county health status report including dozens of health indicators with comparators to Oregon and Healthy People 2010 targets was publically released on April 16, 2010. The web address is: http://www.co.benton.or.us/health/health_status/index.php

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.

BCHD intends 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 (Healthy Communities ongoing 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 was 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

Update 2010-2011:

No changes to the comprehensive plan.

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 was implemented in Spring 2010. 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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

Additional grant funding was secured to expand the “health navigator” program. This will greatly expand our ability to assist the public in making effective and manageable connections to prevention and care options.

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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

Current prevention planner will retire at the end of August 2010. We plan recruitment early enough that there can be effective orientation and transition with the new staff member before the incumbent's departure.

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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

No changes to the comprehensive plan. The collaboration with Linn County is working well and providing high quality services for Benton Co residents.

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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

No changes to the comprehensive plan.

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

Update 2010-2011:

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 Unit 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 applies the Socio-Ecological Model of public health practice.

Funding is sustained through a combination of State and County program funds, and other of private grant funding.

The Healthy Communities Initiative 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. This project provides funding to pursue detailed local-level community health assessment data, which in turn helps leverage additional funding to address broad, population and policy-based preventive health activities.

Substance Abuse Prevention Program (SAPP)

Current Condition or Problem

Update 2010-2011:

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 21% of 8th graders and 39% of 11th graders have used alcohol in the past 30 days. In addition, 6% of 8th graders and 18% of 11th graders have used marijuana in the past 30 days. SAPP consists of five implementation strategies:

- Community mobilization**
- Parent and Family Prevention Service**
- School-Aged Youth Outreach-Service**

- Reducing Underage Drinking
- Latino Outreach

Activities

Update 2010-2011:

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.
- Implements Reconnecting Youth curriculum in Benton County schools reaching approximately 700 middle school students (funding ending in 2010).
- 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 in collaboration with the OLCC, OSU, local law enforcement agencies, and local merchants.

Evaluation

Update 2010-2011:

- 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 Strengthening Families parenting training

Tobacco Prevention

Current Condition or Problem

Update 2010-2011:

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 Health Communities program. Four health promotion specialists staff these programs and they work in close collaboration with one another.

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

Update 2010-2011:

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

- Building community awareness and support for tobacco prevention through the Benton County Tobacco-Free Advisory Group.
- Reducing youth access through Merchant Partnership Program.
- Creating tobacco-free environments through partnerships with the multi-unit housing sector, Head Start, universities, community colleges, hospital and medical clinics, worksites and municipalities.
- Promoting linkages to cessation.

Activities

Update 2010-2011:

Partner with chronic disease prevention programs 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 Advisory Group.
- Implement a Merchant Partnership Program.
- Education and enforcement for local and state smokefree workplace laws and ordinances.
- Provide technical assistance to the multi-unit housing sector, Head Start, universities, community colleges, hospitals and medical clinics, and worksites in Benton County to implement tobacco-free campus policies.

Evaluation

Update 2010-2011:

Measures include:

- Number of tobacco-free advisory group meetings per year and number of attendees.
- Number of smokefree workplace law complaints needing follow up.
- Status of hospital, university, community college, and worksite tobacco-free policies.

- Number of multi-unit housing complexes that implement no-smoking rules.
- Number of Head Start facilities that implement the basic elements of tobacco-free schools.

HIV Prevention (Harm Reduction)

Current Condition or Problem

Update 2010-2011:

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 is providing staff to outreach in both counties. Benton is receiving Linn’s share of state funding allocation. 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 at Alternative Prom, Corvallis Pride, and OSU Pride.

Activities

Update 2010-2011:

In 2009, 142 people received HIV rapid testing (using Trinity Biotech) at off-site locations throughout Benton and Linn counties. Sites included drop-in centers, churches, feeding centers, parks, clubs, etc. An additional 528 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 63,200 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

No Update 2010-2011:

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

No Update 2010-2011:

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

Update 2010-2011:

Starting in late 2009, Oregon DHS has provided a small grant to assist Benton County in supporting area middle and high schools in implementing a new comprehensive health education curriculum called My Future, My Choice. Four area schools are receiving staff training and will implement at least one series of the curriculum in 2010. Funding is available through July 2010 and additional programming is pending additional funding that may become available to Oregon DHS.

MARS uses a peer-to-peer model because research shows that peers are a significant influence on attitudes and behaviors during adolescence. Our MARS male outreach workers lead the sessions providing program participants 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.

In collaboration with Linn-Benton Juvenile Corrections, MARS served 175 incarcerated young men in 2009.

Evaluation

No Update 2010-2011:

The evaluation includes:

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

Chronic Disease Prevention

Current Condition or Problem

Update 2010-2011:

NOTE: Please refer also to the 2009-10 Healthy Communities Implementation Workplan 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 Oregon DHS Healthy Communities/TROCD funding, private foundation funding, and County general funding.

BCHD 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.

The Healthy Communities program mobilized the community to support the prevention of chronic diseases through a 23-member Community Health Advisory Council which developed a 3-year community Action Plan for reducing the burden of tobacco-related and other chronic diseases in communities, schools, worksites, and health systems through establishment of policies and sustainable system change. Activities areas include Health K-12 Schools, Health Outdoor Areas and Venues, Healthy Retail Environments, and Healthy Worksites.

BCHD, in collaboration with City of Corvallis Parks and Recreation, was awarded a \$360,000 grant from the Robert Wood Johnson Foundation (RWJF) to improve opportunities for physical activity and access to affordable healthy foods for children and families in South Corvallis and rural areas of Benton County. The project targets projects opportunities to advance policies and projects that can improve access to low-income and rural children and families to recreational resources and healthy, affordable fruits and vegetables.

BCHD initiated a nutrition improvement program in the low-income neighborhood of South Corvallis through a \$107,000 Northwest Health Foundation grant. The project's goal is to foster policy and environmental changes in S. Corvallis by strengthening and accelerating collaborative efforts among community members, policymakers, advocates and funders to support healthy eating and active living. The project goals have four overlapping themes: influencing policy, engaging community members, enhancing the built environment and reducing health disparities. Changes in infrastructure, including improved parks, community gardens, well designed bicycle and pedestrian facilities, and increased access to fresh affordable foods are the center of the initiative.

Activities

Update 2010-2011:

Healthy K-12 Schools the Healthy Communities Coordinator provides technical assistance to the Corvallis School District (CSD) Wellness Council. CSD has both a district council and individual school-site teams working on policies and activities. Healthy Outdoor Areas/Venues staff have been successful in building relationships with

land use, transportation, and parks planners in both the city and county jurisdictions. We have hosted a Take Planner to Lunch event and a regional HIA training, recruited a Health Impact Assessment (HIA) Workgroup consisting of six planners and two public health staff, and conducted a local HIA on important land use in the rural county Accessory Dwelling Units. We leveraged funding to send a team of nine city and county staff to the New Partners for Smart Growth conference. The growing relationship with city and county staff has led to grant application and partnerships between agencies. Healthy Retail Environments staff have been instrumental in moving the Wednesday Farmers Market closer to low-income residents and changing to late afternoon hours to better meet the needs of working residents. Funding was leveraged to provide lighting and bike racks to the new location through the NWHF grant. Funding through the HKHC grant will assist in advancing a full-service grocery store in South Corvallis. The Wednesday market has seen a substantial increase in revenue from the previous year. Healthy Worksites, BCHD worked with the Benton Human Resources, County Department Heads and the Benton County Benefits and Wellness Council. Program staff successfully advocated during the budget process to fund an employee Wellness Program. The county has identified lactation rooms in each county building and has made improvements to meet the guidelines for meeting the new state breastfeeding law. Strategies have been implemented to advance the formal adoption of the employee Wellness policies.

Secondary prevention strategies include sponsoring ongoing sessions of the “Stanford Self-Management Model” emphasizing self-efficacy. Using a collaborative approach, providers and patients work together to define problems, set priorities, establish goals, create treatment plans and solve problems. The Health Promotion team collaborates closely with the Community Health Centers of Benton and Linn Counties, Samaritan Health Services, and the local Agency for Aging and other partners to provide these services. During the year, the Linn-Benton partnership has sponsored 23 Living Well with Chronic Disease classes as well as the first Tomonodo Control in Spanish class.

The 4th annual Benton County Soccer Tournament and Family Weekend extended health information, health screenings and referrals to over 600 participants at the August event. Seventy-seven people received health screenings, 70 participated in focused health surveys, and 15 partner agencies participated.

Evaluation

Update 2010-2011:

Evaluation for Chronic Disease consists of the following:

- Quarterly activity reports and tracking
- 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

No Update 2010-2011:

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

No Update 2010-2011:

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

No Update 2010-2011:

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

No Update 2010-2011:

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

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 ⁱ	Progress Notes ⁱⁱ
<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"> • 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"> ❖ Vaccine administration techniques ❖ Using only true contraindications when deferring shots ❖ Use IRIS/ALERT to screen every child seen at every visit ❖ Giving every shot due at any visit where child is seen ❖ Vaccine safety education and talking to hesitant parents • Parents make next appointments before leaving clinic—sticky note with earliest return date handed to front desk staff • Use IRIS recall process • Yearly AFIX assessments to track efforts • At end of FY 2009, request an AFIX report for BCHD CHC Clinic, Lincoln School Clinic, Monroe School Clinic and East Linn Clinic 	<ul style="list-style-type: none"> • Staff trainings provided on the following dates: _____ • Decrease in missed shot rate by $\geq 2\%$ per year as evaluated from AFIX Report • System set up to allow parents to set next appointment before leaving clinic by [date] • UTD rate increases by $\geq 2\%$ by June 2009 	<p>To be completed for the FY 2009 Report</p>	<p>To be completed for the FY 2009 Report</p>

<p>B. Provide Hepatitis A&B vaccines to high risk populations in Benton County</p>	<ul style="list-style-type: none"> • Sustain partnerships with other programs to offer Hep A/B vaccines: <ul style="list-style-type: none"> ❖ Benton County Jail ❖ Probation & Parole ❖ Harm Reduction/IV drug user ❖ STI program ❖ New Beginning • Meet with CD team and New Beginnings Program Manager to discuss options for completing series for A&D treatment clients including possible use of the accelerated series. • Create partnerships and develop staff education/training to reach patients receiving Hep A/B series • Provide educational materials to partners for distribution • Explore use of accelerated schedule to complete series • Implement use of accelerated schedule if appropriate 	<ul style="list-style-type: none"> • Agreement with partners to provide vaccine • Meetings held with CD team; outcome of discussions recorded and provided to participants • Staff education/trainings developed and held on [dates] • Educational materials identified and distributed to partners • • Decisions made about use of accelerated schedule, and either implemented or alternate options found to improve completion of whole series • Assess improvements by comparing: # of partners • # of shots given • % of patients completing series 	<p>To be completed for the FY 2009 Report</p>	<p>To be completed for the FY 2009 Report</p>
---	--	---	---	---

Year 2: July 2009 – June 2010				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
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"> • Modify /improve plan as needed • Provide refresher training for staff on the following practice standards to help reduce missed opportunities: <ul style="list-style-type: none"> ❖ Vaccine administration techniques ❖ Using only true contraindications when deferring shots ❖ Use IRIS/ALERT to screen every child seen at every visit ❖ Giving every shot due at any visit where child is seen ❖ Vaccine safety education and talking to hesitant parents • Parents continue to make next appointments before leaving clinic—sticky note with earliest return date handed to front desk staff • Use IRIS recall process • Request yearly AFIX assessments for each site to track efforts 	<ul style="list-style-type: none"> • Staff inservice/ trainings provided on the following dates: _____ • Decrease in missed shot rate by $\geq 2\%$ per year • System set up to allow parents to set next appointment before leaving clinic by [date] • UTD rate increases by $\geq 2\%$ by June 2010 • At end of FY 2010, evaluate AFIX report for BCHD CHC Clinic, Lincoln School Clinic, Monroe School clinic and East Linn Clinic 	To be completed for the FY 2010 report	To be completed for the FY 2010 report

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

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

<p>B. Provide Hepatitis A&B vaccines to high risk populations in Benton County</p>	<ul style="list-style-type: none"> • Modify &/or improve plan as needed • Continue existing partnerships and identify other programs to offer Hep A/B vaccines: <ul style="list-style-type: none"> ❖ Benton County Jail ❖ Probation & Parole ❖ Harm Reduction/IV drug user ❖ STI program ❖ New Beginnings • Continue to train staff to reach patients receiving Hep A/B series • Continue Providing educational materials to partners for distribution • Continue supporting and educating them on Hep A/B availability to their high risk patients 	<ul style="list-style-type: none"> • New partnerships identified and implemented • Continue to meet with CD team; outcome of discussions • Staff education/trainings held on [dates] • Educational materials distributed to partners • Assess improvements by comparing: <ul style="list-style-type: none"> • # of partners • # of shots given • % of patients completing series 	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>
---	--	---	---	---

Year 3: July 2010 – June 2011				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
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"> • Modify /improve plan as needed • Provide refresher training for staff on the following practice standards to help reduce missed opportunities: <ul style="list-style-type: none"> ❖ Vaccine administration techniques ❖ Using only true contraindications when deferring shots ❖ Use IRIS/ALERT to screen every child seen at every visit ❖ Giving every shot due at any visit where child is seen ❖ Vaccine safety education and talking to hesitant parents • Parents continue to make next appointments before leaving clinic—sticky note with earliest return date handed to front desk staff • Use IRIS recall process • Request yearly AFIX assessments for each site to track efforts 	<ul style="list-style-type: none"> • Staff inservice/ trainings provided on the following dates: _____ • Decrease in missed shot rate by $\geq 2\%$ per year • System set up to allow parents to set next appointment before leaving clinic by [date] • UTD rate increases by $\geq 2\%$ by June 2011 • At the end of FY 2011 evaluate AFIX report for BCHD CHC Clinic, Lincoln School Clinic, Monroe School clinic and East Linn Clinic 	To be completed for the FY 2011 Report	To be completed for the FY 2011 Report

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

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

<p>B. Provide Hepatitis A&B vaccines to high risk populations in Benton County</p>	<ul style="list-style-type: none"> • Modify &/or improve plan as needed • Continue existing partnerships and identify other programs to offer Hep A/B vaccines: <ul style="list-style-type: none"> ❖ Benton County Jail ❖ Probation & Parole ❖ Harm Reduction/IV drug user ❖ STI program ❖ New Beginnings • Continue to train staff to reach patients receiving Hep A/B series • Continue Providing educational materials to partners for distribution • Continue supporting and educating them on Hep A/B availability to their high risk patients 	<ul style="list-style-type: none"> • New partnerships identified and implemented • Continue to meet with CD team; outcome of discussions • Staff education/trainings held on [dates] • Educational materials distributed to partners • Assess improvements by comparing: <ul style="list-style-type: none"> • # of partners • # of shots given • % of patients completing series 	<p>To be completed for the FY 2011 Report</p>	<p>To be completed for the FY 2011 Report</p>
---	--	---	---	---

Year 4: July 2011-June 2012				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
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"> • Modify /improve plan as needed • Provide refresher training for staff on the following practice standards to help reduce missed opportunities: <ul style="list-style-type: none"> ❖ Vaccine administration techniques ❖ Using only true contraindications when deferring shots ❖ Use IRIS/ALERT to screen every child seen at every visit ❖ Giving every shot due at any visit where child is seen ❖ Vaccine safety education and talking to hesitant parents • Parents continue to make next appointments before leaving clinic • Use IRIS recall process • Request yearly AFIX assessments to track efforts 	<ul style="list-style-type: none"> • Staff inservice/ trainings provided on the following dates: _____ • Decrease in missed shot rate by $\geq 2\%$ per year • System set up to allow parents to set next appointment before leaving clinic by [date] • UTD rate increases by $\geq 2\%$ by June 2012 • At the end of FY 2012 evaluate AFIX report for BCHD CHC Clinic, Lincoln School Clinic, Monroe School clinic and East Linn Clinic 	To be completed for the FY 2012 Report	To be completed for the FY 2012 Report

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

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

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

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

ⁱⁱ **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.

Attachment A
FY 2010-2011 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2010 through 6/30/2011

Agency: Benton County Public Health

Training Supervisor(s) and Credentials: Maryam Jones, BS, BA; Inge Daeschel, MS, RD, CSP, LD

Staff Development Planned

Based on planned program initiatives, 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, 2010 – June 30, 2011. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	May 2010	PCE e-Learning Modules: Participant Centered Education	Maryam Jones will conduct an in-service training using the PCE e-learning Modules in a group education setting to review the PCE Components
2	June 2010	PCE e-Learning Modules: Participant Centered Education	Maryam Jones will conduct an in-service training using the PCE e-learning Modules in a group education setting to review the PCE Components
3	July 2010	PCE e-Learning Modules: Participant Centered Education	Maryam Jones will conduct an in-service training using the PCE e-learning Modules in a group education setting to review the PCE Components
4	Fall 2010	Group Participant Centered Education State Training Event	Reinforce the client centered approach in the group education setting
5	Spring 2011	Child Nutrition	Inge Daeschel, RD using the text <i>Nutrition, Health and Safety for Young Children, Promoting Wellness</i> and Child Nutrition Module will provide guidance on key nutrition topics related to young and special needs children

This page is blank – see next page for WIC Breastfeeding.

Supporting Breastfeeding through Oregon WIC Listens
A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
A. Breastfeeding Policies and Procedures							
1. Our WIC agency breastfeeding policy affirms the value of breastfeeding and influences all aspects of clinic operations.				X			Review of policy to update procedures if necessary
2. Our WIC agency/county health department has applied for and received the state designation as a <i>breastfeeding mother friendly employer</i> and displays the certificate on site.			X			WIC and Health Promotion are working toward this goal	Maintain certification when established
3. Breastfeeding promotion knowledge, skills and attitudes are part of position descriptions and the employee evaluation process.				X		These skills are included in the work plans of WIC staff	
B. Staff roles, skills and training							
1. All WIC staff use Oregon WIC Listens skills when talking with pregnant women and mothers about breastfeeding.				X			
2. All WIC staff has completed the breastfeeding module level appropriate for their position.				X		All staff has completed basic level of training	Will work with new staff to accomplish this goal
3. Our WIC agency has a sufficient number of staff who has completed a 5 or 6 day advanced breastfeeding training such as the Portland Community College Lactation Management course. (Note: A sufficient number based on your agency's caseload and the need for breastfeeding services.)					X		

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

Supporting Breastfeeding through Oregon WIC Listens
A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
4. Our WIC agency has an IBCLC on staff.	X						
C. Prenatal Breastfeeding Education and Support							
1. WIC staff use Oregon WIC Listens skills to encourage pregnant women to share their hopes and beliefs about breastfeeding and respond accordingly.					X	All staff has completed the Oregon Listens	Will work with new staff to achieve this goal
2. WIC staff helps women to recognize their own unique strengths which will help them breastfeed successfully.					X		Will work with new staff to achieve this goal
3. WIC staff prepares women to advocate for themselves and their infants during the hospital or home birth experience.					X		Will work with new staff to achieve this goal
4. WIC staff encourages women to fully breastfeed, unless contraindicated.					X		
5. Women planning to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks.				X		Benefits of fully breastfeeding and risk of formula are discussed and encouraged	Will work with new staff to achieve this goal.
6. WIC staff teaches women infant behavioral cues and how these relate to breastfeeding success.				X			Will work with new staff to achieve this goal
7. WIC staff helps women prepare for breastfeeding after returning to work or school.				X		Legal rights re breastfeeding at work are discussed and clients are assisted with their goals	Will work with new staff to achieve this goal
D. Postpartum Education and Support							

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

Supporting Breastfeeding through Oregon WIC Listens
A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
1. Our WIC agency offers breastfeeding support throughout the postpartum period.					X		
2. Staff members contact each breastfeeding mother within 1-2 weeks of expected delivery to assess any concerns or problems and to provide assistance.	X					Clients are informed to call immediately after delivery to place infant on WIC and address concerns and problems. All postpartum women receive lactation consultation home visit by hospital staff	
3. WIC staff with advanced breastfeeding training is available to assess, assist and/or refer all mothers requesting breastfeeding help within 1 business day of her contacting the WIC office.					X	We make time whenever a client needs help. All calls are returned within the call day	
4. WIC staff encourages and support mothers to fully breastfeed throughout the postpartum period, unless contraindicated.					X	Our goal is to have every client fully breastfeeding	
5. Breastfeeding mothers wanting to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks				X		Benefits of fully breastfeeding and formula risks are discussed and encouraged	Will work with new staff to achieve this goal
6. WIC staff teaches women about infant behavioral cues and how these relate to breastfeeding success.					X	This is a standard teaching goal	Will work with new staff to achieve this goal
7. Our agency provides breast pumps when needed.					X	Request for breast pumps are high priority	Will work with new staff to achieve this goal

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

Supporting Breastfeeding through Oregon WIC Listens
A local agency checklist to assess strengths and plan for future efforts

E. Breastfeeding Food Packages						
1. WIC staff assesses each pregnant woman's breastfeeding intentions and provide information about how WIC supports breastfeeding including no formula issuance in the first month postpartum.					X	
2. A WIC CPA completes an assessment when a breastfeeding mother requests formula and tailors the amount of formula provided. Breastfeeding assistance is also provided to help the mother protect her milk supply.					X	To protect client's milk supply the food package is very carefully tailored to meet the needs of the infant and the mother Will work with new staff to achieve this goal
F. Creating a community that supports breastfeeding.						
1. Our agency participates in a local breastfeeding coalition, task force, and/or the statewide Breastfeeding Coalition of Oregon (BCO).					X	
1. Our agency staff collaborates with nurses, lactation staff and physicians at area hospitals to support breastfeeding in the community.					X	
2. Our agency staff communicate with local medical providers on a regular basis to promote breastfeeding and WIC services.					X	
3. Our agency works with breastfeeding peer support organizations in the community such as La Leche. If no organizations are available, write in N/A					X	
4. Our agency promotes breastfeeding through local media.	X					We would like explore this option

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

IV. Additional Requirements

1. BCHD Organizational Chart:

Organizational Chart is attached.

2. Benton County Board of Health:

Update 2010-2011:

The Benton County Board of Commissioners (BOC) are elected at-large and serve as the board of health. The BOC meets weekly in public session advertised in compliance with relevant Oregon statutes and rules. Public health issues, finance, staffing and operations are integrated into regular BOC business.

3. Public Health Advisory Board:

Update 2010-2011:

The Public Health Planning and Advisory Committee (PHPAC) consisting of 13 county residents has been in existence for over 20 years.

The function of PHPAC is to advise the Commissioners and BCHD administration about health conditions and needs of the county as well as needs, budget and programming at BCHD.

PHPAC members are selected by the Board of Commissioners. Additional information is posted on the Benton County website at:

<http://www.co.benton.or.us/health/publichealth/phpac.php>

PHPAC by laws are posted at

http://www.co.benton.or.us/health/publichealth/documents/phpac_bylaws_adopted_061008.pdf

4. Triennial Review Compliance:

Update 2010-2011:

No compliance issues remain outstanding from the February 2009 triennial review

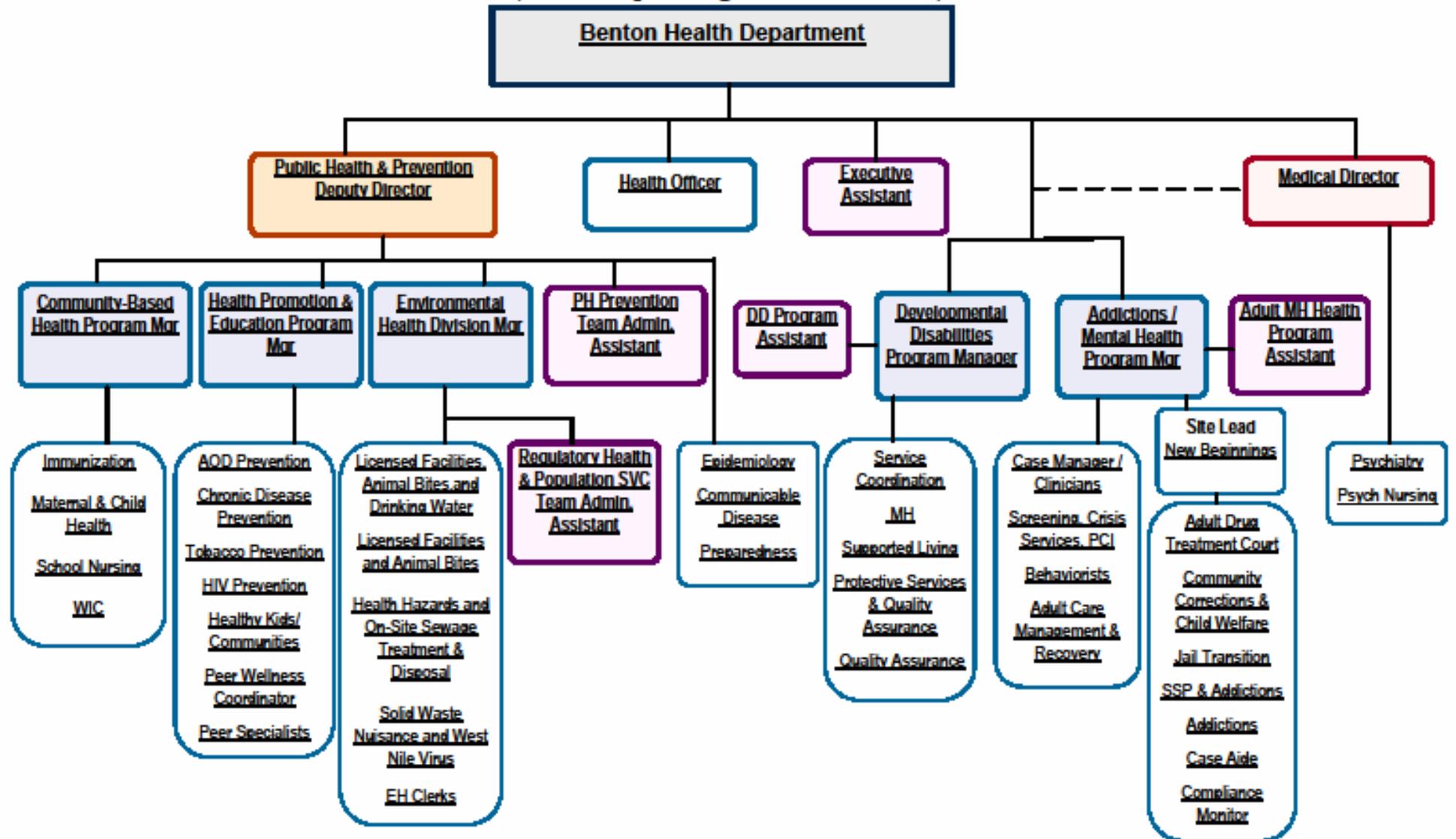
5. SB 555 – CCF:

Update 2010-2011:

No changes

BENTON COUNTY HEALTH DEPARTMENT

(Direct Report Organizational Chart)



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

Update 2010-2011:

No changes.

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

Update 2010-2011:

BCHD has received a grant of about \$10,000 from DHS to perform an HIA on a local development project. City and County planning and development departments are collaborating.

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

Update 2010-2011:

No changes.

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

Update 2010-2011:

Community Health Centers of Benton and Linn Counties have made expansion and enhancement of dental services their primary objective for 2010. A regional dental coalition has been formed, and partnerships with area health care and dental providers have been established. Public Health is an active collaborator in all planning and programmatic efforts.

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

Update 2010-2011:

No changes.

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

Update 2010-2011:

No changes.

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

Update 2010-2011:

No changes.

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

Update 2010-2011:

No changes.

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

Update 2010-2011:

No changes.

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

Update 2010-2011:

The BCHD epidemiologist completed the first iteration of a new comprehensive on-line county health status report. This was released to public during public health week in April 2010. Work on this report will be ongoing. Financial support for local primary data collection and analysis is being written into grant applications whenever possible to help assure sustainability of this capacity. Current local levy option funding for the epidemiologist ends in 2012.

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

Update 2010-2011:

No changes.

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/documents/0911/200911_adopted_hlthdept_budget.pdf

Name: Morry McClintock

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

Phone: 541-766-6291

VII. Minimum Standards

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 (Services provided through the Sheriff's office, not health department)
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Does the Administrator have at least 3 years experience in public health or a related field? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Has the Administrator taken a graduate level course in epidemiology? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Has the Administrator taken a graduate level course in environmental health? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Has the Administrator taken a graduate level course in health services administration? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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 for Public Health, Business Services. 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).

During 2009 we explored some different concepts for our administrative structure with our Board of Health. It is anticipated that by early May 2010 a revised structure will be approved that will be fully compliant with ORS, OAR, and CLHO minimum standards. We 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.

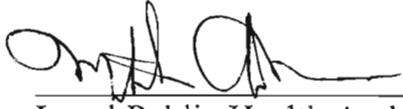
d. Yes No *The local health department Health Officer meets minimum qualifications:*

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.

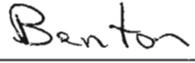
If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

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

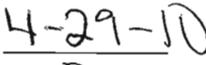
The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.



Local Public Health Authority



County



Date

Table 1. Total cases of reportable diseases, Benton County, Oregon, 2007 and 2008.

Disease	No. (%)
Campylobacter	37 (12.8)
Cryptosporidium	1 (0.3)
Dengue Fever	2 (0.7)
E. coli (STEC, non-O157)	1 (0.3)
E. coli O157	4 (1.4)
Giardia	30 (10.4)
Haemophilus influenzae	2 (0.7)
Hepatitis B (acute)	2 (0.7)
Hepatitis B (chronic)	23 (8)
Hepatitis B (indeterminate)	2 (0.7)
Hepatitis C (acute)	1 (0.3)
Hepatitis C (other)	150 (51.9)
Leptospira	1 (0.3)
Lyme disease	2 (0.7)
Malaria	1 (0.3)
Pertussis	2 (0.7)
Rabies, animal	4 (1.4)
Rocky Mountain spotted fever	1 (0.3)
Salmonella	19 (6.6)
Shigella	1 (0.3)
Typhoid	1 (0.3)
Vibrio cholerae (O1, O139)	1 (0.3)
Vibrio parahaemolyticus	1 (0.3)
Total	289

Table 2. Timeliness: Number of Days from LHD notification to OPHD notification

Days to Notify	2007	2008
	No. (%)	No. (%)
1 working day	116 (81)	117 (81)
2 – 5 days	28 (19)	28 (19)
6 – 10 days		
>11 days		
TOTAL	144	145

Table 3 Timeliness: Number of Days from LHD notification to completion of investigation (excluding: Campylobacter, Giardia, and chronic hepatitis C)

Days to Complete	2007	2008
	No. (%)	No. (%)
≤10 days	33 (89)	27 (79)

11 – 14 days	1 (3)	3 (9)
>14 days	3 (8)	4 (12)
TOTAL	37	34

Table 4. Timeliness: Number of Days from LHD report to location of contacts (selected diseases: Pertussis, meningitis, hepatitis A and B)

Days to Notify	2007	2008
	No. (%)	No. (%)
1 working day	1 (17)	1 (33)
2 – 5 days	4 (67)	
6 – 10 days	1 (17)	2 (67)
>11 days		
TOTAL	6	3

Table 5. Timeliness: Number of Days from LHD report to initiating the outbreak investigation

Days to Notify	2007	2008
	No. (%)	No. (%)
Within 24 hours	3 (75)	9 (75)
2 – 5 days		2 (17)
6 – 10 days	1 (25)	
>11 days		1 (1)
TOTAL	4	12